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Health Facility Survey 2015

FINAL REPORT



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Final Report

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Additional information about the 2015 NHFS may be obtained from Ministry of Health, Ramshah Path, Kathmandu; Telephone: +977-1-4262543/4262802; Internet: <http://www.mohp.gov.np>; and New ERA, Rudramati Marg, Kalopul, P.O. Box 722, Kathmandu 44600, Nepal; Telephone: +977-1-4413603; E-mail: info@newera.com.np; Internet: <http://www.newera.com.np/>.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850 USA. Telephone: 301-407-6500; Fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: <http://www.DHSprogram.com>.

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Phone: 4.

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PREFACE

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This is the first comprehensive national-level health facility survey in Nepal that combines the components of the Service Provision Assessment (SPA) survey of the Demographic and Health Surveys (DHS) Program, supported by the United States Agency for International Development (USAID); the World Health Organization (WHO) Service Availability and Readiness Assessment; the United Nations Population Fund (UNFPA) Facility Assessment for Reproductive Health Commodities and Services; and the Nepal-specific Service Tracking Survey, funded by the UK Department for International Development (DFID). This assessment was conducted between April and November 2015. The information from the 2015 Nepal Health Facility Survey (NHFS) gives an indication of the progress made during the second Nepal Health Sector Programme (NHSP-II) (2010-2015) and provides a baseline for the Nepal Health Sector Strategy (NHSS) 2016-2021.

The 2015 NHFS is an assessment of health care facilities in the formal sector of Nepal. It was designed to provide information on the availability of basic and essential health care services and the readiness of health facilities to provide quality services to clients. To provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service, the 2015 NHFS collected information from all facilities managed by the government and by private not-for-profit nongovernmental organizations (NGOs), private for-profit organizations, and mission/faith organizations in all 75 districts of the country.

The 2015 NHFS provides representative results for Nepal, for different facility types (public hospitals, primary health care centers [PHCCs], health posts [HPs], urban health centers [UHCs], stand-alone HIV testing and counseling sites [HTCs], and private hospitals), for different managing authorities (government and private), for each of the three geo-ecological regions in the country, and for the area affected by the 2015 earthquake (14 districts).

The assessment involved inventory checks at health facilities, interviews with service providers, observations of a sample of consultations between health care providers and clients seeking their services, and interviews with clients after they had been served.

Although most facilities are equipped to provide primary health care and have essential commodity supplies and drugs available, the assessment identified major weaknesses that require immediate remedy if we are to improve the quality of health service delivery.

It is hoped that policymakers and program managers will focus on the problems identified in the 2015 NHFS and other health-related surveys, including the Nepal Demographic and Health Survey, to ensure that activities address areas of concern in a concerted and coordinated manner. To this end, we urge all stakeholders to play active roles in trying to close the gaps in provision of high-quality health services to the Nepalese population.

Dr. Senendra Raj Upreti
Secretary
Ministry of Health

FOREWORD

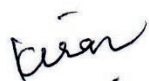
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(USAID); the World Health Organization (WHO) Service Availability and Readiness Assessment; the United Nations Population Fund (UNFPA) Facility Assessment for Reproductive Health Commodities and Services; and the Nepal-specific Service Tracking Survey, funded by the UK Department for International Development (DFID).

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I would like to express my deep sense of appreciation for the contributions of a number of different stakeholders in designing and implementing this survey and producing a very informative report. My sincere gratitude goes to all of the members of the Technical Advisory Committee and the Technical Working Group for their time, support, and valuable input. I appreciate the team of PHAMED and the team of different health development partners who were involved in implementing the survey.

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Dr. Kiran Regmi
Chief Specialist
Public Health Administration Monitoring and Evaluation Division (PHAMED)
Ministry of Health

ACKNOWLEDGMENTS

The 2015 Nepal Health Facility Survey (NHFS) was conducted under the aegis of the Public Health Administration Monitoring and Evaluation Division (PHAMED) of the Ministry of Health. The survey is a joint result of an excellent collaboration between the Ministry of Health and health development partners. The NHFS provides rich information on the supply side of the health system that will complement findings from population surveys to explain health outcomes and service utilization.

I would like to express my deep sense of appreciation for the contributions of a number of different stakeholders in designing and implementing this survey and producing a very informative report. My sincere gratitude goes to all of the members of the Technical Advisory Committee and the Technical Working Group for their time, support, and valuable input. I appreciate the leadership of Dr. G.D. Thakur, then chief of PHAMED. Also, sincere thanks go to Ram Chandra Khanal, Giri Raj Subedi, Satya Acharya, Jhabindra Pandey, and Shivlal Sharma of PHAMED for their support during the different phases of the survey.

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Dr. Dipendra Raman Singh
Chief Hospital Administrator
Public Health Administration Monitoring and Evaluation Division (PHAMED)
Ministry of Health

2015 NHFS TECHNICAL ADVISORY COMMITTEE

Chief, Public Health Administration Monitoring and Evaluation Division (PHAMED)		Chair
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2015 NHFS TECHNICAL WORKING GROUP

Ram Chandra Khanal (August 2014-September 2016)	PHAMED	Chair
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Pushpa Raj Joshi	PHAMED	Member Secretary
Shivlal Sharma		
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Mukti Nath Khanal	Management Division	Member
Sabita Tuladhar	USAID	Member
Dr. Deepak Poudel	DFID	Member
Deepak Karki		
Pradeep Poudel	NHSSP	Member
Dr. Suresh Mehata	IPAS	Member
Susheel Chandra Lekhak	WHO	Member
Dr. Shilu Adhikari	UNFPA	Member
Chandra Mani Dhungana		
Kiran Acharya	New ERA	Member

LIST OF CONTRIBUTORS

Chapter 1

Ram Chandra Khanal, PHAMED
Satya Acharya, PHAMED
Jhabindra Prasad Pandey, PHAMED
Shiv Lal Sharma, PHAMED
Sagar Dahal , NHSSP

Chapter 2

Kiran Acharya, New ERA

Chapter 3

Mukti Nath Khanal, Management Division
Dr.Hemant Chandra Ojha, Management Division
Susheel Chandra Lekhak, WHO
Pradeep Poudel, NHSSP

Chapter 4

Parashu Ram Shrestha, CHD
Mukunda Raj Gautam, CHD
Basundhara Sharma, CHD

Chapter 5

Ghanashyam Pokharel, FHD
Chandra Mani Dhungana, UNFPA

Chapter 6

Hem Raj Pandey, FHD
Sabita Tuladhar, USAID

Chapter 7

Dr. Sharad Kumar Sharma, FHD
Suresh Mehata, IPAS

Chapter 8

Shambhu Kafle, NCASC
Dr. Yadu Chandra Ghimire, NCASC
Mirak Raj Angdembe, FHI360

Chapter 9

Achyut Lamichhane, PHCRD
Kiran Acharya, New ERA

Chapter 10

Anil Thapa, NTC
Dr. Ashish Shrestha, WHO

Chapter 11

Dr. Ram Raj Panthi, EDCD
Padam Bahadur Dahal, GIZ

LIST OF REVIEWERS

Dr. Rajendra Pant, CHD
Dr. G.D. Thakur , PHAMED
Dr. Babu Ram Marasini, EDCD
Mr. Mahendra Shrestha, PPICD
Dr. Krishna Aryal, NHRC
Dr. Deepak Paudel, Save the children
Dr. Rajendra Bhadra, Health for Life
Dr. Ashish K.C., UNICEF

Dr. Shilu Adhikari, USAID
Mr. Netra Bhatta, USAID
Mr. Bharat Ban, Save the Children
Dr. Keshav Yogi, WHO
Dr. Prakash Ghimire, WHO
Mr. Bhagwan Shrestha, FHI 360
Dr. Maureen Dariang, NHSSP

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin combination therapy
AHW	auxiliary health worker
AIDS	acquired immune deficiency syndrome
AMTSL	active management of the third stage of labor
ANC	antenatal care
ARI	acute respiratory infection
ART	antiretroviral therapy
ARV	antiretroviral
ASBA	advanced skilled birth attendant
AVD	assisted vaginal delivery
AZT	zidovudine
BCG	Bacillus Calmette–Guérin vaccine
BEmONC	basic emergency obstetric and newborn care
BP	blood pressure
CAC	comprehensive abortion care
CAFE	computer-assisted field editing
CAPI	computer-assisted personal interviewing
CB-IMCI	community-based integrated management of childhood illness
CB-IMNCI	community-based integrated management of neonatal and childhood illness
CCC	community care center
CEmONC	comprehensive emergency obstetric and newborn care
CHBC	community and home-based care
CHD	Child Health Division
CHUs	community health units
COPD	chronic obstructive pulmonary disease
CT	computerized tomography
CVD	cardiovascular disease
DBS	dried blood spots
DFID	UK Department for International Development
DHO	district health office
DHS	Demographic and Health Surveys
DOTS	directly observed treatment, short-course
DPHO	district public health office
EDCD	Epidemiology and Disease Control Division
ELISA	enzyme-linked immunosorbent assay
EmONC	emergency obstetric and newborn care
EPI	Expanded Program on Immunization
FCHV	female community health volunteer
FEFO	first expired, first out
FHD	Family Health Division
FLEX	LMIS guideline
FP	family planning
FSWs	female sex workers

GDP	gross domestic product
HA	health assistant
HDC	Hospital Development Committee
HFOMC	Health Facility Operation and Management Committee
HIV	human immunodeficiency virus
HLD	high-level disinfection
HMIS	Health Management Information System
HP	health post
HTC	HIV testing and counseling sites
IBBS	integrated biological and behavioral surveillance
IMCI	integrated management of childhood illness
IMNCI	integrated management of neonatal and childhood illness
IPV	inactivated polio vaccine
IT	information technology
ITN	insecticide-treated net
IUCD	intrauterine contraceptive device
IV	intravenous
IYCF	infant and young child feeding
JE	Japanese encephalitis
LLIN	long-lasting insecticide-treated net
LMIS	logistics management information system
LSGA	Local Self-Governance Act
MD	management division
MDG	Millennium Development Goal
MD-GP	medical doctor/general practitioner
MDR-TB	multidrug-resistant tuberculosis
MLM	male labor migrant
MMR	maternal mortality ratio
MNH	maternal and neonatal health
MO	medical officer
MR	measles and rubella
MSM	men who have sex with men
MSW	male sex workers
MUAC	mid-upper arm circumference
MVA	manual vacuum aspiration
NCASC	National Center for AIDS and STI Control
NCD	non-communicable disease
NDHS	Nepal Demographic and Health Survey
NGO	non-governmental organization
NHFS	Nepal Health Facility Survey
NHP	National Health Policy
NHRC	Nepal Health Research Council
NHSP-I	First Nepal Health Sector Programme
NHSP-II	Second Nepal Health Sector Programme
NHSP-IP	Nepal Health Sector Program-Implementation Plan
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Program

NIP	National Immunization Program
NMS	Nepal Medical Standard
NMSP	Nepal's National Malaria Strategic Plan
NSV	Non-scalpel vasectomy
NTC	National Tuberculosis Center
NTP	National Tuberculosis Control Programme
NVP	nevirapine
OPD	outpatient department
OPV	oral polio vaccine
ORS	oral rehydration solution
PAC	post-abortion care
PAL	practical approach to lung health
PCR	polymerase chain reaction
PCV	pneumococcal conjugate vaccine
PEN	package of essential non-communicable disease interventions
PHAMED	Public Health Administration Monitoring and Evaluation Division
PHC/ORC	primary health care outreach clinic
PHCC	primary health care center
PHCRD	primary health care revitalization division
PMTCT	prevention of mother-to-child transmission
PNC	postnatal care
PPICD	Policy Planning and International Cooperation Division
PQ	primaquine
PWID	people who inject drugs
QA	quality assurance
RDT	rapid diagnostic test
RF	result framework
RHZ	isoniazid + rifampicin + pyrazinamide
RPR	rapid plasma reagin
SAHW	senior auxiliary health worker
SARA	service availability and readiness assessment
SBA	skilled birth attendant
SC	Sick children
SDG	Sustainable Development Goal
SLTHP	second long term health plan
SP	sulfadoxine/pyrimethamine
SPA	service provision assessment
STD	sexually transmitted disease
STI	sexually transmitted infection
STS	service-tracking survey
TB	tuberculosis
UHC	urban health centers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development

VDC	village development committee
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization

KEY FINDINGS

The 2015 Nepal Health Facility Survey (2015 NHFS) is the first comprehensive assessment of health facilities in Nepal that harmonizes various health facility among the Ministry of Health and health development partners. It was designed to provide information on the availability of basic and essential health care services and the readiness of health facilities to provide quality services to clients.

The NHFS collected information on the general readiness of facilities to provide quality health services. The survey also obtained information on the availability of each of the following services: child health care; maternal and newborn care; family planning; services for sexually transmitted infections (STIs), HIV/AIDS, tuberculosis- and malaria-related conditions; and services for non-communicable diseases (NCDs) (diabetes, cardiovascular diseases, and chronic respiratory diseases). For each of these services, the 2015 NHFS assessed whether components considered essential for quality service delivery were present and functioning.

The 2015 NHFS provides representative results for Nepal, for different facility types (public hospitals, primary health care centers [PHCCs], health posts [HPs], urban health centers [UHCs], stand-alone HIV testing and counseling sites [HTCs], and private hospitals), for different managing authorities (government and private), for each of the three geo-ecological regions in the country, the survey was also designed for representative results for each of the 13 development-ecological zones and for the area affected by the 2015 earthquake (14 districts).

Key findings of the 2015 NHFS that follow are organized according to the topics of the chapters in this report.

FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, GENERAL SERVICE READINESS, AND QUALITY OF CARE

- About 8 in 10 facilities have an improved water source and client latrine, half of facilities have regular electricity, and one-fifth of facilities have communication equipment. However, only 1 in 10 facilities have a computer with Internet access. With the exception of an adult weighing scale, a blood pressure apparatus, and a light source, public health facilities are more likely to have basic equipment available than private health facilities.
- Only about half of facilities have both soap and running water.
- Nearly all health facilities in Nepal offer child curative care, family planning, antenatal care, malaria diagnosis and/or treatment, and non-communicable disease services. Sexually transmitted infection (STI) diagnosis or treatment services are less commonly available.
- About two-thirds of Nepal health facilities offer the package of basic client services (outpatient curative care for sick children, child growth monitoring, child vaccinations, any modern method of family planning, antenatal care, and services for STIs).
- Of 18 tracer medicines, only chloramphenicol capsules/applicap, cotrimoxazole suspension or dispersible pediatric dose tablets, and RHZ (isoniazid + rifampicin + pyrazinamide) are available in less than half of health facilities.
- Only 37 percent of facilities conduct regular management meetings, and 35 percent involve the community in these meetings.
- Around two thirds of facilities have both routine staff training and personal supervision.

CHILD HEALTH SERVICES

- Outpatient curative care for sick children is available in almost all health facilities in Nepal at least five days per week.

- Eighty-five percent of facilities offer all three basic child health interventions: outpatient curative care for sick children, routine growth monitoring, and routine childhood vaccination. Ninety-four percent of facilities provide routine vitamin A supplements for children.
- ORS, zinc tablets, albendazole, vitamin A capsules, and paracetamol syrup/suspension were available in 85 percent or more of the facilities offering child curative care services. Similarly, amoxicillin was available in one-quarter, cotrimoxazole in one-half and gentamycin in about two third of the facilities offering child curative care services.
- A thermometer, stethoscope, and timer were available in more than 9 in 10 facilities.
- Fifty-four percent of health facilities providing child curative care had soap and running water or alcohol-based hand disinfectant for hand cleansing.
- More than 7 of every 10 providers of child health services have received recent supervision, and 3 of every 10 have received recent in-service training related to child health.
- Providers assessed all three main symptoms (fever, cough/difficult breathing and diarrhea) in one-quarter of observed consultations and checked for all three major danger signs (ability to eat or drink anything, vomiting and convulsion) in only 2 percent of consultations.

FAMILY PLANNING SERVICES

- Almost all (97 percent) health facilities in Nepal offer (that is, provide, prescribe, or counsel clients on) at least three temporary modern family planning methods. Government health facilities are more likely to offer modern family planning methods than private health facilities.
- Combined oral contraceptive pills, male condoms, and progestin-only injectables (Depo) are the most commonly offered family planning methods. Long-acting reversible contraceptives (implants and intrauterine contraceptive devices [IUCDs]) are offered at half of health facilities where family planning services are available.
- Virtually all facilities where family planning services are available are able to provide male condoms, oral contraceptives, and injectables to clients at the facility. However, only around one in five facilities where family planning services are available provide IUCDs and implants at the facility.
- Ninety-five percent of health facilities that provide family planning methods actually had every method they provide available on the day of the visit.
- Overall, 16 percent of the interviewed family planning service providers reported that they had received in-service training related to family planning in the 24 months before the assessment
- Just over 1 in 10 family planning service providers have ever received in-service training on long-acting reversible contraceptive methods.
- Hand-washing supplies were seen in just over half of health facilities offering family planning services.
- Overall, the environment for family planning counseling is poor. Visual and auditory privacy and confidentiality were assured in only 6 percent of the family planning consultations observed in the survey.
- There was almost no discussion of sexually transmitted infections or condoms during observed consultations. Method-specific side effects were discussed in a little more than one in five consultations.

ANTENATAL CARE SERVICES

- About 98 percent of health facilities in Nepal offer antenatal care (ANC) services.
- One in four health facilities offering ANC had at least one staff member who had received in-service training in ANC within the 24 months before the assessment.
- Twenty-five percent of facilities had ANC guidelines available on the day of the assessment.
- More than half of facilities had soap and running water or alcohol-based hand disinfectant for infection prevention available at the service site on the day of the assessment.
- Ninety percent of health facilities had all essential ANC medicines (combined iron and folic acid tablets, and albendazole tablets) available for ANC clients.
- Almost half of all observed ANC clients were counseled on nutrition during pregnancy. One-third of clients were advised on issues relating to the progress of their pregnancy. Two out of ten clients were counseled on importance of at least four ANC visits and on birth/planning/preparedness measures.
- Seven in 10 ANC providers had received personal supervision in the six months preceding the survey.
- Two of every 10 facilities offering ANC provide at least some services for prevention of mother-to-child transmission (PMTCT) of HIV.
- Only 6 percent of facilities offering ANC had insecticide-treated nets available to give to ANC clients for malaria prevention.

DELIVERY AND NEWBORN CARE

- Around half of health facilities in Nepal provide normal vaginal delivery services. Almost all hospitals and primary health care centers (PHCCs) offer these services.
- Just over one-third of facilities that offer normal vaginal delivery service had at least one interviewed staff member who had received relevant in-service training in the preceding 24 months.
- Six out of 10 facilities that offer normal vaginal delivery care have emergency transport available.
- Around 9 in 10 facilities that offer normal vaginal delivery services had injectable uterotonic (oxytocin) and an intravenous fluid infusion set on the day of assessment, and more than 70 percent had injectable magnesium sulphate.
- On average, 11 percent of facilities had all medicines regarded as essential for delivery care. Seventy-seven percent of zonal and above hospitals had all essential delivery care medicines on the day of the assessment, as compared with only 5 percent of health posts (HPs).
- Nearly 4 in 10 health facilities had carried out neonatal resuscitation.
- More than two-thirds of zonal and above hospitals had carried out all comprehensive emergency obstetric and newborn care (CEmONC) signal functions at least once in the three months preceding the survey, as compared with one-fifth of district hospitals.
- Only 3 percent of PHCCs had performed all basic emergency obstetric and newborn care (BEmONC) signal functions at least once in the three months preceding the survey.
- More than 90 percent of facilities routinely carry out a number of essential newborn care functions including keeping the infant warm, starting breastfeeding soon after birth, and putting the baby skin-to-skin on the mother's abdomen.

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

- About 6 percent of health facilities in Nepal have an HIV testing system.
- Almost one-third of facilities that have HIV testing capacity have adequate hand cleaning supplies—either running water and soap or alcohol-based hand disinfectant—at the HIV testing location.

- Five percent of all facilities offer HIV care and support services.
- Twelve percent of facilities offer antiretroviral therapy (ART) services. Among facilities offering these services, 80 percent had the first-line ART regimen available in the facility on the day of the assessment.
- Three out of every four facilities offer sexually transmitted infection (STI) services. However, less than 1 in 10 facilities have at least one provider with recent training on the diagnosis and treatment of STIs, and only 16 percent of facilities have the capacity to screen for syphilis infection.

NON-COMMUNICABLE DISEASES

- A majority of health facilities in Nepal offer services for the diagnosis and/or management of chronic respiratory diseases, and 73 percent of facilities offer services for cardiovascular diseases.
- About one in five health facilities offer services for the diagnosis and/or management of diabetes.
- On average, no more than 5 percent of facilities offering services for diabetes, cardiovascular diseases, or chronic respiratory diseases have providers who received training in these services during the 24 months preceding the survey.
- The availability of guidelines for provision of non-communicable disease (NCD) services is consistently low.
- Equipment such as a blood pressure apparatus, weighing scale, and stethoscope is available in a majority of facilities that provide NCD services. Other equipment, such as height boards, peak flow meters, and spacer devices, is less available.
- The availability of essential medicines for these conditions is low in most facilities other than hospitals.

TUBERCULOSIS

- TB diagnostic services were mostly concentrated at the primary health care center (PHCC) level and above.
- Nationally, TB treatment services were available in 86 percent of health facilities.
- TB diagnostic and treatment services together were available only in a third (30 percent) of facilities.
- Only one-third of facilities offering tuberculosis diagnosis and/or treatment services had diagnosis and treatment guidelines available. Facilities in the mountain region were least likely to have guidelines.
- Only 17 percent of facilities that offer tuberculosis diagnosis and/or treatment services had staff with any recent in-service training related to TB.
- Only 10 percent of facilities had the capacity to carry out TB smear microscopy or x-ray services for the diagnosis of TB. Less than 1 percent of facilities had the capacity to carry out culture and rapid diagnostic tests.
- Only 4 percent of facilities offering tuberculosis diagnosis and/or treatment services also had HIV diagnostic capacity.
- First-line anti-TB drugs were available in the majority (77 percent) of facilities.

MALARIA

- Half of Nepal's health facilities offer diagnosis and treatment for malaria.
- About one-fifth of health facilities have at least one staff member recently trained in malaria diagnosis and/or treatment.
- Sixty percent of facilities that offer malaria diagnosis and/or treatment services had first-line medicines (mainly chloroquine and primaquine) for the treatment of malaria available on the day of the assessment visit.
- Despite the policy of promoting free distribution of bed nets to antenatal care clients, only 11 percent of health facilities that provide malaria services had long-lasting insecticide-treated mosquito nets (LLINs) in stock for distribution.

NEPAL



1.1 HEALTH STATUS IN NEPAL

A review of the health situation in Nepal shows that the country has made encouraging progress on improving the overall health outcomes of its citizens. In particular, Nepal has made impressive progress toward the Millennium Development Goal (MDG) targets for child survival (target 4) and maternal health (target 5) (NPC, 2013). A clear indicator of this progress is the increase in life expectancy at birth, which rose to around 67 years in 2011 compared with 50 years in 1981, when maternal and child mortality were high (CBS, 2014). The substantial improvement is the result of effective community-based health interventions such as the birth preparedness package, the Aama Surakshya Program, family planning programs, basic and comprehensive emergency obstetric and neonatal care, safe abortion services, nutrition initiatives (vitamin A, breastfeeding, complementary feeding), integrated management of newborn and childhood illness, the National Immunization Program, and other promotive, preventive, and curative measures.

Tables 1.1 and 1.2 provide further evidence of the scope of the changes in population and health indicators over the past several decades in Nepal. Population growth has slowed, literacy levels have improved, and there has been continuing improvement in the gross domestic product (GDP).

Table 1.1 Trends in key population indicators, Nepal 1991-2011

Indicators	1991	2001	2011
Population (millions)	18.4	23.2	26.5
GDP per capita (NPR)	8,084	19,410	56,880
Literacy rate (percentage of 6 years and above)	39.6	54.1	65.9
Life expectancy at birth (years)	54.3	60.4	66.6

Source: Population censuses 1991, 2001, and 2011 (CBS, 2012)

Mortality rates among young children have declined as utilization of maternal health services, including family planning, has increased. The nutritional status of children also has been improving.

Table 1.2 Trends in key health indicators, Nepal 2001-2011

Indicators	2001	2006	2011
Total fertility rate	4.1	3.1	2.6
Infant mortality rate (per 1,000 live births)	64	48	46
Under-5 mortality rate (per 1,000 live births)	91	61	54
Contraceptive prevalence rate	39	48	50
Antenatal care (by skilled provider; percentage)	28	44	58
Delivery care (by skilled provider; percentage)	11	19	36
Stunting rate (percentage of children under age 5)	57	49	41
Wasting rate (percentage of children under age 5)	11	13	11
Underweight rate (percentage of children under age 5)	43	39	29
Use of improved water supply (percentage)	-	-	89

Source: NDHS 2001, 2006, and 2011

The maternal mortality ratio (MMR) has decreased as well, from 790 per 100,000 live births in 1996 to 258 in 2015, a decline of 67 percent (WHO, 2014).

Despite these improvements, Nepal faces a triple health care burden. Communicable diseases still account for a large proportion of deaths and disability. The prevalence of non-communicable diseases (NCDs) is growing, emerging as a major public health problem. These problems are further compounded by threats from natural disasters, the adverse effects of climate change, and accidents and injuries.

According to the 2013 Global Burden of Diseases Study, lower respiratory infections, ischemic heart diseases, and neonatal encephalopathy are the main causes of premature death in Nepal. The study also highlights the increasing burden of NCDs and injuries that Nepal is facing (University of Washington, 2013). Cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, oral diseases, and mental disorders are common NCDs in Nepal. These conditions have contributed to rising health care costs and high out-of-pocket expenditures (55 percent in 2008/09), which, despite increasing government expenditures on health, are further perpetuating the impoverishment of many Nepalese (Shrestha et al., 2012). In addition, road traffic accidents (RTAs) in Nepal are rising alarmingly. In the last decade, more than 9,000 people have lost their lives as a result of RTAs (Thapa, 2013). In 2009/10, Nepal had the highest RTA fatality rate (17 per 10,000 registered vehicles) in the world (MoPPTM, 2013).

1.2 ENABLING POLICIES AND STRATEGIES TO IMPROVE HEALTH STATUS

1.2.1 Constitution of Nepal

The 2015 constitution of Nepal ensures health care as a fundamental right of every citizen. The health care mandate laid out in the constitution includes the following provisions:

- Every citizen shall have the right to seek free basic health care services from the state, and no citizen shall be deprived of emergency health care.
- Each person shall have the right to be informed about his or her health condition.
- Each person shall have equal access to health care.
- Each citizen shall have the right to access to clean water and hygiene.

The translation of these constitutional provisions into reality will be the priorities of the health sector in the upcoming future.

1.2.2 National Health Policy 2014

The National Health Policy (NHP) of 1991 captured the prevailing democratic spirit of bringing government services closer to the people, calling for community participation and fostering private sector engagement. Building upon the premises of the 1991 NHP and the 2007 interim constitution of Nepal, the 2014 NHP sets out a forward-looking agenda for improving the health and well-being of all citizens of Nepal, including the elderly, differently abled people, single women, and poor, marginalized, and vulnerable communities. It articulates the nation's commitment towards achieving universal health coverage (UHC). It seeks to place health as a central component of overall development, building partnerships and establishing multisectoral collaboration. The policy recognizes the importance of creating a healthy environment and promoting healthy lifestyle choices, especially among the young, as well as taking an inclusive approach to Ayurveda and other traditional medicine systems (MoHP, 2014). The following are among the key elements of the 2014 NHP.

Vision

Ensure that all Nepali citizens have productive and quality lives with the highest levels of physical, mental, social, and emotional health.

Mission

Ensure citizens' fundamental right to stay healthy by utilizing available resources optimally and through strategic cooperation among service providers, service users, and other stakeholders.

Objectives

1. Provide free basic health services as a fundamental right of all citizens.
2. Establish an effective and accountable health care delivery system with essential drugs, medical equipment, technologies, and skilled human resources to ensure citizens' access to quality health services.
3. Promote people's participation in and foster ownership of private sector organizations and cooperatives through improved management and increased engagement in health care delivery.

Policies

1. Provide quality health services to citizens as a fundamental right, with the goal of achieving UHC and ensuring free access to basic health services.
2. Plan, produce, develop, and utilize necessary and essential human resources to ensure accessible and effective health services.
3. Enhance the systematic development and preservation of the Ayurveda and other alternative medical systems together with appropriate management and utilization of available medicinal herbs.
4. Enhance domestic production of quality medicines and health commodities together with supporting their effective use and establishing a supply chain for self-reliance.
5. Improve the quality of health research to the level of international standards and establish effective mechanisms to translate these into policy, planning, and health care delivery systems.
6. Protect people's fundamental right to health information and promote public health by assigning a high priority to health education, information, and communication.
7. Reduce malnutrition through promotion and sufficient consumption of quality and healthy foods.
8. Ensure the delivery of quality health services through efficient and accountable coordination, monitoring, and regulation systems.
9. Ensure professional standards and service quality through improved efficiency, professionalism, and accountability of health professional councils.
10. Gradually mainstream health in all policies through strengthened multisectoral collaboration.
11. Ensure each citizen's right to live in a healthy environment through effective control of environmental pollution.
12. Ensure effective health sector governance through appropriate policies, institutional arrangements, and management in health service delivery.
13. Promote public-private partnerships for systematic and qualitative development of the health sector.
14. Offer financial protection to people seeking quality health care services through increased public sector investment and efficient and effective management of financial resources leveraged through the private and nongovernmental sectors.

1.2.3 Nepal Health Sector Program

The origins of the five-year strategic health planning process in Nepal, within the context of the Sector-Wide Approach (SWAp), can be traced back to 2004, when the Council of Ministers endorsed the Health Sector Strategy: An Agenda for Reform. This strategy was formulated against the backdrop of Nepal's commitments with respect to the country's poverty reduction strategy and the MDGs. Guided by both the National Health Policy of 1991 and the Second Long Term Health Plan 1997-2017 (SLTHP), the strategy put in place the first Nepal Health Sector Program (NHSP-I) as the implementation plan for the period 2004-2009. The second program spanning the period 2010-2015 (NHSP-II) was largely seen as an extension of the previous one, albeit with a greater emphasis on partnerships, mitigating access barriers, and promoting equity and inclusion, local governance, and decentralized service delivery.

After the successful completion of the two sector programs, the need for a broader strategic framework was recognized in order to (1) sustain health sector achievements while translating the 2014 NHP commitments to Sustainable Development Goal 3 and universal health coverage into reality and (2) support the country's road map for graduating from the status of least developed country by 2022. Reflecting these concerns, the Nepal Health Sector Strategy (NHSS) 2016-2021 was developed through consultations with a wide range of stakeholders and was endorsed by the Cabinet in October 2015. The NHSS is the government of Nepal's strategy that guide the sector over this five-year period, taking into account multisectoral collaboration to address social determinants of health.

The 2016-2021 Nepal Health sector Strategy (NHSS) Results Framework (RF) monitors the sector performance on routinely basis. The Framework sets out a range of key indicators at Goal, Outcome and Output levels of NHSS. Though 2015 NHFS is considered as Ministry of Health's program level monitoring data source for effective monitoring of the programs and activities. NHFS analysed the fourteen indicators of NHSS dis-aggregating by facility type, managing authority, ecological region and 14 earthquake affected districts and the data are presented specifying as NHSS RF indicators in the relevant chapter. The matrix of the indicator is given in the Appendix A.

The NHSS comprises four strategic principles underlying the national move towards universal health coverage:

1. Equitable access to health services
2. Quality health services
3. Health system reform
4. A multisectoral approach

In line with these strategic principles, the NHSS strives towards the goal of improving the health status of all people through an accountable and equitable health service delivery system. The NHSS seeks the following nine outcomes:

1. Rebuilt and strengthened health systems (infrastructure, human resources for health management, and procurement and supply chain management)
2. Improved quality of care at the point of delivery
3. Equitable utilization of health care services
4. Strengthened decentralized planning and budgeting
5. Improved sector management and governance

6. Improved sustainability of health sector financing
7. Improved healthy lifestyles and environment
8. Strengthened management of public health emergencies
9. Improved availability and use of evidence in decision-making processes at all levels

The NHSS lays out the necessary service delivery arrangements to move towards UHC. It calls for basic health services to be delivered free of charge to citizens and defines the basic health package. According to plans, services that are beyond the scope of the basic package will be delivered through social health protection arrangements, including health insurance.

1.2.4 MDGs and Sustainable Development Goals

Nepal has made remarkable progress in health, as demonstrated by the fact that the country is on track on all indicators related to MDGs 4 and 5 and most of the MDG 6 indicators (NPC, 2016).

At this point, the government's focus is shifting towards achieving universal health coverage by addressing the needs of the poor, women, and other vulnerable and excluded groups through free health care policies and programs. Ambitious targets have been set to increase the proportion of the government's budget allocated to health expenditures. Sustainable Development Goal (SDG) 3 aspires to ensure healthy lives and promote well-being among people of all ages. While the Nepal-specific SDG targets are in the process of being determined, the following global SDG targets provide insights into the challenges involved:

1. By 2030 reduce, the global maternal mortality ratio to less than 70 per 100,000 live births.
2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.
4. By 2030, reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
6. By 2020, halve the number of global deaths and injuries from road traffic accidents.
7. By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.
8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective quality and affordable essential medicines and vaccines, for all.
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

Other SDGs are also linked with better health outcomes and will help achieve sustainable results through multisectoral efforts.

1.3 THE HEALTH CARE SYSTEM

1.3.1 Overview

The government of Nepal, through the Ministry of Health (MoH), provides leadership for the entire process of health policy and strategy formulation, program development, and service delivery. The main functions of the MoH include coordination, planning and policy development, fostering support for health policies and plans, implementation of plans, and monitoring and evaluation. The MoH also works to ensure adequate health care financing. Various mechanisms facilitate the participation of other stakeholders, including civil society, the private sector, and development partners, in setting the health policy agenda in Nepal; among these mechanisms are the 2014 NHP, the NHSS, and the National Periodic Plan (2016-2019).

Nepal's health system consists of a traditional medicine (Ayurveda, unani, homeopathy etc) and modern medical health care system. Typically, there is at least one health facility in each village development committee (VDC), one primary health care center in each electoral constituency, and one hospital at the district level to provide curative services. The health care delivery system seeks to maintain a good balance between meeting curative care needs and addressing preventive, promotive, and rehabilitative needs.

In the public health system, services are delivered at the primary, secondary, and tertiary levels.

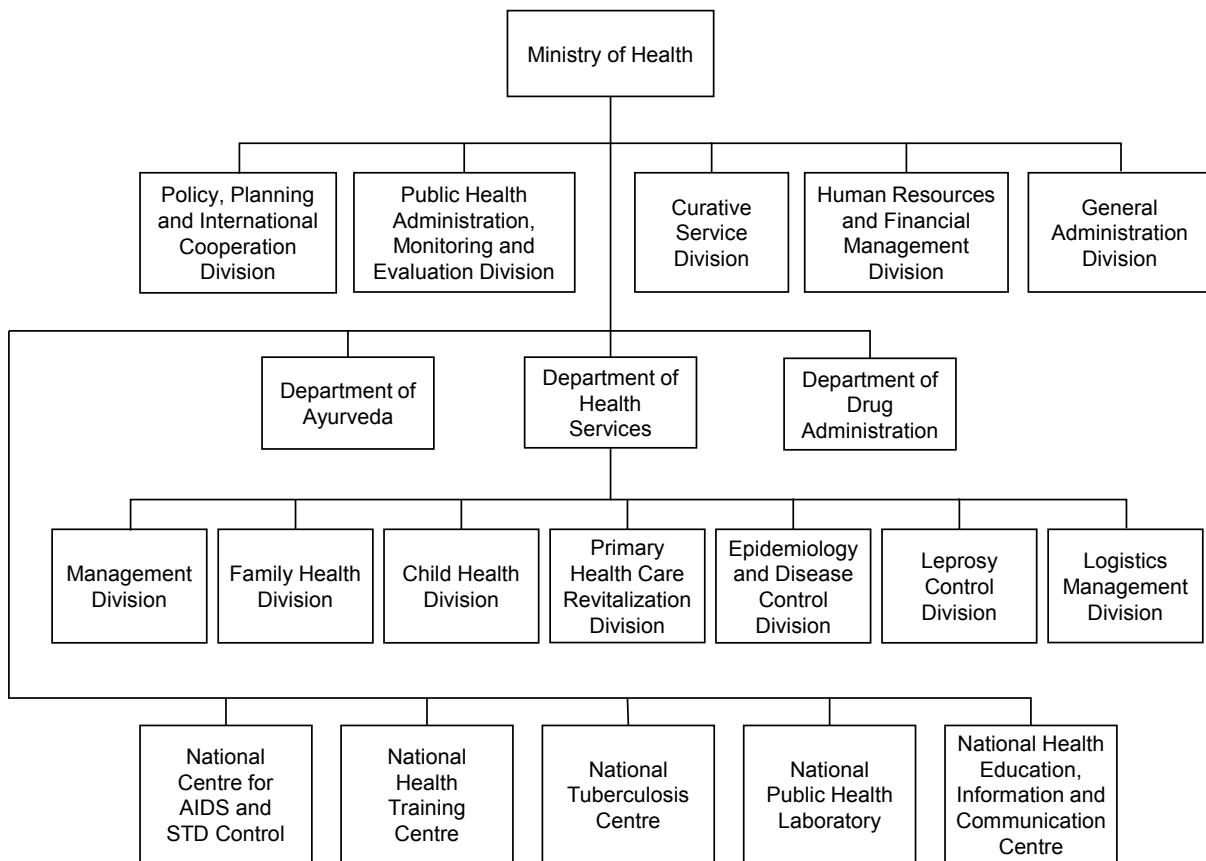
- **Primary level:** This level comprises female community health volunteers (FCHVs), primary health care outreach clinics (PHC/ORCs), community health units (CHUs), Expanded Program on Immunization (EPI) clinics, health posts (HPs), birthing centers, urban health centers, primary health care centers (PHCCs), and community/rural hospitals. Service delivery at this level is largely the responsibility of medical officers, health assistants, staff nurses, auxiliary health workers, auxiliary nurse midwives, and FCHVs, who provide a range of mostly promotive and preventable services in addition to some curative services. FCHVs actively work at the community level making door-to-door visits to offer promotive and preventive services. All of the facilities mentioned above provide curative services in addition to promotive and preventive services.
- **Secondary level:** Secondary-level services are delivered by district hospitals. These are first referral points from the primary-level health facilities and provide inpatient, outpatient, emergency, and comprehensive emergency obstetric and neonatal care services for their target populations.
- **Tertiary level:** Tertiary-level services are provided by zonal, subregional, regional, and central hospitals. These institutions are second-level referral points for districts and also provide other services in their catchment areas. Central hospitals offer professional training, conduct research, and provide support to the districts.

1.3.2 Governance Structure at the National Level

The Ministry of Health is responsible for stewardship and regulatory functions in addition to health service delivery. The MoH, through its various departments, sets the agenda for health care in Nepal in collaboration with other stakeholders. It is responsible for developing, reviewing, and enforcing health and related policies; spearheading health sector reforms; regulating the health sector, including the private sector; developing and reviewing service delivery standards, norms, and management protocols and ensuring that they are communicated to lower-level institutions; planning and mobilizing health resources, including allocation and management; coordinating research and surveys; and overseeing monitoring and evaluation.

The MoH consists of five divisions, three departments, and five centers at the national level (Figure 1.1).

Figure 1.1 Ministry of Health divisions, centers, and departments



As Figure 1.2 shows, the MoH provides health services through a network of three departments, five regional health offices, five autonomous bodies, six professional councils, 27 zonal and regional hospitals, 19 medical college teaching hospitals, 76 district-level hospitals, and 364 private hospitals. Seventy-five district health offices manage basic health care service delivery through a network of 76 district-level hospitals, 204 PHCCs, 329 UHCs, 3,805 health posts, 250 community health units, 12,908 PHC/ORCs, and 16,355 EPI outreach clinics across the country.

Figure 1.2 Health service delivery organizational structure

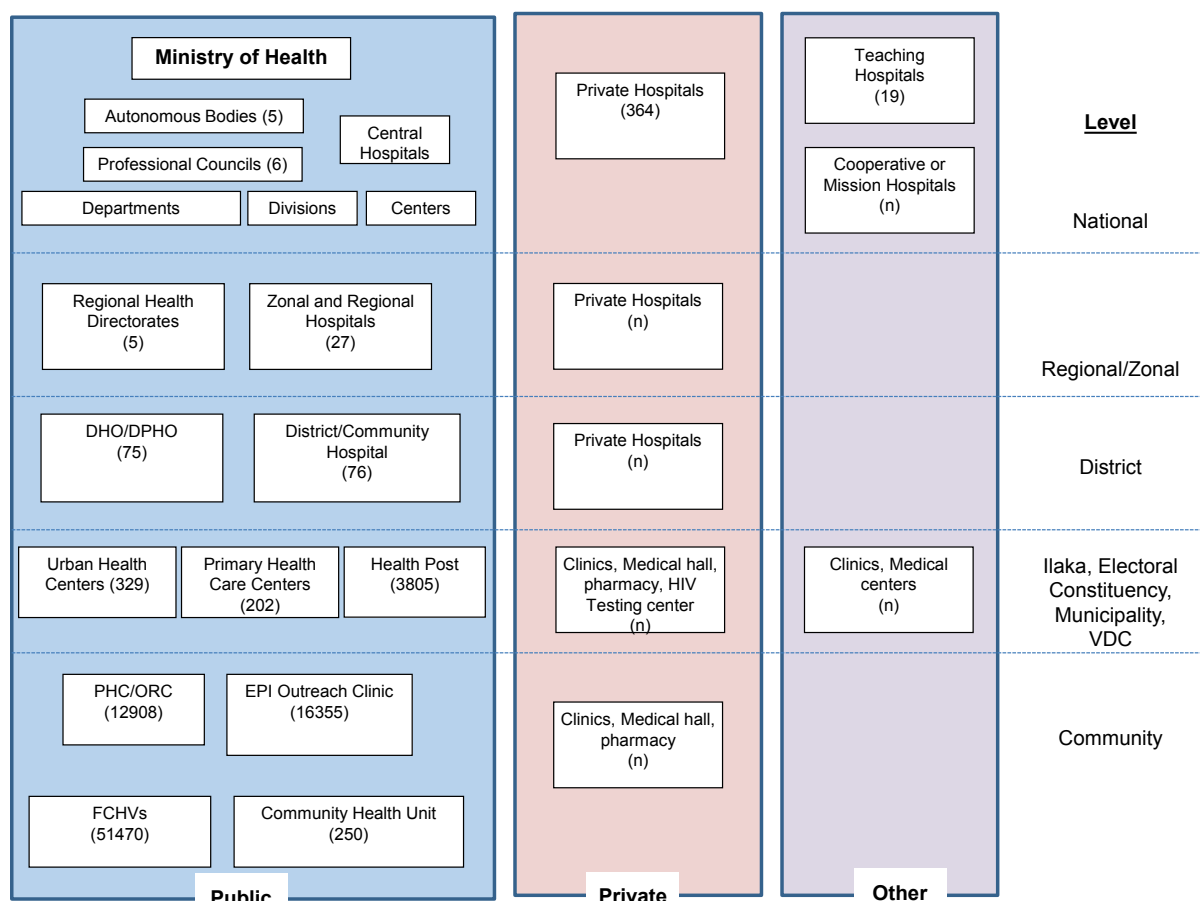


Table 1.3 presents additional information on the service delivery hierarchy, showing typical staffing patterns and examples of the services usually provided at each type of public health facility.

Table 1.3 Staffing and services at public health facilities, by type of facility

Level	Key staff	Key services
Central hospitals	20-200 specialist doctors and nurses	50-500 beds Provide either broad range of advanced services or specialized services
Regional hospitals	30-50 specialized doctors, medical officers and nurses	Final referral centers Provide broad range of services
Zonal hospitals	10-35 specialized doctors, medical officers, and nurses	Provide broad range of services
District hospitals	3 medical officers and 15 other health workers	~15-25 beds Diagnosis and treatment of illness (primary and secondary) Provide basic services (e.g., family planning, immunization)
Urban health centers	2-3 health workers	Diagnosis and treatment of illness (primary) Provide basic services (e.g., family planning, immunization)
PHCCs	1 medical officer and 8 other health workers	~3 beds and laboratory services Diagnosis and treatment of illness (primary) Provide basic services (e.g., family planning, immunization)
HPs	~4-5 health workers, with health assistant in charge	Only outpatient diagnosis and treatment of illness (primary) Provide basic services (e.g., family planning, immunization)
Stand-alone HIV testing centers	~2-3 testing and counseling staff	HIV counseling and testing
PHC/ORCs	1-2 health workers from facility on a mobile outreach basis	Deliver short-term family planning, antenatal care, and growth monitoring services on a monthly basis
EPI clinic	1-2 health workers from facility on a mobile outreach basis	Deliver childhood immunizations on a monthly basis
CHUs	1-2 health workers from facility on an outreach basis	Extension of health facility services in areas not fully reached by facilities

1.3.3 Decentralized Governance Structure at the District Level

The Decentralization Act of 1982 and its respective bylaws of 1984 were milestones in accelerating decentralization in Nepal. The statutory framework for decentralization was defined later, in the 1999 Local Self-Governance Act (LSGA) and the 2000 Local Self-Governance Regulation. The Local Self Governance Act 1999 envisaged to further decentralize governance, including the health sector, through devolution of responsibilities, authority and resources to local bodies. Health sector decentralization is also an important part of the overall health sector reform in Nepal and an important output of the Nepal Health Sector Program-Implementation Plan (NHSP-IP). To strengthen decentralized planning and budgeting, NHSS 2016-2021 prioritizes the implementation of the Collaborative Framework for Strengthening Local Health Governance in Nepal. As per LSGA 1999, more than fourteen hundred peripheral government health facilities (HFs)—health post (HP), primary health care center (PHCC)—were handed over to local bodies. The Local Self Governance Act (LSGA), 1999 envisaged, for the first time, to decentralize governance in the health sector through devolution of responsibilities, authority and resources to the local bodies. These acts facilitated the transfer of power and authority over health care to local bodies called Health Facility Operation and Management Committees (HFOMCs). These committees were created to serve as a bridge between the government and local communities, communicating the concerns of community members to health facilities and VDCs. The HFOMC is represented by the elected VDC chair, a locally elected woman representative, a representative from the dalit and marginalized population, a female community health volunteer, a local school teacher, and the person in charge of the health facility.

The Ministry of Health's decentralization policy directives focused on the handover of health facilities to health management committees and assigned responsibilities to manage local health facilities and prepare and implement health programs. In the absence of elected representatives, the district and village level health facility operation and management committees are chaired by the local development officer and a VDC secretary, respectively.

The 1991 National Health Policy mandated a prominent role for district health/public health offices in the planning and management of curative and promotive health services from the district level down to the village level. Similarly, the second long-term plan (1997-2017) prioritized creating health awareness and strong community participation in decentralizing health service management. As per the revised political structure after promulgation of the new constitution in 2015, the nature of the health care structure and the mandates and roles of the federal, provincial, and local-level offices are being further defined.

1.4 HEALTH FINANCING

1.4.1 Overview

Nepal's per capita annual expenditure on health is US\$40. Around half of the expenditure consists of out-of-pocket spending (worldbank.org), that is, payments directly to health providers by the general public at the time of care. With regard to public financing of health care costs, the Ministry of Federal Affairs and Local Development implemented a 14-step, bottom-up planning procedure at the district level after the movement to decentralization was laid out in the 1999 Local Self-Governance Act and the subsequent regulations in 2000. However, the planning and budgeting process in Nepal generally continues to be guided at the central level, and there is a disconnect between the bottom-up planning process and the annual budget process. Peripheral-level primary health facilities are funded through central government revenue, which is, in some cases, supplemented with local revenues. Health facilities receive necessary essential medicines, supplies, and commodities through a central public supply chain system and deliver free services. Semi-autonomous hospitals receive block grants for their operation as well as for salaries and allowances for government employees.

The government of Nepal pools funds from various financing sources (tax and non-tax revenue and financial aid from external development partners) and pays providers (hospitals, health posts, primary health care facilities, etc.) through the health sector budget managed by the MoH. Annual budgets are generally

prepared on an incremental basis according to the expenditures of the preceding fiscal year. In some instances, bodies other than the government act as financing agents; this is the case with the recently initiated social health insurance schemes in three districts, which manage resources on behalf of their members and pay providers for services used by members. The government has consistently increased the health sector's budget, from NPR 6.5 billion (US\$88 million) in 2004/05 to NPR 36.7 billion (US\$228 million) in 2016/17. The health sector's share of the national budget is about 5 percent. Over the past five fiscal years, more funds have been distributed to the 75 districts and less to the centers.

The general government's expenditure represents about 40 percent of total health expenditures, with the remainder covered by private sources, mainly Nepali households. Out-of-pocket expenditures by households represent 53 percent of total health expenditures (Nepal System of Health Accounts 2009). Currently, donor contributions constitute 29 percent of the government's health care budget (MoH progress report). The government allocation has increased during NHSP-I and NHSP-II, while that of donors has decreased (Budget analysis 2015, NHSSP).

The total projected cost for the implementation of the NHSS 2015-2020 is NPR 266 billion, with a per capita cost of NPR1,433 for 2015/16 and increases in successive years to NPR2,068 by 2019/20. Key cost drivers include human resources (29 percent), program activities (21 percent), drugs and supplies (19 percent), and construction of health facilities (18 percent) (World Health Organization [WHO] 2016).

1.4.2 Goal

The goal of the MoH is to raise sufficient and sustainable revenues in an efficient and equitable manner as a means of ensuring that donor support is harmonized and aligned with national priorities and that collected revenues are allocated equitably so as to provide individuals and the population with quality essential services that lead to improvements in health outcomes and provide financial protection and consumer satisfaction.

The government of Nepal is also committed to increasing health sector allocations in the national budget by about 10 percent on an incremental basis.

1.4.3 Donor Project Funding

The 21st century calls for new health systems that are partnership oriented, population based, and proactive rather than reactive. The health sector must serve as a guide to and be a partner in these actions so that health concerns are represented appropriately at all stages of implementation. Much stronger collaboration between the health sector and other development partners is required in a number of areas, including ensuring equitable utilization of quality health services.

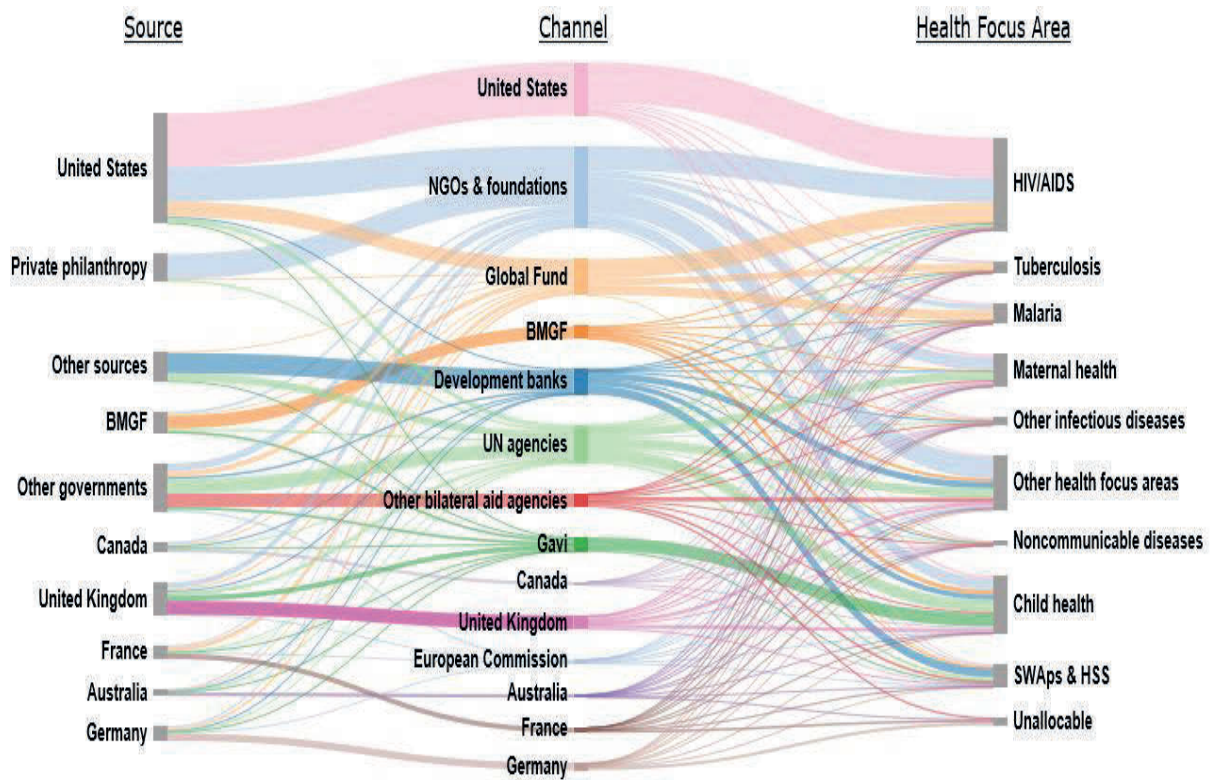
Donor support to Nepal's health sector is provided through several different funding modalities. A number of external development partners (EDPs) such as the World Bank, the UK Department for International Development, the German Development Bank, and Gavi provide financial aid to a pooled fund, which is used to implement activities and government priorities as outlined in the sectoral periodic plan. Other EDPs such as the United States Agency for International Development (USAID), Deutsche Gesellschaft für Internationale Zusammenarbeit, and various UN agencies provide direct technical assistance to the Ministry of Health, its departments, and selected districts under the umbrella of the overall sectoral plan and in line with the bilateral arrangements with those organizations. The activities are aligned with a jointly developed and agreed-upon implementation plan and monitoring and evaluation framework. A number of international nongovernmental organizations (NGOs) and local NGOs also work collaboratively with the Ministry of Health to plan, implement, and monitor activities at the national, district, and local levels. All of these activities are reviewed periodically.

Donors have assisted with the financing of health care in Nepal for many years. However, donor funding has recently been steadily decreasing. Such funding constituted almost half (48 percent) of total

health financing in 2009/10 but dropped to 40 percent in 2010/11. In 2014/15, donor funding represented only around one-third of total health financing.

In an effort to mitigate aid volatility and ensure better coordination among development partners, the government of Nepal and its partners developed the SWAp in 2004, with pooled funding as well as project funding from 11 donors (Figure 1.3) (Health Aid effectiveness in Nepal 2009, Alice Schmidt). In the future, health sector financing will be performance based, and key indicators are being negotiated and finalized between the EDPs and the MoH to trigger disbursement of financial aid. In addition, other EDPs and international NGOs will provide necessary technical assistance to the MoH and its entities at the national, regional, provincial, and district levels to enable achievement of the NHSS goals. All of these financing arrangements are governed as stipulated in Nepal’s Development Cooperation Policy 2014 (mof.gov.np).

Figure 1.3 Flows of global health financing



2.1 OVERVIEW

The 2015 Nepal Health Facility Survey (NHFS) is an assessment of health care facilities in the formal sector of Nepal. It was designed to provide information on the availability of basic and essential health care services and the readiness of health facilities to provide quality services to clients. To provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service, the 2015 NHFS collected information from all facilities¹ managed by the government and by private not-for-profit non-governmental organizations (NGOs), private for-profit organizations, and mission/faith organizations in all 75 districts of the country. Ministry of Health (MoH)/Government of Nepal (GoN) is committed to achieving ‘Universal Health Coverage’ by providing quality health services to all citizens in line with the aspirations of the 2014 Nepal Health Policy and 2015 Constitution of Nepal. As per 1997-2017 second long term health plan (SLTHP) to make the accessibility of quality health services, investments in health facilities have expanded services and improved access to quality care. Similarly, under the Nepal health sector strategy (NHSS) 2016-2021, the Ministry of Health (MoH) is committed to periodic assessment of health systems and quality of care provided by various health facilities.

The 2015 NHFS provides representative results for Nepal, for different facility types (public hospitals, primary health care centers [PHCCs], health posts [HPs], urban health centers [UHCs], stand-alone HIV testing and counseling sites [HTCs], and private hospitals), for different managing authorities (government and private), for each of the three geo-ecological regions in the country, the survey was also designed for representative results for each of the 13 development-ecological zones and for the area affected by the 2015 earthquake (14 districts). Stratification was achieved by separating the health facilities by facility type within each of the 13 development-ecological zones. Private hospitals were further stratified by number of inpatient beds (more than 100 or less than 100).

The NHFS collected information on the general readiness of facilities to provide quality health services. The survey also obtained information on the availability of each of the following services: child health care; maternal and newborn care; family planning; services for sexually transmitted infections (STIs), HIV/AIDS, and tuberculosis- and malaria-related conditions; and services for non-communicable diseases (NCDs) (diabetes, cardiovascular diseases, and chronic respiratory diseases). For each of these services, the 2015 NHFS assessed whether components considered essential for quality service delivery were present and functioning. Although the focus was on basic components, the 2015 NHFS also assessed whether more sophisticated components were present, such as higher-level diagnostic and treatment modalities or support systems for health services that are usually introduced after basic-level services have been put in place.

Findings from this assessment supplement information from the 2011 Nepal Demographic and Health Survey which provide information on health and on utilization of services by the overall population.

2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE 2015 NHFS

2.2.1 Institutional Framework

Harmonization of health facility surveys for rational allocation of scarce resources has been a priority for the Ministry of Health (MoH) and health development partners (HDPs) for some time. In 2014, the MoH and HDPs agreed to harmonize health facility surveys conducted in Nepal; the 2015 NHFS is the direct result of this agreement. It is the first comprehensive national-level health facility survey in Nepal that combines the components of the USAID-supported Service Provision Assessment (SPA) survey of the DHS

¹ Poly clinics and hospitals with standalone specialized services like cancer, heart were not included in the survey.

Program, WHO's Service Availability and Readiness Assessment, UNFPA's Facility Assessment for Reproductive Health Commodities and Services, and the Nepal-specific Service Tracking Survey.²

The UK Department for International Development (DFID) provided funding for the local costs of the 2015 NHFS through the Nepal Health Sector Support Program (NHSSP). New ERA, a private research firm, implemented the survey with technical assistance from ICF International's DHS Program. USAID provided financial support for the DHS Program's technical assistance.

2.2.2 Objectives of the 2015 NHFS

The main objectives of the 2015 NHFS were to:

- Assess the availability of basic and essential services in Nepal health facilities, including maternal and newborn care and child health, family planning, and reproductive health services, as well as services for NCDs and certain infectious diseases (HIV/AIDS, STIs, malaria, and TB).
- Assess the preparedness of health facilities in Nepal to provide quality services.
- Provide a comprehensive body of information on the performance of different types of health facilities that provide these essential services.
- Identify gaps in the support services, resources, and processes used to provide health services that may limit the ability of facilities to provide quality services.
- Describe the processes followed in the provision of essential health care services and the extent to which accepted standards for quality service provision are met.
- Identify differences in service readiness among ecological regions, facility types, and managing authorities and in the 14 earthquake-affected districts.
- Provide a baseline assessment for tracking future progress.

2.3 DATA COLLECTION METHODS

The 2015 NHFS used five main types of data collection tools:

- Facility Inventory Questionnaire.
- Health Provider Questionnaire.
- *Observation protocols* for antenatal care (ANC), family planning (FP), and services for sick children (SC).
- *Exit Interview Questionnaires* for ANC and family planning clients and for caretakers of sick children whose consultations were observed. Also, postpartum clients were interviewed as they were discharged from facilities; these interviews took place only in facilities that offered delivery services. Unlike antenatal care, family planning, and curative care for sick children, the survey did not involve observations of delivery services.

² Implemented with support from the Nepal Health Sector Support Program (NHSSP), a technical assistance program funded by the United Kingdom's Department for International Development (DFID) that supports the MoH in implementing the second Nepal Health Sector Program (NHSP-II).

- *Health Facility Operation and Management Committee (HFOMC)/Hospital Development Committee (HDC) Member Questionnaire* for the chairperson or other committee members in public facilities (except the committee secretary). Members were interviewed based on their availability in the facility on the day of the survey.

The NHFS instruments gathered data on the following key questions:

1. To what extent are facilities prepared to provide basic services? What resources and support systems are available?

The Facility Inventory Questionnaire and the Health Provider Questionnaire collect information from knowledgeable informants at the facility to determine whether a facility is ready to provide services at acceptable standards. Readiness is measured in terms of general service readiness and service-specific readiness.

General service readiness is assessed according to the following characteristics of facilities, organized into five domains:

- Availability of **basic amenities** for client services, such as regular electricity, improved water, privacy during provision of client services, a latrine for clients, communication equipment, and transport for emergencies
- Availability of **basic equipment** for provision of client services, including weighing scales for adults and children, a thermometer and stethoscope, blood pressure apparatus, and a light source for client examination
- Availability of equipment and supplies needed for **standard precautions** for infection prevention, such as sterilization equipment, appropriate storage and disposal of sharps and biological waste, soap and running water or an alcohol-based hand rub, latex gloves, and guidelines for standard precautions
- Capacity to perform certain basic **laboratory** tests, including general microscopy and tests of hemoglobin, blood glucose, urine protein, and urine glucose levels
- Availability of **essential medicines** as defined by the World Health Organization (WHO)

Service-specific readiness is measured by the availability of essential equipment and supplies for a specific service in a location reasonably accessible when providing that service; the availability of staff with recent training relevant to the service, as well as service guidelines; the availability of medicines and commodities; and laboratory capacity for tests related to the service.

In addition, the Facility Inventory Questionnaire was used to assess staffing levels and support systems for general management and quality assurance. The HFOMC/HDC Questionnaire was used to assess the effectiveness of these committees in managing health facilities and in capturing the voice of their membership, particularly women and representatives of the disadvantaged groups in the community.

2. To what extent does the service delivery process meet generally accepted standards of care?

Acting as observers, the 2015 NHFS interviewers sat in on consultations for sick children, family planning services, and ANC services. They recorded the information shared between the client and the provider and the processes the provider followed when assessing the client, conducting procedures, and providing treatment. The observation protocols the interviewers completed were the primary source of the data assessing whether the processes followed in client-provider consultations met standards for acceptable content and quality during service delivery.

3. What issues affect clients' and service providers' satisfaction with the service delivery environment?

Following each observed consultation, the ANC or family planning client or the caretaker of an observed sick child was asked to participate in an exit interview to obtain her or his perception of the information and services received. NHFS data collectors also interviewed postpartum clients as they were discharged from facilities. The information obtained in these interviews provides further insight into the quality of client-provider interactions as well as clients' satisfaction with the services offered. In addition, health care providers were interviewed and asked detailed questions about in-service training and supervision they have received, given that such training and supervision influence both the quality of the services they provide to clients and their satisfaction with the service delivery environment.

2.4 IMPLEMENTATION

2.4.1 Survey Oversight

A technical advisory committee and technical working group were formed for the responsibility of coordination, oversight, advice, and decision making with respect to all major aspects of the survey. Both groups included key members from different divisions and centers of the Ministry of Health and health development partners. The members provided their technical input throughout the various stages of reviewing survey instruments from service provision assessment (SPA), service availability and readiness assessment (SARA), facility assessment of reproductive health commodity security (FARHCS) and service tracking survey (STS), adapting, drafting and finalizing the questionnaires, participated in training and field supervision, and offered feedback in finalizing the report.

2.4.2 Questionnaire Adaptation

The 2015 NHFS questionnaires were based on generic questionnaires developed by the MEASURE DHS project. These core tools were revised, and modified in country context with a number of consulting meetings with health development partners, visits to concerned divisions and centers under department of health services (DoHS) and visits to service provision sites, elicited the feedback needed to adapt the questionnaires. Questionnaires from WHO's SARA, UNFPA's FARCHS and MoH's STS were also reviewed. The questionnaire consultation for the 2015 NHFS took place from September 22 to October 17, 2014 in Kathmandu. The final draft of the questionnaires were discussed at a two-day questionnaire adaptation workshop from November 16 to 17, 2014, under the aegis of the MoH. Attending the workshop were technical experts from concerned divisions and centers of DoHS/MoH and from health development partners including WHO, USAID, UNFPA, UNICEF, NHSSP, Save The Children and Health4Life. Program and technical experts who could not attend the workshop were visited in their offices so that they could provide specific feedback on the questionnaire adaptation process.

After preparation of definitive questionnaires in English, the questionnaires were translated into Nepali. As the questionnaires were being translated, computer-assisted personal interviewing (CAPI) and computer-assisted field editing (CAFE) programs were concurrently developed, in English and Nepali, in preparation for the pre-test.

2.4.3 Pre-test

Following adaptation and translation of the questionnaires and completion of the CAPI and CAFE programs, the questionnaires and computer programs were pre-tested. The goals of this pre-testing were to:

- Assess the questionnaires to detect any possible problems in the flow of the questions, gauge the length of time required for interviews, and identify any problems in the translations.

- Assess the computer programs (CAPI and CAFE) to detect any problems.
- Train master trainers who would facilitate the training of interviewers during the main training.

The training and pre-test took place over a three-week period from January 19 through February 14, 2015, in the Kathmandu and Bhaktapur districts. Nine interviewers (7 medical doctors [6 male and 1 female] and 2 female nurses) were trained in the application of the questionnaires and computer programs by health facility survey and data processing specialists from the DHS Program. In addition, an information technology (IT) specialist and one IT assistants received training so that they could provide IT and data management support during the pre-test, main training, and fieldwork. After pre-test training, the questionnaires and computer programs were tested over a three-day period in February in the Chitwan district. Five health facilities (one general hospital, three PHCCs, and one HP) were successfully surveyed during this period.

Following the pre-test, revised drafts of all of the survey tools and computer programs were prepared. A two-day workshop was organized by the MoH Public Health Administration, Monitoring and Evaluation Division (PHAMED) on March 11 and 12, 2015, to review and finalize the tools for the 2015 NHFS fieldwork. The workshop was attended by representatives from PHAMED, family health division (FHD), child health division (CHD), management division (MD), national tuberculosis center (NTC), UNFPA, NHSSP, ICF, and New ERA. Workshop participants discussed the tools and made suggestions for further changes. Based on these inputs, the draft tools were modified where necessary. At the end of the workshop, final versions of the NHFS tools were approved by the participants for use in the main survey.

2.4.4 Main Training

One week before the start of main interviewer training (March 15-19, 2015), DHS technical staff facilitated a training of trainers workshop to provide New ERA trainers with the necessary knowledge and skills to effectively lead the NHFS training.

The main interviewer training for the 2015 NHFS took place March 22 through April 17, 2015, in Godavari. New ERA staff conducted the training in Nepali, with DHS staff providing technical support. Eighty-nine interviewer candidates (68 women and 21 men) participated. Almost all of the female trainees were nursing graduates (bachelor of science in nursing or bachelor of nursing), while the male candidates were mainly public health graduates with experience as health assistants. The NHFS training included classroom lectures and discussions, practical demonstrations, mock interviews, role plays, and field practices. Video clips of mock interviews as well as actual family planning, ANC, and sick child consultations were prepared and used to train the trainees. The first two weeks of training were dedicated exclusively to training interviewers on the use of paper questionnaires and to a two-day field practice session. The aim of the field practice was to ensure that the participants understood the content of the paper questionnaires as well as how to organize themselves in a health facility.

During the third and fourth weeks of training, interviewer trainees were introduced to tablet computers and how to use them for data collection (CAPI) and for data entry and editing (CAFE). Completed paper questionnaires from the facilities visited during the pre-test and from the field practice held during the first two weeks of the main training were used for this part of the training. Participants practiced using both CAPI and CAFE approaches in teams and in pairs.

At the end of training, based on test scores and their performance during the training period, 86 of the 89 interviewer candidates were selected for NHFS work. They were organized into 20 teams, each consisting of a team leader and three to four interviewers.

2.4.5 Data Collection

As a result of the earthquake that occurred on April 25, 2015, NHFS data were collected in two phases. Phase 1 took place April 20 through 25, 2015, with all 20 teams collecting data in the Sunsari, Jhapa,

and Morang districts. Following the earthquake, fieldwork was halted for more than one month while the situation was assessed. After it was determined that it was feasible for the survey to continue, data collection resumed on June 4 and continued through November 5, 2015. As a result of staff turnover due to the earthquake, only 18 teams participated in the second data collection phase. The teams resumed work in the far western development region of Nepal, and data collection in the 14 districts most affected by the earthquake took place in October and November 2015.

The Facility Inventory, Health Provider, and HFOMC/HDC questionnaires were loaded onto tablet computers, which were used during interviews to ask questions and record responses (via CAPI). The observation protocols and all client exit interviews were administered as paper-based questionnaires, but responses were entered into pre-loaded computer programs in the field (via CAFE).

Each NHFS team was provided three tablet computers. One tablet was dedicated to CAPI for the Facility Inventory Questionnaire, one was used for the Health Provider and HFOMC/HDC questionnaires, and the third was dedicated to CAFE (i.e., for entering and editing data for the paper-based observation protocols and the Exit Interview Questionnaire). The CAFE tablet was also used by the team leader to check over and send all of the NHFS data files to the central office.

Each team was given a list of facilities to visit, including the name and type of facility and maps showing facility locations. At the beginning of fieldwork in a district, the teams were asked to coordinate with the district health office (DHO)/district public health office (DPHO) and prepare a schedule for visiting the sampled facilities. Data collection required one to two days per facility depending on the type of facility. Interviewers ensured that respondents to the various sections of the Facility Inventory Questionnaire were the most knowledgeable persons with respect to the particular service or system components being assessed.

Every effort was made to ensure that teams visited facilities on days when ANC, family planning, or sick child services would be offered, since the assessment involved observation of these consultations. Whenever a service of interest was not being offered on the day of the visit, the teams returned on a day when the service was offered to observe consultations and interview clients. If the service was offered on the day of the visit but no clients came in for the service, the team did not revisit the facility.

New ERA managed the fieldwork. Eight of the nine New ERA trainers served as “quality assurance officers” and were assigned two or three teams to supervise. The ninth New ERA trainer, a health expert, assumed the role of data editor in the NHFS central office. The quality assurance officers made periodic visits to their teams to review their work and monitor data quality. Close contact between the NHFS central office and the teams was also maintained through field visits by New ERA senior staff, members of the technical advisory and working committees, staff of the Ministry of Health, and staff from USAID/Nepal, DFID/Nepal, and the NHSSP. Regular communication was facilitated through cell phones.

2.4.6 Data Management and Report Writing

Data and Questionnaire Management in the Field

After completing data collection in each facility, the interviewers reviewed the data from the paper questionnaires (Exit Interview Questionnaire and observation protocols) and the Facility Inventory, Health Provider, and HFOMC/HDC questionnaires. The questionnaires and data files were then transferred to the team leader, who reviewed them a second time. The paper questionnaires were then entered on a tablet computer. Once data collection and all data entry were completed in a facility, the team leader conducted consistency and structural checks of the data to identify any errors or missing information. When a team was satisfied that data collection and entry were complete for the facility, the team sent the data to the NHFS central office in Kathmandu via the Internet, using ICF International’s Internet File Streaming System. If a facility did not have access to the Internet or other modes of communication that could be used to securely send the completed files to the central office, the team sent the data from another location or facility with Internet access.

Data Sorting, Editing, and Entry at Headquarters

All of the paper questionnaires used for recording information from the observation protocols and the exit interviews were sent to the NHFS central office in Kathmandu via courier services. Once the paper questionnaires arrived at the central office, they were sorted to ensure that they were in the correct order and none were missing. The office editor then edited the questionnaires to eliminate any mistakes that would prevent the computer from accepting information during data entry. When there was a problem with the questionnaires from a facility, the data collection team was consulted so that the problem could be rectified. Once data editing was completed, two data operators under the supervision of a data entry supervisor entered the paper questionnaires, allowing 100 percent verification. A data entry program developed by ICF International using CPro software was employed during the entry of the questionnaires. Data entry began on April 20, 2015, when fieldwork commenced, and ended in November 2015, two weeks after the completion of fieldwork.

Data Processing and Tabulation

The tables in this report are based on the model MEASURE DHS SPA tabulation plan. The tabulation plan was revised rephrased and modified in the country context based on the consultations held with concerned program division and centers under DoHS/MoH. Divisions/Centers that were consulted were Child Health Division (CHD), Family Health Division (FHD), Epidemiology and Disease Control Division (EDCD), National Tuberculosis Center (NTC), National Center for AIDS and STI control (NCASC) and Public Health Administration Monitoring and Evaluation Division (PHAMED). Experts from different relevant health development partners were also invited during these consultations. The tabulation plan was also discussed in the Technical Working Group. These consultations took place from 18 -24 April 2016.

Data analysis, including clarification of unclear information, was carried out from May to June 2016.

Development of the Final Report

The Technical Advisory Committee identified a list of authors based on their knowledge and experience for each of the relevant chapters. A five day report writing workshop was organized in Dhulikhel from July 28 through August 1, 2016. The template was provided by ICF International and based on that authors wrote the chapters with necessary modification where required. The final report was written by the staff from MoH, New ERA and health development partners and drafted chapters were then reviewed by the country reviewers representation from MoH and partners. ICF International provided technical oversight and finalised the report. The final report was endorsed by the Technical Advisory Committee.

2.4.7 Special Conventions during Data Analysis

Several conventions were observed during the analysis of the 2015 NHFS data:

- First, unless otherwise indicated, the 2015 NHFS considered as available only those items seen (observed) by the interviewers themselves.
- Second, in a majority of facilities, multiple health workers contributed to the services received by clients. The health worker who ultimately assessed the client, made the final diagnosis, and prescribed treatment, if necessary, was identified as the primary provider for the particular service. This health worker was the provider that the survey observed using the observation protocol for the applicable service.
- Third, quite often certain measurements (e.g., temperature and blood pressure measurements) are routinely done by health providers other than the primary provider, and separate from the actual consultation. Whenever all clients were observed by NHFS interviewers to have had these measurements taken as part of their visit, the clients selected for observation were

assumed to have received these measurements, even if the primary provider did not take the measurements during the consultation.

2.5 SAMPLING

A master list of 4,719 formal-sector health facilities in Nepal was obtained from the MoH and used as the sampling frame for the survey. The majority of the facilities in the sampling frame were health posts (80 percent). For private hospitals, only those having 15 beds or more were included in the master list.

2.5.1 Sample of Facilities

A total of 1,000 facilities were selected for the survey. By design, the sample included all nonspecialized government hospitals, all private hospitals with 100 or more inpatient beds, and all PHCCs. The remainder of the sample consisted of sampled health posts, private hospitals with at least 15 beds but fewer than 100 beds, stand-alone HTC sites, and UHCs. Eight sampled facilities turned out to be duplicates, resulting in an effective sample size of 992 facilities. Table 2.1 presents a breakdown of the facilities in the master list and the facilities selected according to facility type and ecological region.

Table 2.1 Distribution of facilities in sample frame and final sample selection by facility type and region

Number of facilities in the sample frame and number of facilities selected for the survey sample, by facility type and region, Nepal Health Facility Survey 2015

Facility type	Ecological region						Total	
	Mountain		Hill		Terai			
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected
Zonal and above hospitals	1	1	14	13	11	13	26	27
District-level hospitals	15	16	38	39	21	21	74	76
Other public hospitals	0	0	0	0	1	1	1	1
Private hospitals	15	11	171	84	178	71	364	166
PHCCs	20	19	100	98	84	83	204	200
HPs	524	86	1,953	193	1,294	145	3,771	424
UHCs	4	4	78	20	80	23	162	47
Stand-alone HTCs	0	0	50	23	67	28	117	51
National average	579	137	2,404	470	1,736	385	4,719	992

Table 2.2 shows that 97 percent of sampled facilities were successfully surveyed. Approximately 2 percent of sampled facilities (primarily private hospitals and stand-alone HTCs) could not be surveyed for various reasons.

Table 2.2 Results of facility contacts, by background characteristics

Percent distribution of sampled facilities according to result of visit of the survey team to the facility, by background characteristics, Nepal Health Facility Survey 2015

Facility type	Completed	Respondent not available	Refused	Closed/not yet functional	Other (unreachable/specialized, etc.)	Total percent	Number of facilities in sample
Zonal and above hospitals	100.0	0.0	0.0	0.0	0.0	100.0	27
District-level hospitals	100.0	0.0	0.0	0.0	0.0	100.0	76
Private hospitals	86.7	0.0	1.8	0.6	10.8	100.0	166
PHCCs	100.0	0.0	0.0	0.0	0.0	100.0	200
HPs	99.8	0.2	0.0	0.0	0.0	100.0	424
UHCs	95.7	0.0	0.0	4.3	0.0	100.0	47
Stand-alone HTCs	94.1	0.0	0.0	2.0	3.9	100.0	51
Other public hospitals	0.0	0.0	0.0	0.0	100.0	100.0	1
Managing authority							
Public	99.5	0.1	0.0	0.3	0.1	100.0	775
Private	88.5	0.0	1.4	0.9	9.2	100.0	217
Ecological region							
Mountain	98.5	0.0	0.0	0.0	1.5	100.0	137
Hill	97.2	0.2	0.4	0.6	1.5	100.0	470
Terai	96.4	0.0	0.3	0.3	3.1	100.0	385
Earthquake-affected districts (14)							
	96.3	0.0	0.9	0.0	2.8	100.0	218
National average	97.1	0.1	0.3	0.4	2.1	100.0	992

Note: Some of the rows may not add up to 100 percent due to rounding.

Table 2.3.1 presents the weighted³ percent distribution of the facilities that were successfully surveyed, by background characteristics. Table 2.3.2 shows the weighted number of successfully surveyed facilities by facility type and managing authority. As can be seen in these tables, 90 percent of all health facilities in Nepal are run by the government. Health posts are the most common type of health care facility. Private hospitals outnumber public hospitals, and most private hospitals are managed for profit. All stand-alone HTC facilities are operated by NGO/private not-for-profit agencies.

Table 2.3.1 Distribution of surveyed facilities, by background characteristics

Percent distribution and number of surveyed facilities, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Zonal and above hospitals	0.6	6	27
District-level hospitals	1.6	16	76
Private hospitals	7.2	70	144
PHCCs	4.4	42	200
HPs	80.5	775	423
UHCs	3.3	32	45
Stand-alone HTCs	2.3	23	48
Managing authority			
Public	90.4	871	771
Private	9.6	92	192
Ecological region			
Mountain	12.3	118	135
Hill	51.1	492	457
Terai	36.6	353	371
Earthquake-affected districts (14)	20.7	200	210
National average	100.0	963	963

³ Due to the nonproportional allocation of the sampled health facilities to the different domains and to the different health facility types, sampling weights are required for the analysis to ensure the actual representation of the survey results at the national and domain levels, as well as at the health facility type and management authority levels. Sampling weights were calculated separately based on sampling probabilities for each sampling stratum. The health facility design weight was adjusted for nonresponse at the sampling stratum level to obtain the health facility sampling weight. The sampling weight was then normalized at the national level to calculate the health facility standard weight. The normalization of the sampling weight is intended to ensure that the total number of unweighted cases equals the total number of weighted cases at the national level.

Table 2.3.2 Distribution of surveyed facilities, by managing authority (weighted)

Number of surveyed facilities of each type, by managing authority, Nepal Health Facility Survey 2015

Facility type	Managing authority				National average
	Government/public	NGO/private not for profit	Private for profit	Mission/faith-based	
Zonal and above hospitals	6	0	0	0	6
District-level hospitals	16	0	0	0	16
Private hospitals	0	8	61	1	70
PHCCs	42	0	0	0	42
HPs	775	0	0	0	775
UHCs	32	0	0	0	32
Stand-alone HTC	0	23	0	0	23
National average	871	31	61	1	963

2.5.2 Sample of Health Service Providers

For the purposes of the NHFS, a health service provider was defined as someone who provided consultation services, counseling, health education, or laboratory services to clients. Thus, health workers were not eligible for observations or interviews if they took measurements or completed registers only and never provided professional client services.

The sample of health service providers was selected from providers who were present in the facility on the day of the assessment and who provided services assessed in the 2015 NHFS. The aim was to interview an average of eight providers in each facility in order to include providers of the range of services being assessed. In facilities with fewer than eight health care providers, all of the providers present on the day of the visit were interviewed. In facilities with more than eight providers, efforts were made to interview eight providers, including all providers whose consultations were observed and who responded to any section of the facility inventory questionnaire. If interviewers observed fewer than eight providers, then they also interviewed a random selection of the remaining providers to obtain a total of eight provider interviews. Data were weighted during the analysis to account for the differentials caused by oversampling or undersampling of providers with a particular qualification in a facility type or province. In a few cases, the staff members present on the day of the assessment may not have been representative of the staff usually providing the services being assessed.⁴

Table 2.4 provides information on the total number of health providers present in sampled facilities on the day of the survey and the number selected for interviews, by type of facility and provider. The table also shows the proportion of providers present at the time of the assessment who were interviewed according to provider type. Table 2.5 presents the weighted percent distribution and the weighted and unweighted numbers of interviewed providers, by background characteristics.

⁴ For example, the assessment may have taken place at the same time as an offsite training event for a group of specialists or on a day when evaluations took a certain type of provider away from service provision.

Table 2.4 Distribution of providers in facility provider sample frame and final provider sample selection (unweighted)

Number of providers of each type who were present on the day of the survey (provider sample frame), number of each type selected for the health worker interview (SPA sample), and percentage of eligible providers of each type who were selected for the health worker interview, by type of facility and provider qualification, Nepal Health Facility Survey 2015

Qualifications of providers	Facility type														Total	Percentage of total for provider type included in Nepal SPA sample	
	Zonal and above hospitals		District-level hospitals		Private hospitals		PHCCs		HPs		UHCs		Stand-alone HTC				
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected			
Provider type																	
Doctor	174	101	180	149	449	327	116	109	2	2	0	0	5	5	926	693	74.8
Nurse	203	107	304	246	467	286	453	411	464	456	33	33	37	36	1,961	1,575	80.3
Paramedic	62	35	174	113	228	169	432	389	601	585	40	40	36	30	1,573	1,361	86.5
Technician	113	43	148	101	249	178	154	140	25	23	0	0	90	81	779	566	72.7
Other clinical providers	27	1	29	8	78	4	2	2	6	4	1	1	3	1	146	21	14.4
National average	660	287	1,030	617	1,753	964	1,405	1,051	1,335	1,070	95	74	284	153	6,562	4,216	64.2

Table 2.5 Distribution of interviewed providers

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, Nepal Health Facility Survey 2015

Background characteristic	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Zonal and above hospitals	3.4	139.6	272
District-level hospitals	5.9	241.0	593
Private hospitals	18.9	765.8	863
PHCCs	7.8	314.9	1,040
HPs	59.8	2,425.0	1,070
UHCs	1.7	67.2	74
Stand-alone HTC	2.6	103.5	145
Managing authority			
Public	78.6	3,187.8	3,049
Private	21.4	869.2	1,008
Ecological region			
Mountain	8.9	363.0	449
Hill	49.5	2,008.9	1,989
Terai	41.5	1,685.1	1,619
Earthquake-affected districts (14)			
	23.2	942.5	969
National average	100.0	4,057.0	4,057
Provider type			
Doctor	8.9	361.6	632
Nurse	39.1	1,587.8	1,534
Paramedic	42.7	1,733.0	1,323
Technician	8.6	348.9	555
Other clinical providers	0.6	25.7	13
National average	100.0	4,057.0	4,057

Table 2.6 presents information on the distribution of HFOMC and HDC members who were interviewed, as well as information on the number of facilities where the HFOMC/HDC Questionnaire was administered. A total of 1,177 (weighted) HFOMC/HDC members were interviewed in 750 (weighted) facilities. The highest number of interviews took place in HPs.

Table 2.6 Distribution of HFOMC and HDC member interviews

Percent distribution and weighted and unweighted numbers of HFOMC and HDC members interviewed, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Weighted percent distribution of HFOMC and HDC members	Number of interviewed HFOMC and HDC members		Weighted number of facilities surveyed where HFOMC/HDC questionnaire was administered	Unweighted number of facilities surveyed where HFOMC/HDC questionnaires was administered
		Weighted	Unweighted		
Facility type					
Zonal and above hospitals	0.2	3	14	2	12
District-level hospitals	1.7	20	99	13	64
PHCCs	4.6	54	264	35	172
HPs	93.4	1,099	610	699	385
Ecological region					
Mountain	12.9	152	162	101	103
Hill	54.0	636	478	399	304
Terai	33.1	389	347	251	226
Earthquake-affected districts (14)					
	18.1	214	156	141	110
Total	100.0	1,177	987	750	633

2.5.3 Sample for Observations and Exit Interviews

In the observation component of the NHFS, clients receiving ANC, family planning services, and curative care for sick children were identified and systematically selected for observation based on the number of clients present at each service site on the day of the visit. When a large number of clients were present and eligible for observation, the rule was to observe a maximum of five clients for each provider of the specific service, with a maximum of 15 observations for each service in any given facility. Interviewers attempted to conduct exit interviews with all observed clients or caretakers of observed sick children before they left the facility.

When several eligible ANC or family planning clients were waiting, interviewers tried to select two new clients for every follow-up client. The day's caseload and the logistics of organizing observations did not always allow them to meet this objective.

For child health consultations, only children younger than age 5 who presented with an illness (rather than an injury or a skin or eye infection exclusively) were selected for observation.

A maximum of five postpartum women who were discharged on the day of the visit were selected for the postpartum exit interviews. Table 2.7 gives the unweighted distribution of observed and interviewed clients, by service and facility type. Table 2.8 shows the weighted percent distribution of observed consultations as well as the weighted and unweighted numbers of observed clients, by type of service and selected background characteristics. Additional information on these clients is presented in the relevant chapters of this report.

Table 2.7 Distribution of observed and interviewed clients (unweighted)

Number of clients attending the facility on the day of the survey who were eligible for observation, number whose consultations were observed and who were interviewed, and the percentages of eligible clients who were observed and interviewed, by type of service and type of facility, Nepal Health Facility Survey 2015

Background characteristic	Total number of clients present on the day of the survey	Actual number of clients observed and interviewed	Percentage of clients who were observed and interviewed
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Facility type			
Zonal and above hospitals	1,549	164	10.6
District-level hospitals	825	371	45.0
Private hospitals	867	318	36.7
PHCCs	764	562	73.6
HPs	840	732	87.1
UHCs	39	39	100.0
Stand-alone HTC	0	0	-
Managing authority			
Public	4,017	1,868	46.5
Private	867	318	36.7
Ecological region			
Mountain	354	274	77.4
Hill	2,830	1,019	36.0
Terai	1,700	893	52.5
Earthquake-affected districts (14)			
	1,901	490	25.8
National average	4,884	2,186	44.8

(Continued...)

Table 2.7—Continued

Background characteristic	Total number of clients present on the day of the survey	Actual number of clients observed and interviewed	Percentage of clients who were observed and interviewed
FAMILY PLANNING			
Facility type			
Zonal and above hospitals	161	74	46.0
District-level hospitals	241	140	58.1
Private hospitals	38	32	84.2
PHCCs	318	238	74.8
HPs	272	258	94.9
UHCs	33	30	90.9
Stand-alone HTC	69	0	0.0
Managing authority			
Public	1,025	740	72.2
Private	107	32	29.9
Ecological region			
Mountain	111	96	86.5
Hill	583	366	62.8
Terai	438	310	70.8
Earthquake-affected districts (14)			
	386	228	59.1
National average	1,132	772	68.2
ANTENATAL CARE			
Facility type			
Zonal and above hospitals	1,275	178	14.0
District-level hospitals	1,014	344	33.9
Private hospitals	932	266	28.5
PHCCs	849	415	48.9
HPs	376	295	78.5
UHCs	11	11	100.0
Stand-alone HTC	41	0	0
Managing authority			
Public	3,525	1,243	35.3
Private	973	266	27.3
Ecological region			
Mountain	168	99	58.9
Hill	2,419	723	29.9
Terai	1,911	687	35.9
Earthquake-affected districts (14)			
	1,655	354	21.4
National average	4,498	1,509	33.5
POSTPARTUM MATERNAL CARE			
Facility type			
Zonal and above hospitals	284	92	32.4
District-level hospitals	154	112	72.7
Private hospitals	141	94	66.7
PHCCs	11	10	90.9
HPs	1	1	100.0
UHCs	0	0	-
Stand-alone HTC	0	0	-
Managing authority			
Public	450	215	47.8
Private	141	94	66.7
Ecological region			
Mountain	24	23	95.8
Hill	336	159	47.3
Terai	231	127	55.0
Earthquake-affected districts (14)			
	183	80	43.7
National average	591	309	52.3

Table 2.8 Distribution of observed consultations

Percent distribution and weighted and unweighted numbers of observed consultations for outpatient curative care for sick children, family planning, and antenatal care, and percent distribution and weighted and unweighted numbers of exit interviews with postpartum mothers, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Facility type			
Zonal and above hospitals	7.5	164	164
District-level hospitals	10.8	235	371
Private hospitals	14.1	308	318
PHCCs	6.7	146	562
HPs	59.8	1,306	732
UHCs	1.2	26	39
Managing authority			
Public	85.9	1,878	1,868
Private	14.1	308	318
Ecological region			
Mountain	8.7	189	274
Hill	44.7	977	1,019
Terai	46.6	1,019	893
Earthquake-affected districts (14)			
	24.0	526	490
National average	100.0	2,186	2,186
FAMILY PLANNING			
Facility type			
Zonal and above hospitals	5.0	38	74
District-level hospitals	8.1	62	140
Private hospitals	2.2	17	32
PHCCs	10.5	81	238
HPs	70.5	544	258
UHCs	3.8	29	30
Managing authority			
Public	97.8	755	740
Private	2.2	17	32
Ecological region			
Mountain	9.8	76	96
Hill	49.6	383	366
Terai	40.6	313	310
Earthquake-affected districts (14)			
	31.3	241	228
National average	100.0	772	772

(Continued...)

Table 2.8—Continued

Background characteristic	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
ANTENATAL CARE			
Facility type			
Zonal and above hospitals	11.7	176	178
District-level hospitals	16.8	254	344
Private hospitals	19.3	292	266
PHCCs	11.4	172	415
HPs	40.4	610	295
UHCs	0.4	5	11
Managing authority			
Public	80.7	1,217	1,243
Private	19.3	292	266
Ecological region			
Mountain	3.2	48	99
Hill	45.8	691	723
Terai	51.0	770	687
Earthquake-affected districts (14)			
	27.6	417	354
National average	100.0	1,509	1,509
POSTPARTUM MATERNAL CARE			
Facility type			
Zonal and above hospitals	30.4	94	92
District-level hospitals	36.1	111	112
Private hospitals	31.3	97	94
PHCCs	1.7	5	10
HPs	0.6	2	1
UHCs	0.0	0	0
Managing authority			
Public	68.7	212	215
Private	31.3	97	94
Ecological region			
Mountain	3.7	11	23
Hill	58.8	182	159
Terai	37.5	116	127
Earthquake-affected districts (14)			
	35.0	108	80
National average	100.0	309	309

Key Findings

- About 8 in 10 facilities have an improved water source and client latrine, half of facilities have regular electricity, and one-fifth of facilities have communication equipment. However, only 1 in 10 facilities have a computer with Internet access. With the exception of an adult weighing scale, a blood pressure apparatus, and a light source, public health facilities are more likely to have basic equipment available than private health facilities.
- Only about half of facilities have both soap and running water.
- Nearly all health facilities in Nepal offer child curative care, family planning, antenatal care, malaria diagnosis and/or treatment, and non-communicable disease services. Sexually transmitted infection (STI) diagnosis or treatment services are less commonly available
- About two-thirds of Nepal health facilities offer the package of basic client services (outpatient curative care for sick children, child growth monitoring, child vaccinations, any modern method of family planning, antenatal care, and services for STIs).
- Of 18 tracer medicines, only chloramphenicol capsules/applicap, cotrimoxazole suspension or dispersible pediatric dose tablets, and RHZ (isoniazid + rifampicin + pyrazinamide) are available in less than half of health facilities
- Only 37 percent of facilities conduct regular management meetings, and 35 percent involve the community in these meetings.
- Around two thirds of facilities have both routine staff training and personal supervision.

3.1 BACKGROUND

To improve the health status of the population, a health system needs to have essential inputs and requisite support systems that promote effective and efficient delivery of health services. Although health care services can be offered under various conditions, some common inputs are crucial under all conditions to ensure the quality of services, their acceptability, and their utilization. These essential inputs include human resources, infrastructure, basic amenities, equipment, diagnostic capacity, and pharmaceutical and medical supplies

This chapter reports on the availability of basic health services and essential resources and on management and support systems at the facility level. It is divided into the following parts:

- **Availability of services.** Section 3.2, including Tables 3.1 and 3.2 and Figure 3.1, describes the availability of client services in Nepal health care facilities.
- **Service readiness.** Section 3.3, including Tables 3.3 through 3.8.2 and Figures 3.2 through 3.4, reports on a range of indicators designed to assess the readiness of facilities to provide good-quality client services, including availability of basic amenities and equipment, infection control processes, diagnostic capacity, and essential medicines.

- **Basic management and support.** Section 3.4, including Tables 3.9 and 3.10 and Figure 3.5, considers the extent to which essential management and administrative systems are in place to support the provision of quality services, including quality assurance monitoring and supportive management practices
- **Staffing.** Section 3.5, including Tables 3.11 and 3.12, provides information on staffing patterns at the different facility levels
- **Health management information system (HMIS).** Section 3.6, including Tables 3.13 and 3.14, reports on the functioning of the HMIS system.
- **Logistics management system.** Section 3.7, including Tables 3.15 through 3.17, presents information relating to several aspects of facilities' logistics management systems, including storage practices for medicines, the functioning of the logistics management information system (LMIS), and the timely supply of commodities.
- **Health facility management committees.** Section 3.8, including Tables 3.18, assesses the extent to which health facility management committees are functioning.
- **Case loads.** Section 3.9, including Table 3.19, looks at the average case loads for different types of facilities
- **Quality of care.** Section 3.10, including tables 3.20 through 3.21c, provides information on three indicators of quality of care in the NHSS results framework.
- **Financial audit and disaster preparedness.** Section 3.11, including Table 3.22 and Figure 3.6, provides information on whether facilities are monitoring expenditures and on evidence that they are prepared for community disasters.
- **Free health care.** Section 3.12, including Table 3.23, assesses the extent to which family planning, antenatal, and sick child clients are receiving free services in public health facilities, as is mandated

3.2 AVAILABILITY OF SERVICES

3.2.1 Overall Availability of Specific Client Services

Availability of health services is important for improving access, increasing service utilization, and achieving service coverage. Table 3.1 provides information from the 2015 NHFS on the percentages of all facilities that offer various client services. These results are useful for identifying gaps in service provision so that policymakers and program managers can take the necessary actions to improve the situation.

In Nepal, the great majority of all health facilities provide malaria diagnosis and treatment (98 percent), child curative care (97 percent), modern family planning (FP) services (97 percent), antenatal care (96 percent), services for non-communicable diseases (93 percent), management of dog bites (91 percent), child growth monitoring (91 percent), and TB diagnosis and treatment (91 percent). Eight out of 10 health facilities offer child vaccinations (85 percent) and management of snake bites (80 percent).

Nearly three fourths of health facilities (74 percent) provide services for sexually transmitted infections (STIs). Almost half of facilities offer delivery and newborn care (48 percent), but only 5 percent have the capacity for cesarean delivery. Around one in five facilities offer prevention of mother-to-child transmission of HIV (PMTCT) services. HIV care and support (5 percent) and HIV treatment (2 percent) are less available. Kala-azar diagnosis or treatment is available in 7 percent of facilities.

Table 3.1 Availability of specific services

Among all facilities, the percentages and numbers that offer specific services, Nepal Health Facility Survey 2015

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Child curative care	97.2	936	906
Child growth monitoring	91.0	876	821
Child vaccination (EPI) ¹	85.2	821	761
Any modern FP service ²	96.7	931	896
Antenatal care	96.2	926	902
PMTCT ³	17.6	169	262
Delivery and newborn care	47.6	458	623
Cesarean delivery ⁴	5.0	48	144
HIV testing ⁵	5.9	57	166
HIV care and support ⁶	4.7	45	120
HIV treatment (ART) ⁷	1.9	19	76
STI diagnosis or treatment	73.8	710	808
TB diagnosis or treatment ⁸	90.7	873	855
Malaria diagnosis or treatment ⁹	97.6	940	914
Non-communicable diseases ¹⁰	93.0	895	882
Kala-azar (leishmaniasis) diagnosis or treatment	7.1	69	165
Management of snake bites	80.0	770	754
Management of dog bites	91.1	877	855
Total	na	963	963

¹ Routine provision of BCG, pentavalent, polio, and measles-rubella (MR) vaccinations at the facility

² Facility provides, prescribes, or counsels clients on any of the following modern methods of family planning: combined oral contraceptive pills, progestin-only injectables (Depo), implants, intrauterine contraceptive devices (IUCDs), the male condom, female sterilization, or male sterilization.

³ Facility reports that it provides any of the following services intended for the prevention of mother-to-child transmission (PMTCT) of HIV: HIV testing and counseling for pregnant women or children born to HIV-positive women, provision of antiretroviral (ARV) prophylaxis to HIV-positive pregnant women or to newborns of HIV-positive women, provision of infant and young child feeding for PMTCT, provision of nutritional counseling for HIV-positive pregnant women and their infants, or provision of family planning counseling to HIV-positive pregnant women.

⁴ Facility reports that it provides cesarean delivery services at the facility.

⁵ Facility reports that it conducts HIV testing at the facility and had HIV rapid diagnostic test capacity at the facility (at least one unexpired screening HIV RDT kit, at least one unexpired confirmatory HIV RDT kit, and at least one unexpired tiebreaker HIV RDT kit available somewhere at the facility), or else facility had an ELISA scanner or reader, a plate washer and ELISA assay kit, and an incubator for HIV testing all available and working, or dynabeads with vortex mixer or western blot all available on the day of the survey.

⁶ Facility reports that providers in the facility prescribe or provide any of the following:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections;
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis;
- Treatment for Kaposi's sarcoma;
- Palliative care, such as symptom or pain management, or nursing care for terminally ill or severely debilitated patients;
- Nutritional rehabilitation services, including client education and provision of nutritional or micronutrient supplementation;
- Fortified protein supplementation;
- Care for pediatric HIV/AIDS patients;
- Preventive treatment for TB (i.e., isoniazid with pyridoxine);
- Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment;
- General family planning counseling and/or services for HIV-positive clients;
- Condoms.

⁷ Facility reports that providers in the facility prescribe antiretroviral (ARV) treatment and/or provide clinical follow-up for clients on ARV treatment. Outreach ART facilities are included in this definition.

⁸ Facility reports that providers assigned to the facility diagnose TB, prescribe treatment for TB, or provide TB treatment follow-up services for clients put on treatment elsewhere.

⁹ Facility reports that it offers malaria diagnosis or treatment services. Facilities offering antenatal care services that reported that they provide malaria RDT or that were found on the day of the survey visit to be conducting malaria rapid diagnostic tests at the ANC service site were counted as offering malaria diagnosis or treatment services.

¹⁰ Facility reports that it offers services for noncommunicable diseases such as diabetes, cardiovascular diseases, and chronic respiratory diseases.

3.2.2 Availability of Basic Client Services

In Nepal, the availability of a basic package of health services, the frequency with which these services are offered, the presence of qualified staff for their delivery, and the overall ease of access to the health care system all contribute to client utilization of services at a health facility. The NHFS defines basic client services as the following: outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, provision of any modern method of family planning, antenatal care (ANC), and STI services. Table 3.2 and Figure 3.1 present information on the availability of basic services, both individually and as a package. This information is shown for all facilities other than HIV testing and counseling sites (HTCs) and is disaggregated by facility type, health facility managing authority, and ecological region. It is also presented separately for the 14 earthquake-affected districts.

Table 3.2 Availability of basic client services (NHSS RF: OP3.1.1)

Among all facilities, the percentages offering indicated basic client services and all basic client services, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Child curative care	Child growth monitoring	Child vaccination ¹	Any modern methods of family planning ²	Antenatal care	Services for STIs	All basic client services ³	Number of facilities excluding HTCs ⁴
Facility type								
Zonal and above hospitals	100.0	85.1	84.6	88.3	96.3	100.0	80.9	6
District-level hospitals	98.7	96.1	89.5	100.0	98.7	98.7	85.5	16
Private hospitals	92.7	54.4	29.1	70.1	86.4	93.0	24.5	70
PHCCs	100.0	96.1	95.2	100.0	100.0	97.6	90.8	42
HPs	100.0	96.7	91.7	100.0	98.8	70.7	64.4	775
UHCs	98.1	76.5	81.8	100.0	96.8	51.0	33.4	32
Managing authority								
Public	99.9	95.8	91.4	99.9	98.7	72.0	65.0	871
Private	92.7	54.4	29.1	70.1	86.4	93.0	24.5	70
Ecological region								
Mountain	99.8	98.6	88.6	100.0	100.0	62.3	53.0	118
Hill	99.8	96.5	89.3	98.5	99.5	79.5	70.0	482
Terai	98.6	85.4	82.7	95.8	94.7	69.1	53.8	340
Earthquake-affected districts (14)								
	99.4	93.9	89.6	96.6	99.4	78.0	68.2	195
National average	99.4	92.7	86.8	97.7	97.8	73.5	62.0	940

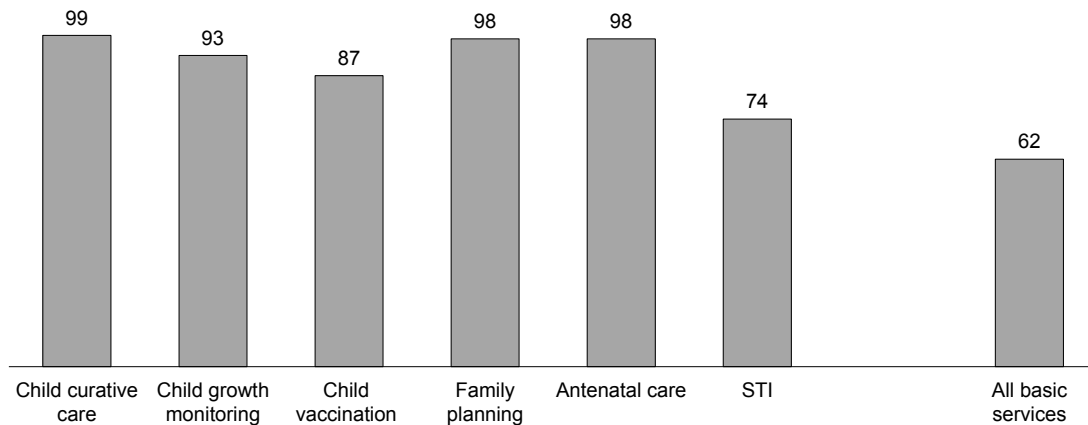
¹ Facility routinely provides BCG, pentavalent, polio, and measles-rubella (MR) vaccinations at the facility.

² Facility provides, prescribes, or counsels clients on any of the following methods of family planning: combined oral contraceptive pills, progestin-only injectables (Depo), implants, intrauterine contraceptive devices (IUCDs), the male condom, male sterilization, or female sterilization.

³ Includes outpatient curative care for sick children, child growth monitoring, child vaccination services, any modern method of family planning, antenatal care, and services for STIs. These services also constitute the basic health care package of the Nepal Health Sector Strategy (NHSS).

⁴ This denominator applies only to the indicator "services for STIs." For the "child curative care," "child vaccination," and "antenatal care" indicators, Sukra Raj and Bir hospitals were also excluded from the denominator; for the indicator "child growth monitoring" services, Sukra Raj hospital was excluded from the denominator, and for the "any modern methods of family planning" indicator, Sukra Raj and Kanti hospitals were also excluded from the denominator.

Figure 3.1 Availability of basic client services (N=940)*



2015 NHFS

*Number of facilities excluding HTC's

Sixty-two percent of health facilities offer the full package of basic services. Among facility types, primary health care centers (PHCCs) (91 percent) are most likely to provide all basic client services, followed by district-level hospitals (86 percent), zonal and above hospitals (81 percent), and health posts (HPs) (64 percent). Urban health centers (UHCs) (33 percent) and private hospitals (25 percent) are least likely to provide all of the basic services.

With respect to managing authority, public facilities (65 percent) are far more likely to provide all basic client services than private facilities (25 percent). Facilities in the hill region (70 percent) are more likely to offer the package of services than facilities in the terai (54 percent) or mountain (53 percent) region. Two thirds of facilities in the earthquake-affected districts offer all basic services

Availability of Each Basic Service

Considering each of the basic services separately, curative care for children, antenatal care, and family planning are almost universally available; 98 percent or more of all facilities offer each of these services. Child growth monitoring and child vaccination services are available in 93 percent and 87 percent of facilities, respectively. STI services, found in 74 percent of all facilities, are the least available of the basic services

Each of the services in the basic package is found in at least 70 percent of public hospitals, primary health care centers, and health posts. Private hospitals and urban health centers are less likely to provide some of the basic services. For example, only 29 percent of private hospitals provide child vaccinations, and only half of urban health centers (51 percent) offer STI services. By managing authority, public health facilities are more likely than private facilities to offer each of the basic services with the exception of STI services

The availability of basic services is generally better in facilities in the hill region than facilities in the mountain region and the terai region. However, regional differences are not large except for STI services; 80 percent of facilities in the hill region offer STI services, as compared with 69 percent of facilities in the terai region and 62 percent of facilities in the mountain region. In the earthquake-affected districts, at least 90 percent of facilities offer each of the basic services except STI services, which are available at only 78 percent of facilities

3.3 SERVICE READINESS: BASIC FACILITY INFRASTRUCTURE TO SUPPORT QUALITY SERVICE PROVISION AND CLIENT UTILIZATION

3.3.1 Basic Amenities

Theoretically, relatively good health services can be provided even in minimal service delivery settings. However, the availability of basic amenities such as regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, a computer with Internet access, and emergency transport is important to clients' satisfaction with the health services rendered at a facility. Table 3.3 and Figure 3.2 provide information on the availability of these basic amenities for client services.

Figure 3.2 shows that health facilities in Nepal are most likely to have a client latrine (82 percent), followed by an improved water source (81 percent), and least likely to have communication equipment (20 percent) or a computer with Internet access (11 percent). Only one in nine facilities have six of the seven basic amenities (excluding a computer with Internet access)

The availability of specific amenities varies widely by facility type. For example, only 8 percent of HPs have basic communication equipment, as compared with 100 percent of zonal and above hospitals. All zonal and above hospitals, virtually all private hospitals (99 percent), 95 percent of district hospitals, and around 70 percent of PHCCs and stand-alone HTCs have regular electricity, compared with 42 percent of HPs and 24 percent of UHCs. Zonal and above hospitals (97 percent), PHCCs and stand-alone HTCs (both 94 percent), district hospitals (93 percent), and private hospitals (89 percent) are more likely to have an improved water source than HPs (79 percent) or UHCs (75 percent).

Table 3.3 Availability of basic amenities for client services

Among all facilities, the percentages with indicated amenities considered basic for quality services, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Amenities								Number of facilities
	Regular electricity ¹	Improved water source ²	Visual and auditory privacy ³	Client latrine ⁴	Communication equipment ⁵	Computer with Internet ⁶	Emergency transport ⁷	All amenities (excluding computer with Internet) ⁸	
Facility type									
Zonal and above hospitals	100.0	96.6	86.1	93.2	100.0	89.8	93.2	75.8	6
District-level hospitals	94.7	93.4	89.5	96.1	88.2	76.3	93.4	68.4	16
Private hospitals	99.4	89.4	95.7	98.4	98.5	78.7	94.5	77.8	70
PHCCs	73.2	94.2	93.2	94.7	41.2	36.4	74.8	23.3	42
HPs	42.1	79.0	76.2	78.8	8.2	0.4	54.2	2.8	775
UHCs	23.7	75.1	58.4	79.9	14.4	0.0	59.3	0.0	32
Stand-alone HTCs	71.4	94.0	99.1	90.9	88.2	81.3	67.4	39.8	23
Managing authority									
Public	44.3	80.0	76.7	80.0	12.1	4.2	56.4	5.4	871
Private	92.5	90.5	96.6	96.6	96.0	79.4	87.9	68.5	92
Ecological region									
Mountain	68.5	72.0	81.9	78.4	10.1	3.8	40.7	3.9	118
Hill	53.2	73.9	76.5	84.1	20.5	10.4	56.2	9.8	492
Terai	36.5	94.0	80.5	79.2	23.1	15.2	70.2	16.2	353
Earthquake-affected districts (14)	46.2	77.6	70.0	85.1	25.0	14.0	67.7	13.6	200
National average	48.9	81.0	78.6	81.6	20.2	11.4	59.4	11.4	963

¹ Facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than two hours at a time during normal working hours in the seven days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power.

² Water is piped into facility or piped onto facility grounds, bottled water is available, or water is available from a public tap or standpipe, a tube well or borehole, a protected dug well, a protected spring, or rainwater, and the outlet from this source is within 500 meters of the facility.

³ A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others

⁴ Facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.

⁵ Facility had a functioning landline telephone, a functioning facility-owned cellular phone, a private cellular phone that is supported by the facility, or a functioning short wave radio available in the facility.

⁶ Facility had a functioning computer with access to the Internet that is not interrupted for more than two hours at a time during normal working hours, or facility has access to the Internet via a cellular phone inside the facility.

⁷ Facility had a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

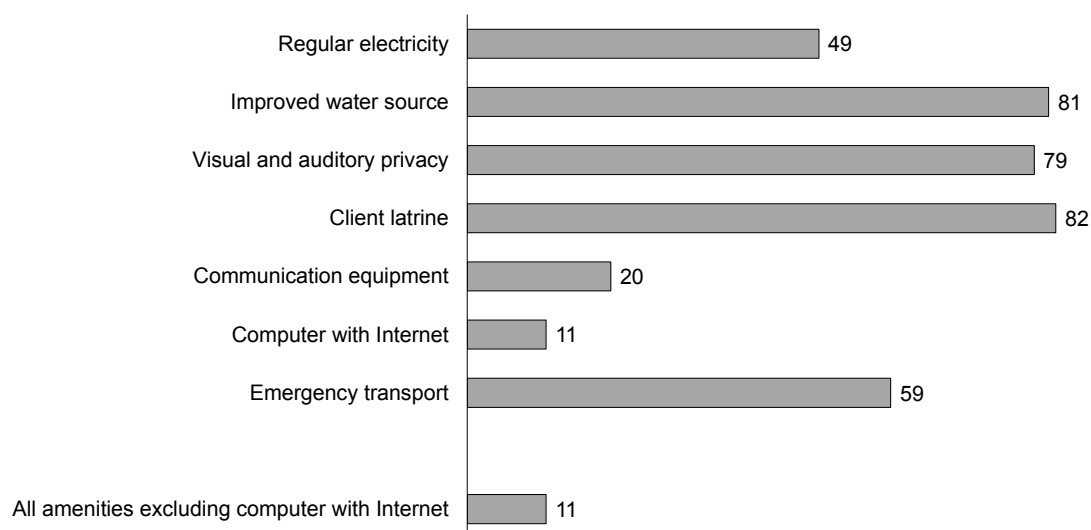
⁸ Facility has regular electricity, improved water source, visual and auditory privacy, client latrine, communication equipment, and emergency transport.

Overall, around three fourths of private and zonal and above hospitals and two thirds of district hospitals have all of the amenities considered basic to the provision of client services (with the exception of a computer with Internet access). In sharp contrast, no UHCs and only 3 percent of HPs have all of the basic amenities

In terms of managing authority, private facilities have all amenities (69 percent) much more often than public facilities (5 percent). Health facilities in the terai region (16 percent) are more likely to have all basic amenities (excluding a computer with Internet access) than facilities in the mountain (4 percent) and hill (10 percent) regions. Considering specific amenities, the availability of an improved water source (94 percent), emergency transport (70 percent), a computer with Internet access (15 percent), and communication equipment (23 percent) is better in the terai region than in the hill and mountain regions. On the other hand, regular electricity is available much less often in facilities in the terai region (37 percent) than in facilities in the hill (53 percent) and mountain (69 percent) regions

The availability of all amenities (excluding a computer with Internet access) is slightly better in the 14 earthquake-affected districts (14 percent) compared with the national average (11 percent). However, facilities in the earthquake-affected districts fall below the national average with respect to the availability of regular electricity, an improved water source, and, especially, visual and auditory privacy

Figure 3.2 Availability of basic amenities for client services (N=963)



2015 NHFS

3.3.2 Basic Equipment to Support Quality Health Services

Certain basic equipment is needed to deliver quality health services. The World Health Organization (WHO) and the United States Agency for International Development (USAID) have proposed a list of seven equipment items that should be available at a health facility to guarantee its readiness to deliver basic health services (WHO 2012). These items are an adult weighing scale, a child weighing scale, an infant weighing scale, a thermometer, a stethoscope, a blood pressure apparatus, and a light source. Table 3.4 and Figure 3.3 reports on the availability of these basic items in health facilities in Nepal

A stethoscope, found in 98 percent of facilities, is the most commonly available basic equipment, followed by a blood pressure apparatus (94 percent), a thermometer (93 percent), and an adult weighing scale (89 percent). Around half of facilities have an infant weighing scale (55 percent) and a light source (51 percent), and about 4 in 10 have a child weighing scale. Overall, 13 percent of facilities have all equipment items considered basic to providing quality client services.

With the exception of an adult weighing scale, a blood pressure apparatus, and a light source, government-managed health facilities are more likely to have basic equipment than facilities managed by private authorities. Facilities in the terai region are less likely to have all of the basic equipment than facilities in the mountain and hill regions. Except for child and infant weighing scales, all of the basic equipment items are more likely to be available in the earthquake-affected districts than at the national level

Table 3.4 Availability of basic equipment

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Equipment								Number of facilities
	Adult weighing scale	Child weighing scale ¹	Infant weighing scale ²	Thermometer	Stethoscope	Blood pressure apparatus ³	Light source ⁴	All basic equipment ⁵	
Facility type									
Zonal and above hospitals	86.3	27.3	23.9	93.2	96.6	89.8	82.9	10.2	6
District-level hospitals	93.4	38.2	42.1	97.4	98.7	97.4	88.2	21.1	16
Private hospitals	94.1	25.6	40.8	96.4	96.7	95.6	88.8	13.8	70
PHCCs	84.4	38.8	50.4	94.2	99.0	98.1	66.9	18.4	42
HPs	88.1	41.1	59.2	92.5	97.7	93.4	45.0	12.7	775
UHCs	93.5	25.0	33.0	95.5	100.0	100.0	59.4	5.5	32
Stand-alone HTC	85.9	9.1	21.5	79.0	91.4	91.4	72.7	3.1	23
Managing authority									
Public	88.2	40.3	57.3	92.8	97.9	93.9	47.6	12.9	871
Private	92.1	21.6	36.1	92.2	95.4	94.6	84.8	11.2	92
Ecological region									
Mountain	85.5	48.8	50.4	91.6	98.0	94.4	56.9	16.9	118
Hill	92.7	42.0	60.3	95.4	98.5	95.6	55.0	14.4	492
Terai	83.8	30.2	49.8	89.4	96.3	91.6	44.0	9.0	353
Earthquake-affected districts (14)									
	89.8	32.9	54.2	97.5	99.3	96.8	62.6	17.0	200
National average									
	88.5	38.5	55.2	92.7	97.6	94.0	51.2	12.7	963

¹ A scale with gradations of 250 grams, or a digital standing scale with gradations of 250 grams or less, where an adult can hold a child to be weighed, available somewhere in the general outpatient area

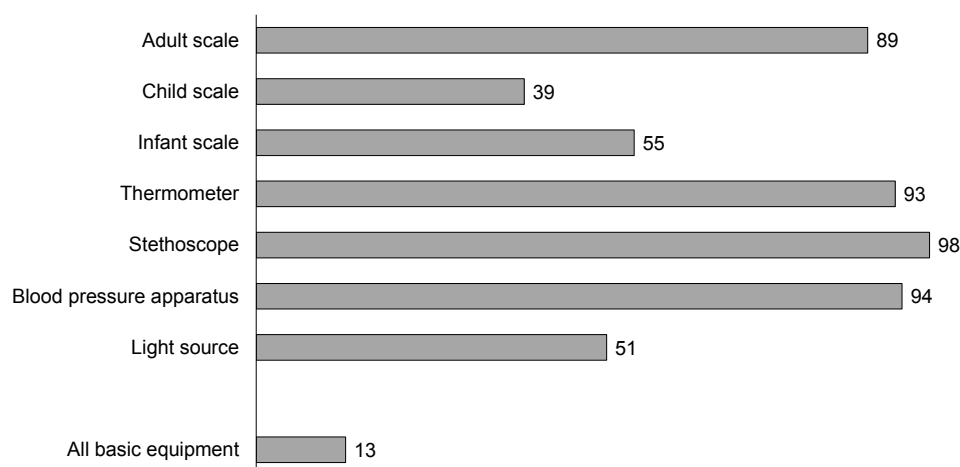
² A scale with gradations of 100 grams, or a digital standing scale with gradations of 100 grams, where an adult can hold an infant to be weighed, available somewhere in the general outpatient area

³ A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area

⁴ A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area

⁵ Facility had adult weighing scale, child weighing scale, infant weighing scale, thermometer, stethoscope, blood pressure apparatus, and light source available on the day of the survey.

Figure 3.3 Availability of basic equipment (N=963)



2015 NHFS

3.3.3 Standard Precautions for Infection Control in Service Delivery Area

Around the world, infections acquired in a health facility (known as nosocomial infections) often complicate the delivery of health care. Strict adherence to infection control guidelines and constant vigilance are necessary to prevent such infections. It is essential that a health facility have basic supplies and equipment for infection control appropriate to the services offered. Tables 3.5.1 and 3.5.2 show the availability of items considered basic for infection control at health facilities in Nepal

On the day of the survey, 8 out of 10 facilities were employing appropriate processes for safe final disposal of sharps (84 percent) and infectious waste (81 percent) and had sterilization equipment (80 percent) available. While more than three-fourths of facilities also had sharps containers available in areas where key client services were being provided, very few facilities had receptacles for the appropriate storage of infectious waste (5 percent). On the other hand, 82 percent of the facilities had single-use or auto-disable syringes with needles, and 63 percent had a chlorine-based or similar agent appropriate for environmental disinfection.

Table 3.5.1 Standard precautions for infection control

Percentages of facilities with sterilization equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by facility type, Nepal Health Facility Survey 2015

Item	Facility type							National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	Stand-alone HTC	
Any sterilization equipment ¹	100.0	96.1	98.1	94.7	78.0	66.0	63.6	79.9
Safe final disposal of sharps waste ²	79.5	88.2	85.4	82.1	84.2	82.1	85.7	84.2
Safe final disposal of infectious waste ³	76.1	80.3	74.6	80.6	81.9	74.9	80.7	81.0
Appropriate storage of sharps waste ⁴	37.6	44.7	34.0	65.6	82.8	86.8	39.2	76.7
Appropriate storage of infectious waste ⁵	3.4	7.9	4.7	3.9	5.0	0.0	19.8	5.2
Disinfectant ⁶	54.9	51.3	63.1	43.1	64.1	54.5	67.3	62.6
Syringes and needles ⁷	54.9	55.3	60.1	63.6	85.8	92.3	75.2	82.2
Soap	75.4	59.2	73.9	63.2	55.2	53.4	75.4	57.5
Running water ⁸	82.2	64.5	75.4	66.5	45.0	36.7	76.4	49.2
Soap and running water	75.4	56.6	72.0	60.2	41.6	34.4	75.4	45.7
Alcohol-based hand disinfectant	52.2	38.2	51.7	24.7	24.8	35.0	36.5	27.7
Soap and running water or else alcohol-based hand disinfectant	93.2	69.7	85.5	64.6	51.2	50.6	82.0	55.5
Latex gloves ⁹	76.1	73.7	83.0	62.7	80.8	77.0	70.6	79.7
Medical masks	62.4	36.8	47.1	20.4	15.0	19.1	48.4	19.1
Gowns	17.1	18.4	28.6	10.7	6.6	0.0	37.8	9.1
Eye protection	3.4	5.3	1.7	3.4	1.6	0.0	10.9	2.0
Needle destroyer	23.9	9.2	19.0	7.3	1.9	0.0	53.8	4.8
Guidelines for standard precautions ¹⁰	10.2	6.6	5.3	4.8	3.1	3.2	15.9	3.7
All infection prevention items except eye protection ¹¹	3.4	1.3	1.4	0.0	0.0	0.0	2.9	0.2
Number of facilities	6	16	70	42	775	32	23	963

¹ Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility, or an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility had chlorine, formaldehyde, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.

² The process of sharps waste disposal is incineration, and the facility had a functioning incinerator with fuel on the day of the survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

³ The process of infectious waste disposal is incineration, and the facility had a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

⁴ Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done if facility does minor surgery

⁵ Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done if facility does minor surgery

⁶ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁷ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁸ Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

⁹ Non-latex equivalent gloves are acceptable.

¹⁰ Any guideline for infection control in health facilities available in the general outpatient area

¹¹ Facility meets all the following infection prevention criteria: sterilization equipment or equipment for high-level disinfection, safe final disposal of sharps waste, safe final disposal of infectious waste, appropriate storage of sharps waste, appropriate storage of infectious waste, disinfectant, syringes and needles, soap and running water or else alcohol-based hand disinfectant, latex gloves, medical masks, gowns, needle destroyer, and guidelines for standard precautions.

Table 3.5.2 Standard precautions for infection control

Percentages of facilities with sterilization equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Item	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Any sterilization equipment ¹	78.9	89.6	80.2	83.7	74.5	79.5	79.9
Safe final disposal of sharps waste ²	84.1	85.5	81.8	84.2	85.0	86.1	84.2
Safe final disposal of infectious waste ³	81.5	76.1	80.2	82.0	79.9	84.1	81.0
Appropriate storage of sharps waste ⁴	81.1	35.2	77.9	82.8	67.9	84.3	76.7
Appropriate storage of infectious waste ⁵	4.8	8.4	4.3	5.6	4.9	5.2	5.2
Disinfectant ⁶	62.4	64.2	63.3	67.8	55.1	76.8	62.6
Syringes and needles ⁷	84.2	63.8	80.7	83.7	80.6	85.2	82.2
Soap	55.8	74.3	52.3	60.2	55.5	63.1	57.5
Running water ⁸	46.3	75.6	44.2	54.9	42.7	54.5	49.2
Soap and running water	42.8	72.9	38.7	52.2	38.9	52.4	45.7
Alcohol-based hand disinfectant	25.6	48.0	22.7	30.4	25.7	34.0	27.7
Soap and running water or else alcohol-based hand disinfectant	52.5	84.6	50.8	60.6	50.0	63.2	55.5
Latex gloves ⁹	79.6	80.0	80.5	82.7	75.2	88.2	79.7
Medical masks	16.1	47.4	23.9	21.4	14.5	26.7	19.1
Gowns	6.8	30.9	4.5	11.0	8.0	7.4	9.1
Eye protection	1.7	4.0	1.3	2.0	2.1	0.5	2.0
Needle destroyer	2.4	27.5	5.6	4.6	4.9	4.9	4.8
Guidelines for standard precautions ¹⁰	3.3	7.9	4.5	4.8	2.0	6.3	3.7
All infection prevention items except eye protection ¹¹	0.0	1.8	0.2	0.2	0.3	0.1	0.2
Number of facilities	871	92	118	492	353	200	963

¹ Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility, or an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility had chlorine, formaldehyde, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.

² The process of sharps waste disposal is incineration, and the facility had a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

³ The process of infectious waste disposal is incineration, and the facility had a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

⁴ Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done if facility does minor surgery

⁵ Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done if facility does minor surgery

⁶ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁷ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁸ Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

⁹ Non-latex equivalent gloves are acceptable.

¹⁰ Any guideline for infection control in health facilities available in the general outpatient area

¹¹ Facility meets all the following infection prevention criteria: sterilization equipment or equipment for high-level disinfection, safe final disposal of sharps waste, safe final disposal of infectious waste, appropriate storage of sharps waste, appropriate storage of infectious waste, disinfectant, syringes and needles, soap and running water or else alcohol-based hand disinfectant, latex gloves, medical masks, gowns, needle destroyer, and guidelines for standard precautions.

Hand washing with soap and running water, or else disinfecting hands with alcohol-based hand disinfectant, is a critical infection control practice. At the time of the survey, around 6 in 10 health facilities had soap (58 percent) and nearly half had running water (49 percent). Forty-six percent of health facilities had both soap and running water. Alcohol-based hand disinfectant was available in just over one-fourth of facilities. Overall, soap and running water or else alcohol-based hand disinfectant were observed in 56 percent of the health facilities. These items were more likely to be available at zonal and above hospitals (93 percent), private hospitals (86 percent), and stand-alone HTC (82 percent) than at district-level hospitals (70 percent), PHCCs (65 percent), UHCs (51 percent), and HPs (51 percent).

With respect to other infection control items, gloves (80 percent) were widely available, but facilities were much less likely to have medical masks (19 percent) or gowns (9 percent). The least available items were needle destroyers (5 percent), guidelines for standard precautions (4 percent), and eye protection (2 percent).

In general, infection control items were more likely to be available at zonal and above hospitals and stand-alone HTC than at other types of health facilities. However, only 3 percent of these facilities and no

PHCCs, HPs, or UHCs had all of the basic infection prevention items (excluding eye protection) on the day of the survey.

The availability of items for infection prevention also varied by managing authority. Items were more likely to be available at private health facilities than public health facilities except for syringes and needles and the equipment necessary for safe disposal of infectious waste and appropriate storage of sharp waste.

3.3.4 Waste Segregation

Proper waste segregation is an important step in infection prevention and control. In the 2015 NHFS, 86 percent of health facilities were found to be segregating waste at the time of collection (Table 3.5.3). All zonal and above hospitals were segregating waste at the time of collection. By managing authority, public facilities were somewhat less likely to segregate waste at the time of collection than private facilities. There was almost no variation in waste segregation practices by ecological region.

Table 3.5.3 Segregation of waste (NHSS RF: OP2.3.1)

Among all facilities, percentages reporting that they segregate waste generated at the facility at the time of collection, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities that segregate waste at time of collection	Number of facilities
Facility type		
Zonal and above hospitals	100.0	6
District-level hospitals	92.1	16
Private hospitals	97.4	70
PHCCs	85.8	42
HPs	84.5	775
UHCs	85.6	32
Stand-alone HTC	88.1	23
Managing authority		
Public	84.9	871
Private	95.1	92
Ecological region		
Mountain	86.7	118
Hill	86.0	492
Terai	85.5	353
Earthquake-affected districts (14)		
	91.2	200
National average	85.9	963

3.3.5 Safe Disposal of Health Care Waste

Table 3.5.4 presents information on safe disposal practices in Nepal health facilities. Around 8 in 10 facilities disposed of sharps (84 percent) and other medical waste (81 percent) safely. Overall, 77 percent of the facilities in Nepal safely dispose of both sharps and medical waste.

Table 3.5.4 Safe disposal of health care waste (NHSS RF: OP2.3.2)

Among all facilities, percentages with proper disposal of sharps waste and proper disposal of other medical waste, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Safe final disposal of sharps waste ¹	Safe final disposal of medical waste ²	Safe final disposal of both sharps and medical waste	Number of facilities
Facility type				
Zonal and above hospitals	79.5	76.1	72.7	6
District-level hospitals	88.2	80.3	77.6	16
Private hospitals	85.4	74.6	71.9	70
PHCCs	82.1	80.6	74.8	42
HPs	84.2	81.9	78.4	775
UHCs	82.1	74.9	69.4	32
Stand-alone HTC	85.7	80.7	78.0	23
Managing authority				
Public	84.1	81.5	77.8	871
Private	85.5	76.1	73.4	92
Ecological region				
Mountain	81.8	80.2	77.6	118
Hill	84.2	82.0	77.0	492
Terai	85.0	79.9	77.8	353
Earthquake-affected districts (14)				
	86.1	84.1	78.0	200
National average	84.2	81.0	77.4	963

¹ The process of sharps waste disposal is incineration, and the facility had a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

² The process of infectious waste disposal is incineration, and the facility had a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

3.3.6 Capacity for Adherence to Standards for Quality Sterilization or High-Level Disinfection Processes

For most equipment used for client examinations, either sterilization or high-level disinfection (HLD) procedures are sufficient to prevent the spread of infection. However, to effectively kill the spores that cause illnesses such as tetanus, either dry-heat sterilization or an autoclave system is required. This type of treatment is necessary for processing surgical equipment that will be reused, such as blade handles and scissors used to cut umbilical cords. Depending on the size of the facility, different types of equipment may be processed using different methods or at more than one site within the facility. Table 3.6 and Figure 3.4 report on the capacity of health facilities to process instruments for reuse. The information refers to the primary site in the facility where equipment is processed

In general, 80 percent of all facilities have functioning equipment necessary to process instruments for reuse. Sixty-four percent of facilities have both functioning equipment and correct knowledge of processing time for at least one processing method. When the presence of an automatic timer is also considered, however, only 20 percent of facilities have all three prerequisites for quality sterilization

Written guidelines that facility staff can consult are important in ensuring correct sterilization processes. Very few facilities (4 percent) had written guidelines for sterilization or HLD. The presence of written guidelines exceeds 6 percent only in stand-alone HTCs (15 percent) and zonal and above hospitals (14 percent)

Taking into account the three measures of capacity for processing equipment, private facilities perform much better than public facilities. Also, facilities in the hill region perform somewhat better than facilities in the mountain and terai regions

Health facilities in the earthquake-affected districts are less likely to have written guidelines for sterilization or HLD than the national average.

Table 3.6 Capacity for processing equipment for reuse

Percentage of facilities with the equipment and other items to support the final processing of instruments for reuse, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities having:				Number of facilities
	Equipment ¹	Equipment and knowledge of process time ²	Equipment, knowledge of process time, and automatic timer ³	Written guidelines for sterilization or HLD ⁴	
Facility type					
Zonal and above hospitals	100.0	93.2	69.0	13.9	6
District-level hospitals	96.1	86.8	47.4	5.3	16
Private hospitals	98.1	97.8	57.2	1.7	70
PHCCs	94.7	82.1	34.4	5.8	42
HPs	78.0	59.4	14.8	4.3	775
UHCs	66.0	54.9	9.6	0.0	32
Stand-alone HTC	63.6	57.2	27.8	15.2	23
Managing authority					
Public	78.9	61.1	16.6	4.3	871
Private	89.6	87.8	50.0	5.0	92
Ecological region					
Mountain	80.2	60.3	19.4	4.6	118
Hill	83.7	67.8	21.9	4.8	492
Terai	74.5	58.9	16.8	3.8	353
Earthquake-affected districts (14)	79.5	72.5	25.6	1.6	200
National average	79.9	63.6	19.8	4.4	963

¹ Facility reports that some equipment is processed in the facility and facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, a non-electric autoclave with a functioning heat source, an electric boiler or steamer, or a non-electric boiler or steamer with a functioning heat source available anywhere in the facility that is used for sterilization or high-level disinfection of equipment for reuse.

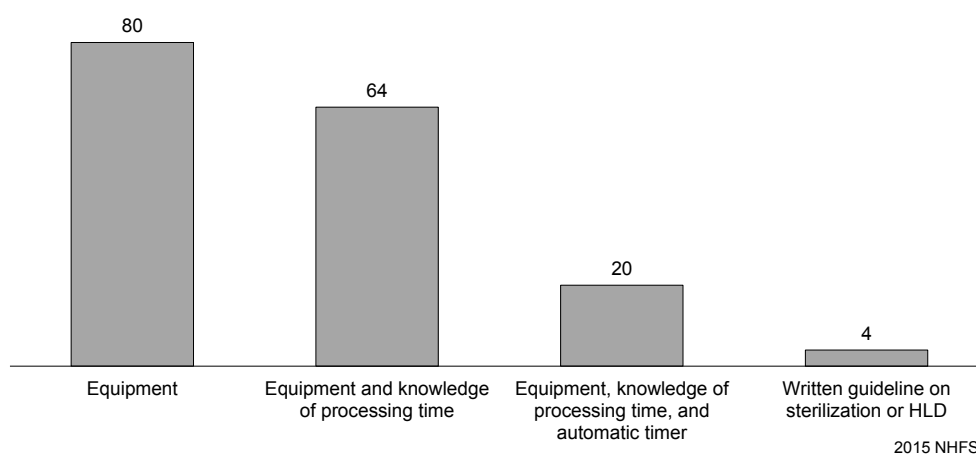
² Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were functioning equipment and the following processing conditions:

- Dry heat sterilization: temperature at 160°C-169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes
- Autoclave: wrapped items processed for at least 30 minutes, unwrapped items processed for at least 20 minutes
- Boiling or steaming: items processed for at least 20 minutes
- Chemical high-level disinfection: items processed in chlorine-based or glutaraldehyde or formaldehyde solution and soaked for at least 20 minutes

³ An automatic timer here refers to a passive timer that can be set to indicate when a specified time has passed. It may be part of the sterilization process or the HLD equipment.

⁴ The National Medical Standards for Reproductive Health Volume I: contraceptive services. Handwritten or printed instructions that are pasted on walls and clearly outline the procedures for processing of equipment are acceptable.

Figure 3.4 Capacity to process instruments for reuse (N=963)



3.3.7 Diagnostic Capacity

Provision of diagnostic services, comprising laboratory tests and diagnostic imaging, is essential for clinical decision making and for enhancing delivery of quality health care. In fact, case management for such

conditions as malaria and TB depends entirely on laboratory and/or imaging results. The 2015 NHFS assessed diagnostic capacity using the methodology proposed by WHO and USAID (WHO 2012). Tables 3.7.1 and 3.7.2 present information on basic diagnostic capacity for all health facilities. Table 3.7.3 focuses on results relating to advanced diagnostic and imaging capacity in hospitals and PHCCs.

Table 3.7.1 Laboratory diagnostic capacity - basic test (NHSS RF: OP2.1.3)

Among all facilities, the percentages with capacity to conduct basic laboratory diagnostic tests in the facility, and among PHCCs and hospitals the percentages that have all basic laboratory diagnostic tests by facility type, Nepal Health Facility Survey 2015

Basic laboratory tests	Facility type							National average
	Zonal and above hospitals	District level hospitals	Private hospitals	PHCCs	HPs	UHCs	Stand-alone HTCs	
Hemoglobin	96.6	97.4	93.3	74.7	3.6	0.0	22.6	15.7
Blood glucose	48.5	52.6	58.0	27.2	1.2	0.0	14.5	7.9
Malaria diagnostic test ¹	89.8	82.9	83.5	65.6	13.2	2.3	2.6	21.6
Urine protein ²	93.2	100.0	90.5	64.0	2.0	0.0	23.5	13.8
Urine glucose ³	93.2	98.7	91.8	63.0	1.8	0.0	21.1	13.5
HIV diagnostic test ⁴	86.3	56.6	25.0	11.2	0.7	0.0	68.8	5.9
Syphilis rapid diagnostic test ⁵	82.2	80.3	78.1	51.4	1.3	0.0	45.6	11.8
Urine pregnancy test ⁶	93.2	96.1	90.0	69.8	21.3	18.4	31.0	30.2
Number of facilities	6	16	70	42	775	32	23	963
All items	30.7	21.1	14.8	3.4	na	na	na	12.6
Number of PHCCs and hospitals	6	16	70	42	na	na	na	134

¹ Facility reports that it conducts malaria testing at the facility and had unexpired malaria rapid diagnostic test kits available at the facility, or else facility had a functioning microscope, glass slides with covers and appropriate reagents available on the day of the survey for malaria microscopy.

² Facility reports that it conducts urine protein test at the facility and had at least one unexpired urine protein dipstick available at the facility.

³ Facility reports that it conducts urine glucose test at the facility and had at least one unexpired urine glucose dipstick available at the facility.

⁴ Facility reports that it conducts HIV testing at the facility and had HIV rapid diagnostic test capacity at the facility (at least one unexpired screening HIV RDT kit, at least one unexpired confirmatory HIV RDT kit, and at least one unexpired tiebreaker HIV RDT kit all available somewhere at the facility), or else facility had an ELISA scanner or reader and a plate washer and ELISA assay kit and an incubator for HIV testing all available and working; or dynabeads with vortex mixer or western blot all available on the day of the survey.

⁵ Facility reports that it conducts syphilis test at the facility and had at least one unexpired syphilis rapid diagnostic test kit available at the facility on the day of the survey.

⁶ Facility reports that it conducts urine pregnancy test at the facility and had at least one unexpired urine pregnancy rapid diagnostic test kit available at the facility on the day of the survey.

Table 3.7.1a Health Posts with laboratory services (NHSS RF: OP5.1.2)

Among health posts, percentages that have their own laboratory services, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentages with laboratory services ¹	Number of health posts
Facility type		
HPs	13.4	775
Ecological region		
Mountain	6.7	108
Hill	6.8	403
Terai	26.2	264
Earthquake-affected districts (14)	3.6	148
National average	13.4	775

¹ Facility reports that it has laboratory services; laboratory services is defined as conducting any tests at the facility, including any rapid diagnostic tests.

Table 3.7.2 Laboratory diagnostic capacity - basic test (NHSS RF: OP2.1.3)

Among all facilities, the percentages with capacity to conduct basic laboratory diagnostic tests in the facility, and among PHCCs and hospitals the percentages that have all basic laboratory diagnostic tests by background characteristics, Nepal Health Facility Survey 2015

Basic laboratory tests	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Hemoglobin	9.3	76.0	10.3	12.8	21.5	17.5	15.7
Blood glucose	3.7	47.4	4.4	6.7	10.8	8.7	7.9
Malaria diagnostic test ¹	17.1	63.7	4.9	14.4	37.2	14.3	21.6
Urine protein ²	7.4	74.1	7.7	11.6	18.8	14.8	13.8
Urine glucose ³	7.1	74.5	7.9	11.5	18.3	15.2	13.5
HIV diagnostic test ⁴	2.7	35.7	2.3	5.4	7.9	6.8	5.9
Syphilis rapid diagnostic test ⁵	5.6	70.1	6.7	10.2	15.9	13.5	11.8
Urine pregnancy test ⁶	25.4	75.6	28.5	30.8	29.8	36.1	30.2
Number of facilities	871	92	118	492	353	200	963
All items	10.3	14.8	11.1	12.3	13.3	12.2	12.6
Number of PHCCs and hospitals	64	70	9	64	61	36	134

¹ Facility reports that it conducts malaria testing at the facility and had unexpired malaria rapid diagnostic test kits available at the facility, or else facility had a functioning microscope, glass slides with covers and appropriate reagents available on the day of the survey for malaria microscopy.

² Facility reports that it conducts urine protein test at the facility and had at least one unexpired urine protein dipstick available at the facility.

³ Facility reports that it conducts urine glucose test at the facility and had at least one unexpired urine glucose dipstick available at the facility.

⁴ Facility reports that it conducts HIV testing at the facility and had HIV rapid diagnostic test capacity at the facility (at least one unexpired screening HIV RDT kit, at least one unexpired confirmatory HIV RDT kit, and at least one unexpired tiebreaker HIV RDT kit all available somewhere at the facility), or else facility had an ELISA scanner or reader and a plate washer and ELISA assay kit and an incubator for HIV testing all available and working; or dynabeads with vortex mixer or western blot all available on the day of the survey.

⁵ Facility reports that it conducts syphilis test at the facility and had at least one unexpired syphilis rapid diagnostic test kit available at the facility on the day of the survey.

⁶ Facility reports that it conducts urine pregnancy test at the facility and had at least one unexpired urine pregnancy rapid diagnostic test kit available at the facility on the day of the survey.

Overall, Table 3.7.1 shows that hospitals are more likely to provide the range of basic diagnostic tests than other types of facilities. At the other extreme, few health posts conduct any of the basic diagnostic tests including any RDTs except urine pregnancy test and malaria diagnostic test, as might be predicted by the limited scope of their services (Table 3.7.1a)

With regard to specific tests, facilities are most likely to have the capacity for malaria testing and least likely to have HIV testing capacity. At the hospital level, more than three-fourths of hospitals offer each of the basic diagnostic tests with the exception of blood glucose and HIV tests. Similarly, the majority of PHCCs offer all basic tests other than blood glucose and HIV. Blood glucose test services are available at 49 percent of zonal or above hospitals, 53 percent of district-level hospitals, and 58 percent of private hospitals but only 27 percent of PHCCs. HIV diagnostic test services are available at 86 percent of zonal and above hospitals, 57 percent of district-level hospitals, 25 percent of private hospitals, and 11 percent of PHCCs. Although HIV testing is the core function of stand-alone HTC, only 69 percent of these facilities had the capacity to conduct an HIV diagnostic test at the time of the survey.

Table 3.7.3 Laboratory diagnostic capacity - advanced tests and diagnostic imaging

Among PHCCs and hospitals, the percentages with capacity to conduct advanced laboratory diagnostic tests at the facility, by facility type, Nepal Health Facility Survey 2015

Laboratory test	Facility type				National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	
Advanced-level diagnostic tests					
Serum electrolytes	61.7	13.2	45.2	2.4	28.6
Full blood count with differentials ¹	75.4	73.7	75.9	48.5	66.9
Blood typing and cross matching ²	31.0	31.6	22.0	6.8	18.7
CD4 count ³	20.5	3.9	0.0	0.0	1.4
Syphilis serology ⁴	27.6	31.6	31.7	6.3	23.4
Gram stain ⁵	86.1	48.7	54.3	18.4	43.7
General microscopy ⁶	86.3	82.9	63.1	57.7	64.8
Stool microscopy ⁷	86.3	82.9	63.1	52.4	63.1
CSF/ body fluid counts ⁸	93.2	96.1	93.5	67.4	85.5
TB microscopy ⁹	72.7	80.3	40.5	54.8	51.1
TB culture ¹⁰	13.9	1.3	5.1	0.0	3.4
TB rapid diagnostic test ¹¹	10.5	2.6	0.6	1.0	1.4
DBS collection ¹²	27.3	9.2	6.8	1.9	6.5
Liver or renal function test (ALT or creatinine) ¹³	78.8	38.2	71.8	3.4	46.5
Equipment for diagnostic imaging					
X-ray machine ¹⁴	96.6	85.5	86.9	10.7	63.0
Ultrasonogram	85.7	67.1	84.5	5.8	57.5
CT scan	41.3	0.0	16.4	0.0	10.4
Number of PHCCs and hospitals	6	16	70	42	134

¹ Facility had a functioning hematology analyzer or else a hemocytometer with glass slides and a functioning microscope for a hemocytometer available at the facility on the day of the survey.

² Facility reports that it conducts blood grouping at the facility and had all of the following reagents available at the facility on the day of the survey: anti-A reagent, anti-B reagent, anti-D reagent, Coomb's reagent, and anti-AB reagent.

³ Facility reports that it conducts CD4 testing and had a functioning flow cytometer, e.g., an FACS count machine (BD or Patek brand with reagents or PIMA brand with cartridges) or CD4 rapid test strips available at the facility on the day of the survey.

⁴ Facility reports that it conducts syphilis serology testing at the facility and had VDRL or RPR with a functioning rotator or shaker or else PCR for STIs (CTN), or *Treponema pallidum* hemagglutination assay available at the facility on the day of the survey.

⁵ Facility had crystal violet or gentian violet, Lugol's iodine or Lugol's solution, acetone or acetone alcohol, or neutral red, carbol fuchsin or other counter stains for gram staining available at the facility on the day of the survey.

⁶ Facility had a functioning microscope with glass slides available at the facility on the day of the survey.

⁷ Facility had a functioning microscope with glass slides as well as formal saline (for concentration method), normal saline (for direct microscopy), or Lugol's iodine or Lugol's solution available at the facility on the day of the survey for stool microscopy.

⁸ Facility had a functioning centrifuge and test tubes available at the facility on the day of the survey.

⁹ Facility reports that it conducts Ziehl-Neelson tests for AFB at the facility and had a functioning microscope with glass slides, carbol-fuchsin, sulphuric acid (20-25 percent concentration) or acid alcohol, and methylene blue available at the facility on the day of the survey.

¹⁰ Facility had a culture/growth medium for *Mycobacterium tuberculosis*, an incubator, and a biosafety hood or cabinet available at the facility on the day of the survey.

¹¹ Facility had at least one unexpired TB rapid diagnostic test kit (Gene Expert) available at the facility on the day of the survey.

¹² Facility reports that it uses filter paper cards to collect dried blood spots (DBS) at the facility and had at least one unexpired filter paper card available at the facility on the day of the survey.

¹³ Facility had a functioning blood chemistry analyzer or a functioning bilirubinometer/colorimeter that provides serum bilirubin available at the facility on the day of the survey.

¹⁴ Facility had a functioning digital X-ray machine (not requiring a film) or else a functioning traditional X-ray machine with unexpired films available at the facility on the day of the survey.

Table 3.7.3 shows that zonal and above hospitals are more likely than other types of hospitals and PHCCs to provide advanced diagnostic tests. With regard to diagnostic imaging capacity, 97 percent of zonal and above hospitals, 86 percent of district hospitals, and 87 percent of private hospitals have an X-ray machine, as compared with 11 percent of PHCCs. Ultrasonograms are available at two-thirds or more of hospitals but only 6 percent of PHCCs. Computerized tomography (CT) scans are available at 41 percent of zonal and above hospitals and 16 percent of private hospitals. No district-level hospitals or PHCCs offer CT scans.

3.3.8 Availability of Essential Medicines

Consistent availability of essential medicines is critical to the delivery of quality health services. The 2015 NHFS assessed the availability of 18 tracer medicines from the list of 70 free medicines. Tables 3.8.1 and 3.8.2 exclude stand-alone HTC in presenting information on the availability of the 18 tracer medicines. In addition, only hospitals offering TB diagnostic and/or treatment services are considered in assessing the availability of RHZ (isoniazid + rifampicin + pyrazinamide), and only facilities providing

normal delivery services are considered in assessing the availability of oxytocin or other uterotonics. Paracetamol tablets/injections and albendazole tablets are the most widely available of the tracer medicines (both found in 97 percent of facilities), followed by zinc sulphate tablets and metronidazole tablets/syrup (both found in 95 percent of facilities). Nine in 10 or more facilities have oral rehydration solution (ORS) (92 percent) and iron folic acid combination tablets (91 percent). With the exception of chloramphenicol capsules/applicap (37 percent), cotrimoxazole suspension or dispersible pediatric dose tablets (49 percent), and RHZ (23 percent), each of the tracer medicines is available in more than half of facilities.

Table 3.8.1 Availability of tracer medicines (NHSS RF: OC1.4)

Among all facilities, percentages with indicated tracer medicines available in the facility on the day of the survey, by facility type, Nepal Health Facility Survey 2015

Tracer medicine	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Essential medicines							
Albendazole	93.2	100.0	75.7	100.0	99.0	100.0	97.4
Amoxicillin tab/cap	72.7	98.7	71.3	93.2	89.1	95.1	88.3
Benzoic acid compound ointment	41.7	72.4	35.7	74.3	52.3	49.2	52.2
Chloramphenicol caps/applicap	31.4	59.2	28.7	47.2	37.2	31.3	37.2
Ciprofloxacin infusion/ear/eye drop	79.5	94.7	72.3	63.5	53.2	58.9	56.1
Cotrimoxazole suspension or dispersible pediatric dose tablet	37.8	63.2	23.1	52.8	51.2	36.3	48.8
Iron + folic acid combination tablet	79.2	90.8	67.9	93.2	92.3	97.8	90.6
Gentamycin injection	75.4	86.8	64.4	83.0	63.2	32.0	63.6
Metronidazole tab/syrup	86.3	98.7	72.9	98.5	96.7	98.1	95.0
ORS	79.5	94.7	77.8	91.8	93.8	86.5	92.2
Oxytocin injection (or other uterotonic) ¹	100.0	100.0	93.6	93.9	93.8	100.0	94.1
Paracetamol tab/injection	96.6	98.7	73.3	99.0	99.5	98.1	97.4
Povidone iodine solution	89.8	92.1	67.6	94.2	91.7	91.9	90.0
Salbutamol tab or inhaler	65.8	90.8	68.0	88.8	77.0	87.6	77.4
Zinc sulphate tab	62.4	93.4	61.3	99.0	99.1	81.5	95.4
Isoniazid + rifampicin + pyrazinamide (RHZ) ²	53.3	54.7	11.2	39.8	21.5	29.0	22.7
Ringers Lactate	93.2	100.0	73.5	98.1	85.0	52.3	83.9
Vitamin A	48.1	88.2	41.0	93.7	94.1	79.4	89.3
All 18 tracer medicines available	6.8	14.5	1.2	4.4	0.2	0.0	0.8
Number of facilities	6	16	70	42	775	32	940
Number of facilities offering normal delivery services	5	16	45	41	351	1	457
Number of facilities offering tuberculosis diagnosis and/or treatment services	6	15	60	42	728	21	873

Note: This table excludes stand-alone HTC sites.

¹ Oxytocin or other uterotonic was assessed only in facilities that offer normal delivery services.

² RHZ was assessed only in facilities that provide TB diagnosis or treatment services.

Table 3.8.2 Availability of tracer medicines (NHSS RF: OC1.4)

Among all facilities, percentages with indicated tracer medicines available in the facility on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Tracer medicine	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Essential medicines							
Albendazole	99.1	75.7	98.4	98.1	96.0	96.1	97.4
Amoxicillin tab/cap	89.6	71.3	95.9	89.8	83.4	86.3	88.3
Benzoic acid compound ointment	53.6	35.7	57.8	47.3	57.3	54.0	52.2
Chloramphenicol caps/applicap	37.9	28.7	45.5	39.3	31.3	44.4	37.2
Ciprofloxacin infusion/ear/eye drop	54.8	72.3	50.9	62.6	48.7	74.4	56.1
Cotrimoxazole suspension or dispersible pediatric dose tablet	50.9	23.1	49.2	53.3	42.4	48.2	48.8
Iron + folic acid combination tablet	92.4	67.9	96.6	95.5	81.6	94.5	90.6
Gentamycin injection	63.5	64.4	68.4	63.8	61.5	44.8	63.6
Metronidazole tab/syrup	96.8	72.9	93.7	94.9	95.7	96.5	95.0
ORS	93.3	77.8	96.3	94.8	87.1	94.5	92.2
Oxytocin injection (or other uterotonic) ¹	94.1	93.6	91.0	93.5	97.2	90.2	94.1
Paracetamol tab/injection	99.4	73.3	98.8	98.5	95.5	96.7	97.4
Povidone iodine solution	91.8	67.6	83.8	90.8	91.0	89.8	90.0
Salbutamol tab or inhaler	78.2	68.0	72.7	80.5	74.6	82.5	77.4
Zinc sulphate tab	98.1	61.3	97.5	95.9	93.9	92.8	95.4
Isoniazid + rifampicin + pyrazinamide (RHZ) ²	23.5	11.2	10.4	20.2	30.1	17.1	22.7
Ringers Lactate	84.8	73.5	91.0	86.5	77.8	82.4	83.9
Vitamin A	93.1	41.0	91.0	91.5	85.6	89.9	89.3
All 18 tracer medicines available	0.7	1.2	2.3	0.6	0.5	0.6	0.8
Number of facilities	871	70	118	482	340	195	940
Number of facilities offering normal delivery services	413	45	67	276	114	79	457
Number of facilities offering tuberculosis diagnosis and/or treatment services	813	60	104	447	321	179	873

Note: This table excludes stand-alone HTC sites.

¹ Oxytocin or other uterotonic was assessed only in facilities that offer normal delivery services.

² RHZ was assessed only in facilities that provide TB diagnosis or treatment services.

Overall, 7 percent of zonal and above hospitals, 15 percent of district-level hospitals, 4 percent of PHCCs, and less than 1 percent of health posts and UHCs had all 18 medicines at the time of the survey

3.4 MANAGEMENT SYSTEMS TO SUPPORT AND MAINTAIN QUALITY SERVICES AND APPROPRIATE CLIENT UTILIZATION

Basic management and administrative systems as well as regular supervision and in-service training are necessary to ensure that health services are consistently provided at an acceptable level of quality

3.4.1 Management Meetings, Quality Assurance, and Client Opinions

The 2015 NHFS elicited information pertaining to management meetings, community participation, quality assurance, and structures to elicit clients' opinions on health service delivery. Table 3.9 provides information on each of these elements, which are important in ensuring the delivery of quality services in health facilities.

Management Meetings

To function well, a health facility must have a system in place for identifying and addressing management and administrative issues. This system may involve meetings to discuss day-to-day issues or broader management issues, such as financing, utilization, or plans for health-related campaigns. The meetings must be regularly scheduled; also, specific staff members must have defined areas of responsibility. To assess this management component, the NHFS inquired as to whether a functioning management committee met at least once every six months and asked for official documentation of the proceedings. A health facility was considered to have a functioning management system if there was a record of committee meetings with documented decisions and follow-up on issues discussed.

Overall, 37 percent of health facilities (excluding HTC) reported having routine management committee meetings at least once every six months and showed documentation of a recent meeting (Table 3.9). District-level hospitals and PHCCs (57 percent and 52 percent, respectively) were most likely and UHCs (16 percent) were least likely to have documentation of a recent management meeting. A higher percentage of health facilities in the earthquake-affected districts had documentation of a recent meeting (40 percent) compared with the national average (37 percent).

Table 3.9 Management meetings and quality assurance

Among all facilities, the percentages with regular management meetings and documentation of a recent meeting, the percentages with quality assurance activities and documentation of quality assurance activities, and the percentages with a system for eliciting client opinion, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities with				Number of facilities
	Management meeting at least once every 6 months, with observed documentation of a recent meeting	Management meeting with community participation at least once every 6 months, with documentation of a recent meeting	Regular quality assurance activities with observed documentation of quality assurance activity ¹	System for determining client opinion, procedure for reviewing client opinion, and report of recent review of client opinion	
Facility type					
Zonal and above hospitals	37.6	20.5	31.0	0.0	6
District-level hospitals	56.6	38.2	30.3	7.9	16
Private hospitals	37.0	10.3	16.4	13.7	70
PHCCs	51.9	39.3	16.5	4.4	42
HPs	37.2	37.8	20.6	1.4	775
UHCs	16.0	25.3	9.5	0.0	32
Managing authority					
Public	37.5	37.3	20.2	1.6	871
Private	37.0	10.3	16.4	13.7	70
Ecological region					
Mountain	26.3	38.1	26.6	0.0	118
Hill	42.3	38.4	19.5	2.4	482
Terai	34.4	30.0	18.2	3.6	340
Earthquake-affected districts (14)	39.8	37.1	24.2	2.6	195
National average	37.4	35.3	19.9	2.5	940

Note: This table excludes stand-alone HTC sites

¹ Facility reports that it routinely carries out quality assurance activities and had documentation of a recent quality assurance activity. This could be a report or minutes of a quality assurance meeting, a supervisory checklist, a mortality review, or an audit of records or registers.

Management Meetings with Community Participation

Community participation is critical to service delivery. A community that feels involved in the management of a health facility is likely to support and contribute to efforts aimed at improving service delivery. The NHFS results showed that 35 percent of health facilities had conducted management meetings with the participation of the community in the six months preceding the survey and had documentation of the meeting available (Table 3.9). Primary health care centers (39 percent) and district-level hospitals and health posts (both at 38 percent) were more likely to hold management meetings with community participation than other types of facilities. Private health facilities (10 percent) were least likely to hold management meetings with community participation (Table 3.9)

The emphasis on involvement of citizenry and deliberate establishment of community governance structures such as Health Facility Operation and Management Committees (HFOMCs) at PHCCs and HPs and Hospital Development Committees (HDCs) in public hospitals may explain the greater level of community participation in these types of facilities. Still, in a health system that operates in the context of decentralization and provision of various governance structures to promote community participation, the fact that only around one-third of health facilities had management meetings with community participation in the six months preceding the survey is of concern

Quality Assurance

Quality assurance (QA) refers to a system for monitoring quality of care, identifying problems, and instituting changes to resolve those problems. Quality assurance systems require an established standard against which quality is measured. There must also be systematic methods to assess results and develop interventions. The following are examples of QA activities and approaches:

- *A supervisory checklist for health systems*, which looks for the presence of equipment and supplies, the completeness of HMIS recording and reporting tools, and other process indicators
- *A supervisory checklist for health service provision*, which verifies specific content in client assessments, treatments, or consultations. This list is often used to document the provision of care.
- *A facility-wide review of mortality*, which is a structured system to review the records of each client who dies. Usually, there is a committee established for this purpose.
- *Audits of medical records or registers*, which check medical records for specific items or information and may assess whether protocols were followed.

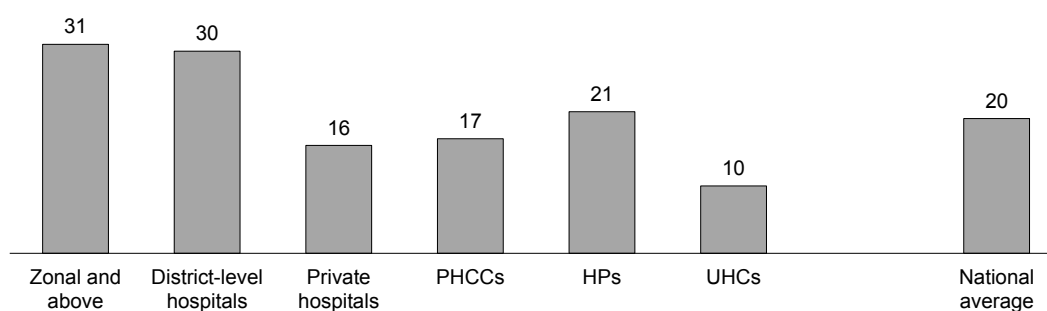
Overall, only one-fifth of health facilities report any QA activities (Table 3.9 and Figure 3.5). Zonal and above hospitals (31 percent) and district-level hospitals (30 percent) are most likely to report and have documentation of QA activities. Private facilities (16 percent) are less likely than public facilities to conduct QA activities. Quality assurance activities occurred more often in facilities in the mountain region than in facilities in the terai and hill regions. A slightly larger percentage of facilities in the earthquake-affected districts (24 percent) had evidence of QA activities compared with the national average (20 percent)

Client Feedback

Obtaining client feedback on health service delivery provides an opportunity for management to undertake remedial actions and to increase the satisfaction of health service users. Such feedback is critical to providing health services that meet people's expectations. The 2015 NHFS ascertained whether facilities have a system to elicit and review client opinions

Overall, only 3 percent of facilities have client feedback systems in place (Table 3.9). Private hospitals (14 percent) are more likely than other types of facilities to have such systems in place. Four percent of facilities in the terai region have client feedback systems, and they are non-existent in the mountain region

Figure 3.5 Quality assurance (N=940)*



2015 NHFS

* Number of facilities excluding HTCs

3.4.2 Supportive Management for Providers

The 2015 NHFS obtained information on supervisory and staff development activities, which are important in providing quality health services. Table 3.10 presents information on external supervision for all facilities surveyed in the NHFS. For facilities in which at least two providers were interviewed with the health worker questionnaire, the table also shows the extent to which facilities report that staff are receiving received personal supervision and in-service training.

External Supervision

Supervision by external managers has many benefits. It can help ensure that system-wide standards and protocols are followed at the facility level and promote an organizational culture that expects such standards and protocols to be followed. It provides an opportunity to expose staff members to a wider scope of ideas and relevant experiences. It can also motivate service providers, especially if the supervisor is supportive.

Overall, 93 percent of health facilities reported that they received external supervision during the four months preceding the survey (Table 3.10). Recent supervision is common across all types of facilities, ranging from 68 percent among zonal and above hospitals to 100 percent among stand-alone HTCs. Health facilities in the mountain (88 percent) and hill (90 percent) regions are somewhat less likely to have external supervision than facilities in the terai region (97 percent)

Staff Training

Staff training is essential for updating health workers with knowledge, skills, and technical competence to improve the quality of health care services. The 2015 NHFS assessed whether health care providers had received any formal or structured in-service training related to the services they offer in the 24 months preceding the survey. If more than half of providers at a facility had received such training, the facility was deemed to have routine staff training

Overall, the great majority of health facilities (88 percent) have routine staff training (Table 3.10). Routine staff training occurs most often in health posts (95 percent) and UHCs (94 percent) and least often in private hospitals (25 percent). Public facilities are more than twice as likely as private facilities to have routine staff training (94 percent and 38 percent, respectively). A large majority (80 percent) of the health facilities in the earthquake-affected districts have such training.

Table 3.10 Supportive management practices at the facility level

Among all facilities, the percentages that had an external supervisory visit during the four months before the survey and the percentages where at least half of the interviewed providers reported receiving routine work-related training and personal supervision recently, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities with supervisory visit during the 4 months before the survey ¹	Number of facilities	Percentage of facilities having routine:				Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire ⁵
			Staff training ²	Personal supervision ³	Training and personal supervision	Supportive management practices ⁴	
Facility type							
Zonal and above hospitals	68.3	6	48.1	75.8	27.3	27.3	6
District-level hospitals	93.4	16	86.8	78.9	59.2	55.3	16
Private hospitals	89.8	70	24.7	67.2	11.6	11.3	68
PHCCs	96.6	42	90.6	83.2	71.5	71.0	42
HPs	92.8	775	95.2	80.6	75.5	74.4	570
UHCs	87.6	32	94.2	82.9	82.9	78.9	18
Stand-alone HTC	100.0	23	82.3	97.0	77.9	77.9	20
Managing authority							
Public	92.7	871	94.2	80.8	74.6	73.4	652
Private	92.3	92	37.6	73.9	26.4	26.2	87
Ecological region							
Mountain	88.1	118	92.1	73.3	66.3	63.0	70
Hill	90.4	492	88.1	78.4	67.4	66.3	371
Terai	97.3	353	85.7	83.4	71.4	70.9	299
Earthquake-affected districts (14)							
	92.4	200	80.3	78.5	63.5	62.4	141
National average	92.6	963	87.5	80.0	68.9	67.8	740

¹ Facility reports that it received at least one external supervisory visit from the district, regional, or national office during the four months before the survey.

² At least half of all interviewed providers reported that they had received any in-service training as part of their work in the facility during the 24 months before the survey. This refers to structured sessions and does not include individual instructions a provider might receive during routine supervision.

³ At least half of all interviewed providers reported that they had been personally supervised at least once during the six months before the survey. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

⁴ Facility had an external supervisory visit during the six months before the survey, and staff members have received routine training and supervision.

⁵ Interviewed providers who did not personally provide any clinical services assessed by the survey, for example, administrators who might have been interviewed, are excluded.

Supervision of Health Service Providers

While facility-level supervision is critical to support facility-wide health service provision, personal supervision is essential to assess the work of individual staff members, identify each person's strengths and weaknesses, and provide appropriate support. The 2015 NHFS defined a health facility as having personal supervision of health service providers if at least half of the interviewed health providers reported being personally supervised at least once during the six months preceding the survey

Overall, 8 of every 10 facilities have routine staff supervision (Table 3.10). Routine supervision is most often reported by stand-alone HTCs (97 percent), followed by PHCCs and UHCs (both at 83 percent) and health posts (81 percent). In contrast, only two-thirds of private hospitals provide routine staff supervision

Training and Personal Supervision

The combination of routine staff training and supervision is crucial to achieving competence and sustaining quality health service delivery. Overall, 69 percent of health facilities have both staff training and personal supervision of health workers (Table 3.10). Lower-level health facilities are more likely than hospitals to have routine training and personal supervision. Only 27 percent of zonal and above hospitals and 12 percent of private hospitals had such provisions

Supportive Management Practices

A facility was considered to have supportive management practices if the facility had external supervision during the six months before the assessment and also had at least one staff member who reported receiving routine training and supervision. Overall, around two-thirds of health facilities have all of these supportive management practices in place (Table 3.10). There is considerable variability in the extent of supportive management practices among the various facility types. Supportive management practices are most common in UHCs (79 percent), stand-alone HTC (78 percent), HPs (74 percent), and PHCCs (71 percent). In contrast, these practices are found in only 11 percent of private hospitals, around one-fourth of zonal and above hospitals (27 percent), and just over half of district-level hospitals (55 percent).

3.5 AVAILABILITY OF HUMAN RESOURCES FOR HEALTH

WHO considers the health workforce to be one of the key building blocks of the health system. The 2015 NHFS assessed the availability of health workers at different levels of the health service delivery system. The information collected in the survey is useful both for comparing staffing patterns in public and private health facilities and for assessing the gap between sanctioned and fulfilled posts in public health facilities

Table 3.11 shows staffing patterns by type of provider. As expected, higher-level facilities had, on average, a greater number of each type of provider than lower-level facilities. Zonal and above hospitals had by far the largest number of each type of provider: a median of 11 consultants, 2 MD-GPs, 18 medical officers, 44 nurses, and 22 paramedics.

Table 3.11 Staffing pattern in surveyed facilities

Median number of providers assigned to, employed by, or seconded to facility, by type of provider and type of facility, Nepal Health Facility Survey 2015

Background characteristic	Median number of providers assigned to/employed by/seconed to facility					Number of facilities
	Consultant	MD-GP	Medical officer	Nurse	Paramedic ¹	
Facility type						
Zonal and above hospitals	11.1	1.6	18.4	44.4	22.4	6
District-level hospitals	na	na	3.5	8.4	7.6	16
Private hospitals	5.6	na	2.9	11.3	10.1	70
PHCCs	na	na	1.4	4.4	4.9	42
HPs	na	na	na	2.1	2.6	775
UHCs	na	na	na	1.5	1.5	32
Managing authority						
Public	na	na	na	2.1	2.6	871
Private	5.6	na	2.9	11.3	10.1	70
Ecological region						
Mountain	na	na	na	2.3	2.5	118
Hill	na	na	na	2.3	2.6	482
Terai	na	na	na	2.1	3.1	340
Earthquake-affected districts (14)	na	na	na	2.1	2.4	195
National average	na	na	na	2.2	2.7	940

Note: This table excludes stand-alone HTC sites. The numbers shown were provided by the facility in-charge person or by the human resources manager wherever applicable.

na = Not applicable

¹ Paramedic includes the following: health assistant (HA), auxiliary health worker (AHW), senior auxiliary health worker (SAHW), public health inspector, laboratory technologist, laboratory officer, laboratory technician, laboratory assistant, radiographer, and dark room assistant.

One of the key indicators in the Nepal Health Sector Strategy (NHSS) results framework is sanctioned posts fulfilled. Overall, Table 3.12 shows that 7 in 10 sanctioned posts in public health facilities are filled. PHCCs (78 percent) and HPs (72 percent) are more likely to have sanctioned positions filled than district-level hospitals (64 percent) and zonal and above hospitals (69 percent). UHCs (32 percent) are least likely to have sanctioned posts filled

Considering provider category, slightly more than half of MD-GP and medical officer posts and just under half of consultant positions are filled. Paramedic and nurse posts (74 percent and 72 percent, respectively) are more likely to be filled than the higher cadres of the health workforce. A clear exception,

however, is the low proportions of nursing posts (36 percent) and paramedic positions (29 percent) filled in UHCs. Overall, a slightly higher proportion of positions are filled in the terai region (73 percent) than in the hill (71 percent) and mountain (70 percent) regions. The higher rate of fulfillment of medical officer positions in the mountain region (80 percent) than the hill (58 percent) and terai (50 percent) regions may be due to the preference of new entrants to stay in remote areas, which secures higher marks in the selection process for scholarship programs. The somewhat higher number of consultant positions filled in the hill region (50 percent) than in the terai region (46 percent) may be due to the high number of specialty hospitals located in the Kathmandu valley.

Table 3.12 Sanctioned posts filled (NHSS RF: OP1b1.1)

Among all government facilities, percentages of sanctioned MoH posts filled for the indicated provider categories, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Consultant	MD-GP	MO	Nurse	Paramedic ¹	All providers ²
Facility type						
Zonal and above hospitals	48.4	63.2	57.6	73.0	80.6	68.7
District-level hospitals	na	51.9	57.6	78.5	80.5	64.3
PHCCs	na	na	50.7	79.1	83.0	78.0
HPs	na	na	na	70.7	73.1	72.2
UHCs	na	na	na	35.7	28.6	31.8
Ecological region						
Mountain	na	33.3	79.5	68.4	70.4	69.6
Hill	50.0	55.6	57.5	70.9	72.4	70.5
Terai	45.6	65.5	50.1	75.2	78.1	72.9
Earthquake-affected districts (14)	48.8	52.0	61.3	70.2	64.8	66.3
National average	48.4	56.5	55.9	72.1	74.3	71.3

na = Not applicable

¹ Paramedic includes the following: health assistant (HA), auxiliary health worker (AHW), public health inspector, laboratory technologist, laboratory officer, laboratory technician, laboratory assistant, radiographer, and dark room assistant.

² Includes the following: consultant, MD-GP, MO, nurse, and paramedic

3.6 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

The 2015 NHFS collected information on the health management information system in the surveyed health facilities. Tables 3.13 and 3.14 present findings on various aspects of the state of the HMIS in health facilities

The vast majority of facilities (94 percent) report that they regularly compile an HMIS report (Table 3.13). However, only half of facilities (54 percent) have a designated HMIS focal person. UHCs (45 percent) and HPs (50 percent) are least likely to have a designated HMIS focal person. Facilities in the terai region (62 percent) are more likely than facilities in the other regions to have a designated HMIS focal person

Among those facilities that compile an HMIS report regularly, all had the previous month's report available (observed) on the day of the survey. Similarly, all facilities with a designated HMIS focal person reported that the focal person had received the necessary HMIS training (Table 3.13).

Although the majority of health facilities in Nepal are regularly compiling HMIS reports, only a minority have guidance on the preparation of these reports available to staff in the facility. Table 3.14 shows that 4 in 10 public facilities had the HMIS tool kit "Recording and reporting tools in HMIS, 2070" available (observed) on the day of the survey. An additional 12 percent of facilities reported having the tool kit but could not produce it that day. UHCs (27 percent) are less likely than the other types of public facilities (between 41 percent and 53 percent) to have had the tool kit available. About half of public facilities had the HMIS user manual available on the day of the survey. Zonal and above hospitals (38 percent) and UHCs (22 percent) were less likely than district-level hospitals (51 percent), HPs (54 percent), and PHCCs (57 percent) to have the HMIS user manual available on the day of the survey. Facilities in the 14 earthquake-affected districts compare unfavorably with the national average.

Table 3.13 HMIS status: HMIS reporting and designated focal person

Among all health facilities, percentages that compile HMIS reports regularly and percentages that have a designated HMIS focal person; among all facilities that compile HMIS reports regularly, percentage having the previous month's HMIS report; and among facilities with a designated HMIS focal person, percentages with the HMIS focal person trained in HMIS, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Among all facilities, percentages that:		Number of facilities	Last month's HMIS report observed	Number of facilities that compile HMIS report regularly	HMIS focal person trained on HMIS	Number of facilities with designated HMIS focal person
	Compile HMIS report regularly	Have a designated HMIS focal person					
Facility type							
Zonal and above hospitals	89.8	85.7	6	100.0	4	100.0	4
District-level hospitals	100.0	89.5	16	100.0	12	100.0	13
Private hospitals	91.3	78.8	70	100.0	41	100.0	36
PHCCs	97.1	74.3	42	100.0	34	100.0	31
HPs	94.3	50.3	775	100.0	605	100.0	360
UHCs	89.7	44.8	32	100.0	25	100.0	12
Managing authority							
Public	94.4	52.2	871	100.0	680	100.0	419
Private	91.3	78.8	70	100.0	41	100.0	36
Ecological region							
Mountain	94.4	42.5	118	100.0	93	100.0	41
Hill	93.9	51.8	482	100.0	382	100.0	225
Terai	94.3	61.6	340	100.0	247	100.0	190
Earthquake-affected districts (14)							
	96.4	56.1	195	100.0	160	100.0	97
National average	94.1	54.2	940	100.0	721	100.0	456

Note: Stand-alone HTC facilities are excluded from this table.

The NHFS also obtained information on how facilities were using the statistics that were being collected. Six in 10 facilities had a monthly monitoring sheet for the preceding three months fully updated. HPs and PHCCs (61 percent and 65 percent, respectively) were most likely and zonal and above hospitals least likely (14 percent) to have a fully updated monthly monitoring sheet for the preceding three months

Public facilities are required to display updated key statistics for the public to see. The NHFS findings show that only 27 percent of public facilities had such statistics displayed. PHCCs (46 percent) were more likely to display key statistics than other public facilities.

Table 3.14 HMIS status: HMIS tool kits and user manual

Among all public facilities, percentages having HMIS tool kits and percentages having HMIS user manual and other HMIS-related materials, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Among all public facilities, percentages having:					
	HMIS tool kit ("Recording and reporting tools in HMIS, 2070") observed	HMIS tool kit ("Recording and reporting tools in HMIS, 2070") reported but not seen	HMIS user manual observed	Monthly monitoring sheet of past 3 months fully updated	Updated key statistics displayed	Number of public facilities
Facility type						
Zonal and above hospitals	37.6	6.8	37.6	13.7	23.9	6
District-level hospitals	52.6	21.1	51.3	38.2	31.6	16
PHCCs	44.6	22.9	56.7	65.0	46.2	42
HPs	41.0	11.9	53.8	60.7	26.2	775
UHCs	26.8	4.6	21.7	43.9	15.2	32
Ecological region						
Mountain	38.3	9.8	48.2	59.3	23.6	116
Hill	40.3	11.6	54.6	61.2	28.0	449
Terai	42.6	14.4	51.4	57.2	26.5	306
Earthquake-affected districts (14)						
	30.4	14.5	38.8	62.1	22.4	173
National average	40.8	12.3	52.6	59.6	26.9	871

Note: Stand-alone HTC facilities are excluded from this table.

3.7 LOGISTICS MANAGEMENT SYSTEM

3.7.1 Storage Practices for Medicines

Another result framework (RF) indicator in the NHSS 2015-2020 focuses on monitoring the effectiveness of the overall logistics management system in ensuring good storage practices for medicines. Table 3.15 presents information on storage practices for antibiotics and other medicines at facilities during the NHFS visit. More than 90 percent of the facilities had medicines off the floor, protected from water, and protected from the sun. Medicines were stored by first expired, first out (FEFO) in 87 percent of facilities. Ventilated storage rooms and rooms safe from rodents were observed in 81 percent and 79 percent of facilities, respectively

Overall, 64 percent of health facilities met all of the six storage criteria. The proportion of facilities meeting all of the criteria ranged from 63 percent in HPs to 76 percent in zonal and above hospitals and PHCCs. There were only minor differences by managing authority and region in the proportion of facilities following good storage practices.

Table 3.15 Storage practice for medicines (NHSS RF: OP1c2.2)

Among all facilities, percentages demonstrating good storage practices for stored medicines, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities that store antibiotics and other medicines where:							Number of facilities
	Medicines are off the floor	Medicines are protected from water	Medicines are protected from the sun	Storage room clean of rodents	Storage room well ventilated	All medicines are stored by FEFO ¹	All storage criteria met ²	
Facility type								
Zonal and above hospitals	86.1	96.6	93.2	86.1	89.5	89.8	75.8	6
District-level hospitals	92.1	97.4	100.0	85.5	90.8	92.1	71.1	16
Private hospitals	74.7	76.0	73.6	76.0	72.0	66.8	59.8	70
PHCCs	96.6	99.0	97.6	88.4	86.3	95.6	75.6	42
HPs	94.5	95.2	96.8	78.8	81.4	88.4	63.2	775
UHCs	94.8	91.9	94.8	81.7	88.7	91.9	70.7	32
Stand-alone HTC	75.1	75.1	74.2	74.2	69.8	74.2	68.9	23
Managing authority								
Public	94.5	95.3	96.8	79.5	82.1	88.9	64.3	871
Private	74.8	75.8	73.8	75.5	71.4	68.6	62.0	92
Ecological region								
Mountain	92.3	95.8	93.5	76.9	84.1	88.2	64.5	118
Hill	93.6	93.5	95.0	81.7	77.7	89.1	65.7	492
Terai	91.5	92.7	94.5	76.4	84.9	83.6	61.7	353
Earthquake-affected districts (14)								
	87.5	91.5	89.9	70.2	74.6	89.4	60.0	200
National average	92.7	93.5	94.6	79.2	81.1	87.0	64.1	963

¹ FEFO stands for first expired, first out.

² Medicines are off the floor, protected from water, and protected from the sun; storage area is clean of evidence of rodents; storage room is well ventilated; and medicines are stored by FEFO.

3.7.2 Logistics Management Information System (LMIS)

Table 3.16 presents findings on the status of the LMIS in public health facilities. Similar to the HMIS, the vast majority of facilities (94 percent) report that they regularly compile an LMIS report. However, unlike the HMIS, the likelihood that a report is compiled regularly varies considerably by type of facility, with zonal and above hospitals (52 percent) and UHCs (64 percent) being least likely to report that they regularly compile an LMIS report

Among the facilities that report that they compile an LMIS report regularly, 75 percent had a copy of the latest report available (observed). Zonal and above hospitals (53 percent) and district-level hospitals (67 percent) were slightly less likely than the other types of facilities to have a copy of the latest report available

The majority (61 percent) of public facilities report that they have a designated LMIS focal person. District-level hospitals (91 percent) and PHCCs (81 percent) are more likely than the other facility types to have a designated LMIS focal person

Among facilities reporting that they have a designated LMIS focal person, 60 percent reported that the focal person had received the necessary LMIS training. UHCs (24 percent) were least likely to report that the focal person had received the necessary training.

Table 3.16 also shows that LMIS guidelines are not widely available in public facilities. In fact, only 12 percent of facilities had the LMIS guideline (FLEX) available (observed) on the day of the survey. The pull system manual was also not widely available; only 17 percent of facilities on average had this manual. UHCs and zonal and above hospitals fared worst on both measures.

Table 3.16 LMIS status

Among all public facilities, percentages that compile an LMIS report regularly, have designated an LMIS focal person, have an LMIS guideline, and have the pull system manual; among public facilities that compile LMIS report regularly, percentages where a copy of the latest submitted LMIS report was observed; and among public facilities that have a designated LMIS focal person, percentages where the LMIS focal person was trained on LMIS, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Among all public facilities, percentages that:				Number of public health facilities	Copy of latest LMIS report was observed	Number of public facilities that compile LMIS report regularly	Designated LMIS person trained on LMIS	Number of public facilities with designated LMIS focal person
	Compile LMIS report regularly	Have a designated LMIS focal person	Have LMIS guideline (FLEX) observed	Have pull system manual observed					
Facility type									
Zonal and above hospitals	51.9	64.9	6.8	10.2	6	52.6	3	57.9	4
District-level hospitals	88.2	90.8	19.7	25.0	16	67.2	14	59.4	14
PHCCs	93.1	81.1	17.0	17.0	42	76.0	40	65.9	34
HPs	95.8	60.7	11.9	17.0	775	74.9	742	60.6	470
UHCs	64.3	32.1	0.6	9.0	32	72.3	20	23.9	10
Ecological region									
Mountain	92.7	53.6	7.9	19.2	116	70.3	108	46.5	62
Hill	94.9	58.4	13.7	19.0	449	77.1	426	55.2	262
Terai	93.4	68.2	10.5	12.8	306	72.6	285	70.6	209
Earthquake-affected districts (14)	95.5	58.1	4.5	17.3	173	68.7	165	46.1	100
National average	94.1	61.2	11.8	16.8	871	74.7	819	60.2	533

3.7.3 Timely Supply of Family Planning Commodities

Timely supply of commodities, which is crucial for the delivery of quality services, is one of the outcome-level indicators in the NHSS 2015-2020 RF. The MoH has set a standard for all health facilities to receive commodities within two weeks of placing the order to the higher authority. Table 3.17 employs information from the NHFS on the timely delivery of family planning commodities as a tracer to monitor the effectiveness of the logistics management system at the national level. Table 3.17 shows that 8 in 10 health facilities in Nepal received FP commodities within two weeks of placing an order. Of all of the facility

types, PHCCs (78 percent) were least likely to receive FP commodities within two weeks of placing the order, while all zonal hospitals received FP commodities within two weeks. Even with better road networks and transportation facilities available, health facilities in the terai region were less likely to receive family planning commodities on time than facilities in the hill and mountain regions.

Table 3.17 Timely supply of family planning commodities (NHSS RF: OP1c2.1)

Among facilities offering any modern family planning methods that determine and order their contraceptive commodities, percentages reporting that they receive their orders within two weeks of placing the order, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentages that receive orders within 2 weeks of placing order	Number of facilities offering any modern family planning methods that determine and order their own family planning commodities
Facility type		
Zonal and above hospitals	100.0	5
District-level hospitals	85.9	13
Private hospitals	96.7	39
PHCCs	77.5	29
HPs	80.3	607
UHCs	90.7	27
Managing authority		
Public	80.8	682
Private	96.7	39
Ecological region		
Mountain	86.7	103
Hill	83.8	397
Terai	75.7	221
Earthquake-affected districts (14)	84.9	150
National average	81.7	721

Note: Stand-alone HTC sites and Sukra Raj and Kanti hospitals are excluded from this table.

3.8 HEALTH FACILITY DEVELOPMENT AND MANAGEMENT COMMITTEE

Table 3.18 presents information on activities of interviewed HFOMC/HDC members. Overall, 82 percent of interviewed members reported that they had attended at least one HFOMC/HDC meeting in the three months preceding the survey. A much lower percentage (20 percent) reported that they received HFOMC/HDC-related training during the 24 months preceding the survey. Members of committees at zonal and above hospitals are less likely to report receiving training than members associated with other facilities

Exactly half (50 percent) of interviewed members reported that they had engaged in organizing a social audit in the immediate past fiscal year (2070-2071). As with training, members associated with zonal and above hospitals were less likely to have been engaged in a social audit in the immediate past fiscal year than members associated with other facility types

Table 3.18 Activities of HFOMC and HDC members

Among interviewed HFOMC and HDC members, percentages reporting that they attended at least one meeting in last 3 months, received training, and engaged in social audit, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed HFOMC/HDC members reporting that they:			Number of interviewed HFOMC and HDC members
	Attended at least one HFOMC or HDC meeting in last 3 months ¹	Received any training related to HFOMC or HDC during the 24 months before the survey	Were engaged in organizing social audit in the last fiscal year (2070-2071)	
Facility type				
Zonal and above hospitals	71.4	7.1	7.1	3
District-level hospitals	92.9	16.2	31.3	20
PHCCs	87.5	22.3	59.5	54
HPs	81.6	20.1	50.4	1,099
Ecological region				
Mountain	85.9	26.0	50.7	152
Hill	82.8	19.9	48.4	636
Terai	79.4	18.1	53.4	389
Earthquake-affected districts (14)	82.6	12.7	52.2	214
Total	82.1	20.1	50.4	1,177

¹ Interviewed committee member reported that the committee had conducted at least one meeting in the last 3 months, and the member reported attending at least one such meeting.

3.9 CASE LOAD SITUATION

The 2015 NHFS asked health facilities to report on the number of people served in the last fiscal year (2013/14). Table 3.19 presents information on the average number of people receiving outpatient and inpatient services at the various facility types. On average, in the last fiscal year, zonal and above hospitals provided outpatient services to more than 96,000 clients, which is more than five times higher than the average number of outpatients served at district-level hospitals (18,933) and more than three times the average number seen at private hospitals (28,341). Although each HP serves just under 5000 outpatients, more than 3 million outpatients received care at HPs during the fiscal year. Although zonal and district hospitals serve many more outpatients on average than HPs, the total number of outpatients seen at hospitals was only around six hundred thousand. Taking district hospitals into account as well, public hospitals served less than 1,000,000 outpatients—around one-third the number seen at HPs. By the total outpatients served measure HPs are clearly the backbone of the system.

Among peripheral health facilities, PHCCs provide care to an average of 11,000 outpatients in a fiscal year, more than double the number of outpatients provided services at health posts (4,973)

Notably, the average number of outpatients receiving services at urban health centers (4,097) is almost equal to the number seen at health posts

With regard to inpatient services at hospitals, zonal and above hospitals provide inpatient services to an average of more than 23,000 clients each year, a far higher number (19 times higher) than that of district hospitals. Private hospitals provide services to an average of approximately 1,000 inpatients in a fiscal year.

Table 3.19 Average number of clients served during fiscal year 2013/14

Average number of inpatient admissions and outpatient client visits during fiscal year 2013/14, by facility type, Nepal Health Facility Survey 2015

Facility type	Outpatient client visits	No. of facilities	Inpatient admissions	No. of hospitals
Zonal and above hospitals	96,534	6	23,755	4
District-level hospitals	18,933	12	1,248	9
Private hospitals	28,341	46	935	55
PHCCs	11,026	35	na	na
HPs	4,973	642	na	na
UHCs	4,097	27	na	na
Stand-alone HTC	25,325	18	na	na

3.10 QUALITY OF CARE

Quality of care is a central focus of the Nepal Health Sector Strategy (NHSS) 2016-2021 with respect to achieving better health outcomes. The NHFS gathered information on a large number of quality aspects in line with “Swasthye sewako gunasthar sudhar padhatee,” a minimum standard of quality of care developed by the Ministry of Health

This section deals with three indicators of health facility quality of care in the NHSS results framework: meeting minimum standards of quality of care; complying with service delivery standards, protocols, and guidelines; and providing quality services. The NHFS collected information on these three indicators from the facility inventory, health provider interviews, observation protocols, and client exit interviews

3.10.1 Minimum quality of care standards

The 2015 NHFS assessed a number of service delivery aspects to examine minimum standards of quality of care at the point of delivery. This section explores nine tracer items designed to assess minimum quality of care standards. Table 3.20 presents data on the status of these tracer items

The proportion of health facilities meeting the minimum standard of quality of care at the point of delivery ranges from 0 percent availability of (Swasthye sewako gunasthar sudhar padhatee guideline) at UHCs to 100 percent availability of (trained staff) at zonal and above hospitals, district-level hospitals, and PHCCs. It is common for health facilities to have trained staff (92 percent), procedures for safe final disposal of infectious waste (81 percent), waiting rooms (79 percent), soap and running water or alcohol-based hand disinfectant (55 percent), and equipment and knowledge of processing time (64 percent). Overall, however, it is uncommon for health facilities to meet the Swasthye sewako gunasthar sudhar padhatee guideline (6 percent), to have a clinical protocol (28 percent), or to have tracer medicines (30 percent).

Less than 1 percent of the facilities surveyed had all nine tracer items. Whereas 4 percent of district-level hospitals had all nine tracer items, 1 percent or less of other types of facilities had all of the items

Availability of soap and running water or alcohol-based hand disinfectant in health facilities ranges from 51 percent in UHCs to 93 percent in zonal and above hospitals; the national average is 55 percent. These items are more commonly available in private facilities (86 percent) than in public facilities (53 percent). A larger proportion of health facilities in the hill region than in the terai and mountain regions have soap and running water or alcohol-based hand disinfectant

Table 3.20 Health facilities meeting minimum standards of quality of care at point of delivery (NHSS RF: OC2.1)

Among all facilities, the percentages meeting minimum standards of quality of care at the point of service delivery, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Soap and running water or alcohol-based hand disinfectant	Safe final disposal of infectious waste ¹	Equipment and knowledge of processing time ²	Trained staff ³	“Swasthye sewako gunasthar sudhar padhatee” QA guideline ⁴	Clinical protocol observed ⁵	Availability of all four tracer amenities ⁶	Waiting room	Tracer medicine ⁷	All nine items	Number of facilities
Facility type											
Zonal and above hospitals	93.2	76.1	93.2	100.0	3.4	23.9	79.2	100.0	20.8	0.0	6
District-level hospitals	69.7	80.3	86.8	100.0	14.5	23.7	76.3	93.4	60.5	3.9	16
Private hospitals	85.5	74.6	97.8	76.7	6.4	4.1	84.5	98.1	36.5	0.0	70
PHCCs	64.6	80.6	82.1	100.0	4.4	29.6	61.1	95.2	39.3	0.5	42
HPs	51.2	81.9	59.4	92.8	5.8	31.6	22.7	76.5	32.7	0.7	775
UHCs	50.6	74.9	54.9	86.1	0.0	4.9	10.0	65.2	5.5	0.0	32
Managing authority											
Public	52.5	81.5	61.1	93.1	5.6	30.3	25.5	77.4	32.5	0.7	871
Private	85.5	74.6	97.8	76.7	6.4	4.1	84.5	98.1	36.5	0.0	70
Ecological region											
Mountain	50.8	80.2	60.3	90.6	2.1	24.2	37.1	71.5	39.3	0.2	118
Hill	60.1	82.0	68.2	91.7	8.2	31.6	30.5	80.1	34.5	0.9	482
Terai	49.0	80.0	58.7	92.5	3.4	25.2	26.4	79.9	28.1	0.4	340
Earthquake-affected districts (14)	62.3	84.0	73.0	92.9	2.6	22.5	27.5	72.2	30.0	0.0	195
National average	54.9	81.0	63.8	91.9	5.7	28.4	29.8	79.0	32.8	0.7	940

Note: Stand-alone HTC are excluded.

¹ The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of the survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, burning and then dumping, or removal offsite with storage in a protected area prior to removal offsite.

² Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions of capacity for each method assessed were functioning equipment and the following processing conditions:

- Dry heat sterilization: Temperature at 160°C to 169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes

- Autoclave: Wrapped items processed for at least 30 minutes, and unwrapped items processed for at least 20 minutes

- Boiling or steaming: Items processed for at least 20 minutes

- Chemical high-level disinfection: Items processed in chlorine-based or glutaraldehyde or formaldehyde solution and soaked for at least 20 minutes

³ Facility has at least one staff member trained on infection prevention or child health or newborn or delivery or ANC or PNC or FP available on the day of survey

⁴ Facility has “Swasthye sewako gunasthar sudhar padhatee” available on the day of the survey.

⁵ Facility has national medical standard contraceptive services volume I or other job aids on family planning and RH clinical protocol for medical officers, staff nurses, ANM, or any other ANC guidelines such as maternity guidelines/national medical standard volume III or IEC materials related to ANC or maternal health register and IMNCI guidelines or any guidelines for the diagnosis and management of childhood illness available on the day of the survey.

⁶ Facility has regular electricity, improved water source, visual and auditory privacy, and client latrine. Regular electricity means facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than two hours at a time during normal working hours in the seven days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power. Improved water source means water is piped into facility or piped onto facility grounds, or bottled water is available, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, a protected spring, or rainwater, and the outlet from this source is within 500 meters of the facility. Visual and auditory privacy means a private room or screened-off space is available in the general outpatient service area and is a sufficient distance from other clients so that a normal conversation can be held without the client being seen or heard by others. Client latrine means the facility has a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.

⁷ The following were observed to be available on the day of survey: amoxicillin or cotrimoxazole and gentamycin and ORS and zinc and at least three FP methods and iron and folic acid and albendazole.

3.10.2 Compliance with service standards

The 2015 NHFS included a number of items designed to assess health facilities’ compliance with service standards related to provision of ANC, family planning, and integrated management of neonatal and childhood illness (IMNCI) services. Table 3.20a presents information on compliance with ANC service standards

The proportion of health facilities meeting minimum standards, protocols, and guidelines for ANC services in Nepal generally ranges from 1 percent (discussions regarding maintaining a healthy pregnancy

and counseling of clients on at least three danger signs during the antenatal period) at UHCs to 87 percent (provider wrote on the client health card) at district-level hospitals. It is relatively common for health facility providers to write on the client health card (32 percent) and to give or prescribe iron supplementation (27 percent). However, it is uncommon for health facilities to counsel clients on at least three danger signs (2 percent) and on maintaining a healthy pregnancy (6 percent)

Notably, higher level health facilities are more likely to comply with service delivery standards, protocols, and guidelines than lower level health facilities; 7 percent of zonal and above hospitals comply with all five tracer items, while none of the HPs do so. No private hospitals comply with all five items. There is no significant difference between the percentages of public and private hospitals complying with all five items

Writing on the client health card (42 percent), providing or prescribing iron supplementation (38 percent), measuring blood pressure (BP) and weight (35 percent), and discussing maintaining a health pregnancy (9 percent) are more common in health facilities in the terai region than the mountain and hill regions. However, facilities in the hill region are slightly more likely to offer counseling on at least three danger signs (3 percent).

Table 3.20a Compliance with service delivery protocols/guidelines for ANC services (NHSS RF: OP2.1.1)

Among all facilities, the percentages complying with ANC service delivery protocols/guidelines, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Discussion regarding maintaining a healthy pregnancy ¹	Provider wrote on client health card	Client counseled on at least 3 danger signs	BP and weight measured	Iron supplementation given/prescribed	All five items	Number of facilities
Facility type							
Zonal and above hospitals	22.3	73.6	11.0	62.6	73.6	7.3	6
District-level hospitals	18.4	86.8	7.9	76.3	80.3	3.9	16
Private hospitals	0.6	37.3	1.9	32.0	28.4	0.0	70
PHCCs	11.2	70.9	2.9	60.1	60.2	1.5	42
HPs	5.5	28.1	1.7	24.9	24.5	0.0	775
UHCs	0.6	12.6	0.6	12.6	5.4	0.6	32
Managing authority							
Public	5.9	31.0	1.9	27.4	26.9	0.2	870
Private	0.6	37.3	1.9	32.0	28.4	0.0	70
Ecological region							
Mountain	4.7	14.3	1.4	14.1	12.4	0.2	118
Hill	3.0	28.4	2.7	26.0	22.7	0.3	482
Terai	9.4	41.9	0.9	34.8	38.1	0.1	340
Earthquake-affected districts (14)							
	4.6	24.7	4.2	21.8	20.9	0.3	194
National average	5.5	31.5	1.9	27.7	27.0	0.2	940

Note: Stand-alone HTC and Sukra Raj and Bir hospitals are excluded.

¹ Includes discussing nutrition during pregnancy, informing the client about the progress of the pregnancy, and discussing the importance of at least four ANC visits

The percentage of health facilities meeting minimum standards, protocols, and guidelines for family planning services generally ranges from 1 percent (maintaining privacy and confidentiality) at private hospitals to 68 percent (writing on the client health card) at district-level hospitals. Writing on the client health card (30 percent) and measuring BP (19 percent) are relatively common. However, it is uncommon for health facilities to maintain privacy and confidentiality (3 percent) and to inform clients about family planning choices (4 percent)

Similar to ANC services, higher level health facilities are more likely to comply with standards, protocols, and guidelines than lower level health facilities; 7 percent of district-level and zonal and above hospitals comply with all five items, as compared with no UHCs. There is no difference between public and private health facilities. However, public facility providers are more likely to write on the client health card (32 percent) than private facility providers (8 percent).

Health facilities in the terai region (2 percent) are slightly more likely to comply with all five tracer items than facilities in the mountain and hill regions.

Table 3.20b Compliance with service delivery protocols/guidelines for family planning services (NHSS RF: OP2.1.1)

Among all facilities, the percentages complying with family planning service delivery protocols/guidelines, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Privacy and confidentiality maintained ¹	Provider wrote on client health card	Client counseled on side effects	Client informed about choices	BP measured	All five items	Number of facilities
Facility type							
Zonal and above hospitals	11.0	62.6	36.9	33.3	51.6	7.3	6
District-level hospitals	9.2	68.4	27.6	21.1	56.6	6.6	16
Private hospitals	0.8	7.7	2.3	1.4	5.5	0.8	70
PHCCs	5.8	57.3	21.3	18.4	38.3	2.4	42
HPs	2.9	29.7	5.1	3.0	18.1	0.5	775
UHCs	1.3	37.1	10.0	9.4	19.4	0.0	32
Managing authority							
Public	3.2	32.2	6.7	4.5	20.1	0.8	870
Private	0.8	7.7	2.3	1.4	5.5	0.8	70
Ecological region							
Mountain	0.7	29.7	3.8	3.3	18.8	0.0	118
Hill	4.2	26.0	6.6	4.3	18.5	0.3	482
Terai	2.1	36.9	6.8	4.5	19.7	1.7	340
Earthquake-affected districts (14)							
	5.9	34.3	9.2	6.2	27.6	0.3	194
National average	3.0	30.4	6.3	4.3	19.0	0.8	940

Note: Stand-alone HTC and Sukra Raj and Bir hospitals are excluded.

¹ Includes assurance of visual and auditory privacy and oral assurance of confidentiality

In general, the proportion of health facilities meeting minimum standards, protocols, and guidelines for IMNCI services ranges from 0 percent (asking about client complaints) at UHCs to 90 percent (writing on the client health card) at district-level hospitals. It is relatively common for health facility providers to write on the client health card (44 percent) and perform physical examinations (32 percent). However, it is uncommon for health facilities to ask about client complaints (3 percent) and or to advise clients on signs and symptoms that would necessitate bringing the child back to the facility immediately (9 percent)

Zonal and above hospitals (4 percent) and PHCCs (2 percent) are more likely to meet minimum standards than other types of facilities. Notably, none of the district-level hospitals or UHCs were in compliance with all five items at the time of the assessment

There is no difference between public and private health facilities and no difference between terai, hill or mountain regions in terms of compliance

Table 3.20c Compliance with service delivery protocols/guidelines for IMNCI services (NHSS RF: OP2.1.1)

Among all facilities, the percentages complying with IMNCI service delivery protocols/guidelines, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Provider asked about client's complaints ¹	Physical examination ²	Provider wrote on client health card	Advised on continued feeding	Advised on signs and symptoms to immediately bring the child back to the facility	All five items	Number of facilities
Facility type							
Zonal and above hospitals	14.7	55.3	66.3	58.7	29.6	3.7	6
District-level hospitals	1.3	55.3	89.5	52.6	25.0	0.0	16
Private hospitals	1.2	28.3	30.0	25.8	13.9	0.9	70
PHCCs	4.4	46.5	72.2	41.2	19.4	1.5	42
HPs	3.1	32.0	43.1	32.1	7.6	0.9	775
UHCs	0.0	12.7	32.2	14.3	9.4	0.0	32
Managing authority							
Public	3.1	32.5	45.1	32.4	8.7	0.9	870
Private	1.2	28.3	30.0	25.8	13.9	0.9	70
Ecological region							
Mountain	1.8	37.2	38.6	39.7	11.2	0.2	118
Hill	2.4	33.9	42.2	28.9	7.9	0.9	482
Terai	4.0	28.2	48.4	33.5	10.0	1.1	340
Earthquake-affected districts (14)	2.5	30.7	41.6	27.4	12.8	2.2	194
National average	2.9	32.2	44.0	31.9	9.1	0.9	940

Note: Stand-alone HTC and Sukra Raj and Bir hospitals are excluded.

¹ Provider asked about or caretaker mentioned the "main symptoms of diarrhea" and "general danger signs like child is unable to drink or breastfeed" and "child has had convulsions with the current illness" and "cough or difficult breathing" or counted respiration for 60 seconds during the physical examination. Cough or difficult breathing refers to children age 2-59 months and counted respiration (breaths) for 60 seconds refers to children below age 2 months, as per the IMNCI protocol.

² Provider took the child's temperature by thermometer or felt the child for fever or body hotness and weighed the child on the day of the visit.

3.10.3 Provision of quality services

The 2015 NHFS used exit interviews to assess the quality of care provided to ANC, family planning, and IMNCI clients visiting the health facility on the day of the survey. Table 3.21a presents information on quality of care for ANC clients in terms of services provided by a skilled birth attendant (SBA), counseling on at least three danger signs, clients' recommendation of the facility to others, and clients reporting no problems regarding waiting time

Almost all of the ANC clients (97 percent) observed reported that they would recommend the facility to others. Likewise, more than two-thirds of clients reported that they had no problem regarding waiting time. However, less than half of clients (43 percent) received ANC services from an SBA, and only 19 percent reported that they were counseled on at least three danger signs

Overall, health facilities were in compliance with all four tracer items in the case of only 5 percent of ANC clients. Health posts and PHCCs were most likely to be in compliance (7 percent each), followed by district-level hospitals (5 percent). Public facilities were more likely than private facilities to provide quality ANC services

Table 3.21a Provision of quality ANC services as per national standards (NHSS RF: OC2.2)

Among all ANC clients observed, the percentages provided with quality services as per national standards, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Client received ANC services from an SBA ¹	Client reported being counseled on at least three danger signs	Client recommended facility to others	Client reported no problems regarding waiting time	All four items	Number of ANC clients
Facility type						
Zonal and above hospitals	19.3	21.0	92.9	36.3	0.3	176
District-level hospitals	56.5	17.4	96.5	67.1	5.4	247
Private hospitals	20.5	23.3	96.3	60.7	3.3	292
PHCCs	71.5	14.9	95.6	76.2	6.8	172
HPs	47.3	18.6	98.7	77.1	7.4	610
UHCs	34.0	16.4	100.0	85.4	0.0	5
Managing authority						
Public	48.5	18.2	97.0	69.0	5.8	1,211
Private	20.5	23.3	96.3	60.7	3.3	292
Ecological region						
Mountain	42.6	27.5	98.6	74.9	7.3	48
Hill	33.9	23.2	97.5	68.6	4.2	685
Terai	51.2	15.1	96.1	65.9	6.2	770
Earthquake-affected districts (14)						
	30.2	21.4	96.6	59.2	2.8	417
National average	43.0	19.2	96.8	67.4	5.3	1,502

Note: Stand-alone HTC and Sukra Raj and Bir hospitals are excluded.

¹ This applies only to providers who were observed at the facility.

Table 3.21b presents data on quality of care for family planning (FP) clients in terms of services offered by a trained provider, counseling on side effects, information on what to do if any problems occur and when to return for a follow-up, clients' recommendation of the facility to others, and clients reporting no problems regarding waiting time

Almost all family planning clients (98 percent) reported that they would recommend the facility to others, and 81 percent reported no problems regarding waiting time. However, only 54 percent of clients received services from a trained FP provider, one-third were counseled on side effects, and 29 percent reported that the provider told them what to do if they had any problems and when to return for a follow-up

Overall, health facilities were in compliance with all five tracer items in the case of only 10 percent of family planning clients. Zonal and above hospitals were most likely to be in compliance (24 percent), followed by PHCCs and UHCs (19 percent). Public facilities were more likely than private facilities to provide quality family planning services

Table 3.21b Provision of quality family planning services as per national standards (NHSS RF: OC2.2)

Among all FP clients observed, the percentages provided with quality services as per national standards, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Client received services from a trained FP provider ¹	Client reported being counseled on side effects	Client told what to do if any problems occurred and when to return for follow-up	Client recommended facility to others	Client reported no problems regarding waiting time	All five items	Number of FP clients
Facility type							
Zonal and above hospitals	58.1	35.6	34.9	98.0	81.2	23.6	38
District-level hospitals	50.8	31.5	30.7	97.4	69.9	7.7	62
Private hospitals	47.9	37.9	21.1	95.7	84.0	4.3	17
PHCCs	66.5	40.8	37.4	99.2	81.0	18.6	81
HPs	52.3	30.1	26.6	98.4	81.7	7.6	544
UHCs	60.5	43.8	38.4	100.0	82.1	18.9	29
Managing authority							
Public	54.3	32.2	29.0	98.4	80.6	10.1	755
Private	47.9	37.9	21.1	95.7	84.0	4.3	17
Ecological region							
Mountain	24.7	26.4	29.5	100.0	85.1	4.9	76
Hill	49.5	34.7	27.1	99.5	84.5	10.1	383
Terai	66.9	30.8	30.7	96.5	75.0	10.9	313
Earthquake-affected districts (14)							
	46.0	30.2	23.9	99.3	86.5	8.2	241
National average	54.1	32.3	28.8	98.4	80.7	9.9	772

Note: Stand-alone HTC and Sukra Raj and Bir hospitals are excluded.

¹ This applies only to providers who were observed at the facility.

Table 3.21c presents information on quality of care for sick children in terms of services offered by an IMNCI trained provider; sharing information on diagnosis with caretakers; availability of amoxicillin, cotrimoxazole, zinc, and ORS; clients' recommendation of the facility to others; and clients reporting problems regarding waiting time

Almost all family planning clients (96 percent) reported that they would recommend the facility to others, and 84 percent reported that the provider told them about their child's diagnosis. Amoxicillin, cotrimoxazole, zinc, and ORS were available in 94 percent of health facilities. Seventy-one percent of clients reported no problems regarding waiting time, and 41 percent received services from an IMNCI trained provider

Overall, health facilities were in compliance with all five tracer items in the case of one-fourth of sick child clients. Health posts were most likely to be in compliance (31 percent), followed by PHCCs (29 percent). Quality IMNCI services were more likely to be provided in public facilities than in private facilities

Table 3.21c. Provision of quality IMNCI services as per national standards (NHSS RF: OC2.2)

Among all sick child clients observed, the percentages provided with quality services as per national standards, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Client received services from an IMNCI trained provider ¹	Caretaker told about child's diagnosis	Availability of amoxicillin tab/cap or cotrimoxazole and zinc and ORS	Client recommended facility to others	Client reported no problems regarding waiting time	All five items	Number of sick child clients
Facility type							
Zonal and above hospitals	23.7	91.2	70.5	96.3	47.6	7.7	164
District-level hospitals	27.3	87.2	100.0	93.7	52.2	13.2	235
Private hospitals	25.4	87.0	73.9	97.7	75.4	10.9	308
PHCCs	49.3	87.7	100.0	97.1	66.1	29.3	146
HPs	49.6	81.3	100.0	95.6	76.7	30.7	1,306
UHCs	13.7	86.5	100.0	98.9	84.9	13.7	26
Managing authority							
Public	44.1	83.4	97.4	95.6	70.4	26.2	1,878
Private	25.4	87.0	73.9	97.7	75.4	10.9	308
Ecological region							
Mountain	43.4	83.6	99.9	97.0	69.6	23.1	189
Hill	38.8	89.9	89.9	97.5	71.1	25.7	977
Terai	43.5	78.3	97.0	94.1	71.4	22.6	1,019
Earthquake-affected districts (14)							
	37.1	91.7	81.3	96.6	65.5	22.5	526
National average	41.4	83.9	94.1	95.9	71.1	24.0	2,186

Note: Stand-alone HTCs and Sukra Raj and Bir hospitals are excluded.

¹ This applies only to providers who were observed at the facility.

3.11 FINANCIAL AUDIT AND DISASTER PREPAREDNESS

3.11.1 Financial Audit

Auditing plays a vital role in improving governance by ensuring that resources are managed responsibly and effectively to achieve intended results. A financial audit is important to ensure that financial statements are maintained in accordance with specified criteria and standards.

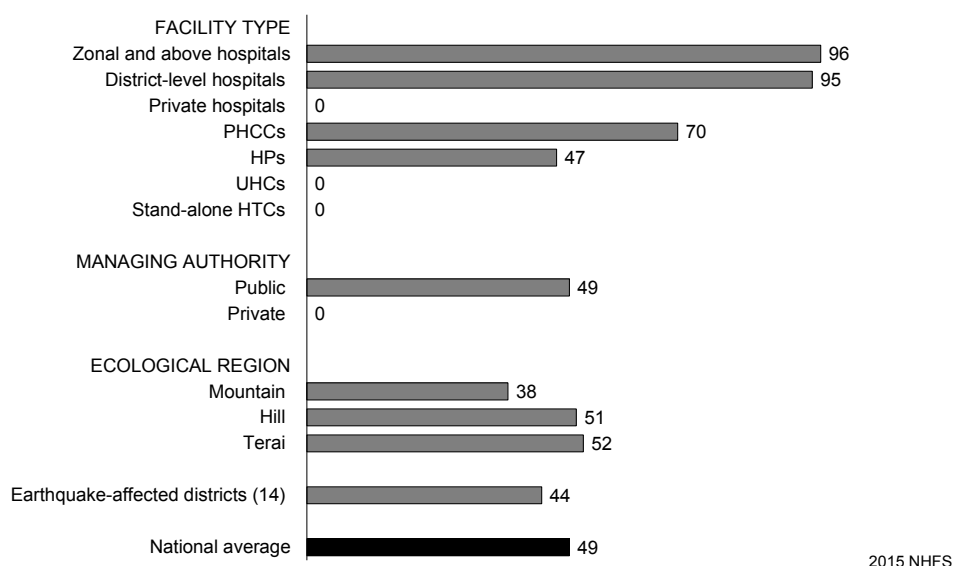
Table 3.22 and Figure 3.6 present information on the status of financial audits for the last fiscal year and the last three fiscal years. Five out of 10 health facilities had conducted a financial audit for the last fiscal year (2070/71). Almost all zonal and above hospitals (96 percent) and district-level hospitals (95 percent) had conducted an audit. More than two-thirds (70 percent) of PHCCs and almost half (47 percent) of HPs had also conducted an audit. On the other hand, no hospitals, UHCs or stand-alone HTCs had performed an audit.

Table 3.22 Financial audit, disaster preparedness, and drill down exercise

Among all facilities, the percentages that have completed financial audits, have disaster preparedness plans, and have conducted drill down exercises, by background characteristics, Nepal Health Facility Survey 2015

Background characteristics	Percentage of facilities that have completed financial audit		Number of facilities	Percentage of facilities with disaster preparedness contingency plan		Percentage of facilities that have conducted drill down exercises as part of disaster preparedness training	Number of facilities
	Last fiscal year (2070/71)	Last three successive fiscal years (2069/70 - 2070/71)		Reported	Observed		
Facility type							
Zonal and above hospitals	96.3	96.3	6	27.6	3.4	24.2	6
District-level hospitals	94.7	93.4	16	19.7	1.3	2.6	16
Private hospitals	-	-	0	12.0	4.6	9.4	70
PHCCs	69.5	63.6	42	14.7	3.4	3.9	42
HPs	46.8	40.3	775	4.3	1.3	1.9	775
UHCs	-	-	0	2.3	0.0	0.0	32
Stand-alone HTC	-	-	0	2.2	0.0	2.2	23
Managing authority							
Public	49.2	42.9	839	5.1	1.4	2.1	871
Private	-	-	0	9.6	3.5	7.6	92
Ecological region							
Mountain	37.7	31.6	115	4.3	1.5	2.6	118
Hill	50.5	44.4	434	4.5	1.2	3.0	492
Terai	51.8	45.3	290	7.5	2.1	2.1	353
Earthquake-affected districts (14)	44.0	39.5	162	6.2	1.2	4.3	200
National average	49.2	42.9	839	5.6	1.6	2.6	963

Figure 3.6 Financial audit for the last fiscal year, by background characteristics



3.11.2 Disaster Preparedness

A disaster preparedness plan is important to ensure that health facilities will still provide health care services after a serious event such as an earthquake or flooding. Table 3.22 shows that higher-level health facilities are more likely to have a disaster preparedness plan than lower-level facilities. For example, around 3 out of 10 zonal and above hospitals reported that they have a disaster preparedness plan, as compared with 4 percent of HPs

3.12 FREE HEALTH CARE

Family planning, antenatal care, and sick child services are provided free of cost in all public health facilities at the district level and below. According to the NHFS results, a greater proportion of family planning clients than antenatal and sick child clients received free services. Specifically, Table 3.23 shows that 97 percent of family planning clients received services free of cost on the day of the NHFS visit, as compared with 88 percent of ANC clients and 86 percent of caretakers of sick children

For all three types of clients, services were least likely to be free at district hospitals. The proportion of clients receiving free care at district hospitals was especially low for sick child services (25 percent).

Table 3.23 Clients receiving free health care (NHSS RF: OC3.1)

Among interviewed antenatal care clients, family planning clients, and caretakers of sick children in district-level hospitals, primary health care centers, health posts, and urban health centers, percentages reporting that they did not pay any money for the services they received that day at the facility, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage who did not pay for services received that day	Number of interviewed ANC clients	Percentage who did not pay for services received that day	Number of interviewed FP clients	Percentage who did not pay for services received that day	Number of interviewed caretakers of sick children
Facility type						
District-level hospitals	65.1	254	81.5	62	24.9	235
PHCCs	85.6	172	92.3	81	81.3	146
HPs	97.9	610	99.4	544	97.2	1,306
UHCs	100.0	5	100.0	29	98.9	26
Ecological region						
Mountain	81.9	47	92.5	75	89.3	185
Hill	86.7	394	97.3	343	75.1	663
Terai	89.2	600	98.0	299	93.5	865
Earthquake-affected districts (14)	88.7	156	98.4	205	71.7	271
National average	87.9	1,041	97.1	717	85.9	1,713

Key Findings

- Outpatient curative care for sick children is available in almost all health facilities in Nepal at least five days per week.
- Eighty-five percent of facilities offer all three basic child health interventions: outpatient curative care for sick children, routine growth monitoring, and routine childhood vaccination. Ninety-four percent of facilities provide routine vitamin A supplements for children.
- ORS, zinc tablets, albendazole, vitamin A capsules, and paracetamol syrup/suspension were available in 85 percent or more of the facilities offering child curative care services. Similarly, amoxicillin was available in one-quarter, cotrimoxazole in one-half and gentamycin in about two third of the facilities offering child curative care services.
- A thermometer, stethoscope, and timer were available in more than 9 in 10 facilities.
- Fifty-four percent of health facilities providing child curative care had soap and running water or alcohol-based hand disinfectant for hand cleansing.
- More than 7 of every 10 providers of child health services have received recent supervision, and 3 of every 10 have received recent in-service training related to child health.
- Providers assessed all three main symptoms (fever, cough/difficult breathing and diarrhea) in one-quarter of observed consultations and checked for all three major danger signs (ability to eat or drink anything, vomiting and convulsion) in only 2 percent of consultations.

4.1 BACKGROUND

An estimated 5.9 million children under age 5 die each year worldwide, largely from preventable causes (State of the World's Children; UNICEF 2016). Annually in Nepal, 20,000 babies die before they reach their fifth birthday, and of the babies who survive 37 percent become stunted.

With the aim of reducing mortality and morbidity among children less than age 5, the Child Health Division (CHD) of the Ministry of Health's Department of Health Services designs and implements programs to deliver preventive, promotive, and curative services. Vaccinations against preventable diseases are a key component of CHD's services. Eleven antigens against vaccine-preventable diseases are provided in the National Immunization Program (NIP) through outreach and static clinics. To intensify the effort to eradicate polio as well as eliminate measles and rubella and control Japanese encephalitis, supplementary immunization activities are carried out periodically. The Comprehensive Multi-year Plan 2011-2016 and the Effective Vaccine Management Assessment Improvement Plan 2014-2016 lay out the strategy for strengthening the NIP.

To improve the treatment of sick children at the point of care as well as support the care-seeking behavior of families, CHD implements the community-based integrated management of neonatal and childhood illness (CB-IMNCI) program. CB-IMNCI is a package that includes successful elements from the community-based integrated management of childhood illness (CB-IMCI) program that was implemented nationwide since 2008/2009 and the community-based newborn care package that has been implemented in nearly one-third of the country's 41 districts since 2008/2009. At the time of the 2015 NHFS, the CB-IMNCI

package had just been finalized, with full implementation complete in only three of the 75 districts. In 27 districts, the program had just recently started.

Good nutrition is a key driver of development and economic growth, as undernutrition incurs significant productivity losses for individuals and ultimately for the nation. The government of Nepal has made it a top priority to address undernutrition in the country. This is evident from the high-level commitment to supporting global nutrition movements and initiatives such as Scaling Up Nutrition, as well as the endorsement of the Multi-Sector Nutrition Plan 2012. CHD has an array of nutrition-related plans, policies, and strategies aimed at implementing cost-effective and evidence-based interventions targeting nutritionally vulnerable groups. Nepal is also witnessing a substantial flow of resources from external development partners (EDPs) to support the government in improving the nutritional status of the population. CHD's nutrition programs include interventions in the following areas: control of protein energy malnutrition, iron deficiency anemia, and iron deficiency disorders; deworming; vitamin A deficiency; low birth weight; household food security; improved dietary practices; infectious disease prevention and control; school health and nutrition; integrated management of acute malnutrition; nutrition in emergencies; and lifestyle-related diseases.

This chapter explores information from the 2015 NHFS on the following key issues relating to provision of quality newborn and child health care services at health facilities and in the community:

- **Availability of services.** Section 4.2, including Tables 4.1 through 4.3.2 and Figure 4.4, examines the availability of child health services and the frequency of availability of curative care, growth monitoring, and vaccination services.
- **Service readiness.** Section 4.3, including Tables 4.4 through 4.10 and Figures 4.5 through 4.8, addresses indicators related to the readiness of facilities to provide good-quality child health services, including the availability of trained staff, equipment, guidelines, medicines, vaccines, infection prevention processes, and laboratory diagnostic capacity.
- **Sick child care practices.** Section 4.4, including Tables 4.11.1, 4.11.2, and 4.12, considers elements of the care received during sick child consultations.
- **Client opinion.** Section 4.5, including Tables 4.13.1 and 4.13.2, addresses clients' opinions on health service delivery.
- **Basic management and administrative systems.** Section 4.6, including Tables 4.14 and 4.15, provides information on several aspects of management and administrative systems that support the delivery of quality services, including personal supervision and in-service training for providers of child health services.

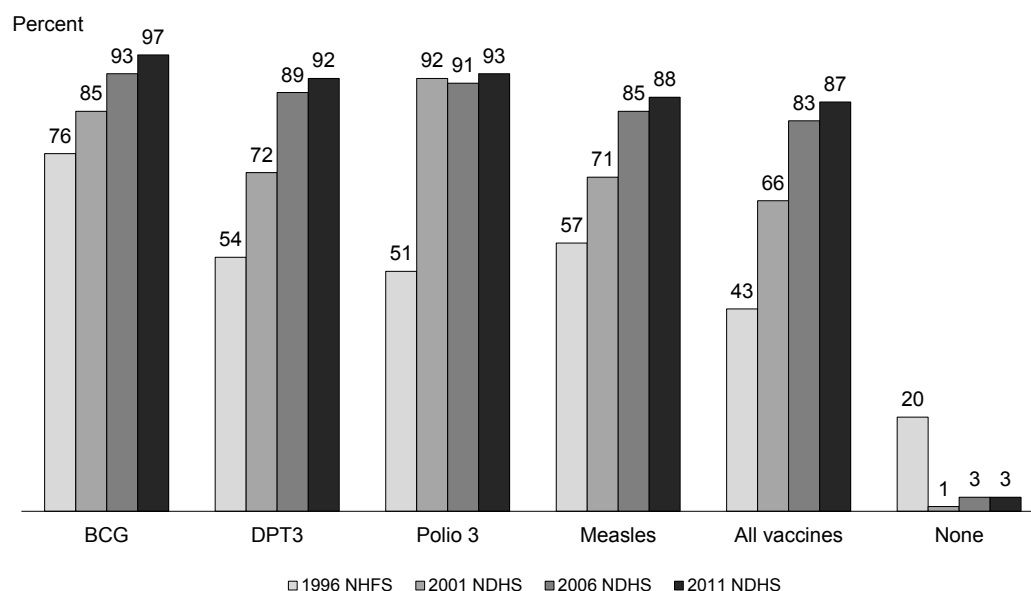
4.1.1 Health Situation of Children in Nepal

Vaccination Coverage

Immunization is a top priority of Nepal's public health program. Immunization against vaccine-preventable diseases is key in reducing child morbidity, mortality, and associated disabilities. The National Immunization Program seeks to ensure that all children are fully vaccinated. According to NIP guidelines, children should receive one dose of the BCG vaccine against tuberculosis; three doses of the pentavalent vaccine against diphtheria, pertussis, tetanus, hepatitis B, and *Haemophilus influenzae* type b; three doses of the oral polio vaccine (OPV); one dose of the inactivated polio vaccine (IPV); three doses of the pneumococcal conjugate vaccine (PCV); one dose against Japanese encephalitis (JE); and two doses of the measles and rubella vaccine (MR).

According to the 2011 Nepal Demographic and Health Survey (NDHS), 87 percent of children age 12-23 months are fully immunized against six vaccine-preventable diseases—tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles—in line with the NIP target of 90 percent in the Nepal Health Sector Program 2010-2015. Three percent of targeted children have not received any of the recommended vaccinations, while 10 percent are partially immunized.

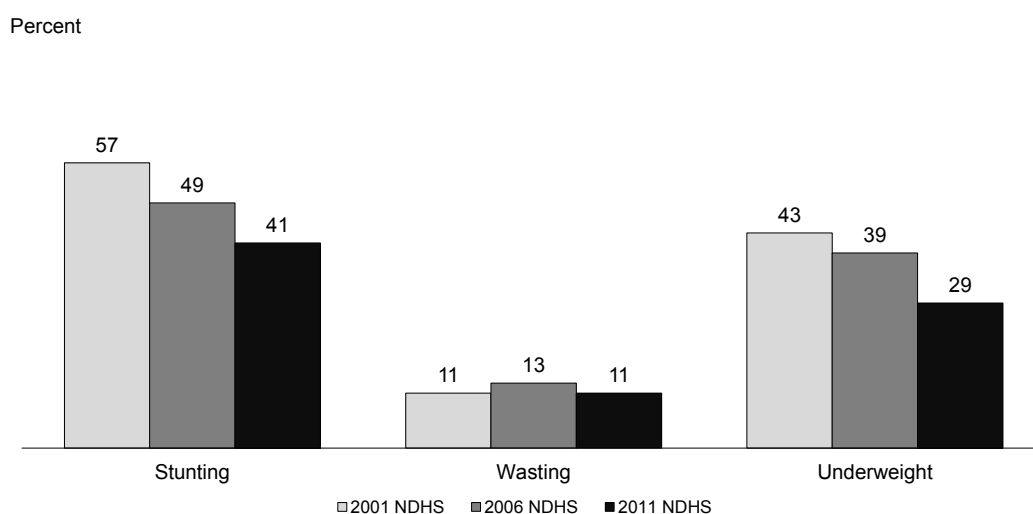
Figure 4.1 Trends in vaccination coverage among children age 12-23 months



Nutritional Status

Malnutrition is an underlying factor in a large proportion of the illnesses that cause death among children less than age 5. Figure 4.2 shows that steady progress has been made in addressing malnutrition. However, at the time of the 2011 NDHS, 41 percent of children less than age 5 were stunted (short height for their age), 29 percent were underweight (low weight for height), and 11 percent were wasted (low weight for height). The prevalence of undernutrition is somewhat higher among rural children than among urban children. Anemia and other micronutrient deficiencies (e.g., zinc deficiency, iodine deficiency) are also a deep-rooted problem among children less than age 5 and pregnant women. The 2011 NDHS showed that almost half (46 percent) of children age 6-59 months were anemic, with the highest rate observed among children age 6-23 months (69 percent) (NDHS 2011).

Figure 4.2 Trends in nutritional status of children under age 5

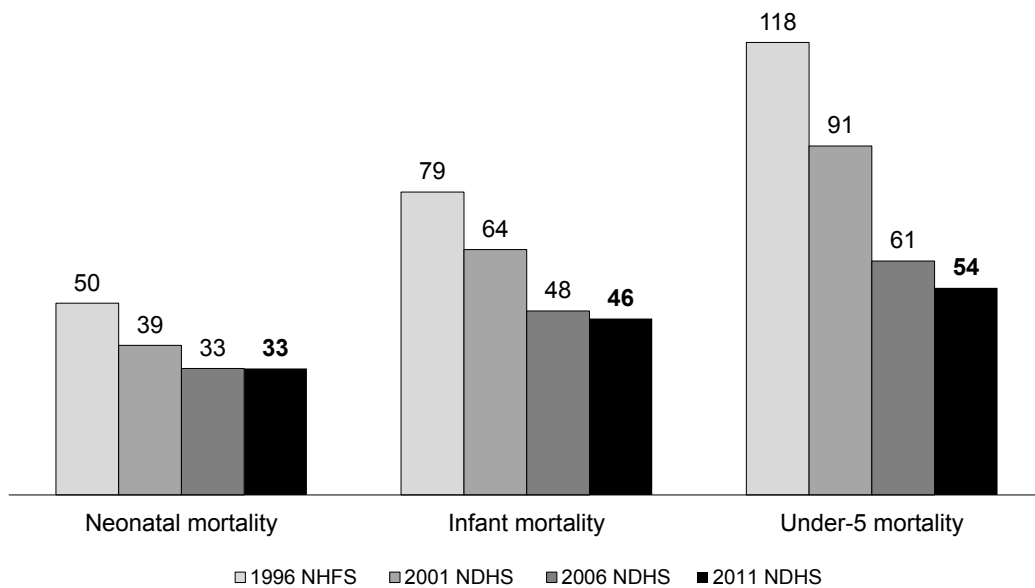


Childhood Mortality and Morbidity

The 2011 NDHS provides child mortality data as well as information on what illnesses children experienced and the health care they received if they were ill during the two weeks preceding the household survey visit. Key child health findings from the NDHS include the following:

- A comparison of the 2011 results with findings from the 1996 NDHS shows that childhood mortality rates dropped substantially during the 15-year period between the two surveys (Figure 4.3). The infant mortality rate declined from 79 deaths per 1,000 live births to 46 deaths per 1,000 live births. Newborn mortality decreased from 50 deaths per 1,000 live births to 33 deaths per 1,000 live births. Overall, under-5 mortality at the time of the 2011 NDHS (54 deaths per 1,000 live births) was less than half the level observed in the 1996 NDHS (118 deaths per 1,000 live births).
- Five percent of children under age 5 showed symptoms of acute respiratory infection (ARI) at some time in the two weeks preceding the survey. Among those with symptoms of ARI, parents or caregivers sought advice or treatment from a health facility or provider in 50 percent of cases.
- Nineteen percent of children under age 5 had a fever in the two weeks before the survey. Two-fifths of them were taken to a health facility or provider for advice or treatment.
- Fourteen percent of children under age 5 had a diarrheal episode in the two weeks before the survey. Children age 6-23 months were most affected, with just under a quarter experiencing diarrhea in the two weeks before the survey.
- Caregivers sought advice or treatment from a health facility or provider for 38 percent of all children who had diarrhea during the two weeks preceding the survey.
- Fluid replacement is the recommended treatment for diarrheal diseases (except for dysentery, for which antibiotics are recommended). Thirty-nine percent of children with diarrhea were treated with oral rehydration salts (ORS), 14 percent were given increased fluids, and half were given either ORS or increased fluids. Six percent were treated with zinc, and 5 percent were given zinc and ORS. Although not a preferred treatment, 2 percent were treated with anti-motility drugs. Thirteen percent of children with diarrhea during the two weeks preceding the survey received antibiotics.

Figure 4.3 Trends in early childhood mortality



4.2 AVAILABILITY OF CHILD HEALTH SERVICES

4.2.1 Outpatient Curative Care, Child Growth Monitoring, and Child Vaccination

The 2015 NHFS assessed the availability of three basic child health services: outpatient curative care for sick children, routine growth monitoring, and childhood vaccination services. The results show that child health services are widely available in Nepal's health facilities (Table 4.1 and Figure 4.4).

Almost all health facilities provided outpatient curative care for sick children. Growth monitoring is offered by 93 percent of facilities, and 87 percent offer vaccination services. All three basic child health services are provided by 85 percent of health facilities. However, only 23 percent of facilities provide immunization services beyond the basic BCG, polio, pentavalent, and MR vaccinations.

Table 4.1 Availability of child health services

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities that offer:							Number of facilities excluding Sukra Raj and Bir hospitals ⁴
	Outpatient curative care for sick children	Growth monitoring	Child vaccination ¹	All three basic child health services	Child vaccination plus ²	Child health services with all vaccinations ³	Routine vitamin A supplementation	
Facility type								
Zonal and above hospitals	100.0	85.1	84.6	84.6	36.9	36.9	69.9	6
District-level hospitals	98.7	96.1	89.5	86.8	25.0	25.0	94.7	16
Private hospitals	92.7	54.4	29.1	25.9	10.7	9.5	44.9	70
PHCCs	100.0	96.1	95.2	92.2	25.2	24.2	99.0	42
HPs	100.0	96.7	91.7	90.1	23.6	23.1	98.8	775
UHCs	98.1	76.5	81.8	71.3	26.1	22.8	94.6	32
Managing authority								
Public	99.9	95.8	91.4	89.4	23.9	23.2	98.4	870
Private	92.7	54.4	29.1	25.9	10.7	9.5	44.9	70
Ecological region								
Mountain	99.8	98.6	88.6	88.2	9.6	9.6	97.7	118
Hill	99.8	96.5	89.3	88.8	13.6	13.4	95.6	482
Terai	98.6	85.4	82.7	77.7	40.6	39.0	91.6	340
Earthquake-affected districts (14)								
	99.4	93.9	89.6	88.3	10.8	10.3	92.6	194
National average	99.4	92.7	86.8	84.7	22.9	22.2	94.4	940

Note: Stand-alone HTC sites are excluded from this and other tables in this chapter. Sukra Raj and Bir hospitals are excluded from this table for analysis of child curative care and child vaccination services, and Sukra Raj hospital is excluded for analysis of child growth monitoring services.

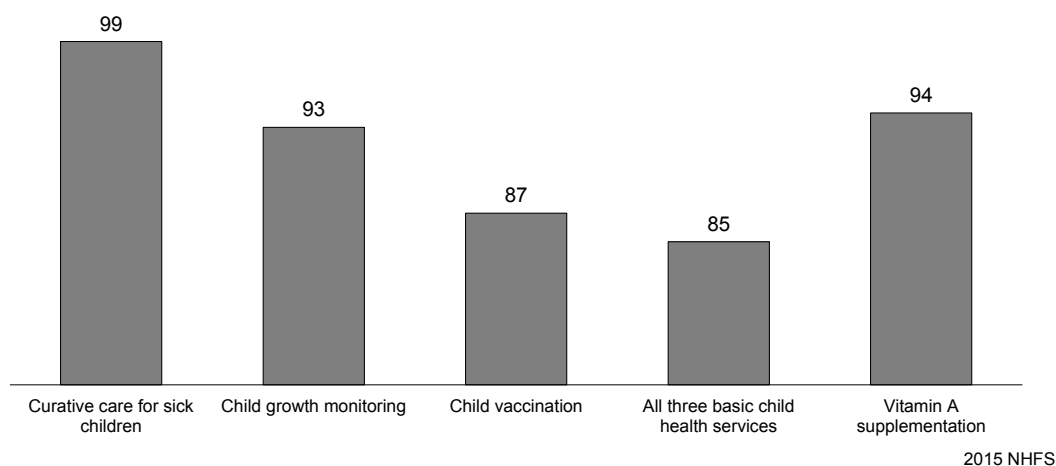
¹ Facility routinely provides BCG, pentavalent, polio, and MR vaccinations at the facility.

² Facility routinely provides BCG, pentavalent, polio, and MR vaccinations, as well as PCV and JE vaccinations, at the facility.

³ Includes outpatient curative care for sick children, child growth monitoring, and all six child vaccinations

⁴ This denominator applies only to the indicators child curative care and child vaccination services.

Figure 4.4 Availability of child health services (N=940)



Curative care for sick children is almost universally available across all facility types. Growth monitoring and child vaccination are widely available in all types of facilities except private hospitals. Only a quarter of private facilities provide all three services, as compared with around 9 in 10 public facilities. Among public facilities, urban health centers (UHCs) (71 percent) are least likely to provide all three basic child health services.

4.2.2 Vitamin A Supplementation

The 2015 NHFS also assessed the availability of routine vitamin A supplementation (Table 4.1 and Figure 4.4). Overall, 94 percent of health facilities provide vitamin A supplementation to children. This service is less available in zonal and above hospitals (70 percent) and private hospitals (45 percent) than in other types of facilities.

4.2.3 Frequency of Availability

In real terms, the availability of a service depends not only on whether a facility offers it but also how often it is offered. Curative care for children is available at least five days per week in nearly all health facilities in Nepal that offer such care, regardless of facility type, managing authority, or region (Table 4.2). Similarly, growth monitoring is also available five days or more per week at almost all facilities that offer this service.

Table 4.2 Frequency of availability of child health services - curative care and growth monitoring

Among all facilities offering outpatient curative care for sick children and growth monitoring, the percentages providing the service at the facility at specific frequencies, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Outpatient curative care of sick children (days per week ¹)			Child growth monitoring (days per week ¹)		
	1-2 days per week	5 or more days per week	Number of facilities excluding HTC and Sukra Raj and Bir hospitals ²	1-2 days per week	5 or more days per week	Number of facilities excluding HTC and Sukra Raj hospital ³
Facility type						
Zonal and above hospitals	0.0	100.0	6	0.0	95.8	5
District-level hospitals	2.7	96.0	15	2.7	94.5	15
Private hospitals	0.6	99.4	65	0.0	100.0	38
PHCCs	0.5	99.0	42	0.5	99.0	41
HPs	0.5	99.5	775	0.1	99.9	749
UHCs	4.3	93.5	31	5.5	91.7	24
Managing authority						
Public	0.6	99.2	869	0.3	99.5	834
Private	0.6	99.4	65	0.0	100.0	38
Ecological region						
Mountain	0.0	100.0	118	0.0	99.8	116
Hill	0.6	99.4	480	0.0	100.0	465
Terai	0.9	98.7	336	0.9	98.7	291
Earthquake-affected districts (14)	0.0	100.0	193	0.0	99.9	183
National average	0.6	99.2	934	0.3	99.5	872

¹ Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent.

² Excludes stand-alone HTCs and Sukra Raj and Bir hospitals

³ Excludes stand-alone HTCs and Sukra Raj hospital

According to the National Immunization Program Comprehensive Multi-Year Plan 2011-2016, health facilities are expected to run at least three to five immunization clinics in a month. Comprehensive child vaccination services (BCG, pentavalent, polio, measles, PCV, and JE vaccinations) are available one to two days per month in about 80 percent of facilities, either at the facility or in outreach immunization clinics. However, only around 15 percent of facilities in Nepal meet the minimum national requirement—that is, they provide immunization services three to five days per month. About 3 percent of facilities, mainly private facilities, exceed the minimum standard, providing immunization services more than five days in a month (Tables 4.3.1 and 4.3.2).

Table 4.3.1 Frequency of availability of child health services - vaccination services

Among facilities offering routine child vaccination services, the percentages providing the service at the facility at specific frequencies, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Routine BCG vaccination				Routine pentavalent vaccination				Routine polio vaccination				Routine measles-rubella (MR) vaccination			
	1-2 days	3-5 days	>5 days	Number of facilities	1-2 days	3-5 days	>5 days	Number of facilities	1-2 days	3-5 days	>5 days	Number of facilities	1-2 days	3-5 days	>5 days	Number of facilities
Facility type																
Zonal and above hospitals	8.3	24.9	66.8	5	8.3	29.1	62.6	5	8.3	29.1	62.6	5	8.3	29.1	62.6	5
District-level hospitals	37.5	40.3	22.2	15	38.0	40.8	21.1	15	37.5	41.7	20.8	15	37.7	40.6	21.7	14
Private hospitals	40.1	33.9	26.1	20	28.9	37.4	33.7	20	33.7	37.8	28.6	20	34.0	44.4	21.6	21
PHCCs	69.5	29.0	1.5	41	69.6	27.9	2.5	41	68.9	28.6	2.5	41	70.2	28.2	1.5	41
HPs	85.3	13.2	1.5	722	85.3	13.2	1.5	719	85.6	13.0	1.5	719	85.4	13.1	1.5	715
UHCs	91.2	8.8	0.0	26	91.2	8.8	0.0	26	91.2	8.8	0.0	26	91.1	8.9	0.0	26
Managing authority																
Public	83.3	14.5	2.2	809	83.4	14.4	2.2	806	83.5	14.2	2.2	806	83.5	14.3	2.2	801
Private	40.1	33.9	26.1	20	28.9	37.4	33.7	20	33.7	37.8	28.6	20	34.0	44.4	21.6	21
Ecological region																
Mountain	80.0	18.5	1.4	108	80.1	18.7	1.2	109	80.0	18.7	1.2	108	81.1	17.6	1.3	105
Hill	84.6	13.3	2.0	436	83.7	13.8	2.5	433	84.0	13.8	2.3	436	83.9	14.0	2.1	434
Terai	79.5	16.0	4.5	285	80.2	15.4	4.4	284	80.7	14.9	4.4	283	80.1	15.8	4.1	284
Earthquake-affected districts (14)	84.6	13.3	2.2	176	82.2	14.3	3.6	176	82.8	14.3	2.9	176	82.7	14.8	2.6	175
National average	82.3	14.9	2.8	829	82.0	15.0	3.0	826	82.3	14.8	2.9	827	82.2	15.1	2.7	822

BCG = Bacillus Calmette-Guérin

Table 4.3.2 Frequency of availability of child health services - vaccination services

Among facilities offering routine child vaccination services, the percentages providing the service at the facility at specific frequencies, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Pneumococcal vaccination (PCV)				Japanese encephalitis vaccination (JE)			
	1-2 days	3-5 days	>5 days	Number of facilities	1-2 days	3-5 days	>5 days	Number of facilities
Facility type								
Zonal and above hospitals	0.0	36.1	63.9	2	4.7	28.5	66.8	4
District-level hospitals	34.1	41.5	24.4	8	28.6	40.0	31.4	7
Private hospitals	24.5	48.4	27.1	9	25.7	52.3	22.0	17
PHCCs	66.7	32.3	1.0	20	63.9	33.0	3.1	26
HPs	82.2	16.3	1.5	380	84.4	13.4	2.2	376
UHCs	98.1	1.9	0.0	11	94.3	5.7	0.0	22
Managing authority								
Public	80.5	17.3	2.2	422	82.0	14.8	3.3	435
Private	24.5	48.4	27.1	9	25.7	52.3	22.0	17
Ecological region								
Mountain	81.0	16.9	2.1	55	75.5	24.5	0.0	13
Hill	81.4	16.7	1.9	234	80.4	15.8	3.8	158
Terai	75.3	20.4	4.3	141	79.7	16.0	4.3	282
Earthquake-affected districts (14)								
	89.1	6.2	4.7	51	77.7	19.1	3.2	101
National average	79.4	17.9	2.7	430	79.8	16.2	4.0	452

BCG = Bacillus Calmette-Guérin

4.3 SERVICE READINESS

4.3.1 Guidelines, Trained Staff, and Equipment for Sick Child Care

To support the quality of curative care for sick children, facilities need guidelines, staff trained to provide the specific child health services, and certain equipment.

Guidelines and Training

As Table 4.4 and Figure 4.5 show, 61 percent of facilities providing child curative care services had IMCI/IMNCI guidelines available on the day of the assessment visit. Among all facility types, the guidelines were least available in private hospitals (6 percent) and zonal and above hospitals (18 percent). With regard to provider training, 22 percent of health workers at facilities providing child curative care services were trained in IMCI/IMNCI 24 months prior to interview, and 15 percent had training in infant and young child feeding (IYCF) practices. Service providers in public facilities were more likely to have been trained recently in IMCI/IMNCI and IYCF practices than providers in private facilities. There were only minor differences by ecological region in availability of IMCI/IMNCI guidelines and of staff trained in IMCI/IMNCI and IYCF practices.

Table 4.4 Guidelines, trained staff, and equipment for child curative care services

Among all facilities offering outpatient curative care for sick children, the percentages having indicated guidelines, trained staff, and equipment, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Trained staff			Equipment										Number of facilities offering outpatient curative care for sick children
	IMCI/IMNCI guidelines	IMCI/IMNCI ¹	Infant and young child feeding training ²	Child weighing scale ³	Infant weighing scale ⁴	Length or height board	Tape for head circumference	Tape for MUAC	Thermometer	Stethoscope	Child health card (HMIS 2.1)	Timer	All items	
Facility type														
Zonal and above hospitals	17.7	14.1	0.0	38.9	63.7	85.9	60.4	24.8	96.5	100.0	60.1	81.6	0.0	6
District-level hospitals	56.0	42.7	28.0	56.0	78.7	52.0	50.7	30.7	100.0	100.0	73.3	97.3	0.0	15
Private hospitals	5.7	3.6	2.0	31.4	57.2	46.2	48.3	11.1	99.7	100.0	17.9	90.6	0.0	65
PHCCs	73.3	37.3	29.1	49.0	65.9	53.9	37.8	36.4	97.6	99.5	81.9	97.1	1.0	42
HPs	66.8	22.6	14.9	47.0	64.8	20.4	26.2	23.7	94.2	98.1	81.2	94.3	0.0	775
UHCs	24.6	13.7	13.5	27.8	39.0	8.5	36.5	23.2	97.4	100.0	65.5	94.9	0.0	31
Managing authority														
Public	65.1	23.3	15.7	46.5	64.2	22.6	27.8	24.5	94.6	98.3	80.4	94.4	0.0	870
Private	5.7	3.6	2.0	31.4	57.2	46.2	48.3	11.1	99.7	100.0	17.9	90.6	0.0	65
Ecological region														
Mountain	61.0	16.8	10.3	55.5	53.9	19.2	26.9	27.3	95.3	98.0	82.3	97.6	0.0	118
Hill	61.8	22.6	14.5	48.4	69.7	23.1	31.0	25.0	97.0	99.4	78.2	94.2	0.0	481
Terai	59.8	22.8	16.6	37.7	58.5	27.6	27.5	20.1	91.9	97.1	70.9	92.9	0.1	336
Earthquake-affected districts (14)														
Earthquake-affected districts (14)	56.7	29.8	13.4	39.1	64.8	28.2	41.2	55.1	100.0	100.0	74.8	98.6	0.1	193
National average	61.0	21.9	14.7	45.5	63.7	24.2	29.2	23.5	95.0	98.4	76.1	94.2	0.0	934

MUAC = Mid-upper arm circumference

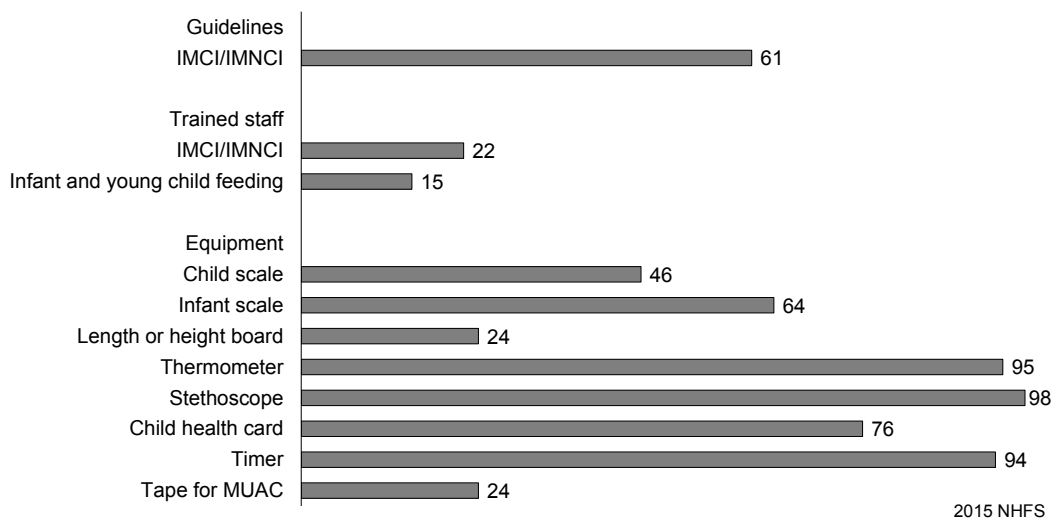
¹ At least one interviewed provider of child health services at the facility reported receiving in-service training in integrated management of childhood illness (IMCI) or integrated management of neonatal and childhood illness (IMNCI) during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² At least one interviewed provider of child health services in the facility reported receiving infant and young child feeding (IYCF) training during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ A weighing scale with gradation of 250 grams, or a digital standing weighing scale with gradation of 250 grams or less where an adult can hold a child to be weighed.

⁴ A weighing scale with gradation of 100 grams, or a digital standing weighing scale with gradation of 100 grams where an adult can hold an infant to be weighed.

Figure 4.5 Items to support quality provision of curative care services for sick children (N=934)



Equipment

More than 90 percent of facilities that offer curative care for sick children had a thermometer, a stethoscope, and a timer on the day of the NHFS visit (Table 4.4 and Figure 4.5). Three quarters of facilities had child health cards. With regard to the availability of equipment for assessing a child's nutrition status,

two-thirds of facilities had an infant weighing scale and 46 percent had a child weighing scale. Fewer facilities had equipment for measuring head circumference (29 percent), height or length (24 percent), and middle upper arm circumference (24 percent). In general, zonal and above hospitals, district hospitals, and primary health care centers (PHCCs) are better supplied with the equipment needed for nutritional assessments than other facilities.

4.3.2 Infection Control in Sick Child Services

Infection control is an important concern in most health services, including child health services. Infection control requires supplies for hand cleaning, gloves, and means for disposing of sharps waste and infectious waste.

Slightly more than half of facilities that provide outpatient curative care services for sick children had some means for hand cleaning—either soap and running water or alcohol-based hand disinfectant—on the day of the assessment visit (Table 4.5 and Figure 4.6). Hospitals, both public and private, were more likely to have soap and running water or alcohol-based hand disinfectant than other health facility types. With regard to other infection control items, approximately 8 of every 10 facilities had gloves and a safety box, but only 6 percent had a waste receptacle. Less than 1 percent of the facilities in Nepal had all of the infection control items assessed in the survey.

Table 4.5 Items for infection control

Among facilities offering outpatient curative care services for sick children, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

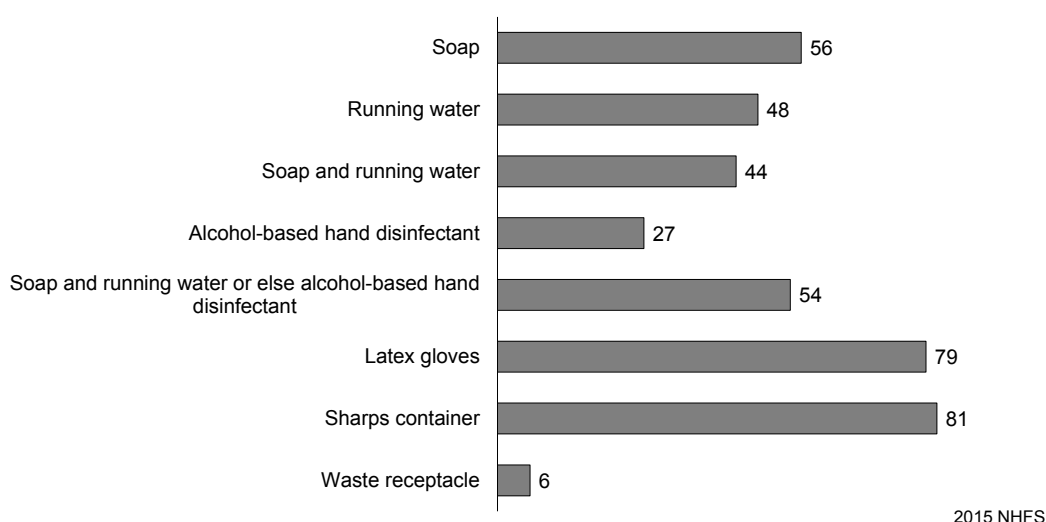
Background characteristic	Items for infection control											Number of facilities offering outpatient curative care for sick children
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Safety box	Needle destroyer	Waste receptacle ²	Injection safety precaution guideline	All infection prevention items ³	
Facility type												
Zonal and above hospitals	71.0	74.5	71.0	54.0	96.5	71.7	46.0	14.1	3.5	10.6	0.0	6
District-level hospitals	57.3	64.0	54.7	36.0	68.0	68.0	54.7	9.3	14.7	5.3	2.7	15
Private hospitals	70.8	71.8	68.8	51.2	83.3	77.4	43.2	19.4	17.7	3.6	2.4	65
PHCCs	62.2	66.5	59.3	24.2	63.6	61.2	71.4	7.3	9.7	4.8	1.0	42
HPs	54.5	44.9	41.1	24.5	50.6	80.5	84.9	1.7	5.4	2.8	0.0	775
UHCs	52.5	37.4	35.1	35.7	51.6	78.5	88.9	0.0	0.0	3.3	0.0	31
Managing authority												
Public	54.9	46.2	42.2	25.3	51.9	79.2	83.6	2.1	5.6	3.0	0.1	870
Private	70.8	71.8	68.8	51.2	83.3	77.4	43.2	19.4	17.7	3.6	2.4	65
Ecological region												
Mountain	49.6	43.7	35.9	22.7	49.8	79.6	80.0	3.9	4.9	2.9	0.2	118
Hill	59.3	54.2	51.4	29.4	59.1	81.9	85.8	3.6	6.9	4.5	0.1	481
Terai	53.7	40.6	36.4	25.4	48.3	74.9	73.9	2.6	6.2	0.9	0.5	336
Earthquake-affected districts (14)	63.1	54.7	52.1	33.9	62.8	87.9	88.2	3.1	6.8	5.9	0.0	193
National average	56.0	48.0	44.1	27.1	54.0	79.1	80.8	3.3	6.4	3.0	0.3	934

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, safety box or needle destroyer, and injection safety precaution guideline.

Figure 4.6 Items for infection control in child curative care services area (N=934)



4.3.3 Laboratory Diagnostic Capacity

Certain laboratory tests can be important in diagnosing conditions among children. In Nepal, the availability of laboratory diagnostic services for children is limited (Table 4.6). Malaria testing, hemoglobin testing, and stool microscopy were available in 22 percent, 15 percent, and 11 percent, respectively, of the facilities offering outpatient child curative care services; only 9 percent of facilities had all three services available on the day of the NHFS visit. Hospitals, particularly public hospitals, were more likely to have these services available on the day of the visit than other types of facilities. By ecological region, laboratory diagnostic capacity is somewhat more prevalent in the terai region (12 percent) than in the hill (8 percent) and mountain (4 percent) regions.

Table 4.6 Laboratory diagnostic capacity

Among facilities offering outpatient curative care services for sick children, the percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Laboratory diagnostic capacity				Number of facilities offering outpatient curative care for sick children
	Hemoglobin ¹	Malaria ²	Stool microscopy ³	All three tests	
Facility type					
Zonal and above hospitals	96.5	89.4	85.9	75.2	6
District-level hospitals	97.3	82.7	82.7	68.0	15
Private hospitals	94.1	85.6	63.6	51.8	65
PHCCs	74.7	65.6	52.4	42.7	42
HPs	3.6	13.2	2.2	2.0	775
UHCs	0.0	2.3	0.0	0.0	31
Managing authority					
Public	9.2	17.1	6.6	5.6	870
Private	94.1	85.6	63.6	51.8	65
Ecological region					
Mountain	10.1	4.7	4.9	3.8	118
Hill	12.7	14.7	9.4	7.5	481
Terai	20.4	38.1	14.1	12.4	336
Earthquake-affected districts (14)					
	17.4	14.7	12.9	10.3	193
National average	15.1	21.8	10.5	8.8	934

¹ Facility had functioning equipment and reagents for colorimeter, hemoglobinometer, or HemoCue.

² Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility or a functioning microscope with necessary stains and glass slides to perform malaria microscopy.

³ Facility had a functioning microscope with glass slides and formal saline (for concentration method) or normal saline (for direct method) or Lugol's iodine solution.

4.3.4 Medicines and Commodities for Sick Child Care

A range of medicines and commodities are needed to provide care for sick children. Most of these medicines are in good supply in health facilities that offer curative care for sick children (Table 4.7 and Figure 4.7).

In terms of essential medicines for sick child care, 90 percent or more of facilities offering child curative care had albendazole, zinc tablets, ORS, and vitamin A capsules on the day of the visit, and 85 percent had paracetamol syrup/suspension available. Other essential medicines were less widely available; just under half of facilities had cotrimoxazole syrup or suspension, and 24 percent had amoxicillin syrup/dispersible tablets. Considering priority medicines, almost two-thirds of facilities had injectable gentamycin, but only 8 percent had ceftriaxone powder and 6 percent had ampicillin powder.

Public facilities were generally more likely than private facilities to have most of the essential medicines and commodities for sick children, while private facilities were more likely than public facilities to have priority medicines. ORS, zinc, albendazole, vitamin A, and paracetamol were more available in peripheral public health facilities than in zonal and above hospitals.

Table 4.7 Availability of essential and priority medicines and commodities

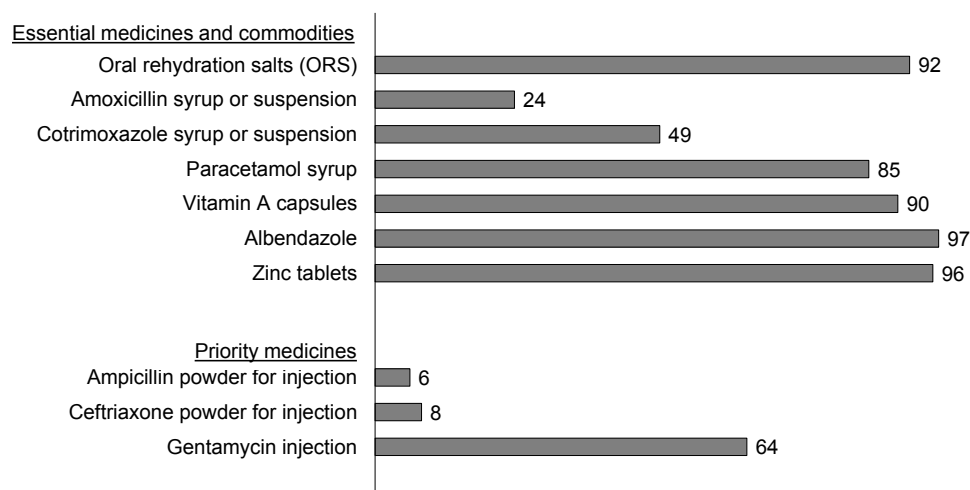
Among facilities offering outpatient curative care services for sick children, the percentages where indicated essential and priority medicines to support care for the sick child were observed to be available in the facility on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Essential medicines						Priority medicines			Number of facilities offering outpatient curative care for sick children	
	ORS ¹	Zinc tablets	Amoxicillin syrup, suspension, or dispersible ¹	Co-trimoxazole syrup, suspension, or dispersible	Paracetamol syrup or suspension ¹	Vitamin A capsules ¹	Albendazole	Ampicillin powder for injection	Ceftriaxone powder for injection		Gentamycin injection
Facility type											
Zonal and above hospitals	82.3	64.6	42.7	39.2	78.8	49.8	89.4	61.1	78.8	78.1	6
District-level hospitals	94.7	93.3	45.3	62.7	94.7	89.3	96.0	32.0	57.3	86.7	15
Private hospitals	78.4	61.3	58.5	24.9	73.0	41.2	72.5	35.8	67.5	64.0	65
PHCCs	91.8	99.0	22.8	52.8	88.8	93.7	99.0	10.2	13.6	83.0	42
HPs	93.8	99.1	20.6	51.2	85.9	94.1	98.6	2.9	1.9	63.2	775
UHCs	88.2	83.1	29.0	37.0	89.3	80.9	100.0	0.0	0.0	32.6	31
Managing authority											
Public	93.4	98.2	21.6	50.9	86.3	93.3	98.5	4.0	3.9	63.6	870
Private	78.4	61.3	58.5	24.9	73.0	41.2	72.5	35.8	67.5	64.0	65
Ecological region											
Mountain	96.2	97.5	33.3	49.1	84.2	91.1	97.1	8.1	6.8	68.4	118
Hill	94.8	96.0	25.4	53.4	88.0	91.5	97.3	6.5	9.2	63.8	481
Terai	87.6	94.5	19.2	42.9	82.0	86.5	95.7	5.1	7.5	61.6	336
Earthquake-affected districts (14)	94.6	92.8	40.1	48.5	83.8	90.0	95.7	8.8	14.2	44.6	193
National average	92.4	95.6	24.1	49.1	85.3	89.7	96.7	6.2	8.3	63.6	934

ORS = oral rehydration salts

¹ These medicines and commodities are also in the group of priority medicines for children.

Figure 4.7 Availability of essential and priority medicines and commodities (N=934)



2015 NHFS

4.3.5 Guidelines, Trained Staff, and Equipment for Vaccination Services

Similar to services for sick children, health facilities need guidelines, trained staff, and appropriate equipment to deliver good-quality vaccination services. Table 4.8 shows that 55 percent of facilities offering vaccination services had national immunization guidelines available at the time of the assessment visit. Public facilities (55 percent) were more likely to have the guidelines than private facilities (36 percent).

Table 4.8 Guidelines, trained staff, and equipment for vaccination services

Among facilities offering child vaccination services, the percentages having EPI guidelines, trained staff, and basic equipment necessary for vaccination services, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Guidelines ¹	Trained staff ²	Equipment					Number of facilities offering child vaccination services
			Vaccine carrier with ice pack ³	Safety box	Syringes and needles ⁴	Needle destroyer	All items ⁵	
Facility type								
Zonal and above hospitals	50.2	20.8	87.5	83.1	91.7	24.9	4.2	5
District-level hospitals	54.4	19.1	91.2	83.8	85.3	10.3	10.3	14
Private hospitals	35.9	14.0	84.5	72.6	85.9	20.4	4.2	20
PHCCs	47.9	28.5	94.4	84.7	80.6	8.2	9.2	40
HPs	56.6	20.3	73.6	88.7	88.1	2.0	7.2	710
UHCs	30.1	24.9	55.6	92.5	98.8	0.0	5.6	26
Managing authority								
Public	55.2	20.8	74.4	88.5	88.0	2.5	7.3	796
Private	35.9	14.0	84.5	72.6	85.9	20.4	4.2	20
Ecological region								
Mountain	52.9	11.9	78.8	83.3	86.7	4.0	3.5	105
Hill	55.7	18.0	81.4	92.1	88.0	3.9	6.8	430
Terai	53.8	28.0	62.9	83.8	88.4	1.2	9.2	281
Earthquake-affected districts (14)								
	59.3	19.8	81.7	94.7	92.7	3.0	8.0	174
National average	54.7	20.7	74.7	88.1	88.0	3.0	7.2	816

¹ National immunization manual for child vaccinations or other guidelines for vaccinations, such as *Khopko Byawaharik Gyan 2070 or Measles Rubella Khop sambandhi Nirdeshika*, available at the service site

² At least one interviewed provider of child vaccination services in the facility reported receiving in-service training in EPI during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ If facility reports that it purchases ice for use with the vaccine carriers, this was accepted in place of ice packs.

⁴ Single-use standard disposable syringes with needles or auto-disable syringes with needles

⁵ All items include: guidelines, trained staff, vaccine carrier with ice pack, safety box or needle destroyer, and syringes and needles.

With regard to staff training, only around one-fifth of facilities offering vaccination services had at least one staff member with recent in-service training on the NIP. Government facilities (21 percent) were more likely than private facilities (14 percent) to have recently trained staff.

In terms of the equipment needed for vaccination services, 75 percent of facilities had a vaccine carrier with an ice pack, and 88 percent had syringes and needles. However, a needle destroyer was available in only 3 percent of the facilities in Nepal.

Only 7 percent of health facilities had all six components (guidelines, trained staff, vaccine carrier with ice pack, safety box, syringe and needles, and needle destroyer) available on the day of the survey.

4.3.6 Availability of Vaccines

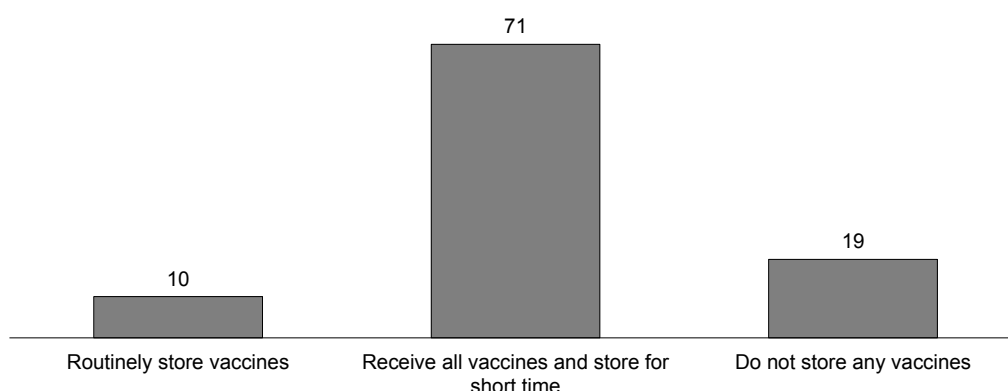
Among all facilities that offer vaccination services, 7 in 10 reported that the vaccines they administered were obtained from a higher-level center and stored only for a short time (Table 4.9 and Figure 4.8). Only 10 percent of facilities actually stored vaccines on a routine basis. District hospitals, zonal and above hospitals, private hospitals, and PHCCs were more likely to store vaccines routinely, while health posts (HPs) and UHCs were more likely to receive and store vaccines for short durations.

Table 4.9 Vaccine storage

Among facilities offering child vaccination services, the percentages reporting that they store vaccines and the percentages reporting that they do not store any vaccines, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Routinely store vaccines	Receive all vaccines from higher-level center and store for short time	Do not store any vaccines	Number of facilities offering child vaccination services
Facility type				
Zonal and above hospitals	58.5	37.4	4.2	5
District-level hospitals	67.6	27.9	4.4	14
Private hospitals	47.3	38.4	14.3	20
PHCCs	41.8	53.6	4.6	40
HPs	5.6	74.5	19.9	710
UHCs	4.9	64.7	30.5	26
Managing authority				
Public	8.8	72.1	19.1	796
Private	47.3	38.4	14.3	20
Ecological region				
Mountain	8.6	81.4	10.0	105
Hill	11.9	69.2	18.8	430
Terai	7.0	70.5	22.5	281
Earthquake-affected districts (14)	19.9	64.7	15.5	174
National average	9.8	71.2	19.0	816

Figure 4.8 Vaccine storage (N=816)



2015 NHFS

4.3.7 Infection Prevention in Vaccination Services

To avoid transmission of infections and to retain the public’s trust in immunization and vaccination services, health facilities must consistently follow infection prevention procedures. Table 4.10 shows the availability of items for infection control at facilities offering vaccination services. Overall, less than 1 percent of facilities had all of the infection prevention items considered necessary for infection control, largely because only a few facilities had waste receptacles (6 percent), injection safety precaution guidelines (4 percent), or a needle destroyer (3 percent).

Many health facilities providing vaccination services also did not have the hand washing supplies needed for infection control. Only 52 percent had soap and running water or alcohol-based hand disinfectant for hand cleaning on the day of the NHFS visit (Table 4.10). With respect to availability by facility type, the items were most commonly found in hospitals. By managing authority, private facilities (85 percent) were more likely to have soap and running water or alcohol-based hand disinfectant for hand cleaning than public facilities (51 percent). Fifty-seven percent of facilities in the hill region had the necessary hand washing supplies, as compared with 48 percent of facilities in the mountain region and 46 percent in the terai region.

Table 4.10 Infection control for vaccination services

Among facilities offering child vaccination services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering child vaccination services that have indicated items for infection control											Number of facilities offering child vaccination services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Safety box	Needle destroyer	Waste receptacle ²	Injection safety precaution guideline	All infection prevention items ³	
Facility type												
Zonal and above hospitals	87.5	87.5	87.5	37.7	87.5	83.4	83.1	24.9	4.2	25.2	0.0	5
District-level hospitals	57.4	61.8	54.4	41.2	66.2	75.0	83.8	10.3	17.6	7.4	4.4	14
Private hospitals	77.0	77.7	72.3	54.6	84.5	73.4	72.6	20.4	20.6	4.1	2.0	20
PHCCs	56.2	62.8	53.1	23.4	60.3	68.4	84.7	8.2	9.7	4.1	1.0	40
HPs	53.7	44.5	41.4	24.5	50.3	81.7	88.7	2.0	5.8	3.4	0.5	710
UHCs	52.4	38.4	35.6	35.2	51.4	74.2	92.5	0.0	0.0	4.0	0.0	26
Managing authority												
Public	54.0	45.8	42.3	25.1	51.3	80.7	88.5	2.5	6.0	3.7	0.6	796
Private	77.0	77.7	72.3	54.6	84.5	73.4	72.6	20.4	20.6	4.1	2.0	20
Ecological region												
Mountain	47.3	37.6	33.6	22.2	48.1	81.3	83.3	4.0	2.0	3.3	0.2	105
Hill	57.5	54.0	50.8	28.7	57.1	84.0	92.1	3.9	7.6	5.5	1.0	430
Terai	52.9	38.5	34.7	22.9	46.1	74.7	83.8	1.2	6.2	1.1	0.3	281
Earthquake-affected districts (14)	59.6	53.3	50.5	31.2	60.0	89.8	94.7	3.0	4.9	6.8	0.0	174
National average	54.6	46.6	43.0	25.9	52.1	80.5	88.1	3.0	6.4	3.7	0.7	816

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, safety box or needle destroyer, and injection safety precaution guideline.

4.4 SICK CHILD CARE PRACTICES

To assess whether providers are offering good-quality services, NHFS observers attended sick child consultations. Using checklists based on IMCI guidelines, the observers noted what information the provider gave and whether recommended procedures were carried out during the consultations. Observers did not assess whether the information was correct or whether examination findings were interpreted appropriately.

In total, the observers reported on 2,186 sick child consultations. The majority of sick children were examined by paramedics (56 percent), 16 percent were seen by consultant/specialists, and the same percentage were examined by medical officers. Thirteen percent of children were examined by nursing staff. In hospitals, the majority of sick children were examined by a medical doctor. In peripheral health facilities, more than two-thirds of children were examined by paramedics (Tables 4.11.1 and 4.11.2).

Table 4.11.1 Assessments and examinations of sick children

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by facility type, Nepal Health Facility Survey 2015

Components of consultation	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Qualification of provider							
Consultation conducted by consultant/specialist or medical doctor/general practitioner (MD-GP)	48.2	15.6	72.2	0.5	0.0	0.0	15.5
Consultation conducted by medical officer (MO)	48.3	64.8	22.0	27.8	0.3	0.0	15.7
Consultation conducted by nursing professional, including degree nurse or degree midwife	0.0	0.0	0.0	3.1	20.5	29.5	12.8
Consultation conducted by paramedic	3.5	18.6	5.8	68.2	78.8	70.5	55.6
History: assessment of general danger signs							
Inability to eat or drink anything	19.1	23.8	23.9	21.4	21.1	15.4	21.6
Vomiting everything	22.6	19.8	28.2	23.3	18.5	1.1	20.5
Convulsions	10.1	1.7	6.6	7.6	3.8	0.0	4.7
All general danger signs	2.8	0.1	0.7	2.3	2.5	0.0	2.0
History: assessment of main symptom							
Cough or difficulty breathing	67.5	61.7	68.1	58.9	50.6	45.7	56.0
Diarrhea	32.2	34.2	41.2	40.3	43.7	8.9	40.8
Fever	83.1	84.8	85.6	78.4	73.1	65.1	77.2
All 3 main symptoms ¹	21.7	23.2	28.3	27.1	24.7	7.7	24.8
Ear pain or discharge from ear	5.5	10.3	7.7	18.9	22.6	4.3	17.4
All 3 main symptoms plus ear pain/discharge	2.1	2.7	2.3	9.6	11.7	0.0	8.4
History: other assessment							
Asked about TB disease in any parent in last 5 years	0.0	0.2	0.1	0.0	0.0	0.0	0.0
Asked if 2 or more episodes of diarrhea occurred, each lasting more than 14 days	1.0	0.5	0.0	0.3	0.4	0.0	0.4
Physical examination							
Took child's temperature with thermometer ²	61.1	45.3	57.8	55.4	57.1	66.2	56.2
Counted respiration (breaths) for 60 seconds	21.8	19.2	22.6	27.6	25.2	10.3	23.9
Checked skin turgor for dehydration	9.4	6.6	4.7	5.9	6.8	1.1	6.5
Checked for pallor by looking at palms	3.2	2.8	7.9	2.2	3.3	1.1	3.8
Checked for pallor by looking at conjunctiva	8.1	13.8	18.7	12.3	10.8	4.9	12.1
Looked into child's mouth	22.2	13.3	29.2	10.5	5.7	3.8	11.4
Checked for neck stiffness	7.4	0.6	0.8	1.2	0.4	0.0	1.0
Looked in child's ear	2.6	12.5	7.9	10.2	11.1	1.8	10.0
Felt behind child's ears for tenderness	3.5	8.3	5.4	5.7	5.8	0.0	5.8
Pressed both feet to check for edema	3.8	1.8	1.5	1.6	1.4	0.0	1.7
Checked for enlarged lymph nodes	3.8	4.0	6.8	3.4	1.9	0.0	3.0
Weighed the child	84.5	59.4	80.5	60.2	56.3	43.5	62.3
Plotted weight on growth chart	28.1	36.6	20.3	32.4	29.2	43.2	29.0
Essential advice to caretaker							
Give extra fluids to child	19.5	12.9	14.7	17.6	19.0	7.3	17.5
Continue feeding child	16.1	8.0	16.3	14.9	18.9	12.5	16.8
Symptoms requiring immediate return	7.8	4.9	10.8	9.4	6.1	10.7	7.0
Number of sick child observations	164	235	308	146	1,306	26	2,186

¹ Cough or difficulty breathing, diarrhea, and fever

² Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

Table 4.11.2 Assessments and examinations of sick children

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by background characteristics, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Qualification of provider							
Consultation conducted by consultant/specialist or medical doctor/general practitioner (MD-GP)	6.2	72.2	0.8	22.4	11.7	36.1	15.5
Consultation conducted by medical officer (MO)	14.7	22.0	13.5	23.5	8.7	31.3	15.7
Consultation conducted by nursing professional, including degree nurse or degree midwife	14.9	0.0	26.1	16.7	6.7	7.0	12.8
Consultation conducted by paramedic	63.8	5.8	58.8	37.2	72.6	25.4	55.6
History: assessment of general danger signs							
Inability to eat or drink anything	21.2	23.9	23.3	26.1	16.9	20.5	21.6
Vomiting everything	19.2	28.2	22.8	22.0	18.5	21.5	20.5
Convulsions	4.3	6.6	4.1	3.8	5.6	4.6	4.7
All general danger signs	2.2	0.7	1.4	1.5	2.5	1.5	2.0
History: assessment of main symptom							
Cough or difficulty breathing	54.0	68.1	55.0	63.7	48.9	70.6	56.0
Diarrhea	40.8	41.2	56.5	43.8	35.1	38.4	40.8
Fever	75.8	85.6	87.1	85.0	67.8	88.1	77.2
All 3 main symptoms ¹	24.2	28.3	31.5	30.4	18.1	29.3	24.8
Ear pain or discharge from ear	19.0	7.7	20.0	16.2	18.2	13.4	17.4
All 3 main symptoms plus ear pain/discharge	9.4	2.3	12.8	8.8	7.1	7.2	8.4
History: other assessment							
Asked about TB disease in any parent in last 5 years	0.0	0.1	0.0	0.1	0.0	0.1	0.0
Asked if 2 or more episodes of diarrhea occurred, each lasting more than 14 days	0.5	0.0	0.3	0.4	0.4	0.0	0.4
Physical examination							
Took child's temperature with thermometer ²	56.0	57.8	65.7	63.6	47.4	60.7	56.2
Counted respiration (breaths) for 60 seconds	24.1	22.6	32.2	30.5	16.0	28.2	23.9
Checked skin turgor for dehydration	6.8	4.7	8.9	7.4	5.3	6.9	6.5
Checked for pallor by looking at palms	3.1	7.9	5.6	3.7	3.5	4.2	3.8
Checked for pallor by looking at conjunctiva	11.0	18.7	12.6	13.0	11.2	12.8	12.1
Looked into child's mouth	8.4	29.2	8.7	16.7	6.8	24.3	11.4
Checked for neck stiffness	1.1	0.8	0.3	1.5	0.6	1.8	1.0
Looked in child's ear	10.4	7.9	10.0	9.4	10.6	9.4	10.0
Felt behind child's ears for tenderness	5.9	5.4	7.5	6.4	4.9	5.9	5.8
Pressed both feet to check for edema	1.7	1.5	1.8	1.7	1.6	1.9	1.7
Checked for enlarged lymph nodes	2.4	6.8	4.3	2.9	2.9	3.0	3.0
Weighed the child	59.3	80.5	60.1	74.5	51.0	77.6	62.3
Plotted weight on growth chart	30.5	20.3	28.0	28.0	30.3	26.8	29.0
Essential advice to caretaker							
Give extra fluids to child	18.0	14.7	27.5	18.5	14.7	15.7	17.5
Continue feeding child	16.9	16.3	24.3	19.0	13.3	16.6	16.8
Symptoms requiring immediate return	6.4	10.8	8.7	8.0	5.7	10.1	7.0
Number of sick child observations	1,878	308	189	977	1,019	526	2,186

¹ Cough or difficulty breathing, diarrhea, and fever

² Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

4.4.1 Full Assessment

IMCI/IMNCI General Danger Signs

According to IMCI/IMNCI standards, providers should check every sick child for four danger signs: inability to eat or drink anything, vomiting everything, convulsions, and whether the child is lethargic or unconscious. In the NHFS, the observers recorded whether or not the provider inquired about three of these danger signs: inability to eat or drink, vomiting, and convulsions.

For the most part, providers in the observed sick child consultations did not assess whether the child had any of these signs (Tables 4.11.1 and 4.11.2). Providers asked about vomiting and inability to eat or drink in one-fifth of the consultations, while convulsions were discussed in only 5 percent of the consultations. Overall, only 2 percent of providers talked about all three danger signs during the observed consultations. Among the different facility types, providers in UHCs were least likely to assess the child for the presence of danger signs.

IMCI/IMNCI Main Signs and Symptoms

IMCI/IMNCI guidelines call for each child to be evaluated for the following three symptoms regardless of the reason for the consultation: cough or difficulty breathing, diarrhea, and fever. The most widely assessed symptom was fever (77 percent), followed by cough or difficulty breathing (56 percent) and diarrhea (41 percent). Health providers assessed sick children for all three symptoms in only one quarter of the consultations observed in the NHFS. All three symptoms were assessed most often in private hospitals (28 percent) and PHCCs (27 percent) and least often in UHCs (8 percent).

Physical Examination

In the majority of the consultations observed in the NHFS, the child was weighed (62 percent) and the child's body temperature was taken (56 percent). Plotting weight on a growth chart and counting respiratory rates were observed in 29 percent and 24 percent of consultations, respectively. Less than 5 percent of providers checked for neck stiffness, pressed feet to check edema, checked for enlarged lymph nodes, or checked for pallor by looking at palms.

Essential Advice

IMCI/IMNCI guidelines call on providers caring for sick children to always advise a sick child's caregivers about the importance of giving the child extra fluids and continuing to feed the child and about what symptoms, if they appear, would require an immediate return to the facility. Providers gave this advice in relatively few consultations. About 2 in 10 providers advised on giving extra fluid to the child and on continued feeding, while only 7 percent advised on symptoms requiring immediate return to the facility.

4.4.2 Diagnosis-Specific Assessments and Treatment

At the end of each sick child consultation, providers were asked about the child's diagnosis or the major symptoms for which the child was seen and also about the treatment provided or prescribed, if any. Table 4.12 presents the components of sick child consultations according to the illness diagnosed or the symptoms for which the child was seen.

Again the results show that, regardless of the diagnosis, only a minority of providers were observed to assess the child or offer advice to caretakers according to IMCI/IMNCI guidelines. For example, providers were most likely to have asked about all three IMCI/IMNCI main symptoms (cough/difficulty breathing, diarrhea, and fever) for children diagnosed as having pneumonia; however, even among these children, only slightly more than half of providers assessed whether or not the child had all three IMCI/IMNCI symptoms. Children with pneumonia also were most likely to have their body temperature taken (82 percent) and their respiratory rate calculated (72 percent).

Almost 6 in 10 children received antibiotics to treat illness or major symptoms. Among those children diagnosed with any diarrhea with dehydration, three-quarters were treated with ORS and zinc, none were given intravenous fluid, twelve percent of children were referred by the provider for laboratory testing, and a follow-up visit was discussed in about a fifth of the consultations.

Table 4.12. Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptoms

Among sick children whose consultations with a provider were observed, the percentage diagnosed with specific illnesses or the symptoms for which the indicated IMCI/IMNCI assessment, physical examination, and/or treatment was provided, Nepal Health Facility Survey 2015

Components of consultation	Respiratory illness			Febrile illness				Gastrointestinal illness			All observed children	
	Pneumonia	Cough, diagnosis uncertain	Fever of unknown origin	Any measles	Typhoid fever	Urinary tract infection	Septicemia/meningitis	Malaria, clinical	Any diarrhea without dehydration	Any diarrhea with dehydration		Ear infection
IMCI assessment												
3 main symptoms ¹	51.2	16.7	28.5	100.0	3.0	4.6	10.8	26.4	29.4	38.5	18.8	24.8
3 general danger signs ²	4.0	0.4	1.0	0.0	0.0	0.0	0.0	0.0	2.6	9.2	2.8	2.0
Current eating or drinking habits	34.0	17.1	13.9	0.0	18.2	9.6	23.7	0.0	24.0	31.1	9.2	16.3
Caretaker advised to continue feeding and to increase fluid intake	10.1	6.6	9.2	0.0	0.0	8.6	39.1	0.0	14.5	38.3	1.6	6.8
Physical exam												
Temperature	82.2	64.1	75.4	0.0	61.4	51.2	45.3	55.1	52.7	60.1	58.6	56.2
Respiratory rate	71.9	22.0	28.1	0.0	18.2	0.9	0.0	16.8	21.3	28.3	14.8	23.9
Dehydration	4.6	2.5	4.0	0.0	0.0	0.0	0.0	8.8	18.5	33.7	5.6	6.5
Anemia	18.5	4.1	17.3	0.0	0.0	2.4	17.0	39.7	17.7	28.3	3.2	14.4
Ear (looked in ear/felt behind ear)	17.2	8.3	9.2	0.0	0.0	0.0	0.0	56.0	5.6	8.6	85.4	12.8
Edema	3.0	0.3	1.2	0.0	0.0	0.0	0.0	5.0	1.2	3.3	0.0	1.7
Referred for any laboratory test	9.3	4.3	6.2	0.0	52.0	21.9	16.6	3.6	4.0	11.7	2.3	6.6
Treatment												
Referred outside or admitted	1.6	0.0	0.9	0.0	0.0	0.0	33.2	0.0	1.8	0.0	6.3	2.3
Injectable antibiotic	2.5	0.0	1.8	0.0	0.0	0.0	6.2	3.6	0.7	1.2	0.0	1.1
Oral antibiotic	86.3	43.3	47.5	100.0	77.7	55.8	62.5	19.0	53.3	34.8	82.4	57.9
Any antimalarial	0.0	0.0	0.0	0.0	0.0	0.0	0.0	47.1	0.4	0.0	0.0	0.2
Oral bronchodilator	3.5	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	1.1
Oral medication for symptomatic treatment	73.3	72.7	88.1	0.0	89.4	31.0	0.0	65.5	29.8	22.1	53.5	52.2
Oral rehydration (ORS) + zinc	5.8	2.1	3.7	0.0	12.8	0.0	6.2	16.8	41.8	75.6	3.6	9.7
Intravenous fluid	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Described signs or symptoms requiring immediate return	15.7	8.3	9.0	100.0	10.6	3.1	0.0	0.0	6.3	1.3	7.7	7.0
Discussed follow-up visit	45.8	29.1	26.9	0.0	25.8	15.6	53.8	13.9	23.2	19.5	29.0	25.8
Number of children ³	177	76	392	1	10	22	5	6	331	25	123	2,186

Note: All diagnoses reported in this table are as reported by the interviewed provider. The interviewing team did not verify any of the information.

¹ The three IMCI/IMNCI main symptoms are cough/difficulty breathing, diarrhea, and fever.

² The three IMCI/IMNCI general danger signs are inability to eat/drink anything, vomiting everything, and febrile convulsion.

³ A child may be classified under more than one diagnosis; therefore, the numbers in the individual columns may add to more than the total number of observed children.

4.5 CLIENT OPINIONS

Before leaving the facility, interviewers asked the caretakers of sick children about their opinions regarding the consultation process and the quality of services. Specifically, the interviewer read a list of issues that are common reasons for clients' dissatisfaction and asked caretakers whether each issue had posed a major problem, a minor problem, or no problem at all in their child's consultation. Tables 4.13.1 and 4.13.2 show the percentages of caretakers considering various service issues as major problems for them.

The two issues most commonly cited as major problems for clients were long waits to see the provider and lack of medicines, each mentioned by 8 percent of caretakers. Waiting time was mentioned most often as a major problem in zonal and above hospitals (23 percent). Lack of availability of medicines was mentioned as a major problem by 9 percent of caregivers receiving services in public facilities, as compared with less than 1 percent of caregivers in private facilities.

Table 4.13.1 Feedback from caretakers of observed sick children on service problems

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type, Nepal Health Facility Survey 2015

Client service issue	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Behavior/attitude of provider	2.5	3.2	0.0	0.9	1.6	0.0	1.5
Amount of explanation about child's illness	1.8	5.0	1.3	3.0	3.2	0.0	3.0
Wait to see provider	23.2	15.5	9.0	10.4	4.9	4.9	8.4
Ability to discuss problems	3.0	5.6	0.7	4.3	2.8	2.2	2.9
Availability of medicines at facility	9.4	9.0	0.7	7.4	8.7	5.5	7.5
Number of days facility is open	2.6	3.6	0.1	1.3	3.9	0.0	3.0
Number of hours facility is open	4.4	5.1	0.3	4.0	5.5	10.0	4.6
Cleanliness of facility	4.8	4.1	1.2	0.4	3.0	0.0	2.8
Cost of services	6.8	4.7	2.8	0.8	0.1	0.0	1.5
Amount of visual privacy	7.0	0.7	0.9	0.6	0.8	2.6	1.3
Amount of auditory privacy	7.0	1.1	0.9	0.6	0.7	2.6	1.2
Number of interviewed caretakers of sick children	164	235	308	146	1,306	26	2,186

Table 4.13.2 Feedback from caretakers of observed sick children on service problems

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Nepal Health Facility Survey 2015

Client service issue	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Behavior/attitude of provider	1.8	0.0	0.3	0.8	2.4	1.1	1.5
Amount of explanation about child's illness	3.2	1.3	2.5	1.0	4.9	0.4	3.0
Wait to see provider	8.3	9.0	6.9	8.0	9.0	10.3	8.4
Ability to discuss problems	3.3	0.7	3.1	1.3	4.4	0.8	2.9
Availability of medicines at facility	8.7	0.7	15.1	4.5	9.0	3.9	7.5
Number of days facility is open	3.5	0.1	4.1	2.0	3.7	0.4	3.0
Number of hours facility is open	5.3	0.3	6.5	2.9	5.8	0.9	4.6
Cleanliness of facility	3.0	1.2	2.6	0.6	4.9	0.6	2.8
Cost of services	1.3	2.8	1.0	1.7	1.4	2.3	1.5
Amount of visual privacy	1.3	0.9	1.6	1.9	0.6	2.2	1.3
Amount of auditory privacy	1.3	0.9	1.0	1.9	0.6	2.2	1.2
Number of interviewed caretakers of sick children	1,878	308	189	977	1,019	526	2,186

4.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

4.6.1 Supervision

Personal supervision can be an important source of support and direction for health facility staff members. Supervision of child health care providers is fairly common throughout Nepal care facilities. Overall, nearly 7 of every 10 interviewed child health care providers reported receiving personal supervision in the six months before the NHFS visit (Table 4.14). The level of supervision was higher in peripheral public facilities than in public hospitals. By managing authority, providers at private facilities received less supervisory support than those at public facilities.

Table 4.14 Supportive management for providers of child health services

Among interviewed child health service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers
	Training related to child health during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to child health during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Zonal and above hospitals	10.3	62.2	8.5	55
District-level hospitals	28.7	67.6	20.6	156
Private hospitals	7.5	58.7	4.1	395
PHCCs	33.6	75.7	27.5	257
HPs	34.0	73.6	26.3	2,369
UHCs	27.5	74.6	25.3	65
Managing authority				
Public	33.1	73.3	25.8	2,901
Private	7.5	58.7	4.1	395
Ecological region				
Mountain	28.9	67.3	17.8	335
Hill	29.2	71.2	22.7	1,656
Terai	31.4	73.0	25.2	1,306
Earthquake-affected districts (14)	30.3	69.1	22.3	707
National average	30.0	71.5	23.2	3,296

¹ Training refers only to in-service training. The training must be structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

4.6.2 Training

Training, too, is an important management function to support health care providers. Periodic in-service training in particular can keep providers up to date and help them refresh their knowledge and skills.

In Nepal health facilities, 3 of every 10 interviewed child health service providers said they had received in-service training related to child health in the 24 months before the assessment (Table 4.15). Providers in government facilities were more likely to have received recent training (33 percent) than providers in private hospitals (8 percent).

Overall, 23 percent of interviewed child health service providers had recently received both personal supervision and in-service training. Providers from PHCCs (28 percent), health posts (26 percent), and UHCs (25 percent) were most likely to have recently received both training and supervision. Fewer than 1 in 10 providers at zonal and above hospitals and 1 in 20 providers at private hospitals had been supervised recently and had received in-service training in the 24 months before the survey.

With regard to the topics of in-service training, Table 4.15 shows the proportions of all providers of child health services who reported receiving in-service training on specified topics within the 24 months before the survey or at any time. IMCI/IMNCI (39 percent) and NIP or cold chain monitoring (30 percent) were the most common topics of training.

Table 4.15 Training for child health service providers

Among interviewed child health service providers, the percentages who report receiving in-service training on topics related to child health during the specified period before the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of providers of child health services who reported that they received in-service training on:												Number of interviewed providers
	NIP or cold chain monitoring		IMCI/IMNCI		Performing malaria RDT		Infant and young child feeding training		IMN training		Essential nutrition action training		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Zonal and above hospitals	6.3	19.2	3.7	21.4	0.0	11.6	0.0	6.3	0.0	5.1	2.5	8.0	55
District-level hospitals	8.7	22.4	15.4	35.4	6.9	13.6	8.5	16.0	3.7	8.5	6.1	13.1	156
Private hospitals	2.1	8.1	1.6	9.0	0.3	4.4	0.7	3.5	0.5	2.4	0.8	3.5	395
PHCCs	12.2	28.2	14.8	43.1	5.9	16.8	9.3	19.3	3.1	9.2	7.4	14.9	257
HPs	12.7	35.1	12.3	44.1	6.8	18.8	7.0	17.1	2.6	11.9	5.8	17.3	2,369
UHCs	13.7	22.1	8.9	19.9	11.8	16.1	11.6	12.0	1.8	3.7	5.4	7.5	65
Managing authority													
Public	12.3	33.2	12.4	42.6	6.7	18.2	7.3	16.9	2.7	11.1	5.9	16.5	2,901
Private	2.1	8.1	1.6	9.0	0.3	4.4	0.7	3.5	0.5	2.4	0.8	3.5	395
Ecological region													
Mountain	7.5	25.4	10.6	35.7	1.4	8.0	5.8	14.6	3.1	7.6	5.2	14.6	335
Hill	10.9	28.2	11.6	35.8	4.2	12.5	6.4	14.8	2.2	10.1	4.7	12.4	1,656
Terai	12.4	33.9	10.7	42.8	9.2	23.7	6.8	16.1	2.5	10.7	6.0	18.2	1,306
Earthquake-affected districts (14)	11.3	27.2	14.2	34.3	5.5	14.6	5.4	11.0	1.2	5.4	2.5	7.3	707
National average	11.1	30.2	11.1	38.5	5.9	16.5	6.5	15.3	2.4	10.1	5.3	14.9	3,296

NIP = National Immunization Program (of Nepal)
 IMCI = Integrated management of childhood illness
 IMNCI = Integrated management of neonatal and childhood illness
 IYCF = Infant and young child feeding
 IMN = Iron deficiency disorder related

Key Findings

- Almost all (97 percent) health facilities in Nepal offer (that is, provide, prescribe, or counsel clients on) at least three temporary modern family planning methods. Government health facilities are more likely to offer modern family planning methods than private health facilities.
- Combined oral contraceptive pills, male condoms, and progestin-only injectables (Depo) are the most commonly offered family planning methods. Long-acting reversible contraceptives (implants and intrauterine contraceptive devices [IUCDs]) are offered at half of health facilities where family planning services are available.
- Virtually all facilities where family planning services are available are able to provide male condoms, oral contraceptives, and injectables to clients at the facility. However, only around one in five facilities where family planning services are available provide IUCDs and implants at the facility.
- Ninety-five percent of health facilities that provide family planning methods actually had every method they provide available on the day of the visit.
- Overall, 16 percent of the interviewed family planning service providers reported that they had received in-service training related to family planning in the 24 months before the assessment
- Just over 1 in 10 family planning service providers have ever received in-service training on long-acting reversible contraceptive methods.
- Hand-washing supplies were seen in just over half of health facilities offering family planning services.
- Overall, the environment for family planning counseling is poor. Visual and auditory privacy and confidentiality were assured in only 6 percent of the family planning consultations observed in the survey.
- There was almost no discussion of sexually transmitted infections or condoms during observed consultations. Method-specific side effects were discussed in a little more than one in five consultations.

5.1 BACKGROUND

5.1.1 NHFS Approach to Collection of Family Planning Service Information

Family planning (FP) is profoundly important for maternal and child health and a key element in upholding reproductive rights. Therefore, wherever maternal health, reproductive health, or child health services are provided, facilities should strive to increase the appropriate use of family planning and contraceptive services and to provide client education.

This chapter provides detailed information on how family planning services are delivered—information that programs can use to improve the availability and quality of these services. It explores five key areas relating to the provision of quality family planning services at health facilities in Nepal:

- **Availability of services.** Section 5.2, including Tables 5.1 through 5.5.2 and Figure 5.2, examines the availability of family planning services and how frequently these services are provided.

- **Service readiness.** Section 5.3, including Tables 5.6 and 5.7 and Figures 5.3 and 5.4, addresses the extent to which facilities offering family planning services have the capacity to support quality services, including the necessary service guidelines, trained staff, equipment, infection control items, and commodities.
- **Adherence to standards.** Section 5.4, including Tables 5.8.1 through 5.10.2, uses information from observations of family planning consultations to examine issues relating to providers' adherence to accepted standards for service provision and the quality of family planning services.
- **Client opinion.** Section 5.5, including Tables 5.11.1, 5.11.2, and 5.12 and Figure 5.5, examines feedback from interviewed family planning clients on problems they experienced in obtaining services and their knowledge of the methods they received.
- **Basic management and administrative systems.** Section 5.6, including Tables 5.13 and 5.14, looks at aspects of management, supervision, and training that are important to support the delivery of high-quality family planning services.

5.1.2 Family Planning Services in Nepal

Family planning has been an integral part of the national health strategy and program of the Ministry of Health and Population since 1959. The priority that the government of Nepal places on family planning is demonstrated by its prominence in the country's development plans and strategies, including the Second Long-Term Health Plan 2006-2017, the Population Perspective Plan 2010-2031, the Nepal Health Sector Strategy (NHSS) 2015-2020, and the National Family Planning Costed Implementation Plan 2015-2020.

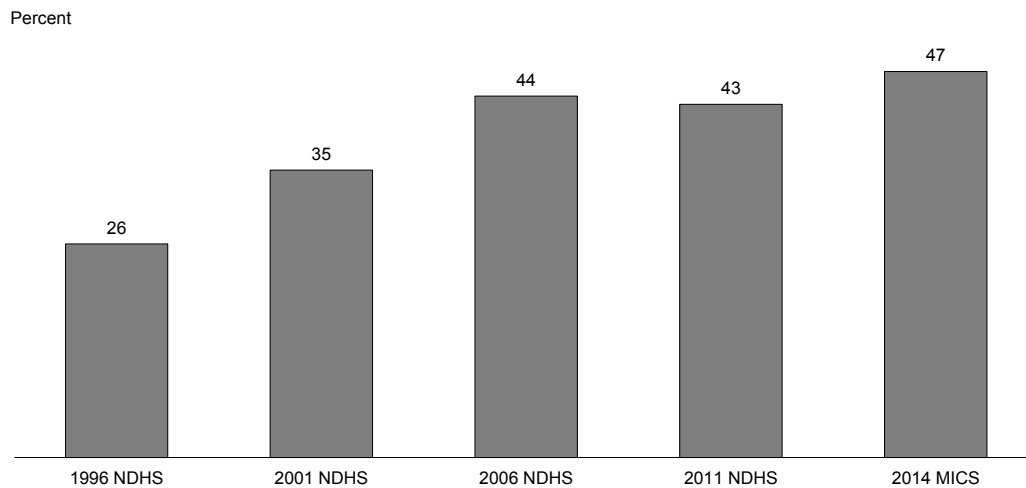
By improving access to rights-based FP services, the government of Nepal aims to enable women and couples to attain their desired family size, ensure healthy spacing of births, and thus reduce the current high level of unmet need for contraceptives. Family planning is regarded as one of the major public health successes of the past 50 years. Over the years, family planning has transformed and saved the lives of millions of women and children and has supported families in breaking the cycle of poverty.

Family planning saves lives by preventing unintended, unwanted, and unplanned pregnancies, thereby reducing the need for abortions (which can often be unsafe and illegal), and by reducing the probability of a woman's death because of causes related to pregnancy and childbirth. With all of these benefits, family planning has to be seen as an investment and not simply as an expenditure. For every rupee spent on family planning, it is estimated that Nepal would save 3 rupees by reducing the amounts spent on primary education, child immunization, child pneumonia, maternal health, and water, sanitation, and hygiene (Family Planning Costed Implementation Plan 2015-2020).

As Figure 5.1 shows, through concerted efforts made over the past several decades, Nepal has made remarkable progress in increasing the utilization of modern family planning methods among currently married women, from 26 percent in 1996 (NDHS, 2001) to 47 percent in 2014 (MICS, 2014). The most commonly used modern methods are sterilization (18 percent for female sterilization and 5 percent for male sterilization), injectables (13 percent), oral contraceptive pills (5 percent), and male condoms (4 percent) (MICS, 2014).

Currently, more than 60 percent of the demand for modern methods is satisfied (MICS, 2014). Unmet need for FP declined from 32 percent in 1996 (Bradley et al. 2012) to 25 percent in 2014 (MICS 2014). Despite the overall progress, utilization rates are still visibly disparate among different sub-regions and among population groups such as adolescents, postpartum women, and the urban poor. The Ministry of Health's Family Health Division is committed to implementing targeted strategies and interventions that will enable the country to continue to increase access to and use of quality FP information and services, with a particular focus on serving poor, vulnerable, and marginalized populations.

Figure 5.1 Trends in use of modern contraceptive methods among currently married women age 15-49



5.2 AVAILABILITY OF FAMILY PLANNING SERVICES

This section of the report uses the following definitions in assessing the availability of FP services:

- A facility is said to *offer* a family planning method if the facility reports that it provides or prescribes the method, refers clients to obtain the method elsewhere, or counsels clients on the method without actually making the method available at the facility.
- A facility is said to *provide* a family planning method if the facility reports that it stocks the method and makes it available to clients when they visit the facility. In other words, these clients can obtain the method without leaving the facility.

5.2.1 Contraceptive Method Mix and Method Availability

Family planning methods differ in how they function and in their effectiveness, side effects, and mode of use. Thus, their acceptability and desirability also differ among users. To address varying needs and demands for contraception, a variety of methods that meet common needs should be easily obtainable.

Thus, a facility that offers a wide range of family planning methods is best able to meet clients' needs. However, some variation is expected in the methods offered because of differences in provider qualifications and training as well as the infrastructure required to provide certain methods safely. Methods that can be provided safely with minimal training are pills, injectables, and condoms. Safely providing implants, intrauterine contraceptive devices (IUCDs), and female and male sterilization requires a higher level of skill and a more developed infrastructure.

Table 5.1 Availability of family planning services

Among all facilities, the percentages offering temporary methods of family planning, male sterilization, female sterilization, and the percentage offering any modern family planning, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Temporary methods of family planning (FP)			Sterilization			Percentage offering any modern methods of FP ⁴	Number of facilities
	Percentage offering any temporary modern method of FP ¹	Percentage offering counseling on periodic abstinence/rhythm	Percentage offering any temporary modern method of FP or counseling on periodic abstinence/rhythm	Percentage offering male sterilization ²	Percentage offering female sterilization ³	Percentage offering male or female sterilization		
Facility type								
Zonal and above hospitals	88.3	73.6	88.3	69.9	73.6	77.3	88.3	6
District-level hospitals	100.0	75.0	100.0	72.4	68.4	73.7	100.0	16
Private hospitals	70.1	50.7	70.4	40.0	40.7	41.9	70.1	70
PHCCs	100.0	71.3	100.0	37.8	37.8	38.8	100.0	42
HPs	100.0	62.0	100.0	33.9	32.9	34.3	100.0	775
UHCs	100.0	71.3	100.0	34.9	38.8	38.8	100.0	32
Managing authority								
Public	99.9	63.1	99.9	35.1	34.3	35.7	99.9	870
Private	70.1	50.7	70.4	40.0	40.7	41.9	70.1	70
Ecological region								
Mountain	100.0	64.6	100.0	41.7	41.6	41.7	100.0	118
Hill	98.5	64.9	98.5	35.0	35.4	36.0	98.5	482
Terai	95.8	57.5	95.8	33.9	31.4	34.3	95.8	340
Earthquake-affected districts (14)								
	96.6	66.7	96.6	31.3	32.4	32.7	96.6	194
National average	97.7	62.2	97.7	35.4	34.7	36.1	97.7	940

Note: This table and other tables in this chapter exclude stand-alone HTC sites and Sukra Raj and Kanti hospitals.

¹ Facility provides, prescribes, or counsels clients on any of the following temporary modern methods of family planning: combined oral contraceptive pills, progestin-only injectables (Depo), implants, intrauterine contraceptive devices (IUCDs), or male condoms.

² Providers in the facility perform male sterilization or counsel clients on male sterilization.

³ Providers in the facility perform female sterilization or counsel clients on female sterilization.

⁴ Facility provides, prescribes, or counsels clients on any of the following: combined oral contraceptive pills, progestin-only injectables (Depo), implants, intrauterine contraceptive devices (IUCDs), male condoms, female sterilization, or male sterilization.

Almost all health facilities in Nepal (98 percent) offer some type of family planning (Table 5.1). However, there are differences in the availability of specific types of family planning methods. For example, all primary health care centers (PHCCs), health posts (HPs), urban health centers (UHCs), and district-level hospitals, but only 88 percent of zonal and above hospitals and 70 percent of private hospitals, offer at least one temporary modern family planning method. Sterilization services are more widely available in public hospitals than in private hospitals or lower-level public facilities.

5.2.2 Frequency of availability of Family Planning Services

To meet client needs, family planning services should be regularly available. Overall, a large majority (97 percent) of health facilities in Nepal offer family planning services five or more days per week (Table 5.2). Considering the type of facility, 83 percent of zonal and above hospitals and 76 percent of district hospitals offer family planning services five or more days per week, as compared with 96 percent or more of lower-level public facilities (PHCCs, HPs, and UHCs) and private hospitals.

Table 5.2 Frequency of availability of family planning services

Among facilities offering any modern method of family planning, the percentages offering any method on the indicated number of days per week, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities where family planning ¹ services are offered the indicated number of days			Number of facilities offering any modern method of family planning
	1-2 days per week	3-4 days per week	5 or more days per week	
Facility type				
Zonal and above hospitals	12.5	4.2	83.4	5
District-level hospitals	10.5	11.8	76.3	16
Private hospitals	0.9	2.3	96.8	49
PHCCs	2.4	1.5	96.1	42
HPs	1.8	0.1	97.8	775
UHCs	0.0	0.0	100.0	32
Managing authority				
Public	1.9	0.4	97.3	870
Private	0.9	2.3	96.8	49
Ecological region				
Mountain	1.4	0.2	98.4	118
Hill	2.0	0.2	97.3	474
Terai	1.9	0.9	96.9	326
Earthquake-affected districts (14)	3.3	0.1	96.5	188
National average	1.9	0.5	97.3	919

¹ Includes services for combined oral contraceptive pills, progestin-only injectables (Depo), implants, intrauterine contraceptive devices (IUCDs), male condoms, female sterilization, or male sterilization.

¹ Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent.

5.2.3 Specific Methods Offered

Tables 5.3.1 and 5.3.2 present information on the methods offered by facilities where family planning services are available. As noted above, facilities were considered to offer a method if they prescribed or provided it in the facility, counseled the client about it, or referred the client elsewhere for the method. The temporary modern methods of family planning offered most often in health facilities in Nepal are male condoms (100 percent), combined oral contraceptive pills (99 percent), and progestin-only injectables (98 percent). Almost half of facilities where family planning services are available offer long-acting reversible contraceptive methods (implants and IUCDs). Three in 10 facilities offer emergency contraceptive pills. More than 6 in 10 facilities counsel clients about periodic abstinence or rhythm.

Almost all facilities (97 percent) where family planning services are available offer combined oral contraceptive pills, male condoms, and progestin-only injectables, and 44 percent also offer implants and IUCDs. A little more than one quarter offer female and male sterilization in addition to the five temporary family planning methods. Hospitals are more likely than lower-level facilities to offer all seven modern methods. Private facilities offer a larger number of methods than public facilities (Table 5.3.2). Differences in the methods offered across the ecological regions are generally minor.

Table 5.3.1 Family planning services offered

Among facilities offering any modern method of family planning, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by facility type, Nepal Health Facility Survey 2015

Methods provided, prescribed, or counseled	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Combined oral contraceptive pills	95.8	98.7	94.9	99.5	99.3	100.0	99.0
Progestin-only injectables (Depo)	91.7	96.1	94.5	99.5	98.5	98.1	98.2
Male condoms	100.0	100.0	92.4	100.0	100.0	98.1	99.5
Intrauterine contraceptive devices	100.0	97.4	76.8	90.3	45.2	37.5	49.9
Implants	87.2	96.1	65.1	84.5	45.0	35.3	48.6
Male sterilization	79.2	72.4	57.5	37.8	33.9	34.9	36.3
Female sterilization	83.4	68.4	58.9	37.8	32.9	38.8	35.6
Three temporary modern methods ¹	87.5	94.7	87.1	99.0	97.8	98.1	97.2
Five temporary modern methods ²	74.8	90.8	62.3	81.6	39.6	33.4	43.6
Seven modern methods ³	58.1	64.5	50.8	33.0	25.2	29.4	27.9
Emergency contraceptive pills	66.8	48.7	80.3	42.2	26.7	21.0	30.7
Periodic abstinence/rhythm	83.4	75.0	71.9	71.3	62.0	71.3	63.6
Number of facilities offering any modern method of family planning	5	16	49	42	775	32	919

¹ Facility provides, prescribes, or counsels clients on all of the following three temporary modern family planning methods: combined oral contraceptive pills, progestin-only injectables (Depo), and male condoms.

² Facility provides, prescribes, or counsels clients on all of the following five temporary modern family planning methods: combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, and intrauterine contraceptive devices (IUCDs).

³ Facility provides, prescribes, or counsels clients on all of the following seven modern methods: combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, intrauterine contraceptive devices, male sterilization, and female sterilization.

Table 5.3.2 Family planning services offered

Among facilities offering any modern method of family planning, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by background characteristics, Nepal Health Facility Survey 2015

Methods provided, prescribed, or counseled	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Combined oral contraceptive pills	99.3	94.9	99.8	99.0	98.8	99.3	99.0
Progestin-only injectables (Depo)	98.4	94.5	99.7	97.4	98.9	97.3	98.2
Male condoms	99.9	92.4	100.0	99.9	98.8	99.8	99.5
Intrauterine contraceptive devices	48.4	76.8	46.1	49.2	52.3	48.0	49.9
Implants	47.7	65.1	53.1	46.7	49.8	42.6	48.6
Male sterilization	35.1	57.5	41.7	35.6	35.4	32.4	36.3
Female sterilization	34.3	58.9	41.6	36.0	32.8	33.6	35.6
Three temporary modern methods ¹	97.7	87.1	99.7	96.4	97.3	96.6	97.2
Five temporary modern methods ²	42.6	62.3	44.6	41.7	46.1	41.1	43.6
Seven modern methods ³	26.6	50.8	30.5	28.1	26.7	27.9	27.9
Emergency contraceptive pills	27.9	80.3	22.9	30.9	33.2	26.2	30.7
Periodic abstinence/rhythm	63.1	71.9	64.6	65.8	60.0	69.1	63.6
Number of facilities offering any modern method of family planning	870	49	118	474	326	188	919

¹ Facility provides, prescribes, or counsels clients on all of the following three temporary modern family planning methods: combined oral contraceptive pills, progestin-only injectables (Depo), and male condoms.

² Facility provides, prescribes, or counsels clients on all of the following five temporary modern family planning methods: combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implant, and intrauterine contraceptive devices (IUCDs).

³ Facility provides, prescribes, or counsels clients on all of the following seven modern methods: combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, intrauterine contraceptive devices, male sterilization, and female sterilization.

Tables 5.4.1 and 5.4.2 present information on the proportion of facilities that actually provide clients with specific methods at the facility rather than counseling them on methods or referring them elsewhere. A comparison of the results in these tables with the information in Tables 5.3.1 and 5.3.2 indicates that virtually all facilities offering clients the pill, male condoms, or injectables have the methods available in the facility. However, in the case of long-term methods, there are marked differences between the proportions of facilities offering the method and the proportions actually providing it in the facility. For example, around half of health facilities offer IUCDs and implants (Table 5.3.1), but only around one-fifth actually provide these methods (Table 5.4.1).

Figure 5.2 shows that the capacity of facilities to provide IUCDs and implants varies according to type of facility. All zonal and above and district hospitals and most PHCCs offering IUCDs are able to insert the method at the facility. Similarly, all zonal and above hospitals and most district hospitals and PHCCs offering implants provide the method at the facility. On the other hand, while 45 percent of health posts offer IUCDs and implants, only 15 percent actually provide these methods.

Figure 5.2 Facility types offering and providing FP methods

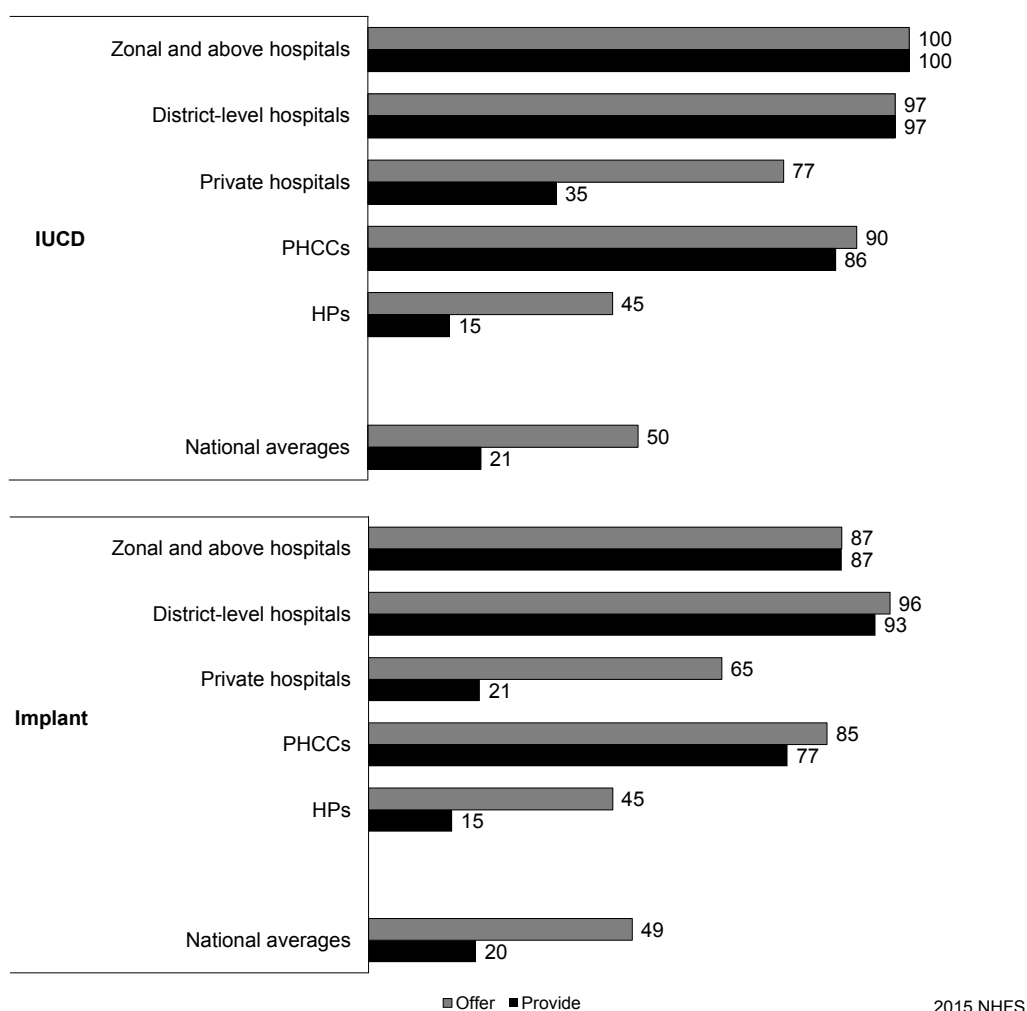


Table 5.4.1 Methods of family planning provided¹

Among facilities offering any modern method of family planning, the percentages that provide clients with specific modern family planning methods, by facility type, Nepal Health Facility Survey 2015

Methods provided	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Combined oral contraceptive pills	91.7	96.1	55.3	97.6	97.3	98.1	95.1
Progestin-only injectables (Depo)	91.7	96.1	63.9	99.0	96.6	98.1	95.0
Male condoms	100.0	100.0	58.8	99.5	98.5	98.1	96.5
Intrauterine contraceptive devices	100.0	97.4	34.8	86.4	15.1	3.2	20.9
Implants	87.2	93.4	20.5	77.2	15.4	3.2	19.8
Male sterilization	62.6	47.4	21.0	2.4	0.0	0.0	2.4
Female sterilization	66.8	39.5	26.3	1.9	0.0	0.0	2.5
Three temporary modern methods ²	83.4	92.1	53.5	97.1	95.2	98.1	93.1
Five temporary modern methods ³	70.6	85.5	16.3	72.4	9.3	3.2	14.0
Seven modern methods ⁴	45.7	34.2	8.1	1.9	0.0	0.0	1.4
Emergency contraceptive pills	46.0	22.4	36.4	24.2	7.2	2.9	9.9
Number of facilities offering any modern method of family planning	5	16	49	42	775	32	919

¹ The facility reports that it stocks the method at the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, the facility reports that providers in the facility perform the procedures.

² Combined oral contraceptive pills, progestin-only injectables (Depo), and male condoms

³ Combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, and intrauterine contraceptive devices (IUCDs)

⁴ Combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, intrauterine contraceptive devices, male sterilization, and female sterilization

Table 5.4.2 Methods of family planning provided¹

Among facilities offering any modern method of family planning, the percentages that provide clients with specific modern family planning methods, by background characteristics, Nepal Health Facility Survey 2015

Methods provided	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Combined oral contraceptive pills	97.3	55.3	98.2	95.9	92.8	95.4	95.1
Progestin-only injectables (Depo)	96.7	63.9	98.4	94.7	94.2	94.1	95.0
Male condoms	98.6	58.8	98.8	97.0	94.8	96.0	96.5
Intrauterine contraceptive devices	20.1	34.8	14.5	21.6	22.2	18.3	20.9
Implants	19.8	20.5	23.0	20.1	18.3	18.6	19.8
Male sterilization	1.3	21.0	1.7	2.5	2.4	3.0	2.4
Female sterilization	1.2	26.3	1.2	2.9	2.4	4.1	2.5
Three temporary modern methods ²	95.3	53.5	98.1	92.5	92.2	92.9	93.1
Five temporary modern methods ³	13.9	16.3	11.1	13.9	15.3	12.6	14.0
Seven modern methods ⁴	1.0	8.1	0.9	1.4	1.4	1.9	1.4
Emergency contraceptive pills	8.4	36.4	3.0	10.5	11.5	10.6	9.9
Number of facilities offering any modern method of family planning	870	49	118	474	326	188	919

¹ The facility reports that it stocks the method at the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, the facility reports that providers in the facility perform the procedures.

² Combined oral contraceptive pills, progestin-only injectables (Depo), and male condoms

³ Combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, and intrauterine contraceptive devices (IUCDs)

⁴ Combined oral contraceptive pills, progestin-only injectables (Depo), male condoms, implants, intrauterine contraceptive devices, male sterilization, and female sterilization.

5.2.4 Availability of Family Planning Methods on the Day of the Assessment

Stock-outs of family planning methods can put a woman at risk of unintended pregnancy. The 2015 NHFS assessed the availability of contraceptive methods on the day of the assessment. The majority of facilities providing short-term temporary methods had them in stock on the day of the assessment. Nationwide, 95 percent of health facilities that reported providing family planning methods actually had every method they provided available on the day of the NHFS visit (Tables 5.5.1 and 5.5.2).

Virtually all of the health facilities providing three temporary methods (male condoms, combined oral contraceptives, and progestin-only injectables) had the methods on hand on the day of the NHFS visit.

However, 10 percent of facilities providing implants and IUCDs did not have these methods in stock on the day of the assessment.

By facility type, zonal and above hospitals were least likely to have available every method they reported providing (79 percent). There were only minor differences by managing authority and ecological region in the proportions of facilities reporting stock-outs. In the great majority of facilities (98 percent) from the earthquake-affected districts, every family planning method provided by the facility was available on the day of the assessment. This suggests that the efforts of the government and development partners to ensure the availability of family planning commodities in earthquake-affected districts have been successful.

Table 5.5.1 Availability of family planning commodities

Among facilities that provide¹ the indicated modern method of family planning, the percentages where the commodity was observed to be available on the day of the survey, by facility type, Nepal Health Facility Survey 2015

Method	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Combined oral contraceptive pills	100.0	98.6	98.5	99.0	99.5	100.0	99.5
Progestin-only injectables (Depo)	100.0	98.6	98.7	98.5	99.0	100.0	99.0
Male condoms	100.0	98.7	99.3	98.5	99.7	95.5	99.5
Intrauterine contraceptive devices	91.7	91.9	98.8	95.0	86.7	100.0	90.0
Implants	76.2	88.7	88.2	86.8	92.3	100.0	90.5
Every method provided by facility was available on day of survey	79.2	88.2	93.5	84.9	95.7	95.5	94.8
Emergency contraceptive pills	72.2	52.9	91.4	78.0	91.2	100.0	87.9

Note: The denominator for each method is different and is not shown in the table; the denominators are shown in a working table for reference purposes. Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid (i.e., within expiration date).

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

Table 5.5.2 Availability of family planning commodities

Among facilities that provide¹ the indicated modern method of family planning, the percentages where the commodity was observed to be available on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Method	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Combined oral contraceptive pills	99.5	98.5	98.7	99.7	99.5	99.9	99.5
Progestin-only injectables (Depo)	99.0	98.7	97.7	99.5	98.8	99.9	99.0
Male condoms	99.5	99.3	99.8	99.4	99.4	99.9	99.5
Intrauterine contraceptive devices	89.1	98.8	84.2	96.0	82.8	98.8	90.0
Implants	90.6	88.2	87.7	93.6	86.8	90.3	90.5
Every method provided by facility was available on day of survey	94.9	93.5	94.1	96.7	92.3	97.9	94.8
Emergency contraceptive pills	87.0	91.4	52.9	86.3	93.2	91.2	87.9

Note: The denominator for each method is different and is not shown in the table; the denominators are shown in a working table for reference purposes. Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid (i.e., within expiration date).

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

5.3 SERVICE READINESS

5.3.1 Service Guidelines, Trained Staff, and Equipment

To provide quality family planning services to clients, facilities should have family planning guidelines, appropriately trained providers, and certain supplies and equipment. Table 5.6 and Figure 5.3 provide information on the availability of guidelines and basic equipment for family planning services.

Table 5.6 Guidelines, trained staff, and basic equipment for family planning services

Among facilities offering any modern method of family planning, the percentage having family planning guidelines, the percentage having at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering any modern family planning and having:			Equipment							Number of facilities offering any modern method of family planning
	Guidelines on family planning ¹	Family planning register	Staff trained in family planning ²	Blood pressure apparatus ³	Examination light	Examination bed or table	FP kit or counseling kit	Pelvic model for IUCD	Model for showing condom use	Other family planning-specific visual aid ⁴	
Facility type											
Zonal and above hospitals	29.1	78.9	45.7	100.0	83.4	95.8	58.1	24.9	45.7	75.1	5
District-level hospitals	15.8	94.7	65.8	93.4	63.2	97.4	59.2	17.1	27.6	85.5	16
Private hospitals	1.3	18.3	14.1	89.3	79.9	97.3	13.1	5.7	7.2	24.3	49
PHCCs	9.7	94.2	58.8	90.3	53.0	97.6	50.5	7.3	22.3	75.3	42
HPs	14.1	93.1	29.7	85.7	43.1	81.8	29.3	6.0	9.2	61.8	775
UHCs	0.0	88.9	39.8	93.3	58.8	90.6	10.1	13.9	2.3	43.3	32
Managing authority											
Public	13.5	93.0	32.2	86.4	44.7	83.3	30.3	6.7	10.1	62.3	870
Private	1.3	18.3	14.1	89.3	79.9	97.3	13.1	5.7	7.2	24.3	49
Ecological region											
Mountain	7.0	89.7	30.9	88.4	51.8	80.3	45.8	4.5	6.0	62.5	118
Hill	15.9	90.0	29.5	87.0	52.6	83.6	26.3	7.3	11.7	59.8	474
Terai	10.5	87.4	34.1	85.4	36.0	85.9	27.9	6.4	8.8	60.2	326
Earthquake-affected districts (14)											
	10.6	86.7	27.6	87.7	52.2	83.3	24.5	6.7	7.8	43.1	188
National average	12.8	89.0	31.3	86.6	46.6	84.0	29.4	6.6	9.9	60.3	919

IUCD = Intrauterine contraceptive device

¹ National guidelines on family planning (Nepal Medical Standard Contraceptive Services Volume I) available at the service site on the day of the survey

² The facility had at least one interviewed staff member providing the service who reported receiving in-service training in some aspect of family planning during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

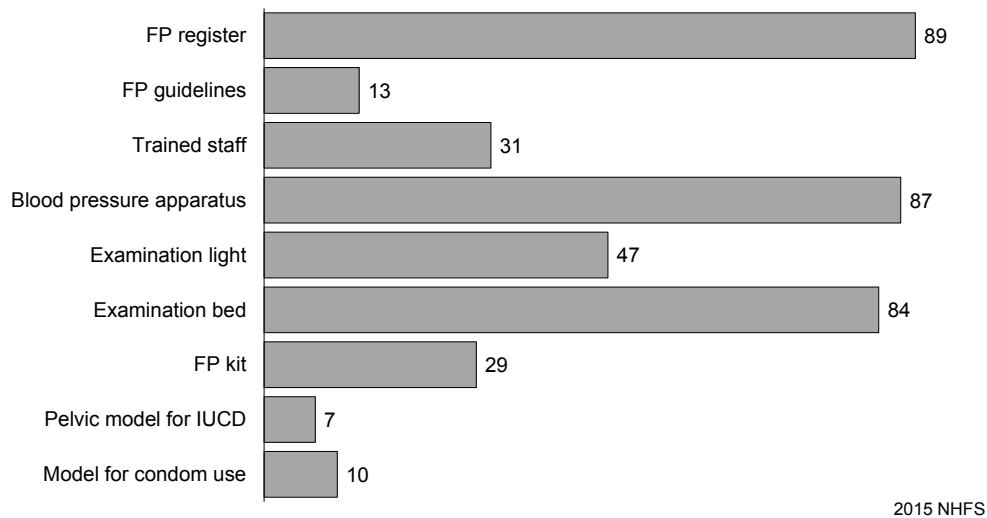
³ A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope

⁴ Flip charts or leaflets

Information was collected on the availability of the national guidelines on family planning in the family planning service delivery area or an immediately adjacent area on the day of the NHFS visit. Overall, only a minority of facilities offering modern family planning methods had the guidelines available (13 percent). Zonal and above hospitals (29 percent) were most likely to have the guidelines. No UHCs had the guidelines available. One percent of private facilities had the family planning guidelines, as compared with 14 percent of public facilities. Family planning register which are needed to record the clients receiving family planning services were available in around 90 percent of the health facilities.

Around one-third of facilities offering modern family planning methods had at least one staff member present who had received training in some aspect of family planning service delivery in the 24 months before the visit. District-level hospitals (66 percent) and PHCCs (59 percent) were most likely and private hospitals (14 percent) were least likely to have staff members recently trained in family planning.

Figure 5.3 Items to support quality provision of family planning (N=919)



In addition to service guidelines and adequately trained staff, some basic equipment and items are necessary to provide quality family planning services. They include a blood pressure apparatus, an FP kit or counseling kit, and samples of family planning methods and other visual aids, which are important elements in good family planning counseling. The NHFS also assessed the presence of an examination bed or table and an examination light, items needed to conduct a quality physical examination for family planning clients. Uniquely among temporary family planning methods, IUCDs require a pelvic examination before insertion. In addition, a physical examination may occasionally be helpful to evaluate problems with a method or simply to serve as a routine check-up unrelated to the use of family planning methods.

Overall, around 9 of every 10 health facilities offering modern family planning methods had a blood pressure apparatus available at the service site on the day of the visit. Most facilities (84 percent) also had an examination bed or table, but only around half (47 percent) had an examination light (Table 5.6). Health posts were least likely to have an examination bed (82 percent) or light (43 percent).

Around 30 percent of facilities had an FP or counseling kit. The availability of a kit varied widely by type of facility; nearly 6 in 10 zonal and above hospitals and district hospitals had a kit, as compared with only 13 percent of private hospitals and 10 percent of UHCs. Only 1 in 10 health facilities had a model for demonstrating how to use a condom, and only 7 percent had a pelvic model for demonstrating an IUCD insertion.

5.3.2 Infection Control

The NHFS assessed the presence of items for infection control in areas where family planning procedures—such as pelvic examinations for IUCD insertions and provision of implants and injectables—most often take place. The items assessed were hand washing supplies (running water and soap or else hand disinfectant), latex gloves, a safety box, a needle destroyer, and a waste receptacle (Table 5.7 and Figure 5.4).

Gloves and a safety box were seen in the family planning service areas in the great majority of facilities offering modern family planning methods (86 percent and 87 percent, respectively). In contrast, just over half of facilities had hand washing supplies. Six percent or less of facilities had a waste receptacle, a needle destroyer, or guidelines on infection safety precautions. Less than 1 percent of facilities had all of the items considered necessary for infection control.

Table 5.7 Items for infection control during provision of family planning

Among facilities offering any modern method of family planning, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

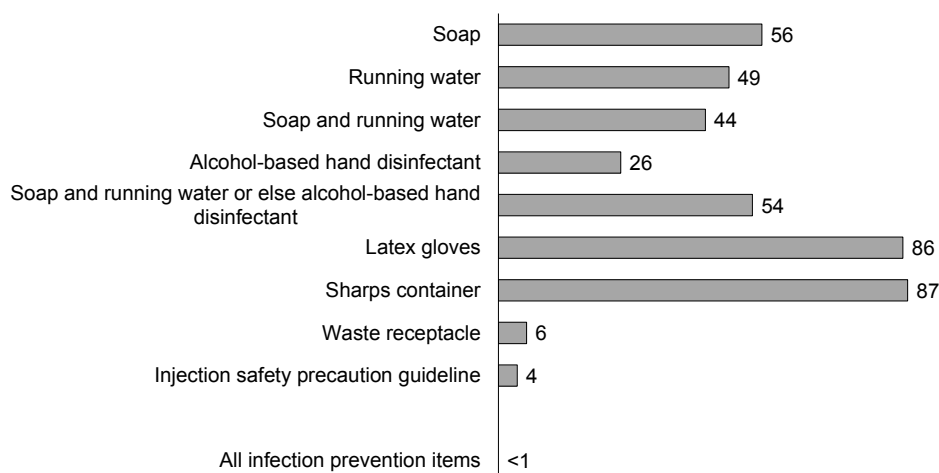
Background characteristic	Percentage of facilities offering any modern family planning services and having items for infection control											Number of facilities offering any modern method of family planning
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Safety box	Needle destroyer	Waste receptacle ²	Injection safety precaution guideline	All infection prevention items ³	
Facility type												
Zonal and above hospitals	91.7	91.7	91.7	54.3	91.7	95.8	87.2	33.2	16.6	16.6	0.0	5
District-level hospitals	80.3	75.0	72.4	40.8	80.3	90.8	94.7	10.5	15.8	5.3	3.9	16
Private hospitals	78.5	78.1	75.4	40.3	83.6	90.0	61.7	17.7	18.3	1.7	0.9	49
PHCCs	73.8	74.8	69.9	22.8	74.3	81.1	90.3	5.8	11.6	3.4	1.0	42
HPs	52.4	44.9	40.6	24.3	50.9	86.1	88.2	1.5	5.2	3.9	0.1	775
UHCs	53.4	36.7	34.4	35.0	50.6	79.6	91.7	0.0	0.0	3.2	0.0	32
Managing authority												
Public	54.2	46.9	42.7	25.1	52.8	85.8	88.5	2.0	5.6	4.0	0.2	870
Private	78.5	78.1	75.4	40.3	83.6	90.0	61.7	17.7	18.3	1.7	0.9	49
Ecological region												
Mountain	50.1	39.6	35.2	20.9	46.9	87.7	86.5	3.6	4.7	2.9	0.2	118
Hill	56.7	53.9	50.0	28.2	58.3	86.3	90.3	3.1	6.3	6.0	0.1	474
Terai	55.8	43.9	39.6	24.3	51.4	85.0	82.6	2.3	6.9	1.2	0.4	326
Earthquake-affected districts (14)	59.3	52.6	48.6	28.4	56.9	89.6	89.0	3.7	6.1	6.0	0.1	188
National average	55.5	48.5	44.4	25.9	54.4	86.0	87.1	2.9	6.3	3.9	0.2	919

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, safety box or needle destroyer, and injection safety precaution guideline.

Figure 5.4 Items for infection control in family planning service area (N=919)



2015 NHFS

5.4 ADHERENCE TO STANDARDS FOR QUALITY SERVICE PROVISION

To assess whether family planning providers adhere to service standards, NHFS staff observed family planning client-provider interactions using checklists based on commonly accepted guidelines for screening, counseling, and conducting procedures for family planning clients. The observers collected information to answer the following questions:

- Did providers talk about topics essential to determining the appropriateness of the methods discussed, and, where necessary, did they conduct the physical examination needed to screen clients for method eligibility?
- Did the conditions and procedures followed for provision of specific methods meet national standard criteria for quality service provision?

The NHFS observers noted what information the provider shared with a client and whether an examination, where appropriate, was conducted prior to dispensing a method. They did not assess whether the information given was correct or whether the findings of the examination were appropriately interpreted.

Overall, a total of 768 family planning consultations were observed during the NHFS. Less than one-fifth of the female family planning clients observed were making their first family planning-related visit. Tables 5.8.1 through 5.9.2 provide details on first-visit consultations. Tables 5.10.1 and 5.10.2 provide similar information for all female family planning clients.

5.4.1 Counseling and Client Assessment at First Family Planning Visits

During a family planning visit, especially during a client's first visit, providers are expected to elicit information about clients' personal and health history to help them make an informed choice about contraceptive use and the methods they might adopt. Therefore, during observations of first family planning visits, NHFS staff noted what information providers obtained about clients' reproductive and medical history and what examinations were conducted. The observers also recorded information relating to the counseling that occurred during the visit.

Tables 5.8.1 and 5.8.2 present information for first-visit clients on whether providers discussed specific elements of the client's reproductive and medical history and conducted the two relevant examinations (blood pressure and weight), by background characteristics. With regard to the elements of the client's reproductive history, just over half of providers asked about the client's age (54 percent), history of pregnancy (56 percent), current pregnancy status (53 percent), and the regularity of her menstrual cycle (51 percent). Surprisingly, providers generally did not discuss the woman's childbearing desires (17 percent) or breastfeeding status (if she had ever been pregnant) (10 percent), both of which may be important in deciding on an appropriate contraceptive method. Overall, providers asked about all six items of the client's reproductive history in only 2 percent of consultations, all of which took place in health posts.

With regard to the client's medical history, the most commonly discussed item was chronic illness (19 percent). Providers only rarely asked whether the woman had any symptoms of sexually transmitted infections (STIs) (4 percent) or smoked (3 percent).

Just under two-thirds of providers took the client's blood pressure, and 57 percent weighed the client. Only a minority of providers (30 percent) asked if the client had concerns or questions about methods the client had ever used.

Table 5.8.1 Client history and physical examinations for first-visit female family planning clients

Among female first-visit family planning clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by facility type, Nepal Health Facility Survey 2015

Components of consultation	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Client history							
Age	60.3	58.4	13.5	43.9	57.5	31.6	54.0
Any history of pregnancy	65.8	69.1	39.7	55.8	53.7	68.4	55.8
Current pregnancy status	41.4	52.3	24.4	63.7	53.6	84.2	53.4
Breastfeeding status (if ever pregnant) ¹	23.2	8.1	0.0	6.4	9.8	0.0	9.6
Desired timing for next child or desire for another child	22.7	30.7	5.8	19.1	14.9	0.0	16.9
Regularity of menstrual cycle	48.2	46.9	24.4	49.6	52.4	68.4	50.5
All elements of reproductive history ²	0.0	0.0	0.0	0.0	2.8	0.0	1.9
Client medical history							
Asked about smoking	0.0	0.0	0.0	0.0	4.5	0.0	3.0
Asked about symptoms of sexually transmitted infections (STIs)	0.0	7.9	0.0	3.6	4.8	0.0	4.3
Asked about any chronic illnesses	14.4	15.3	0.0	7.5	22.6	52.6	18.8
Client examination							
Measured blood pressure ⁴	70.0	72.4	62.0	70.9	62.2	100.0	65.2
Measured weight ⁵	55.4	68.4	62.0	66.5	52.7	84.2	56.8
Questions or concerns							
Asked if client had questions or concerns regarding current or past method used	31.5	37.8	13.5	26.8	29.5	84.2	30.0
Number of observed first-visit FP clients	10	12	5	21	97	2	147
Number of observed first-visit FP clients with prior pregnancy ⁶	9	12	5	21	96	2	145

¹ The denominator for this indicator is the number of first-visit family planning clients with a prior pregnancy. See also note 6.

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.

³ The client was asked about smoking, symptoms of STIs, and any chronic illness.

⁴ Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.

⁵ Weight was measured during the consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.

⁶ Applies only to the indicator "breastfeeding status"

Table 5.8.2 Client history and physical examinations for first-visit female family planning clients

Among female first-visit family planning clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by background characteristics, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Client history							
Age	55.4	13.5	84.0	56.2	44.3	67.2	54.0
Any history of pregnancy	56.3	39.7	49.9	58.3	54.1	54.6	55.8
Current pregnancy status	54.5	24.4	72.5	52.7	49.9	55.5	53.4
Breastfeeding status (if ever pregnant) ¹	9.9	0.0	18.6	10.7	6.1	18.5	9.6
Desired timing for next child or desire for another child	17.3	5.8	20.1	13.2	20.6	6.0	16.9
Regularity of menstrual cycle	51.4	24.4	76.5	49.8	45.2	43.7	50.5
All elements of reproductive history ²	1.9	0.0	10.8	0.0	2.0	0.0	1.9
Client medical history							
Asked about smoking	3.1	0.0	10.8	3.9	0.0	0.0	3.0
Asked about symptoms of sexually transmitted infections (STIs)	4.5	0.0	7.5	4.6	3.2	3.3	4.3
Asked about any chronic illnesses	19.4	0.0	24.7	20.3	15.5	20.7	18.8
Client examination							
Measured blood pressure ⁴	65.4	62.0	72.1	66.4	62.3	74.7	65.2
Measured weight ⁵	56.6	62.0	74.1	59.3	49.7	64.5	56.8
Questions or concerns							
Asked if client had questions or concerns regarding current or past method used	30.5	13.5	37.2	26.9	32.0	17.0	30.0
Number of observed first-visit FP clients	142	5	14	73	60	44	147
Number of observed first-visit FP clients with prior pregnancy ⁶	140	5	14	72	59	43	145

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also note 6.

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.

³ The client was asked about smoking, symptoms of STIs, and any chronic illness.

⁴ Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.

⁵ Weight was measured during the consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.

⁶ Applies only to the indicator "breastfeeding status"

Tables 5.9.1 and 5.9.2 show information that the NFHS observers recorded about other components that are important in a quality family planning consultation, including whether the provider asked for information about the woman's partner, talked about STIs and condoms, asked about concerns or problems the woman may have had with methods she had used, and discussed a return visit. The observers also noted whether privacy and confidentiality were observed and whether the provider made use of client cards or visual aids during the consultation.

First-time consultations only rarely involved any discussion related to the client's partner or to STIs or condom use. About 1 in 10 providers discussed the partner's attitude toward family planning, and 3 percent asked questions relating to the client's partner status (e.g., number of sexual partners or whether the client's partner had other sexual partners). Also, very few first-time consultations (7 percent) involved any discussion of STIs. Providers were somewhat more likely to ask about issues the client may have had with methods she was currently using or had used in the past. Just over two-fifths of first-time consultations included discussions regarding concerns the client had about the method she was provided or prescribed, and one-fifth of consultations involved discussions about potential side effects of the method the client was adopting.

Privacy during a family planning consultation is very important since some of the issues discussed may be sensitive. To encourage free exchange of information, clients should be assured that what is discussed during a consultation will be kept confidential. Visual privacy was provided in just under half of first-time FP consultations, and auditory privacy was provided in 38 percent of consultations. The provider assured the client of confidentiality in only 1 of every 10 consultations. Overall, only 1 in 12 first-time clients were provided with visual and auditory privacy and assured of confidentiality.

Client cards play an important role in making information recorded earlier (e.g., blood pressure and weight) available to providers during consultations. Client cards are also crucial for monitoring clients over time. Around two-thirds of providers reviewed the client's card, and 90 percent entered information on the card about the consultation.

Visual aids, which can improve a client's understanding of family planning methods, were used in only 15 percent of first-time consultations.

Two-thirds of consultations with first-time family planning clients included a discussion about a return visit.

Table 5.9.1 Components of counseling and discussions during consultations for female first-visit family planning clients

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions, by type of facility, Nepal Health Facility Survey 2015

Components of consultation	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Discussion related to partner							
Partner's attitude toward family planning	3.0	14.2	0.0	8.7	11.3	0.0	10.1
Partner's status ¹	3.0	2.7	0.0	1.8	3.5	0.0	3.0
Privacy and confidentiality							
Visual privacy assured	73.5	61.3	66.1	61.9	38.3	68.4	47.2
Auditory privacy assured	61.3	38.6	66.1	55.0	30.3	52.6	38.1
Confidentiality assured	7.2	19.7	13.5	6.7	9.1	0.0	9.5
All three counseling conditions on privacy and confidentiality met ²	7.2	15.6	13.5	6.7	7.5	0.0	8.2
Discussion related to STIs and condoms							
Use of condoms to prevent STIs	0.0	4.0	0.0	0.0	0.6	0.0	0.7
Use of condoms as dual method ³	0.0	4.0	0.0	0.0	3.0	0.0	2.3
Any discussion related to STIs ⁴	0.0	7.9	0.0	3.6	8.4	0.0	6.7
Individual client cards							
Individual client card reviewed during consultation	70.4	58.9	30.2	60.3	66.1	84.2	64.0
Individual client card written on after consultation	94.5	89.6	85.4	88.5	90.4	100.0	90.3
Visual aid and return visit							
Visual aids were used during consultation	20.3	19.4	5.8	16.3	13.6	52.6	15.1
Return visit discussed	58.2	61.8	72.9	60.7	69.0	68.4	66.6
Concerns and side effects							
Concerns about methods discussed ⁵	38.7	45.4	18.6	39.9	41.0	100.0	40.9
Side effects discussed ⁶	19.3	33.8	18.6	24.5	20.1	31.6	21.9
Number of observed first-visit FP clients	10	12	5	21	97	2	147

¹ Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.

² Visual and auditory privacy and confidentiality assured during consultation

³ Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

⁴ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any STI symptoms (e.g., abnormal vaginal discharge)

⁵ Provider asked client about concerns with family planning method.

⁶ Method-specific side effect discussed with client, if client was provided or prescribed a method

Table 5.9.2 Components of counseling and discussions during consultations for female first-visit family planning clients

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions, by background characteristics, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Discussion related to partner							
Partner's attitude toward family planning	10.4	0.0	22.3	9.8	7.6	6.6	10.1
Partner's status ¹	3.1	0.0	0.0	1.4	5.6	0.9	3.0
Privacy and confidentiality							
Visual privacy assured	46.6	66.1	72.8	59.6	26.1	71.1	47.2
Auditory privacy assured	37.2	66.1	64.7	47.8	20.1	56.2	38.1
Confidentiality assured	9.4	13.5	0.0	15.5	4.5	16.9	9.5
All three counseling conditions on privacy and confidentiality met ²	8.0	13.5	0.0	12.7	4.5	13.4	8.2
Discussion related to STIs and condoms							
Use of condoms to prevent STIs	0.8	0.0	0.0	0.7	1.0	0.0	0.7
Use of condoms as dual method ³	2.4	0.0	0.0	4.6	0.0	0.0	2.3
Any discussion related to STIs ⁴	6.9	0.0	7.5	8.5	4.3	3.3	6.7
Individual client cards							
Individual client card reviewed during consultation	65.1	30.2	47.2	62.5	69.7	47.3	64.0
Individual client card written on after consultation	90.5	85.4	100.0	87.1	91.9	88.3	90.3
Visual aid and return visit							
Visual aids were used during consultation	15.4	5.8	22.4	14.2	14.3	12.4	15.1
Return visit discussed	66.4	72.9	91.1	69.4	57.4	77.6	66.6
Concerns and side effects							
Concerns about methods discussed ⁵	41.7	18.6	37.2	41.0	41.7	29.6	40.9
Side effects discussed ⁶	22.0	18.6	4.1	27.0	19.9	15.6	21.9
Number of observed first-visit FP clients	142	5	14	73	60	44	147

¹ Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.

² Visual and auditory privacy and confidentiality assured during consultation

³ Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

⁴ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any STI symptoms (e.g., abnormal vaginal discharge)

⁵ Provider asked client about concerns with family planning method.

⁶ Method-specific side effect discussed with client, if client was provided or prescribed a method

5.4.2 Counseling at All Family Planning Visits

Tables 5.10.1 and 5.10.2 present information on all of the family planning consultations observed during the NHFS, whether the client was making a first or return visit. In general, the results for all family visits are similar to those presented for first visits in Tables 5.9.1 and 5.9.2. Where differences are observed, the all-visit indicators tend to be slightly lower than the first-visit indicators. For example, STIs were discussed less often in consultations with all female FP clients (1 percent) than in consultations with female first-visit clients (7 percent). Not surprisingly, there was less use of visual aids in consultations overall (6 percent) than in first-visit consultations (15 percent). The percentage of providers who discussed return visits was also slightly lower in consultations overall than in first-visit consultations (62 percent and 67 percent, respectively).

In one-third of all consultations, the provider asked the client about her concerns with family planning methods. The provider and client discussed method-specific side effects in 23 percent of all consultations.

Table 5.10.1 Components of counseling and discussions during consultations for all female family planning clients

Among all female family planning clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions, by facility type, Nepal Health Facility Survey 2015

Components of consultation	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Privacy and confidentiality							
Visual privacy assured	75.8	60.0	80.6	61.1	41.8	42.1	47.8
Auditory privacy assured	69.8	46.4	67.8	54.9	34.8	27.1	39.9
Confidentiality assured	4.3	8.1	3.9	7.7	7.7	1.7	7.3
All three counseling conditions on privacy and confidentiality met ¹	3.6	7.4	3.9	6.5	6.2	1.7	6.0
Discussion related to STIs and condoms							
Use of condoms to prevent STIs	0.0	0.8	0.0	0.0	0.1	0.0	0.1
Use of condoms as dual method ²	0.0	0.8	0.0	0.9	1.5	0.0	1.2
Any discussion related to STIs ³	0.0	0.8	0.0	0.9	1.6	0.0	1.3
Concerns, side effects, and individual client cards							
Concerns about methods discussed ⁴	31.4	35.8	30.2	36.5	31.6	32.4	32.4
Side effects discussed ⁵	20.2	26.3	30.2	25.8	22.3	26.9	23.2
Individual client card reviewed during consultation	54.8	74.5	46.8	74.8	66.1	54.2	66.3
Individual client card written on after consultation	94.4	92.5	91.5	91.9	80.6	79.3	83.6
Visual aid and return visit							
Visual aids were used during consultation	10.9	4.9	6.6	10.0	5.0	3.7	5.8
Return visit discussed	37.3	64.1	48.2	67.6	61.2	85.3	61.6
Number of observed female FP clients	36	62	17	81	542	29	768

¹ Visual and auditory privacy and confidentiality assured during consultation

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method

⁴ Provider asked client about concerns with family planning method.

⁵ Method-specific side effect discussed with client, if client was provided or prescribed a method

Table 5.10.2 Components of counseling and discussions during consultations for all female family planning clients

Among all female family planning clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions, by background characteristics, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Privacy and confidentiality							
Visual privacy assured	47.0	80.6	63.7	48.2	43.5	51.2	47.8
Auditory privacy assured	39.3	67.8	54.1	39.0	37.7	38.0	39.9
Confidentiality assured	7.3	3.9	3.8	9.4	5.5	8.8	7.3
All three counseling conditions on privacy and confidentiality met ¹	6.0	3.9	1.3	7.6	5.1	7.4	6.0
Discussion related to STIs and condoms							
Use of condoms to prevent STIs	0.1	0.0	0.0	0.1	0.2	0.0	0.1
Use of condoms as dual method ²	1.2	0.0	1.4	1.0	1.4	0.6	1.2
Any discussion related to STIs ³	1.3	0.0	1.4	1.0	1.6	0.6	1.3
Concerns, side effects, and individual client cards							
Concerns about methods discussed ⁴	32.5	30.2	28.9	31.3	34.7	25.3	32.4
Side effects discussed ⁵	23.1	30.2	21.5	24.2	22.5	19.6	23.2
Individual client card reviewed during consultation	66.7	46.8	58.4	64.5	70.3	56.4	66.3
Individual client card written on after consultation	83.4	91.5	90.5	78.2	88.5	78.8	83.6
Visual aid and return visit							
Visual aids were used during consultation	5.8	6.6	9.8	4.4	6.6	3.7	5.8
Return visit discussed	61.9	48.2	76.5	60.1	59.9	65.4	61.6
Number of observed female FP clients	751	17	74	380	313	239	768

¹ Visual and auditory privacy and confidentiality assured during consultation

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method

⁴ Provider asked client about concerns with family planning method.

⁵ Method-specific side effect discussed with client, if client was provided or prescribed a method

5.5 CLIENT OPINION AND KNOWLEDGE

5.5.1 Major Problems

After their consultations were observed, all family planning clients were interviewed about issues commonly related to client satisfaction. The exit interviews also probed clients' opinions of the services they had received that day. Clients were asked to rate whether specific issues posed a major problem, a minor problem, or no problem at all for them during the visit.

Few clients complained about the family planning services they received on the day of the visit (Tables 5.11.1 and 5.11.2). The most common complaints—waiting time, amount of explanation of method, number of hours the facility is open, and cleanliness of the facility—were cited by only 3 to 4 percent of clients.

Table 5.11.1 Feedback from family planning clients on service problems

Among interviewed family planning clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by facility type, Nepal Health Facility Survey 2015

Client service issues	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Behavior/attitude of provider	0.0	2.0	0.0	0.8	2.7	0.0	2.1
Amount of explanation about method	0.7	2.5	0.0	2.8	3.7	0.0	3.2
Wait time to see provider	5.0	12.5	12.6	2.9	2.9	3.7	4.1
Ability to discuss problems	2.0	2.6	0.0	3.2	2.5	0.0	2.4
Availability of medicines at facility	1.8	1.0	0.0	0.4	0.8	0.9	0.8
Number of days facility is open	1.0	1.2	0.0	1.2	1.8	0.0	1.5
Number of hours facility is open	4.5	3.1	0.0	1.7	3.1	6.0	3.0
Cleanliness of facility	2.2	2.8	0.0	1.2	3.0	8.1	2.9
Cost of services	0.9	0.0	0.0	0.3	0.0	0.0	0.1
Amount of visual privacy	1.3	1.6	0.0	1.1	2.8	0.0	2.3
Amount of auditory privacy	0.0	1.6	0.0	0.6	2.4	0.0	1.9
Number of interviewed family planning clients	36	62	17	81	544	29	770

Table 5.11.2 Feedback from family planning clients on service problems

Among interviewed family planning clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Nepal Health Facility Survey 2015

Client service issues	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Behavior/attitude of provider	2.2	0.0	2.4	0.1	4.5	0.2	2.1
Amount of explanation about method	3.2	0.0	3.1	3.1	3.2	2.4	3.2
Wait time to see provider	3.9	12.6	0.8	2.2	7.1	1.5	4.1
Ability to discuss problems	2.5	0.0	2.8	1.2	3.8	2.0	2.4
Availability of medicines at facility	0.8	0.0	0.8	1.3	0.2	1.9	0.8
Number of days facility is open	1.5	0.0	3.7	1.2	1.4	0.3	1.5
Number of hours facility is open	3.1	0.0	3.7	1.8	4.3	0.8	3.0
Cleanliness of facility	2.9	0.0	2.8	1.2	4.8	1.9	2.9
Cost of services	0.1	0.0	0.8	0.0	0.0	0.0	0.1
Amount of visual privacy	2.4	0.0	0.3	3.7	1.1	0.6	2.3
Amount of auditory privacy	2.0	0.0	4.3	2.1	1.2	0.4	1.9
Number of interviewed family planning clients	753	17	76	381	313	239	770

5.5.2 Clients' Knowledge about Methods

During the exit interview, clients who were provided or prescribed a family planning method were asked questions to ascertain their understanding of the method. For example, those receiving pills were asked "How often do you take the pill?" When two methods were prescribed or received, the client was asked about both methods.

As can be seen in Table 5.12 and Figure 5.5, a majority of clients gave correct answers to questions about implants, pills, progestin-only injectables, condoms, and IUCDs. Clients who were provided or referred for an IUCD were least likely to give a correct answer (76 percent).

Table 5.12 Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed, or were referred for the indicated method, the percentages who knew the correct response to a question pertaining to the method, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage who knew the correct response to the question pertaining to the method				
	Any contraceptive pill ¹	Male condom ²	Progestin injectable ³	Intrauterine contraceptive device (IUCD) ⁴	Implant ⁵
Facility type					
Zonal and above hospitals	100.0	79.5	100.0	77.9	100.0
District-level hospitals	100.0	na	94.3	79.4	100.0
Private hospitals	100.0	100.0	97.8	100.0	na
PHCCs	96.3	68.9	97.6	65.3	100.0
HPs	96.5	100.0	96.1	na	100.0
UHCs	100.0	50.0	98.9	na	na
Managing authority					
Public	96.9	88.2	96.3	75.0	100.0
Private	100.0	100.0	97.8	100.0	na
Ecological region					
Mountain	100.0	100.0	98.3	100.0	100.0
Hill	95.4	75.7	95.0	75.3	100.0
Terai	100.0	93.4	97.2	78.3	100.0
Earthquake-affected districts (14)	92.7	68.5	95.1	76.1	100.0
National average	96.9	88.5	96.3	76.2	100.0

Note: The denominator for each method is different and is not shown in this table.
na = Not applicable

The questions asked for each of the methods are as follows:

¹ Any pill: How often do you take the pill?

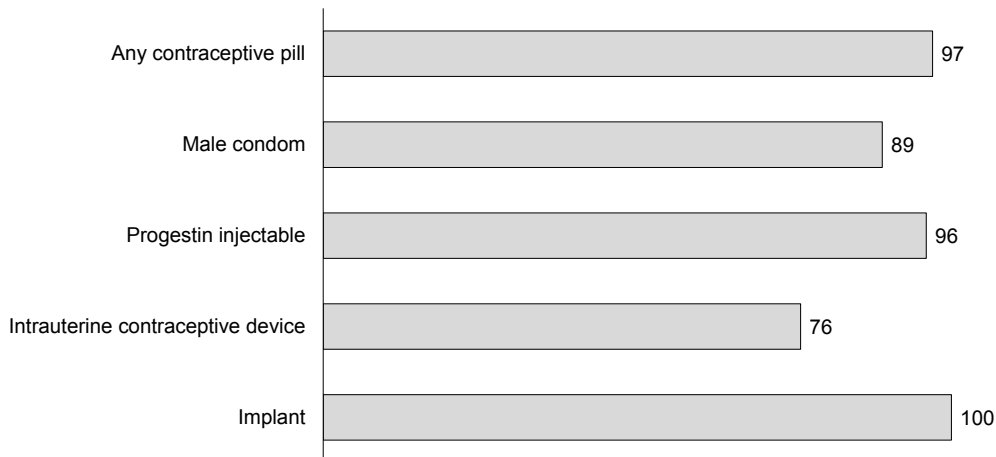
² Male condom: How many times can you use one condom?

³ Progestin-only injectable (Depo): For how long does the injection provide protection from pregnancy?

⁴ IUCD: What can you do to make sure that your IUCD is in place?

⁵ Implant: For how long will your implant provide protection from pregnancy?

Figure 5.5 Client knowledge about contraceptive methods



2015 NHFS

5.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

5.6.1 Supervision

Supervision of individual staff members helps in promoting adherence to standards and identifying problems that contribute to poor service. Supervision of family planning providers is common, with 72 percent of interviewed providers receiving personal supervision in the six months before the assessment (Table 5.13). Providers at peripheral facilities—PHCCs, HPs, and UHCs—were somewhat more likely to have been supervised than providers in hospitals, either public or private.

5.6.2 Training

Continual training for providers aims to improve and sustain quality of counseling, management of complications or side effects, and providers' judgment and skills in assessing which contraceptive methods are most suitable for individual clients.

Overall, 16 percent of the interviewed family planning service providers reported that they had received in-service training related to family planning in the 24 months before the assessment (Table 5.13). Providers at UHCs, district hospitals, and PHCCs were more likely to have been trained recently than providers at other types of facilities.

As for the topics of training, 1 of every 10 providers had received recent in-service training on family planning counseling, while 41 percent had received counseling training at some point (Table 5.14). With regard to the other topics, providers were most likely to report having received IUCD and implant training (13 percent and 11 percent, respectively).

Just over 1 in 10 family planning service providers have ever received in-service training on long-acting reversible contraceptive methods.

Table 5.13 Supportive management for providers of family planning services

Among interviewed family planning service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of family planning services
	Training related to family planning during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to family planning during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Zonal and above hospitals	17.3	62.9	11.8	45
District-level hospitals	23.9	65.6	14.7	126
Private hospitals	5.9	62.9	4.8	251
PHCCs	21.9	74.2	15.4	221
HPs	15.9	73.6	12.4	2,220
UHCs	36.5	75.4	24.0	65
Managing authority				
Public	17.3	73.1	13.0	2,677
Private	5.9	62.9	4.8	251
Ecological region				
Mountain	18.7	66.6	13.4	325
Hill	15.6	72.4	11.5	1,485
Terai	16.6	73.7	13.2	1,118
Earthquake-affected districts (14)	14.0	71.4	10.4	600
National average	16.3	72.3	12.3	2,928

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 5.14 Training for family planning service providers

Among interviewed family planning (FP) service providers, the percentages who report receiving in-service training on topics related to family planning during the specified time periods preceding the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of providers of FP services who report receiving in-service training ¹ on:														Number of interviewed providers of family planning services
	General counseling for FP		Non-scalpel vasectomy (NSV)		Minilap tubal ligation		Insertion/removal of IUCD		Insertion/removal of implant		FP for HIV+ clients		Postpartum FP		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type															
Zonal and above hospitals	10.3	57.3	0.0	8.7	0.0	14.5	6.2	31.2	7.1	28.5	5.7	24.0	5.4	16.1	45
District-level hospitals	16.1	43.1	5.2	8.5	3.5	8.2	11.6	35.3	6.2	23.0	3.9	7.7	4.0	10.4	126
Private hospitals	4.3	18.5	0.2	4.4	1.2	7.9	1.8	14.4	0.6	12.3	0.2	4.1	1.1	6.3	251
PHCCs	11.8	47.3	1.2	1.9	1.0	3.8	9.2	29.1	7.7	23.2	3.0	6.4	3.2	9.2	221
HPs	10.7	42.6	0.1	1.1	0.0	1.4	3.7	9.8	4.7	9.2	1.5	4.5	1.9	8.8	2,220
UHCs	30.6	48.1	1.4	1.4	1.4	1.4	5.3	10.7	6.0	6.0	5.0	5.0	5.0	7.9	65
Managing authority															
Public	11.6	43.4	0.5	1.7	0.3	2.2	4.6	13.0	5.1	11.2	1.9	5.2	2.2	9.0	2,677
Private	4.3	18.5	0.2	4.4	1.2	7.9	1.8	14.4	0.6	12.3	0.2	4.1	1.1	6.3	251
Ecological region															
Mountain	12.3	32.4	0.5	0.8	0.3	0.6	6.4	12.2	6.9	12.5	1.3	2.3	2.1	7.3	325
Hill	11.4	35.9	0.5	1.2	0.4	2.5	3.2	11.2	4.7	10.2	0.7	3.9	1.8	7.7	1,485
Terai	9.9	50.9	0.3	3.1	0.4	3.5	5.2	15.8	4.0	12.4	3.2	7.4	2.5	10.5	1,118
Earthquake-affected districts (14)	10.1	35.8	0.4	1.1	0.3	3.3	2.5	12.9	4.9	12.7	0.4	3.1	0.6	5.0	600
National average	10.9	41.3	0.4	1.9	0.4	2.7	4.3	13.1	4.7	11.3	1.7	5.1	2.1	8.7	2,928

IUCD = Intrauterine contraceptive device

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Key Findings

- About 98 percent of health facilities in Nepal offer antenatal care (ANC) services.
- One in four health facilities offering ANC had at least one staff member who had received in-service training in ANC within the 24 months before the assessment.
- Twenty-five percent of facilities had ANC guidelines available on the day of the assessment.
- More than half of facilities had soap and running water or alcohol-based hand disinfectant for infection prevention available at the service site on the day of the assessment.
- Ninety percent of health facilities had all essential ANC medicines (combined iron and folic acid tablets, and albendazole tablets) available for ANC clients.
- Almost half of all observed ANC clients were counseled on nutrition during pregnancy. One-third of clients were advised on issues relating to the progress of their pregnancy. Two out of ten clients were counseled on importance of at least four ANC visits and on birth/planning/preparedness measures.
- Seven in 10 ANC providers had received personal supervision in the six months preceding the survey.
- Two of every 10 facilities offering ANC provide at least some services for prevention of mother-to-child transmission (PMTCT) of HIV.
- Only 6 percent of facilities offering ANC had insecticide-treated nets available to give to ANC clients for malaria prevention.

Antenatal care (ANC) is primarily focused on prevention, identification, and treatment of pregnancy complications that may adversely affect maternal and fetal health outcomes. ANC is also intended to promote healthy behaviors and preparedness during pregnancy, childbirth, and the postpartum period.

This chapter explores seven key areas relating to the provision of quality ANC services at health facilities in Nepal:

- **Availability of services.** Section 6.2, including Table 6.1, examines the availability of ANC services and how frequently these services are offered at health facilities.
- **Service readiness.** Section 6.3, including Tables 6.2 through 6.5 and Figures 6.1 and 6.2, addresses the readiness of facilities to provide good-quality ANC services, including the availability of basic amenities and equipment, infection control processes, diagnostic facilities, and essential medicines.
- **Adherence to standards.** Section 6.4, including Tables 6.6 through 6.10.2 and Figure 6.3, examines findings from the ANC consultations observed during the survey.
- **Client opinion.** Section 6.5, including Tables 6.11.1 through 6.12.2, presents feedback from ANC clients who were interviewed in the survey.

- **Provider training and supervision.** Section 6.6, including Tables 6.13 and 6.14, considers the in-service training, and personal supervision of ANC providers are in place to support quality services.
- **Prevention of mother-to-child transmission (PMTCT) of HIV.** Section 6.7, including Tables 6.15 and 6.16, looks at the availability of PMTCT services in facilities that offer ANC services.
- **Malaria in pregnancy.** Section 6.8, including Table 6.17, provides information on malaria services in facilities offering ANC services.

6.1 BACKGROUND

Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality among women in Nepal. In 2006, the maternal deaths per 100,000 live births were 281.¹ A recent estimate suggests that there are 258 maternal deaths per 100,000 live births² in Nepal. ANC services are critical to reducing maternal deaths and also are important in helping to reduce the risk of stillbirths and neonatal mortality. Around 60 percent of all deaths among children under age 5 in Nepal take place in the neonatal period.

According to the results of the 2011 Nepal Demographic and Health Survey, 85 percent of women receive at least some care during pregnancy (NDHS 2011). However, only 58 percent of women who gave birth in the five years before the survey received ANC from a skilled provider (a doctor or nurse/midwife) during their last pregnancy.

As per national guidelines, pregnant women are expected to make at least four antenatal visits (during the fourth, sixth, eighth, and ninth months of pregnancy) so that the health of the mother and of the fetus is monitored throughout pregnancy. An antenatal checkup in the first trimester is also advised as it allows early identification of complications and therefore a better pregnancy outcome. The 2011 NDHS showed that only half of pregnant women sought ANC care during the first trimester, as is recommended, or made the recommended four or more ANC visits. Moreover, the number and timing of ANC visits varied considerably between urban and rural areas in Nepal. Two-thirds of urban women started ANC care in the first trimester of pregnancy, as compared with 48 percent of rural women. Urban women were also considerably more likely than rural women to have made four or more ANC visits (72 percent versus 48 percent). The Ministry of Health's *Aama Surakshya Program* provides a cash payment of Nepali Rupees 400 to women on completion of four ANC visits at the 4, 6, 8 and 9 months of pregnancy following institutional delivery.

6.2 AVAILABILITY OF ANC SERVICES

As Table 6.1 shows, 98 percent of health facilities in Nepal offer ANC services. Private hospitals are least likely to offer ANC services (86 percent).

With respect to the frequency with which ANC services are offered, 85 percent of facilities that offer ANC do so five or more days per week. Public hospitals are much less likely than other types of facilities to offer ANC this often. Still, more than 6 in 10 public hospitals providing ANC services have services available at least five days per week.

¹ This is the maternal mortality ratio (MMR) during the seven year period before the 2006 Nepal Demographic and Health Survey.

² WHO, UNICEF, UNFPA, World Bank Group, and the United Nations. 2015. Trends in maternal mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization. The following is the link to UN Statistics where the document can be downloaded: <http://data.unicef.org/maternal-health/maternal-mortality.html>

Facilities providing ANC services in the terai region are around three times as likely to offer services only one to two days per week as facilities in the mountain or hill region (21 percent versus 6-7 percent). Nationally, 12 percent of facilities providing ANC services offer the services only one or two days per week.

Table 6.1 Availability of antenatal care services

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentage offering the service on the indicated number of days per week, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week ¹			Number of facilities offering ANC services
			1-2 days per week	3-4 days per week	5 or more days per week	
Facility type						
Zonal and above hospitals	100.0	6	25.7	11.0	63.3	6
District-level hospitals	96.1	16	34.2	0.0	64.4	15
Private hospitals	86.4	70	3.9	0.0	96.1	60
PHCCs	100.0	42	19.4	1.0	78.2	42
HPs	98.8	775	12.0	0.2	84.8	765
UHCs	96.8	32	0.0	0.0	100.0	31
Managing authority						
Public	98.7	870	12.4	0.3	84.5	859
Private	86.4	70	3.9	0.0	96.1	60
Ecological region						
Mountain	100.0	118	5.6	0.0	91.7	118
Hill	99.4	482	7.4	0.3	89.6	479
Terai	94.7	340	20.6	0.3	76.6	322
Earthquake-affected districts (14)	99.5	194	5.9	0.7	92.6	193
National average	97.8	940	11.8	0.2	85.3	919

Note: Stand-alone HTC sites and Sukraraj and Kanti hospitals are excluded from this and other tables in this chapter.

¹ Some facilities offer ANC services less often than one day per week, and so the total percentage may be less than 100 percent.

6.3 SERVICE READINESS

To provide quality care, ANC service sites need to have in place printed copies of relevant national guidelines/protocols, trained providers, and appropriate supplies, instruments, and equipment, including items for infection control. ANC services also require the capacity to perform basic diagnostic tests and a regular supply of medicines that are routinely dispensed.

6.3.1 Service Guidelines, Trained Staff, and Equipment

Only 25 percent of facilities offering ANC had guidelines on ANC available on the day of the assessment visit (Table 6.2 and Figure 6.1). UHCs and private hospitals were least likely to have ANC guidelines available in the ANC service site (4 percent each). Facilities in the mountain region were somewhat less likely to have ANC guidelines than facilities in the hill and terai regions.

One in four facilities offering ANC had at least one staff member present who had received in-service training in ANC in the 24 months before the survey. Regardless of type, government facilities were more likely to have recently trained staff than private facilities (12 percent). Among government facilities, district hospitals (62 percent) and primary health care centers (PHCCs) (49 percent) were most likely to have staff with recent training on ANC.

As for instruments and equipment that are necessary during a physical examination, the great majority (more than 85 percent) of facilities had a blood pressure (BP) apparatus, adult stethoscope and fetoscope, and an adult weighing scale. Three in four had a maternal and newborn health register. However, only 3 in 10 health facilities had a measuring tape available on the day of assessment. Overall, only 2 percent of facilities in Nepal had all of the eight items regarded as necessary for providing quality ANC services (ANC guidelines, maternal and newborn health register, trained staff, BP apparatus, adult stethoscope, fetoscope, measuring tape, and adult weighing scale) available on the day of the visit.

Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services

Among facilities offering antenatal care (ANC) services, the percentage having guidelines, at least one staff member recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering ANC that have:			Equipment						Number of facilities offering ANC services
	Guidelines on ANC ¹	Maternal and newborn health register	Staff trained for ANC ²	Blood pressure apparatus ³	Stethoscope	Adult weighing scale	Fetoscope	Measuring tape ⁴	All items ⁵	
Facility type										
Zonal and above hospitals	18.3	51.3	22.0	100.0	100.0	96.3	84.6	51.6	0.0	6
District-level hospitals	27.4	84.9	61.6	91.8	94.5	97.3	97.3	49.3	9.6	15
Private hospitals	4.3	5.7	11.5	94.8	95.2	91.8	77.5	50.6	0.0	60
PHCCs	24.2	81.0	48.5	91.3	95.2	91.6	98.5	45.7	3.4	42
HPs	27.5	81.8	26.4	84.4	87.4	85.4	91.8	26.7	2.1	765
UHCs	4.0	54.0	22.2	94.3	100.0	92.3	89.9	33.4	0.0	31
Managing authority										
Public	26.4	80.6	27.9	85.3	88.4	86.2	92.1	28.5	2.2	859
Private	4.3	5.7	11.5	94.8	95.2	91.8	77.5	50.6	0.0	60
Ecological region										
Mountain	17.5	80.5	24.2	88.8	92.4	84.7	90.2	28.5	1.2	118
Hill	25.8	76.4	25.0	83.9	86.4	85.0	92.6	34.5	2.4	479
Terai	26.5	72.9	30.6	87.8	91.2	89.6	89.4	23.6	1.8	322
Earthquake-affected districts (14)	19.0	69.6	15.9	88.4	89.7	81.3	90.0	44.0	0.8	193
National average	25.0	75.7	26.9	85.9	88.9	86.6	91.1	29.9	2.0	919

¹ Reproductive health clinical protocol for medical officers, staff nurses, and auxiliary nurse midwives or other guidelines relevant to antenatal care, such as maternity guidelines or National Medical Standard (NMS) Volume III

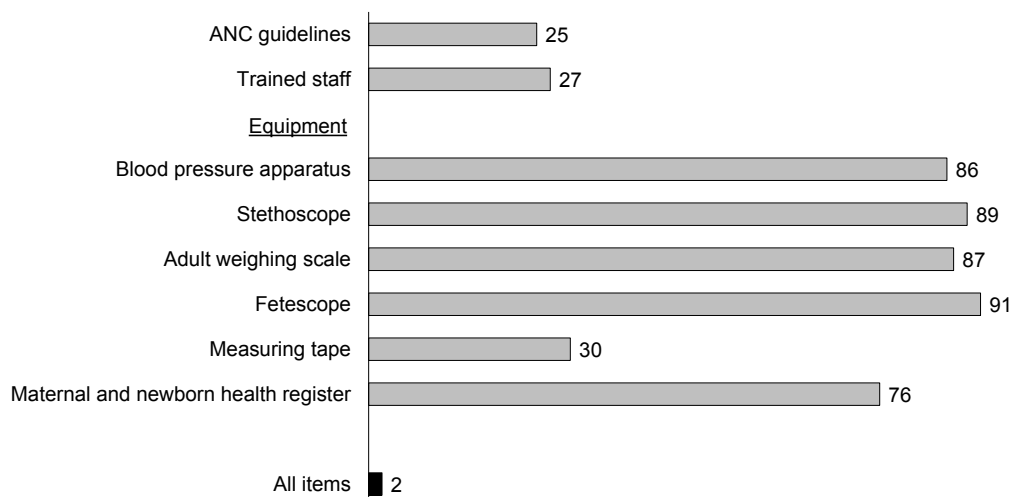
² Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in some aspect of antenatal care during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope

⁴ For measuring fundal height

⁵ All items include: guidelines on ANC, maternal and newborn health register, staff trained in ANC, blood pressure apparatus, stethoscope, adult weighing scale, fetoscope, and measuring tape.

Figure 6.1 Items to support quality provision of ANC services (N=919)



2015 NHFS

6.3.2 Infection Control

Infection control is vital to the overall quality of services, and it requires appropriate sanitation facilities, supplies, instruments, and equipment. More than 8 out of every 10 facilities that offer ANC services had latex gloves and a safety box available at the ANC service site on the day of the visit (Table 6.3 and Figure

6.2). Fifty-three percent of the facilities had soap and running water or alcohol-based hand disinfectant. Only a few facilities offering ANC services (7 percent or less) had any of the other items regarded as important for infection control (needle destroyer, waste receptacle, and injection safety precaution guideline). A negligible percentage of health facilities had all of the infection control items. In general, hospitals were more likely to have specific infection prevention items than lower-level facilities; however, only 3 percent or less of hospitals had all of the infection control items regarded as necessary for providing quality services.

Table 6.3 Items for infection control during provision of antenatal care

Among facilities offering antenatal care (ANC) services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering ANC that have items for infection control											Number of facilities offering ANC services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Safety box	Needle destroyer	Waste receptacle ²	Injection safety precaution guideline	All infection prevention items ³	
Facility type												
Zonal and above hospitals	80.9	84.6	80.9	59.7	96.3	96.3	73.3	25.7	3.7	11.0	0.0	6
District-level hospitals	75.3	72.6	68.5	42.5	79.5	87.7	95.9	11.0	15.1	5.5	2.7	15
Private hospitals	80.2	81.3	79.2	44.6	86.5	89.6	50.6	17.4	18.4	1.7	1.4	60
PHCCs	72.8	73.8	69.0	24.7	73.8	80.6	90.3	6.3	11.2	3.4	1.0	42
HPs	51.2	45.0	39.9	23.1	49.0	84.5	87.3	1.6	5.6	4.3	0.1	765
UHCs	51.8	34.5	32.2	36.1	48.9	82.2	89.1	0.0	0.0	3.4	0.0	31
Managing authority												
Public	52.9	46.8	41.9	24.3	51.1	84.4	87.6	2.1	5.8	4.3	0.2	859
Private	80.2	81.3	79.2	44.6	86.5	89.6	50.6	17.4	18.4	1.7	1.4	60
Ecological region												
Mountain	47.3	38.0	33.5	22.2	47.7	84.8	85.9	3.7	4.8	2.9	0.2	118
Hill	56.0	55.3	50.2	26.6	56.4	84.3	87.8	3.2	7.3	6.2	0.2	479
Terai	55.3	43.7	39.4	25.3	51.1	85.3	81.1	2.5	6.3	1.6	0.4	322
Earthquake-affected districts (14)												
	57.5	52.8	49.0	31.2	58.3	87.7	85.2	3.9	8.3	5.9	0.1	193
National average	54.7	49.0	44.3	25.6	53.4	84.7	85.2	3.1	6.6	4.2	0.3	919

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, sharps container or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Figure 6.2 Items for infection control in ANC service area (N=919)



2015 NHFS

6.3.3 Laboratory Tests

Having the capacity to perform basic laboratory tests on-site saves time for both the client and the provider. It also makes it much more likely that the client will undergo recommended tests and that the results will be used by both the client and the provider to make care decisions. Table 6.4 presents information on the capacity of health facilities offering ANC services to conduct tests that are important in delivering quality care to clients.

Testing capacity is limited to higher-level facilities, with less than 5 percent of health posts (HPs) and urban health centers (UHCs) reporting that they had the capacity to conduct any of the six tests included in the table. These results are not surprising since, at the time of the assessment, health posts and urban health clinics were not expected to provide laboratory services. However, they also illustrate that a critical component of ANC care is not available to pregnant women in a large majority of the facilities offering ANC services.

Considering testing capacity in higher-level facilities, more than 90 percent of hospitals offering ANC services perform hemoglobin, urine protein, and urine glucose tests, and more than 80 percent have the capacity to test for syphilis. The majority of PHCCs also offer these four tests. HIV testing is available in 74 percent of zonal and above hospitals and 56 percent of district hospitals. However, relatively few private hospitals (14 percent) or PHCCs (11 percent) offer HIV testing. Blood grouping and Rhesus factor testing is not widely available, even in hospitals; 22 percent of zonal and above hospitals, 18 percent of private hospitals, and 14 percent of district hospitals offer this testing.

Table 6.4 Testing capacity

Among facilities offering antenatal care (ANC) services, the percentages having the capacity to conduct the indicated tests at the facility, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering ANC that have the indicated tests							Number of facilities offering ANC services
	Hemoglobin ¹	Urine protein ²	Urine glucose ³	Blood grouping and Rhesus factor ⁴	Syphilis ⁵	HIV ⁶	Three basic tests ⁷	
Facility type								
Zonal and above hospitals	96.3	96.3	96.3	22.0	84.6	73.6	73.6	6
District-level hospitals	97.3	100.0	98.6	13.7	83.6	56.2	54.8	15
Private hospitals	93.7	91.7	93.2	18.4	85.5	14.0	14.0	60
PHCCs	74.7	65.5	63.5	1.5	52.4	11.2	10.2	42
HPs	3.7	4.8	2.5	0.0	1.4	0.5	0.4	765
UHCs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	31
Managing authority								
Public	9.3	9.9	7.7	0.5	5.8	2.5	2.3	859
Private	93.7	91.7	93.2	18.4	85.5	14.0	14.0	60
Ecological region								
Mountain	10.3	8.7	7.9	0.7	6.8	2.3	2.3	118
Hill	12.5	15.3	12.2	1.9	9.8	3.2	3.1	479
Terai	19.9	17.6	17.1	1.6	14.4	3.7	3.3	322
Earthquake-affected districts (14)	17.4	15.7	14.8	3.0	12.9	4.3	4.2	193
National average	14.8	15.2	13.3	1.6	11.1	3.3	3.1	919

¹ Capacity to conduct any hemoglobin test in the facility

² Dip sticks for urine protein

³ Dip sticks for urine

⁴ Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides

⁵ Rapid test for syphilis, Venereal Disease Research Laboratory (VDRL) test, or polymerase chain reaction (PCR) or rapid plasma reagin (RPR)

⁶ Facility reports conducting HIV testing at the facility and had at least one unexpired Determine, at least one unexpired Uni-Gold, and at least one unexpired Stat Pak HIV rapid diagnostic test kit available somewhere in the facility on the day of the survey, or else facility had ELISA testing capacity or other HIV testing capacity observed in the facility on the day of the survey.

⁷ Facility had the capacity to conduct the following three tests at the facility on the day of the survey: urine protein test, urine glucose test, and HIV diagnostic test.

6.3.4 Medicines

The national antenatal care protocol recommends iron and/or folic acid supplementation during the last two trimesters of pregnancy and the postpartum period to prevent anemia among pregnant and lactating mothers. Ten percent of facilities offering ANC had folic acid tablets available on the day of the assessment visit, and the great majority of facilities had combined iron and folic acid tablets (91 percent) and albendazole tablets (98 percent) (Table 6.5). Overall, 90 percent of health facilities offered all essential medicines (iron and folic acid combined tablets and albendazole tablets). Zonal and above hospitals (81 percent) and private hospitals (70 percent) were least likely to have all of these essential medicines.

Table 6.5 Availability of medicines for routine antenatal care

Among facilities offering antenatal care (ANC) services, percentages with essential medicines for ANC observed to be available on the day of the survey, by background characteristics, Nepal Health Facility Survey, 2015

Background characteristic	Percentage of facilities offering ANC that have indicated medicines				Number of facilities offering ANC services
	Folic acid tablets	Iron and folic acid combined tablets	Albendazole tablets	All essential medicines ¹	
Facility type					
Zonal and above hospitals	37.7	81.4	92.7	81.4	6
District-level hospitals	32.9	90.4	100.0	90.4	15
Private hospitals	65.2	69.7	76.7	69.7	60
PHCCs	12.1	93.2	100.0	93.2	42
HPs	5.5	92.2	99.0	91.6	765
UHCs	3.4	97.8	100.0	97.8	31
Managing authority					
Public	6.5	92.3	99.1	91.8	859
Private	65.2	69.7	76.7	69.7	60
Ecological region					
Mountain	13.9	96.6	98.4	94.9	118
Hill	11.9	95.6	98.1	95.1	479
Terai	6.6	81.7	96.6	81.7	322
Earthquake-affected districts (14)					
	15.4	94.8	96.2	94.1	193
National average	10.3	90.8	97.6	90.4	919

Note: Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 6.17.

¹ All essential medicines include iron and folic acid combined tablets, and albendazole tablets.

6.4 ADHERENCE TO STANDARDS

To assess providers' adherence to accepted standards, interviewers observed ANC consultations using a standardized checklist. They recorded the types of assessments and examinations that ANC providers carried out as well as the types of information they shared with clients. They did not assess whether the information shared with clients was correct, examinations were conducted properly, or findings during the consultation were appropriately interpreted.

6.4.1 Characteristics of ANC Clients

Table 6.6 describes the ANC clients whose visits were observed on the day of the assessment. Around one-third (35 percent) were making their first ANC visit. For nearly half of ANC clients, it was their first pregnancy. Around half of clients were in the last trimester of pregnancy. Only 8 percent of women were in the first trimester of pregnancy.

Table 6.6 Characteristics of observed antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percentage making a first or a follow-up ANC visit, the percentage for whom this was their first pregnancy, and the percent distribution by estimated gestational status, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of ANC clients making:		Percentage of ANC clients for whom this was first pregnancy	Gestational age				Total percent	Number of observed ANC clients
	First ANC visit for this pregnancy	Follow-up visit for this pregnancy		First trimester (<13 weeks)	Second trimester (13-26 weeks)	Third trimester (27-42 weeks)	Missing		
Facility type									
Zonal and above hospitals	30.3	69.7	46.2	4.7	45.6	49.4	0.3	100	176
District-level hospitals	37.5	62.5	49.2	6.8	40.4	52.7	0.0	100	247
Private hospitals	25.2	74.8	52.7	6.7	43.8	49.5	0.0	100	292
PHCCs	48.3	51.7	46.5	6.3	48.7	44.9	0.1	100	172
HPs	35.7	64.3	48.3	9.8	41.3	48.4	0.4	100	610
UHCs	41.3	58.7	31.0	0.0	72.2	27.8	0.0	100	5
Managing authority									
Public	37.1	62.9	47.9	7.9	43.0	48.9	0.3	100	1,211
Private	25.2	74.8	52.7	6.7	43.8	49.5	0.0	100	292
Ecological region									
Mountain	32.7	67.3	53.9	3.7	36.8	59.5	0.0	100	48
Hill	25.0	75.0	51.7	6.9	38.8	53.9	0.5	100	685
Terai	43.6	56.4	45.9	8.7	47.3	44.0	0.0	100	770
Earthquake-affected districts (14)									
	23.4	76.6	54.3	7.2	42.4	50.4	0.0	100	417
National average	34.8	65.2	48.8	7.7	43.1	49.0	0.2	100	1,502

6.4.2 Components of ANC Consultations

The observation of ANC consultations obtained information on several components of ANC care, including the extent to which key information on the client's history was collected and routine tests performed. The results are useful in understanding what physical examinations are routinely being conducted and what preventive measures are being taken during ANC consultations. Data from the observed consultations also allow an assessment of whether providers are offering appropriate counseling to ANC clients. Results from the observed ANC consultations are presented separately for first-visit and follow-up clients because aspects of the care a woman is expected to receive vary according to whether the woman is being seen for the first time during her pregnancy or making a follow-up visit.

Client History and Routine Testing

During a first ANC visit, a provider should obtain a basic medical history and assess any preexisting risk factors. Tables 6.7.1 and 6.7.2 and Figure 6.3 present information for first-visit ANC clients whose consultations were observed on the extent to which providers obtained key elements of the client's history and performed routine tests.

Determining the gestational age of the pregnancy during the first ANC visit is particularly important because it forms the basis for planning the management of the pregnancy and for determining the timing of various components of care. Gestational age is calculated based on information on the date of the last menstrual period. On the day of the assessment, 78 percent of clients making their first ANC visit were asked about the date of their last menstrual period. Somewhat lower percentages of first-visit clients were asked about their age (54 percent) and whether they had been pregnant previously (63 percent). Just 12 percent were asked about medicines currently being taken. Overall, providers obtained information about all four of the elements in only 7 percent of consultations with first-visit ANC clients.

In Nepal, eclampsia is one of the major causes of maternal mortality (NMMMS 2008/09). Gestational diabetes also is a serious health concern in some pregnant women. Routine urine testing during pregnancy is important in detecting both conditions. Hemoglobin testing is important in identifying women

who are anemic. Only around 4 in 10 first-visit ANC consultations included either urine or hemoglobin testing.

Generally, providers did not assess first-visit ANC clients for prior pregnancy-related complications; only 36 percent of first-visit clients who had been pregnant previously were asked questions about complications during a previous pregnancy. Previous spontaneous abortions, cesarean deliveries, and stillbirths were the three most common complications discussed with ANC clients.

Table 6.7.1 General assessment and client history for observed first-visit antenatal care clients

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by type of facility, Nepal Health Facility Survey 2015

Components of consultation	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Client history							
Client's age	55.4	43.7	58.5	56.7	54.0	91.2	53.5
Date of last menstrual period	81.4	73.4	79.5	80.7	76.8	70.6	77.6
Any prior pregnancy ¹	74.9	62.1	75.3	63.8	56.3	91.2	63.2
Medicines client is currently taking	22.9	13.8	21.0	9.9	5.6	0.0	11.6
All elements relevant to client history ²	8.8	3.5	17.5	3.5	4.7	0.0	6.5
Routine tests³							
Urine protein or glucose test	73.1	53.1	55.1	40.3	22.4	52.9	40.6
Hemoglobin test	77.0	51.5	49.6	44.7	26.9	52.9	42.5
Number of first-visit ANC clients	53	93	73	83	218	2	523
Prior pregnancy-related complications							
Stillbirth	18.9	5.2	12.1	17.1	7.7	0.0	10.5
Death of infant during first week after birth	0.0	1.7	2.1	0.0	2.9	45.5	2.0
Heavy bleeding during labor or postpartum	6.5	0.0	1.5	1.9	0.0	0.0	1.2
Assisted delivery	22.3	4.7	3.3	7.4	0.7	0.0	5.0
Cesarean delivery	17.2	6.5	30.6	3.0	10.3	0.0	12.0
Previous spontaneous abortion	24.3	7.7	18.0	12.7	13.0	0.0	13.9
Previous induced abortion	20.7	1.0	31.4	3.7	2.9	0.0	8.5
Multiple pregnancies	0.0	6.1	0.0	3.0	0.9	0.0	1.8
Prolonged labor	2.7	3.9	2.0	1.7	1.9	0.0	2.3
Pregnancy-induced hypertension	3.6	0.5	4.1	0.9	0.0	0.0	1.2
Pregnancy-related convulsions	0.0	3.9	1.0	1.0	0.0	0.0	0.9
Any aspect of complications during a prior pregnancy	57.3	28.8	53.7	30.0	29.6	45.5	35.9
Number of first-visit ANC clients with prior pregnancy	31	47	40	46	127	1	294

¹ This includes any questions that would indicate whether the client has had a prior pregnancy.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

³ A provider performed the test as part of the visit, referred the client for the test elsewhere, or looked at a test result during the visit on the day of the survey.

Table 6.7.2 General assessment and client history for observed first-visit antenatal care clients

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by background characteristics, Nepal Health Facility Survey 2015

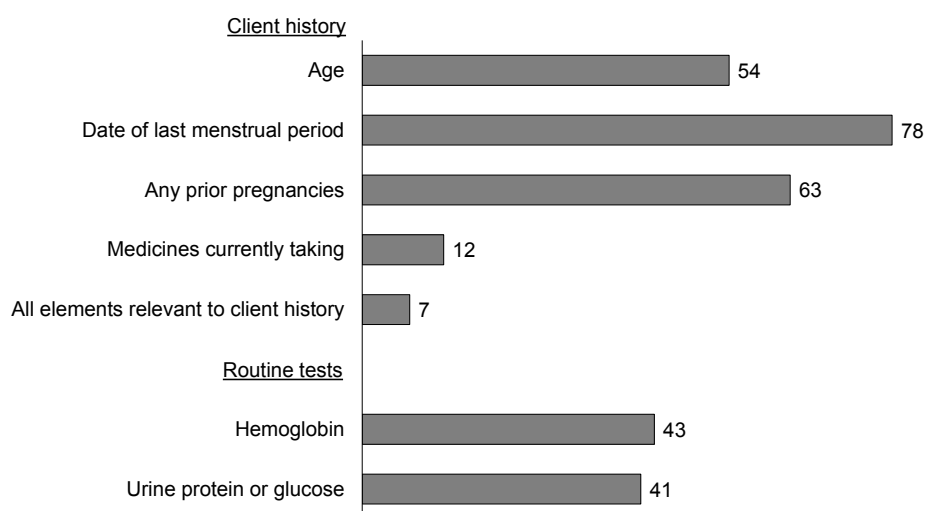
Components of consultation	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Client history							
Client's age	52.7	58.5	48.0	58.6	51.2	57.8	53.5
Date of last menstrual period	77.3	79.5	79.2	84.0	74.3	87.0	77.6
Any prior pregnancy ¹	61.2	75.3	61.4	73.0	58.3	69.9	63.2
Medicines client is currently taking	10.1	21.0	24.2	15.1	9.3	17.2	11.6
All elements relevant to client history ²	4.7	17.5	18.2	8.8	4.8	8.1	6.5
Routine tests³							
Urine protein or glucose test	38.2	55.1	46.5	51.6	34.7	61.8	40.6
Hemoglobin test	41.4	49.6	44.0	53.6	36.8	63.2	42.5
Number of first-visit ANC clients	449	73	16	171	336	98	523
Prior pregnancy-related complications							
Stillbirth	10.3	12.1	20.2	16.9	6.9	17.1	10.5
Death of infant during first week after birth	2.0	2.1	18.5	3.5	0.6	0.0	2.0
Heavy bleeding during labor or postpartum	1.2	1.5	5.1	2.4	0.4	4.8	1.2
Assisted delivery	5.3	3.3	5.1	6.2	4.5	11.0	5.0
Cesarean delivery	9.0	30.6	0.0	9.2	13.9	15.4	12.0
Previous spontaneous abortion	13.3	18.0	32.2	28.4	5.9	30.5	13.9
Previous induced abortion	4.8	31.4	14.3	13.0	6.0	18.2	8.5
Multiple pregnancies	2.1	0.0	14.3	2.1	1.2	0.0	1.8
Prolonged labor	2.3	2.0	0.0	2.8	2.2	0.0	2.3
Pregnancy-induced hypertension	0.7	4.1	2.9	0.9	1.2	0.0	1.2
Pregnancy-related convulsions	0.9	1.0	0.0	0.9	1.0	1.1	0.9
Any aspect of complications during a prior pregnancy	33.0	53.7	51.5	50.2	28.1	53.9	35.9
Number of first-visit ANC clients with prior pregnancy	254	40	8	95	191	43	294

¹ This includes any questions that would indicate whether the client has had a prior pregnancy.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

³ A provider performed the test as part of the visit, referred the client for the test elsewhere, or looked at a test result during the visit on the day of the survey.

Figure 6.3 Content of client history assessed and routine tests for first-visit ANC clients (N=523)



2015 NHFS

Physical Examinations and Preventive Interventions

Tables 6.8.1 and 6.8.2 present details on physical examinations and preventive interventions undertaken during both the first and follow-up ANC consultations observed in the NHFS. Blood pressure was measured, the client's weight was taken, and the fetal position and heartbeat were checked in more than 80 percent of all observed ANC consultations. Fundal/uterine height was checked in slightly less than half of consultations.

As for preventive interventions, providers gave or prescribed iron or folic acid tablets to 63 percent of all ANC clients. In contrast, a tetanus toxoid injection and albendazole tablets were given to only around one-fifth of all clients. First-visit clients were somewhat more likely to receive the various preventative measures than follow-up clients.

In general, providers explained the purpose of each of the three preventative interventions to one-half or less of clients who were given or prescribed an injection or tablets. Less than one-third of first-visit clients receiving iron or folic acid were instructed about how to take the tablets.

Table 6.8.1 Basic physical examinations and preventive interventions for antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by type of facility, Nepal Health Facility Survey 2015

Components of consultation	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
FIRST-VISIT ANC CLIENTS							
Basic physical examination							
Measured blood pressure	95.2	83.0	72.9	94.8	95.0	100.0	89.8
Weighed client	88.8	75.8	69.8	93.0	81.9	100.0	81.7
Checked fetal position (at least 8 m pregnant)	70.3	88.4	73.0	92.0	81.9	-	80.2
Checked uterine/fundal height ¹	63.5	49.1	78.9	33.5	17.2	64.7	39.0
Listened to fetal heart (at least 5 m pregnant) ²	81.2	89.7	97.6	81.4	84.3	0.0	85.7
Preventive interventions							
Provider gave or prescribed iron or folic acid tablets	74.7	70.4	47.9	82.5	73.7	100.0	71.1
Provider explained purpose of iron or folic acid tablets	8.6	20.3	18.3	18.2	38.0	82.4	26.1
Provider explained how to take tablets	8.8	32.4	7.4	33.6	41.1	61.8	30.5
Provider gave or prescribed tetanus toxoid vaccine	34.9	38.1	14.0	38.6	30.0	61.8	31.2
Provider explained purpose of tetanus toxoid vaccine	8.2	8.7	6.8	15.0	23.3	35.3	15.6
Provider gave or prescribed albendazole	37.8	38.5	5.2	62.9	59.7	70.6	46.6
Provider explained purpose of albendazole	2.7	7.6	0.9	6.8	15.6	26.5	9.4
Number of ANC clients	53	93	73	83	218	2	523

(Continued...)

Table 6.8.1—Continued

Components of consultation	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
FOLLOW-UP ANC CLIENTS							
Basic physical examination							
Measured blood pressure	89.0	84.0	75.4	93.5	88.1	75.2	85.2
Weighed client	92.5	77.9	71.8	87.6	83.7	84.5	81.6
Checked fetal position (at least 8 m pregnant)	78.4	92.6	91.1	81.4	87.4	100.0	87.5
Checked uterine/fundal height ¹	67.9	62.8	65.2	47.5	37.6	21.7	52.4
Listened to fetal heart (at least 5 m pregnant) ²	92.1	90.7	92.9	93.1	92.2	69.0	92.1
Preventive interventions							
Provider gave or prescribed iron or folic acid tablets	41.2	69.4	45.9	68.1	63.7	0.0	58.0
Provider explained purpose of iron or folic acid tablets	5.0	10.3	11.4	14.2	16.9	15.5	12.9
Provider explained how to take tablets	4.2	15.9	4.8	20.1	16.3	0.0	12.4
Provider gave or prescribed tetanus toxoid vaccine	18.8	18.0	19.7	13.3	15.3	62.8	17.1
Provider explained purpose of tetanus toxoid vaccine	4.8	7.9	6.0	4.2	5.7	15.5	5.9
Provider gave or prescribed albendazole	3.8	6.1	2.2	5.4	6.3	0.0	4.9
Provider explained purpose of albendazole	1.2	2.2	1.0	2.5	2.4	0.0	1.9
Number of ANC clients	123	155	218	89	392	3	980
ALL OBSERVED ANC CLIENTS							
Basic physical examination							
Measured blood pressure	90.9	83.6	74.8	94.1	90.6	85.4	86.8
Weighed client	91.4	77.1	71.3	90.2	83.1	90.9	81.6
Checked fetal position (at least 8 m pregnant)	77.0	92.2	88.6	83.2	87.1	100.0	86.7
Checked uterine/fundal height ¹	66.5	57.7	68.6	40.7	30.3	39.5	47.7
Listened to fetal heart (at least 5 m pregnant) ²	90.0	90.5	93.5	89.5	90.8	49.5	90.9
Preventive interventions							
Provider gave or prescribed iron or folic acid tablets	51.3	69.8	46.4	75.1	67.2	41.3	62.6
Provider explained purpose of iron or folic acid tablets	6.1	14.1	13.1	16.2	24.4	43.1	17.5
Provider explained how to take tablets	5.6	22.1	5.5	26.6	25.2	25.5	18.7
Provider gave or prescribed tetanus toxoid vaccine	23.7	25.5	18.3	25.5	20.5	62.4	22.0
Provider explained purpose of tetanus toxoid vaccine	5.8	8.2	6.2	9.4	12.0	23.7	9.3
Provider gave or prescribed albendazole	14.1	18.3	2.9	33.1	25.4	29.1	19.4
Provider explained purpose of albendazole	1.7	4.2	1.0	4.6	7.1	10.9	4.5
Number of ANC clients	176	247	292	172	610	5	1,502

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of fetus, or by using a tape measure to measure fundal height

² Either with a fetoscope or by using an ultrasound device

Table 6.8.2 Basic physical examinations and preventive interventions for antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by background characteristics, Nepal Health Facility Survey 2015

Components of consultation	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
FIRST VISIT ANC CLIENTS							
Basic physical examination							
Measured blood pressure	92.5	72.9	79.4	89.9	90.2	84.5	89.8
Weighed client	83.6	69.8	76.5	83.7	80.8	79.3	81.7
Checked fetal position (at least 8 m pregnant)	82.8	73.0	90.6	73.4	83.6	80.1	80.2
Checked uterine/fundal height ¹	32.5	78.9	44.6	45.9	35.2	47.8	39.0
Listened to fetal heart (at least 5 m pregnant) ²	83.9	97.6	52.2	96.3	82.5	88.5	85.7
Preventive interventions							
Provider gave or prescribed iron or folic acid tablets	74.9	47.9	74.3	73.9	69.5	80.0	71.1
Provider explained purpose of iron or folic acid tablets	27.4	18.3	52.4	24.3	25.9	19.8	26.1
Provider explained how to take tablets	34.2	7.4	42.0	22.5	34.0	21.8	30.5
Provider gave or prescribed tetanus toxoid vaccine	34.0	14.0	45.7	40.3	25.9	42.0	31.2
Provider explained purpose of tetanus toxoid vaccine	17.0	6.8	18.1	16.2	15.1	14.4	15.6
Provider gave or prescribed albendazole	53.4	5.2	45.3	45.0	47.5	37.9	46.6
Provider explained purpose of albendazole	10.8	0.9	5.7	10.2	9.2	8.3	9.4
Number of ANC clients	449	73	16	171	336	98	523
FOLLOW-UP ANC CLIENTS							
Basic physical examination							
Measured blood pressure	88.0	75.4	94.1	86.5	83.0	84.5	85.2
Weighed client	84.4	71.8	90.3	84.0	78.1	84.4	81.6
Checked fetal position (at least 8 m pregnant)	86.6	91.1	91.9	90.0	83.7	91.6	87.5
Checked uterine/fundal height ¹	48.7	65.2	39.7	57.5	47.3	56.9	52.4
Listened to fetal heart (at least 5 m pregnant) ²	91.9	92.9	90.8	90.8	93.8	89.0	92.1
Preventive interventions							
Provider gave or prescribed iron or folic acid tablets	61.5	45.9	58.5	55.5	60.9	54.7	58.0
Provider explained purpose of iron or folic acid tablets	13.3	11.4	15.9	11.6	14.3	7.3	12.9
Provider explained how to take tablets	14.6	4.8	2.3	12.2	13.4	10.2	12.4
Provider gave or prescribed tetanus toxoid vaccine	16.3	19.7	27.5	19.8	13.2	22.6	17.1
Provider explained purpose of tetanus toxoid vaccine	5.9	6.0	6.9	7.2	4.3	6.3	5.9
Provider gave or prescribed albendazole	5.7	2.2	8.4	5.3	4.2	3.9	4.9
Provider explained purpose of albendazole	2.2	1.0	3.6	1.9	1.7	1.4	1.9
Number of ANC clients	761	218	32	513	434	319	980

(Continued...)

Table 6.8.2—Continued

Components of consultation	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
ALL OBSERVED ANC CLIENTS							
Basic physical examination							
Measured blood pressure	89.7	74.8	89.3	87.3	86.1	84.5	86.8
Weighed client	84.1	71.3	85.8	83.9	79.3	83.2	81.6
Checked fetal position (at least 8 m pregnant)	86.2	88.6	91.6	88.7	83.7	90.5	86.7
Checked uterine/fundal height ¹	42.7	68.6	41.3	54.6	42.0	54.8	47.7
Listened to fetal heart (at least 5 m pregnant) ²	90.2	93.5	83.4	91.4	90.9	88.9	90.9
Preventive interventions							
Provider gave or prescribed iron or folic acid tablets	66.5	46.4	63.6	60.1	64.7	60.6	62.6
Provider explained purpose of iron or folic acid tablets	18.5	13.1	27.8	14.7	19.3	10.2	17.5
Provider explained how to take tablets	21.9	5.5	15.3	14.8	22.4	12.9	18.7
Provider gave or prescribed tetanus toxoid vaccine	22.9	18.3	33.4	24.9	18.7	27.1	22.0
Provider explained purpose of tetanus toxoid vaccine	10.0	6.2	10.6	9.4	9.1	8.2	9.3
Provider gave or prescribed albendazole	23.4	2.9	20.4	15.3	23.1	11.9	19.4
Provider explained purpose of albendazole	5.4	1.0	4.3	4.0	5.0	3.0	4.5
Number of ANC clients	1,211	292	48	685	770	417	1,502

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of fetus, or by using a tape measure to measure fundal height

² Either with a fetoscope or by using an ultrasound device

Assessment and Counseling on Pregnancy Risks

Early identification of risk symptoms is important for healthy pregnancy outcomes. NHFS observers recorded information on whether the ANC client mentioned or a provider asked and/or counseled about eight specific danger symptoms related to the current pregnancy: vaginal bleeding or spotting; fever; headache or blurred vision; swollen hands, face, or body; tiredness or shortness of breath; loss of or excessive fetal movement; convulsion or loss of consciousness; and severe lower abdominal pain. Tables 6.9.1 and 6.9.2 describe the proportions of observed ANC consultations in which these various danger symptoms were discussed.

Health service providers discussed and/or counseled about at least one of the risk symptoms in two-thirds of the ANC consultations observed during the NHFS. All eight risk symptoms were discussed in less than 1 percent of consultations. The most common risk symptoms discussed were severe lower abdominal pain, vaginal bleeding or spotting, and loss of or excessive fetal movement.

Table 6.9.1 Content of antenatal care counseling related to risk symptoms

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by type of facility, Nepal Health Facility Survey, 2015

Counseling topics	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
FIRST-VISIT ANC CLIENTS							
Vaginal bleeding or spotting	26.8	26.3	37.6	28.2	16.1	82.4	24.2
Fever	5.1	5.4	4.9	3.6	11.2	0.0	7.4
Headache or blurred vision	16.2	18.9	31.5	19.4	22.0	52.9	21.9
Swollen hands, face, or body	22.2	10.0	16.6	14.5	25.1	61.8	19.4
Tiredness, shortness of breath	6.7	3.8	5.3	3.4	1.5	0.0	3.3
Fetal movement: loss of, excessive or normal	22.5	21.5	25.8	23.0	11.8	29.4	18.4
Convulsion or loss of consciousness	2.8	9.8	2.2	6.4	13.3	0.0	8.9
Severe lower abdominal pain	44.0	31.4	49.9	29.7	38.2	17.6	37.8
Any of the above risk symptoms	70.3	50.2	62.8	53.1	58.7	100.0	58.2
All of the above symptoms	2.8	0.0	0.0	0.0	0.9	0.0	0.7
Number of ANC clients	53	93	73	83	218	2	523
FOLLOW-UP ANC CLIENTS							
Vaginal bleeding or spotting	55.0	51.9	58.0	35.9	37.3	37.2	46.3
Fever	5.1	3.4	11.3	4.4	6.3	0.0	6.6
Headache or blurred vision	19.6	25.8	36.1	22.9	22.0	9.3	25.5
Swollen hands, face, or body	20.8	25.8	25.2	20.9	25.6	21.7	24.5
Tiredness, shortness of breath	7.0	3.0	7.8	4.9	7.6	0.0	6.6
Fetal movement: loss of, excessive or normal	50.5	46.8	49.2	28.5	34.5	37.2	41.2
Convulsion or loss of consciousness	2.6	3.1	5.5	5.7	8.2	0.0	5.9
Severe lower abdominal pain	42.4	43.1	56.9	40.5	37.8	47.3	43.7
Any of the above risk symptoms	77.1	74.9	85.0	68.8	60.6	69.0	71.1
All of the above symptoms	0.0	0.0	0.0	0.0	0.3	0.0	0.1
Number of ANC clients	123	155	218	89	392	3	980
ALL OBSERVED ANC CLIENTS							
Vaginal bleeding or spotting	46.5	42.3	52.9	32.2	29.7	55.8	38.6
Fever	5.1	4.1	9.7	4.0	8.1	0.0	6.9
Headache or blurred vision	18.5	23.2	35.0	21.2	22.0	27.3	24.3
Swollen hands, face, or body	21.3	19.8	23.0	17.8	25.5	38.2	22.7
Tiredness, shortness of breath	6.9	3.3	7.2	4.2	5.4	0.0	5.4
Fetal movement: loss of, excessive or normal	42.0	37.3	43.3	25.9	26.4	34.0	33.3
Convulsion or loss of consciousness	2.7	5.6	4.7	6.1	10.0	0.0	6.9
Severe lower abdominal pain	42.9	38.7	55.1	35.3	37.9	35.1	41.6
Any of the above risk symptoms	75.0	65.6	79.4	61.2	59.9	81.8	66.6
All of the above symptoms	0.9	0.0	0.0	0.0	0.5	0.0	0.3
Number of ANC clients	176	247	292	172	610	5	1,502

Table 6.9.2 Content of antenatal care counseling related to risk symptoms

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by background characteristics, Nepal Health Facility Survey 2015

Counseling topics	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
FIRST-VISIT ANC CLIENTS							
Vaginal bleeding or spotting	22.0	37.6	26.6	36.0	18.1	35.4	24.2
Fever	7.8	4.9	5.2	9.2	6.6	8.9	7.4
Headache or blurred vision	20.4	31.5	28.8	30.2	17.4	26.2	21.9
Swollen hands, face, or body	19.9	16.6	20.4	25.0	16.5	24.5	19.4
Tiredness, shortness of breath	2.9	5.3	3.0	6.4	1.7	6.3	3.3
Fetal movement: loss of, excessive or normal	17.2	25.8	18.7	29.1	13.0	29.4	18.4
Convulsion or loss of consciousness	10.0	2.2	1.5	14.0	6.6	7.6	8.9
Severe lower abdominal pain	35.8	49.9	44.7	47.3	32.6	41.5	37.8
Any of the above risk symptoms	57.5	62.8	73.4	69.1	52.0	65.9	58.2
All of the above symptoms	0.8	0.0	0.0	2.0	0.0	1.5	0.7
Number of ANC clients	449	73	16	171	336	98	523
FOLLOW-UP ANC CLIENTS							
Vaginal bleeding or spotting	43.0	58.0	46.1	53.2	38.2	54.2	46.3
Fever	5.3	11.3	11.3	8.3	4.2	9.6	6.6
Headache or blurred vision	22.5	36.1	28.4	29.9	20.1	29.4	25.5
Swollen hands, face, or body	24.3	25.2	22.0	28.6	19.9	29.9	24.5
Tiredness, shortness of breath	6.2	7.8	9.7	7.6	5.2	6.5	6.6
Fetal movement: loss of, excessive or normal	38.9	49.2	45.0	46.7	34.4	46.5	41.2
Convulsion or loss of consciousness	6.0	5.5	5.1	8.1	3.3	7.4	5.9
Severe lower abdominal pain	39.9	56.9	48.5	50.2	35.7	48.8	43.7
Any of the above risk symptoms	67.1	85.0	73.5	77.8	63.1	79.3	71.1
All of the above symptoms	0.1	0.0	0.0	0.2	0.0	0.0	0.1
Number of ANC clients	761	218	32	513	434	319	980
ALL OBSERVED ANC CLIENTS							
Vaginal bleeding or spotting	35.2	52.9	39.7	48.9	29.4	49.8	38.6
Fever	6.2	9.7	9.3	8.6	5.3	9.4	6.9
Headache or blurred vision	21.7	35.0	28.6	30.0	18.9	28.6	24.3
Swollen hands, face, or body	22.7	23.0	21.5	27.7	18.4	28.6	22.7
Tiredness, shortness of breath	5.0	7.2	7.5	7.3	3.7	6.4	5.4
Fetal movement: loss of, excessive or normal	30.9	43.3	36.4	42.3	25.1	42.5	33.3
Convulsion or loss of consciousness	7.5	4.7	3.9	9.6	4.7	7.4	6.9
Severe lower abdominal pain	38.4	55.1	47.3	49.5	34.3	47.1	41.6
Any of the above risk symptoms	63.5	79.4	73.5	75.6	58.2	76.2	66.6
All of the above symptoms	0.4	0.0	0.0	0.7	0.0	0.4	0.3
Number of ANC clients	1,211	292	48	685	770	417	1,502

Counseling on Risk Symptoms

Tables 6.9a.1 and 6.9a.2 describe counseling on risk symptoms during pregnancy. Only 12 percent of all ANC clients were counseled on any of the six specified risk symptoms (vaginal bleeding or spotting; headache or blurred vision; fever; swollen hands, face, or body; tiredness or shortness of breath; loss of or excessive fetal movement) during pregnancy.

Table 6.9a.1 Content of antenatal care counseling related to risk symptoms

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included counseling on topics related to indicated risk symptoms, according to ANC visit status, by type of facility, Nepal Health Facility Survey 2015

Counseling topics	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
FIRST-VISIT ANC CLIENTS							
Vaginal bleeding or spotting	1.0	1.6	5.9	2.1	0.7	0.0	1.9
Fever	2.2	0.9	0.8	1.4	0.9	0.0	1.1
Headache or blurred vision	2.2	1.9	0.0	1.4	3.8	0.0	2.4
Swollen hands, face, or body	4.8	1.9	2.0	0.8	3.4	0.0	2.6
Tiredness, shortness of breath	0.0	2.3	0.0	1.3	0.9	0.0	1.0
Fetal movement: loss of, excessive or normal	2.7	4.7	1.5	2.6	1.6	0.0	2.4
Any of the above risk symptoms	5.9	10.8	9.1	5.7	7.7	0.0	7.9
All of the above symptoms	0.0	0.0	0.0	0.0	0.9	0.0	0.4
Number of ANC clients	53	93	73	83	218	2	523
FOLLOW-UP ANC CLIENTS							
Vaginal bleeding or spotting	2.0	2.0	2.7	1.4	0.7	0.0	1.6
Fever	1.0	0.6	1.7	0.8	1.2	0.0	1.2
Headache or blurred vision	3.6	3.2	0.2	4.1	4.0	0.0	3.0
Swollen hands, face, or body	6.3	6.5	7.7	3.8	7.8	21.7	7.0
Tiredness, shortness of breath	1.4	0.2	0.4	1.4	0.7	0.0	0.7
Fetal movement: loss of, excessive or normal	10.8	12.1	3.1	3.4	4.9	27.9	6.3
Any of the above risk symptoms	16.4	19.3	13.2	11.7	13.5	27.9	14.6
All of the above symptoms	0.0	0.3	0.0	0.0	0.5	0.0	0.2
Number of ANC clients	123	155	218	89	392	3	980
ALL OBSERVED ANC CLIENTS							
Vaginal bleeding or spotting	1.7	1.8	3.5	1.7	0.7	0.0	1.7
Fever	1.4	0.7	1.5	1.1	1.1	0.0	1.1
Headache or blurred vision	3.2	2.7	0.2	2.8	4.0	0.0	2.8
Swollen hands, face, or body	5.9	4.7	6.2	2.4	6.2	12.7	5.5
Tiredness, shortness of breath	1.0	1.0	0.3	1.4	0.7	0.0	0.8
Fetal movement: loss of, excessive or normal	8.4	9.3	2.7	3.0	3.7	16.4	4.9
Any of the above risk symptoms	13.2	16.1	12.2	8.8	11.4	16.4	12.3
All of the above symptoms	0.0	0.2	0.0	0.0	0.6	0.0	0.3
Number of ANC clients	176	247	292	172	610	5	1,502

Table 6.9a.2 Content of antenatal care counseling related to risk symptoms

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included counseling on topics related to indicated risk symptoms, according to ANC visit status, by background characteristics, Nepal Health Facility Survey 2015

Counseling topics	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
FIRST-VISIT ANC CLIENTS							
Vaginal bleeding or spotting	1.2	5.9	3.3	2.9	1.2	3.6	1.9
Fever	1.1	0.8	0.0	2.3	0.6	1.7	1.1
Headache or blurred vision	2.8	0.0	6.7	6.4	0.1	8.2	2.4
Swollen hands, face, or body	2.7	2.0	10.8	3.4	1.9	1.2	2.6
Tiredness, shortness of breath	1.1	0.0	0.0	1.4	0.8	0.0	1.0
Fetal movement: loss of, excessive or normal	2.5	1.5	0.0	3.6	1.9	1.9	2.4
Any of the above risk symptoms	7.7	9.1	14.1	10.7	6.2	11.6	7.9
All of the above symptoms	0.4	0.0	0.0	1.1	0.0	0.0	0.4
Number of ANC clients	449	73	16	171	336	98	523
FOLLOW-UP ANC CLIENTS							
Vaginal bleeding or spotting	1.2	2.7	2.5	2.4	0.5	2.9	1.6
Fever	1.0	1.7	5.9	1.6	0.2	1.9	1.2
Headache or blurred vision	3.8	0.2	3.4	3.2	2.7	3.7	3.0
Swollen hands, face, or body	6.9	7.7	3.7	8.1	6.0	10.1	7.0
Tiredness, shortness of breath	0.8	0.4	0.0	0.7	0.8	0.5	0.7
Fetal movement: loss of, excessive or normal	7.2	3.1	3.1	6.6	6.2	5.0	6.3
Any of the above risk symptoms	15.0	13.2	11.2	15.8	13.3	17.5	14.6
All of the above symptoms	0.3	0.0	0.0	0.5	0.0	0.0	0.2
Number of ANC clients	761	218	32	513	434	319	980
ALL OBSERVED ANC CLIENTS							
Vaginal bleeding or spotting	1.2	3.5	2.8	2.5	0.8	3.1	1.7
Fever	1.1	1.5	3.9	1.8	0.4	1.9	1.1
Headache or blurred vision	3.4	0.2	4.5	4.0	1.6	4.7	2.8
Swollen hands, face, or body	5.3	6.2	6.0	6.9	4.2	8.0	5.5
Tiredness, shortness of breath	0.9	0.3	0.0	0.9	0.8	0.4	0.8
Fetal movement: loss of, excessive or normal	5.5	2.7	2.1	5.8	4.3	4.3	4.9
Any of the above risk symptoms	12.3	12.2	12.2	14.6	10.2	16.1	12.3
All of the above symptoms	0.4	0.0	0.0	0.6	0.0	0.0	0.3
Number of ANC clients	1,211	292	48	685	770	417	1,502

Other ANC Counseling

Tables 6.10.1 and 6.10.2 address other aspects of antenatal counseling. The results suggest that most of the counseling during ANC visits is focused on ensuring a healthy pregnancy and birth. Almost half of ANC clients were counseled on nutrition during pregnancy. One-third of ANC clients were advised on issues relating to the progress of their pregnancy. Two out of 10 clients were counseled on the importance of at least four ANC visits and on planning/preparedness measures. Very few ANC clients were counseled on newborn care, breastfeeding practices, infant vaccinations, or family planning.

Table 6.10.1 Content of antenatal care counseling related to a healthy pregnancy and delivery, care for the newborn, and family planning

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counseling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by type of facility, Nepal Health Facility Survey 2015

Counseling topics	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
FIRST-VISIT ANC CLIENTS							
Nutrition	49.4	46.6	24.1	60.4	63.3	91.2	53.0
Progress of pregnancy	29.9	17.3	39.4	19.0	23.0	8.8	24.3
Importance of at least 4 ANC visits	22.6	25.3	14.1	34.4	38.8	38.2	30.6
Delivery plans/birth preparedness ¹	9.2	8.4	6.5	16.6	15.6	52.9	12.7
Care of newborn ²	0.0	1.0	0.0	1.3	2.3	0.0	1.3
Early initiation and prolonged breastfeeding	0.0	1.0	2.2	1.3	2.3	0.0	1.6
Exclusive breastfeeding	0.0	2.3	2.2	0.5	0.4	0.0	1.0
Importance of vaccination for newborn	0.0	1.0	0.0	0.0	1.5	0.0	0.8
Family planning postpartum	0.0	1.1	0.4	0.0	2.7	0.0	1.4
Provider used any visual aids	1.6	5.9	2.9	8.0	11.8	26.5	7.9
Number of ANC clients	53	93	73	83	218	2	523
FOLLOW-UP ANC CLIENTS							
Nutrition	34.0	46.7	27.8	55.0	56.6	69.0	45.7
Progress of pregnancy	30.0	46.4	48.3	36.4	28.4	69.0	36.7
Importance of at least 4 ANC visits	7.1	15.9	3.0	11.4	18.1	0.0	12.3
Delivery plans/birth preparedness ¹	8.6	18.8	14.1	26.0	24.7	6.2	19.5
Care of newborn ²	0.0	0.0	0.0	0.0	0.8	0.0	0.3
Early initiation and prolonged breastfeeding	0.7	0.4	1.5	0.0	2.2	0.0	1.3
Exclusive breastfeeding	0.7	0.4	0.0	0.2	1.8	0.0	0.9
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	0.8	0.0	0.3
Family planning postpartum	0.0	0.8	0.0	0.2	2.0	0.0	1.0
Provider used any visual aids	1.5	2.2	0.8	6.1	9.2	6.2	5.0
Number of ANC clients	123	155	218	89	392	3	980
ALL OBSERVED ANC CLIENTS							
Nutrition	38.7	46.7	26.9	57.6	59.0	78.1	48.3
Progress of pregnancy	30.0	35.5	46.1	28.0	26.5	44.2	32.4
Importance of at least 4 ANC visits	11.8	19.4	5.8	22.5	25.5	15.8	18.7
Delivery plans/birth preparedness ¹	8.8	14.9	12.2	21.5	21.5	25.5	17.1
Care of newborn ²	0.0	0.4	0.0	0.6	1.3	0.0	0.7
Early initiation and prolonged breastfeeding	0.5	0.6	1.6	0.6	2.2	0.0	1.4
Exclusive breastfeeding	0.5	1.1	0.5	0.3	1.3	0.0	0.9
Importance of vaccination for newborn	0.0	0.4	0.0	0.0	1.0	0.0	0.5
Family planning postpartum	0.0	0.9	0.1	0.1	2.3	0.0	1.1
Provider used any visual aids	1.5	3.6	1.3	7.0	10.1	14.6	6.0
Number of ANC clients	176	247	292	172	610	5	1,502

¹ Provider advised or counseled client about birth preparedness in any of the following ways: asked client where she plans to deliver and advised client to prepare for delivery by setting aside money, making arrangements for transportation, and identifying a blood donor; advised client to use a skilled birth attendant or deliver at a health facility; and discussed what items to have on hand at home (e.g., blade, clean delivery kit, 4 percent chlorhexidine).

² Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table 6.10.2 Content of antenatal care counseling related to a healthy pregnancy and delivery, care for the newborn, and family planning

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counseling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by background characteristics, Nepal Health Facility Survey 2015

Counseling topics	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
FIRST-VISIT ANC CLIENTS							
Nutrition	57.8	24.1	56.2	49.3	54.8	50.5	53.0
Progress of pregnancy	21.8	39.4	46.3	24.8	23.0	32.3	24.3
Importance of at least 4 ANC visits	33.3	14.1	56.0	30.0	29.7	25.5	30.6
Delivery plans/birth preparedness ¹	13.7	6.5	14.9	13.0	12.4	9.1	12.7
Care of newborn ²	1.6	0.0	5.2	0.5	1.6	0.8	1.3
Early initiation and prolonged breastfeeding	1.6	2.2	5.2	1.5	1.6	2.5	1.6
Exclusive breastfeeding	0.8	2.2	0.0	2.2	0.4	2.8	1.0
Importance of vaccination for newborn	0.9	0.0	0.0	0.5	1.0	0.0	0.8
Family planning postpartum	1.5	0.4	0.0	0.8	1.8	0.0	1.4
Provider used any visual aids	8.8	2.9	5.2	9.9	7.0	4.6	7.9
Number of ANC clients	449	73	16	171	336	98	523
FOLLOW-UP ANC CLIENTS							
Nutrition	50.8	27.8	54.2	42.0	49.5	37.0	45.7
Progress of pregnancy	33.4	48.3	41.1	35.7	37.7	37.8	36.7
Importance of at least 4 ANC visits	15.0	3.0	29.0	7.0	17.4	4.4	12.3
Delivery plans/birth preparedness ¹	21.0	14.1	24.1	19.5	19.1	14.8	19.5
Care of newborn ²	0.4	0.0	0.0	0.0	0.7	0.0	0.3
Early initiation and prolonged breastfeeding	1.3	1.5	0.0	0.6	2.3	1.0	1.3
Exclusive breastfeeding	1.1	0.0	0.0	0.0	1.9	0.0	0.9
Importance of vaccination for newborn	0.4	0.0	0.0	0.0	0.7	0.0	0.3
Family planning postpartum	1.2	0.0	0.0	1.5	0.3	2.4	1.0
Provider used any visual aids	6.2	0.8	3.6	4.5	5.6	1.1	5.0
Number of ANC clients	761	218	32	513	434	319	980
ALL OBSERVED ANC CLIENTS							
Nutrition	53.4	26.9	54.9	43.8	51.8	40.2	48.3
Progress of pregnancy	29.1	46.1	42.8	33.0	31.3	36.5	32.4
Importance of at least 4 ANC visits	21.8	5.8	37.8	12.8	22.7	9.3	18.7
Delivery plans/birth preparedness ¹	18.3	12.2	21.1	17.8	16.2	13.4	17.1
Care of newborn ²	0.8	0.0	1.7	0.1	1.1	0.2	0.7
Early initiation and prolonged breastfeeding	1.4	1.6	1.7	0.8	2.0	1.3	1.4
Exclusive breastfeeding	1.0	0.5	0.0	0.6	1.3	0.7	0.9
Importance of vaccination for newborn	0.6	0.0	0.0	0.1	0.8	0.0	0.5
Family planning postpartum	1.3	0.1	0.0	1.3	1.0	1.8	1.1
Provider used any visual aids	7.1	1.3	4.1	5.9	6.2	1.9	6.0
Number of ANC clients	1,211	292	48	685	770	417	1,502

¹ Provider advised or counseled client about birth preparedness in any of the following ways: asked client where she plans to deliver and advised client to prepare for delivery by setting aside money, making arrangements for transportation, and identifying a blood donor; advised client to use a skilled birth attendant or deliver at a health facility; and discussed what items to have on hand at home (e.g., blade, clean delivery kit, 4 percent chlorhexidine).

² Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

6.5 CLIENT KNOWLEDGE AND OPINIONS

ANC clients were interviewed as they left the facility and asked questions related to their experience on that day as well as in previous visits for ANC services. Their responses provide insights into the information they received during ANC visits, their knowledge of pregnancy warning signs, and their satisfaction with the care they received at the facility.

6.5.1 Client Knowledge

Tables 6.11.1 and 6.11.2 present information obtained from ANC clients about the content of discussions they had during their ANC visit(s). Overall, one-third of ANC clients reported that the provider had discussed any of the warning signs for pregnancy complications. When asked to name warning signs, ANC clients most often mentioned vaginal bleeding (36 percent) and lower abdominal pain (33 percent). The majority of clients reported being advised about actions to take if they experienced any danger signs (mainly to seek care at a facility). However, 28 percent of clients indicated that they had not received any advice on what to do if they experienced danger signs.

With regard to discussion about other issues, only 29 percent of ANC clients reported that the provider discussed with them the planned delivery site, and only 21 percent said they had talked with the provider about supplies to prepare for delivery. Less than 10 percent of clients mentioned that they were counseled on the importance of exclusive breastfeeding or on postpartum family planning.

Table 6.11.1 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counseled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by type of facility, Nepal Health Facility Survey 2015

Issues discussed during current or previous visit	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Client reported provider discussed or counseled on any warning signs	29.6	34.3	40.5	27.0	33.6	36.4	33.8
Warning signs discussed (named by client)							
Vaginal bleeding	40.3	36.4	53.2	28.6	29.0	32.8	36.2
Fever	10.5	8.4	11.3	10.5	7.9	0.0	9.2
Swollen face, hands, or extremities	17.7	21.8	24.1	15.5	16.0	16.4	18.7
Tiredness or breathlessness	6.8	3.5	6.6	2.4	2.5	0.0	3.9
Headache or blurred vision	18.8	15.5	16.6	13.6	17.1	3.6	16.5
Seizures/convulsions	1.3	1.6	3.7	0.7	4.2	0.0	2.9
Reduced or absence of fetal movement	5.2	3.6	11.7	3.0	1.3	0.0	4.4
Lower abdominal pains	39.6	31.3	43.2	23.4	29.1	41.3	32.8
All warning signs	0.0	0.0	0.5	0.0	0.0	0.0	0.1
Actions client told to take if warning signs occurred							
Seek care at facility	74.5	74.6	78.1	68.0	64.1	87.3	70.3
Reduce physical activity	2.6	1.7	7.2	2.4	3.5	5.5	3.7
Change diet	0.5	1.5	2.3	0.7	1.4	0.0	1.4
No advice given by provider	23.5	24.4	19.6	29.9	34.8	12.7	28.2
Topics client reported provider discussed							
Importance of exclusive breastfeeding and counseled to exclusively breastfeed for 6 months	5.6	11.4	5.2	5.3	12.7	27.3	9.4
Planned place of delivery	23.9	25.5	24.5	34.0	31.4	65.4	28.6
Supplies to prepare for delivery	10.2	20.4	14.4	19.7	26.7	47.3	20.6
Using family planning after childbirth	8.2	5.3	3.9	6.4	13.0	20.0	8.6
Number of interviewed ANC clients	176	247	292	172	610	5	1,502

Table 6.11.2 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counseled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by background characteristics, Nepal Health Facility Survey 2015

Issues discussed during current or previous visit	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Client reported provider discussed or counseled on any warning signs	32.2	40.5	47.7	39.2	28.2	33.4	33.8
Warning signs discussed (named by client)							
Vaginal bleeding	32.1	53.2	36.4	43.1	30.0	46.5	36.2
Fever	8.7	11.3	17.1	9.6	8.4	9.9	9.2
Swollen face, hands, or extremities	17.4	24.1	18.4	24.9	13.2	21.3	18.7
Tiredness or breathlessness	3.3	6.6	6.6	5.0	2.8	5.4	3.9
Headache or blurred vision	16.5	16.6	23.7	17.4	15.2	17.6	16.5
Seizures/convulsions	2.7	3.7	0.5	2.2	3.7	0.9	2.9
Reduced or absence of fetal movement	2.6	11.7	15.6	5.8	2.4	7.7	4.4
Lower abdominal pains	30.3	43.2	37.3	36.5	29.2	36.8	32.8
All warning signs	0.0	0.5	0.0	0.2	0.0	0.4	0.1
Actions client told to take if warning signs occurred							
Seek care at facility	68.4	78.1	78.3	78.1	62.8	80.6	70.3
Reduce physical activity	2.8	7.2	6.3	3.8	3.4	1.9	3.7
Change diet	1.2	2.3	2.4	0.8	1.8	0.1	1.4
No advice given by provider	30.3	19.6	19.6	20.8	35.3	18.8	28.2
Topics client reported provider discussed							
Importance of exclusive breastfeeding and counseled to exclusively breastfeed for 6 months	10.4	5.2	8.5	9.3	9.6	4.2	9.4
Planned place of delivery	29.6	24.5	37.2	28.3	28.4	23.2	28.6
Supplies to prepare for delivery	22.1	14.4	24.7	20.6	20.4	15.4	20.6
Using family planning after childbirth	9.8	3.9	7.3	5.7	11.4	3.0	8.6
Number of interviewed ANC clients	1,211	292	48	685	770	417	1,502

6.5.2 Client Complaints

During the exit interview, ANC clients were asked if they perceived specific service-related issues to be a major or minor problem or not a problem at all for them that day. Tables 6.12.1 and 6.12.2 show that around one in five ANC clients reported at least one major complaint. The most frequent complaint related to the wait at the facility to see the provider; 12 percent of clients cited the time they had to wait as a major problem. Among facility types, complaints about waiting time were mentioned most often in zonal and above hospitals (26 percent).

Table 6.12.1 Feedback from antenatal care clients

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by type of facility, Nepal Health Facility Survey 2015

Client service issue	Facility type						National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	UHCs	
Behavior/attitude of provider	1.9	1.6	0.1	0.7	0.5	0.0	0.8
Amount of explanation about problem of treatment	3.5	5.6	7.6	4.8	2.4	12.7	4.4
Wait to see provider	25.8	10.9	12.5	8.5	8.0	0.0	11.5
Ability to discuss problems	1.0	6.3	8.1	5.2	2.6	0.0	4.4
Availability of medicines at facility	3.5	4.0	3.7	5.0	3.1	0.0	3.6
Number of days facility is open	3.3	0.8	3.5	2.6	3.0	0.0	2.7
Number of hours facility is open	3.6	1.2	3.6	2.2	3.6	10.9	3.1
Cleanliness of facility	1.6	3.5	1.1	2.4	3.5	0.0	2.7
Cost of services	3.1	1.7	8.4	1.0	0.1	0.0	2.4
Amount of visual privacy	0.0	5.8	0.3	3.3	0.7	0.0	1.7
Amount of auditory privacy	0.0	4.2	2.5	2.8	1.4	0.0	2.1
At least one client service issue	31.6	20.7	27.1	19.0	17.5	23.7	21.8
Number of interviewed ANC clients	176	247	292	172	610	5	1,502

Table 6.12.2 Feedback from antenatal care clients

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Nepal Health Facility Survey 2015

Client service issue	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Behavior/attitude of provider	1.0	0.1	1.2	0.2	1.3	0.0	0.8
Amount of explanation about problem of treatment	3.6	7.6	1.7	1.0	7.6	0.3	4.4
Wait to see provider	11.2	12.5	11.6	8.9	13.7	11.9	11.5
Ability to discuss problems	3.5	8.1	0.7	0.7	7.8	0.0	4.4
Availability of medicines at facility	3.6	3.7	2.4	1.8	5.3	1.8	3.6
Number of days facility is open	2.5	3.5	1.0	1.6	3.8	0.8	2.7
Number of hours facility is open	2.9	3.6	0.0	2.2	4.1	2.5	3.1
Cleanliness of facility	3.0	1.1	2.6	0.1	4.9	0.0	2.7
Cost of services	1.0	8.4	3.4	1.0	3.6	0.9	2.4
Amount of visual privacy	2.0	0.3	0.0	0.7	2.7	0.4	1.7
Amount of auditory privacy	2.0	2.5	0.0	1.0	3.2	1.1	2.1
At least one client service issue	20.5	27.1	16.0	13.7	29.3	15.4	21.8
Number of interviewed ANC clients	1,211	292	48	685	770	417	1,502

6.6 PROVIDER TRAINING AND SUPERVISION

Providers who have received recent training can be expected to have more up-to-date knowledge about their particular service area. Personal supervision may help enhance and sustain health worker capacity, since it should identify a provider's strengths and weaknesses. Table 6.13 presents information on in-service training and recent personal supervision of ANC providers.

Private hospitals were least likely to have staff who had had ANC-related in-service training; only 17 percent of providers at private hospitals had ever had such training, and only 5 percent reported receiving training in the 24 months before the survey (Table 6.13). Considering government facilities, the proportion of providers ever having in-service training related to ANC ranged from 34 percent in UHCs to 47 percent in PHCCs. One quarter of providers in PHCCs had had in-service training in ANC in the 24 months before the survey, as compared with 9 percent of providers in zonal and above hospitals.

Overall, two in five ANC providers had ever received in-service training related to ANC. However, only 18 percent reported receiving training related to ANC during the 24 months before the assessment. Table 6.14 shows that providers were least likely to have had in-service training on case management of malaria in pregnancy (7 percent). Around one in four providers reported receiving in-service training on counseling ANC clients (25 percent), on complications of pregnancy and their management (24 percent), and on ANC screening (23 percent).

Table 6.13 Supportive management for providers of antenatal care services

Among interviewed antenatal care (ANC) providers, the percentages who received training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers who received:				Number of interviewed ANC service providers
	Training related to ANC during the 24 months preceding the survey ¹	Training related to ANC ever ¹	Personal supervision during the 6 months preceding the survey ²	Training related to ANC during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type					
Zonal and above hospitals	9.1	37.7	65.6	7.3	50
District-level hospitals	22.8	42.6	65.0	15.1	126
Private hospitals	4.9	16.9	57.4	2.9	327
PHCCs	25.3	47.2	75.2	19.5	182
HPs	19.9	41.8	74.9	16.1	1,744
UHCs	16.9	34.2	77.1	14.1	52
Managing authority					
Public	20.2	42.0	74.2	16.1	2,154
Private	4.9	16.9	57.4	2.9	327
Ecological region					
Mountain	17.2	31.2	66.6	12.2	277
Hill	16.4	34.9	71.8	12.6	1,295
Terai	21.0	46.4	73.9	17.4	909
Earthquake-affected districts (14)					
	9.8	24.1	67.8	7.6	542
National average	18.2	38.7	72.0	14.3	2,480

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 6.14 Training for antenatal care service providers

Among interviewed antenatal care (ANC) service providers, the percentages who reported receiving in-service training on topics related to ANC during the specified period before the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers of ANC who reported receiving in-service training on:												Number of interviewed ANC service providers
	Counseling for ANC ¹		ANC screening ²		Complications of pregnancy and their management		Nutritional assessment of the pregnant woman		Case management or treatment of malaria in pregnancy		Essential Nutrition Actions training		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Zonal and above hospitals	5.1	24.3	3.7	25.4	5.1	24.6	1.8	15.5	0.0	0.7	3.3	5.1	50
District-level hospitals	8.9	21.0	8.1	20.5	9.7	23.3	7.2	16.4	1.7	3.2	5.8	11.1	126
Private hospitals	1.9	12.1	1.1	9.8	2.0	11.9	2.1	9.1	0.0	0.7	0.0	1.4	327
PHCCs	11.2	28.6	10.0	26.7	11.8	29.6	7.9	19.1	1.9	7.5	6.4	12.5	182
HPs	9.3	27.8	9.0	25.4	9.4	25.7	5.7	16.3	2.3	8.9	5.7	16.6	1,744
UHCs	5.8	16.9	5.8	16.9	5.8	16.9	5.3	13.4	2.8	6.4	3.2	5.8	52
Managing authority													
Public	9.2	27.2	8.8	25.0	9.4	25.6	5.9	16.5	2.2	8.2	5.7	15.4	2,154
Private	1.9	12.1	1.1	9.8	2.0	11.9	2.1	9.1	0.0	0.7	0.0	1.4	327
Ecological region													
Mountain	10.6	21.3	9.8	21.2	11.9	22.2	7.1	17.2	0.1	3.0	3.3	13.1	277
Hill	8.8	25.2	7.6	22.3	8.8	23.8	5.7	14.9	1.2	3.3	5.1	11.3	1,295
Terai	6.8	26.4	7.5	24.6	6.8	24.3	4.3	15.9	3.5	14.0	5.1	17.0	909
Earthquake-affected districts (14)													
	6.0	18.5	5.4	16.1	6.5	18.6	4.3	11.6	0.1	1.5	2.2	5.6	542
National average	8.3	25.2	7.8	23.0	8.4	23.8	5.4	15.5	1.9	7.2	4.9	13.6	2,480

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

¹ ANC counseling includes topics such as nutrition, family planning, and newborn care.

² ANC screening includes topics such as blood pressure monitoring, urine glucose, and urine protein.

With regard to supervision of ANC providers, 7 out of every 10 providers reported receiving personal supervision during the six months before the assessment. This proportion was greater in public health facilities (65 percent or more) than in private facilities (57 percent). ANC providers in lower-level public facilities were somewhat more likely than providers in hospitals to have been supervised recently.

Overall, only one in seven ANC providers reported both recent in-service training and routine supervision. ANC providers at private hospitals (3 percent) and zonal and above hospitals (7 percent) were least likely to have had ANC-related training in the 24 months before the survey and to have been supervised within the six months before the interview.

6.7 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The strategy for prevention of mother-to-child transmission of HIV involves a four-pronged approach:

- Primary prevention of HIV infection among women of reproductive age
- Prevention of unintended pregnancies in HIV-positive women
- Lifelong antiretroviral therapy (ART) for HIV-infected pregnant and breastfeeding women, regardless of CD4 count and/or clinical stage (“Option B+”)
- Provision of comprehensive care to the mother, the newborn, and family members

PMTCT services are often offered in conjunction with antenatal and delivery services. They may include a variety of interventions. The degree to which a facility offers the total package often reflects the level of staffing and whether the facility offers antenatal care, delivery services, or both.

6.7.1 Availability of PMTCT Services

Table 6.15 presents data regarding the availability of PMTCT services among facilities that offer ANC services. The table also reports on the availability of specific PMTCT components at facilities offering both ANC and PMTCT services.

Around 2 of every 10 facilities in Nepal that offer ANC services also provide PMTCT services. More than three-fourths of zonal and above hospitals and more than half of district-level hospitals that offer ANC also provide PMTCT services, as compared with just 22 percent of private hospitals. Among lower-level public facilities that offer ANC, the proportion providing PMTCT services ranges from 10 percent in UHCs to 40 percent in PHCCs.

Among ANC facilities that offer PMTCT services, all provide HIV testing and/or counseling, and about 80 percent provide counseling on infant and young child feeding practices, nutritional counseling for HIV-positive pregnant women and their infants, and family planning counseling for HIV-positive women. However, only 62 percent of facilities have HIV testing available for babies born to HIV-positive mothers, and only 10 percent offer ARV prophylaxis for HIV-positive mothers and their infants.

Table 6.15 Availability of services for prevention of mother-to-child transmission of HIV in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among the facilities offering PMTCT services, the percentages with specific PMTCT program components, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering ANC that provide any PMTCT ¹	Number of facilities offering ANC services	Percentage of ANC facilities offering PMTCT that provide:							Number of facilities offering ANC and any PMTCT services	Number of facilities offering ANC and any PMTCT services excluding PHCCs, HPs, and UHCs ²
			HIV testing and/or counseling for pregnant women	HIV testing for infants born to HIV+ women	ARV prophylaxis for HIV+ women	ARV prophylaxis for infants born to HIV+ women	Infant and young child feeding counseling	Nutritional counseling for HIV+ pregnant women and their infants	Family planning counseling for HIV+ women		
Facility type											
Zonal and above hospitals	78.0	6	100.0	70.9	65.8	61.1	95.3	95.3	100.0	4	4
District-level hospitals	56.2	15	100.0	68.3	46.3	46.3	95.1	92.7	92.7	8	8
Private hospitals	22.0	60	100.0	55.1	6.2	6.2	87.0	88.6	90.1	13	13
PHCCs	39.8	42	98.8	na	12.2	12.2	89.0	78.0	85.4	17	0
HPs	15.8	765	100.0	na	6.0	6.0	78.7	77.5	82.1	121	0
UHCs	9.5	31	100.0	na	0.0	0.0	38.9	38.9	38.9	3	0
Managing authority											
Public	17.9	859	99.9	69.2	10.5	10.3	80.5	78.2	82.7	154	13
Private	22.0	60	100.0	55.1	6.2	6.2	87.0	88.6	90.1	13	13
Ecological region											
Mountain	11.1	118	100.0	40.0	6.3	6.3	92.2	81.1	85.8	13	1
Hill	16.1	479	100.0	64.2	10.5	10.5	81.0	80.6	81.9	77	13
Terai	23.9	322	99.7	61.5	10.4	10.2	79.0	77.0	84.2	77	12
Earthquake-affected districts (14)											
	8.8	193	100.0	67.9	10.9	10.9	78.6	78.6	78.6	17	6
National average	18.2	919	99.9	62.0	10.1	10.0	81.0	79.0	83.3	167	26

ARV = Antiretroviral

na = Not applicable

¹ Facility provides any of the following services for the prevention of transmission of HIV from an HIV-positive pregnant woman to her child: HIV testing and/or counseling for pregnant women, HIV testing for infants born to HIV-positive women, ARV prophylaxis for HIV-positive pregnant women, ARV prophylaxis for infants born to HIV-positive women, infant and young child feeding counseling for prevention of mother-to-child transmission, nutritional counseling for HIV-positive pregnant women and their infants, and family planning counseling for HIV-positive pregnant women.

² This denominator is for the indicator "HIV testing for infants born to HIV+ women."

6.7.2 Availability of Guidelines, Trained Staff, Medicines, and Diagnostics

Table 6.16 presents information on the availability of the necessary elements for the provision of quality PMTCT services, including service guidelines, HIV testing capacity, and availability of antiretroviral medicines for women and infants, at facilities that offer ANC and PMTCT services. The results indicate that, in general, Nepal health facilities that offer ANC and PMTCT services are not well-equipped to provide PMTCT services. Only 6 percent of these facilities have guidelines on PMTCT. A much larger proportion but still a minority of facilities have at least one staff member recently trained in PMTCT (40 percent), while a quarter have at least one staff member recently trained in infant and young child feeding. Public health facilities are more likely to have at least one staff member recently trained in PMTCT or infant and young child feeding than private hospitals.

Table 6.16 Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV

Among facilities offering antenatal care (ANC) and any services for prevention of mother-to-child transmission (PMTCT) of HIV, the percentages having relevant guidelines, at least one staff member recently trained on PMTCT and infant and young child feeding, visual and auditory privacy for quality PMTCT counseling, HIV diagnostic capacity, and antiretroviral medicines (ARVs), by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering ANC and any PMTCT services that have:									Number of facilities offering ANC and any PMTCT services	Number of facilities offering ANC and any PMTCT services excluding PHCCs, HPs, and UHCs ¹⁰
	Guidelines	Staff trained in:			HIV testing		Antiretroviral medicines				
	PMTCT ¹	PMTCT ²	Infant and young child feeding ³	Visual and auditory privacy ⁴	Adult HIV testing capacity ⁵	DBS ⁶	AZT syrup ⁷	NVP syrup ⁸	ARV for maternal prophylaxis ⁹		
Facility type											
Zonal and above hospitals	47.0	23.5	9.4	94.9	75.6	28.2	18.8	70.5	79.9	4	4
District-level hospitals	14.6	56.1	36.6	92.7	65.9	12.2	19.5	46.3	58.5	8	8
Private hospitals	3.1	6.6	6.6	91.4	23.2	7.9	0.0	4.7	4.7	13	13
PHCCs	14.6	51.2	35.4	93.9	18.3	0.0	2.4	4.9	6.1	17	0
HPs	3.4	42.3	26.3	83.7	3.4	na	1.7	0.8	0.8	121	0
UHCs	0.0	21.2	21.2	43.4	0.0	na	0.0	0.0	0.0	3	0
Managing authority											
Public	6.4	43.1	27.3	84.9	10.5	17.4	3.2	5.7	6.8	154	13
Private	3.1	6.6	6.6	91.4	23.2	7.9	0.0	4.7	4.7	13	13
Ecological region											
Mountain	0.0	49.9	25.7	91.3	9.4	0.0	1.6	4.7	4.7	13	1
Hill	6.8	33.5	27.3	82.8	11.7	10.7	4.2	6.8	8.1	77	14
Terai	6.6	45.2	24.1	87.1	11.7	16.0	1.9	4.6	5.4	77	12
Earthquake-affected districts (14)	3.6	7.4	3.7	97.5	17.3	10.5	1.2	7.3	12.1	17	6
National average	6.2	40.2	25.7	85.4	11.5	12.6	2.9	5.6	6.6	167	26

¹ Guidelines for PMTCT: hand-written guidelines pasted on a wall are acceptable.

² Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of PMTCT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of infant and young child feeding during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ A private room or screened-off area is available in the ANC service area that is a sufficient distance from other clients so that a normal conversation can be held without the client being seen or heard by others.

⁵ HIV rapid testing or other HIV testing capacity available in the facility

⁶ Facility reports that it performs HIV testing for infants and has dried blood spot (DBS) filter paper available for collection of blood samples from infants for HIV testing.

⁷ Zidovudine (AZT) syrup for ARV prophylaxis for children born to HIV-positive women

⁸ Nevirapine (NVP) syrup for ARV prophylaxis for children born to HIV-positive women

⁹ Facility had any of the following ARV medicines for adults available at the facility on the day of the survey: AZT/NVP/3TC, TDF/3TC/EFV, AZT/3TC + EFV, or TDF/3TC + NVP.

¹⁰ This denominator is for the indicator "DBS" under HIV testing.

Only 12 percent of facilities that offer ANC and PMTCT services have the capacity to test women for HIV infection. The capability to collect blood using dried blood spots (DBS) to test infants for HIV also is not widely available; only 13 percent of facilities that offer ANC and PMTCT services, mainly hospitals, have DBS capability. Seven percent or less of facilities have antiretroviral medicines.

6.8 MALARIA IN PREGNANCY

Malaria during pregnancy can be fatal or cause poor pregnancy outcomes. Therefore, measures must be taken to prevent its occurrence during pregnancy and to treat it promptly if it occurs. The ability to do this depends on the availability of proper medicines and diagnostics and appropriate interventions during ANC visits.

Only 4 percent of facilities that offer ANC services in Nepal had staff recently trained on malaria (Table 6.17). There were no staff with recent training in either zonal and above hospitals or private hospitals.

The first line of defense against malaria is to avoid the bites of the mosquitoes that carry the disease-causing parasite. Therefore, pregnant women are advised to sleep under an insecticide-treated bed net (ITN). Only 6 percent of health facilities that offer ANC had ITNs for distribution available on the day of the assessment. PHCCs (15 percent) were most likely to have ITNs available.

Most ANC facilities also lack the capacity to test for or treat malaria. A rapid diagnostic test (RDT) for malaria was available in only 20 percent of facilities that offer ANC. Similarly, malaria microscopy and hemoglobin testing were available in only a small number of facilities providing ANC services (8 percent and 15 percent, respectively). As for medications available on the day of the assessment, only 1 percent of facilities had either sulfadoxine/pyrimethamine or artemisinin combination therapy (ACT) for treating active malaria.

Table 6.17 Malaria services in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages having indicated items for the provision of malaria services available on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering antenatal care services that have:													Number of facilities offering ANC services
	Trained staff ¹	ITN ²	Medicines						Diagnostics					
			ACT (Co-artem) ³	Quinine tablets	Quinine injection	Prima-quine tablets ³	Chloro-quine tablets ³	SP	Com-bined iron and folic acid tablets	Malaria RDT ⁴	Malaria micro-scopy ⁵	RDT or micro-scopy	Hemo-globin ⁶	
Facility type														
Zonal and above hospitals	0.0	7.3	11.3	14.9	11.3	48.7	29.6	3.7	48.4	81.7	67.0	89.0	96.3	6
District-level hospitals	8.2	11.0	5.5	11.0	5.5	52.1	41.1	1.4	80.8	60.3	58.9	84.9	97.3	15
Private hospitals	0.0	1.1	3.3	18.2	7.7	42.0	12.9	3.1	18.9	80.3	53.5	85.9	93.7	60
PHCCs	5.3	15.2	2.9	5.8	2.4	56.4	44.7	1.0	82.1	55.4	41.7	65.6	74.7	42
HPs	4.0	6.2	0.5	2.6	0.0	26.8	15.3	1.1	83.1	13.1	1.5	13.3	3.7	765
UHCs	3.7	2.0	0.0	0.0	0.0	11.6	11.7	6.4	95.5	2.3	0.0	2.3	0.0	31
Managing authority														
Public	4.1	6.6	0.8	2.9	0.3	28.3	17.2	1.3	83.2	16.1	4.9	17.3	9.3	859
Private	0.0	1.1	3.3	18.2	7.7	42.0	12.9	3.1	18.9	80.3	53.5	85.9	93.7	60
Ecological region														
Mountain	0.2	1.1	0.2	1.1	0.0	3.8	0.7	1.1	85.6	4.5	2.8	4.9	10.3	118
Hill	2.5	1.4	0.5	2.3	1.3	14.9	8.3	0.5	83.9	12.9	7.0	14.5	12.5	479
Terai	7.3	15.1	1.9	7.3	0.3	59.7	35.6	3.0	69.3	37.1	11.5	38.8	19.9	322
Earthquake-affected districts (14)	0.1	3.0	0.9	2.5	1.1	11.5	3.9	0.2	87.4	12.8	9.8	14.3	17.4	193
National average	3.9	6.2	0.9	3.9	0.8	29.2	16.9	1.4	79.0	20.3	8.1	21.8	14.8	919

Note: See Table 6.1 for information on the proportion of facilities offering antenatal care services.

SP = Sulfadoxine/pyrimethamine (Fansidar)

¹ At least one interviewed provider of ANC services reports receiving in-service training on malaria in pregnancy during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Facility reports that it had ITNs in storage in the facility on the day of the survey.

³ Country-recommended artemisinin combination therapy (ACT) drug for treatment of active malaria

⁴ Facility had unexpired malaria rapid diagnostic test (RDT) kits available somewhere in the facility.

⁵ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

⁶ Facility has the capacity to conduct hemoglobin tests using any of the following means: hematology analyzer, hemoglobinometer or colorimeter, HemoCue, or litmus paper.

Key Findings

- Around half of health facilities in Nepal provide normal vaginal delivery services. Almost all hospitals and primary health care centers (PHCCs) offer these services.
- Just over one-third of facilities that offer normal vaginal delivery service had at least one interviewed staff member who had received relevant in-service training in the preceding 24 months.
- Six out of 10 facilities that offer normal vaginal delivery care have emergency transport available.
- Around 9 in 10 facilities that offer normal vaginal delivery services had injectable uterotonic (oxytocin) and an intravenous fluid infusion set on the day of assessment, and more than 70 percent had injectable magnesium sulphate.
- On average, 11 percent of facilities had all medicines regarded as essential for delivery care. Seventy-seven percent of zonal and above hospitals had all essential delivery care medicines on the day of the assessment, as compared with only 5 percent of health posts (HPs).
- Nearly 4 in 10 health facilities had carried out neonatal resuscitation.
- More than two-thirds of zonal and above hospitals had carried out all comprehensive emergency obstetric and newborn care (CEmONC) signal functions at least once in the three months preceding the survey, as compared with one-fifth of district hospitals.
- Only 3 percent of PHCCs had performed all basic emergency obstetric and newborn care (BEmONC) signal functions at least once in the three months preceding the survey.
- More than 90 percent of facilities routinely carry out a number of essential newborn care functions including keeping the infant warm, starting breastfeeding soon after birth, and putting the baby skin-to-skin on the mother's abdomen.

7.1 BACKGROUND

This chapter provides an overview of delivery and newborn health services in Nepal. It explores the following key issues relating to provision of quality delivery and newborn care services at health facilities:

- **Availability of delivery and newborn services.** Section 7.2, including Table 7.1 and Figure 7.1, examines the availability of maternal health services, including the 24-hour availability of a delivery care provider on-site or on-call.
- **Service readiness.** Section 7.3, including Tables 7.2 through 7.4 and Figures 7.2 through 7.4, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality delivery and newborn care services, including the availability of basic amenities and equipment, infection control processes, transport for emergencies, and essential medicine.

- **Emergency obstetric and newborn care.** Section 7.4, including Tables 7.5 and 7.6, examines signal functions for emergency obstetric and newborn care (EmONC).
- **Newborn care practices.** Section 7.5, including Tables 7.7.1 and 7.7.2, presents information on the prevalence of specific newborn care practices in health facilities.
- **Basic management and administrative systems.** Section 7.6, including Tables 7.8 through 7.10, considers the extent to which essential management and administrative systems are in place to support quality services, including in-service training for providers of delivery and newborn care.
- **Client experience.** Section 7.7, including Tables 7.11 through 7.13.2, provides information obtained in interviews with women who had recently delivered on the care they and their newborns had received.

7.1.1 Maternal and Newborn Health Status and Health Care Utilization

Maternal mortality—the death of a woman during pregnancy, childbirth, or the 42 days after delivery due to causes directly or indirectly associated with the pregnancy—remains a major challenge to health systems worldwide.

The maternal mortality ratio (MMR) in Nepal decreased substantially between 1996 and 2006, from 539 to 281 deaths per 100,000 births (MOHP et al. 2007). Improvements in maternal health services have been a key factor in reducing the country’s MMR. The National Safe Motherhood Program has made significant progress in terms of development of policies and protocols as well as expansion of the role of service providers such as staff nurses and auxiliary nurse midwives. Although the decline in the MMR has been substantial, the level is still unacceptable. The leading direct causes of maternal deaths in Nepal are hemorrhage, eclampsia, sepsis, and complications associated with unsafe abortions (Pradhan et al. 2010). The tragedy is that almost all of these deaths could be prevented.

In the Nepal Health Sector Strategy (NHSS), the strategic focus of maternal and newborn health is on supporting the delivery of quality and integrated maternal, newborn, and child health services and, in particular, reaching the underserved. Activities to achieve this aim within the NHSS include strengthening the capacity of the National Health Training Centre, improving and expanding comprehensive and basic emergency obstetric and neonatal care services, ensuring that original and recently upgraded health posts (HPs) function as birthing centers, and increasing the accessibility of skilled birth attendant (SBA) services in remote locations and among the underserved. The NHSS is also strengthening community- and institution-based postnatal care (PNC) arrangements and the referral system. Close coordination among the family health division (FHD), child health division (CHD), management division (MD), and primary health care revitalization division (PHCRD) is an integral part of achieving these improvements in the provision and quality of delivery and newborn care.

7.2 AVAILABILITY OF DELIVERY AND OTHER MATERNAL HEALTH SERVICES

As Table 7.1 and Figure 7.1 show, nearly half of all health facilities in Nepal offer normal vaginal delivery services. As expected, the provision of delivery care varies widely according to the type of facility. Almost all district hospitals and primary health care centers (PHCCs) provide normal vaginal delivery services, while less than half (45 percent) of health posts offer such normal vaginal delivery services. The proportions of health facilities providing normal vaginal delivery services are lowest in the terai region (33 percent) and in the earthquake-affected districts (41 percent).

Cesarean delivery services are largely confined to hospitals. Nearly 9 of every 10 (88 percent) zonal and above hospitals, more than half (54 percent) of district-level hospitals, and half (50 percent) of private hospitals offer cesarean delivery services.

A quarter of facilities that offer normal vaginal delivery services provide assisted vaginal delivery and medical abortion services. Government hospitals are more likely to offer these services than private hospitals, PHCCs, and HPs.

Nine out of 10 (92 percent) facilities that offer normal vaginal delivery services have a delivery care provider available on-site or on-call 24 hours a day. However, less than a quarter (23 percent) of facilities that offer delivery service had an observed duty schedule. Government hospitals were most likely to report that a provider is always available and to have a duty schedule as evidence.

Table 7.1 Availability of normal vaginal delivery and other maternal health services

Among all facilities, the percentages that offer normal vaginal delivery and cesarean delivery services, and among facilities that offer normal vaginal delivery services, the percentages offering specific maternal health services and having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering:		Number of facilities	Percentage of facilities offering normal vaginal delivery services that offer/have:					Number of facilities offering normal vaginal delivery services
	Normal vaginal delivery service	Cesarean delivery		Assisted delivery	Medical abortion	Comprehensive abortion care (CAC)	Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	
Facility type									
Zonal and above hospitals	84.0	87.8	5	100.0	81.5	86.1	81.9	100.0	5
District-level hospitals	100.0	53.9	16	81.6	72.4	85.5	89.5	100.0	16
Private hospitals	64.2	49.5	70	51.8	55.3	62.9	60.7	91.9	45
PHCCs	96.1	na	42	38.8	54.5	40.9	45.9	95.5	41
HPs	45.3	na	775	17.6	16.1	0.0	12.2	90.5	351
Managing authority									
Public	47.4	1.6	870	23.0	22.7	8.2	19.3	91.5	413
Private	64.2	49.5	70	51.8	55.3	62.9	60.7	91.9	45
Ecological region									
Mountain	57.2	2.1	118	26.1	10.7	7.0	12.0	89.9	67
Hill	57.4	4.9	481	21.2	22.2	10.6	18.0	91.7	276
Terai	33.4	6.4	340	37.0	44.0	24.6	43.2	92.0	114
Earthquake-affected districts (14)	40.7	8.0	194	22.7	25.6	19.8	25.4	77.2	79
National average	48.7	5.1	940	25.8	25.9	13.6	23.4	91.5	457

Note: Stand-alone HTC sites and Sukra Raj, Bir, and Kanti hospitals are excluded in this and all subsequent tables in this chapter. Throughout the chapter, the total number of facilities includes one UHC that offers normal vaginal delivery services for which results are not shown.
na = Not applicable

Table 7.1a Availability of normal vaginal delivery and other maternal health services

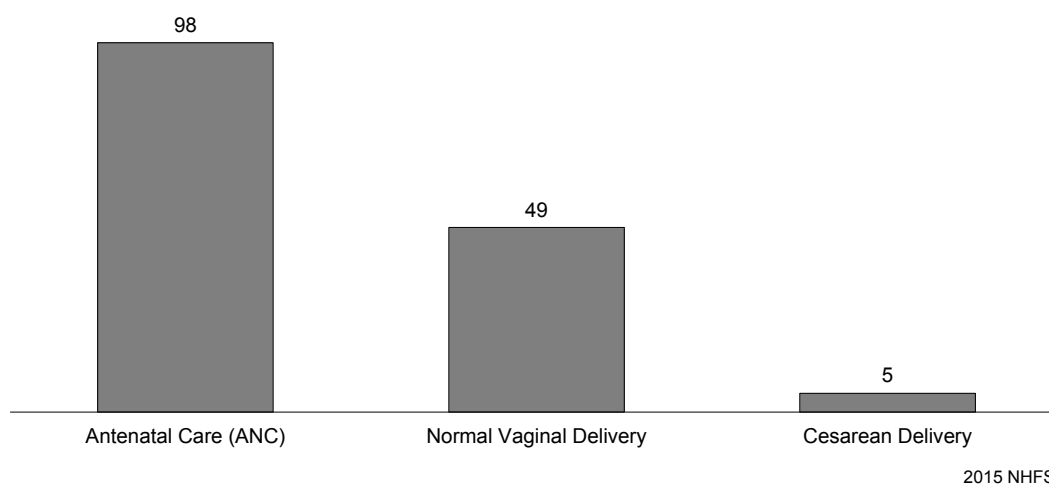
Among all facilities, the percentages that offer normal vaginal delivery and cesarean delivery services, and among facilities that offer normal vaginal delivery services, the percentages offering specific maternal health services and having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Nepal Health Facility Survey, 2015

Background characteristic	Percentage of facilities offering:	Number of facilities	Percentage of facilities offering:	Number of facilities excluding PHCCs, HPs and UHCs	Percentage of facilities offering normal vaginal delivery services that offer/have:				Number of facilities offering normal vaginal delivery services	Percentage of facilities offering normal vaginal delivery services that offer/have:	Number of facilities excluding HPs and UHCs
	Normal vaginal delivery service		Cesarean delivery		Assisted delivery	Medical abortion	Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule		Comprehensive abortion care (CAC)	
Facility type											
Zonal and above hospitals	84.0	5	87.8	5	100.0	81.5	81.9	100.0	5	86.1	5
District-level hospitals	100.0	16	53.9	16	81.6	72.4	89.5	100.0	16	85.5	16
Private hospitals	64.2	70	49.5	70	51.8	55.3	60.7	91.9	45	62.9	45
PHCCs	96.1	42	na	na	38.8	54.5	45.9	95.5	41	40.9	41
HPs	45.3	775	na	na	17.6	16.1	12.2	90.5	351	na	na
Managing authority											
Public	47.4	870	62.7	21	23.0	22.7	19.3	91.5	413	55.7	61
Private	64.2	70	49.5	70	51.8	55.3	60.7	91.9	45	62.9	45
Ecological region											
Mountain	57.2	118	42.3	5	26.1	10.7	12.0	89.9	67	54.8	9
Hill	57.4	481	54.3	43	21.2	22.2	18.0	91.7	276	61.4	48
Terai	33.4	340	52.1	42	37.0	44.0	43.2	92.0	114	56.8	49
Earthquake-affected districts (14)	40.7	194	58.7	26	22.7	25.6	25.4	77.2	79	59.4	26
National average	48.7	940	52.5	91	25.8	25.9	23.4	91.5	457	58.7	106

Note: Stand-alone HTC sites, Sukra Raj, Bir and Kanti children hospital are excluded in this and all the tables of this chapter. Throughout the chapter, the total number of facilities includes one UHC that offers normal vaginal delivery services for which results are not shown.

na = Not applicable

Figure 7.1 Availability of maternal health services (N=940)



7.3 SERVICE READINESS

7.3.1 Service Guidelines, Trained Staff, and Equipment for Delivery Services

The quality of delivery services depends partly on the availability of service guidelines, staff with up-to-date training, and certain basic equipment. Table 7.2 and Figure 7.2 present information on the extent to which these elements were present in facilities that offer normal vaginal delivery care on the day of the NHFS visit.

Less than a quarter (22 percent) of facilities had guidelines related to delivery and newborn care (Nepal Medical Standard Volume III or Reproductive Health Clinical Protocol) available on the day of the assessment visit. More than one-third of facilities had at least one interviewed staff member who had received in-service training related to delivery care such as training in SBA services or active management of the third stage of labor (AMTSL) in the preceding 24 months (for additional details on training, see Section 7.6).

More than 6 in 10 facilities offering normal vaginal delivery care had emergency transport available—a crucial factor in responding to unexpected complications of labor and delivery with the necessary speed. With regard to availability of equipment, on the positive side, at least 8 out of every 10 facilities providing normal vaginal delivery care had a delivery pack (92 percent), neonatal bag and mask (83 percent), partograph (80 percent), gloves (93 percent), and delivery bed (96 percent). On the other hand, only about one-fifth of facilities normal vaginal delivery had a manual vacuum extractor (21 percent) available on the day of the assessment visit. A similar proportion had a vacuum aspiration or manual removal of placenta (MVA) kit (19 percent).

Overall, government hospitals offering normal vaginal delivery care were most likely to have guidelines, trained staff, and the basic equipment and supplies necessary to provide quality delivery services. In general, private hospitals were not as well equipped as government hospitals. Particularly notable was the lack of guidelines (1 percent) and staff with recent in-service training (14 percent) in private hospitals.

Table 7.2 Guidelines, trained staff, and equipment for delivery services

Among facilities that offer normal vaginal delivery services, the percentages having guidelines for delivery care, at least one staff member recently trained in delivery care, and basic equipment and supplies for routine delivery care available at the facility on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Guidelines on delivery care ¹	Staff trained in delivery care ²	Equipment										Number of facilities offering normal vaginal delivery services	
			Emergency transport ³	Examination light ⁴	Delivery pack ⁵	Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspiration kit or MVA kit ⁶	Neonatal bag and mask	Partograph ⁷	Gloves ⁸	Delivery bed		
Facility type														
Zonal and above hospitals	27.2	36.2	95.5	100.0	100.0	95.5	95.5	81.5	100.0	95.5	100.0	100.0	100.0	5
District-level hospitals	25.0	60.5	93.4	88.2	100.0	96.1	89.5	81.6	98.7	97.4	97.4	100.0	100.0	16
Private hospitals	0.5	14.2	96.2	83.4	90.6	90.5	47.6	51.2	79.8	60.5	91.2	94.1	94.1	45
PHCCs	21.7	52.6	74.8	68.2	97.0	75.3	37.8	47.4	93.4	85.2	94.5	98.5	98.5	41
HPs	24.4	34.7	54.6	55.4	91.7	54.8	11.1	8.3	81.1	80.9	92.3	96.2	96.2	351
Managing authority														
Public	24.1	37.4	58.6	58.3	92.6	58.9	17.8	15.7	83.2	82.2	92.7	96.6	96.6	413
Private	0.5	14.2	96.2	83.4	90.6	90.5	47.6	51.2	79.8	60.5	91.2	94.1	94.1	45
Ecological region														
Mountain	20.8	44.3	44.2	53.1	93.8	41.7	27.3	17.1	74.3	80.7	93.2	92.4	92.4	67
Hill	21.1	28.8	58.4	61.4	90.8	58.0	15.9	15.5	82.0	80.0	91.2	96.4	96.4	276
Terai	24.3	45.0	82.4	63.6	95.6	83.7	28.6	29.4	89.9	79.7	95.4	98.7	98.7	114
Earthquake-affected districts (14)	6.4	33.5	78.7	69.5	90.7	70.6	19.6	22.3	85.5	79.5	90.7	93.0	93.0	79
National average	21.8	35.1	62.3	60.7	92.4	62.0	20.7	19.2	82.8	80.0	92.5	96.3	96.3	457

¹ Nepal Medical Standard (NMS) Volume III or Reproductive Health Clinical Guideline.

² At least one interviewed provider of delivery services at the facility reported receiving skilled birth attendant (SBA) training, advanced skilled birth attendant (ASBA) training, maternal and newborn health updates, training on routine care during labor and normal vaginal delivery, or training in active management of the third stage of labor (AMTSL) during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

⁴ A functioning flashlight is acceptable.

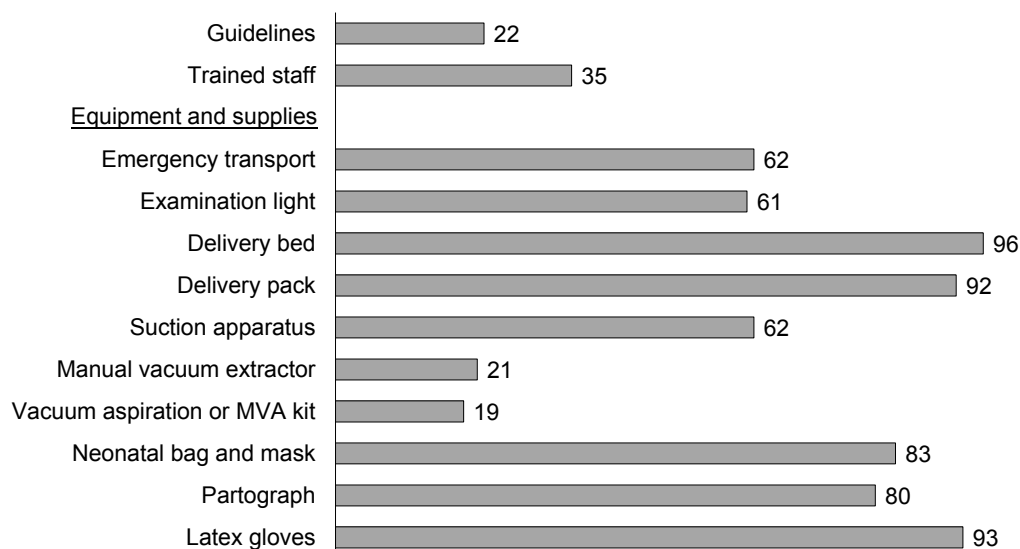
⁵ Either the facility had a sterile delivery pack available at the delivery site or else all of the following individual equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder and 4-piece wrapper.

⁶ Facility had a functioning vacuum aspirator or else MVA kit available.

⁷ A blank partograph at the service site

⁸ Disposable latex gloves or equivalent available at the service site

Figure 7.2 Items to support quality provision of delivery services (N=457)



2015 NHFS

7.3.2 Medicines and Commodities for Delivery and Newborn Care

Tables 7.3.1 and 7.3.2 and Figure 7.3 provide information on the availability of essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers.

Medicines for Delivery Care

Intravenous fluids with infusion sets and skin antiseptic were the most widely available of the medicines considered essential for delivery care (90 percent and 91 percent, respectively). Oxytocin was also available in the majority of facilities on the day of the assessment visit (88 percent). In contrast, only around two-fifths of facilities had an injectable antibiotic.

Overall, 12 percent of facilities offering delivery care had all of the essential medicines for delivery care available on the day of the NHFS visit. More than three-fourths of zonal and above hospitals had all of the medicines available, as compared with slightly less than half of district hospitals and just over one-third of private hospitals. PHCCs (18 percent) and HPs (5 percent) were least likely to have the essential delivery care medicines.

Table 7.3.1 Medicines and commodities for delivery and newborn care

Among facilities offering normal vaginal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by type of facility, Nepal Health Facility Survey 2015

Medicines	Facility type					National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	
Essential medicines for delivery¹						
Injectable uterotonic (oxytocin) ²	100.0	100.0	83.2	90.9	87.8	88.2
Injectable antibiotic ³	90.9	77.6	67.9	54.0	33.7	40.9
Skin antiseptic	95.5	94.7	87.9	96.0	91.0	91.4
Intravenous fluids with infusion set ⁴	100.0	98.7	76.1	95.0	91.1	90.3
All essential medicines for delivery	77.4	46.1	42.9	18.2	5.0	12.0
Essential medicines for newborns						
Tetracycline eye ointment ¹	9.1	35.5	10.4	30.9	44.8	39.5
4% chlorhexidine gel ¹	54.4	76.3	24.1	62.7	60.9	58.0
Injectable gentamicin ²	86.4	86.8	62.6	84.9	74.6	74.8
Ceftriaxone powder for injection	77.4	56.6	64.5	14.1	2.3	12.0
Amoxicillin suspension or dispersible pediatric dose tablet	41.1	46.1	57.9	22.2	20.9	25.7
All essential medicines for newborns	4.5	11.8	2.1	0.5	0.0	0.7
Priority medicines for mothers⁵						
Sodium chloride injectable solution	95.5	94.7	73.6	70.7	55.6	60.4
Injectable Calcium gluconate	72.8	59.2	55.2	21.7	15.5	22.0
Ampicillin powder for injection	54.7	31.6	38.0	10.1	4.7	9.9
Injectable metronidazole	86.4	80.3	65.4	37.3	22.2	30.3
Misoprostol capsules or tablets	54.7	59.2	43.1	32.8	26.1	29.7
Azithromycin capsules or tablets or oral liquid	81.9	72.4	68.3	24.2	8.8	18.9
Cefixime capsules or tablets	77.4	39.5	68.0	13.6	7.4	15.7
Injectable bethamethasone or dexamethasone	77.4	68.4	63.2	51.4	25.3	33.3
All priority medicines for mothers	23.0	7.9	24.5	1.0	0.0	3.0
Number of facilities offering normal vaginal delivery services	5	16	45	41	351	457

Note: The total number of facilities includes 1 UHC that offers normal vaginal delivery services.

¹ All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.

² Injectable uterotonic (e.g., oxytocin), and injectable gentamicin are also classified as priority medicines for mothers.

³ Injectable antibiotic, e.g., ceftriaxone and ampicillin.

⁴ Any intravenous fluid with infusion sets.

⁵ The priority medicines for mothers are defined by WHO; the list can be viewed at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

Table 7.3.2 Medicines and commodities for delivery and newborn care

Among facilities offering normal vaginal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Medicines	Managing authority		Ecological region			Earth-quake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Essential medicines for delivery¹							
Injectable uterotonic (oxytocin) ²	88.7	83.2	81.8	88.8	90.5	82.4	88.2
Injectable antibiotic ³	38.0	67.9	39.7	36.4	52.6	43.6	40.9
Skin antiseptic	91.7	87.9	92.6	90.6	92.5	91.2	91.4
Intravenous fluids with infusion set ⁴	91.9	76.1	86.9	91.8	88.8	87.5	90.3
All essential medicines for delivery	8.7	42.9	16.3	9.3	16.1	15.0	12.0
Essential medicines for newborns							
Tetracycline eye ointment ¹	42.6	10.4	36.5	44.8	28.3	45.8	39.5
4% chlorhexidine gel ¹	61.7	24.1	65.1	54.0	63.4	57.7	58.0
Injectable gentamicin ²	76.1	62.6	81.5	71.7	78.2	50.8	74.8
Ceftriaxone powder for injection	6.3	64.5	8.6	10.2	18.3	20.6	12.0
Amoxicillin suspension or dispersible pediatric dosed tablet	22.2	57.9	34.1	20.1	34.2	43.4	25.7
All essential medicines for newborns	0.5	2.1	0.9	0.6	0.8	1.3	0.7
Priority medicines for mothers⁵							
Sodium chloride injectable solution	58.9	73.6	46.8	61.2	66.6	75.0	60.4
Injectable Calcium gluconate	18.4	55.2	31.6	19.1	23.4	24.5	22.0
Ampicillin powder for injection	6.8	38.0	11.0	8.4	12.8	11.4	9.9
Injectable metronidazole	26.5	65.4	31.2	29.5	31.8	46.1	30.3
Misoprostol capsules or tablets	28.3	43.1	24.4	27.9	37.4	21.3	29.7
Azithromycin capsules or tablets or oral liquid	13.5	68.3	19.7	16.7	23.7	29.2	18.9
Cefixime capsules or tablets	10.0	68.0	10.9	14.5	21.5	27.5	15.7
Injectable bethamethasone or dexamethasone	30.0	63.2	26.1	30.6	43.9	27.3	33.3
All priority medicines for mothers	0.7	24.5	0.6	3.2	3.8	6.6	3.0
Number of facilities offering normal vaginal delivery services	413	45	67	276	114	79	457

Note: The total number of facilities includes 1 UHC that offers normal vaginal delivery services.

¹ All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.

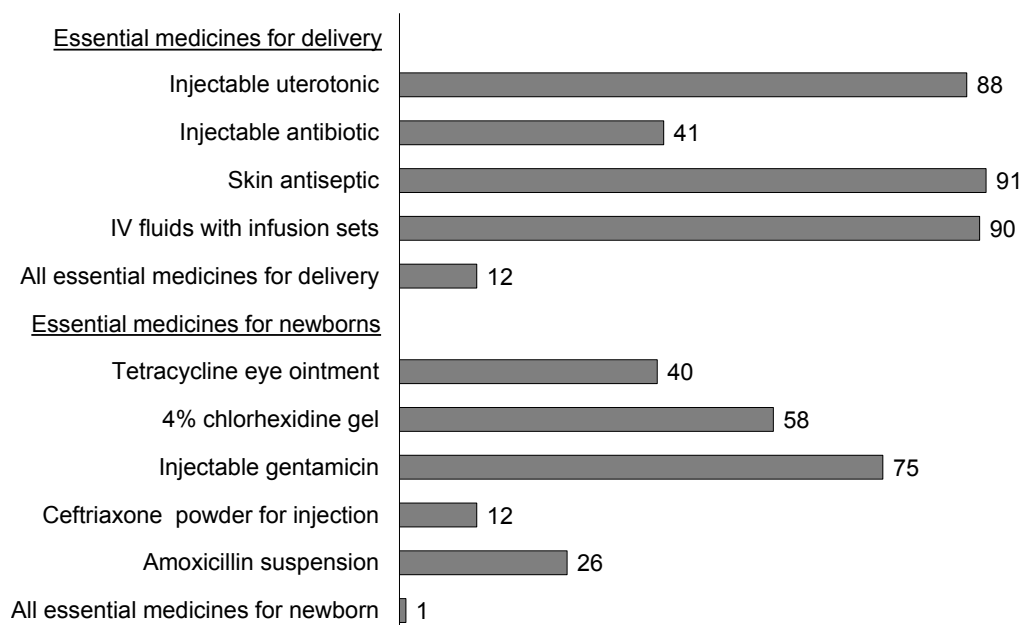
² Injectable uterotonic (e.g., oxytocin), and injectable gentamicin are also classified as priority medicines for mothers.

³ Injectable antibiotic, e.g., ceftriaxone and ampicillin.

⁴ Any intravenous fluid with infusion sets.

⁵ The priority medicines for mothers are defined by WHO; the list can be viewed at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

Figure 7.3 Essential medicines and commodities for delivery and newborn care (N=457)



2015 NHFS

Essential Medicines for Newborns

Three-fourths of facilities that offer normal vaginal delivery care had injectable gentamicin on the day of the NHFS visit, and nearly 6 in 10 (58 percent) had chlorhexidine gel (Tables 7.3.1 and 7.3.2 and Figure 7.3). However, only a minority of facilities had tetracycline eye ointment (40 percent), amoxicillin suspension (26 percent), or ceftriaxone powder (12 percent) for injection. Overall, less than 1 percent of facilities that offer normal vaginal delivery services had all of the essential medicines for newborn care on the day of the assessment visit. District hospitals (12 percent) and zonal and above hospitals (5 percent) were most likely to have all of the essential medicines for newborn care.

Priority Medicines for Mothers

Sodium chloride injectable solution was the only priority medicine for mothers available in a majority of facilities that offer delivery care (60 percent) (Tables 7.3.1 and 7.3.2). Other priority medicines for mothers were available in one-third or fewer of the facilities. Only 3 percent of facilities that offer delivery care had all priority medicines for mothers available. Private hospitals (25 percent) and zonal and above hospitals (23 percent) were most likely to have all of the priority medicines for mothers.

7.3.3 Infection Control

Infection control is vital during delivery care. More than 8 in 10 facilities that offer normal vaginal delivery care had gloves (93 percent) and a safety box (86 percent) available on the day of the assessment visit, and three quarters had adequate hand washing supplies (soap and running water or alcohol-based disinfectant) (Table 7.4 and Figure 7.4). Very few facilities had other items considered important for infection control. Particularly notable was the small percentage of facilities that had a guideline for injection safety at the delivery site (7 percent).

With regard to differences in the availability of individual infection control items, hospitals were generally more likely to have the various items in the delivery care area than PHCCs and HPS. For example, more than 9 in 10 hospitals had adequate hand washing supplies in the delivery area, as compared with 85 percent of PHCCs and 71 percent of HPs. Likewise, facilities in the terai region were more likely (82 percent)

than facilities in the hill (75 percent) and mountain (63 percent) regions to have adequate hand washing supplies. The proportion of facilities in the earthquake-affected districts with adequate hand washing supplies (82 percent) was above the national average.

Finally, only 1 percent of facilities had all of the items considered essential for infection control. Zonal and above hospitals (9 percent) were most likely to have all of the items available.

Table 7.4 Items for infection control during provision of delivery care

Among facilities offering normal vaginal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

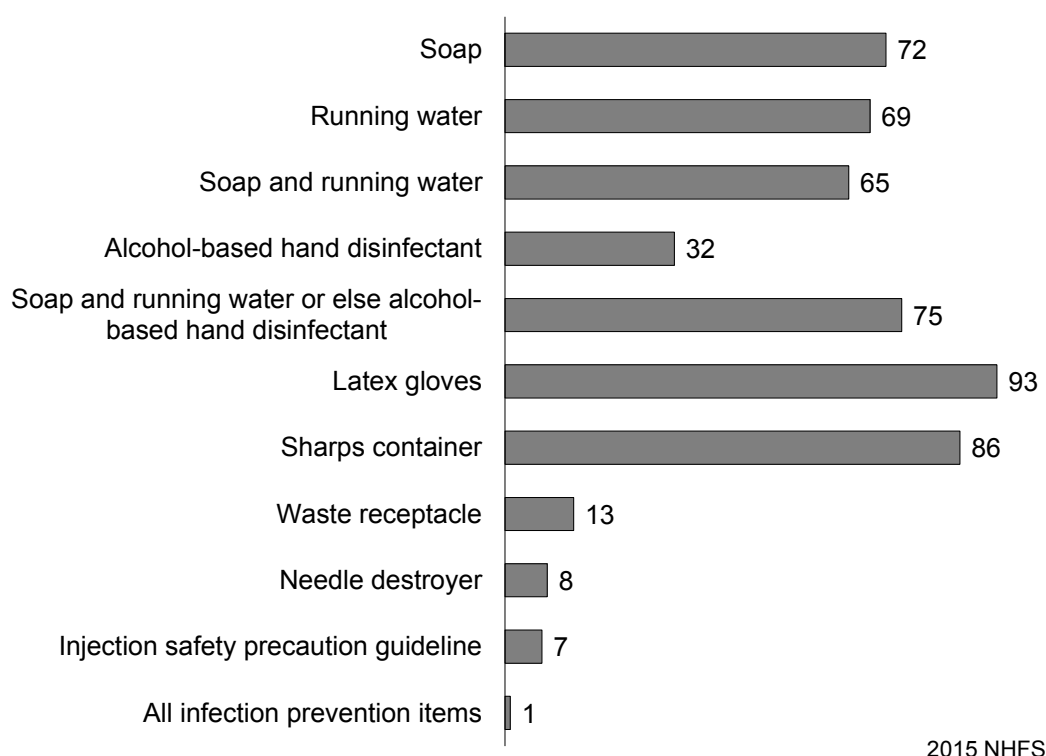
Background characteristic	Percentage of facilities offering normal vaginal delivery services that have items for infection control											Number of facilities offering normal vaginal delivery services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Safety box	Needle destroyer	Waste receptacle ²	Injection safety precaution guideline	All infection prevention items ³	
Facility type												
Zonal and above hospitals	90.9	95.5	90.9	54.7	90.9	100.0	86.4	45.3	45.6	18.1	9.1	5
District-level hospitals	90.8	88.2	86.8	51.3	92.1	97.4	94.7	15.8	31.6	5.3	2.6	16
Private hospitals	90.4	87.9	87.4	46.9	90.9	91.2	57.4	27.3	31.4	2.6	1.4	45
PHCCs	86.4	86.4	82.3	31.9	84.9	94.5	91.9	6.1	14.6	8.2	1.5	41
HPs	66.8	63.6	58.9	29.3	71.1	92.3	89.0	4.3	9.0	7.5	1.1	351
Managing authority												
Public	69.9	67.0	62.6	30.6	73.3	92.7	89.5	5.3	10.8	7.6	1.3	413
Private	90.4	87.9	87.4	46.9	90.9	91.2	57.4	27.3	31.4	2.6	1.4	45
Ecological region												
Mountain	60.2	60.2	50.5	29.1	62.6	93.2	89.8	7.6	11.1	6.3	6.0	67
Hill	69.6	69.0	65.3	31.7	75.3	91.2	88.0	7.7	12.8	7.5	0.2	276
Terai	84.5	74.7	72.8	35.2	81.7	95.4	80.4	6.9	13.9	6.6	1.1	114
Earthquake-affected districts (14)	75.6	73.4	71.0	40.7	82.2	90.7	91.0	14.2	13.9	4.1	0.0	79
National average	71.9	69.1	65.0	32.2	75.0	92.5	86.4	7.5	12.8	7.1	1.3	457

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, safety box or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Figure 7.4 Items for infection control in delivery service area (N=457)



7.4 SIGNAL FUNCTIONS FOR EMERGENCY OBSTETRIC AND NEWBORN CARE (EMONC)

Complications of labor and delivery can be expected to occur in a certain percentage of deliveries. It is usually not possible to predict which women will experience complications, however. Therefore, facilities that offer normal vaginal delivery care should be prepared to provide the most important interventions—EmONC signal functions—to manage complications when they occur. These signal functions reflect the responsiveness of health services to the main obstetric complications at the basic and comprehensive levels, which correspond roughly to the health center level and the level of the first-referral hospital, respectively. The *availability* and *density* of facilities capable of providing EmONC are proposed as useful health system output indicators for monitoring progress towards full availability of services to reduce maternal mortality (WHO 2009).

Table 7.5 and 7.5a reports on the performance of signal functions in facilities that offer normal vaginal delivery services in Nepal in the three-month period prior to the NHFS. Facilities were considered to offer basic emergency obstetric and newborn care (BEmONC) if they provided the first seven signal functions¹ shown in Table 7.5 and 7.5a over that period and were considered to offer comprehensive EmONC (CEmONC) if they provided all nine signal functions² over the three-month period.

¹ Previously, BEmONC was defined as six signal functions. Recently, newborn resuscitation has been added as a basic signal function. The signal functions are listed in order, left to right, in the column headings of Table 7.5.

² Facility reported that it provides delivery and newborn care services and had done at least one cesarean delivery in the 3 months before the survey, had provided a blood transfusion in an obstetric context at least once in the 3 months before the survey, and had applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: (1) parenteral administration of antibiotics, (2) parenteral administration of oxytocin or another uterotonic, (3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, (4) assisted vaginal delivery, (5) manual removal of placenta, (6) removal of retained products of conception, and (7) neonatal resuscitation.

Considering the signal functions separately, more than 8 out of 10 (86 percent) facilities that offer normal vaginal delivery care had administered parenteral oxytocics in the three months before the assessment. Forty-three percent of facilities reported that they had performed MVA, and 33 percent reported removing retained placental or fetal tissue. Forty-one percent had provided parenteral antibiotics, and 37 percent reported carrying out neonatal resuscitation. Parenteral anticonvulsants and assisted vaginal delivery services were less commonly provided (10 percent and 16 percent, respectively) by facilities offering normal delivery care. Blood transfusion and cesarean deliveries are essential functions of CEmONC facilities. These services were provided at least once in the three months preceding the survey in around one in three facilities offering normal vaginal delivery care.

Only 4 percent of facilities offering normal vaginal delivery services met the criteria for designation as a BEmONC facility, that is, they had provided all seven signal functions at least once in the three months prior to the survey. Zonal and above hospitals were most likely (68 percent) to provide all BEmONC services. Less than 10 percent of facilities offering normal vaginal delivery in the terai region and less than 5 percent of facilities in the hill and mountain regions provided all BEmONC services. The proportion of facilities providing BEmONC services in the earthquake-affected districts was similar to the national average.

The availability of CEmONC services in hospitals and PHCCs was also explored during the NHFS.³ Of the hospitals and PHCCs offering normal vaginal delivery services, 12 percent had carried out all of the signal functions for CEmONC at least once in the three months preceding the survey. The percentages of facilities that provided CEmONC services were identical to the percentages that met the BEmONC criteria, indicating that hospitals and PHCCs that performed seven basic signal functions during the three-month period prior to the survey also performed at least one cesarean delivery and provided a blood transfusion in at least one delivery.

³ Because HPs were excluded from consideration in the assessment of the availability of CEmONC, the national averages with respect to facilities offering BEmONC and CEmONC services are not comparable. However, it is possible to compare the percentages of hospitals and PHCCs offering CEmONC services with the percentages offering BEmONC services.

Table 7.5 Signal Functions for emergency obstetric and neonatal care (EmONC) and functional Basic EmONC and Comprehensive EmONC facilities

Among facilities offering normal vaginal delivery services, percentages that reported applying or carrying out the signal functions for emergency obstetric and neonatal care at least once in the 3 months preceding the survey, and percentages that can be considered functional basic emergency obstetric and neonatal care (BEmONC) and percentages that can be considered functional comprehensive emergency obstetric and neonatal care (CEmONC) facilities, by background characteristics, Nepal Health Facility Survey, 2015

Background characteristic	Percentage of facilities that carried out:							Number of facilities offering normal vaginal delivery services ³	Percentage of facilities that carried out:			Number of hospitals and PHCCs offering normal vaginal delivery services ⁴	
	Parenteral antibiotics	Parenteral oxytocics	Parenteral anti-convulsant	Assisted vaginal delivery (AVD)	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation		BEmONC ¹	Blood transfusion	Cesarean delivery		CEmONC ²
Facility type													
Zonal and above hospitals	90.9	100.0	77.0	100.0	90.9	95.1	100.0	67.9	5	95.5	100.0	67.9	5
District-level hospitals	88.2	100.0	40.8	59.2	78.9	80.3	80.3	22.4	16	47.4	50.0	18.4	16
Private hospitals	72.3	79.0	31.2	34.2	53.6	43.9	48.0	15.7	45	50.0	59.0	13.3	45
PHCCs	51.4	93.4	9.1	19.2	52.0	43.9	53.5	3.0	41	1.0	1.0	0.5	41
HPs	32.8	84.9	5.1	10.4	38.0	27.3	30.7	1.3	351	na	na	na	na
Managing authority													
Public	37.3	86.5	7.7	14.1	41.7	31.8	35.6	3.0	413	19.9	20.9	10.1	61
Private	72.3	79.0	31.2	34.2	53.6	43.9	48.0	15.7	45	50.0	59.0	13.3	45
Ecological region													
Mountain	36.8	88.7	4.4	13.1	47.8	32.4	32.6	3.5	67	26.2	26.2	4.8	9
Hill	35.8	83.5	6.7	13.0	38.0	27.2	30.3	2.4	276	35.0	39.5	11.4	48
Terai	55.2	89.7	21.2	25.3	51.6	47.2	55.0	9.0	114	31.6	36.6	12.7	49
Earthquake-affected districts (14)													
National average	40.7	85.8	10.0	16.1	42.8	33.0	36.8	4.2	457	32.7	37.0	11.5	106

na = Not applicable

¹ Facility reported that it provides delivery and newborn care services and applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: (1) parenteral administration of antibiotics, (2) parenteral administration of oxytocin or another uterotonic, (3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, (4) assisted vaginal delivery, (5) manual removal of placenta, (6) removal of retained products of conception, and (7) neonatal resuscitation.

² Facility reported that it provides delivery and newborn care services and had done at least one cesarean delivery in the 3 months before the survey, had provided a blood transfusion in an obstetric context at least once in the 3 months before the survey, and had applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: (1) parenteral administration of antibiotics, (2) parenteral administration of oxytocin or another uterotonic, (3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, (4) assisted vaginal delivery, (5) manual removal of placenta, (6) removal of retained products of conception, and (7) neonatal resuscitation.

³ This denominator is for the first seven indicators (parenteral antibiotics through neonatal resuscitation) and the indicator BEmONC. It includes one UHC that offers normal vaginal delivery services.

⁴ This denominator is for the indicators blood transfusion, cesarean delivery, and CEmONC.

Note: Variables used in some indices such as BEmONC and CEmONC functionality do not reflect the true picture of health systems of Nepal e.g., the BEmONC/CEmONC functionality which is a UN process indicator takes account of catchment population for analysis and interpretation. Since, most BEmONC/CEmONC centers in Nepal caters much small population than the globally estimated catchment population per BEmONC/CEmONC center, it is usually unlikely that these facilities have opportunity to perform all the signal functions within three months period. For example, some signal functions like parenteral anticonvulsants for the management of eclampsia, assisted vaginal delivery and neonatal resuscitation may not required performing all the time unless the case is complicated.

Table 7.5a Signal Functions for emergency obstetric and neonatal care (EmONC) and functional Basic EmONC and Comprehensive EmONC facilities

Among facilities offering normal vaginal delivery services, percentages that reported applying or carrying out the signal functions for emergency obstetric and neonatal care at least once in the 3 months preceding the survey, and percentages that can be considered functional basic emergency obstetric and neonatal care (BEmONC) and percentages that can be considered functional comprehensive emergency obstetric and neonatal care (CEmONC) facilities, by background characteristics, Nepal Health Facility Survey, 2015

Background characteristic	Percentage of facilities that carried out:							Number of facilities offering normal vaginal delivery services	Percentage of facilities that carried out: BEmONC ¹	Number of hospitals and PHCCs offering normal vaginal delivery services	Percentage of facilities that carried out:			Number of hospitals offering normal vaginal delivery services
	Parenteral antibiotics	Parenteral oxytocics	Parenteral anti-convulsant	Assisted vaginal delivery (AVD)	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation				Blood transfusion	Cesarean delivery	CEmONC ²	
Facility type														
Zonal and above hospitals	90.9	100.0	77.0	100.0	90.9	95.1	100.0	5	67.9	5	95.5	100.0	67.9	5
District-level hospitals	88.2	100.0	40.8	59.2	78.9	80.3	80.3	16	22.4	16	47.4	50.0	18.4	16
Private hospitals	72.3	79.0	31.2	34.2	53.6	43.9	48.0	45	15.7	45	50.0	59.0	13.3	45
PHCCs	51.4	93.4	9.1	19.2	52.0	43.9	53.5	41	3.0	41	na	na	na	na
HPs	32.8	84.9	5.1	10.4	38.0	27.3	30.7	351	na	na	na	na	na	na
Managing authority														
Public	37.3	86.5	7.7	14.1	41.7	31.8	35.6	413	12.8	61	58.2	61.3	29.6	20
Private	72.3	79.0	31.2	34.2	53.6	43.9	48.0	45	15.7	45	50.0	59.0	13.3	45
Ecological region														
Mountain	36.8	88.7	4.4	13.1	47.8	32.4	32.6	67	4.8	9	43.5	43.5	4.3	5
Hill	35.8	83.5	6.7	13.0	38.0	27.2	30.3	276	14.0	48	57.5	65.1	19.0	29
Terai	55.2	89.7	21.2	25.3	51.6	47.2	55.0	114	15.7	49	49.4	57.2	19.9	31
Earthquake-affected districts (14)														
	34.6	77.5	6.8	11.4	30.5	21.7	24.1	79	13.0	26	54.5	61.9	16.4	18
National average	40.7	85.8	10.0	16.1	42.8	33.0	36.8	457	14.0	106	52.6	59.7	18.4	65

¹ Facility reported that it provides delivery and newborn care services, and applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: 1) parenteral administration of antibiotics, 2) parenteral administration of oxytocin or other uterotonic, 3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, 4) assisted vaginal delivery, 5) manual removal of placenta, 6) removal of retained products of conception, and 7) neonatal resuscitation.

² Facility reported that it provides delivery and newborn care services, and that that they have done at least one Cesarean delivery in the 3 months before the survey, that they have done blood transfusion in an obstetric context at least once in the 3 months before the survey, and have also applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: 1) parenteral administration of antibiotics, 2) parenteral administration of oxytocin or other uterotonic, 3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, 4) assisted vaginal delivery, 5) manual removal of placenta, 6) removal of retained products of conception, and 7) neonatal resuscitation.

Note: Variables used in some indices such as BEmONC and CEmONC functionality do not reflect the true picture of health systems of Nepal e.g., the BEmONC/CEmONC functionality which is a UN process indicator takes account of catchment population for analysis and interpretation. Since, most BEmONC/CEmONC centers in Nepal caters much small population than the globally estimated catchment population per BEmONC/CEmONC center, it is usually unlikely that these facilities have opportunity to perform all the signal functions within three months period. For example, some signal functions like parenteral anticonvulsants for the management of eclampsia, assisted vaginal delivery and neonatal resuscitation may not required performing all the time unless the case is complicated.

Table 7.6 presents the proportion of districts in Nepal with CEmONC services available at the time of the survey. The results showed that 62 of the 75 districts in Nepal (83 percent) had at least one facility reporting that it provided CEmONC services. However, functional⁴ CEmONC services were found in at least one facility in only 30 districts (40 percent).

Table 7.6. Comprehensive emergency obstetric and newborn care (CEmONC) sites (NHSS RF: OP3.1.3)

Among all districts, the percentage and number that have at least one comprehensive emergency obstetric and newborn care (CEmONC) site, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	At least one facility in each district reported to be CEmONC site ¹		At least one facility in each district met all CEmONC criteria ²		Number of districts
	Percentage	Number	Percentage	Number	
Ecological region					
Mountain	62.5	10	12.5	2	16
Hill	82.1	32	41.0	16	39
Terai	100.0	20	60.0	12	20
Earthquake-affected districts (14)	78.6	11	42.9	6	14
National average	82.7	62	40.0	30	75

¹ At least one facility in the district reported that it is a comprehensive emergency obstetric and newborn care site.

² At least one facility in the district reported that it provided delivery and newborn care services and that it had conducted at least one cesarean delivery in the 3 months before the survey, had provided a blood transfusion in an obstetric context at least once in the 3 months before the survey, and had applied or carried out each of the following seven signal functions at least once in the 3 months before the survey: (1) parenteral administration of antibiotics, (2) parenteral administration of oxytocin or another uterotonic, (3) parenteral administration of anticonvulsant for hypertensive disorders of pregnancy, (4) assisted vaginal delivery, (5) manual removal of placenta, (6) removal of retained products of conception, and (7) neonatal resuscitation.

7.5 NEWBORN CARE PRACTICES

The under-5 mortality rate in Nepal fell by 11 percent between 2006 and 2011 (from 61 deaths per 1,000 live births in the 2006 NDHS to 54 per 1,000 live births in the 2011 NDHS), and the infant mortality rate declined by 4 percent during the same period (from 48 deaths per 1,000 live births to 46 per 1,000 live births). In contrast to the drop in infant and child mortality, the neonatal mortality rate remained stationary at 33 deaths per 1,000 live births between 2006 and 2011. The majority of all under-5 deaths take place in the neonatal period, so further improvements in child survival levels in Nepal are in large part dependent on reducing deaths during that period. The government of Nepal is implementing several child survival interventions that are intended to address causes of neonatal as well as other under-5 deaths, including the birth preparedness program, the Newborn Care Program, the Integrated Management of Childhood Illness program, the Expanded Program on Immunization, the Infant and Young Child Feeding program, the micronutrient supplementation program, vitamin A and deworming campaigns, and the Community-based Management of Acute Malnutrition program.

To ensure the survival of newborns, it is crucial to follow appropriate care practices routinely for every newborn. In the 2015 NHFS, facilities were asked if newborns and mothers delivering in their facilities underwent several routine practices.

The majority of Nepalese facilities that offer normal vaginal delivery services engaged in a number of beneficial newborn care practices (Tables 7.7.1 and 7.7.2). Starting breastfeeding within the first hour is a nearly universal practice (99 percent), and almost all facilities (97 percent) normal vaginal delivery

⁴ The functionality criteria are as follows. At least one facility in the district reported that it provided delivery and newborn care services and that it had conducted at least one cesarean delivery in the three months before the survey, had provided a blood transfusion in an obstetric context at least once in the three months before the survey, and had also applied or carried out each of the following seven signal functions at least once in the three months before the survey: (1) parenteral administration of antibiotics, (2) parenteral administration of oxytocin or another uterotonic, (3) parenteral administration of an anticonvulsant for hypertensive disorders of pregnancy, (4) assisted vaginal delivery, (5) manual removal of placenta, (6) removal of retained products of conception, and (7) neonatal resuscitation.

reported that it is routine practice to keep newborns warm by drying and wrapping them. Over 90 percent of facilities also reported that they put the baby skin-to-skin on the mother's abdomen soon after delivery, that they support kangaroo mother care, and that they routinely conduct a head to toe examination of the baby before discharge. Just under two-thirds (64 percent) of facilities routinely apply chlorhexidine to the umbilical cord stump.

Forty-two percent of facilities reported that they suction the newborn with a suction bulb. However, a similar percentage of facilities (43 percent) reported that they routinely suction the newborn with a catheter, a practice that may cause injury.

Other beneficial practices are not very common. Only around 1 in 10 facilities reported that they apply tetracycline eye ointment to both eyes, administer vitamin K, or give a BCG vaccination before discharge from the facility.

Table 7.7.1 Newborn care practices

Among facilities offering normal vaginal delivery services, the percentages reporting that the indicated practice is a routine component of newborn care, by type of facility, Nepal Health Facility Survey 2015

Newborn care practices	Facility type					National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	
Delivery to the abdomen (skin-to-skin)	90.9	86.8	84.4	94.5	91.2	90.7
Drying and wrapping newborns to keep warm	100.0	100.0	97.0	100.0	96.9	97.3
Kangaroo mother care	90.6	96.1	81.6	95.5	92.0	91.4
Initiation of breastfeeding within the first hour	95.5	100.0	96.9	100.0	99.0	98.9
Routine complete (head-to-toe) examination of newborns before discharge	95.5	100.0	94.0	99.5	93.5	94.3
Applying chlorhexidine to umbilical cord stump	63.4	72.4	25.4	72.3	66.9	63.6
Suctioning the newborn with catheter	81.5	75.0	76.7	59.0	35.3	43.4
Suctioning the newborn with suction bulb	54.4	46.1	40.5	46.5	40.9	41.6
Weighing the newborn immediately upon delivery	100.0	100.0	95.3	99.5	94.9	95.5
Administration of vitamin K to newborn	41.1	14.5	70.4	4.5	2.1	9.8
Applying tetracycline eye ointment to both eyes	9.1	17.1	2.9	12.6	14.2	12.9
Giving the newborn BCG prior to discharge	50.2	26.3	22.0	11.1	9.3	11.8
Number of facilities offering normal vaginal delivery services	5	16	45	41	351	457

Table 7.7.2 Newborn care practices

Among facilities offering normal vaginal delivery services, the percentages reporting that the indicated practice is a routine component of newborn care, by background characteristics, Nepal Health Facility Survey 2015

Newborn care practices	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Delivery to the abdomen (skin-to-skin)	91.3	84.4	85.2	93.2	87.7	93.5	90.7
Drying and wrapping newborns to keep warm	97.4	97.0	98.2	96.5	99.0	100.0	97.3
Kangaroo mother care	92.5	81.6	91.2	90.6	93.5	83.0	91.4
Initiation of breastfeeding within the first hour	99.1	96.9	98.2	99.0	99.0	99.7	98.9
Routine complete (head-to-toe) examination of newborns before discharge	94.4	94.0	91.6	94.2	96.3	98.1	94.3
Applying chlorhexidine to umbilical cord stump	67.7	25.4	62.0	61.7	69.0	60.6	63.6
Suctioning the newborn with catheter	39.8	76.7	33.0	36.7	66.0	51.4	43.4
Suctioning the newborn with suction bulb	41.7	40.5	35.9	38.3	52.9	37.8	41.6
Weighing the newborn immediately upon delivery	95.6	95.3	97.2	94.7	96.6	100.0	95.5
Administration of vitamin K to newborn	3.3	70.4	10.1	6.8	17.2	16.6	9.8
Applying tetracycline eye ointment to both eyes	14.0	2.9	17.1	14.4	6.9	21.2	12.9
Giving the newborn BCG prior to discharge	10.7	22.0	6.2	11.6	15.9	22.0	11.8
Number of facilities offering normal vaginal delivery services	413	45	67	276	114	79	457

7.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

Table 7.8 presents aggregate information on supervision and training received by health providers involved in delivery or newborn care who were interviewed in the 2015 NHFS. Tables 7.9 and 7.10 report on how often providers received in-service training on various specific topics. The total number of providers interviewed was 1,757.

7.6.1 Supervision

Supportive supervision helps to sustain providers' knowledge and skills, thus contributing to quality delivery and newborn care services. Supervision of providers of delivery care is common, with 73 percent of interviewed providers received personal supervision in the six months before the assessment (Table 7.8). Providers at PHCCs and HPs were more likely to have received recent supervision than providers in hospitals.

7.6.2 Training

In-service training in maternal and newborn health care services not only improves the knowledge of skilled birth attendants but also improves their skills. Almost half (49 percent) of the health workers providing delivery and/or newborn care on the day of the NHFS visit had ever received training related to delivery and/or newborn care. However, only around a quarter (24 percent) of providers reported that they had received in-service training during the 24 months preceding the assessment (Table 7.8). Providers in private hospitals were least likely to have ever received in-service training related to delivery and/or newborn care (21 percent) or to have received such training in the 24 months prior to the survey (7 percent).

Table 7.8 Supportive management for providers of delivery care

Among interviewed providers of normal vaginal delivery or newborn care services, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers who received			Number of interviewed providers of normal vaginal delivery or newborn care services
	Training related to delivery and/or newborn care during the 24 months preceding the survey ¹	Training related to delivery and/or newborn care at any time ¹	Personal supervision during the 6 months preceding the survey ²	
Facility type				
Zonal and above hospitals	16.9	38.0	63.3	58
District-level hospitals	26.5	52.0	64.0	141
Private hospitals	6.9	20.6	57.6	325
PHCCs	28.5	58.3	76.9	205
HPs	29.2	56.2	78.7	1,026
Managing authority				
Public	28.3	55.4	76.4	1,432
Private	6.9	20.6	57.6	325
Ecological region				
Mountain	35.0	51.3	70.3	214
Hill	22.7	46.9	73.7	998
Terai	23.2	51.6	72.4	546
Earthquake-affected districts (14)	20.6	41.6	62.5	355
National average	24.4	48.9	72.9	1,757

¹ Provider reported receiving skilled birth attendant (SBA) training, advanced skilled birth attendant (ASBA) training, maternal and newborn health updates, training on routine care during labor and normal vaginal delivery, training in active management of the third stage of labor (AMTSL), or any training related to newborn care during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 7.9 provides information on the extent to which providers had received in-service training on specific topics relating to delivery care. Looking at the proportions of providers who received training at any time, providers most often reported attending SBA training (30 percent). Around one-fourth had ever received training on routine care during labor and delivery and active management of the third stage of labor. Less than one-fifth (17 percent) had ever received training on maternal and neonatal health (MNH) updates, emergency obstetric care, or lifesaving skills. Twenty-six percent of providers had ever received training in post-abortion care (PAC), but only 9 percent had received comprehensive abortion care (CAC) training.

With regard to recent in-service training, slightly more than 1 in 10 providers reported receiving training in the 24 months before the survey on SBA services, routine care during labor and delivery, active management of the third stage of labor, and PAC. Nine percent had been recently trained in MNH updates, emergency obstetric care, or lifesaving skills. Only 3 percent had recently been trained in CAC (Table 7.9).

Table 7.10 provides information on training in newborn care. Around one-fourth of delivery and newborn care providers had received in-service training at some time in neonatal resuscitation, early and exclusive breastfeeding, kangaroo mother care for low birth weight babies, sterile cord cutting and appropriate cord care, and thermal care. Slightly more than one-fifth of providers had ever been trained in newborn infection management. In general, less than half of providers who had ever received training on a topic relating to newborn care reported that they had received training in the 24 months before the survey.

Overall, providers working in private hospitals and earthquake-affected districts were least likely to have received training on delivery and newborn care services.

Table 7.9 Training for providers of normal vaginal delivery services: delivery care

Among interviewed providers of normal vaginal delivery or newborn care services, the percentages who report receiving in-service training on specific topics related to delivery care during the 24 months preceding the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers of normal vaginal delivery or newborn care services who report receiving in-service training in:														Number of interviewed providers of normal vaginal delivery or newborn care services
	Skilled birth attendant (SBA) training		Advanced skilled birth attendant (ASBA) training		Routine care during labor and delivery		Active management of third stage of labor (AMTSL)		MNH update/emergency obstetric care/lifesaving skills		Post-abortion care (PAC)		Comprehensive abortion care (CAC)		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type															
Zonal and above hospitals	7.4	26.8	4.8	18.7	7.1	23.2	7.1	24.8	5.8	20.4	10.6	38.9	4.2	17.2	58
District-level hospitals	15.5	41.2	6.7	15.3	12.0	29.5	13.8	33.1	9.8	23.6	17.5	43.9	6.3	17.3	141
Private hospitals	2.7	9.7	2.3	7.5	3.3	9.7	2.6	9.9	3.5	7.8	3.8	18.2	2.3	8.6	325
PHCCs	13.8	39.2	5.4	14.0	10.7	28.6	11.5	30.4	11.0	22.9	14.3	39.3	2.6	11.1	205
HPs	13.2	33.1	5.3	11.5	12.9	28.7	14.0	28.8	10.6	18.2	11.1	23.0	2.6	7.4	1,026
Managing authority															
Public	13.2	34.5	5.4	12.5	12.2	28.5	13.3	29.3	10.4	19.5	12.1	28.0	3.0	9.3	1,432
Private	2.7	9.7	2.3	7.5	3.3	9.7	2.6	9.9	3.5	7.8	3.8	18.2	2.3	8.6	325
Ecological region															
Mountain	18.8	33.5	8.5	13.3	16.7	29.8	18.8	31.5	13.1	20.1	10.5	23.4	4.2	11.7	214
Hill	8.2	27.2	4.5	10.5	9.0	23.2	9.3	24.0	7.7	15.2	8.6	22.6	3.0	8.8	998
Terai	13.9	33.5	3.9	12.8	11.0	26.5	12.1	26.4	10.2	20.2	14.2	33.7	2.2	8.7	546
Earthquake-affected districts (14)															
Earthquake-affected districts (14)	7.9	25.3	3.1	7.7	7.1	16.1	7.3	18.4	5.2	10.3	3.1	21.5	1.3	8.8	355
National average	11.3	29.9	4.8	11.5	10.6	25.0	11.3	25.7	9.1	17.3	10.6	26.2	2.9	9.2	1,757

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Table 7.10 Training for providers of normal vaginal delivery services: immediate newborn care

Among interviewed providers of normal vaginal delivery or newborn care services, percentages who report receiving in-service training on topics related to delivery and newborn care during the 24 months preceding the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers of normal vaginal delivery or newborn care services who report receiving in-service training in:												Number of interviewed providers of normal vaginal delivery or newborn care services
	Neonatal resuscitation using bag and mask		Early and exclusive breastfeeding		Newborn infection management		Thermal care		Sterile cord cutting and appropriate cord care		Kangaroo mother care for low birth weight babies		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Zonal and above hospitals	6.7	23.0	5.1	18.3	5.8	20.3	5.2	18.2	4.4	15.5	6.6	18.8	58
District-level hospitals	12.6	29.7	12.7	26.3	8.2	20.3	11.3	24.2	12.7	25.5	12.6	28.1	141
Private hospitals	3.1	11.2	2.2	9.4	0.6	4.9	1.3	6.6	1.8	7.6	1.2	7.9	325
PHCCs	14.0	33.3	14.2	32.5	10.7	26.9	12.8	27.8	12.5	29.2	13.4	32.1	205
HPs	15.3	33.9	16.8	34.1	9.7	25.4	14.5	29.6	14.6	30.9	14.6	34.3	1,026
Managing authority													
Public	14.5	33.0	15.6	32.4	9.6	24.9	13.5	28.3	13.7	29.5	13.9	32.8	1,432
Private	3.1	11.2	2.2	9.4	0.6	4.9	1.3	6.6	1.8	7.6	1.2	7.9	325
Ecological region													
Mountain	18.4	32.2	17.7	32.3	13.7	23.5	18.4	33.4	18.9	31.1	18.6	33.3	214
Hill	12.4	27.1	13.7	26.6	7.9	20.1	11.0	21.9	11.3	23.2	11.9	26.9	998
Terai	10.0	31.1	10.1	29.4	5.7	22.2	8.9	25.1	8.8	27.2	8.2	28.5	546
Earthquake-affected districts (14)	9.7	22.4	9.6	20.4	4.9	12.8	8.0	17.2	7.0	15.9	8.3	19.5	355
National average	12.4	28.9	13.1	28.2	7.9	21.2	11.2	24.3	11.5	25.4	11.6	28.2	1,757

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

7.7 CLIENT EXPERIENCE

In health facilities providing normal vaginal delivery care, women who delivered at the facility and were being discharged at the time of the NHFS visit were interviewed about the postnatal services they and their newborns had received. A total of 309 women were interviewed when they left the maternity or postnatal ward.

Table 7.11 presents data on mode of delivery among the postpartum women interviewed in the 2015 NHFS. The majority of the women (77 percent) had a normal vaginal delivery, but one-fifth had had a cesarean section. Cesarean deliveries were much more common in private hospitals (30 percent) and zonal and above hospitals (27 percent) than in district hospitals (6 percent).

Table 7.11 Mode of delivery

Among interviewed postpartum women, the percentages who had various types of delivery as recorded in the discharge slip, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Mode of delivery				Number of postpartum clients
	Vaginal delivery	Forceps	Vacuum	Cesarean	
Facility type					
Zonal and above hospitals	68.6	1.3	3.3	26.7	94
District-level hospitals	90.7	0.0	3.1	6.3	111
Private hospitals	69.0	0.0	0.6	29.9	97
PHCCs	100.0	0.0	0.0	0.0	5
HPs	100.0	0.0	0.0	0.0	2
Managing authority					
Public	81.2	0.6	3.1	15.1	212
Private	69.0	0.0	0.6	29.9	97
Ecological region					
Mountain	86.6	0.0	4.5	8.9	11
Hill	76.8	0.0	1.2	22.0	182
Terai	77.4	1.1	3.8	17.3	116
Earthquake-affected districts (14)	68.2	0.0	0.6	31.2	108
National average	77.4	0.4	2.3	19.7	309

As shown in Table 7.12, 65 percent of the postpartum women interviewed in the NHFS reported that they were assisted at delivery by nursing staff. Almost all of the other postpartum women were assisted by doctors (34 percent). The large majority of women (92 percent) had a female delivery attendant. Women were most likely to have been assisted by a doctor if they delivered in a private hospital (55 percent) or a zonal and above hospital (37 percent).

Postpartum women were also asked about a number of newborn care practices following delivery. On the positive side, more than 7 in 10 women reported that they initiated breastfeeding within an hour of birth. Less encouraging was that only 38 percent of postpartum women indicated that a provider had applied chlorhexidine to the newborn's cord and that 19 percent of women had given their newborn a pre-lacteal feed before starting breastfeeding. Women who delivered in private hospitals were much less likely than women delivering in government facilities to report initiating breastfeeding soon after birth. Provision of a pre-lacteal feed was more common among women delivering in private hospitals (34 percent) and among the small number of women delivering in HPs (100 percent) than among other women.

Table 7.12 Postpartum exit delivery attendant and essential newborn care practices

Among interviewed postpartum women, the percentages delivered by a doctor or nurse, sex of the provider, and essential newborn care practices, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Delivered by				Initiate breastfeeding within 1 hour	Gave any pre-lacteal feed before breastfeeding	Put chlorhexidine in umbilicus	Number of postpartum clients
	Doctor	Nurse/ANM	Male provider	Female provider				
Facility type								
Zonal and above hospitals	37.1	61.4	14.7	85.3	71.3	13.4	25.4	94
District-level hospitals	15.0	84.6	6.0	94.0	89.0	9.9	45.8	111
Private hospitals	55.4	44.6	5.6	94.4	50.2	33.9	39.3	97
PHCCs	13.6	72.7	0.0	100.0	90.9	0.0	50.0	5
HPs	0.0	100.0	0.0	100.0	100.0	100.0	100.0	2
Managing authority								
Public	24.6	74.2	9.7	90.3	81.3	11.9	37.3	212
Private	55.4	44.6	5.6	94.4	50.2	33.9	39.3	97
Ecological region								
Mountain	8.9	91.1	8.9	91.1	95.5	4.5	30.7	11
Hill	41.3	57.7	6.3	93.7	68.2	21.0	35.0	182
Terai	25.6	73.7	11.7	88.3	74.5	16.8	43.2	116
Earthquake-affected districts (14)	57.8	41.0	7.9	92.1	58.2	26.6	27.1	108
National average	34.2	64.9	8.4	91.6	71.6	18.8	37.9	309

Note: The percentages delivered by a doctor or by a nurse/ANM do not add up to 100 percent as there were a few cases assisted by other health workers that are not presented in the table.

ANM = Auxiliary nurse midwife

Tables 7.13.1 and 7.13.2 present information on the postpartum checks and advice women reported receiving at the time they were being discharged from a facility following delivery. More than 80 percent of mothers reported that they were advised on breastfeeding and had their blood pressure checked. Between 60 and 80 percent of mothers had their pulse checked and perineum inspected for problems, were asked whether they had any difficulty in passing urine, were checked for bleeding, and were advised of the need for a postpartum checkup. Women were least likely to report being given advice on family planning (25 percent). Overall, only 4 percent of women reported being checked/advised on all nine components of postpartum care before discharge.

Postpartum women were also asked about specific aspects of the care their newborns received prior to discharge from the facility. Eighty-five percent of mothers reported that they were asked whether the newborn was breastfeeding well. Between 60 and 70 percent reported that the newborn's temperature was checked by touching the foot and abdomen, the newborn was examined for any signs of respiratory problems (difficulty in breathing, grunting, or indrawn chest), and the newborn was provided an immunization. According to mothers' reports, providers were least likely to check newborns for pustules on the skin (32 percent) or discharge from the eyes (36 percent). Overall, 18 percent of mothers reported that a provider checked/advised on all nine components of newborn care before discharge.

Table 7.13.1 Postpartum checks/advice at the time of discharge

Among interviewed postpartum women, the percentages whose consultation included specific checks/advice related to the health of the mother and baby at the time of discharge, by type of facility, Nepal Health Facility Survey 2015

Type of check/advice	Facility type					National average
	Zonal and above hospitals	District-level hospitals	Private hospitals	PHCCs	HPs	
Mother						
Check blood pressure	77.9	72.7	93.2	81.8	100.0	81.0
Check pulse	69.3	64.5	87.0	50.0	100.0	72.9
Check temperature	52.7	41.4	82.8	27.3	0.0	57.3
Check leg for tenderness/swelling	34.9	35.5	60.1	31.8	100.0	43.3
Inspect perineum for tear, bleeding, swelling	49.7	66.0	67.2	59.1	100.0	61.5
Examine breast for retracted nipple, cracked nipple, engorgement	36.9	36.6	56.9	31.8	100.0	43.3
Ask if she has passed urine without difficulties	54.0	59.7	76.5	59.1	100.0	63.4
Uterine consistency	54.2	46.3	70.8	81.8	0.0	56.7
Bleeding	53.6	66.0	81.2	72.7	100.0	67.3
Cord care advice	39.5	52.9	69.8	59.1	100.0	54.4
Breastfeeding advice	74.8	81.9	90.3	90.9	100.0	82.6
Family planning advice	24.4	25.7	24.8	40.9	0.0	25.1
Postnatal care (PNC) checkup/advice	55.1	67.6	64.6	81.8	100.0	63.3
Carried out wound site examination	45.7	35.8	66.9	40.9	100.0	49.0
Advised on danger signs during postpartum period	33.8	31.5	51.3	27.3	0.0	38.2
All checks/advice	4.1	2.6	5.1	0.0	0.0	3.8
Baby						
Check temperature by touching foot and abdomen	50.1	64.8	87.7	59.1	100.0	67.6
Check any difficulty in breathing, grunting, chest indrawn	49.6	58.9	85.8	40.9	100.0	64.4
Assess general appearance, movement, and crying	41.3	54.4	79.5	50.0	100.0	58.4
Check umbilical cord for bleeding and infection	45.2	52.0	79.1	68.2	100.0	58.9
Check for pustules on skin	21.0	25.6	50.6	31.8	0.0	32.0
Check eye for discharge	23.9	29.6	57.5	18.2	0.0	36.2
Look for signs of jaundice on forehead, abdomen, palm, foot	36.2	36.8	71.2	40.9	100.0	47.8
Ask if newborn is breastfeeding well	78.2	82.2	93.3	90.9	100.0	84.7
Immunization	56.8	69.2	66.0	81.8	100.0	64.8
All checks/advice	8.9	11.3	35.5	0.0	0.0	17.9
Number of postpartum clients	94	111	97	5	2	309

Table 7.13.2 Postpartum check/advice at the time of discharge

Among interviewed postpartum women, the percentages whose consultation included specific checks/advice related to the health of the mother and baby at the time of discharge, by background characteristics, Nepal Health Facility Survey 2015

Type of check/advice	Managing authority		Ecological region			Earthquake-affected districts (14)	National average
	Public	Private	Mountain	Hill	Terai		
Mother							
Check blood pressure	75.4	93.2	60.7	91.7	66.2	95.1	81.0
Check pulse	66.6	87.0	64.9	83.5	57.2	90.0	72.9
Check temperature	45.7	82.8	47.9	68.1	41.3	73.2	57.3
Check leg for tenderness/swelling	35.7	60.1	8.6	53.2	31.3	55.6	43.3
Inspect perineum for tear, bleeding, swelling	58.9	67.2	47.9	64.2	58.6	59.2	61.5
Examine breast for retracted nipple, cracked nipple, engorgement	37.2	56.9	39.0	45.7	40.1	49.5	43.3
Ask if she has passed urine without difficulties	57.5	76.5	65.2	71.7	50.2	73.8	63.4
Uterine consistency	50.3	70.8	64.9	61.5	48.3	64.2	56.7
Bleeding	60.9	81.2	78.3	76.7	51.3	73.1	67.3
Cord care advice	47.5	69.8	65.5	61.3	42.6	64.7	54.4
Breastfeeding advice	79.1	90.3	78.0	86.7	76.7	85.8	82.6
Family planning advice	25.3	24.8	35.1	26.4	22.2	25.8	25.1
Postnatal care (PNC) checkup/ advice	62.7	64.6	73.5	69.2	53.0	69.1	63.3
Carried out wound site examination	40.9	66.9	25.9	58.0	37.2	58.2	49.0
Advised on danger signs during postpartum period	32.2	51.3	43.5	43.7	29.0	45.8	38.2
All checks/advice	3.2	5.1	0.0	3.6	4.4	2.8	3.8
Newborn							
Check temperature by touching foot and abdomen	58.4	87.7	69.9	76.0	54.1	81.0	67.6
Check any difficulty in breathing, grunting, chest indrawn	54.7	85.8	65.5	76.7	45.1	83.1	64.4
Assess general appearance, movement, and crying	48.8	79.5	34.8	68.8	44.5	69.0	58.4
Check umbilical cord for bleeding and infection	49.8	79.1	48.2	68.1	45.6	67.1	58.9
Check for pustules on skin	23.5	50.6	25.9	35.7	26.7	33.7	32.0
Check eye for discharge	26.5	57.5	21.4	43.1	26.9	47.4	36.2
Look for signs of jaundice on forehead, abdomen, palm, foot	37.1	71.2	22.0	58.4	33.8	65.2	47.8
Ask if newborn is breastfeeding well	80.8	93.3	86.9	92.0	72.9	89.5	84.7
Immunization	64.2	66.0	73.8	71.5	53.4	70.8	64.8
All checks/advice	9.9	35.5	0.0	24.3	9.6	24.3	17.9
No. of postpartum clients	212	97	11	182	116	108	309

Key Findings

- About 6 percent of health facilities in Nepal have an HIV testing system.
- Almost one-third of facilities that have HIV testing capacity have adequate hand cleaning supplies—either running water and soap or alcohol-based hand disinfectant—at the HIV testing location.
- Five percent of all facilities offer HIV care and support services.
- Twelve percent of facilities offer antiretroviral therapy (ART) services. Among facilities offering these services, 80 percent had the first-line ART regimen available in the facility on the day of the assessment.
- Three out of every four facilities offer sexually transmitted infection (STI) services. However, less than 1 in 10 facilities have at least one provider with recent training on the diagnosis and treatment of STIs, and only 16 percent of facilities have the capacity to screen for syphilis infection.

8.1 BACKGROUND

This chapter provides an overview of HIV/AIDS and sexually transmitted infection (STI) services in Nepal. It highlights the key aspects of HIV/AIDS-related services, including the availability of diagnostic capacity, trained staff, and medicines. The chapter is organized as follows:

- **HIV testing services.** Section 8.2, including Tables 8.1 through 8.4 and Figure 8.1, explores HIV/AIDS testing and counseling services in Nepal and looks at service availability and the readiness of health facilities to provide quality HIV/AIDS testing services. This section also discusses supportive management practices in the provision of HIV testing and counseling services.
- **HIV care and support services.** Section 8.3, including Table 8.5 and Figure 8.2, addresses the availability of HIV care and support services in Nepal’s health facilities and the readiness of facilities to provide quality services.
- **Antiretroviral therapy services.** Section 8.4, including Table 8.6 and Figure 8.3, examines the availability of antiretroviral therapy (ART) services.
- **Services for sexually transmitted infections.** Section 8.5, including Table 8.7, presents information on the availability of STI services and the readiness of facilities to provide those services.

8.1.1 The HIV/AIDS Situation in Nepal

Nepal has been facing a concentrated HIV epidemic. The key populations at higher risk of HIV infection include people who inject drugs (PWIDs), men who have sex with men (MSM) and transgender persons, female sex workers (FSWs), clients of FSWs, and male labor migrants (MLMs). MLMs (particularly to India, where MLMs often visit FSWs) and clients of FSWs in Nepal act as bridge population groups that transmit infection from key populations to the low-risk general population. Nepal has made impressive progress in containing its HIV epidemic. The HIV prevalence in the adult population in Nepal has dropped to 0.21 percent from a previous high of nearly 0.34 percent, while estimates of the number of

new infections have dropped to below 1,400 annually from a high of around 7,500 per year (National Center for AIDS and STD Control [NCASC] 2015a).

In Nepal, an estimated 39,397 adults (including 1,589 children) were infected with HIV in 2015. HIV infections are more common among men than women; estimates indicate that 38 percent of the people living with HIV are women. Overall, around one quarter of infections are estimated to be among high-risk groups including PWIDs (8 percent), MSM (9 percent), clients of sex workers (5 percent), male sex workers (MSWs), transgender sex workers (3 percent), and FSWs (1 percent). Low-risk males, including MLMs, account for 40 percent of all infections, and low-risk females account for the remaining 35 percent. In 2015, the number of new infections was estimated at 1,331, and there were 2,263 deaths due to AIDS-related causes (NCASC 2015a).

According to the most recent estimates, the number of FSWs in Nepal ranges between 24,649 and 28,359 (NCASC 2011a). Likewise, the number of PWIDs ranges between 30,155 and 33,742 (NCASC 2011b). Likewise the size of three subgroups of the MSM population—MSWs, clients of MSWs, and the transgender population—ranges between 65,864 and 82,330 (NCASC 2011c).

Results from recent integrated biological and behavioral surveillance (IBBS) surveys indicate that HIV prevalence among key populations has either stabilized or decreased considerably in some key groups. Among all FSWs, the IBBS results show that HIV prevalence is 2 percent in the Kathmandu valley (NCASC 2015b) compared to less than 1 percent in the Pokhara valley (0.3 percent) (NCASC 2016a) and the 22 terai highway districts (0.8 percent) (NCASC 2016b). Prevalence rates are generally higher among street-based FSWs (4 percent in Kathmandu and 0.9 percent in Pokhara) than among all FSWs (NCASC 2015b; NCASC 2016a). Overall, HIV prevalence among FSWs has been decreasing. Among PWIDs, HIV prevalence is highest in the eastern terai (8 percent) (NCASC 2015e), followed by the Kathmandu valley (6 percent) (NCASC 2015c). The prevalence is less than 3 percent in the Pokhara valley (NCASC 2015d) and the western terai (NCASC 2016c). HIV prevalence among PWIDs has consistently been the highest among all key populations, but the rate is decreasing. Among MSM, HIV prevalence is highest in the Kathmandu valley (2 percent) (NCASC 2015f). Among MLMs, HIV prevalence is less than 1 percent in the western and mid-to-far-western regions (NCASC 2015g).

8.1.2 Definitions of HIV/AIDS Services

The 2015 NHFS assessed the following HIV/AIDS-related services.

HIV testing system: The NHFS defines a facility as having an HIV testing system if clients are offered an HIV test conducted within the facility or in an affiliated laboratory, or the facility has a system for referring clients to an external testing site and receives test results back from that external site to follow up with clients after testing.¹ A facility that simply refers clients elsewhere, expecting the other location to counsel and follow up on test results, is not defined as having an HIV testing system.

HIV care and support services: Care and support services include any services that are directed towards improving the life of a person living with HIV. These services most often include treatment for opportunistic infections and illnesses that are commonly associated with or worsened by HIV infection, such as tuberculosis (TB), sexually transmitted infections (STIs), and malaria. Care and support services also may include palliative care and nutritional rehabilitation services.

Antiretroviral therapy (ART): This refers to providing antiretroviral (ARV) medicines to treat HIV-positive persons.

¹ This definition assumes that the facility counsels clients, before and after the HIV testing, on prevention of HIV, the meaning of the test, transmission of the virus, living with HIV/AIDS, care and support, and other aspects of the condition.

8.2 HIV TESTING AND COUNSELING

HIV testing and counseling is one of the essential interventions in HIV prevention and care. It both promotes the prevention of HIV infection and is an entry point to care and support, including ART. The government of Nepal recognizes the importance of and seeks to promote HIV testing and counseling. The goal is to enable 90 percent of people living with HIV to know their HIV status and, thus, to have timely access to the care, support, and treatment services necessary to prevent the spread of HIV infection and improve the quality of life of those already infected. Although there has been good progress toward that goal, according to NCASC estimates, 33 percent of people with HIV remain unaware of their HIV status (NCASC, 2016c).

8.2.1 Service Availability

In the public health sector, HIV testing and counseling services are mainly available in hospitals and primary health care centers (PHCCs). However, testing and counseling also may be available in some health posts (HPs) where prevention of mother-to-child transmission (PMTCT) services are provided as part of antenatal care and/or delivery care. Therefore, the 2015 NHFS gathered information from all types of health facilities, namely public hospitals, private hospitals, PHCCs, HPs, and urban health centers (UHCs). Similarly, stand alone HTC was also chosen to gather the information. In all facilities, information pertaining to testing and counseling was collected from the primary location where these services are offered.

The results showed that 86 percent of zonal and above hospitals, 69 percent of stand-alone HIV testing and counseling sites (HTCs), and 57 percent of district-level hospitals had an HIV testing system, as compared with 25 percent of private hospitals and 11 percent of PHCCs (Table 8.1 and Figure 8.1). As expected, an HIV testing system was available in only a limited number of HPs and no UHCs. Because HPs constitute a large majority of the health facilities in Nepal, overall, only 6 percent of health facilities in the country have an HIV testing system. By region, the availability of HIV testing systems ranges from 2 percent of facilities in the mountain region to 8 percent in the terai region. In earthquake-affected districts, 7 percent of facilities have an HIV testing system in place.

Table 8.1 Availability of HIV testing and counseling services

Among all facilities, the percentages that report having an HIV testing system and, among facilities with an HIV testing system, the percentages that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counseling services, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of all facilities with HIV testing system ¹	Number of facilities	Percentage of facilities with HIV testing system that have:							Number of facilities having HIV testing system
			HIV testing capacity ²	National HIV testing and counseling guidelines	Trained provider ³	Ever-trained provider ⁴	Visual and auditory privacy ⁵	Condoms ⁶	All items ⁷	
Facility type										
Zonal and above hospitals	86.3	6	87.3	52.2	48.3	91.8	95.7	76.0	7.9	5
District-level hospitals	56.6	16	100.0	41.9	58.1	95.3	90.7	74.4	20.9	9
Private hospitals	25.0	70	49.7	6.7	10.4	28.2	98.7	14.0	0.0	17
PHCCs	11.2	42	100.0	13.0	43.5	78.3	87.0	95.7	8.7	5
HPs	0.7	775	82.5	18.1	19.9	70.3	100.0	80.1	0.0	5
UHCs	0.0	32	na	na	na	na	na	na	na	0
Stand-alone HTC	68.8	23	96.0	65.9	61.1	89.4	98.7	88.3	31.6	16
Managing authority										
Public	2.7	871	93.5	33.4	45.0	85.9	93.0	80.2	11.2	24
Private	35.7	92	71.6	34.6	34.4	57.1	98.7	49.0	14.9	33
Ecological region										
Mountain	2.3	118	100.0	15.4	46.2	69.2	76.9	84.6	7.7	3
Hill	5.4	492	87.3	37.5	40.4	68.4	96.8	63.6	19.1	26
Terai	7.9	353	72.8	32.7	36.6	69.9	97.8	58.5	8.5	28
Earthquake-affected districts (14)										
	6.8	200	88.9	28.9	33.7	52.1	93.7	58.1	15.2	14
National average	5.9	963	80.8	34.1	38.8	69.2	96.3	62.1	13.4	57

na = Not applicable

¹ Facility reports conducting HIV testing in the facility or else at an external testing site and having an agreement with that external site that test results will be returned to the facility.

² Facility reports conducting HIV testing at the facility and had at least one unexpired Determine, at least one unexpired Uni-Gold, and at least one unexpired Stat Pak HIV rapid diagnostic test kit available somewhere in the facility on the day of the survey, or else facility had ELISA testing capacity or other HIV testing capacity observed in the facility on the day of the survey.

³ At least one interviewed provider of HIV testing and counseling services in the facility reported receiving in-service training in some aspect of HIV testing and counseling during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

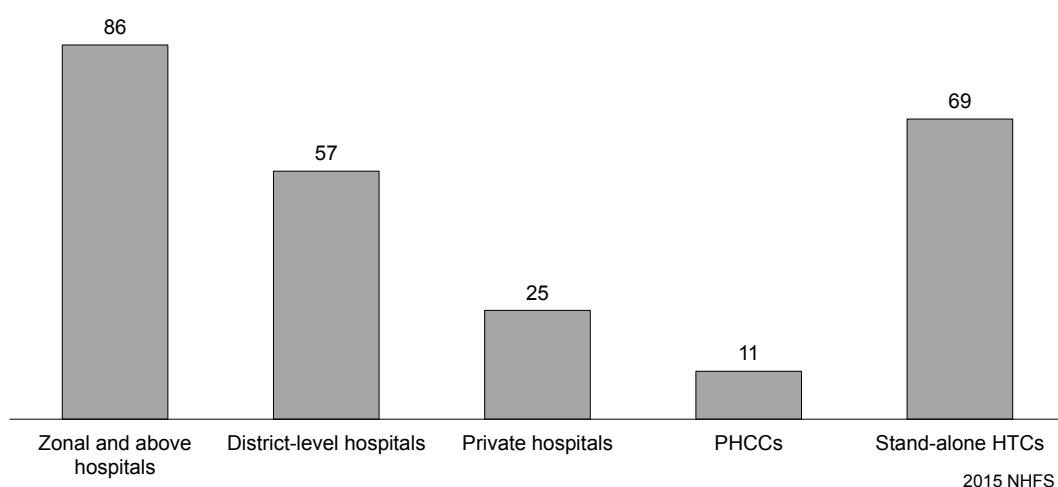
⁴ At least one interviewed provider of HIV testing and counseling services in the facility reported ever receiving in-service training in some aspect of HIV testing and counseling. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁵ Private room or screened-off space available in HIV testing and counseling area that is a sufficient distance from sites where providers and/or other clients may be so that a normal conversation could not be overheard, and the client could not be observed by others

⁶ Condoms available at the HIV testing and counseling site on the day of the survey

⁷ Facility had all of the following items available on the day of the survey: HIV testing capacity, national HIV testing and counseling guideline, at least one interviewed provider trained in the past 24 months in HIV testing and counseling, visual and auditory privacy, and condoms available at the HIV testing site.

Figure 8.1 Availability of HIV testing system (N=963)



8.2.2 Service Readiness

Table 8.1 provides information on several indicators of service readiness for the small proportion of facilities that have an HIV testing system. About 4 in 10 of these facilities have a staff member who recently received training on HIV testing and counseling. As for other measures of service readiness, nearly all facilities (96 percent) with an HIV testing system provided visual and auditory privacy for clients during testing and counseling, 81 percent had HIV test kits available on the day of the assessment visit, and 62 percent had condoms on hand. However, only around a third had the national HIV testing and counseling guidelines available on the day of the NHFS visit.

8.2.3 Infection Control

All service providers who perform HIV tests must follow infection control procedures to protect themselves and their clients. The 2015 NHFS assessed the availability of items for infection control among facilities providing HIV testing services at a site within the facility. Overall, one in three facilities had adequate hand cleaning supplies—either running water and soap or an alcohol-based hand disinfectant (Table 8.2). A similar proportion of facilities had gloves and 30 percent had a safety box, but relatively few facilities (10 percent) had waste receptacles. Sixteen percent of facilities had a needle destroyer. Only 2 percent of the facilities offering HIV testing had all infection prevention items available at the service site on the day of the NHFS assessment.

Table 8.2 Items for infection control during provision of HIV testing services at the service site

Among facilities having HIV testing capacity, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities with HIV testing system that have items for infection control											Number of facilities having HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Safety box	Needle destroyer	Waste receptacle ²	Injection safety precaution guideline	All infection prevention items ³	
Facility type												
Zonal and above hospitals	31.7	31.7	31.7	9.1	31.7	31.7	27.2	9.1	4.5	4.5	0.0	5
District-level hospitals	7.0	7.0	7.0	11.6	11.6	16.3	16.3	2.3	2.3	0.0	0.0	9
Private hospitals	18.4	18.4	18.4	2.6	18.4	16.1	16.1	2.6	4.9	2.6	2.6	9
PHCCs	26.1	21.7	21.7	13.0	21.7	30.4	30.4	4.3	8.7	8.7	0.0	5
HPs	53.9	35.9	35.9	53.9	53.9	53.9	18.0	0.0	0.0	0.0	0.0	4
Stand-alone HTC	50.3	50.3	50.3	25.7	51.7	49.0	48.9	43.2	21.3	13.5	5.8	15
Managing authority												
Public	24.8	20.6	20.6	19.3	25.8	29.5	21.8	3.7	3.7	2.8	0.0	22
Private	38.6	38.6	38.6	17.2	39.5	36.9	36.8	28.3	15.3	9.5	4.6	24
Ecological region												
Mountain	23.1	15.4	15.4	23.1	23.1	30.8	23.1	0.0	0.0	0.0	0.0	3
Hill	23.9	23.9	23.9	17.4	25.7	28.5	30.3	18.5	8.3	5.6	1.0	23
Terai	42.3	38.6	38.6	18.5	42.3	39.0	29.5	16.0	12.5	7.8	4.3	20
Earthquake-affected districts (14)												
	15.5	15.5	15.5	17.2	18.9	13.8	17.2	15.5	3.6	1.8	1.8	12
National average	31.9	29.8	29.8	18.2	32.8	33.3	29.5	16.3	9.7	6.2	2.4	46

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, safety box or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

Among facilities having laboratory HIV testing, the 2015 NHFS also assessed the availability of items for infection control in the laboratory. Overall, 9 of every 10 facilities had adequate hand cleaning supplies (either running water and soap or alcohol-based hand disinfectant) (Table 8.3). Almost all facilities had gloves, and nearly 8 of every 10 had a safety box; again, however, relatively few facilities (23 percent)

had waste receptacles. Half of the facilities had a needle destroyer. Only 3 percent of the facilities had all infection prevention items available in the laboratory where HIV testing was carried out.

Table 8.3 Items for infection control during provision of HIV testing services in the laboratory

Among facilities having HIV testing capacity, the percentages with indicated items for infection control observed to be available at the laboratory on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities with HIV testing system that have items for infection control											Number of facilities having laboratory HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Safety box	Needle destroyer	Waste receptacle ²	Injection safety precaution guideline	All infection prevention items ³	
Facility type												
Zonal and above hospitals	100.0	100.0	100.0	62.0	100.0	100.0	81.0	47.4	28.5	4.7	4.7	4
District-level hospitals	92.3	92.3	89.7	53.8	94.9	97.4	94.9	33.3	12.8	0.0	0.0	8
Private hospitals	93.4	100.0	93.4	74.6	100.0	96.7	77.9	48.2	45.0	6.6	3.3	6
PHCCs	90.0	90.0	90.0	45.0	90.0	100.0	85.0	25.0	10.0	20.0	5.0	4
HPs	100.0	76.3	76.3	71.1	100.0	100.0	100.0	23.7	23.7	0.0	0.0	3
Stand-alone HTC	83.0	84.6	78.8	51.0	84.6	95.9	61.3	73.8	19.7	6.4	3.5	14
Managing authority												
Public	94.8	90.9	89.9	56.6	95.8	99.0	90.6	33.2	17.4	5.2	2.1	20
Private	86.1	89.3	83.2	58.2	89.3	96.1	66.4	66.1	27.4	6.4	3.4	20
Ecological region												
Mountain	81.8	81.8	81.8	45.5	81.8	100.0	100.0	27.3	9.1	9.1	0.0	2
Hill	88.4	92.6	87.4	63.0	94.6	99.0	88.7	56.7	28.5	5.2	2.1	20
Terai	93.6	88.4	86.1	52.6	91.4	95.6	63.8	45.3	17.5	6.2	3.9	18
Earthquake-affected districts (14)	89.3	95.7	89.3	67.9	95.7	100.0	78.6	58.5	26.7	0.0	0.0	10
National average	90.4	90.1	86.5	57.4	92.5	97.5	78.2	49.9	22.5	5.9	2.8	40

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Waste receptacle with plastic bin liner

³ All infection precaution items include: soap and running water or else alcohol-based hand disinfectant, latex gloves, safety box or needle destroyer, waste receptacle with plastic bin liner, and injection safety precaution guideline.

8.2.4 Basic Management and Administrative Systems for HIV Testing and Counseling

Providers of HIV testing services may experience burnout as they counsel clients, and personal support from supervisors is important in helping to avoid such burnout. In addition, given the increasing public access to information through the Internet and mass media, clients are likely to have many questions; thus, providers need to be knowledgeable and up to date about HIV. Both supervision and in-service training are necessary to ensure that clients receive high-quality information and services. Table 8.4 presents information on recent in-service training and recent personal supervision of providers of HIV testing services.

Supervision refers to any form of technical support or supervision from a supervisor. Seven of every 10 HIV testing service providers reported receiving supervision during the six months before the NHFS. Providers in stand-alone HTCs (95 percent) were most likely to report being supervised in the six months before the survey, while providers in private hospitals (60 percent) were least likely to have been supervised.

The majority of providers of HIV testing service providers interviewed in the NHFS had never received structured in-service training related to HIV testing and counseling. Only 13 percent of providers reported that they had received HIV testing and counseling training during the 24 months before the assessment, and only 37 percent had ever received such training. The proportion reporting that they ever had received training varied from 17 percent among HIV testing providers in private hospitals to 77 percent of providers in stand-alone HTCs.

Overall, 11 percent of HIV testing service providers reported receiving both recent training related to HIV testing and counseling and personal supervision.

Table 8.4 Supportive management for providers of HIV testing services

Among HIV testing service providers, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of interviewed providers who received:				Number of interviewed providers of HIV testing and counseling services
	Training related to HIV testing and counseling during the 24 months preceding the survey ¹	Training related to HIV testing and counselling at any time	Personal supervision during the 6 months preceding the survey ²	Training related to HIV testing and counseling during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type					
Zonal and above hospitals	7.6	38.7	71.3	5.2	85
District-level hospitals	14.8	39.5	68.9	10.6	99
Private hospitals	3.2	17.2	59.8	2.3	152
PHCCs	11.2	33.9	74.7	8.2	31
HPs	10.5	37.5	91.8	10.5	26
Stand-alone HTC	42.4	77.0	94.7	40.7	64
Managing authority					
Public	11.3	38.3	72.9	8.4	241
Private	14.8	34.9	70.1	13.7	216
Ecological region					
Mountain	11.7	27.3	58.2	7.3	19
Hill	11.3	34.2	65.9	9.2	248
Terai	15.3	40.9	80.6	13.5	188
Earthquake-affected districts (14)	10.0	31.9	63.3	8.1	144
National average	13.0	36.7	71.6	10.9	456

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

8.3 HIV Care and Support Services

A facility is defined as providing HIV/AIDS care and support services if it reports that health workers in the facility prescribe or provide a variety of services ranging from treatment of opportunistic infections and palliative treatment to nutrition rehabilitation and family planning. Overall, 5 percent of health facilities in Nepal offer at least one HIV/AIDS care and support service (Table 8.5 and Figure 8.2). Nearly 8 of every 10 zonal and above hospitals, 45 percent of district-level hospitals and stand-alone HTCs, but only 10 percent of private hospitals, offer HIV/AIDS care and support services.

On the day of the assessment visit, around one quarter facilities that offer HIV/AIDS care and support services had guidelines for the clinical management of HIV/AIDS. In contrast, only 10 percent of facilities that provide community care center (CCC) services had community and home-based care (CHBC) guidelines. One out of five facilities that offer HIV/AIDS care and support services had at least one provider who had received recent training in the provision of such services. Stand-alone HTCs (40 percent) were most likely to have providers with recent training, followed by district-level hospitals (27 percent).

Screening and testing of HIV-positive clients for TB is a priority. However, only one-fourth of facilities offering HIV care and support services have records or a register of HIV-positive clients who have had TB tests; availability of records or a register was considered evidence of a system for routinely screening and testing HIV-positive clients for TB. Zonal and above hospitals were most likely to have such records (63 percent).

Table 8.5 Guidelines, trained staff, and items for HIV/AIDS care and support services

Among all facilities, the percentages offering HIV/AIDS care and support services and, among facilities offering HIV care and support services, the percentages having indicated items to support the provision of quality HIV/AIDS care and support services, by background characteristics, Nepal Health Facility Survey, 2015

Background characteristic	Percentage of facilities offering HIV/AIDS care and support services ¹	Number of facilities	Percentage of facilities offering HIV/AIDS care and support services that have:				Medicines						Number of facilities offering HIV/AIDS care and support services
			National guidelines for the clinical management of HIV/AIDS	Guide-lines on CHBC ²	Trained staff ³	System for screening and testing HIV+ clients for TB ⁴	IV solution with infusion set	Flucanazole tablet or ointment	Cotri-moxazole tablets	First-line treat-ment for TB ⁵	Pain manage-ment ⁶	Male condoms	
Facility type													
Zonal and above hospitals	76.1	6	53.9	4.5	22.4	62.8	91.0	64.1	49.4	63.2	86.5	100.0	5
District-level hospitals	44.7	16	47.1	11.8	26.5	50.0	97.1	64.7	97.1	100.0	67.6	100.0	7
Private hospitals	9.6	70	6.1	0.0	3.1	18.7	70.0	66.7	54.4	57.4	70.0	53.8	7
PHCCs	4.8	42	0.0	0.0	0.0	0.0	70.0	20.0	100.0	90.0	50.0	100.0	2
HPs	1.9	775	0.0	0.0	6.3	6.3	34.7	8.3	100.0	100.0	8.3	100.0	15
UHCs	0.0	32	na	na	na	na	na	na	na	na	na	na	0
Stand-alone HTC	44.9	23	63.1	33.0	40.3	21.5	51.3	67.1	49.7	0.0	19.9	100.0	10
Managing authority													
Public	3.2	871	20.4	3.7	13.5	25.9	61.9	32.2	91.0	93.3	38.8	100.0	28
Private	18.3	92	40.4	19.9	25.5	20.4	58.7	66.9	51.5	22.9	39.8	81.6	17
Ecological region													
Mountain	3.0	118	5.7	5.7	0.0	0.0	46.0	34.5	100.0	94.3	46.0	100.0	4
Hill	5.4	492	24.3	6.3	15.3	23.7	64.5	47.1	79.9	72.9	40.9	94.3	27
Terai	4.2	353	39.8	16.7	27.0	29.7	57.5	44.4	64.0	49.7	34.3	89.3	15
Earthquake-affected districts (14)													
Earthquake-affected districts (14)	3.8	200	35.2	0.0	10.8	16.4	77.7	66.7	71.9	61.3	58.8	85.4	8
National average	4.7	963	27.9	9.7	18.0	23.8	60.7	45.2	76.3	66.9	39.2	93.1	45

na = Not applicable

¹ Facility reports that providers at the facility prescribe or provide any of the following services:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections;
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis;
- Treatment for Kaposi's sarcoma;
- Palliative care, such as symptom or pain management, or nursing care for the terminally ill or severely debilitated patients;
- Nutritional rehabilitation services, including client education and provision of nutritional or micronutrient supplementation;
- Fortified protein supplementation;
- Care for pediatric HIV/AIDS patients;
- Preventive treatment for tuberculosis (TB), i.e., isoniazid with pyridoxine;
- Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment;
- General family planning counseling and/or services for HIV-positive clients;
- Condoms;

² Facility provides community care center (CCC) services and had guidelines on community and home based care (CHBC) available on the day of the survey.

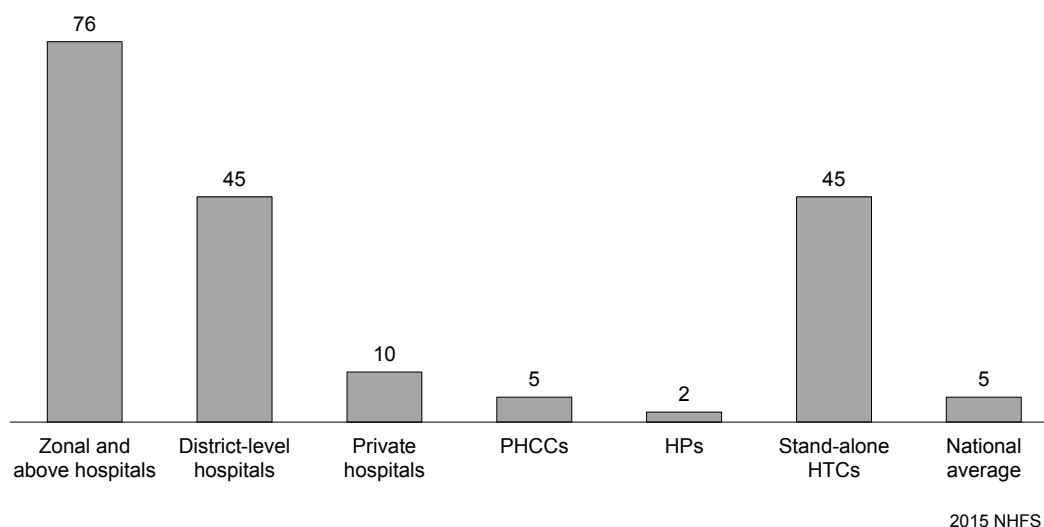
³ Facility had at least one interviewed provider of HIV care and support services who reported receiving training on aspects of HIV/AIDS care and support services during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Record or register indicating HIV-positive clients who have been screened and tested for TB.

⁵ Four-drug fixed-dose combination (4FDC) is available, or else isoniazid, pyrazinamide, rifampicin, and Ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

⁶ Diclofenac tablet or injection, or else indomethacin tablets.

Figure 8.2 Availability of HIV/AIDS care and support services (N=963)



With respect to medicines, cotrimoxazole was found in a majority (76 percent) of the facilities that offer HIV/AIDS care and support services. Condoms (93 percent) and first-line treatment for TB (67 percent) were also widely available. An intravenous (IV) solution with infusion set was available in 61 percent of facilities offering HIV/AIDS care and support services, and 39 percent had medications for pain management available. A little less than one-half of facilities had fluconazole tablets or ointment.

8.4 ANTIRETROVIRAL THERAPY

Antiretroviral drugs inhibit the replication of HIV and thus can substantially prolong and improve the quality of life of HIV-positive people. According to the national consolidated guidelines for treating and preventing HIV in Nepal, adults, adolescents, and children older than age 5 with HIV are eligible for ART only when their CD4 count is 500 cells/mm³ or less. ART is recommended to be initiated regardless of CD4 count for people with HIV who have active TB or a hepatitis B virus infection coupled with severe chronic liver disease, HIV-positive partners in sero-discordant couples, pregnant and breastfeeding women, and children younger than age 5 (NCASC 2014). In Nepal, 11,922 people with HIV were estimated to be receiving ART as of December 2015. Still, it is estimated that 37 percent of those linked to HIV care are yet to initiate ART (NCASC 2016c).

The NCASC, together with partners, has embarked on improvements to the quality of ART programs in Nepal. The national consolidated guidelines call for the prescription and provision of ART by health personnel trained in clinical management of HIV. These personnel should regularly monitor the condition of their clients to ensure that an effective ART regimen is being prescribed and that side effects are properly managed.

Elements identified as important for providing good-quality ART services include the following:

- Staff trained in the provision of relevant services
- Protocols and guidelines for relevant care and support services
- A consistent supply of ARVs and good storage practices to maintain their quality and security
- A system for routine follow-up services
- An individual client record to assure continuity of care for the client

- Good record-keeping systems to track ART compliance

8.4.1 Service Availability

In Nepal, because of clinical requirements, ART services are offered only at hospitals and PHCCs. Overall, one-tenth of all hospitals and PHCCs in the country offer ART services (Table 8.6). Looking at differences in availability by facility type, it is clear that ART services are largely concentrated in public hospitals. Around three in four zonal and above hospitals and almost half of district-level hospitals offer ART services, as compared with less than 5 percent of private hospitals and PHCCs.

8.4.2 Service Readiness

Among facilities offering ART services, 80 percent had the first-line ART regimen available in the facility on the day of the assessment (Table 8.6 and Figure 8.3). ART guidelines were available in 4 of every 10 facilities offering ART services. Three of every 10 facilities had at least one staff member with recent training on ART services.

The NHFS also assessed the availability of laboratory services for monitoring ART clients. Eight in every 10 facilities offering ART services had the laboratory capacity to do a complete blood count, and 7 in 10 were able to conduct a renal or liver function test. However, only 1 in every 10 ART facilities had the laboratory capacity to perform a CD4 cell count.

Table 8.6 Guidelines, trained staff, and items for antiretroviral therapy services

Among hospitals and PHCCs, the percentages offering antiretroviral therapy (ART) services and, among hospitals and PHCCs offering ART services, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering ART services ¹	Number of hospitals and PHCCs	Percentage of facilities offering ART services that have:		Laboratory diagnostic capacity for:			First-line adult ART regimen available ⁴	Number of facilities offering ART services
			National ART guidelines	Trained staff ²	Complete blood count ³	CD4 cell count	Renal or liver function test		
Facility type									
Zonal and above hospitals	71.7	6	61.9	33.3	81.0	28.6	85.7	95.2	4
District-level hospitals	46.1	16	51.4	42.9	80.0	8.6	54.3	94.3	7
Private hospitals	4.4	70	6.7	0.0	68.7	0.0	93.3	27.4	3
PHCCs	1.9	42	0.0	25.0	50.0	0.0	25.0	75.0	1
Managing authority									
Public	19.3	64	51.7	38.3	78.3	15.0	63.3	93.3	12
Private	4.4	70	6.7	0.0	68.7	0.0	93.3	27.4	3
Ecological region									
Mountain	13.3	9	33.3	33.3	83.3	0.0	66.7	83.3	1
Hill	13.6	64	40.3	28.4	83.4	11.8	71.6	85.4	9
Terai	9.1	61	48.8	33.8	63.8	15.0	66.2	71.3	5
Earthquake-affected districts (14)									
	12.3	36	37.7	9.4	85.9	4.7	85.9	85.1	4
National average	11.5	134	42.7	30.7	76.4	12.0	69.3	80.2	15

The denominator for this table included only PHCCs and hospitals.

¹ Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including providing community-based services.

² Facility had at least one interviewed provider of ART services who reported receiving in-service training in some aspects of ART during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had a functioning hematology analyzer or functioning hematological counter with the necessary reagents available in the facility.

⁴ Facility had any of the following ARV medicines for adults available at the facility on the day of the survey: AZT/NVP/3TC, TDF/3TC/EFV, AZT/3TC + EFV, or TDF/3TC + NVP.

Table 8.6a Availability of antiretroviral therapy services

Among ART-designated facilities that were surveyed, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Nepal HFS 2015

Background characteristic	Percentage of facilities offering ART services that have:						Number of designated ART facilities
	ART guidelines	Trained staff ¹	Laboratory diagnostic capacity for:			First-line adult ART regimen available ³	
			Complete blood count ²	CD4 cell count	Renal or liver function test		
Facility type							
Zonal and above hospitals	84.2	36.8	78.9	31.6	100.0	94.7	4
District-level hospitals	54.1	40.5	73.0	8.1	86.5	75.7	8
Private hospitals	66.7	0.0	100.0	0.0	100.0	66.7	1
Managing authority							
Public	64.3	39.3	75.0	16.1	91.1	82.1	12
Private	66.7	0.0	100.0	0.0	100.0	66.7	1
Ecological region							
Mountain	40.0	20.0	100.0	0.0	80.0	80.0	1
Hill	63.6	36.4	78.8	15.2	93.9	81.8	7
Terai	71.4	42.9	66.7	19.0	90.5	81.0	4
Earthquake-affected districts (14)							
	69.2	15.4	84.6	7.7	100.0	76.9	3
National average	64.4	37.3	76.3	15.3	91.5	81.4	12

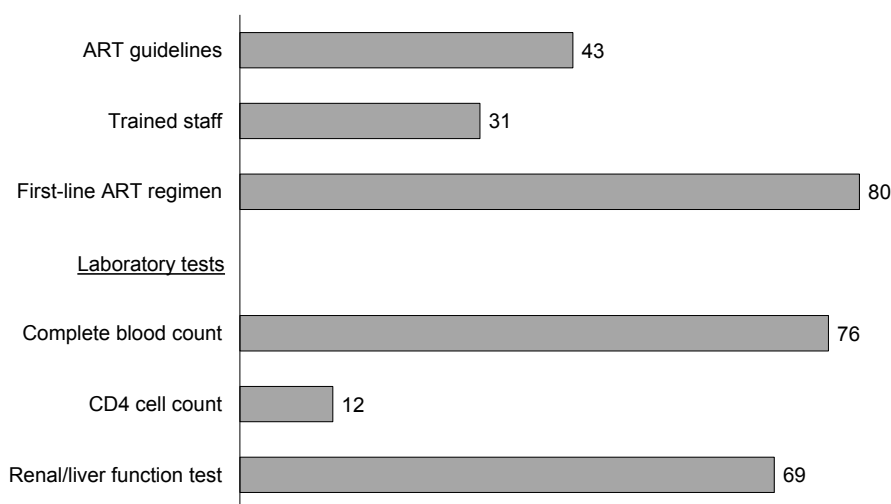
The denominator for this table included only hospitals.

¹ Facility had at least one interviewed provider of ART services who reported receiving in-service training in some aspects of ART during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Facility had a functioning hematology analyzer or functioning hematological counter with the necessary reagents available in the facility, or a hemocytometer (glass slide) with glass cover and microscope for the hemocytometer.

³ Facility had first-line antiretroviral medicines (TDF/3TC/EFV single-dose combination) for adult treatment available in the facility.

Figure 8.3 Items to support quality provision of ART services (N=15)



2015 NHFS

8.5 SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS

8.5.1 NHFS Approach to Collection of Information on Sexually Transmitted Infections

Sexually transmitted infections, including HIV infection, cause major health problems the world over. STIs affect high proportions of the population and lead to infertility, morbidity, and even mortality in some cases. The effects of STIs on reproductive health are sometimes severe and life-threatening, and more so in women than in men. Complications include pelvic inflammatory disease, infertility (in both men and women), and ectopic pregnancy. Pregnant women with STIs are more likely to have low birth weight babies,

premature babies, and stillborn births. Moreover, certain STIs, such as HIV infection and syphilis, can be transmitted congenitally.

The presence of certain STIs increases the risk of HIV infection. Hence, preventive measures for STIs are equally relevant to the prevention of HIV. Moreover, treating common STIs may reduce transmission of HIV in a population.

This section uses data from the 2015 NHFS to address the following questions:

- To what extent are STI services available?
- To what extent do facilities offering STI services have the capacity to support quality services?

8.5.2 Health Situation Regarding STIs in Nepal

STIs remain among the public health problems in Nepal today. Despite their public health importance, however, they have been overshadowed in the last 10 to 15 years by the focus on HIV/AIDS.

Information on STI prevalence in the general population is limited. Some information comes from the 2011 NDHS, wherein respondents who had ever had sexual intercourse were asked whether, in the past 12 months, they had experienced an infection acquired through sexual contact or had experienced either of two symptoms associated with STIs: a bad-smelling, abnormal discharge from the vagina or penis or a genital sore or ulcer. A negligible proportion of women and men reported having had an STI or STI symptoms in the 12 months prior to the survey (less than 1 percent).

Information on STI prevalence among high-risk populations is available from the IBBS surveys. Syphilis prevalence among FSWs, which had been decreasing until 2011, recently has increased in the Kathmandu valley (4 percent) (NCASC 2015b) and the 22 terai highway districts (10 percent) (NCASC 2016b). Syphilis prevalence has been declining among MSM, falling to less than 1 percent in the Kathmandu valley in 2015. Although the drop in syphilis prevalence is encouraging, 8 percent of MSM have some type of sexually transmitted infection, with 5 percent found to have gonorrhea (anal) (NCASC 2015f).

8.5.3 Service Availability

STI services are widely available in Nepal. Overall, Table 8.7 shows that more than 7 of every 10 facilities report having in place services for the management of STIs. More than 9 in 10 hospitals and PHCCs report providing STI services, as compared with 7 in 10 health posts and half of UHCs.

8.5.4 Service Readiness

To provide quality STI services, facilities must have staff with training in diagnosis and treatment of STIs, service guidelines, and the capacity to test for STIs. Few facilities offering STI services in Nepal have any of these prerequisites for providing quality services. Only around 1 in 10 facilities offering STI services had a provider recently trained in STI management or national guidelines available, and just 16 percent had syphilis rapid diagnostic test kits available.

Table 8.7 Guidelines, trained staff, and items for sexually transmitted infection services

Among all facilities, the percentages offering services for sexually transmitted infections (STIs) and, among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by background characteristics, Nepal Health Facility Survey, 2015

Background characteristic	Percentage of facilities offering STI services ¹	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities							Number of facilities offering STI services
			National STI guidelines	Trained staff ²	Syphilis rapid diagnostic test capacity ³	Male condoms	Metronidazole	Injectable ceftriaxone	Azithromycin tablets	Cefixime tablets	Doxycycline tablets	Fluconazole tablets or ointment	
Facility type													
Zonal and above hospitals	100.0	6	17.1	20.5	82.2	100.0	93.2	76.1	76.1	76.1	52.2	59.0	6
District-level hospitals	98.7	16	16.0	25.3	81.3	100.0	100.0	56.0	70.7	38.7	76.0	61.3	15
Private hospitals	93.0	70	2.0	4.0	82.2	61.9	72.5	66.9	68.5	69.0	65.2	67.0	65
PHCCs	97.6	42	11.9	19.4	52.7	99.5	98.5	13.9	24.8	13.4	44.2	26.8	41
HPs	70.7	775	6.5	6.3	1.8	99.6	98.7	1.4	8.7	6.9	28.1	5.4	548
UHCs	51.0	32	1.3	12.5	0.0	100.0	96.2	0.0	33.7	0.0	49.4	7.6	16
Stand-alone HTC	83.3	23	63.5	38.4	54.8	100.0	69.9	39.8	70.8	72.3	60.0	67.0	19
Managing authority													
Public	72.0	871	7.1	7.9	7.8	99.6	98.6	4.2	12.6	8.6	31.1	8.8	627
Private	90.6	92	15.8	11.8	76.0	70.5	71.9	60.8	69.0	69.7	64.0	67.0	84
Ecological region													
Mountain	62.3	118	7.3	2.0	10.7	100.0	96.8	7.9	15.8	15.7	33.8	15.8	73
Hill	79.7	492	7.5	5.7	12.8	97.3	96.2	11.0	20.1	16.7	35.0	15.7	392
Terai	69.4	353	9.3	14.6	22.4	93.2	94.0	11.6	18.8	14.4	35.3	15.5	245
Earthquake-affected districts (14)	78.3	200	8.5	3.7	17.2	95.8	95.1	15.5	24.9	24.0	44.9	23.7	156
National average	73.8	963	8.1	8.4	15.9	96.2	95.5	10.9	19.2	15.8	35.0	15.6	710

¹ Providers in the facility diagnose STIs or prescribe treatment for STIs or both.

² At least one interviewed provider of STI services reported receiving in-service training on STI diagnosis and treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had unexpired syphilis rapid test kit available in the facility.

To be considered ready to provide STI services, facilities also should have medicines to treat STIs and condoms for prevention. Almost all facilities offering STI services (96 percent) had condoms on the day of the assessment visit. As for medicines to treat STIs, most facilities offering STI services had metronidazole (96 percent). However, only one-third of facilities had doxycycline tablets available, and less than one in five had other medications for treating STIs.

In general, public hospitals were more likely to have the components necessary to diagnose and treat STIs than private hospitals and lower-level public facilities.

Key Findings

- A majority of health facilities in Nepal offer services for the diagnosis and/or management of chronic respiratory diseases, and 73 percent of facilities offer services for cardiovascular diseases.
- About one in five health facilities offer services for the diagnosis and/or management of diabetes.
- On average, no more than 5 percent of facilities offering services for diabetes, cardiovascular diseases, or chronic respiratory diseases have providers who received training in these services during the 24 months preceding the survey.
- The availability of guidelines for provision of non-communicable disease (NCD) services is consistently low.
- Equipment such as a blood pressure apparatus, weighing scale, and stethoscope is available in a majority of facilities that provide NCD services. Other equipment, such as height boards, peak flow meters, and spacer devices, is less available.
- The availability of essential medicines for these conditions is low in most facilities other than hospitals.

Non-communicable diseases (NCDs), including cardiovascular diseases (CVDs), cancer, diabetes, and chronic respiratory diseases, are responsible for almost 70 percent of global deaths, the majority occurring in low- and middle-income countries (WHO 2015). Each year, 16 million people die prematurely before age 70 from NCDs. Strikingly, four out of five of these deaths occur in developing countries, making NCDs one of the major development challenges of the 21st century (WHO 2015). Cardiovascular diseases account for most NCD deaths (17.5 million annually), followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million). These four groups of diseases account for 82 percent of all NCD deaths (WHO 2015). These NCDs also share four risk factors: tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diets. NCDs are a major contributor to poverty and an urgent development issue (WHO 2012).

Using the information collected in the 2015 Nepal Health Facility Survey, this chapter addresses key questions focusing on three major NCDs—diabetes, cardiovascular diseases, and chronic respiratory diseases. The chapter is organized as follows:

- **Situation in Nepal.** Section 9.1 describes the health situation in Nepal regarding diabetes, cardiovascular diseases, and chronic respiratory diseases.
- **Diabetes.** Section 9.2, including Tables 9.1 and 9.2 and Figures 9.1 and 9.2, focuses on the availability of services for diabetes and the extent to which facilities are prepared to provide quality services for diabetes.
- **Cardiovascular diseases.** Section 9.3, including Tables 9.3 and 9.4 and Figures 9.3 and 9.4, describes the availability of services for cardiovascular diseases and the preparedness of facilities to provide quality services.

- **Chronic respiratory diseases.** Section 9.4, including Tables 9.5 and 9.6 and Figures 9.5 and 9.6, explores the availability of services for chronic respiratory diseases and the readiness of facilities to provide these services.

9.1 MAJOR NON-COMMUNICABLE DISEASES IN NEPAL

In Nepal, as in many other countries, NCDs and their risk factors constitute a public health problem (Neupane & Kallestrup, 2013). In fiscal year 2014/15, 85 percent of inpatient visits were for non-communicable diseases, and 80 percent of deaths were caused by NCDs (DoHS Annual report 2014/15).

The growing burden of NCDs in Nepal is not receiving the necessary attention from the government, academicians, and development partners. Simple measures at the population and individual levels have not been implemented in an effective way. For instance, Neupane & Kallestrup (2013) found that there is no clear vision to address non-communicable diseases at primary health care level. On the contrary, after testing and potential positive outcome for scaleup, there is opportunity for the integration of non-communicable diseases into the existing communicable diseases interventions as soon as possible (Neupane & Kallestrup, 2013).

There is a lack of information on NCDs in Nepal. However, available hospital records indicate the growing burden caused by these diseases. It is evident that there is a need to strengthen the complete spectrum of NCD prevention interventions.

To overcome the challenges of the growing NCD burden, the 2012 National Health Communication Policy seeks to raise health awareness and knowledge and promote healthy behaviors among all citizens; raise awareness among the public about preventative measures and encourage the adoption of those measures; and intensify and strengthen action against tobacco use (both smoked and smokeless), excessive use of alcohol, unhealthy diets, and physical inactivity (Ministry of Health, 2012).

Similarly, the government of Nepal has developed the multisectoral Action Plan for the Prevention and Control of Non-communicable Diseases (2014-2020) (GoN 2014) to reduce preventable morbidity, avoidable disability, and premature mortality due to NCDs in Nepal. As outlined in this plan, some of the key objectives in managing NCDs in Nepal include strengthening national capacity, leadership, and governance; adopting multisectoral actions and partnerships to accelerate the country's efforts toward the prevention and control of non-communicable diseases; reducing modifiable NCD risk factors and underlying social determinants through creation of health-promoting environments; and strengthening and orienting health systems to address the prevention and control of non-communicable diseases and underlying social determinants through people-centered primary health care and universal health coverage. In addition, health promotion related to NCDs has been given priority in the National Health Policy 2014 and the National Health Sector Strategy 2015-2020.

In Nepal, NCD control services are decentralized at the health post (HP), primary health care center (PHCC), and hospital levels for early detection and management at the community level as recommended in the WHO Package of Essential Non-communicable Disease Interventions (PEN). Recently, Nepal developed the PEN Implementation Plan 2016-2020, with screening, diagnosis, treatment, and referral interventions for CVDs, Chronic obstructive pulmonary disease (COPD), cancer, and diabetes at the hospital and primary health care levels.

9.1.1 Diabetes

Diabetes is defined by a fasting blood glucose level of 7.0 mmol/L or above (WHO 2006). Estimates of the prevalence of diabetes in Nepal vary. According to one estimate, the prevalence is 3.3 percent among adults, and the health cost per person with diabetes is US\$68.50 (International Diabetes Federation 2015). A recent nationwide survey revealed a diabetes prevalence of 4 percent (5 percent among men and 3 percent among women) (STEPS Survey, Nepal 2013); A cross-sectional study conducted in non-specialist

institutions reported a higher prevalence of about 12 percent (Bhandari et al., 2014). A systematic review and meta-analysis of data from 2000 to 2014 showed that the prevalence of type 2 diabetes ranged from a minimum of 1.4 percent to a maximum of 19 percent; the pooled prevalence was 8.4 percent (95 percent Confidence Interval: 6.2-10.5 percent) (Bishal Gyawali et al., 2015).

9.1.2 Cardiovascular Diseases

As in other countries of the world, cardiovascular diseases (including hypertension, heart disease, and stroke) are a major national health problem in Nepal. The 2013 National STEPS survey identified the following CVD risk factors: tobacco smoking, alcohol consumption, physical inactivity, unhealthy dietary habits, high dietary salt intake, and being overweight or obese.

The 2013 STEPS survey also revealed that about one-fourth (26 percent) of individuals age 15-69 had elevated blood pressure (BP) levels (31 percent of men and 21 percent of women). In addition, the survey showed that 3.2 percent of the population age 40-69 (2.6 percent of men and 3.7 percent of women) had a 10-year CVD risk of 30 percent or above. Again, however, a cross-sectional study conducted in non-specialist institutions reported a higher prevalence of about 40 percent (Bishal Gyawali et al., 2015).

9.1.3 Chronic Respiratory Diseases

Very few studies have been conducted on chronic respiratory diseases in Nepal. In 2010, a study reviewing the records of hospitalized patients showed that the prevalence of respiratory diseases was 32 percent among these patients and that COPD (23 percent) was the most common diagnosis (Pokharel et al., 2012). Once again, a cross-sectional study conducted in non-specialist institutions showed a higher prevalence of chronic respiratory diseases (43 percent) (Bishal Gyawali et al., 2015).

9.2 DIABETES: SERVICE AVAILABILITY AND READINESS

9.2.1 Availability of Services for Diabetes

Integrating diabetes diagnosis and treatment into relevant health services increases opportunities for case detection and treatment follow-up. The 2015 NHFS assessed diabetes service availability and delivery conditions. Clients seeking health care specifically for symptoms of diabetes are seen for the most part in a general outpatient department (OPD). Table 9.1 and Figure 9.1 provide information on the availability of diabetes services in health facilities in Nepal.

One in five facilities in Nepal offer services for the diagnosis and/or management of diabetes. As expected, hospitals are more likely than other types of facilities to offer services for diabetes, with about 9 of every 10 hospitals reporting that they offer such services; approximately 8 of every 10 PHCCs offer diabetes services. Only 10 percent of health posts offer services for diabetes.

Among ecological regions, facilities in the mountain region (16 percent) are somewhat less likely to offer services for the diagnosis and/or management of diabetes than facilities in the terai region (26 percent) or the hill region (19 percent). One in five facilities in the earthquake-affected districts offer services for the diagnosis and/or management of diabetes.

Table 9.1 Guidelines, trained staff, and equipment for diabetes services

Among all facilities, the percentages offering services for diabetes and, among facilities offering services for diabetes, the percentages having guidelines, at least one staff member recently trained on diabetes, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering services for diabetes ¹	Number of facilities	Percentage of facilities offering services for diabetes that have:					Number of facilities offering services for diabetes
			Guidelines for the diagnosis and management of diabetes	Trained staff ²	Equipment			
					Blood pressure apparatus ³	Adult weighing scale	Height board or stadiometer	
Facility type								
Zonal and above hospitals	96.6	6	3.5	7.1	89.4	85.9	61.1	6
District-level hospitals	97.4	16	8.1	0.0	97.3	93.2	25.7	15
Private hospitals	95.2	70	2.5	2.5	95.7	93.5	35.9	66
PHCCs	75.6	42	3.2	1.3	97.4	87.2	35.3	32
HPs	10.1	775	4.9	1.5	91.4	82.1	20.9	78
UHCs	0.6	32	0.0	0.0	100.0	100.0	0.0	0
Managing authority								
Public	15.1	871	4.8	1.5	93.5	84.8	26.7	132
Private	95.2	70	2.5	2.5	95.7	93.5	35.9	66
Ecological region								
Mountain	16.2	118	3.2	3.2	92.4	90.3	19.4	19
Hill	18.7	482	7.5	2.7	96.7	94.1	30.4	90
Terai	26.1	340	0.7	0.7	92.0	80.6	31.4	89
Earthquake-affected districts (14)	21.4	195	2.1	2.0	96.3	89.7	44.9	42
National average	21.1	940	4.1	1.9	94.2	87.7	29.8	198

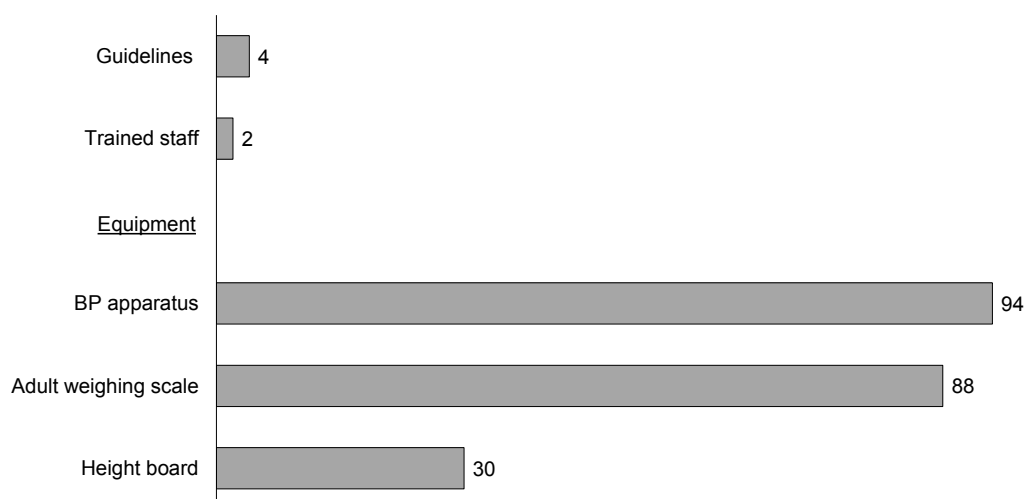
Note: Stand-alone HTC sites are excluded from this and other tables in this chapter.

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes.

² At least one interviewed provider of diabetes services reported receiving in-service training in diabetes services during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Figure 9.1 Items to support quality provision of diabetes services (N=198)



2015 NHFS

9.2.2 Service Readiness for Diabetes

The 2015 NHFS assessed the readiness of facilities to provide quality diabetes services. Readiness was defined in terms of the availability of service guidelines, trained staff, equipment, and medicines. Although diabetes services may be provided in multiple sites in large facilities, information on whether facilities have the capacity to provide diabetes services generally was collected in the general OPD, or in a separate location, depending on the organization of services in the facility.

Tables 9.1 and 9.2 and Figures 9.1 and 9.2 provide information on whether facilities have the infrastructure and resources to support diabetes diagnosis and treatment services.

Service Guidelines

Availability of service guidelines does not necessarily translate into the use of such guidelines. However, it at least assures that, if needed, they will be available for easy reference. Among facilities offering diabetes services, only 4 percent had guidelines for the diagnosis and management of diabetes (Table 9.1 and Figure 9.1).

Trained Staff

Among facilities reporting that they offer diabetes services, only 2 percent had a staff member recently trained in provision of such services (Table 9.1 and Figure 9.1). Seven percent of zonal and above hospitals had a staff member trained to provide diabetes services during the 24 months preceding the survey, as compared with 3 percent or less in other facilities. The lack of staff with recent training is expected since there is no in-service training package on NCDs in public health facilities in Nepal.

Equipment

Among facilities that offer diabetes services, 94 percent had a blood pressure apparatus, 88 percent had an adult weighing scale, and 30 percent had a height board available in the relevant service areas (Table 9.1 and Figure 9.1).

Diagnostic Capacity

Among facilities offering diabetes services, slightly more than half were able to perform urine protein and glucose tests, but only 12 percent had blood glucose diagnostic capacity (Table 9.2 and Figure 9.2). District-level hospitals were most likely to have the capacity to test for urine protein and urine glucose (93 percent each), while private hospitals (25 percent) were somewhat more likely than other facilities to be able to perform a blood glucose test.

Medicines

One-third (34 percent) of the facilities offering diabetes services had metformin available on the day of the visit, 20 percent had injectable insulin, and 14 percent had glibenclamide (Table 9.2 and Figure 9.2). The medicine most widely available in all facilities was injectable glucose solution (55 percent). Hospitals were more likely to have medicines for the management of diabetes than other facilities.

Table 9.2 Diagnostic capacity and essential medicines for diabetes

Among facilities offering services for diabetes, the percentages having indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

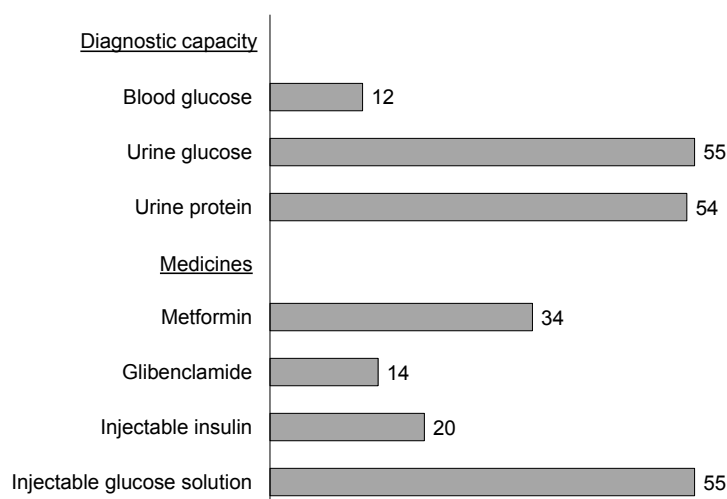
Background characteristic	Diagnostic capacity			Medicines				Number of facilities offering services for diabetes
	Blood glucose ¹	Urine protein ²	Urine glucose ³	Metformin	Glibenclamide	Injectable insulin	Injectable glucose solution (5% dextrose)	
Facility type								
Zonal and above hospitals	17.7	81.6	81.6	61.1	39.9	32.1	89.4	6
District-level hospitals	17.6	93.2	93.2	59.5	9.5	12.2	91.9	15
Private hospitals	24.7	82.1	85.1	69.5	30.1	50.8	69.9	66
PHCCs	5.1	68.6	67.9	19.2	5.8	0.0	57.7	32
HPs	2.4	14.4	15.5	3.8	3.6	2.5	30.1	78
Managing authority								
Public	5.5	39.7	40.2	16.5	6.4	4.3	46.7	132
Private	24.7	82.1	85.1	69.5	30.1	50.8	69.9	66
Ecological region								
Mountain	15.0	44.1	45.2	23.6	4.3	12.9	44.1	19
Hill	8.5	50.3	52.1	38.8	18.6	22.6	61.5	90
Terai	14.8	59.6	60.6	31.9	12.2	18.7	49.6	89
Earthquake-affected districts (14)								
	10.3	54.6	59.3	43.1	24.0	27.3	57.0	42
National average	11.9	53.9	55.2	34.3	14.3	19.9	54.5	198

¹ Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the survey.

² Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the survey.

³ Facility had unexpired urine dipsticks for testing for urine glucose available in the facility on the day of the survey.

Figure 9.2 Diagnostic capacity and medicines to support quality provision of diabetes services (N=198)



2015 NHFS

9.3 CARDIOVASCULAR DISEASES: SERVICE AVAILABILITY AND READINESS

9.3.1 Service Availability for Cardiovascular Diseases

Table 9.3 provides information on the availability of services for cardiovascular diseases. Overall, 73 percent of health facilities offer such services. About 9 in 10 hospitals and PHCCs offer these services, while they are available at 70 percent of HPs and 56 percent of urban health centers (UHCs).

9.3.2 Service Readiness for Cardiovascular Diseases

The 2015 NHFS assessed systems and supplies for supporting quality services for cardiovascular diseases. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. Although cardiovascular disease services may be provided in multiple sites in large facilities, information on whether facilities have the capacity to provide these services comes from the OPD or other separate location, depending on the organization of services in the facility. Tables 9.3 and 9.4 and Figures 9.3 and 9.4 provide information on whether facilities have the resources to support diagnosis and/or treatment services for cardiovascular diseases.

Service Guidelines

Very few facilities (1 percent) that offer services for cardiovascular diseases had guidelines for diagnosis and management of these diseases (Table 9.3 and Figure 9.3). This is expected because there was no provision of guidelines on cardiovascular diseases in public health facilities.

Trained Staff

Among facilities offering services for cardiovascular diseases, only 1 percent had at least one staff member trained to provide these services in the 24 months before the survey (Table 9.3 and Figure 9.3). Even among hospitals, only 3–4 percent had staff with recent CVD training.

Equipment

Overall, 98 percent of facilities that offer services for cardiovascular diseases had a stethoscope, 94 percent had a blood pressure apparatus, and 88 percent had an adult weighing scale available in the service site (Table 9.3 and Figure 9.3).

Table 9.3 Guidelines, trained staff, and equipment for cardiovascular diseases

Among all facilities, the percentages offering services for cardiovascular diseases and, among facilities offering services for cardiovascular diseases, the percentages having guidelines, at least one staff member recently trained on cardiovascular diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

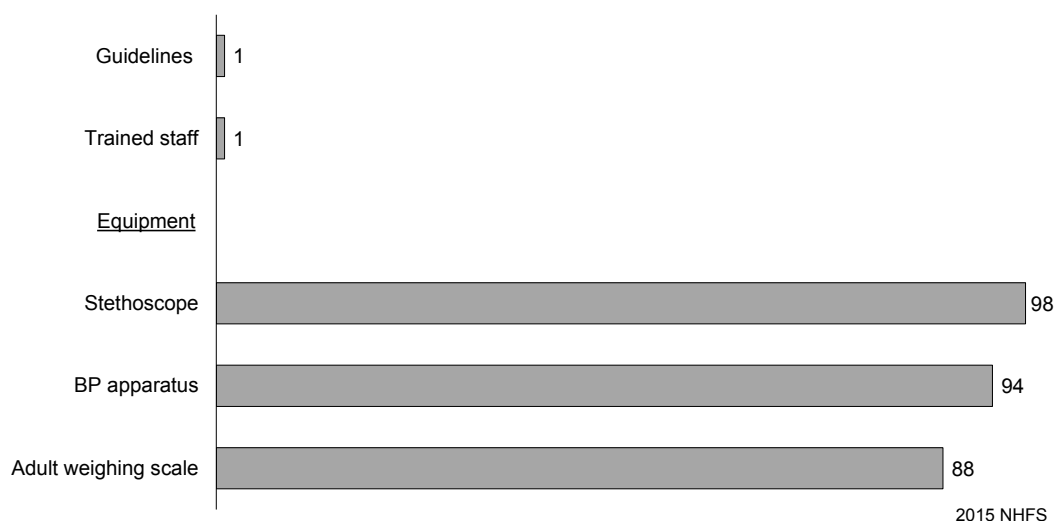
Background characteristic	Percentage of facilities offering services for cardiovascular diseases ¹	Number of facilities	Percentage of facilities offering services for cardiovascular diseases that have:					Number of facilities offering services for cardio-vascular diseases
			Guidelines for diagnosis and management of cardiovascular diseases	Trained staff ²	Equipment			
					Stethoscope	Blood pressure apparatus ³	Adult scale	
Facility type								
Zonal and above hospitals	96.6	6	10.6	3.5	96.5	89.4	85.9	6
District-level hospitals	98.7	16	4.0	4.0	98.7	97.3	93.3	15
Private hospitals	94.6	70	1.3	3.0	96.9	95.7	93.5	66
PHCCs	93.2	42	3.1	0.5	99.0	98.4	83.7	40
HPs	70.0	775	1.2	1.1	97.8	92.6	87.0	543
UHCs	55.9	32	0.0	0.0	100.0	100.0	90.7	18
Managing authority								
Public	71.3	871	1.4	1.1	97.9	93.2	87.0	621
Private	94.6	70	1.3	3.0	96.9	95.7	93.5	66
Ecological region								
Mountain	71.6	118	1.8	0.2	97.2	94.0	87.2	84
Hill	73.9	482	2.0	2.0	98.8	94.8	91.1	356
Terai	72.4	340	0.4	0.7	96.6	91.3	82.7	246
Earthquake-affected districts (14)								
	81.0	195	1.2	2.6	99.3	97.0	89.7	158
National average	73.1	940	1.4	1.3	97.8	93.5	87.6	687

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.

² At least one interviewed provider of cardiovascular diseases services reported receiving in-service training in cardiovascular diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital BP machine or manual sphygmomanometer with stethoscope

Figure 9.3 Items to support quality provision of services for cardiovascular diseases (CVDs) (N=687)



Medicines

Among all facilities offering services for cardiovascular diseases, beta blockers (18 percent) were the most widely available medicine for the treatment of these diseases, followed by calcium channel blockers (11 percent), aspirin (10 percent), and thiazide diuretic (4 percent). Only 9 percent of facilities had oxygen on the day of the NHFS assessment (Table 9.4 and Figure 9.4). Hospitals were more likely than other facilities to have medicines for management of cardiovascular diseases (Table 9.4).

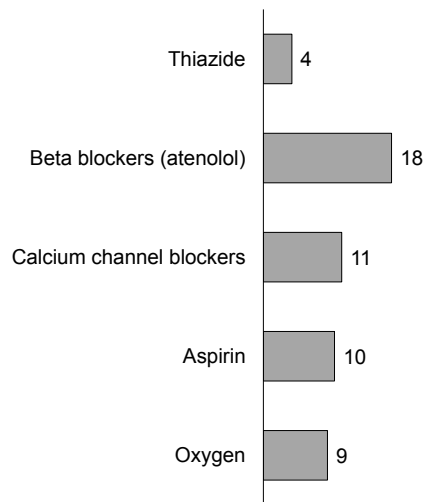
Table 9.4 Availability of essential medicines and commodities for cardiovascular diseases

Among facilities offering services for cardiovascular diseases, the percentages having indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering services for cardiovascular diseases that have the indicated medicines and commodities					Number of facilities offering services for cardiovascular diseases
	Thiazide diuretic	Beta blockers (atenolol)	Calcium channel blockers (amlodipine)	Aspirin	Oxygen ¹	
Facility type						
Zonal and above hospitals	28.6	35.6	50.5	54.0	36.3	6
District-level hospitals	13.3	56.0	72.0	56.0	36.0	15
Private hospitals	26.2	57.0	68.3	63.5	55.1	66
PHCCs	2.6	37.4	18.2	14.0	15.1	40
HPs	1.5	10.8	1.9	1.6	2.5	543
UHCs	0.0	9.8	0.0	0.0	0.0	18
Managing authority						
Public	2.1	13.9	5.1	4.2	4.4	621
Private	26.2	57.0	68.3	63.5	55.1	66
Ecological region						
Mountain	1.5	14.8	14.8	12.4	5.4	84
Hill	4.1	18.9	9.7	9.3	7.2	356
Terai	6.0	17.8	12.1	10.0	13.6	246
Earthquake-affected districts (14)	5.8	18.2	12.1	12.6	7.0	158
National average	4.4	18.0	11.2	9.9	9.3	687

¹ In cylinders or concentrators or an oxygen distribution system

Figure 9.4 Medicines and commodities to support quality provision of services for CVDs (N=687)



2015 NHFS

9.4 CHRONIC RESPIRATORY DISEASES: SERVICE AVAILABILITY AND READINESS

The 2015 NHFS assessed the availability of services for chronic respiratory diseases and the readiness of facilities to provide these services. Table 9.5 provides information on the availability of chronic respiratory disease services.

9.4.1 Service Availability for Chronic Respiratory Diseases

Among all facilities, 94 percent offer services for chronic respiratory diseases. Services are available at more than 90 percent of hospitals, PHCCs, and HPs and 72 percent of UHCs (Table 9.5).

9.4.2 Service Readiness for Chronic Respiratory Diseases

The 2015 NHFS assessed systems and supplies for supporting quality services for chronic respiratory diseases. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. Tables 9.5 and 9.6 and Figures 9.5 and 9.6 provide information on whether facilities have the resources to support diagnosis and/or treatment services for chronic respiratory diseases.

Service Guidelines

Guidelines for diagnosis and management of chronic respiratory diseases were available in 5 percent of the facilities that offer services for chronic respiratory diseases (Table 9.5). The guidelines were observed most often in zonal and above hospitals (11 percent) and least often in private hospitals and UHCs (less than 1 percent).

Trained Staff

Among facilities offering services for chronic respiratory diseases, only 9 percent have at least one staff member who was trained in the provision of these services in the 24-month period prior to the survey (Table 9.5).

Equipment

Over 95 percent of facilities that offer services for chronic respiratory diseases have a stethoscope (Table 9.5). In contrast, oxygen flow meters are available in only 6 percent of facilities, and only 4 percent

have spacers for inhalers. The latter equipment is available most often in private hospitals and district-level hospitals.

Medicines

Around 8 in 10 facilities offering services for chronic respiratory diseases had salbutamol inhalers available on the day of the NHFS visit. However, only a small minority of facilities had other medicines and commodities used in treating chronic respiratory diseases, with availability ranging from a high of 12 percent for hydrocortisone tablets to a low of 5 percent for beclomethasone inhalers (Table 9.6 and Figure 9.6). Only 7 percent of facilities offering services for chronic respiratory diseases had oxygen available.

With the exception of beclomethasone inhalers, around half or more of hospitals had medicines for treating chronic respiratory diseases. On the other hand, except for salbutamol inhalers, less than one quarter of lower-level facilities had any of the medications. Private hospitals (55 percent) were most likely to have oxygen available, followed by zonal and above and district-level hospitals (36 percent each).

Table 9.5 Guidelines, trained staff, and equipment for chronic respiratory diseases

Among all facilities, the percentages offering services for chronic respiratory diseases and, among the facilities offering services for chronic respiratory diseases, the percentages having guidelines, at least one staff member recently trained on chronic respiratory diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering services for chronic respiratory diseases ¹	Number of facilities	Percentage of facilities offering services for chronic respiratory diseases that have:					Number of facilities offering services for chronic respiratory diseases
			Guidelines for diagnosis and management of chronic respiratory diseases	Trained staff ²	Equipment			
					Stethoscope	Oxygen flow meter	Spacers for inhalers	
Facility type								
Zonal and above hospitals	96.6	6	10.6	3.5	96.5	25.7	10.9	6
District-level hospitals	98.7	16	4.0	9.3	98.7	29.3	12.0	15
Private hospitals	94.9	70	0.6	3.4	96.9	49.3	25.0	66
PHCCs	98.5	42	6.4	9.8	99.0	8.9	6.9	42
HPs	94.6	775	5.0	9.3	97.6	1.5	1.5	733
UHCs	72.1	32	0.9	14.4	100.0	0.0	4.6	23
Managing authority								
Public	94.1	871	4.9	9.4	97.7	2.5	2.1	819
Private	94.9	70	0.6	3.4	96.9	49.3	25.0	66
Ecological region								
Mountain	91.2	118	6.2	4.2	97.8	2.9	1.1	108
Hill	96.8	482	4.6	5.8	98.5	4.9	3.5	467
Terai	91.3	340	4.1	15.4	96.4	8.7	5.1	311
Earthquake-affected districts (14)								
	97.8	195	3.9	3.0	99.4	4.9	3.5	190
National average	94.1	940	4.6	9.0	97.7	6.0	3.8	885

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with chronic respiratory diseases.

² At least one interviewed provider of services for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Figure 9.5 Items to support quality provision of services for chronic respiratory diseases (N=885)

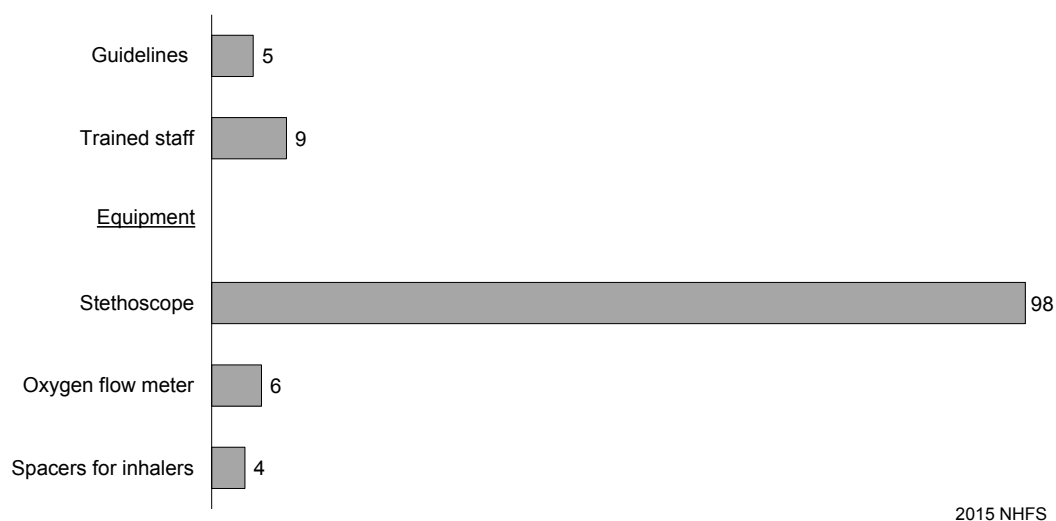


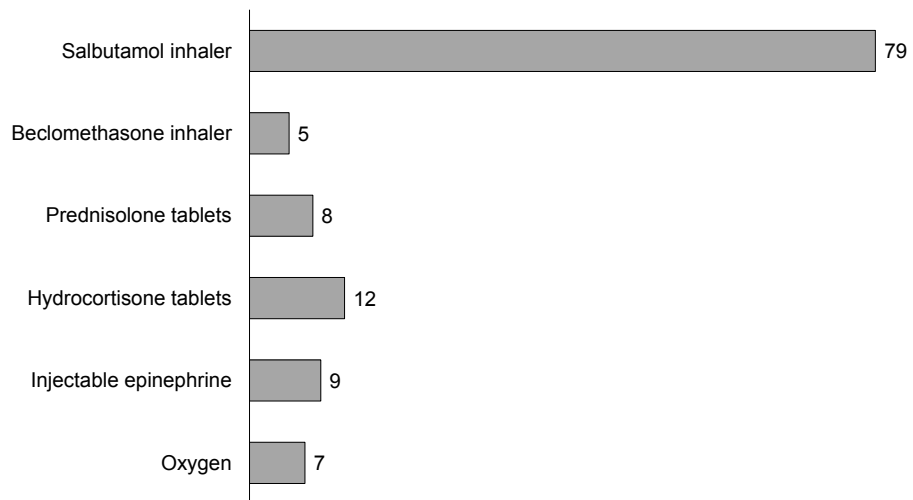
Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases

Among facilities offering services for chronic respiratory diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering services for chronic respiratory diseases that have the indicated medications and commodities						Number of facilities offering services for chronic respiratory diseases
	Salbutamol inhaler	Beclomethasone inhaler	Prednisolone tablets	Hydrocortisone tablets	Injectable epinephrine or adrenaline	Oxygen ¹	
Facility type							
Zonal and above hospitals	68.2	24.8	64.6	89.4	82.3	36.3	6
District-level hospitals	90.7	9.3	49.3	78.7	64.0	36.0	15
Private hospitals	68.2	32.9	64.9	69.9	59.1	54.9	66
PHCCs	88.7	11.3	11.8	23.6	16.7	14.8	42
HPs	78.7	2.4	1.6	4.0	2.8	1.9	733
UHCs	90.0	0.0	0.0	0.0	0.0	0.0	23
Managing authority							
Public	79.7	3.0	3.4	6.9	5.2	3.4	819
Private	68.2	32.9	64.9	69.9	59.1	54.9	66
Ecological region							
Mountain	76.0	1.6	7.5	14.2	5.1	4.2	108
Hill	81.1	5.4	6.8	11.3	9.3	5.6	467
Terai	76.3	6.4	10.0	11.2	10.4	10.7	311
Earthquake-affected districts (14)	82.8	8.3	9.2	18.1	9.6	5.8	190
National average	78.8	5.3	8.0	11.6	9.2	7.2	885

¹ In cylinders or concentrators or an oxygen distribution system

Figure 9.6 Medicines and commodities to support quality provision of services for chronic respiratory diseases (N=885)



2015 NHFS

Key Findings

- TB diagnostic services were mostly concentrated at the primary health care center (PHCC) level and above.
- Nationally, TB treatment services were available in 86 percent of health facilities.
- TB diagnostic and treatment services together were available only in a third (30 percent) of facilities.
- Only one-third of facilities offering tuberculosis diagnosis and/or treatment services had diagnosis and treatment guidelines available. Facilities in the mountain region were least likely to have guidelines.
- Only 17 percent of facilities that offer tuberculosis diagnosis and/or treatment services had staff with any recent in-service training related to TB.
- Only 10 percent of facilities had the capacity to carry out TB smear microscopy or x-ray services for the diagnosis of TB. Less than 1 percent of facilities had the capacity to carry out culture and rapid diagnostic tests.
- Only 4 percent of facilities offering tuberculosis diagnosis and/or treatment services also had HIV diagnostic capacity.
- First-line anti-TB drugs were available in the majority (77 percent) of facilities.

This chapter provides an overview of services for tuberculosis (TB) in Nepali health facilities. It highlights key aspects of TB-related client services, including the availability of diagnostic capacity, trained staff, and medicines. The chapter is organized as follows:

- **Background.** Section 10.1 provides background information on tuberculosis, both globally and in Nepal.
- **Availability of services.** Section 10.2, including Table 10.1, presents information on the availability of TB diagnostic and/or treatment services in Nepal.
- **Service readiness.** Section 10.3, including Tables 10.1 and 10.2, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality TB services, including the availability of TB service guidelines, trained staff, diagnostic capacity, and medicines.

10.1 BACKGROUND

10.1.1 Global Burden of Tuberculosis

The global burden of TB remains high. Worldwide, 9.6 million people are estimated to have fallen ill with TB in 2014: 5.4 million men, 3.2 million women and 1.0 million children. Globally, 12% of the 9.6 million new TB cases in 2014 were HIV-positive. (Global TB Report 2015, WHO)

The year 2015 is a watershed moment in the battle against tuberculosis (TB). It marks the deadline for global TB targets set in the context of the Millennium Development Goals (MDGs), and is a year of transitions: from the MDGs to a new target of Sustainable Development Goals (SDGs)

Although the number of TB cases and deaths remain high, there has been significant progress towards the global targets. TB mortality has fallen 47% since 1990, with nearly all of that improvement taking place since 2000, when the MDGs were set. In all, effective diagnosis and treatment of TB saved an estimated 43 million lives between 2000 and 2014. The MDG target to halt and reverse TB incidence has been achieved on a worldwide basis. TB incidence has fallen by an average of 1.5% per year since 2000 and is now 18% lower than the level of 2000. (Global TB Report 2015, WHO)

10.1.2 Health Situation Regarding Tuberculosis in Nepal

Tuberculosis remains one of the major public health problems in Nepal and is among the top 10 causes of death. As a result, TB is one of the priority diseases addressed by the Nepal Essential Health Package. In 2015 a total of 34,121 tuberculosis cases were reported, of which 70 percent were pulmonary TB. The treatment outcomes were good, with cure rates of around 90 percent (National Tuberculosis Center [NTC] 2015). The MDG target of halting and reversing the increases in TB prevalence and death rates at the beginning of the 1990s was achieved, and the target of reaching a case detection rate of 85 percent by 2015 was achieved early in 2014 and maintained through 2015.

During the early 1990s, estimated TB prevalence rates and death rates were around 348 (162-602) and 52 (32-70) per 100,000 population, respectively. The number of new TB cases was increasing rapidly. To halt this trend, Nepal launched the National TB Control Program under the umbrella of the National Tuberculosis Center. After Nepal introduced the directly observed treatment, short-course (DOTS) strategy in 2001, case notification steadily improved until 2003, as did favorable treatment outcomes. When Nepal adopted the Stop TB Strategy in 2006, case notification again increased. However, for the last five years, the annual case notification rate has plateaued at around 35,000 cases (NTC 2015).

The reasons for the plateauing of the case detection rate include low levels of community awareness; challenges in intensifying the effort to find cases among identified vulnerable populations, especially people living with HIV; and limited access to sensitive diagnostic tools for smear-negative and extra-pulmonary disease.

Multidrug-resistant TB is another emerging issue in Nepal. Slightly more than 2 percent of all new cases and 15 percent of re-treatment cases are estimated to be MDR-TB (NTC 2012). This translates to an annual MDR-TB caseload of around 1,160 cases. However, annual notifications have been below 400, indicating under-detection of MDR-TB using conventional methods (NTC 2015).

10.1.3 Response of the Nepal National Tuberculosis Control Programme (NTP)

In 2007, the Ministry of Health (MoH) declared tuberculosis a national emergency in order to raise awareness and advocate for more action by all stakeholders to contain the TB problem in the country. The NTP has a vision of a tuberculosis-free Nepal and a mission to ensure effective, equitable, and accessible TB prevention, diagnosis, treatment, and care. The program's goal is to reduce morbidity, mortality, and transmission of tuberculosis until the disease is no longer a public health problem in Nepal. To achieve this goal, the NTP has developed a strategic approach aligned with the global Stop TB Partnership strategy. This strategy involves the following seven components:

- Expanding and enhancing high-quality DOTS
- Addressing TB-HIV, MDR-TB, and the needs of poor and vulnerable populations
- Contributing to health system strengthening based on primary health care
- Engaging all care providers
- Empowering people with TB and communities through partnerships

- Facilitating and promoting research
- Strengthening TB program monitoring and evaluation

In 2015, the NTP adopted the End TB Strategy and its vision of zero deaths, zero TB infections, and zero TB suffering in the country. The NTP is currently drafting the National Sub-Sector Strategy Plan for TB Control (2016-2021); several major changes are incorporated in the plan, including shifts from the Millennium Development Goals to the Sustainable Development Goals and from a stop TB strategy to an end TB strategy. The plan focuses on addressing the needs of all vulnerable populations with equity and social justice.

Directly Observed Treatment, Short Course

The current NTP TB treatment guideline calls for standardized treatment (using fixed-dose combination therapy for six months) for all new cases in all health facilities, whether public or private. The exception is TB meningitis, which is treated for nine months. All recurring cases must be treated for eight months. The NTC, along with several NGOs and community-based organizations, operates community-based TB control interventions involving community volunteers and community health workers, who provide important linkages with health facilities.

Multidrug-resistant TB

Nepal introduced MDR-TB management following a successful Green Light Committee application for second-line anti-TB drugs in 2005. The NTP provides ambulatory MDR-TB services at the central and district levels through 14 treatment centers and 81 treatment subcenters. In addition to these outpatient services, inpatient and long-term non-ambulatory services for needy patients are provided through 10 Drug Resistant hostels and one Drug Resistant home.

MDR-TB cases are treated for 20-24 months using second-line TB treatment, whereas treatment for extensively drug-resistant TB can require 24-30 months. In Nepal, the treatment success rate for MDR-TB is 70 percent, which is higher than the regional and global average of 50 percent. This higher success rate could be due to the mixed approach of ambulatory and non-ambulatory services along with the additional nutritional and psychosocial support packages offered to all MDR-TB patients.

Record Management of Tuberculosis Services

Monitoring and evaluation to track the program performance and impact of all aspects of DOTS is an integral part of the TB control effort. The NTP continues to monitor the progress of program implementation through quarterly and annual reports and reviews at the district, regional, and national levels. All cases, suspected cases, and TB/HIV co-infected cases are entered into the TB program recording and reporting system through pre-designed data collection tools (forms and registers). The NTP reports treatment outcomes for all forms of TB in line with WHO recommendations. An electronic master register is planned to be introduced in 2016, and data will be entered at the district level and reviewed on a monthly basis at the regional and central levels.

10.2 AVAILABILITY OF TB SERVICES

Achieving effective TB control requires concerted efforts at all levels. As shown in Table 10.1, 44 percent of all health facilities carry out screening and referral of TB cases for diagnosis. The proportions reporting that they screened and referred clients for TB diagnosis were higher among peripheral health facilities (primary health care centers [PHCCs], 37 percent; health posts [HPs], 48 percent; and urban health centers [UHCs], 35 percent) and district hospitals (33 percent) than among zonal and above (18 percent) and private (15 percent) hospitals. Facilities in the mountain region were less likely than those in the terai and hill regions to provide TB screening and referral services. These services were provided by 43 percent of facilities in the 14 earthquake-affected districts.

Only one-third of facilities in Nepal offer TB diagnostic services. All government hospitals and almost all (97 percent) private hospitals provide diagnostic services. At the community level, TB diagnostic services are more commonly available in PHCCs (88 percent) than in HPs and UHCs (25 percent and 6 percent, respectively). Health facilities in the hill and terai regions are more likely than facilities in the mountain region to have diagnostic services. Slightly more than one-third of health facilities in the 14 earthquake-affected districts provide TB diagnostic services.

Unlike diagnostic services, treatment and/or treatment follow-up services are widely available. Overall, 86 percent of all health facilities provide such services. Regardless of level, treatment and/or follow-up services are available at a majority of health facilities, with the proportion offering these services ranging from 64 percent of UHCs to virtually all PHCCs and district-level hospitals. The availability of treatment and/or treatment follow-up services in the 14 earthquake-affected districts is nearly equal to the national average, and differences in the availability of these services across ecological regions are not large.

10.3 SERVICE READINESS

The 2015 NHFS assessed the readiness of facilities to provide quality TB services. Readiness was defined in terms of the availability of service guidelines, trained staff, equipment, and medicines. Tables 10.1 and 10.2 provide information on whether facilities have the infrastructure and resources to support TB diagnosis and treatment services.

10.3.1 Guidelines and Trained Staff

Guidelines

TB guidelines are expected to be available at all diagnostic and treatment sites. However, most health facilities offering TB services did not have any guidelines available on the day of the NHFS assessment visit. The national general guideline for the diagnosis and treatment of TB was observed in 35 percent of health facilities that offer any TB diagnostic, treatment, and/or treatment follow-up services (Table 10.1). The guidelines for management of HIV and TB co-infection and the practical approach to lung health (PAL) guideline were found in 5 percent or less of the facilities offering TB services. District-level hospitals and PHCCs were most likely to have TB guidelines.

Trained Staff

Overall, 17 percent of facilities that offer TB services had at least one staff member trained in these services in the 24 months before the assessment (Table 10.1). District-level hospitals were most likely to have trained staff (51 percent). Facilities in the terai region (21 percent) were somewhat more likely to have trained staff than those in the mountain (13 percent) and hill (15 percent) regions.

Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services

Among all facilities, the percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services and, among facilities offering any TB services, the percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of all facilities offering:					Number of facilities	Percentage of facilities offering tuberculosis diagnosis and/or treatment services that have:				Number of facilities offering any TB diagnostic or treatment and/or treatment follow-up services
	Screening and referral for TB diagnosis ¹	Any TB diagnostic services ²	Any TB treatment and/or follow-up services ³	Any TB diagnostic and treatment follow-up services	Any TB diagnostic or treatment follow-up services		Guideline on diagnosis and treatment of TB ⁴	PAL guidelines	Guideline on management of HIV and TB co-infection	Trained staff ⁵	
Facility type											
Zonal and above hospitals	17.8	100.0	75.4	75.4	100.0	6	37.8	3.4	6.8	31.0	6
District-level hospitals	32.9	100.0	98.7	98.7	100.0	16	42.1	9.2	9.2	51.3	16
Private hospitals	14.5	97.2	58.4	58.4	97.5	70	8.9	0.6	0.9	12.0	68
PHCCs	37.3	87.8	99.5	87.3	100.0	42	42.2	10.2	8.2	34.9	42
HPs	47.8	25.1	88.2	23.8	94.0	775	36.4	3.5	4.9	15.5	728
UHCs	35.2	5.5	64.3	5.5	66.9	32	33.1	0.0	0.0	17.6	21
Managing authority											
Public	46.3	29.3	88.0	27.9	93.4	871	36.8	3.9	5.0	17.4	814
Private	14.5	97.2	58.4	58.4	97.5	70	8.9	0.6	0.9	12.0	68
Ecological region											
Mountain	34.1	25.7	82.5	22.4	88.5	118	23.8	1.8	1.8	12.6	104
Hill	47.4	34.3	83.8	30.1	93.7	482	30.9	3.3	6.1	15.3	451
Terai	42.5	37.4	89.7	33.1	95.7	340	43.2	4.7	3.8	20.7	326
Earthquake-affected districts (14)	42.7	35.2	84.7	29.6	93.0	195	31.6	2.3	5.0	11.4	181
National average	44.0	34.3	85.8	30.2	93.7	940	34.6	3.6	4.7	17.0	882

Note: Stand-alone HTC sites are excluded from the tables in this chapter.

¹ Facility reports that it refers clients outside the facility for TB diagnosis, and there is documentation on the day of the survey visit to support the contention.

² Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, x-ray only, either sputum or x-ray, both sputum and x-ray, TB rapid diagnostic test (Gene Expert) only, or sputum and x-ray and Gene Expert, or based on clinical symptoms only.

³ Facility reports that it follows one of the following TB treatment regimens or approaches:

- Directly observe for two months and follow up for four months
- Directly observe for six months
- Follow up clients only after the first two months of direct observation elsewhere
- Diagnose and treat clients while in the facility as inpatients and then discharge elsewhere for follow-up
- Provide clients with the full treatment with no routine direct observation phase
- Diagnose, prescribe, or provide medicines with no follow-up

⁴ The national TB control program general manual

⁵ At least one interviewed provider of any one of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months preceding the survey: TB diagnosis and treatment, management of HIV and TB co-infection, multidrug-resistant tuberculosis (MDR-TB) treatment, identification of need for referral, or TB infection control. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

10.3.2 Diagnostic Capacity

Early case detection and diagnosis are critical for TB control. The NHFS assessed the availability of TB diagnostic capacity in facilities that offer any type of TB services, including diagnosis, treatment, and/follow-up services.

TB Diagnostic Capacity

Table 10.2 shows that TB diagnostic capacity is generally very limited in health facilities in Nepal. Only 10 percent of health facilities that offer TB services had the capacity to carry out TB smear microscopy or had an x-ray device for use in the diagnosis of TB. Less than 1 percent of facilities had the capacity to carry out culture or rapid diagnostic tests.

In terms of facility type, TB smear microscopy services were most common in district-level hospitals that offer TB services (80 percent), followed by zonal and above hospitals (73 percent). Overall, differences in TB diagnostic capacity across the ecological regions were not large. Facilities in the mountain region were less likely to offer TB smear microscopy services (6 percent) than those in the hill (9 percent) or

terai (13 percent) regions. Similarly, x-ray services were less available in facilities in the mountain region (5 percent) than in facilities in the hill (9 percent) and terai (11 percent) regions.

TB and HIV/AIDS

In Nepal, as in most of the developing world, the problems of TB and HIV are so intertwined that they are referred to as a twin epidemic, or co-epidemic. With a compromised immune system brought on by HIV infection, TB infection is reactivated in individuals who may have latent infection. At the same time, active TB increases the HIV viral load while decreasing the CD4 count, thus causing faster HIV disease progression.

Despite the importance of determining the HIV status of TB clients, Table 10.2 shows that only a small minority of facilities that offer TB services have the capacity to test for HIV (4 percent). Similarly, very few facilities maintain a record of the HIV status of TB clients (5 percent).

Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment

Among facilities offering any tuberculosis (TB) diagnostic, treatment, or treatment follow-up services, the percentages that have TB and HIV diagnostic capacity and medicines for TB treatment available at the facility on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities that have the following TB diagnostic capacity				Percentage of facilities that have		Percentage of facilities that have the following medicines for treating TB		Number of facilities offering any TB diagnostic or treatment and/or treatment follow-up services
	TB smear microscopy ¹	Culture medium ²	TB rapid diagnostic test kits	TB x-ray	HIV diagnostic capacity ³	System for diagnosing HIV among TB clients ⁴	First-line treatment for TB ⁵	Injectable streptomycin	
Facility type									
Zonal and above hospitals	72.7	13.9	10.5	96.6	75.4	27.3	65.2	65.2	6
District-level hospitals	80.3	1.3	2.6	85.5	56.6	25.0	97.4	86.8	16
Private hospitals	41.6	5.2	0.6	89.2	12.7	15.7	29.3	16.4	68
PHCCs	54.8	0.0	1.0	10.7	11.2	17.0	96.6	71.9	42
HPs	2.5	0.0	0.0	0.0	0.6	2.9	79.8	25.9	728
UHCs	0.0	0.0	0.0	0.0	0.0	8.2	91.6	48.2	21
Managing authority									
Public	7.2	0.1	0.2	2.9	2.7	4.3	81.2	30.4	814
Private	41.6	5.2	0.6	89.2	12.7	15.7	29.3	16.4	68
Ecological region									
Mountain	5.7	0.2	0.0	5.1	2.6	2.0	64.1	15.8	104
Hill	8.7	0.6	0.1	9.3	3.6	5.4	73.5	21.9	451
Terai	12.8	0.5	0.4	11.4	3.6	6.0	86.6	43.9	326
Earthquake-affected districts (14)									
	11.8	1.2	0.2	13.4	4.9	5.4	71.3	25.2	181
National average	9.9	0.5	0.2	9.6	3.5	5.2	77.2	29.3	882

¹ Functioning microscope, slides, and all stains for Ziehl-Neelson test (carbol-fuchsin, sulphuric acid, and methyl blue) were available in the facility on the day of the survey visit or else fluorescence microscope with auramine stain and glass slides.

² Solid or liquid culture medium (e.g., MGIT 960)

³ HIV rapid diagnostic test kits available, or ELISA with reader, incubator, and specific assay

⁴ Record or register indicating TB clients who had been tested for HIV

⁵ Four-drug fixed-dose combination (4FDC) is available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

10.3.3 Treatment and Availability of Medicines

The NTP continues to address challenges to the maintenance of an uninterrupted supply of anti-TB drugs by working to improve stock status at the district level, train staff on proper anti-TB drug stock management, and lobby the MoH to improve and expand storage conditions for anti-TB drugs at all levels. TB drug monitoring mechanisms are in place at different levels to ensure an uninterrupted supply of quality-assured anti-TB drugs and prevent the emergence of drug-resistant TB.

On the day of the NHFS visit, more than three quarters (77 percent) of all facilities that offer TB services had first-line medicines for treating TB (any combination of pyrazinamide, rifampicin, ethambutol,

and isoniazid) (Table 10.2). Around 3 in 10 facilities that offer TB services had injectable streptomycin. District hospitals and PHCCs were best supplied with both first-line medicines (97 percent each) and streptomycin (87 percent and 72 percent, respectively). Private hospitals were least likely to have either first-line medicines or streptomycin.

A considerable gap was evident across ecological regions in the availability of medicines for the treatment of TB. First-line medicines for treating TB were more likely to be available in facilities in the terai region (87 percent) than in facilities in the hill (74 percent) and mountain (64 percent) regions. Similarly, injectable streptomycin was available in more facilities in the terai region (44 percent) than in the hill (22 percent) or mountain (16 percent) regions.

Key Findings

- Half of Nepal's health facilities offer diagnosis and treatment for malaria.
- About one-fifth of health facilities have at least one staff member recently trained in malaria diagnosis and/or treatment.
- Sixty percent of facilities that offer malaria diagnosis and/or treatment services had first-line medicines (mainly chloroquine and primaquine) for the treatment of malaria available on the day of the assessment visit.
- Despite the policy of promoting free distribution of bed nets to antenatal care clients, only 11 percent of health facilities that provide malaria services had long-lasting insecticide-treated mosquito nets (LLINs) in stock for distribution.

Worldwide, malaria ranks fifth among causes of death from infectious diseases. In 2015, 95 countries and territories had ongoing malaria transmission and an estimated 3.2 billion people, nearly half the world's population, were at risk of malaria. WHO estimates that 438,000 deaths occurred globally in 2015 (Malaria Fact Sheet, 2016, WHO)

This chapter explores the following key issues relating to provision of quality malaria prevention and treatment services in Nepal:

- **Background.** Section 11.1 provides a brief background on malaria.
- **Availability of services.** Section 11.2, including Table 11.1, examines the availability of malaria diagnosis and treatment services.
- **Service readiness.** Section 11.3, including Tables 11.2, addresses the readiness of facilities to provide good-quality malaria treatment and diagnosis, including the availability of trained staff, guidelines, medicines, and laboratory diagnostic capacity.
- **Malaria service practices.** Section 11.4, including Tables 11.3 through 11.5, reports on the readiness of facilities offering care for sick children to diagnose and treat malaria and on the frequency of diagnosis of malaria in sick children.

11.1 BACKGROUND

11.1.1 Health Situation Regarding Malaria in Nepal

Based on Nepal's 2013 micro-stratification report (Department of Health Service Annual report 2014/2015), approximately 13 million people, or 48 percent of the country's total population, live in village development committees (VDCs) where malaria is endemic; almost a million people live in high-risk VDCs, 2.7 million live in moderate-risk VDCs, and 9.4 million live in low-risk VDCs. The high-risk areas consist of foothills, river belts, forest fringe areas in the terai region, hill river valleys, and inner-terai areas, mostly along the east-west highway.

Nepal's National Malaria Strategic Plan (NMSP 2014-2025) has identified the following vision, mission, goals, and objectives:

Vision: A malaria-free Nepal by 2025

Mission: To empower health staff and communities at risk of malaria to contribute towards the vision of a malaria-free Nepal by 2025

Goals:

- To sustain zero deaths due to malaria from 2012 onwards
- To reduce the incidence of indigenous malaria cases by 90% by 2018 (relative to 2012)
- To reduce the number of VDCs having indigenous malaria cases by 70% by 2018 (relative to 2012)
- To receive WHO certification of malaria-free status by 2025

Objectives:

Objective 1: To enhance strategic information for decision making towards malaria elimination

Objective 2: To further reduce malaria transmission and eliminate transmission foci

Objective 3: To improve quality of and access to early diagnosis and effective treatment of malaria

Objective 4: To sustain support from political leaders and communities towards malaria elimination

Objective 5: To strengthen programmatic, technical, and managerial capacities towards malaria elimination

Malaria Diagnosis and Treatment Policy

Malaria diagnosis and treatment services are free in government health facilities. The supply of microscopy slides, reagents, rapid diagnostic tests (RDTs), and antimalarial medicines, including chloroquine, artemisinin combination therapy (ACT), quinine, artesunate, and primaquine (PQ), in endemic areas throughout the country is managed by the Epidemiology and Disease Control Division through its logistics management system. At the community level, health facilities in malaria-endemic areas have local capacity for laboratory diagnosis of suspected malaria and appropriate treatment. In hard-to-reach areas, female community health volunteers refer patients suspected of having malaria to a health facility for parasitological confirmation and appropriate treatment.

Diagnostic capacity including microscopy is available at public hospitals and primary health care centers (PHCCs) throughout the country and at health posts (HPs) in some high-risk VDCs. Bivalent RDTs detecting antigens for *Plasmodium falciparum* and *Plasmodium vivax* are used in health institutions where microscopy facilities or trained human resources are not available or for emergency lifesaving purposes.

Uncomplicated *P. falciparum* malaria cases are treated with artemether combination therapy (ACT) (artemether/lumefantrine) for three days and a single stat dose of PQ. Similarly, *P. vivax* cases are treated with chloroquine for three days followed by 14 days of PQ. Where there is no laboratory diagnostic facility for confirmation by parasitological tests, suspected cases should be tested with bivalent RDTs detecting malaria antigens before initiation of treatment with chloroquine or ACT. The National Malaria Treatment Protocol clearly states that all cases of *P. vivax* should be screened for glucose-6-phosphate dehydrogenase deficiency (G6PD) before primaquine is prescribed.

RDTs and ACT are expected to be available in all health facilities except those where there have been no malaria cases during the preceding three years. Due to the decreasing incidence of malaria in recent

years, ACT stocks at health facilities remain limited to a three-month supply to reduce the risk of expired stock.

11.2 AVAILABILITY OF SERVICES FOR MALARIA

The 2015 Nepal Health Facility Survey provides information on the availability of both malaria diagnosis and treatment services in the country's health facilities. Around half of all health facilities had malaria diagnosis and/or treatment services (Table 11.1). Almost all hospitals (both private and public), 85 percent of PHCCs, and 46 percent of health posts had malaria services. By ecological region, the availability of services was highest in the terai region (84 percent), followed by the hill region (38 percent). In the mountain region, only 9 percent of facilities provided malaria services, which is explained by the low risk of malaria in this region.

Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services

Among all facilities, the percentages offering malaria diagnosis and/or treatment services and, among facilities offering malaria diagnosis and/or treatment services, the percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality services for malaria, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of all facilities offering malaria diagnosis and/or treatment services ¹	Number of facilities	Guidelines	Trained staff		Diagnostics			Number of facilities offering malaria diagnosis and/or treatment services
			National treatment wallchart for malaria or national clinical protocol for malaria	Staff trained in malaria diagnosis ²	Staff trained in malaria treatment ³	Malaria RDT ⁴	Malaria microscopy ⁵	Any malaria diagnostics ⁶	
Facility type									
Zonal and above									
hospitals	96.6	6	14.9	0.0	3.5	85.9	71.7	92.9	6
District-level									
hospitals	93.4	16	16.9	25.4	25.4	63.4	62.0	88.7	15
Private hospitals	93.1	70	0.6	1.0	1.0	83.3	55.4	89.7	65
PHCCs	85.0	42	23.4	27.4	25.7	65.2	49.1	77.2	36
HPs	45.8	775	22.9	26.1	19.2	28.3	3.3	28.8	354
UHCs	16.3	32	17.9	53.0	49.0	13.9	0.0	13.9	5
Managing authority									
Public	47.8	871	22.6	26.2	20.2	33.4	10.2	35.8	416
Private	93.1	70	0.6	1.0	1.0	83.3	55.4	89.7	65
Ecological region									
Mountain	9.0	118	1.9	15.5	15.5	50.4	31.0	54.3	11
Hill	38.1	482	14.4	10.6	8.5	34.3	18.9	38.5	183
Terai	84.3	340	23.6	30.8	23.4	43.5	14.1	45.6	287
Earthquake-affected districts (14)									
	27.5	195	11.6	7.4	6.2	47.3	37.0	53.3	54
National average	51.2	940	19.6	22.8	17.6	40.1	16.3	43.1	481

Stand-alone HTC facilities are excluded from this table and all subsequent tables in this chapter.

¹ This is based on facilities self-reporting that they offer malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria rapid diagnostic tests (RDTs) or were found on the day of the survey visit to be conducting such tests at the ANC service site were counted as offering malaria diagnosis or treatment services.

² Facility has at least one interviewed provider of malaria services who reported receiving in-service training on malaria diagnosis during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had at least one interviewed provider of malaria services who reported receiving in-service training on malaria treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Facility had an unexpired malaria rapid diagnostic test kit available somewhere in the facility.

⁵ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

⁶ Facility had either malaria RDT capacity or malaria microscopy capacity.

11.3 SERVICE READINESS

The 2015 NHFS assessed the readiness of facilities to provide quality malaria services. Readiness was defined in terms of the availability of service guidelines, trained staff, equipment, and medicines.

11.3.1 Guidelines, Trained Staff, and Diagnostics

Guidelines and Training

Among facilities that offer malaria diagnosis and/or treatment services, only 20 percent had guidelines in the facility (Table 11.1). Guidelines were found most often in health posts and PHCCs (23 percent each) and least often in private hospitals (less than 1 percent).

As for staff training, nearly one-fourth (23 percent) of facilities had at least one staff member who received in-service training in malaria diagnosis in the 24 months before the survey, and 18 percent had staff with recent training in malaria treatment. The availability of trained staff was quite limited in zonal and above hospitals and private hospitals relative to other types of facilities.

Diagnostics

Overall, only 43 percent of facilities offering malaria services had the ability to diagnose malaria on-site (Table 11.1). Four in 10 facilities had RDTs available, while 16 percent had equipment and reagents for malaria microscopy. A large majority of hospitals (89-93 percent) and PHCCs (77 percent) had RDTs and/or malaria microscopy, compared to smaller proportions of health posts (29 percent) and urban health centers (UHCs) (14 percent). This is not surprising since health posts and UHCs are not expected to have malaria microscopy while they might have RDTs.

11.3.2 Medicines and Commodities for Malaria Services

Given the occurrence of malaria in high- and moderate-risk areas, appropriate medicines need to be available at facilities in those areas. The NHFS results showed that 60 percent of all facilities offering malaria services had at least one first-line antimalarial medicine available on the day of the survey (Table 11.2). As expected, facilities in the terai region (74 percent) were more likely to have first-line treatment available than facilities in the hill (39 percent) or mountain (30 percent) regions.

With regard to the availability of specific antimalarial medicines, facilities offering malaria services most often had chloroquine tablets (57 percent). Around one in three facilities had primaquine, and 8 percent had quinine. Two percent or less of facilities had any other antimalarials, including ACT.

Most facilities offering malaria services were able to treat fever. Paracetamol, a common fever-reducing medicine, was available in tablet form in 96 percent of facilities. Eighty-five percent had paracetamol syrup or dispersible pediatric-dose tablets.

Despite the policy of promoting free distribution of bed nets to antenatal care (ANC) clients, only 11 percent of health facilities that provide malaria services had long-lasting insecticide-treated mosquito nets (LLINs) available for distribution to clients. PHCCs were best supplied with nets (18 percent). Only 16 percent of facilities in the terai region, where many areas are at high and moderate malaria risk, had LLINs to distribute.

Table 11.2 Availability of malaria medicines and commodities

Among facilities offering malaria diagnosis and/or treatment services, the percentages that have malaria medicines, sulfadoxine/pyrimethamine, paracetamol, and insecticide-treated bed nets (ITN) available in the facility on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Antimalarial medicines									Other medicines and commodities			Number of facilities offering malaria diagnosis or treatment services
	ACT (Coartem)	Quinine tablets	Chloroquine tablets	Primaquine tablets	Any first-line medicine ¹	Other oral antimalarial tablets	Quinine injection	Artesunate injection	SP	Paracetamol tablets/injection	Paracetamol syrup or dispersible pediatric-dose tablets	LLIN ²	
Facility type													
Zonal and above													
hospitals	14.4	14.4	50.5	32.1	50.5	10.6	10.9	3.5	3.5	96.5	75.2	7.1	6
District level													
hospitals	5.6	11.3	54.9	43.7	56.3	4.2	5.6	4.2	1.4	98.6	94.4	11.3	15
Private hospitals	3.0	19.5	44.9	12.8	47.1	2.7	7.1	3.0	2.9	72.0	71.7	1.0	65
PHCCs	3.4	6.8	65.8	52.6	67.5	5.1	2.9	0.0	1.1	98.9	89.7	17.8	36
HPs	1.1	5.6	58.3	33.2	61.6	1.6	0.0	0.0	1.1	99.2	87.1	12.0	354
UHCs	0.0	0.0	68.9	55.6	68.9	0.0	0.0	0.0	13.9	100.0	82.1	0.0	5
Managing authority													
Public	1.6	6.0	58.8	35.5	61.9	2.1	0.6	0.2	1.3	99.1	87.4	12.3	416
Private	3.0	19.5	44.9	12.8	47.1	2.7	7.1	3.0	2.9	72.0	71.7	1.0	65
Ecological region													
Mountain	1.9	12.1	28.0	7.8	30.0	3.9	0.0	0.0	0.0	98.1	84.0	12.1	11
Hill	1.3	6.0	39.2	20.4	39.4	1.9	3.3	1.1	0.9	96.1	88.2	3.1	183
Terai	2.1	8.8	69.4	41.1	74.1	2.3	0.4	0.3	2.0	95.0	83.4	15.6	287
Earthquake-affected districts (14)													
	3.7	8.9	39.5	14.6	39.5	3.2	4.0	2.9	0.8	88.5	83.3	8.3	54
National average	1.8	7.8	57.0	32.5	59.9	2.2	1.5	0.6	1.5	95.5	85.2	10.8	481

ACT = Artemisinin combination therapy

SP = Sulfadoxine/pyrimethamine (Fansidar)

¹ Facility had any of the following recommended first-line antimalarial medicines available in the facility on the day of the survey: ACT (Coartem) tablets, quinine tablets, chloroquine tablets, or primaquine tablets.

² Facility had long-lasting insecticide-treated bed nets (LLINs) available in the facility store or at the ANC site for distribution to clients.

11.4 MALARIA SERVICES IN FACILITIES OFFERING CURATIVE CARE FOR SICK CHILDREN

Since children under age 5 are the group most vulnerable to malaria, it is important for health services that serve sick children to be able to diagnose and treat malaria.

11.4.1 Readiness for Diagnosis

Table 11.3 provides information from the 2015 NHFS on several indicators of the readiness of facilities that offer curative care for sick children to diagnose malaria. Only one-fifth of facilities offering curative care for sick children had malaria RDTs available on the day of the assessment visit, and only 8 percent had malaria microscopy capability. Only one in six facilities had at least one staff member who had received in-service training on malaria RDTs or microscopy in the 24 months prior to the survey. Finally, only 7 percent of facilities had instructions on how to perform an RDT available on the day of the assessment.

Overall, only 3 percent of facilities that care for sick children had full malaria diagnostic capacity, that is, RDT kits or microscopy, a recently trained staff member, and a protocol for use of RDTs. The limited capacity for malaria diagnosis is to some degree expected because health facilities, particularly health posts, in non-endemic areas are not expected to have malaria microscopy capacity, in part due to the general lack of trained laboratory technicians in health facilities in Nepal.

Table 11.3 Malaria testing capacity in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having malaria testing capacity on the day of the survey, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering curative care for sick children and having:								Number of facilities offering curative care for sick children
	Malaria diagnostics			Personnel trained in:			Malaria RDT protocol ⁵	Diagnostic capacity ⁶	
	Malaria RDT ¹	Microscopy ²	Either RDT or microscopy	RDT ³	Microscopy ⁴	Either RDT or microscopy			
Facility type									
Zonal and above hospitals	82.3	68.2	89.4	0.0	0.0	0.0	14.9	0.0	6
District-level hospitals	58.7	57.3	82.7	22.7	24.0	25.3	22.7	12.0	15
Private hospitals	79.1	52.9	85.6	1.0	2.0	2.3	15.0	1.3	65
PHCCs	55.4	41.7	65.6	17.5	23.8	27.2	15.5	14.5	42
HPs	13.0	1.5	13.2	12.8	13.5	16.5	6.2	1.9	775
UHCs	2.3	0.0	2.3	16.1	11.1	16.1	0.0	0.0	31
Managing authority									
Public	15.9	4.8	17.1	13.3	14.1	17.1	6.8	2.6	870
Private	79.1	52.9	85.6	1.0	2.0	2.3	15.0	1.3	65
Ecological region									
Mountain	4.4	2.6	4.7	2.7	4.0	4.1	0.9	1.0	118
Hill	13.0	7.2	14.7	8.9	12.0	13.0	4.7	0.9	481
Terai	36.3	11.5	38.1	20.9	18.2	24.6	13.4	5.4	336
Earthquake-affected districts (14)	13.0	10.1	14.7	11.3	15.0	16.8	3.2	0.5	193
National average	20.3	8.2	21.8	12.4	13.2	16.1	7.4	2.5	934

Note: See Chapter 4 (Table 4.1) for information on the proportion of all facilities offering curative care for sick children.

¹ Facility had an unexpired malaria rapid diagnostic test (RDT) kit available somewhere in the facility.

² Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

³ Facility had at least one interviewed provider of child curative care services who reported receiving in-service training on malaria RDT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Facility had at least one interviewed provider of child curative care services who reported receiving in-service training on malaria microscopy during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁵ RDT protocol refers to any written instruction on how to perform a malaria RDT.

⁶ Facility had unexpired malaria RDT kits or else a functioning microscope with relevant stains and glass slides, a staff member recently trained in either RDT or microscopy, and a malaria RDT protocol available in the facility.

11.4.2 Treatment

Readiness to Treat

Among facilities that provide curative care for sick children, nearly one-third (31 percent) of facilities had first-line medicines for the treatment of malaria available on the day of the assessment. Malaria treatment guidelines were available at 8 percent of facilities, and 17 percent had at least one staff member recently trained on malaria diagnosis or treatment (Table 11.4). When these three components of readiness to provide malaria care are considered along with diagnostic capacity (see Table 11.3), less than 1 percent of facilities that offer curative care for sick children had all necessary components in place.

Table 11.4 Malaria treatment in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having indicated items for the provision of malaria services available on the day of the survey, and malaria service readiness index, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Percentage of facilities offering curative care for sick children that have:				Number of facilities offering curative care for sick children
	Malaria treatment guidelines	First-line treatment medicine ¹	Trained personnel ²	Malaria service readiness index ³	
Facility type					
Zonal and above hospitals	14.9	50.5	3.5	0.0	6
District-level hospitals	13.3	53.3	28.0	1.3	15
Private hospitals	0.3	46.3	2.3	0.0	65
PHCCs	17.0	57.8	28.6	4.8	42
HPs	8.7	28.7	17.2	0.8	775
UHCs	0.7	13.8	16.1	0.0	31
Managing authority					
Public	8.9	30.2	17.8	1.0	870
Private	0.3	46.3	2.3	0.0	65
Ecological region					
Mountain	0.2	4.0	4.1	0.2	118
Hill	4.8	15.7	13.5	0.3	481
Terai	16.3	63.3	25.7	2.1	336
Earthquake-affected districts (14)	2.5	11.7	17.0	0.2	193
National average	8.3	31.3	16.7	0.9	934

¹ Facility had any of the following recommended first-line antimalarial medicines available in the facility on the day of the survey: ACT (Coartem) tablets, quinine tablets, chloroquine tablets, or primaquine tablets.

² At least one interviewed provider of child curative care services reports receiving in-service training in malaria diagnosis or treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test [RDT] kits or else a functioning microscope with relevant stains and glass slides, a staff member recently trained in either RDT or microscopy, and a malaria RDT protocol available in the facility), malaria treatment guidelines, first-line medicines, and personnel recently trained in malaria diagnosis and/or treatment available

Diagnosis

Table 11.5 presents information from observations of sick child consultations related to diagnosis of malaria. Among all observed sick children, about 18 percent were diagnosed as having malaria or fever (Table 11.5).

Table 11.5 Treatment of malaria in children

Among sick children whose consultations were observed, the percentages diagnosed as having malaria, fever, or both, by background characteristics, Nepal Health Facility Survey 2015

Background characteristic	Among all observed sick children, percentage diagnosed as having:			Total number of observed sick children
	Malaria ¹	Fever	Malaria ¹ or fever	
Facility type				
Zonal and above hospitals	0.5	17.7	18.2	164
District-level hospitals	0.0	15.9	15.9	234
Private hospitals	0.0	22.7	22.7	308
PHCCs	0.5	15.5	15.5	146
HPs	0.3	17.3	17.6	1,306
UHCs	0.0	28.8	28.8	26
Managing authority				
Public	0.3	17.2	17.4	1,877
Private	0.0	22.7	22.7	308
Ecological region				
Mountain	0.9	21.2	22.2	188
Hill	0.0	20.6	20.6	977
Terai	0.4	14.8	15.1	1,019
Earthquake-affected districts (14)				
	0.0	25.6	25.6	526
National average	0.3	17.9	18.2	2,185

¹ Diagnosis of malaria based on information provided by the health worker. The diagnosis may be based on a rapid diagnostic test, microscopy, or clinical judgment. It was not verified by the interviewing team.

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2016 – 2021 NHSS RF INDICATORS MATRIX

APPENDIX A

SN	RF Code	Indicator	Facility Type (Public only)					Managing Authority		Eco region			14 earthquake affected districts	Total
			Zonal and above hospitals	District-level hospitals	PHCCs	HPs	UHCs	Public	Private	Mountain	Hills	Terai		
1	OC1.4	% of health facilities with no stock out of tracer drugs	6.8	14.5	4.4	0.2	0.0	0.7	1.2	2.3	0.6	0.5	0.6	0.8
2	OP1b1.1	% of sanctioned posts filled												
		Consultants	48.4	na	na	na	na	48.4	na	na	50.0	45.6	48.8	48.4
		MD-GP	63.2	51.9	na	na	na	56.5	na	33.3	55.6	65.5	52.0	56.5
		Medical officer	57.6	57.6	50.7	na	na	55.9	na	79.5	57.5	50.1	61.3	55.9
		Nurse (Staff nurse + ANM)	73.0	78.5	79.1	70.7	35.7	72.1	na	68.4	70.9	75.2	70.2	72.1
		Paramedics (HA + AHW)	80.6	80.5	83.0	73.1	28.6	74.3	na	70.4	72.4	78.1	64.8	74.3
3	OP1c2.1	% of health facilities receiving tracer commodities within less than two weeks of placing the order	100.0	85.9	77.5	80.3	90.7	80.8	96.7	86.7	83.8	75.7	84.9	81.7
4	OP1c2.2	% of health facilities complying good storage practices for medicines	75.8	71.1	75.6	63.2	70.7	64.3	62.0	64.5	65.7	61.7	60.0	64.1
5	OC2.1	% of health facilities meeting minimum standards of quality of care at point of delivery	0.0	3.9	0.5	0.7	0.0	0.7	0.0	0.2	0.9	0.4	0.0	0.7
6	OC2.2	% of clients provided with quality services as per national standards												
		IMNCI Service	7.7	13.2	29.3	30.7	13.7	26.2	10.9	23.1	25.7	22.6	22.5	24.0
		Antenatal care	0.3	5.4	6.8	7.4	0.0	5.8	3.3	7.3	4.2	6.2	2.8	5.3
		Family planning	23.6	7.7	18.6	7.6	18.9	10.1	4.3	4.9	10.1	10.9	8.2	9.9
7	OP2.1.1	% of providers complying service delivery standard protocols/guidelines for tracer services												
		IMNCI Service	3.7	0.0	1.5	0.9	0.0	0.9	0.9	0.2	0.9	1.1	2.2	0.9
		Antenatal care	7.3	3.9	1.5	0.0	0.6	0.2	0.0	0.2	0.3	0.1	0.3	0.2
		Family planning	7.3	6.6	2.4	0.5	0.0	0.8	0.8	0.0	0.3	1.7	0.3	0.8
8	OP2.1.3	% of health facilities with capacity to provide selected laboratory services as per standard	30.7	21.1	3.4	na	na	10.3	14.8	11.1	12.3	13.3	12.2	12.6
9	OP2.3.1	% of health facilities segregating health care waste at the time of collection	100.0	92.1	85.8	84.5	85.6	84.9	95.1	86.7	86.0	85.5	91.2	85.9
10	OP2.3.2	% of health facilities safely disposing health care waste	72.7	77.6	74.8	78.4	69.4	77.8	73.4	77.6	77.0	77.8	78.0	77.4
11	OC3.1	% of clients who received basic health services free of cost												
		Child treatment	na	24.9	81.3	97.2	98.9	na	na	89.3	75.1	93.5	71.7	85.9
		Antenatal care	na	65.1	85.6	97.9	100.0	na	na	81.9	86.7	89.2	88.7	87.9
		Family planning	na	81.5	92.3	99.4	100.0	na	na	92.5	97.3	98.0	98.4	97.1
12	OP3.1.1	% of health facilities providing all basic health services by level	80.9	85.5	90.8	64.4	33.4	65.0	24.5	53.0	70.0	53.0	68.2	62.0
13	OP3.1.3	% of districts with at least one CEmONC site	na	na	na	na	na	na	na	12.5	41.0	60.0	42.9	40.0
14	OP5.1.2	% of health posts with laboratory services	na	na	na	13.4	na	na	na	6.7	6.8	26.2	3.6	13.4
		N (weighted)	6	16	42	775	32	871	70	118	482	340	195	940

NHFS 2015 MANAGEMENT TEAM

Mr. Yogendra Prasai- Project Director
Ms. Pranita Thapa- Deputy Project Director
Dr. Preama Khadka- Health Expert
Mr. Kiran Acharya- Research Officer

TRAINERS (Quality Assurance Officers)

Dr. Ujjwal Bhattarai	Dr. Anmol Chaudhary	Dr. Tenzing Lobsel Nepali
Dr. Ankit Mittal	Dr. Manish Dev Bhattarai	Dr. Sukhraj Singh Dhillon
Ms. Sajani Manandhar	Ms. Babita Rokka	

DATA PROCESSING TEAM

Mr. Kedar Kilanbu- IT Expert
Ms. Sharmila Prasai- Data Processing Officer
Mr. Gehendra Pradhan- Data Processing Assistant
Mr. Sajit Shrestha- IT Assistant

ADMINISTRATIVE STAFF

Niru Shrestha	Sujan Shrestha
Kishor Shrestha	Rajendra Kumar Shrestha

WORD PROCESSING

Sanu Raja Shakya	Geeta Shrestha Amatya
------------------	-----------------------

DATA ENTRY

Alina Shrestha	Rohini Buddharcharya	Reshna Pradhan
----------------	----------------------	----------------

INTERVIEWERS (by team)**1**

Trishna Dulal
Neelam Dahal
Tiya Rai
Bhishan K.C.

2

Alina Bastola
Subeckhya Khanal
Rajina Poudel
Usha Pant

3

Birsana Khadka
Matina Maharjan
Sudhira Mandal
Shreejana Dangol
Mrityunjay Thakur

4

Nilisha Neupane
Sanam Shrestha
Jasmine Maharjan
Asmita Sahi

5

Reena Rimal
Anu Sapkota
Sanju Nepal
Keshav Shrestha
Trishna Jha

6

Bhanu Paudel
Menuka Shrestha
Rajina Shrestha
Prabha Shrestha

7
Radhika Bogati
Sadikchya Gartaula
Anu Uprety
Nirajan Chapai

8
Nisha Khadka
Shila Pantha
Silu Shrestha
Sandip Silwal
Binu Mainali

9
Janardan Pathak
Binita Adhikari
Soniya Acharya
Sarina Ghaju

10
Dipika Kunwar
Neeti Kayastha
Kajal Pandey
Sanjiv Bhujel

11
Menu Thing
Sapana Acharya
Nimu Bajimaya
Kshitij Gurung

12
Puspa Ghimire
Bina Sherpa
Kritika Shrestha
Ganesh bahadur Khati

13
Samikshya Neupane
Minu Mainali
Manisha Bhandari
Saurav Chandra Acharya

14
Bimal Chandra Pun
Laxmi Rizal
Sarmila Gauchan
Reema Khadgi

15
Jayas Nepal
Sujata Maharjan
Lila Laxmi Dhama
Shova Kunwar
Madika Kulung Rai

16
Shraddha Balla
Sajana Shrestha
Preety Thapa Magar
Dhurba Koirala
Shanti Khadka

17
Anu Adhikari
Angela Shrestha
Shradha Prajapati
Sanjaya Bahadur Chand
Jyoti Mehta

18
Bishnu Raj Panta
Deepika Chaudhary
Sandhya Shrestha
Dipa KC

REPORT WRITING WORKSHOP PARTICIPANTS

Mr. Ram Chandra Khanal- MoH
Mr. Jhabindra Pandey- MoH
Mr. Mukti Nath Khanal- MD
Mr. Mukunda Gautam- CHD
Ms. Basundhra Sharma- CHD
Mr. Hem Raj Pandey- FHD
Dr. Yadu Chandra Ghimire- NCASC
Mr. Achyut Lamichhane- PHCRD
Dr. Ram Raj Panthi- EDCC
Mr. Pradeep Poudel- NHSSP
Mr. Chandra Mani Dhungana- UNFPA
Dr. Suresh Mehata- IPAS
Mr. Yogendra Prasai- New ERA
Mr. Mirak Raj Angdembe- FHI 360

Mr. Satya Acharya- MoH
Mr. Shivrul Sharma- MoH
Dr. Hemant Ojha- MD
Mr. Prashu Ram Shrestha- CHD
Mr. Ghana Shyam Pokhrel- FHD
Dr. Sharad Sharma- FHD
Mr. Shambhu Kafle- NCASC
Mr. Anil Thapa- NTC
Mr. Susheel Lekhak- WHO
Mr. Sagar Dahal- NHSSP
Ms. Sabita Tuladhar- USAID
Dr. Ashis Shrestha- WHO
Mr. Kiran Acharya- New ERA
Mr. Padam Bahadur Dahal- GIZ

NHSSP

Mr. Pradeep Poudel
Dr. Suresh Mehata

ICF

Paul Ametepi
Hamdy Moussa
Rajendra Lal Dangol
Claudia Marchena
Ruilin Ren
Sally Zweimueller
Teresa Duberry
Greg Edmonson
Trevor Croft
Ann Way

NEPAL HEALTH FACILITY SURVEY - 2015

INVENTORY QUESTIONNAIRE

FACILITY IDENTIFICATION

001	NAME OF FACILITY _____	
002	LOCATION OF FACILITY (TOWN/CITY/VILLAGE) _____	
003	REGION	<input type="checkbox"/>
004	DISTRICT	<input type="checkbox"/> <input type="checkbox"/>
004A	VDC/MUNICIPALITY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
004B	WARD	<input type="checkbox"/> <input type="checkbox"/>
005	FACILITY NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
006	TYPE OF FACILITY (COUNTRY SPECIFIC)	
	CENTRAL GOVERNMENT HOSPITAL	01
	REGIONAL GOVERNMENT HOSPITAL	02
	SUB-REGIONAL GOVERNMENT HOSPITAL	03
	ZONAL GOVERNMENT HOSPITAL	04
	DISTRICT GOVERNMENT HOSPITAL	05
	OTHER HOSPITAL (NOT STATE-OWNED)	06
	PRIMARY HEALTH CARE CENTER (PHCC)	07
	HEALTH POST (HP)	08
	SUB-HEALTH POST (SHP)	09
	URBAN HEALTH CENTER	10
	HTC (STAND ALONE)	11
	OTHER PUBLIC HOSPITAL	12
007	MANAGING AUTHORITY (OWNERSHIP)	
	GOVERNMENT/PUBLIC	1
	NGO/PRIVATE NOT-FOR-PROFIT	2
	PRIVATE-FOR-PROFIT	3
	MISSION/FAITH-BASED	4

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 1 5
INTERVIEWER NAME	_____	_____	_____	INT. NUMBER
RESULT	_____	_____	_____	RESULT

RESULT CODES (LAST VISIT):

- 1 = FACILITY COMPLETED
- 2 = FACILITY RESPONDENTS NOT AVAILABLE
- 3 = POSTPONED / PARTIALLY COMPLETED
- 4 = FACILITY REFUSED
- 5 = FACILITY CLOSED / NOT YET FUNCTIONAL
- 6 = OTHER _____

(SPECIFY)

TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS

TOTAL NUMBER OF PROVIDERS INTERVIEWED..... TOTAL NUMBER OF ANC OBSERVATIONS TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS..... TOTAL NUMBER OF SICK CHILD OBSERVATIONS TOTAL NUMBER OF POSTPARTUM EXIT INTERVIEWS.....	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											TOTAL # CLIENT VISITS <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															

FACILITY GEOGRAPHIC COORDINATES

SET DEFAULT SETTINGS FOR GPS UNIT

- SET COORDINATE SYSTEM TO LATITUDE / LONGITUDE
- SET COORDINATE FORMAT TO DECIMAL DEGREE
- SET DATUM TO WGS84

STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH PLAIN VIEW OF THE SKY

- 1 TURN GPS MACHINE ON AND WAIT UNTIL SATELITE PAGE CHANGES TO "POSITION"
- 2 WAIT 5 MINUTES
- 3 PRESS "MARK"
- 4 HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"
- 5 ENTER X-DIGIT FACILITY CODE / FACILITY NUMBER
- 6 HIGHLIGHT "SAVE" AND PRESS "ENTER"
- 7 PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"
- 8 HIGHLIGHT YOUR WAYPOINT
- 9 COPY INFORMATION FROM WAYPOINT LIST PAGE
- 10 WRITE ELEVATION [ALTITUDE]

BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

010 WAYPOINT NAME (FACILITY NUMBER)	WAYPOINT NAME <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>
012 LATITUDE	N/S a <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> DEGREES/DECIM b <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> . c <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>
013 LONGITUDE	E/W a <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> DEGREES/DECIM b <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> . c <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>

CONSENT

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Good day! My name is _____. We are here on behalf of NEW ERA conducting a survey of health facilities to assist the government in knowing more about health services in NEPAL

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. Information collected about your facility during this study may be used by NEW ERA, organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.

Neither your name nor the name of the health facility, nor the names of any other health workers who participate in this study will be included in the dataset or in any report. Still, we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED

				2	0	1	
DAY				MONTH		YEAR	

100	May I begin the interview?	YES 1 NO 2	→ STOP										
101	INTERVIEW START TIME	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="font-size: 1.2em; vertical-align: middle;">:</td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">HOURS</td> <td></td> <td colspan="2" style="text-align: center;">MINUTES</td> </tr> </table>			:			HOURS			MINUTES		
		:											
HOURS			MINUTES										
101A*	Is this facility a CEmONC, BEmONC or Birthing center based on government endorsement not on functionality?	CEmONC 1 BEmONC 2 BIRTHING CENTER 3 NONE OF THE ABOVE 8											

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

NOTE!!!!

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT

MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY

SECTION 1: GENERAL SERVICE AVAILABILITY AND INPATIENT SERVICES

SERVICE AVAILABILITY

102*	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES, BUT RESPONDENT NOT AVAILABLE			DONE
		YES	NO	3	
01	Child vaccination services, either at the facility or as outreach.	1	2	3	<input type="checkbox"/>
02	Growth monitoring services, either at the facility or as outreach	1	2	3	<input type="checkbox"/>
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	3	<input type="checkbox"/>
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	3	<input type="checkbox"/>
05	Antenatal care (ANC) services	1	2	3	<input type="checkbox"/>
06	Services for the prevention of mother-to-child transmission of HIV, either with ANC or delivery services	1	2	3	<input type="checkbox"/>
07*	Delivery and Newborn care	1	2	3	<input type="checkbox"/>
08	Diagnosis or treatment of malaria	1	2	3	<input type="checkbox"/>
09	Diagnosis or treatment of STIs, excluding HIV	1	2	3	<input type="checkbox"/>
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	3	<input type="checkbox"/>
11	HIV testing and / or counseling services	1	2	3	<input type="checkbox"/>
12	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	3	<input type="checkbox"/>
13	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care	1	2	3	<input type="checkbox"/>
14	Diagnosis or management of non-communicable diseases, specifically diabetes cardiovascular diseases, and chronic respiratory conditions in adults.	1	2	3	<input type="checkbox"/>
15	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre?	1	2	3	<input type="checkbox"/>
16	Cesarean delivery (Cesarean section)	1	2	3	<input type="checkbox"/>
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	3	<input type="checkbox"/>
18	Blood typing services	1	2	3	<input type="checkbox"/>
19	Blood transfusion services	1	2	3	<input type="checkbox"/>
20*	Diagnosis or treatment of Kalaazar / Leishmaniasis	1	2	3	<input type="checkbox"/>
21*	Management of Snake Bite	1	2	3	<input type="checkbox"/>
22*	Management of Dog Bite/Rabies	1	2	3	<input type="checkbox"/>

INPATIENT SERVICES

110	Does this facility routinely provide in-patient care?	YES..... 1 NO..... 2	→ 112
111	Does this facility have beds for overnight observation?	YES..... 1 NO..... 2	→ 200
112	Excluding any delivery and/or maternity beds, how many (overnight) or (in-patient) beds in total does this facility have, both for adults and children? IF 1000 OR MORE INPATIENT BEDS, ENTER "995"	# OF OVERNIGHT/ INPATIENT BEDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	

SECTION 2: GENERAL FILTER QUESTIONS

PROCESSING OF INSTRUMENTS

200	<p>I have a few questions about how surgical instruments, such as speculums, forceps, and other metal equipment are processed for re-use in this facility.</p> <p>Are instruments that are used in the facility processed (i.e., sterilized or high-level disinfected) for re-use?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→ 210
201	<p>Is the final processing done in this facility, outside this facility, or both?</p>	<p>ONLY IN THIS FACILITY..... 1</p> <p>BOTH IN THIS FACILITY AND OUTSIDE..... 2</p> <p>ONLY AT AN OUTSIDE FACILITY..... 3</p>	

STORAGE OF MEDICINES

210	<p>Does this facility store any medicines (including ARVs), vaccines or contraceptive commodities?</p> <p>PROBE</p>	<p>YES..... 1</p> <p>FACILITIES STOCKS NO MEDICINES.... 2</p>	→ 300
211	<p>CHECK Q102.04</p> <p style="text-align: center;">FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/></p>	<p style="text-align: center;">NO FAMILY PLANNING SERVICES <input type="checkbox"/></p>	→ 213
212	<p>Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?</p>	<p>STORED IN FP SERVICE AREA..... 1</p> <p>STORED WITH OTHER MEDICINES..... 2</p> <p>FP COMMODITIES NOT STOCKED..... 3</p>	
213	<p>CHECK Q102.10</p> <p style="text-align: center;">TUBERCULOSIS SERVICES AVAILABLE <input type="checkbox"/></p>	<p style="text-align: center;">NO TUBERCULOSIS SERVICES <input type="checkbox"/></p>	→ 215
214	<p>Are medicines for the treatment of TB generally stored in the TB service area or are they stored in a common area with other medicines?</p>	<p>STORED IN TB SERVICE AREA..... 1</p> <p>STORED WITH OTHER MEDICINES..... 2</p> <p>TB MEDICINES NOT STOCKED..... 3</p>	
215	<p>CHECK Q102.06 AND Q102.12</p> <p style="text-align: center;">ARV TREATMENT OR PMTCT SERVICES AVAILABLE <input type="checkbox"/></p>	<p style="text-align: center;">NEITHER ARV TREATMENT NOR PMTCT SERVICES AVAILABLE <input type="checkbox"/></p>	→ 300
216*	<p>Are antiretroviral (ARV) medicines for ART generally stored in the ARV treatment service area, in the PMTCT service area, or are they stored in a common area with other medicines?</p>	<p>ARV FOR ART STORED IN ART SERVICE 1</p> <p>ARV FOR ART STORED WITH OTHER ME 2</p> <p>ARV MEDICINES NOT STOCKED..... 3</p> <p>ARV FOR ART STORED IN PMTCT SERVICE / 4</p> <p>ARV FOR ART STORED IN ART AND PMTCT SERVICE AREA..... 5</p>	

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: 24-HOUR STAFF COVERAGE - INFRASTRUCTURE EXTERNAL SUPERVISION - USER FEES - SOURCES OF REVENUE

24-HOUR STAFF COVERAGE

300*	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies?	YES, 24-HR STAFF..... 1 NO 24-HOUR STAFF..... 2	→ 310
301	Is there a duty schedule or call list for 24-hour staff coverage?	YES..... 1 DUTY SCHEDULE NOT MAINTAINED.... 2	→ 310
302	May I see the duty schedule or call list for 24-hour staff coverage?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED NOT SEEN.... 2	

COMMUNICATION

310	Does this facility have a land line telephone that is available to call outside at all times client services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES..... 1 NO..... 2	→ 313
311	May I see the land line telephone?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
313*	Does this facility have a cellular telephone , or a private cellular phone that is supported by the facility?	YES..... 1 NO..... 2	→ 319
314	May I see either the facility-owned cellular phone or the private cellular phone that is supported by the facility?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
315	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
319	Does this facility have a computer ?	YES..... 1 NO..... 2	→ 322
320	May I see the computer?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
321	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
322	Is there access to email or internet via computer and/or mobile phone within the facility? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	→ 330
323	Is the email or internet routinely available for at least 2 hours on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	

SOURCE OF WATER

330	<p>What is the <i>most commonly used</i> source of water for the facility at this time?</p> <p>OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.</p>	PIPED INTO FACILITY..... 01 PIPED ONTO FACILITY GROUNDS..... 02 PUBLIC TAP/STANDPIPE..... 03 TUBEWELL/BOREHOLE..... 04 PROTECTED DUG WELL..... 05 UNPROTECTED DUG WELL..... 06 PROTECTED SPRING..... 07 UNPROTECTED SPRING..... 08 RAINWATER..... 09 BOTTLED WATEF..... 10 CART W/SMALL TANK/DRU..... 11 TANKER TRUCK..... 12 SURFACE WATER (RIVER/DAM/LAKE/POND)..... 13 OTHER (SPECIFY)..... 96 DON'T KNOW..... 98 NO WATER SOURCE..... 00	→ 332 → 332 → 332 → 340
331	Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility? REPORTED RESPONSE IS ACCEPTABLE	ONSITE..... 1 WITHIN 500M OF FACILITY..... 2 BEYOND 500M OF FACILITY..... 3	
332	Is there routinely a time of year when the facility has a severe shortage or lack of water?	YES..... 1 NO..... 2	

POWER SUPPLY

340	Is this facility connected to the national electricity grid?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 342
341	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time? CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERRUPTED FOR LESS THAN 2 HOURS AT A TIME.	ALWAYS AVAILABLE..... 1 SOMETIMES INTERRUPTED..... 2 DON'T KNOW..... 8	
342	Does this facility have other sources of electricity, such as a generator or solar system?	YES..... 1 NO OTHER SOURCE..... 2	→ 350
343*	What other sources of electricity does this facility have? PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY	FUEL-OPERATED GENERATOR..... A BATTERY-OPERATED GENERATOR..... B SOLAR SYSTEM..... C INVERTOR..... D	
344*	CHECK Q343 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> GENERATOR USED (EITHER "A" OR "B" CIRCLED) <input type="checkbox"/> </div> <div style="text-align: center;"> GENERATOR NOT USED (NEITHER "A" NOR "B" CIRCLED) <input type="checkbox"/> </div> </div>		→ 346A
345*	Is the generator functional? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 346A
346*	Is fuel (or a charged battery) available today for the generator ? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
346A*	CHECK Q343 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> INVERTOR USED ("D" CIRCLED) <input type="checkbox"/> </div> <div style="text-align: center;"> INVERTOR NOT USED ("D" NOT CIRCLED) <input type="checkbox"/> </div> </div>		→ 350
346B*	Is the invertor functional? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	

EXTERNAL SUPERVISION

350	Does this facility receive any external supervision, e.g., from the district, regional, zonal or national office?	YES..... 1 NO..... 2	→ 360
351*	When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 4 months or more than 4 months ago?	WITHIN THE PAST 4 MONTHS 1 MORE THAN 4 MONTHS AGO..... 2	→ 360
351A*	During the past 4 months, how frequently has this facility received a visit from supervisory authorities ?	WEEKLY..... 1 MONTHLY..... 2 EVERY TWO MONTHS..... 3 ONCE IN FOUR MONTHS..... 4 OTHER (SPECIFY)_____ 6	
352*	The last time during the past 4 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2	8
02	Discuss performance of the facility based on available health services data?	1 2	8
03	Help the facility make any decisions based on available health services data?	1 2	8

USER FEES

360*	Does this facility have any routine user-fees or charges for client services, including charges for health cards and for client registration?	YES..... 1 NO..... 2	→ 370
361	Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility? PROBE.	FIXED FEE COVERING ALL SERVICES 1 NO, CHARGE FEE FOR SEPARATE ITEMS... 2	→ 363
362*	Does this facility have a fee for the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	YES NO N/A	
01*	CLIENT HEALTH CARD / REGISTRATION.....	1 2 5	
03	CONSULTATION.....	1 2 5	
04	MEDICINES (OTHER THAN ARVs).....	1 2 5	
05*	ROUTINE VACCINES.....	1 2 5	
06	CONTRACEPTIVE COMMODITIES.....	1 2 5	
07	NORMAL DELIVERIES.....	1 2 5	
08	SYRINGES AND NEEDLES.....	1 2 5	
09	CESAREAN SECTION.....	1 2 5	
10	HIV DIAGNOSTIC TEST.....	1 2 5	
11	MALARIA RAPID DIAGNOSTIC TEST.....	1 2 5	
12	MALARIA MICROSCOPY.....	1 2 5	
13	OTHER LABORATORY TESTS.....	1 2 5	
14	ARV FOR TREATMENT.....	1 2 5	
15	ARV FOR PMTCT.....	1 2 5	
16	MINOR SURGICAL PROCEDURES.....	1 2 5	
17*	HEMOGLOBIN TEST	1 2 5	
18*	CHEST X-RAY	1 2 5	
19*	GENERAL BED CHARGE FOR INPATIENT STAY	1 2 5	
363	Are the official fees posted or displayed so that the client can easily see them?	YES..... 1 NO POSTED FEES..... 2	→ 365
364*	May I see the posted fees? REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q362 TO DETERMINE IF ALL FEES ARE POSTED	OBSERVED, ALL FEES POSTED..... 1 OBSERVED, SOME BUT NOT ALL FEES.. 2	
365	What is the procedure if a client is unable to pay for any of the fees associated with health care provided in this facility? CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE	FEE EXEMPTED/DISCOUNTED, NO PAYMENT EXPECTED..... A FEE EXEMPTED/DISCOUNTED, PAYMENT EXPECTED LATER..... B SERVICE NOT PROVIDED, ASKED TO COME BACK WHEN ABLE TO PAY... C ACCEPT PAYMENT IN-KIND..... D OTHER (SPECIFY)..... X	

SOURCES OF INCOME

370*	Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any revenue or funding from any of the listed sources during the 2013 - 2014 financial year. If yes, I would like to know the amount. If someone else is more appropriate to provide financial information, please feel free to invite that person or refer me to that person.		
		(A) REVENUE	(B) AMOUNT IN RUPEES
		YES NO DON'T KNOW	IF AMOUNT IS NOT KNOWN ENTER "999999998"
01	MINISTRY OF HEALTH AND POPULATION	1 → b 2 ↓ 8 ↓ 02 02	
02	MINISTRY OF FEDERAL AFFAIRS AND LOCAL DEVELOPME (MOFALD) [e.g. VDC, DDC, MUNICIPALITY]	1 → b 2 ↓ 8 ↓ 03 03	
03	SERVICE CHARGE	1 → b 2 ↓ 8 ↓ 04 04	
04	TRAINING COLLEGES (NURSING OR MEDICAL)	1 → b 2 ↓ 8 ↓ 05 05	
05	ALL OTHER SOURCES	1 → b 2 ↓ 8 ↓ 370C 370C	

370C	CHECK Q006 FACILITY IS NOT A PRIVATE HOSPITAL NEITHER AN URBAN HEALTH CENTER NOR A HTC STAND ALONE (NEITHER "06" NOR "10" NOR "11" CIRCLED)	FACILITY IS EITHER A PRIVATE HOSPITAL OR AN URBAN HEALTH CENTER OR A HTC STAND ALONE (EITHER "06" OR "10" OR "11" CIRCLED)	<input type="checkbox"/> → 400				
370D	Was there any financial and social audit conducted/ held in the following fiscal years?	(A) FY 2068/69	(B) FY 2069/70	(C) FY 2070/71			
		YES	NO	YES	NO	YES	NO
01	Financial Audit	1	2	1	2	1	2
02	Social Audit	1	2	1	2	1	2

**SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION
QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS**

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

410*	Does this facility have routine facility management meetings? (Staff Meeting)	YES..... 1 NO 2	→417
411	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY..... 1 ONCE EVERY 2-3 MONTHS..... 2 ONCE EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8	↓ →417
412	Does the facility maintain official records of facility management meetings?	YES..... 1 NO, RECORDS NOT MAINTAINED 2	→417
413	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→417
414	REVIEW THE RECORDS OR MINUTES OF THE MOST RECENT MEETING NO OLDER THAN 6 MONTHS AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE REPORT.	HMIS DATA QUALITY..... A HMIS REPORTING..... B TIMELINESS OF HMIS REPORTING..... C QUALITY OF SERVICES..... D CLIENT UTILIZATION..... E DISEASE DATA..... F EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES)..... G FINANCES OR BUDGET..... H OTHER..... X NONE OF THE ABOVE..... Y	→417
415*	Did the facility make any action plan based on what was discussed at the last meeting and covered in this report?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↓ →417
416	Has the facility taken any follow-up action regarding the decisions made during the last meeting?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
417*	Are there any <i>routine</i> meetings about facility activities or management issues that include both facility staff and community / community committee members?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↓ →420A
418*	How frequently are routine meetings held with both facility staff and community / community committee members?	MONTHLY OR MORE FREQUENTLY..... 1 EVERY 2-3 MONTHS..... 2 EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8	↓ →420A
419*	Is an official record of the meetings with both facility staff and community members maintained?	YES..... 1 NO, RECORDS NOT MAINTAINED 2	→420A
420	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

420X	CHECK Q006	FACILITY TYPE IS NEITHER AN URBAN HEALTH CENTER NOR A HTC STAND ALONE (NEITHER "10" NOR "11" CIRCLED)	<input type="checkbox"/>	FACILITY TYPE IS EITHER AN URBAN HEALTH CENTER OR A HTC STAND ALONE (EITHER "10" OR "11" CIRCLED)	<input type="checkbox"/>	→430
420A	Does this health facility have a citizen charter? IF YES ASK TO SEE THE CITIZEN CHARTER	YES, CLEARLY READABLE. 1 YES, BUT NOT CLEARLY READABLE. 2 NO. 3				→420D
420B	Where is the citizen charter placed? OBSERVE	OUTSIDE BUILDING-VISIBLE PLACE. 1 OUTSIDE BUILDING- NOT VISIBLE PLACE . . . 2 INSIDE BUILDING- VISIBLE PLACE. 3 INSIDE BUILDING- NOT VISIBLE PLACE. . . . 4				
420D	Does this facility has a management committee?	YES. 1 NO. 2				→430
420E	When was this facility management Committee/HFOMC/HDC formed?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. 9998				
420F	How many members are there in total? How many of these members are male, female, Dalit, Janajati?	(A) TOTAL	(B) MALE	(C) FEMALE		
01	Members (including Chairperson and Member Secretary)	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98		
02	Dalit	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98		
03	Janjajati	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98		
04	Other caste group	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98	<input type="text"/> <input type="text"/> DK98		

CLIENT OPINION AND FEEDBACK

430*	Does this facility have any system for collecting clients' opinions / feedback about the health facility or its services?	YES. 1 NO 2			→440
431*	Please tell me all the methods that this facility uses to elicit client opinion / feedback. CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX. A CLIENT SURVEY FORM. B CLIENT INTERVIEW FORM. C OFFICIAL MEETING WITH COMMUNITY LEADERS. D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY. E EMAIL F FACILITY'S WEBSITE. G LETTERS FROM CLIENTS/COMMUNITY. . . . H OTHER _____ X DON'T KNOW. Z			→440
432*	Is there a procedure for reviewing or reporting on clients' opinion / feedback? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES. 1 NO PROCEDURE/REPORT 2 DON'T KNOW. 8			→440
433*	May I see a report on the review of client opinion / feedback, or any document on such a review?	OBSERVED. 1 REPORTED, NOT SEEN. 2			

QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES.
IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

440	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES. 1 NO 2 DON'T KNOW 8	→450
441*	Is there an official record of any quality assurance activities carried out during the last fiscal year?	YES. 1 NO, RECORDS NOT MAINTAINED 2	→442A
442	May I see a record of any quality assurance activity? A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED 1 REPORTED NOT SEEN. 2	
442A*	Do you have the quality assurance guidelines (Swastha Sewako Gunastar Sudhar Padhatee-2066)?	YES. 1 NO 2	→442C
442B	May I see the quality assurance guidelines?	OBSERVED 1 REPORTED NOT SEEN. 2	
442C*	Do you have a quality assurance action plan ?	YES. 1 NO 2	→450
442D	May I see the quality assurance action plan ?	OBSERVED 1 REPORTED NOT SEEN. 2	

TRANSPORT FOR EMERGENCIES

450	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility? IF YES, ASK: Is a driver available to operate the ambulance?	YES. 1 NO 2 YES, AMBULANCE AVAILABLE, BUT NO DRIVER TO OPERATE. 3	→452 →452
451	May I see the ambulance (or other vehicle)?	OBSERVED 1 REPORTED NOT SEEN. 2	→453
452*	Does this facility have access to an ambulance or other vehicle for emergency transportation for clients that is stationed at another facility or that operates from another health facility?	YES. 1 NO 2	→460 →453A
453*	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES. 1 NO 2 DON'T KNOW 8	→460
453A*	In case of medical emergencies, what is the most common means by which clients are transported from this facility to the nearest referral facility?	STRETCHER 01 DOKO 02 RICKSHAW / BICYCLE 03 AUTO VEHICLE 04 HAND CART/WHEELBARROW 05 ANIMAL-DRIVEN CART/TANGA 06 HIRED AMBULANCE 07 OTHER 96 NONE OF THE ABOVE 00	

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION. NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, FROM RECORDING REGISTERS AND MONTHLY REPORTS IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

460	Does this facility have a system in place to regularly collect health services data?	YES..... 1 NO..... 2	
461	Does this facility regularly compile any reports containing health services information?	YES..... 1 NO..... 2	→464
462	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN..... 1 EVERY 2-3 MONTHS..... 2 EVERY 4-6 MONTHS..... 3 LESS OFTEN THAN EVERY 6 MONTHS..... 4	
462A*	Does this health facility use HMIS forms (9.3- if SHP, HP, PHC), (9.4 - if Public hospital), (9.5- if non- state health facility) for HMIS reporting? THESE FORMS ARE HEALTH FACILITY SPECIFIC. READ OUT THE FORM THAT CORRESPONDS TO THE FACILITY TYPE.	YES, USE HMIS 9.3..... 1 YES, USE HMIS 9.4..... 2 YES, USE HMIS 9.5..... 3 NO, USE A SEPARATE FORM..... 4 DO NOT REPORT TO HMIS..... 5	→464
463*	May I see a copy of this health facility's HMIS report for the last completed calendar month [MONTH] ?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
464*	Does this facility have a designated person, who is responsible for health services data in this facility?	YES..... 1 NO..... 2	→465A
464A*	Has the responsible person for health services data received formal training on recording and reporting?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
465A*	CHECK Q006 FACILITY IS NOT A PRIVATE HOSPITAL NOR A HTC STAND ALONE (NEITHER "06" NOR "11" CIRCLED) <input type="checkbox"/> FACILITY IS EITHER A PRIVATE HOSPITAL OR A HTC STAND ALONE (EITHER "06" OR "11" CIRCLED) <input type="checkbox"/>		→ 470
465B	Does this facility have the HMIS tool book "Recording and Reporting Tools in HMIS, 2070"?	YES..... 1 NO..... 2	→465D
465C	May I see the HMIS tool kit "Recording and Reporting Tools in HMIS, 2070"?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
465D	Does this health facility have a copy of the "HMIS User Manual, 2070" available in this health facility?	YES..... 1 NO..... 2	→465F
465E	May I see a copy of the "HMIS User Manual, 2070"?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
465F	Does this health facility have a copy of the "HMIS Indicators 2070" booklet available in this facility?	YES..... 1 NO..... 2	→465H
465G	May I see a copy of the "HMIS Indicators, 2070" booklet?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
465H	Does this health facility use the monthly monitoring sheet? If so, has the health facility updated the monthly monitoring sheet of the last three months? OBSERVE AND VALIDATE IF THE MONITORING SHEET IS UPDATED FOR THE LAST 3 MONTHS.	YES, UPDATED FULLY..... 1 YES, UPDATED PARTIALLY..... 2 YES, NOT UPDATED AT ALL..... 3 NOT AVAILABLE..... 4 NOT USED..... 5	

HEALTH STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.			
470	CHECK Q110	INPATIENT CARE SERVICES AVAILABLE <input type="checkbox"/>	NO INPATIENT CARE SERVICES <input type="checkbox"/> → 472
471*	What was the total number of admissions (discharges) for the 2013 - 2014 fiscal year (July 2013 - June 2014), for all conditions, both adults and children?	# OF DISCHARGES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 999998	
471A*	What was the total number of inpatient days for the 2013 - 2014 fiscal year (July 2013 - June 2014), for all conditions, both adults and children?	# OF INPATIENT DAYS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 999998	
472*	What was the total number of outpatient client visits during the 2013 - 2014 fiscal year (July 2013 - June 2014) for both adults and children?	# OF CLIENT VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 999998	
472E	Has this health facility displayed updated key health services data in the health facility premises in a visible place for the public?	YES..... 1 NO..... 2	→480A
472F	OBSERVE THE DISPLAYED MATERIALS.	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

LMIS

480X	CHECK Q006	FACILITY IS NOT A PRIVATE HOSPITAL NOR A HTC STAND ALONE (NEITHER "06" NOR "11" CIRCLED) <input type="checkbox"/>	FACILITY IS EITHER A PRIVATE HOSPITAL OR A HTC STAND ALONE (EITHER "06" OR "11" CIRCLED) <input type="checkbox"/> → NEXT SECTION
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FIND THE PERSON RESPONSIBLE FOR HEALTH LOGISTICS MANAGEMENT INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION. NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES TO SEE SOME REPORTS AND GUIDELINES IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

480A	Does this facility have a system in place to regularly manage health LMIS data?	YES..... 1 NO..... 2	
480B	Does this health facility regularly compile any reports containing health LMIS?	YES..... 1 NO..... 2	→480D
480C	May I see a copy of this health facility's LMIS report for the last completed quarter ?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
480D	Does this facility have a designated person, who is responsible for health LMIS data in this facility?	YES..... 1 NO..... 2	→480H
480E	Who is responsible for health LMIS data in this facility? PROBE TO DETERMINE WHO THIS PERSON IS	LHMIS PERSON..... 1 FACILITY IN-CHARGE..... 2 OTHER SERVICE PROVIDER..... 3	
480F	Is the designated person formally trained on logistics management?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→480H
480G	When was the designated person formally trained on logistics management?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 9998	
480H	Do you have the Storage and Reporting Guidelines for Health Logistics (FLEX) available in this health facility?	YES..... 1 NO..... 2	→480J
480I	May I see the Storage and Reporting Guidelines for Health Logistics (FLEX)?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
480J	Do you have the Health Logistics Pull System Manual available in this health facility?	YES..... 1 NO..... 2 NEXT SECTION ←	
480K	May I see the Health Logistics Pull System Manual?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

SECTION 5: PROCESSING OF INSTRUMENTS FOR REUSE

ASK TO BE SHOWN THE MAIN LOCATION WHERE SURGICAL INSTRUMENTS ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF SURGICAL INSTRUMENTS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

500	CHECK Q201: ARE ANY EQUIPMENT PROCESSED IN THE FACILITY?						
YES (CODES 1 or 2 CIRCLED) <input type="checkbox"/>		NO (CODE 3 CIRCLED) <input type="checkbox"/>					
GO TO NEXT SECTION OR SERVICE SITE							
501	ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT FOR EXAMPLE: "Do you use [METHOD] in facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"						
	ITEM	(A) USE AND AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT USED	YES	NO	DONT KNOW
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 2 ↓	1	2	8
02*	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT, GAS KEROSENE)	1 → b	2 → b	3 3 ↓	1	2	8
03	ELECTRIC DRY HEAT STERILIZER	1 → b	2 → b	3 4 ↓	1	2	8
04	ELECTRIC BOILER OR STEAMER (NO PRESSURE)	1 → b	2 → b	3 5 ↓	1	2	8
05	NON-ELECTRIC POT WITH COVER FOR BOILING/STEAM	1 → b	2 → b	3 6 ↓	1	2	8
06	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT (STOVE OR FIRE WOOD)	1 → b	2 → b	3 7 ↓	1	2	8
07	AUTOMATIC TIMER (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 8 ↓	1	2	8
08*	TST INDICATOR STRIPS/OTHER ITEM THAT INDICATES PROCESS IS COMPLETE (AUTOCLAVE TAPE)	1	2	3			
09*	ANY CHEMICALS FOR CHEMICAL HLD (CIDEX)	1	2	3			
502*	CHECK Q501. FOR EACH OF THE FOLLOWING METHODS OF STERILIZATION/HIGH LEVEL DISINFECTION THAT IS USED IN THE FACILITY, ASK YOUR RESPONDENT AND INDICATE THE PROCESSING DETAILS, INCLUDING PROCESSING TIME, RECOMMENDED PRESSURE, ETC.						
		(1)* AUTOCLAVE (steam with pressure)	(2) DRY HEAT STERILIZATION	(3) BOILING (HLD)	(4) STEAM HIGH LEVEL DISINFECTION (HLD)	(5) CHEMICAL HIGH LEVEL DISINFECTION (HLD)	
A	Method	USED 1 NOT USED .. 2 → 2	USED 1 NOT USED .. 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED .. 2 → 5	USED 1 NOT USED .. 2 → 503	
B	Temperature (centigrade)	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DONT KNOW 998	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DONT KNOW 998				
C	Pressure	PRESS- URE AUTOMATIC 666 DONT KNOW 998 → 1E					
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM. 1 ATM PRESSURE..... 2 KILOPASCAL 3 MILLIMETER HG 4 LB/SQ IN. 5 DONT KNOW. 8					
E*	What is the duration in minutes when instrument is not wrapped in cloth for [METHOD]?		MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DONT KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998	
F*	What is the duration in minutes when instrument is wrapped in single or double cloth for autoclave?	MINUTES WRAPPED <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 NOT USED 995 DONT KNOW 998					
G*	Chemical disinfectant used	ALCOHOL A BETADINE B CHLORINE C CIDEX / GLUTERALDEHYDE.. D FORMALDEHYDE.... E DONT KNOW Z					
503*	In am interested in guidelines for sterilization. Does this facility have the National Medical Standard For Reproductive Health Volume I: Contraceptive Services at this site? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE			YES 1 NO 2	→ NEXT SECTION		
504	May I see the National Medical Standard For Reproductive Health Volume I: Contraceptive Services? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE			OBSERVED 1 REPORTED NOT SEEN. 2			

SECTION 6: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS

600A	Do you segregate the waste at the time of collection ?	YES..... 1 NO..... 2
600	Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades. How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)? PROBE TO ARRIVE AT CORRECT RESPONSE NOTE! IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"	BURN IN INCINERATOR: 2-CHAMBER INDUSTRIAL (800-1000+°C)..... 02 1-CHAMBER DRUM/BRICK..... 03 OPEN BURNING FLAT GROUND-NO PROTECTION..... 04 PIT OR PROTECTED GROUND..... 05 DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTION..... 06 COVERED PIT OR PIT LATRINE..... 07 OPEN PIT-NO PROTECTION..... 08 PROTECTED GROUND OR PIT..... 09 REMOVE OFFSITE STORED IN COVERED CONTAINER..... 10 STORED IN OTHER PROTECTED ENVIRONMENT..... 11 STORED UNPROTECTED..... 12 BURN AND DUMP 13 OTHER 96 (SPECIFY) NEVER HAVE SHARPS WASTE..... 95
601	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages How does this facility finally dispose of medical waste other than sharps boxes? PROBE TO ARRIVE AT CORRECT RESPONSE NOTE! IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"	SAME AS FOR SHARP ITEMS..... 01 BURN IN INCINERATOR: 2-CHAMBER INDUSTRIAL (800-1000+°C)..... 02 1-CHAMBER DRUM/BRICK..... 03 OPEN BURNING FLAT GROUND-NO PROTECTION..... 04 PIT OR PROTECTED GROUND..... 05 DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTION..... 06 COVERED PIT OR PIT LATRINE..... 07 OPEN PIT-NO PROTECTION..... 08 PROTECTED GROUND OR PIT..... 09 REMOVE OFFSITE STORED IN COVERED CONTAINER..... 10 STORED IN OTHER PROTECTED ENVIRONMENT..... 11 STORED UNPROTECTED..... 12 BURN AND DUMP 13 OTHER 96 (SPECIFY) NEVER HAVE OTHER MEDICAL WASTE..... 95
601A	How does this facility dispose of expired medicines?	RETURN TO IT SOURCE..... 1 BURNING PIT..... 2 INCINERATOR..... 3 BURNING CHAMBER WITH CHIMNEY..... 4 DUMP..... 5 REMOVE OFFSITE..... 6

602	CHECK Q600 FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED) <input type="checkbox"/>	NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED) <input type="checkbox"/>	→ 604
603	ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.	NO WASTE VISIBLE..... 1 WASTE VISIBLE, BUT PROTECTED AREA..... 2 WASTE VISIBLE, NOT PROTECTED..... 3 WASTE SITE NOT INSPECTED..... 8	
603A	CHECK Q600 SHARPS WASTE REMOVED OFFSITE (CODE 10, 11 OR 12 CIRCLED) <input type="checkbox"/>	FACILITY-BASED SHARPS WASTE DISPOSAL (ANY CODE OTHER THAN 10, 11, 12 OR "95" CIRCLED) <input type="checkbox"/>	→ 604
603B	Is sharps waste desinfected prior to collection for off-site disposal?	YES..... 1 NO..... 2	
604	CHECK Q601 FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED) <input type="checkbox"/>	NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED) <input type="checkbox"/>	→ 606
605	ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.	NO WASTE VISIBLE..... 1 WASTE VISIBLE, BUT PROTECTED AREA..... 2 WASTE VISIBLE, NOT PROTECTED..... 3 WASTE SITE NOT INSPECTED..... 8	
605A	CHECK Q601 MEDICAL WASTE REMOVED OFFSITE (CODE 10, 11 OR 12 CIRCLED) <input type="checkbox"/>	FACILITY-BASED MEDICAL WASTE DISPOSAL (ANY CODE "02" TO "96" OTHER THAN 10, 11 OR 12 CIRCLED) <input type="checkbox"/>	→ 606
605B	IF MEDICAL WASTE IS DISPOSED OFF-SITE. ASK Is medical waste desinfected prior to collection for off-site disposal?	YES..... 1 NO..... 2	
606	CHECK Q600 AND Q601 INCINERATOR USED (EITHER "2" OR "3" CIRCLED) <input type="checkbox"/>	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) <input type="checkbox"/>	→ 610
607	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED..... 1 INCINERATOR REPORTED NOT SEEN..... 2	
608	Is the incinerator functional today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 610
609	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2 DON'T KNOW..... 8	
610*	Do you have any guidelines on health care waste management available in this service area? This may be part of the infection prevention guideline or protocol, waste management guideline, LEAD guideline, syringe disposal guideline)	YES..... 1 NO GUIDELINE AVAILABLE..... 2	→ 620
611	May I see the guidelines on health care waste management?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

CLIENT LATRINE

620	<p>Is there a toilet (latrine) in functioning condition that is available for general outpatient client use?</p> <p>IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM.11</p> <p>FLUSH TO SEPTIC TANK.....12</p> <p>FLUSH TO PIT LATRINE.....13</p> <p>FLUSH TO SOMEWHERE ELSE.....14</p> <p>FLUSH, DON'T KNOW WHERE.....15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE.....21</p> <p>PIT LATRINE WITH SLAB.....22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT.....23</p> <p>COMPOSTING TOILET.....31</p> <p>BUCKET TOILET.....41</p> <p>HANGING TOILET / HANGING LATRINE.....51</p> <p>NO FUNCTIONING FACILITY / BUSH / FIELD.....61</p>	
620A	<p>CHECK IF THE TOILET (LATRINE) IS DISABLE-FRIENDLY. YES.....01</p> <p>i.e. PROVIDING ENOUGH SPACE FOR WHEELCHAIR AND ELEVAT NO.....02</p> <p>TOILET ITSELF FOR EASY MOUNTING FROM A WHEELCHAIR</p>		

SECTION 7: BASIC SUPPLIES - CLIENT EXAMINATION ROOM CLIENT WAITING AREA

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

BASIC SUPPLIES AND EQUIPMENT

700*	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1 → b	2 → b	3	1	2	8
06	THERMOMETER	1 → b	2 → b	3	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3	1	2	8
13*	NEBULIZER	1 → b	2 → b	3	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15*	OXYGEN FLOW METERS	1 → b	2 → b	3	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			
22*	WHEEL CHAIR	1 → b	2 → b	3	1	2	8
700C	Was an equipment audit conducted for this facility during the 2013-2014 fiscal year?	YES. 1 NO 2 DON'T KNOW. 8					→710 →710
700D	May I see the audit report for 2013-2014 fiscal year?	OBSERVED. 1 REPORTED, NOT SEEN 2					

CLIENT EXAMINATION ROOM

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE.

710*	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		

CLIENT WAITING AREA

720	Is there a waiting area for clients where they <u>are protected from the sun and rain?</u> ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITINGAREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES. 1 NO PROTECTED CLIENT WAITING AREA 2
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DISASTER PREPAREDNESS

720A*	Does this facility have a disaster preparedness contingency plan/manual?	YES. 1 NO. 2	→ 720C
720B*	May I see the disaster preparedness contingency plan/manual	OBSERVED. 1 REPORTED NOT SEEN. 2	
720C*	Does this facility conducted "Drill down" exercises as part of disaster preparedness training?	YES. 1 NO 2 DON'T KNOW 8	

SECTION 8: DIAGNOSTICS

800	CHECK Q102.17	DIAGNOSTIC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO DIAGNOSTIC SERVICES <input type="checkbox"/> GO TO NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.			

HEMATOLOGY

801*	Does this facility do any hemoglobin testing on site, i.e. in the facility?	YES 1 NO 2	→ 802D	
802*	Please tell me if: a) Any of the following hemoglobin test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER/UNEXPIRED
		Yes No	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW
01	Hematology analyzer (for total lymphocyte count, full blood count, platelet count, etc.)	1 → b 2 ↘ 02 ←	1 → c 2 → c 3 ↘ 02 ←	1 2 8 802D ↘
02	HemoCue	1 → b 2 ↘ 04 ←	1 → c 2 → c 3 ↘ 04 ←	1 2 8
03	Microcuvette		1 → c 2 → c 3 ↘ 04 ←	1 2 8
04*	Colorimeter or hemoglobinometer	1 → b 2 ↘ 08 ←	1 → c 2 → c 3 ↘ 08 ←	1 2 8
05	Drabkin's or other country-specific solution (for colorimeter and hemoglobinometer)		1 2 3	
06*	Pipette (for measuring blood volume)	1 → b 2 ↘ 08 ←	1 2 3	
08*	Sahl's hemoglobinometer	1 → b 2 ↘ 09 ←	1 2 3	
09	Other _____ (SPECIFY)	1 → b 2 ↘ 802D ←	1 2 3	
802D	Does this facility do any test for complete blood count (CBC) on site, i.e. in the facility, using hemocytometer?	YES 1 NO 2	→ 803	
802E	Please tell me if the following items needed for the test are available and in working order	(b)	(c)	
		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER?	
		OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW	
01	Hemocytometer (Glass slide)	1 → c 2 → c 3 ↘ 02 ←	1 2 8	
02	Cover glass for Hemocytometer	1 → c 2 → c 3 ↘ 03 ←		
03	Microscope for hemocytometer	1 → c 2 → c 3 ↘ 803 ←	1 2 8	
803*	Is CD4 testing services available from this facility?	YES 1 NO 2	→ 806	
803A	What type of CD4 testing service is available at this facility?	MOBILE 1 STATIC 2	→ 806	

804*	Please tell me if (Static service): a) Any of the following CD4 test equipment or assay is used in this facility, b) Equipment or items needed for the test are available, and c) Equipment is in working order	(a)		(b)			(c)		
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER OR UNEXPIRED?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Flow cytometer analyzer (e.g., FACS count machine (BD or PATEK Brand))	1 → b 2] 03 ↓		1 → c	2 → c	3] 03 ↓	1	2	8
02	Reagent kits for BD or Partek analyzer			1	2	3			
03	Flow cytometer analyzer - PIMA Brand	1 → b 2] 05 ↓		1 → c	2 → c	3] 05 ↓	1	2	8
04	Cartridges for PIMA analyzer			1	2	3			
05	Rapid CD4 test strips	1 → b 2] 806 ↓		1 → c	2 → c	3] 806 ↓	1	2	8

HIV TESTING

806	Does this facility conduct any HIV tests?, including HIV RDT, either in the facility or through referral?	YES..... 1 NO..... 2	→ 827			
807	Is HIV rapid diagnostic testing available from this service site?	YES..... 1 NO..... 2	→ 809			
808*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE
01	DETERMINE	1	2	3	4	5
02	UNIGOLD	1	2	3	4	5
03	STATPACK	1	2	3	4	5
04	TRIDOT	1	2	3	4	5
05	OTHER (SPECIFY) _____	1	2	3	4	5
809*	Do you use DBS card/paper to collect dried blood spots (DBS) at this site ?	YES..... 1 NO..... 2	→ 811			
809A	For what purpose are DBS samples collected?	EXTERNAL QUALITY ASSURANCE (EQUAS)..... 1 EARLY INFANT DIAGNOSIS (EID)..... 2 BOTH..... 3 DON'T KNOW..... 8				
810*	May I see a sample DBS paper/ card? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4				

811*	Please tell me if: a) Any of the following HIV test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order or kit unexpired	(a) EQUIPMENT USED/ TEST CONDUCTED		(b) ARE ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER OR UNEXPIRED?		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01*	HIV testing using ELISA assay/ CLIA	1	2 06						
02	ELISA/CLIA scanner or reader	1 → b	2 06	1 → c	2 → c	3 03	1	2	8
03	Plate Washer [ACCEPTABLE IF MANUAL WASHING]			1 → c	2 → c	3 04	1	2	8
04*	Specific ELISA assay / CLIA kit. E.G., BIO KIT ENZYGNOST, VIRONOSTICA, MUREX			1 → c	2 → c	3 05	1	2	8
05	INCUBATOR	1 → b	2 06	1 → c	2 → c	3 06	1	2	8
06*	Vortex mixer	1 → b	2 07	1 → c	2 → c	3 07	1	2	8
07	Western Blot test (assay)	1 → b	2 08	1	2	3			
08	PCR for viral load	1 → b	2 09	1 → c	2 → c	3 09	1	2	8
09	PCR for DNA-EID	1 → b	2 812	1 → c	2 → c	3 812	1	2	8
812*	Do you have the national HIV testing -guidelines on how to conduct HIV test (SOP, etc.)				YES. 1 NO. 2				→814
813	May I see the guidelines, instructions or SOP?				OBSERVED 1 REPORTED NOT SEEN. 2				
814*	Do you have the national HIV testing guidelines on confidentiality and disclosure of HIV test results MAY BE PART OF ANOTHER GUIDELINE				YES. 1 NO. 2				→816
815*	May I see the national HIV testing guidelines on confidentiality and disclosure of HIV results?				OBSERVED 1 REPORTED NOT SEEN. 2				
816*	Do you have the HIV testing guidelines ?				YES. 1 NO. 2				→818
817*	May I see the HIV testing guidelines?				OBSERVED 1 REPORTED NOT SEEN. 2				

818	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES..... 1 NO..... 2	→823		
819*	What system of external quality control for HIV tests is used in this laboratory? PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	PROFICIENCY PANEL..... A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE..... B BLOOD SENT OUTSIDE/CENTRAL LABORATORY..... C OTHER..... X			
820	Is there a record of the results from the external quality check?	YES..... 1 NO..... 2	→823		
821	May I see the records or results from the external quality check?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→823		
822	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NOT AVAILABLE..... 95			
823*	Do you send blood outside the facility for HIV diagnostic testing?	YES..... 1 NO..... 2	→827		
824*	For which HIV test do you send blood outside? PROBE	ELISA/EIA / CLIA..... A WESTERN BLOT..... B PCR FOR EID..... C RAPID TESTING..... D OTHER..... X			
825	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES..... 1 NO..... 2	→827		
826	May I see records of recent tests conducted outside this facility?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2			

INFECTION CONTROL

ASSESS THE HIV TESTING AREA (OR GENERAL LAB AREA IF NO HIV TESTING) FOR THE FOLLOWING ITEMS. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.				
827*	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04*	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3

CLINICAL CHEMISTRY

830	Does this facility do any blood glucose testing in the facility?	YES 1 NO 2	→ 832						
831	Please tell me if: a) Any of the following blood glucose test equipment is used in this facility b) Equipment is available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER OR UNEXPIRED?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Glucometer	1 → b 2] 832 ←	1 → c 2 → c 3] 832 ←	1 2 8					
02	Glucometer test strips		1 → c 2 → c 3] 832 ←	1 2 8					
832*	Does this facility do any liver function tests (such as ALT & AST) or renal function tests (such as serum creatinine, urea) on site?	YES..... 1 NO..... 2			→ 835A				
833*	Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose?	YES..... 1 NO..... 2			→ 835A				
834	May I see the blood chemistry analyzer?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2							
835	Is the blood chemistry analyzer functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2							
835A	Does this facility do bilirubin test?	YES..... 1 NO..... 2			→ 836				
835B	Does this facility have Bilirubinometer/Colorimeter that provides serum bilirubin?	YES..... 1 NO..... 2			→ 836				
835C	May I see the Bilirubinometer/Colorimeter?	OBSERVED..... 1 REPORTED NOT SEEN..... 2 NOT AVAILABLE TODAY..... 3			→ 836				
835D	Is the Bilirubinometer/Colorimeter is working order?	YES..... 1 NO..... 2 DON'T KNOW..... 8							
836	Does this facility do any urine chemistry testing using dipsticks and/or urine pregnancy test on site?	YES..... 1 NO..... 2			→ 838				
837	Please tell me if any of the following dipstick test is done (or used) in this location. If done or used, I will like to see one. IF DONE/USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED	(A) USED		(B) OBSERVED AVAILABLE					
		Yes	No	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY		
		01	Dip sticks for urine protein	1 → b 2] 02 ←	1 2 3 4				
		02	Dip sticks for urine glucose	1 → b 2] 03 ←	1 2 3 4				
03	Urine pregnancy test	1 → b 2] 838 ←	1 2 3 4						
838*	Do you ever send blood or urine outside the facility for blood chemistry, LFTs, urinalysis or pregnancy tests?	YES..... 1 NO..... 2			→ 840X				
839*	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED					
		YES	NO	YES	NO				
	01*	Blood chemistry (e.g. glucose, sodium, potassium etc.)	1 → b 2] 02 ←	1 2					
	02	Liver Function Test (LFT)	1 → b 2] 03 ←	1 2					
	03	Urinalysis	1 → b 2] 04 ←	1 2					
04	Pregnancy test	1 → b 2] 840 ←	1 2						

PARASITOLOGY/BACTERIOLOGY

840X	Does this facility have any of the following equipment/test on site: light or electron microscope, refrigerator in lab, incubator, test tubes, centrifuge, culture medium, glass slides and	YES..... 1 NO..... 2	→841		
840*	Please tell me if: a) Any of the following EQUIPMENT is used in the facility b) Is available, and c) Equipment is functioning	(a)	(b)	(c)	
		EQUIPMENT/ TEST USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER?	
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	YES NO DON'T KNOW	
	01	LIGHT MICROSCOPE	1 → b 2 ↘ 02 ↙	1 → c 2 → c 3 ↘ 02 ↙	1 2 8
	02	ELECTRON MICROSCOPE	1 → b 2 ↘ 03 ↙	1 → c 2 → c 3 ↘ 03 ↙	1 2 8
	03	REFRIGERATOR IN LAB AREA	1 → b 2 ↘ 04 ↙	1 → c 2 → c 3 ↘ 04 ↙	1 2 8
	04	INCUBATOR	1 → b 2 ↘ 05 ↙	1 → c 2 → c 3 ↘ 05 ↙	1 2 8
	05	TEST TUBES	1 → b 2 ↘ 06 ↙	1 2 3	
	06*	CENTRIFUGE	1 → b 2 ↘ 07 ↙	1 → c 2 → c 3 ↘ 7 ↙	1 2 8
	07	CULTURE MEDIUM	1 → b 2 ↘ 08 ↙	1 2 3	
08	GLASS SLIDES AND COVERS	1 → b 2 ↘ 841 ↙	1 2 3		
841	Does this facility do any MALARIA tests (microscopy or mRDT) on site, i.e., in the facility?	YES..... 1 NO..... 2	→847C		
842	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?	YES..... 1 NO..... 2	→847		
843	May I see a sample malaria rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4			
845	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES..... 1 NO..... 2	→847		
846	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2			
847*	Please tell me if: a) Any of the following malaria tests or equipment is used in the facility b) All items needed for the test are available	(a)	(b)		
		EQUIPMENT/ TEST USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY		
	01*	GIEMSA STAIN / WRIGHT'S STAIN	1 → b 2 ↘ 02 ↙		1 2 3
02	FIELD STAIN	1 → b 2 ↘ 03 ↙	1 2 3		
03	ACRIDINE ORANGE (AO microscope, and Acridine orange stain)	1 → b 2 ↘ 847C ↙	1 2 3		

847C*	Does this facility do any test for Diagnosis of Kalaazar / Leishmaniasis?	YES..... 1 NO..... 2	→848				
847D*	Does this facility use rapid diagnostic test Kit (RK-39) for diagnosis of Kalaazar / Leishmaniasis??	YES..... 1 NO..... 2	→848				
847E	May I see a sample of RK-39? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4					
848	Does this facility do any GRAM STAINING ?	YES..... 1 NO..... 2	→850				
849	Please tell me if the following are used and are available today. IF USED ASK TO SEE IT	(a)	(b)				
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY		
	01	Crystal violet or Gentian violet	1 → b 2 } 02 ↓	1	2	3	
	02	Lugol's iodine / Lugol's solution	1 → b 2 } 03 ↓	1	2	3	
03	Acetone or Acetone alcohol	1 → b 2 } 04 ↓	1	2	3		
04	Neutral red, carbol fuchsin, or other counter stain	1 → b 2 } 850 ↓	1	2	3		
850	Do you ever send any specimen outside for Gram staining, India Ink staining, malaria testing or for culture?	YES..... 1 NO..... 2	→852				
851	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED			
		YES	NO	YES	NO		
	01	Gram stain	1 → b 2 } 02 ↓	1	2		
	02	India ink stain	1 → b 2 } 03 ↓	1	2		
	03	Malaria	1 → b 2 } 04 ↓	1	2		
04	Specimen for culture	1 → b 2 } 852 ↓	1	2			
852	Does this facility do STOOL MICROSCOPY ?	YES..... 1 NO..... 2	→854				
853	Please tell me if the following are used and are available today.	(a)	(b)				
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY		
	01	Formal saline (for concentration method)	1 → b 2 } 02 ↓	1	2	3	
02	Normal saline (for direct microscopy)	1 → b 2 } 03 ↓	1	2	3		
03	Lugol's iodine / Lugol's solution	1 → b 2 } 854 ↓	1	2	3		

SYPHILIS

854	Does this facility do any syphilis testing on site, i.e., in the facility?	YES..... 1 NO..... 2	→ 859		
855	Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site?	YES..... 1 NO..... 2	→ 857		
856	May I see a sample syphilis rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4			
857	Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility?	YES..... 1 NO..... 2	→ 859		
858	Please tell me if: a) Any of the following syphilis test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?	
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW	
	01	VDRL	1 → b 2 } 02 ←	1 2 3	
	02	PCR for STIs (CTN)	1 → b 2 } 03 ←	1 2 3	
	03	Rotator or shaker		1 → c 2 → c 3 } 04 ←	1 2 3
	04	Rapid plasma reagin test (RPR)	1 → b 2 } 05 ←	1 2 3 } 05 ←	
	05	Treponema Pallidum Hemagglutination Assay (TPHA)	1 → b 2 } 859 ←	1 2 3 } 859 ←	

CHLAMYDIA

859	Does this facility do any chlamydia testing on site, i.e., in the facility?	YES..... 1 NO..... 2	→ 861
860*	Please tell me if: a) Any of the following chlamydia test, test equipment, or stain is used in the facility; b) All items needed for the test are available, and	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE
	01*	Geimsa stain / Gram stain / Wright's stain	1 → b 2 } 02 ←
02*	PCR for CHLAMYDIA	1 → b 2 } 861 ←	1 2 3

TUBERCULOSIS

861	Does this facility do any TB tests on site?	YES..... 1 NO..... 2	→865	
862	Please tell me IF: a) Any of the following TB tests or equipment is used in the facility b) All items needed for the test are available c) Equipment is functioning	(a)	(b)	(c)
		EQUIPMENT/ TEST USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	YES NO DON'T KNOW
01	Ziehl-Neelson test for AFB	1 2 05 ↙		
02	Carbol-Fuchsin	1 → b 2] 03 ↙	1 2 3	
03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol	1 → b 2] 04 ↙	1 2 3	
04	Methylene Blue	1 → b 2] 05 ↙	1 2 3	
05	Fluorescence Microscope (FM) - LED	1 → b 2] 06 ↙	1 → c 2 → c 3] 06 ↙	1 2 8
06	Culture / growth medium for Mycobacterium Tuberculosis (e.g., MGIT 960)	1 → b 2] 07 ↙	1 2 3	
07	Biosafety hood / cabinet	1 → b 2] 08 ↙	1 2 3	
08	Auramine stain for Fluorescence Microscope ASK ONLY IF (05) YES AND AVAILABE (OBSERVED OR REPORTED NOT SEEN)	1 → b 2] 863 ↙	1 2 3	
863*	Is Gene Expert services available at this facility?	YES..... 1 NO..... 2	→865	
863A	What type of service is it?	MOBILE..... 1 STATIC..... 2		
864*	May I see a sample TB rapid diagnostic test (RDT) kit for Gene Expert? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
865	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES..... 1 NO..... 2	→867	
866*	May I see a sample sputum container?	OBSERVED..... 1 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
867	Does this laboratory send sputum outside the facility for TB testing?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→870	
868	Do you maintain records of result of sputum tests conducted elsewhere?	YES..... 1 NO..... 2	→870	
869	May I see the record or register?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2		
869A	CHECK Q861 TB TEST DONE ON SITE (CODE 1 CIRCLE) <input type="checkbox"/> TB TEST NOT DONE ON SITE (CODE 2 CIRCLE) <input type="checkbox"/>		→873A	
870*	Is there a system for quality control (either internal or external) for the TB sputum smears assessed in this laboratory?	YES..... 1 NO..... 2	→873A	
871	Please tell me which type of Quality Control / Quality Assurance practice is followed by this facility PROBE TO DETERMINE WHICH TYPE OF QUALITY CONTROL IS USED	INTERNAL QC / QA ONLY..... 1 EXTERNAL QC / QA ONLY..... 2 INTERNAL & EXTERNAL QC / QA..... 3 SEND SLIDE FOR RE-READING..... 4 OTHER (SPECIFY)..... 6		
872*	Are records maintained of the results from the quality control (internal or external) procedures?	YES..... 1 NO..... 2	→873A	

873	Are records maintained for the internal QC / QA procedures, the external QC / QA procedures, or for both internal and external QC / QA procedures?	RECORDS FOR IQC / IQA ONLY..... 1 RECORDS FOR EQC / EQA ONLY..... 2 RECORDS FOR BOTH INTERNAL AND EXTERNAL QC / QA PROCEDURES..... 3	
873A	Do you have the Sputum Microcopy Manual available in this service area?	YES..... 1 NO..... 2	→874A
873B	May I see the Sputum Microcopy Manual?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

HEPATITIS B & C

874A	Does this facility do any tests for Hepatitis B?	YES..... 1 NO..... 2	→874D
874B	Do you use Hep B RDT for detection of Hep B surface antigen (HBsAg)?	YES..... 1 NO..... 2	→874D
874C	May I see the kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4	
874D	Does this facility do any tests for Hepatitis C?	YES..... 1 NO..... 2	→880
874E	Do you use test kit to diagnose Hep C?	YES..... 1 NO..... 2	→880
874F	May I see the kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4	

DIAGNOSTIC IMAGING

880*	Does this facility perform diagnostic X-rays, ultrasound, computerized tomography or MRI? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.	YES..... 1 NO..... 2	<div style="text-align: center;"> SKIP TO NEXT SECTION </div>						
881*	Please tell me if: a) If any of the following imaging equipment is used in the facility b) if it is available today, and c) if it is functioning today	(a) EQUIPMENT USED		(b) EQUIPMENT AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	1→b	2] 02←	1→c	2→c	3] 02←	1	2	8
02	X-RAY MACHINE	1→b	2] 04←	1→c	2→c	3] 03←	1	2	8
03*	UNEXPOSED FILM FOR X-RAY			1→c	2→c	3] 04←	1	2	8
04*	ULTRASOUND MACHINE	1→b	2] 05←	1→c	2→c	3] 05←	1	2	8
05*	CT SCAN	1→b	2] 06←	1→c	2→c	3] 06←	1	2	8
06*	MRI	1→b	2] NEXT SECTION←	1→c	2→c	3] SKIP TO NEXT SECTION←	1] ALL SKIP TO NEXT SECTION	2]	8]
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE									

SECTION 9: MEDICINES AND COMMODITIES

900	CHECK Q210	FACILITY STORES MEDICINES <input type="checkbox"/>	FACILITY STORES NO MEDICINES <input type="checkbox"/>
		↓	←
		GO TO NEXT SECTION	

SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES. IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

ANTIBIOTICS

901*	Are any of the following antibiotics available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults) #	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLETS (Oral antibiotics for children) #	1	2	3	4	5
03	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic) #	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAZONE INJECTION (Injectable antibiotic) #	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation) #	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET (Oral antibiotics for children) #	1	2	3	4	5
13	DOXYCYCLINE TABS/CAPS [Broad spectrum antibiotic] #	1	2	3	4	5
14	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
15	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic) #	1	2	3	4	5
17*	METRONIDAZOLE TABLETS/SYRUP [antibiotic/amebecide/antiprotozoal] #	1	2	3	4	5
18*	METRONIDAZOLE INJECTION/INFUSION #	1	2	3	4	5
19	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
20	TETRACYCLINE [Broad spectrum antibiotic, oral caps] #	1	2	3	4	5
21	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
23*	CHLORAMPHENICOL (Caps/Applicap) #	1	2	3	4	5
24*	CLOXACILLIN (Tabs/Caps) #	1	2	3	4	5
25*	NEOMYCIN OINTMENT #	1	2	3	4	5
26*	CIPROFLOXACIN INFUSION	1	2	3	4	5
27*	CIPROFLOXACIN EAR DROP	1	2	3	4	5
28*	CIPROFLOXACIN EYE DROP	1	2	3	4	5

MEDICINES FOR WORM INFESTATION

902	Are any of the following medicines for the treatment of worm infestations available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
		1	2	3	4	5
01	ALBENDAZOLE #	1	2	3	4	5
02	MEBENDAZOLE	1	2	3	4	5

MEDICINES FOR NON-COMMUNICABLE DISEASES

903	Are any of the following medicines for the management of non-communicable diseases available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	AMITRIPTYLINE (Depression) #	1	2	3	4	5
02	AMLODIPINE / NIFEDIPINE TABLETS (CCB for high blood pressure) #	1	2	3	4	5
03	ATENOLOL (Beta-blocker, Angina/hypertension) #	1	2	3	4	5
04	BECLOMETHASONE INHALER	1	2	3	4	5
05	BETAMETHASONE INJECTION	1	2	3	4	5
06	CAPTOPRIL / ENALAPRIL / ANY OTHER ACE INHIBITOR (Vaso-dilatation, cardiac hypertension) (ACE INHIBITOR)	1	2	3	4	5
07	DEXAMETHASONE INJECTION #	1	2	3	4	5
08	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant) #	1	2	3	4	5
11*	EPINEPHRINE/ADRENALINE INJECTION #	1	2	3	4	5
12*	FUROSEMIDE / LASIX (DIURETIC) INJECTION/TABLETS #	1	2	3	4	5
13*	THIAZIDE DIURETIC (HYDROCHLOROTHIAZIDE) #	1	2	3	4	5
14	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
15*	GLUCOSE (5% DEXTROSE) INJECTABLE SOLUTION #	1	2	3	4	5
16	HEPARIN INJECTION	1	2	3	4	5
17	HYDROCORTISONE #	1	2	3	4	5
18	INSULIN INJECTIONS [DIABETES]	1	2	3	4	5
19	ISOSORBIDE DINITRATE	1	2	3	4	5
20	METFORMIN TABLETS #	1	2	3	4	5
22*	RANITIDINE / OMEPRAZOLE / PENTOPRAZOLE (Gastro-esophageal reflux) #	1	2	3	4	5
23	PREDNISOLONE #	1	2	3	4	5
24*	SALBUTAMOL TABLETS/INHALER (Bronchospasms/Chronic asthma) #	1	2	3	4	5
25	SIMVASTATIN (High cholesterol)	1	2	3	4	5
26	ASPIRIN CAPSULES/TABLETS #	1	2	3	4	5
27	METOCHLOPRAMIDE TABLETS/INJECTION #	1	2	3	4	5
28	CHLORPHENIRAMINE TABLETS #	1	2	3	4	5
29	PHENIRAMINE INJECTION #	1	2	3	4	5
30	CETRIZINE (TABS/SUSPENSION) #	1	2	3	4	5
31	ALUMINIUM HYDROXIDE + MAGNESIUM HYDROXIDE TABLETS (ANTACID) #	1	2	3	4	5
32	HYOSCINE BUTYLBROMIDE (TABS/INJECTION) #	1	2	3	4	5
33	PHENOBARBITONE TABLETS #	1	2	3	4	5
34	PROMETHAZINE HYDROCHLORIDE TABLETS #	1	2	3	4	5
35	ALPRAZOLAM TABLETS #	1	2	3	4	5
36	CHLORPROMAZINE TABLETS #	1	2	3	4	5
37	DIGOXIN TABLETS #	1	2	3	4	5
38	ALLOPURINOL TABLETS #	1	2	3	4	5
39	CARBAMAZEPINE TABLETS #	1	2	3	4	5
40	OXYMETAZOLINE NASAL DROPS #	1	2	3	4	5
41	ACETAZOLAMIDE TABLETS #	1	2	3	4	5
42	LEVOTHYROXIN TABLETS #	1	2	3	4	5
43	AMINOPHYLLINE TABLETS #	1	2	3	4	5

ANTI-FUNGAL MEDICINES

904*	Are any of the following anti-fungal medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01*	FLUCONAZOLE TABLETS/OINTMENT #	1	2	3	4	5
02	MICONAZOLE VAGINAL PESSARIES	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN ORAL SUSPENSION	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARIES/CREAM	1	2	3	4	5
06	COTRIMAZOLE SKIN CREAM #	1	2	3	4	5
07	COTRIMAZOLE PESSARY TAB #	1	2	3	4	5

ANTIMALARIAL MEDICINES

905*	Are any of the following antimalarial medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	ARTEMETHER LUMEFANTRINE (ALU) TABLETS/PACK	1	2	3	4	5
05	SULFADOXINE + PYRIMETHAMINE (SP)	1	2	3	4	5
06	QUININE TABLETS	1	2	3	4	5
07	QUININE INJECTION	1	2	3	4	5
08	INJECTABLE ARTESUNATE	1	2	3	4	5
10	OTHER ANTI-MALARIAL MEDICINE [OTHER THAN ARTESUNATE + AMODIAQUINE TABS]	1	2	3	4	5
11	CHLOROQUINE TABLETS	1	2	3	4	5
12*	PRIMAQUINE TABLETS	1	2	3	4	5

MEDICINES FOR TREATMENT OF KALAAZAR / LEISHMANIASIS

'905A	Are any of the following medicines for treatment for Kalazaar / Leishmaniasis available in the facility today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	TAB MILTEFOSINE	1	2	3	4	5
02	INJ. AMPHOTERICIN B	1	2	3	4	5
03	INJ. LIPOSOMAL AMPHOTERICIN B	1	2	3	4	5
04	COMBINATION (MILTEFOSINE + PARAMYCIN)	1	2	3	4	5

MATERNAL AND CHILD HEALTH

906*	Are any of the following medicines for maternal health and child available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
02	FOLIC ACID TABLETS #	1	2	3	4	5
03	IRON TABLETS #	1	2	3	4	5
04	IRON + FOLIC ACID COMBINATION TABLET #	1	2	3	4	5
05	MAGNESIUM SULPHATE INJECTION	1	2	3	4	5
06	MISOPROSTOL TABLETS/CAPSULES	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08*	TETANUS DIPHTERIA TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS #	1	2	3	4	5
10	VITAMIN A CAPSULES	1	2	3	4	5
11	ZINC TABLETS #	1	2	3	4	5
12*	INJECTION VITAMIN K	1	2	3	4	5
13*	MEDICAL ABORTION COMBI-PACK (MIFEPRISTONE 200mg + MISOPROSTOL 800 microgram vaginal tablets)	1	2	3	4	5

INTRAVENOUS FLUIDS

907	Are any of the following intravenous fluids available in the facility/location today?	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION #	1	2	3	4	5
02	RINGERS LACTATE #	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE	1	2	3	4	5

FEVER REDUCING AND PAIN MEDICINES

908*	Are any of the following OTHER medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	DICLOFENAC TABLETS/INJECTION (Strong oral pain medicine) #	1	2	3	4	5
02	PARACETAMOL TABLETS/INJECTION #	1	2	3	4	5
03	PARACETAMOL SYRUP OR DISPERSIBLE PEDIATRIC-DOZED TABLETS #	1	2	3	4	5
04	IBUPROFEN TABLETS #	1	2	3	4	5
05	INDOMETHACIN TABLETS #	1	2	3	4	5

OTHERS

908A	Are any of the following OTHER medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	ACYCLOVIR TABS/OINTMENT (ANTIVIRAL) #	1	2	3	4	5
02	TINIDAZOLE TABLETS (ANTI-PROTOZOAL) #	1	2	3	4	5
03	VITAMIN B COMPLEX #	1	2	3	4	5
04	CALAMINE LOTION #	1	2	3	4	5
05	GAMMA BENZENE HEXACHLORIDE LOTION #	1	2	3	4	5
06	BENZOIC ACID + SALICYLIC ACID OINTMENT #	1	2	3	4	5
07	SILVER SULPHADIAZINE CREAM #	1	2	3	4	5
08	GENTIAN VIOLET SOLUTION (2%) #	1	2	3	4	5
09	POVIDONE IODINE #	1	2	3	4	5
10	CLOVE OIL #	1	2	3	4	5
11	ATROPINE INJECTION #	1	2	3	4	5
12	PALIDOXIME SODIUM #	1	2	3	4	5
13	ACTIVATED CHARCOAL #	1	2	3	4	5
14	LIGNOCAINE INJECTION #	1	2	3	4	5

STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

909	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
911	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today?	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 OTHER SYSTEM (SPECIFY) 6	
	ASK TO SEE THE SYSTEM AND RECORD OBSERVATION		

SUPPLY ITEMS

912	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
02	INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS	1	2	3
04	LATEX GLOVES	1	2	3
05	ALCOHOL-BASED HAND RUB	1	2	3
06	HAND WASHING SOAP	1	2	3
07	DISINFECTING SOLUTION	1	2	3
08	INSECTICIDE TREATED MOSQUITO NETS	1	2	3
912A*	Do you have the following items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	Refrigerator for storage of drugs that need refrigeration. This is a refrigerator other than the refrigerator for storing vaccines, and even the refrigerator for storing blood.	1	2	3
02	Thermometer to monitor room temperature where drugs are stored	1	2	3

SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	CHECK Q212 CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (TB MEDS?) <input type="checkbox"/>																
921*	Are any of the following CONTRACEPTIVE commodities available in the facility/ location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">(A) OBSERVED AVAILABLE</th> <th colspan="3">(B) NOT OBSERVED</th> <th colspan="3">(C) OUT OF STOCK IN LAST SIX MONTHS</th> </tr> <tr> <th>AT LEAST ONE VALID</th> <th>AVAILABLE NONE VALID</th> <th>REPORTED AVAILABLE NOT SEEN</th> <th>NOT AVAILABLE TODAY</th> <th>DK / NEVER AVAILABLE</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			(C) OUT OF STOCK IN LAST SIX MONTHS			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE	YES	NO	DK
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			(C) OUT OF STOCK IN LAST SIX MONTHS													
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE	YES	NO	DK											
01*	COMBINED ORAL CONTRACEPTIVE PILLS (OCP)	1	2	3	4	5 } 02	1	2	8									
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5 } 04	1	2	8									
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3	4	5 } 05	1	2	8									
05	MALE CONDOMS	1	2	3	4	5 } 07	1	2	8									
07*	INTRAUTERINE CONTRACEPTIVE DEVICE (COPPER-T)	1	2	3	4	5 } 08	1	2	8									
08*	IMPLANT (ZEDEL)	1	2	3	4	5 } 09	1	2	8									
09*	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2, ECP)	1	2	3	4	5 } 922	1	2	8									

STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

922	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
923	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL COMMODITIES. 1 NOT ALL COMMODITIES. 2 NO. 3	
924	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
924A	When was the last time that you received a routine supply of contraceptive methods?	WITHIN PRIOR 4 FULL WEEKS 1 BETWEEN 4-12 WEEKS 2 MORE THAN 12 WEEKS AGO 3 NO ROUTINE SUPPLY SYSTEM 4 DON'T KNOW 8	
924B	Does this facility determine the quantity of each contraceptive method required and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS 1 NEED DETERMINED ELSEWHERE 2 → 925 BOTH (DIFFER BY COMMODITY) 3 DON'T KNOW 8 → 925	

924C	<p>Routinely, when you order contraceptive methods, which best describes the system you use to determine how much of each to order? Do you:</p> <ul style="list-style-type: none"> - Review the amount of each method remaining, and order to bring the stock amount to a pre-determined (fixed) amount? - Order exactly the same quantity each time, regardless of the existing stock? - Review the amount of each method used since the previous order, and plan based on prior utilization and expected future activity? - Other _____ (SPECIFY) <p>DON'T KNOW</p>	<p>ORDER TO MAINTAIN FIXED STOCK 1</p> <p>ORDER SAME AMOUNT 2</p> <p>ORDER BASED ON UTILIZATION 3</p> <p>OTHER 6</p> <p>DON'T KNOW 8 → 925</p>	
924D	<p>On average approximately how long does it take between ordering and receiving family planning commodities for this facility?</p>	<p>< 2 WEEKS 1</p> <p>≥ 2 WEEKS BUT NOT UP TO ONE MONTH 2</p> <p>≥ 1 MONTH BUT NOT UP TO 2 MONTHS 3</p> <p>≥ 2 MONTH BUT NOT UP TO 4 MONTHS 4</p> <p>≥ 4 MONTH BUT NOT UP TO 6 MONTHS 5</p>	
925	<p>PRESENTLY INTERVIEWING IN PHARMACY</p> <p>PROCEED TO NEXT SECTION OR SERVICE SITE ←</p>	<p>PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA</p> <p>THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←</p>	

SECTION 9.3: ANTI-TB DRUGS

930	CHECK Q214 ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (ARV MEDS?) ←						
931	Are any of the following TB medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE (B) NOT OBSERVED						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">AT LEAST ONE VALID</th> <th style="width: 15%;">AVAILABLE NONE VALID</th> <th style="width: 15%;">REPORTED AVAILABLE NOT SEEN</th> <th style="width: 15%;">NOT AVAILABLE TODAY</th> <th style="width: 15%;">DK / NEVER AVAILABLE</th> </tr> </table>		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE			
01	ETHAMBUTOL TABS (E)	1 2 3 4 5						
02	ISONIAZID TABS (INH, H)	1 2 3 4 5						
03	PYRAZINAMIDE (Z)	1 2 3 4 5						
04	RIFAMPICIN (R)	1 2 3 4 5						
05	ISONIAZID + RIFAMPICIN	1 2 3 4 5						
06	ISONIAZID + ETHAMBUTOL (EH) (2FDC)	1 2 3 4 5						
07	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (RHZ) (3FDC)	1 2 3 4 5						
08	ISONIAZID + RIFAMPICIN + ETHAMBUTOL (RHE) (3FDC)	1 2 3 4 5						
09	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)	1 2 3 4 5						
10	STREPTOMYCIN INJECTABLE	1 2 3 4 5						

STORAGE CONDITION: ANTI-TB MEDICINES

932*	OBSERVE THE PLACE WHERE THE TB MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
06	ARE THE MEDICINES PROTECTED FROM MOISTURE/HUMIDITY?	1	2
933	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
934	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED VACCINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
935	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN TB SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

SECTION 9.4: ANTIRETROVIRAL MEDICINES

940	CHECK Q216 ARV MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	ARV MEDICINES STORED IN ART SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION ←					
941*	Are any of the following Nucleoside Reverse Transcriptase Inhibitor (NTRI) ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE (B) NOT OBSERVED					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">AT LEAST ONE VALID</td> <td style="width: 15%; text-align: center;">AVAILABLE NONE VALID</td> <td style="width: 15%; text-align: center;">REPORTED AVAILABLE NOT SEEN</td> <td style="width: 15%; text-align: center;">NOT AVAILABLE TODAY</td> <td style="width: 15%; text-align: center;">DK / NEVER AVAILABLE</td> </tr> </table>	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE			
01	ZIDOVUDINE (ZDV, AZT) TABLETS	1 2 3 4 5					
02	ZIDOVUDINE (ZDV, AZT) SYRUP OR DISPERSIBLE TABLETS	1 2 3 4 5					
03	ABACAVIR (ABC) TABLETS	1 2 3 4 5					
04*	DIDANOSINE (ddl) CAP	1 2 3 4 5					
05	LAMIVUDINE (3TC) TABLETS	1 2 3 4 5					
06	LAMIVUDINE (3TC) SYRUP	1 2 3 4 5					
07	STAVUDINE 30 (D4T)	1 2 3 4 5					
08	STAVUDINE SYRUP	1 2 3 4 5					
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1 2 3 4 5					
942*	Are any of the following Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE (B) NOT OBSERVED					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">AT LEAST ONE VALID</td> <td style="width: 15%; text-align: center;">AVAILABLE NONE VALID</td> <td style="width: 15%; text-align: center;">REPORTED AVAILABLE NOT SEEN</td> <td style="width: 15%; text-align: center;">NOT AVAILABLE TODAY</td> <td style="width: 15%; text-align: center;">DK / NEVER AVAILABLE</td> </tr> </table>	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE			
01	NEVIRAPINE (NVP) TABLETS	1 2 3 4 5					
02	NEVIRAPINE (NVP) SYRUP	1 2 3 4 5					
03	EFAVIRENZ (EFV) TABLETS/CAPSULES	1 2 3 4 5					
04	EFAVIRENZ (EFV) SYRUP	1 2 3 4 5					
943*	Is the following Protease Inhibitor ARV available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE (B) NOT OBSERVED					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">AT LEAST ONE VALID</td> <td style="width: 15%; text-align: center;">AVAILABLE NONE VALID</td> <td style="width: 15%; text-align: center;">REPORTED AVAILABLE NOT SEEN</td> <td style="width: 15%; text-align: center;">NOT AVAILABLE TODAY</td> <td style="width: 15%; text-align: center;">DK / NEVER AVAILABLE</td> </tr> </table>	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE			
10*	LOPINAVIR (LPV) + RITONAVIR (RTV)	1 2 3 4 5					

944*	Are any of the following Fusion Inhibitor or Combined ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
02	STAVUDINE + LAMIVUDINE [D4T + 3TC]	1	2	3	4	5
03	STAVUDINE + LAMIVUDINE + NEVIRAPINE [D4T + 3TC + NVP]	1	2	3	4	5
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
05	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	2	3	4	5
06	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	2	3	4	5
08	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	2	3	4	5
09	TENOFOVIR + LAMIVUDINE + EFAVIRENZ [TDF + 3TC + EFV]	1	2	3	4	5

STORAGE CONDITION - ARV MEDICINES

945	OBSERVE THE LOCATION WHERE ARVs ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE ARVs OFF THE FLOOR?	1	2
02	ARE THE ARVs PROTECTED FROM WATER	1	2
03	ARE THE ARVs PROTECTED FROM THE DIRECT SUN LIGHT?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
946*	ARE THE ARVs ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out"; "FEFO")	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
947	What system does this facility use to monitor the amount of ARV medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVs. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVs. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
948	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN ART SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE ART SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

MODULE 3: SERVICE-SPECIFIC READINESS

CHILD HEALTH SERVICES

SECTION 10: CHILD VACCINATION

1000	CHECK Q102.01	CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/>	NO CHILD VACCINATION SERVICES <input type="checkbox"/>
		↓	←
NEXT SECTION OR SERVICE SITE			
ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD VACCINATION SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1001*	Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days per month the service is provided at the facility, and how many days per month as outreach, if any.</i>		
	CHILD VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH
01	Routine DPT+HepB+Hib (pentavalent)	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
02	Routine polio vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
03	Routine MR vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
04	BCG vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
05*	Pneumococcal Vaccination (PCV)	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
06*	Japanese encephalitis vaccination (JE Vaccination)	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
1002*	Do you have the national immunization manual for child vaccinations available in this service area today?	YES 1 NO 2	→ 1004
1003*	May I see the national immunization manual for child vaccinations?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1006
1004*	Do you have any other guidelines for child vaccinations (i.e. Khopko Byawaharik Gyan 2070, Measles Rubella Khop sambandhi Nirdeshika) available in this service area today?	YES 1 NO 2	→ 1006
1005*	May I see these guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

1006*	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
01	Blank/unused individual child vaccination cards or booklets	1	2	3		
02	Tally sheets	1	2	3		
04*	FCHV report forms (HMIS 9.1)	1	2	3		
05*	Immunization and outreach clinic programme report (HMIS 9.2)	1	2	3		
06*	Monthly progress report (HMIS 9.3) (IF SHP, HP, PHC)	1	2	3		
07*	Hospital monthly progress report (HMIS 9.4) (IF PUBLIC HOSPITAL)	1	2	3		
08*	Immunization register	1	2	3		
1007*	Does this facility routinely store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	ROUTINELY STORE SOME VACCINES. 1 RECEIVE ALL VACCINES FROM HIGHER CENTER AND STORES FOR SHORT TIME. 3 STORES NO VACCINES. 2			→ 1014 → 1014	
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED. 1 REFRIGERATOR NOT OBSERVED. 2			→ 1014	
1009	Do you maintain a cold-chain temperature monitoring chart?	YES. 1 NO. 2			→ 1012	
1010	May I see the cold-chain temperature monitoring chart?	OBSERVED. 1 REPORTED NOT SEEN. 2			→ 1012	
1011	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED 1 NO, NOT COMPLETED 2				
1012*	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it.	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
	IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM UNCHANGED, NOT FROZEN) (May be available on vaccination days only?)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK/ NEVER AVAILABLE
01	DPT+HepB+Hib [PENTAVALENT]	1	2	3	4	5
02*	ORAL POLIO VACCINE/ IPV	1	2	3	4	5
03	MR VACCINE AND DILUENT	1	2	3	4	5
04	BCG VACCINE AND DILUENT	1	2	3	4	5
05*	PNEUMOCOCCAL CONJUGATE VACCINE (PCV 13)	1	2	3	4	5
06*	JAPANESE ENCEPHALITIS VACCINE (JE VACCINE)	1	2	3	4	5
1013	WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?	BETWEEN +2 AND +8 DEGREES. 1 ABOVE +8 DEGREES. 2 BELOW +2 DEGREES. 3 THERMOMETER NOT FUNCTIONAL. 4 NO THERMOMETER 5				
1014*	How many vaccine carriers or cold boxes do you have? ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE.	ONE 1 TWO OR MORE SETS. 2 NONE. 3			→ 1015B	
1015*	How many sets of ice packs or cool water packs do you have? ASK TO SEE THE ICE PACKS. REPORTED RESPONSE ACCEPTABLE NOTE: 4-5 ICE PACKS MAKE ONE SET	ONE SET. 1 TWO OR MORE SETS. 2 NO ICE PACKS, USE PURCHASED ICE. 3 NO ICE PACKS. 4			→ 1015B	

1015A	OBSERVE ICEPACKS CONDITIONING.	ICEPACK CONDITIONING MAINTAINED 1 NOT MAINTAINED 2	
1015B	Does this facility have vaccine bundling system? (Syringe, Icepacks, Diluent, Safety Boxes and Re-constitution Syringe)	YES. 1 NO. 2	→ 1015D
1015C	May I see vaccine bundling commodities? OBSERVE IF COMMODITIES BUNDLING (MANAGED BY THE FACILITY) IS ACCORDING TO THE DOSES OF VACCINES.	OBSERVED. 1 REPORTED, NOT SEEN. 2 NOT AVAILABLE (NOT VACCINATION DAY) 3	
1015D	Do you follow multi dose-vial policy (MDVP) ?	YES. 1 NO. 2	
1015E	Do you follow vaccine vial monitoring (VVM) ?	YES. 1 NO. 2	
1015F	Does this facility use the Adverse Effect Following Immunization (AEFI) form to report vaccine-related adverse effects?	YES. 1 NO. 2	→ 1050
1015G	May I see a copy of the form?	OBSERVED. 1 REPORTED, NOT SEEN. 2 NOT AVAILABLE 3	

INFECTION CONTROL

1050	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.	GENERAL INFORMATION [Q710]. 11 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE	
	IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED			
1051*	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04*	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
1052	DESCRIBE THE SETTING OF THE CHILD VACCINATION SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 11: CHILD GROWTH MONITORING SERVICES

1100	CHECK Q102.02	GROWTH MONITORING SERVICES AVAILABLE <input type="checkbox"/>	NO GROWTH MONITORING SERVICES <input type="checkbox"/>				
		NEXT SECTION OR SERVICE SITE ←					
ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1101	Please tell me the number of days per month that growth monitoring services are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH				
01	Child growth monitoring	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>				
1102	Do you have the HMIS instruction for growth monitoring available in this service area today? (HMIS user manual)	YES..... 1 NO GUIDELINE AVAILABLE..... 2	→ 1104				
1103	May I see the HMIS instruction for growth monitoring?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1104*	I would like to know if the following items are available in this service area and are functioning. I would like to see them.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 b	2 b	3 } 02 ←	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 b	2 b	3 } 03 ←	1	2	8
03	HEIGHT OR LENGTH BOARD	1 b	2 b	3 } 04 ←	1	2	8
04	TAPE FOR MEASURING HEAD CIRCUMFERENCE	1 b	2 b	3 } 05 ←	1	2	8
05	GROWTH CHARTS (HMIS 2.1)	1	2	3			
06*	TAPE FOR MID-UPPER ARM CIRCUMFERENCE (MUA) (SAKIR TAPE)	1 b	2 b	3 } NEXT SECTION*	1	2	8
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 12: CHILD CURATIVE CARE SERVICES

1200	CHECK Q102.03 CURATIVE CARE SERVICES AVAILABLE <input type="checkbox"/>	NO CURATIVE CARE SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
1201	Please tell me the number of days per month that consultations or curative care for children under 5 are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES		
01	Consultation or curative care services for sick children	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/> 00=NO SERVICE		
1202*	Please tell me if providers of child health services in this facility provide the following services	YES	NO		
01	DIAGNOSE AND/OR TREAT CHILD MALNUTRITION	1	2		
02	PROVIDE VITAMIN A SUPPLEMENTATION TO CHILDREN	1	2		
04	PROVIDE ZINC SUPPLEMENTATION TO CHILDREN	1	2		
05*	PROVIDE DEWORMING TO SCHOOL CHILDREN	1	2		
06*	PROVIDE BALVITA, MICRONUTRIENT POWDER (MNP)	1	2		
1203	Do providers of services for sick children in this facility follow the IMNCI guidelines in the provision of services to children under 5 years?	YES..... 1 NO..... 2			
1204	Do you have the IMNCI guidelines (chart booklet) for the diagnosis and management of childhood illnesses available in this service area today?	YES..... 1 NO..... 2	→ 1206		
1205	May I see the IMNCI guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1208		
1206	Do you have any (other) guidelines for the diagnosis and management of childhood illnesses available in this service site today?	YES..... 1 NO..... 2	→ 1208		
1207	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2			
1208	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION	YES..... 1 NO..... 2	→ 1210		
1209	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing the child	1	2	3	8
02	Plotting child's weight on graph (e.g. HMIS card, child health card)	1	2	3	8
03	Taking child's temperature	1	2	3	8
04	Assessing child's vaccination status	1	2	3	8
05	Providing group health education	1	2	3	8
06	Administer fever-reducing medicines and/or sponge for fever	1	2	3	8
07	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	1	2	3	8

1210	I would like to know if the following items are available in this service area. I would like to see them. For equipment and instruments, I would like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 b	2 b	3 } 02 ←	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 b	2 b	3 } 03 ←	1	2	8
03	THERMOMETER	1 b	2 b	3 } 04 ←	1	2	8
04	STETHOSCOPE	1 b	2 b	3 } 05 ←	1	2	8
05	Timer or watch with seconds hand	1 b	2 b	3 } 06 ←	1 } 07 ←	2	8
06	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1 b	2 b	3 } 07 ←	1	2	8
07	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
08	Cup and spoon	1	2	3			
09	ORS PACKETS OR SACHETS	1	2	3			
10	At least 1 bucket (for cleaning used cups)	1	2	3			
11	Examination bed or table	1 → b	2 → b	3 } 1211 ←			
1211*	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
01	IMNCI chart booklet	1	2	3			
02	IMNCI mother's cards	1	2	3			
03	Other visual aids for teaching caretakers	1	2	3			
04*	IEC materials on Infant and Young Child Feeding (IYCF)	1	2	3			
05*	IEC materials on IMCI?	1	2	3			
1212*	Are health records (register) for sick children maintained at this service site?				YES..... 1 NO..... 2	→ 1250	
1213*	May I see the register?				OBSERVED..... 1 REPORTED NOT SEEN..... 2		

INFECTION CONTROL

1250	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI SERVICES [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY [Q1651].	17	STI SERVICES [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE → </div>
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NCD [Q2351].	22																										
MINOR SURGERY [Q2451].	23																										
NOT PREVIOUSLY SEEN.	31																										
1251*	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04*	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06 ↙	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3																							
14*	NEEDLE DESTROYER	1	2	3																							
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3																							
1252	DESCRIBE THE SETTING OF THE SICK CHILD SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM.	1																								
		OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2																								
		VISUAL PRIVACY ONLY.	3																								
		NO PRIVACY.	4																								
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 13: FAMILY PLANNING

1300	CHECK Q102.04	FAMILY PLANNING SERVICES <input type="checkbox"/>	NO FAMILY PLANNING SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1301	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
1302*	Does this facility provide (i.e., stock the commodity) or prescribe, counsel or refer clients for any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER	NO
01*	COMBINED ORAL CONTRACEPTIVE PILLS (OCP)	1	2	3
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3
05	MALE CONDOMS	1	2	3
07*	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)(COPPER-T)	1	2	3
08*	IMPLANT (ZEDEL / INDOPLANT)	1	2	3
09*	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2, ECP)	1	2	3
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2	3
12	VASECTOMY (MALE STERILIZATION)	1	2	3
13*	TUBAL LIGATION (FEMALE STERILIZATION, MINILAP)	1	2	3
1303*	Do you have the national family planning guidelines (Nepal Medical Standard Contraceptive Services Volume I) available at this service area today?	YES..... 1 NO..... 2		→ 1305
1304*	May I see the national family planning guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		→ 1307
1305*	Do you have other job aids on family planning available at this service area today?	YES..... 1 NO..... 2		→ 1307

1306*	May I see the other job aids on Family planning?	OBSERVED. 1 REPORTED NOT SEEN. 2			
1307	Are client records, cards or registers maintained at this service site for family planning clients?	YES. 1 NO. 2			→ 1309
1308*	May I see a blank copy of the the following:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	Face sheet (HMIS 3.5)	1	2	3	
02*	Health Service Card (HMIS 1.2)	1	2	3	
03	Family planning Register (pills depo service register, IUCD / Implant service register, sterilization register) (HMIS 3.2, 3.3, 3.4)	1	2	3	
1309	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2			→ 1311
1310	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
1311	Do family planning providers in this facility diagnose and treat suspected STIs, or are suspected STI clients referred to another provider or location for STI diagnosis and treatment? PROBE TO ARRIVE AT THE RIGHT ANSWER	DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT. 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT. 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5			

EQUIPMENT AND SUPPLIES

1314*	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 05 ←	1	2	8
05*	EXAMINATION BED OR TABLE	1 → b	2 → b	3 } 07 ←	1	2	8
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			
10*	GOOSE LAMP	1 → b	2 → b	3 } 11 ←	1	2	8
11*	FP KIT OR COUNSELLING KIT	1	2	3			

1315	CHECK Q1302.07 & Q1302.08.	IUCD OR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	→ 1321
ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED				
1316	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	STERILE GLOVES	1	2	3
02	ANTISEPTIC SOLUTION	1	2	3
03	SPONGE HOLDING FORCEPS	1	2	3
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3
1317	CHECK Q1302.07	IUCD PROVIDED IN FACILITY <input type="checkbox"/>	IUCD NOT PROVIDED IN FACILITY <input type="checkbox"/>	→ 1319
1318	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	VAGINAL SPECULUM - SMALL	1	2	3
02	VAGINAL SPECULUM - MEDIUM	1	2	3
03	VAGINAL SPECULUM - LARGE	1	2	3
04	TENACULA (VOLSELLUM FORCEPS)	1	2	3
05	UTERINE SOUND	1	2	3
1319	CHECK Q1302.08.	IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	IMPLANT NOT PROVIDED IN FACILITY <input type="checkbox"/>	→ 1321
1320	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	LOCAL ANESTHETIC	1	2	3
02*	STERILE SYRINGE AND NEEDLE OR DISPOSABLE SYRINGE	1	2	3
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3
04	SEALED IMPLANT PACK	1	2	3
05	SCAPEL WITH BLADE	1	2	3
06	MINOR SURGERY KIT (E.G., WITH ARTERY FORCEPS)	1	2	3
1321	Where are equipment such as specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE.	1	→ 1350
		CENTRAL LOCATION IN FACILITY.	2	
		BOTH LOCATIONS.	3	
		NO EQUIPMENT PROCESSED IN FACILITY.	4	
1322	What is the final processing method used for family planning equipment at this service site? PROBE FOR ALL METHODS USED	AUTOCLAVE.	A	
		DRY HEAT STERILIZATION.	B	
		SOAK IN CHLORINE SOLUTION.	C	
		BOIL OR STEAM.	D	
		WASH WITH SOAP AND WATER.	E	
		SOAK IN OTHER CHEMICAL SOLUTION.	F	

INFECTION CONTROL

1350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→1353	
1351	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
1352	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1353	CHECK Q212 FP COMMODITIES STORED IN OTHER LOCATION <input type="checkbox"/> OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) <input type="checkbox"/>	FP COMMODITIES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/> → 921		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 14: ANTENATAL CARE

1400	CHECK Q102.05	ANC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	ANC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1401	How many days in a month are antenatal care services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>				
1401A	How many days in a month are ANC-specific outreach clinic conducted from this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>				
1402*	Do ANC providers provide any of the following services to pregnant women as part of routine ANC?	YES	NO				
01	IRON SUPPLEMENTATION	1	2				
02	FOLIC ACID SUPPLEMENTATION	1	2				
04	TETANUS DIPHTHERIA VACCINATION	1	2				
05*	ALBENDAZOLE	1	2				
06*	MISOPROSTOL	1	2				
1403*	CHECK Q1402.04	Td VACCINATION PROVIDED <input type="checkbox"/>	Td VACCINATION NOT PROVIDED <input type="checkbox"/> → 1406				
1403A	How many days in a month is Td vaccination provided through outreach from this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>				
1404*	Is tetanus diphtheria vaccination available on all days that ANC services are available in this facility?	YES..... 1	NOT ALL ANC DAYS..... 2 → 1406				
1405*	How many days in a month are tetanus diphtheria (Td) vaccination services available at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	DAYS PER MONTH.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> LESS OFTEN THAN ONCE/MONTH..... 00				
1406*	Do ANC providers in this facility provide any of the following tests from this site to pregnant women / clients as part of ANC? IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABL E NONE VALID	REPORETED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY	NO. NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
02	URINE PROTEIN TEST	1	2	3	4	5	6
03	URINE GLUCOSE TEST	1	2	3	4	5	6
04*	HEMOGLOBIN TEST	1	2	3	4	5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2	3	4	5	6
06*	BLOOD GLUCOSE TEST	1	2	3	4	5	6
07*	BLOOD GROUPING	1	2	3	4	5	6
08*	URINE PREGNANCY TEST	1	2	3	4	5	6
1406A*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE	
01	DETERMINE	1	2	3	4	5	
02	UNIGOLD	1	2	3	4	5	
03	STATPACK	1	2	3	4	5	
04	TRIDOT	1	2	3	4	5	
05	OTHER (SPECIFY) _____	1	2	3	4	5	

1407*	As part of ANC services, please tell me if providers in this facility provide the following services to ANC clients	YES	NO
01	COUNSELING ON RECOMMENDED MINIMUM OF 4 ANC VISITS FOR EACH PREGNANCY	1	2
02	COUNSELING ON BIRTH PREPAREDNESS OR PREPARATION FOR DELIVERY	1	2
03	COUNSELING ABOUT FAMILY PLANNING	1	2
04	COUNSELING ABOUT HIV/AIDS	1	2
05*	COUNSELING ABOUT USE OF LLIN TO PREVENT MOSQUITO BITES AND MALARIA	1	2
06	COUNSELING ABOUT BREASTFEEDING	1	2
07	COUNSELING ABOUT NEWBORN CARE	1	2
08	COUNSELING ON POSTNATAL CARE VISITS	1	2
1408	Do ANC providers in this facility diagnose and treat suspected STIs, or are suspected STI clients referred to another provider or location for diagnosis and treatment?	DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREATM 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1408A	Do ANC providers in this facility diagnose and treat suspected HIV, or are suspected HIV clients referred to another provider or location for diagnosis and treatment?	DIAGNOSE AND TREAT HIV. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREATM 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1409*	Do you have the RH clinical protocol for medical officers, staff nurses, ANM in this service area today?	YES. 1 NO. 2	→ 1411
1410*	May I see this guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1415
1411*	Do you have any other ANC guidelines like Maternity guideline/National medical standard volume III in this service area today (OTHERS) ?	YES. 1 NO. 2	→ 1415
1412*	May I see these guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1415*	Do you have IEC/BCC materials like danger sign posters, BPB flip charts, ANC/PNC job aids, pamphlets for client education on subjects related to pregnancy or antenatal care available in this service area today?	YES. 1 NO. 2	→ 1417
1416	May I see the visual aids for client education?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1417*	Are any individual client cards or records for ANC and PNC clients maintained at this service site? (Maternal and Newborn Health Card (HMIS 3.5)) (Maternal and Newborn Health Service Register (HMIS 3.6)) (Any other client's health card)	YES. 1 NO. 2	→ 1419
1418	May I see a blank copy of the following client records, cards or registers?	OBSERVED REPORTED NOT NOT SEEN AVAILABLE	
01	Maternal and Newborn Health Card (HMIS 3.5)	1 2 3	
02*	Maternal and Newborn Health Service Register (HMIS 3.6)	1 2 3	
03	Any other client's health card	1 2 3	
1419	Does this facility have a system whereby observation or parameters for ANC clients are routinely carried out before the consultation? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2	→ 1421

1420	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
04	Urine test for protein	1	2	3	8
05	Blood test for anemia	1	2	3	8
06	Malaria rapid diagnostic testing	1	2	3	8
07	HIV testing and counseling (HTC) for pregnant women	1	2	3	8
08	Measuring client's height	1	2	3	8

EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1421*	I would like to know if the following items are available in this service area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 05 ←	1	2	8
05*	FETAL STETHOSCOPE/PINARD (FETOSCOPE)	1 → b	2 → b	3 } 06 ←	1	2	8
06	ADULT WEIGHING SCALE	1 → b	2 → b	3 } 07 ←	1	2	8
07*	EXAMINATION BED/TABLE	1 → b	2 → b	3 } 08 ←	1	2	8
08*	MEASURING TAPE FOR FUNDAL HEIGHT	1 → b	2 → b	3 } 09 ←	1	2	8
09*	THERMOMETER	1 → b	2 → b	3 } 1422 ←	1	2	8
1422*	Please tell me if any of the following medicines / items are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, OR NEVER AVAILABLE	
01	IRON TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
03	COMBINED IRON AND FOLIC ACID TABLETS	1	2	3	4	5	
05	TETANUS DIPHTHERIA TOXOID VACCINE	1	2	3	4	5	
06*	LONG LASTING INSECTICIDE TREATED NETS (LLINs)	1	2	3	4	5	
07*	ALBENDAZOLE	1	2	3	4	5	

INFECTION CONTROL

1450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051].</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251]</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>DELIVERY [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>STI SERVICES [Q1851].</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>MINOR SURGERY [Q2451].</td><td style="text-align: right;">23</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251]	13	FAMILY PLANNING [Q1351].	14	PMTCT [Q1551].	16	DELIVERY [Q1651].	17	STI SERVICES [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE ↓ </div>
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NOT PREVIOUSLY SEEN.	31																										
1451	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06 ↗	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3																							
14*	NEEDLE DESTROYER	1	2	3																							
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3																							
1452*	DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIVATE SEPARATE ROOM.</td><td style="text-align: right;">1</td></tr> <tr><td>OTHER ROOM WITH AUDITORY AND VISUAL PRI</td><td style="text-align: right;">2</td></tr> <tr><td>VISUAL PRIVACY ONLY.</td><td style="text-align: right;">3</td></tr> <tr><td>NO PRIVACY.</td><td style="text-align: right;">4</td></tr> </table>		PRIVATE SEPARATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRI	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																
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THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 15: PMTCT OF HIV INFECTION

1500	CHECK Q102.06 PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO PMTCT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				
CAUTION!!! THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION						
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.						
1501*	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients	YES	NO			
01	PROVIDE HIV COUNSELING AND TESTING SERVICES TO PREGNANT WOMEN. THIS ALSO INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE	1	2			
02	PROVIDE HIV TESTING SERVICES TO INFANTS BORN TO HIV POSITIVE WOMEN. THIS ALSO INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE. FOR EXAMPLE, BLOOD COLLECTED HERE AS DBS BUT TESTING DONE ELSEWHERE	1	2			
03	PROVIDE ARV PROPHYLAXIS TO HIV POSITIVE PREGNANT WOMEN	1	2			
04	PROVIDE ARV PROPHYLAXIS TO NEWBORNS OF HIV POSITIVE WOMEN	1	2			
05	PROVIDE INFANT AND YOUNG CHILD FEEDING COUNSELING FOR PMTCT (INCLUDING EXCLUSIVE BREAST FEEDING COUNSELING FOR PMTCT)	1	2			
06	PROVIDE NUTRITIONAL COUNSELING FOR HIV POSITIVE PREGNANT WOMEN AND THEIR INFANTS	1	2			
07	PROVIDE FAMILY PLANNING COUNSELING TO HIV POSITIVE PREGNANT WOMEN	1	2			
1502	CHECK Q1501.01 HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/>	NO HIV TESTING FOR PREGNANT WOMEN, ONLY HIV COUNSELING FOR PREGNANT WOMEN <input type="checkbox"/> → 1506				
1503	IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?	YES, ANC SERVICE SITE. 1 NO, DIFFERENT LOCATION. 2 → 1506				
1504	Is HIV rapid diagnostic testing available from this service site?	YES. 1 NO. 2 → 1506				
1505A*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE
01		1	2	3	4	5
02		1	2	3	4	5
03		1	2	3	4	5
04		1	2	3	4	5
05	OTHER (SPECIFY) _____	1	2	3	4	5
1506	CHECK Q1501.02 INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	NO INFANT HIV TESTING ONLY INFANT HIV COUNSELING <input type="checkbox"/> → 1509				
1507*	Do you use DBS card/paper to collect dried blood spots (DBS) at this site ?	YES. 1 NO. 2 → 1509				
1508*	May I see sample DBS paper/ cards? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4				
1508A	Are the DBS samples collected at this site for External Quality Assurance (EQUAS) purposes?	YES. 1 NO. 2 DON'T KNOW. 8				

1509*	Do you have the national guidelines for PMTCT available in this service area?	YES..... 1 NO..... 2	→ 1515					
1510*	May I see the national PMTCT guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2						
1515	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1550					
1516*	Please tell me if any of the following antiretroviral medicines/drugs are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, OR NEVER AVAILABLE		
		01	ZIDOVDINE (AZT) TABS	1	2	3	4	5
		02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
		03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
		04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
		05	ABACAVIR (ABC) TABS	1	2	3	4	5
		06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
		07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
		09	ZIDOVDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
		10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
		11	ZIDOVDINE (AZT) SYRUP OR DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5
		12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5
		13*	ZIDOVDINE (AZT, ZDV) + 3TC + NVP	1	2	3	4	5
		14*	3TC + EFV	1	2	3	4	5

INFECTION CONTROL

1550	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]..... 11 CHILD VACCINATION [Q1051]..... 12 CHILD CURATIVE CARE [Q1251]..... 13 FAMILY PLANNING [Q1351]..... 14 ANTENATAL CARE [Q1451]..... 15 DELIVERY [Q1651]..... 17 STI SERVICES [Q1851]..... 18 TUBERCULOSIS [Q1951]..... 19 HIV TESTING [Q2051]..... 21 NCD [Q2351]..... 22 MINOR SURGERY [Q2451]..... 23 NOT PREVIOUSLY SEEN..... 31	NEXT SECTION / SERVICE SITE ↓	
1551*	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04*	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
1552	ASK TO SEE ROOM OR AREA WHERE PMTCT SERVICES ARE PROVIDED DESCRIBE THE SETTING OF THE ROOM OR AREA.	PRIVATE ROOM..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY..... 4		
1552A	CHECK Q216 ARV MEDICINES FOR ART STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 4 OR 5 NOT CIRCLED) <input type="checkbox"/>	ARV MEDICINES FOR ART STORED IN PMTCT SERVICE AREA (RESPONSE 4 OR 5 CIRCLED) <input type="checkbox"/>	941	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 16: DELIVERY AND NEWBORN CARE

1600	CHECK Q102.07	NORMAL DELIVERY AVAILABLE <input type="checkbox"/>	NORMAL DELIVERY NOT AVAILABLE <input type="checkbox"/>
		NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1601	Is a person skilled in conducting deliveries present at the facility today or on call at all times (24 hours a day), including weekends, to provide care? Specifically, I am referring to medical specialists, medical officers, assistant medical officers, clinical officers, assistant clinical officers, registered nurses and enrolled nurses.	YES 1 NO 2	→ 1604
1602	Is there a duty schedule or call list for 24-hr staff assignment?	YES 1 NO 2	→ 1604
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED 1 REPORTED, NOT SEEN 2	

SIGNAL FUNCTIONS

1604*	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 → b	2 ↘ 02 ↙	8 ↘ 02 ↙	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 → b	2 ↘ 03 ↙	8 ↘ 03 ↙	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 → b	2 ↘ 04 ↙	8 ↘ 04 ↙	1	2	8
04	ASSISTED VAGINAL DELIVERY	1 → b	2 ↘ 05 ↙	8 ↘ 05 ↙	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 → b	2 ↘ 06 ↙	8 ↘ 06 ↙	1	2	8
06	REMOVAL OF RETAINED PRODUCTS OF CONCEPTAION	1 → b	2 ↘ 07 ↙	8 ↘ 07 ↙	1	2	8
07	NEONATAL RESUSCITATION	1 → b	2 ↘ 08 ↙	8 ↘ 08 ↙	1	2	8
08*	CORTICOSTEROIDS FOR PRE-TERM LABOR NOTE: THIS IS NOT A SIGNAL FUNCTION	1 → b	2 ↘ 09 ↙	8 ↘ 09 ↙	1	2	8
09	COMPREHENSIVE ABORTION CARE (CAC) BY MVA NOT A SIGNAL FUNCTION APPLICABLE IN PHC AND ABOVE, I.E., FACILITY TYPES 1, 2, 3, 4, 5, 6, 7 and 12	1 → b	2 ↘ 10 ↙	8 ↘ 10 ↙	1	2	8
10	MEDICAL ABORTION NOT A SIGNAL FUNCTION APPLICABLE IN HP AND ABOVE, I.E., FACILITY TYPES 1, 2, 3, 4, 5, 6, 7, 8 and 12	1 → b	2 ↘ 1605 ↙	8 ↘ 1605 ↙	1	2	8
1605*	Do you have the national medical standard Volume III guidelines available in this service site? (NMH VOL III)				YES 1 NO 2	→ 1607	
1606*	May I see the NMH Vol III?				OBSERVED 1 REPORTED NOT SEEN 2		
1607*	Do you have the RH clinical guidelines?				YES 1 NO 2	→ 1611	
1608*	May I see the RH clinical guidelines?				OBSERVED 1 REPORTED NOT SEEN 2		
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?				YES 1 NO 2	→ 1613	
1612	Is there a separate room or space for Kangaroo Mother Care or is it integrated into the main postnatal ward?				YES, SEPARATE ROOM 1 NO, INTEGRATED 2		

1613	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES..... 1 NO USE OF PARTOGRAPH..... 2	→ 1615
1614	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY..... 1 SELECTIVELY..... 2	
1615*	How many dedicated functional maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS... <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW..... 998	
1616*	How many functional dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS... <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW..... 998	
1617*	Does the facility conduct regular reviews of maternal or newborn deaths?	YES..... 1 NO, DOES NOT PARTICIPATE..... 2	→ 1622
1617A	May I see the maternal/new born death form?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns?	FOR MOTHERS ONLY..... 1 FOR NEWBORNS ONLY..... 2 FOR BOTH MOTHERS AND NEWBORNS... 3	→ 1621
1619*	How often are reviews of <u>maternal deaths done</u> ? USE A 4-WEEK MONTH IF NEEDED	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS..... 53 DONT KNOW..... 98	→ 1620 → 1620
1619A*	Following a maternal death, how much time elapses before a maternal death review is done?	WITHIN 72 HOURS..... 1 AFTER 72 HOURS..... 2 VARIES FROM CASE TO CASE..... 3 DONT KNOW..... 8	
1620	CHECK Q1618: RESPONSES "2" OR "3" <input type="checkbox"/> CIRCLED	RESPONSES "2" OR "3" <input type="checkbox"/> NOT CIRCLED	→ 1622
1621*	How often are reviews of <u>perinatal deaths done</u> ? USE A 4-WEEK MONTH IF NEEDED	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS..... 53 ALWAYS WITH MATERNAL REVIEWS... 95 DONT KNOW..... 98	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1622*	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1 → b	2 → b	3 02 ↘	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1 → b	2 → b	3 03 ↘	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 04 ↘	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1 → b	2 → b	3 05 ↘	1	2	8
05*	DELEE'S SUCTION TUBE	1 → b	2 → b	3 06 ↘	1	2	8
06	VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1 → b	2 → b	3 07 ↘	1	2	8
07	VACUUM ASPIRATION KIT OR MVA KITS	1 → b	2 → b	3 08 ↘	1	2	8
08	NEWBORN BAG & MASK (AMBU BAG & MASK)	1 → b	2 → b	3 09 ↘	1	2	8
09	THERMOMETER	1 → b	2 → b	3 11 ↘	1	2	8
11	INFANT WEIGHING SCALE	1 → b	2 → b	3 12 ↘	1	2	8
12*	FETAL STETHOSCOPE/PINARD (FETOSCOPE)	1 → b	2 → b	3 13 ↘	1	2	8
13	DIGITAL BLOOD PRESSURE APPARATUS	1 → b	2 → b	3 14 ↘	1	2	8
14	MANUAL BLOOD PRESSURE MACHINE	1 → b	2 → b	3 15 ↘	1	2	8
15	STETHOSCOPE	1 → b	2 → b	3 1623 ↘	1	2	8
1623*	Do you have any of the following items? If yes, I would like to see them	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE			
01	DELIVERY BED	1	2	3			
02	DELIVERY SET/KIT	1	2	3			
03	CORD CLAMP	1	2	3			
04	SPECULUM	1	2	3			
05	EPISTOMY SCISSORS	1	2	3			
06	SCISSORS OR BLADE TO CUT CORD	1	2	3			
07	SUTURE MATERIAL WITH NEEDLE	1	2	3			
08	NEEDLE HOLDER	1	2	3			
09	FORCEPS (LARGE)	1	2	3			
10	FORCEPS (MEDIUM)	1	2	3			
11	SPONGE HOLDER	1	2	3			
12	BLANK PARTOGRAPH	1	2	3			
13	WRAPPER (4 PIECES)	1	2	3			
14*	NYANO JHOLA (WARM BAG)	1	2	3			

1624*	Does this facility <i>routinely</i> observe any of the following postpartum or newborns related practices?	YES	NO	DONT KNOW			
01	Delivery to the abdomen (Skin to Skin)	1	2	8			
02	Drying and wrapping newborns to keep them warm	1	2	8			
03	Initiation of breastfeeding within the first hour	1	2	8			
04	Routine, complete (head-to-toe) examination of newborn before discharge	1	2	8			
05	Suction of the newborn by means of catheter	1	2	8			
06*	Suction of the newborn by means of deelees suction	1	2	8			
07	Weigh the newborn immediately	1	2	8			
08	Administer Vitamin K to newborn	1	2	8			
09	Apply tetracycline ointment to both eyes	1	2	8			
13	Give the newborn BCG prior to discharge	1	2	8			
14*	Apply Chlorhexidine ointment to umbilical stump.	1	2	8			
15*	Delay full bath after 24hours of birth	1	2	8			
16*	Administer Vitamin K to preterm babies	1	2	8			
1625*	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, OR NEVER AVAILABLE	
	01	TETRACYCLINE EYE OINTMENT FOR NEWBORN	1	2	3	4	5
	02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAXONE, AMPICILLIN)	1	2	3	4	5
	03	INJECTABLE UTEROTONIC (E.G., OXYTOCIN)	1	2	3	4	5
	04	MAGNESIUM SULPHATE	1	2	3	4	5
	05	INJECTABLE DIAZEPAM	1	2	3	4	5
	06	IV SOLUTION (RINGER LACTATE) WITH INFUSION SET	1	2	3	4	5
	07	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE, eg. BETADINE)	1	2	3	4	5
	08*	7.1% CHORHEXIDINE OINTMENT (UMBILICAL CORD CLEANSING)	1	2	3	4	5
	09	HYDRALAZINE INJECTION	1	2	3	4	5
	10*	NIFEDIPINE CAPSULE	1	2	3	4	5
	11*	AVAILABILITY OF MOTHER'S MILK SUBSTITUTE	1	2	3	4	5
12*	CALCIUM GLUCONATE	1	2	3	4	5	
1625A*	Does this facility have any system for ordering and receiving drugs related to emergency obstetric care (EOC) for this facility? [Including: Magnesium sulphate inj, Oxytocin inj, calcium gluconate, dextrose, anti-hypertensive drug (nifedipine), ringer lactate inj]	YES..... 1 NO..... 2		→ 1626			
1625B*	On average approximately how long does it take between ordering and receiving drugs related to emergency obstetric care (EOC) for this facility?	< 2 WEEKS..... 1 ≥ 2 WEEKS BUT NOT UP TO ONE MON 2 ≥ 1 MONTH BUT NOT UP TO 2 MONTH: 3 ≥ 2 MONTH BUT NOT UP TO 4 MONTH: 4 ≥ 4 MONTH BUT NOT UP TO 6 MONTH: 5					

PMTCT DURING LABOR AND DELIVERY

1625C	CHECK Q102.06 PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO PMTCT SERVICES IN FACILITY <input type="checkbox"/>				
		Q 1650				
1626	Do you provide or offer any PMTCT service at this service site for women who come in to deliver?	YES..... 1 NO..... 2				
1627	Do providers of delivery services conduct HIV testing from this service site?	YES..... 1 NO..... 2	→ 1629			
1628*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN		
		NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE		
01	DETERMINE	1	2	3	4	5
02	UNIGOLD	1	2	3	4	5
03	STATPACK	1	2	3	4	5
04	TRIDOT	1	2	3	4	5
05	OTHER (SPECIFY) _____	1	2	3	4	5
1629	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1650			
1630	Please tell me if any of the following antiretroviral medicines for PMTCT are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE NOT SEEN		
		NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE		
01	ZIDOVUDINE (AZT) TABS	1	2	3	4	5
02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
05	ABACAVIR (ABC) TABS	1	2	3	4	5
06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
09	ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
11	ZIDOVUDINE (AZT) SYRUP	1	2	3	4	5
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5
13*	ZIDOVUDINE (AZT, ZDV) + 3TC + NVP	1	2	3	4	5
14*	3TC + EFV	1	2	3	4	5

INFECTION CONTROL

1650	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].....</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051]</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].....</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351]</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451]</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551]</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">STI SERVICES [Q1851]</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951]</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051]</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351]</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].....</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].....	11	CHILD VACCINATION [Q1051]	12	CHILD CURATIVE CARE [Q1251].....	13	FAMILY PLANNING [Q1351]	14	ANTENATAL CARE [Q1451]	15	PMTCT [Q1551]	16	STI SERVICES [Q1851]	18	TUBERCULOSIS [Q1951]	19	HIV TESTING [Q2051]	21	NCD [Q2351]	22	MINOR SURGERY [Q2451].....	23	NOT PREVIOUSLY SEEN	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE ↓ </div>
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MINOR SURGERY [Q2451].....	23																										
NOT PREVIOUSLY SEEN	31																										
1651*	<p>INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION</p>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04*	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06*	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3																							
14*	NEEDLE DESTROYER	1	2	3																							
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3																							
1652	<p>DESCRIBE THE SETTING OF THE DELIVERY SERVICE ROOM OR AREA.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM.....</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.....</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY.....</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY.....</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	PRIVATE ROOM.....	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.....	2	VISUAL PRIVACY ONLY.....	3	NO PRIVACY.....	4																	
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THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 17: MALARIA

1700	CHECK Q102.08: MALARIA SERVICES AVAILABLE <input type="checkbox"/>	NO MALARIA SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1701	How many days in a month are malaria services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH. <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	
1702	Do providers in this facility diagnose malaria?	YES 1 NO 2	→ 1710
1703	Do providers in this facility use blood tests to verify the diagnosis of malaria, either by microscopy or mRDT?	YES 1 NO 2	→ 1710
1704	Do providers use blood test to verify the diagnosis of malaria for all suspected cases (always), or only sometimes?	ALWAYS 1 ONLY SOMETIMES 2	
1705	Do providers use malaria rapid diagnostic test (mRDT) to diagnose malaria at this service site?	YES 1 NO 2	→ 1710
1706	May I see a sample malaria RDT kit? CHECK THAT AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN 3 NONE AVAILABLE TODAY 4	
1708	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES 1 NO 2	→ 1710
1709	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED 1 REPORTED, NOT SEEN 2	
1710	Do providers in this facility prescribe treatment for uncomplicated malaria?	YES 1 NO 2	
1710A	CHECK Q1702 AND Q1710 RESPONSE "1" CIRCLED IN EITHER Q1702 OR Q1710 <input type="checkbox"/>	RESPONSE "1" NOT CIRCLED IN EITHER Q1702 OR Q1710 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
1711*	Do you have the national treatment wallchart for malaria available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 1712A
1712*	May I see this national guidelines for the diagnosis and treatment of malaria?	OBSERVED 1 REPORTED, NOT SEEN 2	→
1712A	Do you have the national clinical protocol for malaria available in this service area?	YES 1 NO 2	→
1712B	May I see the national clinical protocol for malaria?	OBSERVED 1 REPORTED, NOT SEEN 2	

SECTION 17A: KALAAZAR / LEISHMANIASIS

1720A	CHECK Q102.20: KALAAZAR/LEISHMANIASIS SERVICES AVAILABLE <input type="checkbox"/>	NO KALAAZAR/LEISHMANIASIS SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH KALAAZAR/LEISHMANIASIS ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF KALAAZAR/LEISHMANIASIS SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1720B	Do providers in this facility diagnose kalaazar / Leishmaniasis using RDT (RK-39) at this service site?	YES 1 NO 2	→ 1720C
1720C	May I see a sample of kalaazar / Leishmaniasis RDT (RK-39) kit? CHECK THAT AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4	
1720D	Do providers in this facility provide treatment of kalaazar / Leishmaniasis ?	YES 1 NO 2	NEXT SECTION OR SERVICE SITE
1720E	Do you have the national protocol for diagnosis and treatment of kalaazar / Leishmaniasis available in this service area?	YES 1 NO 2	NEXT SECTION OR SERVICE SITE
1720F	May I see this protocol?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

SECTION 17B: SNAKE BITE

1730A	CHECK Q102.21: SNAKEBITE SERVICES AVAILABLE <input type="checkbox"/>	NO SNAKEBITE SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH SNAKE BITE ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SNAKE BITE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1730B	Does this facility provide first aid management of snake bite?	YES 1 NO 2	→ 1730C
1730C	Do you have the national protocol for management of snakebite? (i.e. The snake biting management guide book) OBSERVE	OBSERVED. 1 REPORTED NOT SEEN. 2 NOT AVAILABLE. 3	
1730D	Is ASV (anti snake venom) available in this facility? OBSERVE	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE. 4	NEXT SECTION OR SERVICE SITE
1730E	What is the distance in kilometer from this facility to the nearest referral facility for managing and treating snake bites?	DISTANCE TO REFERRAL CENTER Km <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

SECTION 17C: DOG BITE/RABIES

1740A	CHECK Q102.22: DOGBITE/RABIES SERVICES AVAILABLE <input type="checkbox"/>	NO DOGBITE/RABIES SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH DOG BITE/RABIES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF DOG BITE/RABIES SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1740B	Does this facility provide first aid management of dog bite/rabies?	YES 1 NO 2	→ 1740C
1740C	Do you have national protocol for management of dog bite/rabies? OBSERVE	OBSERVED. 1 REPORTED NOT SEEN. 2 NOT AVAILABLE. 3	
1740D	Is ARV (anti rabies vaccine) available in this facility? OBSERVE	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE. 4	NEXT SECTION OR SERVICE SITE
1740E	What is the distance in kilometer from this facility to the nearest referral facility for managing and treating dog bites / Rabies?	DISTANCE TO REFERRAL CENTER Km <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

SECTION 18: SEXUALLY TRANSMITTED INFECTIONS

1800	CHECK Q102.09	STI SERVICE OFFERED <input type="checkbox"/>	STI SERVICE NOT OFFERED <input type="checkbox"/>			
NEXT SECTION OR SERVICE SITE ←						
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.						
1801	How many days in a month are STI services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH <input style="width: 40px; height: 20px;" type="text"/>				
1802	Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?	YES..... 1 NO..... 2		→ 1804		
1803*	How are diagnoses of STIs made in this facility?	SYNDROMIC APPROACH ONLY..... 1 ETIOLOGIC (LAB) ONLY..... 2 BOTH SYNDROMIC AND ETIOLOGIC..... 3 CLINICAL DIAGNOSIS ONLY..... 4 BOTH CLINICAL DIAGNOSIS AND ETIOLOGIC..... 5				
1804	Do providers in this facility prescribe treatment for STIs?	YES..... 1 NO..... 2				
1805	CHECK Q1802 AND Q1804 RESPONSE "1" CIRCLED IN EITHER Q1802 OR Q1804 OR BOTH <input type="checkbox"/>	RESPONSE "1" CIRCLED IN NEITHER Q1802 NOR Q1804 <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE ←			
1806	Are STI clients seen by this service ever referred for HIV counseling and testing, or offered the service from this service site?	YES..... 1 NO..... 2		→ 1810		
1807	Are STI clients seen by this service routinely referred for, or offered HIV counseling and testing, or they are referred / offered only if they are suspected to be infected with HIV?	ROUTINELY REFERRED OR OFFERED SERVICE..... 1 ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED.... 2				
1808	Do STI service providers in this facility provide HIV testing from this service site?	YES..... 1 NO..... 2		→ 1810		
1809*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE
01	DETERMINE	1	2	3	4	5
02	UNIGOLD	1	2	3	4	5
03	STATPACK	1	2	3	4	5
04	TRIDOT	1	2	3	4	5
05	OTHER (SPECIFY) _____	1	2	3	4	5
1810*	Do you have the national guidelines on case management of sexually transmitted infections available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES..... 1 NO..... 2				→ 1814
1811*	May I see the national guidelines on case management of sexually transmitted infections ?	OBSERVED..... 1 REPORTED NOT SEEN..... 2				
1814	Does the facility normally perform partner notification for sexually transmitted infections?	YES..... 1 NO PARTNER NOTIFICATION..... 2				→ 1816
1815	Is the notification ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	ALWAYS ACTIVE..... 1 SOMETIMES ACTIVE..... 2 ONLY PASSIVE..... 3				
1816*	Are individual client health register or booklets maintained ?	YES..... 1 NO..... 2				→ 1818
1817*	May I see a copy of this register ?	OBSERVED..... 1 REPORTED NOT SEEN..... 2				

1818*	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE OR AN IMMEDIATELY ADJACENT ROOM.				
	VISUAL AIDS FOR TEACHING CLIENT:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	About STIs	1	2	3	8
02	About HIV/AIDS	1	2	3	8
03	About cervical cancer	1	2	3	8
04	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2	3	8
05	Posters on HIV/AIDS	1	2	3	8
06*	Model to demonstrate use of male condom (DILDO)	1	2	3	8
	ITEMS / INFORMATION FOR CLIENT TO TAKE HOME				
08	About STIs	1	2	3	8
09	About HIV/AIDS	1	2	3	8
10	About cervical cancer	1	2	3	8
11	IEC materials on male condoms	1	2	3	8
13	Male condoms that can be given to the client	1	2	3	8

INFECTION CONTROL

1850	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<p>GENERAL INFORMATION [Q710]. 11</p> <p>CHILD VACCINATION [Q1051]. 12</p> <p>CHILD CURATIVE CARE [Q1251]. 13</p> <p>FAMILY PLANNING [Q1351]. 14</p> <p>ANTENATAL CARE [Q1451]. 15</p> <p>PMTCT [Q1551]. 16</p> <p>DELIVERY SERVICES [Q1651]. 17</p> <p>TUBERCULOSIS [Q1951]. 19</p> <p>HIV TESTING [Q2051]. 21</p> <p>NCD [Q2351]. 22</p> <p>MINOR SURGERY [Q2451]. 23</p> <p>NOT PREVIOUSLY SEEN. 31</p>	<p>NEXT SECTION / SERVICE SITE</p>
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1851	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)		1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)		1	2	3
03	ALCOHOL-BASED HAND RUB		1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)		1 06	2	3
05	OTHER WASTE RECEPTACLE		1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")		1	2	3
07	DISPOSABLE LATEX GLOVES		1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]		1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES AND NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES		1	2	3
10	MEDICAL MASKS		1	2	3
11	GOWNS		1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]		1	2	3
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)		1	2	3
14*	NEEDLE DESTROYER		1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30		1	2	3
1852	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM.....1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY..... 4			
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.					

SECTION 19: TUBERCULOSIS

1900	CHECK Q102.10	TB SERVICES OFFERED IN FACILITY <input style="width: 30px; height: 15px;" type="checkbox"/>	NO TB SERVICES IN FACILITY <input style="width: 30px; height: 15px;" type="checkbox"/>
		↓ NEXT SECTION OR SERVICE SITE	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1901	How many days in a month are tuberculosis services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS / MONTH	<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>

TB DIAGNOSIS

1902	Do providers in this facility make diagnosis that a client has tuberculosis?	YES. 1 NO 2	→ 1904
1903*	What is the most common method used by providers in this facility for diagnosing TB? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY. 1 X-RAY ONLY. 2 EITHER SPUTUM OR X-RAY. 3 BOTH SPUTUM AND X-RAY. 4 CLINICAL SYMPTOMS ONLY. 5 GENE XPERT. 6 ALL 3: SPUTUM + X-RAY + GENE XPERT. 7	
1904	Do providers in this facility ever refer clients outside this facility for TB diagnosis?	YES. 1 NO 2	→ 1908
1905	Does this facility have an agreement with a referral site for TB test results to be returned to the facility either directly or through the client?	YES. 1 NO. 2	
1906	Is there a record/register of clients who are referred for TB diagnosis?	YES 1 REGISTER NOT KEPT. 2	→ 1908
1907*	May I see the records or register of clients referred for TB testing? CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER). 1 REGISTER SEEN (ELECTRONIC). 2 REGISTER REPORTED, NOT SEEN. 3 REGISTER SEEN (BOTH PAPER AND ELECTRONIC) 4	

TB TREATMENT

1908	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES. 1 NO. 2	→ 1910
1909*	What treatment regimen is followed by providers in this facility for <u>newly diagnosed Pulmonary TB</u> ? i.e., for new patients, not for retreatment? PROBE TO ARRIVE AT CORRECT RESPONSE	2M INTENSIVE PHASE, 4M CONTINUATION PHASE. 1 3M INTENSIVE PHASE, 4M CONTINUATION PHASE. 2 OTHER _____ 6 SPECIFY	
1909A	What treatment approach is followed by providers in this facility for <u>newly diagnosed Pulmonary TB</u> ? i.e., for new patients, not for retreatment? PROBE TO ARRIVE AT CORRECT RESPONSE	FOLLOW UP CLIENTS ONLY AFTER FIRST 2M INTENSIVE PHASE ELSEWHERE. 01 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP. 02 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE. 03 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP. 04 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE. 05 PROVIDE FULL TREATMENT, WITH ROUTINE DIRECT OBSERVATION PHASE. 07 OTHER _____ 06 (SPECIFY)	

1910	CHECK Q1902 AND Q1908	TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/>	NO TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE ←			
1911	Does this facility have a system for testing TB patients for HIV infection?	YES..... 1 NO SYSTEM..... 2			→ 1913		
1912	May I see the system, or evidence of such a system? THE SYSTEM MAY BE IN THE FORM OF A REGISTER	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2					
1913	Is HIV rapid diagnostic testing available from this service site?	YES..... 1 NO..... 2			→ 1915		
1914*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE	
01		DETERMINE	1	2	3	4	5
02		UNIGOLD	1	2	3	4	5
03		STATPACK	1	2	3	4	5
04		TRIDOT	1	2	3	4	5
05	OTHER (SPECIFY) _____	1	2	3	4	5	
1915*	Do you have the national TB control program general manual available in this service area?	YES..... 1 NO..... 2			→ 1916A		
1916*	May I see national TB control program general manual?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2					
1916A	Do you have the PAL guideline available in this service area?	YES..... 1 NO..... 2			→ 1917		
1916B	May I see the PAL guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2					
1917	Do you have any guidelines for the management of HIV and TB co-infection available in this service area? THIS MAY BE PART OF OTHER GUIDELINE	YES..... 1 NO..... 2			→ 1919		
1918	May I see the guidelines for the management of HIV and TB co-infection?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2					
1919	Do you have any guidelines related to MDR-TB treatment available in this service area? THIS MAY BE PART OF OTHER GUIDELINE	YES..... 1 NO..... 2			→ 1921		
1920	May I see the guidelines on treatment of MDR-TB?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2					
1921*	CHECK Q1903	RESPONSES 1, 3, 4 OR 7 CIRCLED <input type="checkbox"/>	RESPONSES 1, 3, 4 OR 7 NOT CIRCLED <input type="checkbox"/>		→ 1950		
1922*	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES..... 1 NO..... 2			→ 1950		
1923	May I see a sputum container?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 NOT AVAILABLE TODAY..... 4					

INFECTION CONTROL

1950	ASSESS THE TB ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]..... 11 CHILD VACCINATION [Q1051] 12 CHILD CURATIVE CARE [Q1251]..... 13 FAMILY PLANNING [Q1351] 14 ANTENATAL CARE [Q1451] 15 PMTCT [Q1551] 16 DELIVERY SERVICES [Q1651] 17 STI [Q1851] 21 HIV TESTING [Q2051] 21 NCD [Q2351] 22 MINOR SURGERY [Q2451] 23 NOT PREVIOUSLY SEEN 31	→ 1953
1951	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1 2 3	
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1 2 3	
03	ALCOHOL-BASED HAND RUB	1 2 3	
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06 ↙	2 3
05	OTHER WASTE RECEPTACLE	1 2 3	
06	SHARPS CONTAINER ("SAFETY BOX")	1 2 3	
07	DISPOSABLE LATEX GLOVES	1 2 3	
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1 2 3	
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1 2 3	
10	MEDICAL MASKS	1 2 3	
11	GOWNS	1 2 3	
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1 2 3	
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1 2 3	
14*	NEEDLE DESTROYER	1 2 3	
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1 2 3	
1952	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY..... 4	
1953	CHECK Q214 TB MEDS STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) <input type="checkbox"/>	TB MEDICINES STORED IN TB SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>	→ 931
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

SECTION 20: HIV TESTING AND COUNSELLING (HTC)

2000	CHECK Q102.11 HIV TESTING AND / OR COUNSELLING AVAILABLE IN FACILITY <input type="checkbox"/>	NO HIV TESTING OR COUNSELLING SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←				
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TESTING & / OR COUNSELLING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TESTING & / OR COUNSELLING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.						
2001	How many days in a month are HIV testing services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> ONLY COUNSELING, NO TESTING..... 00				
2002	When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, what is the procedure that is followed? In other words, what are the possible options for the client to receive the test? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	HIV RAPID TEST THIS SERVICE SITE..... A BLOOD DRAWN HERE, SENT TO LAB IN FACILITY..... B CLIENT SENT TO OTHER SITE IN FACILITY..... C CLIENT SENT TO LAB IN FACILITY..... D CLIENT SENT TO EXTERNAL SITE..... E BLOOD DRAWN HERE SENT TO EXTERNAL SITE..... F				
2003	CHECK Q2002 HIV RAPID TESTING THIS SERVICE SITE ("A" CIRCLED) <input type="checkbox"/>	NO HIV RAPID TESTING AT THIS SERVICE SITE ("A" NOT CIRCLED) <input type="checkbox"/> → 2005				
2004*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
01		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE
02		1	2	3	4	5
03		1	2	3	4	5
04		1	2	3	4	5
05		1	2	3	4	5
2005	Is an individual client chart/record/card/ maintained for clients who receive services through this service site? (e.g., health booklet) This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document?	YES..... 1 NO INDIVIDUAL CLIENT CHART/RECORD..... 2 → 2007				
2006	May I see a copy of the individual client chart or record	OBSERVED..... 1 REPORTED, NOT SEEN..... 2				
2007*	Do you have the <i>national HIV testing and counseling guidelines</i> available in this service area?	YES..... 1 NO..... 2 → 2010A				
2008*	May I see the national HIV testing and counseling guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2				
2010A	CHECK Q2002 HIV TESTING AVAILABLE IN FACILITY (ANY OF CODES "A", "B", "C", "D" OR "F" CIRCLED) <input type="checkbox"/>	NO HIV TESTING SERVICES IN FACILITY (ONLY CODE "E" CIRCLED) <input type="checkbox"/> → 2014				
2011	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES..... 1 NO..... 2 DON'T KNOW..... 8				
2012*	Are there any written PEP chart or flex for post-exposure prophylaxis available in this site? MAY BE PART OF ANOTHER DOCUMENT	YES..... 1 NO..... 2 → 2014				
2013*	May I see this PEP chart or flex?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2				
2014	CHECK Q2002 BLOOD DRAWN THIS SERVICE SITE ("A" OR "B" OR "F" CIRCLED) <input type="checkbox"/>	NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) <input type="checkbox"/> → 2052				

SECTION 21: HIV TREATMENT

2100	CHECK Q102.12 <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> HIV TREATMENT SERVICES OFFERED IN FACILITY <input type="checkbox"/> </div> <div style="text-align: center;"> NO HIV TREATMENT SERVICES IN FACILITY <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 5px;"> NEXT SECTION OR SERVICE SITE ← </div>	
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
2101*	Do this facility provide antiretroviral therapy (ART)?	YES..... 1 NO..... 2
2102	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES..... 1 NO..... 2
2103	CHECK Q2101 AND Q2102 RESPONSE "1" CIRCLED IN EITHER Q2101 OR Q2102 OR IN BOTH <input type="checkbox"/>	RESPONSE "1" CIRCLED IN NEITHER Q2101 NOR Q2102 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
2104*	Do you have the <i>National guideline for ART</i> ?	YES..... 1 NO..... 2
2105	May I see the National guideline for ART the management of HIV/AIDS?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2
2105A*	Do you have the national guideline for the management of HIV and AIDS in children?	YES..... 1 NO..... 2
2105B*	May I see this guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2

PRE-ART BASELINE TESTS

2108*	For each of the following tests, please tell me if it is conducted as baseline routinely, selectively, or never, before starting a client on ART.				
		BASELINE TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count (Hemogram)	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06*	Renal function tests (serum creatinine and urea)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8
13*	Blood sugar level	1	2	3	8
14*	Cervical pap smear	1	2	3	8
15*	Hepatitis C	1	2	3	8

TESTS TO MONITOR CLIENTS ON ART

2109*	For each of the following tests, please tell me if a <i>follow-up test</i> is conducted routinely, selectively, or never <i>while the client is on</i> ART (i.e., for monitoring).				
		FOLLOW-UP TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06*	Renal function tests (serum creatinine and urea)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8
13*	Blood sugar level	1	2	3	8
14*	Cervical pap smear	1	2	3	8
15*	Hepatitis C	1	2	3	8
2110	CHECK Q216 ARV MEDICINES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 OR 5 NOT CIRCLED) <input type="checkbox"/>			ARV MEDICINES STORED IN ART SERVICE AREA (RESPONSE 1 OR 5 CIRCLED) <input type="checkbox"/> → 941	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.					

SECTION 22: HIV CARE AND SUPPORT

2200	CHECK Q102.13 HIV CARE AND SUPPORT SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO HIV CARE AND SUPPORT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←		
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS				
2201*	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	YES	NO	DON'T KNOW
01*	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS?	1	2	8
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients	1	2	8
05*	Provide nutritional support services? i.e., client education and provision of nutritional supplements	1	2	8
06	Prescribe or provide fortified protein supplementation (FPS)	1	2	8
07	Care for pediatric HIV/AIDS patients	1	2	8
08*	Prescribe or provide preventive treatment for TB	1	2	8
09*	Cotrimoxazole preventive therapy for opportunistic infections	1	2	8
10	Provide or prescribe micronutrient supplementation, such as vitamins or iron	1	2	8
11	Family planning counseling and/or services	1	2	8
12*	Provide condoms	1	2	8
2202*	Is there a system for routinely screening and testing HIV-positive clients for TB?	YES. 1 NO SYSTEM. 2		→ 2204
2203*	May I see the record or evidence of such a system? Observe record	SYSTEM OR REGISTER OBSERVED. 1 SYSTEM OR REGISTER REPORTED, NOT SEEN. 2		
2204*	Do you have the national guidelines for the clinical management of HIV/AIDS available in this service area?	YES. 1 NO. 2		→ 2205A
2205*	May I see the national guidelines for the clinical management of HIV/AIDS?	OBSERVED. 1 REPORTED, NOT SEEN. 2		
2205A*	Do this facility provide Community Care Center (CCC) service?	YES. 1 NO. 2		→ 2208
2206	Do you have guidelines on Community and Home Based Care (CHBC)?	YES. 1 NO. 2		→ 2208
2207*	May I see the CHBC guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2		
2208	Do you have condoms available in this service site to give to clients receiving services?	YES. 1 NO. 2		<input type="checkbox"/> NEXT SECTION ←
2209	May I see some condoms?	OBSERVED, AT LEAST ONE VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 23: NON-COMMUNICABLE DISEASES

2300	CHECK Q102.14	CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/>	
		NEXT SECTION OR SERVICE SITE ←		

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

DIABETES

2301	Do providers in this facility diagnose and/or manage diabetes .	YES, DIAGNOSE ONLY. 1 YES, TREAT ONLY. 2 YES, DIAGNOSE AND TREAT. 3 NO 4	→ 2310
2304*	Do you have any guidelines for the diagnosis and management of diabetes available in this service area?	YES. 1 NO. 2	→ 2310
2305*	May I see the guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

CARDIO-VASCULAR DISEASES

2310	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES, DIAGNOSE ONLY. 1 YES, TREAT ONLY. 2 YES, DIAGNOSE AND TREAT. 3 NO 4	→ 2320
2313*	Do you have any guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES. 1 NO. 2	→ 2320
2314*	May I see the guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as COPD in patients?	YES, DIAGNOSE ONLY. 1 YES, TREAT ONLY. 2 YES, DIAGNOSE AND TREAT. 3 NO 4	→ 2330
2323*	Do you have any guidelines for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES. 1 NO 2	→ 2330
2324*	May I see the guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

BASIC SUPPLIES AND EQUIPMENT

2330	ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION SECTION (Q700). 1 NOT PREVIOUSLY SEEN. 2	→ 2350				
2331	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE	(B) FUNCTIONING				
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DONT KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 02 ↙	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 03 ↙	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 04 ↙	1	2	8
04	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → b	2 → b	3 05 ↙	1	2	8
05	MEASURING TAPE [FOR CIRCUMFERENCE]	1 → b	2 → b	3 06 ↙	1	2	8
06	THERMOMETER	1 → b	2 → b	3 07 ↙	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3 08 ↙	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 09 ↙	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3 10 ↙	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCPTABLE)	1 → b	2 → b	3 11 ↙	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 12 ↙	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 13 ↙	1	2	8
13*	NEBULIZER	1 → b	2 → b	3 14 ↙	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	OXYGEN FLOW METERS	1 → b	2 → b	3 16 ↙	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3 17 ↙	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 18 ↙	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 19 ↙	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 20 ↙	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			

CLIENT EXAMINATION ROOM

2350	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	NEXT SECTION / SERVICE SITE
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MINOR SURGERY [Q2451].	23																										
NOT PREVIOUSLY SEEN.	31																										
2351	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06 ↙	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3																							
14*	NEEDLE DESTROYER	1	2	3																							
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3																							
2352	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>			PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4															
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NO PRIVACY.	4																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 24: MINOR SURGICAL SERVICES

2400	CHECK Q102.15	MINOR SURGERY AVAILABLE <input type="checkbox"/>	MINOR SURGERY NOT AVAILABLE <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MINOR SURGERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MINOR SURGERIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.								
ASK TO SEE THE ROOM OR AREA WHERE MINOR SURGERIES TAKE PLACE AND ASK TO SEE THE ITEMS BELOW								
2401	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	NEEDLE HOLDER	1 b	2 b	3 02 ↙	1	2	8	
02	SCAPEL HANDLE WITH BLADE	1 b	2 b	3 03 ↙	1	2	8	
03	RETRACTOR	1 b	2 b	3 04 ↙	1	2	8	
04	SURGICAL SCISSORS	1 b	2 b	3 05 ↙	1	2	8	
05	NASOGASTRIC TUBE (10-16G)	1 b	2 b	3 06 ↙	1	2	8	
06	TORNIQUET	1 b	2 b	3 2402 ↙	1	2	8	
2402	Please tell me if any of the following materials or medicines is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE			(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE		
01	ABSORBABLE SUTURE MATERIAL	1	2	3	4	5		
02	NON-ABSORBABLE SUTURE MATERIAL	1	2	3	4	5		
03	SKIN DISINFECTANT	1	2	3	4	5		
04	LIDOCAINE / LIGNOCAINE INJECTION	1	2	3	4	5		
05	KETAMINE INJECTION	1	2	3	4	5		
2403	Do you have guidelines on Integrated management of emergency and essential surgical care (IMEESC)?				YES 1	NO 2	→ 2450	
2404	May I see the guidelines on Integrated management of emergency and essential surgical care?				OBSERVED 1	REPORTED NOT SEEN 2		

INFECTION CONTROL

2450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<p>GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY SERVICES [Q1651]. 17 STI [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 NOT PREVIOUSLY SEEN. 31</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">NEXT SECTION / SERVICE SITE</p>	
2451	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND COLOR CODED PLASTIC BIN LINER / LABELED BIN (RED, GREEN, YELLOW AND BLUE)	1 06*	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13*	INJECTION SAFETY PRECAUTION GUIDELINES FOR STANDARD PRECAUTIONS (Surakchhit sui ko niti)	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
2452	DESCRIBE THE SETTING OF THE ROOM OR AREA	<p>PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4</p>		
<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>				

SECTION 25: CESAREAN DELIVERY

2500	CHECK Q102.16	CESAREAN SECTION DONE IN FACILITY <input type="checkbox"/>	CESAREAN DELIVERY NOT DONE IN FACILITY <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN DELIVERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
2501	Does the facility have a health worker who can perform Cesarean delivery (section) present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES. 1 NO. 2	→ 2504				
2502	Is there a duty schedule or call list for 24-hr staff assignment?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . 2	→ 2504				
2503	May I see the duty schedule or call list for 24-HR staff assignment?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2					
2504*	Does this facility have an anesthetist/anestheist assistant present in the facility or on call 24 hours a day (including weekends and on public holidays?)	YES. 1 NO. 2	→ 2507				
2505	Is there a duty schedule or call list?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . 2	→ 2507				
2506	May I see the duty schedule or call list?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2					
2507	Have Cesarean deliveries been performed in this facility during the past 3 months?	YES. 1 NO. 2					
ASK TO SEE THE ROOM OR AREA WHERE CESAREAN DELIVERIES ARE DONE AND ASK TO SEE THE ITEMS BELOW							
2510	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANESTHESIA MACHINE	1 b	2 b	3 02 ↙	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 b	2 b	3 03 ↙	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 b	2 b	3 04 ↙	1	2	8
04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1 b	2 b	3 05 ↙	1	2	8
05	MAGILLS FORCEPS - ADULT	1 b	2 b	3 06 ↙	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1 b	2 b	3 07 ↙	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1 b	2 b	3 08 ↙	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1 b	2 b	3 09 ↙	1	2	8
09	INTUBATING STYLET	1 b	2 b	3 10 ↙	1	2	8
10	SPINAL NEEDLE	1 b	2 b	3 NEXT SECTION/SERVICE SITE ↙	1	2	8
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	CHECK Q102.18 BLOOD TYPING SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←										
2601	Please tell me if any of the following reagents or equipment is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	Anti-A Reagent	1	2	3	4	5						
02	Anti-B Reagent	1	2	3	4	5						
03	Anti-D Reagent	1	2	3	4	5						
04	COOMB'S REAGENT	1	2	3	4	5						
05	Anti-A,B Reagent	1	2	3	4	5						

SECTION 27: BLOOD TRANSFUSION SERVICES

2700	CHECK Q102.19 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> BLOOD TRANSFUSION AVAILABLE FROM FACILITY <input type="checkbox"/> </div> <div style="text-align: center;"> BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 5px;"> NEXT SECTION OR SERVICE SITE ← </div>
------	--

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2701*	What is the source of the blood that is transfused in this facility? PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD.	NATIONAL BLOOD BANK. A REGIONAL BLOOD BANK. B DISTRICT BLOOD BANK. C HOSPITAL BLOOD BANK. D OTHER _____ X (SPECIFY)
2702	Has blood transfusion been done in this facility in an obstetric context (i.e., for maternal care) during the past 3 months?	YES. 1 NO. 2

SCREENING FOR INFECTIOUS DISEASES

2710	Is blood that is transfused in this facility screened, <i>either in this facility or externally</i> , for any infectious diseases prior to transfusion?	YES. 1 NO. 2	→ 2720
2711	Is the blood that is transfused screened only in the facility, only at an external facility, or both?	ONLY IN THIS FACILITY. 1 ONLY AT AN EXTERNAL FACILITY. 2 BOTH INTERNALLY AND EXTERNALLY. 3	
2712*	Is the blood that is transfused in the facility screened, <i>either in this facility or externally</i> , for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?	ALWAYS SOMETIMES RARELY NO	
01	HIV	1 2 3 4	
02	SYPHILIS	1 2 3 4	
03	HEPATITIS B	1 2 3 4	
04	HEPATITIS C	1 2 3 4	
2713	Do you ever send blood sample outside the facility for screening for any of the tests mentioned above?	YES 1 NO 2	→ 2720
2714*	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	(A) SEND SPECIMEN OUT (B) RECORD OF OUTSIDE TEST	
		YES NO YES NO	
01	HIV	1 b 2 02 ↙	1 2
02	SYPHILIS	1 b 2 03 ↙	1 2
03	HEPATITIS B	1 b 2 04 ↙	1 2
04	HEPATITIS C	1 b 2 2720 ↙	1 2

BLOOD STORAGE

2720	Has the facility run out of blood for more than one day anytime during the past 3 months?	YES..... 1 NO..... 2	
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES..... 1 NO..... 2	→ 2724
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 2724
2723*	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES..... 1 ABOVE +6 DEGREES..... 2 BELOW +2 DEGREES..... 3 THERMOMETER NOT FUNCTIONAL..... 4 NO THERMOMETER..... 5	
2724*	Do you have national guidelines on screening donated blood for transfusion for transmissible infections?	YES..... 1 NO..... 2	←
		NEXT SECTION OR SERVICE SITE	
2725*	May I see this guideline?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY	YES	NO				
3000							
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2				
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2				
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2				
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2				
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2				
06	WALLS: SIGNIFICANT DAMAGE	1	2				
07	DOORS: SIGNIFICANT DAMAGE	1	2				
08	CEILING: WATER STAINS OR DAMAGE	1	2				
	INTERVIEW END TIME USE 24 HOURS FORMAT	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>							

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

NEPAL HEALTH FACILITY SURVEY - 2015

HEALTH WORKER INTERVIEW

Facility Number:

Provider SERIAL Number: **[FROM PROVIDER LISTING FORM]**

Provider Sex: (1=MALE; 2=FEMALE)

Interviewer Code:

Number of ANC Observations Associated with Provider

Number of FP Observations Associated with Provider

Number of Sick Child Observations Associated with Provider

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY. YES, PREVIOUSLY INTERVIEWED 1

IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED _____ → **END**

NO, NOT PREVIOUSLY INTERVIEWED 2

READ THE FOLLOWING CONSENT FORM

Good day! My name is _____. We are here on behalf of New ERA conducting a survey of health facilities to assist the government in knowing more about health services in Nepal.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about trainings you have received.

The information you provide us may be used by New ERA, other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Do you have any questions about the study? Do I have your agreement to proceed?

Interviewer's signature

		2	0	1
DAY	MONTH	YEAR		

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101	May I begin the interview now?	YES 1	→ END
		NO 2	

1. EDUCATION AND EXPERIENCE

102	<p>I would like to ask you some questions about your educational background.</p> <p>How many years of education have you completed in total, starting from your primary, secondary and further education?</p>	YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
103*	<p>What is your current occupational category or qualification? For example, are you a registered nurse, or generalist medical doctor or a specialist medical doctor?</p>	GENERALIST MEDICAL DOCTOR (MDGP)..... 01 GYNECOLOGIST / OBSTETRICIAN 02 ANESTHESIOLOGIST 03 PATHOLOGIST 04 GENERAL SURGEON..... 05 PEDIATRICIAN 06 OTHER SPECIALISTS MEDICAL DOCTORS..... 07 MEDICAL OFFICER (MBBS, BDS) 08 ANESTHETIC ASSISTANT 09 NURSE (MN, BSC NURSE, BN, PCL) / AUXILLARY NURSE MIDWIFE (ANM)..... 10 LABORATORY TECHNOLOGIST / OFFICER / LABORATORY TECHNICIAN / LABORATORY ASSISTANT..... 11 HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR..... 12 COUNSELOR WITH CLINICAL QUAL. (HTC ONLY)..... 16 COUNSELOR WITHOUT CLINICAL QUAL. (HTC ONLY)..... 17 OTHER CLINICAL STAFF NOT LISTED ABOVE 18 NO TECHNICAL QUALIFICATION / NON CLINICAL STAFF. 95	
104	<p>What year did you graduate (or complete) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION (103=95), ASK: What year did you complete any basic training for your current occupational category?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
105	<p>In what year did you start working in this facility?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
106	<p>Have you received any dose of Hepatitis B vaccine?</p> <p>IF YES, ASK: How many doses have you received so far?</p>	YES, 1 DOSE..... 1 YES, 2 DOSES..... 2 YES, 3 OR MORE DOSES..... 3 NO..... 4	→ 108
107*	<p>Did you receive any of the Hepatitis B vaccinations as part of your services in this facility?</p>	YES..... 1 NO..... 2	
108	<p>Are you a manager or in-charge for any clinical services?</p>	YES..... 1 NO..... 2	

2. GENERAL TRAINING / COMMUNICABLE / NON-COMMUNICABLE DISEASES

200*	<p>I will like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01*	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention? May be part of any training, like Infection prevention / IP training.	1	2	3
02	Any specific training related to injection safety practices or safe injection practices	1	2	3
03*	Revised Health Management Information Systems (HMIS) or reporting requirements for any service	1	2	3
06	Integrated Management for Emergency and Essential Surgical Care (IMEESC)	1	2	3
07	Other general training (SPECIFY)_____	1	2	3

201*	CHECK [Q103] FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION CODE [11] (i.e., LABORATORY-RELATED) CIRCLED <input type="checkbox"/> → 700 CODE [11] NOT CIRCLED <input type="checkbox"/>	
I will now ask you a few questions about services you personally provide in your current position in this facility and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.		
202	In your current position, and as a part of your work for this facility, do you personally provide any services that are designed to be youth or adolescent friendly? i.e., designed with the specific aim to encourage youth or adolescent utilization?	YES..... 1 NO..... 2
203*	Have you received any in-service training, training updates or refresher training on topics specific to youth or adolescent friendly services? (e.g. Adolescent Friendly Services (AFS) or Youth Friendly Services (YFS) training) IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3
203A	CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION CODE 16 OR 17 (COUNSELOR) CIRCLED <input type="checkbox"/> → 604 CODE 16 NOR 17 (COUNSELOR) NOT CIRCLED <input type="checkbox"/>	

MALARIA

204	In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?	YES..... 1 NO..... 2																																
205	Have you received any in-service training, training updates or refresher trainings on topics related to diagnosis and/or treatment of malaria?	YES..... 1 NO..... 2 → 207																																
206*	Have you received any in-service training, training updates or refresher trainings in any of the following topics [READ TOPIC]: IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	<table border="1"> <thead> <tr> <th></th> <th>YES, WITHIN PAST 24 MONTHS</th> <th>YES, OVER 24 MONTHS AGO</th> <th>NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>02</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>03</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>04</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>05</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>07</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>08</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01	1	2	3	02	1	2	3	03	1	2	3	04	1	2	3	05	1	2	3	07	1	2	3	08	1	2	3
	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES																															
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08	1	2	3																															
01	DIAGNOSING MALARIA IN ADULTS																																	
02	DIAGNOSING MALARIA IN CHILDREN																																	
03	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST																																	
04	CASE MANAGEMENT / TREATMENT OF MALARIA IN ADULTS																																	
05	CASE MANAGEMENT / TREATMENT OF MALARIA DURING PREGNANCY																																	
07	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN																																	
08	OTHER TRAINING ON MALARIA (SPECIFY)_____																																	

DIABETES

207	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes ?	YES..... 1 NO..... 2
208	Have you received any in-service training, training updates or refresher training on topics specific to the diagnosis and/or management of diabetes? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3

CARDIO-VASCULAR DISEASES

209	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES..... 1 NO..... 2	
210	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of cardio-vascular diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3	

CHRONIC RESPIRATORY DISEASES

211	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES..... 1 NO..... 2	
212	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of chronic respiratory diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3	

3. CHILD HEALTH SERVICES

300A	Are you aware of the " Golden Thousand Days " period?	YES..... 1 NO..... 2	
300	In your current position, and as a part of your work for this facility, do you personally provide any child vaccination services?	YES..... 1 NO..... 2	
301	In your current position, and as a part of your work for this facility, do you personally provide any child growth monitoring services?	YES..... 1 NO..... 2	
302	In your current position, and as a part of your work for this facility, do you personally provide any child curative care services?	YES..... 1 NO..... 2	
303	Have you received any in-service training, training updates or refresher training on topics related to child health or childhood illnesses?	YES..... 1 NO..... 2	→ 400
304*	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	EPI / NIP OR COLD CHAIN MONITORING	1	2
02*	INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES (IMNCI)	1	2
03	DIAGNOSIS OF MALARIA IN CHILDREN	1	2
04	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST	1	2
05	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN	1	2
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS	1	2
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA	1	2
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT AND MANAGEMENT	1	2
09*	BREASTFEEDING	1	2
10*	COMPLIMENTARY FEEDING IN INFANTS	1	2
11	PEDIATRIC HIV/AIDS	1	2
12	PEDIATRIC ART	1	2
13	OTHER TRAINING ON CHILD HEALTH (SPECIFY)_____	1	2
'14*	INFANT AND YOUNG CHILD FEEDING TRAINING (IYCF TRAINING)	1	2
'15	IRON DEFICIENCY DISORDER RELATED TRAINING (IMN TRAINING)	1	2
16	MATERNAL AND INFANT AND YOUNG CHILD NUTRITION TRAINING (ESSENTIAL NUTRITION ACTIONS TRAINING)	1	2
		3	3

4. FAMILY PLANNING SERVICES

400	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	YES..... 1 NO..... 2																																													
401	Have you received any in-service training, training updates or refresher training on topics related to family planning?	YES..... 1 NO..... 2	→ 500																																												
403	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">YES, WITHIN PAST 24 MONTHS</th> <th style="width: 15%; text-align: center;">YES, OVER 24 MONTHS AGO</th> <th style="width: 15%; text-align: center;">NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td>GENERAL COUNSELING FOR FAMILY PLANNING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">02</td> <td>IUCD INSERTION AND REMOVAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">03</td> <td>IMPLANT INSERTION AND REMOVAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">04</td> <td>PERFORMING NON-SCALPEL VASECTOMY (NSV)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">05</td> <td>PERFORMING MINILAP TUBAL LIGATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">07</td> <td>FAMILY PLANNING FOR HIV POSITIVE WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">08</td> <td>POST-PARTUM FAMILY PLANNING, INCLUDING PPIUCD</td> <td></td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">09</td> <td>OTHER TRAINING ON FAMILY PLANNING (SPECIFY) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01	GENERAL COUNSELING FOR FAMILY PLANNING	1	2	3	02	IUCD INSERTION AND REMOVAL	1	2	3	03	IMPLANT INSERTION AND REMOVAL	1	2	3	04	PERFORMING NON-SCALPEL VASECTOMY (NSV)	1	2	3	05	PERFORMING MINILAP TUBAL LIGATION	1	2	3	07	FAMILY PLANNING FOR HIV POSITIVE WOMEN	1	2	3	08	POST-PARTUM FAMILY PLANNING, INCLUDING PPIUCD			3	09	OTHER TRAINING ON FAMILY PLANNING (SPECIFY) _____	1	2	3
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09	OTHER TRAINING ON FAMILY PLANNING (SPECIFY) _____	1	2	3																																											

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	In your current position, and as a part of your work for this facility, do you personally provide any antenatal care or postnatal care services? IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED	YES, ANTENATAL..... 1 YES, POSTNATAL..... 2 YES, BOTH..... 3 NO, NEITHER..... 4		
501	Have you received any in-service training, training updates or refresher training on topics related to antenatal care or postnatal care?	YES..... 1 NO..... 2	→ 503	
502*	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	ANC screening (e.g., blood pressure, urine glucose and protein)	1	2	3
02	Counseling for ANC (e.g., nutrition, FP and newborn care)	1	2	3
03	Complications of pregnancy and their management	1	2	3
04*	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation	1	2	3
05	Other training on ANC or postnatal care (SPECIFY) _____	1	2	3
503	In your current position, and as a part of your work for this facility, do you personally provide any services that are specifically geared toward preventing mother-to-child transmission of HIV? IF YES, ASK: Which specific services do you provide? INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?	PREVENTIVE COUNSELING..... A HIV TEST COUNSELING..... B CONDUCT HIV TEST..... C PROVIDE ARV TO MOTHER..... D PROVIDE ARV TO INFANT..... E NO PMTCT SERVICES..... Y		
504	Have you received any in-service training, training updates or refresher training on topics related to maternal and/or newborn health and HIV/AIDS?	YES..... 1 NO..... 2	→ 506	
505	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Prevention of mother-to-child transmission (PMTCT) of HIV	1	2	3
02	Newborn nutrition counseling for mother with HIV	1	2	3
03*	Infant and young child feeding for mother with HIV	1	2	3
04	Modified obstetric practices as relates to HIV (e.g., not rupturing membranes)	1	2	3
05	Antiretroviral prophylactic treatment for prevention of mother to child transmission of HIV	1	2	3
06	Other trainings on maternal and/or newborn health and HIV/AIDS (SPECIFY) _____	1	2	3

DELIVERY SERVICES

506	In your current position, and as a part of your work for this facility, do you personally provide delivery services ? By that I mean conducting the actual delivery of newborns?	YES..... 1 NO..... 2	→ 509				
507	During the past 6 months, approximately how many deliveries have you conducted as the main provider (include deliveries conducted for private practice and for facility) ?	TOTAL DELIVERIES	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
508	When was the last time you used a partograph?	NEVER..... 0 WITHIN PAST WEEK..... 1 WITHIN PAST MONTH..... 2 WITHIN PAST 6 MONTHS..... 3 OVER 6 MONTHS AGO..... 4					
509	Have you received any in-service training, training updates or refresher training on topics related to delivery care?	YES..... 1 NO..... 2	→ 511				
510	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES			
01	SBA Integrated Management of Pregnancy and Childbirth (IMPAC)	1	2	3			
02	ASBA Comprehensive Emergency Obstetric Care (CEmOC)	1	2	3			
03*	Routine care during labor and normal vaginal delivery	1	2	3			
04	Active Management of Third Stage of Labor (AMTSL)	1	2	3			
05	MNH Update Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general	1	2	3			
06	Post abortion care (PAC)	1	2	3			
07	Special delivery care practices for preventing mother-to-child transmission of HIV	1	2	3			
08*	Comprehensive abortion care (CAC) by MVA						
09*	Medical abortion (MA)						
10	Other training on delivery care (SPECIFY)_____	1	2	3			

NEWBORN CARE SERVICES

511	In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES..... 1 NO..... 2		
512	Have you received any in-service training, training updates or refresher training on topics related to newborn care?	YES..... 1 NO..... 2	→ 600	
513*	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Neonatal resuscitation using bag and mask	1	2	3
02*	Early and exclusive breastfeeding	1	2	3
03	Newborn infection management (including injectable antibiotics)	1	2	3
04	Thermal care (including immediate drying and skin-to-skin care)	1	2	3
05*	Sterile cord cutting and appropriate cord care	1	2	3
06*	Kangaroo Mother Care (KMC) for low birth weight babies	1	2	3
07	Other training on newborn care (SPECIFY)_____	1	2	3

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES..... 1 NO..... 2	
601	Have you received any <i>in-service training, training updates or refresher training</i> on topics related to STI services?	YES..... 1 NO..... 2	603
602	Have you received any <i>in-service training, training updates or refresher training</i> in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2
02	The syndromic management for STIs	1	2
03	Drug resistance to STI treatment medications	1	2
04	Other training on STI (SPECIFY) _____	1	2

PULMONARY TUBERCULOSIS

603*	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i> READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]? (a)	Have you received training or training update on [SERVICE]? IF YES, within the past 24 months or more than 24 months ago? (b)			
		YES	NO	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests using AFB Smear Microscopy	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms or TB Diagnostic Algorithm	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of DR-TB	1	2	1	2	3
08	PAL training			1	2	3
09	Laboratory modular training			1	2	3
10	TB modular training			1	2	3
11	TB infection control training			1	2	3
12	Other training on TB (SPECIFY) _____			1	2	3

HIV/AIDS SERVICES

604*	Now I will ask if you provide certain HIV-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i> READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]? (a)	Have you received training or training update on [SERVICE]? IF YES, within the past 24 months or more than 24 months ago? (b)			
		YES	NO	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO TRAINING
01	Provide counseling related to HIV testing	1	2	1	2	3
02	Conduct the HIV test	1	2	1	2	3
03	Provide any services related to PMTCT	1	2	1	2	3
04	Provide any palliative care services	1	2	1	2	3
05	Provide any ART services, including prescription, counseling, or follow-up	1	2	1	2	3
06	Provide any preventive treatment for opportunistic infections (OIs) such as TB and pneumonia	1	2	1	2	3
07	Provide pediatric AIDS care	1	2	1	2	3
08	Provide HIV/AIDS home-based care	1	2	1	2	3
09	Provide post-exposure prophylaxis (PEP) services	1	2	1	2	3
10*	Stigma and discrimination of people living with HIV/AIDS (S&D training)	1	2	1	2	3
11	Other training on HIV (SPECIFY) _____			1	2	3

7. DIAGNOSTIC SERVICES

700	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES..... 1 NO..... 2	→ 800	
701*	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO	
01	Microscopic examining of sputum for diagnosing tuberculosis	1	2	
02	HIV rapid testing	1	2	
03*	Any other HIV test, such as PCR, ELISA / CLIA, or Western Blot	1	2	
04	Hematology testing, such as anemia testing	1	2	
05	CD4 testing	1	2	
06	Malaria microscopy	1	2	
07	Malaria rapid diagnostic test (mRDT)	1	2	
702	Have you received any in-service training, training updates or refresher training on topics related to the different diagnostic tests you conduct?	YES..... 1 NO..... 2	→ 800	
703	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	3
02	HIV testing	1	2	3
03	CD4 testing	1	2	3
04	Blood screening for HIV prior to transfusion	1	2	3
05	Blood screening for Hepatitis B prior to transfusion	1	2	3
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2	3
07	Malaria microscopy	1	2	3
08	Malaria rapid diagnostic test (mRDT)	1	2	3
09	Other training on diagnostic tests (SPECIFY) _____	1	2	3

8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY</p> <div style="text-align: right; margin-right: 20px;"> <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div>																																																								
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">YES, IN THE PAST 3 MONTHS.</td> <td style="width: 5%; text-align: center;">1</td> <td rowspan="5" style="width: 15%; vertical-align: middle; text-align: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> <p>→ 804</p> </td> </tr> <tr> <td>YES, IN THE PAST 4-6 MONTHS.</td> <td style="text-align: center;">2</td> </tr> <tr> <td>YES, IN THE PAST 7-12 MONTHS.</td> <td style="text-align: center;">3</td> </tr> <tr> <td>YES, MORE THAN 12 MONTHS AGO.</td> <td style="text-align: center;">4</td> </tr> <tr> <td>NO.</td> <td style="text-align: center;">5</td> </tr> </table>	YES, IN THE PAST 3 MONTHS.	1	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> <p>→ 804</p>	YES, IN THE PAST 4-6 MONTHS.	2	YES, IN THE PAST 7-12 MONTHS.	3	YES, MORE THAN 12 MONTHS AGO.	4	NO.	5																																													
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802	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES.</p> <div style="text-align: right; margin-right: 20px;"> <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> <p>EVERY DAY. '96</p>																																																								
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 20%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td colspan="3">Check your records or reports</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">02</td> <td colspan="3">Observe your work</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">03</td> <td colspan="3">Provide any feedback (either positive or negative) on your performance</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">05</td> <td style="text-align: center;">05</td> </tr> <tr> <td style="text-align: center;">04</td> <td colspan="3">Give you verbal or written feedback that you were doing your work well</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">05</td> <td colspan="3">Provide updates on administrative or technical issues related to your work</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">06</td> <td colspan="3">Discuss problems you have encountered</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	01	Check your records or reports				1	2	8	02	Observe your work				1	2	8	03	Provide any feedback (either positive or negative) on your performance				1	2	8			05	05	04	Give you verbal or written feedback that you were doing your work well				1	2	8	05	Provide updates on administrative or technical issues related to your work				1	2	8	06	Discuss problems you have encountered				1	2	8
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804	<p>Do you have a written job description of your current job or position in this facility?</p> <p>IF YES, ASK: May I see it?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">YES, OBSERVED</td> <td style="width: 5%; text-align: center;">1</td> </tr> <tr> <td>YES, REPORTED, NOT SEEN ..</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">3</td> </tr> </table>	YES, OBSERVED	1	YES, REPORTED, NOT SEEN ..	2	NO	3																																																		
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<p>808</p>	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important.</p> <p>ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.</p> <p>IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN PUT "Y" IN THE REMAINING BOX/ES. DO NOT LEAVE ANY BOX EMPTY. THERE MUST BE 3 ENTRY.</p> <p>DO NOT READ CHOICES TO YOUR RESPONDENT</p>	<p>MORE SUPPORT FROM SUPERVISOR. A</p> <p>MORE KNOWLEDGE / UPDATES TRAINING. B</p> <p>MORE SUPPLIES/STOCK. C</p> <p>BETTER QUALITY EQUIPMENT/ SUPPLIES. D</p> <p>LESS WORKLOAD (i.e. MORE STAFF). E</p> <p>BETTER WORKING HOURS / FLEXIBLE TIMES. F</p> <p>MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS). G</p> <p>TRANSPORTATION FOR REFERRAL PATIENTS. H</p> <p>PROVIDING ART. I</p> <p>PROVIDING PEP. J</p> <p>INCREASED SECURITY. K</p> <p>BETTER FACILITY INFRASTRUCTURE. L</p> <p>MORE AUTONOMY / INDEPENDENCE. M</p> <p>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES). N</p> <p>OTHER (SPECIFY) X</p> <p>NO PROBLEM. Y</p> <div style="text-align: center; margin-top: 20px;"> <table border="1"> <tr> <td colspan="3">RANKING</td> </tr> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> </div>	RANKING					
RANKING								
<p>THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT</p>								

Sample List for ANTENATAL CARE Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

TOTAL # OF ANC CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #1

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			

Sample List for ANTENATAL CARE Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #2

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			

Sample List for ANTENATAL CARE Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #3

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
151			
152			
153			
154			
155			
156			
157			
158			
159			
160			
161			
162			
163			
164			
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175			

NEPAL HEALTH FACILITY SURVEY - 2015

OBSERVATION OF ANC CONSULTATION

1. Facility Identification

	QTYPE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">A</td> <td style="width: 20px; height: 20px; text-align: center;">N</td> </tr> </table>	O	A	N		
O	A	N				
FACILITY NUMBER.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
CLIENT CODE [FROM CLIENT LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

2. Provider Information

<p><u>Provider category:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERALIST MEDICAL DOCTOR (MDGP)</td><td style="text-align: right;">01</td></tr> <tr><td>GYNECOLOGIST / OBSTETRICIAN</td><td style="text-align: right;">02</td></tr> <tr><td>ANESTHESIOLOGIST</td><td style="text-align: right;">03</td></tr> <tr><td>PATHOLOGIST</td><td style="text-align: right;">04</td></tr> <tr><td>GENERAL SURGEON</td><td style="text-align: right;">05</td></tr> <tr><td>PEDIATRICIAN</td><td style="text-align: right;">06</td></tr> <tr><td>OTHER SPECIALISTS MEDICAL DOCTORS</td><td style="text-align: right;">07</td></tr> <tr><td>MEDICAL OFFICER (MBBS, BDS)</td><td style="text-align: right;">08</td></tr> <tr><td>ANESTHETIC ASSISTANT</td><td style="text-align: right;">09</td></tr> <tr><td>NURSE (MN, BSC NURSE, BN, PCL) / AUXILLARY NURSE MIDWIFE (ANM)</td><td style="text-align: right;">10</td></tr> <tr><td>HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR</td><td style="text-align: right;">12</td></tr> <tr><td>OTHER CLINICAL STAFF NOT LISTED ABOVE</td><td style="text-align: right;">18</td></tr> <tr><td>NON-CLINICAL STAFF/ NO TECHNICAL QUALIFICATION</td><td style="text-align: right;">95</td></tr> </table>	GENERALIST MEDICAL DOCTOR (MDGP)	01	GYNECOLOGIST / OBSTETRICIAN	02	ANESTHESIOLOGIST	03	PATHOLOGIST	04	GENERAL SURGEON	05	PEDIATRICIAN	06	OTHER SPECIALISTS MEDICAL DOCTORS	07	MEDICAL OFFICER (MBBS, BDS)	08	ANESTHETIC ASSISTANT	09	NURSE (MN, BSC NURSE, BN, PCL) / AUXILLARY NURSE MIDWIFE (ANM)	10	HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR	12	OTHER CLINICAL STAFF NOT LISTED ABOVE	18	NON-CLINICAL STAFF/ NO TECHNICAL QUALIFICATION	95	PROVIDER CATEGORY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
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SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																												

3. Information About Observation

Date:	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
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	YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	2	0	1	5
2	0	1	5		
Name of the observer: _____	OBSERVER CODE..... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing New ERA We are conducting a study of health facilities in Nepal with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="3" style="font-size: 8px;">YEAR</td> </tr> </table>			2	0	1	DAY	MONTH	YEAR			
		2	0	1									
DAY	MONTH	YEAR											
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END										

	<p>READ TO CLIENT: Hello, I am _____. I am representing New ERA We are conducting a study of health services in Nepal. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>						
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END				
102*	RECORD THE TIME THE OBSERVATION STARTED USE 24 HOURS FORMAT	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2					

NO.	QUESTION / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTION TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION.		

CLIENT HISTORY : GENERAL

104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	
01	Client's age	A
02	Medications the client is taking	B
03	Date client's last menstrual period began	C
04	Number of prior pregnancies client has had	D
05	None of the above	Y

CLINICAL HISTORY: ASPECTS OF PRIOR PREGNANCIES

105*	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:	
01	Prior stillbirth(s)	A
02*	New born who died in the first week of life	B
03*	Heavy bleeding during delivery	C
04*	Previous assisted vaginal delivery / Instrumental delivery	D
05	Previous spontaneous abortions	E
06	Previous multiple pregnancies	F
07	Previous prolonged labor	G
08*	Previous pregnancy-induced hypertension (Pre-eclampsia)	H
09*	Previous pregnancy related convulsions (Eclampsia)	I
10	High fever or infection during prior pregnancy/pregnancies	J
11	Caesarean section	K
12	Gestational diabetes	L
13	Birth defects in the last birth (congenital defect/anomalies)	M
14*	Heavy bleeding after delivery	N
15*	High fever or infection during post partum	O
16*	Previous induced abortion	P
17*	Any bleeding during pregnancy	Q
18*	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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CLINICAL HISTORY: ASPECT OF CURRENT PREGNANCY

106*	IN COLUMN A , RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY. IN COLUMN B , RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS	(A) PROVIDER ASKED ABOUT OR CLIENT MENTIONED	(B) PROVIDER DISCUSSED OR MANAGED
01	Vaginal bleeding	A	A
02	Fever	B	B
03	Headache or blurred vision	C	C
04	Swollen face or hands or extremities	D	D
05	Tiredness or breathlessness	E	E
06	Fetal movement (loss of, excessive, normal)	F	F
07*	Cough for 3 weeks or longer	G	G
08	Any other symptoms or problems the client thinks might be related to this pregnancy	H	H
09*	Lower abdominal pain	I	I
10*	Vaginal discharge	J	J
11	None of the above	Y	Y

PHYSICAL EXAMINATION

107*	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	
01	Take the client's blood pressure	A
02	Weigh the client	B
03	Examine conjunctiva/palms for anemia	C
04	Examine legs/feet/hands for edema	D
05	Examine for swollen glands or lymphnodes	E
06	Examine the client's breasts	J
07*	Palpate the client's abdomen for uterine height / Fundal height using tape measure	G
08	Palpate the client's abdomen for fetal presentation	F
09	Listen to the client's abdomen for fetal heartbeat	H
10	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	I
11	Conduct vaginal examination/exam of perineal area	K
13	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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ROUTINE TESTS

108	RECORD WHETHER THE PROVIDER A) ASKED ABOUT, B) PERFORMED OR, C) REFERRED THE CLIENT FOR THE FOLLOWING TESTS	(A) PROVIDER ASKED	(B) PROVIDER PERFORMED	(C) PROVIDER REFERRED	D* PROVIDER LOOKED AT REPORT	(Y) NO ACTION TAKEN
01	Hemoglobin test	A	B	C	D	Y
02	Blood grouping	A	B	C	D	Y
03	Any urine test	A	B	C	D	Y
04	Syphilis test	A	B	C	D	Y

HIV TESTING AND COUNSELLING

109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	Asked if the client knew her HIV status	A
02	Provide counseling related to HIV test	B
03	Refer for counseling related to HIV test	C
04	Perform HIV test	D
05	Refer for HIV test	E
06	None of the above	Y

MAINTAINING A HEALTHY PREGNANCY

110	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS	
01	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	A
02	Informed the client about the progress of the pregnancy	B
03	Discussed the importance of at least 4 ANC visits	C
04	None of the above	Y

IRON PROPHYLAXIS

111*	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave iron pills or folic acid (IFA) or both	A
02	Explained the purpose of iron or folic acid	B
03	Explained how to take iron or folic-acid pills	C
04	Explained side effects of iron pills	D
06	None of the above	Y

TETANUS DIPHTERIA TOXOID INJECTION

112*	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave a tetanus diphteria toxoid (Td) injection	A
02	Explained the purpose of the a tetanus diphteria toxoid (Td) injection	B
04	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

DEWORMING

113*	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Mebendazole/Albendazole	A
02	Explained the purpose of Mebendazole/Albendazole	B
04	None of the above	Y

MALARIA

114*	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01*	Provider identified need to provide client with an LLIN by asking if client had an LLIN or is currently using an LLIN	J
02*	Provided LLIN to client as part of consultation or instructed client to obtain LLIN elsewhere in facility	F
03*	Explicitly explained importance of using LLIN to client	G
04	None of the above	Y

PREPARATION FOR DELIVERY

115*	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	
02*	Asked the client where she will deliver and advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation, identify blood donor,)	B
03*	Advised the client to use a skilled birth attendant, go to the health facility	C
04*	Discussed with client what items to have on hand at home (e.g., blade, clean delivery kit, misoprostol, 7.1% Chlorhexidine)	D
06	None of the above	Y

ESSENTIAL NEWBORN CARE AND POSTPARTUM RECOMMENDATIONS

116*	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT NEWBORN OR POSTPARTUM CARE IN ANY OF THE FOLLOWING WAYS:	
01	Discussed care for the newborn (i.e., warmth, hygiene and cord care, delay bathing for at least 24 hours after birth)	A
02	Discussed immediate breastfeeding initiation	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options for after delivery	E
06	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

DANGER SIGNS DURING PREGNANCY

116A*	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT ANY OF THE FOLLOWING DANGER SIGNS DURING PREGNANCY:	
01	Severe headache	A
02	Blurred vision	B
03	Severe lower abdominal pain	C
04	Swelling of hand , body or face	D
05	Convulsion / unconsciousness	E
06	Any vaginal spotting or bleeding	F
08	None of the above	Y

DANGER SIGNS DURING LABOR & DELIVERY

116B*	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT ANY OF THE FOLLOWING DANGER SIGNS DURING DELIVERY:	
01	Labor pain longer than 8hours duration	A
02	Appearance of baby's hand, leg and placenta first	B
03	Convulsion / unconsciousness	C
04	Excessive bleeding before or after delivery	D
08	None of the above	Y

DANGER SIGNS OF NEWBORN

116C*	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT ANY OF THE FOLLOWING DANGER SIGNS OF NEWBORN:	
01	Not able to suck breast	A
02	Lethargic or unconscious	B
03	Fast breathing	C
04	Severe chest indrawing	D
05	Fever	E
06	Hypothermia	F
07	10 or more than 10 skin pustule or 1 abscess	G
08	Umbilical infection	H
09	None of the above	Y

DANGER SIGNS IN POSTPARTUM PERIOD

116D*	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT ANY OF THE FOLLOWING DANGER SIGNS IN POSTPARTUM PERIOD:	
01	Fever	A
02	Pain in lower abdominal or foul smelling discharge	B
03	Excessive bleeding	C
04	Severe headache	D
05	Convulsion / unconsciousness	E
08	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

OVERALL OBSERVATIONS OF INTERACTION

117	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. 1 NO, DID NOT ASK QUESTIONS. 2	
118	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELLING DURING THE CONSULTATION.	YES, USED VISUAL AIDS. 1 NO AIDS USED. 2	
119	RECORD WHETHER THE PROVIDER LOOKED AT THE CLIENT'S MATERNAL & NEW BORN HEALTH CARD (MNH CARD, HMIS 3.5) OR ANY CLIENT'S HEALTH CARD (EITHER BEFORE BEGINNING THE EXAMINATION, WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT).	YES, LOOKED AT CARD. 1 NO, DID NOT LOOK AT CARD. 2 NO HEALTH CARD USED. 3	→ 121
120*	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S MNH CARD (HMIS 3.5). OR ANY CLIENT'S HEALTH CARD	YES 1 NO 2 DON'T KNOW 8	
120A	RECORD WHETHER ANY ON-THE-JOB TRAINING NURSE OR NURSES PARTICIPATED IN THE PROVISION OF CARE TO THIS CLIENT. THEY MAY PARTICIPATE BY TAKING CERTAIN MEASUREMENTS OR PALPATING CLIENTS ABDOMEN	YES 1 NO 2 DON'T KNOW 8	
121	RECORD THE OUTCOME OF THE CONSULTATION. [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT GOES HOME. 1 CLIENT REFERRED TO OTHER PROVIDER AT SAME FACILITY. 2 CLIENT ADMITTED TO SAME FACILITY. 3 CLIENT REFERRED TO OTHER FACILITY. 4 CLIENT REFERRED TO LAB. 5	

QUESTIONS TO CONFIRM WITH ANC PROVIDER

ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S MNH CARD (HMIS 3.5) OR ANY CLIENT'S HEALTH CARD			
122	How many weeks pregnant is the client?	WEEKS OF PREGNANCY <input type="text"/> <input type="text"/>	
123	Is this the client's 1st, 2nd, 3rd, 4th or 5th visit for antenatal care at this facility for this pregnancy?	FIRST VISIT. 1 SECOND VISIT. 2 THIRD VISIT. 3 FOURTH VISIT. 4 FIFTH OR MORE VISIT. 5 DON'T KNOW. 8	
124	Has the client had a previous pregnancy, regardless of the duration or outcome of that pregnancy, or is this the client's first pregnancy?	FIRST PREGNANCY. 1 NOT FIRST PREGNANCY. 2 DON'T KNOW. 8	
125*	RECORD THE TIME THE OBSERVATION ENDED. USE 24 HOURS FORMAT	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Observer's comments:			

NEPAL HEALTH FACILITY SURVEY - 2015

ANC CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

--	--

CLIENT CODE [FROM CLIENT LISTING FORM]

--	--	--

INFORMATION ABOUT INTERVIEW

DATE:

DAY

--	--

MONTH

--	--

YEAR

2	0	1	5
---	---	---	---

Name of the interviewer: _____

INTERVIEWER CODE

--	--	--

1. Information About Visit - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO										
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing New ERA. We are conducting a study of health facilities in Nepal in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>			2	0	1	DAY	MONTH	YEAR			
		2	0	1									
DAY	MONTH	YEAR											
	<p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>												
100	May I begin the interview now?	AGREES 1 CLIENT REFUSES 2	→ END										
101*	RECORD THE TIME THE INTERVIEW STARTED. USE 24 HOURS FORMAT <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>											
102*	Do you have a maternal & newborn health (MNH) card (HMIS 3.5) or any health card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES 1 NO, CARD KEPT WITH FACILITY 2 NO CARD/BOOK USED 3	→106										
103*	CHECK THE MNH CARD OR ANY HEALTH CARD INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS DIPHTHERIA TOXOID.	YES, 1 TIME 1 YES, 2 TIMES 2 YES, 3 OR MORE TIMES 3 NO RECORD 4											
104*	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE MNH CARD OR ANY CLIENT'S HEALTH CARD?	# OF WEEKS <input style="width: 20px; height: 20px;" type="text"/> NOT AVAILABLE 95											
106	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY 1 NOT FIRST PREGNANCY 2											
107	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT 1 SECOND VISIT 2 THIRD VISIT 3 FOURTH VISIT 4 MORE THAN 4 VISITS 5											

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108*	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid? SHOW THE CLIENT AN IRON PILL, A FOLIC-ACID PILL, OR A COMBINED PILL.	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→109
108A	During this visit (or previous visits) did a provider give you a prescription for iron pills, folic acid or iron with folic acid?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→114
109	During this visit (or previous visits) has a provider explained to you how to take the iron pills?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
110*	During this visit (or previous visits) did a provider discuss with you the side effects of the iron pill?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
111	Please tell me any side effects of the iron pill that you know of. PROBE: ANY OTHER?	NAUSEA A BLACK STOOLS B CONSTIPATION C OTHER _____ X DON'T KNOW Z	
114	During this visit (or a previous visit) did a provider advice you to use mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
115*	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated with an insecticide free of charge?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
117	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
118*	Please tell me any signs of complications or danger signs of pregnancy that you know of. I am referring to anything that could be an indication of a problem or complication with the pregnancy, or anything that could negatively affect the pregnancy. CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")	VAGINAL BLEEDING. A FEVER. B SWOLLEN FACE OR HAND OR EXTREMITIES C TIREDNESS OR BREATHLESSNESS. D HEADACHE OR BLURRED VISION. E SEIZURES/CONVULSIONS. F REDUCED OR ABSENCE OF FETAL MOVEMENT. G LOWER ABDOMINAL PAIN H OTHER. X DON'T KNOW ANY. Z	→ 120

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
119	During this visit or previous visits, has a provider talked with you about any signs that should warn you of problems or complications with the pregnancy?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	
120	What did the provider advise you to do if you experienced any of the signs of complications? CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.	SEEK CARE AT A FACILITY. A REDUCE PHYSICAL ACTIVITY. B CHANGE DIET. C OTHER_____ X (SPECIFY) PROVIDER DID NOT ADVISE. Y	
121	During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for this delivery.	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW ANY. 8	
122*	Please tell me some of the things you know of that you should have in preparation for the delivery. CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")	EMERGENCY TRANSPORT. A MONEY. B DISINFECTANT. C CLEAN DELIVERY KIT G IDENTIFICATION OF SKILLED BIRTH ATTENDANT H IDENTIFICATION OF POSSIBLE BLOOD DONOR I CLEAN CLOTH FOR BABY J OTHER_____ X DON'T KNOW Z	
123*	Do you have money set aside for any emergencies? IF YES, ASK: Do you think you have enough?	YES, ENOUGH 1 YES, BUT NOT ENOUGH 2 NO 3	
124	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
125	Have you decided where you will go for the delivery of your baby? IF YES PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY. 1 OTHER HEALTH FACILITY. 2 AT HOME. 3 AT TBA's HOME. 4 OTHER LOCATION _____ 6 NO/DON'T KNOW. 8	
126*	Do you know any complications during or immediately after childbirth? IF YES: What danger signs do you know?	EXCESSIVE BLEEDING. A FEVER. B GENITAL INJURIES. C PERINEAL PAIN. D URINARY RETENTION. E OTHER _____ X (SPECIFY) NO. Y	
127	During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	┌ └→129
128	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?	BETWEEN 4 TO 6 MONTHS. 1 6 MONTHS. 2 OTHER. 6 DON'T KNOW 8	
129*	During this visit (or previous visits) did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	
129A	During this visit (or previous visits) did a provider talk with you about immediate breastfeeding initiation within 1 hour of the birth of your baby?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>			
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>	
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>		
		NO PROB- LEM DK	
01	Time you waited to see a provider	MAJOR MINOR	
02	Ability to discuss problems or concerns about your pregnancy	1 2 3 8	
03	Amount of explanation you received about the problem or treatment	1 2 3 8	
04	Privacy from having others see the examination	1 2 3 8	
05	Privacy from having others hear your consultation discussion	1 2 3 8	
06	Availability of medicines at this facility	1 2 3 8	
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8	
08	The number of days services are available to you	1 2 3 8	
09	The cleanliness of the facility	1 2 3 8	
10	How the staff treated you	1 2 3 8	
11	Cost for services or treatments	1 2 3 8	
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL .. .03 NO MEDICINE04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED07 OTHER..... 96 DON'T KNOW98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today: READ ALL STATEMENTS, CIRCLE ONLY ONE 01): I AM <u>VERY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 1 02): I AM <u>FAIRLY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 2 03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED</u> (NEUTRAL) WITH THE SERVICES I RECEIVED TODAY..... 3 04): I AM <u>FAIRLY DISSATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 4 05): I AM <u>VERY DISSATISFIED</u> WITH THE SERVICES I RECEIVED IN FACILITY.... 5		
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
303	Have you ever attended school?	YES 1 NO 2	→ 304C
304A	What is the highest grade you completed? IF COMPLETED LESS THAN ONE GRADE, RECORD "00" *CODES FOR GRADES 00 = NOT PASSED GRADE I 01-09 = GRADE 1 TO 9 PASSED 10 = SLC PASSED 11 = PASSED PROFICIENCY CERTIFICATE 12 = PASSED BACHELOR DEGREE 13 = PASSED MASTER OT HIGHER DEGREE	GRADE <input type="text"/> <input type="text"/>	
304B	CHECK Q304A GRADE 5 OR LOWER <input type="checkbox"/>	GRADE 6 OR HIGHER <input type="checkbox"/>	→ 305A
304C	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	YES, CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED.... 5	
305A*	What is your caste/ethnicity?	BRAHMIN / CHHETTRI..... 01 TERAI MADHESI OTHER CASTES.....02 DALIT.....03 NEWAR..... 04 JANJATI..... 05 MUSLIM..... 06 OTHER CATEGORY..... 96	
306*	RECORD THE TIME THE INTERVIEW ENDED USE 24 HOURS FORMAT	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

Sample List for FAMILY PLANNING Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

TOTAL # OF FP CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #1

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
201			
202			
203			
204			
205			
206			
207			
208			
209			
210			
211			
212			
213			
214			
215			
216			
217			
218			
219			
220			
221			
222			
223			
224			
225			

Sample List for FAMILY PLANNING Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #2

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
226			
227			
228			
229			
230			
231			
232			
233			
234			
235			
236			
237			
238			
239			
240			
241			
242			
243			
244			
245			
246			
247			
248			
249			
250			

Sample List for FAMILY PLANNING Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #3

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
251			
252			
253			
254			
255			
256			
257			
258			
259			
260			
261			
262			
263			
264			
265			
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267			
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275			

Nepal Health Facility Survey 2015

OBSERVATION OF FAMILY PLANNING CONSULTATION

1. Facility Identification

	QTYPE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">F</td> <td style="width: 20px; height: 20px; text-align: center;">P</td> </tr> </table>	O	F	P		
O	F	P				
FACILITY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
CLIENT CODE [FROM CLIENT LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

2. Provider Information

Provider category: GENERALIST MEDICAL DOCTOR (MDGP) 01 GYNECOLOGIST / OBSTETRICIAN 02 ANESTHESIOLOGIST 03 PATHOLOGIST 04 GENERAL SURGEON 05 PEDIATRICIAN 06 OTHER SPECIALISTS MEDICAL DOCTORS 07 MEDICAL OFFICER (MBBS, BDS) 08 ANESTHETIC ASSISTANT 09 NURSE (MN, BSC NURSE, BN, PCL) / AUXILIARY NURSE MIDWIFE (ANM) 10 HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR 12 OTHER CLINICAL STAFF NOT LISTED ABOVE 18 NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION 95	PROVIDER CATEGORY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

3. Information About Observation

Date:	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>					2	0	1	5
2	0	1	5						
Name of the observer: _____	OBSERVER CODE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>																			
<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing New ERA We are conducting a study of health facilities in Nepal with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how family planning services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">5</td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>								2	0	1	5	DAY		MONTH		YEAR			
				2	0	1	5												
DAY		MONTH		YEAR															
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END																
<p>READ TO CLIENT: Hello, I am _____. I am representing New ERA We are conducting a study of health services in Nepal. I would like to be present while you are receiving services today in order to understand how family planning services are provided in this facility.</p> <p>We are not evaluating the [PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of services will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p>																			
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END																
102*	RECORD THE TIME THE OBSERVATION STARTED..... USE 24 HOURS FORMAT	<table border="1" style="border-collapse: collapse; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:														
		:																	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2																	
104	RECORD THE SEX OF CLIENT.	MALE 1 FEMALE 2																	

NO.	QUESTIONS / OBSERVATIONS	CODES
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CLIENT HISTORY (FEMALE CLIENTS ONLY)

105	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Last delivery date or age of youngest child	A
02	Last menstrual period (to assess if currently pregnant)	B
03	Breastfeeding status	C
04	Regularity of menstrual cycle	D
05	None of the above	Y

CLIENT HISTORY (ALL CLIENTS)

106	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Age of client	A
02	Number of living children	B
03	Desire for a child or more children	C
04	Desired timing for birth of next child	D
05*	Asked the client about his/her smoking habits	E
06*	Asked the client about symptoms of STIs (e.g., abnormal vaginal/urethral discharge)	F
07*	Asked the client about any chronic illnesses (e.g., heart disease, diabetes, hypertension, liver disease, or breast cancer)	G
08	None of the above	Y

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:	
01	Took the client's blood pressure	A
02	Weighed the client	B
06	None of the above	Y

PARTNER AND STIS

108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.	
01	Partner's attitude toward family planning (in favor of, or against idea of family planning)	A
02	Partner status (number of client's sexual partners, or of client's partner; periods of partner's absence)	B
03	Client's perceived risk of STIs/HIV	C
04	Use of condoms to prevent STIs/HIV	D
05	Using condoms along with another method (dual method) to prevent both pregnancy and STIs/HIV	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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QUESTIONS/CONCERNS

109	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING	
01	Provider asked client if he/she had questions or concerns regarding current method or past method	A
02	Client expressed concerns about method (past or current), or asked questions about method (past or current), including possible side effects of method	B
03	None of the above	Y

PRIVACY/CONFIDENTIALITY

110	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY	
01	Ensured visual privacy	A
02	Ensured auditory privacy	B
03	Assured the client orally of confidentiality	C
04	None of the above	Y

METHODS PROVIDED OR PRESCRIBED

111*	<p>VERIFY METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED OR PRESCRIBED DURING THIS VISIT. IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS. IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUCD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B. IN COLUMN C, CIRCLE ALL METHODS THAT WERE DISCUSSED AS PART OF THE VISIT</p> <p>CAUTION! AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUMNS IF NO METHOD IS PRESCRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A"</p>			
	METHOD	(A) PRESCRIBED TO BE FILLED LATER OR AT A DIFFERENT LOCATION	(B) PROVIDED TO CLIENT IN FACILITY	(C) DISCUSSED AS PART OF VISIT
01	COMBINED ORAL PILL (OCP)	A	A	A
02	PROGESTIN-ONLY ORAL PILL	B	B	B
03	ORAL PILL (TYPE UNSPECIFIED)	C	C	C
04	PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY) DEPO	E	E	E
05	MALE CONDOM	F	F	F
06	IUCD (COPPER-T)	H	H	H
07	IMPLANT (ZEDEL OR INDOPLANT)	I	I	I
08	EMERGENCY CONTRACEPTIVE PILLS (ECP)	J	J	J
09	COUNSELING ON PERIODIC ABSTINENCE		L	L
10	VASECTOMY (MALE STERILIZATION)	M	M	M
11	TUBAL LIGATION (FEMALE STERILIZATION)	N	N	N
12	COUNSELING ON LACTATIONAL AMENORHEA		O	O
13*	OTHER (E.G., VAGINAL PESSARIES)	X	X	X
14	NO METHOD	Y	Y	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.		
112*	CHECK Q111: ARE "A", "B", "C" OR "E" CIRCLED IN EITHER COLUMNS "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	114
113	PILLS OR INJECTIONS 01 When to take (pill daily; injection either every month or every 2 or 3 months) 02 Changes that may occur with menstruation (decreased flow or amenorrhea, spotting) 03 Initial side effects that may occur (such as nausea, weight gain, and breast tenderness) 04 What to do if forget pill or do not get injection on time 05 Method does not protect against STIs, including HIV 06 Should return to clinic if side effects appear or persist 07 None of the above	A B C D E F Y
114*	CHECK Q111: IS "F" CIRCLED IN EITHER COLUMN "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	116
115	CONDOMS 01 Client cannot use if allergic to latex 02 Each condom can be used only one time 03 Some lubricants may be used (male condom— water soluble only; female condom —any lubricant) 04 Can be used as backup method if client fears other method will fail 05 Dual protection (from pregnancy and against STIs, including HIV) 06 None of the above	A B C D E Y
116	CHECK Q111: IS "H" CIRCLED IN EITHER COLUMN "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	118
117*	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD) (COPPER-T) 01 Good for up to 5 years or 12 years 02 Should return to the clinic 3-6 weeks post insertion or after first menses 03 Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps) 04 Should return to clinic if side effects continue 05 User should regularly check strings after each menstruation 06 Method does not protect against STIs, including HIV 07 None of the above	A B C D E F Y

NO.	QUESTIONS / OBSERVATIONS	CODES
118	CHECK Q111: IS "I" CIRCLED IN EITHER COLUMN "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	120
119*	IMPLANTS (ZEDEL / INDOPLANT)	
01	Good for 3-5 years	A
02	Changes that may occur with menstruation (irregular bleeding, decreased flow, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, breast tenderness)	C
04	Should return to clinic if side effects continue	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER COLUMN "A" OR "B" OR OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	122
121	EMERGENCY CONTRACEPTIVE PILL (ECP)	
01	Take another dose if vomit within 2 hours of taking a dose	A
02	Return for pregnancy check if period is unusually light or fails to occur within 4 weeks	B
03	First dose to be taken within 72 hours of unprotected sexual contact	C
04	Second dose should be taken 12 hours after first dose	D
05	Not for routine contraception and therefore regimen not to be repeated or taken more than three times in any one month	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y
122*	CHECK Q111: IS "L" CIRCLED IN COLUMN "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	124
123	PERIODIC ABSTINENCE	
01	How to identify a woman's fertile period	A
02	No intercourse during woman's fertile period without alternative method (condom)	B
03	Method does not protect against STIs, including HIV	C
04	None of the above	Y
124	CHECK Q111: IS "M" CIRCLED IN EITHER COLUMN "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	126
125*	VASECTOMY	
01	Partner is protected from pregnancy after 3 months or after 30 ejaculations	A
02*	Use of a back-up method for the next 3 months (Condom)	B
03	Procedure intended to be permanent; slight risk of failure	C
04	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	D
05	Should return to clinic if experience warning signs	E
06	Method does not protect against STIs, including HIV	F
07*	Written Consent was obtained (to be observed)	G
08	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
126	CHECK Q111: IS "N" CIRCLED IN EITHER COLUMN "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	128
127*	FEMALE STERILIZATION	
01	Protect from pregnancy immediately	A
02	Procedure intended to be permanent, slight risk of failure	B
03	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	C
04	Should return to clinic if experience warning sign	D
05	Method does not protect against STIs, including HIV	E
06*	Written consent was obtained (to be observed)	f
07	None of the above	Y
128	CHECK Q111: IS "O" CIRCLED IN COLUMN "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	130
129	LACTATIONAL AMENORRHEA (LAM)	
01	Slight risk of pregnancy during the time shortly before regular menstruation resumes	A
02	Must be exclusively (or near-exclusively) breastfeeding	B
03	Not effective after menstruation begins again	C
04	Infant must be less than 6 months	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

ADDITIONAL PROVIDER ACTIONS

130	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	Look at client's health card at any time before beginning the consultation, while collecting information or while examining the client	A
02	Wrote on the client's health card	B
03	Used any visual aids for health education or counseling about family planning methods	C
04	Discussed a return visit	D
05	None of the above	Y

CONFIRM WITH PROVIDER

131	CONFIRM THE FOLLOWING WITH THE PROVIDER AT THE END OF THE CONSULTATION. CHECK THE CLIENT CARD OR REGISTER IF NECESSARY.		
01	Has this client had any previous contact with a family planning provider in this facility?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
02	Has this client ever been pregnant?	YES..... 1 NO..... 2 MALE CLIENT..... 3 DON'T KNOW..... 8	

NO.	QUESTIONS / OBSERVATIONS	CODES
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5. CLINICAL OBSERVATION

201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT																												
01	PELVIC EXAMINATION	A																											
02*	IUCD INSERTION AND/OR REMOVAL OR IUCD CHECKUP	B																											
03	INJECTABLE GIVEN	C																											
04	IMPLANT INSERTION AND/OR REMOVAL	D																											
05	NONE OF THE ABOVE	Y																											
202	IS THE CLINICAL PROVIDER THE SAME PERSON WHO PROVIDED COUNSELLING?	YES 1 NO 2	→ 206																										
	<p>READ TO PROVIDER: Hello, I am representing New ERA. We are conducting a study of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Ms. ____] has agreed that she has no objection to my presence. Observing all components of the services provided to [Ms. ____] will help us to better understand how health services are provided.</p> <p>Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me.</p> <p>Do you have any questions for me? Do I have your permission to be present during this procedure?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div data-bbox="276 920 850 1003"> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p> </div> <div data-bbox="954 869 1315 958" style="border: 1px solid black; padding: 5px;"> <table style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table> </div> </div>							2	0	1		DAY		MONTH		YEAR													
				2	0	1																							
DAY		MONTH		YEAR																									
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ 301																										
204*	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERALIST MEDICAL DOCTOR [MDGP].....</td><td style="text-align: right;">01</td></tr> <tr><td>GYNCOLOGIST / OBSTETRICIAN</td><td style="text-align: right;">02</td></tr> <tr><td>ANESTHESIOLOGIST</td><td style="text-align: right;">03</td></tr> <tr><td>PATHOLOGIST</td><td style="text-align: right;">04</td></tr> <tr><td>GENERAL SURGEON</td><td style="text-align: right;">05</td></tr> <tr><td>PEDIATRICIAN</td><td style="text-align: right;">06</td></tr> <tr><td>OTHER SPECIALISTS MEDICAL DOCTORS</td><td style="text-align: right;">07</td></tr> <tr><td>MEDICAL OFFICER (MBBS, BDS)</td><td style="text-align: right;">08</td></tr> <tr><td>ANESTHETIC ASSISTANT.....</td><td style="text-align: right;">09</td></tr> <tr><td>NURSE (MN, BSC NURSE, BN, PCL) / AUXILLARY NURSE MIDWIFE (ANM)</td><td style="text-align: right;">10</td></tr> <tr><td>HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR</td><td style="text-align: right;">12</td></tr> <tr><td>OTHER CLINICAL STAFF NOT LISTED ABOVE.....</td><td style="text-align: right;">18</td></tr> <tr><td>NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION.....</td><td style="text-align: right;">95</td></tr> </table>		GENERALIST MEDICAL DOCTOR [MDGP].....	01	GYNCOLOGIST / OBSTETRICIAN	02	ANESTHESIOLOGIST	03	PATHOLOGIST	04	GENERAL SURGEON	05	PEDIATRICIAN	06	OTHER SPECIALISTS MEDICAL DOCTORS	07	MEDICAL OFFICER (MBBS, BDS)	08	ANESTHETIC ASSISTANT.....	09	NURSE (MN, BSC NURSE, BN, PCL) / AUXILLARY NURSE MIDWIFE (ANM)	10	HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR	12	OTHER CLINICAL STAFF NOT LISTED ABOVE.....	18	NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION.....	95
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NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION.....	95																												
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE 1 FEMALE 2																											

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. PELVIC EXAMINATION

206	CHECK Q201: WAS A PELVIC EXAMINATION CONDUCTED?	YES..... 1 NO..... 2	→ 210
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BEFORE PROCEDURE

207	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE		
01	Ensured that client had visual privacy	A	
02	Ensured that client had auditory privacy	B	
03	Explained procedure to client before starting	C	
04	Prepared all instruments before starting procedure	D	
05	Washed hands with soap and water or disinfected hands before starting procedure	E	
06	Put on latex gloves before starting procedure	F	
07	NONE OF THE ABOVE	Y	

DURING PROCEDURE

208	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE		
01	Used sterilized or high level disinfected (HLD) instruments	A	
02	Asked the client to take slow deep breaths and to relax muscles	B	
03	Inspected the external genitalia	C	
04	Explained speculum procedure to client (if speculum used)	D	
05	Inspected the cervix and vaginal mucosa (using speculum and light)	E	
06	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	F	
07	NONE OF THE ABOVE	Y	

AFTER PROCEDURE

209	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Removed gloves	A	
02	Washed or disinfected hands after removing gloves	B	
03	Wiped contaminated surfaces with disinfectant	C	
04	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	D	
05	None of the above	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
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7. IUCD INSERTION AND/OR REMOVAL

210	CHECK 201: WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION A IUCD REMOVAL B IUCD CHECKUP C NONE OF THE ABOVE..... Y	→ 215
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BEFORE PROCEDURE

211	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	(FOR NEW CLIENT) Reconfirmed client choice of method	D
05	(FOR NEW CLIENT) Confirmed client is not pregnant	E
06	Prepared all instruments before starting procedure	F
07	Washed or disinfected hands before starting procedure	G
08	Put on latex gloves before starting procedure	H
09	Clean cervix and vagina with antiseptic	I
10	None of the above	Y

DURING PROCEDURE

212	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.	
01	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	A
02	Conducted a speculum examination before performing bimanual examination	B
03	Inspected the cervix and vaginal mucosa (USING SPECULUM AND LIGHT)	C
04	Used a tenaculum / Vulsellum	D
05	Sounded the uterus before inserting IUCD	E
06	Explained any of the above procedures	F
07	Used the no-touch technique for IUCD insertion	G
08	Used sterilized or high level disinfected (HLD) instruments	H
09	None of the above	Y

AFTER PROCEDURE

213	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Asked client to wait and rest for 5 minutes after inserting IUCD	C
04	Wiped contaminated surfaces with disinfectant	D
05	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	E
06	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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POST PROCEDURE COUNSELLING

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUCD is good for up to 5 or 12 years	A
02	Client instructed to return to the clinic 3 to 6 weeks after insertion or after first menses	B
03	Client instructed to regularly check the strings after each menstruation	C
04	Client told she may experience side effects (e.g., heavy bleeding for first few months, spotting, or mild abdominal cramps)	D
05	Client instructed to return to clinic if side effects persisted	E
06	Client provided with a card stating the date IUCD was inserted and the follow-up date	F
07	(IF IUCD REMOVED): Show the removed IUCD to client	G
08	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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8. INJECTABLE CONTRACEPTIVES

215	CHECK Q201: WAS AN INJECTABLE CONTRACEPTIVE GIVEN?	YES 1 NO 2	→ 220
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BEFORE PROCEDURE

216	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	(With a new client) Reconfirmed the client's choice of method	A
02	(With a new client) Verified that client was not pregnant	B
03	(Continuing client) Checked the client's card to ensure giving injection at correct time	C
04	Ensured visual privacy	D
05	Ensured auditory privacy	E
06	Washed/disinfected hands before giving the injection	F
07	Prepared injection in area with clean table or tray to set items on	G
08	None of the above	Y

DURING PROCEDURE

217	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE	
01	(If using disposables) Used new syringe and needle from a sterile sealed pack	A
02	Opened new packet of syringe and needle	B
03	Removed needle from multiple dose vial each time	C
04	Stirred or mixed the bottle <i>before</i> drawing dose (Depo)	D
05	Cleaned and air-dried the injection site <i>before injection</i>	E
06	Drew back plunger <i>before</i> giving injection	F
07	Allowed dose to self-disperse instead of massaging the site	G
08	None of the above	Y

AFTER PROCEDURE

218*	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE	
01	Disposed of sharps in puncture-resistant container (not overflowing or pierced)	A
02	Tell client not to massage injection site	B
03	Tell the client when to come back for her next injection	C
04*	Tell the client about side effect	D
05	None of the above	Y
219	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8

NO.	QUESTIONS / OBSERVATIONS	CODES
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9. IMPLANT INSERTION AND/OR REMOVAL

220	CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED?	IMPLANT INSERTION. A IMPLANT REMOVAL. B NONE OF THE ABOVE. Y	→ 301
-----	--	--	-------

BEFORE PROCEDURE

221	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method	A	
02	(With a new client) Verified that client was not pregnant	B	
03	Ensured visual privacy	C	
04	Ensured auditory privacy	D	
05	Explained the procedure to client before starting	E	
06	Prepared all instruments before the procedure	F	
07	Used sterilized or high-level disinfected instruments	G	
08	Washed/disinfected hands <i>before</i> the procedure	H	
09	Put on sterile gloves and maintain sterility during insertion	I	
10	None of the above	Y	

DURING PROCEDURE

222	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.		
01	Cleaned skin where incision was made with antiseptic	A	
02	Used sterile towel to protect area	B	
03	Used new or sterilized needle and syringe for local anesthetic	C	
04	Allowed time for local anesthetic to take effect prior to making incision	D	
05	None of the above	Y	

AFTER PROCEDURE

223	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.		
01	Disposed of sharps in puncture-resistant containers	A	
02	Wiped contaminated surfaces with disinfectant	B	
03	Placed instruments in a chlorine solution immediately after completing the procedure	C	
04	Removed gloves	D	
05	Washed/disinfected hands <i>after</i> removing gloves	E	
06	Explained care of incision area and removal of the bandage	F	
07	Discussed return visit to remove plaster	G	
08	Provided client with card stating date implant was inserted and date when the lifespan of the implant will be completed (3 or 5 years later)	H	
09	None of the above	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
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POST PROCEDURE COUNSELLING

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 3-5 years (# OF YEARS DEPENDS ON TYPE)	A
02	Client told about possible menstrual changes and/or side effects	B
03	Client told about other (NON-MENSTRUAL) side effects such as nausea, weight gain, or breast tenderness	C
04	Client instructed to return to clinic if side effects persisted	D
05	(IN THE CASE OF REMOVAL): Client shown each implant stick that was removed and assured that all have been removed	E
06	Provided client with a card stating date that implant was inserted and date when implant should be removed	F
07	None of the above	Y

225	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8	
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NO.	QUESTIONS / OBSERVATIONS	CODES
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10. CLIENT'S FAMILY PLANNING STATUS
TO BE CONFIRMED WITH PROVIDER AFTER CONSULTATION

AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS			
301	What was the client's family planning status at the beginning of this consultation?	CURRENT USER 1 NONUSER, USED IN PAST ... 2 NONUSER, NO PAST USE ... 3 NOT DETERMINED 8	→ 304 → 304 → 304
302	What was the client's principal reason for the visit?	RESUPPLY/ROUTINE FOLLOW-UP 1 DISCUSS PROBLEM WITH METHOD..... 2 DESIRE TO CHANGE METHOD (NO PROBLEM)..... 3 DESIRE TO DISCONTINUE FP (NO PROBLEM)..... 4 DISCUSS OTHER PROBLEM.... 5	
303	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD 1 SWITCHED METHOD 2 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD 3 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD 4 DECIDED TO STOP USING FAMILY PLANNING 5	→ 305 → 305 → 305 → 305 → 306
304	What was the outcome of the visit? (IF NOT A CURRENT USER)	ACCEPTED TO START METHOD 1 DID NOT DECIDE ON METHOD 2	→ 306
305	Did the client leave the facility with a method? IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD ... 1 NO, METHOD NOT IN STOCK ... 2 NO, REQUIRES APPOINTMENT 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM ... 4 NO, PREGNANCY STATUS UNCERTAIN 5 OTHER..... 6 REFERRED ELSEWHERE..... 7	
306	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION.	YES 1 NO 2 NO INDIVIDUAL CARD USED ... 3 DON'T KNOW 8	

GENERAL OBSERVATION

306A	INDICATE WHETHER ANY ON-TH-JOB TRAINING NURSE OR NURSES PARTICIPATED IN THE PROVISION OF CARE TO THIS CLIENT. THEY MAY PARTICIPATE BY TAKING CERTAIN MEASUREMENTS.	YES 1 NO 2 DON'T KNOW 8	
307*	RECORD THE TIME THE OBSERVATION ENDED..... USE 24 HOURS FORMAT	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	
308	Observer's comments:		

Nepal Health Facility Survey 2015

FP CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

--	--	--	--	--

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

--	--

CLIENT CODE [FROM CLIENT LISTING FORM]

--	--	--

INFORMATION ABOUT INTERVIEW

DATE:

DAY

--	--

MONTH

--	--

YEAR

2	0	1	5
---	---	---	---

Name of the interviewer: _____

INTERVIEWER CODE

--	--	--

1. Information About Visit - FAMILY PLANNING

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing New ERA. We are conducting a study of health facilities in Nepal in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p> <div style="text-align: right; margin-right: 50px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="2"></td> <td colspan="2" style="font-size: 8px;">YEAR</td> <td></td> <td></td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>							2	0	1		DAY	MONTH			YEAR			
				2	0	1													
DAY	MONTH			YEAR															
100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																
101*	RECORD THE TIME THE INTERVIEW STARTED USE 24 HOURS FORMAT	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:														
		:																	
102	RECORD THE SEX OF THE CLIENT	MALE 1 FEMALE 2																	
103	Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES 1 NO 2	→ 105																
104	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES 1 NO 2	→ 112																
105*	What method were you (last) using? IF CONDOMS WERE PRESCRIBED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED ORAL PILL (OCP) A PROGESTIN-ONLY PILL B PILL (TYPE UNSPECIFIED) C PROGESTIN-ONLY INJ. (2- 3-MONTHLY) (DEPO) E MALE CONDOM F IUCD (COPPER-T) H IMPLANT (ZEDEL) I EMERGENCY CONTRACEPTION (ECP) J NATURAL METHODS (PERIODIC ABSTINENCE) L MALE STERILIZATION (VASECTOMY) M FEMALE STERILIZATION (TUBAL LIGATION) N LACTATIONAL AMENORRHEA O OTHER X																	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
106	Did a provider ask you today whether you were having (or had had) a problem with the method?	YES, ASKED. 1 NO, DID NOT ASK 2	
107	Have you been having (did you have) any problems with the method?	YES 1 NO 2	→ 110
108	Did you mention the problem to the provider during the consultation?	YES 1 NO 2	
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES 1 NO 2	
110	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD. 1 SWITCH METHOD. 2 STOP USING METHOD (DUE TO PROBLEMS). 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS). 4	→ 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES 1 NO 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES 1 NO 2	→ 115
113*	What method was that?	COMBINED ORAL PILL (OCP). A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C PROGESTIN-ONLY INJ. (2- 3-MONTHLY) (DEPO). E MALE CONDOM. F IUCD (COPPER-T). H IMPLANT (ZEDEL). I EMERGENCY CONTRACEPTION (ECP). J NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER_____ X	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																
115*	What (other) family planning methods did the provider talk with you about? CIRCLE ALL METHODS MENTIONED.	COMBINED ORAL PILL (OCP). A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C PROGESTIN-ONLY INJ. (2- 3-MONTHLY) (DEPO).E MALE CONDOM. F IUCD (COPPER-T). H IMPLANT (ZEDEL). I EMERGENCY CONTRACEPTION (ECP). J NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER _____ X																																																	
116*	What family planning method did you either receive or get a prescription or referral for? CIRCLE ALL METHODS THE CLIENT HAS A PRESCRIPTION OR A REFERRAL (PRES), OR RECEIVED IN FACILITY (REC). IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y" CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION	<table border="0"> <tr> <td></td> <td style="text-align: right;"><u>PRES</u></td> <td style="text-align: right;"><u>REC</u></td> </tr> <tr> <td>COMBINED ORAL PILL (OCP).</td> <td style="text-align: right;">A</td> <td style="text-align: right;">A</td> </tr> <tr> <td>PROGESTIN-ONLY PILL.</td> <td style="text-align: right;">B</td> <td style="text-align: right;">B</td> </tr> <tr> <td>PILL (TYPE UNSPECIFIED).</td> <td style="text-align: right;">C</td> <td style="text-align: right;">C</td> </tr> <tr> <td>PROGESTIN-ONLY INJ. (2- 3-MONTHLY) (DEPO).E</td> <td style="text-align: right;">E</td> <td style="text-align: right;">E</td> </tr> <tr> <td>MALE CONDOM.</td> <td style="text-align: right;">F</td> <td style="text-align: right;">F</td> </tr> <tr> <td>IUCD (COPPER-T).</td> <td style="text-align: right;">H</td> <td style="text-align: right;">H</td> </tr> <tr> <td>IMPLANT (ZEDEL).</td> <td style="text-align: right;">I</td> <td style="text-align: right;">I</td> </tr> <tr> <td>EMERGENCY CONTRACEPTION (ECP).</td> <td style="text-align: right;">J</td> <td style="text-align: right;">J</td> </tr> <tr> <td>NATURAL METHODS (PERIODIC ABSTINENCE).</td> <td style="text-align: right;">L</td> <td style="text-align: right;">L</td> </tr> <tr> <td>MALE STERILIZATION (VASECTOMY).</td> <td style="text-align: right;">M</td> <td style="text-align: right;">M</td> </tr> <tr> <td>FEMALE STERILIZATION (TUBAL LIGATION).</td> <td style="text-align: right;">N</td> <td style="text-align: right;">N</td> </tr> <tr> <td>LACTATIONAL AMENORRHEA.</td> <td style="text-align: right;">O</td> <td style="text-align: right;">O</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">X</td> <td style="text-align: right;">X</td> </tr> <tr> <td>CONTINUING WITH METHOD IN Q105.</td> <td style="text-align: right;">Y</td> <td style="text-align: right;">Y</td> </tr> <tr> <td>NO METHOD.</td> <td style="text-align: right;">Z</td> <td style="text-align: right;">Z</td> </tr> </table> <p style="text-align: right;">↓ 201</p> <p>[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117</p>		<u>PRES</u>	<u>REC</u>	COMBINED ORAL PILL (OCP).	A	A	PROGESTIN-ONLY PILL.	B	B	PILL (TYPE UNSPECIFIED).	C	C	PROGESTIN-ONLY INJ. (2- 3-MONTHLY) (DEPO).E	E	E	MALE CONDOM.	F	F	IUCD (COPPER-T).	H	H	IMPLANT (ZEDEL).	I	I	EMERGENCY CONTRACEPTION (ECP).	J	J	NATURAL METHODS (PERIODIC ABSTINENCE).	L	L	MALE STERILIZATION (VASECTOMY).	M	M	FEMALE STERILIZATION (TUBAL LIGATION).	N	N	LACTATIONAL AMENORRHEA.	O	O	OTHER _____	X	X	CONTINUING WITH METHOD IN Q105.	Y	Y	NO METHOD.	Z	Z	
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117	During your consultation today, did the provider 01 Explain how to use the method? 02 Talk about possible side effects? 03 Tell you what to do if you have any problems? 04 Tell you when to return for follow-up?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>HOW TO USE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELL SIDE EFFECTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELL PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELL WHEN RETURN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	HOW TO USE	1	2	8	TELL SIDE EFFECTS	1	2	8	TELL PROBLEMS	1	2	8	TELL WHEN RETURN	1	2	8																													
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NO.	QUESTIONS		CODING CLASSIFICATION	GO TO
118*	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD			
A	PILL (ANY PILL)	How often do you take the pill?	ONCE A DAY. 1 OTHER. 2 DON'T KNOW 8	
B	CONDOM (MALE)	How many times can you use one condom?	ONCE 1 OTHER. 2 DON'T KNOW 8	
D	IUCD	What can you do to make sure that your IUCD is in place?	CHECK STRING 1 OTHER. 2 DON'T KNOW 8	
E	PROGESTIN INJECTABLE (e.g. DEPO-PROVERA) 2-3 MONTHS)	How long does the injection provide protection from pregnancy?	2-3 MONTHS 1 OTHER. 2 DON'T KNOW 8	
G	IMPLANT (ZEDEL)	For how long will your implant provide protection against pregnancy?	3-5 YEARS 1 OTHER. 2 DON'T KNOW 8	
H	NATURAL METHOD (PERIODIC ABSTINENCE OR SDM)	How do you recognize the days on which you should not have sexual intercourse?	BODY TEMPERATURE RISES A MUCUS IN VAGINA B DAYS 12-16 OF THE MENSTRUAL CYCLE. C WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE. D OTHER X DON'T KNOW Z	
I	VASECTOMY [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your vasectomy to protect against pregnancy?	IMMEDIATE PROTECTION. 1 1 - 3 MONTHS. 2 ONLY AFTER 3 MONTHS OR AFTER 30 EJACULATIONS. 3 DON'T KNOW. 8	
J	TUBAL LIGATION [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your tubal ligation to protect against pregnancy?	IMMEDIATE PROTECTION. 1 1 - 3 MONTHS. 2 ONLY AFTER 3 MONTHS. 3 DON'T KNOW. 8	
K	LAM	Can you use this method if your menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	
119	Does your method protect against Sexually Transmitted Infections (STIs), including HIV/AIDS?		YES 1 NO 2 DON'T KNOW 8	→ 201

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td style="text-align: center;">NO PROB- LEM</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;"><u>MAJOR</u></td> <td style="text-align: center;"><u>MINOR</u></td> <td></td> <td></td> </tr> </table>			NO PROB- LEM	DK	<u>MAJOR</u>	<u>MINOR</u>			
		NO PROB- LEM	DK								
<u>MAJOR</u>	<u>MINOR</u>										
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about family planning	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of medicines at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
204	Were you charged, or did you pay fees for any services your received or were provided today?	<p>YES 1</p> <p>NO 2</p>	→ 206								

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL ... 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01): I AM <u>VERY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 1 02): I AM <u>FAIRLY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 2 03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED</u> (NEUTRAL) WITH THE SERVICES I RECEIVED TODAY..... 3 04): I AM <u>FAIRLY DISSATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 4 05): I AM <u>VERY DISSATISFIED</u> WITH THE SERVICES I RECEIVED IN FACILITY.... 5		
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
303	Have you ever attended school?	YES 1 NO 2	→ 304C
304A	What is the highest grade you completed? IF COMPLETED LESS THAN ONE GRADE, RECORD "00" *CODES FOR GRADES 00 = NOT PASSED GRADE 1 01-09 = GRADE 1 TO 9 PASSED 10 = SLC PASSED 11 = PASSED PROFICIENCY CERTIFICATE 12 = PASSED BACHELOR DEGREE 13 = PASSED MASTER OT HIGHER DEGREE	GRADE <input type="text"/> <input type="text"/>	
304B	CHECK Q304A GRADE 5 OR LOWER <input type="checkbox"/>	GRADE 6 OR HIGHER <input type="checkbox"/>	→ 305A
304C	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	YES, CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED.... 5	
305A*	What is your caste/ethnicity?	BRAHMIN / CHHETTRI..... 01 TERAI MADHESI OTHER CASTES.....02 DALIT.....03 NEWAR..... 04 JANJATI..... 05 MUSLIM..... 06 OTHER CATEGORY..... 96	
306*	RECORD THE TIME THE INTERVIEW ENDED USE 24 HOURS FORMAT	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments: 			

Sample List for SICK CHILD Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

TOTAL # OF SICK CHILDREN ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

USE THIS FORM TO LIST SICK CHILDREN SELECTED FOR OBSERVATION FOR PROVIDER #1

	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN MONTHS
301		
302		
303		
304		
305		
306		
307		
308		
309		
310		
311		
312		
313		
314		
315		
316		
317		
318		
319		
320		
321		
322		
323		
324		
325		

Sample List for SICK CHILD Observation

Date

				2	0	1	
--	--	--	--	---	---	---	--

FACILITY #

--	--	--	--	--

DAY MONTH YEAR

USE THIS FORM TO LIST SICK CHILDREN SELECTED FOR OBSERVATION FOR PROVIDER #2

	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN MONTHS
326		
327		
328		
329		
330		
331		
332		
333		
334		
335		
336		
337		
338		
339		
340		
341		
342		
343		
344		
345		
346		
347		
348		
349		
350		

Sample List for SICK CHILD Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

USE THIS FORM TO LIST SICK CHILDREN SELECTED FOR OBSERVATION FOR PROVIDER #3

	NAME/INITIALS OF SAMPLED SICK CHILDREN	FOLLOW-UP
351		
352		
353		
354		
355		
356		
357		
358		
359		
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375		

Nepal Health Facility Survey-2015

OBSERVATION OF SICK CHILD CONSULTATION

1. Facility Identification

	QTYPE	S	C	O
FACILITY NUMBER				
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]				
CLIENT CODE [FROM CLIENT LISTING FORM]				

2. Provider Information

<p>Provider category:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERALIST MEDICAL DOCTOR [MDGP]</td><td style="text-align: right;">01</td></tr> <tr><td>GYNECOLOGIST / OBSTETRICIAN</td><td style="text-align: right;">02</td></tr> <tr><td>ANESTHESIOLOGIST</td><td style="text-align: right;">03</td></tr> <tr><td>PATHOLOGIST</td><td style="text-align: right;">04</td></tr> <tr><td>GENERAL SURGEON</td><td style="text-align: right;">05</td></tr> <tr><td>PEDIATRICIAN</td><td style="text-align: right;">06</td></tr> <tr><td>OTHER SPECIALISTS MEDICAL DOCTORS</td><td style="text-align: right;">07</td></tr> <tr><td>MEDICAL OFFICER [MBBS, BDS]</td><td style="text-align: right;">08</td></tr> <tr><td>ANESTHETIC ASSISTANT</td><td style="text-align: right;">09</td></tr> <tr><td>NURSE (MN, BSC NURSE, BN, PCL) / AUXILLARY NURSE MIDWIFE (ANM)</td><td style="text-align: right;">10</td></tr> <tr><td>HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR</td><td style="text-align: right;">12</td></tr> <tr><td>OTHER CLINICAL STAFF NOT LISTED ABOVE</td><td style="text-align: right;">18</td></tr> <tr><td>NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION</td><td style="text-align: right;">95</td></tr> </table>	GENERALIST MEDICAL DOCTOR [MDGP]	01	GYNECOLOGIST / OBSTETRICIAN	02	ANESTHESIOLOGIST	03	PATHOLOGIST	04	GENERAL SURGEON	05	PEDIATRICIAN	06	OTHER SPECIALISTS MEDICAL DOCTORS	07	MEDICAL OFFICER [MBBS, BDS]	08	ANESTHETIC ASSISTANT	09	NURSE (MN, BSC NURSE, BN, PCL) / AUXILLARY NURSE MIDWIFE (ANM)	10	HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR	12	OTHER CLINICAL STAFF NOT LISTED ABOVE	18	NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION	95	<p>PROVIDER CATEGORY</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		
GENERALIST MEDICAL DOCTOR [MDGP]	01																												
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NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION	95																												
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER																												

3. Information About Observation

<p>Date:</p> <p>Name of the observer: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">DAY</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>MONTH</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>YEAR</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>OBSERVER CODE</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	DAY			MONTH			YEAR	2	0		1		OBSERVER CODE		
DAY																
MONTH																
YEAR	2	0														
	1															
OBSERVER CODE																

4. OBSERVATION OF SICK CHILD CONSULTATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.																			
	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing New ERA. We are conducting a study of health facilities in Nepal with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services for sick children are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> _____ Interviewer's signature (Indicates respondent's willingness to participate) </div> <div style="width: 45%; text-align: center;"> <table border="1" style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> <tr> <td colspan="2" style="text-align: center;">DAY</td> <td colspan="2" style="text-align: center;">MONTH</td> <td colspan="4" style="text-align: center;">YEAR</td> </tr> </table> </div> </div>							2	0	1	5	DAY		MONTH		YEAR			
				2	0	1	5												
DAY		MONTH		YEAR															
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END																
	<p>READ TO CLIENT: Hello, I am _____. I am representing New ERA. We are conducting a study of health services in Nepal. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <div style="margin-top: 20px;"> _____ Interviewer's signature (Indicates respondent's willingness to participate) </div>																		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES 1 NO 2	→ END																
102	RECORD THE TIME THE OBSERVATION STARTED USE 24 HOURS FORMAT	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:													
		:																	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2																	
104	RECORD SEX OF THE CHILD. CONFIRM SEX OF CHILD WITH THE PROVIDER	MALE 1 FEMALE 2																	

5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION		

CLIENT HISTORY

105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS	
01	Fever	A
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)	B
03	Diarrhea	C
04	Ear pain or discharge	D
05	None of the above	Y
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS	
01	Child is unable to drink or breastfeed	A
02	Child vomits everything	B
03	Child has had convulsions with this illness	C
04	None of the above	Y
107	RECORD WHETHER A PROVIDER CHECKED FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY ASKING FOR ANY OF THE FOLLOWING:	
01	Mother's HIV status	A
02	TB infection in any parent in the last 5 years	B
03	Two or more episodes of diarrhea in child each lasting 14 days or more	C
04	None of the above	Y

PHYSICAL EXAMINATION

108	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD	
01	Took child's temperature by thermometer	A
02	Felt the child for fever or body hotness	B
03	Counted respiration (breaths) for 60 seconds	C
04	Auscultated child (listen to chest with stethoscope) or count pulse	D
05	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	E
06	Checked for pallor by looking at palms	F
07	Checked for pallor by looking at conjunctiva	G
08	Looked into child's mouth	H
09	Checked for neck stiffness	I
10	Looked in child's ear	J
11	Felt behind child's ear	K
12	Undressed child to examine (up to shoulders/down to ankles)	L
13	Pressed both feet to check for edema	M
14	Weighed the child	N
15	Plotted weight on growth chart (child health card-HMIS 2.1, growth monitoring chart)	O
16	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	P
17	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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OTHER ASSESSMENTS

109*	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:	
01	Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
02	Asked about normal feeding habits or practices when the child is not ill	B
03	Asked about normal breastfeeding habits or practices when the child is not ill	C
04	Asked about feeding or breastfeeding habits or practices for child during this illness	D
05	Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
07	Asked if child received Vitamin A within past 6 months	G
08*	Looked at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or while examining the child (HMIS 2.1) THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
09	Wrote on the child's health card	I
10	Asked if child received any de-worming medication in last 6 months	J
11*	Asked about the child vaccination status	K
12	None of the above	Y

COUNSELING OF CARETAKER

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING	
01	Provided general information about feeding or breastfeeding the child even when not sick	A
02	Told the caretaker to give extra fluids to the child during this illness	B
03	Told the caretaker to continue feeding the child during this illness	C
04	Told the caretaker what illness(es) the child has	D
05	Described signs and/or symptoms in the child for which to immediately bring child back	E
06	Used a visual aid to educate caretaker	F
07	None of the above	Y

ADDITIONAL COUNSELING

111	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS.	
01	Prescribed or provided oral medications during or after consultation	A
02	Explained how to administer oral treatment(s)	B
03	Asked the caretaker to repeat the instructions for giving medications at home	C
04	Gave the first dose of the oral treatment	D
05	Discuss follow-up visit for the sick child	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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REFERRALS AND ADMISSIONS

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)	A	
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE	B	
03	REFERRED CHILD FOR A LABORATORY TEST WITHIN OR OUTSIDE FACILITY	C	
04	EXPLAINED THE REASON FOR (ANY) REFERRAL	D	
05	GAVE REFERRAL SLIP TO CARETAKER	E	
06	EXPLAINED WHERE (OR TO WHOM) TO GO	F	
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL	G	
08	NONE OF THE ABOVE	Y	
113	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME. 1 CHILD REFERRED TO OTHER PROVIDER, SAME FACILITY. 2 CHILD ADMITTED, SAME FACILITY. 3 CHILD SENT TO LAB. 4 CHILD REFERRED TO OTHER FACILITY. 5	

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. DIAGNOSIS

<p>ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MILD, OR MODERATE AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.</p>		
<p>DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)</p>		
201	<p>DEHYDRATION</p> <p>SEVERE DEHYDRATION. 1 MODERATE DEHYDRATION. 2 MILD DEHYDRATION. 3 NONE OF THE ABOVE / NO DEHYDRATION. 8</p>	
202	<p>RESPIRATORY SYSTEM</p> <p>PNEUMONIA A BRONCHIAL SPASM / ASTHMA. B UPPER RESPIRATORY TRACT INFECTION (URI)/ACUTE RESPIRATORY ILLNESS (ARI). C RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN. D COUGH, DIAGNOSIS UNCERTAIN. E NONE OF THE ABOVE. Y</p>	
203	<p>DIGESTIVE SYSTEM / INTESTINAL</p> <p>ACUTE WATERY DIARRHEA. A DYSENTERY. B AMEBIASIS. C PERSISTENT DIARRHEA. D OTHER DIGESTIVE / INTESTINAL (SPECIFY)_____ X NONE OF THE ABOVE. Y</p>	
204	<p>MALARIA</p> <p>MALARIA (CLINICAL DIAGNOSIS). 1 MALARIA (BLOOD SMEAR) 2 MALARIA (RAPID DIAGNOSTIC TEST) 3 NONE OF THE ABOVE. 8</p>	
205	<p>FEVER/MEASLES</p> <p>FEVER OF UNKNOWN ORIGIN. 1 MEASLES WITH NO COMPLICATIONS. 2 MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE). 3 TYPHOID FEVER. 4 URINARY TRACT INFECTION. 5 SEPTICEMIA. 6 MENINGITIS. 7 NONE OF THE ABOVE. 8</p>	
206	<p>EAR</p> <p>MASTOIDITIS. A ACUTE EAR INFECTION. B CHRONIC EAR INFECTION. C OTHER EAR INFECTION. X NONE OF THE ABOVE. Y</p>	
207	<p>THROAT</p> <p>SORE THROAT / PHARYNGITIS. 1 OTHER THROAT DIAGNOSIS (SPECIFY)_____ 2 NONE OF THE ABOVE. 8</p>	

NO.	QUESTIONS / OBSERVATIONS	CODES
208	OTHER DIAGNOSIS	
	ABSESS.	A
	BACTERIAL CONJUNCTIVITIS.	B
	SKIN CONDITION.	C
	OTHER DIAGNOSIS (SPECIFY) _____	X
	NO OTHER DIAGNOSIS.	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.		
209	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES.....1 NO.....2 → 215
210	GENERAL TREATMENT	
01	BENZYL PENICILLIN INJECTION	A
02	OTHER ANTIBIOTIC INJECTION	B
03	OTHER INJECTION	C
04	CO-TRIMOXAZOLE TABLETS	D
05	CO-TRIMOXAZOLE SYRUP	E
06	AMOXICILLIN CAPSULES	F
07	AMOXICILLIN SYRUP	G
08	OTHER ANTIBIOTIC TABLET/SYRUP	H
09	PARACETAMOL	I
10	OTHER FEVER REDUCING MEDICINE	J
11	ZINC	K
12	VITAMINS (OTHER THAN VITAMIN A)	L
13	COUGH SYRUPS/OTHER MEDICATION	M
14*	ANTIHISTAMINE	N
15	NONE OF THE ABOVE	Y
211	RESPIRATORY	
01	NEBULISER OR INHALER	A
02	INJECTABLE BRONCHODILATOR/ADRENERGIC	B
03	ORAL BRONCHODILATOR	C
04	DRY EAR BY WICKING	D
05	NONE OF THE ABOVE	Y
212*	MALARIA	
01	INJECTABLE QUININE	A
02	INJECTABLE ARTEMETHER / ARTESUNATE	B
03	ORAL ACT/AL (E.G., COARTEM)	E
04	ORAL ARTEMETER / ARTESUNATE	F
05	ORAL QUININE	I
06	OTHER ORAL ANTIMALARIAL	J
07*	CHLOROQUINE	K
08*	PRIMAQUINE	L
09	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
213	DEHYDRATION	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04	NONE OF THE ABOVE	Y
214	OTHER TREATMENT & ADVICE	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT _____	X
07	NONE OF THE ABOVE	Y

CONFIRM WITH PROVIDER

215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW..... 8	
-----	---	---	--

GENERAL OBSERVATION

216A	INDICATE WHETHER ANY ON-TH-JOB TRAINING NURSE OR NURSES PARTICIPATED IN THE PROVISION OF CARE TO THIS CHILD. THEY MAY PARTICIPATE BY TAKING CERTAIN MEASUREMENTS OR EXAMINING THE CHILD.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
217*	RECORD THE TIME THE OBSERVATION ENDED..... USE 24 HOURS FORMAT	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Observer's comments:			

Nepal Health Facility Survey-2015

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

--	--	--	--	--

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

--	--

CLIENT CODE [FROM CLIENT LISTING FORM]

--	--	--

INFORMATION ABOUT INTERVIEW

DATE:

DAY

--	--

MONTH

--	--

YEAR

2	0	1	5
---	---	---	---

Name of the interviewer: _____

INTERVIEWER CODE

--	--	--

1. Information About Visit - CARETAKER OF SICK CHILD

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing New ERA. We are conducting a study of health facilities in Nepal. in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>																		
	<p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>2</td><td>0</td><td>1</td><td></td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>					2	0	1		DAY		MONTH		YEAR				
				2	0	1													
DAY		MONTH		YEAR															
100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																
101*	RECORD THE TIME THE INTERVIEW STARTED USE 24 HOURS FORMAT	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table>			:														
		:																	
102	What is the name of the sick child?	NAME _____																	

CLIENT AGE

103	What month and year was [NAME] born?	MONTH <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998							
104	How old is [NAME] in completed months?	AGE IN MONTHS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW..... 98							

SIGNS AND SYMPTOMS OF CURRENT ILLNESS

105	Has [NAME] had fever with this illness, or any time in the past two days?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
106	Has [NAME] had a convulsion with this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
107*	Does [NAME] have cough or difficulty breathing or faster breathing / in-drawing intercostal muscle with this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
108	Can [NAME] drink, eat or breastfeed at present?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
109	Does [NAME] vomit everything when he/she eats or breastfeeds during this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

110	Has [HE/SHE] had watery and frequent stools with this illness or any time in the past two days?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
111	Has [HE/SHE] been excessively sleepy during this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
112*	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS PROBE: Anything else?	EAR PROBLEMS..... A SKIN SORE/PROBLEMS..... B INJURY..... C EYE PROBLEM..... D WEIGHT LOSS..... E OTHER _____ X (SPECIFY) NO OTHER REASON Y	
113	Has [NAME] been brought to this facility before for this same illness? IF YES, ASK: How long ago was that?	WITHIN THE PAST WEEK..... 1 WITHIN THE PAST 2-4 WEEKS.... 2 MORE THAN 4 WEEKS AGO..... 3 NO..... 4 DON'T KNOW..... 8	
114	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, ENTER 00	DAYS AGO..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98	

INFORMATION PROVIDED TO CARETAKER

115	Did the provider tell you what illness [NAME] has?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
116*	What would you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY..... 1 GO TO OTHER FACILITY..... 2 GO TO OTHER HEALTH WORKER OR /PHARMACY..... 3 GO TO TRADITIONAL HEALER.... 4 NOTHING, JUST WAIT..... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8	
117	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately?	FEVER A BREATHING PROBLEMS B BECOMES SICKER C BLOOD IN STOOL D VOMITING E POOR/NOT EATING F POOR/NOT DRINKING G CONVULSION H OTHER _____ X (SPECIFY) NO, NONE Y DON'T KNOW Z	

118	<p>Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons?</p> <p>IF YES:</p> <p>Why were you to return?</p>	<p>MORE MEDICINES A</p> <p>IF SYMPTOMS INCREASE OR BECOME WORSE B</p> <p>FOLLOW-UP APPOINTMENT..... C</p> <p>VIT. A SUPPLEMENTATION..... D</p> <p>LAB TEST RESULTS..... E</p> <p>CHILD ADMITTED. F</p> <p>ROUTINE IMMUNISATION G</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO..... Y</p> <p>DON'T KNOW Z</p>	
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TREATMENT AND CARETAKER COMFORT LEVEL

119	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS. 1 YES, GAVE PRESCRIPTION. 2 GAVE MEDS AND PRESCRIPTION. 3 NO 4	→ 124
120	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS. 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS. 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY. 3	
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF "2" OR "8" SUGGEST TO CLIENT TO GO BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
122	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and for how many days to give it? IF "2" OR "8" SUGGEST TO CLIENT TO GO BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
123	Has [NAME] been given a dose of any of these medications here at the facility already?	YES. 1 NO. 2 DON'T KNOW. 8	
124	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJECTION. 1 YES, RECEIVED PRESCRIPTION FOR INJECTION. 2 NO 3 DON'T KNOW 8	
125	Did anyone at the health facility weigh [NAME] today?	YES 1 NO 2	
126	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES 1 NO 2	
127	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick? i.e. general nutrition care	YES 1 NO 2 CANNOT REMEMBER 8	
127A	Did any provider tell you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick? i.e. general nutrition care	YES 1 NO 2 CANNOT REMEMBER 8	→ 128
127B	What specifically were you told about nutrition care/food to feed [NAME] when [NAME] is not sick?	VARIETIES OF NUTRITIOUS FOOD ITEMS NEED TO FEED. A TEXTURE OF FOOD. B FREQUENCY OF FEEDING. C HYGIENE DURING FEEDING. D AMOUNT OF FEEDING. E OTHER _____ X (SPECIFY) NO. Y DON'T KNOW Z	

128	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED .. 4 DIDN'T DISCUSS 6 NOT CERTAIN / CAN'T REMEMBER 8	
129	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED .. 4 DIDN'T DISCUSS 6 DON'T KNOW/ CAN'T REMEMBER 8	
130	Was [NAME] given a vaccination today? IF YES, ASK TO SEE THE HEALTH CARD OR BOOKLET TO VERIFY.	YES, OBSERVED..... 1 REPORTED, NOT SEEN..... 2 NO..... 3 DON'T KNOW..... 8	

REFERRAL

131	Did the provider instruct you to take [NAME] to see another provider or to a laboratory in this facility for a finger or heel stick for blood to be taken for a test?	YES..... 1 NO..... 2	→ 134
132	Did you take [NAME] to the provider or laboratory for the finger or heel stick?	YES..... 1 NO..... 2	→ 134
133	Were you told the result of the test that was done?	YES..... 1 NO..... 2	
134	Did the provider instruct you to take [NAME] to see a provider in another facility, or for a laboratory test outside of this facility, for further care for [NAME]?	YES..... 1 NO..... 2	→ 136
135	Regarding this referral, please tell me:	YES NO DK	
01	Were you given any paper or record to take with you for the referral?	1 2 8	
02	Were you told where to go for the referral?	1 2 8	
03	Were you told who to see for the referral?	1 2 8	
04	Were you told why you are to go for the referral?	1 2 8	
05	Do you intend to go to this (these) referral(s)?	1 2 8	
136	Did you take [NAME] to see another health provider or traditional healer before coming here? IF YES, ASK: Whom did you see and where? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER THIS FACILITY..... A YES, OTHER PROVIDER DIFFERENT FACILITY... B YES, TRADITIONAL HEALER..... C YES, OTHER [e.g. UNANI, AYURVEDA, HOMEOPATHY]..... D SAW NO ONE Y	

UNDERWEIGHT

136A	Did the provider tell you that [NAME] is underweight/malnourished?	YES..... 1 NO..... 2	→ 201
136B	Did the provider instruct you to take [NAME] to see a provider in another facility and told you where to go (referral) for further care for [NAME]?	YES..... 1 NO..... 2	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td style="text-align: center;">NO PROB- LEM</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;"><u>MAJOR</u></td> <td style="text-align: center;"><u>MINOR</u></td> <td></td> <td></td> </tr> </table>			NO PROB- LEM	DK	<u>MAJOR</u>	<u>MINOR</u>			
		NO PROB- LEM	DK								
<u>MAJOR</u>	<u>MINOR</u>										
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about [CHILD'S] illness	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of medicines at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
204	Were you charged, or did you pay fees for any services your received or were provided today?	<p>YES 1 NO 2</p>	→ 206								

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL .. 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01): I AM <u>VERY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 1 02): I AM <u>FAIRLY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 2 03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED</u> (NEUTRAL) WITH THE SERVICES I RECEIVED TODAY..... 3 04): I AM <u>FAIRLY DISSATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 4 05): I AM <u>VERY DISSATISFIED</u> WITH THE SERVICES I RECEIVED IN FACILITY.... 5		
209	Will you recommend this health facility to a friend or family member?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
301	What is your relationship to [SICK CHILD]?	MOTHER 1 FATHER 2 SIBLING 3 AUNT OR UNCLE 4 GRAND MOM/GRAND DAD..... 5 OTHER _____ 6 (SPECIFY)	
302	How old were you at your last birthday?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW..... 98	
303	Have you ever attended school?	YES 1 NO 2	→ 304C
304A	What is the highest grade you completed? IF COMPLETED LESS THAN ONE GRADE, RECORD "00" *CODES FOR GRADES 00 = NOT PASSED GRADE I 01-09 = GRADE 1 TO 9 PASSED 10 = SLC PASSED 11 = PASSED PROFICIENCY CERTIFICATE 12 = PASSED BACHELOR DEGREE 13 = PASSED MASTER OT HIGHER DEGREE	GRADE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
304B	CHECK Q304A GRADE 5 OR LOWER <input style="width: 20px; height: 20px;" type="checkbox"/>	GRADE 6 OR HIGHER <input style="width: 20px; height: 20px;" type="checkbox"/>	→ 305A
304C	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	YES, CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE..... 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED. 5	
305A*	What is your caste/ethnicity?	BRAHMIN / CHHETTRI..... 01 TERAJ MADHESI OTHER CASTES..... 02 DALIT..... 03 NEWAR..... 04 JANJATI..... 05 MUSLIM..... 06 OTHER CATEGORY..... 96	
306	RECORD THE TIME THE INTERVIEW ENDED USE 24 HOURS FORMAT	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

Sample List for POST PARTUM WOMEN

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

TOTAL # OF POST PARTUM WOMEN ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

USE THIS FORM TO LIST POST PARTUM WOMEN SELECTED FOR EXIT FOR ALL PROVIDERS

	NAME/INITIALS OF SAMPLED POST PARTUM WOMEN	
401		
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200. ACCESSING CARE AND DECISION MAKING

S.N.	Question/Information	Coding Categories	Skip
201	Who made the decision for you to come and deliver in this health facility?	Self..... A Husband B Parents C Parents-in-law..... D Son/daughter E Brother/sister F Brother-/sister-in-law..... G Other relative H FCHV I Outreach health worker J Was referred from other facility K Others (Specify) X	→ 203 → 203
202	Ask if Q201=K Who made the decision for you to go to the facility from the one which referred you here?	Self..... A Husband B Parents C Parents-in-law..... D Son/daughter E Brother/sister F Brother-/sister-in-law..... G Other relative H FCHV I Outreach health worker J Others (Specify) X	
203	Do you think the decision to come or to send you to this facility for the delivery was taken at the right time?	Yes..... 1 No 2 Wanted to come earlier 3	
204	At what stage (labor pain/complication) did you (or someone else or some other facility) decide you would come/be sent to this facility?	During antenatal complication 1 Before labor pain started 2 Within first 12 hrs. of labor pain 3 After 12 hours of labor pain 4 Following Postpartum complication 5 Others (Specify) 6	
205	If you come to this facility directly from your home, how long does it take to reach here? (IF THE RESPONSE IS MORE THAN 59 MINS WRITE IN HOUR, AND IF MORE THAN 23 HOURS WRITE TIME IN DAYS)	Days..... <input type="text"/> <input type="text"/> Hrs. <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/> Don't know 98	
206	What mode(s) of transportation did you use to get here?	STRETCHER..... A DOKO B RICKSHAW / BICYCLE..... C AUTO VEHICLE D HAND CART/WHEEL BARROW..... E ANIMAL DRIVEN CART/TANGA F AMBULANCE..... G OTHERS (SPECIFY) X	
207	How much did it cost you to get here? (Only include cost incurred for transport)	Rupees <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Used own vehicle 99995 Don't know 99998	

S.N.	Question/Information	Coding Categories	Skip
208	Who accompanied you to this health facility?	Husband A Mother/Father B Mother/Father-in-law C Other family member/relative D Self/no other person E FCHV F Friend/neighbor..... G Health Worker..... H Others (Specify) X	
209	What difficulties did you face at home/in the community while taking decision to come to this facility for delivery?	Difficulty obtaining permission from household members A Difficult to find money to cover costs B No one available to accompany C No one for child care..... D No difficulty Y Others (Specify) X	
210	What difficulties did you face on the way to the facility? (to reach here)	Travel time too long A Difficult to travel B Difficult to find transport Means C Difficult to find money to cover costs D Transportation cost expensive..... E No one available to accompany F No difficulty Y Others (Specify) X	
211	Check Q 4 The facility has implemented AAMA program <input type="checkbox"/> (Option "1" is circled)	The facility has not-implemented AAMA program <input type="checkbox"/> (Option "2" is circled)	300
212	Are you aware that you are entitled to receive a transport incentive payment because you delivered here?	Yes..... 1 No 2	217
213	How did you hear about the transport incentive?	Family Members/relative..... A Friends/neighbors B FCHV C Health Provider D Other Facility staff..... E Television F Radio/FM G Poster/pamphlet..... H I/NGO or other community based organizations I Others (Specify) X	
214	What do you think is good about the transport incentive?	Nothing good about it..... A Covers all costs associated with delivery (e.g. transport)..... B Encourages women to deliver in facility C Safer care for mother and baby D Saves lives of mothers and babies..... E Others (Specify) X Don't know Z	

S.N.	Question/Information	Coding Categories	Skip
215	What do you think is not good about the transport incentive provided by the government?	Everything is fine A People not aware of it..... B Does not benefit poor C Delay in receiving D Do not receive..... E It is difficult to get it from providers F It is difficult to get full amount/ providers only give some of it..... G It does not cover all cost incurred for transportation..... H It does not cover the cost of treating the newborn I It does not cover all costs associated with delivery..... J Medicines are not free of cost K Laboratory tests are not free L Others (Specify) X Don't know Z	
216	How much should you receive from the transport incentive?	Rupees <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 9998	
217	Have you received any money for your transport incentive from the health facility?	Yes..... 1 No 2 → 219	
218	How much have you received?	Rupees <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 9998	} 301
219	IF SHE HAS NOT RECEIVED ANY OR ALL OF THE INCENTIVE Did the provider say anything regarding receiving the incentive?	Said nothing..... A Do not have enough money now, will receive later B Concerned person is not here to provide incentive..... C Asked for identification card D Others (Specify) X	

300. DELIVERY CARE

S.N.	Question/Information	Coding Categories	Skip
301	Why did you decide to deliver in a health facility?	Delivery care is free A Transport incentives..... B Safer than home delivery C To have a skilled birth attendant..... D Health worker advised me E Had complication/experienced danger signs (i.e. before arriving at facility) F Female staff G Clients are well treated H Nearby facility I Maintained good reputation for dealing with delivery cases J Others (Specify) X	
302	Did you experience any of the danger signs/had complications before arriving at the facility?	Yes 1 No..... 2 Don't know 8	} 304

S.N.	Question/Information	Coding Categories	Skip
303	If yes, what danger signs/ complications did you experience?	Sever headache.....A Blurred visionB Severe lower abdominal painC Severe upper abdominal pain.....D Swelling of hand, body or face.....E Any vaginal spotting or bleeding.....F Convulsion/unconsciousnessG Labor pain longer than 8 hrs. durationH Appearance of baby's hand, leg and placenta first.....I Excessive bleeding before or after delivery.....J Others (Specify)X No danger sign.....Y	
304	During labor, did health worker do anything to speed your labor?	No.....1 Yes, used oxytocin.....2 Yes, but can't say what was done.....3 Don't know8	
305	CHECK THE DISCHARGE SLIP AND RECORD MODE OF DELIVERY	Spontaneous vaginal delivery.....1 → 307 Forceps (instrument to pull baby out)2 Vacuum (instrument to suck baby out) ..3 Caesarean Section4 Others (Specify)6	
306	CHECK THE DISCHARGE SLIP AND NOTE THE INDICATION	Fetal distress.....A Maternal distress.....B Complete obstruction by fibroid, tumor, ovarian cyst.....C Narrow birth passage(CPD).....D Over sized babyE Failure of contraction to progressF Previous caesarean section.....G Antepartum Haemorrhage (Placenta praevia or abruption placenta)H Genital herpes in mother, blood pressure, diabetes, HIVI Multiple pregnancy (twins/triplets)J Abnormal fetal presentations (like transverse lie)K Others (Specify)X	
307	Did you/your baby suffer from any complications at the facility?	Mother Fever in mother.....A Pain in lower abdomen or foul smelling dischargeB Excessive bleedingC Severe headache.....D Convulsion/unconsciousness.....E Wound infection of motherF Baby Neonatal infectionG Cord infection of babyH Others (Specify)X No complicationY	

S.N.	Question/Information	Coding Categories	Skip																																																																	
	Check Q4 The facility has implemented AAMA program <input type="checkbox"/> (Option "1" is circled)	The facility has not-implemented AAMA program <input type="checkbox"/> (Option "2" is circled)	401																																																																	
ANSWER FROM THE CARETAKER/RESPONSIBLE PERSON IS ACCEPTABLE.																																																																				
308	Did you pay for delivery? (INFORMATION FROM THE CARETAKER IS ACCEPTABLE)	Yes..... 1 No 2 → 311 Don't know 8 → 311																																																																		
309	What did you pay for & how much? (INFORMATION FROM THE CARETAKER IS ACCEPTABLE)	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't Know</th> <th>If yes, Amount paid in NRs.</th> </tr> </thead> <tbody> <tr> <td>1. Registration fee</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>2. Medicine</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>3. Delivery/ Operation fee</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>4. Complication management fee</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>5. Informal payment to the provider</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>6. Delivery items required (gloves, sanitary pad, etc.)</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>7. Bed/Room Fees</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>8. Cleaning staff tips</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>9. Others (Specify) _____</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>10. Suture materials</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>11. Wound dressing materials during C section</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>12. Blood transfusion</td> <td>1</td> <td>2</td> <td>8</td> <td>RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>		Yes	No	Don't Know	If yes, Amount paid in NRs.	1. Registration fee	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. Medicine	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. Delivery/ Operation fee	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. Complication management fee	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5. Informal payment to the provider	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6. Delivery items required (gloves, sanitary pad, etc.)	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7. Bed/Room Fees	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8. Cleaning staff tips	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9. Others (Specify) _____	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	10. Suture materials	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11. Wound dressing materials during C section	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	12. Blood transfusion	1	2	8	RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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310	If you paid Were you told to pay or did you voluntarily offer to pay? (INFORMATION FROM THE CARETAKER IS ACCEPTABLE)	Was told to pay 1 Voluntarily offered to pay 2 Both 3																																																																		
311	Are you aware that you can get free delivery care at this health facility?	Yes..... 1 No 2 → 401																																																																		
312	How did you hear about free delivery care?	Family Members/relative..... A Friends/neighbors B FCHV C Health Provider D Facility staff E Television F Radio/FM G Poster/pamphlet..... H I/NGO or other community based organizations I Others (Specify) _____ X																																																																		

S.N.	Question/Information	Coding Categories	Skip
313	<p>Check Q. 308 & 311 Respondent has paid for delivery service and is also aware that the delivery care service is free at health facility</p> <p>(Q308 = 1 and Q311 = 1) <input type="checkbox"/></p>	<p>'No' response in either Q308 or Q311 or in both..... <input type="checkbox"/> → 315</p>	
314	You told us that despite knowing about free delivery care you paid for it. Why?	<p>No drugs in stockA</p> <p>I was told the facility was short of moneyB</p> <p>I was told I would not get any treatment unless I paid C</p> <p>I was told that free delivery service is not available at this facility D</p> <p>I was told I was not eligible to it because I did not take 4 ANC servicesE</p> <p>Because I was admitted to a cabin F</p> <p>I didn't ask G</p> <p>Others (Specify)X</p>	
315	What do you think is good about free delivery care?	<p>Nothing good about it.....A</p> <p>Financially accessibleB</p> <p>Encourages women to deliver in facility C</p> <p>Enables poorer women to deliver in facility D</p> <p>Others (Specify)X</p> <p>Don't knowZ</p>	
316	What do you think is not good about free delivery care provided by the government?	<p>Everything is fine.....A</p> <p>People not aware of itB</p> <p>Does not benefit poor..... C</p> <p>Medicines are not free of cost..... D</p> <p>Staff still charge for servicesE</p> <p>Others (Specify)X</p> <p>Don't knowZ</p>	

400. QUALITY OF CARE

S.N.	Question/Information	Coding Categories	Skip
401	<p>How long did you have to wait from when you first arrived until you were first assessed by a provider?</p> <p>(IF THE RESPONSE IS THAN 59 MINUTES OR LESS , WRITE TIME IN MINUTES AND 00 IN HOUR; OTHERWISE WRITE BOTH HOURS AND MINUTES)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Hrs. Minute</p> <p>Don't know.....98</p>	
402	<p>How satisfied were you about the waiting time?</p> <p>Read all statements, circle only one</p> <p>1) I am very satisfied with the waiting time..... 1</p> <p>2) I am more or less satisfied with the waiting time 2</p> <p>3) I am not satisfied with the waiting time 3</p>		
403	Who assisted to deliver your baby?	<p>Doctor1</p> <p>Nurse/ANM2</p> <p>Health Assistant/AHW/Sr. AHW3</p> <p>Others (Specify)6</p> <p>Don't know8</p>	

S.N.	Question/Information	Coding Categories	Skip
404	What was the sex of the provider who assisted the delivery of your baby at the health facility?	Male.....1 Female.....2	→ 406
405	If male, would you have preferred a female health staff?	Yes, I would have preferred a female health staff1 No I was comfortable2	
406	At anytime during your care, did you request a companion (e.g. friend/ family member etc) to join you?	Yes1 No2	→ 408
407	Did the health provider allow to have your companion (e.g. friend / family member / FCHV) with you during the delivery and/or afterwards?	No A Yes – during labor B Yes – during delivery C Yes – after delivery D Yes – during treatment E	
408	After how long of the birth of your baby did you initiate breastfeeding?	Within..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> minutes Don't know9998	
409	Before initiating breastfeeding, did you give your baby any pre- lacteal feed?	Yes1 No2	
410	Did the provider put chlorhexidine (navi malam) in the baby's umbilicus?	Yes1 No2 Don't know8	
411	At the time of discharge did the health staff check/advise the following on both mother and baby?	<p style="text-align: right;">Yes No Don't know</p> <p><u>Mother</u></p> <p>1. Check BP 1 2 8</p> <p>2. Check pulse 1 2 8</p> <p>3. Check temperature 1 2 8</p> <p>4. Check leg for tenderness/swelling 1 2 8</p> <p>5. Inspect perineum for tear, bleeding, swelling 1 2 8</p> <p>6. Examine breast for retracted nipple, cracked nipple, engorgement 1 2 8</p> <p>7. Ask she has passed urine without difficulties 1 2 8</p> <p>8. Uterine consistency 1 2 8</p> <p>9. Bleeding 1 2 8</p> <p>10. Cord care advise 1 2 8</p> <p>11. Breastfeeding advise 1 2 8</p> <p>12. Family Planning advise 1 2 8</p> <p>13. Post Natal Care (PNC) check up advise 1 2 8</p> <p>14, Carried out wound site examination (e.g. after C section/episiotomy).....1 2 8</p> <p>15. Advised on danger signs during postpartum period.....1 2 8</p> <p><u>Baby</u></p> <p>16. Check baby temperature by touching foot and abdomen.....1 2 8</p> <p>17. Check any difficulty in breathing, grunting, chest indrawn 1 2 8</p> <p>18. Assess newborns general appearance color, movement and cry 1 2 8</p> <p>19. Check umbilical cord for</p>	

S.N.	Question/Information	Coding Categories	Skip
		bleeding and infection 1 2 8 20. Check for pustules on skin 1 2 8 21. Check eye for discharge 1 2 8 22. Look for sign of jaundice in forehead, abdomen, palm, foot 1 2 8 23. Ask if newborn is breastfeeding well 1 2 8 24. Immunization 1 2 8	
412	Who checked/examined you before leaving the health facility?	Doctor 1 Nurse/ANM 2 Health Assistant/AHW/Sr AHW 3 Others (Specify) 6 Don't know 8	
413	Who checked/examined the baby before leaving the health facility?	Doctor 1 Nurse/ANM 2 Health Assistant/AHW/Sr AHW 3 Others (Specify) 6 Don't know 8	
414	Did you ask any question to the provider?	Yes 1 No 2	
415	How satisfied are you with the information you received from the providers? Read all statements, circle only one 1) I am very satisfied with the information I received 1 2) I am fairly satisfied with the information I received 2 3) I am neither satisfied nor dissatisfied (neutral) with the information I received 3 4) I am fairly dissatisfied with the information I received 4 5) I am very dissatisfied with the information I received 5		
416	How satisfied are you with the level of skill the provider had to deliver your baby? Read all statements, circle only one 1) I am very satisfied with the level of skill of the provider 1 2) I am fairly satisfied with the level of skill of the provider 2 3) I am neither satisfied nor dissatisfied (neutral) with the level of skill of the provider .. 3 4) I am fairly dissatisfied with the level of skill of the provider 4 5) I am very dissatisfied with the level of skill of the provider 5		
417	Did any of the staff scold you / treat you disrespectfully?	Yes 1 No 2	
418	How satisfied are you with the politeness and empathy of the staff with whom you consulted? Read all statements, circle only one 1) I am very satisfied with their politeness 1 2) I am fairly satisfied with their politeness 2 3) I am neither satisfied nor dissatisfied (neutral) with their politeness 3 4) I am fairly dissatisfied with the their politeness 4 5) I am very dissatisfied with their politeness 5		
419	How satisfied are you with the cleanliness of the facility? Read all statements, circle only one 1) I am very satisfied with the cleanliness in facility 1 2) I am fairly satisfied with the cleanliness in facility 2 3) I am neither satisfied nor dissatisfied (neutral) with the cleanliness in facility 3 4) I am fairly dissatisfied with cleanliness in the facility 4 3) I am very dissatisfied with the cleanliness in the facility 5		

S.N.	Question/Information	Coding Categories			Skip
420	Were the following things in place to maintain your privacy?	Yes	No	Don't know	
	1. Delivered in separate room?	1	2	8	
	2. Are there curtains on windows (including any openings in the door)	1	2	8	
	3. Divider between beds?	1	2	8	
	4. Curtain between/around beds?	1	2	8	
	5. Others (Specify) _____	1	2		
421	How satisfied are you with the level of privacy you received? Read all statements, circle only one 1) I am very satisfied with the level of privacy I received in facility 1 2) I am fairly satisfied with the level of privacy I received in facility 2 3) I am neither satisfied nor dissatisfied (neutral) with the level of privacy I received in facility 3 4) I am fairly dissatisfied with the level of privacy I received in facility 4 5) I am very dissatisfied with the level of privacy I received in facility 5				
422	Were you able to get a bed in the facility?	Yes, 1 Yes, but sharing with other patient 2 No 3			→ 424
423	If yes, how long did you have to wait to get a bed? (IF THE RESPONSE IS 59 MINUTES or LESS, WRITE TIME IN MINUTES AND 00 IN HOUR; OTHERWISE WRITE BOTH HOURS AND MINUTES)	Time <input type="text"/> <input type="text"/> Hrs: <input type="text"/> <input type="text"/> Minutes			
424	Was drinking water available in health facility?	Yes 1 No 2			
425	Were you able to use the toilet in the facility when needed?	Yes 1 No 2			
426	Was this your first delivery?	Yes 1 No 2			→ 430
427	If this is not first delivery Where did you deliver your previous child?	Health facility 1 Home 2 On the way 3 Others (Specify) _____ 6			} 429
428	If first child was delivered at a facility In which facility did you deliver your previous child?	This facility 1 Public hospital 2 PHCC 3 Health Post 4 Sub-Health Post 5 Private Clinic 6 Private/Teaching Hospital 7 NGO/missionary 8 Others (Specify) _____ 96			
429	Did you find any differences in the quality of services in this delivery as compared to previous deliveries?	No difference A Cost less B Cost more C Better care D Worse care E Better staff behavior F Worse staff behavior G Cleaner/more hygienic H Less clean/hygienic I Provision of free medicine J Others (Specify) _____ X			

S.N.	Question/Information	Coding Categories	Skip
432	How satisfied are you with the care you received at this facility? Read all statements, circle only one 1) I am very satisfied with the care I received in this facility..... 1 2) I am fairly satisfied with the care I received in this facility..... 2 3) I am neither satisfied nor dissatisfied (neutral) with the care I received in this facility..... 3 4) I am fairly dissatisfied with the care I received in this facility 4 5) I am very dissatisfied with the care I received in this facility..... 5		
433	Would you deliver at this facility again?	Yes..... 1 No 2 Do not intend to have anymore children 3 Don't know 8	
434	Would you recommend others (your friends and family member/relative) to deliver at this facility?	Yes..... 1 No 2 Don't know 8	
435	What are the main improvements that you think this health facility should make?	Staff should be helpful A Staff should have good behavior B Staff should be competent/skilled..... C Should take steps to reduce waiting time..... D Should discharge clients on time..... E Should Provide incentives on time F Should not charge for items..... G Should provide free service H Should provide free blood transfusion service I Should make the facility clean/hygienic..... J Should make more beds available K Should make bed linen available L Should work on maintenance of privacy..... M Service provider should be male N Service provider should be female O Should be nearer P Should have room heating facility in the delivery room Q Nothing to improve..... Y Others (Specify)..... X	

S.N.	Question/Information	Coding Categories	Skip
436	CHECK THE DISCHARGE SLIP AND RECORD TIME OF DELIVERY	Date.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year Time (24 hrs format) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> HH MM	
437	CHECK THE DISCHARGE SLIP AND RECORD THE WEIGHT OF THE BABY WHEN HE/SHE WAS DELIVERED	<input type="text"/> <input type="text"/> KG..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gram	
438	Irrespective of the outcome, how many times have you been pregnant so far?	<input type="text"/> <input type="text"/>	
439	Irrespective of the outcome, how many deliveries (beyond 22 weeks of gestation age) have you had so far?	Number of deliveries <input type="text"/> <input type="text"/>	
440	If Q438 has '1' Ask this question cautiously: How many of these births were live birth and how many were still birth?	a. Still birth..... <input type="text"/> <input type="text"/> b. Live birth..... <input type="text"/> <input type="text"/>	
441	RECORD THE TIME TOF INTERVIEW ENDED	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> HH MM	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

1.0 BACKGROUND

S.N.	Question/Information	Coding Categories	Skip
101	May I begin the interview now?	Agrees1 Client refuses.....2	→ End
102	RECORD THE TIME OF INTERVIEW STARTED	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS MINUTES USE 24 Hrs FORMAT	
103	Since how many years/months are you associated with this committee? (Completed years/months)	No of year in the committee <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/>	
104	What is your caste/ethnicity?	Brahmin/Chhettri..... 1 Terai Madhesi other castes 2 Dalit 3 Newar 4 Janajati 5 Muslim 6 Others..... 96	
105	How old are you? (Age in completed years)	Age completed <input type="text"/> <input type="text"/> Don't know 98	
106	Have you ever attended school?	Yes 1 No..... 2	→ 108
107	What is the highest level of school you attended ?	Highest grade completed* <input type="text"/> <input type="text"/>	
*Codes for Grades 00 = Not passed grade I 01-09 = Grade 1 to 9 passed 10 = SLC passed 11 = Passed proficiency certificate 12 = Passed Bachelor degree 13 = Passed Master or higher degree			
	CHECK Q107 GRADE 5 OR LOWER <input type="checkbox"/> ↓	GRADE 6 OR HIGHER <input type="checkbox"/>	→ 201
108	Now I would like you to read this sentence to me SHOW CARD TO RESPONDENT IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE Can you read any part of the sentence to me?	Cannot read at all.....1 Able to read only parts of sentences2 Able to read whole sentence3 No card with required language4 (Specify language) Blind/visually impaired5	

2.0 Composition, Training and Knowledge

Q.N.	Questions	Coding Categories			Skip
201	ASK ONLY FOR HDC / HFOMC How are you represented in the HDC/HFOMC? or which body/organization do you represent?	HDC Concerned Mayor or President of the Municipality or VDC where the hospital is located..... 1 Representative of District Development Committee (DDC) 2 Officer level representative of District Administration Officer..... 3 Chairperson of Chamber of Commerce and industry 4 President of the District Red Cross Society 5 Women representative from concerned ward where the hospital is located 6 Committee nominated female health Worker... 7 Medical Superintendent of the hospital 8 HFOMC PHC DDC Secretary 11 Female representative nominated by VDC 12 DDC member responsible for health services .. 13 DDC member representative selected by DDC 14 Headmaster/Campus head/ nominated by DDC..... 15 FCHV nominated by DDC..... 16 Dalit/ janjati representative nominated by HFOMC 17 Dalit/ janjati (female) representative nominated by HFOMC 18 Social worker/reputed person nominated by DDC..... 19 DHO/DPHO head..... 20 VDC secretary 21 PHC Incharge..... 22 SHP and HP VDC Secretary 31 Female representative from ward 32 VDC member responsible for health services... 33 School headmaster nominated by VDC 34 FCHV nominated by VDC..... 35 Dalit/ janajati representative nominated by HFOMC 36 Dalit/ janajati (female) representative nominated by HFOMC 37 Social worker/reputed person (female) nominated by VDC..... 38 Health Post Incharge 39 None of the above 0			
202	Have you received or attended any training/orientation/refresher on any of the topics related to HFOMC/HDC?	Yes..... 1 No 2			204
203A	ASK ONLY FOR HFOMC If yes, Was the training, orientation or refresher training within the past 24 months or more than 24 months ago?	1. Yes, within past 24 months	2. Yes over 24 months	3. Don't know	
1	Orientation on health facility handover and operation	1	2	8	
2	Local Health Facility Operation and Management Committee's Capacity Building Training	1	2	8	
3	Review workshop	1	2	8	
4	Others (Specify)_____	1	2	8	
203B	ASK ONLY FOR HDC If yes, Was the training, orientation or refresher	Yes, within past 24 months 1			

Q.N.	Questions	Coding Categories	Skip																																																																																																
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204	In your opinion, what are the responsibilities of the committee (HFOMC/HDC) members?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>01 Staffs Management (e.g. ensure the sanctioned post).....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>02 Manage physical infrastructure in health facility.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>03 Management of drugs and logistics</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>04 Identification and mobilization of resources (e.g budget allocated at VDC, DDC, HF, community participation etc.)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>05 Planning/implementation/monitoring of health facility services</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>06 Communication coordination and support with stakeholders related to health facility services</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>07 Organize regular meeting</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>08 Encourage and motivate FCHVs.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>09 Display Citizen charter in health facility.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>10 Ensure the participation of dalit and backwards in health facility activities</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>11 Progress review</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>12 Conduct financial audit.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>13 Organize social audit</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>14 Appraisal of staff performance</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>15 Management and support of PHC/ORC and EPI clinic</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>16 Regular monitoring of EPI clinic.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>17 Addressing community grievances/feedbacks</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>18 Monitoring facility opening and closing time.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>19 Approval of leave for health facility staff up to 7 days</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>20 Make short/long term plan for hospital management</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>21 Revise/fix service charges if any</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>22 Preparation of yearly report and submission to the government.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>23 Others (Specify)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Yes	No	DK	01 Staffs Management (e.g. ensure the sanctioned post).....	1	2	8	02 Manage physical infrastructure in health facility.....	1	2	8	03 Management of drugs and logistics	1	2	8	04 Identification and mobilization of resources (e.g budget allocated at VDC, DDC, HF, community participation etc.)	1	2	8	05 Planning/implementation/monitoring of health facility services	1	2	8	06 Communication coordination and support with stakeholders related to health facility services	1	2	8	07 Organize regular meeting	1	2	8	08 Encourage and motivate FCHVs.....	1	2	8	09 Display Citizen charter in health facility.....	1	2	8	10 Ensure the participation of dalit and backwards in health facility activities	1	2	8	11 Progress review	1	2	8	12 Conduct financial audit.....	1	2	8	13 Organize social audit	1	2	8	14 Appraisal of staff performance	1	2	8	15 Management and support of PHC/ORC and EPI clinic	1	2	8	16 Regular monitoring of EPI clinic.....	1	2	8	17 Addressing community grievances/feedbacks	1	2	8	18 Monitoring facility opening and closing time.....	1	2	8	19 Approval of leave for health facility staff up to 7 days	1	2	8	20 Make short/long term plan for hospital management	1	2	8	21 Revise/fix service charges if any	1	2	8	22 Preparation of yearly report and submission to the government.....	1	2	8	23 Others (Specify)	1	2	8	
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205	Do you have a booklet/guideline in which roles and responsibilities of HFOMC/HDC committees are written?	Yes 1 No..... 2																																																																																																	
206	Can you tell us about the types of services provided from this health facility? Record all responses mentioned.	Child vaccination services, either at the facility or as outreach.....A Growth monitoring services, either at the facility or as outreach.....B Curative care service for children <5 either at facility or as outreach..... C Family planning service																																																																																																	
		D ANC services.....E PMTCT services																																																																																																	
		F Delivery and Newborn care																																																																																																	
		G Diagnosis or treatment of malaria..... H Diagnosis prescription of STI excluding HIV.....I Diagnosis prescription or treatment of TB.....J HIV testing and counseling service.....K HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services																																																																																																	
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		M Diagnosis or management of non-communicable diseases																																																																																																	
		N Minor surgical services																																																																																																	
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		R Blood transfusion service																																																																																																	
		S Diagnosis or treatment of Kalaazar/Leishmaniasis..... T Management of snake bite																																																																																																	
		U Management of dog bite/rabies																																																																																																	
		V																																																																																																	

3.0 Participation

Q.N.	Questions	Coding Categories	Skip
301	In the last 3 months, Did this committee conduct any meetings?	Yes 1 No 2 Don't know..... 8	304
302	How many meeting did you attend in the last 3 months?	No. of meeting <input type="text"/> <input type="text"/> No meeting 0	304
303	In the last three months, did you ever put any agenda for discussion in the committee (HFOMC/HDC) meeting?	Yes..... 1 No 2	
304	In the last meeting of the committee, were you timely informed about meetings date and time?	Yes..... 1 No 2	
305	Were meeting agenda shared before hand?	Yes..... 1 No 2	
306	In the last fiscal year (2070-2071), were you engaged in any of the following activities as a HFOMC/HDC member?	Yes No DK	
01	Staffs Management (e.g. ensure the sanctioned post)	1 2 8	
02	Manage physical infrastructure in health facility	1 2 8	
03	Management of drugs and logistics	1 2 8	
04	Identification and mobilization of resources (e.g budget allocated at VDC, DDC, HF, community participation etc.).....	1 2 8	
05	Planning/implementation/monitoring of health facility services.....	1 2 8	
06	Communication coordination and support with stakeholders related to health facility services.....	1 2 8	
07	Organize regular meeting	1 2 8	
08	Encourage and motivate FCHVs	1 2 8	
09	Display Citizen charter in health facility	1 2 8	
10	Ensure the participation of dalit and backwards in health facility activities.....	1 2 8	
11	Progress review	1 2 8	
12	Conduct financial audit	1 2 8	
13	Organize social audit.....	1 2 8	
14	Appraisal of staff performance.....	1 2 8	
15	Management and support of PHC/ORC and EPI clinic	1 2 8	
16	Regular monitoring of EPI clinic	1 2 8	
17	Addressing community grievances/feedbacks.....	1 2 8	
18	Monitoring facility opening and closing time	1 2 8	
19	Approval of leave for health facility staff up to 7 days.....	1 2 8	
20	Make short/long term plan for hospital management.....	1 2 8	
21	Revise/fix service charges if any	1 2 8	
22	Preparation of yearly report and submission to the government	1 2 8	
23	Others (Specify)	1 2 8	

4.0 Observation

Q.N.	Questions	Coding Categories	Skip
401	HFOMC/HDC members' name and contacts are displayed/available in health facility.	Yes..... 1 No 2	

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW" CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)												(6)	(7)		
				SERVICES PROVIDED IN FACILITY															
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT						FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW	
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANTENATAL CARE								PMTCT
01																	01	01	
02																		02	02
03																		03	03
04																		04	04
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07																		07	07
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18																		18	18
19																		19	19
20																		20	20

PROVIDER QUALIFICATION CATEGORY:

GENERALIST (NON-SPECIALIST) MEDICAL DOCTORS 01
 GYNECOLOGIST / OBSTETRICIAN 02
 ANESTHESIOLOGIST 03
 PATHOLOGIST 04
 GENERAL SURGEON 05
 PEDIATRICIAN 06
 OTHER SPECIALISTS MEDICAL DOCTORS 07
 MEDICAL OFFICER (MBBS, BDS) 08

ANESTHETIC ASSISTANT 09
 NURSE (MN, BSC NURSE, BN, PCL) /
 AUXILIARY NURSE MIDWIFE (ANM) 10
 LABORATORY TECHNOLOGIST/OFFICER
 LABORATORY TECHNICIAN
 LABORATORY ASSISTANT 11
 HEALTH ASSISTANT (HA) / AHW / SAHW /
 PUBLIC HEALTH INSPECTOR 12

COUNSELOR WITH CLINICAL QUALIFICATION (STAND -ALONE HTC ONLY) 16
 COUNSELOR WITHOUT CLINICAL
 QUALIFICATION (STAND -ALONE HTC ONLY) 17
 OTHER CLINICAL STAFF NOT LISTED ABOVE 18
 NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION 95

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

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FACILITY NUMBER

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INTERVIEWER CODE

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						HIV/AIDS RELATED	MALARIA	TB	STI								NCD			
21																		21	21	
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24																			24	24
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26																			26	26
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36																			36	36
37																			37	37
38																			38	38
39																			39	39
40																			40	40

PROVIDER QUALIFICATION CATEGORY:

GENERALIST [NON-SPECIALIST] MEDICAL DOCTORS 01
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 ANESTHESIOLOGIST 03
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 HEALTH ASSISTANT (HA) / AHW / SAHW /
 PUBLIC HEALTH INSPECTOR 12

COUNSELOR WITH CLINICAL QUALIFICATION (STAND -ALONE HTC ONLY) 16
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STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

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41																		41	41	
42																			42	42
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44																			44	44
45																			45	45
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STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

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62																								62	62
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STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

INTERVIEWER CODE

USE THIS FORM TO COMPLETE THE NAMES OF HEALTH WORKERS WHO WORK IN THE FACILITY BUT WHO ARE NOT PRESENT IN THE FACILITY ON THE DAY OF YOUR VISIT. OBTAIN THIS INFORMATION FROM THE FACILITY INCHARGE OR ANOTHER KNOWLEDGEABLE PERSON. THEY MAY BE OUT SICK, NOT ON DUTY THAT DAY, OR ABSENT FOR SOME OTHER REASON. IF THERE IS NOT ENOUGH SPACE TO LIST ALL SUCH PROVIDERS, STOP THE LIST AT 99. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE GENDER IN COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS IN COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. ASK THE INCHARGE TO TELL YOU THE SERVICES THAT THESE PEOPLE PROVIDE AS PART OF THEIR WORK IN THE FACILITY.

(1)	(2)	(3)	(4)	(5)											(6)	(7)					
				SERVICES PROVIDED IN FACILITY																	
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81																			81	81	
82																				82	82
83																				83	83
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99																				99	99

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 PEDIATRICIAN 06
 OTHER SPECIALISTS MEDICAL DOCTORS 07
 MEDICAL OFFICER (MBBS, BDS) 08

ANESTHETIC ASSISTANT 09
 NURSE (MN, BSC NURSE, BN, PCL) /
 AUXILIARY NURSE MIDWIFE (ANM) 10
 LABORATORY TECHNOLOGIST/OFFICER
 LABORATORY TECHNICIAN 11
 LABORATORY ASSISTANT 11
 HEALTH ASSISTANT (HA) / AHW / SAHW /
 PUBLIC HEALTH INSPECTOR 12

COUNSELOR WITH CLINICAL QUALIFICATION (STAND -ALONE HTC ONLY) 16
 COUNSELOR WITHOUT CLINICAL
 QUALIFICATION (STAND -ALONE HTC ONLY) 17
 OTHER CLINICAL STAFF NOT LISTED ABOVE 18
 NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION 95