

Nepal

Health Facility Survey 2021

FINAL REPORT



Government of Nepal
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Nepal

Health Facility Survey 2021

Final Report

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New ERA
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CONTENTS

TABLES AND FIGURES	vii
PREFACE	xv
FOREWORD	xvii
ACKNOWLEDGMENTS	xix
ACKNOWLEDGMENTS	xxi
CONTRIBUTORS TO THE SURVEY	xxiii
ACRONYMS AND ABBREVIATIONS	xxv
KEY FINDINGS.....	xxvii
READING AND UNDERSTANDING TABLES FROM THE 2021 NEPAL HEALTH FACILITY SURVEY.....	xxxiii
1 OVERVIEW OF THE HEALTH SYSTEM IN NEPAL	1
1.1 Health Status in Nepal	1
1.2 Enabling Policies to Improve Health Status	2
1.2.1 Constitution of Nepal.....	2
1.2.2 Sustainable Development Goals.....	3
1.2.3 National Health Policy	3
1.2.4 Nepal Health Sector Strategy	3
1.3 The Health Care System.....	4
1.4 Health Financing	6
2 METHODOLOGY.....	9
2.1 Overview	9
2.2 Institutional Framework and Objectives of the 2021 NHFS	10
2.2.1 Institutional Framework.....	10
2.2.2 Objectives of the 2021 NHFS	10
2.3 Data Collection Methods.....	10
2.4 Sampling	12
2.4.1 Sample of Facilities.....	12
2.4.2 Sample of Health Service Providers	13
2.4.3 Sample for Observations and Exit Interviews.....	13
2.4.4 Sampling Weights	14
2.5 Implementation.....	15
2.5.1 Survey Oversight.....	15
2.5.2 Questionnaire Adaptation	15
2.5.3 Pretest.....	15
2.5.4 Main Training	16
2.5.5 Data Collection	17
2.5.6 Data Management and Report Writing	18
2.5.7 Data Analysis	19
2.5.8 The 2021 NHFS in the Context of the COVID-19 Pandemic.....	19
3 FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, GENERAL SERVICE READINESS, AND QUALITY OF CARE	33
3.1 Background	34
3.2 Availability of Services	34
3.2.1 Overall Availability of Specific Services	34
3.2.2 Availability of Basic Health Services	35
3.3 Service Readiness: Basic Facility Infrastructure to Support Quality Service Provision and Client Utilization	36
3.3.1 Basic Amenities.....	36

3.3.2	Basic Equipment to Support Quality Health Services.....	37
3.3.3	Standard Precautions for Infection Control in Service Delivery Area	37
3.3.4	Waste Segregation and Safe Disposal of Health Care Waste	38
3.3.5	Capacity for Adherence to Standards for Quality Sterilization or High-level Disinfection Processes.....	39
3.3.6	COVID-19 Basic Supplies, Services, and Trained Staff	39
3.3.7	Diagnostic Capacity	39
3.3.8	Availability of Essential Medicines	40
3.4	Management Systems to Support and Maintain Quality Services and Appropriate Client Utilization	40
3.4.1	Management Meetings, Quality Assurance, and Client Opinions	41
3.4.2	Supportive Management for Providers	41
3.4.3	Availability of Human Resources for Health	41
3.4.4	Integrated Health Management Information System	42
3.4.5	Storage Practices for Medicines	42
3.4.6	Timely Supply of Family Planning commodities	43
3.5	Quality of Care	43
3.5.1	Minimum Quality of Care Standards	43
3.5.2	Compliance with ANC, Family Planning, and IMNCI Service Standards	43
3.5.3	Provision of Quality ANC, Family Planning, and IMNCI Services	44
3.5.4	Rehabilitation Services	44
3.5.5	Reproductive Health Care.....	44
3.6	Disaster Preparedness	45
3.7	Financial Audits.....	45
3.8	Free Health Care and Health Insurance	45
4	CHILD HEALTH AND IMMUNIZATION SERVICES.....	89
4.1	Background	89
4.2	Availability of Child Health Services.....	90
4.2.1	Outpatient Curative Care, Child Growth Monitoring, and Child Vaccination	90
4.2.2	Vitamin A Supplementation.....	91
4.2.3	Frequency of Availability	91
4.3	Service Readiness	92
4.3.1	Guidelines, Trained Staff, and Equipment for Sick Child Care.....	92
4.3.2	Guidelines, Trained Staff, and Equipment for Child Nutrition	93
4.3.3	Infection Control in Sick Child Services	93
4.3.4	Laboratory Diagnostic Capacity	94
4.3.5	Medicines and Commodities for Sick Child Care.....	94
4.3.6	Microplanning, Trained Staff, and Equipment for Vaccination Services.....	95
4.3.7	Availability of Vaccines	95
4.3.8	Infection Prevention in Vaccination Services	95
4.4	Sick Child Care Practices	96
4.4.1	Full Assessment.....	96
4.4.2	Diagnosis-specific Assessments and Treatment	97
4.5	Client Opinions.....	97
4.6	Basic Management and Administrative Systems.....	98
5	FAMILY PLANNING SERVICES.....	121
5.1	Background	121
5.2	Availability of Family Planning Services.....	122
5.2.1	Contraceptive Method Availability.....	122
5.2.2	Frequency of Availability of Family Planning Services	123
5.2.3	Specific Methods Offered.....	124
5.2.4	Availability of Family Planning Methods on the Day of the Assessment	125

5.3	Service Readiness	126
5.3.1	Service Guidelines, Trained Staff, and Equipment	126
5.3.2	Infection Control.....	127
5.4	Adherence to Standards for Quality Service Provision.....	127
5.4.1	Counseling and Client Assessment at First family Planning Visits	127
5.4.2	Counseling at All Family Planning Visits.....	128
5.5	Client Opinion and Knowledge.....	128
5.5.1	Major Problems	128
5.5.2	Clients' Knowledge about Methods.....	128
5.6	Basic Management and Administrative Systems.....	129
5.6.1	Supervision	129
5.6.2	Training	129
6	ANTENATAL CARE.....	149
6.1	Background	150
6.2	Availability of ANC Services.....	150
6.3	Service Readiness	150
6.3.1	Service Guidelines, Trained Staff, and Equipment	151
6.3.2	Infection Control.....	151
6.3.3	Laboratory Tests	152
6.3.4	Medicines	152
6.4	Adherence to Standards	152
6.4.1	Characteristics of ANC Clients.....	152
6.4.2	Components of ANC Consultations	153
6.5	Client Knowledge and Opinions.....	155
6.5.1	Client Knowledge	155
6.5.2	Client Complaints	155
6.6	Provider Training and Supervision.....	156
6.7	Prevention of Mother-to-Child Transmission of HIV	156
6.8	Malaria in Pregnancy	157
7	DELIVERY AND NEWBORN CARE	189
7.1	Background	190
7.1.1	Maternal and Newborn Health Status and Health Care Utilization.....	190
7.2	Availability of Delivery and Other Maternal Health Services	191
7.3	Service Readiness	192
7.3.1	Service Guidelines, Trained Staff, and Equipment for Delivery Services....	192
7.3.2	Medicines and Commodities for Delivery and Newborn Care	193
7.3.3	Infection Control.....	194
7.4	Signal Functions for Emergency Obstetric and Newborn Care (EmONC)	194
7.5	Newborn Care Practices	195
7.6	Basic Management and Administrative Systems.....	195
7.6.1	Supervision	196
7.6.2	Training	196
7.7	Provider Adherence to Standards	196
7.7.1	Initial Assessment	197
7.7.2	Observation of Labor and Delivery	197
7.7.3	Immediate Newborn and Postpartum Care	198
7.7.4	Respectful Maternity Care (Observed)	198
7.8	Client Experience	198
7.8.1	Newborn Care Practices and Postpartum Checks/Advice	199
7.8.2	Payment for Services and Transportation Costs	199
7.8.3	Transport, Waiting Times, and Access to Amenities	199
7.8.4	Respectful Maternity Care (Reported)	199
7.8.5	Client Satisfaction	200

8	HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS.....	231
8.1	Background	231
8.2	HIV Testing and Counseling	232
8.2.1	Service Availability	232
8.2.2	Service Readiness	233
8.2.3	Infection Control.....	233
8.2.4	Basic Management and Administrative Systems for HIV Testing and Counseling	233
8.3	HIV/AIDS Care and Support	234
8.4	Antiretroviral Therapy.....	234
8.5	Services for Sexually Transmitted Infections.....	235
9	NONCOMMUNICABLE DISEASES.....	245
9.1	Diabetes: Service Availability and Readiness.....	246
9.1.1	Availability of Services for Diabetes.....	246
9.1.2	Service Readiness for Diabetes.....	246
9.2	Cardiovascular Diseases: Service Availability and Readiness.....	246
9.2.1	Service Availability for Cardiovascular Diseases.....	246
9.2.2	Service Readiness for Cardiovascular Diseases.....	247
9.3	Chronic Respiratory Diseases: Service Availability and Readiness	247
9.3.1	Service Availability for Chronic Respiratory Diseases.....	247
9.3.2	Service Readiness for Chronic Respiratory Diseases.....	247
9.4	Mental Health Care: Service Availability and Readiness.....	248
9.4.1	Service Availability for Mental Health Care.....	248
9.4.2	Service Readiness for Mental Health Care.....	248
10	TUBERCULOSIS.....	259
10.1	Availability of TB Services.....	259
10.2	Service Readiness	260
10.2.1	Guidelines and Trained Staff	260
10.2.2	Diagnostic Capacity	260
10.2.3	Treatment and Availability of Medicines	261
11	MALARIA.....	265
11.1	Background	265
11.2	Availability of Services for Malaria	265
11.3	Service Readiness	266
11.3.1	Guidelines, Trained Staff, and Diagnostics.....	266
11.3.2	Medicines and Commodities for Malaria Services	267
11.4	Malaria Services in Facilities Offering Curative Care for Sick Children.....	267
11.4.1	Diagnosis	267
11.4.2	Treatment.....	267
APPENDIX A	2016–2021 NHSS RF INDICATORS MATRIX	275
APPENDIX B	PERSONS INVOLVED IN THE 2021 NHFS.....	279
APPENDIX C	QUESTIONNAIRES	285

TABLES AND FIGURES

1	OVERVIEW OF THE HEALTH SYSTEM IN NEPAL	1
Table 1.1	Trends in key population indicators, Nepal 1991–2021	1
Table 1.2	Trends in key health indicators, Nepal 1996–2016	1
Figure 1.1	Trends in the top 10 causes of death in Nepal, 2009–2019.....	2
Figure 1.2	Health service delivery organizational structures.....	4
2	METHODOLOGY.....	9
Table 2.1	Distribution of facilities in sample frame and final sample selection, by province	21
Table 2.2	Results of facility contacts, by background characteristics	22
Table 2.3.1	Distribution of surveyed facilities, by background characteristics	23
Table 2.3.2	Distribution of surveyed facilities, by managing authority (weighted)	23
Table 2.4	Distribution of providers in facility provider sample frame and final provider sample selection (unweighted).....	24
Table 2.5	Distribution of interviewed providers	25
Table 2.6	Distribution of observed and interviewed clients (unweighted)	26
Table 2.7	Distribution of observed consultations.....	29
3	FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, GENERAL SERVICE READINESS, AND QUALITY OF CARE	33
Table 3.1	Availability of specific services	48
Table 3.2	Availability of specific services at facilities other than stand-alone HIV testing and counseling centers (HTCs)	49
Table 3.3	Availability of specific services and diagnostic tests	50
Table 3.4	Availability of basic health services at facilities other than stand-alone HTCs.....	51
Table 3.5	Availability of basic health services (NHSS RF: OP3.1.1)	54
Table 3.6	Availability of basic amenities for client services.....	55
Table 3.7	Availability of basic equipment	56
Table 3.8.1	Standard precautions for infection control, by facility type	57
Table 3.8.2	Standard precautions for infection control, by managing authority and province	58
Table 3.9 (RF10)	Segregation of waste (NHSS RF: OP2.3.1)	59
Table 3.10 (RF11)	Safe disposal of health care waste (NHSS RF: OP2.3.2)	60
Table 3.11	Capacity for processing of equipment for reuse.....	61
Table 3.12	Availability of COVID-19-related supplies and services	62
Table 3.13	Handbook and trained staff for COVID-19	63
Table 3.14	Laboratory diagnostic capacity (NHSS RF: OP2.1.3), by facility type	64
Table 3.15	Laboratory diagnostic capacity (NHSS RF: OP2.1.3), by managing authority and province	65
Table 3.16 (RF16)	Health posts with laboratory services (NHSS: OP5.1.2)	65
Table 3.17	Laboratory diagnostic capacity: Advanced tests and diagnostic imaging	66
Table 3.18	Availability of tracer medicines (NHSS RF: OC1.4), by facility type	67
Table 3.19	Availability of tracer medicines (NHSS RF: OC1.4), by managing authority and province	68
Table 3.20 (RF15)	Public hospitals with pharmacy services (NHSS RF: OP3.2.4)	68
Table 3.21	Management meetings and quality assurance activities.....	69
Table 3.22	Supportive management practices at the facility level	70

Table 3.23	Staffing patterns	71
Table 3.24 (RF02)	Sanctioned posts filled (NHSS RF: OP1b1.1)	71
Table 3.25	IHIMS (HMIS and LMIS) status: IHIMS reporting and designated focal person	72
Table 3.26	IHMIS status: HMIS and LMIS guidelines, manuals, and latest report	73
Table 3.27 (RF05)	Storage practices for medicines (NHSS RF: OP1c2.2)	74
Table 3.28 (RF04)	Timely supply of family planning commodities (NHSS RF: OP1c2.1)	75
Table 3.29	Meeting minimum standards of quality of care at point of delivery (NHSS RF. OC2.1)	76
Table 3.30	Providers observed complying with service delivery standard protocols/guidelines for tracer services: ANC services (NHSS RF. OP2.1.1)	77
Table 3.31	Providers observed complying with service delivery standard protocols/guidelines for tracer services: Family planning services (NHSS RF. OP2.1.1)	78
Table 3.32	Providers observed complying with service delivery standard protocols/guidelines for tracer services: IMNCI services (NHSS RF. OP2.1.1)	79
Table 3.33	Clients provided with quality services as per national standards: ANC services (NHSS RF. OC2.2)	80
Table 3.34	Clients provided with quality services as per national standards: Family planning services (NHSS RF. OC2.2)	81
Table 3.35	Clients provided with quality services as per national standards: IMNCI services (NHSS RF. OC2.2)	82
Table 3.36	Availability of rehabilitation services and accessibility of services	83
Table 3.37	Trained staff for reproductive health services	84
Table 3.38	Isolation room, RRT, ICS disaster preparedness, and drill down exercise	85
Table 3.39	Financial audits.....	86
Table 3.40 (RF12)	Clients receiving free health care	87
Table 3.41	Availability of health insurance services.....	88
Figure 3.1	Availability of basic client services	35
Figure 3.2	Availability of basic client services, by province	35
Figure 3.3	Availability of basic amenities for client services.....	36
Figure 3.4	Availability of basic equipment for client services	37
Figure 3.5	Availability of all basic equipment, by province	37
Figure 3.6	Availability of key infection control items	38
Figure 3.7	Disposal of sharps and medical waste, by province	38
Figure 3.8	Capacity to process equipment for reuse.....	39
Figure 3.9	Availability of basic laboratory tests	40
Figure 3.10	Percentage of facilities with supportive management, by province	41
Figure 3.11	Storage practices for medicines	42
Figure 3.12	Disaster preparedness planning, by type of facility	45
4	CHILD HEALTH AND IMMUNIZATION SERVICES.....	89
Table 4.1	Availability of child health services	99
Table 4.2	Frequency of availability of child curative care and growth monitoring	100
Table 4.3.1	Frequency of availability of child vaccination services for specific vaccines.....	101
Table 4.3.2	Frequency of availability of child vaccination services for specific vaccines.....	102

Table 4.4	Guidelines, trained staff, and equipment for child curative care services	103
Table 4.5	Guidelines, trained staff, and equipment for growth monitoring services	104
Table 4.6	Items for infection control	105
Table 4.7	Laboratory diagnostic capacity	106
Table 4.8	Laboratory diagnostic capacity in PHCCs and hospitals.....	107
Table 4.9	Availability of essential and priority medicines and commodities.....	108
Table 4.10	Microplanning, trained staff, and equipment for vaccination services...109	
Table 4.11	Vaccine storage.....	110
Table 4.12	Vaccine storage at PHCCs and hospitals	111
Table 4.13	Infection control for vaccination services.....	112
Table 4.14.1	Assessments and examinations of sick children, by facility type	113
Table 4.14.2	Assessments and examinations of sick children, by managing authority and province	114
Table 4.15	Assessments and examinations of sick children under age 2 months.....	116
Table 4.16	Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptoms	117
Table 4.17.1	Feedback from caretakers of observed sick children on service problems, by facility type	118
Table 4.17.2	Feedback from caretakers of observed sick children on service problems, by managing authority and province	118
Table 4.18	Supportive management for providers of child health services	119
Table 4.19	Training for child health service providers.....	120
Figure 4.1	Availability of child health services	90
Figure 4.2	Availability of guidelines, trained staff, and equipment for child curative care	92
Figure 4.3	Maternal, infant, and young child nutrition training, by province	92
Figure 4.4	Availability of guidelines, trained staff, and equipment for growth monitoring services.....	93
Figure 4.5	Availability of laboratory diagnostic capacity for child curative care, by province	94
Figure 4.6	Availability of essential and priority medicines and commodities.....	94
Figure 4.7	Items to support child vaccination	95
Figure 4.8	Staff trained for vaccinations, by province.....	95
Figure 4.9	Assessment of general danger signs and main symptoms and advice to parents	96
Figure 4.10	Training related to child health during the 24 months and personal supervision in the 6 months preceding the survey, by province	98
5	FAMILY PLANNING SERVICES.....	121
Table 5.1	Availability of family planning services	131
Table 5.2	Frequency of availability of family planning services	132
Table 5.3.1	Family planning services offered, by facility type	133
Table 5.3.2	Family planning services offered, by managing authority and province	134
Table 5.4.1	Methods of family planning provided, by facility type	135
Table 5.4.2	Methods of family planning provided, by managing authority and province	136
Table 5.5.1	Availability of family planning commodities, by facility type	137
Table 5.5.2	Availability of family planning commodities, by managing authority and province	137

Table 5.6	Guidelines, trained staff, and basic equipment for family planning services	138
Table 5.7	Items for infection control during provision of family planning.....	139
Table 5.8.1	Client history and physical examinations for first-visit female family planning clients, by facility type	140
Table 5.8.2	Client history and physical examinations for first-visit female family planning clients, by province	141
Table 5.9.1	Components of counseling and discussions during consultations for female first-visit family planning clients, by facility type	142
Table 5.9.2	Components of counseling and discussions during consultations for female first-visit family planning clients, by province.....	143
Table 5.10.1	Components of counseling and discussions during consultations for all female family planning clients, by facility type	144
Table 5.10.2	Components of counseling and discussions during consultations for all female family planning clients, by province	145
Table 5.11.1	Feedback from family planning clients on service problems, by facility type	145
Table 5.11.2	Feedback from family planning clients on service problems, by province	146
Table 5.12	Client knowledge about contraceptive method	146
Table 5.13	Supportive management for providers of family planning services.....	147
Table 5.14	Training for family planning service providers	148
Figure 5.1	Percentage of facilities offering any modern methods of family planning, by province.....	123
Figure 5.2	Availability of methods of family planning, by province	123
Figure 5.3	Provision of specific methods of family planning.....	124
Figure 5.4	Provision of IUDs and implants, by facility type	125
Figure 5.5	Methods of family planning provided, by province	125
Figure 5.6	Items to support quality provision of family planning.....	126
Figure 5.7	Staff trained in family planning, by province.....	126
Figure 5.8	Items for infection control in family planning service area.....	127
Figure 5.9	Client knowledge about contraceptive methods.....	128
Figure 5.10	Personal supervision and training	129
Figure 5.11	Training related to family planning during the 24 months preceding the survey, by province.....	129
6 ANTENATAL CARE.....	149	
Table 6.1	Availability of antenatal care services	159
Table 6.2	Guidelines, trained staff, and basic equipment for antenatal care services	160
Table 6.3	Items for infection control during provision of antenatal care.....	161
Table 6.4	Testing capacity.....	162
Table 6.5	Testing capacity in hospitals and PHCCs	163
Table 6.6	Availability of medicines for routine antenatal care	164
Table 6.7	Characteristics of observed antenatal care clients.....	165
Table 6.8.1	General assessment and client history for observed first-visit antenatal care clients, by facility type.....	166
Table 6.8.2	General assessment and client history for observed first-visit antenatal care clients, by managing authority and province	167
Table 6.9.1	Basic physical examinations and preventive interventions for antenatal care clients, by facility type.....	168
Table 6.9.2	Basic physical examinations and preventive interventions for antenatal care clients, by managing authority and province	170

Table 6.10.1	Content of observed antenatal consultations related to risk symptoms, by facility type	172
Table 6.10.2	Content of observed antenatal consultations related to risk symptoms, by managing authority and province.....	173
Table 6.11.1	Counseling on risk symptoms during observed ANC consultations, by facility type	174
Table 6.11.2	Counseling on risk symptoms during observed ANC consultations, by managing authority and province	175
Table 6.12.1	Content of antenatal care counseling related to nutrition, breastfeeding, and family planning, by facility type.....	176
Table 6.12.2	Content of antenatal care counseling related to nutrition, breastfeeding, and family planning, by managing authority and province	177
Table 6.13.1	Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by facility type	178
Table 6.13.2	Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by managing authority and province	179
Table 6.14.1	Feedback from antenatal care clients, by facility type.....	180
Table 6.14.2	Feedback from antenatal care clients, by managing authority and province	180
Table 6.15	Supportive management for providers of antenatal care services.....	181
Table 6.16	Training for antenatal care service providers	182
Table 6.17	Availability of services for prevention of mother-to-child transmission of HIV in all facilities offering antenatal care services.....	183
Table 6.18	Availability of services for prevention of mother-to-child transmission of HIV in hospitals and PHCCs offering antenatal care services	184
Table 6.19	Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV.....	185
Table 6.20	Malaria services in facilities offering antenatal care services.....	186
Table 6.21.1	Malaria prevention interventions for antenatal care clients: Long-lasting insecticidal nets and intermittent preventive treatment during pregnancy, by facility type	187
Table 6.21.2	Malaria prevention interventions for antenatal care clients: Long-lasting insecticidal nets and intermittent preventive treatment during pregnancy, by managing authority and province	187
Table 6.22	Malaria training for antenatal care service providers	188
Figure 6.1	Availability of staff with recent training in ANC and ANC guidelines, by province	151
Figure 6.2	Availability of key infection control items	151
Figure 6.3	Testing capacity, by type of facility	152
Figure 6.4	Client history assessed and routine tests for first-visit ANC clients	153
Figure 6.5	Basic physical examinations and preventive interventions for all ANC clients	154
Figure 6.6	Discussion of risk symptoms with ANC clients.....	154
Figure 6.7	Counseling on pregnancy and postdelivery issues with ANC clients....	155
Figure 6.8	Percentage of interviewed providers of antenatal care who reported receiving in-service training on counseling for antenatal care, by province	156
Figure 6.9	Personal supervision during the 6 months before the survey, by province	156

7	DELIVERY AND NEWBORN CARE	189
Table 7.1	Availability of normal vaginal delivery and other maternal health services	202
Table 7.2	Availability of cesarean delivery and other maternal health services at hospitals and PHCCs	203
Table 7.3	Guidelines, trained staff, and equipment for delivery services.....	204
Table 7.4.1	Medicines and commodities for delivery and newborn care, by facility type.....	205
Table 7.4.2	Medicines and commodities for delivery and newborn care, by managing authority and province	206
Table 7.5	Items for infection control during provision of delivery care	207
Table 7.6	Signal functions for emergency obstetric and neonatal care (EmONC) and functional basic EmONC and comprehensive EmONC	208
Table 7.7	Basic EmONC at hospitals and PHCCs and comprehensive EmONC at hospitals	209
Table 7.8.1	Newborn care practices, by facility type	210
Table 7.8.2	Newborn care practices, by managing authority and province	210
Table 7.9	Supportive management for providers of delivery care.....	211
Table 7.10	Training on specific aspects of delivery care	212
Table 7.11	Training on specific aspects of immediate newborn care	213
Table 7.12	Observed deliveries, by provider characteristics and facility type.....	214
Table 7.13	Information collected and laboratory tests conducted during initial client assessments and pregnancy outcome	215
Table 7.14	Standard precautions and physical examinations observed during the initial assessment	216
Table 7.15	Standard precautions and other activities observed during the first stage of labor.....	217
Table 7.16	Preparation for delivery observed during the first stage of labor	218
Table 7.17	Standard precautions and preparation for delivery observed during the second and third stages of labor	219
Table 7.18	Active management of the third stage of labor.....	220
Table 7.19	Immediate newborn and postpartum care.....	221
Table 7.20	Newborn resuscitation	222
Table 7.21	Respectful maternity care (observed)	223
Table 7.22	Mode of delivery	223
Table 7.23	Delivery attendant and essential newborn care practices.....	224
Table 7.24.1	Postpartum checks/advice at the time of discharge, by facility type	225
Table 7.24.2	Postpartum checks/advice at the time of discharge, by managing authority and province	226
Table 7.25	Payment during delivery	227
Table 7.26	Knowledge of free delivery services and transportation incentives	227
Table 7.27	Means of transportation used.....	228
Table 7.28	Waiting times and availability of basic amenities	228
Table 7.29	Respectful maternity care (reported).....	229
Table 7.30	Client satisfaction	230
Figure 7.1	Availability of normal vaginal delivery and cesarean delivery services, by province	191
Figure 7.2	Availability of items to support quality provision of delivery services	192
Figure 7.3	Availability of essential medicines to support delivery and newborn care	193
Figure 7.4	Availability of key infection control items	194
Figure 7.5	Newborn care practices, by province	195

Figure 7.6	Recent personal supervision and training in delivery and newborn care.....	196
Figure 7.7	Training related to delivery and/or newborn care during the 24 months preceding the survey (supportive management for providers of delivery care), by province.....	196
Figure 7.8	Cesarean deliveries (mode of delivery), by province	198
8	HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS.....	231
Table 8.1	Availability of HIV testing and counseling services	237
Table 8.2	Items for infection control during provision of HIV testing services at the service site.....	238
Table 8.3	Items for infection control during provision of HIV testing services in the laboratory.....	239
Table 8.4	Supportive management for providers of HIV testing services	240
Table 8.5	Guidelines, trained staff, and items for HIV/AIDS care and support services	241
Table 8.6	Guidelines, trained staff, and items for antiretroviral therapy services	242
Table 8.7	Availability of antiretroviral therapy services	243
Table 8.8	Guidelines, trained staff, and items for sexually transmitted infection services	244
Figure 8.1	Availability of HIV testing and counseling system	232
Figure 8.2	Items to support quality provision of HIV testing and counseling services	233
Figure 8.3	Availability of STI services by province	235
Figure 8.4	Items to support quality provision of STI services.....	235
9	NONCOMMUNICABLE DISEASES.....	245
Table 9.1	Availability of services and guidelines, trained staff, and equipment for diabetes services.....	250
Table 9.2	Availability of diagnostic capacity and essential medicines for diabetes	251
Table 9.3	Availability of services and guidelines, trained staff, and equipment for cardiovascular diseases.....	252
Table 9.4	Availability of essential medicines and commodities for cardiovascular diseases	253
Table 9.5	Availability of services and guidelines, trained staff, and equipment for chronic respiratory diseases	254
Table 9.6	Availability of essential medicines and commodities for chronic respiratory diseases	255
Table 9.7	Availability of services and guidelines, trained staff, and equipment for mental health services	256
Table 9.8	Availability of essential medicines and commodities for mental health services.....	257
Figure 9.1	Items to support quality provision of diabetes services.....	246
Figure 9.2	Items to support quality provision of services for cardiovascular diseases (CVDs).....	247
Figure 9.3	Items to support quality provision of services for chronic respiratory diseases	248
Figure 9.4	Availability of mental health services.....	248

10	TUBERCULOSIS.....	259
Table 10.1	Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services	262
Table 10.2	Diagnostic capacity and availability of medicines for tuberculosis treatment	263
Figure 10.1	Availability of any TB treatment services and of any TB diagnostic services by facility type.....	260
Figure 10.2	Availability of any TB treatment services and of any TB diagnostic services by province	260
11	MALARIA.....	265
Table 11.1	Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services	269
Table 11.2	Availability of malaria medicines and commodities	270
Table 11.3	Malaria testing capacity in facilities offering curative care for sick children	271
Table 11.4	Malaria treatment in facilities offering curative care for sick children....	272
Table 11.5	Treatment of malaria in children.....	273
Figure 11.1	Availability of malaria services, by ecological region and province.....	266
Figure 11.2	Availability of items to support quality malaria services	266

PREFACE

The 2021 Nepal Health Facility Survey (NHFS) is the second survey of its kind following the one conducted in 2015. It was designed to provide information on the availability of basic health care services and the readiness of health facilities to provide quality services to clients. The survey was implemented by New ERA under the aegis of the Ministry of Health and Population (MoHP). ICF provided technical assistance through The DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs. The survey received funding from the United States Agency for International Development (USAID); UK's Foreign, Commonwealth & Development Office (FCDO); and the United Nations Population Fund (UNFPA). We are glad that despite the challenges of the novel coronavirus disease (COVID-19), we were able to successfully complete the survey. The data collection was planned for early 2020 but was pushed back by 1 year due to the pandemic.

The 2021 NHFS is an assessment of health facilities in the formal sector of Nepal. It was designed to provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service. The 2021 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 77 districts of the country. The survey was also designed to provide representative results for each of the seven provinces and by facility type. In addition, this survey will provide an endline for the Nepal Health Sector Strategy 2016–2022.

The 2021 NHFS provides representative results for Nepal, for different types of health facilities (federal/provincial-level hospitals; local-level hospitals; primary health care centers [PHCCs]; basic health care centers, i.e., health posts [HPs], urban health centers [UHCs], and community health units [CHUs]; stand-alone HIV testing and counseling centers [HTCs]; and private hospitals), for different managing authorities (public or private), for different locations (urban or rural), for each of the three ecological regions, and for each of the seven different provinces in the country.

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 exit 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. We are glad that this survey has provided information on the capacity of facilities to engage in infection prevention, which was so critical during the pandemic.

It is hoped that policymakers and program managers will focus on the problems identified in the 2021 NHFS and other health-related surveys, including the Nepal Demographic and Health Survey and the Nepal Multiple Indicators Cluster Survey, to ensure that activities address areas of concern in a concerted and coordinated manner. Finally, 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. Roshan Pokhrel
Secretary
Ministry of Health and Population

FOREWORD

The 2021 Nepal Health Facility Survey (NHFS) is the second comprehensive survey of formal sector health facilities in Nepal. The first one was conducted in 2015. The Policy, Planning and Monitoring Division (PPMD)/Ministry of Health and Population (MoHP) led the overall survey process. A Steering Committee and a Technical Working Group were responsible for coordination, oversight, advice, and decision making with respect to all major aspects of the survey. The survey received funding from the United States Agency for International Development (USAID); UK's Foreign, Commonwealth & Development Office (FCDO); and the United Nations Population Fund (UNFPA).

The 2021 NHFS questionnaires were based on generic questionnaires developed by The DHS Program, including service provision assessment, service availability and readiness assessment, service tracking survey, and Maternal and Child Health Integrated Program (MCHIP) questionnaires; the basic health service package of the Public Health Service Act 2018; and COVID-19 indicators. The 2021 NHFS collected information from health facilities managed by the government and by private not-for-profit nongovernmental organizations (NGOs), private for-profit organizations, and mission/faith organizations in all 77 districts of the country. The survey was also designed to provide representative results for each of the seven provinces and by facility type.

I would like to express my sincere 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 Steering Committee and the Technical Working Group for the time, support, and valuable input they provided during the various stages of the survey period. I appreciate the PPMD team, the New ERA team, and the team members of the different health development partners who were involved in and supported the successful implementation of the survey despite the challenges faced due to the COVID-19 pandemic. I am satisfied that despite delays in data collection, we were able to implement a high-quality survey and now have data to monitor our programs and track progress in the Nepal Health Sector Strategy 2016–2022.

I am really pleased to see the improvements in service availability and readiness made in Nepal between the 2015 NHFS and the 2021 NHFS. However, the survey clearly shows that huge gaps in service quality remain. I am very hopeful that the findings of this survey will be helpful to policymakers and program managers as they focus on the problems identified in the study report. Finally, we urge health workers and program managers from all three tiers of the government, development partners, and other stakeholders to play active roles in closing the gaps in provision of high-quality health services to the Nepalese population.



Mrs. Dev Kumari Guragain
Secretary
Ministry of Health and Population

ACKNOWLEDGMENTS

This is the second comprehensive assessment of formal sector health facilities in Nepal. I am pleased that despite the challenges posed by the COVID-19 pandemic, we were able to complete the 2021 Nepal Health Facility Survey (NHFS) safely, maintaining its high quality. The 2021 NHFS provides a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service from a sample of facilities managed by the government and by private not-for-profit nongovernmental organizations, private for-profit organizations, and mission/faith organizations in all 77 districts of the country.

It is indeed my pleasure that the survey was implemented under the leadership of the Policy, Planning and Monitoring Division (PPMD) of the Ministry of Health and Population (MoHP). We are thankful to the United States Agency for International Development (USAID); the Foreign, Commonwealth & Development Office (FCDO); and the United Nations Population Fund (UNFPA) for funding the survey. In addition, we appreciate the technical support extended by ICF to design the survey in a manner meeting Nepal's information needs. My appreciation also goes to New ERA for the high-quality field implementation of the survey despite the challenges faced due to the COVID-19 pandemic. I would like to thank and congratulate each and every individual who contributed to making the 2021 NHFS a success.

I am pleased that as part of the 2015–2022 Nepal Health Sector Strategy's commitment to periodic assessments of health systems and the quality of care provided, the 2021 NHFS aimed to provide information to help answer key questions such as the following: To what extent are facilities prepared to provide essential services? What resources and support systems are available? To what extent does the service delivery process meet generally accepted standards of care? What issues affect clients' and service providers' satisfaction with the service delivery environment? I hope that the findings of the survey provide trusted evidence in our shared goal of improving health care and quality of life in Nepal.

The utilization of the findings of this survey is important. I am very hopeful that policymakers and program managers from both public and private sectors will focus on the problems identified in the 2021 NHFS and engage in additional efforts to find answers to the questions that this survey has posed with respect to service readiness, compliance with standards and meeting clients' expectations, and development and implementation of high-impact interventions. In the federalized system, it is critically important to ensure that health programs and interventions address key drivers of mortality, morbidity, and other areas of concern for health systems in a concerted and coordinated manner. To this end, I urge all stakeholders to play active roles in trying to close the gaps in provision of high-quality health services to the Nepali population.



Dr. Guna Raj Lohani
Chief Specialist
Ministry of Health and Population

ACKNOWLEDGMENTS

The 2021 Nepal Health Facility Survey (NHFS) is the second comprehensive survey of formal sector health facilities, both public and private, from rural and urban areas, the three ecological regions, and the seven provinces. The survey 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) and tuberculosis- and malaria-related conditions, and services for noncommunicable diseases (NCDs) (diabetes, cardiovascular diseases, and chronic respiratory diseases), mental health conditions, and HIV/AIDS-related conditions. For each of these services, the 2021 NHFS assessed whether components considered essential for quality service delivery were present and functioning. The survey provides rich information on the supply side of the health system that will complement findings from population surveys (demand side) to explain health outcomes and service utilization.

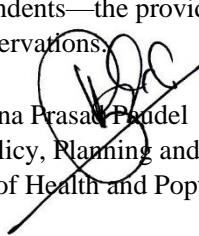
I would like to express my deep sense of appreciation for the contributions of a number of different stakeholders in designing, updating information collection tools, and implementing this survey and providing input for producing a very informative report. My sincere gratitude goes to all of the members of the Steering Committee and the Technical Working Group and the reviewers for their time, support, and valuable input during the various stages of the survey. I highly appreciate the leadership of Dr. Guna Raj Lohani and Dr. Tara Nath Pokhrel, former director of the Policy, Planning and Monitoring Division (PPMD). Also, sincere thanks go to Mr. Giri Raj Subedi; Mr. Keshav Raj Pandit; Mr. Shambhu Gyawali, former chief of the Monitoring and Evaluation (M&E) Section of PPMD; Mr. Ravi Kanta Mishra; Ms. Shakuntala Prajapati; Ms. Chitra Khanal; and Mr. Manoj Tamrakar of PPMD for their support during the different phases of the survey implementation. I would also like to express my gratitude to Dr. Suresh Mehata of the Ministry of Health and Population (MoHP) for his support during the designing phase of the survey.

In addition, special gratitude goes to the United States Agency for International Development (USAID); UK's Foreign, Commonwealth & Development Office (FCDO); and the United Nations Population Fund (UNFPA) for funding this survey. I would particularly like to thank Ms. Carrie Rasmussen, Ms. Patricia Mengech, Ms. Sabita Tuladhar from USAID/Nepal, Dr. Deepak Karki from British Embassy Kathmandu, and Mr. Amit Dhungel from UNFPA.

Similarly, I appreciate the substantial technical assistance of the ICF team throughout the survey. I am also very thankful to the hard-working and committed survey team from New ERA for successfully implementing the survey despite the COVID-19 risks and fear that the field team experienced during the implementation period. I feel proud that the survey team was able to ensure the safety of its field team by adhering to the standard public health measures and that it was able to ensure high-quality data collection. Special thanks go to the quality assurance officers, field supervisors, and enumerators for their tireless efforts in making the fieldwork successful.

I am also grateful to all of the staff of the surveyed health facilities who willingly cooperated with the survey teams and provided the information analyzed in this report. Finally, I appreciate the contributions of the respondents—the providers and clients who answered the enumerators' questions and allowed them to make observations.

Dr. Krishna Prasad Paudel
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Chief, Population Management and Information Section, MoHP	Member
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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin combination therapy
AMTSL	active management of the third stage of labor
ANC	antenatal care
ANM	auxiliary nurse/midwife
ARI	acute respiratory infection
ART	antiretroviral therapy
ARV	antiretroviral
ASBA	advanced skilled birth attendant
BCG	bacillus Calmette-Guérin
BEmONC	basic emergency obstetric and newborn care
BHSP	Basic Health Services Package
CAFE	computer-assisted field editing
CAPI	computer-assisted personal interview
CCC	community care center
CEmONC	comprehensive emergency obstetric and newborn care
CHBC	community- and home-based care
CHUs	community health units
CMNN	communicable, maternal, neonatal, and nutritional
COPD	chronic obstructive pulmonary disease
CVD	cardiovascular disease
DBS	dried blood spot
DDA	Department of Drug Administration
DLR	disbursement-linked result
DoAA	Department of Ayurveda and Alternative Medicine
DoHS	Department of Health Services
EID	early infant diagnosis
EmONC	emergency obstetric and newborn care
EOC	emergency obstetric care
EPI	Expanded Programme on Immunization
FCDO	Foreign, Commonwealth & Development Office
FCHV	female community health volunteer
FDF	federal divisible fund
FSW	female sex worker
FWD	Family Welfare Division
GDP	gross domestic product
HMIS	health management information systems
HP	health post
HTC	HIV testing and counseling center
IGFMA	Intergovernmental Fiscal Management Act
IGFT	intergovernmental fiscal transfer
IHMIS	integrated health management information systems
IMN	iron deficiency disorder
IT	information technology
IUD	intrauterine contraceptive device

LAM	lactational amenorrhea method
LLIN	long-lasting insecticidal net
LMIS	logistics management information systems
MCHIP	Maternal and Child Health Integrated Program
MDI	metered dose inhaler
MLM	male labor migrant
MNH	motherhood and newborn health
MoHP	Ministry of Health and Population
MUAC	mid-upper-arm circumference
MVA	manual vacuum aspiration
NCASC	National Center for AIDS and STD Control
NCD	noncommunicable disease
NeNAP	Nepal's Every Newborn Action Plan
NGO	nongovernmental organization
NHEICC	National Health Education, Information and Communication Center
NHFS	Nepal Health Facility Survey
NHRC	Nepal Health Research Council
NHSP	Nepal Health Sector Programme
NHSS	Nepal Health Sector Strategy
NHTC	National Health Training Center
NICU	neonatal intensive care unit
NIP	National Immunization Program (of Nepal)
NPHL	National Public Health Laboratory
NTCC	National Tuberculosis Control Center
ORS	oral rehydration salts
PCR	polymerase chain reaction
PHCC	primary health care center
PHC-ORC	primary health care outreach clinic
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PPMD	Policy, Planning and Monitoring Division
PQS	performance, quality, and safety
RDT	rapid diagnostic test
RH	reproductive health
SBA	skilled birth attendant
SDG	Sustainable Development Goal
SMNH	Safe Motherhood and Newborn Health
SNICU	special/sick neonatal intensive care unit
STI	sexually transmitted infection
SWAp	sector-wide approach
TB	tuberculosis
UHC	urban health center
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

KEY FINDINGS

The 2021 Nepal Health Facility Survey (2021 NHFS) is the second comprehensive assessment of health facilities in Nepal that harmonizes various health facility among the Ministry of Health and Population and health development partners. (The first was in 2015.) The 2021 NHFS was designed to provide information on the availability of basic and essential health care services and the readiness of health facilities to offer quality services to clients.

The survey 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 noncommunicable diseases (NCDs) (diabetes, cardiovascular diseases, mental health conditions, and chronic respiratory diseases). For each of these services, the 2021 NHFS assessed whether components considered essential for quality service delivery were present and functioning.

The 2021 NHFS sample was designed to provide national-level representative results by facility type. The types of facilities assessed were hospitals (including government hospitals and nongovernment hospitals), primary health care centers (PHCCs), health posts (HPs), community health units (CHUs), stand-alone HIV testing and counseling centers (HTCs), and urban health centers (UHCs). The survey was also designed to provide representative results for each of the seven provinces.

Key findings of the 2021 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

- Three quarters of all health facilities in Nepal offer a full package of basic client services (outpatient curative care for sick children, child growth monitoring, child vaccinations, any modern method of family planning, antenatal care [ANC], and services for STIs). This represents a clear improvement since the 2015 NHFS, when only around 6 in 10 facilities were assessed as having a full package of basic services.
- Facilities were somewhat more likely in 2021 (17%) than in 2015 (11%) to have all six of the basic amenities (regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, and emergency transport) considered essential for rendering quality client services. More than 3 in 10 facilities in the Bagmati province (31%) have all of the basic amenities, as compared with less than 1 in 10 facilities in Madhesh (8%) and Karnali (7%).
- The availability of personal protective equipment improved at health facilities between the 2015 and 2021 surveys. For example, the percentage of facilities that had masks available increased from 19% to 82%, and facilities were almost six times as likely to have gowns/aprons available in 2021 (53%) as in 2015 (9%).
- With the exception of emergency transport (80%), less than half of all facilities in Nepal have any of the supplies and services (self-inflating bag and mask, pulse oximeter, oxygen-filled cylinders, inpatient care, overnight observation beds, communication equipment) considered essential in providing COVID-19 care.
- Basic diagnostic testing capacity is limited in most health facilities; facilities are most likely to have the capacity for pregnancy (43%) and malaria (36%) testing and least likely to have HIV testing capacity (5%).

- Half of facilities conduct regular management meetings, and a similar percentage involve the community in these meetings.
- The percentage of facilities reporting both routine staff training and personal supervision was lower in 2021 (55%) than in 2015 (69%).
- Only 6% of facilities reported having an outbreak management plan, 36% of facilities completed a financial audit in the last fiscal year, and 69% of PHCCs and hospitals implement the government's social security health insurance scheme.

CHILD HEALTH AND IMMUNIZATION SERVICES

- Virtually all health facilities in Nepal offer curative care for children, and around 9 in 10 facilities offer growth monitoring and routine vaccination services. Routine vitamin A supplementation is offered in 88% of facilities.
- Outpatient curative care for sick children and growth monitoring services are available 5 or more days per week in almost all health facilities offering these services.
- Very few facilities delivering curative care for children have all of the equipment and trained staff considered necessary to provide quality care for sick children, with facilities most often lacking length or height boards (39%), pediatric stethoscopes (13%), and staff with training in maternal, infant, and young child nutrition (12%).
- Nine in 10 facilities providing child curative care have alcohol-based disinfectant and latex gloves, and 8 in 10 have medical masks. Overall, however, only 1% have all of the infection prevention items needed to deliver services safely.
- Laboratory testing capacity is also limited, with only 12% of facilities able to conduct hemoglobin and malaria testing and stool microscopy.
- Routine vaccinations are available at least 1–2 days per week in more than 8 in 10 facilities that offer vaccinations. Facilities generally obtain the vaccines they administer from a higher-level center and store the vaccines only for a short time as per policy. Only 6% of facilities have all of the components necessary for quality immunization services.
- Around two-thirds of providers of child health services have received recent supervision, and around 1 in 5 providers have received recent in-service training related to child health.
- Providers assessed all three main symptoms of childhood illness (fever, cough/difficulty breathing, and diarrhea) in 28% of observed consultations. They checked for all four major danger signs (ability to eat or drink anything, vomiting, convulsions, and unconsciousness/lethargy) in less than 1% of consultations.

FAMILY PLANNING SERVICES

- A large majority (98%) of health facilities in Nepal offer (i.e., provide, prescribe, counsel, or refer clients on) at least one of the following temporary modern methods of family planning: oral contraceptive pills, male condoms, injectables (Depo), implants, or intrauterine contraceptive devices (IUDs). Around 4 in 10 facilities offer male or female sterilization.
- 95% or more of all facilities offering modern family planning methods provide male condoms, oral contraceptive pills, or injectables to clients at the facility. However, less than half of facilities offering modern family planning methods are able to provide implants (41%) or IUDs (29%). Female or male sterilization services are provided at only 2% of the facilities where modern family planning methods are offered.
- 92% of health facilities that provide temporary family planning methods actually had every method they provide available at the facility on the day of the NHFS visit.
- A majority of facilities offering family planning services have most of the basic equipment required for quality service delivery; however, only around 1 in 5 have the national family planning guidelines

available or have staff who received in-service training relating to family planning in the past 24 months.

- Overall, the environment for family planning counseling is poor. Visual and auditory privacy and confidentiality were assured in only 12% of all family planning consultations observed in the survey.
- Method-specific side effects were discussed in only 38% of all observed family planning consultations. There was almost no discussion of STIs or condom use in the consultations.
- Two-thirds of interviewed family planning providers reported that they had been personally supervised during the 6 months before the survey. Less than 1 in 10 providers had had any in-service family planning training in the 24 months before the survey.

ANTENATAL CARE

- Almost all (98%) health facilities in Nepal offer ANC services.
- Three quarters or more of facilities offering ANC have the basic equipment required to deliver quality services, with the exception of a tape to measure fundal height. A majority also have essential infection control items and supplies except for a needle cutter and a waste receptacle.
- Only around one quarter of facilities offering ANC had staff with recent training in ANC available on the day of the assessment, and relatively few had either ANC service (11%) or infection prevention (7%) guidelines.
- More than 6 in 10 ANC providers had received personal supervision in the 6 months preceding the survey.
- Almost all health facilities offering ANC (95%) had essential ANC medicines (iron and folic acid combined tablets and albendazole tablets) available.
- Testing capacity was much more limited, with only around 1 in 4 facilities offering ANC care able to conduct hemoglobin, urine protein, or urine glucose tests. Only 3% of facilities were able to conduct all three tests.
- In the great majority of the ANC consultations observed in the NHFS, the client's blood pressure (93%) and weight (89%) were assessed. Providers checked the fetal position and listened to the fetal heartbeat in around 7 in 10 consultations.
- Two-thirds of ANC clients were given or prescribed iron or folic acid, and around one-fifth received or were prescribed albendazole.
- Clients mentioned or providers asked and/or counseled about at least one of eight risk symptoms in 63% of the observed ANC consultations, most often severe abdominal pain. All eight risk symptoms were discussed in less than 1% of consultations.
- In general, facilities offering ANC lacked trained staff, diagnostics, and medicines needed for the provision of malaria services.
- Only 11% of hospitals and PHCCs offering ANC provided any prevention of mother-to-child transmission (PMTCT) of HIV services.

DELIVERY AND NEWBORN CARE

- Just over half of health facilities in Nepal provide normal vaginal delivery services. As expected, cesarean deliveries are available at only a small proportion of facilities (5%), mainly hospitals.
- Eight in 10 facilities that offer normal delivery care services have emergency transport available, and a majority of facilities (66%–99%) have all of the equipment items necessary for providing quality care other than a vacuum extractor (23%) and a vacuum aspiration or manual vacuum aspiration kit (21%).
- Only around one-fifth of facilities offering normal vaginal delivery services had all of the medicines essential for quality delivery care. Facilities were even less likely to have all of the essential medicines for newborn care (2%).

- Around 3 in 10 facilities that offer normal vaginal delivery services had at least one interviewed staff member with recent training in delivery care, and only 13% had guidelines for delivery care available on the day of the assessment.
- Only a minority of hospitals and PHCCs offering normal vaginal deliveries had performed all basic emergency obstetric and newborn care (BEmONC) signal functions (13%) or all comprehensive emergency obstetric and newborn care (CEmONC) signal functions (11%) at least once in the 3 months preceding the survey.
- 90% or more of facilities reported that they 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.
- 63% of interviewed delivery care providers received personal supervision in the 6 months before the assessment, but only 16% received in-service training during the 24 months preceding the assessment.
- Only a minority of women reported that they received comprehensive checks and advice on key aspects of postpartum (8%) or newborn (19%) care before they were discharged from the facility where they delivered.
- 23% of postpartum women interviewed after their delivery reported that the staff had scolded them or treated them disrespectfully.

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

- One in 20 health facilities in Nepal have a system to support clients needing HIV testing and counseling. Around three quarters of these facilities are able to offer HIV testing at the facility to clients.
- Relatively few facilities (9%) offering HIV testing and counseling services had all of the items needed for delivering quality services available on the day of the assessment visit.
- Similarly, few facilities offering HIV testing (10%) had all infection prevention items at the service site on the day of the NHFS assessment. In facilities offering laboratory testing, 18% had all infection prevention items available in the laboratory.
- Slightly more than half (56%) of the HIV service providers interviewed in the NHFS reported receiving personal supervision in the 6 months before the survey. However, very few had recent training related to either HIV counseling (3%) or testing (2%).
- 8% of all health facilities in Nepal offer at least one HIV/AIDS care and support service.
- 13% of hospitals and PHCCs offer antiretroviral therapy (ART) services.
- More than 8 in 10 facilities offer STI services. A lack of availability of trained staff, STI guidelines, and testing capacity serves as a major constraint on the provision of quality STI services.

NONCOMMUNICABLE DISEASES

- 96% of all health facilities in Nepal offer services for the diagnosis and/or management of chronic respiratory diseases, and 90% provide services for cardiovascular diseases.
- Almost three quarters of all health facilities offer services for the diagnosis and/or management of diabetes, which is more than three times the proportion of facilities providing these services at the time of the 2015 NHFS (21%).
- The availability of guidelines for provision of services and trained staff is consistently low in facilities offering services for the three NCDs.
- Basic equipment such as a blood pressure apparatus, stethoscope, or weighing scale is available in most facilities offering services for the three NCDs. Other equipment, including height boards, peak flow meters, spacers for inhalers, and essential medicines, is less available.
- Only one quarter of all health facilities in Nepal offer mental health services.

- Only a minority of facilities offering mental health services have guidelines (27%) or a staff member with recent training in mental health care (16%). Half or less of facilities have any of the essential medicines for treating mental illnesses.

TUBERCULOSIS

- Nationally, around two-thirds of all health facilities offer any tuberculosis (TB) treatment services, and 23% offer any TB diagnostic services.
- Just over half of all facilities have treatment protocols in which TB drugs are delivered to the patient by a health worker at the facility, and 25% provide treatment to clients in the community.
- 31% of facilities offering TB services had the TB management guideline 2019 available.
- 17% of facilities that offer TB services had staff with recent in-service training related to TB.
- TB smear microscopy was available at 12% of facilities offering TB services, while 13% had X-ray services for screening and diagnosis of TB.
- Only 4% of facilities offering tuberculosis diagnosis and/or treatment services also had HIV diagnostic capacity.
- Seven in 10 facilities offering TB services had medicines available on the day of the NHFS visit for the continuation phase of the TB treatment regimen.
- More than 8 in 10 facilities offering TB services had in place a system to track whether TB clients were following the recommended treatment regime.

MALARIA

- Just under half of Nepal's health facilities (49%) offer malaria diagnosis and/treatment services.
- Health facilities in the terai region (74%) are more likely to have malaria services available than facilities in the hill (40%) and mountain (19%) regions.
- By province, malaria services were available most often in Madhesh and Lumbini (64% each).
- With respect to diagnostic capacity, 74% of facilities offering malaria services had the ability to diagnose malaria on-site, primarily using rapid diagnostic tests (RDTs).
- Only a minority of facilities had staff with recent training in malaria diagnosis (12%) or treatment (10%) or malaria service guidelines (13%) available at the time of the NHFS visit.
- Chloroquine (31%) and primaquine (21%) tablets were the most commonly available antimalarial medicines.
- Only 9% of health facilities providing malaria services had long-lasting insecticide-treated mosquito nets (LLINs) in stock for distribution.

READING AND UNDERSTANDING TABLES FROM THE 2021 NEPAL HEALTH FACILITY SURVEY (NHFS)

The 2021 Nepal Health Facility Survey (NHFS) final report is based on approximately 152 tables of data. For quick reference, they are located at the end of each chapter and can be accessed through links in the pertinent text (electronic version). Additionally, this report features 41 figures that clearly highlight subnational patterns and background characteristics.

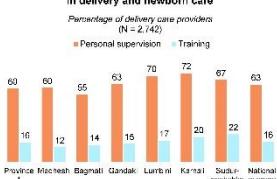
While the text and figures featured in each chapter highlight some of the most important findings from the tables, not every finding can be discussed or displayed graphically. For this reason, 2021 NHFS data users should be comfortable reading and interpreting tables.

The following pages provide an introduction to the organization of 2021 NHFS tables, the presentation of background characteristics, and a brief summary of sampling and understanding denominators. In addition, this section provides some exercises for users as they practice their new skills in interpreting 2021 NHFS tables.

7.6.1 Supervision

Supervision of providers of delivery care is relatively common, with 63% of interviewed providers reporting that they received personal supervision in the 6 months before the assessment (Table 7.9). Providers in the Karnali and Lumbini provinces were most likely to have received personal supervision during the 6-month period before the NHFS visit (Figure 7.6).

Figure 7.6 Recent personal supervision and training in delivery and newborn care



7.6.2 Training

In-service training not only improves the knowledge of skilled birth attendants but also improves their skills. Forty-five 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 16% of providers reported that they had received in-service training during the 24 months preceding the assessment (Table 7.7). The percentage of providers receiving training related to delivery and newborn care ranged from 12% in the Madhesh province to 22% in Sudur-pashchim (Figure 7.7).

Figure 7.7 Training related to delivery and/or newborn care during the 24 months preceding the survey (supportive management for providers of delivery care), by province



7.7 PROVIDER ADHERENCE TO STANDARDS

The information obtained during the observations of normal vaginal deliveries in the 2021 NHFS allows an assessment of the extent to which health care providers in Nepal are adhering to standards of delivery care. It also offers insights into the quality of postpartum and newborn care.

The data are based on observations of normal vaginal deliveries that took place during the NHFS team visits to the facilities in the sample that routinely offer these services. To obtain these data, the NHFS observers recorded information about provider interactions with clients during each stage of the observed deliveries using checklists based on commonly accepted guidelines. For each of the deliveries, the goal

Example 1: Availability of Basic Client Services

A Question Asked of All Surveyed Health Facilities

Table 3.5 Availability of basic health services (NHSS RF: OP3.1.1)

1

Percentages of facilities offering indicated basic health services and all basic health services, by background characteristics, Nepal HFS 2021

Background characteristic	1								Number of facilities excluding HTCs ⁴	Number of facilities excluding HTCs and two federal-level hospitals ⁵	Number of facilities excluding HTCs and one federal-level hospital ⁶	Number of facilities excluding HTCs and two federal-level hospitals ⁴
	Child curative care	Child growth monitoring	Child vaccination ¹	Any modern method of family planning ²	Antenatal care	Services for STIs	All basic client services ³	Postnatal newborn services				
Facility type												
Federal/provincial-level hospitals	100.0	85.4	74.8	96.8	97.9	100.0	73.7	98.9	27	27	27	27
Local-level hospitals	98.4	74.3	89.6	98.4	98.4	100.0	71.0	93.8	17	17	17	17
Private hospitals	93.1	38.6	25.0	71.4	90.0	96.9	19.6	72.8	116	116	116	116
PHCCs	100.0	97.8	99.5	100.0	100.0	100.0	97.3	99.5	51	51	51	51
Basic health care centers	99.9	95.0	94.3	99.9	99.0	84.0	78.5	76.2	1,352	1,352	1,352	1,352
HPs	100.0	98.2	99.3	100.0	99.8	87.7	86.2	80.0	1,064	1,064	1,064	1,064
UHCs	99.1	83.5	79.4	99.7	96.3	72.3	51.7	63.7	154	154	154	154
CHUs	99.7	83.0	72.4	99.5	96.1	68.4	48.2	60.3	135	135	135	135
Managing authority												
Public	99.9	94.7	94.1	99.8	99.0	85.1	79.0	77.6	1,448	1,448	1,448	1,448
Private	93.1	38.6	25.0	71.4	90.0	96.9	19.6	72.8	116	116	116	116
Ecological region												
Mountain	99.8	94.8	87.5	99.6	97.0	71.3	61.9	75.1	210	210	210	210
Hill	99.8	93.3	91.0	98.7	98.6	89.6	80.1	84.4	819	818	819	818
Terai	98.6	84.5	86.3	95.5	98.5	86.1	71.0	67.2	535	535	535	535
Location												
Urban	98.8	85.7	83.5	95.8	97.7	87.3	70.5	71.5	834	834	834	834
Rural	99.9	96.0	95.2	99.9	99.1	84.4	79.2	83.9	730	730	730	730
Province												
Province 1	99.2	90.4	87.1	97.4	98.6	76.1	66.4	76.6	262	262	262	262
Madhesh	99.0	88.3	91.3	96.6	99.3	82.3	72.5	58.6	246	246	246	246
Bagmati	99.6	88.0	85.1	96.2	98.3	82.1	66.0	71.3	321	321	321	321
Gandaki	99.9	92.8	89.9	99.2	96.8	90.1	79.3	83.4	198	198	198	198
Lumbini	98.7	93.0	89.4	97.7	98.1	95.0	83.9	87.0	239	239	239	239
Karnali	99.5	94.8	93.1	99.7	98.1	87.7	82.0	86.7	128	128	128	128
Sudurpashchim	100.0	89.2	90.9	99.7	98.9	95.0	81.9	88.9	169	169	169	169
Total	99.4	90.5	89.0	97.7	98.3	85.9	74.6	77.3	1,565	1,564	1,564	1,564

Note: This table excludes stand-alone HTCs.

¹ Routine provision of bacillus Calmette-Guérin (BCG), pentavalent, oral polio, or measles-rubella (MR) vaccinations; pneumococcal conjugate vaccine (PCV); rotavirus vaccine; a fractional dose of inactivated polio vaccine (IPV); and Japanese encephalitis (JE) vaccinations at the facility or through outreach

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

³ Percentage of all health facilities except HTCs providing outpatient curative care for sick children, child growth monitoring, child vaccination services, any modern method of family planning, antenatal care, and services for sexually transmitted infections (STIs). These services also constitute the basic health care package of the Nepal Health Sector Strategy (NHSS).

⁴ This denominator applies only to the services for STIs indicator.

⁵ For the child curative care, child vaccination, and antenatal care services indicators, two federal-level hospitals were also excluded from the denominator.

⁶ For the child growth monitoring services indicator, one federal-level hospital was excluded from the denominator.

⁷ For the any modern methods of family planning indicator, two federal-level hospitals were also excluded from the denominator.

Step 1: Read the title and subtitle, highlighted in orange in the table above. They tell you about the topic and provide a brief description of the information contained in the table. In this case, the table is about the provision of basic client services in health facilities in Nepal from the 2021 Nepal Health Facility Survey (NHFS).

Step 2: Scan the column headings—highlighted in green in Example 1. They describe how the information is categorized. In this table, there are 12 columns of data. Each of the seven columns represents one basic client service—child curative care, child growth monitoring, child vaccination, any modern method of family planning, antenatal care, and services for sexually transmitted infections (STIs). The seventh column shows what percentage of facilities have ALL six basic client services, while the eighth column shows the percentage of facilities that offer postnatal newborn services. Note that the last four columns, in

gray, list the number of health facilities in each category excluding HIV testing and counseling centers (HTCs). These numbers are the denominators, that is, the total number of facilities surveyed for each topic and each background characteristic. In this case, 1,564 facilities were surveyed. Of these 1,564 surveyed facilities, 27 are federal/provincial-level hospitals, 17 are local-level hospitals, 116 are private hospitals, 51 are primary health care centers (PHCCs), and 1,352 are basic health care centers, including 1,064 health posts (HPs), 154 urban health centers (UHCs), and 135 community health centers (CHUs).

Step 3: Scan the row headings—the first vertical column highlighted in blue in Example 1. These show the different ways the data are divided into categories based on background characteristics. In this case, the table presents the availability of basic client services by facility type, managing authority, ecological region, location, and province. Most of the tables in the 2021 NHFS will be divided into these same categories.

Step 4: Look at the row at the bottom of the table highlighted in red. These figures represent the total percentages, that is, the percentages of facilities that offer each of the six services. This table shows that 99.4%* of health facilities offer services for child curative care. Overall, 74.6% of all facilities provide ALL six basic client services.

Step 5: To find out what percentage of health facilities in the Sudurpashchim province offer child vaccination services, draw two imaginary lines, as shown on the table. This shows that 90.9% of health facilities in Sudurpashchim province offer child vaccination services.

Practice: Use the table in Example 1 to answer the following questions:

- a) Are services for any modern methods of family planning more likely to be offered by public or private facilities?
- b) In which province are services for STIs least available?
- c) Which facility type is least likely to offer all six basic client services?
 - (a) Public—99.8% of public facilities offer services for any modern methods of family planning, compared to 71.4% of private facilities.
 - (b) Province I—76.1% of facilities offer services for STIs
 - (c) Private hospitals—19.6%.

Answers:

* For the purpose of this document, data are presented exactly as they appear in the table including decimal places. However, the text in the remainder of this report rounds data to the nearest whole percentage point.

Example 2: Availability of Antenatal Care (ANC) Services

A Question Asked of a Subset of Surveyed Health Facilities

Table 6.1 Availability of antenatal care services		1		Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week ¹			Number of facilities offering ANC services
Background characteristic	3	2	Number of facilities	1-2 days per week	3-4 days per week	5 or more days per week	
Facility type							
Federal/provincial-level hospitals	98.9	27	18.2	2.2	78.5	27	
Local-level hospitals	98.4	17	9.1	3.3	86.0	17	
Private hospitals	90.0	116	2.1	0.0	97.9	105	
PHCCs	100.0	51	2.7	0.0	94.0	51	
Basic health care centers	99.0	1,352	1.7	0.5	97.0	1,339	
HPs	99.8	1,064	1.9	0.6	97.0	1,061	
UHCs	96.3	154	1.5	0.0	96.4	148	
CHUs	96.1	135	0.4	0.4	97.7	129	
Managing authority							
Public	99.0	1,448	2.2	0.6	96.4	1,434	
Private	90.0	116	2.1	0.0	97.9	105	
Ecological region							
Mountain	97.0	210	2.2	0.1	97.3	204	
Hill	98.7	818	1.4	0.0	97.3	807	
Terai	98.5	535	3.2	1.5	95.0	527	
Location							
Urban	97.7	834	3.3	0.6	95.4	815	
Rural	99.1	730	0.9	0.5	97.7	723	
Province							
Province 1	98.6	262	2.5	0.1	95.7	259	
Madhesh	99.3	246	2.0	1.6	96.3	245	
Bagmati	98.4	321	1.8	0.2	97.3	316	
Gandaki	96.8	198	1.4	0.0	97.7	192	
Lumbini	98.1	239	3.4	1.6	94.6	235	
Karnali	98.1	128	0.0	0.0	98.3	126	
Sudurpashchim	98.9	169	3.2	0.0	96.3	167	
Total	98.4	4	1,564	2.1	0.5	96.5	1,538

Note: Stand-alone HTCs and two federal-level hospitals are excluded from this and other tables in this chapter.
¹ Some facilities offer ANC services less often than 1 day per week, so the total percentage may be less than 100%.

Step 1: Read the title and subtitle. In this case, the table is about two separate groups: (a) all health facilities and (b) facilities that offer antenatal care (ANC) services.

Step 2: Identify the two panels. First, identify the columns that refer to all facilities (**a**). Then, isolate the columns that refer to facilities that offer ANC services (**b**).

Step 3: Scan the row headings to identify the background characteristics. In this table, availability of ANC services is presented by facility type, managing authority, ecological region, location, and province.

Step 4: Now look at the first panel. What percentage of health facilities offer ANC services? It's 98.4%. Now look at the second panel. How many health facilities offer ANC services? It's 1,538 health facilities, or 98.4% of the 1,564 health facilities in the survey sample (with rounding). The second panel is a subset of the first panel.

When reading and using the 2021 NHFS, be sure to identify which group of facilities is being displayed. For example, look at the first column in panel **b**. It is NOT correct to say that 2.1% of health facilities offer ANC services 1–2 days per week. It is correct to say that 2.1% of facilities *offering ANC services* offer these services 1–2 days per week.

Practice: Use the table in Example 2 to answer the following questions:

- a) What type of facility is most likely to offer ANC services?
- b) What percentage of health facilities offering ANC services offer ANC services 3–4 days per week?
- c) How many public facilities offer ANC services? (Hint: the gray column shows the denominators, or the number of health facilities in the sample or subsample.)
- d) What percentage of health posts (HPs) offering ANC services offer ANC services 5 or more days per week?
- e) In which ecological region are ANC services least likely to be provided 5 or more days per week by facilities offering ANC services?

- (a) PHCs are most likely to offer ANC services – 100.0%.
- (b) 0.5% of facilities offering ANC services offer these services 3–4 days per week.
- (c) 1,434 public facilities offer ANC services.
- (d) 97.0% of HPs offering ANC services offer these services 5 or more days per week.
- (e) ANC services are least likely to be offered 5 or more days per week by facilities offering these services in Terai ecological regions – 95.0%.

Answers:

Example 3: Components of Counseling and Discussions during Consultations for All Female Family Planning Clients
Observed Consultations in the 2021 NHFS

Table 5.10.1 Components of counseling and discussions during consultations for all female family planning clients

1

Among all female family planning clients whose consultations were observed, percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by facility type, Nepal HFS 2021

Components of consultation	Facility type			Basic health care centers	Basic health care centers			Total
	Federal/ provincial- level hospitals	Local-level hospitals	PHCCs		HPs	UHCs	CHUs	
Privacy and confidentiality								
Visual privacy assured	80.9	88.3	75.9	73.7	75.6	62.3	53.5	75.3
Auditory privacy assured	74.1	87.4	68.1	66.4	68.5	54.1	43.2	68.3
Confidentiality assured	15.5	25.8	13.7	12.4	13.2	8.5	2.1	13.5
All three counseling conditions on privacy and confidentiality met ¹	15.5	20.8	13.3	10.8	11.6	6.4	2.1	12.0
Discussion related to STIs and condoms								
Use of condoms to prevent STIs	0.0	0.0	1.9	1.2	1.3	1.0	0.0	1.1
Use of condoms as dual method ²	0.4	0.0	0.5	0.4	0.4	1.0	0.0	0.4
Any discussion related to STIs ³	1.2	0.0	1.9	1.3	1.3	2.0	0.0	1.3
Concerns, side effects, and individual client cards								
Concerns about methods discussed ⁴	66.9	75.8	61.6	50.7	50.9	46.3	55.1	54.3
Side effects discussed ⁵	45.4	42.4	43.7	36.2	36.2	35.0	38.8	38.0
Individual client card reviewed during consultation	59.7	70.2	76.5	66.3	66.6	66.1	60.5	66.7
Individual client card written on after consultation	90.4	94.5	93.3	82.9	82.7	87.6	75.8	84.9
Visual aids and return visit								
Visual aids were used during consultation	20.6	8.0	11.9	4.3	4.3	5.1	2.1	6.7
Return visit discussed	67.7	82.9	81.6	76.6	75.7	82.5	84.0	76.4
Number of observed female FP clients	81	38	65	660	580	56	25	4 (848)

Note: The total includes results for clients from three private hospitals that are not shown separately.

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 risk of STIs, using condoms to prevent STIs, or using condoms as dual method

⁴ Provider asked client about concerns with family planning (FP) method.

⁵ Method-specific side effect discussed with client, if client was provided or prescribed a method

Step 1: In the 2021 NHFS, consultations with family planning (FP) clients were observed by interviewers. We can apply the same steps to read and understand tables from the previous two examples to this table about observed consultations. Read the title and subtitle—highlighted in orange in Example 3. In this case, the table is about the components and discussions that were observed during FP client consultations.

Step 2: Scan the column headings—highlighted in green in Example 3. In this case, each column represents the background characteristics of facility types and basic health care centers. In this example, background characteristics are presented as columns and not as rows.

Step 3: Scan the row headings—the first vertical column highlighted in blue in Example 3. For this table, the rows represent the components of the consultations: privacy and confidentiality; discussion related to STIs and condoms; concerns, side effects, and individual client cards; and visual aids and return visits. These categories allow you to compare components of the consultations by facility types.

Step 4: Note that the very last row, in gray, lists the number of observed female FP clients in each category. These numbers are the denominators, that is, the total number of FP clients observed for each background characteristic. In this case, a total of 848 female FP client consultations were observed.

Among the 848 consultations, 81 took place in federal/provincial-level hospitals, 38 were in local-level hospitals, 65 were in PHCCs, and 660 were in basic health care centers.

Step 5: Look at the last column of the table. It represents the total percentage of each component observed during FP consultations. For example, among observed FP consultations, 75.3% took place in an area where visual privacy was assured and 1.3% involved any discussion related to STIs—the risk of STIs, using condoms to prevent STIs, or using condoms as a dual method.

Example 4: Understanding Survey Weights in 2021 NHFS Tables

In the 2021 NHFS, the sample is a group of facilities that have been selected from a list of all health facilities in the country. Most countries want to collect data and report information representing facilities in the entire country as well as facilities in provinces.

In the case of the 2021 NHFS, researchers want to know about health facilities of different types, as well as facilities run by different managing authorities (public and private) and facilities at the provincial level. We want the sample of provincial-level facilities surveyed to resemble the actual provincial-level health facilities in the survey target areas. However, there are many more HPs than local-level hospitals.

For example, let's say that we have enough money to visit 1,576 facilities for a survey that should be representative of all facility types (as shown in Table 2.3.1). In Nepal, federal/provincial-level hospitals, local-level hospitals, private hospitals, PHCCs, basic health care centers, and stand-alone HTCs are not evenly spread out; as noted, there are many more HPs than local-level hospitals.

A sampling statistician can determine how many facilities of each type should be surveyed in order to get reliable statistics for the specific

Background characteristic	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Federal/provincial-level hospitals	1.7	27	97
Local-level hospitals	1.1	17	45
Private hospitals	7.4	116	258
PHCCs	3.3	51	183
Basic health care centers	85.8	1,352	952
HPs	67.5	1,064	380
UHCs	9.8	154	284
CHUs	8.5	135	288
Stand-alone HTCs	0.7	11	41
Managing authority			
Public	91.9	1,448	1,277
Private	8.1	128	299
Ecological region			
Mountain	13.3	210	195
Hill	52.2	823	826
Terai	34.5	543	555
Location			
Urban	53.7	846	1,027
Rural	46.3	730	549
Province			
Province 1	16.7	264	258
Madhesh	15.7	247	177
Bagmati	20.6	325	311
Gandaki	12.6	198	223
Lumbini	15.4	243	251
Karnali	8.2	129	158
Sudurpashchim	10.8	170	198
Total	100.0	1,576	1,576

indicators the country is interested in. In the case of Nepal, the **blue column (1)** shows the actual number of facilities selected and interviewed by type and province, ranging from 41 stand-alone HTCs to 380 HPs. The sampling statistician assures us that these are enough facilities to get reliable results for each type of facility.

But now there is a new challenge. With this distribution of facilities by type, some types are overrepresented and some types are underrepresented. For example, the unweighted column tells us that 45 local-level hospitals were surveyed, representing 3% of all facilities in the sample (45 local-level hospitals/1,576 health facilities). But in reality, local-level hospitals account for only about 1% of all health facilities in the survey target areas. On the other hand, 380 HPs were surveyed, representing 24% of the facilities in the sample. In actuality, about 68% of health facilities in the survey target areas are HPs. Would our survey show the true state of health facilities in the target areas if we used this sample distribution?

In order to get statistics that are representative of the entire country, the distribution of the facilities in our sample needs to resemble the distribution of the facilities in the survey target areas. Local-level hospitals, for example, should contribute only a very small amount to the total. Likewise, HPs should contribute more. The numbers of facilities of each type are weighted or adjusted so that each type's contribution to

the total is proportionate to the actual distribution of health facilities in the survey target areas. The numbers in the **purple column (2)** represent the “weighted” numbers. The total sample size of 1,576 facilities has not changed, but the distribution of facilities by province has been adjusted to represent their contribution to the total number of facilities in the survey target areas.

How do statisticians weight each category? They recalculate the categories to reflect the real distribution of facilities in the country. If you were to compare the **green column (3)** to the actual distribution of facilities in the survey target areas, you would see that facilities in each province surveyed are contributing to the total sample with the same weight that they contribute to the total number of facilities in the survey target areas. The weighted number of facilities in the survey now accurately represents how many facilities are HPs—68% of the facilities—and how few facilities are local-level hospitals—only 1% of the facilities.

With sampling and weighting, it is possible to survey enough facilities to provide reliable statistics at both the national and provincial levels without distorting the overall distribution of facilities within the country. In general, only the weighted numbers are shown in each of the NHFS tables, so don’t be distressed if these numbers seem low—they may actually represent a larger number of facilities.

OVERVIEW OF THE HEALTH SYSTEM IN NEPAL

1.1 HEALTH STATUS IN NEPAL

According to preliminary census findings, Nepal's population reached 29.2 million in 2021, with nearly two-thirds of the population living in urban areas.¹ The country has seen major improvements in population and health indicators over the past few decades. **Tables 1.1** and **1.2** provide evidence of the broad scope of these changes, including declining fertility and child mortality rates, reductions in child malnutrition rates, increases in antenatal and delivery care, and increased access to improved drinking water.

Table 1.1 Trends in key population indicators, Nepal 1991–2021

Indicator	1991	2001	2011	2021
Population (millions)	18.4	23.2	26.5	29.2
GDP per capita (NPR)	8,084	19,410	56,880	118,270
Literacy rate (percentage among residents age 6 and above)	39.6	54.1	65.9	na
Life expectancy at birth (years)	54.3	60.4	66.6	71.2

Source: 1991, 2001, 2011, and 2021 (preliminary) population censuses

GDP = Gross domestic product

NPR = Nepalese rupee

na = Not available

Table 1.2 Trends in key health indicators, Nepal 1996–2016

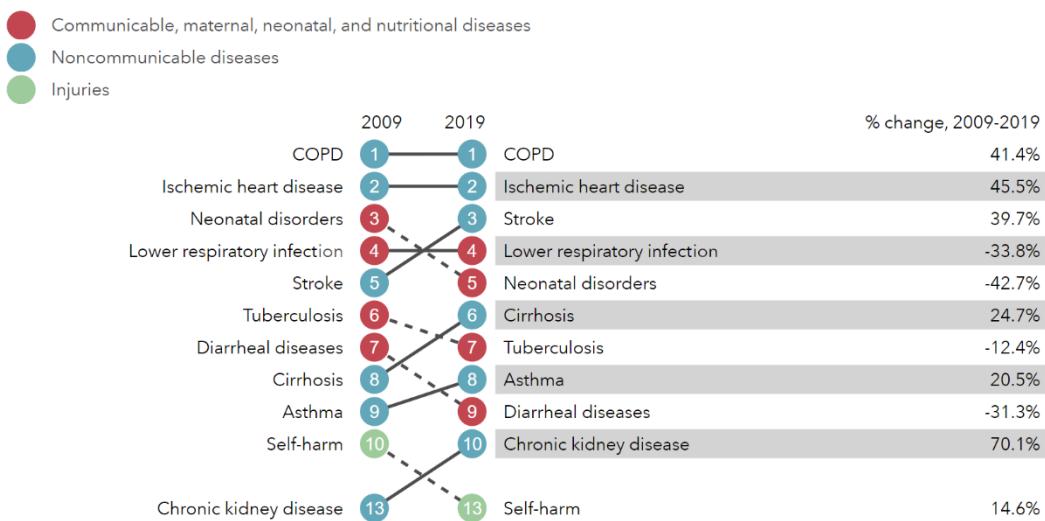
Indicator	1996	2001	2006	2011	2016
Total fertility rate	4.6	4.1	3.1	2.6	2.3
Neonatal mortality rate (per 1,000 live births)	50	39	33	33	21
Infant mortality rate (per 1,000 live births)	78	64	48	46	32
Under-5 mortality rate (per 1,000 live births)	118	91	61	54	39
Maternal mortality ratio (per 100,000 live births)	543	-	281	-	259
Contraceptive prevalence rate	29	39	48	50	53
Antenatal care (from skilled provider; percentage)	-	28	44	58	84
Delivery care (from skilled provider; percentage)	-	11	19	36	58
Stunting rate (percentage of children under age 5)	-	57	49	41	36
Wasting rate (percentage of children under age 5)	-	11	13	11	10
Underweight rate (percentage of children under age 5)	-	43	39	29	27
Households using an improved water source (percentage)	65	74	85	92	96

Source: NHFS 1996 and NDHS 2001, 2006, 2011, and 2016

Despite these gains, there remains much to be done to reduce communicable, maternal, neonatal, and nutritional (CMNN) diseases (**Figure 1.1**). There is also an increasing burden of disease attributable to noncommunicable diseases (NCDs) and injuries. These challenges are compounded by threats from natural disasters, the adverse effects of climate change, and the need to respond to emerging and reemerging diseases, manage the COVID-19 pandemic, and address rising levels of antimicrobial resistance. Malnutrition, air pollution, tobacco consumption, and occupational and other risks are further contributing to disability and premature deaths (<https://www.healthdata.org/nepal>). The transition to a comprehensive health system within the country's federalization process also has the potential to slow the pace of health gains.

¹ Central Bureau of Statistics. 2022. *Nepal Population and Housing Census 2021*. Kathmandu: Central Bureau of Statistics.

Figure 1.1 Trends in the top 10 causes of death in Nepal, 2009–2019



Source: Global Burden of Disease 2019 (<https://www.healthdata.org/nepal>)

1.2 ENABLING POLICIES TO IMPROVE HEALTH STATUS

In order to improve the health status of its people, Nepal is committed to accelerating universal health coverage to ensure equitable access to quality health services. The move toward universalism includes the provision of basic health services free of charge as well as other services beyond the basic health package at an affordable cost through targeted subsidies and various social health protection schemes. The goal is to make these services more affordable and, thus, expand coverage of the population, especially the vulnerable and poor (*Nepal Health Sector Strategy 2015/16–2021/22*).

Nepal's efforts to improve the health status of its population are firmly embedded in the constitution. The country's commitment to the Sustainable Development Goals (SDGs) provides a broader framework to achieve universal health coverage by 2030, the set of global development targets adopted by the member countries of the United Nations (UN). The constitutional mandate and commitment to the SDGs highlight the strategic directions that Nepal has adopted to improve the health status of its population.

1.2.1 Constitution of Nepal

The Constitution of Nepal established health as a fundamental right of every citizen. It mandated the government of Nepal to deliver 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.

In 2017, the government of Nepal promulgated the Health Insurance Act, which created a social health insurance scheme to achieve universal health care. In addition, in 2018, the Public Health Act defined “basic health service” as a “promotional, retributive, diagnostic, remedial, and rehabilitative service easily and freely available from the state for the sake of the fulfilment of the health needs of citizens.” The Public Health Act also called for integrated service provision for reproductive, child, and maternal health, with an emphasis on quality of care and strengthening of referral mechanisms. Regulations to implement the law

were established to streamline coordination mechanisms and ensure accountability within various levels of the government.

Furthermore, in 2018, the Government of Nepal established the Safe Motherhood and Reproductive Health Act, which guarantees the reproductive rights of every woman and makes specific provisions for maternity care, maternity leave, newborn care, birth registration, family planning, safe abortion, treatment for reproductive morbidities, and care for survivors of violence, among others. The act also gave direction to provincial and local governments to allocate funds for reproductive health services.

1.2.2 Sustainable Development Goals

SDG 3 aspires to ensure healthy lives and promote well-being among people of all ages. It calls for reducing the maternal mortality rate; ending preventable early childhood deaths; addressing premature mortality from NCDs; ending the epidemics of HIV, tuberculosis, and malaria; ensuring universal access to sexual and reproductive health and rights; and increasing the proportion of institutional births and births attended by skill attendants. Other SDGs including commitments to ensuring clean water and sanitation, eliminating poverty, reducing inequality, and addressing the effects of climate change are also linked with better health outcomes and will help achieve sustainable health impacts through multisectoral efforts.

1.2.3 National Health Policy

The National Health Policy 2019 provides a framework for ensuring universal access to quality health services. The policy seeks to:

- Create opportunities for all citizens to exercise their constitutional rights to health
- Develop, expand, and improve all types of health systems as per the federal structure
- Improve the quality of health services delivered by health institutions at all levels and ensure easy access to those services
- Strengthen the social health protection system by integrating the most marginalized groups
- Promote multisectoral partnerships and collaborations among the governmental, nongovernmental, and private sectors and promote community involvement
- Transform the health sector from a profit orientation to a service orientation

The National Health Policy 2019 placed universal health coverage at the center of its priorities, stressing the need for equitable access and quality health care services in addition to the Basic Health Services Package (BHSP) free of charge to all. The policy also provided opportunities for provincial and local governments to craft policies and strategies to meet their needs.

1.2.4 Nepal Health Sector Strategy

The 2015/16–2021/22 Nepal Health Sector Strategy (NHSS) provides a framework for achieving the country's health system goals. Nepal adopted the health sector-wide approach (SWAp) when the Council of Ministers issued the initial Nepal Health Sector Program (NHSP-I) covering the period 2004–2009. The second program, spanning 2010–2015 (NHSP-II), was largely seen as an extension of NHSP-I, albeit with a greater emphasis on establishing partnerships, mitigating access barriers, and promoting equity and inclusion, local governance, and decentralized service delivery.

After the successful completion of the initial two sector programs, the need for a broader strategic framework was recognized in order to (1) sustain health sector achievements while translating the commitments to SDG 3 and universal health coverage into reality and (2) support the country's road map

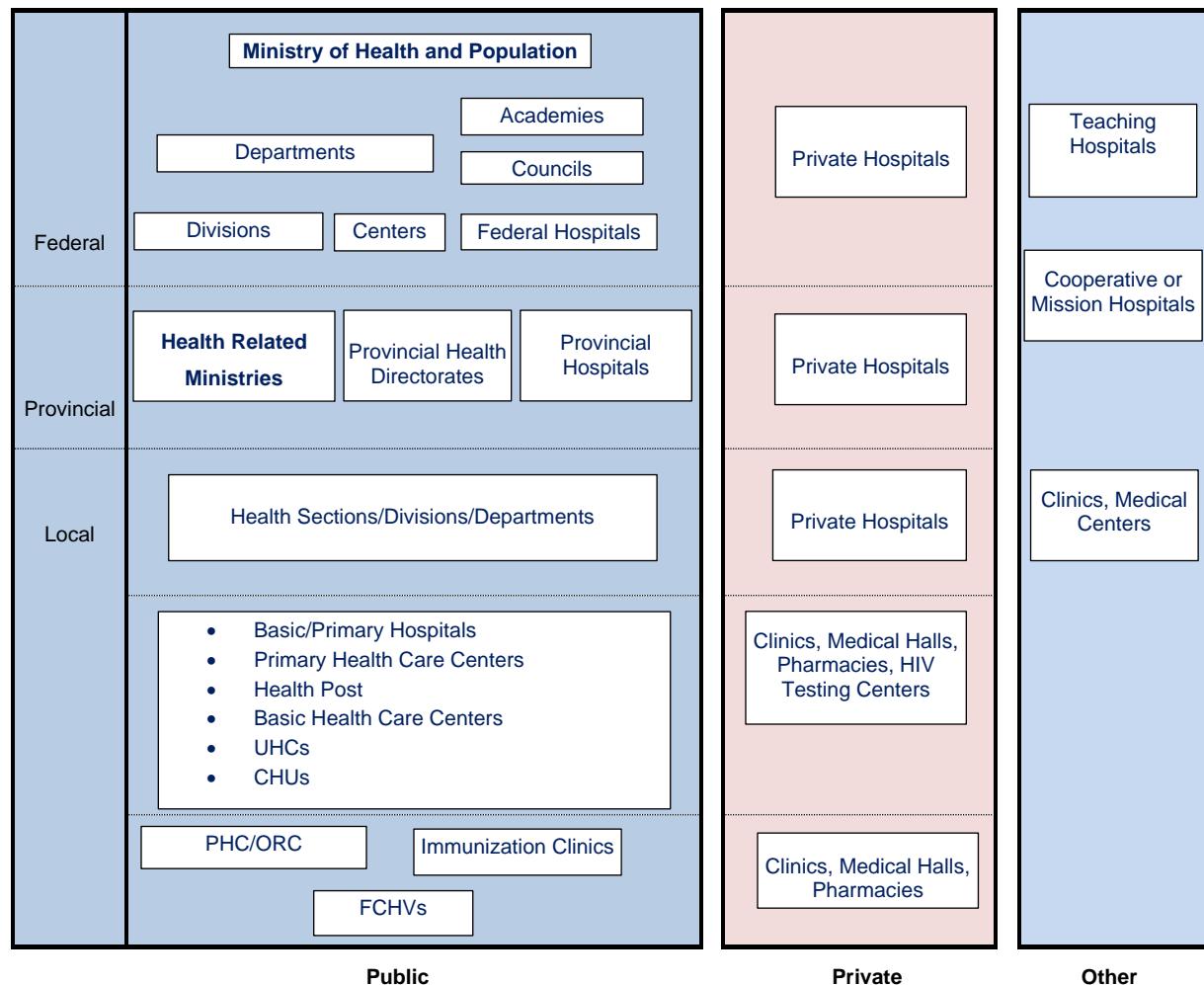
for graduating from the status of least developed country by 2022. Reflecting these goals, the 2015/16–2021/22 NHSS was developed through consultations with a wide range of stakeholders. The implementation period for the 2015/16–2021/22 NHSS has been extended until July 2022 so that the government can prioritize COVID-19 response management.

The 2015/16–2021/22 NHSS comprises four strategic principles underlying the national move toward universal coverage: (1) equitable access to health services, (2) quality health services, (3) health system reform, and (4) a multisectoral approach. In line with these strategic principles, the NHSS focuses on the goal of improving the health status of all people through an accountable and equitable health service delivery system. The strategy lays out the service delivery arrangements needed to achieve universal health care. It calls for basic health services to be delivered free of charge to citizens and defines the basic health package. Services that are beyond the scope of the basic package will be delivered through social health protection arrangements including health insurance.

1.3 THE HEALTH CARE SYSTEM

Reflecting the federal system, Nepal's health care system has three levels: federal, provincial, and local (**Figure 1.2**).

Figure 1.2 Health service delivery organizational structures



The federal Ministry of Health and Population (MoHP) is responsible for formulation of overall policy, planning, organization, and coordination of the health sector at the federal, provincial, and local levels. The MoHP's tasks are diverse and range from regulating and implementing health care services to developing coherent policies, overseeing their implementation, and managing nongovernmental organizations.

associated with health services in Nepal. The MoHP's main objective is to improve the health status of all people living in the country through effective and efficient policy formulation, resource mobilization, and monitoring and regulation of the delivery of health services by different health institutions. In addition, the MoHP works to ensure adequate health care financing.

There are five divisions within the MoHP: Policy, Planning & Monitoring; Health Coordination; Quality Standards & Regulation; Population Management; and Administration. In addition, there are six councils (Nepal Medical Council, Nepal Nursing Council, Nepal Ayurvedic Medical Council, Nepal Health Professional Council, Nepal Pharmacy Council, and Nepal Health Research Council) that accredit health-related schools and training centers, regulate care providers, and regulate health research activities. The MoHP directly manages federal hospitals.

Within the federal MoHP, there are also five centers that have various degrees of autonomy in personnel and financial management: the National Health Education, Information and Communication Center (NHEICC); the National Health Training Center (NHTC); the National Center for AIDS and STD Control (NCASC); the National Tuberculosis Control Center (NTCC); and the National Public Health Laboratory (NPHL). The NHTC coordinates all of the division training programs and implements training by sharing common inputs and reducing the traveling time of care providers. All information, education, and communication and behavior change communication activities are coordinated by the NHIECC. The other centers support the delivery of essential health care services and work in coordination with the respective divisions. Three departments within the MoHP are responsible for formulating and implementing programs: the Department of Health Services (DoHS), the Department of Ayurveda and Alternative Medicine (DoAA), and the Department of Drug Administration (DDA). The main functions of the DoHS include determining and meeting the human resource needs of the country's health institutions; managing the procurement of drugs, equipment, and supplies at the provincial, district, and local levels; coordinating and mobilizing resources for approved programs; maintaining information systems; and planning, monitoring, and evaluating health programs. The DoHS also is responsible for working with foreign institutions to identify areas for cooperation and assisting the MoHP in receiving and mobilizing foreign resources. Furthermore, the DoHS arranges for free medication and treatment for severe diseases for impoverished citizens and manages the response to natural disasters and epidemics. The DoAA is responsible for overseeing Ayurvedic services and implementing health promotional activities. The DDA is the regulatory authority for ensuring the quality and regulating the import, export, production, sale, and distribution of drugs.

Below the federal level, provincial health directorates provide technical backstopping and program monitoring to district health offices and fall directly under the Ministry of Social Development/Ministry of Health and Population. In addition, the provincial government has responsibility for managing delivery of health services at the provincial level.

The constitution assigned the management of basic health care services to the local level. Local governments also are responsible for overseeing the operations of health facilities and outreach workers and procuring essential medicines and supplies to deliver the BHSP.

Levels of Service Delivery

In Nepal, the health care system seeks to deliver services along the entire prevention-to-care continuum, maintaining a good balance between meeting curative care needs and addressing preventive, promotive, and rehabilitative needs. It provides access to both modern and traditional medicine (e.g., Ayurveda, unani, homeopathy).

In Nepal, services are delivered at different levels (**Figure 1.2**). Thus, the public health system is designed to support lower levels by providing logistical, financial, supervisory, and technical support from the center to the periphery. Health posts are the first institutional contact point for basic health services. These lowest-level health facilities monitor the activities of female community health volunteers (FCHVs) and

the community-based activities of primary health care outreach clinics (PHC-ORCs) and Expanded Program on Immunization (EPI) clinics. In addition, they are the referral centers for FCHVs as well as community-based venues such as PHC-ORCs and EPI clinics. Each level above the health post level is a referral point in a network ranging from primary health care centers (PHCCs) to primary- and secondary-level hospitals and, finally, tertiary-level hospitals. Community health units are gradually increasing at the ward level. In addition, Nepal has established urban health centers (UHCs) to ensure that the urban poor can receive treatment in accessible places.

1.4 HEALTH FINANCING

The Nepal Constitution included provisions for four types of grants: equalization grants, conditional grants, matching grants, and special grants. The variables used for fiscal equalization grants are population, level of development, and cost-adjusted local government area. On the basis of the constitutional provisions, the government promulgated two acts related to intergovernmental fiscal transfers (IGFTs) in 2017: the Intergovernmental Fiscal Management Act (IGFMA) and the National Natural Resource and Fiscal Commission Act. Article 6.1 of IGFMA Schedule 3 established the federal divisible fund (FDF) in order to divide the value-added tax and excise duty on domestic production among the federal, provincial, and local governments. Furthermore, as one of its provisions, Subarticle 2 divided the total amount of the FDF, allocating 70% to the federal government, 15% to provincial governments, and another 15% to local governments.²

The IGFMA also provides guidelines regarding different types of grants. The most crucial part of an IGFT is the impact on governmental policy objectives, which depends on the formulation of the transfer system and the operational portion of the transfer fund. IGFTs are contingent on the transfer mechanism and the effects of fiscal transfers on basic outcomes such as allocative efficiency, equitable distribution, and macroeconomic stabilization.

The first federal budget was allocated in fiscal year 2017–2018, with fiscal equalization grants and special grants delivered to the local level. Similarly, the IGFMA provided for general revenue sharing and natural resource revenue sharing modalities among the different tiers of government.

In 2019, the total health expenditure per capita in Nepal was US\$53.³ Overall, health expenditures represented 4% of the country's gross domestic product (GDP), well below the global average of 10%.⁴

Health care financing in Nepal involves three principal sources: governmental funding, external contributions, and private expenditures. Government spending accounted for 25% and external contributions represented 16% of Nepal's total health expenditures in 2019. Out-of-pocket spending on health care constituted nearly 58% of all health expenditures.⁵

Governmental spending on health has been increasing in Nepal, but the health sector still receives only a modest share of general spending (4%). Although budgeting processes have been shifting as a result of the transitioning from a unitary to a decentralized federal system of governance, governmental health allocations and expenditures continue to be concentrated at the central level, focusing on developing health infrastructure, procuring drugs and vaccines and medical equipment, and recently on the COVID-19 response. In fiscal year 2021–2022, 74% of the health budget was allocated to the central level, 5% to the provincial level, and 21% to the local level.⁶ Given the constitutional mandate to deliver basic health care

² Government of Nepal, Ministry of Health and Population (MoHP). 2019. *Situation Analysis of Health Financing in Nepal*. Kathmandu: MoHP.

³ World Bank. (2019). *Current Health Expenditure per Capita (Current US \$)*. Washington, D.C.: World Bank.

⁴ World Health Organization (WHO). 2020. *Global Spending on Health 2020: Weathering the Storm*. Geneva: WHO.

⁵ World Health Organization. 2020. *Global Health Expenditure Database*. <https://apps.who.int/nha/database>

⁶ UNICEF. 2021. *Health Budget: FY 2021/22*. <https://www.unicef.org/nepal/media/14426/file/Budget%20Brief%20-202021-22%20-%20Health.pdf>

to the people, an increased share of health care funding needs to be allocated at that level. Effort also must be directed toward developing public finance management capacity within local institutions.

Development partners support the government's health development efforts through a sector-wide approach. In the current 2015/16–2021/22 program, the World Bank provided credits through the Program-for-Results tool, which disburses funds against a verifiable set of results called disbursement-linked results (DLRs). The United Kingdom, the German Development Bank, and Gavi are pooling funds to finance the strategy. The United Kingdom and Gavi are also disbursing portions of their commitments against some DLRs and providing technical assistance to the MoHP. USAID funds priority programs identified in the MoHP's annual work plan through on-budget support and provides technical assistance for the successful implementation of the current NHSS. Deutsche Gesellschaft für Internationale Zusammenarbeit and various UN agencies provide direct technical assistance to the MoHP under the umbrella of the overall sectoral plan and in line with their bilateral agreements.

METHODOLOGY

2.1 OVERVIEW

The 2021 NHFS is the second survey of its kind, following the one conducted in 2015. It was designed to provide information on the availability of basic and essential health care services and the readiness of health facilities to offer quality services to clients. To provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service, the 2021 NHFS collected information from a sample of facilities¹ managed by the government and by private not-for-profit nongovernmental organizations (NGOs), private for-profit organizations, and mission/faith organizations in all 77 districts of the country. The 2021 NHFS sample was designed to provide national-level representative results by facility type. The types of facilities assessed were hospitals (including government hospitals and nongovernment hospitals), primary health care centers (PHCCs), health posts (HPs), community health units (CHUs), stand-alone HIV testing and counseling centers (HTCs), and urban health centers (UHCs). The survey was also designed to provide representative results for each of the seven provinces.

The above sampled facilities were categorized into (1) federal level hospitals/provincial-level hospitals, (2) local level hospitals, (3) private hospitals, (4) PHCCs, (5) basic health care centers (HPs, UHCs, and CHUs), and (6) standalone HIV testing and counseling centers. The classification of these six categories can be seen in all the tables presented in the report.

The survey 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) and tuberculosis- and malaria-related conditions, and services for noncommunicable diseases (NCDs) (diabetes, cardiovascular diseases, and chronic respiratory diseases), mental health conditions, and HIV/AIDS-related conditions. For each of these services, the 2021 NHFS assessed whether components considered essential for quality service delivery were present and functioning. Although the focus was on basic components, the survey 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.

Monitoring provision of care is a key management task to ensure that programs are on track to achieve the goal of universal health coverage. The information collected in the 2021 NHFS provides a comprehensive picture of the strengths and weaknesses of the service delivery environment for facilities managed by both the government and nongovernment sectors. It also allows for an assessment of the overall availability of client services and the presence and status of equipment, medicines, infection control items, supplies, and other materials necessary to provide good-quality care for clients. Furthermore, the 2021 NHFS provides high-quality data to track the progress of the NHSS results framework. Findings from this assessment also complement information from the 2016 Nepal Demographic and Health Survey and the upcoming 2022 Nepal Demographic and Health Survey, which provide data on health and use of services by the overall population.

In addition, the 2021 NHFS contributes to building the capacity of Nepalese professionals in the government and private sectors to conduct health facility surveys.

¹ Polyclinics and hospitals with stand-alone specialized services such as care for cancer and heart conditions were not included in the survey.

2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE 2021 NHFS

2.2.1 Institutional Framework

The 2021 NHFS was implemented by New ERA, a national research firm under the aegis of the MoHP. ICF provided technical assistance through The DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs. The survey received funding from the United States Agency for International Development (USAID); UK's Foreign, Commonwealth & Development Office (FCDO); and the United Nations Population Fund (UNFPA).

2.2.2 Objectives of the 2021 NHFS

The main objectives of the 2021 NHFS were to:

- Assess the availability of basic and essential health services, including maternal and newborn care and child health care, family planning, reproductive health services, services for noncommunicable diseases, mental health services, and services for certain infectious diseases (HIV/AIDS, STIs, malaria, and tuberculosis)
- 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
- Compare findings among ecological regions, facility types, managing authorities, locations, and provinces
- Provide an assessment for tracking progress

2.3 DATA COLLECTION METHODS

The 2021 NHFS used four main types of data collection tools:

- Facility Inventory Questionnaire
- Health Provider Interview Questionnaire
- Observation protocols for antenatal care (ANC), family planning, services for sick children, and labor and delivery
- Exit Interview Questionnaires for ANC and family planning clients and for caretakers of sick children whose consultations were observed. Postpartum clients whose labor and delivery were observed also were interviewed as they were discharged from facilities; these interviews took place only in facilities that offered delivery services. Unlike the case with antenatal care, family planning, and curative care for sick children, exit interviews were conducted with some postpartum mothers whose labor and delivery were not observed

The Facility Inventory, Health Provider Interview, and Exit Interview Questionnaires were loaded onto tablet computers and administered in the form of a computer-assisted personal interview (CAPI).

Observation protocols were administered via paper questionnaires, with data entry and data editing taking

place immediately following data collection while the team was still in the facility (computer-assisted field editing [CAFE]).

These data collection instruments were used to gather responses to the following key questions:

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

The Facility Inventory and Provider Interview Questionnaires collected information from knowledgeable informants at facilities to determine whether facilities were ready to provide services at acceptable standards. Readiness was measured in terms of general service readiness and service-specific readiness.

General service readiness was measured according to the following facility characteristics, organized into five domains:

- Availability of basic amenities for client services, such as regular electricity, improved water, privacy during provision of 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, thermometers, stethoscopes, a blood pressure apparatus, and a light source for client examinations
- Availability of equipment and supplies needed for standard precautions related to infection prevention, such as sterilization equipment, appropriate containers for 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 was measured according to the availability of (1) essential equipment and supplies for specific services in a location reasonably accessible when providing those services, (2) staff with recent training relevant to the service being provided, (3) service guidelines, (4) medicines and commodities, and (5) laboratory capacity for tests related to particular services.

In addition, the 2021 NHFS used the Facility Inventory Questionnaire to assess staffing levels, support systems for general management, and quality assurance.

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

Observation protocols were used to assess whether the processes followed in observed client-provider consultations met standards for acceptable content and quality during service delivery. The 2021 NHFS interviewers, acting as observers, sat in on consultations for sick children, family planning services, ANC services, and labor and delivery services. They recorded the information shared between the client and the provider and the processes followed by the provider when assessing the client, conducting procedures, and providing treatment. In addition to these services, interviewers observed labor and delivery.

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

Each observed ANC and family planning client, each caretaker of an observed sick child, and each postpartum discharged woman were subsequently asked to participate in an exit interview to obtain their perceptions of the information and services received. The 2021 NHFS also interviewed postpartum clients whose deliveries were not observed as they were discharged from facilities. This information from the exit interviews provided insights into the quality of the client-provider interaction from the client perspective. Also, 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 SAMPLING

A master list of all health facilities in Nepal provided by the MoHP served as the sampling frame for the 2021 NHFS. The master list, which comprised all active health facilities in Nepal, included 7,598 health facilities classified into different categories according to management authority (i.e., governmental or nongovernmental). A total of 1,917 health facilities were not eligible because they were polyclinics or hospitals with stand-alone specialized services such as care for cancer and heart conditions. After exclusion of noneligible facilities, 5,681 eligible health facilities were included in the master list from which the sample was selected. These facilities were classified into six categories: hospitals, PHCCs, HPs, CHUs, stand-alone HTCs, and UHCs. Different sampling strategies were applied to different types of facilities during the selection. Section 2.5.1 presents the details of the sampling strategy.

2.4.1 Sample of Facilities

The 2021 NHFS sample was a stratified random sample of 1,633 health facilities selected via equal probability systematic sampling with sample allocation. Stratification was achieved by separating health facilities by facility type within each province. The sample allocation featured a power allocation across provinces in order to achieve comparable survey precision. All government hospitals were included in the sample with certainty because of their relatively small number and their important role in the health system. All nongovernment hospitals with at least one bed and all nongovernment hospitals in the Karnali and Sudurpashchim provinces were also included in the sample with certainty because of their small numbers. Overall, among the nongovernment hospitals sampled, 54% were included in the sample with certainty and 46% were selected randomly. All PHCCs and stand-alone HTCs were included in the sample with certainty. Seven sampled facilities were duplicates, resulting in an effective sample size of 1,626 facilities. **Table 2.1** presents a breakdown of the eligible facilities in the master list and the facilities selected according to facility type and province.

Table 2.2 shows that 97% of sampled facilities were successfully surveyed. Some facilities (primarily private hospitals and stand-alone HTCs) on the list had closed or were not functional (2%), were unreachable (1%), or refused (0.1%). As a result, data were successfully collected from a total of 1,576 facilities, constituting 97% of those on the sample list.

Table 2.3.1 presents the weighted² 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

² Due to the nonproportional allocation of the sampled health facilities to the different domains and the different health facility types, sampling weights were required for the analysis to ensure the actual representativeness of the survey results at the national and provincial levels as well as according to health facility type, management authority level, ecological zone, and location of the facility. Sampling weights were calculated separately based on sampling probabilities for each sampling stratum. The health facility design weight was adjusted for nonresponse at the

facility type and managing authority. As can be seen in these tables, more than 90% 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.

2.4.2 Sample of Health Service Providers

For purposes of the 2021 NHFS, health service providers were defined as those who provide consultation services, counseling, health education, or laboratory services to clients. Thus, health workers were not eligible for observation or interview if they take measurements or complete registers only and never provide 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 that were assessed in the 2021 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, 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.³

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** shows the percent distribution and number of interviewed providers by background characteristics and provider type. It also presents the weighted and unweighted numbers of interviewed providers included in the analysis.

2.4.3 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. When several eligible ANC or family planning clients were waiting, interviewers attempted 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 (as opposed to an injury or a skin or eye infection exclusively) were selected for observation.

Clients were “systematically” selected based on the number of clients available on the day of the survey. Priority was given to first ANC visit and new family planning clients and caretakers of children under age

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 was intended to ensure that the total number of unweighted cases was equivalent to the total number of weighted cases at the national level.

³ 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 services.

2 months. After obtaining consent, interviewers conducted exit interviews with all observed clients or caretakers of observed sick children before they left the facility.

For the labor and delivery component, normal vaginal deliveries (excluding instrumental and cesarean section deliveries) were observed. As with the other NHFS client interviews, the goal, to the extent possible, was to conduct exit interviews with postpartum mothers whose deliveries were observed. However, this was not always possible. Therefore, exit interviews were also conducted with postpartum mothers whose deliveries were not observed. As a result, the labor and delivery data include cases where only labor and delivery observations occurred, cases where only postpartum exit interviews took place, and cases where observation and exit interview data were available. To obtain the maximum number of cases, the field teams were asked to capture as many labor and delivery observations and conduct as many postpartum exit interviews as possible.

Table 2.6 presents the unweighted distribution of observed and interviewed clients, by service and facility type. **Table 2.7** 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. Details on the characteristics of these clients are presented in the relevant chapters of this report.

2.4.4 Sampling Weights

Due to the nonproportional allocation of the sample health facilities to the different provinces and the different health facility types, sampling weights are required for any analysis using the 2021 NHFS data to ensure the actual representativeness of the survey results at the national level as well as by survey domain and health facility type. Since the 2021 NHFS sample was a stratified sample, sampling weights were calculated based on sampling probabilities separately for each sampling stratum. Using P_{1h} to represent the sampling probability of the health facilities in stratum h , the health facility design weight W_h for all health facilities selected from stratum h is the inverse of the selection probability:

$$W_h = 1/P_{1h}$$

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 obtain the health facility standard weight. The aim of the normalization of the sampling weight was to ensure that the total number of unweighted cases and the total number of weighted cases at the national level were equal. The provider weight was calculated based on the facility standard weight multiplied by the inverse of the selection probability of providers (providers interviewed over providers listed) from each sampling stratum by provider category, corrected for nonresponse and then normalized to obtain the provider standard weight.

The client weights for sick child, family planning, ANC, labor and delivery, and postpartum clients were calculated in a similar way based on the facility standard weight multiplied by the inverse of the selection probability of clients (clients interviewed over clients listed) from each sampling stratum by client category, corrected for nonresponse and then normalized to obtain the standard weight for each client category. The normalized weights are relative weights that are valid for estimating means, proportions, ratios, and rates but not valid for estimating population totals or for pooled data. Since the normalized weights are relative weights, the numbers of weighted cases presented in the survey report are relative numbers; they reflect only the population distribution as opposed to the actual sample size. Therefore, for the oversampled health facilities such as government hospitals and PHCCs, the numbers of weighted cases are much smaller than their actual sample size because their percentage share in the entire population is small relative to other types of health facilities.

2.5 IMPLEMENTATION

2.5.1 Survey Oversight

The Policy, Planning and Monitoring Division (PPMD) of the Ministry of Health and Population led the overall survey process. A Steering Committee and Technical Working group were responsible for coordination, oversight, advice, and decision making with respect to all major aspects of the survey. Both groups included MoHP officials from relevant departments and representatives of the agencies providing funding for the 2021 NHFS, the Nepal Health Research Council (NHRC), and other donors/partners. ICF and/or its representative provided necessary oversight and technical input to design and implement the survey. The group members provided technical input throughout the various stages of reviewing survey instruments from the 2015 NHFS, adapting country-specific indicators, and drafting and finalizing the questionnaires. In addition, they participated in training and field supervision and offered feedback in finalizing the report.

2.5.2 Questionnaire Adaptation

The 2021 NHFS questionnaires were based on generic questionnaires developed by The DHS Program, including service provision assessment, service availability and readiness assessment, service tracking survey, and Maternal and Child Health Integrated Program (MCHIP) questionnaires. In addition, the 2015 NHFS tools, MCHIP tools (for labor and delivery), the basic health service package of the Public Health Service Act 2018, and COVID-19 indicators were taken into account during questionnaire development. Meetings with donors/partners, visits to relevant divisions and centers under the Department of Health Services (DoHS), and visits to service provision sites elicited feedback that was used to adapt the questionnaires to the country context. The questionnaire consultation phase for the 2021 NHFS took place from July to December 2019 in Kathmandu. The final drafts of the questionnaires were discussed at a 2-day questionnaire adaptation workshop in Dhulikhel on December 20–21, 2019, under the aegis of the MoHP. The workshop was attended by 68 participants including technical experts representing relevant DoHS/MoHP partners. Due to the COVID-19 pandemic restrictions, remote methods were used to solicit feedback on the questionnaires.

After being prepared in English, the questionnaires were translated into Nepali. As the questionnaires were being translated, CAPI and CAFE programs were concurrently developed in English and Nepali, and these programs were used during interviews to record responses to questions.

The survey protocol was reviewed and approved by the NHRC and the ICF Institutional Review Board. The risks and benefits of participation in the survey were explained to respondents. Participation in the survey was voluntary, with no compensation provided to participants for their time. Written consent was obtained by the head of the facility, while informed consent was provided by eligible health workers and clients.

2.5.3 Pretest

Following adaptation and translation of the questionnaires and completion of the CAPI and CAFE programs, the questionnaires and computer programs were pretested. The pretesting sought to:

1. Assess the questionnaires to detect any possible problems in the flow of the questions, to gauge the length of time required for interviews, and to identify any problems in the translations
2. Assess the computer programs (CAPI and CAFE) to detect any problems
3. Train master trainers who would facilitate the training of interviewers during the main training

The training and pretest took place from November 4 through December 5, 2019, in the Kathmandu and Kavreplanchowk districts for paper questionnaires and the Kaski district for CAPI programming. The training was residential, with 10 trainees (nine medical doctors and one individual with a master's in nursing degree [eight male and two female]) trained in the application of the questionnaires and computer programs. The ICF technical lead and data processing specialist led the sessions, and an eight-member New ERA core team (consisting of the project director, the deputy project director, a health expert, a data processing officer, an information technology [IT] expert, an operation/logistic manager, and two IT assistants) facilitated and supported the training. A COVID-19 risk mitigation plan was adopted during the training.

Due to the COVID-19 pandemic, the ICF technical lead was not able to travel to Nepal to conduct pretest training, but the data processing specialist from ICF physically attended and facilitated the training throughout the period. New ERA and ICF worked together in the pretest training, with daily virtual debriefings and support from the ICF technical lead. Resource persons from the MoHP and DoHS also led classes on topics such as Nepal's health system, family planning and reproductive health services, safe motherhood and newborn care services, child health and immunization services, quality assurance and minimum service standards, and disease-specific services (e.g., NCD, tuberculosis, and HIV/AIDS care).

A total of seven health facilities (three hospitals [one maternity and two general hospitals], three PHCCs, and one HP) were successfully surveyed during this period. The labor and delivery observation protocols were pretested in the maternity hospital. Following the pretest, revised drafts of all of the survey tools and computer programs were prepared. The 10 trainees who participated in the pretest later served as master trainers during the main training and quality assurance officers throughout the survey.

2.5.4 Main Training

The main training for the 2021 NHFS took place from December 20, 2020, to January 19, 2021, in Budhanilkantha, Kathmandu district. Ten master trainers and New ERA core team members conducted the training in Nepali, with DHS staff providing technical support. A total of 135 interviewer candidates (114 female and 21 male) 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. Nurses with hands-on experience in the conduct of normal deliveries and newborn care were prioritized during the recruitment of interviewer candidates.

The NHFS training included classroom lectures and discussions, practical demonstrations, mock interviews, role plays, and field practice. Video clips of mock interviews as well as observation of actual family planning, ANC, and sick child consultations and labor and delivery were used to train the trainees. To ensure consistency among the observers, an interrater reliability test was conducted for the observation tools. The first 2 weeks of training were dedicated exclusively to training interviewers on the use of paper questionnaires and to a 2-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 candidates were trained on how to use tablet computers for data collection (CAPI) and for data entry and editing (CAFE). Completed paper questionnaires from the facilities visited during the pretest and from the field practice held during the first 2 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, 124 of the 135 interviewer candidates were selected for NHFS work. They were organized into 24 teams, each consisting of a supervisor and four to five interviewers.

A COVID-19 risk mitigation plan was adopted in the main training. Considering the large number of participants, three simultaneous main training sessions were conducted in three different training halls. Master trainers were equally distributed in all three halls. Two master trainers conducted their respective sessions, while other staff were continuously backstopping in every hall. Core team members were also equally distributed in all three halls. In order to convey similar information in the three halls, classes were designed in such a way that the same trainers covered the same topic in each of the halls. Groups were formed according to the size of the training hall, with 54 enumerators in hall A, 48 in hall B, and 33 in hall C. The facilitators moved from session to session in each hall to cover the assigned topics. The training schedule was designed to take into account this approach, and slight modifications to the schedule were made as and when necessary.

2.5.5 Data Collection

Data collection was completed between January 27, 2021, and September 28, 2021, with a break in May through July due to the COVID-19 imposed lockdowns beginning on April 29, 2021. The initial data collection took place from January 27 through February 2, 2021, with a 2-day review meeting on February 2–3, 2021. As a result of COVID lockdowns, the data collection was halted for about 3 months after about 78% of the fieldwork had been completed. After it was determined that it was feasible for the survey to continue and permission was granted by the MoHP, data collection resumed on July 29 and continued through September 28, 2021. As a result of staff turnover due to the lockdowns, only 15 teams participated after the data collection resumed, beginning in the districts with lower numbers of COVID-19 cases. Prior to the resumption of the fieldwork, 4 days of refresher training (July 28–31, 2021) were held in the Kathmandu district to revisit the survey process and discuss survey strategies. The four teams that received training on the first day (July 28, 2021) started working on July 29, 2021.

The Facility Inventory, Health Provider Interview, and Exit Interview Questionnaires were loaded onto tablet computers that were used during interviews to ask questions and record responses (via CAPI). The observation protocols were administered as paper-based questionnaires, but responses were entered into preloaded computer programs in the field (via CAFE).

Each NHFS field team was provided four tablet computers. Two of the tablets were dedicated to CAPI for the Facility Inventory and Health Provider Interview Questionnaires, and the other two were dedicated to Exit Interview Questionnaires and CAFE for entry of responses to observation protocols. 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 provinces, local-level authorities, and district health offices/district public health offices and prepare a schedule for visiting the sampled facilities. Data collection required 1 to 2 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 individuals 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, sick child, or labor and delivery services would be offered, since the assessment involved observation of these consultations. Whenever any service of interest was not being offered on the day of the visit, the teams returned on a day when the service would be offered to observe consultations and to interview clients. If, however, the service was offered on the day of the visit but no clients came for the service, the team did not revisit the facility. The team also stayed overnight to observe labor and delivery services.

New ERA managed the fieldwork. Ten quality assurance officers were assigned two or three teams to supervise. 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 core team members, staff from the PPMD, and staff from USAID/Nepal. Regular communication was facilitated through cell phones.

2.5.6 Data Management and Report Writing

Data and Questionnaire Management in the Field

After completing data collection in each facility, the interviewers reviewed the paper questionnaires (observation protocols) and the Facility Inventory, Health Provider Interview, and Exit Interview Questionnaire data that had been collected directly onto the tablet computer before handing them over to the team leader, who reviewed them a second time. The paper questionnaires were then entered into the tablet computer. Once data collection and all data entry were completed in a facility, the team leader conducted consistency and structural checks on 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's Internet File Streaming System (IFSS). 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/facility where there was secure access to the Internet.

Data Sorting, Editing, and Entry at the Central Office

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% verification. A data entry program developed by ICF using CSPro software was employed during the entry of the questionnaires. Data entry began immediately after the fieldwork started and ended in October 2021, 2 weeks after the completion of fieldwork.

Data Processing and Tabulation

The tabulation plan for this report was based on 2015 NHFS final report tables. The tabulation plan was revised and modified in the country context based on consultations held with relevant program divisions and centers under the DoHS/MoHP. The divisions/centers that were consulted were the Family Welfare Division, the Management Division, the Epidemiology and Disease Control Division, the National Tuberculosis Center, the National Center for AIDS and STI Control, and the PPMD. Experts from different relevant donors/partners were also consulted. The tabulation plan revision took place from October 22 to November 2, 2021. Preliminary tables were shared on December 9, 2021, during the National Joint Annual Review of MoHP and health development partners.

Development of the Final Report

Due to the urgent need for data and the prevailing COVID-19 situation, ICF drafted all chapters except Chapter 1, which was drafted by New ERA. The draft chapters were reviewed by selected individuals from MoHP and health development partners, and the report was finalized by ICF. The final report and all dissemination materials were endorsed by the Steering Committee.

2.5.7 Data Analysis

The 2021 NHFS data were analyzed according to the following conventions:

- **Availability of items.** Unless otherwise indicated, the 2021 NHFS considered only those items observed by the interviewers themselves to be available. Items that were reported by facility staff members as being available but that the interviewer did not see were not considered available.
- **Observations.** Quite often, certain measurements (e.g., blood pressure and temperature measurements) are routinely done by health workers other than primary providers and are conducted separately from actual consultations. There is often an interval between these events and the time when the primary provider assesses the client. 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 was not observed taking the measurements. Observers used an observation protocol to indicate whether a measurement was taken, a practice was applied, or a piece of information was shared between the provider and the client. They did not attempt to verify whether the practice was correct or whether the information was correct or complete.
- **Provider information.** Frequently, providers indicated that they “personally provided” a service that the facility where they were being interviewed did not offer. It may be that providers were referring to services that they provide outside the facility. In the 2021 NHFS, only providers who offered the service in the particular facility where they were interviewed during the assessment were included in the analysis for that service.

2.5.8 The 2021 NHFS in the Context of the COVID-19 Pandemic

On February 11, 2020, WHO announced an official name (COVID-19) for the disease that began as a novel coronavirus outbreak in late 2019 and over the ensuing months spread rapidly across the world, leading to a global pandemic. The first case of COVID-19 was confirmed in Nepal on January 23, 2020. The 2021 NHFS fieldwork was originally planned to take place in 2020; however, the increasing number of COVID-19 cases prompted a nationwide lockdown as well as cessation of movement into and out of certain areas of the country. As a result, NHFS activities were delayed until September 2020. NHFS data collection was completed between January 27, 2021, and September 28, 2021, with a break in May through July after a second round of COVID-19 lockdowns were imposed beginning on April 29. Survey logistics were recalibrated to include COVID-19 risk mitigation elements (e.g., procurement of masks, sanitizer, gloves, and personal protective equipment for fieldworkers and establishment of behavioral protocols during training and fieldwork).

Despite the COVID-19 pandemic, New ERA in consultation with the MoHP and ICF planned and worked within the “new normal” to implement the survey, which was a success amid the challenges faced. Proper coordination of the survey led to the success of its implementation.

Fortunately, there were no positive cases of COVID-19 while the teams were working in the field. However, some team members who had symptoms when they returned after announcement of lockdowns on April 29, 2021, were asked to take a COVID-19 test. Thirteen field staff (11 female and two male) had positive results. Test results for all staff were collected online and submitted for an insurance claim. Meanwhile, the New ERA NHFS core survey team also closely monitored the health status of team members until they recovered or had negative results. The first case was identified on April 30, 2021, and by June 20 all of the team members had recovered.

LIST OF TABLES

- **Table 2.1** Distribution of facilities in sample frame and final sample selection, by province
- **Table 2.2** Results of facility contacts, by background characteristics
- **Table 2.3.1** Distribution of surveyed facilities, by background characteristics
- **Table 2.3.2** Distribution of surveyed facilities, by managing authority (weighted)
- **Table 2.4** Distribution of providers in facility provider sample frame and final provider sample selection (unweighted)
- **Table 2.5** Distribution of interviewed providers
- **Table 2.6** Distribution of observed and interviewed clients (unweighted)
- **Table 2.7** Distribution of observed consultations

Table 2.1 Distribution of facilities in sample frame and final sample selection by province

Number of facilities of each type in the sample frame and number of each type selected for the survey sample, by region, Nepal HFS 2021

Facility type	Province 1				Province				Total						
	Sample frame	Number selected	Sample frame	Number selected	Bagmati	Sample frame	Number selected	Gandaki	Lumbini	Sample frame	Number selected	Karnali	Sudurpashchim	Sample frame	Number selected
Federal/provincial-level hospitals	14	14	12	12	26	10	10	14	14	11	11	14	14	101	101
Local-level hospitals	4	4	-	-	5	5	5	6	6	1	1	-	-	21	21
Private hospitals	71	49	59	44	183	79	49	41	51	13	13	14	14	440	440
PHCCs	40	40	32	32	41	41	23	30	30	14	14	16	16	196	196
Basic health care centers	806	145	782	91	900	157	622	144	752	147	424	123	560	4,846	957
HPs	647	54	745	54	640	54	491	54	570	54	335	54	377	54	3,805
UHCs	80	45	28	28	149	48	77	45	98	45	24	24	87	45	280
CHUs	79	46	9	9	111	55	54	45	84	48	65	45	96	51	498
Stand-alone HTCs	9	9	5	5	27	27	4	4	23	23	2	2	7	7	77
Total	944	261	890	184	1,182	335	713	227	876	261	465	164	611	201	5,681
															1,633

Note: The following abbreviations are used in tables throughout this chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), CHUs (community health units), and HTCs (HIV testing and counseling centers). The facility type of the sampled health facilities may have been changed after sample selection. The facility type and management authority of the health facilities in the date file were collected in the field during data collection. Also, seven health facilities were dropped before data collection because they were identified as noneligible.

*Basic health care center includes HPs, UHCs, and CHUs.

Private facilities under managing authority includes private hospitals and stand-alone HTCs.

Table 2.2 Results of facility contacts, by background characteristics

Percent distribution of sampled facilities according to the result of the visit of the survey team to the facility and percentage of eligible facilities where interviews were completed, by background characteristics, Nepal HFS 2021

Background characteristic	Completed	Refused	Closed/not yet functional	Other (unreachable/specialized, etc.)	Total percentage	Number of facilities in sample	Percentage of eligible facilities with completed interviews	Number of eligible facilities
Facility type								
Federal/provincial-level hospitals	95.1	1.0	2.9	1.0	100.0	102	99.0	98
Local-level hospitals	97.8	0.0	0.0	2.2	100.0	46	100.0	45
Private hospitals	92.5	0.0	6.1	1.4	100.0	279	100.0	258
PHCCs	100.0	0.0	0.0	0.0	100.0	183	100.0	183
Basic health care centers								
HPs	99.7	0.0	0.3	0.0	100.0	955	100.0	952
UHCs	100.0	0.0	0.0	0.0	100.0	380	100.0	380
CHUs	99.3	0.0	0.7	0.0	100.0	286	100.0	284
Stand-alone HTCs	99.7	0.0	0.3	0.0	100.0	289	100.0	288
Stand-alone HTCs	67.2	0.0	13.1	19.7	100.0	61	100.0	41
Managing authority								
Public	99.3	0.1	0.5	0.2	100.0	1,286	99.9	1,278
Private	87.9	0.0	7.4	4.7	100.0	340	100.0	299
Ecological region								
Mountain	99.5	0.0	0.5	0.0	100.0	196	100.0	195
Hill	96.5	0.0	2.5	1.1	100.0	856	100.0	826
Terai	96.7	0.2	1.6	1.6	100.0	574	99.8	556
Location								
Urban	95.4	0.1	2.8	1.7	100.0	1,076	99.9	1,028
Rural	99.8	0.0	0.2	0.0	100.0	550	100.0	549
Province								
Province 1	99.2	0.0	0.4	0.4	100.0	260	100.0	258
Madhesh	96.2	0.0	3.3	0.5	100.0	184	100.0	177
Bagmati	93.4	0.0	3.3	3.3	100.0	333	100.0	311
Gandaki	98.2	0.0	1.3	0.4	100.0	227	100.0	223
Lumbini	97.7	0.4	0.4	1.6	100.0	257	99.6	251
Karnali	96.3	0.0	3.7	0.0	100.0	164	100.0	158
Sudurpashchim	98.5	0.0	1.5	0.0	100.0	201	100.0	198
Total	96.9	0.1	1.9	1.1	100.0	1,626	99.9	1,576

Note: Some rows may not sum to 100% due to rounding. Private facilities under managing authority include private hospitals and stand-alone HTCs.

Table 2.3.1 Distribution of surveyed facilities, by background characteristics

Percent distribution and number of surveyed facilities, by background characteristics,
Nepal HFS 2021

Background characteristic	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Federal/provincial-level hospitals	1.7	27	97
Local-level hospitals	1.1	17	45
Private hospitals	7.4	116	258
PHCCs	3.3	51	183
Basic health care centers	85.8	1,352	952
HPs	67.5	1,064	380
UHCs	9.8	154	284
CHUs	8.5	135	288
Stand-alone HTCs	0.7	11	41
Managing authority			
Public	91.9	1,448	1,277
Private	8.1	128	299
Ecological region			
Mountain	13.3	210	195
Hill	52.2	823	826
Terai	34.5	543	555
Location			
Urban	53.7	846	1,027
Rural	46.3	730	549
Province			
Province 1	16.7	264	258
Madhesh	15.7	247	177
Bagmati	20.6	325	311
Gandaki	12.6	198	223
Lumbini	15.4	243	251
Karnali	8.2	129	158
Sudurpashchim	10.8	170	198
Total	100.0	1,576	1,576

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

Number of surveyed facilities of each type, by managing authority,
Nepal HFS 2021

Facility type	Managing authority		
	Public	Private	Total
Federal/provincial-level hospitals	27	0	27
Local-level hospitals	17	0	17
Private hospitals	0	116	116
PHCCs	51	0	51
Basic health care centers	1,352	0	1,352
HPs	1,064	0	1,064
UHCs	154	0	154
CHUs	135	0	135
Stand-alone HTCs	0	11	11
Total	1,448	128	1,576

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 (NHSF 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 HFS 2021

Type of provider	Facility type										Percentage of total for provider type included in Nepal HFS sample	
	Federal/provincial-level hospitals		Local-level hospitals		Private hospitals		PHCCs		HPs			
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected		
Doctor	788	322	131	88	1,274	541	200	175	15	14	47.5	
Nurse	928	311	112	88	1,641	453	143	124	67	22	2948	
Paramedic	853	327	280	144	1,487	659	967	771	1,231	507	454	
Technician	397	96	121	46	796	255	215	161	70	68	37.1	
Other clinical staff	251	6	71	2	488	25	59	11	11	8	4,069	
Total	3,723	1,062	801	368	6,588	1,933	1,867	1,242	1,701	1,333	456	
											69.9	
											41.5	
											696	
											56	
											890	
											56	
											6.3	
											43.2	
											1,149	
											1,093	
											26	
											29	
											49	
											1,676	
											110	
											16,339	
											7,063	
											43.2	

Table 2.5 Distribution of interviewed providers

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, Nepal HFS 2021

Background characteristic	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Federal/provincial-level hospitals	9.6	669	1,047
Local-level hospitals	3.3	227	364
Private hospitals	27.2	1,888	1,846
PHCCs	5.5	382	1,225
Basic health care centers	53.7	3,727	2,344
HPs	47.5	3,290	1,330
UHCs	3.6	247	544
CHUs	2.7	190	470
Stand-alone HTCs	0.6	41	108
Managing authority			
Public	72.2	5,005	4,980
Private	27.8	1,929	1,954
Ecological region			
Mountain	10.0	694	674
Hill	48.5	3,362	3,386
Terai	41.5	2,879	2,874
Location			
Urban	67.8	4,700	5,080
Rural	32.2	2,234	1,854
Total	100.0	6,934	6,934
Provider type			
Doctor	10.7	741	1,120
Nurse	15.0	1,043	1,065
Paramedic	62.1	4,309	4,019
Technician	9.4	652	694
Other clinical staff	2.7	188	36
Total	100.0	6,934	6,934

Table 2.6 Distribution of observed and interviewed clients (unweighted)

Number of clients attending facility on the day of the survey eligible for observation, number whose consultations were observed and who were interviewed, and percentages of eligible clients who were observed and interviewed, by type of service and type of facility, Nepal HFS 2021

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			
Federal/provincial-level hospitals	970	554	57.1
Local-level hospitals	227	183	80.6
Private hospitals	1,005	512	50.9
PHCCs	477	435	91.2
Basic health care centers	712	699	98.2
HPs	389	381	97.9
UHCs	186	184	98.9
CHUs	137	134	97.8
Managing authority			
Public	2,386	1,871	78.4
Private	1,005	512	50.9
Ecological region			
Mountain	230	217	94.3
Hill	1,510	1,105	73.2
Terai	1,651	1,061	64.3
Location			
Urban	2,775	1,799	64.8
Rural	616	584	94.8
Province			
Province 1	557	342	61.4
Madhesh	532	419	78.8
Bagmati	737	459	62.3
Gandaki	305	243	79.7
Lumbini	688	457	66.4
Karnali	236	208	88.1
Sudurpashchim	336	255	75.9
Total	3,391	2,383	70.3
FAMILY PLANNING			
Facility type			
Federal/provincial-level hospitals	281	222	79.0
Local-level hospitals	79	72	91.1
Private hospitals	11	11	100.0
PHCCs	223	209	93.7
Basic health care centers	344	335	97.4
HPs	194	187	96.4
UHCs	100	98	98.0
CHUs	50	50	100.0
Managing authority			
Public	927	838	90.4
Private	11	11	100.0
Ecological region			
Mountain	84	84	100.0
Hill	356	334	93.8
Terai	498	431	86.5
Location			
Urban	715	631	88.3
Rural	223	218	97.8
Province			
Province 1	170	148	87.1
Madhesh	171	139	81.3
Bagmati	134	126	94.0
Gandaki	79	75	94.9
Lumbini	174	164	94.3
Karnali	73	72	98.6
Sudurpashchim	137	125	91.2
Total	938	849	90.5

Continued...

Table 2.6—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
ANTENATAL CARE			
Facility type			
Federal/provincial-level hospitals	1,171	581	49.6
Local-level hospitals	227	166	73.1
Private hospitals	914	484	53.0
PHCCs	454	397	87.4
Basic health care centers	381	338	88.7
HPs	240	206	85.8
UHCs	89	85	95.5
CHUs	52	47	90.4
Managing authority			
Public	2,233	1,482	66.4
Private	914	484	53.0
Ecological region			
Mountain	210	136	64.8
Hill	1,252	794	63.4
Terai	1,685	1,036	61.5
Location			
Urban	2,826	1,661	58.8
Rural	321	305	95.0
Province			
Province 1	524	294	56.1
Madhesh	571	411	72.0
Bagmati	682	403	59.1
Gandaki	244	158	64.8
Lumbini	608	359	59.0
Karnali	174	120	69.0
Sudurpashchim	344	221	64.2
Total	3,147	1,966	62.5
LABOR AND DELIVERY			
Facility type			
Federal/provincial-level hospitals	488	339	69.5
Local-level hospitals	28	22	78.6
Private hospitals	136	88	64.7
PHCCs	24	21	87.5
Basic health care centers	5	5	100.0
HPs	5	5	100.0
UHCs	0	0	-
CHUs	0	0	-
Managing authority			
Public	545	387	71.0
Private	136	88	64.7
Ecological region			
Mountain	22	21	95.5
Hill	176	137	77.8
Terai	483	317	65.6
Location			
Urban	670	464	69.3
Rural	11	11	100.0
Province			
Province 1	124	62	50.0
Madhesh	135	93	68.9
Bagmati	98	74	75.5
Gandaki	24	22	91.7
Lumbini	174	140	80.5
Karnali	41	41	100.0
Sudurpashchim	85	43	50.6
Total	681	475	69.8

Continued...

Table 2.6—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
POSTPARTUM MATERNAL CARE			
Facility type			
Federal/provincial-level hospitals	592	345	58.3
Local-level hospitals	46	35	76.1
Private hospitals	222	131	59.0
PHCCs	37	27	73.0
Basic health care centers	10	8	80.0
HPs	8	6	75.0
UHCs	2	2	100.0
CHUs	0	0	-
Managing authority			
Public	685	415	60.6
Private	222	131	59.0
Ecological region			
Mountain	35	24	68.6
Hill	252	172	68.3
Terai	620	350	56.5
Location			
Urban	889	532	59.8
Rural	18	14	77.8
Province			
Province 1	180	94	52.2
Madhesh	191	115	60.2
Bagmati	132	87	65.9
Gandaki	32	25	78.1
Lumbini	214	137	64.0
Karnali	52	31	59.6
Sudurpashchim	106	57	53.8
Total	907	546	60.2
CLIENTS WITH BOTH A LABOR AND DELIVERY OBSERVATION AND A POSTPARTUM MATERNAL EXIT INTERVIEW			
Facility type			
Federal/provincial-level hospitals	488	241	49.4
Local-level hospitals	28	17	60.7
Private hospitals	136	45	33.1
PHCCs	24	14	58.3
Basic health care centers	5	3	60.0
HPs	5	3	60.0
UHCs	0	0	-
CHUs	0	0	-
Managing authority			
Public	545	275	50.5
Private	136	45	33.1
Ecological region			
Mountain	22	11	50.0
Hill	176	96	54.5
Terai	483	213	44.1
Location			
Urban	670	313	46.7
Rural	11	7	63.6
Province			
Province 1	124	38	30.6
Madhesh	135	59	43.7
Bagmati	98	53	54.1
Gandaki	24	17	70.8
Lumbini	174	97	55.7
Karnali	41	20	48.8
Sudurpashchim	85	36	42.4
Total	681	320	47.0

Table 2.7 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 HFS 2021

Background characteristic	Percent distribution of observed consultations	Number of observed consultations		
		Weighted	Unweighted	
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN				
Facility type				
Federal/provincial-level hospitals	11.8	280	554	
Local-level hospitals	4.6	109	183	
Private hospitals	18.0	429	512	
PHCCs	6.2	148	435	
Basic health care centers	59.5	1,418	699	
HPs	52.6	1,253	381	
UHCs	4.0	94	184	
CHUs	3.0	70	134	
Managing authority				
Public	82.0	1,954	1,871	
Private	18.0	429	512	
Ecological region				
Mountain	8.4	201	217	
Hill	41.9	998	1,105	
Terai	49.7	1,184	1,061	
Location				
Urban	64.5	1,538	1,799	
Rural	35.5	845	584	
Province				
Province 1	14.3	341	342	
Madhesh	24.9	593	419	
Bagmati	17.5	416	459	
Gandaki	7.2	171	243	
Lumbini	19.7	470	457	
Karnali	6.0	143	208	
Sudurpashchim	10.4	248	255	
Total	100.0	2,383	2,383	
FAMILY PLANNING				
Facility type				
Federal/provincial-level hospitals	9.7	82	222	
Local-level hospitals	4.5	38	72	
Private hospitals	0.4	3	11	
PHCCs	7.7	65	209	
Basic health care centers	77.8	660	335	
HPs	68.3	580	187	
UHCs	6.6	56	98	
CHUs	2.9	25	50	
Managing authority				
Public	99.6	846	838	
Private	0.4	3	11	
Ecological region				
Mountain	7.6	65	84	
Hill	35.4	301	334	
Terai	57.0	484	431	
Location				
Urban	64.1	544	631	
Rural	35.9	305	218	
Province				
Province 1	20.0	169	148	
Madhesh	21.8	185	139	
Bagmati	14.1	119	126	
Gandaki	9.5	81	75	
Lumbini	17.4	148	164	
Karnali	5.6	48	72	
Sudurpashchim	11.7	99	125	
Total	100.0	849	849	

Continued...

Table 2.7—Continued

Background characteristic	Percent distribution of observed consultations	Number of observed consultations		
		Weighted	Unweighted	
ANTENATAL CARE				
Facility type				
Federal/provincial-level hospitals	19.0	373	581	
Local-level hospitals	5.5	107	166	
Private hospitals	22.7	447	484	
PHCCs	7.8	153	397	
Basic health care centers	45.1	886	338	
HPs	40.8	802	206	
UHCs	2.8	55	85	
CHUs	1.5	29	47	
Managing authority				
Public	77.3	1,519	1,482	
Private	22.7	447	484	
Ecological region				
Mountain	5.9	115	136	
Hill	39.9	784	794	
Terai	54.2	1,066	1,036	
Location				
Urban	78.1	1,536	1,661	
Rural	21.9	430	305	
Province				
Province 1	15.2	299	294	
Madhesh	21.4	420	411	
Bagmati	19.8	389	403	
Gandaki	5.9	115	158	
Lumbini	19.5	384	359	
Karnali	5.1	101	120	
Sudurpashchim	13.1	257	221	
Total	100.0	1,966	1,966	
LABOR AND DELIVERY				
Facility type				
Federal/provincial-level hospitals	65.0	309	339	
Local-level hospitals	4.0	19	22	
Private hospitals	21.4	102	88	
PHCCs	3.0	14	21	
Basic health care centers	6.5	31	5	
HPs	6.5	31	5	
UHCs	0.0	0	0	
CHUs	0.0	0	0	
Managing authority				
Public	78.6	373	387	
Private	21.4	102	88	
Ecological region				
Mountain	3.9	18	21	
Hill	27.2	129	137	
Terai	68.9	327	317	
Location				
Urban	95.6	454	464	
Rural	4.4	21	11	
Province				
Province 1	18.0	85	62	
Madhesh	20.6	98	93	
Bagmati	14.8	70	74	
Gandaki	3.2	15	22	
Lumbini	25.4	121	140	
Karnali	6.1	29	41	
Sudurpashchim	12.0	57	43	
Total	100.0	475	475	

Continued...

Table 2.7—Continued

Background characteristic	Percent distribution of observed consultations	Number of observed consultations		
		Weighted	Unweighted	
POSTPARTUM MATERNAL CARE				
Facility type				
Federal/provincial-level hospitals	56.3	307	345	
Local-level hospitals	5.6	30	35	
Private hospitals	28.3	154	131	
PHCCs	3.6	20	27	
Basic health care centers	6.2	34	8	
HPs	5.8	32	6	
UHCs	0.4	2	2	
CHUs	0.0	0	0	
Managing authority				
Public	71.7	392	415	
Private	28.3	154	131	
Ecological region				
Mountain	3.9	21	24	
Hill	35.2	192	172	
Terai	60.9	332	350	
Location				
Urban	94.4	515	532	
Rural	5.6	31	14	
Province				
Province 1	20.2	110	94	
Madhesh	19.4	106	115	
Bagmati	17.4	95	87	
Gandaki	3.1	17	25	
Lumbini	22.4	123	137	
Karnali	6.0	33	31	
Sudurpashchim	11.5	63	57	
Total	100.0	546	546	
CLIENTS WITH BOTH A LABOR AND DELIVERY OBSERVATION AND A POSTPARTUM MATERNAL EXIT INTERVIEW				
Facility type				
Federal/provincial-level hospitals	66.7	213	241	
Local-level hospitals	4.6	15	17	
Private hospitals	21.4	68	45	
PHCCs	3.3	11	14	
Basic health care centers	4.0	13	3	
HPs	4.0	13	3	
UHCs	0.0	0	0	
CHUs	0.0	0	0	
Managing authority				
Public	78.6	252	275	
Private	21.4	68	45	
Ecological region				
Mountain	2.6	8	11	
Hill	29.0	93	96	
Terai	68.4	219	213	
Location				
Urban	96.2	308	313	
Rural	3.8	12	7	
Province				
Province 1	18.6	60	38	
Madhesh	18.6	60	59	
Bagmati	15.3	49	53	
Gandaki	3.3	11	17	
Lumbini	26.3	84	97	
Karnali	5.5	18	20	
Sudurpashchim	12.4	40	36	
Total	100.0	320	320	

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

3

Key Findings

- Three quarters of all health facilities in Nepal offer a full 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 sexually transmitted infections [STIs]). This represents a clear improvement since the 2015 NHFS, when only around 6 in 10 facilities were assessed as having a full package of basic services.
- Facilities were somewhat more likely in 2021 (17%) than in 2015 (11%) to have all six of the basic amenities (regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, and emergency transport) considered essential for rendering quality client services. More than 3 in 10 facilities in Bagmati province (31%) have all of the basic amenities, as compared with less than 1 in 10 facilities in Madhesh (8%) and Karnali (7%).
- The availability of personal protective equipment improved at health facilities between the 2015 and 2021 surveys. For example, the percentage of facilities that had masks available increased from 19% to 82%, and facilities were almost six times as likely to have gowns/aprons available in 2021 (53%) as in 2015 (9%).
- With the exception of emergency transport (80%), less than half of all facilities in Nepal have any of the supplies and services (self-inflating bag and mask, pulse oximeter, oxygen filled cylinders, inpatient care, overnight observation beds, communication equipment) considered essential in providing COVID-19 care.
- Basic diagnostic testing capacity is limited in most health facilities; facilities are most likely to have the capacity for pregnancy (43%) and malaria (36%) testing and least likely to have HIV testing capacity (5%).
- Half of facilities conduct regular management meetings, and a similar percentage involve the community in these meetings.
- The percentage of facilities reporting both routine staff training and personal supervision was lower in 2021 (55%) than in 2015 (69%).
- Only 6% of facilities reported having an outbreak management plan, 36% of facilities completed a financial audit in the last fiscal year, and 69% of primary health care centers (PHCCs) and hospitals implement the government's social security health insurance scheme.

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. This chapter reports on the availability of basic health services and essential resources and on management and support systems at the facility level. It also presents several measures of the extent to which facilities are complying with service standards.

The chapter is divided into the following parts:

- **Availability of services.** Section 3.2, including **Tables 3.1 through 3.5** and **Figures 3.1 through 3.3**, describes the availability of client services in health facilities in Nepal.
- **Service readiness.** Section 3.3, including **Tables 3.6 through 3.20** and **Figures 3.4 through 3.12**, 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 practices and systems.** Section 3.4, including **Tables 3.21 through 3.28** and **Figure 3.11**, considers the extent to which essential elements are in place to support the provision of quality services, including quality assurance monitoring, supportive management practices, and functioning health management and logistics management information systems.
- **Quality of care.** Section 3.5, including **Tables 3.29 through 3.37**, provides information that can be used to assess the degree to which health facilities in Nepal are meeting the minimum standards for quality of care at the point of delivery.
- **Disaster preparedness.** Section 3.6, including **Table 3.38** and **Figure 3.12**, provides information on the extent to which health facilities in Nepal are prepared to address community disasters.
- **Financial audits.** Section 3.7, including **Table 3.39**, provides information on the extent to which facilities are monitoring expenditures.
- **Free health care and availability of health insurance.** Section 3.8, including **Tables 3.40 and 3.41**, provides information on the extent to which facilities are providing free health care and health insurance.

3.2 AVAILABILITY OF SERVICES

3.2.1 Overall Availability of Specific Services

Policymakers and program managers can use information on the overall availability of health services for identifying gaps in service provision in Nepal. **Table 3.1** shows the percentages of all facilities that offer various services.

Most health facilities (96–99%) provide child curative care, family planning services, antenatal care (ANC), and care for noncommunicable diseases. Child growth monitoring, child vaccination, and postnatal newborn services; diagnosis and treatment of sexually transmitted infections (STIs) and tuberculosis (TB); and care for snake and animal bites are also widely available (77–90%). Slightly more than half of facilities offer delivery and newborn care services, but only 5% have the capacity for cesarean deliveries. The percentage of facilities offering malaria diagnosis and treatment is much lower than at the time of the 2015 NHFS (48% versus 98%). HIV treatment, testing, and care and support are not widely available

(2–8% of facilities), and the percentage of facilities offering services for prevention of mother-to-child transmission (PMTCT) of HIV dropped from 18% in 2015 to 1% in 2021.

Table 3.2 and **Table 3.3** provide additional details on the availability of specific services among all health facilities other than stand-alone HIV testing and counseling centers (HTCs). **Table 3.4** shows the availability of services in these facilities by selected background characteristics.

3.2.2 Availability of Basic Health Services

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, and STI services. **Table 3.4** presents data on the availability of basic health services by facility type, location, and province. There are large variations in the availability of basic health services by facility type. Immunizations, child curative services, growth monitoring, and maternal health services are most

likely to be available in PHCCs and basic health care centers. Family planning services are available in a majority of public health facilities. In addition, noncommunicable disease services and mental health services are available in a majority of hospitals, both public and private. There are variations in basic health service availability by province; variations are narrow for most service types but wide for a few services such as diabetes and disability management. Immunizations, child curative services, maternal health services, and family planning services are more readily available in facilities in rural areas.

Table 3.5 and **Figure 3.1** present information on the availability of these basic services, both individually and as a package, in all facilities except HTCs. Overall, three-fourths of facilities offer the full package of basic services. Although there are minor differences in how the basic package of services was assessed between the 2015 and 2021 NHFS surveys, the availability of basic client services has clearly improved since 2015, when only around 6 in 10 facilities were considered to offer a full package of basic

services. Among facility types, primary health care centers (PHCCs) (97%) are most likely to provide all basic client services and private hospitals are least likely to do so (20%). Public facilities are four times more likely to provide all basic services than private facilities (79% versus 20%). The percentages of facilities offering all basic client services range from 66% in Bagmati and Province 1 to 84% in Lumbini (**Figure 3.2**).

Figure 3.1 Availability of basic client services

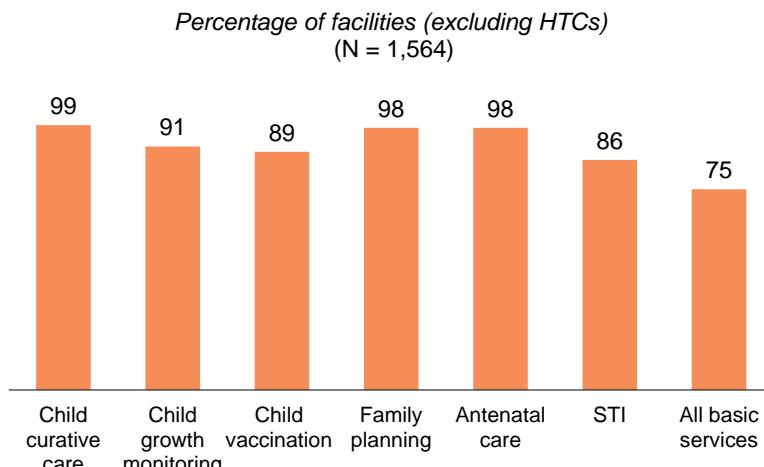
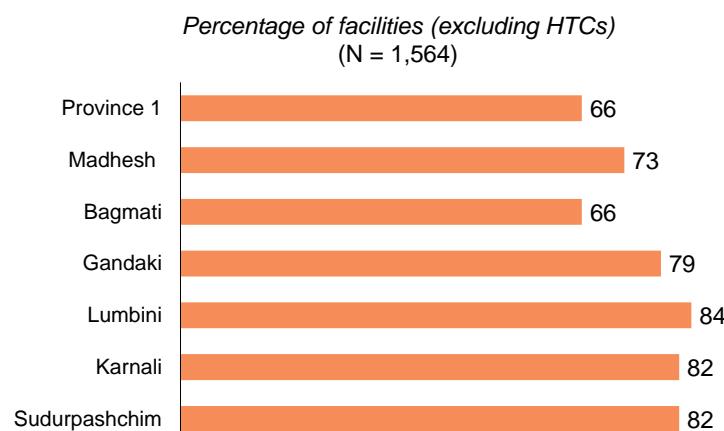


Figure 3.2 Availability of basic client services, by province



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

3.3.1 Basic Amenities

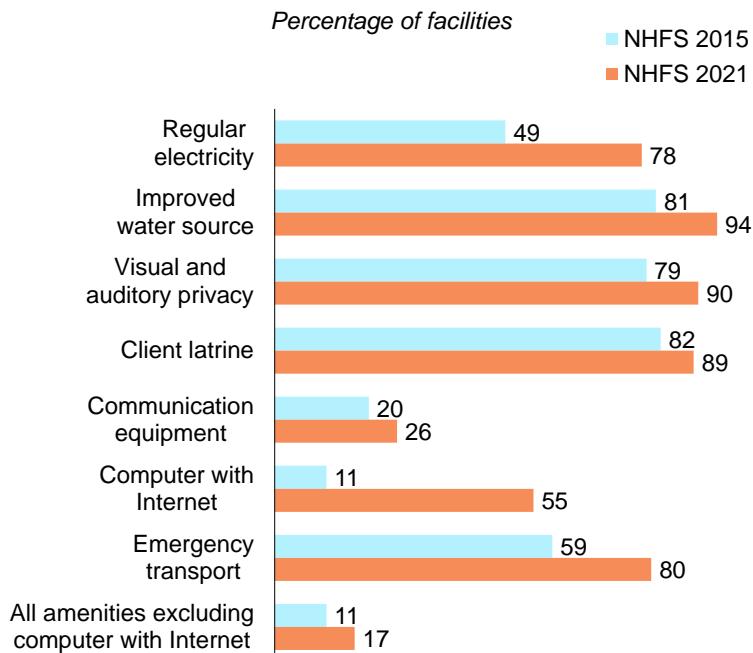
The availability of basic amenities such as regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, a computer with Internet access, and emergency transport is important in rendering quality services and ensuring clients' utilization of health facilities. **Table 3.6** provides information for all health facilities on the availability of these basic amenities.

With regard to specific amenities, health facilities are most likely to have an improved water source (94%) and least likely to have a computer with Internet (55%) or communication equipment (26%). Only 17% of all facilities have six (excluding a computer with Internet access) of the seven amenities considered basic to the provision of client services.

The percentage of facilities having all six basic amenities is highest among private hospitals (87%) and federal/provincial hospitals (82%) and lowest among basic health care centers (9%). More than 3 in 10 facilities in the Bagmati province (31%) have all of the basic amenities, as compared with less than 1 in 10 facilities in Madhesh (8%) and Karnali (7%).

Figure 3.3 shows that there were improvements between 2015 and 2021 in the availability of basic amenities. The improvements were especially marked in the case of the availability of a computer with Internet access, regular electricity, and emergency transport. Improvement was least evident with respect to the availability of communication equipment.

Figure 3.3 Availability of basic amenities for client services



3.3.2 Basic Equipment to Support 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). The 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 3.7** and **Figure 3.4** report on the availability of these basic items in all health facilities.

A stethoscope, found in 98% of facilities, is the most commonly available item, while facilities are least likely to have a child (67%) or infant (68%) weighing scale.

Overall, 41% of facilities have all equipment items considered basic to providing quality client services. This is more than three times the percentage of facilities that had all of the basic equipment items in 2015 (13%).

Local-level hospitals (70%) are most likely, and private hospitals (27%), community health units (CHUs) (28%), and urban health centers (UHCs) (26%) are least likely, to have all of the equipment needed to provide basic services.

Rural facilities (44%) are slightly more likely than urban facilities (39%) to have all basic equipment. The percentage of facilities having all basic equipment varies markedly by province, from 26% in Madhesh to 58% in Sudurpashchim (**Figure 3.5**).

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, particularly in the current context of COVID-19.

Tables 3.8.1 and **3.8.2** show the percentages of all facilities that had 17 items considered basic for infection control. Overall, there was considerable variability in the availability of the items, with facilities

Figure 3.4 Availability of basic equipment for client services

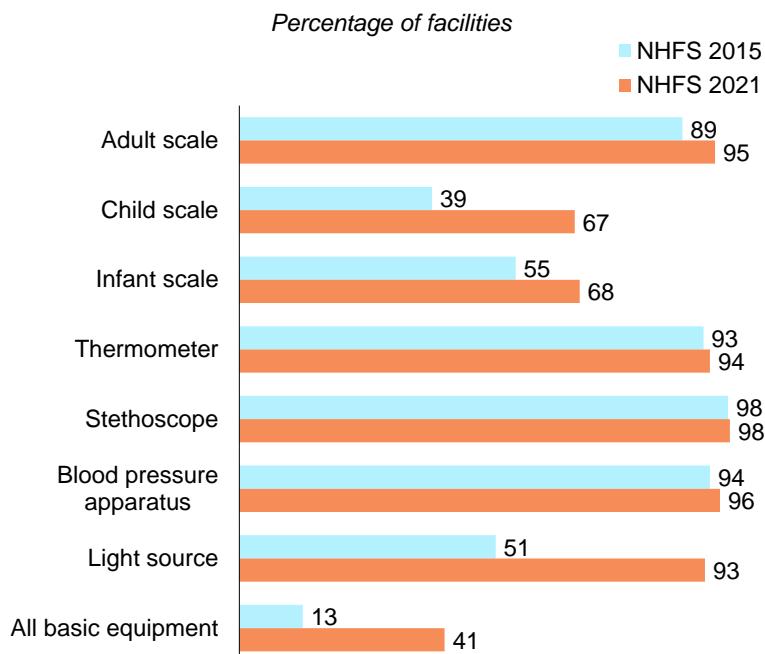
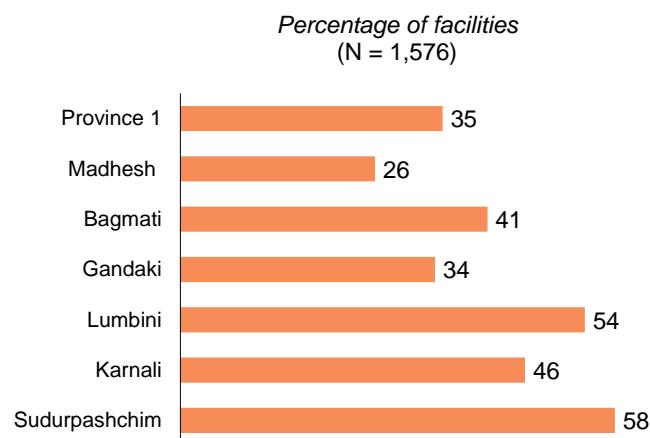


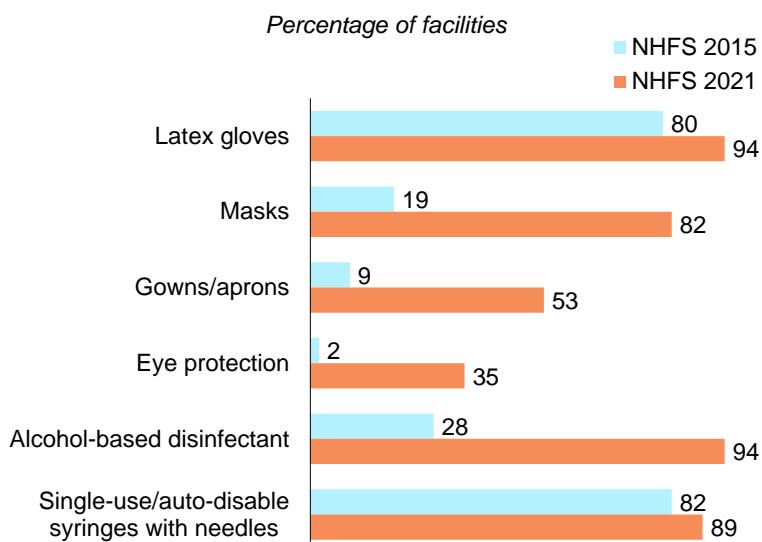
Figure 3.5 Availability of all basic equipment, by province



most likely to have either soap and running water or alcohol-based hand disinfectant (97%) and least likely to have an appropriate means for storing infectious waste (16%) and guidelines for infection prevention and health care waste management (7%). In general, the tables show that hospitals are more likely than PHCCs and basic health centers to have basic items for infection control. The percentages of facilities in the Madhesh province having basic infection control are below the national average for all items except alcohol-based hand disinfectant (94% each) and latex gloves (96% versus 94%).

Figure 3.6 compares the availability in 2015 and 2021 of six items that are critical in reducing infection risks among health workers. There was particularly marked improvement in the availability of these items between the surveys. For example, the percentage of facilities that had masks increased from 19% to 82%, and facilities were almost six times as likely to have gowns/aprons available in 2021 (53%) as in 2015 (9%).

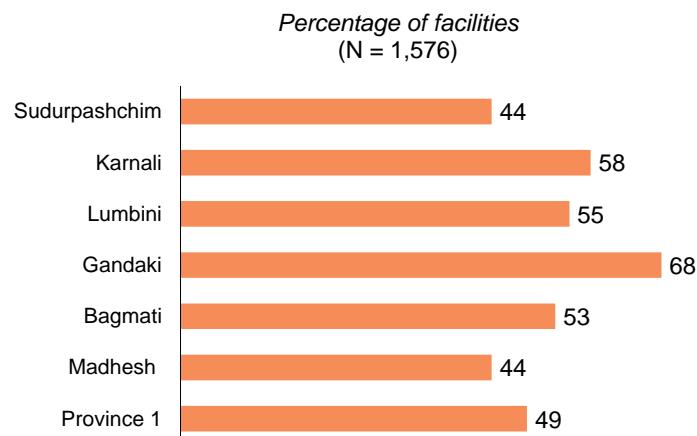
Figure 3.6 Availability of key infection control items



3.3.4 Waste Segregation and Safe Disposal of Health Care Waste

Proper segregation and safe disposal of health care waste are important measures in infection prevention and control. In the 2021 NHFS, 87% of all health facilities were found to be segregating waste at the time of collection (**Table 3.9**), but only 52% safely dispose of both sharps and health care waste (**Table 3.10**). By province, facilities in Madhesh (76%) are least likely to segregate waste at the time of collection (**Table 3.9**), and facilities in Sudurpashchim and Madhesh (44% each) are least likely to safely dispose of both sharps and waste (**Figure 3.7**).

Figure 3.7 Disposal of sharps and medical waste, by province



A comparison of the 2015 NHFS and 2021 NHFS results shows that the percentage of facilities safely disposing of both sharps and health care waste has declined from 77% to 52%. The decrease in safe waste disposal practices is especially noticeable in PHCCs and basic health centers.

3.3.5 Capacity for Adherence to Standards for Quality Sterilization or High-level Disinfection Processes

As noted, infections acquired in a health facility can complicate the delivery of health care, and strict adherence to infection control guidelines is necessary to prevent these infections. **Table 3.11** and **Figure 3.8** report on the capacity of health facilities to process instruments for reuse.

Slightly more than 8 in 10 facilities have the equipment necessary to process instruments for reuse, and almost 7 in 10 have both functioning equipment and correct knowledge of processing time for at least one processing method. When the presence of an automatic timer is considered, only 40% of facilities have all of the prerequisites for quality sterilization. However, this is twice the percentage of facilities reported as having all three prerequisites in 2015 (20%). On the other hand, the percentage of facilities having written guidelines for sterilization or high-level disinfection (HLD) improved only slightly in 2021 (6%) relative to 2015 (4%).

Facilities in the Gandaki province (54%) are most likely to have the three prerequisites for quality sterilization, while facilities in Madhesh (26%) are least likely to have the measures.

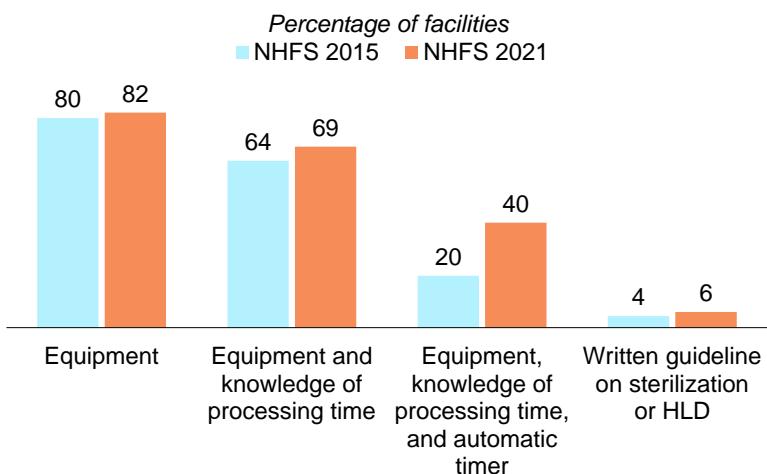
3.3.6 COVID-19 Basic Supplies, Services, and Trained Staff

COVID-19 has posed an unprecedented challenge for health facilities worldwide. Beyond strong infection control, health facilities in Nepal need a range of basic equipment and supplies and trained staff to address COVID-19. **Table 3.12** shows that, with the exception of emergency transport (80%), less than half of all facilities in Nepal have any of the supplies and services considered essential in providing COVID-19 care. **Table 3.13** shows that only 19% of facilities have a COVID-19 handbook available. Just over half of facilities have staff with recent COVID-19-related infection prevention and control training (55%), and only 42% have staff with recent COVID-19-related water, sanitation, and hygiene training.

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. The 2021 NHFS assessed diagnostic capacity using the methodology proposed by WHO and USAID (WHO 2012). **Tables 3.14** and **3.15** present information on the availability of specific tests at all health facilities and the availability of basic tests at hospitals and PHCCs.

Figure 3.8 Capacity to process equipment for reuse



With regard to specific tests, health facilities are most likely to have the capacity for pregnancy (43%) and malaria (36%) testing and least likely to have HIV testing capacity (5%). **Figure 3.9** shows that the availability of all basic laboratory tests increased between 2015 and 2021, with the exception of HIV tests. In general, hospitals, particularly private hospitals, are more likely than other types of facilities to offer clients basic diagnostic tests. Notably, only 34% of stand-alone HTCs had the capacity to conduct an HIV diagnostic test at the time of the survey.

Figure 3.9 Availability of basic laboratory tests

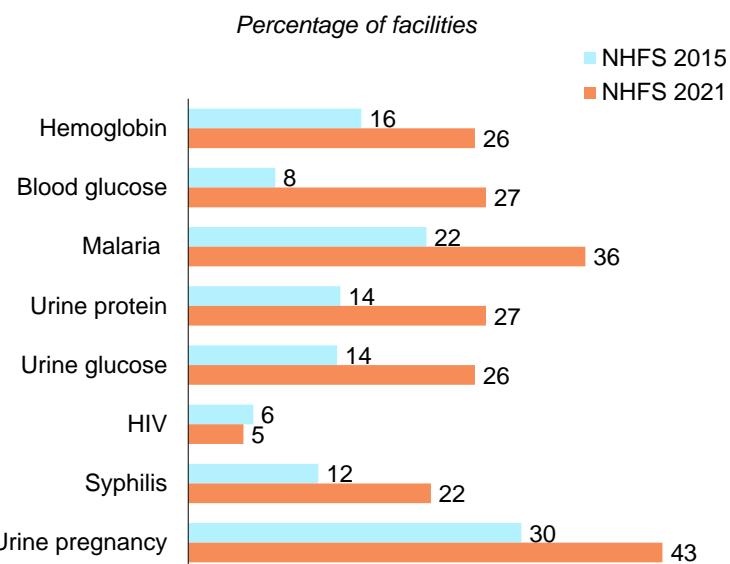


Table 3.16 looks at the availability of any laboratory services including rapid diagnostic tests at health posts (HPs). Overall, around two-thirds of health posts offer at least some testing services, with HPs in the Lumbini province (91%) most likely and those in Province 1 (50%) least likely to provide at least some laboratory services.

Table 3.17 focuses on the availability of advanced diagnostic tests and equipment in hospitals and PHCCs. Federal/provincial-level hospitals are generally much more likely than other types of hospitals and PHCCs to provide advanced diagnostic tests and to have equipment for diagnostic imaging.

3.3.8 Availability of Essential Medicines

Consistent availability of essential medicines is critical in the delivery of quality health services. **Tables 3.18** and **3.19** present information on the availability of 18 tracer medicines and levothyroxine in all health facilities except stand-alone HTCs. Only facilities providing normal delivery services were considered in assessing the availability of oxytocin or other uterotronics, and only hospitals offering TB diagnostic and/or treatment services were considered in assessing the availability of RHZ (isoniazid/rifampicin/pyrazinamide).

With regard to specific essential medicines, facilities are most likely to have oxytocin or other uterotronics (98%) and albendazole (98%). Levothyroxine is available at 6% of facilities, mainly hospitals and PHCCs. Overall, 9 in 10 or more facilities have 11 of the 18 essential medicines. However, only 1% have all 18 medicines.

The availability of pharmacy services is an important indicator of readiness to provide essential medicines. **Table 3.20** shows that a large majority (87%) of public hospitals have pharmacy services available.

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 2021 NHFS elicited information pertaining to management meetings, community participation, quality assurance, and structures to elicit clients' opinions on health service delivery. **Table 3.21** provides information for all facilities except HTCs on each of these elements, which are important in ensuring the delivery of quality services.

Around half of the facilities reported having routine management committee meetings and showed documentation of a recent meeting. A similar proportion of facilities provided documentation of at least one management meeting where there was community participation in the 6 months preceding the survey. This represents an improvement from the situation in 2015, when only around one-third of facilities reported having routine management meetings or holding management meetings in which there was community participation. There was less improvement in the percentage of facilities that reported and provided documentation of quality assurance activities (23% versus 20% in 2015). As was the case in 2015 (3%), very few facilities (4%) had client feedback systems in place.

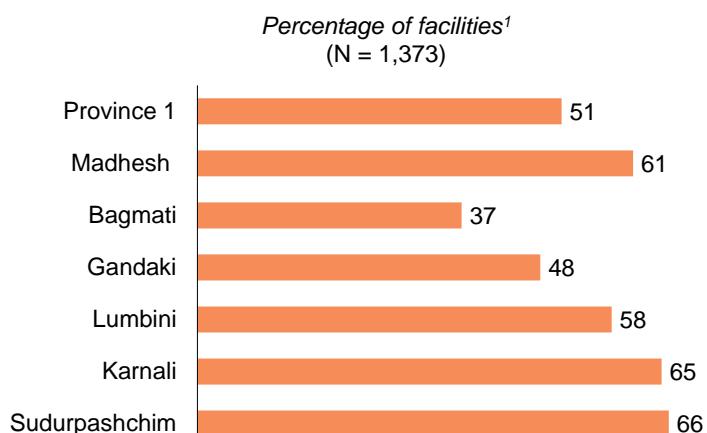
With the exception of client feedback systems, **Table 3.21** shows that public facilities are more likely to have engaged in these activities than private facilities.

3.4.2 Supportive Management for Providers

The 2021 NHFS obtained information on supervisory and staff development activities, which again are important in providing quality health services. Overall, **Table 3.22** shows that 94% of health facilities reported that they had an external supervisory visit during the 4 months preceding the survey. In 79% of facilities where at least two eligible providers were interviewed, at least half of interviewed providers reported receiving work-related training during the 2 years before the survey. Similarly, routine supervision was reported in 79% of facilities. Training and personal supervision were reported in just over half of the facilities (55%), a decrease from 2015 (69%).

Supportive management practices (an external supervisory visit and routine staff training and supervision) were found much more often in public (58%) than private (10%) facilities. The percentage of facilities reporting these practices also varied markedly by province, from only 37% in Bagmati to 66% in Sudurpashchim (**Figure 3.10**).

Figure 3.10 Percentage of facilities with supportive management, by province



¹ Facilities where at least two providers were interviewed

3.4.3 Availability of Human Resources for Health

The qualifications of staff providing services and total staffing levels are both important elements in determining the capacity of health facilities to deliver quality care. **Table 3.23** presents information on staffing levels by type of provider for all facilities except HTCs. As expected, both the number of staff and their qualifications vary by facility type, with hospitals and PHCCs likely to have a greater number and diversity of staff than basic health centers. **Table 3.24** focuses on the extent to which public health

facilities have unfilled posts. The results indicate that staffing shortages are particularly severe in UHCs and CHUs.

3.4.4 Integrated Health Management Information System

The 2021 NHFS collected information on several aspects of the functioning of health management information and logistics systems. **Table 3.25** shows that the vast majority (90%) of all facilities excluding HTCs regularly compile a health management information system (HMIS) report, and two-thirds have a designated HMIS focal person. Around 7 in 10 facilities reported that staff have received DHIS-2 training (71%). Although these indicators are positive, **Table 3.25** highlights the limited use of electronic or online reporting (35%).

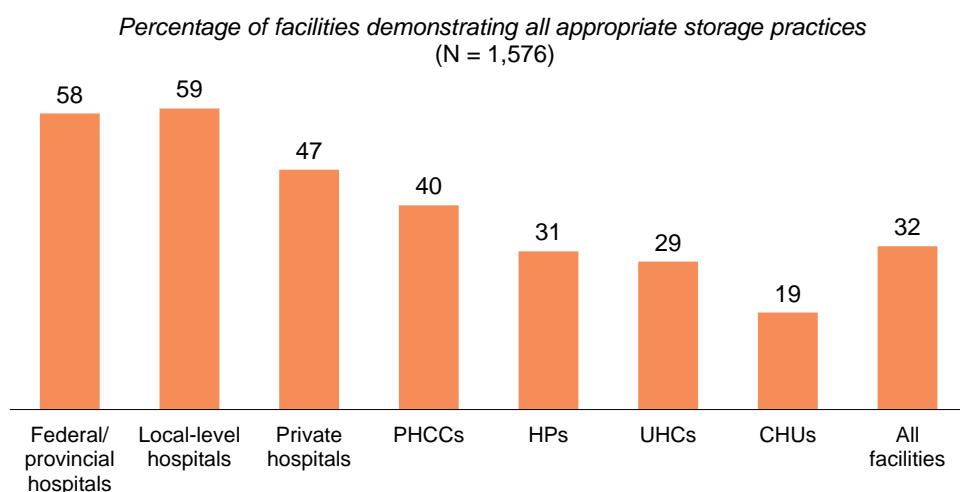
Table 3.25 also provides information on the functioning of the logistics management information system (LMIS) in public health facilities. Almost all public health facilities compile an LMIS report regularly (96%), and nearly half (48%) have staff with basic LMIS training. More than 7 in 10 public facilities have an LMIS focal person, and in just over half of these facilities that focal person has received LMIS training.

Although many public health facilities in Nepal regularly compile integrated HMIS (IHMIS) reports, only a minority have guidance on the preparation of these reports available to staff in the facility. For example, **Table 3.26** shows that only 31% of public facilities had an HMIS user manual available on the day of the survey. The table also shows that only one-third of public facilities are complying with the requirement that they display statistics on key health measures for the public to see.

3.4.5 Storage Practices for Medicines

Another key indicator of facility performance is the effectiveness of the overall logistics management system in ensuring good storage practices for medicines. **Table 3.27** presents information on storage practices for antibiotics and other medicines at facilities during the NHFS visit. More than 8 in 10 facilities demonstrated seven out of the eight good storage practices shown in the table. However, only a minority of facilities (41%) had fire equipment available or accessible at locations where medicines were stored. Overall, 32% of health facilities met all of the eight storage criteria, with hospitals and PHCCs more likely than lower-level facilities to meet the criteria (**Figure 3.11**). By province, the percentage of facilities meeting all of the criteria ranged from 18% in Sudurpashchim to 43% in Madhesh.

Figure 3.11 Storage practices for medicines



3.4.6 Timely Supply of Family Planning commodities

Timely supplies of commodities are crucial for the delivery of quality family planning services. The Ministry of Health and Population (MoHP) has set a standard for all health facilities to receive commodities within 2 weeks of placing the order to the higher authority. **Table 3.28** 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. Overall, 86% of health facilities in Nepal that determine and order family planning commodities received the commodities within 2 weeks of placing an order. Facilities in Province 1 (78%), Madhesh (78%), and Bagmati (82%) were less likely than facilities in the other provinces (94–95%) to report that they received family planning commodities within 2 weeks of placing an order.

3.5 QUALITY OF CARE

The NHFS gathered information on a large number of quality aspects in line with the minimum service standard (MSS) developed by the MoHP. This section uses information from the facility inventory, health provider interviews, observation protocols, and client exit interviews to first look at overall conformance with minimum quality of care standards for health service delivery in Nepal and then assess performance on specific indicators relating to quality of antenatal care (ANC), family planning, and sick child services. The section also presents information on indicators relating to the quality of rehabilitation and reproductive health services.

3.5.1 Minimum Quality of Care Standards

Table 3.29 presents information on nine tracer items designed to assess minimum quality of care standards at the point of service delivery for all facilities excluding HTCs. The presence of these items varied widely. It was very common for health facilities to have soap and running water or alcohol-based hand disinfectant (98%) and trained staff (94%). Around 6 in 10 facilities are employing appropriate procedures for the safe final disposal of infectious waste. A majority of facilities also have a waiting room (75%) and all four tracer amenities (62%) considered essential to meeting minimum quality of care standards. However, only 41% of facilities have the tracer medicines necessary to provide quality care. Even fewer facilities had quality assurance (QA) or MSS guidelines (20%) or key clinical protocols (13%) available on the day of the NHFS visit. Overall, less than 1% of facilities had all nine tracer items.

3.5.2 Compliance with ANC, Family Planning, and IMNCI Service Standards

The 2021 NHFS included a number of items designed to assess health facilities' compliance with service standards related to provision of ANC, family planning, integrated management of neonatal and childhood illness (IMNCI), and normal delivery services. The Nepal Health Sector Strategy results framework (NHSS RF) includes indicators to measure the compliance of ANC, family planning, and sick child services with these standards, which are presented for all facilities excluding HTCs in this chapter. Health facilities' compliance with normal delivery services is not part of the NHSS RF indicators; therefore, compliance with delivery care standards is reviewed in Chapter 7 on delivery and newborn care.

Table 3.30 presents information on compliance with ANC service standards. Overall, very few facilities (1%) met the criteria for all five quality of care items shown in the table. With respect to specific items, providers were observed writing on the client record in 30% of facilities. ANC clients were observed to have received iron supplementation or to have had their weight and blood pressure measured in only around 1 in 4 facilities. Compliance was even more limited with respect to the counseling ANC clients should receive on maintaining a healthy pregnancy (8%) and recognizing at least three danger signs in pregnancy (2%).

Table 3.31 shows that the compliance of health facilities with minimum standards for family planning services is generally low; only 1% of facilities are in compliance with all five items used to assess the

standard of care provided to family planning clients. With respect to specific items, facilities were most likely to maintain a written record of consultations with family planning clients (26%) and least likely to provide the auditory and visual privacy necessary to maintain client confidentiality (4%).

Table 3.32 considers the extent to which health facilities are meeting minimum standards for IMNCI services. Only a small minority of facilities (1%) meet the criteria for all five items shown in the table. Facilities were observed most often performing physical examinations (33%), advising on the need for continued feeding (27%), and recording information on the client card (26%). Providers were observed asking caretakers about complaints in only 2% of facilities.

3.5.3 Provision of Quality ANC, Family Planning, and IMNCI Services

The 2021 NHFS used exit interviews to assess the quality of care provided to ANC, family planning, IMNCI, and normal delivery clients visiting the health facility on the day of the survey. **Table 3.33** shows that almost all interviewed ANC clients (99%) reported that they would recommend the facility to others. Likewise, more than three quarters of clients reported that they had no problems regarding waiting time. However, less than half of clients (45%) received ANC services from a skilled birth attendant (SBA), and only 21% reported that they were counseled on at least three danger signs. Information on clients' postpartum care experiences is presented in Chapter 7 on delivery and newborn care.

Table 3.34 presents data on quality of care for family planning clients. Virtually all family planning clients reported that they would recommend the facility to others, and 88% reported no problems regarding waiting time. Just over half of clients received services from a trained family planning provider (51%). Similar percentages of clients reported being counseled on side effects (53%) and being told what to do if they had any problems and when to return for a follow-up (52%). Overall, health facilities were in compliance with all five tracer items in the case of only 21% of family planning clients.

Table 3.35 presents information obtained on the quality of care for sick children. Almost all interviewed caretakers (97%) reported that they would recommend the facility to others, and 83% had no problems with waiting time. The facility had all basic medicines available in the case of most sick child consultations (98%), and 87% of caretakers were informed by the provider about the child's diagnosis. Less than half of sick children were seen by an IMNCI trained provider. Overall, health facilities were in compliance with all five tracer items in the case of one-third of sick child consultations.

3.5.4 Rehabilitation Services

Table 3.36 presents information on the availability of rehabilitation services at health facilities and also assesses the physical accessibility of facilities. The results show that the availability of rehabilitation services is limited in Nepal; overall, only 27% of health facilities have services for detecting impairments, and only 6% have either physiotherapy or mobility aid services to assist clients with impairments. **Table 3.36** also shows that physical accessibility is a challenge in many health facilities. The majority of facilities lack accessible doors, entrances, corridors, ramps, reception counters, drinking water, and toilet facilities.

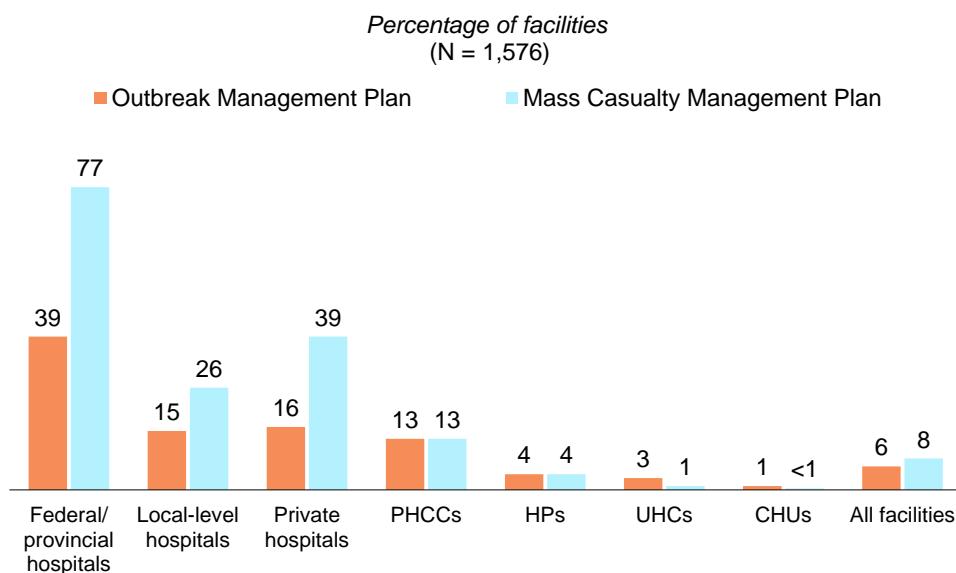
3.5.5 Reproductive Health Care

A lack of trained staff is a major barrier in many instances to delivery of quality health services. **Table 3.37** highlights the lack of staff with recent training in key aspects of reproductive health care. Only 14% of health facilities (excluding HTCs) have a provider with recent adolescent sexual and reproductive health (ASRH) training. Staff training is also a major barrier in cervical cancer screening, with only 5% of facilities having at least one interviewed provider with training in visual inspection with acetic acid (VIA) and less than 1% having at least one provider trained in the single-visit approach to cervical cancer prevention.

3.6 DISASTER PREPAREDNESS

Table 3.38 and **Figure 3.12** present information on disaster preparedness, planning, and training for all health facilities. Overall, very few facilities have any of the basic components needed to deal with disasters. Facilities are most likely to have a rapid response team (12%). Higher-level health facilities, particularly public hospitals, are more likely to have the elements needed to address disease outbreaks or other emergencies than lower-level facilities. For example, 39% of federal/provincial hospitals report that they have a plan for outbreak management and 77% have a mass casualty plan, as compared with 4% and 3%, respectively, of basic health centers.

Figure 3.12 Disaster preparedness planning, by type of facility



3.7 FINANCIAL AUDITS

Auditing plays a vital role in improving governance by ensuring that resources are managed responsibly and effectively to achieve intended results. **Table 3.39** presents information on the status of financial audits at health facilities (excluding HTCs, UHCs, and private hospitals) for the last fiscal year and the last 3 fiscal years. Around 1 in 3 facilities report having regular financial audits. Audits are more common in hospitals and PHCCs than in basic health facilities. The percentage of facilities that had a completed financial audit for the last fiscal year was highest in Sudurpashchim (52%) and lowest in Madhesh (20%).

3.8 FREE HEALTH CARE AND HEALTH INSURANCE

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 somewhat greater proportion of family planning clients (97%) than antenatal (82%) and sick child (87%) clients received free services on the day of the survey (**Table 3.40**). For all three types of clients, services were more likely to be free at basic health centers than at PHCCs or hospitals. **Table 3.40** also shows that almost two-thirds of postpartum clients receiving services at facilities where the Aama program is implemented received free services.

Health insurance is another important tool in efforts to ensure universal health coverage. **Table 3.41** provides information on the availability of health insurance services at hospitals and PHCCs. Overall, 39% of hospitals and PHCCs implement the government's social security health insurance scheme, with health insurance availability greater in public facilities (69%) than private facilities (14%).

Results are also presented in **Table 3.41** on several indicators relating to how health insurance is functioning in facilities that have health insurance services. Notably, 72% of facilities implementing health insurance reported being reimbursed for at least some of the costs of serving enrollees.

LIST OF TABLES

- **Table 3.1** Availability of specific services
- **Table 3.2** Availability of specific services at facilities other than stand-alone HTCs
- **Table 3.3** Availability of specific services and diagnostic tests
- **Table 3.4** Availability of basic health services at facilities other than stand-alone HTCs
- **Table 3.5** Availability of basic health services (NHSS RF: OP3.1.1)
- **Table 3.6** Availability of basic amenities for client services
- **Table 3.7** Availability of basic equipment
- **Table 3.8.1** Standard precautions for infection control, by facility type
- **Table 3.8.2** Standard precautions for infection control, by managing authority and province
- **Table 3.9 (RF10)** Segregation of waste (NHSS RF: OP2.3.1)
- **Table 3.10 (RF11)** Safe disposal of health care waste (NHSS RF: OP2.3.2)
- **Table 3.11** Capacity for processing of equipment for reuse
- **Table 3.12** Availability of COVID-19-related supplies and services
- **Table 3.13** Handbook and trained staff for COVID-19
- **Table 3.14** Laboratory diagnostic capacity (NHSS RF: OP2.1.3), by facility type
- **Table 3.15** Laboratory diagnostic capacity (NHSS RF: OP2.1.3), by managing authority and province
- **Table 3.16 (RF16)** Health posts with laboratory services (NHSS: OP5.1.2)
- **Table 3.17** Laboratory diagnostic capacity: Advanced tests and diagnostic imaging
- **Table 3.18** Availability of tracer medicines (NHSS RF: OC1.4), by facility type
- **Table 3.19** Availability of tracer medicines (NHSS RF: OC1.4), by managing authority and province
- **Table 3.20 (RF15)** Public hospitals with pharmacy services (NHSS RF: OP3.2.4)
- **Table 3.21** Management meetings and quality assurance activities
- **Table 3.22** Supportive management practices at the facility level
- **Table 3.23** Staffing patterns
- **Table 3.24 (RF02)** Sanctioned posts filled (NHSS RF: OP1b1.1)
- **Table 3.25** IHIMS (HMIS and LMIS) status: IHIMS reporting and designated focal person
- **Table 3.26** IHMIS status: HMIS and LMIS guidelines, manuals, and latest report
- **Table 3.27 (RF05)** Storage practices for medicines (NHSS RF: OP1c2.2)
- **Table 3.28 (RF04)** Timely supply of family planning commodities (NHSS RF: OP1c2.1)
- **Table 3.29** Meeting minimum standards of quality of care at point of delivery (NHSS RF. OC2.1)
- **Table 3.30** Providers observed complying with service delivery standard protocols/guidelines for tracer services: ANC services (NHSS RF. OP2.1.1)
- **Table 3.31** Providers observed complying with service delivery standard protocols/guidelines for tracer services: Family planning services (NHSS RF. OP2.1.1)
- **Table 3.32** Providers observed complying with service delivery standard protocols/guidelines for tracer services: IMNCI services (NHSS RF. OP2.1.1)
- **Table 3.33** Clients provided with quality services as per national standards: ANC services (NHSS RF. OC2.2)

- **Table 3.34** Clients provided with quality services as per national standards: Family planning services (NHSS RF. OC2.2)
- **Table 3.35** Clients provided with quality services as per national standards: IMNCI services (NHSS RF. OC2.2)
- **Table 3.36** Availability of rehabilitation services and accessibility of services
- **Table 3.37** Trained staff for reproductive health services
- **Table 3.38** Isolation room, RRT, ICS disaster preparedness, and drill down exercise
- **Table 3.39** Financial audits
- **Table 3.40** Clients receiving free health care
- **Table 3.41** Availability of health insurance services

Table 3.1 Availability of specific services

Among all facilities, percentages and numbers that offer specific services, Nepal HFS 2021

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Child curative care	98.7	1,556	1,514
Child growth monitoring	89.9	1,418	1,263
Child vaccination (EPI) ¹	88.4	1,394	1,179
Any modern FP service ²	97.3	1,534	1,474
Antenatal care	97.9	1,543	1,494
PMTCT ³	1.4	21	76
Delivery and newborn care	51.1	805	788
Postnatal newborn services	76.8	1,211	1,194
Cesarean delivery ⁴	5.2	83	242
HIV testing ⁵	5.0	78	180
HIV care and support ⁶	7.9	125	185
HIV treatment (ART) ⁷	1.8	29	94
STI diagnosis or treatment	86.2	1,358	1,341
TB diagnosis or treatment ⁸	79.4	1,252	1,091
Malaria diagnosis or treatment ⁹	48.3	761	830
NCD diagnosis or treatment ¹⁰	96.3	1,518	1,487
Kala-azar (leishmaniasis) diagnosis or treatment	11.6	183	340
Management of snake bites	77.4	1,220	1,206
Management of animal bites	87.1	1,372	1,352
Total	-	1,576	1,576

EPI = Expanded Program on Immunization

STI = Sexually transmitted infection

¹ Routine provision of bacillus Calmette-Guérin (BCG), pentavalent, oral polio, or measles-rubella (MR) vaccinations; pneumococcal conjugate vaccine (PCV); rotavirus vaccine; a fractional dose of inactivated polio vaccine (fIPV); and Japanese encephalitis (JE) vaccinations at the facility or through outreach.

² Facility provides, prescribes, or counsels clients on any of the following modern methods of family planning (FP): combined oral contraceptive pills, progestin-only injectable (Depo), implants, intrauterine contraceptive devices (IUDs), male condoms, 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 site.

⁵ Facility reports that it has the capacity to conduct HIV testing at the facility site, whether by rapid diagnostic testing, ELISA (enzyme-linked immunosorbent assay), or Western blot, and an unexpired HIV rapid diagnostic test kit is available in the facility on the day of the survey or another test capability is available.

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 tuberculosis (TB) (i.e., isoniazid with pyridoxine)
 -Primary preventive treatment for opportunistic infections (e.g., 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 treated elsewhere.

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

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

Table 3.2 Availability of specific services at facilities other than stand-alone HIV testing and counseling centers (HTCs)

Percentages and numbers of facilities that offer specific services, Nepal HFS 2021

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service (weighted)
Child curative care	99.3	1,554
Child growth monitoring	90.5	1,416
Child vaccination (EPI) ¹	88.9	1,391
Any modern FP service ²	97.7	1,529
Antenatal care	98.3	1,538
Delivery and newborn care	51.4	804
Postnatal newborn services	77.3	1,209
Cesarean delivery ³	5.3	83
TB diagnosis or treatment ⁴	79.9	1,250
Malaria diagnosis or treatment ⁵	48.6	760
NCD diagnosis or treatment ⁶	96.9	1,516
Kala-azar (leishmaniasis) diagnosis or treatment	11.7	183
Management of snake bites	77.9	1,220
Management of animal bites	87.7	1,372
Total	-	1,565

EPI = Expanded Program on Immunization

¹ Routine provision of bacillus Calmette-Guérin (BCG), pentavalent, oral polio, or measles-rubella (MR) vaccinations; pneumococcal conjugate vaccine (PCV); rotavirus vaccine; a fractional dose of inactivated polio vaccine (IPV); and Japanese encephalitis (JE) vaccinations at the facility or through outreach

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

³ Facility reports that it provides cesarean delivery services at the facility site.

⁴ Facility reports that providers assigned to the facility diagnose tuberculosis (TB), prescribe treatment for TB, or provide TB treatment follow-up services for clients treated elsewhere.

⁵ Facility reports that it offers malaria diagnosis and/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 considered as offering malaria diagnosis and/or treatment services.

⁶ Facility reports that it offers services for noncommunicable diseases (NCDs) such as diabetes, cardiovascular diseases, and chronic respiratory diseases.

Table 3.3 Availability of specific services and diagnostic tests

Among all facilities, percentages and numbers that offer specific services and diagnostic tests, Nepal HFS 2021

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service (weighted)
Abortion-related services	19.2	301
Extended outpatient department services	3.5	54
Adolescent-friendly services	45.2	707
Screening for uterovaginal prolapse	50.2	785
Management of uterovaginal prolapse	30.0	469
Surgical management of uterovaginal prolapse	4.6	71
Screening for obstetric fistula	20.9	326
Screening for cervical cancer	11.7	183
Screening for breast cancer	49.7	778
Visual inspection with acetic acid test	9.0	141
Colposcopy	1.9	29
Thermocoagulation	1.4	22
Cryotherapy	1.1	17
Pap smear test	3.2	50
Loop electrosurgical excision procedure	1.1	17
Mental health treatment	25.2	394
Total	-	1,565

Note: The following abbreviations are used in tables throughout this chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), CHUs (community health units), and HTCs (HIV testing and counseling centers). This table excludes stand-alone HTCs.

Table 3.4 Availability of basic health services at facilities other than stand-alone HTCs

Percentages of facilities offering indicated basic health services and all basic health services, by background characteristics, Nepal HFS 2021

Basic health services	Federal/provincial-level hospitals	Local-level hospitals	Private hospitals	PHCCs	Facility type		Basic health care centers		Location		Province							
					Basic health care centers	HPs	UHCs	CHUs	Urban	Rural	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	Total
Immunization services																		
Child vaccination	74.3	89.6	25.2	100.0	94.8	99.6	80.1	73.5	84.1	95.4	87.5	92.8	89.9	89.4	93.6	90.9	89.4	
Tetanus/diphtheria vaccination	83.6	90.5	57.7	98.4	86.5	90.5	73.0	80.7	89.4	88.6	84.0	79.0	86.0	84.6	86.0	84.3	87.0	84.7
Childhood illness management services																		
Child curative care	99.0	98.4	93.5	100.0	99.9	100.0	99.1	100.0	98.9	100.0	99.4	99.0	99.5	99.9	98.7	99.8	100.0	99.4
Nutrition services																		
Child growth monitoring	84.5	91.3	38.6	99.5	96.5	99.7	85.5	84.0	87.0	97.8	90.6	93.4	88.2	94.1	94.6	95.3	91.3	92.1
Pregnancy, delivery, and postpartum services																		
Antenatal care	96.9	98.4	90.4	100.0	99.0	99.8	96.3	96.4	97.7	99.1	98.8	99.3	98.2	96.8	98.1	98.4	98.9	
Delivery and newborn care	91.7	93.8	52.8	97.3	48.2	57.2	7.0	23.8	41.3	63.0	51.2	24.9	47.1	46.3	56.8	77.8	76.8	51.4
Abortion care	92.7	56.7	57.8	67.2	12.1	15.1	1.5	0.9	24.6	13.1	18.6	18.1	19.3	23.0	20.7	10.0	22.3	19.2
Postnatal newborn care	96.9	93.8	72.8	99.5	76.2	80.0	60.3	71.4	83.9	76.6	58.6	71.2	83.4	87.0	86.7	88.9	88.9	77.3
Family planning, reproductive health, and women's cancer services																		
Any modern method of family planning	95.9	98.4	71.4	100.0	99.9	100.0	99.7	99.5	95.8	99.9	97.4	96.6	96.1	99.2	97.7	99.7	99.7	97.7
Uterovaginal prolapse (screening)	94.8	96.7	83.0	91.3	44.3	49.9	24.3	22.5	47.9	52.7	44.9	33.5	61.4	50.3	53.9	48.1	57.3	50.2
Obstetric fistula (screening)	75.1	48.2	68.4	37.7	14.7	17.1	4.9	7.0	23.4	18.0	13.8	29.5	19.3	18.9	21.4	27.2	20.9	
Cervical cancer (screening)	75.2	42.2	60.4	26.8	5.2	6.1	3.2	0.7	16.9	5.8	4.4	20.2	13.2	6.3	5.4	14.9	11.7	
Breast cancer (screening)	87.6	74.2	74.7	69.4	45.8	46.9	39.7	43.9	47.3	52.6	40.5	27.4	50.5	48.7	53.8	60.6	82.3	49.7
Adolescent-friendly services	54.9	64.2	24.0	71.0	45.6	51.0	27.5	23.4	41.1	49.9	40.6	43.1	40.2	47.9	57.0	37.7	50.9	45.2

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Table 3.4—Continued

Basic health services	Facility type			Basic health care centers			Location			Province									
	Federal/provincial-level hospitals		Local-level hospitals	Private hospitals	Basic health care centers		HPs	UHCs		Urban	Rural	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	Total
Services related to infectious diseases																			
Services for STIs	100.0	100.0	97.3	100.0	84.0	87.7	72.3	68.7	84.4	76.3	82.3	90.1	95.0	88.0	95.0	86.0	86.0	86.0	
Malaria (diagnosis or treatment)	96.9	93.8	90.4	89.6	41.8	47.9	26.3	11.9	55.9	40.1	35.9	64.4	63.5	57.4	19.9	53.2	48.5	48.5	
Tuberculosis (diagnosis or treatment)	98.0	95.4	76.3	99.5	79.7	91.2	47.0	26.1	79.8	81.4	76.8	93.4	75.1	79.6	86.2	72.5	77.5	80.6	
HIV (opportunistic infection treatment)	60.9	15.9	13.6	17.5	5.7	6.7	1.9	2.1	7.0	8.6	7.9	3.2	7.1	6.6	18.0	1.2	7.3	7.8	
Leprosy, dengue, and filariasis (diagnosis and treatment)	92.7	88.2	75.7	80.3	45.1	52.4	22.8	13.7	56.8	42.0	40.0	83.9	35.5	20.8	60.3	46.8	64.6	49.9	
Gastrointestinal infection (diagnosis and treatment)	100.0	97.7	97.9	99.5	96.6	97.2	95.6	92.6	96.6	97.1	97.1	99.4	99.7	92.3	99.9	98.6	86.8	96.8	
Respiratory tract infection (diagnosis and treatment)	100.0	100.0	98.7	100.0	99.1	99.5	96.8	98.8	98.7	99.6	98.0	99.4	98.7	100.0	99.9	98.3	100.0	99.2	
Eruptive diseases (measles, chicken pox, rubella, mumps) management	99.0	100.0	91.3	98.9	88.1	92.5	75.7	67.9	88.3	89.9	81.6	91.2	91.8	88.0	92.0	92.4	86.7	89.0	
Skin and soft tissue infection (diagnosis and treatment)	99.0	100.0	94.6	99.5	98.8	99.3	95.8	98.2	97.3	99.8	97.8	95.6	99.4	98.7	99.4	100.0	99.5	98.5	
Eye infection (diagnosis, first-aid, and referral)	94.9	98.4	84.3	99.5	98.9	99.0	97.9	99.8	96.7	99.0	94.7	94.6	98.4	100.0	99.0	100.0	99.8	97.8	
ENT (diagnosis, first-aid and referral)	99.0	100.0	93.0	98.9	99.7	100.0	98.2	99.0	98.5	99.9	98.2	98.3	99.0	100.0	99.4	100.0	100.0	99.2	
Oral infection (diagnosis, first-aid and referral)	98.0	100.0	95.2	99.5	99.4	99.6	98.0	98.7	98.3	99.8	98.1	97.3	99.6	99.9	99.4	99.7	99.8	99.0	
Genitourinary infection (diagnosis and treatment)	100.0	100.0	99.3	100.0	95.6	96.5	91.0	93.9	94.7	97.8	91.9	87.9	98.9	99.3	98.9	100.0	98.8	96.1	
Animal bite (management)	96.9	100.0	86.8	95.6	87.2	88.1	80.4	87.4	83.7	92.4	77.5	91.3	98.0	85.7	95.5	96.7	87.7	87.7	
Kala-azar/leishmaniasis (diagnosis or treatment)	82.4	29.3	54.3	37.7	5.4	6.5	1.3	1.1	15.7	7.1	26.2	10.0	13.1	2.9	8.1	6.3	8.7	11.7	

Continued..

Table 3.4—Continued

	Facility type	Basic health care centers			Location			Province										
		Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCs	HPs	UHCs	CHUs	Urban	Rural	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur- paschim	Total
Basic health services																		
Services related to noncommunicable diseases and conditions experienced by differently abled people																		
Diabetes (diagnosis and/or treatment)	100.0	100.0	97.0	98.9	69.5	73.8	60.9	45.9	74.4	72.3	71.2	77.2	70.9	77.4	83.1	53.4	73.0	73.4
Chronic respiratory diseases such as COPD (diagnosis and/or treatment)	100.0	100.0	96.8	100.0	96.0	97.0	90.7	94.0	95.8	96.8	88.6	99.4	96.4	99.5	97.9	92.9	100.0	96.3
Cardiovascular disease (diagnosis and/or treatment)	100.0	100.0	95.9	98.9	89.1	91.4	78.4	82.6	90.6	89.8	81.5	95.5	85.3	95.2	96.0	86.5	94.1	90.2
Musculoskeletal pain and acid peptic disease (treatment and referral)	99.0	98.4	96.1	97.8	91.7	93.1	85.2	88.7	92.2	92.8	82.9	86.0	96.6	96.8	98.6	89.5	97.5	92.5
Disability (identification, counseling, and referral)	95.8	89.8	71.3	89.1	60.2	63.8	49.5	44.2	62.5	63.5	67.5	76.8	47.7	57.9	68.3	57.5	67.2	63.0
Mental illness services																		
Mental health problems (diagnosis and/or management)	91.7	89.6	68.3	69.4	17.6	20.6	7.1	5.6	29.2	20.6	20.2	19.7	30.2	21.9	30.1	27.4	26.4	25.2
Geriatric health services																		
Geriatric health promotion services	81.5	83.1	57.6	71.6	67.7	69.3	63.3	60.1	66.9	68.2	69.4	64.2	57.5	65.5	81.3	56.9	79.4	67.5
Basic emergency services																		
Snake bite (management)	94.8	93.6	68.4	88.0	77.9	79.1	67.7	79.9	71.2	85.7	66.5	54.6	81.4	90.9	82.9	94.0	89.0	78.0
Common emergency services (management and referral)	100.0	98.4	95.5	97.8	80.5	83.3	70.2	70.2	81.5	84.2	85.0	81.1	89.3	99.0	83.4	58.8	67.3	82.7
Minor surgical services	100.0	100.0	99.3	100.0	98.9	100.0	93.1	96.4	98.3	99.7	98.2	99.4	99.8	99.8	98.4	99.3	97.5	99.0
Acute pain (management and referral)	100.0	100.0	96.3	99.5	98.0	98.2	97.2	97.4	96.9	99.2	95.7	94.3	98.8	100.0	100.0	99.1	99.7	98.0
Health promotion services																		
Health promotion for existing and emergency health conditions	92.8	88.7	66.3	87.4	81.9	84.7	71.8	71.8	79.2	83.5	81.1	73.1	76.6	82.5	89.1	81.1	89.3	81.2
All basic services (all services listed above)	13.5	1.6	1.0	1.1	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.6	0.4	0.4	0.0	0.7	0.4
Number of facilities	27	17	116	51	1,352	1,064	154	135	834	730	262	246	321	198	239	128	169	1,565

Note: This table excludes stand-alone HTC sites.

STIs = Sexually transmitted infections

ENT= Ear/nose/throat

COPD = Chronic obstructive pulmonary disease

Table 3.5 Availability of basic health services (NHSS RF: OP3.1.1)

Percentages of facilities offering indicated basic health services and all basic health services, by background characteristics, Nepal HFS 2021

Background characteristic	Child curative care	Child growth monitoring	Child vaccination ¹	Any modern method of family planning ²	Antenatal care	Services for STIs	All basic client services ³	Postnatal newborn services	Number of facilities excluding HTCs and			
									two federal-level hospitals	one federal-level hospital ⁵	two federal-level hospitals	one federal-level hospital ⁶
Facility type												
Federal/provincial-level hospitals	100.0	85.4	74.8	96.8	97.9	100.0	73.7	98.9	27	27	27	27
Local-level hospitals	98.4	74.3	89.6	98.4	98.4	100.0	71.0	93.8	17	17	17	17
Private hospitals	93.1	38.6	25.0	71.4	90.0	96.9	19.6	72.8	116	116	116	116
PHCCs	100.0	97.8	99.5	100.0	100.0	100.0	97.3	99.5	51	51	51	51
Basic health care centers	99.9	95.0	94.3	99.9	99.0	84.0	78.5	76.2	1,352	1,352	1,352	1,352
HPs	100.0	98.2	99.3	100.0	99.8	87.7	86.2	80.0	1,064	1,064	1,064	1,064
UHCs	99.1	83.5	79.4	99.7	96.3	72.3	51.7	63.7	154	154	154	154
CHUs	99.7	83.0	72.4	99.5	96.1	68.4	48.2	60.3	135	135	135	135
Managing authority												
Public	99.9	94.7	94.1	99.8	99.0	85.1	79.0	77.6	1,448	1,448	1,448	1,448
Private	93.1	38.6	25.0	71.4	90.0	96.9	19.6	72.8	116	116	116	116
Ecological region												
Mountain	99.8	94.8	87.5	99.6	97.0	71.3	61.9	75.1	210	210	210	210
Hill	99.8	93.3	91.0	98.7	98.6	89.6	80.1	84.4	819	818	819	818
Terai	98.6	84.5	86.3	95.5	98.5	86.1	71.0	67.2	535	535	535	535
Location												
Urban	98.8	85.7	83.5	95.8	97.7	87.3	70.5	71.5	834	834	834	834
Rural	99.9	96.0	95.2	99.9	99.1	84.4	79.2	83.9	730	730	730	730
Province												
Province 1	99.2	90.4	87.1	97.4	98.6	76.1	66.4	76.6	262	262	262	262
Madhesh	99.0	88.3	91.3	96.6	99.3	82.3	72.5	58.6	246	246	246	246
Bagmati	99.6	88.0	85.1	96.2	98.3	82.1	66.0	71.3	321	321	321	321
Gandaki	99.9	92.8	89.9	99.2	96.8	90.1	79.3	83.4	198	198	198	198
Lumbini	98.7	93.0	89.4	97.7	98.1	95.0	83.9	87.0	239	239	239	239
Karnali	99.5	94.8	93.1	99.7	98.1	87.7	82.0	86.7	128	128	128	128
Sudurpashchim	100.0	89.2	90.9	99.7	98.9	95.0	81.9	88.9	169	169	169	169
Total	99.4	90.5	89.0	97.7	98.3	85.9	74.6	77.3	1,565	1,564	1,564	1,564

Note: This table excludes stand-alone HTCs.

¹Routine provision of bacillus Calmette-Guérin (BCG), pentavalent, oral polio, or measles-rubella (MR) vaccinations; pneumococcal conjugate vaccine (PCV); rotavirus vaccine; a fractional dose of inactivated polio vaccine (IPV); and Japanese encephalitis (JE) vaccinations at the facility or through outreach.² Facility provides, prescribes, or counsels clients on any of the following methods of family planning: combined oral contraceptive pills, progestin-only injectable (Depo), implants, intrauterine contraceptive devices (IUDs), male condoms, male sterilization, or female sterilization.³ Percentage of all health facilities except HTCs providing outpatient curative care for sick children, child growth monitoring, child vaccination services, any modern method of family planning, antenatal care, and services for sexually transmitted infections (STIs). These services also constitute the basic health care package of the Nepal Health Sector Strategy (NHSS).⁴ This denominator applies only to the services for STIs indicator.⁵ For the child curative care, child vaccination, and antenatal care services indicators, two federal-level hospitals were also excluded from the denominator.⁶ For the child growth monitoring services indicator, one federal-level hospital was excluded from the denominator.⁷ For the any modern methods of family planning indicator, two federal-level hospitals were also excluded from the denominator.

Table 3.6 Availability of basic amenities for client services

Among all facilities, percentages with indicated amenities considered basic for quality services, by background characteristics, Nepal HFS 2021

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									
Federal/provincial-level hospitals	98.0	100.0	93.9	98.0	94.8	94.9	95.9	81.5	27
Local-level hospitals	100.0	100.0	95.1	95.1	53.3	83.4	93.6	43.5	17
Private hospitals	99.5	99.0	96.2	98.0	96.4	84.4	95.2	86.8	116
PHCCs	91.3	98.4	95.6	95.6	45.4	80.9	88.5	35.0	51
Basic health care centers									
HPs	74.9	93.3	88.9	88.1	16.5	50.0	77.6	8.8	1,352
UHCs	79.1	95.2	91.0	88.8	18.1	56.9	79.1	10.2	1,064
CHUs	62.0	88.2	79.9	83.7	14.9	32.3	72.8	5.5	154
Stand-alone HTCs	56.7	84.2	82.4	87.7	5.1	15.1	70.7	1.6	135
Total	92.7	97.6	92.7	95.1	97.6	87.8	78.0	61.0	11
Managing authority									
Public	76.2	93.7	89.3	88.6	19.4	52.3	78.5	11.5	1,448
Private	98.9	98.8	95.9	97.7	96.5	84.7	93.7	84.5	128
Ecological region									
Mountain	79.8	96.2	94.3	95.8	15.8	36.4	65.2	10.9	210
Hill	77.9	93.9	92.0	93.6	27.6	59.6	82.4	18.8	823
Terai	77.6	93.6	84.8	80.5	26.7	55.0	81.3	17.9	543
Location									
Urban	78.8	93.3	89.6	88.1	33.3	58.4	78.2	23.7	846
Rural	77.2	95.0	90.1	90.9	16.9	51.0	81.5	10.2	730
Province									
Province 1	84.3	93.3	84.9	93.3	28.1	58.1	71.5	18.4	264
Madhesh	74.6	89.9	82.2	69.2	15.4	49.3	77.8	7.7	247
Bagmati	80.7	95.8	91.2	92.0	40.3	49.7	91.7	30.5	325
Gandaki	73.6	99.1	92.8	93.9	28.6	70.7	76.4	18.0	198
Lumbini	69.1	94.0	97.3	94.2	23.1	58.6	87.5	18.3	243
Karnali	88.4	96.4	91.5	92.1	10.3	49.2	65.6	7.1	129
Sudurpashchim	78.6	91.0	90.5	93.3	20.7	48.7	75.9	11.3	170
Total	78.1	94.1	89.8	89.4	25.7	54.9	79.7	17.4	1,576

¹ Facility is connected to a central power grid and there has not been an interruption in the power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey, facility had a functioning generator with fuel available on the day of the survey, or facility has back-up solar power.

² Water is piped into the facility or piped onto facility grounds, or facility has bottled water, 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.

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 can be held without the client being seen or heard by others

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

⁵ Facility has a functioning land-line telephone, a functioning facility-owned cellular phone, a private cellular phone that is supported by the facility, or a functioning radio available in the facility.

⁶ Facility has a functioning computer with access to the Internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the Internet via a cellular phone inside the facility.

⁷ Facility has 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, an improved water source, visual and auditory privacy, a client latrine, communication equipment, and emergency transport.

Table 3.7 Availability of basic equipment

Among all facilities, percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Nepal HFS 2021

Background characteristic	Equipment								Number of facilities
	Adult weighing scale	Child weighing scale ¹	Infant weighing scale/pan scale ²	Digital thermometer	Stethoscope	Blood pressure apparatus ³	Light source ⁴	All basic equipment ⁵	
Facility type									
Federal/provincial-level hospitals	95.9	64.9	63.0	95.9	99.0	95.9	97.9	46.5	27
Local-level hospitals	100.0	87.1	79.3	100.0	100.0	98.4	92.0	69.7	17
Private hospitals	93.6	43.9	49.6	96.8	98.3	97.8	98.4	26.5	116
PHCCs	97.3	73.8	78.1	95.1	97.8	96.2	94.5	54.1	51
Basic health care centers									
HPs	94.9	68.7	69.8	94.0	98.2	96.0	91.9	41.6	1,352
UHCs	95.2	70.7	73.6	94.3	98.1	95.7	92.7	45.5	1,064
CHUs	93.9	61.1	54.8	93.9	99.4	97.5	89.7	25.9	154
Stand-alone HTCs	93.8	61.6	57.0	92.1	98.0	97.3	87.9	28.1	135
Total	82.9	22.0	29.3	75.6	82.9	80.5	85.4	9.8	11
Managing authority									
Public	95.1	69.1	70.1	94.2	98.2	96.1	92.1	42.4	1,448
Private	92.7	41.9	47.8	94.9	96.9	96.2	97.2	25.0	128
Ecological region									
Mountain	93.4	79.3	69.0	93.5	96.5	96.2	95.5	48.7	210
Hill	96.7	64.7	72.0	96.1	98.7	97.4	93.0	42.9	823
Terai	92.6	65.3	62.3	91.7	97.9	94.1	90.6	35.2	543
Location									
Urban	95.2	63.7	68.1	93.6	98.4	95.7	92.0	38.6	846
Rural	94.4	70.5	68.4	95.0	97.8	96.5	93.0	43.9	730
Province									
Province 1	94.9	62.5	60.6	93.2	96.7	95.2	89.9	35.0	264
Madhesh	90.6	61.8	53.5	90.5	98.1	93.2	88.2	26.0	247
Bagmati	98.1	67.3	65.1	97.7	97.3	96.0	94.3	41.1	325
Gandaki	96.3	54.9	79.5	95.3	99.7	98.2	92.6	33.6	198
Lumbini	96.1	75.8	77.7	97.0	99.3	97.7	94.0	54.3	243
Karnali	88.8	66.9	72.2	94.6	96.3	94.4	90.7	45.7	129
Sudurpashchim	96.0	81.2	78.2	89.2	99.7	98.1	98.4	58.3	170
Total	94.9	66.9	68.3	94.2	98.1	96.1	92.5	41.0	1,576

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 examinations or a functioning flashlight available somewhere in the general outpatient area

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

Table 3.8.1 Standard precautions for infection control, by facility type

Among all facilities, percentages 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 HFS 2021

Items	Facility type				Basic health care centers	Basic health care centers				Stand-alone HTCs	Total
	Federal/provincial-level hospitals	Local-level hospitals	Private hospitals	PHCCs		HPs	UHCs	CHUs			
Any sterilization equipment ¹	99.0	83.0	98.6	91.8	80.3	82.8	75.4	65.9	78.0	82.3	
Safe final disposal of sharps waste ²	59.7	79.0	70.5	60.7	65.9	65.4	73.0	62.0	68.3	66.2	
Safe final disposal of health care waste ³	71.0	76.8	76.7	59.0	56.8	57.1	58.2	52.8	61.0	58.8	
Appropriate storage of health care waste ⁴	22.7	24.6	12.3	6.0	15.9	15.5	21.7	12.5	7.3	15.5	
Disinfectant ⁵	79.4	72.7	77.1	65.0	66.6	68.5	62.7	56.1	78.0	67.7	
Syringes and needles ⁶	86.6	91.3	84.4	82.5	89.7	88.8	92.3	93.9	80.5	89.0	
Soap	85.6	76.4	86.9	72.1	65.1	65.9	64.1	59.7	82.9	67.5	
Running water ⁷	91.8	81.9	88.5	81.4	61.4	62.8	59.2	53.4	80.5	65.0	
Soap and running water	85.6	76.4	86.3	72.1	57.5	59.1	55.2	47.2	78.0	61.0	
Alcohol-based hand disinfectant	96.9	96.8	97.4	94.0	94.0	94.7	89.7	94.0	92.7	94.3	
Soap and running water or else alcohol-based hand disinfectant	97.9	96.8	98.3	96.2	97.4	97.8	95.5	96.8	95.1	97.4	
Latex gloves ⁸	95.8	96.8	96.0	86.9	93.5	93.2	93.1	96.1	90.2	93.5	
Medical masks (surgical or N95)	94.8	95.2	89.6	83.6	80.4	79.7	84.9	80.6	87.8	81.6	
Gowns/aprons	73.3	51.6	77.5	56.8	50.0	51.9	42.4	44.0	63.4	52.8	
Eye protection	53.6	54.4	48.1	33.3	33.5	35.2	27.1	27.1	39.0	35.2	
Needle destroyer/needle cutter	60.9	51.9	60.2	36.6	28.6	31.3	26.7	9.3	46.3	32.2	
IP and health care waste management guidelines ⁹	20.6	9.7	14.7	8.2	6.2	7.5	2.2	0.7	36.6	7.4	
All infection prevention items except eye protection ¹⁰	3.1	0.0	1.4	0.0	0.2	0.2	0.3	0.0	0.0	0.3	
Number of facilities	27	17	116	51	1,352	1,064	154	135	11	1,576	

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 autoclave, 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 health care waste (infectious waste other than sharps waste) disposal is autoclave, 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 Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, and in area where minor surgery is done if facility does minor surgery

⁵ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁶ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁷ Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

⁸ Non-latex equivalent gloves are acceptable.

⁹ Infection prevention (IP) and health care waste management reference manual 2015/2020 observed on the day of the visit

¹⁰ Facility meets all of 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 3.8.2 Standard precautions for infection control, by managing authority and province

Among all facilities, percentages 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 managing authority and province, Nepal HFS 2021

Items	Managing authority			Province						Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Any sterilization equipment ¹	81.1	96.7	79.2	70.5	89.2	91.9	79.5	75.6	89.3	82.3	
Safe final disposal of sharps waste ²	65.8	70.3	61.4	58.6	67.7	77.1	70.9	69.3	59.7	66.2	
Safe final disposal of health care waste ³	57.4	75.3	57.5	47.8	62.9	73.2	57.8	64.0	50.2	58.8	
Appropriate storage of health care waste ⁴	15.8	11.9	12.1	9.1	25.0	16.6	8.5	24.0	14.2	15.5	
Disinfectants ⁵	66.9	77.2	60.2	60.5	75.2	60.1	78.0	71.7	66.6	67.7	
Syringes and needles ⁶	89.4	84.0	77.4	82.2	95.9	90.0	91.9	93.2	95.0	89.0	
Soap	65.9	86.5	55.1	55.9	82.9	71.3	72.5	70.4	60.8	67.5	
Running water ⁷	63.0	87.8	57.4	39.8	81.1	74.1	68.0	69.8	64.2	65.0	
Soap and running water	58.8	85.5	51.8	36.2	78.9	70.1	65.7	67.1	54.6	61.0	
Alcohol-based hand disinfectant	94.1	97.0	86.2	93.6	97.0	94.3	97.1	98.3	96.0	94.3	
Soap and running water or else alcohol-based hand disinfectant	97.4	98.0	94.7	95.5	97.9	98.3	99.0	99.0	99.1	97.4	
Latex gloves ⁸	93.3	95.4	85.2	95.9	95.9	96.5	92.6	94.8	95.3	93.5	
Medical masks (surgical or N95)	80.9	89.5	74.2	71.0	90.8	88.4	80.8	84.4	81.9	81.6	
Gowns/aprons	50.7	76.2	47.1	33.2	68.1	48.5	57.1	64.1	51.2	52.8	
Eye protection	34.1	47.3	28.7	15.8	46.2	39.1	40.3	40.1	36.7	35.2	
Needle destroyer/needle cutter	29.8	59.0	17.5	26.8	51.0	45.4	31.9	29.5	13.6	32.2	
IP and health care waste management guidelines ⁹	6.6	16.7	8.1	4.3	7.4	6.6	8.6	14.9	4.6	7.4	
All infection prevention items except eye protection ¹⁰	0.2	1.3	0.0	0.0	0.7	0.4	0.0	1.4	0.0	0.3	
Number of facilities	1,448	128	264	247	325	198	243	129	170	1,576	

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 autoclave, 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 health care waste (infectious waste other than sharps waste) disposal is autoclave, 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 Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, and in area where minor surgery is done if facility does minor surgery

⁵ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁶ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁷ Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

⁸ Non-latex equivalent gloves are acceptable.

⁹ Infection prevention (IP) and health care waste management reference manual 2015/2020 observed on the day of visit

¹⁰ Facility meets all of 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 3.9 (RF10) 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 HFS 2021

Background characteristic	Percentage of facilities that segregate waste at time of collection	Number of facilities
Facility type		
Federal/provincial-level hospitals	96.9	27
Local-level hospitals	93.6	17
Private hospitals	97.1	116
PHCCs	90.7	51
Basic health care centers	85.1	1,352
HPs	86.8	1,064
UHCs	80.3	154
CHUs	77.1	135
Stand-alone HTCs	82.9	11
Managing authority		
Public	85.6	1,448
Private	95.8	128
Ecological region		
Mountain	93.3	210
Hill	87.1	823
Terai	82.9	543
Location		
Urban	87.6	846
Rural	85.1	730
Province		
Province 1	81.3	264
Madhesh	75.5	247
Bagmati	92.3	325
Gandaki	92.6	198
Lumbini	89.3	243
Karnali	91.1	129
Sudurpashchim	84.4	170
Total	86.5	1,576

Table 3.10 (RF11) 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 health care waste, by background characteristics, Nepal HFS 2021

Background characteristic	Safe final disposal of sharps waste ¹	Safe final disposal of health care waste ²	Safe final disposal of both sharps and health care waste	Number of facilities
Facility type				
Federal/provincial-level hospitals	59.7	71.0	56.7	27
Local-level hospitals	79.0	76.8	67.1	17
Private hospitals	70.5	76.7	61.7	116
PHCCs	60.7	59.0	47.5	51
Basic health care centers	65.9	56.8	51.5	1,352
HPs	65.4	57.1	52.3	1,064
UHCs	73.0	58.2	51.6	154
CHUs	62.0	52.8	45.5	135
Stand-alone HTCs	68.3	61.0	53.7	11
Managing authority				
Public	65.8	57.4	51.7	1,448
Private	70.3	75.3	61.0	128
Ecological region				
Mountain	67.7	54.8	51.2	210
Hill	68.1	63.9	57.0	823
Terai	62.5	52.8	46.0	543
Location				
Urban	68.5	60.6	53.9	846
Rural	63.5	56.8	50.7	730
Province				
Province 1	61.4	57.5	49.2	264
Madhesh	58.6	47.8	44.0	247
Bagmati	67.7	62.9	52.5	325
Gandaki	77.1	73.2	68.1	198
Lumbini	70.9	57.8	54.5	243
Karnali	69.3	64.0	57.5	129
Sudurpashchim	59.7	50.2	44.4	170
Total	66.2	58.8	52.4	1,576

¹ The process of sharps waste disposal is autoclave, 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 health care waste (infectious waste other than sharps waste) disposal is autoclave, 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.

Table 3.11 Capacity for processing of equipment for reuse

Among all facilities, percentages with equipment and other items to support the final processing of instruments for reuse, by background characteristics, Nepal HFS 2021

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					
Federal/provincial-level hospitals	99.0	95.9	71.1	15.5	27
Local-level hospitals	83.0	69.9	48.9	6.5	17
Private hospitals	98.6	93.8	65.6	8.8	116
PHCCs	91.8	76.5	42.1	6.0	51
Basic health care centers	80.3	65.7	37.1	5.1	1,352
HPs	82.8	68.3	40.1	6.2	1,064
UHCs	75.4	66.1	32.9	2.2	154
CHUs	65.9	44.3	18.2	0.0	135
Stand-alone HTCs	78.0	75.6	56.1	24.4	11
Managing authority					
Public	81.1	66.7	38.0	5.4	1,448
Private	96.7	92.2	64.8	10.2	128
Ecological region					
Mountain	80.1	62.0	33.1	5.5	210
Hill	86.9	73.2	44.9	5.9	823
Terai	76.2	64.7	35.9	5.6	543
Location					
Urban	80.7	69.8	42.2	7.1	846
Rural	84.3	67.6	37.9	4.2	730
Province					
Province 1	79.2	69.6	38.0	5.8	264
Madhesh	70.5	53.3	25.9	4.1	247
Bagmati	89.2	83.7	48.6	5.7	325
Gandaki	91.9	84.0	53.9	6.1	198
Lumbini	79.5	71.9	43.0	4.5	243
Karnali	75.6	50.2	29.7	13.0	129
Sudurpashchim	89.3	53.3	36.4	4.3	170
Total	82.3	68.8	40.2	5.8	1,576

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 (HLD) 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 HLD: 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 Infection prevention and health care waste management reference manual 2015 or 2020. Handwritten or printed instructions that are pasted on walls and clearly outline the procedures for processing of equipment are acceptable.

Table 3.12 Availability of COVID-19-related supplies and services

Among all facilities, percentages with equipment and services considered essential for COVID-19 services, by background characteristics, Nepal HFS 2021

Background characteristic	Self-inflating bag and mask (adult)	Pulse oximeter	Oxygen-filled oxygen cylinders ¹	Inpatient care	Overnight observation beds	Referral capacity communication equipment ²	Referral capacity emergency transport ³	Number of facilities
Facility type								
Federal/provincial-level hospitals								
Federal/provincial-level hospitals	69.2	88.7	77.3	96.9	98.0	94.8	95.9	27
Local-level hospitals	78.9	90.5	82.4	71.1	96.8	53.3	93.6	17
Private hospitals	64.8	95.2	83.3	95.8	98.3	96.4	95.2	116
PHCCs	57.9	81.4	68.3	39.3	82.0	45.4	88.5	51
Basic health care centers								
HPs	27.2	34.8	13.9	2.6	8.0	16.5	77.6	1,352
UHCs	32.3	37.2	17.0	3.2	9.6	18.1	79.1	1,064
CHUs	7.8	27.2	3.3	0.7	1.6	14.9	72.8	154
Stand-alone HTCs	9.3	24.4	2.0	0.0	2.6	5.1	70.7	135
Total	43.9	34.1	51.2	7.3	14.6	97.6	78.0	11
Managing authority								
Public	29.7	38.1	17.9	6.5	13.4	19.4	78.5	1,448
Private	62.9	89.7	80.4	87.9	90.8	96.5	93.7	128
Ecological region								
Mountain	30.7	41.7	22.2	12.8	23.3	15.8	65.2	210
Hill	37.7	47.7	26.0	12.3	19.7	27.6	82.4	823
Terai	25.2	34.4	18.6	14.4	18.3	26.7	81.3	543
Location								
Urban	34.2	43.1	26.6	19.6	22.5	33.3	78.2	846
Rural	30.4	41.4	18.7	5.6	16.4	16.9	81.5	730
Province								
Province 1	20.6	28.5	22.6	12.6	20.2	28.1	71.5	264
Madhesh	20.1	23.3	14.8	10.1	11.3	15.4	77.8	247
Bagmati	45.7	65.7	39.6	20.4	26.4	40.3	91.7	325
Gandaki	36.9	49.4	29.3	12.4	22.2	28.6	76.4	198
Lumbini	36.9	47.1	20.4	12.0	17.5	23.1	87.5	243
Karnali	28.6	46.6	9.7	11.3	19.9	10.3	65.6	129
Sudurpashchim	34.6	28.5	9.7	8.2	18.3	20.7	75.9	170
Total	32.4	42.3	22.9	13.1	19.7	25.7	79.7	1,576

¹ In cylinders or concentrators or an oxygen distribution system

² The facility had a functioning land-line telephone, a functioning facility-owned cellular phone, a private cellular phone that is supported by the facility, or a functioning shortwave radio available in the facility.

³ 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.

Table 3.13 Handbook and trained staff for COVID-19

Among all facilities, percentages with handbook for health workers and at least one staff member recently trained on COVID-19, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities with:			Number of facilities
	COVID-19 handbook for health workers observed	Staff trained in COVID-19-related IPC training ¹	Staff trained in COVID-19-related WASH training ¹	
Facility type				
Federal/provincial-level hospitals	30.8	87.7	77.4	27
Local-level hospitals	29.4	85.5	68.1	17
Private hospitals	12.2	58.8	47.5	116
PHCCs	21.3	76.0	56.3	51
Basic health care centers	19.6	53.3	40.2	1,352
HPs	21.5	57.5	43.7	1,064
UHCs	10.4	39.9	28.4	154
CHUs	14.8	35.5	25.7	135
Stand-alone HTCs	19.5	53.7	31.7	11
Managing authority				
Public	19.9	55.2	41.8	1,448
Private	12.9	58.4	46.1	128
Ecological region				
Mountain	19.2	51.7	42.0	210
Hill	18.9	51.2	36.6	823
Terai	20.2	63.3	50.5	543
Location				
Urban	17.3	56.7	46.9	846
Rural	21.8	54.0	36.6	730
Province				
Province 1	14.1	45.0	40.1	264
Madhesh	18.8	71.3	56.5	247
Bagmati	19.1	45.9	30.7	325
Gandaki	21.8	49.9	34.6	198
Lumbini	25.2	70.7	54.2	243
Karnali	18.1	54.5	41.9	129
Sudurpashchim	18.6	51.8	38.0	170
Total	19.4	55.4	42.1	1,576

IPC = Infection prevention and control

WASH = Water, sanitation, and hygiene

¹ The facility had at least one interviewed staff member providing the service who reported receiving in-service COVID-19-related training (IPC or WASH) 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.

Table 3.14 Laboratory diagnostic capacity (NHSS RF: OP2.1.3), by facility type

Among all facilities, percentages with capacity to conduct basic laboratory diagnostic tests in the facility, and, among PHCCs and hospitals, percentages with capacity to perform all basic laboratory diagnostic tests, by facility type, Nepal HFS 2021

Basic laboratory tests	Facility type				Basic health care centers	Basic health care centers			Stand-alone HTCs	Total
	Federal/provincial-level hospitals	Local-level hospitals	Private hospitals	PHCCs		HPs	UHCs	CHUs		
Hemoglobin	100.0	83.0	93.3	90.2	15.1	18.1	5.3	2.4	51.2	25.8
Blood glucose	67.0	58.3	65.4	66.1	21.2	24.3	10.0	8.8	31.7	27.2
Malaria diagnostic test ¹	92.7	90.5	82.2	79.8	28.3	32.8	16.1	6.6	9.8	35.6
Urine protein ²	92.8	73.2	89.0	85.8	17.5	20.6	8.0	3.3	46.3	27.1
Urine glucose ³	93.8	74.8	89.8	86.3	16.3	19.4	7.3	1.8	43.9	26.2
HIV diagnostic test ⁴	67.0	9.6	28.6	7.7	1.3	1.5	0.6	0.4	34.1	5.0
Syphilis rapid diagnostic test ⁵	93.8	79.8	82.7	84.2	11.8	14.1	4.3	2.3	58.5	21.9
Urine pregnancy test ⁶	94.9	76.4	92.7	91.3	35.3	39.2	20.7	21.4	48.8	43.0
Number of facilities	27	17	116	51	1,352	1,064	154	135	11	1,576
All items	45.3	4.8	19.9	3.3	-	-	-	-	-	17.9
Number of PHCCs and hospitals	27	17	116	51	0	0	0	0	0	212

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 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 testing at the facility and has at least one unexpired urine protein dipstick available at the facility.

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

⁴ Facility reports that it conducts HIV testing at the facility and has HIV rapid diagnostic test (RDT) 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 (enzyme-linked immunosorbent assay) scanner or reader, a plate washer, an ELISA assay kit, and an incubator for HIV testing, all available and working, or dynabeads with vortex mixer or Western blot available on the day of the survey.

⁵ Facility reports that it conducts syphilis testing 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 testing 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 3.15 Laboratory diagnostic capacity (NHSS RF: OP2.1.3), by managing authority and province

Among all facilities, percentages with capacity to conduct basic laboratory diagnostic tests in the facility and, among PHCCs and hospitals, percentages with capacity to perform all basic laboratory diagnostic tests, by managing authority and province, Nepal HFS 2021

Basic laboratory tests	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Hemoglobin	20.2	89.5	32.5	14.9	34.6	20.3	26.7	14.4	28.2	25.8	
Blood glucose	24.1	62.4	26.2	18.4	31.5	31.1	37.0	17.7	21.8	27.2	
Malaria diagnostic test ¹	32.1	75.7	26.5	41.5	29.9	42.4	50.1	18.2	36.6	35.6	
Urine protein ²	22.0	85.2	32.9	14.2	34.3	26.6	30.8	13.3	29.0	27.1	
Urine glucose ³	20.9	85.6	31.7	12.7	34.3	26.5	30.4	11.9	26.2	26.2	
HIV diagnostic test ⁴	2.8	29.1	5.6	5.7	8.1	3.3	3.2	1.3	4.1	5.0	
Syphilis rapid diagnostic test ⁵	16.8	80.5	29.5	16.0	27.4	16.4	23.3	11.7	20.8	21.9	
Urine pregnancy test ⁶	38.9	88.7	55.4	26.4	45.3	48.2	43.7	32.0	44.4	43.0	
Number of facilities	1,448	128	264	247	325	198	243	129	170	1,576	
All items	15.5	19.9	18.2	21.2	24.0	7.0	11.9	7.5	22.3	17.9	
Number of PHCCs and hospitals	96	116	36	28	69	24	32	11	13	212	

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 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 testing at the facility and has at least one unexpired urine protein dipstick available at the facility.

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

⁴ Facility reports that it conducts HIV testing at the facility and has HIV rapid diagnostic test (RDT) 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 (enzyme-linked immunosorbent assay) scanner or reader, a plate washer, an ELISA assay kit, and an incubator for HIV testing, all available and working, or dynabeads with vortex mixer or Western blot available on the day of the survey.

⁵ Facility reports that it conducts syphilis testing 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 testing 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 3.16 (RF16) Health posts with laboratory services (NHSS: OP5.1.2)

Among health posts, percentages that have their own laboratory services, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage with laboratory services ¹	Number of health posts
Ecological region		
Mountain	40.2	149
Hill	74.1	551
Terai	64.6	364
Location		
Urban	64.2	474
Rural	67.7	589
Province		
Province 1	49.9	182
Madhesh	53.7	209
Bagmati	52.2	181
Gandaki	83.3	138
Lumbini	90.6	157
Karnali	62.3	92
Sudurpashchim	87.0	106
Total	66.1	1,064

¹ Facility reports that it has laboratory services, defined as the capacity to conduct any tests at the facility, including any rapid diagnostic tests.

Table 3.17 Laboratory diagnostic capacity: Advanced tests and diagnostic imaging

Among PHCCs and hospitals, percentages with capacity to conduct advanced laboratory diagnostic tests in the facility, by background characteristics, Nepal HFS 2021

Laboratory tests and imaging equipment	Facility type				
	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Total
Advanced-level diagnostic tests					
Serum electrolytes	85.6	54.1	63.4	14.2	53.6
Full blood count with differentials ¹	95.9	76.6	79.2	63.4	77.3
Blood typing and cross matching ²	32.9	15.3	27.6	6.6	22.2
CD4 count ³	8.2	0.0	1.1	0.0	1.6
Syphilis serology ⁴	44.4	29.4	34.4	8.7	29.1
Gram stain ⁵	66.8	22.3	55.9	14.2	44.5
General microscopy ⁶	71.2	50.7	58.9	57.4	59.4
Stool microscopy ⁷	71.2	49.0	57.6	54.6	57.9
CSF/body fluid counts ⁸	93.9	79.7	89.9	90.2	89.6
TB microscopy ⁹	57.9	42.8	29.3	45.4	38.0
TB culture ¹⁰	7.2	1.6	9.2	0.0	6.1
TB rapid diagnostic test ¹¹	37.4	8.1	2.0	3.3	7.4
DBS collection ¹²	31.0	3.2	4.1	4.9	7.7
Liver or renal function test (alanine transaminase or creatinine) ¹³	96.9	66.2	88.9	39.9	76.2
Equipment for diagnostic imaging					
X-ray machine ¹⁴	92.8	50.6	86.0	34.4	71.5
Ultrasonogram	92.7	56.3	92.4	41.5	77.2
Computed tomography scan	22.7	0.0	17.3	0.0	12.4
Number of PHCCs and hospitals	27	17	116	51	212

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., a FACSCount machine, a Patek machine with reagents, or a PIMA machine 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 a Venereal Disease Research Laboratory test or rapid plasma reagin with a functioning rotator or shaker, or else polymerase chain reaction (PCR) for sexually transmitted infections 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, neutral red, carbol fuchsin, or other counterstains 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 testing for acid-fast bacillus at the facility and had a functioning microscope with glass slides, carbol-fuchsin, sulphuric acid (20%-25% 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 tuberculosis (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 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 3.18 Availability of tracer medicines (NHSS RF: OC1.4), by facility type

Percentages of facilities with indicated tracer medicines available at the facility on the day of the survey, by facility type, Nepal HHS 2021

Tracer medicines	Facility type				Basic health care centers				Total
	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Albendazole	99.0	98.4	75.0	100.0	99.5	99.5	99.5	99.8	97.7
Amoxicillin tablet/capsule	93.8	100.0	69.3	96.2	93.5	92.7	97.5	95.4	91.9
Benzoic acid compound ointment	60.7	80.8	33.5	77.6	66.3	67.9	66.0	54.0	64.3
Chloramphenicol caps/application	44.2	43.0	31.2	42.6	34.5	34.8	33.4	33.7	34.8
Ciprofloxacin infusion/ear/eye drop	97.9	100.0	81.7	100.0	96.5	96.1	96.6	98.9	95.6
Amoxicillin syrup (pediatric)	75.1	74.9	55.0	64.5	60.3	59.6	64.1	61.7	60.5
Iron + folic acid combination tablet	92.8	98.4	66.7	98.4	97.6	98.3	94.7	96.0	95.3
Gentamycin injection	86.5	91.2	70.7	89.1	65.1	71.9	32.0	49.5	67.0
Metronidazole tablet/syrup	96.9	100.0	74.5	98.9	96.1	95.6	97.4	98.4	94.7
Oral rehydration solution	96.9	100.0	82.0	98.9	97.2	97.5	96.3	95.9	96.1
Oxytocin injection (or other uterotonic) ¹	100.0	100.0	92.3	100.0	98.4	98.5	95.0	96.4	98.1
Paracetamol tablet/injection	99.0	98.4	88.1	98.9	98.2	98.3	97.5	97.7	97.4
Povidone iodine solution	96.8	95.2	85.1	97.8	96.4	96.5	96.1	95.4	95.6
Salbutamol tablet or inhaler	90.7	91.9	71.9	92.9	91.4	92.0	87.8	91.4	90.0
Zinc sulphate tablet	82.3	93.6	66.7	90.7	92.8	94.4	84.8	88.7	90.6
RHZ ²	48.5	33.2	11.2	37.2	21.3	21.6	22.9	7.7	21.8
Ringer's lactate	98.0	95.2	88.1	95.1	84.2	88.7	60.3	76.4	85.2
Vitamin A	64.0	82.5	25.4	92.9	86.7	94.3	64.2	52.3	81.9
All 18 tracer medicines available	5.1	4.9	2.9	4.9	0.9	1.2	0.0	0.0	1.3
Levothyroxine tablets	43.3	44.4	44.2	14.2	1.0	0.9	2.3	0.4	5.9
Number of facilities	27	17	116	51	1,352	1,064	154	135	1,565
Number of facilities offering normal delivery services	25	16	61	50	651	609	11	32	804
Number of facilities offering tuberculosis diagnosis and/or treatment services	27	17	110	51	1,045	948	65	32	1,250

Note: This table excludes stand-alone HTCs.

¹ Oxytocin and other uterotronics were assessed only in facilities that offer normal delivery services.² Isoniazid + rifampicin + pyrazinamide (RHZ) was assessed only in facilities that provide tuberculosis diagnosis or treatment services.

Table 3.19 Availability of tracer medicines (NHSS RF: OC1.4), by managing authority and province

Percentages of facilities with indicated tracer medicines available at the facility on the day of the survey, by managing authority and province, Nepal HFS 2021

Tracer medicines	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Albendazole	99.5	75.0	97.8	96.4	95.8	98.5	98.9	98.4	99.7	97.7	
Amoxicillin tablet/capsule	93.7	69.3	92.0	83.0	91.9	92.4	97.0	92.8	96.0	91.9	
Benzoic acid compound ointment	66.8	33.5	56.4	57.7	70.7	70.7	81.6	47.2	55.1	64.3	
Chloramphenicol caps/application	35.1	31.2	22.6	31.1	49.3	44.6	34.6	31.0	23.1	34.8	
Ciprofloxacin infusion/ear/eye drop	96.7	81.7	95.1	88.3	96.2	97.8	99.0	94.6	99.0	95.6	
Amoxicillin syrup (pediatric)	60.9	55.0	62.6	32.5	71.6	78.1	58.1	56.1	62.9	60.5	
Iron + folic acid combination tablet	97.6	66.7	93.4	93.9	94.1	95.8	96.8	96.6	98.7	95.3	
Gentamycin injection	66.7	70.7	57.3	70.3	59.8	60.6	70.7	82.2	81.3	67.0	
Metronidazole tablet/syrup	96.3	74.5	94.5	86.9	93.5	97.9	95.6	99.8	99.4	94.7	
Oral rehydration solution	97.3	82.0	96.1	93.5	96.7	97.3	99.0	96.5	93.5	96.1	
Oxytocin injection (or other uterotonic) ¹	98.6	92.3	99.4	98.7	98.1	96.9	97.5	95.7	99.6	98.1	
Paracetamol tablet/injection	98.2	88.1	96.7	96.8	98.2	99.7	99.4	93.4	95.8	97.4	
Povidone iodine solution	96.4	85.1	96.3	87.8	94.8	99.1	98.4	98.2	96.9	95.6	
Salbutamol tablet or inhaler	91.5	71.9	82.6	88.4	90.9	91.7	96.5	87.2	93.3	90.0	
Zinc sulphate tablet	92.5	66.7	84.8	88.4	91.9	92.4	93.2	90.6	94.5	90.6	
RHZ ²	22.8	11.2	17.8	37.9	17.4	8.9	23.5	29.9	15.6	21.8	
Ringer's lactate	85.0	88.1	80.3	85.9	87.4	88.2	81.5	89.7	86.3	85.2	
Vitamin A	86.4	25.4	82.1	82.0	79.1	80.0	83.3	76.5	90.9	81.9	
All 18 tracer medicines available	1.2	2.9	0.2	1.7	2.2	0.7	0.4	2.0	2.6	1.3	
Levothyroxine tablets	2.8	44.2	5.8	2.6	11.4	7.0	6.2	0.7	2.3	5.9	
Number of facilities	1,448	116	262	246	321	198	239	128	169	1,565	
Number of facilities offering normal delivery services	743	61	134	61	151	92	136	100	130	804	
Number of facilities offering tuberculosis diagnosis and/or treatment services	1,141	110	201	226	244	159	202	91	127	1,250	

Note: This table excludes stand-alone HTCs.

¹ Oxytocin and other uterotonic were assessed only in facilities that offer normal delivery services.

² Isoniazid + rifampicin + pyrazinamide (RHZ) was assessed only in facilities that provide tuberculosis diagnosis or treatment services.

Table 3.20 (RF15) Public hospitals with pharmacy services (NHSS RF: OP3.2.4)

Among all public hospitals, percentages that have their own pharmacy services, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage with pharmacy services	Number of public hospitals
Facility type		
Federal/provincial-level hospitals	95.9	27
Local-level hospitals	72.0	17
Ecological region		
Mountain	77.7	6
Hill	96.3	23
Terai	76.3	16
Location		
Urban	95.4	37
Rural	46.1	8
Province		
Province 1	91.7	7
Madhesh	92.3	4
Bagmati	90.6	9
Gandaki	91.4	7
Lumbini	66.5	9
Karnali	95.1	6
Sudurpashchim	88.1	4
Total	86.6	45

Table 3.21 Management meetings and quality assurance activities

Percentages of facilities with regular management meetings and documentation of a recent meeting, percentages with quality assurance activities and documentation of such activities, and percentages with a system for eliciting client opinion, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities with:				Number of facilities
	Staff management meeting at least once every 6 months and observed documentation of a recent meeting	Management meeting with management committee members at least once every 6 months and documented of a recent meeting	Regular quality assurance activities and observed documentation of such activities ¹	System for determining client opinion, procedure for reviewing client opinion, and report of a recent review of client opinion	
Facility type					
Federal/provincial-level hospitals	68.1	47.3	43.3	16.5	27
Local-level hospitals	58.9	60.4	37.6	11.2	17
Private hospitals	38.2	26.6	18.9	14.1	116
PHCCs	65.6	56.8	23.5	3.8	51
Basic health care centers	50.9	51.1	23.0	2.5	1,352
HPs	55.9	55.6	27.0	2.8	1,064
UHCs	35.3	35.4	10.3	1.3	154
CHUs	29.3	33.0	5.8	1.0	135
Managing authority					
Public	51.8	51.3	23.6	2.9	1,448
Private	38.2	26.6	18.9	14.1	116
Ecological region					
Mountain	53.6	46.7	27.2	1.7	210
Hill	49.3	51.3	25.0	4.1	819
Terai	52.1	47.9	18.9	3.9	535
Location					
Urban	51.8	45.1	23.0	4.9	834
Rural	49.7	54.5	23.5	2.4	730
Province					
Province 1	48.6	42.4	21.0	4.9	262
Madhesh	48.3	43.4	16.8	0.8	246
Bagmati	53.2	49.4	28.6	3.6	321
Gandaki	48.2	51.9	17.9	5.4	198
Lumbini	51.2	61.2	32.2	6.5	239
Karnali	42.4	46.1	17.7	0.4	128
Sudurpashchim	62.3	52.5	23.5	3.1	169
Total	50.8	49.5	23.2	3.7	1,565

Note: This table excludes stand-alone HTCs.

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.

Table 3.22 Supportive management practices at the facility level

Among all facilities in which eligible providers were interviewed, percentages that had an external supervisory visit during the 4 months before the survey and, among facilities in which at least two eligible providers were interviewed, percentages where at least half of the interviewed providers reported recently receiving routine work-related training and personal supervision, by background characteristics, Nepal HFS 2021

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 the health worker interview questionnaire ⁵
			Staff training ²	Personal supervision ³	Training and personal supervision	Supportive management practices ⁴	
Facility type							
Federal/provincial-level hospitals	93.9	27	80.3	59.0	22.8	20.7	27
Local-level hospitals	100.0	17	85.7	72.9	43.7	43.7	17
Private hospitals	93.9	116	28.3	56.2	7.3	6.8	113
PHCCs	96.2	51	83.6	69.9	42.1	41.5	51
Basic health care centers	94.3	1,352	83.5	81.6	61.4	59.3	1,154
HPs	95.3	1,064	83.1	81.7	60.4	58.3	991
UHCs	93.1	154	87.0	82.7	69.0	66.3	95
CHUs	87.6	135	85.6	78.5	65.6	65.6	68
Stand-alone HTCs	92.7	11	85.7	77.1	51.4	45.7	10
Managing authority							
Public	94.4	1,448	83.5	80.5	59.5	57.5	1,250
Private	93.8	128	32.9	57.9	10.8	9.9	122
Ecological region							
Mountain	84.5	210	90.6	66.5	53.0	48.1	181
Hill	94.1	823	77.5	76.3	53.8	51.5	682
Terai	98.5	543	76.9	85.7	57.8	57.5	510
Location							
Urban	95.4	846	74.9	78.9	50.7	49.3	743
Rural	93.1	730	83.8	77.9	60.4	58.0	630
Province							
Province 1	94.6	264	80.6	76.7	52.2	50.7	226
Madhesh	98.8	247	74.5	88.8	61.2	60.9	240
Bagmati	88.1	325	71.2	66.5	39.5	36.5	273
Gandaki	95.8	198	77.1	83.2	52.3	48.0	154
Lumbini	98.1	243	78.6	81.0	58.1	57.7	221
Karnali	93.6	129	85.1	82.1	67.0	64.9	112
Sudurpashchim	92.9	170	96.4	75.1	68.9	66.1	147
Total	94.3	1,576	79.0	78.5	55.2	53.3	1,373

¹ Facility reports that it received at least one external supervisory visit from the district, provincial, or federal office during the 4-month period 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 6 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 6 months before the survey and staff have received routine training and supervision.

⁵ Interviewed providers who did not personally provide any of the clinical services assessed in the survey (e.g., administrators who might have been interviewed) were excluded.

Table 3.23 Staffing patterns

Among all facilities (excluding HTCs), median number of providers assigned to, employed by, or seconded to facility, by type of provider and type of facility, Nepal HFS 2021

Facility type	Median number of providers assigned to/employed by/seconded to facility					Number of facilities
	Consultants	Physicians/general practitioners	Medical officers	Nurses	Paramedics ¹	
Federal/provincial-level hospitals	2.1	1.4	7.8	9.9	25.7	27
Local-level hospitals	-	-	2.9	4.0	14.0	17
Private hospitals	10.3	-	3.2	6.2	14.0	116
PHCCs	-	-	2.1	1.4	10.1	51
Basic health care centers	-	-	-	-	5.3	1,352
HPs	-	-	-	-	5.8	1,064
UHCs	-	-	-	-	2.7	154
CHUs	-	-	-	-	2.6	135
Total	-	-	-	-	5.6	1,565

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

¹ Includes the following: health assistant, auxiliary health worker, senior auxiliary health worker, public health inspector, public health officer, auxiliary nurse midwife, laboratory technologist, laboratory officer, laboratory technician, laboratory assistant, radiographer, and dark room assistant

Table 3.24 (RF02) Sanctioned posts filled (NHSS RF: OP1b1.1)

Among all public facilities, percentages of sanctioned Ministry of Health and Population posts filled for the indicated provider categories, by background characteristics, Nepal HFS 2021

Background characteristic	Consultants	Physicians/general practitioners	Medical officers	Nurses	Paramedics ¹	All providers ²
Facility type						
Federal/provincial-level hospitals	53.9	42.3	58.5	78.2	73.4	68.8
Local-level hospitals	-	22.7	30.7	59.8	81.8	69.7
PHCCs	-	-	44.4	52.6	81.9	74.7
Basic health care centers	-	-	0.0	0.0	75.2	75.1
HPs	-	-	0.0	0.0	76.8	76.7
UHCs	-	-	-	-	18.7	18.7
CHUs	-	-	-	-	7.8	7.8
Ecological region						
Mountain	0.0	0.0	27.0	39.2	52.1	50.3
Hill	70.4	42.2	60.0	79.4	72.0	72.0
Terai	38.4	43.9	45.8	69.4	81.7	77.9
Location						
Urban	53.9	39.9	54.6	74.9	78.9	74.8
Rural	-	0.0	39.4	59.3	71.4	70.8
Province						
Province 1	23.4	50.0	33.3	73.3	67.5	65.2
Madhesh	34.0	44.4	65.9	62.3	85.2	82.7
Bagmati	77.2	50.0	71.8	88.6	83.5	82.6
Gandaki	52.1	37.5	36.6	57.0	59.2	57.2
Lumbini	48.8	33.3	32.4	53.2	73.6	68.8
Karnali	0.0	0.0	23.8	58.6	71.8	69.7
Sudurpashchim	16.7	12.5	32.8	69.9	68.8	65.5
Total	53.9	37.9	53.2	74.3	75.7	73.4

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

¹ Includes the following: health assistant, auxiliary health worker, senior auxiliary health worker, public health inspector, public health officer, auxiliary nurse midwife, laboratory technologist, laboratory officer, laboratory technician, laboratory assistant, radiographer, and dark room assistant

² Includes the following: consultants, physicians/general practitioners, medical officers, nurses, and paramedics

Table 3.25 IHMIS/HMIS and LMIS status: IHMIS reporting and designated focal person

Among all health facilities, percentages that compile IHMIS reports regularly, use electronic/online reporting, have staff trained on basic logistic management, and have a designated LMIS focal person; and, among facilities with a designated IHMIS focal person, percentages with the IHMIS focal person trained in IHMIS, by background characteristics, Nepal HFS 2021

Background characteristic	Among all facilities, percentages that:						Among all public facilities, percentages that:					
	Compile IHMIS reports regularly	Practice electronic/online reporting	Have staff trained on DHIS-2	Have a designated IHMIS focal person	Number of facilities	Compile LMIS reports regularly	Have staff trained on basic logistic management	Have a designated LMIS focal person	Number of public health facilities	Designated LMIS person trained on LMIS	Number of public facilities with designated LMIS focal person	
Facility type												
Federal/provincial-level hospitals	90.7	85.5	94.8	96.9	27	91.7	57.8	90.7	27	68.3	25	
Local-level hospitals	96.8	85.6	100.0	95.4	17	96.8	56.4	91.4	17	79.1	16	
Private hospitals	81.4	45.0	88.7	81.3	116	-	-	0	-	-	0	
PHCCs	88.5	58.5	97.8	84.2	51	94.5	58.5	86.9	51	51.6	45	
Basic health care centers												
HPs	90.7	32.0	67.2	64.1	1,352	96.0	46.8	72.1	1,352	51.7	975	
UHCs	91.6	35.5	71.1	68.7	1,064	98.0	53.6	77.7	1,064	54.5	826	
CHUs	87.4	24.9	59.1	51.4	154	89.1	25.1	56.5	154	38.7	87	
	87.3	12.7	45.7	42.4	135	87.4	17.6	45.9	135	32.5	62	
Managing authority												
Public	90.7	34.6	69.2	65.8	1,448	95.9	47.5	73.2	1,448	52.5	1,060	
Private	81.4	45.0	88.7	81.3	116	-	-	0	-	-	0	
Ecological region												
Mountain	93.8	28.4	49.4	57.6	210	97.5	33.2	66.6	205	45.9	137	
Hill	88.9	41.6	70.6	60.9	819	96.7	38.7	66.2	762	45.3	505	
Terai	90.1	28.5	79.1	80.0	535	93.9	67.7	87.3	481	63.4	419	
Location												
Urban	89.5	35.9	72.6	69.6	834	94.5	49.9	75.5	722	51.1	545	
Rural	90.6	34.7	68.5	64.0	730	97.2	45.2	71.0	726	54.1	515	
Province												
Province 1	82.9	25.5	69.3	51.6	262	92.2	44.2	66.7	243	53.4	162	
Madhesh	89.1	8.0	76.4	85.1	246	95.6	72.6	88.1	231	63.3	204	
Bagmati	91.9	43.3	61.9	69.1	321	96.2	43.1	71.5	271	45.1	194	
Gandaki	93.1	40.9	71.1	57.5	198	98.4	34.1	66.6	187	43.2	124	
Lumbini	91.6	45.0	79.2	74.2	239	96.7	55.1	85.1	224	61.5	191	
Karnali	91.4	58.6	63.1	60.5	128	95.4	37.1	60.0	126	45.9	76	
Sudurpaschim	91.7	37.7	74.2	66.4	169	97.4	37.5	66.3	165	43.9	110	
Total	90.0	35.4	70.7	67.0	1,565	95.9	47.5	73.2	1,448	52.5	1,060	

Note: This table excludes stand-alone HTCs.

IHMIS = Integrated health management information systems

LMIS = Logistics management information systems

Table 3.26 IHMIS status: HMIS and LMIS guidelines, manuals, and latest report

Among all public facilities, percentages having the HMIS user manual, other HMIS-related materials, the national health logistics supply chain manual, and the basic health logistics manual available and, among public facilities that compile LMIS reports regularly, percentages where a copy of the latest submitted LMIS report was observed, by background characteristics, Nepal HFS 2021

Background characteristic	Among all public facilities, percentage having:									Number of public facilities that compile LMIS reports regularly
	HMIS-based Indicators 2070 observed	HMIS-based Indicators 2070 reported but not seen	HMIS user manual observed	Monthly monitoring sheet of past 3 months fully updated	Updated key statistics displayed	National health logistics supply chain manual observed	Basic health logistics manual observed	Number of public facilities	Copy of latest LMIS report that was submitted	
Facility type										
Federal/provincial-level hospitals	35.0	19.6	38.1	40.3	54.6	22.7	23.7	27	70.8	25
Local-level hospitals	42.2	9.6	37.1	54.4	51.8	8.8	9.7	17	83.3	17
PHCCs	23.0	13.7	36.1	56.8	36.6	7.7	8.2	51	78.6	48
Basic health care centers										
HPs	23.8	8.8	30.6	55.2	32.6	6.0	8.0	1,352	86.7	1,298
UHCs	27.8	10.0	34.7	57.3	37.8	7.1	9.4	1,064	87.1	1,043
CHUs	10.7	5.2	18.9	45.3	15.8	1.8	3.1	154	84.6	137
Total	6.9	3.2	11.6	49.6	10.1	2.4	3.3	135	85.5	118
Ecological region										
Mountain	17.5	11.5	36.0	50.5	29.0	4.5	10.5	205	85.7	200
Hill	24.6	8.1	25.2	57.2	32.7	5.9	7.8	762	87.4	737
Terai	26.5	9.9	38.1	53.2	36.3	8.0	8.4	481	84.1	451
Location										
Urban	24.5	8.1	31.9	52.2	32.6	7.2	9.4	722	86.0	683
Rural	23.9	10.2	30.1	57.7	34.1	5.6	7.4	726	86.2	706
Province										
Province 1	26.1	6.9	32.9	48.7	33.0	5.8	6.9	243	89.0	224
Madhesh	22.0	10.9	40.1	54.9	32.9	7.7	7.8	231	80.6	221
Bagmati	17.0	7.7	24.4	57.9	24.7	3.9	7.7	271	81.4	261
Gandaki	29.3	13.2	25.3	48.9	42.5	4.0	5.9	187	89.8	184
Lumbini	38.0	9.6	37.6	62.9	47.5	9.4	11.6	224	89.6	217
Karnali	20.4	10.0	23.6	55.2	30.4	10.1	12.0	126	88.6	121
Sudurpashchim	14.6	6.7	29.4	55.1	21.4	5.6	8.1	165	86.5	161
Total	24.2	9.2	31.0	54.9	33.4	6.4	8.4	1,448	86.1	1,388

Note: This table excludes HTCs and private hospitals.

HMIS = Health management information systems

LMIS = Logistics management information systems

Table 3.27 (RF05) Storage practices for medicines (NHSS RF: OP1c2.2)

Among all facilities, percentages demonstrating good storage practices for stored medicines, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities that store antibiotics and other medicines where:									Number of facilities
	Medicines are off the floor and away from the wall	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	Medicines protected from moisture/humidity	Fire safety equipment is available/accessible	All storage criteria met ¹	
Facility type										
Federal/provincial-level hospitals	98.0	98.0	98.0	89.8	93.8	97.9	98.0	61.8	57.7	27
Local-level hospitals	96.8	98.4	100.0	87.3	95.1	91.4	100.0	72.6	59.1	17
Private hospitals	88.9	90.4	90.7	85.1	89.4	82.5	90.8	52.9	46.5	116
PHCCs	97.3	98.9	99.5	88.5	93.4	91.8	98.4	50.8	39.9	51
Basic health care centers	94.7	98.2	97.8	79.9	92.1	88.8	94.5	38.8	29.9	1,352
HPs	94.6	98.6	97.7	79.7	92.1	89.0	94.7	40.4	31.4	1,064
UHCs	95.9	98.4	98.1	84.9	92.0	89.7	94.4	38.1	29.0	154
CHUs	94.6	95.0	98.3	76.3	91.8	86.1	93.0	26.4	18.8	135
Stand-alone HTCs	68.3	68.3	68.3	65.9	65.9	68.3	68.3	26.8	22.0	11
Managing authority										
Public	94.9	98.2	97.9	80.5	92.2	89.1	94.7	40.0	31.1	1,448
Private	87.1	88.4	88.7	83.3	87.3	81.2	88.8	50.5	44.3	128
Ecological region										
Mountain	92.7	98.3	100.0	77.0	92.2	89.6	95.2	20.1	13.7	210
Hill	97.5	98.1	97.9	83.6	93.1	91.2	94.6	39.5	32.4	823
Terai	90.0	96.2	95.0	77.9	89.7	83.8	93.4	51.1	38.9	543
Location										
Urban	92.8	96.6	95.4	80.4	92.1	86.4	93.8	44.4	34.5	846
Rural	96.0	98.5	99.3	81.1	91.5	90.8	94.8	36.9	29.5	730
Province										
Province 1	92.5	96.4	96.8	78.3	87.6	80.3	95.0	39.5	29.0	264
Madhesh	88.3	95.1	93.8	71.2	88.6	82.5	92.0	58.8	42.8	247
Bagmati	98.2	97.9	96.1	80.8	94.1	93.4	92.3	36.1	29.4	325
Gandaki	97.6	99.9	98.0	87.0	92.2	96.9	97.1	41.1	34.5	198
Lumbini	97.2	98.4	99.0	87.6	93.4	87.1	93.7	42.8	37.0	243
Karnali	97.7	97.1	99.6	79.8	94.5	92.8	93.8	38.0	31.5	129
Sudurpashchim	87.5	97.7	99.2	81.8	93.8	89.0	97.9	25.7	17.9	170
Total	94.3	97.5	97.2	80.7	91.8	88.4	94.3	40.9	32.2	1,576

FEFO = First expired, first out

¹ 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 protected from moisture/humidity; fire safety equipment is available/accessible; and medicines are stored by FEFO.

**Table 3.28 (RF04) 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 2 weeks of placing the order, by background characteristics, Nepal HFS 2021

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		
Federal/provincial-level hospitals	96.1	21
Local-level hospitals	90.5	13
Private hospitals	95.4	66
PHCCs	79.1	43
Basic health care centers	85.9	1,095
HPs	84.7	846
UHCs	91.5	132
CHUs	88.2	116
Managing authority		
Public	85.9	1,172
Private	95.4	66
Ecological region		
Mountain	89.8	169
Hill	87.8	678
Terai	82.6	392
Location		
Urban	86.4	663
Rural	86.4	575
Province		
Province 1	77.7	211
Madhesh	78.1	187
Bagmati	81.6	260
Gandaki	94.5	139
Lumbini	95.2	191
Karnali	93.6	109
Sudurpashchim	94.1	141
Total	86.4	1,239

Note: This table excludes stand-alone HTCs, facilities not offering any modern family planning method, and facilities offering any modern family planning method that do not determine and order their own commodities.

Table 3.29 Meeting minimum standards of quality of care at point of delivery (NHSS RF, OC2.1)

Among all facilities, percentages meeting minimum standards of quality of care at the point of service delivery, by background characteristics, Nepal HFS 2021

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	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											
Federal/provincial-level hospitals	97.9	71.0	95.9	100.0	66.0	24.8	89.8	93.8	53.4	5.1	27
Local-level hospitals	96.8	76.8	69.9	96.1	54.4	9.8	91.9	92.0	66.2	1.6	17
Private hospitals	98.3	76.7	93.8	77.3	15.8	0.6	93.1	91.8	26.7	0.0	116
PHCCs	96.2	59.0	76.5	99.5	25.1	16.4	82.0	94.0	62.3	2.2	51
Basic health care centers	97.4	56.8	65.7	94.6	19.2	14.2	57.5	72.2	40.4	0.5	1,352
HPs	97.8	57.1	68.3	97.8	23.4	16.8	62.8	75.5	45.3	0.6	1,064
UHCs	95.5	58.2	66.1	89.0	2.7	6.1	38.7	64.2	16.3	0.0	154
CHUs	96.8	52.8	44.3	75.7	4.5	3.1	37.2	55.1	29.2	0.0	135
Managing authority	97.4	57.4	66.7	94.9	20.7	14.4	59.4	73.6	41.7	0.7	1,448
Public	98.3	76.7	93.8	77.3	15.8	0.6	93.1	91.8	26.7	0.0	116
Private											
Ecological region											
Mountain	94.1	54.8	62.0	94.0	21.8	21.1	72.0	75.0	58.2	0.0	210
Hill	98.7	63.9	73.2	92.0	23.2	10.5	64.1	73.2	44.6	1.1	819
Terai	96.9	52.7	64.5	95.9	15.4	14.8	54.6	77.5	27.6	0.2	535
Location											
Urban	97.6	60.6	69.7	93.5	21.1	12.6	62.2	75.4	33.7	0.7	834
Rural	97.2	56.8	67.6	93.7	19.4	14.3	61.6	74.5	48.5	0.5	730
Province											
Province 1	94.7	57.5	69.6	94.6	22.6	13.3	62.2	80.2	34.2	1.6	262
Madhesh	95.5	47.9	53.1	98.3	11.5	12.2	47.0	72.5	27.7	0.0	246
Bagmati	98.0	62.8	83.8	89.4	34.0	9.3	67.6	76.1	44.3	1.2	321
Gandaki	98.3	73.3	84.1	91.9	12.7	8.6	63.2	78.6	47.0	0.3	198
Lumbini	99.1	57.5	71.7	94.1	14.2	19.8	62.5	76.9	43.0	0.0	239
Karnali	99.0	64.1	50.3	92.1	17.1	12.9	73.2	66.3	49.6	0.0	128
Sudurpashchim	99.0	50.3	53.3	95.6	23.6	19.9	61.4	67.5	44.8	0.5	169
Total	97.5	58.8	68.7	93.6	20.3	13.4	61.9	74.9	40.6	0.6	1,565

Note: This table excludes stand-alone HTCs.

¹The 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 or removal offsite in a protected area prior to removal offsite.

²Processing 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-165°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

³Facility had at least one staff member trained on infection prevention or child health; newborn, delivery, antenatal, or postnatal care; or family planning available on the day of the survey.

⁴Quality assurance (QA) guidelines also include the minimum service standard guideline observed on the day of the visit.

⁵Facility had National Medical Standard Contraceptive Services Volume I or other job aids on family planning; a reproductive health clinical protocol for medical officers, staff nurses, or auxiliary nurse midwives; or any other antenatal, care (ANC) guidelines such as Maternity Guideline/National Medical Standard Volume III; IEC materials related to ANC, maternal health register, integrated management of neonatal and childhood illness guidelines, or any guidelines for the diagnosis and management of childhood illness available on the day of survey.

⁶Facility has regular electricity, an improved water source, visual and auditing privacy, and a client latrine. Regular electricity means that the facility is connected to a central power grid and there has not been an interruption in the power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey, facility had a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power. Improved water source means that water is piped into the facility or piped onto facility grounds, or facility has bottled water, 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 auditing privacy means that a private room or screened-off space is available in the general outpatient 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. Client latrine means that the facility has a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.

⁷Facility had the following tracer medicines available on the day of survey: amoxicillin or cotrimoxazole, gentamycin, oral rehydration solution, zinc, at least three family planning methods, iron and folic acid, and abendazole.

Table 3.30 Providers observed complying with service delivery standard protocols/guidelines for tracer services: ANC services (NHSS RF-OP2.1.1)

Percentages of facilities where providers were observed complying with ANC service delivery standard protocols/guidelines, by background characteristics, Nepal HFS 2021

Background characteristic	Maintaining a healthy pregnancy was observed ¹	Provider wrote on the client health card	Client counseled on at least three danger signs	Blood pressure and weight measured	Iron supplementation given/prescribed	All five items	Number of facilities
Facility type							
Federal/provincial-level hospitals	20.9	84.2	5.3	75.8	81.0	1.0	27
Local-level hospitals	39.7	81.1	9.8	77.9	67.2	6.6	17
Private hospitals	5.6	32.5	5.7	29.5	27.8	2.7	116
PHCCs	22.4	67.2	8.2	59.0	58.5	3.3	51
Basic health care centers	6.9	26.5	1.7	22.9	23.1	0.7	1,352
HPs	8.1	30.0	1.9	25.4	26.4	0.8	1,064
UHCs	2.5	15.4	0.7	16.0	12.6	0.7	154
CHUs	2.3	10.9	0.4	10.6	8.7	0.0	135
Managing authority							
Public	8.1	29.6	2.1	25.8	26.0	0.9	1,448
Private	5.6	32.5	5.7	29.5	27.8	2.7	116
Ecological region							
Mountain	7.5	17.3	3.8	16.4	14.3	2.7	210
Hill	5.4	22.9	0.5	20.2	18.9	0.3	818
Terai	11.9	45.4	4.5	38.9	41.7	1.4	535
Location							
Urban	8.1	33.2	2.8	29.6	31.1	1.1	834
Rural	7.7	26.0	1.8	22.0	20.4	0.9	730
Province							
Province 1	7.6	30.1	2.0	23.9	23.6	1.6	262
Madhesh	4.7	36.8	4.9	29.1	37.4	0.4	246
Bagmati	5.3	19.9	1.0	18.8	17.4	0.8	321
Gandaki	4.6	16.2	0.6	12.8	13.4	0.1	198
Lumbini	17.0	44.8	3.8	41.6	38.1	2.1	239
Karnali	7.2	27.4	1.6	25.8	21.7	1.6	128
Sudurpashchim	9.5	35.0	2.1	32.5	31.2	0.3	169
Total	7.9	29.8	2.3	26.1	26.1	1.0	1,564

Note: This table excludes stand-alone HTCs and two federal-level hospitals.

¹ Maintaining a healthy pregnancy includes discussing nutrition during pregnancy, informing the client about the progress of the pregnancy, and discussing the importance of at least four antenatal, care (ANC) visits.

Table 3.31 Providers observed complying with service delivery standard protocols/guidelines for tracer services: Family planning services (NHSS RF. OP2.1.1)

Percentages of facilities where providers were observed complying with family planning service delivery standard protocols/guidelines, by background characteristics, Nepal HFS 2021

Background characteristic	Privacy/ confidentiality maintained ¹	Provider wrote on the client health card	Client c counseled on side effects	Client informed about choices	Blood pressure measured	All five items	Number of facilities
Facility type							
Federal/provincial-level hospitals							
Local-level hospitals	23.1	67.5	53.7	50.6	55.9	16.8	27
Private hospitals	36.4	62.3	22.5	25.8	54.1	11.2	17
PHCCs	1.0	1.4	1.0	1.0	1.4	0.5	116
CHUs	8.7	51.9	20.2	23.5	39.3	4.4	51
Basic health care centers							
HPs	3.6	26.1	7.5	8.3	17.4	0.7	1,352
UHCs	4.3	28.4	8.0	8.9	18.8	0.8	1,064
CHUs	2.0	23.6	6.7	9.0	14.7	0.4	154
CHUs	0.4	10.9	3.9	3.2	8.7	0.4	135
Managing authority							
Public	1.6	28.2	8.9	9.8	19.3	1.2	1,448
Private	4.6	1.4	1.0	1.0	1.4	0.5	116
Ecological region							
Mountain	1.2	16.8	4.6	4.9	8.8	0.5	210
Hill	10.2	21.5	7.1	8.6	17.4	0.9	818
Terai	2.3	37.2	11.7	11.7	22.4	1.9	535
Location							
Urban	6.0	28.5	8.8	10.2	17.7	2.1	834
Rural	2.9	23.7	7.8	8.1	18.3	0.2	730
Province							
Province 1	2.9	35.3	12.2	12.5	26.0	1.0	262
Madhesh	7.5	34.2	9.6	6.8	15.2	0.7	246
Bagmati	0.5	18.6	5.5	5.5	15.8	0.3	321
Gandaki	4.1	21.5	6.1	7.7	18.4	3.3	198
Lumbini	10.3	27.2	9.4	12.5	19.7	1.9	239
Karnali	1.3	19.0	6.7	6.9	13.7	0.9	128
Sudurpashchim	3.1	25.0	8.6	13.4	13.8	0.5	169
Total	4.3	26.2	8.4	9.2	18.0	1.2	1,564

Note: This table excludes stand-alone HTCs and two federal-level hospitals.

¹ Privacy/confidentiality includes ensuring visual privacy, ensuring auditory privacy, and assuring the client orally of confidentiality.

Table 3.32 Providers observed complying with service delivery standard protocols/guidelines for tracer services: IMNCI services (NHSS RF, OP2.1.1)

Percentages of facilities where providers were observed complying with IMNCI service delivery standard protocols/guidelines, by background characteristics, Nepal HFS 2021

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 back the child	All five items	Number of facilities
Facility type							
Federal/provincial-level hospitals	1.0	77.8	67.4	73.7	49.4	1.0	27
Local-level hospitals	16.2	82.4	81.6	67.7	62.3	14.6	17
Private hospitals	3.4	28.4	25.7	23.1	15.0	2.9	116
PHCCs	2.2	57.9	53.6	45.9	24.0	0.0	51
Basic health care centers	1.3	30.5	23.4	25.2	9.4	0.3	1,352
HPs	1.4	32.8	26.0	27.1	10.9	0.4	1,064
UHCs	0.6	23.9	12.9	18.5	3.9	0.2	154
CHUs	1.1	19.6	15.0	18.1	4.1	0.0	135
Managing authority							
Public	1.5	32.9	26.0	27.4	11.3	0.5	1,448
Private	3.4	28.4	25.7	23.1	15.0	2.9	116
Ecological region							
Mountain	3.1	33.5	19.9	25.3	13.2	1.2	210
Hill	2.0	32.7	22.1	23.8	13.8	0.7	818
Terai	0.6	32.2	34.3	32.8	7.5	0.4	535
Location							
Urban	0.9	31.4	24.5	27.3	10.8	0.7	834
Rural	2.5	34.0	27.7	26.8	12.5	0.6	730
Province							
Province 1	0.2	33.1	21.6	19.5	14.2	0.0	262
Madhesh	0.0	29.0	38.5	34.4	4.3	0.0	246
Bagmati	1.0	23.3	17.5	15.8	9.8	0.9	321
Gandaki	0.3	31.8	15.4	23.6	10.4	0.1	198
Lumbini	1.1	41.1	31.8	36.6	15.5	0.1	239
Karnali	4.3	30.9	18.7	22.6	11.4	1.6	128
Sudurpashchim	7.9	45.0	40.2	43.3	17.4	3.0	169
Total	1.6	32.6	26.0	27.1	11.6	0.7	1,564

Note: This table excludes stand-alone HTCs and two federal-level hospitals.

IMNCI = Integrated management of neonatal and childhood illness

¹ Provider asked about or the caretaker mentioned symptoms of diarrhea, danger signs such as the child being unable to drink or breastfeed, and the child having convulsions with the current illness and/or difficulty breathing, or provider counted respiration for 60 seconds in a physical examination.

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

Table 3.33 Clients provided with quality services as per national standards: ANC services (NHSS RF. OC2.2)

Among all ANC clients observed and interviewed, percentages provided with quality services as per national standards, by background characteristics, Nepal HFS 2021

Background characteristic	Clients receiving ANC services from an SBA trained provider ¹	Clients reported that they were counseled on at least three danger signs	Clients recommended the facility to others	Clients reported no problems regarding waiting time	All four items	Number of ANC clients
Facility type						
Federal/provincial-level hospitals	46.8	18.3	99.1	59.0	7.2	373
Local-level hospitals	62.4	30.9	99.2	80.7	16.5	107
Private hospitals	25.4	26.9	98.8	63.7	3.7	447
PHCCs	48.2	18.8	98.0	84.7	8.4	153
Basic health care centers	50.7	18.8	98.2	88.6	5.7	886
HPs	53.0	18.2	98.0	88.3	5.6	802
UHCs	32.6	29.2	100.0	92.1	6.6	55
CHUs	20.8	17.0	100.0	89.2	6.6	29
Managing authority						
Public	50.3	19.5	98.5	80.4	7.1	1,519
Private	25.4	26.9	98.8	63.7	3.7	447
Ecological region						
Mountain	54.7	23.8	96.1	76.5	7.3	115
Hill	47.3	24.6	99.3	72.5	7.2	784
Terai	41.6	18.4	98.3	79.6	5.6	1,066
Location						
Urban	42.9	21.4	99.0	73.4	6.2	1,536
Rural	51.0	20.3	97.2	88.1	6.8	430
Province						
Province 1	43.9	19.3	99.7	79.4	7.0	299
Madhesh	27.9	14.2	98.2	83.9	2.4	420
Bagmati	31.5	27.1	98.9	62.5	4.0	389
Gandaki	46.5	16.2	99.5	76.3	5.9	115
Lumbini	59.0	23.1	98.7	76.5	10.2	384
Karnali	47.3	19.0	99.7	79.1	5.1	101
Sudurpashchim	69.4	26.2	96.3	82.3	10.4	257
Total	44.7	21.2	98.6	76.6	6.3	1,966

Note: This table excludes stand-alone HTCs sites and two federal-level hospitals.

ANC = Antenatal care

SBA = Skilled birth attendant

¹ This applies only to providers who were observed at the facility. Trained provider refers to providers who have ever been trained.

Table 3.34 Clients provided with quality services as per national standards: Family planning services (NHSS RF. OC2.2)

Among all family planning (FP) clients observed and interviewed, percentages provided with quality services as per national standards, by background characteristics, Nepal HFS 2021

Background characteristic	Clients receiving services from an FP trained provider ¹	Clients reported that they were counseled on side effects	Clients reported that provider told them what to do if they had any problems and when to return for a follow-up	Clients recommended the facility to others	Clients reported no problems regarding waiting time	All five items	Number of FP clients
Facility type							
Federal/provincial-level hospitals	87.7	62.6	53.7	100.0	73.6	29.9	82
Local-level hospitals	76.4	32.7	38.3	100.0	86.3	14.4	38
Private hospitals	72.7	54.5	45.5	100.0	72.7	27.3	3
PHCCs	57.4	54.4	55.2	99.5	84.2	23.5	65
Basic health care centers	43.7	53.1	52.0	99.9	90.9	19.3	660
HPs	46.4	53.9	52.2	100.0	90.9	20.3	580
UHCs	32.2	49.8	51.5	99.0	92.2	16.9	56
CHUs	6.5	41.7	47.8	100.0	88.5	2.1	25
Managing authority							
Public	50.5	53.2	51.8	99.9	88.5	20.4	846
Private	72.7	54.5	45.5	100.0	72.7	27.3	3
Ecological region							
Mountain	48.7	48.4	58.7	99.5	89.6	19.0	65
Hill	46.0	58.8	53.3	100.0	87.1	20.0	301
Terai	53.7	50.4	49.9	99.9	89.1	21.0	484
Location							
Urban	52.2	54.1	52.5	99.8	87.4	22.1	544
Rural	47.8	51.6	50.4	100.0	90.3	17.5	305
Province							
Province 1	57.4	58.3	54.8	100.0	89.2	20.3	169
Madhesh	46.8	40.3	39.3	100.0	94.4	17.3	185
Bagmati	31.1	49.0	45.6	100.0	84.1	12.5	119
Gandaki	29.3	73.3	55.1	100.0	92.4	8.8	81
Lumbini	67.7	56.5	61.6	100.0	83.4	32.6	148
Karnali	69.2	56.8	61.2	100.0	92.5	30.2	48
Sudurpashchim	52.3	51.0	55.2	99.1	83.5	22.9	99
Total	50.6	53.2	51.8	99.9	88.4	20.5	849

Note: This table excludes stand-alone HTCs and two federal-level hospitals.

¹ This applies only to providers who were observed at the facility. Trained provider refers to providers who have ever been trained.

Table 3.35 Clients provided with quality services as per national standards: IMNCI services (NHSS RF. OC2.2)

Among all sick child clients observed and interviewed, percentages provided with quality services as per national standards, by background characteristics, Nepal HFS 2021

Background characteristic	Clients receiving services from an IMNCI trained provider ¹	Caretaker reported that provider had advised about the child's diagnosis	Availability of amoxicillin tablet/cap or cotrimoxazole and zinc and ORS	Clients recommended the facility to others	Clients reported no problems regarding waiting time	All five items	Number of sick child clients
Facility type							
Federal/provincial-level hospitals	35.2	86.8	99.0	96.8	61.4	16.5	280
Local-level hospitals	39.6	86.4	100.0	96.5	75.3	25.6	109
Private hospitals	39.4	90.6	92.3	96.6	74.3	24.9	429
PHCCs	42.3	83.1	100.0	97.4	80.0	27.3	148
Basic health care centers	53.5	85.9	99.7	97.7	90.5	40.6	1,418
HPs	54.9	85.9	99.6	97.7	90.8	41.5	1,253
UHCs	49.4	86.7	100.0	98.0	88.8	41.5	94
CHUs	34.1	85.6	100.0	97.5	88.1	23.6	70
Managing authority							
Public	49.2	85.9	99.6	97.5	84.7	35.3	1,954
Private	39.4	90.6	92.3	96.6	74.3	24.9	429
Ecological region							
Mountain	37.1	91.0	100.0	96.4	83.6	23.9	201
Hill	41.3	89.5	97.6	98.3	84.3	31.0	998
Terai	54.4	83.7	98.6	96.6	81.5	37.1	1,184
Location							
Urban	44.4	86.8	97.4	96.4	78.8	29.6	1,538
Rural	53.0	86.6	100.0	99.1	90.1	40.4	845
Province							
Province 1	36.7	84.2	96.5	98.5	81.4	23.6	341
Madhesh	62.7	83.9	99.2	96.5	86.7	46.8	593
Bagmati	40.7	89.9	96.1	97.2	80.4	28.8	416
Gandaki	29.3	89.0	96.1	96.7	80.6	14.4	171
Lumbini	50.5	87.7	100.0	98.3	81.0	35.1	470
Karnali	50.9	84.5	100.0	95.9	87.0	36.5	143
Sudurpashchim	42.1	89.3	100.0	97.3	82.5	31.2	248
Total	47.5	86.7	98.3	97.3	82.8	33.4	2,383

Note: This table excludes stand-alone HTC sites and two federal level hospitals.

IMNCI = Integrated management of neonatal and childhood illness

ORS = Oral rehydration solution

¹ This applies only to providers who were observed at the facility. Trained provider refers to providers who have ever been trained.

Table 3.36 Availability of rehabilitation services and accessibility of services

Among all facilities, percentages having early detection of short- and long-term impairment services, physiotherapy services, mobility aids, guidelines on the priority assistive product list, and a disability management action plan and percentages having accessible sanitary facilities, reception counter, drinking water, doors, entrance corridors, and ramps, by background characteristics, Nepal HFS 2021

		Percentage of facilities having:												
		Policy, strategy, and 10-year action plan on disability management observed												
Background characteristic	Early detection of short-term and long-term impairment services	Guidelines on priority assistive product list (PAPL) observed		Sanitary facilities accessible		Reception counter accessible		Drinking water accessible		Accessible entrance		Accessible corridors		Number of facilities
		Mobility aid services	Physio-therapy services	Sanitary facilities accessible	Reception counter accessible	Drinking water accessible	Accessible entrance	Accessible doors	Accessible entrance	Accessible corridors	Accessible ramps			
Facility type														
Federal/provincial-level hospitals	83.4	51.7	40.3	3.1	2.0	46.4	60.8	51.6	64.0	70.1	55.7	48.6	27	
Local-level hospitals	60.6	21.5	8.1	1.6	0.0	53.4	69.7	65.5	63.2	71.2	58.3	58.3	17	
Private hospitals	47.9	50.3	29.5	0.5	2.6	35.6	60.8	50.5	52.1	64.0	49.5	35.4	116	
PHCCs	50.3	1.1	13.7	1.1	0.0	32.2	44.8	55.2	58.5	62.3	51.9	44.3	51	
Basic health care centers	23.2	1.3	2.7	0.0	0.2	21.2	22.0	33.9	37.6	39.4	27.1	15.9	1,352	
HPs	24.7	1.6	3.2	0.0	0.3	23.9	24.9	36.4	40.8	43.5	30.6	18.4	1,064	
UHCs	14.6	0.3	1.0	0.0	0.0	14.2	13.2	27.9	27.1	27.9	16.4	9.1	154	
CHUs	20.9	0.0	0.7	0.0	0.0	8.5	9.4	20.7	24.0	20.2	11.4	3.6	135	
Stand-alone HTCs	4.9	2.4	2.4	0.0	24.4	34.1	34.1	39.0	36.6	26.8	12.2	11		
Managing authority														
Public	25.7	2.5	3.8	0.1	0.2	22.5	24.2	35.4	39.2	41.2	29.0	18.0	1,448	
Private	44.0	46.0	27.0	0.7	2.4	34.6	58.4	49.1	51.0	61.6	47.4	33.3	128	
Ecological region														
Mountain	31.1	1.3	3.9	0.1	0.1	12.8	15.9	33.5	37.8	35.4	26.9	17.3	210	
Hill	26.9	6.3	6.2	0.2	0.1	25.4	25.9	36.8	39.4	41.1	30.5	20.8	823	
Terai	26.2	7.4	5.8	0.1	1.0	24.6	32.8	37.1	42.1	48.4	31.9	17.6	543	
Location														
Urban	27.3	9.7	8.1	0.2	0.4	26.1	30.3	37.4	42.6	46.7	32.0	20.3	846	
Rural	27.1	1.7	3.0	0.1	0.4	20.4	23.1	35.4	37.2	38.5	28.8	18.0	730	
Province														
Province 1	32.3	3.3	6.6	0.0	0.0	16.6	23.9	26.4	30.1	31.4	18.4	14.8	264	
Madhes	25.0	6.1	2.2	0.0	0.0	19.5	24.0	32.4	40.6	48.2	30.0	8.8	247	
Bagmati	24.9	12.3	9.5	0.3	0.9	30.4	47.7	49.4	52.4	52.4	38.8	28.9	325	
Gandaki	22.0	5.9	7.5	0.3	0.0	24.3	34.5	40.5	47.2	53.4	39.3	32.8	198	
Lumbini	25.7	4.6	4.6	0.1	1.4	27.7	30.1	38.8	37.3	39.5	31.2	17.3	243	
Karnali	23.0	3.3	2.7	0.2	0.0	30.3	22.8	31.9	41.4	37.2	30.2	14.8	129	
Sudurpashchim	38.3	2.3	4.1	0.2	0.0	13.2	19.2	32.1	32.1	31.2	23.3	13.1	170	
Total	27.2	6.0	5.7	0.2	0.4	23.5	26.9	36.5	40.1	42.9	30.5	19.2	1,576	

Table 3.37 Trained staff for reproductive health services

Among all facilities, percentages having at least one staff member recently trained on reproductive health, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities having:			Number of facilities
	Staff trained in adolescent sexual and reproductive health (ASRH) [†]	Staff trained in visual inspection with acetic acid (VIA) [†]	Staff trained in single-visit approach [†]	
Facility type				
Federal/provincial-level hospitals	33.9	28.7	6.1	27
Local-level hospitals	21.0	12.9	3.2	17
Private hospitals	6.3	4.5	2.4	116
PHCCs	26.2	15.3	2.2	51
Basic health care centers	14.1	3.7	0.1	1,352
HPs	15.7	4.4	0.2	1,064
UHCs	10.7	1.7	0.0	154
CHUs	5.6	0.4	0.0	135
Managing authority				
Public	15.0	4.7	0.4	1,448
Private	6.3	4.5	2.4	116
Ecological region				
Mountain	19.6	6.3	0.0	210
Hill	12.5	4.2	0.6	819
Terai	15.1	4.7	0.6	535
Location				
Urban	15.3	5.7	1.0	834
Rural	13.3	3.4	0.0	730
Province				
Province 1	21.0	5.6	0.7	262
Madhesh	15.3	2.2	0.2	246
Bagmati	9.0	4.3	0.5	321
Gandaki	8.1	2.6	0.6	198
Lumbini	9.0	1.1	0.1	239
Karnali	19.9	2.0	0.0	128
Sudurpashchim	23.3	16.8	1.5	169
Total	14.3	4.6	0.5	1,565

Note: This table excludes stand-alone HTCs.

[†] The facility had at least one interviewed staff member providing the service who reported receiving in-service training in reproductive health (ASRH, VIA, single-visit approach) 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.

Table 3.38 Isolation room, RRT, ICS disaster preparedness, and drill down exercise

Among all facilities, percentages that have an isolation room, rapid response team (RRT), functional incident command system (ICS), and outbreak management plan; percentages that have conducted a drill down exercise; and percentages that have a mass casualty management plan, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities having:			Percentage of facilities with outbreak management plan		Percentage of facilities that have conducted drill down exercise as part of disaster preparedness training	Percentage of facilities with mass casualty management plan	Number of facilities			
	Isolation room for infectious diseases	RRT	Functional ICS	Reported	Observed						
Facility type											
Federal/provincial-level hospitals											
Federal/provincial-level hospitals	75.3	75.3	43.4	39.3	26.8	26.8	77.3	27			
Local-level hospitals	54.3	49.4	25.1	14.5	8.1	8.1	25.9	17			
Private hospitals	56.2	27.5	13.1	15.5	11.7	11.7	39.2	116			
PHCCs	19.1	23.0	3.3	12.6	3.8	3.8	12.6	51			
Basic health care centers	2.2	8.3	1.8	3.8	1.5	1.5	3.1	1,352			
HPs	2.6	10.2	2.2	4.3	1.9	1.9	3.7	1,064			
UHCs	1.4	2.8	0.0	2.7	0.3	0.3	1.4	154			
CHUs	0.2	0.3	0.4	1.0	0.0	0.0	0.4	135			
Stand-alone HTCs	4.9	7.3	2.4	4.9	0.0	0.0	2.4	11			
Managing authority											
Public	4.8	10.6	2.9	4.9	2.2	2.2	5.2	1,448			
Private	51.6	25.7	12.1	14.5	10.6	10.6	35.9	128			
Ecological region											
Mountain	8.3	7.9	0.5	2.9	2.0	2.0	5.7	210			
Hill	8.8	10.4	2.9	6.3	2.8	2.8	7.0	823			
Terai	8.5	15.6	5.9	5.8	3.3	3.3	9.3	543			
Location											
Urban	11.9	13.9	4.7	5.8	4.2	4.2	10.6	846			
Rural	4.9	9.5	2.5	5.5	1.4	1.4	4.2	730			
Province											
Province 1	8.5	12.4	6.2	7.1	5.7	5.7	11.4	264			
Madhesh	3.4	13.8	4.3	6.5	1.1	1.1	6.1	247			
Bagmati	14.7	11.3	3.7	5.9	4.5	4.5	10.3	325			
Gandaki	8.9	13.8	2.8	7.0	3.0	3.0	5.8	198			
Lumbini	7.6	12.7	4.5	4.9	1.6	1.6	7.5	243			
Karnali	6.4	7.6	0.7	3.1	0.9	0.9	3.3	129			
Sudurpashchim	7.7	8.9	0.5	3.3	1.1	1.1	4.7	170			
Total	8.6	11.9	3.6	5.7	2.9	2.9	7.6	1,576			

Table 3.39 Financial audits

Percentages of facilities that have completed financial audits, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities that have completed financial audit		Number of facilities
	Last fiscal year (2076/77)	Last 3 successive fiscal years (2074/75-2076/77)	
Facility type			
Federal/provincial-level hospitals	83.5	80.4	27
Local-level hospitals	70.6	57.4	17
PHCCs	60.1	57.9	51
Basic health care centers	33.1	29.4	1,198
HPs	34.3	31.0	1,064
CHUs	23.7	16.5	135
Ecological region			
Mountain	32.3	29.0	190
Hill	37.2	33.5	681
Terai	34.9	31.0	423
Location			
Urban	37.2	34.8	571
Rural	34.6	29.8	723
Province			
Province 1	27.3	26.4	219
Madhesh	19.6	14.3	224
Bagmati	34.8	29.3	229
Gandaki	32.9	28.7	165
Lumbini	50.0	45.6	197
Karnali	44.3	41.5	120
Sudurpashchim	52.2	50.1	141
Total	35.7	32.0	1,294

Note: This table excludes stand-alone HTCs, UHCs, and private hospitals.

Table 3.40 (RF12) Clients receiving free health care

Among antenatal care (ANC) clients, family planning (FP) clients, and caretakers of sick children interviewed in federal hospitals, local-level hospitals, primary health care centers, health posts, and urban health centers and postpartum clients interviewed in facilities where the Aama program is implemented, percentages reporting that they did not pay any money for the services they received that day at the facility, by background characteristics, Nepal HFS 2021

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	Percentage who did not pay for services received that day	Number of interviewed postpartum clients in facilities with Aama program
Facility type								
Federal/provincial-level hospitals	30.4	104	76.6	26	18.4	82	55.6	90
Local-level hospitals	54.5	107	87.0	38	52.6	109	78.3	15
PHCCs	67.8	153	81.8	65	63.1	148	91.7	11
Basic health care centers	94.1	886	99.4	660	95.6	1,418	100.0	13
HPs	94.1	802	99.6	580	95.8	1,253	100.0	13
UHCs	95.9	55	99.0	56	92.3	94	-	0
CHUs	92.4	29	95.9	25	96.8	70	-	0
Ecological region								
Mountain	86.9	74	97.1	56	82.2	166	87.1	6
Hill	78.4	426	95.8	271	84.3	683	75.3	38
Terai	84.0	750	97.1	463	89.2	907	59.7	84
Location								
Urban	78.6	827	96.1	486	79.6	924	63.1	117
Rural	89.3	423	97.5	303	94.4	833	92.2	11
Province								
Province 1	84.1	170	96.5	158	84.3	218	35.5	26
Madhesh	86.3	312	95.3	179	88.8	538	51.7	29
Bagmati	70.9	163	95.3	116	68.9	212	70.7	27
Gandaki	74.1	67	99.6	75	88.4	121	81.5	6
Lumbini	77.0	275	98.4	132	92.6	344	89.4	23
Karnali	90.2	65	93.6	42	87.8	115	100.0	4
Sudurpashchim	90.9	198	97.7	88	90.0	208	90.3	12
Total	82.2	1,250	96.6	789	86.6	1,756	65.7	128

Note: Results should be interpreted cautiously due to the small number of cases for some subgroups.

Table 3.41 Availability of health insurance services

Among PHCCs and hospitals, percentages implementing health insurance and, among facilities implementing health insurance, percentages that received cost reimbursement, that have enrolled members who bought drugs outside, that had an information desk for insured members and sufficient staff, and that spent reimbursed costs in the last fiscal year on various items, by background characteristics, Nepal HFS 2021

Background characteristic	Facility type	Percentage of facilities implementing health insurance	Number of PHCCs and hospitals	Cost reimbursement received from health insurance board			Percentage of facilities implementing health insurance that have			Reimbursed cost spent in last fiscal year on:			Number of PHCCs and hospitals implementing health insurance	
				Enrolled members who bought drugs from outside in current fiscal year			Availability of help desk/information desk for enrolled members			Human resources				
				All	Some	Not at all	Sufficient staff for health insurance	Enrolled members	Sufficient staff for health insurance	Human resources	Equipment/instruments	Amenities		
Federal/provincial-level hospitals	Federal/provincial-level hospitals	78.4	27	22.4	53.9	23.7	75.0	59.2	81.6	22.3	42.1	9.2	26.3	
Local-level hospitals	Local-level hospitals	63.1	17	29.3	38.5	32.2	66.2	25.7	75.8	13.0	47.1	7.6	32.2	
Private hospitals	Private hospitals	13.7	116	8.8	73.0	18.3	44.7	78.4	87.1	46.9	39.6	1.8	11.7	
PHCCs	PHCCs	66.7	51	22.1	43.4	34.4	61.5	26.2	76.2	17.2	44.3	5.7	32.8	
Managing authority													34	
Public	Public	69.3	96	23.4	46.0	30.6	66.6	36.8	77.9	18.2	44.0	7.2	30.6	
Private	Private	13.7	116	8.8	73.0	18.3	44.7	78.4	87.1	46.9	39.6	1.8	11.7	
Ecological region													16	
Mountain	Mountain	37.6	16	23.8	33.3	42.9	71.4	23.8	76.2	0.0	47.6	19.0	33.3	
Hill	Hill	38.3	105	22.0	47.6	30.5	62.8	37.7	76.0	19.6	43.7	6.3	30.5	
Terai	Terai	39.8	92	18.5	58.1	23.4	60.4	56.0	84.3	32.1	42.0	3.8	22.1	
Location													37	
Urban	Urban	35.2	174	22.3	54.4	23.3	65.8	54.5	81.8	27.9	44.1	5.5	22.5	
Rural	Rural	55.7	38	15.7	42.0	42.3	52.5	17.1	73.8	11.8	40.7	7.9	39.6	
Province													21	
Province 1	Province 1	55.6	36	19.6	56.5	23.8	61.2	54.7	81.3	22.9	46.7	4.2	26.2	
Madhesh	Madhesh	35.1	28	17.3	41.1	41.6	63.0	51.0	82.7	18.5	44.0	0.0	37.5	
Bajnepati	Bajnepati	21.5	69	22.6	58.5	18.9	56.6	54.7	86.8	34.0	39.6	3.8	22.6	
Gandaki	Gandaki	42.1	24	29.1	44.6	26.3	77.7	44.6	76.5	19.5	51.4	5.6	23.5	
Lumbini	Lumbini	39.9	32	22.3	48.9	28.8	62.4	35.9	73.5	20.1	37.9	13.2	28.8	
Karnali	Karnali	67.7	11	18.4	33.1	48.5	40.4	22.1	81.6	33.1	29.4	7.4	30.2	
Sudurpashchim	Sudurpashchim	60.2	13	11.1	66.7	22.2	77.8	29.6	70.4	14.8	51.9	11.1	22.2	
Total		38.9	212	20.6	51.2	28.2	62.4	44.8	79.7	23.7	43.2	6.1	27.0	
													83	

Key Findings

- Virtually all health facilities in Nepal offer curative care for children, and around 9 in 10 facilities offer growth monitoring and routine vaccination services. Routine vitamin A supplementation is offered in 88% of facilities.
- Outpatient curative care for sick children and growth monitoring services are available 5 or more days per week in almost all health facilities offering these services.
- Very few facilities delivering curative care for children have all of the equipment and trained staff considered necessary to provide quality care for sick children, with facilities most often lacking length or height boards (39%), pediatric stethoscopes (13%), and staff with training in maternal, infant, and young child nutrition (12%).
- Nine in 10 facilities providing child curative care have alcohol-based disinfectant and latex gloves, and 8 in 10 have medical masks. Overall, however, only 1% have all of the infection prevention items needed to deliver services safely.
- Laboratory testing capacity is also limited, with only 12% of facilities able to conduct hemoglobin and malaria testing and stool microscopy.
- Routine vaccinations are available at least 1–2 days per week in more than 8 in 10 facilities that offer vaccinations. Facilities generally obtain the vaccines they administer from a higher-level center and store the vaccines only for a short time as per policy. Only 6% of facilities have all of the components necessary for quality immunization services.
- Around two-thirds of providers of child health services have received recent supervision, and around 1 in 5 providers have received recent in-service training related to child health.
- Providers assessed all three main symptoms of childhood illness (fever, cough/difficulty breathing, and diarrhea) in 28% of observed consultations. They checked for all four major danger signs (ability to eat or drink anything, vomiting, convulsions, and unconsciousness/lethargy) in less than 1% of consultations.

4.1 BACKGROUND

With the aim of reducing mortality and morbidity among children less than age 18, the Family Welfare Division (FWD) of the Department of Health Services designs and implements programs to deliver preventive, promotive, and curative services. Immunization against vaccine-preventable diseases is a key component of the FWD's services. The National Immunization Program is a priority of the Government of Nepal. To improve the treatment of sick children at the point of

care as well as support care seeking among families, the FWD also implements an integrated management of neonatal and childhood illness (IMNCI) program. In addition, the government has made it a top priority to address early childhood undernutrition.

This chapter explores information from the 2021 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 4.1**, 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 **4.13** and **Figures 4.2** 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 4.14.1** through **4.16** and **Figure 4.9**, considers elements of the care received during sick child consultations.
- **Client opinion.** Section 4.5, including **Tables 4.17.1** and **4.17.2**, addresses clients' opinions on health service delivery.
- **Basic management and administrative systems.** Section 4.6, including **Tables 4.18** and **4.19**, provides information on two aspects of facility management and administrative systems that support the delivery of quality services: personal supervision of and in-service training for providers of child health services.

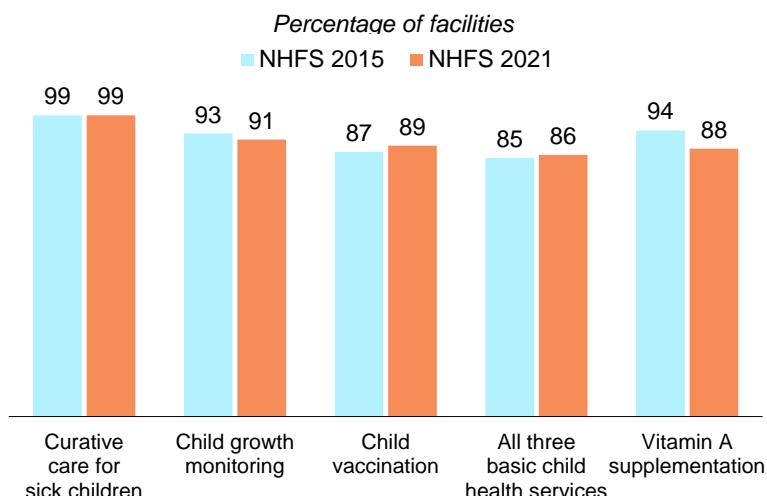
4.2 AVAILABILITY OF CHILD HEALTH SERVICES

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

The 2021 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 are presented for all facilities excluding stand-alone HIV testing and counseling centers (HTCs). They show that child health services are widely available in Nepal's health facilities (**Table 4.1** and **Figure 4.1**).

Almost all facilities provide outpatient curative care for sick children.¹ Growth monitoring is offered by 91% of facilities,² and 89% offer vaccination services. All three basic child health services are provided by 86% of health facilities. Among public facilities, community health units (CHUs) (67%) and

Figure 4.1 Availability of child health services



¹ Throughout the report, the results presented for curative care and vaccination services exclude two federal hospitals in addition to HTCs.

² In addition to all HTCs, one federal hospital is excluded from the results presented in Table 4.1 for growth monitoring.

urban health centers (UHCs) (71%) are least likely to provide all three basic child health services. Only 21% of private hospitals provide all three services. Facilities in the Karnali province (92%) are most likely and facilities in Bagmati (82%) are least likely to offer all basic child health services.

4.2.2 Vitamin A Supplementation

The 2021 NHFS assessed the availability of routine vitamin A supplementation (**Table 4.1** and **Figure 4.1**). Overall, 88% of health facilities provide vitamin A supplementation to children. This service is less likely to be available at private hospitals (35%) and, among public facilities, at UHCs (71%) and CHUs (63%).

4.2.3 Frequency of Availability

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 5 days per week in nearly all health facilities in Nepal that offer such care, regardless of facility type, managing authority, or province (**Table 4.2**). Similarly, growth monitoring is available 5 days or more per week at almost all facilities that offer this service. More than 8 in 10 facilities offering vaccination services report that all routine vaccinations are available at least 1–2 days per week (**Tables 4.3.1** and **4.3.2**). Routine vaccinations tend to be provided on more days during the week at hospitals than at lower-level health facilities.

4.3 SERVICE READINESS

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

The 2021 NHFS results showed that facilities providing curative child care services in Nepal lack some key elements necessary to support quality care for sick children (**Table 4.4**) (**Figure 4.2**). For example, only around half of facilities (54%) offering child curative services had IMNCI guidelines available on the day of the assessment visit. Fewer than 1 in 4 facilities had at least one health worker providing child health services who had been trained in IMNCI during the 24 months prior to the interview, and only 12% had a provider who reported having had recent maternal, infant, and young child nutrition (MIYCN) training. In general, IMNCI guidelines and trained staff were found more often in public hospitals, primary health care centers (PHCCs), and health posts (HPs) than in other types of facilities. Facilities in the Sudurpashchim province were more likely to have MIYCN trained staff than facilities in other provinces (**Figure 4.3**).

With regard to equipment needed to support child curative care, facilities were most likely to have a stethoscope (98%), a thermometer (96%), and an acute respiratory infection (ARI) timer (96%) (**Table 4.4**). Equipment needed for assessing a child's nutrition status was less often available, although **Figure 4.2** shows that there has been marked improvement in the proportions of facilities having infant and child scales, boards, and tapes for measuring both head circumference and mid-upper-arm circumference (MUAC) since 2015.

Figure 4.2 Availability of guidelines, trained staff, and equipment for child curative care

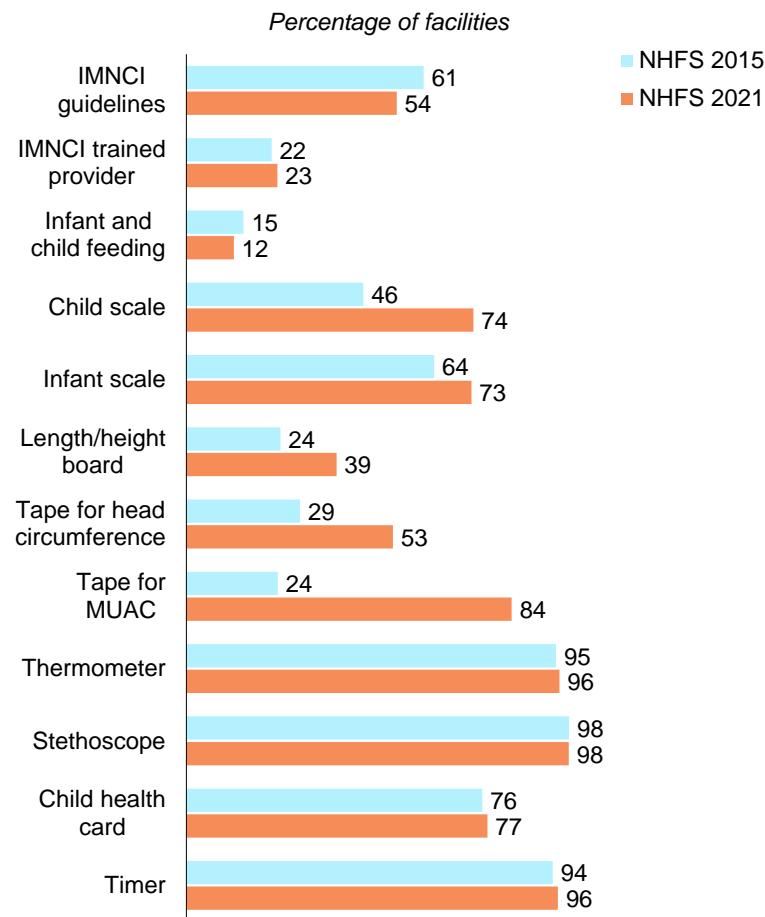
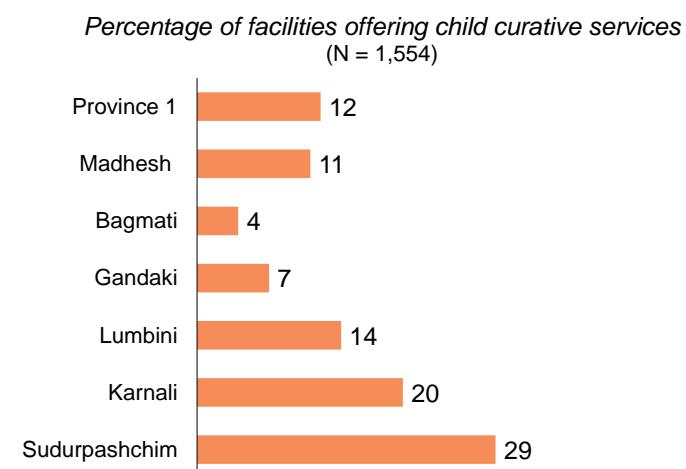


Figure 4.3 Maternal, infant, and young child nutrition training, by province



4.3.2 Guidelines, Trained Staff, and Equipment for Child Nutrition

Gaps are evident in the availability of key components to support child nutrition services among health facilities offering growth monitoring services (**Table 4.5** and **Figure 4.4**). A nutrition register (75%) is common at these facilities, and more than 4 in 10 have Balvita sachets. However, other commodities and equipment needed to support nutrition interventions are less widely available. For example, only 18% of facilities have Z-score calculation sheets, and only 12% have any ready-to-use therapeutic food. Nutrition corners are available in only 14% of facilities, and only 4% have a breastfeeding corner.

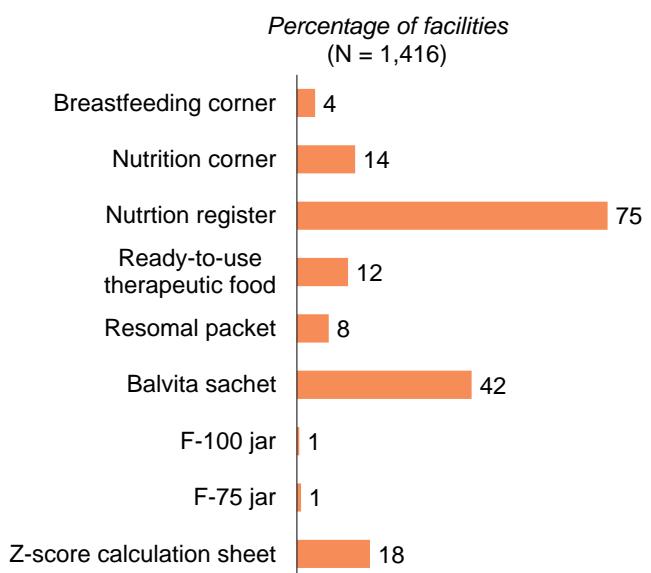
Comparatively few facilities have staff with nutrition-specific training, and only 1 in 10 have an MIYCN training manual available.

Table 4.5 shows that the availability of key elements to support child nutrition frequently varies by facility background characteristics. For example, the percentage of facilities having a nutrition register ranges from 58% in Province 1 to 87% in Lumbini.

4.3.3 Infection Control in Sick Child Services

Infection control is an essential component in the provision of child health services. The great majority of facilities that provide 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 4.6**). More than 9 of every 10 facilities also had gloves. Facilities were least likely to have infection prevention and health care waste management guidelines available (7%). Similar to the situation in 2015, very few facilities (1%) have all of the infection control items considered essential to provide child curative services safely.

Figure 4.4 Availability of guidelines, trained staff, and equipment for growth monitoring services



4.3.4 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 fairly limited (**Table 4.7**). Malaria testing, hemoglobin testing, and stool microscopy are available in 36%, 25%, and 16%, respectively, of all facilities offering child curative care. Just 12% of facilities have all three tests available, which is only a slight improvement since 2015 (9%). Testing capacity varies widely by province, with facilities in Province 1 most likely to have all three tests available (18%) (**Figure 4.5**).

Testing capacity is most often found in PHCCs or hospitals. **Table 4.8** shows that half of hospitals and PHCCs have all three tests available. This compares to only 6% of basic health care centers (HPs, UHCs, and CHUs) (**Table 4.7**).

4.3.5 Medicines and Commodities for Sick Child Care

A range of medicines and commodities are needed to provide care for sick children. **Table 4.9** and **Figure 4.6** show that 90% or more of facilities offering child curative care had albendazole, oral rehydration salts (ORS), and zinc tablets available on the day of the visit. Considering other essential medicines, facilities were least likely to have amoxicillin syrup/dispersible tablets (61%). However, **Figure 4.7** shows that the proportion of facilities having amoxicillin has increased markedly since 2015.

With regard to priority medicines, two-thirds of facilities offering child curative care had injectable gentamycin, but only just over one-quarter had ceftriaxone powder or ampicillin powder. In general, basic health centers were less likely than PHCCs and hospitals to have medicines and commodities needed for sick child care, especially priority medicines. The availability of medicines, particularly priority medicines, also varied noticeably by province.

Figure 4.5 Availability of laboratory diagnostic capacity for child curative care, by province

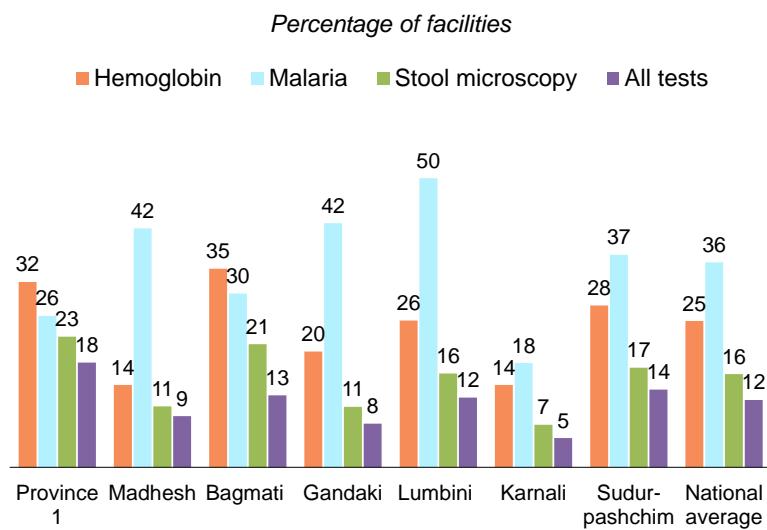
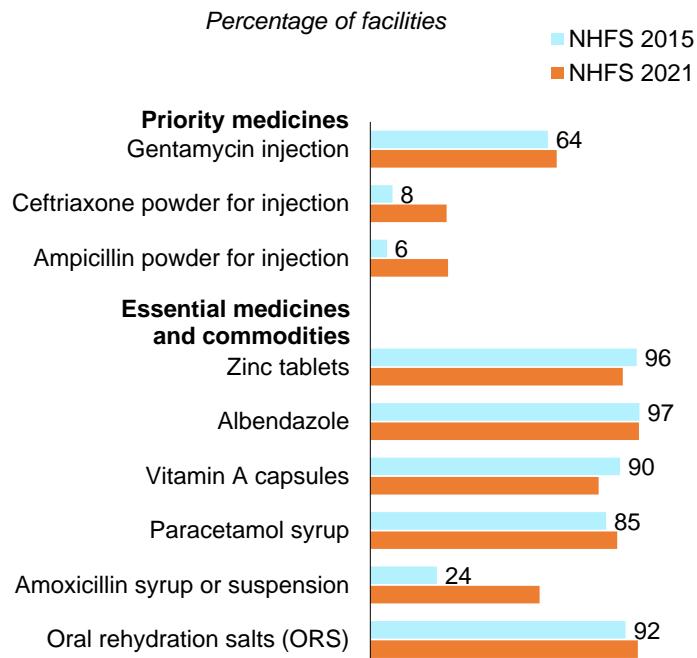


Figure 4.6 Availability of essential and priority medicines and commodities



4.3.6 Microplanning, Trained Staff, and Equipment for Vaccination Services

Similar to services for sick children, health facilities need effective microplanning, trained staff, and appropriate equipment to deliver good-quality vaccination services. **Table 4.10** and **Figure 4.7** show that 70% of facilities offering vaccination services had an immunization schedule chart or document available. However, only 37% had evidence of immunization microplanning. With regard to staff training, only one quarter of the facilities offering vaccination services reported having at least one staff member with recent in-service Expanded Program on Immunization (EPI) training. Most of the facilities had equipment necessary for immunization services, including vaccine carriers, syringes and needles, and child health cards. Overall, only 6% of facilities had all six items necessary to provide quality immunization services. Facilities in the Sudurpashchim province were more likely to have trained staff for vaccinations than facilities in other provinces (**Figure 4.8**).

Figure 4.7 Items to support child vaccination

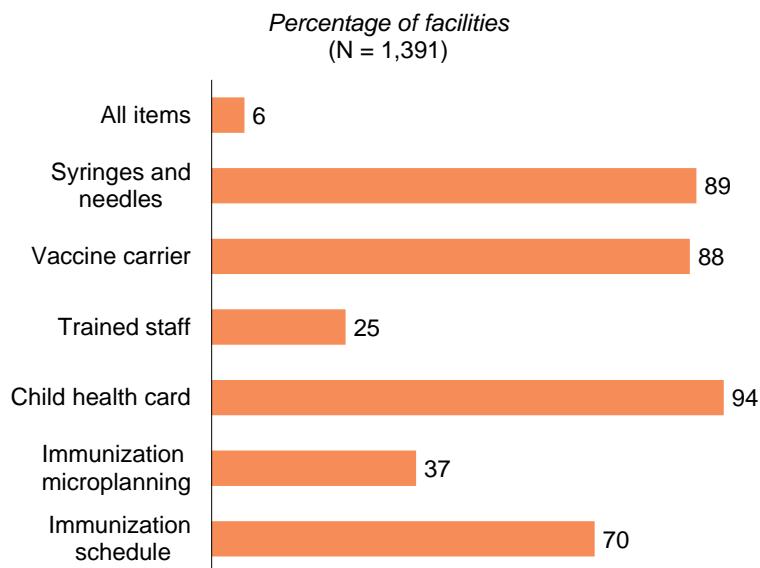
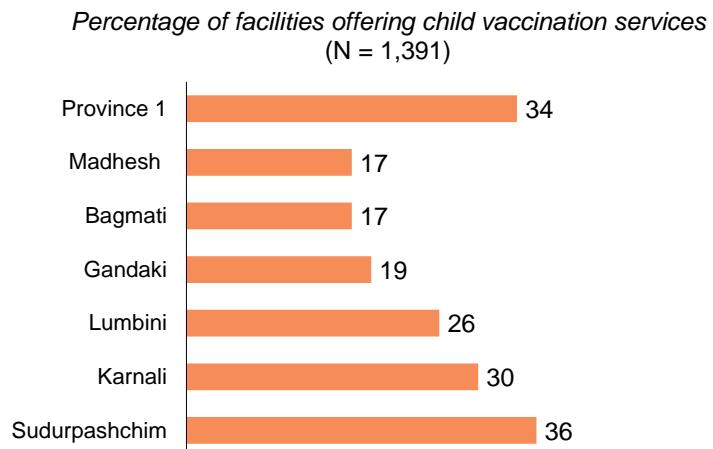


Figure 4.8 Staff trained for vaccinations, by province



4.3.7 Availability of Vaccines

As per policy in Nepal, only central, provincial, and district vaccine stores and vaccine substores (one to three per district at health facilities) store vaccines regularly and are provided with WHO performance, quality, and safety (PQS) cold chain equipment for vaccine storage. Accordingly, it is not surprising that, among 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 4.11**). Only 7% of all facilities offering vaccination services stored vaccines on a routine basis, and only 5% had WHO PQS cold chain equipment available.

As per policy, vaccine storage is largely limited to higher-level facilities. **Table 4.12** shows that, overall, 35% of PHCCs and hospitals routinely store vaccines and 27% have WHO PQS cold chain equipment.

4.3.8 Infection Prevention in Vaccination Services

Table 4.13 shows the availability of items for infection control at facilities offering vaccination services. More than 9 in 10 facilities had alcohol-based hand disinfectant, which represents an improvement since

2015, when only 26% of facilities offering vaccination services had alcohol-based disinfectant. Facilities also were more likely to have other items needed for infection control in 2021 than in 2015, including soap and running water (58% versus 43%) and waste receptacles (24% versus 6%).

The 2021 NHFS results showed that, in general, hospitals were more likely than other types of facilities to have most infection control items. The percentages of facilities having specific items also varied by province. For example, the proportion of facilities offering vaccination services that had soap and running water ranged from only 34% in Madhesh to 78% in Bagmati.

4.4 SICK CHILD CARE PRACTICES

To assess whether providers are offering good-quality services, NHFS observers attended sick child consultations. In total, the observers reported on 2,383 sick child consultations, with just over half of these consultations observed in HPs. With regard to the qualifications of providers, 62% of the consultations observed during the 2021 survey were conducted by paramedics, with most of the remaining consultations conducted either by doctors (19%) or medical officers (18%) (**Tables 4.14.1** and **4.14.2**).

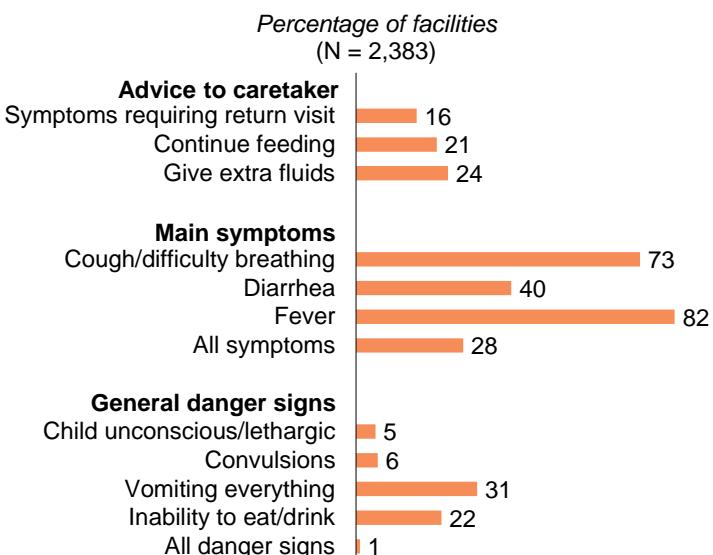
4.4.1 Full Assessment

Using checklists based on IMNCI guidelines, the observers noted what information providers gave caretakers and whether recommended procedures were carried out during the consultations. **Tables 4.14.1** and **4.14.2** summarize the extent to which providers followed recommended IMNCI practices during the sick child consultations observed in the 2021 NHFS. **Table 4.15** considers the extent to which IMNCI guidelines were followed during consultations for sick children under age 2 months. Caution should be used in interpreting the latter results in view of the comparatively small number of consultations observed for very young children (90).

IMNCI General Danger Signs

According to IMNCI standards, providers should check every sick child for the following four danger signs: inability to eat or drink anything, vomiting everything, convulsions, and whether the child is lethargic or unconscious. Overall, only 1% of providers talked about all danger signs during the observed consultations (**Figure 4.9**). Providers were most likely to ask about vomiting (31%) and inability to eat or drink (22%). Providers were more likely to have asked about the latter danger signs in consultations for sick children under age 2 (46% and 62%, respectively) than in consultations overall (**Table 4.15**).

Figure 4.9 Assessment of general danger signs and main symptoms and advice to parents



IMNCI Main Signs and Symptoms and Other Assessments

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 (82%), followed by cough or difficulty breathing (73%) and diarrhea (40%). Health

providers assessed sick children for all three symptoms in around one quarter of the observed consultations (**Figure 4.9**).

The NHFS results also show that providers asked about ear pain or discharge in only 15% of the consultations (**Tables 4.14.1** and **4.14.2**). Virtually no providers obtained information on whether the child had ever had two or more episodes of diarrhea lasting more than 14 days or asked questions about the mother's HIV status or parental tuberculosis (TB).

Physical Examination

In the majority of the consultations observed in the NHFS, the child was weighed (76%) and the child's body temperature was taken (73%) (**Tables 4.14.1** and **4.14.2**). Plotting weight on a growth chart and counting respiratory rates were observed in 22% and 24% of consultations, respectively. Providers measured height, counted the child's pulse, checked for neck stiffness or tenderness behind the ears, pressed the feet to check edema, checked for enlarged lymph nodes, or checked for pallor by looking at the palms in 5% or less of the consultations.

Essential Advice

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 require an immediate return to the facility. Overall, advisors recommended these practices in relatively few consultations (**Figure 4.9**). Providers most often suggested giving extra fluid to the child (24%); only 16% talked about symptoms that would warrant a return for care. In consultations for children under age 2, providers most often advised caretakers about the need to continue feeding (35%) (**Table 4.15**).

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 4.16** 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, generally a minority of providers were observed to assess the child or offer advice to caretakers according to IMNCI guidelines. For example, only 34% of providers asked about all three IMNCI main symptoms (cough/difficulty breathing, diarrhea, and fever) for children diagnosed as having pneumonia. Even fewer providers asked about general danger signs during these consultations (8%).

Looking at the medicines that were used for treating sick children, children most often received oral medicine to relieve symptoms (55%) or oral antibiotics (46%). Antibiotics were most often given to children with respiratory and febrile illnesses and ear infections; however, about one-third of children with diarrhea also were given oral antibiotics.

Providers discussed the need for follow-up visits in 3 in 10 sick child consultations. They described the signs or symptoms that would warrant a return visit during only 16% of the consultations.

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. The two issues most commonly cited by caretakers as major problems were lack of medicines (6%) and long waits to see a

provider (5%) (**Tables 4.17.1** and **4.17.2**). Waiting time was mentioned most often as a major problem in federal/provincial-level hospitals (14%). The percentage of caretakers mentioning lack of availability of medicines as a major problem was lowest in private hospitals (2%) and highest in local-level hospitals and PHCCs (9% each).

4.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

Personal supervision and training are important management functions to support health care providers. **Table 4.18** shows that around two-thirds of interviewed child health care providers reported receiving personal supervision in the 6 months before the NHFS visit. Recent training was much less common; just over 1 in 5 child health service providers interviewed in the 2021 NHFS had received in-service training related to child health in the 24 months before the assessment visit. Overall, 16% of interviewed child health service providers had recently

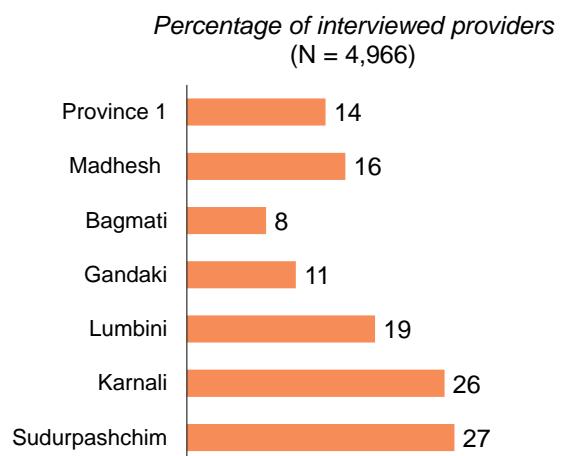
received both personal supervision and in-service training. The percentage of providers reporting both training and supervision varied markedly by province, from 8% in Bagmati to 27% in Sudurpashchim (**Figure 4.10**).

Table 4.19 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. IMNCI (46%) was the most common topic of training, followed by integrated management of acute malnutrition, National Immunization Program (NIP) or cold chain monitoring, and MIYCN (24%–29%).

LIST OF TABLES

- **Table 4.1** Availability of child health services
- **Table 4.2** Frequency of availability of child curative care and growth monitoring
- **Table 4.3.1** Frequency of availability of child vaccination services for specific vaccines
- **Table 4.3.2** Frequency of availability of child vaccination services for specific vaccines
- **Table 4.4** Guidelines, trained staff, and equipment for child curative care services
- **Table 4.5** Guidelines, trained staff, and equipment for growth monitoring services
- **Table 4.6** Items for infection control
- **Table 4.7** Laboratory diagnostic capacity
- **Table 4.8** Laboratory diagnostic capacity in PHCCs and hospitals
- **Table 4.9** Availability of essential and priority medicines and commodities
- **Table 4.10** Microplanning, trained staff, and equipment for vaccination services
- **Table 4.11** Vaccine storage
- **Table 4.12** Vaccine storage at PHCCs and hospitals
- **Table 4.13** Infection control for vaccination services
- **Table 4.14.1** Assessments and examinations of sick children, by facility type
- **Table 4.14.2** Assessments and examinations of sick children, by managing authority and province
- **Table 4.15** Assessments and examinations of sick children under age 2 months

Figure 4.10 Training related to child health during the 24 months and personal supervision in the 6 months preceding the survey, by province



- **Table 4.16 Assessments, examinations, and treatment for sick children, classified, by diagnosis or major symptoms**
- **Table 4.17.1 Feedback from caretakers of observed sick children on service problems, by facility type**
- **Table 4.17.2 Feedback from caretakers of observed sick children on service problems, by managing authority and province**
- **Table 4.18 Supportive management for providers of child health services**
- **Table 4.19 Training for child health service providers**

Table 4.1 Availability of child health services

Among all facilities, percentages offering specific child health services at the facility, by background characteristics, Nepal HFS 2021

Background characteristic	Outpatient curative care for sick children ¹	Growth monitoring ²	Child vaccination ³	All three basic child health services	Routine vitamin A supplementation	Number of facilities other than HTCs and two federal-level hospitals offering services ⁴	Number of facilities other than HTCs and one federal-level hospital offering services ⁵
Facility type							
Federal/provincial-level hospitals	100.0	85.4	74.8	74.8	90.5	27	27
Local-level hospitals	98.4	74.3	89.6	71.0	93.8	17	17
Private hospitals	93.1	38.6	25.0	20.9	35.0	116	116
PHCCs	100.0	97.8	99.5	97.3	99.5	51	51
Basic health care centers	99.9	95.0	94.3	91.4	92.3	1,352	1,352
HPs	100.0	98.2	99.3	97.5	99.1	1,064	1,064
UHCs	99.1	83.5	79.4	71.1	71.0	154	154
CHUs	99.7	83.0	72.4	66.7	63.1	135	135
Managing authority							
Public	99.9	94.7	94.1	91.1	92.6	1,448	1,448
Private	93.1	38.6	25.0	20.9	35.0	116	116
Ecological region							
Mountain	99.8	94.8	87.5	86.1	89.1	210	210
Hill	99.8	93.3	91.0	89.0	87.8	818	819
Terai	98.6	84.5	86.3	81.0	88.6	535	535
Location							
Urban	98.8	85.7	83.5	79.6	83.2	834	834
Rural	99.9	96.0	95.2	93.1	94.1	730	730
Province							
Province 1	99.2	90.4	87.1	85.5	87.5	262	262
Madhesh	99.0	88.3	91.3	85.8	94.4	246	246
Bagmati	99.6	88.0	85.1	82.1	83.8	321	321
Gandaki	99.9	92.8	89.9	86.8	88.6	198	198
Lumbini	98.7	93.0	89.4	87.8	87.3	239	239
Karnali	99.5	94.8	93.1	92.0	85.3	128	128
Sudurpashchim	100.0	89.2	90.9	85.4	92.6	169	169
Total	99.4	90.5	89.0	85.9	88.3	1,564	1,564

Note: Stand-alone HIV testing and counseling centers (HTCs) are excluded from this table and other tables in this chapter. Two federal-level hospitals are excluded from this table and other tables for child curative care and child vaccination services. One federal-level hospital is excluded from this table for child growth monitoring services. The following abbreviations are used in tables throughout the chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

¹ Child curative care services are services pertaining to diagnosis, treatment, and therapies provided to a child patient with the intent to improve symptoms and cure the patient's medical problem. These services involve treating major childhood illnesses such as pneumonia, diarrhea, malaria, measles, and malnutrition in a holistic way; caring for major problems in sick newborns such as birth asphyxia, bacterial infection, jaundice, hypothermia, and low birth weight; and providing breastfeeding counseling.

² Growth monitoring is both a service for diagnosing inadequate child growth in its earliest stages and a delivery platform for nutrition counseling. It is the regular monitoring of a "well" child to determine how he/she is developing. The rate of growth is checked against a chart to ensure that the child is within an acceptable range. Monitoring usually involves (1) routine measurement of a child's weight and length/height; (2) plotting of the child's measurements and comparison of the child's status with a standardized growth chart to assess growth adequacy; (3) growth-informed counseling; and, if necessary, (4) undertaking of remedial, health-promoting action.

³ Routine provision of bacillus Calmette-Guérin (BCG), pentavalent, oral polio, and measles-rubella (MR) vaccinations; pneumococcal conjugate vaccine (PCV); rotavirus vaccine; a fractional dose of inactivated polio vaccine (fIPV); and Japanese encephalitis (JE) vaccinations at the facility or through outreach

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

⁵ This denominator applies only to the child growth monitoring services indicator.

Table 4.2 Frequency of availability of child curative care and growth monitoring

Among all facilities offering outpatient curative care for sick children and growth monitoring, percentages providing the service at the facility at specific frequencies, by background characteristics, Nepal HFS 2021

Background characteristics	Outpatient curative care of sick children (days per week ¹)			Number of facilities offering child curative care ²	Child growth monitoring (days per week ¹)			Number of facilities offering child growth monitoring services ³
	1–2 days per week	3–4 days per week	5 or more days per week		1–2 days per week	3–4 days per week	5 or more days per week	
Facility type								
Federal/provincial-level hospitals	0.0	0.0	99.0	27	0.0	0.0	100.0	23
Local-level hospitals	0.0	0.0	100.0	17	0.0	0.0	100.0	13
Private hospitals	0.0	0.0	99.4	108	0.0	0.0	100.0	45
PHCCs	0.5	0.0	98.4	51	0.6	0.0	98.3	50
Basic health care centers	0.3	0.3	98.8	1,350	0.3	0.3	98.7	1,285
HPs	0.3	0.4	98.7	1,064	0.3	0.4	98.7	1,045
UHCs	0.3	0.0	99.3	152	0.4	0.0	98.3	128
CHUs	0.0	0.4	99.1	134	0.0	0.4	99.2	112
Managing authority								
Public	0.3	0.3	98.8	1,445	0.3	0.3	98.7	1,371
Private	0.0	0.0	99.4	108	0.0	0.0	100.0	45
Ecological region								
Mountain	0.0	0.0	100.0	210	0.0	0.0	100.0	199
Hill	0.4	0.0	99.0	816	0.4	0.0	98.9	764
Terai	0.1	0.8	98.1	528	0.2	1.0	97.9	452
Location								
Urban	0.1	0.1	99.6	824	0.1	0.1	99.5	715
Rural	0.5	0.5	98.0	730	0.5	0.6	97.9	701
Province								
Province 1	1.5	0.0	95.8	260	1.6	0.0	95.4	237
Madhesh	0.1	1.6	98.1	244	0.1	1.8	98.0	218
Bagmati	0.0	0.0	99.9	319	0.0	0.0	99.6	283
Gandaki	0.0	0.0	100.0	198	0.0	0.0	100.0	184
Lumbini	0.0	0.2	99.5	236	0.0	0.2	99.8	223
Karnali	0.0	0.0	99.7	128	0.0	0.0	99.7	122
Sudurpashchim	0.0	0.0	99.7	169	0.0	0.0	99.6	151
Total	0.3	0.3	98.8	1,554	0.3	0.3	98.7	1,416

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

² Excludes stand-alone HIV testing and counseling centers (HTCs) and two federal-level hospitals

³ Excludes stand-alone HTCs and one federal-level hospital

Table 4.3.1 Frequency of availability of child vaccination services for specific vaccines

Among all facilities offering routine child vaccination services (either at the facility or through outreach), percentages providing the service at the facility at specific frequencies, by background characteristics, Nepal HFS 2021

Background characteristic	Routine BCG vaccination			Routine pentavalent vaccination			Routine oral polio vaccination			Routine measles rubella (MR) vaccination		
				Number of facilities			Number of facilities			Number of facilities		
	1–2 days	3–5 days	>5 days	1–2 days	3–5 days	>5 days	1–2 days	3–5 days	>5 days	1–2 days	3–5 days	>5 days
Facility type												
Federal/provincial-level hospitals	23.4	40.4	36.2	20	22.0	43.1	34.8	20	22.0	43.1	34.8	20
Local-level hospitals	59.5	33.9	6.6	13	59.5	31.7	8.9	13	59.5	31.7	8.9	13
Private hospitals	30.7	32.7	36.6	29	26.0	38.4	35.7	29	27.9	38.4	33.7	29
PHCCs	79.4	18.9	1.7	50	78.9	19.4	1.7	50	78.9	19.4	1.7	50
Basic health care centers	90.8	9.0	0.3	1,250	90.2	9.2	0.6	1,252	90.5	9.2	0.4	1,251
HPs	90.0	9.7	0.2	1,039	89.4	10.0	0.6	1,039	89.7	10.0	0.2	1,039
UHCs	91.6	7.4	1.0	117	91.5	6.8	1.7	118	91.5	6.8	1.0	118
CHUs	97.5	2.5	0.0	94	97.6	2.4	0.0	95	97.6	2.4	0.0	94
Managing authority												
Public	89.0	10.0	1.0	1,333	88.5	10.3	1.3	1,335	88.7	10.3	1.0	1,334
Private	30.7	32.7	36.6	29	26.0	38.4	35.7	29	26.0	38.4	33.7	29
Ecological region												
Mountain	92.2	7.8	0.0	184	92.0	8.0	0.0	185	92.0	8.0	0.0	185
Hill	88.3	9.5	2.2	732	87.1	10.2	2.7	733	87.6	10.2	2.2	732
Terai	85.0	13.3	1.7	447	85.0	13.2	1.7	447	85.0	13.2	1.7	447
Location												
Urban	84.5	12.1	3.4	684	83.3	12.8	3.9	685	83.7	12.8	3.4	84.4
Rural	91.0	8.9	0.0	679	91.0	8.9	0.1	679	91.0	8.9	0.1	85
Province												
Province 1	84.9	14.0	1.1	225	83.3	14.1	2.6	225	84.8	14.1	1.1	225
Madhesh	81.6	18.0	0.4	216	81.6	18.0	0.4	216	81.6	18.0	0.4	216
Bagmati	83.1	12.2	4.8	272	81.4	13.6	5.0	273	81.4	13.6	5.0	273
Gandaki	93.0	6.2	0.8	175	93.0	6.2	0.8	175	93.0	6.2	0.8	175
Lumbini	91.6	7.1	1.3	209	91.6	7.1	1.3	209	91.6	7.1	1.3	209
Karnali	92.2	7.6	0.2	117	92.0	8.0	0.0	118	92.0	8.0	0.0	118
Sudurpashchim	94.2	3.9	1.9	149	94.2	3.9	1.9	149	94.2	3.9	1.9	149
Total	87.7	10.5	1.7	1,363	87.1	10.9	2.0	1,364	87.4	10.9	1.8	1,364

BCG = Bacillus Calmette-Guérin

Table 4.3.2 Frequency of availability of child vaccination services for specific vaccines

Among all facilities offering routine child vaccination services (at the facility or through outreach), percentages providing the service at the facility at specific frequencies, by background characteristics, Nepal HFS 2021

Background characteristics	Routine pneumococcal vaccination (PCV)			Routine Japanese encephalitis (JE) vaccination			Routine rotavirus vaccination			Routine fractional dose of inactivated polio vaccine (tIPV) 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
Facility type												
Federal/provincial-level hospitals	22.0	43.1	34.8	20	23.4	41.8	34.8	20	22.4	42.4	35.3	20
Local-level hospitals	59.5	31.7	8.9	13	59.5	31.7	8.9	13	59.5	31.7	8.9	13
Private hospitals	26.0	38.4	35.7	29	29.8	36.5	33.7	29	26.0	38.4	35.7	29
PHCCs	78.8	19.6	1.7	50	78.9	19.4	1.7	50	78.9	19.4	1.7	50
Basic health care centers	90.5	9.2	0.4	1,252	90.8	8.9	0.3	1,251	90.5	9.2	0.3	1,252
HPs	89.7	10.0	0.2	1,039	90.0	9.7	0.2	1,039	89.7	10.0	0.2	1,039
UHCs	91.5	6.8	1.7	118	92.2	7.1	0.7	118	91.5	7.1	0.5	118
CHUs	97.6	2.4	0.0	95	97.5	2.5	0.0	94	97.6	2.4	0.0	94
Managing authority												
Public	88.7	10.3	1.0	1,335	89.0	10.0	0.9	1,334	88.7	10.3	1.0	1,335
Private	26.0	38.4	35.7	29	29.8	36.5	33.7	29	26.0	38.4	35.7	29
Ecological region												
Mountain	92.0	8.0	0.0	185	92.2	7.8	0.0	185	92.2	7.8	0.0	185
Hill	87.6	10.2	2.2	733	88.3	9.6	2.1	732	87.6	10.2	2.2	731
Terai	85.0	13.2	1.7	446	85.0	13.4	1.6	447	85.0	13.3	1.7	443
Location												
Urban	83.7	12.8	3.4	685	84.6	12.3	3.2	685	83.8	12.8	3.4	83.7
Rural	91.0	8.9	0.1	679	91.0	8.9	0.1	679	91.0	8.9	0.1	678
Province												
Province 1	84.8	14.1	1.1	224	84.9	14.1	1.0	225	84.9	14.1	1.0	224
Madhesh	81.6	18.0	0.4	216	81.6	18.0	0.4	216	81.6	18.0	0.4	212
Bagmati	81.4	13.6	5.0	273	83.3	12.1	4.6	273	81.4	13.6	5.0	272
Gandaki	93.0	6.2	0.8	175	93.0	6.2	0.8	175	93.0	6.2	0.8	175
Lumbini	91.6	7.1	1.3	209	91.6	7.2	1.2	209	91.6	7.1	1.3	209
Karnali	92.0	8.0	0.0	118	92.0	8.0	0.0	118	92.0	8.0	0.0	118
Sudurpashchim	94.2	3.9	1.9	149	94.2	3.9	1.9	149	94.2	3.9	1.9	149
Total	87.4	10.9	1.8	1,364	87.8	10.6	1.6	1,364	87.4	10.9	1.7	1,364
												1,359

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

Among all facilities offering outpatient curative care for sick children, percentages having indicated guidelines, trained staff, and equipment, by background characteristics, Nepal HFS 2021

Background characteristic	Trained staff			Equipment							Number of facilities offering outpatient curative care for sick children		
	IMNCI guidelines	IMNCI ¹	IMNCI ²	Child weighing scale ³	Infant weighing/pan scale ⁴	Tape for head circumference	Tape for MUAC	Digital thermometer	Stethoscope	Pediatric stethoscope	Child health card	Timer	
Facility type													
Federal/provincial-level hospitals	45.9	49.9	10.4	81.2	80.3	79.2	88.5	75.1	100.0	50.2	63.6	96.8	3.1
Local-level hospitals	69.1	53.0	6.7	98.4	88.8	76.6	86.2	86.2	100.0	54.2	64.1	96.7	3.4
Private hospitals	5.9	5.4	2.5	58.3	59.2	53.5	69.4	34.1	99.6	41.3	12.3	96.1	0.0
PHCCs	65.0	33.3	12.6	83.6	87.4	84.7	76.5	94.5	98.4	18.0	90.2	97.3	1.1
Basic health care centers	57.5	23.6	13.1	74.2	73.6	34.4	50.1	87.3	95.4	98.2	9.1	82.6	95.3
HPs	62.1	25.2	14.3	76.6	77.6	54.4	91.2	95.6	98.1	10.9	88.0	95.5	0.2
UHCs	43.6	19.1	9.7	65.5	57.6	19.1	34.8	75.4	95.5	99.4	2.0	63.4	92.7
CHUs	36.4	15.9	7.6	64.9	59.4	9.5	32.9	69.8	93.6	98.0	2.9	61.5	96.7
Managing authority													
Public	57.7	24.8	13.0	75.0	74.4	37.5	51.9	87.3	95.7	98.3	10.7	82.3	95.4
Private	5.9	5.4	2.5	58.3	59.2	53.5	69.4	34.1	99.6	99.1	41.3	12.3	96.1
Ecological region													
Mountain	53.4	25.4	7.0	85.9	72.2	31.8	50.0	83.8	93.8	96.5	7.8	72.3	97.3
Hill	50.3	23.4	12.0	69.9	77.3	37.4	56.6	83.6	97.9	98.8	14.1	79.1	96.8
Terai	60.1	22.6	14.7	75.1	67.6	43.3	48.9	83.4	93.6	98.3	12.9	77.0	92.8
Location													
Urban	50.5	23.2	11.6	71.9	74.2	40.8	51.1	79.5	95.8	98.7	13.4	72.2	93.8
Rural	58.0	23.7	12.9	76.0	72.3	36.2	55.3	88.2	96.1	97.9	12.2	83.3	97.4
Province													
Province 1	53.4	22.5	11.9	75.8	71.9	31.2	47.8	72.6	95.8	96.9	19.8	68.6	92.1
Madhesh	58.9	24.7	10.7	75.0	57.7	36.6	40.6	88.9	91.4	98.3	10.6	85.5	89.5
Bagmati	36.0	20.5	3.8	71.7	68.5	38.4	62.8	80.6	99.7	97.6	16.2	64.1	96.4
Gandaki	54.0	18.2	6.8	59.3	82.0	42.2	57.3	74.4	98.0	99.8	5.3	85.8	97.3
Lumbini	65.5	26.3	14.1	79.6	81.6	43.6	62.3	93.2	97.6	99.6	16.8	85.5	99.1
Karnali	51.5	24.2	19.8	72.1	77.1	31.0	40.6	87.6	94.7	96.5	7.0	80.7	97.9
Sudurpashchim	68.2	30.0	28.9	83.3	82.5	48.2	52.6	92.8	91.7	99.7	6.7	81.1	98.7
Total	54.1	23.4	12.2	73.8	73.3	38.6	53.1	83.6	95.9	98.3	12.9	77.4	95.5

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 neonatal and childhood illness (IMNCI) (either community or facility based) during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; if 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 maternal, infant, and young child nutrition (MIYCN) 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 gradations of 250 grams, or a digital standing weighing scale with gradations of 100 grams or less where an adult can hold a child to be weighed

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

Table 4.5 Guidelines, trained staff, and equipment for growth monitoring services

Among all facilities offering growth monitoring services, percentages having indicated guidelines, trained staff, and equipment regarding nutrition, by background characteristics, Nepal HFS 2021

Background characteristic	MIYCN training manual	Trained staff				Equipment				Number of facilities offering child growth monitoring services	
		Comprehensive nutrition-specific intervention ¹	Integrated management of acute malnutrition ²	Nutrition corner	Breastfeeding corner	Z-score calculation sheet	F-75 jar	F-100 jar	Balvita sachet	Resomal pocket	
Facility type											
Federal/provincial-level hospitals	12.2	19.5	24.4	28.0	28.0	31.7	11.0	25.7	21.8	24.4	55.0
Local-level hospitals	20.0	10.7	24.0	16.1	26.0	22.2	52.5	12.8	43.8	64.6	23
Private hospitals	0.6	4.2	4.8	12.5	11.1	8.5	1.2	5.8	7.4	4.2	13
PHCCs	10.6	18.4	25.1	26.3	14.0	36.3	1.7	48.6	7.3	39.1	45
Basic health care centers											
HPs	10.3	15.0	19.7	13.5	3.3	17.0	0.7	0.4	43.5	7.5	74.3
UHCs	11.4	16.2	21.0	15.8	4.0	19.8	0.9	0.4	46.5	8.2	1,285
CHUs	6.4	7.9	14.9	5.4	0.0	5.8	0.0	0.6	28.5	5.3	1,045
CHUs	4.1	11.6	13.0	0.9	0.5	4.2	0.0	0.0	33.0	2.4	128
CHUs										0.8	112
Managing authority											
Public	10.4	15.1	20.0	14.2	4.2	18.0	1.0	0.6	43.5	7.7	77.5
Private	0.6	4.2	4.8	12.5	11.1	8.5	1.2	1.2	5.8	7.4	4.6
Ecological region											
Mountain	8.8	11.3	20.8	15.1	4.2	16.3	1.2	0.3	34.2	6.2	1,371
Hill	9.8	14.2	17.5	14.2	3.7	12.0	0.3	0.3	36.9	5.6	45
Terai	11.1	17.3	22.4	13.6	5.8	28.1	2.1	1.3	55.0	12.1	199
Location											
Urban	10.4	12.9	17.4	15.7	4.2	19.2	1.6	1.2	42.4	8.6	764
Rural	9.8	16.7	21.8	12.6	4.6	16.3	0.3	0.0	42.3	6.8	452
Province											
Province 1	14.0	12.1	20.3	8.7	4.0	12.1	0.2	0.1	27.8	6.6	237
Madhesh	9.9	13.2	22.7	9.1	5.5	22.4	3.9	2.3	67.6	11.8	218
Bagmati	9.3	2.2	5.8	12.3	3.6	10.9	0.2	0.2	48.1	8.7	283
Gandaki	7.9	4.4	9.6	24.8	4.5	11.2	0.0	0.3	22.5	10.2	184
Lumbini	6.0	13.5	18.4	12.4	4.1	23.1	0.1	0.1	42.8	4.7	223
Karnali	6.2	27.2	28.0	14.0	1.9	11.0	0.7	0.7	22.1	3.3	122
Sudurpashchim	17.6	49.6	46.5	23.1	7.6	38.2	0.9	0.9	57.5	7.0	151
Total	10.1	14.8	19.6	14.1	4.4	17.7	1.0	0.6	42.3	7.7	1,416

MIYCN = Maternal, infant, and young child nutrition

¹ At least one interviewed provider of child health services at the facility reported receiving in-service training in comprehensive nutrition-specific intervention 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 at the facility reported receiving in-service training in integrated management of acute malnutrition 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.

Table 4.6 Items for infection control

Among all facilities offering outpatient curative care services for sick children, 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 HFS 2021

Background characteristic	Facility type	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	Latex gloves	Needle destroyer/needle cutter						
Federal/provincial level hospitals	85.5	88.6	84.4	96.8	99.0	97.9	41.6	37.4	19.7	8.3	92.7	27	
Local-level hospitals	53.0	58.7	53.0	96.7	93.5	42.8	40.3	26.8	9.9	0.0	90.1	17	
Private hospitals	81.8	82.3	81.2	96.9	94.3	37.0	15.1	21.9	3.5	87.6	108	51	
PHCCs	68.3	77.0	68.3	94.5	96.7	87.4	32.2	8.2	1.1	83.1			
Basic health care centers	65.8	62.1	58.1	93.5	97.2	93.6	28.1	24.4	6.2	0.7	79.4	1,350	
HPs	67.0	63.9	60.1	94.1	97.6	93.4	30.7	25.9	7.5	0.8	78.4	1,064	
UHCs	62.8	57.7	53.6	89.0	94.9	93.1	26.8	23.9	2.3	0.8	84.7	152	
CHUs	59.9	52.9	47.3	93.9	96.8	96.1	9.3	13.4	0.7	0.0	80.9	134	
Managing authority	66.1	63.1	58.9	93.7	97.2	93.5	28.7	24.8	6.6	0.9	79.9	1,446	
Public	81.8	82.3	81.2	96.9	98.1	94.3	37.0	26.8	15.1	3.5	87.6	108	
Ecological region	62.4	65.3	57.9	90.0	93.2	93.4	20.6	28.6	7.3	0.3	75.7	210	
Mountain	69.4	70.3	66.4	94.8	98.5	94.9	31.3	25.5	7.2	1.2	86.7	817	
Hill	65.7	55.0	52.4	94.0	97.0	91.5	29.6	22.6	7.2	1.1	72.5	528	
Terai													
Location	69.8	66.7	63.6	93.2	97.5	93.3	31.3	26.0	8.7	1.7	81.0	824	
Urban	64.2	61.9	57.0	94.6	97.0	93.8	26.9	23.7	5.4	0.4	79.7	730	
Rural													
Province	54.8	58.2	51.5	85.8	94.5	83.4	14.7	20.0	7.7	0.2	71.2	260	
Province 1	59.6	40.9	38.1	92.3	95.9	96.1	25.7	15.2	4.2	0.2	69.6	244	
Madhesh	83.2	81.4	79.2	96.7	97.6	96.9	43.9	36.0	7.2	2.2	90.2	320	
Bagmati	70.9	73.6	69.6	94.2	98.3	96.5	44.4	26.6	6.5	0.6	87.8	198	
Gandaki	66.1	62.5	60.4	97.2	99.2	92.4	28.9	19.1	8.2	0.3	79.3	236	
Lumbini	70.5	69.6	67.2	98.5	99.0	94.7	28.8	33.8	15.0	2.9	84.2	128	
Karnali	61.8	64.0	55.5	94.8	97.9	96.4	12.4	25.1	4.1	1.7	81.8	169	
Sudurpashchim													
Total	67.2	64.4	60.5	93.9	97.3	93.5	29.3	24.9	7.2	1.1	80.4	1,554	

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

² Waste receptacle with plastic bin liner

³ Guidelines include infection prevention and health care waste management reference manual 2015 or 2020

⁴ Includes soap and running water or alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, needle destroyer/cutter, and infection prevention and health care waste management reference manual 2015 or 2020

Table 4.7 Laboratory diagnostic capacity

Among all facilities offering outpatient curative care services for sick children, percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Nepal HFS 2021

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					
Federal/provincial-level hospitals	100.0	92.7	71.9	67.8	27
Local-level hospitals	82.8	92.0	49.8	45.1	17
Private hospitals	94.9	82.8	57.7	50.2	108
PHCCs	90.2	79.8	54.6	43.2	51
Basic health care centers	15.1	28.3	9.8	5.9	1,350
HPs	18.1	32.8	11.9	7.2	1,064
UHCs	5.2	16.3	2.4	0.6	152
CHUs	2.4	6.6	2.1	1.5	134
Managing authority					
Public	20.2	32.1	13.1	8.8	1,446
Private	94.9	82.8	57.7	50.2	108
Ecological region					
Mountain	19.7	13.6	12.1	4.8	210
Hill	26.1	29.8	16.1	10.5	817
Terai	26.5	53.4	17.8	16.4	528
Location					
Urban	28.9	39.5	17.1	13.9	824
Rural	21.4	31.3	15.1	9.3	730
Province					
Province 1	32.2	26.3	22.7	18.2	260
Madhesh	14.3	41.5	10.6	8.9	244
Bagmati	34.5	30.2	21.4	12.5	320
Gandaki	20.1	42.4	10.5	7.6	198
Lumbini	25.5	50.2	16.3	12.1	236
Karnali	14.3	18.1	7.4	5.1	128
Sudurpashchim	28.1	36.9	17.3	13.5	169
Total	25.4	35.6	16.2	11.7	1,554

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

² Facility had an 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.

Table 4.8 Laboratory diagnostic capacity in PHCCs and hospitals

Among hospitals and PHCCs offering outpatient curative care services for sick children, percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Nepal HFS 2021

Background characteristic	Laboratory diagnostic capacity				Number of hospitals and PHCCs offering outpatient curative care for sick children
	Hemoglobin ¹	Malaria ²	Stool microscopy ³	All three tests	
Facility type					
Federal/provincial-level hospitals	100.0	92.7	71.9	67.8	27
Local-level hospitals	82.8	92.0	49.8	45.1	17
Private hospitals	94.9	82.8	57.7	50.2	108
PHCCs	90.2	79.8	54.6	43.2	51
Managing authority					
Public	91.6	85.6	58.7	50.5	96
Private	94.9	82.8	57.7	50.2	108
Ecological region					
Mountain	93.4	67.4	51.1	30.4	16
Hill	94.8	77.7	57.5	46.4	104
Terai	91.6	95.1	60.2	58.9	84
Location					
Urban	96.0	85.7	60.7	54.3	166
Rural	82.3	77.5	47.2	33.0	38
Province					
Province 1	94.8	80.8	71.5	58.9	34
Madhesh	89.8	90.9	56.3	55.2	25
Bagmati	99.2	81.1	58.6	48.8	68
Gandaki	81.4	75.8	48.0	38.1	24
Lumbini	86.5	92.7	48.1	45.9	29
Karnali	97.4	82.1	54.1	43.9	11
Sudurpashchim	100.0	93.6	68.8	64.6	13
Total	93.4	84.1	58.1	50.3	204

Note: Figures in the mountain region and some provinces should be interpreted cautiously due to the low number of cases.

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

² Facility had an 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.

Table 4.9 Availability of essential and priority medicines and commodities

Among all facilities offering outpatient curative care services for sick children, percentages where indicated essential and priority medicines to support care for sick children were observed to be available in the facility on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Facility type	Essential medicines						Priority medicines	Number of facilities offering outpatient curative care for sick children		
		ORS	Zinc tablets	Anoxicillin syrup, suspension or dispersible	Paracetamol syrup or suspension	Vitamin A capsules	Albendazole	Ampicillin powder for injection	Gentamycin injection	Ceftriaxone powder for injection	
Federal/provincial-level hospitals	Federal/provincial-level hospitals	96.8	82.1	75.9	94.7	63.6	97.9	68.7	86.4	91.6	27
Local-level hospitals	Local-level hospitals	100.0	95.1	76.1	94.4	83.9	96.7	55.0	91.0	91.1	17
Private hospitals	Private hospitals	83.8	69.9	58.0	76.4	26.9	76.0	45.0	72.5	84.4	108
PHCCs	PHCCs	98.9	90.7	64.5	90.2	92.9	97.8	48.1	89.1	68.3	51
Basic health care centers	Basic health care centers	97.2	92.8	60.4	89.8	86.7	98.4	24.7	65.2	19.3	1,350
HPs	HPs	97.5	94.4	59.6	89.3	94.3	98.4	27.8	71.9	22.7	1,064
UHCs	UHCs	96.5	84.8	64.5	93.2	64.1	98.0	32.3	5.6	152	
CHUs	CHUs	95.9	88.7	61.5	89.8	52.4	98.9	18.1	49.6	7.8	134
Manging authority	Public	97.3	92.5	61.0	89.9	86.5	98.4	26.7	66.8	23.2	
	Private	83.8	69.9	58.0	76.4	26.9	76.0	45.0	72.5	84.4	1,446
Ecological region	Mountain	97.4	97.0	76.2	92.2	79.6	99.2	33.8	74.5	36.5	210
	Hill	96.8	92.2	66.2	92.7	84.2	97.1	30.6	68.1	27.1	817
	Terai	95.3	86.6	46.2	82.0	80.5	95.5	21.7	62.8	24.4	528
Location	Urban	95.1	88.2	58.6	85.7	76.6	95.1	26.6	61.5	29.7	
	Rural	97.8	94.0	63.2	92.7	88.8	98.8	29.6	73.6	25.0	730
Province	Province 1	96.5	85.3	63.2	87.8	82.8	97.7	25.1	57.8	22.5	260
	Madhesh	93.9	89.2	32.9	79.7	82.8	95.1	19.9	70.5	21.7	244
	Bagmati	96.7	92.0	71.9	93.1	79.1	95.6	34.8	60.0	31.8	320
	Gandaki	97.3	92.5	78.2	97.3	80.1	98.1	15.6	60.6	29.5	198
	Lumbini	99.4	93.8	58.4	89.2	84.3	98.9	26.9	70.7	26.5	236
	Karnali	96.7	90.8	56.1	82.4	76.9	93.9	42.9	82.6	29.6	128
	Sudurpashchim	93.5	94.5	62.9	91.4	90.9	98.0	35.9	81.3	32.9	169
Total		96.4	91.0	60.8	89.0	82.3	96.8	28.0	67.2	27.5	1,554

ORS = Oral rehydration salts

Table 4.10 Microplanning, trained staff, and equipment for vaccination services

Among all facilities offering child vaccination services, percentages having immunization schedule, microplanning of immunization, child health care, trained staff, and basic equipment necessary for vaccination services, by background characteristics, Nepal HFS 2021

Background characteristic	Immunization schedule, microplanning, and child health card				Equipment			Number of facilities offering child vaccination services
	Immunization schedule observed	Microplanning of immunization observed	Child health card observed	Trained staff ¹	Vaccine carrier with ice pack	Syringes and needles ²	All items ³	
Facility type								
Federal/provincial-level hospitals	88.7	36.7	95.8	24.0	93.0	98.6	8.5	20
Local-level hospitals	52.8	29.7	83.5	15.9	100.0	94.6	5.4	16
Private hospitals	89.4	12.9	88.8	4.8	93.6	87.8	0.0	29
PHCCs	75.3	48.4	95.1	20.9	99.5	83.0	7.7	51
Basic health care centers								
HPs	69.4	37.6	93.8	25.2	86.7	88.7	5.9	1,275
UHCs	72.0	41.0	94.0	26.4	92.4	88.4	6.5	1,056
CHUs	59.1	26.9	92.8	19.1	62.8	89.2	3.0	122
	53.3	13.6	93.7	19.7	54.2	91.9	2.5	97
Managing authority								
Public	69.7	37.9	93.8	24.9	87.4	88.7	6.0	1,362
Private	89.4	12.9	88.8	4.8	93.6	87.8	0.0	29
Ecological region								
Mountain	63.0	31.3	91.3	27.6	85.4	90.6	4.6	184
Hill	71.1	35.4	95.1	25.4	89.3	91.1	5.8	745
Terai	71.2	42.9	92.3	21.9	85.4	84.2	6.4	462
Location								
Urban	67.3	38.8	93.6	21.9	84.5	86.3	4.6	696
Rural	72.8	35.9	93.7	27.1	90.6	91.1	7.1	695
Province								
Province 1	63.1	33.0	88.3	33.9	85.6	79.0	6.4	228
Madhesh	70.5	34.3	89.1	17.0	90.5	81.3	5.4	225
Bagmati	68.2	31.1	92.4	17.0	90.7	97.9	4.5	273
Gandaki	77.0	32.7	99.3	18.8	89.2	89.9	0.9	178
Lumbini	74.1	56.5	99.3	25.6	88.1	89.7	8.3	214
Karnali	64.9	25.3	92.5	30.2	90.3	91.8	5.4	119
Sudurpashchim	73.8	47.6	97.3	35.5	75.4	92.5	10.7	154
Total	70.1	37.4	93.7	24.5	87.5	88.7	5.8	1,391

¹ At least one interviewed provider of child vaccination services in the facility reported receiving in-service Expanded Program on Immunization (EPI) 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.

² Single-use standard disposable syringes with needles or auto-disable syringes with needles

³ Includes immunization schedule, microplanning of immunization, child health card, trained staff, vaccine carrier with ice pack, and syringes and needles

Table 4.11 Vaccine storage

Among all facilities offering child vaccination services, percentages reporting that they store vaccines and percentages reporting that they do not store any vaccines, by background characteristics, Nepal HFS 2021

Background characteristic	Routinely store vaccines	Receive all vaccines from a higher-level center and store for a short time	Do not store any vaccines	WHO PQS ¹ observed	Number of facilities offering child vaccination services
Facility type					
Federal/provincial-level hospitals					
Local-level hospitals	40.9	47.9	11.2	29.6	20
Private hospitals	23.4	50.7	25.9	21.6	16
PHCCs	38.9	48.2	12.9	28.3	29
Basic health care centers	33.5	61.5	4.9	26.9	51
HPs	4.0	72.6	23.4	3.2	1,275
UHCs	4.4	74.6	21.0	3.7	1,056
CHUs	3.6	60.0	36.5	0.7	122
	0.0	65.9	34.1	0.0	97
Managing authority					
Public	5.9	71.5	22.6	4.6	1,362
Private	38.9	48.2	12.9	28.3	29
Ecological region					
Mountain	6.3	66.4	27.3	5.0	184
Hill	7.5	71.5	21.0	5.6	745
Terai	5.1	72.2	22.7	4.4	462
Location					
Urban	8.4	69.0	22.6	6.1	696
Rural	4.7	73.1	22.2	4.2	695
Province					
Province 1	5.1	75.0	19.9	4.3	228
Madhesh	3.3	71.4	25.3	3.1	225
Bagmati	12.1	64.6	23.2	8.3	273
Gandaki	3.3	68.5	28.1	3.2	178
Lumbini	9.3	69.8	20.9	8.7	214
Karnali	3.3	75.3	21.4	1.4	119
Sudurpashchim	5.8	77.5	16.6	4.0	154
Total	6.5	71.1	22.4	5.1	1,391

¹PQS = performance, quality, and safety

Table 4.12 Vaccine storage at PHCCs and hospitals

Among hospitals and PHCCs offering child vaccination services, percentages reporting that they store vaccines and percentages reporting that they do not store any vaccines, by background characteristics, Nepal HFS 2021

Background characteristic	Routinely store vaccines	Receive all vaccines from a higher-level center and store for a short time	Do not store any vaccines	WHO PQS observed	Number of hospitals and PHCCs offering child vaccination services
Facility type					
Federal/provincial-level hospitals	40.9	47.9	11.2	29.6	20
Local-level hospitals	23.4	50.7	25.9	21.6	16
Private hospitals	38.9	48.2	12.9	28.3	29
PHCCs	33.5	61.5	4.9	26.9	51
Managing authority					
Public	33.4	56.4	10.2	26.6	87
Private	38.9	48.2	12.9	28.3	29
Ecological region					
Mountain	45.0	41.3	13.7	39.4	10
Hill	38.3	53.6	8.1	30.2	66
Terai	26.4	58.8	14.7	18.6	40
Location					
Urban	40.0	51.6	8.4	31.0	82
Rural	22.3	60.9	16.8	17.3	34
Province					
Province 1	27.6	58.7	13.8	16.8	18
Madhesh	29.7	64.8	5.5	25.1	12
Bagmati	54.2	44.2	1.7	43.3	34
Gandaki	22.7	54.5	22.7	20.8	15
Lumbini	25.2	52.7	22.0	19.0	19
Karnali	24.1	69.9	6.0	18.1	9
Sudurpashchim	34.5	56.5	9.0	25.1	9
Total	34.8	54.4	10.9	27.0	116

Note: Figures in the mountain region and some provinces should be interpreted cautiously due to the low number of cases.

PQS = Performance, quality, and safety

Table 4.13 Infection control for vaccination services

Among all facilities offering child vaccination services, 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 HFS 2021

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	Waste receptacle ²	Infection prevention guidelines ³	
Facility type							
Federal/provincial-level hospitals	83.2	84.6	81.8	98.6	100.0	38.1	21.1
Local-level hospitals	62.1	58.5	58.5	92.8	94.6	29.3	8.4
Private hospitals	87.1	87.1	87.1	95.5	97.1	19.1	3.6
PHCCs	67.6	74.2	67.0	91.8	94.5	19.2	30.3
Basic health care centers							
HPs	63.7	61.9	56.7	91.4	94.5	24.3	6.6
UHCs	63.7	62.5	57.5	91.8	94.4	25.3	7.6
CHUs	65.7	61.2	56.2	87.2	94.6	23.3	3.2
61.9	57.1	49.3	93.0	95.6	14.3	0.6	0.9
Managing authority							
Public	64.1	62.7	57.5	91.6	94.6	24.3	6.9
Private	87.1	87.1	87.1	95.5	97.1	19.1	30.3
Ecological region							
Mountain	63.2	66.9	57.7	92.6	93.8	32.9	8.0
Hill	69.2	69.3	65.7	92.7	96.5	23.9	7.7
Terai	57.9	51.9	46.1	89.6	92.1	21.3	6.6
Location							
Urban	65.1	64.5	59.3	89.2	93.1	25.3	9.1
Rural	64.1	61.9	56.9	94.1	96.2	23.1	5.6
Province							
Province 1	53.4	60.1	51.0	84.4	91.1	21.2	7.4
Madhesh	53.2	38.0	33.5	88.4	90.5	14.9	4.1
Bagmati	82.2	83.0	78.1	95.2	96.3	35.8	7.1
Gandaki	70.8	71.6	68.9	93.6	97.4	21.2	6.7
Lumbini	60.4	59.4	55.8	93.9	96.2	17.4	8.8
Karnali	73.2	70.4	70.2	95.9	98.0	32.3	15.7
Sudurpashchim	58.8	59.6	50.6	91.9	95.3	28.3	4.6
Total	64.6	63.2	58.1	91.6	94.7	24.2	7.3
							2.8
							77.6
							1,391

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

² Waste receptacle with plastic bin liner

³ Guidelines include infection prevention and health care waste management reference manual 2015 or 2020.

⁴ Includes soap and running water or alcohol-based hand disinfectant, waste receptacle with plastic bin liner, and infection prevention and health care waste management reference manual 2015 or 2020

Table 4.14.1 Assessments and examinations of sick children, by facility type

Among sick children whose consultations with a provider were observed, percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by facility type, Nepal HFS 2021

Components of consultation	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
						HPs	UHCs	CHUs	
Qualification of provider									
Consultation conducted by consultant/specialist or medical doctor/general practitioner	50.4	5.2	72.1	0.2	0.0	0.0	0.0	0.0	19.1
Consultation conducted by medical officer	42.9	70.2	25.3	43.3	4.0	4.4	1.2	0.0	17.8
Consultation conducted by nursing professional	0.0	0.0	0.0	0.5	1.5	1.5	1.6	1.2	0.9
Consultation conducted by paramedic	5.6	24.6	2.6	56.0	94.6	94.1	97.2	98.8	62.0
History: general danger signs									
Inability to eat or drink anything	25.5	27.4	23.3	26.4	20.0	20.1	17.6	20.9	22.0
Vomiting everything	32.4	35.2	45.7	29.8	26.4	26.1	26.3	32.0	31.2
Convulsions	5.2	9.5	8.0	6.9	4.5	4.3	3.3	8.3	5.6
Child is unconscious/lethargic	4.4	7.5	10.3	5.4	3.0	3.0	2.4	4.8	4.8
All general danger signs	0.2	1.9	1.6	0.2	0.7	0.8	0.7	0.0	0.8
History: main symptom									
Cough or difficulty breathing	75.4	81.7	77.5	74.6	70.6	71.0	72.9	61.0	73.2
Diarrhea	35.3	48.6	35.2	37.8	42.0	41.5	41.2	52.2	40.0
Fever	79.7	84.3	81.7	83.1	82.3	82.1	83.3	85.8	82.1
All 3 main symptoms ¹	23.3	37.2	26.7	26.4	28.1	28.4	26.5	24.7	27.6
Ear pain or discharge from ear	7.8	11.9	4.4	15.9	20.1	21.0	11.7	16.5	15.2
All 3 main symptoms plus ear pain/discharge	3.5	7.1	2.3	8.1	13.1	13.8	4.6	12.1	9.4
History: other information									
Asked about mother's HIV status	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Asked about tuberculosis in any parent in last 5 years	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.1
Asked if child had 2 or more episodes of diarrhea lasting more than 14 days	0.2	0.4	0.0	0.2	0.0	0.0	0.6	0.0	0.1
Physical examination									
Took child's temperature with thermometer ²	71.6	82.0	81.8	78.6	69.3	67.3	83.1	85.7	73.0
Counted respiration (breaths) for 60 seconds	25.7	27.5	27.0	28.8	22.5	22.6	17.1	29.0	24.3
Counted pulse	3.9	1.9	3.0	2.9	1.9	1.9	1.2	4.0	2.4
Auscultated child (listened to the chest with a stethoscope) or counted pulse ³	74.3	57.9	82.6	60.5	0.0	0.0	0.0	0.0	30.0
Checked skin turgor for dehydration	12.0	13.5	16.7	7.0	7.4	7.5	5.0	9.5	9.9
Checked for pallor by looking at palms	4.8	3.2	6.5	4.1	2.6	2.6	3.7	0.6	3.7
Checked for pallor by looking at conjunctiva	13.1	15.0	17.5	14.7	7.0	7.0	7.2	6.4	10.4
Looked into child's mouth	16.6	13.7	40.0	8.8	6.3	6.7	2.3	4.5	14.1
Checked for neck stiffness	1.4	4.0	2.4	1.0	0.1	0.0	0.0	1.2	0.9
Looked in child's ear	4.4	5.3	10.1	6.5	4.4	4.6	3.7	1.6	5.6
Felt behind child's ears for tenderness	3.3	6.8	5.3	5.5	4.7	5.1	1.9	1.4	4.8
Pressed both feet to check for edema	1.4	1.4	0.8	2.6	1.3	1.4	0.6	1.3	1.3
Checked for enlarged lymph nodes	2.5	2.7	4.6	2.4	1.2	1.3	1.0	0.0	2.1
Measured height	4.4	0.4	3.5	7.4	1.2	1.4	0.0	0.0	2.4
Weighed the child	81.2	84.6	90.3	76.2	69.2	67.9	76.0	83.2	75.5
Plotted weight on growth chart	23.8	21.4	17.4	33.9	21.0	19.7	23.8	40.9	21.5
Essential advice to caretaker									
Give extra fluids to child	18.8	21.3	18.0	21.3	26.7	25.8	31.6	36.5	23.7
Continue feeding child	20.4	18.7	17.1	20.0	22.2	21.7	26.3	25.4	20.8
Symptoms requiring immediate return	23.6	26.4	20.1	14.5	11.9	12.2	8.6	11.8	15.6
Number of sick child observations	280	109	429	148	1,418	1,253	94	70	2,383

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.

³ Not applicable below the PHCC level

Table 4.14.2 Assessments and examinations of sick children, by managing authority and province

Among sick children whose consultations with a provider were observed, percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by managing authority and province, Nepal HFS 2021

Components of consultation	Managing authority		Province							Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	
Qualification of provider										
Consultation conducted by consultant/specialist or medical doctor/general practitioner	7.5	72.1	27.1	8.1	36.4	22.9	23.1	6.3	3.1	19.1
Consultation conducted by medical officer	16.2	25.3	22.3	7.2	32.4	26.4	10.3	25.0	17.0	17.8
Consultation conducted by nursing professional	1.1	0.0	1.1	0.1	0.9	1.6	0.0	5.1	1.4	0.9
Consultation conducted by paramedic	75.0	2.6	49.2	84.6	30.4	49.1	66.6	63.7	77.7	62.0
History: general danger signs										
Inability to eat or drink anything	21.7	23.3	23.4	14.7	20.5	30.5	19.2	32.1	33.7	22.0
Vomiting everything	28.0	45.7	30.8	15.8	39.6	44.5	28.4	41.8	44.4	31.2
Convulsions	5.0	8.0	5.8	1.0	8.5	6.3	4.6	10.5	9.8	5.6
Child is unconscious/lethargic	3.7	10.3	5.9	2.0	6.2	1.8	5.5	9.7	6.0	4.8
All general danger signs	0.7	1.6	0.0	0.0	1.3	0.2	1.0	1.4	3.1	0.8
History: main symptom										
Cough or difficulty breathing	72.2	77.5	69.7	71.2	76.8	79.6	72.1	75.5	72.6	73.2
Diarrhea	41.1	35.2	27.7	26.6	41.2	41.0	44.2	63.0	65.0	40.0
Fever	82.1	81.7	73.4	80.6	81.1	82.2	83.1	93.1	90.7	82.1
All 3 main symptoms ¹	27.8	26.7	17.7	16.3	31.7	28.7	30.4	48.6	42.7	27.6
Ear pain or discharge from ear	17.6	4.4	13.6	16.8	9.5	14.0	15.5	27.3	16.6	15.2
All 3 main symptoms plus ear pain/discharge	11.0	2.3	8.9	7.9	4.6	9.9	11.0	17.6	13.8	9.4
History: other information										
Asked about mother's HIV status	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Asked about tuberculosis in any parent in last 5 years	0.0	0.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.1
Asked if child had 2 or more episodes of diarrhea lasting more than 14 days	0.1	0.0	0.0	0.0	0.1	0.3	0.0	0.0	0.5	0.1

Continued...

Table 4.14.2—Continued

Components of consultation	Managing authority		Province							Sudurpash-chim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Physical examination											
Took child's temperature with thermometer ²	71.0	81.8	67.0	56.9	83.3	82.9	79.9	77.8	79.3	73.0	
Counted respiration (breaths) for 60 seconds	23.8	27.0	30.9	7.7	27.0	35.1	26.1	35.3	33.5	24.3	
Counted pulse	2.3	3.0	3.0	2.1	1.9	1.4	3.3	0.0	3.5	2.4	
Auscultated child (listened to the chest with a stethoscope) or counted pulse ³	18.4	82.6	36.1	13.3	56.6	37.3	27.1	28.7	17.9	30.0	
Checked skin turgor for dehydration	8.4	16.7	8.9	4.6	15.8	10.5	6.4	11.3	19.1	9.9	
Checked for pallor by looking at palms	3.0	6.5	3.7	1.3	3.9	4.4	2.9	3.2	10.0	3.7	
Checked for pallor by looking at conjunctiva	8.9	17.5	15.0	8.0	11.6	6.5	7.5	9.9	16.5	10.4	
Looked into child's mouth	8.4	40.0	15.3	5.5	30.8	21.8	12.2	7.8	6.6	14.1	
Checked for neck stiffness	0.5	2.4	2.4	0.2	0.5	0.5	1.0	2.8	0.0	0.9	
Looked in child's ear	4.6	10.1	7.5	4.0	8.3	5.6	5.0	3.4	4.3	5.6	
Felt behind child's ears for tenderness	4.7	5.3	4.5	6.8	4.3	2.3	4.6	5.4	2.8	4.8	
Pressed both feet to check for edema	1.4	0.8	1.1	1.1	0.8	0.0	1.8	0.3	3.7	1.3	
Checked for enlarged lymph nodes	1.6	4.6	4.4	1.3	2.7	0.5	1.7	0.5	2.6	2.1	
Measured height	2.1	3.5	2.9	1.1	2.1	1.2	3.2	0.3	5.5	2.4	
Weighed the child	72.3	90.3	77.2	55.7	83.5	90.4	83.8	76.6	80.5	75.5	
Plotted weight on growth chart	22.4	17.4	27.3	17.0	16.6	7.3	24.8	25.9	33.4	21.5	
Essential advice to caretaker											
Give extra fluids to child	24.9	18.0	16.5	13.8	22.7	29.5	29.1	29.3	40.9	23.7	
Continue feeding child	21.6	17.1	16.0	16.2	17.2	26.1	24.3	15.3	37.2	20.8	
Symptoms requiring immediate return	14.6	20.1	18.5	3.3	21.2	20.3	18.3	19.7	20.9	15.6	
Number of sick child observations	1,954	429	341	593	416	171	470	143	248	2,383	

¹ Cough or difficulty breathing, diarrhea, and fever² 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.³ Not applicable below the PHCC level

Table 4.15 Assessments and examinations of sick children under age 2 months

Among sick children under age 2 months whose consultations with a provider were observed, percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, Nepal HFS 2021

Components of consultation	Total
Qualification of provider	
Consultation conducted by consultant/specialist or medical doctor/general practitioner	35.3
Consultation conducted by medical officer	26.6
Consultation conducted by nursing professional	2.4
Consultation conducted by paramedic	35.8
History: general danger signs	
Inability to eat or drink anything	62.4
Vomiting everything	45.9
Convulsions	10.3
Child is unconscious/lethargic	11.5
All general danger signs	6.5
History: main symptom	
Cough or difficulty breathing	71.7
Diarrhea	35.2
Fever	69.6
All 3 main symptoms ¹	28.6
Ear pain or discharge from ear	2.4
All 3 main symptoms plus ear pain/discharge	2.0
Physical examination	
Took child's temperature with thermometer ²	73.6
Counted respiration (breaths) for 60 seconds	39.7
Counted pulse	5.3
Auscultated child (listened to the chest with a stethoscope) or counted pulse ³	47.6
Checked skin turgor for dehydration	14.7
Checked for pallor by looking at palms	15.0
Checked for pallor by looking at conjunctiva	22.9
Looked into child's mouth	17.5
Checked for neck stiffness	2.6
Looked in child's ear	7.1
Felt behind child's ears for tenderness	6.7
Pressed both feet to check for edema	2.8
Checked for enlarged lymph nodes	2.2
Measured height	2.8
Weighed the child	78.4
Plotted weight on growth chart	11.4
Essential advice to caretaker	
Give extra fluids to child	3.4
Continue feeding child	35.4
Symptoms requiring immediate return	31.4
Number of sick child observations	90

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.

³ Not applicable below the PHCC level

Table 4.16 Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptoms

Among sick children whose consultations with a provider were observed, percentages diagnosed with specific illnesses or the symptoms for which the indicated IMNCI assessment, physical examination, and/or treatment was provided, Nepal HFS 2021

Components of consultation	Respiratory		Gastrointestinal illness					All observed children
	Pneumonia	Cough, diagnosis uncertain	Fever of unknown origin	Any diarrhea without dehydration	Any diarrhea with some dehydration	Any diarrhea with severe dehydration	Ear infection	
IMNCI assessment								
3 main symptoms ¹	33.8	16.1	30.5	32.9	35.0	33.4	23.2	27.6
3 general danger signs ²	8.1	0.2	1.6	1.8	2.3	1.8	3.2	1.5
Current eating or drinking habits	14.1	16.4	16.4	26.5	29.0	27.8	8.4	18.6
Physical examination								
Temperature	81.8	68.7	86.5	64.3	66.9	65.6	56.5	73.0
Respiratory rate	50.3	19.6	20.6	14.5	15.5	15.5	9.9	24.3
Dehydration	11.6	8.0	6.0	20.3	23.0	23.8	3.2	9.9
Anemia	13.2	10.0	7.9	14.2	15.0	15.9	7.8	12.4
Ear (looked in ear/felt behind ear)	6.1	6.6	5.8	6.4	6.8	7.5	77.1	8.4
Edema	0.6	0.8	0.1	1.0	1.5	1.6	7.2	1.3
Management								
Referred outside or admitted	5.5	0.3	0.3	0.7	1.2	0.7	0.9	1.2
Injectable antibiotic	2.1	0.0	0.9	0.3	0.3	0.3	0.0	0.5
Oral antibiotic	84.5	60.0	48.3	34.6	33.8	34.2	46.7	46.0
Oral bronchodilator	12.4	3.1	4.5	0.5	0.4	0.4	5.4	3.4
Oral medication for symptomatic treatment	75.2	57.7	95.1	27.2	26.9	27.4	53.7	55.1
Oral rehydration salts + zinc	0.3	1.4	3.4	23.1	23.8	24.1	0.0	4.4
Intravenous fluid	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0
Described signs or symptoms requiring immediate return	21.6	11.6	13.6	13.1	13.6	14.1	14.6	15.6
Discussed follow-up visit	37.3	24.3	29.8	29.6	29.0	29.4	34.8	30.4
Caretaker advised to continue feeding and to increase fluid intake	10.7	10.2	10.5	13.8	13.9	13.7	4.6	8.8
Referred for any laboratory test	4.3	2.8	3.3	6.6	6.0	6.3	7.3	5.0
Number of children³	109	262	487	342	388	370	67	2,383

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

¹ The three integrated management of neonatal and childhood illness (IMNCI) main symptoms are cough/difficulty breathing, diarrhea, and fever.

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

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

Table 4.17.1 Feedback from caretakers of observed sick children on service problems, by facility type

Among interviewed caretakers of sick children, percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type, Nepal HFS 2021

Client service issue	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
						HPs	UHCs	CHUs	
Behavior/attitude of provider	0.8	0.4	0.9	1.6	1.0	1.0	0.0	0.8	0.9
Explanation about child's illness	1.3	1.7	0.9	2.1	1.7	1.6	1.2	2.3	1.5
Wait to see provider	14.2	7.6	6.8	2.9	2.2	2.1	3.4	2.6	4.7
Ability to discuss problems	1.3	2.4	0.7	1.6	1.0	0.9	1.5	1.9	1.1
Availability of medicines at facility	8.1	8.8	1.9	8.9	6.4	6.7	4.3	4.1	6.1
Number of days facility is open	1.2	0.8	0.0	1.1	0.9	0.9	1.5	1.5	0.8
Number of hours facility is open	2.2	1.7	0.7	1.2	3.0	3.1	1.9	2.7	2.3
Cleanliness of facility	5.1	0.7	0.9	1.1	1.7	1.8	0.9	2.2	1.9
Cost of services	5.0	3.7	3.8	2.8	0.8	0.9	0.6	0.8	2.1
Visual privacy	0.6	1.0	0.8	1.8	1.0	0.9	1.0	1.4	1.0
Auditory privacy	0.5	0.9	0.5	0.9	0.9	0.9	0.3	1.4	0.8
Number of interviewed caretakers of sick children	280	109	429	148	1,418	1,253	94	70	2,383

Table 4.17.2 Feedback from caretakers of observed sick children on service problems, by managing authority and province

Among interviewed caretakers of sick children, percentages who considered specific service issues to be major problems for them on the day of the visit, by managing authority and province, Nepal HFS 2021

Client service issue	Managing authority					Province				Sudur- pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Behavior/attitude of provider	1.0	0.9	0.6	1.7	0.7	0.5	0.4	1.7	1.0	0.9	
Explanation about child's illness	1.6	0.9	2.1	2.8	1.2	0.5	0.7	0.7	0.8	0.8	1.5
Wait to see provider	4.3	6.8	7.7	2.2	3.1	4.7	7.2	4.3	4.9	4.9	4.7
Ability to discuss problems	1.2	0.7	1.5	1.2	1.2	0.5	0.8	1.0	1.0	1.0	1.1
Availability of medicines at facility	7.0	1.9	8.4	11.0	2.3	4.4	2.9	4.6	5.6	5.6	6.1
Number of days facility is open	1.0	0.0	0.3	0.9	0.2	0.3	0.3	0.6	3.6	3.6	0.8
Number of hours facility is open	2.7	0.7	1.6	4.1	0.6	2.2	0.7	2.7	5.0	5.0	2.3
Cleanliness of facility	2.1	0.9	2.5	4.4	0.7	0.0	0.9	0.3	1.3	1.3	1.9
Cost of services	1.8	3.8	3.3	1.9	1.9	2.6	2.8	0.8	0.5	0.5	2.1
Visual privacy	1.0	0.8	1.6	1.0	1.0	0.6	0.9	0.3	0.5	0.5	1.0
Auditory privacy	0.9	0.5	1.6	0.9	0.9	0.8	0.6	0.0	0.2	0.2	0.8
Number of interviewed caretakers of sick children	1,954	429	341	593	416	171	470	143	248	248	2,383

Table 4.18 Supportive management for providers of child health services

Among interviewed child health service providers, percentages who reported receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal HFS 2021

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				
Federal/provincial-level hospitals	20.6	52.7	11.1	362
Local-level hospitals	26.0	55.8	14.2	120
Private hospitals	5.2	49.9	2.9	784
PHCCs	21.6	64.4	13.9	276
Basic health care centers	25.7	71.3	19.4	3,424
HPs	25.7	72.2	19.7	3,004
UHCs	25.5	67.3	17.7	236
CHUs	24.9	62.1	15.9	184
Managing authority				
Public	25.0	68.8	18.2	4,181
Private	5.2	49.9	2.9	784
Ecological region				
Mountain	26.3	56.7	15.8	590
Hill	20.7	63.4	14.9	2,479
Terai	21.9	71.8	16.9	1,897
Location				
Urban	19.8	63.2	13.7	3,021
Rural	25.0	69.8	18.9	1,944
Province				
Province 1	21.7	62.0	14.2	757
Madhesh	20.3	75.0	16.1	867
Bagmati	11.8	54.5	8.2	1,150
Gandaki	16.6	69.3	11.3	546
Lumbini	23.6	71.9	19.1	769
Karnali	33.5	69.9	25.6	367
Sudurpashchim	41.9	65.4	27.4	510
Total	21.8	65.8	15.8	4,966

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 4.19 Training for child health service providers

Among interviewed child health service providers, percentages who reported receiving in-service training on topics related to child health during the specified time periods, by background characteristics, Nepal HFS 2021

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		IMNCI ¹		Performing malaria RDT		MIYCN		Comprehensive nutrition-specific intervention		Integrated management of acute malnutrition		IMN		Essential nutritional action			
	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	During the past 24 months	At any time		
Facility type																		
Federal/provincial-level hospitals	5.2	14.0	12.7	35.0	3.1	11.7	1.8	11.7	3.4	9.1	4.6	17.1	0.5	6.1	1.2	8.6	362	
Local-level hospitals	5.1	19.3	16.4	43.9	4.2	18.3	2.9	20.2	5.7	16.0	8.2	31.7	2.2	12.3	1.6	14.8	120	
Private hospitals	1.2	7.4	1.5	10.1	1.9	8.0	0.7	5.9	0.6	3.8	1.0	6.7	0.7	3.1	0.8	4.4	784	
PHCCs	6.4	24.7	9.6	48.8	5.5	20.0	3.3	24.4	6.5	13.9	8.1	30.2	2.3	11.4	3.3	16.0	276	
Basic health care centers																		
HPs	9.6	33.3	9.3	55.5	4.1	19.6	5.8	29.7	7.6	19.9	9.0	35.5	3.9	17.6	4.6	20.5	3,424	
UHCs	9.4	34.0	9.0	57.2	4.0	20.2	5.8	31.3	7.6	20.5	9.0	36.9	4.0	18.6	4.6	21.6	3,004	
CHUs	11.6	32.4	11.4	48.1	4.8	18.5	6.2	22.0	6.3	16.8	9.7	30.0	2.9	12.3	4.9	15.5	236	
CHUs	10.5	22.7	10.7	37.3	4.0	11.9	4.8	14.6	8.3	13.6	8.3	20.0	3.1	8.9	3.9	9.8	184	
Managing authority																		
Public	8.9	30.7	9.8	52.9	4.1	18.9	5.2	27.6	7.1	18.5	8.5	33.5	3.4	16.1	4.1	19.0	4,181	
Private	1.2	7.4	1.5	10.1	1.9	8.0	0.7	5.9	0.6	3.8	1.0	6.7	0.7	3.1	0.8	4.4	784	
Ecological region																		
Mountain	8.9	25.7	10.3	40.9	3.4	12.3	2.9	18.8	5.0	13.0	7.3	21.4	2.8	10.1	3.4	13.4	590	
Hill	8.3	25.2	8.4	42.8	2.9	13.7	4.5	22.8	6.2	14.5	7.1	25.9	3.0	13.3	3.1	14.3	2,479	
Terai	6.5	29.7	8.1	52.2	4.8	23.3	4.9	27.6	6.3	19.3	7.6	36.0	3.1	16.2	4.3	20.9	1,897	
Location																		
Urban	6.4	25.3	8.0	44.5	3.7	18.4	3.9	23.1	4.8	14.6	6.0	28.3	2.3	12.5	3.1	16.1	3,021	
Rural	9.7	29.6	9.3	48.8	3.7	15.3	5.3	25.8	8.0	18.6	9.5	30.6	4.0	16.3	4.4	17.7	1,944	
Province																		
Province 1	11.3	27.5	8.0	38.0	1.7	9.3	4.8	20.9	5.2	10.5	8.3	21.2	4.4	10.2	4.8	15.2	757	
Madhesh	5.3	34.5	8.8	59.5	4.3	22.8	3.2	31.9	3.8	21.2	6.2	42.9	1.8	20.0	3.0	23.6	867	
Bagmati	3.9	19.2	6.1	35.8	2.4	13.2	1.0	17.3	0.6	10.3	1.5	20.7	0.6	9.4	0.6	11.1	1,150	
Gandaki	6.3	23.3	7.3	40.8	3.6	14.3	3.1	17.9	2.0	10.2	3.5	22.7	2.8	12.5	2.8	14.6	546	
Lumbini	8.0	30.9	10.2	52.5	6.7	24.0	4.5	27.1	5.5	14.2	7.3	27.3	3.0	15.0	3.5	16.7	769	
Karnali	10.6	27.2	11.8	52.8	2.7	17.9	7.2	22.1	12.4	21.7	11.7	30.1	3.3	14.2	4.1	13.4	367	
Sudurpashchim	14.0	28.9	10.3	50.4	5.2	20.7	13.2	34.9	24.2	34.4	22.3	46.2	8.3	19.9	10.1	24.6	510	
Total	7.7	27.0	8.5	46.2	3.7	17.2	4.5	24.1	6.1	16.2	7.3	29.2	3.0	14.0	3.6	16.7	4,966	

NIP = National Immunization Program (of Nepal)

IMNCI = Integrated management of neonatal and childhood illness

MIYCN = Maternal, infant, and young child nutrition

IMN = Iron deficiency disorder

¹ Includes both facility-based and community-based IMNCI

FAMILY PLANNING SERVICES

Key Findings

- A large majority (98%) of health facilities in Nepal offer (i.e., provide, prescribe, counsel, or refer clients on) at least one of the following temporary modern methods of family planning: oral contraceptive pills, male condoms, injectables (Depo), implants, or intrauterine contraceptive devices (IUDs). Around 4 in 10 facilities offer male or female sterilization.
- 95% or more of all facilities offering modern family planning methods provide male condoms, oral contraceptive pills, or injectables to clients at the facility. However, less than half of facilities offering modern family planning methods are able to provide implants (41%) or IUDs (29%). Female or male sterilization services are provided at only 2% of the facilities where modern family planning methods are offered.
- 92% of health facilities that provide temporary family planning methods actually had every method they provide available at the facility on the day of the NHFS visit.
- A majority of facilities offering family planning services have most of the basic equipment required for quality service delivery; however, only around 1 in 5 have the national family planning guidelines available or have staff who received in-service training relating to family planning in the past 24 months.
- Overall, the environment for family planning counseling is poor. Visual and auditory privacy and confidentiality were assured in only 12% of all family planning consultations observed in the survey.
- Method-specific side effects were discussed in only 38% of all observed family planning consultations. There was almost no discussion of sexually transmitted infections (STIs) or condom use in the consultations.
- Two-thirds of interviewed family planning providers reported that they had been personally supervised during the 6 months before the survey. Less than 1 in 10 providers had had any in-service family planning training in the 24 months before the survey.

5.1 BACKGROUND

Family planning is profoundly important for maternal and child health and is a critical element in upholding reproductive rights. This chapter explores five key areas relating to 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 **Figures 5.2 through 5.5**, 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 5.6** through **5.8**, 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 and knowledge.** Section 5.5, including **Tables 5.11.1**, **5.11.2**, and **5.12** and **Figure 5.9**, 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** and **Figures 5.10** and **5.11**, looks at aspects of management, supervision, and training that are important to support the delivery of high-quality family planning services.

5.2 AVAILABILITY OF FAMILY PLANNING SERVICES

This report uses the following definitions in assessing the availability of family planning services:

- A facility is said to offer family planning services available if the facility *offers* any family planning method; that is, the facility reports that it provides or prescribes the method, refers clients to obtain the method elsewhere, or counsels clients on the method without necessarily having the method at the facility when clients visit.
- A facility is said to *provide* a family planning method if the facility reports that it stocks the method or has the capacity to perform the procedure in the case of sterilization. In other words, these clients can obtain the method without leaving the facility.

5.2.1 Contraceptive Method Availability

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.

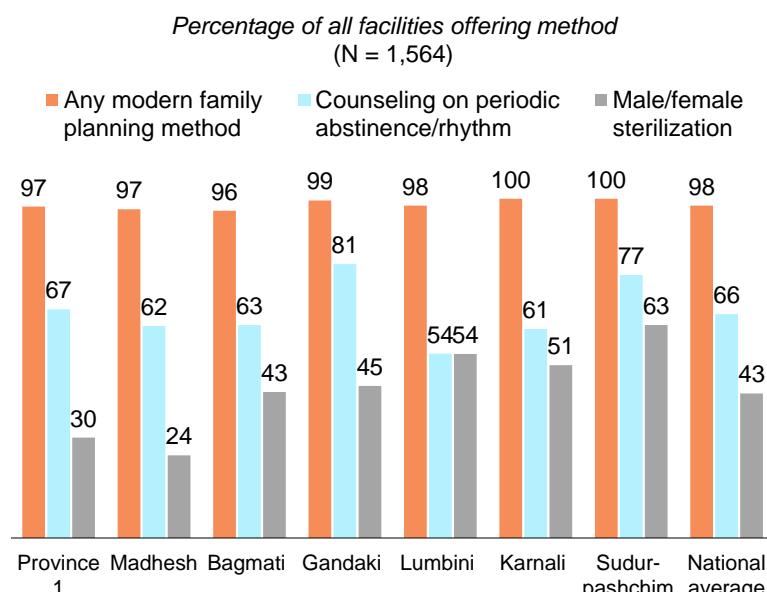
Almost all health facilities in Nepal (98%) offer at least one of the following temporary modern methods of family planning: oral contraceptive pills, male condoms, injectables (Depo), implants, or intrauterine contraceptive devices (IUDs) (**Table 5.1¹**) (**Figure 5.1**). Slightly more than 40% of facilities offer female sterilization, and a similar percentage offer male sterilization. Around two-thirds of facilities offer counseling on periodic abstinence or rhythm.

As **Figure 5.2** shows, there is little variation by province in the percentage of facilities offering any modern method. However, the percentage of facilities offering counseling on periodic abstinence ranges from 54% in the Lumbini province to 81% in Gandaki. The percentage of facilities offering male or female sterilization also varies markedly by province, from 24% in Madhesh to 63% in Sudurpashchim.

Figure 5.1 Percentage of facilities offering any modern methods of family planning, by province



Figure 5.2 Availability of methods of family planning, by province



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 (99%) of health facilities in Nepal offer family planning services 5 or more days per week (**Table 5.2**). Considering the type of facility, family planning services are least likely to be available 5 or more days per week at federal/provincial-level hospitals (84%).

5.2.3 Specific Methods Offered

Tables 5.3.1 and **5.3.2** present information on the availability of specific methods at facilities where modern family planning methods are offered. 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. Almost all of the facilities (97%) offer combined oral contraceptive pills, male condoms, and progestin-only injectables, and 58% offer implants and IUDs in addition to these three methods. Just

¹ This table and other tables in the chapter exclude stand-alone HIV testing and counseling centers (HTCs) and two federal hospitals.

over one-third of facilities (37%) offer all of the five temporary methods and female and male sterilization. A majority of facilities offer counseling on the lactational amenorrhea method (LAM) (86%) and periodic abstinence (67%), and around 3 in 10 provide cycle beads for the standard days method.

The percentages of facilities offering IUDs, implants, and male or female sterilization have increased since 2015, as has the percentage offering counseling on periodic abstinence or rhythm (**Figure 5.3**).

Tables 5.4.1 and **5.4.2** present information on the proportion of facilities that 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 almost all facilities offering clients oral contraceptive pills, 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, 61% of health facilities offer IUDs, but only 29% actually provide them (**Figure 5.4**). As expected, the capacity of facilities to provide IUDs and implants varies according to type of facility, with public hospitals and primary health care centers (PHCCs) more likely to be able to provide these methods than other types of facilities. Sterilization services are mainly provided at hospitals, with federal/provincial hospitals much more likely to provide these services than private or local-level hospitals.

Figure 5.3 Provision of specific methods of family planning

*Percentage of facilities offering any modern family planning method that provide specific methods
(N = 1,528)*

2015 NHFS
2021 NHFS

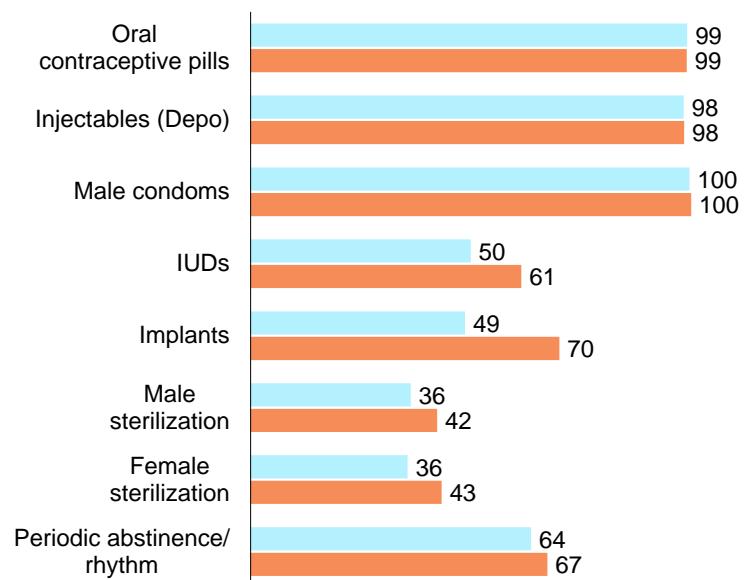
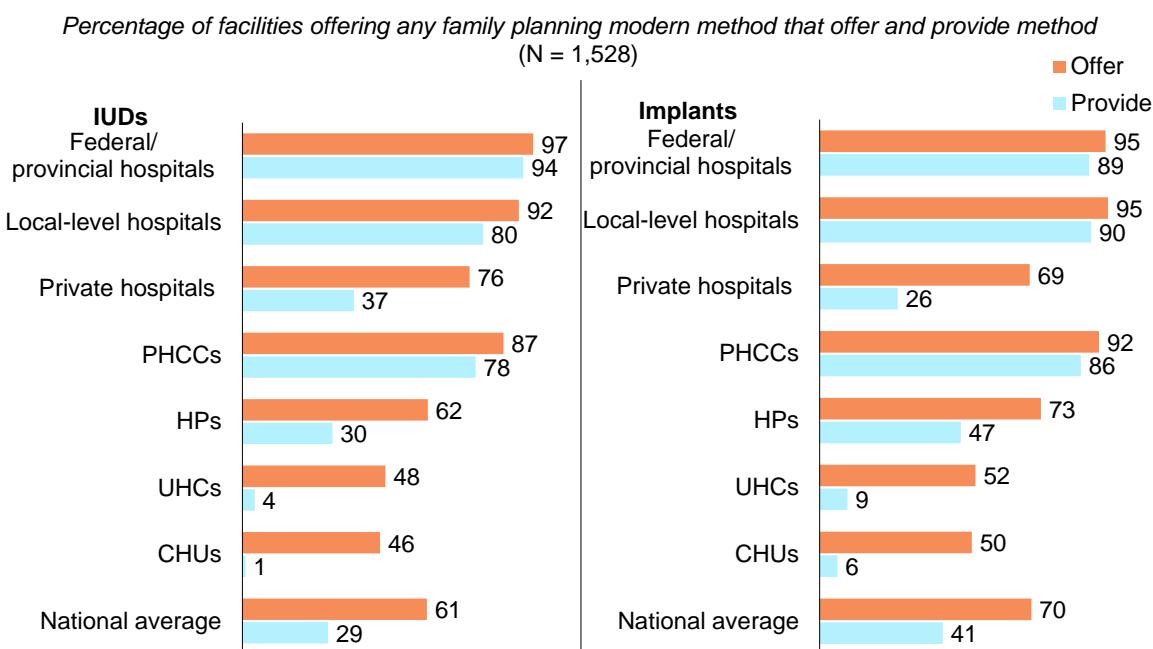
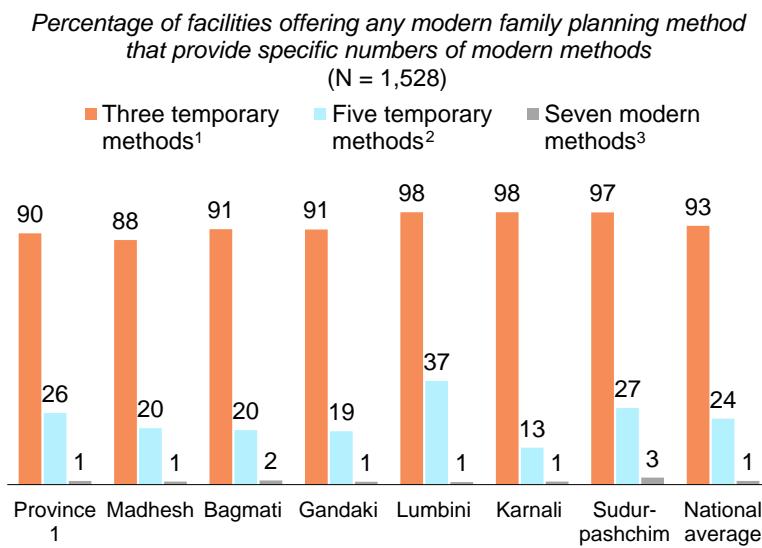


Figure 5.4 Provision of IUDs and implants, by facility type



Finally, **Figure 5.5** shows that while the large majority of facilities in all provinces provide the pill, male condoms, and injectables, there is considerable variability by province in the percentages of facilities that are able to provide IUDs and implants in addition to these three methods. Facilities in Lumbini are almost three times as likely as those in Karnali to provide all five temporary modern methods (37% versus 13%). Three percent or less of facilities in any of the provinces provide male and female sterilization and the five temporary modern methods.

Figure 5.5 Methods of family planning provided, by province



¹ Oral contraceptive pills, injectable (Depo), and male condoms

² Oral contraceptive pills, injectable (Depo), male condom, implant, and IUD

³ Oral contraceptive pills, injectable (Depo), male condom, implant, IUD, 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. Nationwide, 92% of health facilities that reported providing temporary 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**).

Considering specific methods, each of the five temporary modern methods (male condoms, combined oral contraceptives, progestin-only injectables, IUDs, and implants) were available at 95% or more of the

facilities providing the methods. Facilities providing emergency contraceptive pills were slightly less likely to have the method in stock on the day of the NHFS visit (89%).

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 basic supplies and equipment.

Table 5.6 shows that only 1 in 5 facilities offering family planning services had the national family planning guidelines available on the day of the NHFS visit. The percentage of facilities in which at least one staff member delivering family planning services had recent in-service training in family planning was lower in 2021 (21%) than in 2015 (31%) (**Figure 5.6**). Facilities in the Sudurpashchim province were more likely to have staff trained in family planning than facilities in the other provinces (**Figure 5.7**).

With regard to other components important to quality service delivery, most facilities had a blood pressure apparatus (96%), an examination light (92%), and an examination bed or table (92%). Nine in 10 facilities had a family planning register. Flip charts and leaflets on family planning topics were available at 62% of facilities. Similar to the situation in 2015, however, only a minority of facilities had a family planning counseling kit (29%) or models for demonstrating condom use (8%) or IUD insertion (4%) (**Figure 5.6**).

In general, public hospitals and PHCCs were more likely than private hospitals and basic health centers to have guidelines, trained staff, and the equipment needed for family planning service delivery.

Figure 5.6 Items to support quality provision of family planning

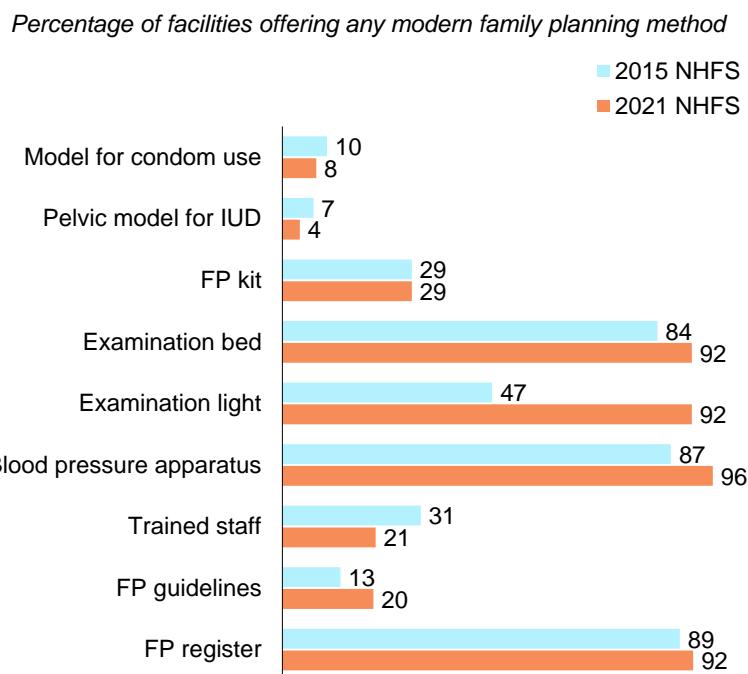


Figure 5.7 Staff trained in family planning, by province



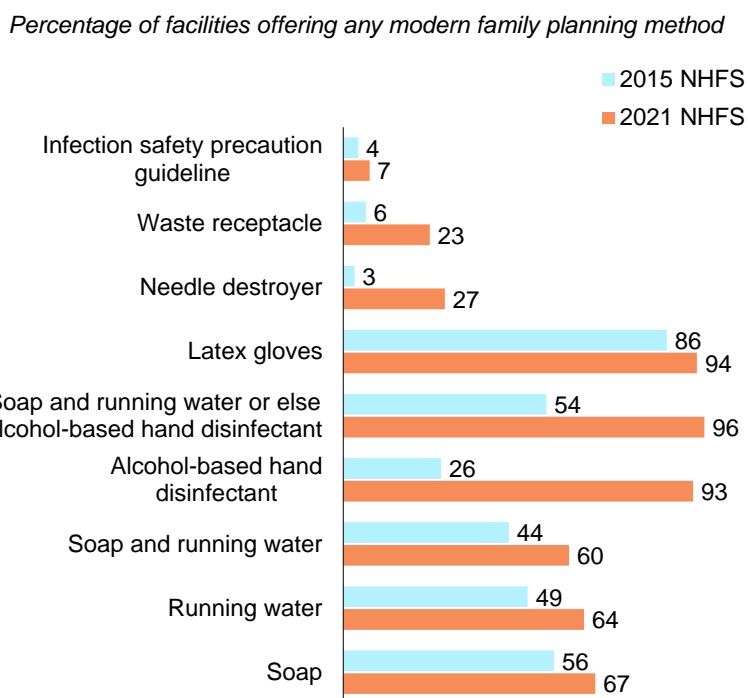
5.3.2 Infection Control

The NHFS assessed the presence of items for infection control in areas where family planning procedures—such as pelvic examinations for IUD insertions and provision of implants and injectables—most often take place (**Table 5.7** and **Figure 5.8**).

Facilities were least likely to have a needle destroyer (27%), a waste receptacle (23%), or, especially, guidelines on infection safety precautions (7%). Overall, only 1% of facilities had all infection control items.

Figure 5.8 compares the availability of these items in 2021 to the situation at the time of the 2015 NHFS. There were marked improvements in the availability of most items, except for infection safety precaution guidelines.

Figure 5.8 Items for infection control in family planning service area



5.4 ADHERENCE TO STANDARDS FOR QUALITY SERVICE PROVISION

To assess whether family planning providers adhere to service standards, NHFS staff observed provider interactions with family planning clients using checklists based on commonly accepted guidelines for screening, counseling, and conducting procedures for family planning clients. 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 848 family planning consultations with female clients were observed during the NHFS, with 245 involving first-visit clients.

5.4.1 Counseling and Client Assessment at First family Planning Visits

During a family planning visit, especially 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. **Tables 5.8.1** and **5.8.2** present information for first-visit clients on whether providers discussed specific elements of the clients' reproductive and medical history and conducted the two relevant examinations (blood pressure and weight).

With regard to the elements of the client's reproductive history, providers most often asked about the woman's pregnancy history (76%) and age (71%). Surprisingly, only a minority of first-visit clients were asked about their childbearing desires (35%) or breastfeeding status (if they had ever been pregnant) (15%), although both elements may be important in deciding on an appropriate contraceptive method. Information on the client's medical history was also rarely obtained, with chronic illness being the most commonly discussed topic (23%). More than 7 in 10 first-visit clients had their blood pressure taken, and 52% were weighed. Just under half of clients were asked if they had any concerns or questions about methods they had used.

Tables 5.9.1 and **5.9.2** show information that the NHFS observers recorded about other components that are important in a quality family planning consultation. The results indicate that first-time consultations only rarely involved any discussion related to the client's partner's attitude about family planning (3%) or to sexually transmitted infections (12%). Around 6 in 10 first-time consultations included discussions regarding concerns the client had about the methods that were discussed with the client, and two-fifths of consultations involved discussions about potential side effects.

Privacy during a family planning consultation is very important since some of the issues discussed may be sensitive. The NHFS observers noted that visual privacy was provided in more than three quarters of first-time family planning consultations, and auditory privacy was provided in 62% of consultations. The provider assured the client of confidentiality in just 14% of consultations.

Client cards are crucial for monitoring clients over time. More than 6 in 10 providers reviewed the client's card, and 85% 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 12% of first-time consultations. Eight in 10 consultations with first-time family planning clients included a discussion about a return visit.

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 visit or a 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.

5.5 CLIENT OPINION AND KNOWLEDGE

5.5.1 Major Problems

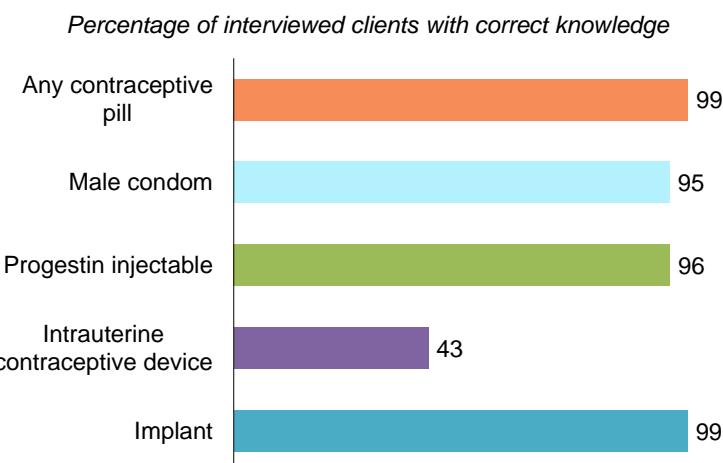
After their consultations were observed, all family planning clients were interviewed about issues commonly related to client satisfaction. The exit interviews also probed clients' opinions of the services they had received that day. Very few clients (2% or less) reported any of the service issues shown in **Tables 5.11.1** and **5.11.2**.

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**, most clients (95% or more) gave correct answers to questions about implants, contraceptive pills, progestin-only injectables, and condoms. The small number of clients who were provided or referred for an IUD were least likely to give a correct answer (43%) (**Figure 5.9**).

Figure 5.9 Client knowledge about contraceptive methods



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 67% of interviewed providers receiving personal supervision in the 6 months before the assessment (**Table 5.13**). Providers at peripheral facilities (PHCCs, HPs, UHCs, and CHUs) were somewhat more likely to have been supervised than providers in hospitals, either public or private (**Figure 5.10**).

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, 9% of 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**). Facilities in the Sudurpashchim province were more likely to have providers who reported receiving family planning training during the 24 months and personal supervision during the 6 months preceding the survey than facilities in the other provinces (**Figure 5.11**).

Providers at public hospitals and PHCCs were somewhat more likely to have been trained recently than providers at other types of facilities (**Figure 5.10**).

As for the topics of training, providers most often reported having had in-service training on family planning counseling; 6% of providers had received such training in the 24 months before the survey, and 34% had ever received training (**Table 5.14**). With regard to the other topics, providers were most likely to report ever having received training on implant insertion or removal (16%).

Figure 5.10 Personal supervision and training

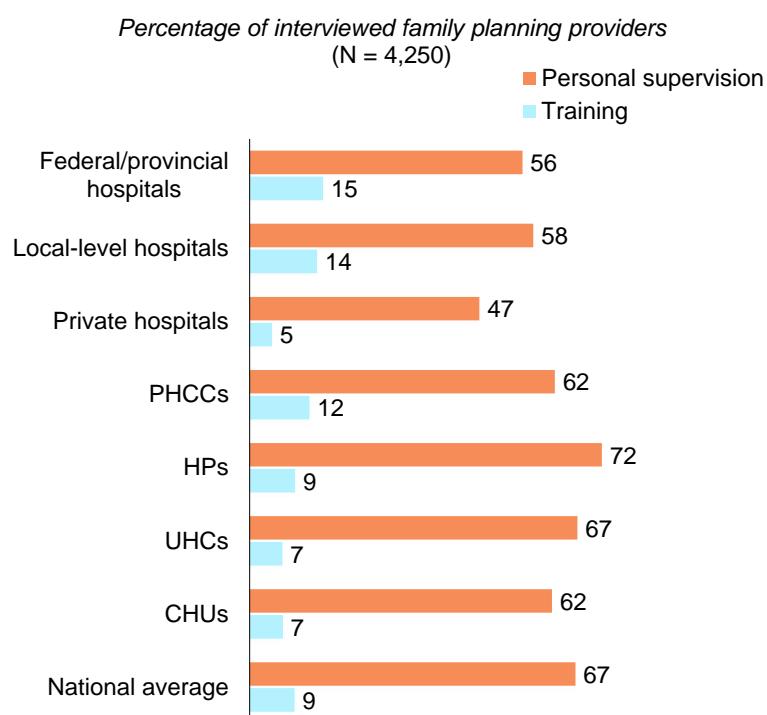
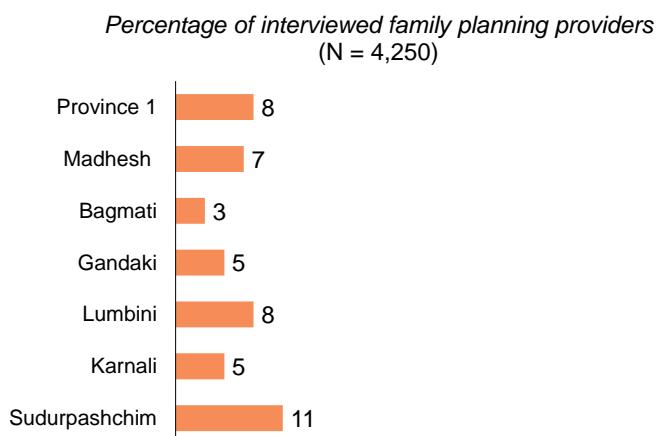


Figure 5.11 Training related to family planning during the 24 months preceding the survey, by province



LIST OF TABLES

- **Table 5.1** Availability of family planning services
- **Table 5.2** Frequency of availability of family planning services
- **Table 5.3.1** Family planning services offered, by facility type
- **Table 5.3.2** Family planning services offered, by managing authority and province
- **Table 5.4.1** Methods of family planning provided, by facility type
- **Table 5.4.2** Methods of family planning provided, by managing authority and province
- **Table 5.5.1** Availability of family planning commodities, by facility type
- **Table 5.5.2** Availability of family planning commodities, by managing authority and province
- **Table 5.6** Guidelines, trained staff, and basic equipment for family planning services
- **Table 5.7** Items for infection control during provision of family planning
- **Table 5.8.1** Client history and physical examinations for first-visit female family planning clients, by facility type
- **Table 5.8.2** Client history and physical examinations for first-visit female family planning clients, by province
- **Table 5.9.1** Components of counseling and discussions during consultations for female first-visit family planning clients, by facility type
- **Table 5.9.2** Components of counseling and discussions during consultations for female first-visit family planning clients, by province
- **Table 5.10.1** Components of counseling and discussions during consultations for all female family planning clients, by facility type
- **Table 5.10.2** Components of counseling and discussions during consultations for all female family planning clients, by province
- **Table 5.11.1** Feedback from family planning clients on service problems, by facility type
- **Table 5.11.2** Feedback from family planning clients on service problems, by province
- **Table 5.12** Client knowledge about contraceptive method
- **Table 5.13** Supportive management for providers of family planning services
- **Table 5.14** Training for family planning service providers

Table 5.1 Availability of family planning services

Among all facilities, percentages offering temporary methods of family planning, male sterilization, and female sterilization, and percentages offering any modern family planning, by background characteristics, Nepal HFS 2021

Background characteristic	Temporary methods of family planning (FP)			Sterilization				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	Percentage offering any modern methods of FP ⁴	
Facility type								
Federal/provincial-level hospitals	96.8	73.7	96.8	74.8	78.9	80.0	96.8	27
Local-level hospitals	98.4	78.9	98.4	65.2	66.9	66.9	98.4	17
Private hospitals	71.2	48.7	71.5	45.3	50.1	51.3	71.4	116
PHCCs	100.0	75.4	100.0	41.5	42.6	42.6	100.0	51
Basic health care centers	99.9	66.6	99.9	40.0	40.5	40.6	99.9	1,352
HPs	100.0	68.2	100.0	38.8	39.1	39.3	100.0	1,064
UHCs	99.7	62.3	99.7	43.5	44.7	45.1	99.7	154
CHUs	99.5	58.7	99.5	45.2	46.6	46.6	99.5	135
Managing authority								
Public	99.8	67.2	99.8	41.0	41.6	41.8	99.8	1,448
Private	71.2	48.7	71.5	45.3	50.1	51.3	71.4	116
Ecological region								
Mountain	99.6	65.6	99.6	53.6	54.0	55.0	99.6	210
Hill	98.6	68.1	98.6	42.6	43.4	43.4	98.7	818
Terai	95.5	62.4	95.6	34.5	35.8	36.1	95.5	535
Location								
Urban	95.8	66.3	95.9	38.7	40.2	40.4	95.8	834
Rural	99.9	65.2	99.9	44.3	44.5	44.8	99.9	730
Province								
Province 1	97.4	67.2	97.4	28.3	29.3	29.5	97.4	262
Madhesh	96.6	62.3	96.8	23.7	24.0	24.3	96.6	246
Bagmati	96.2	62.6	96.2	41.7	42.9	42.9	96.2	321
Gandaki	99.1	80.5	99.1	44.2	44.4	44.7	99.2	198
Lumbini	97.7	54.2	97.7	52.2	54.1	54.1	97.7	239
Karnali	99.7	61.4	99.7	49.4	50.6	50.8	99.7	128
Sudurpashchim	99.7	77.3	99.7	61.3	61.4	62.6	99.7	169
Total	97.7	65.8	97.7	41.3	42.2	42.5	97.7	1,564

Note: This table and other tables in this chapter exclude stand-alone HIV testing and counseling centers (HTCs) and two federal hospitals. The following abbreviations are used in tables throughout the chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

¹ Facility provides, prescribes, counsels, or refers clients on any of the following temporary modern methods of FP: combined oral contraceptive pills, progestin-only injectable (Depo), implants, intrauterine contraceptive devices (IUDs), 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 injectable (Depo), implants, IUDs, male condoms, female sterilization, or male sterilization.

Table 5.2 Frequency of availability of family planning services

Among facilities offering any modern method of family planning, percentages offering any method on the indicated number of days per week, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities where family planning ¹ services are offered on 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				
Federal/provincial-level hospitals	8.7	7.7	83.6	26
Local-level hospitals	5.0	1.6	91.7	17
Private hospitals	1.2	0.5	98.4	83
PHCCs	1.1	0.0	98.4	51
Basic health care centers	0.8	0.0	98.9	1,351
HPs	0.7	0.0	99.0	1,064
UHCs	1.6	0.0	97.8	153
CHUs	0.4	0.4	99.3	134
Managing authority				
Public	1.0	0.2	98.5	1,445
Private	1.2	0.5	98.4	83
Ecological region				
Mountain	0.1	0.3	99.6	209
Hill	0.7	0.1	98.7	808
Terai	1.8	0.4	97.7	511
Location				
Urban	1.3	0.4	98.1	799
Rural	0.6	0.0	99.0	729
Province				
Province 1	2.1	0.3	96.2	255
Madhesh	1.9	0.2	97.8	238
Bagmati	0.7	0.1	98.8	309
Gandaki	0.1	0.1	99.7	196
Lumbini	0.5	0.5	99.0	234
Karnali	0.0	0.0	100.0	128
Sudurpashchim	0.7	0.2	99.2	168
Total	1.0	0.2	98.5	1,528

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

Table 5.3.1 Family planning services offered, by facility type

Among facilities offering any modern method of family planning, percentages that provide, prescribe, or counsel clients on specific family planning methods, by facility type, Nepal HFS 2021

Methods provided, prescribed, or counseled on	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			
						HPs	UHCs	CHUs	Total
Combined oral contraceptive pills	100.0	100.0	98.8	100.0	98.8	98.5	100.0	99.7	98.9
Progestin-only injectable (Depo)	98.9	98.4	93.7	98.4	98.6	98.4	98.4	100.0	98.3
Male condoms	100.0	100.0	98.0	100.0	100.0	100.0	100.0	100.0	99.9
IUDs	96.8	92.0	75.6	86.9	58.5	61.7	47.6	45.8	61.4
Implants	94.5	95.3	69.4	92.3	68.4	73.1	51.5	50.3	70.0
Male sterilization	77.2	66.3	64.1	41.5	40.0	38.8	43.6	45.4	42.3
Female sterilization	81.5	68.0	71.4	42.6	40.5	39.1	44.9	46.8	43.3
Three temporary modern methods ¹	98.9	98.4	92.7	98.4	97.4	97.0	98.4	99.7	97.2
Five temporary modern methods ²	93.4	90.4	64.3	83.1	55.3	57.7	47.0	45.4	57.7
Seven modern methods ³	71.7	61.6	52.8	38.8	34.9	34.3	36.4	38.3	37.0
Emergency contraceptive pills	31.3	32.7	67.7	13.7	8.1	8.1	9.8	6.3	12.2
Periodic abstinence/rhythm	76.1	80.2	67.7	75.4	66.6	68.2	62.5	59.0	67.3
Cycle beads for standard days method	45.8	28.5	27.6	36.1	30.3	32.8	24.3	17.8	30.6
Clients counseled on lactational amenorrhea method (LAM)	94.6	93.4	78.3	90.7	85.7	86.9	80.5	81.9	85.7
Number of facilities offering any modern method of family planning	26	17	83	51	1,351	1,064	153	134	1,528

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

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

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

Table 5.3.2 Family planning services offered, by managing authority and province

Among facilities offering any modern method of family planning, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by managing authority and province, Nepal HFS 2021

Methods provided, prescribed, or counseled on	Managing authority			Province						Sudur- pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur- pashchim		
Combined oral contraceptive pills	98.9	98.8	98.7	98.1	98.9	97.1	100.0	100.0	100.0	98.9	
Progestin-only injectable (Depo)	98.6	93.7	98.1	94.3	99.5	99.4	99.0	98.2	99.8	98.3	
Male condoms	100.0	98.0	100.0	100.0	99.7	99.7	100.0	99.8	100.0	99.9	
IUDs	60.6	75.6	62.0	46.7	58.8	62.3	79.3	55.6	64.8	61.4	
Implants	70.0	69.4	67.5	52.0	71.9	67.8	83.6	69.4	79.9	70.0	
Male sterilization	41.0	64.1	29.1	24.6	43.6	44.5	53.4	49.6	61.5	42.3	
Female sterilization	41.6	71.4	30.1	25.2	44.7	44.8	55.4	50.7	61.6	43.3	
Three temporary modern methods ¹	97.5	92.7	96.8	92.7	98.3	96.5	99.0	98.2	99.8	97.2	
Five temporary modern methods ²	57.4	64.3	57.0	39.6	54.6	58.6	77.8	54.0	64.2	57.7	
Seven modern methods ³	36.0	52.8	25.0	17.2	38.2	41.3	48.7	44.8	53.5	37.0	
Emergency contraceptive pills	9.0	67.7	10.5	4.0	14.4	18.6	11.0	11.0	17.3	12.2	
Periodic abstinence/ rhythm	67.3	67.7	69.0	64.3	65.1	81.1	55.5	61.6	77.5	67.3	
Cycle beads for standard days method	30.8	27.6	27.1	24.2	24.9	29.6	45.6	42.2	27.0	30.6	
Clients counseled on lactational amenorrhea method (LAM)	86.1	78.3	82.1	82.7	83.8	89.1	90.1	78.8	93.7	85.7	
Number of facilities offering any modern method of family planning	1,445	83	255	238	309	196	234	128	168	1,528	

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

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

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

Table 5.4.1 Methods of family planning provided, by facility type

Among facilities offering any modern method of family planning, percentages that provide clients with specific modern family planning methods, by facility type, Nepal HFS 2021

Methods provided ¹	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
						HPs	UHCs	CHUs	
Combined oral contraceptive pills	94.6	96.7	52.2	98.4	98.1	98.1	98.0	98.0	95.5
Progestin-only injectable (Depo)	97.8	98.4	49.2	96.2	97.5	97.5	97.2	98.1	94.9
Male condoms	97.8	98.4	58.8	98.4	99.1	99.1	99.3	98.9	96.8
IUDs	93.5	80.1	37.1	77.6	24.2	30.0	4.1	1.0	28.5
Implants	89.1	89.7	25.8	86.3	38.3	46.6	9.2	5.9	40.7
Male sterilization	44.5	9.8	14.9	2.2	0.2	0.2	0.0	0.0	1.9
Female sterilization	46.6	11.5	23.3	2.2	0.2	0.2	0.0	0.0	2.4
Three temporary modern methods ²	93.5	95.1	45.2	95.1	95.4	95.1	96.0	96.8	92.6
Five temporary modern methods ³	84.8	76.8	17.8	71.6	20.3	25.3	2.9	0.6	23.6
Seven modern methods ⁴	37.9	8.2	6.9	2.2	0.2	0.2	0.0	0.0	1.3
Emergency contraceptive pills	12.9	9.8	31.2	7.1	3.6	4.1	2.9	0.8	5.5
Cycle beads for standard days method	7.7	3.4	1.6	3.8	2.2	2.5	1.6	0.7	2.3
Number of facilities offering any modern method of family planning	26	17	83	51	1,351	1,064	153	134	1,528

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, facility reports that providers in the facility perform the procedures.

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

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

⁴ Combined oral contraceptive pills, progestin-only injectable (Depo), male condoms, implants, IUDs, male sterilization, and female sterilization

Table 5.4.2 Methods of family planning provided, by managing authority and province

Among facilities offering any modern method of family planning, percentages that provide clients with specific modern family planning methods, by managing authority and province, Nepal HFS 2021

Methods provided ¹	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Combined oral contraceptive pills	98.0	52.2	94.7	96.5	91.9	93.2	98.6	97.8	98.7	95.5	
Progestin-only injectable (Depo)	97.5	49.2	93.1	90.9	93.2	96.1	97.9	97.8	98.4	94.9	
Male condoms	99.0	58.8	95.2	96.9	94.7	96.3	98.6	99.3	99.5	96.8	
IUDs	28.0	37.1	31.0	25.8	24.1	26.2	40.6	18.6	30.2	28.5	
Implants	41.5	25.8	41.0	31.6	40.7	35.2	50.0	34.7	50.8	40.7	
Male sterilization	1.2	14.9	1.5	1.4	3.0	1.4	1.5	1.3	2.8	1.9	
Female sterilization	1.2	23.3	2.3	1.8	4.1	1.6	1.8	1.3	3.0	2.4	
Three temporary modern methods ²	95.3	45.2	89.9	87.5	91.4	91.3	97.5	97.5	97.4	92.6	
Five temporary modern methods ³	23.9	17.8	25.6	20.2	19.5	19.1	37.1	13.2	27.4	23.6	
Seven modern methods ⁴	1.0	6.9	1.3	1.1	1.5	1.0	0.9	1.1	2.5	1.3	
Emergency contraceptive pills	4.0	31.2	5.9	2.6	6.1	11.4	3.0	0.7	7.9	5.5	
Cycle beads for standard days method	2.4	1.6	3.0	0.5	1.9	2.8	5.5	1.8	0.0	2.3	
Number of facilities offering any modern method of family planning	1,445	83	255	238	309	196	234	128	168	1,528	

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, facility reports that providers in the facility perform the procedures.

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

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

⁴ Combined oral contraceptive pills, progestin-only injectable (Depo), male condoms, implants, IUDs, male sterilization, and female sterilization

Table 5.5.1 Availability of family planning commodities, by facility type

Among facilities that provide the indicated modern method of family planning, percentages where the commodity was observed to be available on the day of the survey, by facility type, Nepal HFS 2021

Methods provided ¹	Facility type				
	Federal/ provincial- level hospitals	Local-level hospitals/ PHCCs	Private hospitals	Basic health care centers	Total
Combined oral contraceptive pills	96.5	98.3	94.9	97.2	97.2
Progestin-only injectables (Depo)	93.3	98.7	93.5	98.0	97.8
Male condoms	97.7	100.0	97.5	98.6	98.6
Intrauterine contraceptive devices	94.2	92.6	89.5	95.4	94.6
Implants	96.4	98.1	93.4	96.9	96.9
Every method provided by facility was available on day of survey	89.0	90.8	87.3	92.3	92.0
Emergency contraceptive pills	100.0	73.7	98.4	84.6	88.8

Note: 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 the expiration date). Figures for emergency contraceptive pills should be interpreted cautiously due to the small number of cases.

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, by managing authority and province

Among facilities that provide the indicated modern method of family planning, percentages where the commodity was observed to be available on the day of the survey, by managing authority and province, Nepal HFS 2021

Methods provided ¹	Managing authority		Province							Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
Combined oral contraceptive pills	97.3	94.9	96.6	96.4	97.1	96.7	99.1	96.7	97.8	97.2
Progestin-only injectables (Depo)	98.0	93.5	98.0	96.0	97.9	99.5	99.0	98.3	96.0	97.8
Male condoms	98.7	97.5	99.2	100.0	97.9	99.0	98.4	97.4	98.2	98.6
Intrauterine contraceptive devices	95.0	89.5	92.2	92.8	98.5	97.0	96.1	84.2	94.6	94.6
Implants	97.0	93.4	95.8	94.1	99.8	98.2	96.5	96.1	96.1	96.9
Every method provided by facility was available on day of survey	92.2	87.3	90.5	91.0	93.9	94.9	93.7	88.1	89.2	92.0
Emergency contraceptive pills	84.5	98.4	74.0	95.5	97.0	86.6	100.0	100.0	87.9	88.8

Note: 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 the expiration date). Figures for emergency contraceptive pills should be interpreted cautiously due to the small number of cases.

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

Among facilities offering any modern method of family planning, percentages having family planning guidelines, percentages having at least one staff member recently trained on family planning service delivery, and percentages with the indicated equipment observed to be available on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering any modern family planning and having:	Equipment										Number of facilities offering any modern method of family planning
		Decision-making tools/medical criteria wheel observed	Pregnancy roll out/job aid observed	Family planning register	Staff trained in family planning ¹	Blood pressure apparatus ²	Examination light	Examination bed or table	Family planning counseling	Family planning kit	Pelvic model for IUD	Model for showing condom use
Facility type												
Federal/provincial-level hospitals	54.5	50.2	29.4	88.0	48.9	98.9	93.5	96.8	55.6	19.6	17.4	80.5
Local-level hospitals	11.6	46.9	30.4	95.1	51.3	96.7	87.1	96.7	55.0	25.6	27.2	73.9
Private hospitals	8.9	5.4	2.3	24.3	11.4	93.7	97.3	95.5	19.9	8.8	1.7	30.4
PHCCs	23.5	39.3	17.5	95.6	43.2	98.4	92.9	98.4	54.6	6.6	16.4	82.0
Basic health care centers	20.5	28.3	10.5	96.1	19.7	96.4	91.3	91.1	27.8	2.9	7.2	62.3
HPs	23.7	33.3	12.3	96.7	22.4	96.4	91.7	91.9	33.1	3.4	8.7	69.1
UHCs	10.1	10.8	3.3	91.9	10.3	95.0	91.1	89.0	9.5	1.2	2.6	38.6
CHUs	6.3	8.9	4.6	96.0	9.2	98.0	88.7	86.6	6.1	1.2	0.8	35.2
Managing authority												
Public	21.1	29.3	11.3	95.9	21.5	96.5	91.4	91.5	29.6	3.6	8.0	63.5
Private	8.9	5.4	2.3	24.3	11.4	93.7	97.3	95.5	19.9	8.8	1.7	30.4
Ecological region												
Mountain	30.3	29.0	13.7	91.1	20.3	94.3	95.8	93.3	25.6	4.1	1.2	62.2
Hill	17.5	28.6	9.3	91.7	17.5	98.1	93.3	90.8	27.6	3.1	7.6	62.0
Terai	21.0	26.7	12.0	92.8	26.5	94.5	87.4	92.5	32.8	5.1	10.4	60.8
Location												
Urban	21.1	26.4	10.0	88.6	17.8	95.6	90.3	91.5	29.3	3.7	6.3	57.9
Rural	19.7	29.8	11.7	95.7	24.3	97.2	93.2	92.0	28.7	4.1	9.1	65.8
Province												
Province 1	16.6	19.7	13.5	88.9	24.2	95.7	88.6	93.6	23.7	5.0	3.9	68.0
Madhesh	16.8	18.1	9.2	95.8	25.1	93.0	82.9	85.4	26.3	2.3	11.2	51.3
Bagmati	22.1	24.3	9.5	85.4	10.0	96.3	93.8	95.4	25.1	4.3	6.2	56.5
Gandaki	12.1	23.6	3.0	92.7	14.2	98.4	94.4	90.0	28.2	4.0	4.7	61.3
Lumbini	25.7	34.0	16.1	95.2	22.8	99.3	94.3	92.1	37.8	4.3	10.0	71.4
Karnali	26.0	34.4	11.0	93.0	21.1	94.4	91.3	89.5	29.2	1.6	11.5	56.2
Sudurpashchim	26.4	53.3	12.9	97.7	35.1	97.2	98.4	94.2	36.9	4.8	7.9	67.3
Total	20.4	28.0	10.8	92.0	20.9	96.4	91.7	91.7	29.0	3.9	7.6	61.7
												1,528

IUD = Intrauterine contraceptive device

¹ National guidelines on family planning (Nepal Medical Standard Contraceptive Services Volume 1) 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

Table 5.7 Items for infection control during provision of family planning

Among facilities offering any modern method of family planning, 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 HFS 2021

Background characteristic	Soap	Running water ¹	Percentage of facilities offering any modern family planning services and having items for infection control				All infection prevention items ⁴	Medical masks (surgical or N95)	Number of facilities offering any modern method of family planning
			Soap and running water	Alcohol-based hand disinfectant	Latex gloves	Needle destroyer/needle cutter	Waste receptacle ²	Infection prevention guideline ³	
Facility type									
Federal/provincial-level hospitals	87.0	90.2	87.0	97.8	100.0	98.9	53.5	39.2	20.6
Local-level hospitals	87.9	86.2	86.2	93.6	95.2	93.7	52.4	26.9	9.9
Private hospitals	84.7	85.8	84.1	95.3	97.8	96.3	44.5	31.2	17.4
PHCCs	69.9	74.3	68.9	94.5	97.8	91.8	24.6	16.4	8.2
Basic health care centers	64.7	61.0	57.2	92.4	96.0	93.9	24.6	21.9	6.2
HPs	66.2	63.0	59.4	92.9	96.1	93.9	26.6	22.9	7.5
UHCs	61.3	56.4	52.3	88.2	94.9	92.9	24.4	23.1	2.2
CHUs	56.8	51.0	45.4	93.8	96.3	94.6	9.4	13.1	0.7
Managing authority	65.5	62.3	58.5	92.6	96.1	93.9	25.5	22.1	6.6
Public	65.5	62.3	58.5	92.6	95.3	97.8	44.5	31.2	17.4
Private	84.7	85.8	84.1	95.3	97.8	96.3	84.7	84.7	83
Ecological region									
Mountain	60.0	62.9	55.0	91.6	93.5	92.4	21.8	23.6	7.3
Hill	69.4	70.2	66.1	93.8	97.3	95.2	26.5	22.6	7.2
Terai	64.8	53.5	52.2	91.7	95.6	92.9	28.4	22.2	7.1
Location	69.2	66.2	63.8	91.8	96.2	93.0	28.5	25.9	8.8
Urban	63.7	60.8	55.7	93.8	96.2	95.1	24.3	19.0	5.5
Rural									
Province	56.4	58.7	53.2	85.2	90.4	81.6	12.2	19.7	7.3
Province 1	56.4	58.7	53.2	85.2	90.4	81.6	12.2	19.7	7.3
Madhesh	60.1	42.5	41.6	88.7	94.3	95.3	24.7	14.9	4.2
Bagmati	80.8	81.0	76.6	96.3	97.9	96.8	42.2	36.0	7.4
Gandaki	72.9	75.4	71.8	90.2	98.0	95.9	35.9	17.8	6.6
Lumbini	63.2	58.3	56.0	96.6	98.5	96.3	28.8	19.4	8.3
Karnali	69.7	65.6	65.1	97.4	97.9	97.5	24.0	28.0	15.0
Sudurpashchim	60.1	61.2	53.0	97.6	98.2	97.9	9.8	19.4	4.2
Total	66.6	63.6	59.9	92.8	96.2	94.0	26.5	22.6	7.2
									1.0
									78.7
									1,528

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

² Waste receptacle with plastic bin liner

³ Guidelines include infection prevention and health care waste management reference manual 2015 or 2020.

⁴ Includes soap and running water or alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, needle destroyer/cutter, and infection prevention and health care waste management reference manual 2015 or 2020

Table 5.8.1 Client history and physical examinations for first-visit female family planning clients, by facility type

Among female first-visit family planning clients whose consultations were observed, percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by facility type, Nepal HFS 2021

Components of consultation	Facility type			
	Federal/ provincial- level hospitals	Local-level hospitals/ PHCCs	Basic health care centers	Total
Client history				
Age	84.9	67.4	67.8	70.6
Any history of pregnancy	89.9	77.4	72.3	75.5
Current pregnancy status	74.5	67.4	58.3	62.1
Breastfeeding status (if ever pregnant) ¹	24.2	14.0	12.5	14.5
Desired timing for next child or desire for another child	61.4	42.4	28.1	34.9
Regularity of menstrual cycle	67.3	62.7	53.6	56.9
All elements of reproductive history ²	17.4	4.5	3.4	5.7
Client medical history				
Asked about smoking	2.9	3.4	4.9	4.4
Asked about symptoms of STIs	11.5	10.6	10.1	10.3
Asked about any chronic illnesses	21.4	25.5	22.2	22.7
All risk history ³	0.0	2.2	3.0	2.4
Client examination				
Measured blood pressure ⁴	96.2	81.3	65.6	71.9
Measured weight ⁵	91.4	71.2	40.6	51.8
Questions or concerns				
Asked if client had questions or concerns regarding current or past method used	48.8	54.2	47.8	48.7
Number of observed first-visit FP clients	36	27	180	245
Number of observed first-visit FP clients with prior pregnancy ⁶	34	26	179	242

Note: The total includes results for clients from two private hospitals that are not shown separately.

¹ The denominator for this indicator is the number of first-visit family planning (FP) clients with a prior pregnancy. See also footnote 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 sexually transmitted infections (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 FP clients before the consultation.

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

⁶ Applies only to the breastfeeding status indicator

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

Among female first-visit family planning clients whose consultations were observed, percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by province, Nepal HFS 2021

Components of consultation	Province							Total
	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
Client history								
Age	82.4	69.7	63.4	61.1	66.1	81.1	73.2	70.6
Any history of pregnancy	90.5	64.8	57.6	74.3	84.8	79.3	77.6	75.5
Current pregnancy status	63.5	53.4	34.4	66.1	83.8	77.3	59.0	62.1
Breastfeeding status (if ever pregnant) ¹	3.3	24.2	10.7	26.0	19.6	5.7	2.9	14.5
Desired timing for next child or desire for another child	27.8	24.3	26.0	61.5	33.1	39.7	49.5	34.9
Regularity of menstrual cycle	74.2	56.2	41.5	69.6	53.6	45.3	53.5	56.9
All elements of reproductive history ²	0.0	6.6	5.1	24.0	2.8	3.8	2.9	5.7
Client medical history								
Asked about smoking	2.2	0.6	2.0	26.3	1.1	0.0	6.3	4.4
Asked about symptoms of STIs	15.0	11.7	7.1	31.6	1.3	15.1	0.0	10.3
Asked about any chronic illnesses	39.5	25.4	15.2	38.9	14.0	22.6	5.8	22.7
All risk history ³	0.0	0.0	1.0	22.8	0.0	0.0	0.0	2.4
Client examination								
Measured blood pressure ⁴	74.2	56.4	93.2	92.1	68.2	86.8	57.8	71.9
Measured weight ⁵	62.8	31.7	37.8	90.1	60.2	41.4	49.3	51.8
Questions or concerns								
Asked if client had questions or concerns regarding current or past method used	41.8	67.3	17.1	53.5	44.1	60.5	53.5	48.7
Number of observed first-visit FP clients	39	54	31	25	48	16	33	245
Number of observed first-visit FP clients with prior pregnancy ⁶	38	54	29	25	48	16	33	242

¹ The denominator for this indicator is the number of first-visit family planning (FP) clients with a prior pregnancy. See also footnote 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 sexually transmitted infections (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 FP clients before the consultation.

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

⁶ Applies only to the breastfeeding status indicator

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

Among female first-visit family planning clients whose consultation was observed, percentages whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections, and to condoms, by facility type, Nepal HFS 2021

Components of consultation	Facility type			
	Federal/ provincial- level hospitals	Local-level hospitals/ PHCCs	Basic health care centers	Total
Discussion related to partner				
Partner's attitude toward FP	10.9	4.7	1.2	3.1
Privacy and confidentiality				
Visual privacy assured	81.0	73.2	78.4	78.4
Auditory privacy assured	74.4	66.9	58.0	61.7
Confidentiality assured	15.8	19.7	12.9	14.3
All three counseling conditions on privacy and confidentiality met ¹	15.8	14.1	12.8	13.6
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	0.0	2.2	4.1	3.2
Use of condoms as dual method ²	0.8	0.0	1.5	1.2
Any discussion related to STIs ³	11.5	11.7	11.6	11.5
Individual client cards				
Individual client card reviewed during consultation	59.7	73.6	62.1	63.2
Individual client card written on after consultation	94.6	91.5	82.8	85.4
Visual aids and return visit				
Visual aids were used during consultation	24.5	19.5	8.2	12.0
Return visit discussed	73.6	71.4	83.4	80.7
Concerns, side effects, and individual client cards				
Concerns about methods discussed ⁴	68.9	71.7	54.2	58.2
Side effects discussed ⁵	44.5	45.7	38.4	40.1
Number of observed first-visit FP clients	36	27	180	245

Note: The total includes results for clients from two private hospitals that are not shown separately.

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

⁴ Provider asked client about concerns with family planning (FP) method.

⁵ Method-specific side effects 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, by province

Among female first-visit family planning clients whose consultation was observed, percentages whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections, and to condoms, by province, Nepal HFS 2021

Components of consultation	Province							Total
	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
Discussion related to partner								
Partner's attitude toward FP	1.7	0.0	3.0	3.8	2.8	20.9	1.1	3.1
Privacy and confidentiality								
Visual privacy assured	82.9	71.5	80.5	85.7	76.9	71.6	82.7	78.4
Auditory privacy assured	60.0	44.8	55.2	73.7	66.9	58.3	82.7	61.7
Confidentiality assured	16.8	12.7	11.0	38.0	9.1	11.4	8.5	14.3
All three counseling conditions on privacy and confidentiality met ¹	16.8	12.7	5.2	38.0	9.1	11.4	8.5	13.6
Discussion related to STIs and condoms								
Use of condoms to prevent STIs	0.0	0.0	0.0	22.8	0.6	0.0	6.3	3.2
Use of condoms as dual method ²	0.0	0.0	0.0	1.2	0.0	0.0	8.0	1.2
Any discussion related to STIs ³	15.0	11.7	7.1	31.6	1.9	15.1	8.0	11.5
Individual client cards								
Individual client card reviewed during consultation	76.4	52.7	58.5	93.3	56.1	60.4	58.2	63.2
Individual client card written on after consultation	94.1	80.1	98.1	86.8	71.5	84.9	91.7	85.4
Visual aids and return visit								
Visual aids were used during consultation	3.4	9.6	5.1	31.1	12.9	7.4	19.4	12.0
Return visit discussed	85.3	75.6	79.3	77.2	82.3	62.0	93.9	80.7
Concerns, side effects, and individual client cards								
Concerns about methods discussed ⁵	55.6	71.6	27.4	68.4	57.6	68.0	56.9	58.2
Side effects discussed ⁶	44.1	42.0	19.2	61.7	41.6	26.3	40.2	40.1
Number of observed first-visit FP clients	39	54	31	25	48	16	33	245

Note: The total includes results for clients from two private hospitals that are not shown separately.

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

⁴ Provider asked client about concerns with family planning (FP) method.

⁵ Method-specific side effects discussed with client if client was provided or prescribed a method

Table 5.10.1 Components of counseling and discussions during consultations for all female family planning clients, by facility type

Among all female family planning clients whose consultations were observed, percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections and condoms, by facility type, Nepal HFS 2021

Components of consultation	Federal/ provincial- level hospitals	Local-level hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
					HPs	UHCs	CHUs	
Privacy and confidentiality								
Visual privacy assured	80.9	88.3	75.9	73.7	75.6	62.3	53.5	75.3
Auditory privacy assured	74.1	87.4	68.1	66.4	68.5	54.1	43.2	68.3
Confidentiality assured	15.5	25.8	13.7	12.4	13.2	8.5	2.1	13.5
All three counseling conditions on privacy and confidentiality met ¹	15.5	20.8	13.3	10.8	11.6	6.4	2.1	12.0
Discussion related to STIs and condoms								
Use of condoms to prevent STIs	0.0	0.0	1.9	1.2	1.3	1.0	0.0	1.1
Use of condoms as dual method ²	0.4	0.0	0.5	0.4	0.4	1.0	0.0	0.4
Any discussion related to STIs ³	1.2	0.0	1.9	1.3	1.3	2.0	0.0	1.3
Concerns, side effects, and individual client cards								
Concerns about methods discussed ⁴	66.9	75.8	61.6	50.7	50.9	46.3	55.1	54.3
Side effects discussed ⁵	45.4	42.4	43.7	36.2	36.2	35.0	38.8	38.0
Individual client card reviewed during consultation	59.7	70.2	76.5	66.3	66.6	66.1	60.5	66.7
Individual client card written on after consultation	90.4	94.5	93.3	82.9	82.7	87.6	75.8	84.9
Visual aids and return visit								
Visual aids were used during consultation	20.6	8.0	11.9	4.3	4.3	5.1	2.1	6.7
Return visit discussed	67.7	82.9	81.6	76.6	75.7	82.5	84.0	76.4
Number of observed female FP clients	81	38	65	660	580	56	25	848

Note: The total includes results for clients from three private hospitals that are not shown separately.

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 risk of STIs, using condoms to prevent STIs, or using condoms as dual method

⁴ Provider asked client about concerns with family planning (FP) method.

⁵ Method-specific side effects 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, by province

Among all female family planning clients whose consultations were observed, percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections and condoms, by province, Nepal HFS 2021

Components of consultation	Province							Total
	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
Privacy and confidentiality								
Visual privacy assured	76.9	71.8	64.7	90.9	83.8	66.6	70.8	75.3
Auditory privacy assured	72.5	59.7	54.7	86.5	77.8	57.8	69.5	68.3
Confidentiality assured	8.7	18.1	7.2	15.4	20.0	11.9	10.3	13.5
All three counseling conditions on privacy and confidentiality met ¹	8.5	18.1	1.9	15.0	20.0	8.1	6.1	12.0
Discussion related to STIs and condoms								
Use of condoms to prevent STIs	0.2	0.0	0.0	7.0	0.2	0.0	2.9	1.1
Use of condoms as dual method ²	0.0	0.0	0.0	0.4	0.0	0.0	2.9	0.4
Any discussion related to STIs ³	0.2	0.0	0.0	7.3	0.7	0.0	3.5	1.3
Concerns, side effects, and individual client cards								
Concerns about methods discussed ⁴	57.0	43.2	47.6	56.4	64.7	62.3	57.1	54.3
Side effects discussed ⁵	40.2	23.8	33.9	53.0	44.4	34.8	45.6	38.0
Individual client card reviewed during consultation	70.6	60.9	67.2	71.4	69.0	67.3	62.7	66.7
Individual client card written on after consultation	88.3	79.4	91.4	83.6	83.2	85.5	84.9	84.9
Visual aids and return visit								
Visual aids were used during consultation	5.4	4.3	2.4	14.5	5.8	9.4	11.8	6.7
Return visit discussed	69.0	78.1	78.2	74.1	80.3	73.6	80.8	76.4
Number of observed female FP clients	169	185	119	80	148	48	99	848

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 risk 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 effects discussed with client if client was provided or prescribed a method

Table 5.11.1 Feedback from family planning clients on service problems, by facility type

Among interviewed family planning clients, percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type, Nepal HFS 2021

Client service issues	Federal/provincial-level hospitals	Local-level hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
					HPs	UHCs	CHUs	
Waiting time to see provider	7.8	3.3	4.7	0.6	0.7	0.0	0.0	1.7
Number of days facility is open	0.4	0.0	0.5	0.6	0.5	1.0	2.1	0.5
Cleanliness of facility	2.1	0.0	0.6	0.6	0.5	1.1	0.0	0.7
Visual privacy	0.4	0.0	0.5	0.6	0.5	1.0	0.0	0.5
Number of interviewed family planning clients	82	38	65	660	580	56	25	849

Note: The total includes results for clients from two private hospitals that are not shown separately. Client service issues such as behavior/attitude of provider, explanation about method, ability to discuss problems, availability of medicines at facility, number of hours facility is open, and auditory privacy are not shown in table because of the small number of clients citing those issues.

Table 5.11.2 Feedback from family planning clients on service problems, by province

Among interviewed family planning clients, percentages who considered specific service issues to be major problems for them on the day of the visit, by province, Nepal HFS 2021

Client service issues	Province							Total
	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
Waiting time to see provider	3.5	0.6	1.3	0.8	1.1	1.9	2.9	1.7
Number of days facility is open	0.6	0.2	0.0	3.3	0.0	0.0	0.3	0.5
Cleanliness of facility	0.6	0.4	0.3	0.0	2.5	0.0	0.0	0.7
Visual privacy	0.3	0.4	0.0	0.0	2.1	0.0	0.0	0.5
Number of interviewed family planning clients	169	185	119	81	148	48	99	849

Note: Client service issues such as behavior/attitude of provider, explanation about method, ability to discuss problems, availability of medicines at facility, number of hours facility is open, and auditory privacy are not shown in table because of the small number of clients citing those issues.

Table 5.12 Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed, or were referred for the indicated method, percentages who knew the correct response to a question pertaining to the method, by background characteristics, Nepal HFS 2021

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	IUD ⁴	Implant ⁵
Facility type					
Federal/provincial-level hospitals	100.0	83.5	95.7	71.6	98.7
Local-level hospitals	88.7	100.0	97.5	68.6	100.0
Private hospitals	100.0	-	100.0	100.0	100.0
PHCCs	100.0	71.7	93.7	50.0	97.0
Basic health care centers	99.7	100.0	95.5	0.0	100.0
HPs	100.0	100.0	96.1	0.0	100.0
UHCs	100.0	100.0	91.7	-	100.0
CHUs	93.7	-	92.1	-	-
Managing authority					
Public	99.4	95.4	95.5	41.5	99.3
Private	100.0	-	100.0	100.0	100.0
Ecological region					
Mountain	100.0	100.0	96.0	46.8	100.0
Hill	100.0	91.8	96.6	72.7	98.8
Terai	99.2	95.9	94.7	27.8	100.0
Location					
Urban	99.2	98.0	94.7	42.3	99.0
Rural	100.0	77.7	96.7	50.0	100.0
Province					
Province 1	100.0	77.8	93.0	33.3	97.6
Madhesh	98.3	100.0	95.8	100.0	100.0
Bagmati	100.0	-	99.6	86.4	98.2
Gandaki	100.0	100.0	89.0	77.4	100.0
Lumbini	100.0	92.3	94.9	8.2	100.0
Karnali	100.0	-	98.1	67.4	100.0
Sudurpashchim	100.0	100.0	99.0	-	100.0
Total	99.4	95.4	95.5	42.6	99.3

Note: The denominator for each method is different and is not shown in this table. Figures for intrauterine contraceptive devices (IUDs) and male condoms should be interpreted cautiously due to the small number of cases. The questions asked for each of the methods are listed below.

¹ How often do you take the pill?

² How many times can you use one condom?

³ For how long does the injection provide protection from pregnancy?

⁴ What can you do to make sure that your IUD is in place?

⁵ For how long will your implant provide protection from pregnancy?

Table 5.13 Supportive management for providers of family planning services

Among interviewed family planning service providers, percentages who reported receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal HFS 2021

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				
Federal/provincial-level hospitals	15.0	55.7	7.7	277
Local-level hospitals	13.8	57.9	7.7	105
Private hospitals	4.6	46.9	3.5	478
PHCCs	12.1	62.3	7.5	220
Basic health care centers	9.0	71.0	6.5	3,170
HPs	9.3	71.9	6.7	2,762
UHCs	6.7	66.9	4.5	227
CHUs	6.8	61.7	5.1	181
Managing authority				
Public	9.7	69.0	6.6	3,772
Private	4.6	46.9	3.5	478
Ecological region				
Mountain	9.2	58.1	4.8	536
Hill	8.3	65.5	5.8	2,160
Terai	10.3	70.7	7.5	1,554
Location				
Urban	8.1	63.9	5.5	2,421
Rural	10.6	69.9	7.3	1,829
Province				
Province 1	11.9	64.7	8.1	697
Madhesh	8.7	72.3	6.9	700
Bagmati	4.5	55.8	2.5	949
Gandaki	7.3	71.8	4.8	485
Lumbini	9.8	72.0	8.0	637
Karnali	8.5	71.0	5.1	327
Sudurpashchim	16.8	66.0	10.6	455
Total	9.2	66.5	6.3	4,250

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, percentages who reported receiving in-service training on topics related to family planning during the specified time periods preceding the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of providers of FP services who reported receiving in-service training ¹ on:													Number of interviewed providers of family planning services	
	General counseling for FP		Non-scalpel vasectomy		Minilap tubal ligation		Insertion/removal of IUD		Insertion/removal of Implant		FP for HIV-positive clients		Postpartum family planning, including postpartum IUD		
	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															
Federal/provincial-level hospitals	9.2	43.5	0.4	2.9	2.1	10.4	4.1	34.4	6.5	33.6	2.3	14.3	4.7	22.9	277
Local-level hospitals	8.6	33.8	1.2	2.7	1.9	5.1	3.9	22.6	4.2	25.3	1.8	11.9	2.5	13.7	105
Private hospitals	3.1	20.9	0.1	6.3	0.1	8.4	2.2	15.2	1.7	12.1	0.6	6.2	0.7	11.4	478
PHCCs	7.6	37.7	0.3	1.8	0.6	3.1	3.7	19.6	4.8	21.8	1.1	7.8	2.2	13.2	220
Basic health care centers	6.2	34.2	0.3	1.3	0.3	1.7	2.4	10.6	2.6	14.9	1.5	6.2	2.6	10.0	3,170
HPs	6.3	35.8	0.4	1.5	0.4	1.9	2.6	11.2	2.9	16.2	1.6	6.5	2.7	10.6	2,762
UHCs	5.7	29.7	0.0	0.0	0.0	0.0	0.8	9.3	0.4	6.8	1.6	5.5	1.6	7.7	227
CHUs	4.7	15.1	0.0	0.2	0.0	0.2	0.7	3.2	1.3	4.3	0.7	1.9	0.8	3.1	181
Managing authority															
Public	6.6	35.0	0.4	1.5	0.5	2.5	2.6	13.2	3.1	17.0	1.5	7.0	2.7	11.2	3,772
Private	3.1	20.9	0.1	6.3	0.1	8.4	2.2	15.2	1.7	12.1	0.6	6.2	0.7	11.4	478
Ecological region															
Mountain	6.4	26.2	0.4	1.0	0.4	1.2	1.8	9.4	2.8	16.5	1.7	7.0	2.5	8.9	536
Hill	5.8	28.8	0.1	1.0	0.2	1.6	2.6	11.2	3.1	14.0	1.1	5.0	2.0	8.1	2,160
Terai	6.6	42.5	0.6	3.9	0.8	6.1	2.8	17.8	2.7	19.8	1.9	9.5	3.1	16.4	1,554
Location															
Urban	5.3	35.6	0.1	2.7	0.4	4.7	2.7	16.2	2.8	18.3	1.0	8.2	1.7	12.2	2,421
Rural	7.4	30.7	0.6	1.2	0.6	1.2	2.4	9.7	3.1	14.0	2.0	5.3	3.5	10.0	1,829
Province															
Province 1	8.9	33.3	0.1	1.9	0.4	2.7	3.1	14.3	2.1	15.0	0.2	4.0	3.1	11.5	697
Madhesh	6.2	41.7	0.7	3.8	1.0	6.4	3.1	14.1	2.7	14.5	2.2	8.3	3.0	15.5	700
Bagmati	1.9	25.8	0.1	1.9	0.1	2.7	1.0	12.4	2.0	15.3	0.8	6.6	1.4	10.0	949
Gandaki	5.4	30.7	0.0	0.9	0.0	1.3	2.9	10.2	3.7	11.1	2.1	6.2	2.4	7.1	485
Lumbini	6.0	36.7	0.8	2.8	1.1	4.2	3.2	17.6	2.3	21.5	1.6	7.7	2.9	13.8	637
Karnali	6.0	29.6	0.5	0.9	0.5	0.9	1.6	9.1	2.9	15.7	0.9	3.5	1.1	6.7	327
Sudurpashchim	11.8	38.2	0.1	1.0	0.4	2.1	3.6	13.7	6.5	22.8	3.1	12.1	3.5	10.9	455
Total	6.2	33.5	0.3	2.0	0.5	3.2	2.6	13.4	2.9	16.4	1.4	6.9	2.5	11.2	4,250

IUD = 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

- Almost all (98%) health facilities in Nepal offer antenatal care (ANC) services.
- Three quarters or more of facilities offering ANC have the basic equipment required to deliver quality services, with the exception of a tape to measure fundal height. A majority also have essential infection control items and supplies except for a needle cutter and a waste receptacle.
- Only around one quarter of facilities offering ANC had staff with recent training in ANC available on the day of the assessment, and relatively few had either ANC service (11%) or infection prevention (7%) guidelines.
- More than 6 in 10 ANC providers had received personal supervision in the 6 months preceding the survey.
- Almost all health facilities offering ANC (95%) had essential ANC medicines (iron and folic acid combined tablets and albendazole tablets) available.
- Testing capacity was much more limited, with only around 1 in 4 facilities offering ANC care able to conduct hemoglobin, urine protein, or urine glucose tests. Only 3% of facilities were able to conduct all three tests.
- In the great majority of the ANC consultations observed in the NHFS, the client's blood pressure (93%) and weight (89%) were assessed. Providers checked the fetal position and listened to the fetal heartbeat in around 7 in 10 consultations.
- Two-thirds of ANC clients were given or prescribed iron or folic acid, and around one-fifth received or were prescribed albendazole.
- Clients mentioned or providers asked and/or counseled about at least one of eight risk symptoms in 63% of the observed ANC consultations, most often severe abdominal pain. All eight risk symptoms were discussed in less than 1% of consultations.
- In general, facilities offering ANC lacked trained staff, diagnostics, and medicines needed for the provision of malaria services.
- Only 11% of hospitals and PHCCs offering ANC provided any prevention of mother-to-child transmission (PMTCT) of HIV services.

6.1 BACKGROUND

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 6.6** and **Figures 6.1 through 6.3**, 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 6.7 through 6.12.2** and **Figures 6.4 through 6.7**, examines findings from the ANC consultations observed during the survey.
- **Client opinion.** Section 6.5, including **Tables 6.13.1 through 6.14.2**, presents feedback from ANC clients who were interviewed in the survey.
- **Provider training and supervision.** Section 6.6, including **Tables 6.15 and 6.16** and **Figure 6.8** and **Figure 6.9**, considers in-service training and personal supervision of ANC providers.
- **Prevention of mother-to-child transmission (PMTCT) of HIV.** Section 6.7, including **Tables 6.17 through 6.19**, looks at the availability of PMTCT services in facilities that offer ANC services.
- **Malaria in pregnancy.** Section 6.8, including **Tables 6.20 through 6.22**, provides information on malaria services in facilities offering ANC services.

6.2 AVAILABILITY OF ANC SERVICES

Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality among women in Nepal. 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 the fetus can be monitored throughout pregnancy. An antenatal checkup in the first trimester is also advised as it allows early identification of complications and therefore better management of pregnancy. The Ministry of Health and Population's Aama Surakshya Program provides a cash payment of 400 rupees to women on completion of four ANC visits at months 4, 6, 8, and 9 of pregnancy and an institutional delivery.

As **Table 6.1** shows, 98% of health facilities in Nepal offer ANC services. With respect to the frequency with which ANC services are offered, 97% of facilities that offer ANC do so 5 or more days per week, an increase from 85% in 2015. Federal/provincial hospitals (79%) and local-level hospitals (86%) are less likely than other types of facilities to offer ANC 5 or more days per week.

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

Table 6.2 shows that 8 in 10 or more facilities offering ANC services had most of the basic equipment considered essential to provide quality care at the time of the 2021 NHFS visit, including a blood pressure apparatus, an adult or fetal stethoscope, and an adult weighing scale. Facilities were least likely to have a tape for measuring fundal height (55%).

Far fewer facilities offering ANC services had staff with ANC in-service training in the 24 months before the survey (28%) or ANC guidelines (11%) available. Both guidelines and staff with recent training on ANC were generally found more often at public hospitals and primary health care centers (PHCCs) than at private hospitals or basic health facilities. The proportion of facilities with ANC guidelines and, especially, staff trained for ANC also varied markedly by province. Facilities in Lumbini were most likely to have guidelines (16%) available on the day of the assessment, and facilities in Sudurpashchim were most likely to have trained staff (40%) (**Figure 6.1**).

Overall, only 3% of facilities had all of the items considered essential to provide quality antenatal care.

6.3.2 Infection Control

Table 6.3 presents information on the availability of essential infection control items at facilities offering ANC services at the time of the 2021 assessment visit. Looking at the specific items, facilities were least likely to have guidelines for infection prevention available (7%) and most likely to have soap and running water or else alcohol-based hand disinfectant (97%). The availability of many of the items varied markedly by province. For example, the percentage of facilities in which soap and water were available ranged from 41% in Madhesh to 74% in Bagmati.

Figure 6.2 shows that the availability of many infection control items improved

Figure 6.1 Availability of staff with recent training in ANC and ANC guidelines, by province

Percentage of facilities offering ANC services
(N = 1,538)

■ Trained staff ■ ANC guidelines

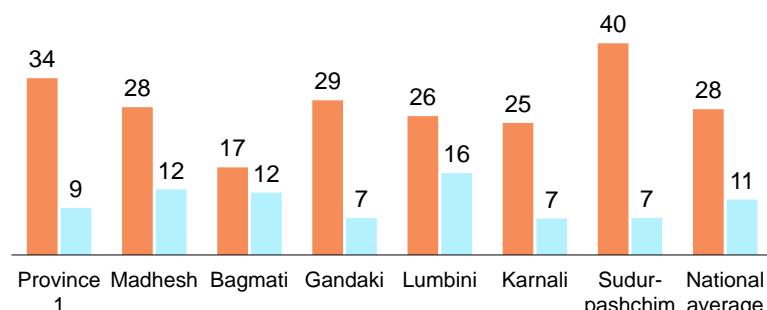
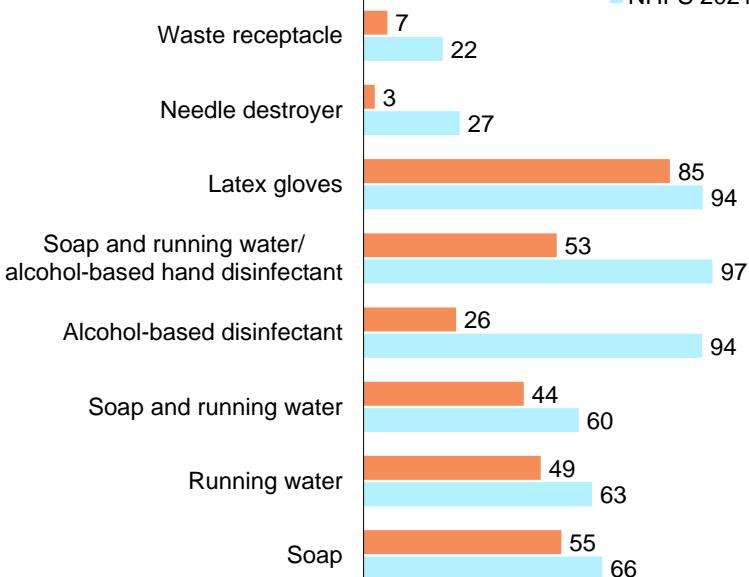


Figure 6.2 Availability of key infection control items

Percentage of facilities offering ANC services

■ NHFS 2015
■ NHFS 2021

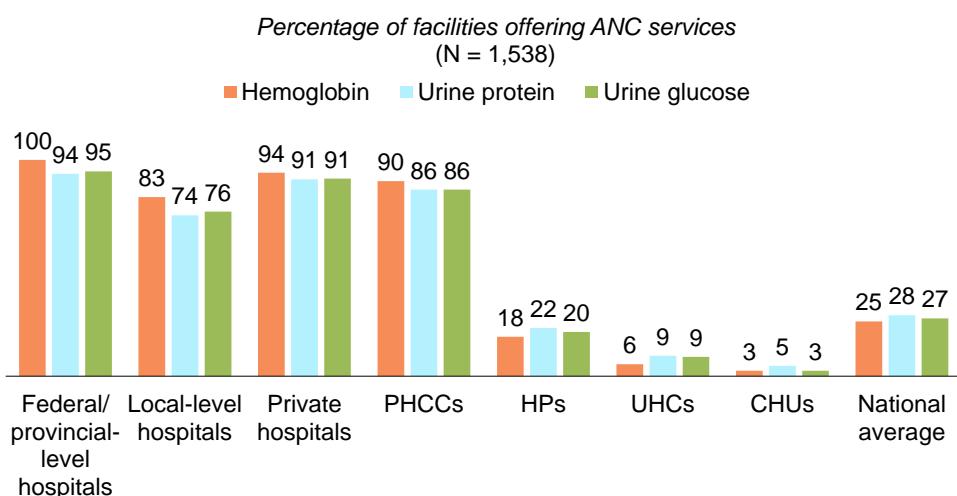


substantially between 2015 and 2021 at facilities offering ANC services. Overall, however, less than 1% of facilities offering ANC services in 2021 had all items essential for infection prevention.

6.3.3 Laboratory Tests

Laboratory testing capacity is limited at facilities offering ANC services in Nepal (**Table 6.4**). Only around one quarter of facilities offer hemoglobin, urine protein, or urine glucose testing; one-fifth offer syphilis testing; and 3% or less offer HIV or blood grouping and Rhesus factor testing. As expected, testing capacity is largely concentrated in hospitals and PHCCs. For example, three quarters or more of hospitals and PHCCs offering ANC services have the capacity to conduct hemoglobin, urine protein, or urine glucose testing, as compared with one-fifth or fewer of health posts (HPs), urban health centers (UHCs), or community health units (CHUs) (**Figure 6.3**). Overall, **Table 6.5** shows that 19% of hospitals and PHCCs have the capacity to conduct all three of these tests, compared with 1% of basic health centers (**Table 6.4**).

Figure 6.3 Testing capacity, by type of facility



6.3.4 Medicines

Overall, most health facilities (95%) offering ANC services had both the iron and folic acid combined tablets and albendazole tablets considered essential for routine ANC care available on the day of the NHFS team visit (**Table 6.6**). A majority also had chlorhexidine gel (59%), but only 29% had calcium tablets available.

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. Results from the observed ANC consultations are presented in this report 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.

6.4.1 Characteristics of ANC Clients

Table 6.7 describes the ANC clients whose visits were observed on the day of the assessment. Four in 10 women were making their first ANC visit. For 45% of women, it was their first pregnancy. Only 14% of women were in the first trimester of pregnancy, while 45% were in the last trimester.

6.4.2 Components of ANC Consultations

Client History and Routine Testing

Tables 6.8.1 and 6.8.2 and Figure 6.4 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.

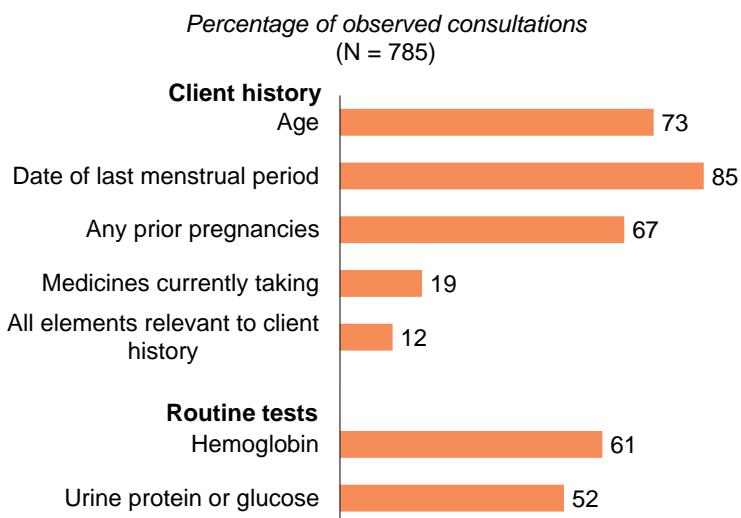
Determining the gestational age of the pregnancy during the first ANC visit is particularly important because it forms the basis for determining the timing of various components of care. Gestational age is calculated based on information on the date of the last menstrual period. On the day of the assessment, 85% 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 (73%) and whether they had been pregnant previously (67%). Only around 1 in 5 were asked about medicines currently being taken. Overall, providers obtained information about all four of the elements in only 12% of consultations with first-visit ANC clients.

Routine urine testing during pregnancy is important in detecting gestational hypertension and gestational diabetes. Hemoglobin testing is important in identifying women who are anemic. Around half of first-visit ANC consultations included urine testing, and hemoglobin tests were conducted in 61% of the consultations.

Half of first-visit clients who had been pregnant previously were asked questions about complications during a previous pregnancy. Previous spontaneous abortions, cesarean and assisted deliveries, and stillbirths were the most common complications discussed with ANC clients.

Figure 6.4 Client history assessed and routine tests for first-visit ANC clients

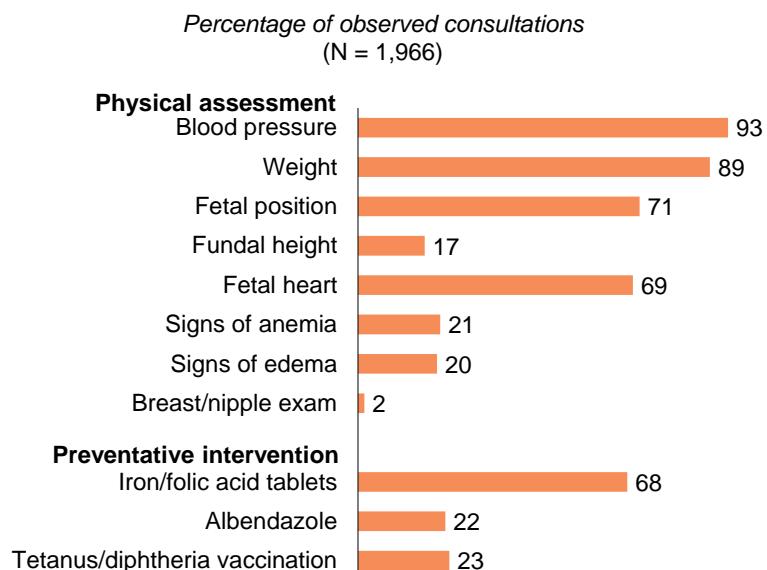


Physical Examinations and Preventive Interventions

Tables 6.9.1 and 6.9.2 present details on physical examinations and preventive interventions undertaken during both the first and the follow-up ANC consultations observed in the 2021 NHFS. In the great majority of consultations, the client's blood pressure (93%) and weight (89%) were assessed

(**Figure 6.5**). Providers checked the fetal position and listened to the fetal heartbeat in around 7 in 10 ANC consultations among clients who were at least 5 months pregnant. With respect to preventive interventions, providers gave or prescribed iron or folic acid to two-thirds of ANC clients.

Figure 6.5 Basic physical examinations and preventive interventions for all ANC clients

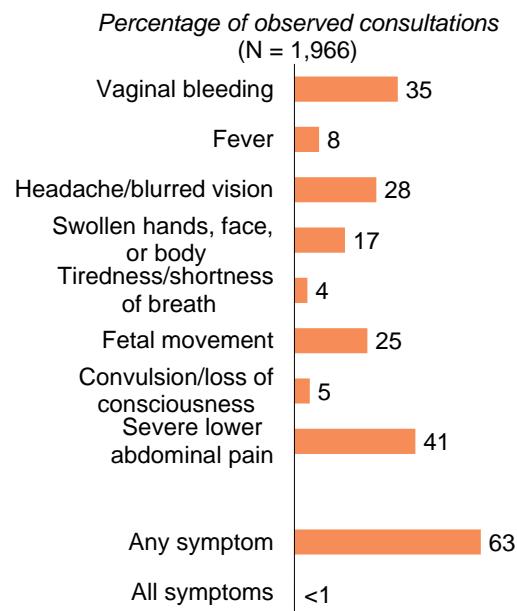


Assessment of and Counseling on Pregnancy Risks

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; convulsions or loss of consciousness; and severe lower abdominal pain.

Clients mentioned or health service providers asked and/or counseled about at least one of the risk symptoms in 63% of the ANC consultations observed during the NHFS (**Tables 6.10.1 and 6.10.2** and **Figure 6.6**). All eight risk symptoms were discussed in less than 1% of consultations. The most common risk symptoms discussed were severe lower abdominal pain, vaginal bleeding or spotting, headache or blurred vision, and fetal movement.

Figure 6.6 Discussion of risk symptoms with ANC clients

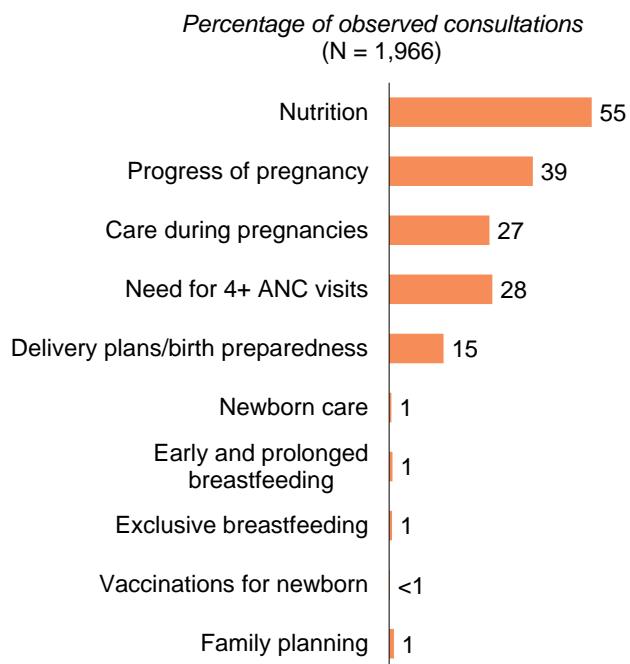


Tables 6.11.1 and 6.11.2 provide information on the percentages of ANC consultations in which the provider specifically counseled the client about the following six danger symptoms: vaginal bleeding or spotting; fever; headache or blurred vision; swollen hands, face, or body; tiredness or shortness of breath; and loss of or excessive fetal movement. Only 15% of the observed ANC consultations included counseling on any of these six symptoms. Counseling most often involved warnings about loss of or excessive fetal movement (7%).

Other ANC Counseling

Tables 6.12.1 and 6.12.2 and Figure 6.7 address other aspects of antenatal counseling. More than half of the observed ANC consultations included discussion of nutrition during pregnancy, and around 4 in 10 consultations included discussion of the progress of the client's pregnancy. The importance of at least four ANC visits and aspects of care during pregnancies were discussed in around 1 in 4 ANC consultations, and birth preparedness or delivery planning was discussed in 15% of the consultations. Very few consultations (1% or less) included discussion of newborn care, breastfeeding practices, infant vaccinations, or family planning.

Figure 6.7 Counseling on pregnancy and postdelivery issues with ANC clients



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 6.13.1 and 6.13.2 present information obtained from ANC clients about the content of discussions they had during their visit. Overall, only a minority of ANC clients (39%) 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 (40%) and lower abdominal pain (34%). A majority of clients reported being advised about actions to take if they experienced any danger signs (mainly to seek care at a facility). However, 27% 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, 37% of ANC clients reported that the provider discussed with them the planned delivery site, and 24% talked with the provider about supplies to prepare for delivery. Relatively few clients mentioned that they were counseled on the importance of exclusive breastfeeding (15%) or on postpartum family planning (7%).

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 6.14.1 and 6.14.2** show that 14% of ANC clients reported at least one major complaint. The most frequent complaint related to the waiting time at the facility to see the provider (6%). Complaints about waiting time were mentioned most often by clients receiving care at federal/provincial and private hospitals.

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.

Overall, **Table 6.15** shows that less than half of ANC providers had ever received in-service training related to ANC (47%) and only 12% reported receiving training related to ANC during the 24 months before the assessment. With regard to training topics, **Table 6.16** shows that providers most often reported that they had received in-service training on counseling for ANC clients (22%), complications of pregnancy and their management (22%), and ANC screening (20%). Providers were least likely to have had in-service training on case management of malaria in pregnancy (5%). Facilities in the Sudurpashchim province were more likely to have antenatal care staff who received in-service training on counseling for ANC than facilities in the other provinces (**Figure 6.8**).

Personal supervision also may help enhance and sustain health worker capacity, since it should identify a provider's strengths and weaknesses. With regard to supervision of ANC providers, 64% of providers reported receiving personal supervision during the 6 months before the assessment (**Table 6.15**). The percentage of staff reporting recent supervision varies by province, from 54% in Bagmati to over 70% in Karnali and Madhesh (**Figure 6.9**).

Finally, **Table 6.15** shows that only 9% of ANC providers reported both recent in-service training and routine supervision. Staff at public facilities were somewhat more likely to have received both recent supervision and training than staff at private hospitals.

Figure 6.8 Percentage of interviewed providers of antenatal care who reported receiving in-service training on counseling for antenatal care, by province

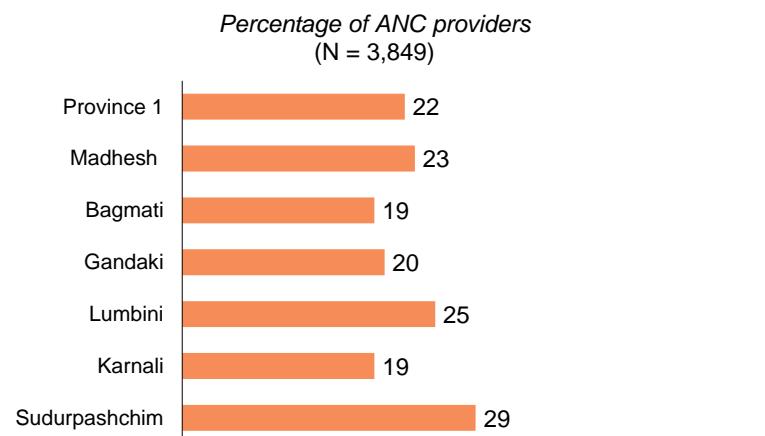
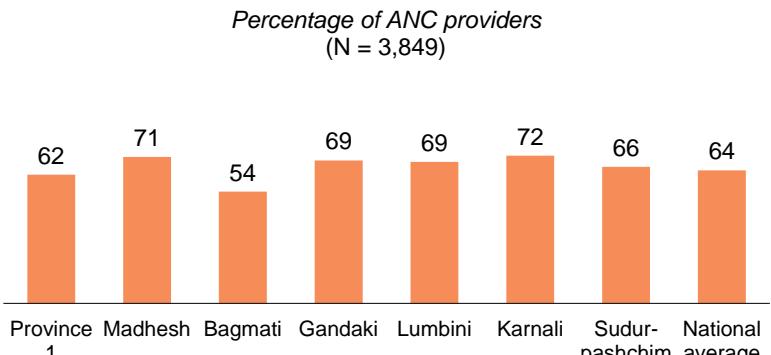


Figure 6.9 Personal supervision during the 6 months before the survey, by province



6.7 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Table 6.17 presents data regarding the availability of PMTCT services among facilities that offer ANC services. Overall, only 1% of facilities offering ANC services provide any PMTCT, mainly hospitals and a few PHCCs. Less than 1% of facilities offering ANC had Determine test kits available on the day of the survey.

Table 6.18 focuses on the availability of PMTCT services at hospitals and PHCCs. Overall, 11% of hospitals and PHCCs offering ANC services provide any PMTCT. Most of these facilities are

federal/provincial hospitals. Hospitals and PHCCs in Sudurpashchim (43%) are most likely to provide PMTCT.

Hospitals and PHCCs offering PMTCT services generally have available a full range of PMTCT service components, including HIV testing for pregnant women and newborns, antiretroviral (ARV) prophylaxis for infants, and nutrition and family planning counseling (**Table 6.18**). **Table 6.19** shows that a majority of the hospitals and PHCCs offering PMTCT services have the guidelines, equipment, diagnostic capacity, and medicines needed for quality PMTCT services. However, fewer than 4 in 10 facilities offering PMTCT have staff with recent PMTCT-relevant training. In addition, only 38% of facilities have the dried blood spot (DBS) filter paper necessary to obtain samples from infants for HIV testing.

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.

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. **Table 6.20** shows that only 6% of health facilities offering ANC had long-lasting insecticidal nets (LLINs) for distribution available on the day of the assessment. Moreover, the observations of ANC consultations showed that providers rarely provided clients with an LLIN or explained the importance of the use of LLINs with clients (**Tables 6.21.1** and **6.21.2**). Nepal focuses distribution of LLINs in moderate- or high-risk malaria areas, so the relatively low LLIN distribution rates nationally are not surprising. The availability of LLINs was greatest in facilities in Sudurpashchim (20%), where malaria rates are high (**Table 6.20**). The percentage of providers observed to give clients an LLIN or refer them elsewhere to obtain one was also much higher in Sudurpashchim (23% of first-visit and 14% of follow-up visit clients) than in other provinces (**Table 6.21.2**).

Table 6.20 also shows that most ANC facilities lack the capacity to test for or treat malaria. A rapid diagnostic test for malaria or malaria microscopy was available in only 36% of facilities that offer ANC. As for medications available on the day of the assessment, only 3% of facilities had the artemisinin combination therapy (ACT) considered most effective for treating active malaria.

Table 6.22 shows that most ANC facilities lack providers trained to test for or treat malaria. Only 2% of the ANC service providers interviewed in the NHFS had received recent training on how to perform a malaria rapid diagnostic test or on the treatment of malaria. Moreover, very few providers had ever had training on malaria testing (7%) and treatment (8%).

LIST OF TABLES

- **Table 6.1** Availability of antenatal care services
- **Table 6.2** Guidelines, trained staff, and basic equipment for antenatal care services
- **Table 6.3** Items for infection control during provision of antenatal care
- **Table 6.4** Testing capacity
- **Table 6.5** Testing capacity in hospitals and PHCCs
- **Table 6.6** Availability of medicines for routine antenatal care
- **Table 6.7** Characteristics of observed antenatal care clients
- **Table 6.8.1** General assessment and client history for observed first-visit antenatal care clients, by facility type
- **Table 6.8.2** General assessment and client history for observed first-visit antenatal care clients, by managing authority and province
- **Table 6.9.1** Basic physical examinations and preventive interventions for antenatal care clients, by facility type
- **Table 6.9.2** Basic physical examinations and preventive interventions for antenatal care clients, by managing authority and province
- **Table 6.10.1** Content of observed antenatal consultations related to risk symptoms, by facility type
- **Table 6.10.2** Content of observed antenatal consultations related to risk symptoms, by managing authority and province
- **Table 6.11.1** Counseling on risk symptoms during observed ANC consultations, by facility type
- **Table 6.11.2** Counseling on risk symptoms during observed ANC consultations, by managing authority and province
- **Table 6.12.1** Content of antenatal care counseling related to nutrition, breastfeeding, and family planning, by facility type
- **Table 6.12.2** Content of antenatal care counseling related to nutrition, breastfeeding, and family planning, by managing authority and province
- **Table 6.13.1** Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by facility type
- **Table 6.13.2** Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by managing authority and province
- **Table 6.14.1** Feedback from antenatal care clients, by facility type
- **Table 6.14.2** Feedback from antenatal care clients, by managing authority and province
- **Table 6.15** Supportive management for providers of antenatal care services
- **Table 6.16** Training for antenatal care service providers
- **Table 6.17** Availability of services for prevention of mother-to-child transmission of HIV in all facilities offering antenatal care services
- **Table 6.18** Availability of services for prevention of mother-to-child transmission of HIV in hospitals and PHCCs offering antenatal care services
- **Table 6.19** Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV
- **Table 6.20** Malaria services in facilities offering antenatal care services
- **Table 6.21.1** Malaria prevention interventions for antenatal care clients: Long-lasting insecticidal nets and intermittent preventive treatment during pregnancy, by facility type
- **Table 6.21.2** Malaria prevention interventions for antenatal care clients: Long-lasting insecticidal nets and intermittent preventive treatment during pregnancy, by managing authority and province
- **Table 6.22** Malaria training for antenatal care service providers

Table 6.1 Availability of antenatal care services

Among all facilities, percentages offering antenatal care (ANC) services and, among facilities offering ANC services, percentages offering the service on the indicated number of days per week, by background characteristics, Nepal HFS 2021

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						
Federal/provincial-level hospitals	98.9	27	18.2	2.2	78.5	27
Local-level hospitals	98.4	17	9.1	3.3	86.0	17
Private hospitals	90.0	116	2.1	0.0	97.9	105
PHCCs	100.0	51	2.7	0.0	94.0	51
Basic health care centers	99.0	1,352	1.7	0.5	97.0	1,339
HPs	99.8	1,064	1.9	0.6	97.0	1,061
UHCs	96.3	154	1.5	0.0	96.4	148
CHUs	96.1	135	0.4	0.4	97.7	129
Managing authority						
Public	99.0	1,448	2.2	0.6	96.4	1,434
Private	90.0	116	2.1	0.0	97.9	105
Ecological region						
Mountain	97.0	210	2.2	0.1	97.3	204
Hill	98.7	818	1.4	0.0	97.3	807
Terai	98.5	535	3.2	1.5	95.0	527
Location						
Urban	97.7	834	3.3	0.6	95.4	815
Rural	99.1	730	0.9	0.5	97.7	723
Province						
Province 1	98.6	262	2.5	0.1	95.7	259
Madhesh	99.3	246	2.0	1.6	96.3	245
Bagmati	98.4	321	1.8	0.2	97.3	316
Gandaki	96.8	198	1.4	0.0	97.7	192
Lumbini	98.1	239	3.4	1.6	94.6	235
Karnali	98.1	128	0.0	0.0	98.3	126
Sudurpashchim	98.9	169	3.2	0.0	96.3	167
Total	98.4	1,564	2.1	0.5	96.5	1,538

Note: Stand-alone HIV testing and counseling centers (HTCs) and two federal-level hospitals are excluded from this and other tables in this chapter. The following abbreviations are used in tables throughout the chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

¹ Some facilities offer ANC services less often than 1 day per week, so the total percentage may be less than 100%.

Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services

Among facilities offering antenatal care (ANC) services, percentages 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 HFS 2021

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 on ANC ²	Blood pressure apparatus ³	Stethoscope	Adult weighing scale	Fetal stethoscope	Measuring tape ⁴	
Facility type									
Federal/provincial-level hospitals	23.5	70.4	50.1	97.9	97.9	96.8	87.3	76.7	11.8
Local-level hospitals	11.5	82.3	56.6	98.4	98.4	100.0	96.7	86.3	6.5
Private hospitals	8.0	5.6	9.4	94.0	95.4	95.3	74.1	67.3	0.9
PHCCs	14.8	90.7	43.2	97.8	97.8	95.6	95.1	73.2	3.8
Basic health care centers	10.2	86.4	27.6	97.2	98.0	95.0	88.1	52.4	2.6
HPs	12.2	88.8	28.9	97.4	98.0	95.2	90.0	56.5	3.2
UHCs	3.1	77.5	24.0	96.0	98.4	94.4	78.8	40.0	0.4
CHUs	1.7	76.8	21.0	96.4	97.7	94.3	83.5	32.5	0.0
Managing authority									
Public	10.6	86.2	28.9	97.2	98.0	95.1	88.4	54.0	2.9
Private	8.0	5.6	9.4	94.0	95.4	95.3	74.1	67.3	0.9
Ecological region									
Mountain	14.0	80.3	30.0	96.0	96.0	93.3	90.6	49.2	2.3
Hill	8.6	81.3	25.4	98.1	99.1	97.3	89.2	58.1	3.0
Terai	11.9	80.0	29.8	95.8	96.6	92.4	83.5	52.1	2.6
Location									
Urban	9.7	76.0	24.6	95.7	96.8	95.3	84.0	51.1	1.7
Rural	11.3	86.1	30.9	98.5	99.1	95.0	91.3	59.2	3.9
Province									
Province 1	8.9	77.4	33.5	94.9	96.9	92.8	82.6	50.3	2.4
Madhesh	12.4	84.2	28.0	94.4	96.3	89.8	77.0	39.7	3.3
Bagmati	11.8	69.3	16.6	97.6	98.1	97.8	86.8	62.8	2.5
Gandaki	7.0	83.1	29.3	99.1	99.5	98.6	92.1	63.6	3.0
Lumbini	15.5	88.4	26.3	99.5	98.4	97.1	94.1	67.8	3.0
Karnali	6.9	83.7	25.0	95.7	96.5	91.6	90.2	37.9	1.6
Sudurpashchim	7.0	86.5	40.1	97.9	99.7	97.4	95.0	53.6	3.2
Total	10.5	80.7	27.6	97.0	97.9	95.1	87.5	54.9	2.7
									1,538

¹ Reproductive health clinical protocol for medical officers, staff nurses, and auxiliary nurse/midwives or other guidelines/protocols relevant to antenatal care, such as maternity guideline or *National Medical Standard 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 Includes guidelines on ANC, staff trained in ANC, blood pressure apparatus, stethoscope, adult weighing scale, fetal stethoscope, and measuring tape

Table 6.3 Items for infection control during provision of antenatal care

Among facilities offering antenatal care (ANC) services, 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 HFS 2021

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	Alcohol-based hand disinfectant	Latex gloves	Needle destroyer/needle cutter	Waste receptacle ²	Infection prevention and health care guideline ³	All infection prevention items ⁴	Medical masks (surgical or N95)	
Facility type												
Federal/provincial-level hospitals	86.2	88.3	86.2	98.9	100.0	97.9	52.4	33.1	20.2	6.4	85.2	27
Local-level hospitals	85.6	86.2	83.9	93.6	95.2	95.3	37.5	26.9	9.9	3.4	91.7	17
Private hospitals	85.6	86.4	84.9	97.1	99.4	96.3	37.5	23.7	15.2	3.6	83.7	105
PHCCs	69.9	73.8	68.9	95.1	98.4	92.3	24.0	16.4	8.2	1.1	83.1	51
Basic health care centers												
HPs	63.7	60.2	56.3	93.2	96.1	93.6	25.2	21.7	6.3	0.6	77.5	1,339
UHCs	65.0	62.0	58.3	93.9	96.5	93.6	27.2	22.5	7.5	0.6	76.8	1,061
CHUs	61.4	56.4	52.2	87.6	93.9	92.6	24.0	23.3	2.3	0.5	82.2	148
Total	55.4	49.9	44.5	93.5	95.8	94.8	10.1	13.6	0.8	0.0	77.9	129
Managing authority												
Public	64.6	61.6	57.6	93.3	96.3	93.7	25.8	21.8	6.7	0.7	78.0	1,434
Private	85.6	86.4	84.9	97.1	99.4	96.3	37.5	23.7	15.2	3.6	83.7	105
Ecological region												
Mountain	60.9	65.1	56.4	90.9	93.1	91.5	22.1	24.9	7.5	0.1	76.4	204
Hill	67.7	68.9	64.7	94.5	97.4	95.0	26.9	20.6	7.3	1.1	83.3	807
Terai	65.3	53.9	52.7	93.3	96.3	92.9	27.8	22.9	7.1	0.9	71.6	527
Location												
Urban	69.2	65.6	63.1	93.4	96.8	93.0	28.3	24.4	8.8	1.4	76.8	815
Rural	62.4	60.6	55.4	93.8	96.2	94.7	24.6	19.1	5.5	0.4	80.2	723
Province												
Province 1	56.8	60.3	54.8	86.3	90.3	83.4	15.7	19.9	7.5	0.3	73.6	259
Madhesh	60.4	41.4	40.7	92.4	96.0	95.1	24.7	16.5	4.2	0.1	68.0	245
Bagmati	77.2	78.4	74.1	96.5	97.8	96.9	41.0	31.7	7.3	2.2	84.5	316
Gandaki	72.5	75.6	71.7	90.5	98.2	96.0	35.8	17.8	6.7	0.7	85.2	192
Lumbini	63.8	58.8	56.5	97.1	98.9	95.4	27.5	19.3	8.2	0.5	79.4	235
Karnali	70.9	68.4	66.5	97.0	97.5	96.0	24.0	26.3	15.2	2.8	80.2	126
Sudurpashchim	59.1	59.4	51.5	97.2	98.2	96.1	8.9	19.8	4.2	0.0	78.8	167
Total	66.0	63.2	59.5	93.6	96.5	93.8	26.6	21.9	7.2	0.9	78.4	1,538

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

² Waste receptacle with plastic bin liner

³ Guidelines include infection prevention and health care waste management reference manual 2015 or 2020.

⁴ Includes soap and running water or alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, needle destroyer/cutter, and infection prevention and health care waste management reference manual 2015 or 2020

Table 6.4 Testing capacity

Among facilities offering antenatal care (ANC) services, percentages having the capacity to conduct the indicated tests at the facility, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering ANC that have the indicated tests								Number of facilities offering ANC services
	Hemo-globin ¹	Urine protein ²	Urine glucose ³	Blood grouping and Rhesus factor ⁴	Syphilis ⁵	HIV ⁶	Three basic tests ⁷	Determine test kit for HIV	
Facility type									
Federal/provincial-level hospitals	100.0	93.6	94.7	22.3	97.8	64.9	61.8	49.0	27
Local-level hospitals	82.8	74.4	76.1	7.3	79.5	9.8	9.8	61.5	17
Private hospitals	94.1	91.0	91.4	18.1	87.2	16.8	16.8	16.3	105
PHCCs	90.2	86.3	86.3	2.7	85.8	5.5	5.5	68.9	51
Basic health care centers	15.3	19.2	17.4	0.3	12.1	1.0	0.6	42.0	1,339
HPs	18.2	22.3	20.4	0.3	14.4	1.1	0.7	48.5	1,061
UHCs	5.5	9.4	8.9	0.3	4.4	0.6	0.0	19.0	148
CHUs	2.5	4.8	2.5	0.0	2.3	0.4	0.0	15.4	129
Managing authority									
Public	20.3	23.6	22.0	0.9	17.2	2.4	2.0	43.4	1,434
Private	94.1	91.0	91.4	18.1	87.2	16.8	16.8	16.3	105
Ecological region									
Mountain	20.1	21.0	20.6	0.4	15.4	1.6	1.6	27.1	204
Hill	26.0	30.1	29.0	2.2	22.0	3.2	3.1	43.6	807
Terai	26.4	28.0	25.6	2.4	24.4	4.5	3.4	43.9	527
Location									
Urban	28.7	32.1	30.0	3.8	25.7	5.8	5.5	36.2	815
Rural	21.5	23.9	23.0	0.0	17.7	0.8	0.2	47.5	723
Province									
Province 1	32.5	38.2	35.7	2.7	30.0	4.7	4.6	41.9	259
Madhesh	14.3	15.3	12.2	1.1	15.5	3.5	1.8	42.5	245
Bagmati	33.9	34.1	34.1	5.0	26.7	4.5	4.3	25.0	316
Gandaki	20.3	27.5	27.2	0.7	18.6	2.9	2.9	48.4	192
Lumbini	25.5	30.3	29.9	1.1	22.6	2.1	1.8	52.5	235
Karnali	14.5	13.9	12.2	0.9	11.7	0.7	0.7	31.6	126
Sudurpashchim	27.9	29.2	26.0	0.5	20.5	3.7	3.5	54.8	167
Total	25.3	28.2	26.7	2.0	21.9	3.4	3.0	41.5	1,538

Note: Some of the figures in this table should be interpreted cautiously due to the low number of cases.

¹ Capacity to conduct any hemoglobin test in the facility

² Dipsticks for urine protein

³ Dipsticks for urine glucose

⁴ Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides, all present

⁵ Rapid test for syphilis, Venereal Disease Research Laboratory test, polymerase chain reaction (PCR), or rapid plasma reagins (RPR)

⁶ Facility reports conducting HIV testing at the facility and that it had at least one unexpired Determine test, at least one unexpired Uni-Gold test, 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 (enzyme-linked immunosorbent assay) 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.

Table 6.5 Testing capacity in hospitals and PHCCs

Among hospitals and PHCCs offering antenatal care (ANC) services, percentages having the capacity to conduct the indicated tests at the facility, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering ANC that have the indicated tests								Number of hospitals and PHCCs 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	Determine test kit for HIV	
Facility type									
Federal/provincial-level hospitals	100.0	93.6	94.7	22.3	97.8	64.9	61.8	49.0	27
Local-level hospitals	82.8	74.4	76.1	7.3	79.5	9.8	9.8	61.5	17
Private hospitals	94.1	91.0	91.4	18.1	87.2	16.8	16.8	16.3	105
PHCCs	90.2	86.3	86.3	2.7	85.8	5.5	5.5	68.9	51
Managing authority									
Public	91.6	86.2	86.8	9.0	88.0	22.9	22.0	62.0	95
Private	94.1	91.0	91.4	18.1	87.2	16.8	16.8	16.3	105
Ecological region									
Mountain	96.2	94.4	92.5	5.6	92.5	9.4	9.4	29.8	15
Hill	94.6	91.3	92.1	14.4	88.7	21.5	21.5	35.1	100
Terai	90.3	84.7	85.2	14.6	85.4	19.2	18.3	43.0	84
Location									
Urban	95.1	90.0	91.2	16.8	89.5	23.5	23.0	31.7	162
Rural	83.1	83.1	80.8	0.8	79.3	3.0	3.0	65.8	37
Province									
Province 1	96.1	88.4	90.6	19.1	87.3	25.7	24.9	32.0	34
Madhesh	87.1	81.7	82.4	9.9	83.9	17.8	16.8	48.7	26
Bagmati	99.1	97.4	98.7	19.4	91.4	20.7	20.7	27.2	65
Gandaki	80.8	85.2	82.7	6.0	78.3	13.5	13.5	37.1	23
Lumbini	85.3	77.7	78.1	8.9	83.3	14.9	14.9	50.6	29
Karnali	97.4	87.2	87.2	10.2	97.4	7.7	7.7	46.4	11
Sudurpashchim	100.0	92.8	90.4	7.2	95.2	35.8	33.4	54.6	12
Total	92.9	88.7	89.2	13.8	87.6	19.7	19.2	38.0	200

¹ Capacity to conduct any hemoglobin test in the facility

² Dipsticks for urine protein

³ Dipsticks for urine glucose

⁴ Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides, all present

⁵ Rapid test for syphilis, Venereal Disease Research Laboratory test, polymerase chain reaction (PCR), or rapid plasma reagin (RPR)

⁶ Facility reports conducting HIV testing at the facility and that it had at least one unexpired Determine test, at least one unexpired Uni-Gold test, 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 (enzyme-linked immunosorbent assay) 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.

Table 6.6 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 HFS 2021

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	Chlorhexidine gel	Calcium	Albendazole tablets	Iron and folic acid combined tablets and albendazole tablets	
Facility type							
Federal/provincial-level hospitals	81.8	94.7	35.2	29.8	98.9	94.7	27
Local-level hospitals	63.3	100.0	57.6	24.2	98.4	98.4	17
Private hospitals	63.1	66.5	17.8	36.1	73.9	64.4	105
PHCCs	59.0	98.4	84.7	33.3	100.0	98.4	51
Basic health care centers	26.4	97.8	61.9	28.8	99.5	97.4	1,339
HPs	27.5	98.3	68.8	28.6	99.5	97.7	1,061
UHCs	26.5	95.5	26.0	28.8	99.4	95.5	148
CHUs	16.8	96.8	45.9	29.8	100.0	96.8	129
Managing authority							
Public	29.0	97.8	62.1	28.9	99.5	97.4	1,434
Private	63.1	66.5	17.8	36.1	73.9	64.4	105
Ecological region							
Mountain	28.7	99.0	67.1	40.6	100.0	99.0	204
Hill	28.4	96.3	70.0	32.9	98.0	95.8	807
Terai	36.7	93.5	39.3	19.6	96.6	92.7	527
Location							
Urban	35.8	93.1	47.8	26.5	96.1	92.3	815
Rural	26.3	98.6	71.9	32.6	99.7	98.4	723
Province							
Province 1	45.3	93.9	63.7	30.2	97.9	93.9	259
Madhesh	33.1	94.3	39.7	15.4	96.7	92.7	245
Bagmati	41.6	94.4	53.8	35.4	95.7	93.6	316
Gandaki	29.6	96.2	64.5	25.9	98.4	96.2	192
Lumbini	22.8	97.3	59.4	33.1	99.3	97.3	235
Karnali	15.6	96.9	72.7	10.4	98.4	95.5	126
Sudurpashchim	13.5	99.0	73.9	50.3	99.7	99.0	167
Total	31.3	95.7	59.1	29.4	97.8	95.2	1,538

Note: Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 6.20.

Table 6.7 Characteristics of observed antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, percentages making a first or a follow-up ANC visit, percentages for whom this was their first pregnancy, and the percent distribution by estimated gestational status, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of ANC clients making:		Percentage of ANC clients for whom this was first pregnancy	Gestational age			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)	
Facility type							
Federal/provincial-level hospitals	51.1	48.9	47.5	13.1	46.7	40.2	100.0
Local-level hospitals	46.3	53.7	47.6	16.2	42.9	40.9	100.0
Private hospitals	33.7	66.3	45.3	17.3	28.6	54.1	100.0
PHCCs	39.8	60.2	44.7	18.3	42.3	39.4	100.0
Basic health care centers	37.6	62.4	42.4	12.6	43.0	44.4	100.0
HPs	37.5	62.5	42.1	12.3	42.8	44.9	100.0
UHCs	44.3	55.7	39.3	18.5	46.9	34.6	100.0
CHUs	27.0	73.0	57.4	10.2	42.4	47.4	100.0
Managing authority							
Public	41.7	58.3	44.3	13.6	43.8	42.6	100.0
Private	33.7	66.3	45.3	17.3	28.6	54.1	100.0
Ecological region							
Mountain	35.3	64.7	37.4	7.5	55.6	36.9	100.0
Hill	33.4	66.6	48.2	12.3	36.7	51.0	100.0
Terai	45.2	54.8	42.5	16.7	41.5	41.9	100.0
Location							
Urban	39.2	60.8	45.1	14.4	38.1	47.4	100.0
Rural	42.5	57.5	42.5	14.3	48.4	37.3	100.0
Province							
Province 1	36.9	63.1	45.9	19.2	25.6	55.2	100.0
Madhesh	45.8	54.2	36.0	15.8	41.6	42.6	100.0
Bagmati	26.1	73.9	46.9	14.5	32.5	53.0	100.0
Gandaki	52.1	47.9	43.9	15.1	53.3	31.6	100.0
Lumbini	48.6	51.4	47.6	14.8	49.5	35.7	100.0
Karnali	35.7	64.3	48.3	7.2	44.1	48.7	100.0
Sudurpashchim	37.9	62.1	47.4	8.4	46.6	45.1	100.0
Total	39.9	60.1	44.5	14.4	40.4	45.2	100.0
							1,966

Table 6.8.1 General assessment and client history for observed first-visit antenatal care clients, by facility type

Among all first-visit antenatal care (ANC) clients whose consultations were observed, percentages 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, percentages whose consultation included the indicated client history items related to the prior pregnancy, by facility type, Nepal HFS 2021

Components of consultation	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
						HPs	UHCs	CHUs	
Client history									
Client's age	70.6	80.4	62.0	74.2	78.9	77.6	91.4	88.8	73.4
Date of last menstrual period	81.9	89.4	75.8	83.4	90.9	90.5	100.0	74.8	85.1
Any prior pregnancy ¹	67.9	60.4	67.1	67.1	66.2	65.7	78.2	46.3	66.5
Medicines client is currently taking	23.1	15.3	26.8	18.0	14.4	14.1	23.3	0.0	19.2
All elements relevant to client history ²	14.6	12.5	15.4	12.7	9.5	9.0	18.9	0.0	12.3
Gravida (primigravida or multigravida)	76.0	75.4	61.8	74.1	76.5	76.1	85.0	64.7	73.3
Routine tests³									
Urine protein or glucose test	73.2	49.7	68.2	52.5	33.7	33.5	37.6	27.7	52.4
Hemoglobin test	81.9	53.1	71.6	58.1	46.8	46.4	50.6	52.9	61.4
Ultrasound	84.8	59.3	90.7	54.0	44.8	45.1	51.3	16.4	65.0
Number of first-visit ANC clients	190	50	150	61	333	301	24	8	785
Prior pregnancy-related complications									
Stillbirth	20.0	16.5	15.7	12.4	20.2	21.0	18.6	0.0	18.5
Death of infant during first week after birth	6.1	9.1	6.0	3.5	6.8	7.3	4.6	0.0	6.4
Heavy bleeding during labor or postpartum	2.9	5.8	8.1	1.2	1.9	2.1	0.0	0.0	3.4
Assisted delivery	9.5	14.0	14.6	5.9	12.2	13.0	2.1	17.7	11.6
Cesarean delivery	18.4	5.7	22.7	11.3	4.4	3.0	11.7	27.3	11.6
Previous spontaneous abortion	27.3	28.9	25.7	16.7	23.6	24.5	18.1	8.0	24.6
Previous induced abortion	9.0	8.2	9.8	6.9	0.0	0.0	0.0	0.0	4.9
Multiple pregnancies	5.9	5.8	3.3	1.1	0.0	0.0	0.0	0.0	2.4
Prolonged labor	4.5	2.0	0.7	0.0	0.6	0.0	6.8	0.0	1.5
Pregnancy-induced hypertension	0.0	0.0	5.8	0.0	0.0	0.0	0.0	0.0	1.1
Pregnancy-related convulsions	0.0	0.0	2.7	0.0	0.0	0.0	0.0	0.0	0.5
Any aspect of complications during a prior pregnancy	52.7	51.7	55.5	37.8	48.9	50.7	34.4	35.2	50.3
Number of first-visit ANC clients with prior pregnancy	96	21	79	33	191	170	16	5	420

¹ This includes any questions that would indicate whether the client has had a prior pregnancy, such as date when last menstruation started.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

³ 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 6.8.2 General assessment and client history for observed first-visit antenatal care clients, by managing authority and province

Among all first-visit antenatal care (ANC) clients whose consultations were observed, percentages 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, percentages whose consultation included the indicated client history items related to the prior pregnancy, by managing authority and province, Nepal HFS 2021

Components of consultation	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Client history											
Client's age	76.1	62.0	69.7	70.8	75.9	77.8	73.0	74.7	77.5	73.4	
Date of last menstrual period	87.4	75.8	78.2	84.8	82.9	89.5	84.2	92.8	92.5	85.1	
Any prior pregnancy ¹	66.3	67.1	61.5	69.2	76.8	53.3	59.5	66.4	77.6	66.5	
Medicines client is currently taking	17.4	26.8	20.4	28.0	28.0	12.9	10.6	3.5	17.6	19.2	
All elements relevant to client history ²	11.6	15.4	12.6	17.2	20.6	5.5	6.5	3.5	12.3	12.3	
Gravida (primigravida or multigravida)	76.0	61.8	69.8	82.0	58.8	75.4	64.8	83.5	86.3	73.3	
Routine tests³											
Urine protein or glucose test	48.6	68.2	52.6	46.4	63.1	50.0	43.6	44.2	73.9	52.4	
Hemoglobin test	58.9	71.6	67.7	55.1	68.4	62.8	53.1	56.2	75.9	61.4	
Ultrasound	58.8	90.7	64.3	54.1	80.9	69.5	61.5	60.7	76.0	65.0	
Number of first-visit ANC clients	634	150	111	192	101	60	187	36	97	785	
Prior pregnancy-related complications											
Stillbirth	19.2	15.7	19.2	16.1	15.5	5.0	15.5	25.3	38.4	18.5	
Death of infant during first week after birth	6.4	6.0	3.5	6.0	7.3	5.0	10.9	0.0	3.8	6.4	
Heavy bleeding during labor or postpartum	2.4	8.1	3.5	0.3	11.4	0.0	5.2	0.0	2.1	3.4	
Assisted delivery	10.9	14.6	16.8	13.4	10.5	0.0	7.1	2.4	21.2	11.6	
Cesarean delivery	9.1	22.7	16.2	7.1	19.6	14.9	5.2	24.6	14.7	11.6	
Previous spontaneous abortion	24.3	25.7	25.2	15.0	27.6	17.5	20.9	32.6	51.2	24.6	
Previous induced abortion	3.7	9.8	1.4	5.1	2.7	6.2	2.7	0.0	14.4	4.9	
Multiple pregnancies	2.1	3.3	4.0	1.1	2.0	1.2	0.0	4.2	8.3	2.4	
Prolonged labor	1.7	0.7	0.8	1.2	5.0	1.7	0.0	0.0	2.6	1.5	
Pregnancy-induced hypertension	0.0	5.8	0.0	3.4	0.0	0.0	0.5	0.0	0.0	1.1	
Pregnancy-related convulsions	0.0	2.7	0.0	1.4	0.0	0.0	0.5	0.0	0.0	0.5	
Any aspect of complications during a prior pregnancy	49.1	55.5	62.5	44.8	61.6	33.5	39.4	72.1	62.3	50.3	
Number of first-visit ANC clients with prior pregnancy	342	79	55	119	54	33	93	14	52	420	

¹ This includes any questions that would indicate whether the client has had a prior pregnancy, such as date when last menstruation started.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

³ 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 6.9.1 Basic physical examinations and preventive interventions for antenatal care clients, by facility type

Among antenatal care (ANC) clients whose consultations were observed, percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by facility type, Nepal HFS 2021

Components of consultation	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
	FIRST-VISIT ANC CLIENTS					HPs	UHCs	CHUs	
Basic physical examination									
Measured blood pressure	93.5	91.4	96.8	94.9	91.0	90.5	96.2	92.1	93.0
Weighed client	89.1	92.0	93.6	89.4	82.1	80.8	95.8	87.9	87.2
Checked fetal position (at least 8 months pregnant)	57.9	50.6	54.3	38.8	79.4	77.6	100.0	100.0	60.7
Checked uterine/fundal height ¹	17.8	13.1	22.9	11.4	7.8	8.2	5.4	0.0	13.7
Listened to fetal heart (at least 5 months pregnant) ²	43.1	62.2	53.8	78.3	75.9	75.4	83.4	100.0	59.9
Examined conjunctiva/palms for anemia	19.1	9.5	19.4	19.9	18.9	18.6	25.3	11.2	18.5
Examined legs/feet/hands for edema	10.7	11.9	22.8	12.4	16.8	16.8	15.0	22.5	15.8
Examined the client's nipples and breasts	3.4	3.1	0.6	2.6	0.1	0.0	1.4	0.0	1.4
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	73.4	74.4	57.3	74.7	85.4	85.4	88.8	72.5	75.6
Provider explained purpose of iron or folic acid tablets	18.2	43.2	19.6	29.0	30.4	30.0	35.0	30.4	26.1
Provider explained how to take tablets	29.6	50.2	12.2	52.5	52.5	51.7	63.6	50.2	39.1
Provider gave or prescribed tetanus/diphtheria vaccine	47.0	40.9	12.9	40.3	41.6	41.0	50.1	38.9	37.3
Provider explained purpose of tetanus/diphtheria vaccine	10.9	22.8	14.8	18.7	26.3	26.8	19.8	27.5	19.6
Provider gave or prescribed albendazole	39.2	43.1	15.8	43.1	65.9	66.5	57.9	67.5	46.6
Provider explained purpose of albendazole	8.6	27.9	1.7	12.2	15.9	14.5	27.1	33.6	11.9
Number of ANC clients	190	50	150	61	333	301	24	8	785
FOLLOW-UP VISIT ANC CLIENTS									
Basic physical examination									
Measured blood pressure	93.4	95.0	97.3	94.4	90.8	90.1	98.9	97.0	93.3
Weighed client	89.2	97.3	95.9	88.9	85.5	84.4	95.4	97.0	89.5
Checked fetal position (at least 8 months pregnant)	60.4	77.5	73.8	68.4	77.0	77.4	58.0	91.7	72.8
Checked uterine/fundal height ¹	20.3	25.9	29.9	23.2	10.8	10.6	9.7	18.4	18.8
Listened to fetal heart (at least 5 months pregnant) ²	53.2	75.3	80.6	69.6	72.1	72.0	68.6	81.2	71.3
Examined conjunctiva/palms for anemia	15.2	13.9	22.0	19.3	25.9	26.4	21.7	19.6	22.2
Examined legs/feet/hands for edema	16.3	20.7	32.2	19.4	20.4	19.7	31.1	23.0	22.7
Examined the client's nipples and breasts	1.3	4.9	1.0	2.3	1.8	1.6	4.4	3.0	1.7
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	68.3	73.5	40.7	66.6	70.7	72.3	50.1	61.6	62.6
Provider explained purpose of iron or folic acid tablets	12.9	11.9	7.9	20.8	21.2	20.9	25.6	21.1	16.1
Provider explained how to take tablets	10.8	18.0	6.0	26.1	19.0	19.1	16.5	18.9	15.0
Provider gave or prescribed tetanus/diphtheria vaccine	16.1	17.0	13.3	12.2	12.3	13.1	2.2	7.3	13.4
Provider explained purpose of tetanus/diphtheria vaccine	5.1	14.3	5.8	6.6	6.2	5.9	11.7	5.2	6.4
Provider gave or prescribed albendazole	4.6	5.7	2.8	10.1	7.1	7.1	7.9	7.3	5.8
Provider explained purpose of albendazole	1.0	7.6	0.0	3.7	3.6	3.7	3.5	3.0	2.5
Number of ANC clients	183	58	296	92	553	501	30	21	1,181

Continued...

Table 6.9.1—Continued

Components of consultation	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total						
						HPs	UHCs	CHUs							
ALL OBSERVED ANC CLIENTS															
Basic physical examination															
Measured blood pressure	93.4	93.3	97.1	94.6	90.9	90.2	97.7	95.7	93.2						
Weighed client	89.2	94.9	95.1	89.1	84.2	83.0	95.6	94.6	88.6						
Checked fetal position (at least 8 months pregnant)	59.8	72.3	70.0	66.0	77.2	77.4	63.3	92.2	70.9						
Checked uterine/fundal height ¹	19.0	20.0	27.6	18.5	9.7	9.7	7.8	13.4	16.8						
Listened to fetal heart (at least 5 months pregnant) ²	50.0	73.0	75.4	70.5	72.7	72.5	70.6	81.7	69.2						
Examined conjunctiva/palms for anemia	17.2	11.9	21.1	19.6	23.3	23.5	23.3	17.4	20.7						
Examined legs/feet/hands for edema	13.4	16.6	29.1	16.6	19.1	18.6	24.0	22.9	19.9						
Examined the client's nipples and breasts	2.3	4.1	0.9	2.4	1.2	1.0	3.1	2.2	1.6						
Preventive interventions															
Provider gave or prescribed iron or folic acid tablets	70.9	73.9	46.3	69.8	76.2	77.2	67.3	64.5	67.8						
Provider explained purpose of iron or folic acid tablets	15.6	26.4	11.9	24.1	24.7	24.4	29.8	23.6	20.1						
Provider explained how to take tablets	20.4	33.0	8.1	36.6	31.6	31.4	37.4	27.4	24.6						
Provider gave or prescribed tetanus/diphtheria vaccine	31.9	28.1	13.2	23.4	23.3	23.6	23.4	15.8	22.9						
Provider explained purpose of tetanus/diphtheria vaccine	8.1	18.3	8.8	11.4	13.8	13.8	15.3	11.2	11.6						
Provider gave or prescribed albendazole	22.3	23.0	7.2	23.2	29.2	29.4	30.0	23.6	22.1						
Provider explained purpose of albendazole	4.9	17.0	0.6	7.1	8.2	7.7	14.0	11.2	6.3						
Number of ANC clients	373	107	447	153	886	802	55	29	1,966						

¹ By palpating the client's abdomen, using an ultrasound device to assess the gestational age of the fetus, or using a tape measure to measure fundal height² Either with a fetal stethoscope or by using an ultrasound device

Table 6.9.2 Basic physical examinations and preventive interventions for antenatal care clients, by managing authority and province

Among antenatal care (ANC) clients whose consultations were observed, percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by managing authority and province, Nepal HFS 2021

Components of consultation	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
FIRST-VISIT ANC CLIENTS											
Basic physical examination											
Measured blood pressure	92.1	96.8	90.4	94.4	96.5	99.4	91.9	96.7	86.3	93.0	
Weighed client	85.7	93.6	89.9	77.6	96.5	93.4	87.7	94.2	86.1	87.2	
Checked fetal position (at least 8 months pregnant)	64.8	54.3	45.4	66.1	80.1	100.0	50.3	81.6	47.7	60.7	
Checked uterine/fundal height ¹	11.6	22.9	9.3	11.7	30.3	15.3	12.0	18.0	6.4	13.7	
Listened to fetal heart (at least 5 months pregnant) ²	62.0	53.8	53.3	68.2	71.4	49.7	66.6	62.0	25.2	59.9	
Examined conjunctiva/palms for anemia	18.3	19.4	23.5	21.6	16.5	21.8	12.5	21.6	17.2	18.5	
Examined legs/feet/hands for edema	14.2	22.8	13.9	15.2	23.2	17.4	14.6	32.2	7.0	15.8	
Examined the client's nipples and breasts	1.6	0.6	0.9	0.4	0.7	4.3	1.4	5.1	1.3	1.4	
Preventive interventions											
Provider gave or prescribed iron or folic acid tablets	79.9	57.3	65.9	73.7	81.5	66.3	75.6	76.3	89.5	75.6	
Provider explained purpose of iron or folic acid tablets	27.6	19.6	24.5	21.7	29.9	12.7	26.3	17.6	43.4	26.1	
Provider explained how to take tablets	45.5	12.2	35.7	35.3	29.6	36.7	41.3	44.4	55.4	39.1	
Provider gave or prescribed tetanus/diphtheria vaccine	43.0	12.9	28.6	24.4	33.3	45.2	41.4	39.9	62.9	37.3	
Provider explained purpose of tetanus/diphtheria vaccine	20.7	14.8	24.6	20.2	19.8	12.0	20.7	5.9	19.9	19.6	
Provider gave or prescribed albendazole	53.9	15.8	33.3	41.9	34.7	45.9	51.3	57.2	71.1	46.6	
Provider explained purpose of albendazole	14.3	1.7	6.7	7.2	6.1	7.3	19.5	12.0	21.3	11.9	
Number of ANC clients	634	150	111	192	101	60	187	36	97	785	
FOLLOW-UP VISIT ANC CLIENTS											
Basic physical examination											
Measured blood pressure	92.0	97.3	91.8	91.0	95.3	98.4	93.3	99.5	90.7	93.3	
Weighed client	87.4	95.9	93.8	76.9	97.8	92.2	89.3	99.5	82.7	89.5	
Checked fetal position (at least 8 months pregnant)	72.4	73.8	70.1	63.0	84.4	80.9	77.0	79.7	53.5	72.8	
Checked uterine/fundal height ¹	15.1	29.9	13.6	4.8	35.2	19.6	18.3	19.4	15.3	18.8	
Listened to fetal heart (at least 5 months pregnant) ²	68.3	80.6	72.8	52.5	81.6	77.6	79.2	74.5	64.3	71.3	
Examined conjunctiva/palms for anemia	22.2	22.0	25.0	25.2	17.2	21.5	19.8	18.4	28.2	22.2	
Examined legs/feet/hands for edema	19.5	32.2	28.1	9.3	30.3	25.3	21.2	22.2	22.8	22.7	
Examined the client's nipples and breasts	2.0	1.0	1.8	0.2	0.4	3.0	2.4	0.0	5.5	1.7	
Preventive interventions											
Provider gave or prescribed iron or folic acid tablets	70.0	40.7	48.3	62.8	50.8	60.3	73.8	75.7	82.3	62.6	
Provider explained purpose of iron or folic acid tablets	18.8	7.9	16.4	14.9	10.0	24.4	10.7	9.1	35.2	16.1	
Provider explained how to take tablets	18.0	6.0	19.4	14.3	13.1	18.7	10.9	18.0	16.5	15.0	
Provider gave or prescribed tetanus/diphtheria vaccine	13.4	13.3	10.9	17.2	15.6	12.4	11.8	18.8	6.6	13.4	
Provider explained purpose of tetanus/diphtheria vaccine	6.6	5.8	7.0	10.2	5.4	2.7	5.2	13.6	1.5	6.4	
Provider gave or prescribed albendazole	6.8	2.8	8.2	8.7	5.3	2.7	2.8	8.3	3.6	5.8	
Provider explained purpose of albendazole	3.4	0.0	0.8	5.4	0.6	2.0	1.8	1.0	5.6	2.5	
Number of ANC clients	885	296	189	228	288	55	197	65	159	1,181	

Continued...

Table 6.9.2—Continued

Components of consultation	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
ALL OBSERVED ANC CLIENTS											
Basic physical examination											
Measured blood pressure	92.1	97.1	91.3	92.6	95.7	98.9	92.6	98.5	89.0	93.2	
Weighed client	86.7	95.1	92.4	77.2	97.5	92.8	88.5	97.6	84.0	88.6	
Checked fetal position (at least 8 months pregnant)	71.3	70.0	65.7	63.7	84.1	84.2	71.4	80.0	52.8	70.9	
Checked uterine/fundal height ¹	13.6	27.6	12.0	8.0	33.9	17.4	15.2	18.9	11.9	16.8	
Listened to fetal heart (at least 5 months pregnant) ²	67.1	75.4	69.6	56.9	80.7	70.1	76.3	71.9	58.9	69.2	
Examined conjunctiva/palms for anemia	20.6	21.1	24.4	23.5	17.0	21.6	16.3	19.5	24.1	20.7	
Examined legs/feet/hands for edema	17.3	29.1	22.9	12.0	28.5	21.2	18.0	25.8	16.8	19.9	
Examined the client's nipples and breasts	1.8	0.9	1.5	0.3	0.5	3.7	1.9	1.8	3.9	1.6	
Preventive interventions											
Provider gave or prescribed iron or folic acid tablets	74.1	46.3	54.8	67.8	58.8	63.4	74.7	75.9	85.0	67.8	
Provider explained purpose of iron or folic acid tablets	22.5	11.9	19.4	18.0	15.2	18.3	18.3	12.1	38.3	20.1	
Provider explained how to take tablets	29.5	8.1	25.4	24.0	17.4	28.1	25.7	27.4	31.3	24.6	
Provider gave or prescribed tetanus/diphtheria vaccine	25.8	13.2	17.5	20.5	20.2	29.5	26.2	26.3	27.9	22.9	
Provider explained purpose of tetanus/diphtheria vaccine	12.5	8.8	13.5	14.8	9.2	7.6	12.7	10.8	8.5	11.6	
Provider gave or prescribed albendazole	26.5	7.2	17.5	23.9	12.9	25.2	26.4	25.7	29.2	22.1	
Provider explained purpose of albendazole	7.9	0.6	3.0	6.2	2.0	4.7	10.4	5.0	11.5	6.3	
Number of ANC clients	1,519	447	299	420	389	115	384	101	257	1,966	

¹ By palpating the client's abdomen, using an ultrasound device to assess the gestational age of the fetus, or using a tape measure to measure fundal height

² Either with a fetal stethoscope or by using an ultrasound device

Table 6.10.1 Content of observed antenatal consultations related to risk symptoms, by facility type

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by facility type, Nepal HFS 2021

Counseling topics	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
	HPs	UHCs	CHUs						
FIRST-VISIT ANC CLIENTS									
Vaginal bleeding or spotting	33.2	17.3	41.4	14.6	21.3	20.7	28.1	22.5	27.2
Fever	7.9	3.2	10.3	6.5	9.7	10.7	0.0	0.0	8.7
Headache or blurred vision	30.0	30.2	35.3	22.3	27.5	29.0	13.5	11.2	29.4
Swollen hands, face, or body	16.5	9.8	17.7	8.2	19.6	20.8	10.7	0.0	17.0
Tiredness, shortness of breath	3.4	12.9	8.4	0.6	1.3	1.2	3.2	0.0	3.9
Fetal movement: loss of, excessive, or normal	16.0	5.7	20.9	8.1	12.4	11.7	22.4	11.2	14.2
Convulsions or loss of consciousness	4.9	2.2	4.4	6.4	8.0	8.0	10.7	0.0	6.1
Severe lower abdominal pain	38.7	50.3	49.1	28.3	33.1	33.6	32.4	17.3	38.3
Any of the above risk symptoms	57.6	62.3	71.2	41.2	52.3	53.3	47.2	28.6	57.0
All of the above symptoms	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number of ANC clients	190	50	150	61	333	301	24	8	785
FOLLOW-UP VISIT ANC CLIENTS									
Vaginal bleeding or spotting	42.0	38.8	63.9	38.8	27.6	25.9	43.3	46.3	40.4
Fever	8.1	7.2	5.6	5.4	10.1	10.4	6.4	9.0	8.2
Headache or blurred vision	29.3	31.4	31.5	27.1	22.8	21.5	22.3	53.6	26.7
Swollen hands, face, or body	14.2	15.7	19.4	13.9	18.0	16.8	31.8	28.2	17.3
Tiredness, shortness of breath	3.3	4.7	5.7	4.3	4.7	4.3	9.4	8.7	4.7
Fetal movement: loss of, excessive, or normal	29.0	30.0	54.5	28.7	21.5	20.8	35.2	20.0	31.9
Convulsions or loss of consciousness	3.4	7.3	4.7	3.4	5.1	5.2	4.9	3.0	4.7
Severe lower abdominal pain	37.5	40.9	52.4	46.0	39.5	39.9	23.8	53.2	43.0
Any of the above risk symptoms	61.8	68.5	82.0	67.2	61.4	60.0	72.9	79.1	67.4
All of the above symptoms	0.0	0.8	0.4	0.0	0.0	0.0	0.0	0.0	0.1
Number of ANC clients	183	58	296	92	553	501	30	21	1,181
ALL OBSERVED ANC CLIENTS									
Vaginal bleeding or spotting	37.5	28.8	56.3	29.2	25.2	23.9	36.6	39.9	35.1
Fever	8.0	5.3	7.2	5.8	9.9	10.5	3.6	6.6	8.4
Headache or blurred vision	29.7	30.8	32.8	25.2	24.5	24.3	18.4	42.1	27.8
Swollen hands, face, or body	15.4	12.9	18.8	11.7	18.6	18.3	22.5	20.6	17.2
Tiredness, shortness of breath	3.3	8.5	6.6	2.9	3.4	3.1	6.7	6.3	4.4
Fetal movement: loss of, excessive, or normal	22.4	18.7	43.1	20.6	18.1	17.4	29.5	17.6	24.8
Convulsions or loss of consciousness	4.2	4.9	4.6	4.6	6.2	6.2	7.5	2.2	5.2
Severe lower abdominal pain	38.1	45.2	51.3	39.0	37.1	37.5	27.6	43.5	41.1
Any of the above risk symptoms	59.6	65.6	78.3	56.8	58.0	57.5	61.5	65.4	63.3
All of the above symptoms	0.0	0.4	0.2	0.0	0.0	0.0	0.0	0.0	0.1
Number of ANC clients	373	107	447	153	886	802	55	29	1,966

Table 6.10.2 Content of observed antenatal consultations related to risk symptoms, by managing authority and province

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by managing authority and province, Nepal HFS 2021

Counseling topics	Managing authority		Province							Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
FIRST-VISIT ANC CLIENTS										
Vaginal bleeding or spotting	23.9	41.4	30.4	24.6	32.2	31.6	24.3	27.3	26.6	27.2
Fever	8.3	10.3	7.3	7.1	2.0	5.5	12.0	10.7	15.5	8.7
Headache or blurred vision	28.0	35.3	24.6	24.3	23.9	37.8	33.0	32.5	37.4	29.4
Swollen hands, face, or body	16.8	17.7	9.5	10.5	13.2	15.4	19.3	17.6	38.3	17.0
Tiredness, shortness of breath	2.8	8.4	0.5	2.0	12.5	0.0	4.5	5.8	2.6	3.9
Fetal movement: loss of, excessive, or normal	12.6	20.9	16.3	15.3	19.7	9.7	10.1	18.9	12.6	14.2
Convulsions or loss of consciousness	6.5	4.4	2.6	0.4	8.7	2.5	10.5	7.6	11.7	6.1
Severe lower abdominal pain	35.7	49.1	31.8	31.4	49.3	34.0	44.0	39.2	38.9	38.3
Any of the above risk symptoms	53.6	71.2	47.8	47.4	64.9	61.3	64.5	67.2	57.1	57.0
All of the above symptoms	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number of ANC clients	634	150	111	192	101	60	187	36	97	785
FOLLOW-UP VISIT ANC CLIENTS										
Vaginal bleeding or spotting	32.5	63.9	45.7	22.5	56.2	66.0	32.8	23.8	38.3	40.4
Fever	9.0	5.6	8.5	11.0	6.5	12.5	4.3	17.0	6.2	8.2
Headache or blurred vision	25.1	31.5	31.9	21.0	23.9	55.2	22.4	28.8	28.4	26.7
Swollen hands, face, or body	16.7	19.4	16.2	6.1	21.1	11.3	29.5	15.5	15.8	17.3
Tiredness, shortness of breath	4.4	5.7	9.0	1.1	5.2	3.3	4.8	5.2	4.2	4.7
Fetal movement: loss of, excessive, or normal	24.4	54.5	37.1	16.5	47.5	44.0	29.0	15.6	26.0	31.9
Convulsions or loss of consciousness	4.7	4.7	5.9	0.9	6.7	6.2	3.0	9.6	4.7	4.7
Severe lower abdominal pain	39.8	52.4	37.0	33.2	53.0	58.8	32.6	56.7	47.7	43.0
Any of the above risk symptoms	62.6	82.0	65.0	50.9	81.7	81.2	64.9	69.6	65.6	67.4
All of the above symptoms	0.0	0.4	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Number of ANC clients	885	296	189	228	288	55	197	65	159	1,181
ALL OBSERVED ANC CLIENTS										
Vaginal bleeding or spotting	28.9	56.3	40.0	23.4	49.9	48.1	28.7	25.1	33.9	35.1
Fever	8.7	7.2	8.1	9.2	5.3	8.9	8.1	14.8	9.7	8.4
Headache or blurred vision	26.3	32.8	29.2	22.5	23.9	46.1	27.5	30.1	31.8	27.8
Swollen hands, face, or body	16.7	18.8	13.7	8.1	19.0	13.4	24.5	16.2	24.4	17.2
Tiredness, shortness of breath	3.7	6.6	5.8	1.5	7.1	1.6	4.7	5.4	3.6	4.4
Fetal movement: loss of, excessive, or normal	19.5	43.1	29.4	15.9	40.2	26.2	19.8	16.8	20.9	24.8
Convulsions or loss of consciousness	5.4	4.6	4.7	0.7	7.2	4.3	6.6	8.9	7.4	5.2
Severe lower abdominal pain	38.1	51.3	35.1	32.4	52.1	45.9	38.2	50.5	44.4	41.1
Any of the above risk symptoms	58.8	78.3	58.7	49.3	77.4	70.8	64.7	68.7	62.3	63.3
All of the above symptoms	0.0	0.2	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Number of ANC clients	1,519	447	299	420	389	115	384	101	257	1,966

Table 6.11.1 Counseling on risk symptoms during observed ANC consultations, by facility type

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included counseling on topics related to indicated risk symptoms, according to ANC visit status, by facility type, Nepal HFS 2021

Counseling topics	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
	HPs	UHCs	CHUs						
FIRST-VISIT ANC CLIENTS									
Vaginal bleeding or spotting	3.1	1.7	9.4	2.5	4.3	4.1	4.4	11.2	4.7
Fever	0.0	2.1	2.0	4.5	3.5	3.9	0.0	0.0	2.4
Headache or blurred vision	1.1	2.3	1.1	0.6	4.5	4.9	0.0	0.0	2.6
Swollen hands, face, or body	0.6	2.2	9.1	1.3	7.6	8.0	4.4	0.0	5.3
Tiredness, shortness of breath	0.2	0.0	6.4	0.0	1.1	1.2	0.0	0.0	1.7
Fetal movement: loss of, excessive, or normal	1.6	2.9	5.9	1.9	3.9	4.1	3.0	0.0	3.5
Any of the above risk symptoms	6.0	7.9	23.3	7.7	17.4	18.2	8.8	11.2	14.4
Number of ANC clients	190	50	150	61	333	301	24	8	785
FOLLOW-UP VISIT ANC CLIENTS									
Vaginal bleeding or spotting	1.8	5.7	4.4	3.4	1.2	0.8	0.0	11.3	2.5
Fever	0.0	2.4	0.2	2.1	2.2	2.5	0.0	0.0	1.4
Headache or blurred vision	0.5	4.8	0.5	3.3	2.2	1.8	2.4	10.0	1.7
Swollen hands, face, or body	1.3	8.3	8.0	4.8	4.3	3.7	11.6	5.9	5.0
Tiredness, shortness of breath	0.7	1.5	2.1	3.0	0.3	0.0	5.9	0.0	1.1
Fetal movement: loss of, excessive, or normal	2.2	13.6	19.7	5.3	4.7	4.8	6.1	0.0	8.6
Any of the above risk symptoms	5.7	19.5	27.9	15.1	11.9	11.0	20.1	21.3	15.6
Number of ANC clients	183	58	296	92	553	501	30	21	1,181
ALL OBSERVED ANC CLIENTS									
Vaginal bleeding or spotting	2.4	3.8	6.1	3.1	2.3	2.0	1.9	11.3	3.3
Fever	0.0	2.3	0.8	3.1	2.7	3.0	0.0	0.0	1.8
Headache or blurred vision	0.8	3.6	0.7	2.2	3.0	3.0	1.3	7.3	2.1
Swollen hands, face, or body	1.0	5.5	8.3	3.4	5.5	5.3	8.4	4.3	5.1
Tiredness, shortness of breath	0.4	0.8	3.5	1.8	0.6	0.4	3.3	0.0	1.3
Fetal movement: loss of, excessive, or normal	1.9	8.6	15.1	4.0	4.4	4.5	4.8	0.0	6.6
Any of the above risk symptoms	5.9	14.1	26.3	12.2	14.0	13.7	15.1	18.6	15.1
Number of ANC clients	373	107	447	153	886	802	55	29	1,966

Table 6.11.2 Counseling on risk symptoms during observed ANC consultations, by managing authority and province

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included counseling on topics related to indicated risk symptoms, according to ANC visit status, by managing authority and province, Nepal HFS 2021

Counseling topics	Managing authority		Province							
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
FIRST-VISIT ANC CLIENTS										
Vaginal bleeding or spotting	3.5	9.4	3.2	5.2	5.0	5.7	3.3	3.3	7.4	4.7
Fever	2.5	2.0	0.0	3.2	0.6	0.0	1.9	0.0	8.4	2.4
Headache or blurred vision	2.9	1.1	1.0	0.8	0.7	5.1	2.4	0.9	9.1	2.6
Swollen hands, face, or body	4.5	9.1	0.9	4.7	9.2	0.0	6.9	1.9	9.2	5.3
Tiredness, shortness of breath	0.6	6.4	0.0	0.6	8.6	0.0	1.9	0.0	0.0	1.7
Fetal movement: loss of, excessive, or normal	3.0	5.9	1.7	6.4	3.8	0.0	3.9	4.9	0.7	3.5
Any of the above risk symptoms	12.3	23.3	4.6	16.6	19.3	10.7	18.3	8.4	13.0	14.4
Number of ANC clients	634	150	111	192	101	60	187	36	97	785
FOLLOW-UP VISIT ANC CLIENTS										
Vaginal bleeding or spotting	1.8	4.4	7.1	2.2	0.9	3.7	2.0	0.0	1.5	2.5
Fever	1.8	0.2	0.5	5.6	0.2	0.0	0.0	3.2	0.0	1.4
Headache or blurred vision	2.1	0.5	3.4	3.5	0.4	0.0	1.4	0.0	1.2	1.7
Swollen hands, face, or body	4.0	8.0	3.3	0.9	7.9	0.7	12.3	1.5	1.2	5.0
Tiredness, shortness of breath	0.8	2.1	1.5	0.7	2.3	1.0	0.8	0.0	0.0	1.1
Fetal movement: loss of, excessive, or normal	4.8	19.7	8.3	7.4	13.4	1.0	11.2	3.7	3.2	8.6
Any of the above risk symptoms	11.5	27.9	15.2	16.3	20.7	5.4	20.5	7.9	6.3	15.6
Number of ANC clients	885	296	189	228	288	55	197	65	159	1,181
ALL OBSERVED ANC CLIENTS										
Vaginal bleeding or spotting	2.5	6.1	5.7	3.6	1.9	4.7	2.6	1.2	3.7	3.3
Fever	2.1	0.8	0.3	4.5	0.3	0.0	0.9	2.1	3.2	1.8
Headache or blurred vision	2.4	0.7	2.5	2.3	0.5	2.6	1.9	0.3	4.2	2.1
Swollen hands, face, or body	4.2	8.3	2.4	2.7	8.3	0.3	9.7	1.7	4.2	5.1
Tiredness, shortness of breath	0.7	3.5	0.9	0.7	3.9	0.5	1.3	0.0	0.0	1.3
Fetal movement: loss of, excessive, or normal	4.0	15.1	5.8	6.9	10.9	0.5	7.7	4.1	2.3	6.6
Any of the above risk symptoms	11.8	26.3	11.3	16.4	20.3	8.2	19.4	8.1	8.9	15.1
Number of ANC clients	1,519	447	299	420	389	115	384	101	257	1,966

Table 6.12.1 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning, by facility type

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included mention of 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 facility type, Nepal HFS 2021

Counseling topics	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
						HPs	UHCs	CHUs	
FIRST-VISIT ANC CLIENTS									
Nutrition	43.5	65.9	41.7	56.4	74.9	75.3	78.2	50.0	58.9
Progress of pregnancy	25.4	35.5	41.7	34.2	35.6	36.1	27.9	38.8	34.2
Care during pregnancies	22.0	34.1	23.9	29.5	38.3	36.6	63.7	28.6	30.6
Importance of at least 4 ANC visits	26.7	42.6	22.6	52.2	58.1	58.4	57.6	47.7	42.2
Delivery plans/birth preparedness ¹	6.7	10.8	2.2	12.6	13.2	12.5	17.2	28.6	9.3
Care of newborn ²	0.4	0.0	0.9	0.0	1.1	1.2	0.0	0.0	0.7
Early initiation and prolonged breastfeeding	0.0	4.2	0.0	0.0	1.1	1.2	0.0	0.0	0.7
Exclusive breastfeeding	0.0	4.2	0.5	0.0	0.1	0.0	0.0	6.1	0.4
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	1.1	1.2	0.0	0.0	0.5
Family planning postpartum	3.1	0.0	0.3	0.0	2.3	2.4	0.0	6.1	1.8
Provider used any visual aids	1.4	1.8	0.0	11.8	12.8	12.1	18.4	22.5	6.8
Number of ANC clients	190	50	150	61	333	301	24	8	785
FOLLOW-UP VISIT ANC CLIENTS									
Nutrition	30.4	57.3	46.4	47.9	63.3	62.8	64.1	74.0	52.5
Progress of pregnancy	37.4	29.9	57.8	42.4	36.9	36.7	40.3	36.3	42.3
Care during pregnancies	11.4	19.9	25.1	21.5	30.6	29.2	51.3	33.8	25.0
Importance of at least 4 ANC visits	8.3	25.9	4.0	21.5	29.0	30.1	18.3	19.1	18.8
Delivery plans/birth preparedness ¹	13.9	22.1	10.9	28.2	22.1	22.1	16.7	31.2	18.5
Care of newborn ²	0.0	0.8	1.5	1.3	0.0	0.0	0.0	0.0	0.5
Early initiation and prolonged breastfeeding	0.8	1.4	3.1	0.9	0.0	0.0	0.0	0.0	1.0
Exclusive breastfeeding	1.2	0.9	3.1	0.0	0.0	0.0	0.0	0.0	1.0
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	0.1	0.0	1.1	0.0	0.0
Family planning postpartum	1.2	0.0	0.4	1.2	1.3	1.4	0.0	0.0	1.0
Provider used any visual aids	1.3	3.1	0.2	1.6	2.9	2.9	0.0	7.1	1.9
Number of ANC clients	183	58	296	92	553	501	30	21	1,181
ALL OBSERVED ANC CLIENTS									
Nutrition	37.1	61.3	44.8	51.3	67.7	67.5	70.3	67.5	55.1
Progress of pregnancy	31.2	32.5	52.3	39.1	36.4	36.5	34.8	37.0	39.1
Care during pregnancies	16.8	26.5	24.7	24.6	33.5	32.0	56.8	32.4	27.3
Importance of at least 4 ANC visits	17.7	33.7	10.3	33.7	39.9	40.7	35.7	26.8	28.1
Delivery plans/birth preparedness ¹	10.2	16.9	8.0	22.0	18.8	18.5	16.9	30.5	14.8
Care of newborn ²	0.2	0.4	1.3	0.8	0.4	0.4	0.0	0.0	0.6
Early initiation and prolonged breastfeeding	0.4	2.7	2.1	0.5	0.4	0.4	0.0	0.0	0.9
Exclusive breastfeeding	0.6	2.4	2.3	0.0	0.1	0.0	0.0	1.6	0.8
Importance of vaccination for newborn	0.0	0.0	0.0	0.0	0.4	0.4	0.6	0.0	0.2
Family planning postpartum	2.2	0.0	0.4	0.7	1.7	1.8	0.0	1.6	1.3
Provider used any visual aids	1.3	2.5	0.1	5.6	6.6	6.4	8.1	11.3	3.8
Number of ANC clients	373	107	447	153	886	802	55	29	1,966

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 to deliver at a health facility; or discussed what items to have on hand at home (e.g., blade, clean delivery kit, 4.1% chlorhexidine gel).

² Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table 6.12.2 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning, by managing authority and province

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included mention of 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 managing authority and province, Nepal HFS 2021

Counseling topics	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1		Madhesh	Bagmati	Gandaki	Lumbini	Karnali		
			FIRST-VISIT ANC CLIENTS								
Nutrition	63.0	41.7	48.3	61.4	51.9	57.3	60.0	60.1	72.2	58.9	
Progress of pregnancy	32.4	41.7	28.1	28.2	49.7	32.0	44.8	40.1	15.3	34.2	
Care during pregnancies	32.2	23.9	23.7	16.6	32.9	31.3	35.9	34.3	52.2	30.6	
Importance of at least 4 ANC visits	46.9	22.6	41.5	32.2	36.4	33.7	48.7	31.6	65.8	42.2	
Delivery plans/birth preparedness ¹	11.0	2.2	6.9	1.3	12.2	10.3	9.9	11.5	22.4	9.3	
Care of newborn ²	0.7	0.9	0.0	0.4	0.0	1.2	2.2	0.0	0.0	0.7	
Early initiation and prolonged breastfeeding	0.9	0.0	0.0	0.0	0.0	0.0	1.9	5.8	0.0	0.7	
Exclusive breastfeeding	0.4	0.5	0.0	0.4	0.0	0.0	0.0	7.1	0.0	0.4	
Importance of vaccination for newborn	0.6	0.0	0.0	0.0	0.0	0.0	1.9	0.0	0.0	0.5	
Family planning postpartum	2.2	0.3	0.0	0.0	0.0	1.8	5.0	1.3	3.3	1.8	
Provider used any visual aids	8.4	0.0	5.4	1.1	1.4	8.2	14.9	1.9	10.6	6.8	
Number of ANC clients	634	150	111	192	101	60	187	36	97	785	
FOLLOW-UP VISIT ANC CLIENTS											
Nutrition	54.6	46.4	45.7	50.6	45.9	57.6	54.1	49.6	72.6	52.5	
Progress of pregnancy	37.1	57.8	39.8	21.5	59.4	32.1	36.0	43.7	54.9	42.3	
Care during pregnancies	25.0	25.1	13.6	23.0	24.6	7.8	23.4	20.8	51.7	25.0	
Importance of at least 4 ANC visits	23.8	4.0	11.7	20.6	10.5	18.7	23.1	17.2	34.9	18.8	
Delivery plans/birth preparedness ¹	21.1	10.9	26.8	11.4	11.9	21.0	18.2	20.0	29.6	18.5	
Care of newborn ²	0.2	1.5	0.2	0.5	1.5	0.0	0.0	0.0	0.0	0.5	
Early initiation and prolonged breastfeeding	0.3	3.1	0.5	0.2	3.7	0.0	0.2	0.0	0.0	1.0	
Exclusive breastfeeding	0.3	3.1	0.0	0.0	3.8	1.0	0.2	0.0	0.0	1.0	
Importance of vaccination for newborn	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	
Family planning postpartum	1.2	0.4	0.0	0.2	0.3	1.0	5.1	0.0	0.0	1.0	
Provider used any visual aids	2.5	0.2	4.0	0.2	1.8	6.5	2.3	0.5	0.4	1.9	
Number of ANC clients	885	296	189	228	288	55	197	65	159	1,181	
ALL OBSERVED ANC CLIENTS											
Nutrition	58.1	44.8	46.7	55.6	47.5	57.4	57.0	53.3	72.4	55.1	
Progress of pregnancy	35.1	52.3	35.5	24.6	56.8	32.0	40.3	42.4	39.9	39.1	
Care during pregnancies	28.0	24.7	17.3	20.1	26.8	20.0	29.5	25.6	51.9	27.3	
Importance of at least 4 ANC visits	33.4	10.3	22.7	25.9	17.3	26.5	35.6	22.3	46.6	28.1	
Delivery plans/birth preparedness ¹	16.9	8.0	19.5	6.7	12.0	15.4	14.2	17.0	26.9	14.8	
Care of newborn ²	0.4	1.3	0.1	0.5	1.1	0.6	1.1	0.0	0.0	0.6	
Early initiation and prolonged breastfeeding	0.6	2.1	0.3	0.1	2.7	0.0	1.1	2.1	0.0	0.9	
Exclusive breastfeeding	0.3	2.3	0.0	0.2	2.8	0.5	0.1	2.5	0.0	0.8	
Importance of vaccination for newborn	0.3	0.0	0.0	0.1	0.0	0.0	0.9	0.0	0.0	0.2	
Family planning postpartum	1.6	0.4	0.0	0.1	0.2	1.4	5.0	0.5	1.3	1.3	
Provider used any visual aids	4.9	0.1	4.5	0.6	1.7	7.4	8.5	1.0	4.3	3.8	
Number of ANC clients	1,519	447	299	420	389	115	384	101	257	1,966	

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 to deliver at a health facility; or discussed what items to have on hand at home (e.g., blade, clean delivery kit, 4.1% chlorhexidine gel).

² Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table 6.13.1 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by facility type

Among interviewed antenatal care (ANC) clients, percentages who said that the provider counseled them on pregnancy-related warning signs, percentages who named specific warning signs, percentages who reported specific actions that they were told to take if warning signs occurred, and percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by facility type, Nepal HFS 2021

Issues discussed during current or previous visit	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
						HPs	UHCs	CHUs	
Client reported provider discussed or counseled on any warning signs									
	29.8	45.1	46.5	34.2	39.4	38.3	50.7	49.1	39.1
Client knowledge of warning signs									
Vaginal bleeding	40.0	53.9	52.1	36.1	33.7	32.5	45.7	42.7	40.3
Fever	8.7	17.7	10.5	9.9	11.2	10.9	10.9	20.0	10.8
Swollen face, hands, or extremities	14.8	14.6	16.5	12.1	14.4	14.1	20.3	12.0	14.8
Tiredness or breathlessness	7.3	7.0	5.2	8.4	9.9	9.9	7.3	14.8	8.1
Headache or blurred vision	15.4	15.9	18.7	15.5	18.3	18.2	21.4	15.9	17.5
Seizures/convulsions	1.7	5.9	2.1	2.6	2.5	2.6	2.7	0.0	2.5
Reduced fetal movement or absence of movement	5.3	13.0	11.2	5.1	3.5	3.3	6.3	6.5	6.3
Lower abdominal pain	34.5	34.7	45.5	31.6	28.3	27.1	41.3	39.6	34.0
Actions client told to take if warning signs occurred									
Seek care at facility	60.5	78.6	73.2	66.9	74.1	74.4	70.3	75.3	71.0
Reduce physical activity	3.6	4.8	5.7	5.0	4.0	3.6	6.2	9.6	4.4
Change diet	0.7	1.2	1.7	1.8	1.8	1.6	5.2	0.0	1.5
No advice given by provider	37.3	19.6	25.0	32.3	24.4	24.5	24.5	22.4	27.4
Topics client reported provider discussed									
Importance of exclusive breastfeeding and counseled to exclusively breastfeed for 6 months	11.4	11.4	8.1	13.4	21.3	20.5	28.3	29.5	15.3
Planned place of delivery	32.9	29.5	30.4	35.4	42.3	43.0	29.2	46.6	36.6
Supplies to prepare for delivery	16.4	21.3	18.1	25.8	29.5	29.4	29.0	35.3	23.7
Using family planning after childbirth	6.0	7.9	3.3	4.7	9.9	9.9	8.3	14.5	7.1
Number of interviewed ANC clients	373	107	447	153	886	802	55	29	1,966

Table 6.13.2 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by managing authority and province

Among interviewed antenatal care (ANC) clients, percentages who said that the provider counseled them on pregnancy-related warning signs, percentages who named specific warning signs, percentages who reported specific actions that they were told to take if warning signs occurred, and percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by managing authority and province, Nepal HFS 2021

Issues discussed during current or previous visit	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Client reported provider discussed or counseled on any warning signs											
Vaginal bleeding	36.9	52.1	39.6	25.7	56.3	41.8	43.7	35.8	37.2	40.3	39.1
Fever	10.9	10.5	9.3	13.1	8.6	9.3	11.8	8.9	12.3	10.8	
Swollen face, hands, or extremities	14.3	16.5	17.4	12.0	18.6	6.9	12.2	12.0	19.2	14.8	
Tiredness or breathlessness	8.9	5.2	7.2	10.1	4.8	8.5	5.9	8.2	13.8	8.1	
Headache or blurred vision	17.1	18.7	18.2	8.0	20.6	16.4	22.5	17.2	20.6	17.5	
Seizures/convulsions	2.6	2.1	3.2	2.7	1.2	1.8	2.0	2.4	4.3	2.5	
Reduced fetal movement or absence of movement	4.8	11.2	7.1	4.1	8.3	4.5	7.3	4.7	5.5	6.3	
Lower abdominal pain	30.6	45.5	31.1	35.6	46.9	16.5	33.0	21.6	29.5	34.0	
Actions client told to take if warning signs occurred											
Seek care at facility	70.4	73.2	62.2	65.6	77.8	68.0	74.3	70.5	76.7	71.0	
Reduce physical activity	4.1	5.7	5.8	2.3	3.5	8.0	4.3	1.2	7.7	4.4	
Change diet	1.5	1.7	0.6	1.7	1.8	1.0	1.5	0.0	2.8	1.5	
No advice given by provider	28.0	25.0	35.8	32.3	21.2	31.6	25.3	28.9	19.2	27.4	
Topics client reported provider discussed											
Importance of exclusive breastfeeding and counseled to exclusively breastfeed for 6 months	17.4	8.1	17.8	12.0	10.7	13.2	13.7	25.8	23.5	15.3	
Planned place of delivery	38.4	30.4	37.9	31.9	34.6	38.6	34.8	40.7	46.0	36.6	
Supplies to prepare for delivery	25.4	18.1	24.7	19.3	18.9	22.0	27.9	26.6	30.5	23.7	
Using family planning after childbirth	8.3	3.3	7.9	6.3	5.4	17.1	4.2	14.8	7.1	7.1	
Number of interviewed ANC clients	1,519	447	299	420	389	115	384	101	257	1,966	

Table 6.14.1 Feedback from antenatal care clients, by facility type

Among interviewed antenatal care (ANC) clients, percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type, Nepal HFS 2021

Client service issue	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
						HPs	UHCs	CHUs	
Behavior/attitude of provider	0.2	1.0	0.6	0.5	1.0	1.1	0.0	0.0	0.7
Explanation about problem or treatment	2.8	1.2	1.8	1.8	1.2	1.1	1.4	1.4	1.7
Wait to see provider	15.9	4.8	9.1	3.5	1.5	1.5	1.4	0.0	6.3
Ability to discuss problems	2.4	1.8	2.3	1.7	0.7	0.4	4.5	0.0	1.5
Availability of medicines at facility	2.4	1.6	2.1	3.4	4.1	4.5	0.6	0.0	3.1
Number of days facility is open	1.0	0.7	0.4	0.3	0.6	0.7	0.0	0.0	0.6
Number of hours facility is open	0.8	1.1	0.2	0.5	1.0	0.9	1.3	3.5	0.8
Cleanliness of facility	3.0	0.7	0.4	1.8	0.9	0.9	0.0	0.0	1.2
Cost of services	5.5	1.5	5.6	1.0	0.0	0.0	0.0	0.0	2.5
Visual privacy	1.7	1.0	0.0	1.0	0.9	1.0	0.0	0.0	0.9
Auditory privacy	1.7	1.0	0.2	1.0	0.9	1.0	0.6	0.0	0.9
At least one complaint	25.7	10.0	14.7	11.2	8.9	9.3	5.8	3.5	13.6
Number of interviewed ANC clients	373	107	447	153	886	802	55	29	1,966

Table 6.14.2 Feedback from antenatal care clients, by managing authority and province

Among interviewed antenatal care (ANC) clients, percentages who considered specific service issues to be major problems for them on the day of the visit, by managing authority and province, Nepal HFS 2021

Client service issue	Managing authority		Province							Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
Behavior/attitude of provider	0.8	0.6	0.4	1.8	0.0	0.3	1.3	0.0	0.0	0.7
Explanation about problem or treatment	1.6	1.8	2.6	2.0	1.5	0.8	2.0	1.2	0.8	1.7
Wait to see provider	5.4	9.1	5.3	3.1	10.5	5.4	6.5	2.9	7.5	6.3
Ability to discuss problems	1.3	2.3	1.1	1.2	1.5	0.9	3.3	1.8	0.1	1.5
Availability of medicines at facility	3.4	2.1	7.3	7.1	0.5	0.5	1.8	0.6	0.0	3.1
Number of days facility is open	0.7	0.4	0.7	0.3	0.5	0.0	0.9	3.2	0.0	0.6
Number of hours facility is open	0.9	0.2	0.7	1.7	0.2	0.3	0.2	2.6	0.5	0.8
Cleanliness of facility	1.5	0.4	2.1	1.0	1.5	1.0	1.0	0.6	1.0	1.2
Cost of services	1.6	5.6	4.3	4.2	1.5	0.9	1.4	2.1	1.4	2.5
Visual privacy	1.1	0.0	3.1	0.3	0.2	0.4	0.8	0.6	0.6	0.9
Auditory privacy	1.1	0.2	3.2	0.6	0.0	0.4	1.0	0.0	0.6	0.9
At least one complaint	13.3	14.7	20.8	15.0	13.4	8.5	11.7	8.8	10.7	13.6
Number of interviewed ANC clients	1,519	447	299	420	389	115	384	101	257	1,966

Table 6.15 Supportive management for providers of antenatal care services

Among interviewed antenatal care (ANC) providers, percentages who received training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal HFS 2021

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					
Federal/provincial-level hospitals	11.8	43.8	54.6	7.9	371
Local-level hospitals	17.8	54.3	57.5	9.9	113
Private hospitals	4.5	18.0	51.9	3.0	711
PHCCs	16.9	51.4	62.0	10.4	192
Basic health care centers	14.1	54.7	70.0	10.2	2,462
HPs	13.6	56.2	70.9	10.0	2,134
UHCs	17.7	49.5	66.0	11.9	185
CHUs	16.5	38.8	63.1	11.2	142
Managing authority					
Public	14.1	53.2	67.3	10.0	3,138
Private	4.5	18.0	51.9	3.0	711
Ecological region					
Mountain	14.7	49.5	58.7	10.0	427
Hill	11.6	43.7	62.0	7.1	1,920
Terai	12.7	49.6	69.1	10.3	1,501
Location					
Urban	10.7	43.8	62.2	7.4	2,417
Rural	15.2	51.5	68.1	10.9	1,432
Province					
Province 1	15.3	42.8	62.3	10.6	698
Madhesh	11.5	51.3	70.9	9.9	638
Bagmati	6.3	34.4	54.1	4.2	910
Gandaki	14.9	46.7	69.2	8.5	405
Lumbini	13.0	56.5	68.5	10.4	558
Karnali	10.5	48.0	71.5	6.9	274
Sudurpashchim	20.9	60.6	66.1	13.0	366
Total	12.4	46.7	64.4	8.7	3,849

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 6.16 Training for antenatal care service providers

Among interviewed antenatal care (ANC) service providers, percentages who reported receiving in-service training on topics related to ANC during the specified period before the survey, by background characteristics, Nepal HFS 2021

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														
Federal/provincial-level hospitals	5.3	25.4	5.6	24.9	6.0	26.6	3.2	18.1	0.8	3.5	1.1	7.9	371	
Local-level hospitals	7.4	25.8	6.6	25.9	7.6	25.7	5.6	20.4	1.2	6.9	0.4	9.0	113	
Private hospitals	0.7	9.5	0.9	9.6	0.7	9.6	0.3	7.4	1.2	3.1	0.2	1.7	711	
PHCCs	6.3	25.4	5.2	23.2	5.8	26.7	4.1	18.2	1.8	4.9	2.2	13.2	192	
Basic health care centers	5.3	25.0	4.7	22.4	5.4	25.0	4.2	19.5	0.6	4.9	4.5	19.3	2,462	
HPs	5.2	26.1	4.6	23.5	5.3	26.3	4.2	20.6	0.6	5.1	4.6	20.4	2,134	
UHCs	5.2	19.8	3.7	16.3	5.9	18.3	3.6	13.8	1.0	4.8	3.8	12.5	185	
CHUs	6.5	15.0	6.5	13.2	6.3	14.0	4.5	11.1	0.6	1.8	4.7	11.9	142	
Managing authority														
Public	5.4	25.1	4.9	22.8	5.6	25.3	4.1	19.3	0.7	4.8	3.8	17.2	3,138	
Private	0.7	9.5	0.9	9.6	0.7	9.6	0.3	7.4	1.2	3.1	0.2	1.7	711	
Ecological region														
Mountain	9.1	25.4	8.9	24.2	8.4	26.4	5.9	20.5	1.0	2.7	3.5	11.6	427	
Hill	4.3	20.9	4.1	18.8	4.8	21.4	3.3	15.9	0.6	2.7	2.5	13.0	1,920	
Terai	3.6	22.9	2.8	21.3	3.4	22.6	2.8	17.7	1.1	7.2	3.8	17.0	1,501	
Location														
Urban	3.3	20.8	3.1	19.5	3.5	21.3	2.2	15.9	1.0	5.3	2.6	13.2	2,417	
Rural	6.6	24.5	5.9	21.9	6.6	24.4	5.4	19.2	0.5	3.1	4.0	16.4	1,432	
Province														
Province 1	5.0	21.5	4.7	20.0	4.0	22.4	4.2	14.7	1.1	4.5	3.5	11.8	698	
Madhesh	3.2	23.4	2.1	22.1	3.4	23.3	2.0	19.7	0.5	6.4	2.8	21.4	638	
Bagmati	2.9	19.2	2.4	16.9	3.2	19.1	2.1	16.5	0.3	3.0	0.6	9.1	910	
Gandaki	6.6	19.7	6.6	16.6	7.2	19.5	4.4	13.8	1.3	2.9	2.8	12.8	405	
Lumbini	3.8	25.3	3.7	23.5	3.8	24.9	2.6	19.5	1.2	5.6	2.6	13.2	558	
Karnali	3.5	19.3	4.1	18.1	4.6	20.7	2.9	13.4	0.6	2.8	3.2	11.9	274	
Sudurpashchim	9.9	29.2	9.1	28.0	10.4	29.9	8.1	21.8	1.4	5.8	10.8	25.4	366	
Total	4.6	22.2	4.1	20.4	4.7	22.4	3.4	17.1	0.8	4.5	3.2	14.4	3,849	

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.

Table 6.17 Availability of services for prevention of mother-to-child transmission of HIV in all facilities offering antenatal care services

Among all facilities offering antenatal care (ANC) services, percentages offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among facilities offering PMTCT services, percentages with specific PMTCT program components, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering ANC that provide any PMTCT ¹	Percentage of facilities offering ANC that have Determine test kit for HIV	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, CHUs, and UHCs ²
				HIV testing and counseling for pregnant women	HIV testing for infants born to HIV-positive women	ART for HIV-positive women	ARV prophylaxis for infants born to HIV-positive women	Infant and young child feeding counseling	Nutritional counseling for HIV-positive pregnant women and their infants	Family planning counseling for HIV-positive women			
Facility type													
Federal/provincial-level hospitals	62.9	25.6	27	100.0	89.9	100.0	100.0	100.0	98.3	100.0	17	17	
Local-level hospitals	11.4	1.6	17	100.0	85.7	71.4	71.4	100.0	100.0	100.0	2	2	
Private hospitals	0.8	0.0	105	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1	1	
PHCCs	3.8	2.2	51	100.0	-	100.0	100.0	100.0	100.0	100.0	2	0	
Basic health care centers													
HPs	0.0	0.0	1,339	-	-	-	-	-	-	-	0	0	
UHCs	0.0	0.0	1,061	-	-	-	-	-	-	-	0	0	
CHUs	0.0	0.0	148	-	-	-	-	-	-	-	0	0	
	0.0	0.0	129	-	-	-	-	-	-	-	0	0	
Managing authority													
Public	1.4	0.6	1,434	100.0	89.5	97.3	97.3	100.0	98.6	100.0	21	19	
Private	0.8	0.0	105	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1	1	
Ecological region													
Mountain	0.8	0.3	204	100.0	100.0	100.0	100.0	100.0	100.0	100.0	2	2	
Hill	1.6	0.5	807	100.0	87.9	95.6	95.6	100.0	97.8	100.0	13	12	
Terai	1.3	0.6	527	100.0	91.1	100.0	100.0	100.0	100.0	100.0	7	6	
Location													
Urban	2.6	1.0	815	100.0	91.3	98.7	98.7	100.0	98.7	100.0	21	19	
Rural	0.1	0.0	723	100.0	0.0	50.0	50.0	100.0	100.0	100.0	1	0	
Province													
Province 1	0.9	0.4	259	100.0	87.5	100.0	100.0	100.0	100.0	100.0	2	2	
Madhesh	0.8	0.7	245	100.0	85.7	100.0	100.0	100.0	100.0	100.0	2	2	
Bagmati	1.1	0.4	316	100.0	83.3	91.7	91.7	100.0	91.7	100.0	3	3	
Gandaki	1.6	0.4	192	100.0	90.0	90.9	90.9	100.0	100.0	100.0	3	3	
Lumbini	1.7	0.6	235	100.0	100.0	100.0	100.0	100.0	100.0	100.0	4	4	
Karnali	1.3	0.2	126	100.0	83.3	100.0	100.0	100.0	100.0	100.0	2	2	
Sudurpashchim	3.0	1.0	167	100.0	92.3	100.0	100.0	100.0	100.0	100.0	5	4	
Total	1.4	0.5	1,538	100.0	89.9	97.4	97.4	100.0	98.7	100.0	21	20	

Note: The figures in this table should be interpreted cautiously due to the low number of cases.

ART = Antiretroviral therapy

ARV = Antiretroviral

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 counseling for pregnant women, HIV testing for infants born to HIV-positive women, ART 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 HIV testing for infants born to HIV-positive women indicator.

Table 6.18 Availability of services for prevention of mother-to-child transmission of HIV in hospitals and PHCCs offering antenatal care services

Among hospitals and PHCCs offering antenatal care (ANC) services, percentages offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among hospitals and PHCCs offering PMTCT services, percentages with specific PMTCT program components, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering ANC that provide any PMTCT ¹	Percentage of facilities offering ANC that have Determine test kit for HIV	Number of facilities offering ANC services	Percentage of ANC facilities offering PMTCT that provide:							Number of facilities offering ANC and any services excluding PHCCs, HPs, CHUs, and UHCs ²
				HIV testing and counseling for pregnant women	HIV testing for infants born to HIV-positive women	ART for HIV-positive women	ARV prophylaxis for infants born to HIV-positive women	Infant and young child feeding counseling	Nutritional counseling for HIV-positive pregnant women and their infants	Family planning counseling for HIV-positive women	
Facility type											
Federal/provincial-level hospitals	62.9	25.6	27	100.0	89.9	100.0	100.0	100.0	98.3	100.0	17
Local-level hospitals	11.4	1.6	17	100.0	85.7	71.4	71.4	100.0	100.0	100.0	2
Private hospitals	0.8	0.0	105	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1
PHCCs	3.8	2.2	51	100.0	-	100.0	100.0	100.0	100.0	100.0	0
Managing authority											
Public	21.7	8.6	95	100.0	89.5	97.3	97.3	100.0	98.6	100.0	21
Private	0.8	0.0	105	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1
Ecological region											
Mountain	11.3	3.8	15	100.0	100.0	100.0	100.0	100.0	100.0	100.0	2
Hill	12.6	4.2	100	100.0	87.9	95.6	95.6	100.0	97.8	100.0	13
Terai	8.4	4.0	84	100.0	91.1	100.0	100.0	100.0	100.0	100.0	7
Location											
Urban	12.9	5.0	162	100.0	91.3	98.7	98.7	100.0	98.7	100.0	21
Rural	1.5	0.0	37	100.0	0.0	50.0	50.0	100.0	100.0	100.0	1
Province											
Province 1	6.6	3.3	34	100.0	87.5	100.0	100.0	100.0	100.0	100.0	2
Madhesh	7.5	6.4	26	100.0	85.7	100.0	100.0	100.0	100.0	100.0	2
Bagmati	5.2	1.7	65	100.0	83.3	91.7	91.7	100.0	91.7	100.0	3
Gandaki	13.5	3.7	23	100.0	90.0	90.9	90.9	100.0	100.0	100.0	3
Lumbini	14.0	5.0	29	100.0	100.0	100.0	100.0	100.0	100.0	100.0	4
Karnali	15.3	2.6	11	100.0	83.3	100.0	100.0	100.0	100.0	100.0	2
Sudurpashchim	43.0	14.3	12	100.0	92.3	100.0	100.0	100.0	100.0	100.0	5
Total	10.7	4.1	200	100.0	89.9	97.4	97.4	100.0	98.7	100.0	21
											20

Note: Figures in this table should be interpreted cautiously due to the low number of cases.

ART = Antiretroviral therapy

ARV = Antiretroviral

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 counseling for pregnant women, HIV testing for infants born to HIV-positive women, ART 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 HIV testing for infants born to HIV-positive women indicator.

Table 6.19 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, 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 (ARV) medicines, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage having national HIV testing and treatment guidelines 2020	Percentage having staff trained in		Percentage having HIV testing		Percentage having ARV medicines			Number of facilities offering ANC and any PMTCT services	Number of facilities offering ANC and any PMTCT services excluding PHCCs, HPs, CHUs, and UHCs ⁹
		PMTCT ¹	Maternal and infant young child feeding ²	Percentage having visual and auditory privacy ³	Adult HIV testing capacity ⁴	DBS filter paper ⁵	AZT syrup ⁶	NVP syrup ⁷		
Facility type										
Federal/provincial-level hospitals	66.1	40.8	27.1	98.3	83.0	45.8	86.7	76.4	91.5	17
Local-level hospitals	28.6	14.3	14.3	100.0	42.9	14.3	42.9	28.6	71.4	2
Private hospitals	66.7	33.3	33.3	100.0	100.0	33.3	66.7	66.7	100.0	1
PHCCs	42.9	42.9	42.9	100.0	57.1	0.0	-	57.1	100.0	2
Managing authority										
Public	60.3	38.5	27.4	98.6	76.8	38.4	89.6	70.0	90.4	21
Private	66.7	33.3	33.3	100.0	100.0	33.3	66.7	66.7	100.0	1
Ecological region										
Mountain	66.7	33.3	16.7	100.0	50.0	50.0	66.7	33.3	100.0	2
Hill	55.5	40.2	29.0	100.0	80.0	31.1	85.8	66.8	88.9	13
Terai	68.0	36.1	27.8	96.1	80.1	48.1	99.8	84.0	91.9	7
Location										
Urban	62.2	39.3	28.4	98.7	78.4	39.2	88.4	71.8	91.9	21
Rural	0.0	0.0	0.0	100.0	50.0	0.0	100.0	0.0	50.0	1
Province										
Province 1	75.0	25.0	25.0	100.0	75.0	50.0	77.8	37.5	75.0	2
Madhesh	71.4	28.6	28.6	85.7	100.0	71.4	85.7	85.7	100.0	2
Bagmati	41.7	50.0	33.3	100.0	83.3	25.0	66.7	58.3	83.3	3
Gandaki	63.6	9.1	9.1	100.0	72.7	27.3	80.0	90.9	81.8	3
Lumbini	71.1	50.2	28.5	100.0	85.6	36.1	99.6	92.8	92.8	4
Karnali	83.3	16.7	0.0	100.0	50.0	33.3	83.3	50.0	100.0	2
Sudurpashchim	44.4	55.6	44.4	100.0	72.2	38.9	115.4	61.1	100.0	5
Total	60.5	38.3	27.6	98.7	77.7	38.2	88.6	69.9	90.8	21
										20

Note: Figures in this table should be interpreted cautiously due to the low number of cases.

¹ 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.

² 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.

³ 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.

⁴ HIV rapid testing or other HIV testing capacity available in the facility

⁵ 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.

⁶ Zidovudine (AZT) syrup for ARV prophylaxis for children born to HIV-positive women

⁷ Nevirapine (NVP) syrup for ARV prophylaxis for children born to HIV-positive women

⁸ Facility had preferred first-line regimen for pregnant women at the facility on the day of the visit (tenofovir/lamivudine/dolutegravir).

⁹ This denominator is for the DBS filter paper indicator.

Table 6.20 Malaria services in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, percentages having indicated items for the provision of malaria services available on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering antenatal care services that have:		Medicines				Diagnostics			Number of facilities offering ANC services
	Trained staff ¹	LLINs ²	ACT (Coartem) ³	Primaquine tablets	Chloroquine tablets	Combined iron and folic acid tablets	Malaria rapid diagnostic test ⁴	Malaria microscopy ⁵	Rapid diagnostic test or microscopy	
Facility type										
Federal/provincial-level hospitals	5.4	15.0	11.7	53.1	28.7	76.7	92.5	58.6	92.5	100.0
Local-level hospitals	5.0	6.5	25.5	49.2	39.4	94.4	90.4	33.0	92.0	82.8
Private hospitals	3.7	2.7	2.4	24.8	8.6	37.1	80.9	41.8	82.2	94.1
PHCCs	6.0	9.8	6.6	38.3	29.5	96.2	78.7	35.0	79.8	90.2
Basic health care centers	1.3	5.9	2.2	12.6	9.5	95.2	28.1	3.5	28.4	15.3
HPs	1.4	5.4	2.7	14.6	11.1	95.5	32.4	4.2	32.9	18.2
UHCs	1.4	11.8	0.0	5.9	4.5	93.4	15.5	0.9	15.5	5.5
CHUs	0.8	3.1	0.4	3.5	2.4	94.8	6.9	0.8	6.9	2.5
Managing authority										
Public	1.6	6.2	2.8	14.7	10.9	94.9	31.8	6.0	32.2	20.3
Private	3.7	2.7	2.4	24.8	8.6	37.1	80.9	41.8	82.2	94.1
Ecological region										
Mountain	1.7	4.5	2.9	8.8	6.5	98.5	13.9	3.7	14.0	20.1
Hill	1.1	3.0	1.0	7.1	3.8	91.1	29.1	6.9	29.6	26.0
Terai	2.7	11.1	5.3	30.6	23.1	87.7	52.7	12.7	53.2	26.4
Location										
Urban	2.4	8.0	3.1	18.9	12.4	86.4	38.8	11.1	39.3	28.7
Rural	1.0	3.6	2.4	11.4	8.9	96.0	31.0	5.5	31.5	21.5
Province										
Province 1	2.7	5.0	0.4	7.5	1.6	88.2	26.2	12.4	26.5	32.5
Madhesh	0.6	0.7	2.9	18.2	20.1	91.1	41.4	6.9	41.4	14.3
Bagmati	0.4	4.8	1.9	8.8	5.5	87.1	29.4	8.3	29.5	33.9
Gandaki	2.2	1.9	1.5	12.8	4.7	94.6	42.7	3.6	43.0	20.3
Lumbini	2.6	6.9	5.9	32.3	21.8	92.3	49.1	8.5	50.4	25.5
Karnali	1.4	6.5	0.2	9.2	8.0	92.6	17.7	5.7	17.7	14.5
Sudurpashchim	3.2	20.3	6.8	19.7	15.0	94.7	35.7	12.5	37.0	27.9
Total	1.7	6.0	2.7	15.4	10.8	90.9	35.2	8.5	35.6	25.3
										1,538

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 long-lasting insecticidal nets (LLINs) 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 capacity to conduct hemoglobin testing using any of the following means: hematology analyzer, hemoglobinometer or colorimeter, HemoCue, or litmus paper.

Table 6.21.1 Malaria prevention interventions for antenatal care clients: Long-lasting insecticidal nets and intermittent preventive treatment during pregnancy, by facility type

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included discussion of specific preventive interventions related to the use of long-lasting insecticidal nets (LLINs), according to ANC visit status, by facility type, Nepal HFS 2021

Components of consultation	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
	HPs	UHCs	CHUs						
FIRST-VISIT ANC CLIENTS									
Importance of using LLIN explained	0.3	0.0	0.3	1.7	3.0	2.4	9.0	6.1	1.5
Client given LLIN or directed to obtain elsewhere in facility	5.4	0.0	0.0	3.0	6.2	3.6	36.7	14.0	4.2
Number of ANC clients	190	50	150	61	333	301	24	8	785
FOLLOW-UP VISIT ANC CLIENTS									
Importance of using LLIN explained	0.0	0.0	0.0	1.7	0.9	0.8	2.2	0.0	0.5
Client given LLIN or directed to obtain elsewhere in facility	1.3	0.0	0.0	2.8	4.2	3.9	11.7	0.0	2.4
Number of ANC clients	183	58	296	92	553	501	30	21	1,181

Table 6.21.2 Malaria prevention interventions for antenatal care clients: Long-lasting insecticidal nets and intermittent preventive treatment during pregnancy, by managing authority and province

Among antenatal care (ANC) clients whose consultations were observed, percentages whose consultation included discussion of specific preventive interventions related to the use of long-lasting insecticidal nets (LLINs), according to ANC visit status, by managing authority and province, Nepal HFS 2021

Components of consultation	Managing authority		Province							Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
FIRST-VISIT ANC CLIENTS										
Importance of using LLIN explained	1.8	0.3	0.0	0.0	0.0	0.0	4.1	1.3	3.9	1.5
Client given LLIN or directed to obtain elsewhere in facility	5.2	0.0	0.4	0.0	0.0	5.1	3.6	1.3	22.8	4.2
Number of ANC clients	634	150	111	192	101	60	187	36	97	785
FOLLOW-UP VISIT ANC CLIENTS										
Importance of using LLIN explained	0.7	0.0	0.2	0.0	0.3	0.0	0.0	1.0	2.8	0.5
Client given LLIN or directed to obtain elsewhere in facility	3.2	0.0	0.2	0.2	0.3	5.5	0.0	1.0	14.2	2.4
Number of ANC clients	885	296	189	228	288	55	197	65	159	1,181

Table 6.22 Malaria training for antenatal care service providers

Among interviewed providers of ANC services, percentages who reported receiving in-service training on topics related to malaria during the specified time periods, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of interviewed providers of malaria services who reported they received in-service training				Number of interviewed ANC service providers ¹	
	How to perform malaria rapid diagnostic test		Case management/treatment of malaria			
	During the past 24 months	At any time	During the past 24 months	At any time		
Facility type						
Federal/provincial-level hospitals	1.4	3.9	1.6	4.6	360	
Local-level hospitals	1.3	6.3	1.7	7.5	109	
Private hospitals	1.1	3.4	1.5	4.5	635	
PHCCs	2.3	5.6	2.8	6.9	172	
Basic health care centers	2.1	11.1	1.5	10.1	1,153	
HPs	1.9	10.9	1.5	10.0	1,086	
UHCs	1.9	12.4	1.9	11.7	48	
CHUs	9.4	19.0	4.7	9.4	19	
Managing authority						
Public	1.9	8.8	1.7	8.5	1,794	
Private	1.1	3.4	1.5	4.5	635	
Ecological region						
Mountain	3.8	5.4	3.8	7.0	140	
Hill	1.2	4.6	1.2	4.7	1,045	
Terai	1.9	10.0	1.8	9.8	1,244	
Location						
Urban	1.7	7.2	1.7	7.6	1,786	
Rural	1.7	8.0	1.6	7.1	643	
Province						
Province 1	0.9	5.7	1.3	6.9	412	
Madhesh	1.4	9.8	1.4	9.4	470	
Bagmati	0.4	5.1	0.5	4.9	518	
Gandaki	2.2	4.5	2.3	4.8	290	
Lumbini	4.0	11.2	3.0	10.0	393	
Karnali	0.0	2.6	0.0	3.6	92	
Sudurpashchim	2.9	9.7	2.9	10.6	254	
Total	1.7	7.4	1.6	7.5	2,429	

Note: Training refers to in-service training only. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

¹ Includes only providers of ANC services in facilities that offer both ANC services and malaria diagnosis and/or treatment services

DELIVERY AND NEWBORN CARE

Key Findings

- Just over half of health facilities in Nepal provide normal vaginal delivery services. As expected, cesarean deliveries are available at only a small proportion of facilities (5%), mainly hospitals.
- Eight in 10 facilities that offer normal delivery care services have emergency transport available, and a majority of facilities (66–99%) have all of the equipment items necessary for providing quality care other than a vacuum extractor (23%) and a vacuum aspiration or manual vacuum aspiration kit (21%).
- Only around one-fifth of facilities offering normal vaginal delivery services had all of the medicines essential for quality delivery care. Facilities were even less likely to have all of the essential medicines for newborn care (2%).
- Around 3 in 10 facilities that offer normal vaginal delivery services had at least one interviewed staff member with recent training in delivery care, and only 13% had guidelines for delivery care available on the day of the assessment.
- Only a minority of hospitals and primary health care centers (PHCCs) offering normal vaginal deliveries had performed all basic emergency obstetric and newborn care (BEmONC) signal functions (13%) or all comprehensive emergency obstetric and newborn care (CEmONC) signal functions (11%) at least once in the 3 months preceding the survey.
- 90% or more of facilities reported that they 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.
- 63% of interviewed delivery care providers received personal supervision in the 6 months before the assessment, but only 16% received in-service training during the 24 months preceding the assessment.
- Only a minority of women reported that they received comprehensive checks and advice on key aspects of postpartum (8%) or newborn (19%) care before they were discharged from the facility where they delivered.
- 23% of postpartum women interviewed after their delivery reported that the staff had scolded them or treated them disrespectfully.

7.1 BACKGROUND

This chapter explores the following key issues relating to provision of quality delivery and newborn care services at health facilities in Nepal:

- **Availability of delivery and newborn services.** Section 7.2, including **Tables 7.1 and 7.2** 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 7.3 through 7.5** 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 7.6** and **7.7**, examines signal functions for emergency obstetric and newborn care (EmONC).
- **Newborn care practices.** Section 7.5, including **Tables 7.8.1** and **7.8.2** and **Figure 7.5**, presents information on the prevalence of specific newborn care practices in health facilities.
- **Basic management and administrative systems.** Section 7.6, including **Tables 7.9 through 7.11** and **Figure 7.6** and **Figure 7.7**, 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.
- **Adherence to standards.** Section 7.7, including **Tables 7.12 through 7.21**, uses information from observations of normal vaginal deliveries to examine issues relating to providers' adherence to accepted standards for service provision and the quality of delivery care services.
- **Client experience.** Section 7.8, including **Tables 7.22 through 7.30** and **Figure 7.8**, 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

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 Center, 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 arrangements and the referral system.

In 2019, the Ministry of Health and Population (MoHP) developed the Safe Motherhood and Newborn Health (SMNH) Road Map 2030, which is aligned with the Sustainable Development Goals (SDGs). The Road Map 2030 aims to ensure a healthy life for, and the well-being of, all mothers and newborns and focuses on ending preventable maternal and newborn deaths. It builds upon a review of Nepal's SMNH program under the NHSS and other national and international experiences and recommendations and seeks to address the remaining challenges, especially around strengthening community health system platforms and improving institutional quality of care in an equitable manner. In addition, the road map is aligned with the Family Planning Costed Implementation Plan (2015–2020) and Nepal's Every Newborn Action Plan (NeNAP 2016–2035). Furthermore, the Safe Motherhood and Reproductive Health Act (2018) and regulations guarantee the reproductive rights of every woman.

7.2 AVAILABILITY OF DELIVERY AND OTHER MATERNAL HEALTH SERVICES

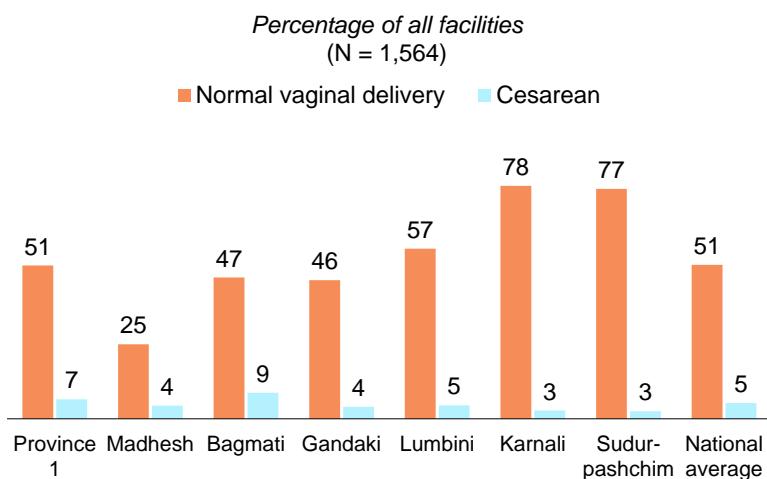
As **Table 7.1** shows, 51% of all health facilities in Nepal offer normal vaginal delivery services. Almost all public hospitals and primary health care centers (PHCCs) provide normal vaginal delivery services, while only around half of private hospitals (53%) and basic health centers (48%) offer these services. Cesarean delivery services are available at only 5% of all health facilities, mainly hospitals. The proportion of health facilities providing normal vaginal delivery services is lowest in the Madhesh province (25%) and highest in

Karnali (78%) and Sudurpashchim (77%) (**Figure 7.1**). Bagmati has the highest proportion of facilities providing cesarean delivery services (9%), while Karnali and Sudurpashchim have the lowest (3% each).

With regard to other maternal health services, 16% of all facilities that offer normal vaginal delivery services provide assisted vaginal delivery (**Table 7.1**). Medical abortions are provided by 29% of facilities offering normal vaginal delivery care. **Table 7.1** also shows that almost all facilities (98%) that offer normal vaginal delivery services have a delivery care provider available on-site or on-call 24 hours a day. Facilities were somewhat more likely in 2021 than in 2015 to have an observed duty schedule for delivery care providers (31% versus 23%).

Table 7.2 focuses on the availability of cesarean delivery and other maternal health services at hospitals and PHCCs. The results show that just over half of all hospitals offer cesarean delivery services. A large majority of the hospitals offering cesarean deliveries provide postpartum tubal ligation (88%). Comprehensive abortion care is available at 58% of hospitals and PHCCs that offer normal vaginal delivery services.

Figure 7.1 Availability of normal vaginal delivery and cesarean delivery services, by province



7.3 SERVICE READINESS

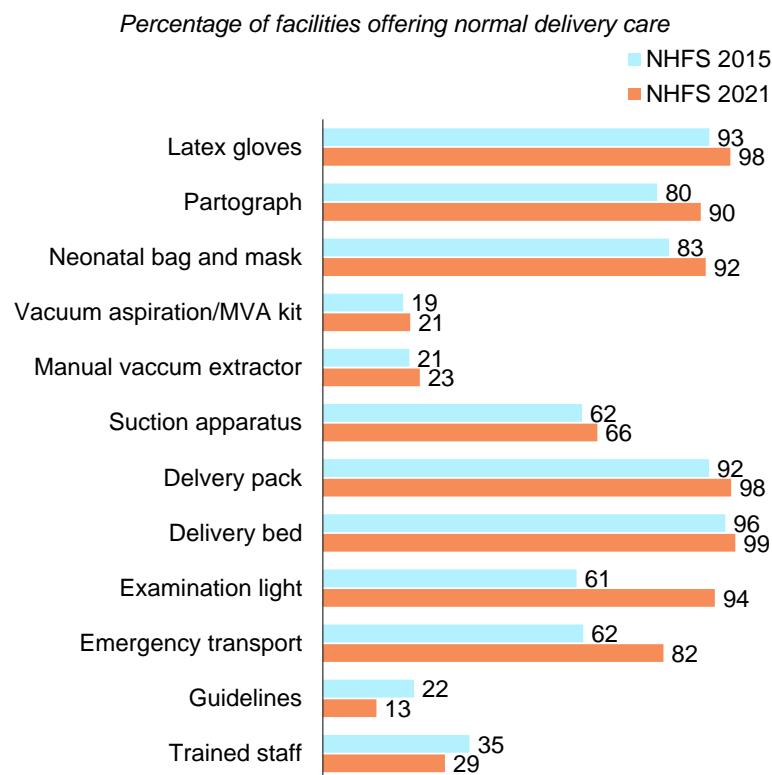
7.3.1 Service Guidelines, Trained Staff, and Equipment for Delivery Services

The quality of delivery services depends partly on the availability of service guidelines, staff with up-to-date training, and certain basic equipment. **Table 7.3** presents 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.

Only 6% of facilities, mainly federal/provincial and private hospitals, had a neonatal intensive care unit (NICU) or a special/sick NICU. Also, only 45% had a newborn corner in the delivery area. On the other hand, more than 8 in 10 facilities providing normal vaginal delivery care had emergency transport available—a crucial factor in responding to unexpected complications of labor and delivery. A majority of facilities also had most of the other equipment items required for quality delivery care; they were least likely to have a manual vacuum extractor (23%) or a vacuum aspiration/manual vacuum aspiration kit (21%).

Figure 7.2 shows that there were marked improvements between the 2015 and 2021 NHFS surveys in the percentages of facilities that had emergency transport and many of the basic equipment items needed to provide quality delivery care. However, the percentage of facilities that had staff with recent delivery care training decreased from 35% in 2015 to 29% in 2021. Also, fewer facilities had guidelines on delivery care available on the day of the assessment in 2021 (13%) than in 2015 (22%).

Figure 7.2 Availability of items to support quality provision of delivery services



7.3.2 Medicines and Commodities for Delivery and Newborn Care

Tables 7.4.1 and 7.4.2 provide information on the availability of essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers.

A large majority of facilities providing normal vaginal delivery services reported having each of the essential medicines for delivery care, with facilities least likely to have an injectable antibiotic (66%). Overall, however, only around one-fifth of facilities had all essential medicines for delivery care available on the day of the NHFS visit.

With regard to the essential medicines for newborn care, facilities were most likely to have chlorhexidine gel and injectable gentamicin (80% each) and least likely to have tetracycline eye ointment (8%). Only 2% had all five essential newborn care medicines.

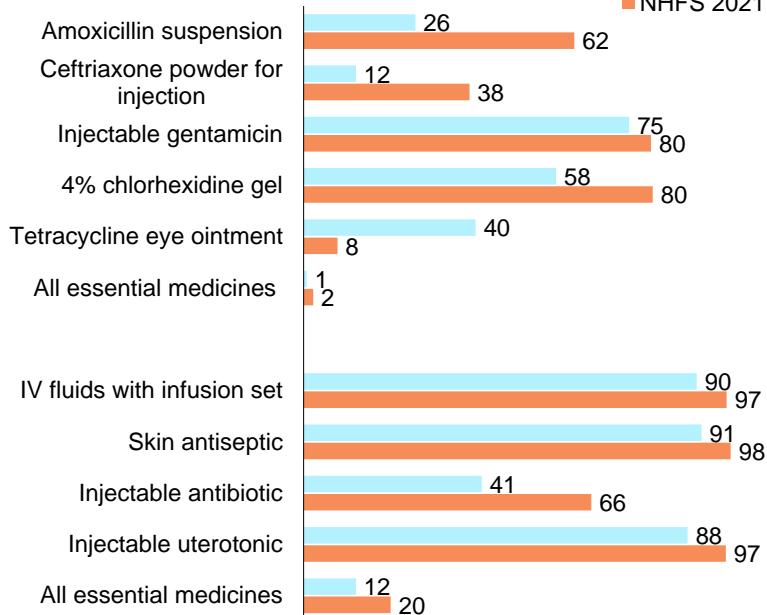
Considering priority medicines for mothers, facilities were most likely to have sodium chloride injectable solution (92%) and least likely to have cefixime capsules or tablets (29%). Overall, 6% of facilities providing normal vaginal delivery services had all eight priority medicines for mothers.

In general, the medicines needed for delivery and newborn care and for mothers were available more often at hospitals and PHCCs than at other types of facilities. Figure 7.3 shows that, with the exception of tetracycline eye ointment, the availability of essential delivery and newborn care medicines improved between 2015 and 2021.

Figure 7.3 Availability of essential medicines to support delivery and newborn care

Percentage of facilities offering normal delivery care

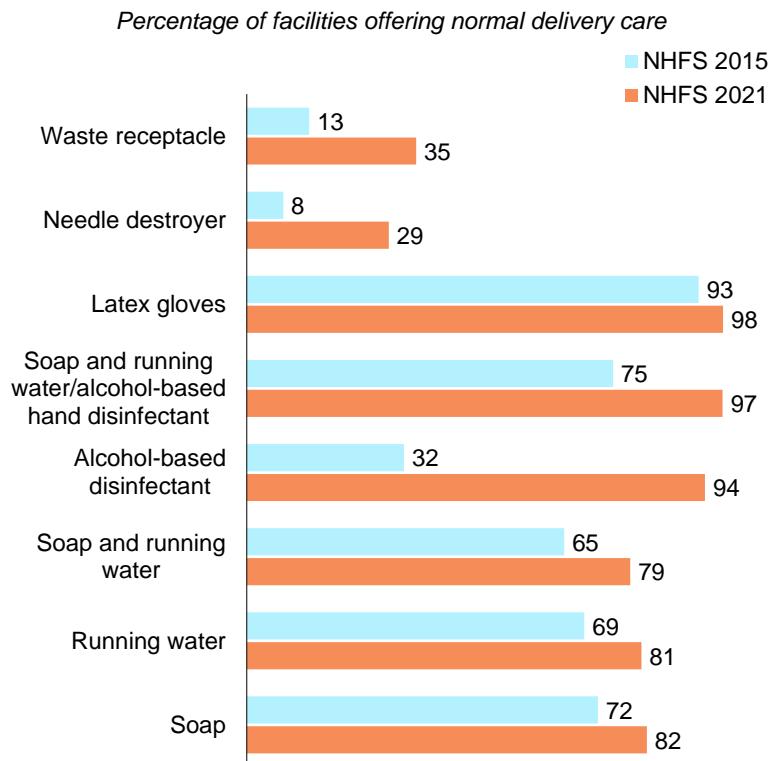
NHFS 2015
NHFS 2021



7.3.3 Infection Control

Infection control is vital during delivery care. A majority of facilities providing normal vaginal delivery services had alcohol-based hand disinfectant (94%), latex gloves (98%), and soap and running water (79%) available on the day of survey (**Table 7.5**). Facilities were much less likely to have a needle destroyer (29%) or waste receptacle (35%). Particularly notable was the small percentage of facilities that had the infection prevention and waste management reference manual available (10%). The availability of many of the items regarded as necessary for infection control increased markedly between the 2015 and 2021 NHFS surveys (**Figure 7.4**). However, similar to the situation in 2015 (1%), only a small proportion of facilities had all of the items considered essential for infection control in 2021 (3%).

Figure 7.4 Availability of key infection control items



7.4 SIGNAL FUNCTIONS FOR EMERGENCY OBSTETRIC AND NEWBORN CARE (EMONC)

Facilities that offer normal vaginal delivery care should be prepared to provide key emergency obstetric and newborn care interventions—EmONC signal functions—to manage complications when they occur. **Table 7.6** reports on the performance of signal functions in facilities that offer normal vaginal delivery services in Nepal in the 3-month period prior to the NHFS.

Facilities are considered to offer basic emergency obstetric and newborn care (BEmONC) if they provided the first seven signal functions shown in **Table 7.6** at least once during the 3 months before the NHFS survey visit. They are considered to offer comprehensive emergency obstetric and newborn care (CEmONC) if they performed at least one cesarean delivery and one blood transfusion in addition to the seven basic signal functions. Assessment of the performance of CEmONC services is limited to hospitals and PHCCs since lower-level facilities are not expected to have the capacity to carry out a cesarean delivery or provide blood transfusions.

With regard to specific BEmONC functions, **Table 7.6** shows that facilities offering normal delivery services most often administered parenteral oxytocics (88%) in the 3-month period before the survey. They were least likely to have provided assisted vaginal delivery services (8%) or to have administered parenteral anticonvulsants (9%).

Overall, only 3% of facilities providing normal delivery care carried out all of the BEmONC functions in the 3-month period before the NHFS visit. **Table 7.7** shows that among hospitals and PHCCs offering vaginal delivery care, 13% performed all of the BEmONC functions, which is slightly lower than the rate found for hospitals and PHCCs in the 2015 NHFS (14%).

Considering CEmONC functions, **Table 7.6** shows that 39% of hospitals and PHCCs offering normal vaginal delivery services provided at least one blood transfusion and 46% performed at least one cesarean delivery in the 3-month period before the survey. Overall, 11% of hospitals and PHCCs carried out all CEmONC functions (i.e., at least one blood transfusion and one cesarean delivery in addition to all seven BEmONC services) during that period. Considering only hospitals offering vaginal delivery services, 16% carried out all CEmONC functions (**Table 7.7**). These rates are similar to those observed in the 2015 NHFS (12% among hospitals and PHCCs and 18% among hospitals only).

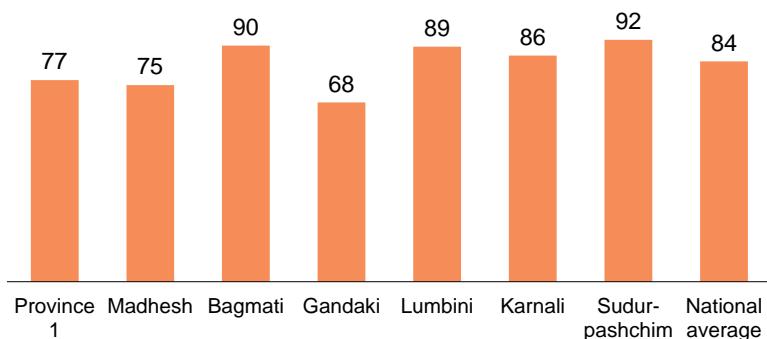
7.5 NEWBORN CARE PRACTICES

To ensure the survival of newborns, it is crucial to follow appropriate care practices routinely for every newborn. In the 2021 NHFS, facilities that offer normal vaginal delivery services were asked if the 10 newborn care practices highlighted in **Tables 7.8.1** and **7.8.2** were routine components of newborn care in the facility.

Ninety percent or more of the facilities reported that they engaged in the first seven newborn care practices, which range from putting the baby skin to skin on the mother's abdomen after delivery to weighing the child after birth. Overall, 84% of facilities reported that all seven of the practices were routine components of newborn care in the facility. By province, facilities in Gandaki were least likely (68%) and facilities in Sudurpashchim (92%) were most likely to routinely carry out all seven practices (**Figure 7.5**).

Figure 7.5 Newborn care practices, by province

*Percentage of facilities routinely carrying out all seven recommended newborn care practices
(N = 804)*



Although these results are encouraging, **Tables 7.8.1** and **7.8.2** also show that far fewer facilities routinely administer vitamin K (19%), give a bacillus Calmette-Guérin (BCG) vaccination before discharge (10%), or apply tetracycline eye ointment to both eyes (6%). In general, hospitals were more likely to report these practices as a routine part of the newborn care they provide than other types of facilities.

7.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

Table 7.9 presents aggregate information on supervision and training received by health providers involved in delivery or newborn care who were interviewed in the 2021 NHFS. The total number of providers interviewed was 2,742.

7.6.1 Supervision

Supervision of providers of delivery care is relatively common, with 63% of interviewed providers reporting that they received personal supervision in the 6 months before the assessment (**Table 7.9**). Providers in the Karnali and Lumbini provinces were most likely to have received personal supervision during the 6-month period before the NHFS visit (**Figure 7.6**).

7.6.2 Training

In-service training not only improves the knowledge of skilled birth attendants but also improves their skills. Forty-five 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 16% of providers reported that they had received in-service training during the 24 months preceding the assessment (**Table 7.9**). The percentage of providers receiving recent training in delivery and newborn care ranged from 12% in the Madhesh province to 22% in Sudurpashchim (**Figure 7.7**).

Table 7.10 and **Table 7.11** provide information on the extent to which providers had received in-service training on specific topics relating to delivery care and newborn care. Looking at delivery care topics, providers most often reported ever attending training related to SBA (31%), routine care during labor and delivery (29%), active management of the third stage of labor (31%), and post-abortion care (30%). With regard to newborn care, delivery and newborn care providers most often reported ever receiving in-service training on kangaroo mother care for low birth weight babies (32%).

7.7 PROVIDER ADHERENCE TO STANDARDS

The information obtained during the observations of normal vaginal deliveries in the 2021 NHFS allows an assessment of the extent to which health care providers in Nepal are adhering to standards of delivery care. It also offers insights into the quality of postpartum and newborn care.

The data are based on observations of normal vaginal deliveries that took place during the NHFS team visits to the facilities in the sample that routinely offer these services. To obtain these data, the NHFS observers recorded information about provider interactions with clients during each stage of the observed deliveries using checklists based on commonly accepted guidelines. For each of the deliveries, the goal

Figure 7.6 Recent personal supervision and training in delivery and newborn care

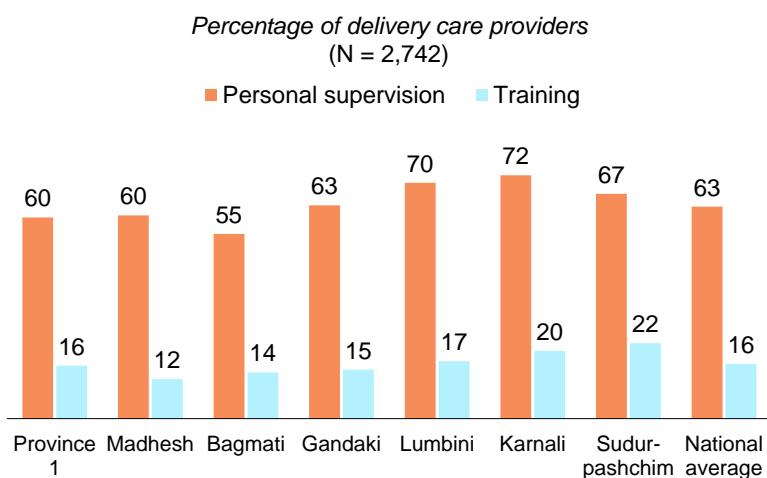
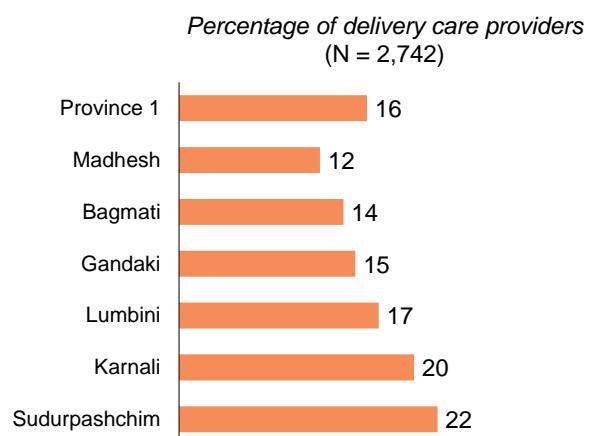


Figure 7.7 Training related to delivery and/or newborn care during the 24 months preceding the survey (supportive management for providers of delivery care), by province



was to observe the entire delivery process from the initial assessment conducted upon a client's arrival at the facility through the postpartum and newborn care provided immediately following delivery. However, logistical constraints sometimes prevented the team from observing all of the delivery phases for each client. In particular, information is limited on the assessments conducted on the client's arrival at the facility.

The 2021 NHFS included observations from 475 normal vaginal deliveries. Taking into account the numbers of observed deliveries by facility type, 9 in 10 of the observed delivery consultations occurred in hospitals, mainly public hospitals. Care was primarily provided by nursing professionals (55%) or auxiliary health professionals (38%). Almost all of the providers were female (98%).

7.7.1 Initial Assessment

Table 7.13 and **Table 7.14** summarize information on the comparatively small number of initial client assessments the NHFS teams were able to observe. The majority of the observed initial assessments were with women who had normal vaginal deliveries, but around one-third were with women who had a cesarean or assisted delivery.

Table 7.13 includes information on pregnancy danger signs and prior pregnancy complications providers were observed asking about during the initial assessments. The results show that providers asked about at least one of the danger signs listed in the table in the majority of the initial assessments (76%). With respect to specific danger signs, providers most often asked about severe abdominal pain (55%), decrease in or stopping of fetal movement (54%), and vaginal bleeding (45%). **Table 7.13** also shows that only a minority of providers sought information about specific complications a woman may have experienced in a previous pregnancy, asking most often about any prior abortion or miscarriage (30%). HIV status was checked in around two-thirds of the consultations, largely by asking the woman or checking her chart; only 8% of women were offered an HIV test. Urine protein testing was conducted for only 19% of the women.

The NHFS observers also recorded information on the extent to which providers complied with standard infection control precautions and conducted standard physical examinations during the initial assessments. **Table 7.14** shows that almost all providers wore sterile gloves when performing vaginal examinations, but only 55% washed their hands. With regard to physical examinations, virtually all providers were observed performing a vaginal examination (99%), and 87% advised the client about the result of the examination. Blood pressure was taken and the fetal heart rate was checked in around 9 in 10 consultations. On the other hand, only around one-third of women were checked for signs of anemia, and only around one quarter were examined for signs of edema.

7.7.2 Observation of Labor and Delivery

Table 7.15 through **Table 7.18** present detailed information on actions providers were observed to take and the standard precautions they observed during labor and delivery. The information is organized according to the stage of labor and facility type. As noted earlier, due to logistical issues, it was not possible to observe the stages of delivery for all clients; however, information is available at each stage for 9 in 10 or more of the deliveries observed during the 2021 NHFS.

With regard to infection control, the results in **Tables 7.15**, **7.17**, and **7.18** show that the primary precautions the vast majority providers were observed to take throughout labor and delivery were wearing disinfected or sterile gloves (91–98%) and clean masks (94–95%). Most providers also put on a clean gown or apron (92%) during later stages of labor. Hand washing and use of high-level disinfectant were much less common, with only 66% of providers seen washing their hands thoroughly and only 58% seen using disinfectant on both hands during the second and third stages of labor (**Table 7.17**).

A key component of quality delivery care is informing women and/or their support person about what to expect and offering encouragement. **Table 7.15** shows that the majority of providers (59–81%) were observed taking actions during the first stage of labor to explain procedures and support women.

Table 7.16 and **Table 7.17** also review the extent to which providers took various steps in preparing for the delivery. Providers were least often observed performing an episiotomy (38%). Active management of the third stage of labor, including the administration of a uterotonic and controlled cord traction, is important in avoiding postpartum hemorrhage. **Table 7.18** shows that uterotronics were administered in the case of almost all deliveries (96%) observed in the NHFS. Nine in 10 providers also were observed applying traction to the umbilical cord and performing uterine massage following delivery.

7.7.3 Immediate Newborn and Postpartum Care

Table 7.19 presents information on actions providers were observed taking immediately after delivery to care for the newborn and the mother. With regard to care of the mother, providers were most often observed palpating the mother's abdomen and proceeding with active management of the third stage of labor (85%). With respect to newborn care, providers were least often observed applying tetracycline eye ointment (2%) and most often observed thoroughly drying and covering the newborn (97%). Providers were observed assisting 57% of mothers in initiating breastfeeding within 1 hour of the delivery. Overall, breastfeeding was initiated within an hour of the delivery for 80% of newborns. Providers weighed three quarters of newborns after the delivery but were less often observed checking the baby's temperature (37%) or skin color (48%).

In a small number of observed deliveries, the providers took actions to resuscitate the newborn. **Table 7.20** provides information on the actions taken during newborn resuscitation efforts.

7.7.4 Respectful Maternity Care (Observed)

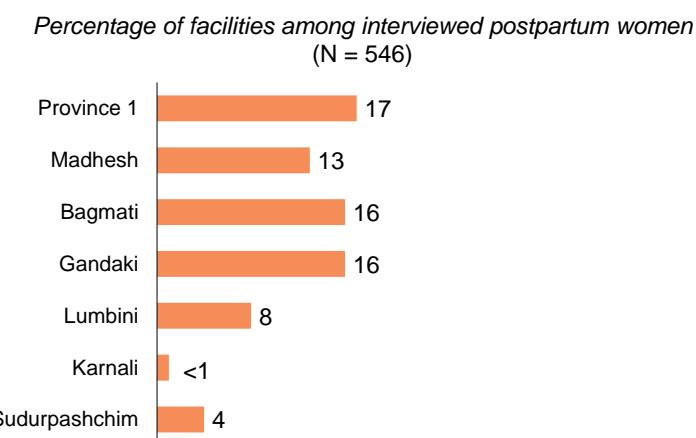
Respectful maternity care is a basic right. **Table 7.21** provides information on compliance with key elements of respectful maternity care during the deliveries observed in the 2021 NHFS. The results show that there was little evidence of abusive or discriminatory behavior. Other key elements of respectful maternity care were frequently but not universally observed (41–66%).

7.8 CLIENT EXPERIENCE

A total of 546 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 (**Table 7.22**). Taking into account the number of postpartum clients by facility type, 9 in 10 women delivered in a hospital, mainly in federal/provincial (56%) or private (28%) hospitals. The majority of interviewed women had a normal vaginal delivery, but 11% had a cesarean delivery. Interviewed women in Province 1 reported more

cesarean deliveries than women in other provinces (**Figure 7.8**). More than 8 in 10 women were assisted at delivery by nurses/midwives, and the large majority of women (93%) had a female delivery attendant (**Table 7.23**).

Figure 7.8 Cesarean deliveries (mode of delivery), by province



7.8.1 Newborn Care Practices and Postpartum Checks/Advice

The 2021 NHFS interviews with postpartum women included questions about a number of newborn care practices following delivery. **Table 7.23** shows that 87% of women reported that they initiated breastfeeding within an hour of birth, and more than 7 in 10 reported skin-to-skin contact with the newborn following delivery. Two-thirds of postpartum women indicated that a provider had applied chlorhexidine to the newborn's cord.

Table 7.24.1 and **Table 7.24.2** present additional information on postpartum checks and advice women received at the time they were being discharged from the facility following delivery. Mothers reported most often being advised on breastfeeding (87%) and having their blood pressure checked (81%). Women were least likely to report having their breasts examined for problems (38%) or being given advice on family planning (39%). Overall, 8% of women reported receiving all of the maternal postpartum checks and forms of advice shown in **Table 7.24.1** and **Table 7.24.2**. This represents a slight improvement over the 4% of women who reported all of these checks and types of advice in the exit interviews conducted in the 2015 NHFS.

With regard to newborn care, mothers most often reported that providers checked the newborn for signs of breathing problems (79%). According to the mothers' reports, providers were least likely to check newborns for jaundice (34%). Overall, 19% of mothers reported receiving all of the newborn checks/advice shown in **Table 7.24.1** and **Table 7.24.2**, which is only a slight increase over the figure of 18% reported in 2015.

7.8.2 Payment for Services and Transportation Costs

Information was collected in the postpartum exit interviews on several aspects relating to the costs of delivery care. **Table 7.25** shows that women most often reported paying for registration fees (16%) and medicines (11%). Notably, almost none of the women delivering in PHCCs and basic health facilities reported that they paid for any of the items shown in the table.

Table 7.26 presents information on the level of awareness among postpartum women of the availability of free delivery services and transportation incentives. Overall, around 6 in 10 women were aware of the availability of free delivery care, and 53% knew about transportation incentives. Women who delivered in public facilities were much likely than women delivering in private hospitals to be aware of free delivery services and transportation incentives.

7.8.3 Transport, Waiting Times, and Access to Amenities

Timely transport to a facility at the beginning of labor can be critical, and waiting time and access to amenities such as drinking water and toilet facilities are basic indicators of the quality of delivery care. **Table 7.27** shows that most mothers reported in the exit interviews that they were transported to the facility where they delivered by auto vehicle (58%) or ambulance (24%). **Table 7.28** shows that almost all women reported getting a bed (97%) and being assessed by a provider (91%) within a half hour of their arrival at the facility. In addition, almost all women had access to a toilet (99%), and 80% reported that drinking water was available.

7.8.4 Respectful Maternity Care (Reported)

Information from the exit interviews with postpartum women allows an assessment from the women's perspective of the extent to which facilities are providing respectful maternity care. **Table 7.29** shows that more than 8 in 10 postpartum women reported that providers showed caring, appropriate behavior (88%) and that they felt comfortable with the level of auditory and visual privacy they received (85%). Most postpartum women also found the staff to be attentive when they requested assistance (94%), and around 7 in 10 women felt the staff provided explanations and encouraged questions. On the other hand, while few

postpartum women were subjected to physical abuse (1%), 6% reported discriminatory behavior on the part of facility staff, and 23% said that the staff scolded them or treated them disrespectfully.

7.8.5 Client Satisfaction

Postpartum women were asked directly about their level of satisfaction with various components of the care they had received at the facility, ranging from waiting time to the overall level of care they received. **Table 7.30** shows that a majority of postpartum women (79–89%) expressed satisfaction with all of the specific care components shown in the table. They most often expressed dissatisfaction with the cleanliness of the facility (9%).

LIST OF TABLES

- **Table 7.1** Availability of normal vaginal delivery and other maternal health services
- **Table 7.2** Availability of cesarean delivery and other maternal health services at hospitals and PHCCs
- **Table 7.3** Guidelines, trained staff, and equipment for delivery services
- **Table 7.4.1** Medicines and commodities for delivery and newborn care by facility type
- **Table 7.4.2** Medicines and commodities for delivery and newborn care by managing authority and province
- **Table 7.5** Items for infection control during provision of delivery care
- **Table 7.6** Signal functions for emergency obstetric and neonatal care (EmONC) and functional basic EmONC and comprehensive EmONC
- **Table 7.7** Basic EmONC at hospitals and PHCCs and comprehensive EmONC at hospitals
- **Table 7.8.1** Newborn care practices by facility type
- **Table 7.8.2** Newborn care practices by managing authority and province
- **Table 7.9** Supportive management for providers of delivery care
- **Table 7.10** Training on specific aspects of delivery care
- **Table 7.11** Training on specific aspects of immediate newborn care
- **Table 7.12** Observed deliveries by provider characteristics and facility type
- **Table 7.13** Information collected and laboratory tests conducted during initial client assessments and pregnancy outcomes
- **Table 7.14** Standard precautions and physical examinations observed during the initial assessment
- **Table 7.15** Standard precautions and other activities observed during the first stage of labor
- **Table 7.16** Preparation for delivery observed during the first stage of labor
- **Table 7.17** Standard precautions and preparation for delivery observed during the second and third stages of labor
- **Table 7.18** Active management of the third stage of labor (AMTSL)
- **Table 7.19** Immediate newborn and postpartum care
- **Table 7.20** Newborn resuscitation
- **Table 7.21** Respectful maternity care (observed)
- **Table 7.22** Mode of delivery
- **Table 7.23** Delivery attendant and essential newborn care practices
- **Table 7.24.1** Postpartum checks/advice at the time of discharge by facility type
- **Table 7.24.2** Postpartum checks/advice at the time of discharge by managing authority and province
- **Table 7.25** Payment during delivery
- **Table 7.26** Knowledge of free delivery services and transportation incentives
- **Table 7.27** Means of transportation used
- **Table 7.28** Waiting times and availability of basic amenities
- **Table 7.29** Respectful maternity care (reported)
- **Table 7.30** Client satisfaction

Table 7.1 Availability of normal vaginal delivery and other maternal health services

Among all facilities, percentages that offer normal vaginal delivery and cesarean delivery services, and among facilities that offer normal vaginal delivery services, 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 HFS 2021

Background characteristic	Percentage of facilities offering:			Percentage of facilities offering normal vaginal delivery services that offer/have:							
	Normal vaginal delivery services	Cesarean delivery	Normal vaginal delivery services or cesarean delivery	Normal vaginal services and cesarean delivery	Number of facilities	Assisted delivery	Medical abortion	Comprehensive abortion care	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	Number of facilities offering normal vaginal delivery services
Facility type											
Federal/provincial-level hospitals	94.6	81.9	94.6	81.9	27	85.4	95.5	93.3	94.4	100.0	25
Local-level hospitals	93.8	24.3	93.8	24.3	17	38.0	53.6	39.7	67.6	96.8	16
Private hospitals	52.8	48.3	57.8	43.3	116	68.9	75.4	69.5	69.0	95.3	61
PHCCs	97.3	0.5	97.3	0.5	51	26.4	65.2	31.5	61.2	98.9	50
Basic health care centers	48.2	0.0	48.2	0.0	1,352	7.2	18.7	0.0	21.9	98.0	651
HPs	57.2	0.0	57.2	0.0	1,064	7.5	19.9	0.0	23.2	98.3	609
UHCs	7.0	0.0	7.0	0.0	154	0.0	0.0	0.0	10.0	100.0	11
CHUs	23.8	0.0	23.8	0.0	135	3.3	1.6	0.0	1.6	91.4	32
Managing authority											
Public	51.3	1.8	51.3	1.8	1,447	118	25.2	6.1	28.0	98.1	743
Private	52.8	48.3	57.8	43.3	116	68.9	75.4	69.5	69.0	95.3	61
Ecological region											
Mountain	64.9	2.3	64.9	2.3	210	13.9	17.9	5.5	23.5	98.1	136
Hill	60.3	4.6	60.7	4.2	818	12.9	24.0	8.6	24.6	97.1	493
Terai	32.6	7.4	33.0	7.0	535	27.1	51.7	22.0	55.5	99.8	174
Location											
Urban	41.3	9.7	42.0	9.0	833	24.3	42.5	21.9	44.3	96.2	344
Rural	63.0	0.2	63.0	0.2	730	10.0	18.9	2.8	21.3	99.1	460
Province											
Province 1	51.2	6.5	51.3	6.3	262	17.5	30.6	14.0	26.7	97.1	134
Madhesh	24.9	4.4	25.1	4.2	246	29.9	48.5	16.0	50.6	100.0	61
Bagmati	47.2	8.7	48.1	7.9	321	17.6	24.7	16.1	35.3	96.0	151
Gandaki	46.3	4.0	46.7	3.6	198	14.0	40.0	10.1	26.6	99.0	92
Lumbini	56.8	4.5	57.2	4.1	239	13.2	31.0	10.0	29.1	99.7	136
Karnali	77.8	2.8	78.1	2.6	128	12.0	10.0	4.5	24.8	98.3	100
Sudurpashchim	76.8	2.5	76.8	2.5	169	14.7	28.0	6.3	31.8	96.9	130
Total	51.4	5.3	51.8	4.9	1,564	16.2	29.0	11.0	31.1	97.9	804

Note: Stand-alone HIV testing and counseling centers (HTCs) and three federal-level hospitals are excluded from this and other tables in this chapter. The following abbreviations are used in tables throughout the chapter:
 PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

Table 7.2 Availability of cesarean delivery and other maternal health services at hospitals and PHCCs

Among all hospitals, percentages that offer cesarean delivery services; among hospitals that offer cesarean delivery services, percentages offering postpartum tubal ligation; and among all hospitals and PHCCs offering normal vaginal deliveries, percentages providing comprehensive abortion care, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage offering cesarean delivery	Number of hospitals	Percentage providing postpartum tubal ligation	Number of hospitals offering cesarean delivery services	Percentage offering comprehensive abortion care	Number of hospitals and PHCCs offering normal vaginal delivery services
Facility type						
Federal/provincial-level hospitals	81.9	27	85.8	22	93.3	25
Local-level hospitals	24.3	17	66.6	4	39.7	16
Private hospitals	48.3	116	90.8	56	69.5	61
PHCCs	-	0	-	0	31.5	50
Managing authority						
Public	59.0	44	82.7	26	49.9	91
Private	48.3	116	90.8	56	69.5	61
Ecological region						
Mountain	42.6	11	70.6	5	63.5	12
Hill	48.1	78	91.8	38	59.7	71
Terai	56.2	71	86.9	40	54.9	70
Location						
Urban	54.5	148	88.7	81	65.0	116
Rural	13.4	13	66.7	2	35.3	37
Province						
Province 1	65.0	26	92.9	17	61.7	30
Madhesh	57.9	19	87.5	11	43.3	23
Bagmati	48.1	58	88.0	28	61.3	40
Gandaki	43.3	18	89.1	8	57.4	16
Lumbini	45.6	24	93.8	11	57.3	24
Karnali	47.8	8	69.2	4	45.4	10
Sudurpashchim	51.9	8	73.3	4	78.6	10
Total	51.3	160	88.2	82	57.8	153

Table 7.3 Guidelines, trained staff, and equipment for delivery services

Among facilities that offer normal vaginal delivery services, 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 HFS 2021

Background characteristic	Guideline on delivery care ¹	ECOC job aid observed	Staff trained in delivery care ²	Equipment								Number of facilities offering normal vaginal delivery services	
				Newborn corner	SNICU/NICU	Emergency transport ³	Examination light ⁴	Delivery pack ⁵	Suction apparatus (mucus extractor)	Vacuum aspiration kit or MVA kit ⁶	Manual vacuum extractor	Neonatal bag and mask	
Facility type													
Federal/provincial-level hospitals	22.5	20.1	58.4	75.3	63.0	95.5	97.8	98.9	100.0	88.8	94.4	98.9	97.8
Local-level hospitals	12.0	6.9	34.6	77.1	52.2	93.1	96.5	100.0	87.7	44.9	46.5	100.0	96.6
Private hospitals	7.4	6.2	6.1	55.2	50.4	95.8	93.7	89.9	89.1	57.9	66.8	83.8	69.9
PHCCs	16.3	15.7	31.5	67.4	0.6	88.8	96.1	98.9	89.9	40.4	43.3	97.8	90.4
Basic health care centers	12.7	9.7	29.9	39.8	0.0	78.7	93.4	98.3	59.7	15.5	11.4	91.4	91.9
HPs	13.5	10.3	30.6	41.8	0.0	79.3	94.0	98.5	61.8	16.2	12.0	92.6	93.3
UHCs	0.0	0.0	33.8	10.7	0.0	63.6	89.3	100.0	35.4	5.0	74.8	74.3	100.0
CHUs	0.0	1.5	16.3	12.1	0.0	73.0	83.1	93.4	28.9	6.1	2.7	74.0	70.1
Managing authority													
Public	13.2	10.4	31.1	43.7	2.3	80.3	93.8	98.4	63.7	20.3	17.1	92.3	97.8
Private	7.4	6.2	6.1	55.2	50.4	95.8	93.7	89.9	89.1	57.9	66.8	83.8	69.9
Ecological region													
Mountain	14.6	15.0	38.7	46.1	2.3	62.1	93.8	97.2	61.8	28.8	28.7	90.3	87.1
Hill	11.2	10.0	26.7	38.0	4.7	84.8	92.9	97.9	62.0	20.3	18.3	90.4	91.4
Terai	15.7	6.5	28.7	61.9	12.4	87.2	96.5	97.7	79.0	27.1	22.4	96.2	90.0
Location													
Urban	12.7	8.5	23.9	51.7	13.8	79.9	93.9	97.9	70.7	31.9	91.8	87.9	99.4
Rural	12.8	11.3	33.1	39.2	0.1	82.7	93.7	97.6	61.9	16.7	13.3	91.5	92.2
Province													
Province 1	14.5	13.3	29.5	51.9	5.7	84.0	89.0	99.2	72.2	24.5	27.4	90.6	90.7
Madhesh	16.2	2.7	20.1	61.4	13.3	83.3	98.4	98.9	77.5	27.5	19.0	97.3	89.4
Bagmati	11.9	18.7	28.2	51.7	10.2	89.2	95.2	96.9	71.6	34.8	31.8	90.8	91.9
Gandaki	7.7	7.7	27.8	42.0	5.0	79.6	96.5	96.9	89.8	13.7	16.2	92.7	96.1
Lumbini	17.1	10.1	30.7	47.2	4.8	87.2	97.6	97.8	69.8	20.3	17.5	94.9	88.8
Karnali	11.6	4.3	24.9	32.4	1.7	68.8	92.7	96.5	46.7	14.3	10.5	85.8	100.0
Sudurpashchim	10.3	6.5	37.0	29.0	3.0	74.2	89.9	98.2	39.7	23.0	17.4	91.3	88.4
Total	12.8	10.1	29.2	44.6	6.0	81.5	93.8	97.7	65.7	23.2	20.9	91.6	90.4

EOC = Emergency obstetric care

SNICU = Special/sick neonatal intensive care unit

NICU = Neonatal intensive care unit

MVA = Manual vacuum aspiration

¹ Nepal Medical Standards (NMS) Volume III, Reproductive Health (RH) clinical protocols, or any other clinical protocols/guidelines

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, the maternal and newborn health update, training on routine care during labor and normal vaginal delivery, or training in active management of the third stage of labor (AMSL) 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 was present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder and four-piece wrapper.

⁶ Facility had a functioning vacuum aspirator or else a dilatation and curettage kit available.

⁷ A blank partograph at the service site

⁸ Disposable latex gloves or equivalent available at the service site

Table 7.4.1 Medicines and commodities for delivery and newborn care by facility type

Among facilities offering normal vaginal delivery services, 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 facility type, Nepal HFS 2021

Medicines	Facility type				Basic health care centers				Total
	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	HPs	UHCs	CHUs	
Essential medicines for delivery¹									
Injectable uterotonic (oxytocin) ²	97.8	100.0	85.4	98.9	97.8	98.0	95.0	96.4	97.0
Injectable antibiotic ³	94.4	61.0	75.7	83.7	62.9	63.9	52.3	47.4	66.1
Skin antiseptic	98.9	100.0	90.8	99.4	98.6	98.6	100.0	98.4	98.1
Intravenous fluids with infusion set ⁴	98.9	96.5	89.4	97.8	97.8	98.2	94.3	91.4	97.2
Magnesium sulphate	95.5	94.8	69.7	86.0	68.0	69.6	48.5	45.1	70.7
All essential medicines for delivery	84.4	42.1	54.5	42.1	12.2	12.8	10.0	1.6	20.2
Essential medicines for newborns									
Tetracycline eye ointment ¹	20.2	15.4	12.7	13.5	6.2	6.3	4.5	4.6	7.8
4% chlorhexidine gel ¹	85.4	77.5	61.9	84.8	81.4	82.0	84.3	69.5	80.2
Injectable gentamicin ²	86.4	90.6	75.0	89.3	79.0	79.5	63.5	75.2	79.8
Ceftriaxone powder for injection	92.1	90.7	87.4	69.7	27.7	28.2	27.2	16.8	38.1
Amoxicillin suspension or dispersible pediatric dosed tablet	77.4	75.0	54.3	64.0	61.9	61.9	60.5	62.7	62.2
All essential medicines for newborns	14.5	12.0	7.2	5.1	0.8	0.9	0.0	0.0	2.2
Priority medicines for mothers									
Sodium chloride injectable solution	97.8	96.6	91.8	96.6	91.6	92.0	95.0	82.9	92.2
Injectable calcium gluconate	79.9	51.8	75.2	59.6	51.5	53.2	33.4	24.3	54.7
Ampicillin powder for injection	71.9	55.3	48.9	48.9	37.5	37.5	37.2	37.6	40.5
Injectable metronidazole	94.4	69.2	85.1	74.2	40.2	40.4	47.8	34.2	48.1
Misoprostol capsules or tablets	70.8	53.5	63.7	53.9	40.6	41.8	9.1	28.2	44.4
Azithromycin capsules or tablets or oral liquid	95.4	96.6	69.0	90.4	56.3	56.0	57.9	61.1	61.4
Cefixime capsules or tablets	86.5	66.5	67.2	45.5	20.8	20.2	30.2	29.1	28.9
Injectable betamethasone or dexamethasone	83.0	56.7	80.1	75.3	45.9	46.6	35.4	36.3	51.7
All priority medicines for mothers	39.3	20.7	32.2	7.3	1.6	1.7	0.0	0.0	5.9
Number of facilities offering normal vaginal delivery services	25	16	61	50	651	609	11	32	804

¹ All essential medicines for delivery, antibiotic eye ointment, and 4.1% chlorhexidine gel were assessed and had to be available at the service delivery site.

² Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, 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

Table 7.4.2 Medicines and commodities for delivery and newborn care by managing authority and province

Among facilities offering normal vaginal delivery services, 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 managing authority and province, Nepal HFS 2021

Medicines	Managing authority			Province						Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Essential medicines for delivery¹											
Injectable uterotonic (oxytocin) ²	98.0	85.4	96.0	98.1	96.1	96.2	97.5	95.7	99.6	97.0	
Injectable antibiotic ³	65.3	75.7	71.1	60.5	76.0	60.3	63.8	63.1	60.8	66.1	
Skin antiseptic	98.7	90.8	98.9	98.2	95.8	93.8	100.0	100.0	99.6	98.1	
Intravenous fluids with infusion set ⁴	97.8	89.4	98.4	97.0	97.8	99.4	96.8	98.8	92.9	97.2	
Magnesium sulphate	70.7	69.7	62.0	58.4	65.0	79.0	78.3	85.4	66.8	70.7	
All essential medicines for delivery	17.3	54.5	20.6	17.2	30.2	23.0	20.6	19.2	7.7	20.2	
Essential medicines for newborns											
Tetracycline eye ointment ¹	7.3	12.7	14.8	11.3	4.8	8.6	8.8	4.4	3.2	7.8	
4% chlorhexidine gel ¹	81.7	61.9	74.4	83.9	84.4	80.0	86.7	72.1	78.8	80.2	
Injectable gentamicin ²	80.2	75.0	75.9	61.6	76.7	74.2	83.4	90.2	88.1	79.8	
Ceftriaxone powder for injection	34.0	87.4	32.1	38.7	42.5	43.7	39.8	34.4	36.0	38.1	
Amoxicillin suspension or dispersible pediatric dosed tablet	62.8	54.3	66.2	30.1	72.2	76.2	56.3	55.7	62.8	62.2	
All essential medicines for newborns	1.8	7.2	1.8	3.1	1.9	4.9	3.3	1.1	0.6	2.2	
Priority medicines for mothers											
Sodium chloride injectable solution	92.3	91.8	93.4	98.1	88.3	100.0	95.3	91.9	84.5	92.2	
Injectable calcium gluconate	53.0	75.2	61.0	39.7	61.2	46.7	50.5	59.7	53.9	54.7	
Ampicillin powder for injection	39.8	48.9	34.6	26.4	57.6	26.1	37.0	50.6	39.6	40.5	
Injectable metronidazole	45.0	85.1	34.1	43.3	56.6	53.1	37.6	60.8	52.3	48.1	
Misoprostol capsules or tablets	42.8	63.7	64.5	41.7	61.5	44.9	36.8	30.2	23.3	44.4	
Azithromycin capsules or tablets or oral liquid	60.8	69.0	32.5	76.2	66.5	77.8	69.9	54.5	63.3	61.4	
Cefixime capsules or tablets	25.7	67.2	18.6	33.5	38.4	39.0	27.1	23.4	25.2	28.9	
Injectable betamethasone or dexamethasone	49.4	80.1	47.4	57.5	56.6	51.1	54.6	49.6	46.8	51.7	
All priority medicines for mothers	3.7	32.2	6.5	4.7	11.3	4.6	5.0	1.4	4.7	5.9	
Number of facilities offering normal vaginal delivery services	743	61	134	61	151	92	136	100	130	804	

¹ All essential medicines for delivery, antibiotic eye ointment, and 4.1% chlorhexidine gel were assessed and had to be available at the service delivery site.

² Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, 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

Table 7.5 Items for infection control during provision of delivery care

Among facilities offering normal vaginal delivery services, 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 HFS 2021

Background characteristic	Facility type	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	Alcohol-based hand disinfectant	Latex gloves	Needle destroyer/needle cutter	Waste receptacle ²	Infection prevention and health care guideline ³	
Federal/provincial-level hospitals	94.4	96.7	94.4	96.7	98.9	97.8	61.9	67.5	20.2	16.8	93.2
Local-level hospitals	98.3	98.3	98.3	80.2	98.3	100.0	35.3	47.3	10.4	0.0	93.1
Private hospitals	88.6	94.1	88.1	93.1	94.5	93.1	57.4	45.6	21.2	13.0	85.8
PHCCs	90.4	94.9	89.9	95.5	99.4	94.9	24.2	29.8	8.4	1.1	86.0
Basic health care centers	79.7	77.4	75.6	94.0	97.5	98.0	25.4	32.4	8.9	1.6	85.2
HPs	81.3	79.1	77.4	94.3	97.6	98.1	26.3	33.7	9.3	1.7	85.5
UHCs	74.7	69.6	69.6	91.9	100.0	100.0	22.6	37.2	0.0	0.0	60.9
CHUs	50.0	46.8	42.1	87.9	94.1	95.8	7.6	7.1	3.0	0.0	11
											74.2
Managing authority											32
Public	81.3	79.7	77.7	93.9	97.7	97.8	26.7	33.7	9.2	2.0	85.7
Private	88.6	94.1	88.1	93.1	94.5	93.1	57.4	45.6	21.2	13.0	85.8
Ecological region											743
Mountain	80.3	77.9	75.7	97.6	99.0	99.4	22.2	40.1	9.7	2.9	78.6
Hill	81.0	80.1	77.6	91.8	96.3	97.3	28.9	34.1	8.8	3.3	88.1
Terai	85.7	84.8	83.2	96.4	99.3	96.5	35.0	32.1	14.4	1.5	84.5
Location											174
Urban	86.0	82.8	81.4	94.5	98.3	98.3	30.8	38.2	12.2	4.9	85.9
Rural	78.8	79.2	76.3	93.3	96.8	96.8	27.8	32.0	8.6	1.3	85.5
Province											460
Province 1	86.8	90.2	86.8	90.9	96.8	90.9	29.1	43.7	14.9	5.8	75.7
Madhesh	81.1	77.8	74.4	97.5	98.9	98.0	34.4	22.6	10.1	1.3	87.3
Bagmati	87.0	88.6	87.0	95.4	98.5	98.0	45.5	52.8	9.0	5.6	90.1
Gandaki	87.6	85.4	84.8	91.0	96.9	99.4	35.6	19.3	10.5	1.2	87.3
Lumbini	80.7	79.3	76.4	92.7	97.3	100.0	27.6	17.7	7.4	0.4	92.9
Karnali	76.7	72.8	72.8	97.2	97.6	99.4	26.3	39.4	17.2	3.5	83.8
Sudurpashchim	72.3	67.7	64.0	93.6	96.6	99.4	6.4	34.8	3.9	0.6	83.0
Total	81.9	80.8	78.5	93.8	97.4	97.5	29.1	34.7	10.2	2.9	85.7

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

² Waste receptacle with plastic bin liner

³ Guidelines include infection prevention and health care waste management reference manual 2015 or 2020.

⁴ Includes soap and running water or alcohol-based hand disinfectant, latex gloves, needle destroyer or needle cutter, waste receptacle with plastic bin liner, and injection safety precaution guideline

Table 7.6 Signal functions for emergency obstetric and neonatal care (EmONC) and functional basic EmONC and comprehensive EmONC

Among facilities offering normal vaginal delivery services, percentages that reported applying or carrying out signal functions for emergency obstetric and neonatal care at least once in the 3 months preceding the survey, percentages that can be considered functional basic emergency obstetric and neonatal care (BEmONC) facilities, and percentages that can be considered functional comprehensive emergency obstetric and neonatal care (CEmONC) facilities, by background characteristics. Nepal HFS 2021

Background characteristic	Facility type	Percentage of facilities that provided/carried out:					Number of facilities offering normal vaginal delivery services			Number of hospitals and PHCCs offering normal vaginal delivery services		
		Percentage of facilities that carried out:					Percentage of facilities that carried out:					
		Parenteral antibiotics	Parenteral oxytocics	Parenteral anticon-vulsants	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception	Neonatal resuscitation	BEmONC ¹	Blood transfusion	Cesarean delivery	CEmONC ²
Federal/provincial-level hospitals	94.4	96.7	69.6	68.5	79.9	84.3	86.6	45.0	25	75.4	85.4	38.3
Local-level hospitals	57.8	96.5	26.0	17.3	59.7	37.9	49.0	10.4	16	20.6	22.4	6.9
Private hospitals	75.2	83.1	42.7	32.5	51.8	52.1	45.2	10.5	61	61.3	72.6	9.6
PHCCs	57.3	92.7	14.6	10.7	52.2	47.2	50.6	1.1	50	0.6	0.0	50
Basic health care centers	28.4	87.8	2.5	3.1	31.9	19.8	23.8	0.0	651	-	-	-
HPs	29.2	87.7	2.6	3.3	32.6	20.7	24.8	0.0	609	-	-	0
UHCs	20.7	79.8	0.0	0.0	23.8	15.7	5.0	0.0	11	-	-	0
CHUs	16.9	92.4	0.0	0.0	20.3	4.6	10.9	0.0	32	-	-	0
Managing authority												
Public	33.2	88.6	6.1	35.5	24.2	28.3	1.8	743	24.4	27.8	11.8	91
Private	75.2	83.1	42.7	51.8	52.1	45.2	10.5	61	61.3	72.6	9.6	61
Ecological region												
Mountain	36.3	91.4	3.7	5.3	29.4	17.1	25.0	0.8	136	35.3	40.0	9.4
Hill	28.9	86.0	6.1	6.0	32.0	19.8	22.4	1.6	493	42.3	45.8	9.0
Terai	57.9	91.8	20.6	16.3	55.7	52.4	53.4	6.4	174	36.9	46.8	13.1
Location												
Urban	49.0	86.9	17.5	14.2	43.4	37.7	41.5	5.7	344	50.8	59.2	14.1
Rural	27.1	89.2	2.4	3.6	31.7	17.9	20.6	0.1	460	3.0	3.8	0.8
Province												
Province 1	39.6	93.3	7.0	9.4	43.3	22.6	21.6	3.7	134	40.5	49.4	15.3
Madheshi	59.9	98.9	16.6	23.4	83.7	67.2	61.4	5.2	61	35.9	44.9	9.2
Bajanti	33.3	74.2	10.7	9.2	33.1	23.5	30.7	2.2	151	51.4	55.6	40
Gandaki	27.7	89.8	4.3	4.4	18.0	24.7	20.9	1.2	92	33.9	39.1	7.0
Lumbini	34.1	84.7	12.2	4.9	35.2	29.7	33.4	2.8	136	31.6	38.4	13.5
Karnali	36.6	92.4	8.3	5.9	42.1	22.6	22.0	1.7	100	25.6	31.2	11.4
Sudurpashchim	34.3	93.6	5.2	6.0	22.5	14.8	29.4	1.5	130	35.2	40.7	10.3
Total	36.5	88.2	8.9	8.1	36.7	26.4	29.6	2.5	804	39.3	45.8	10.9

¹ Facility reported that it provides delivery and newborn care services and carried out each of the following seven signal functions at least once in the 3 months before the survey: (1) parenteral administration of antibiotics or other uerotropics, (2) parenteral administration of oxytocin or other uterotropics, (3) parenteral administration of anticonvulsants 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) removal of retained products of conception, and (7) neonatal resuscitation.

Facilities reported that it provides delivery and newborn care services, that it had done at least one cesarean delivery in the 3 months before the survey, that it had done blood transfusion in an obstetric context at least once in the 3 months before the survey, and that it had done administration of antibiotics (2), neonatal administration of antibiotics (1), neonatal resuscitation (1), and that it had done sigmoid enemas at least once in the 2 months before the survey.

the 3 months before the survey, and if it 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 anticonvulsants for hypertensive disorders of pregnancy, (4) assisted vaginal delivery, (5) manual removal of retained products of conception, and (7) neonatal resuscitation.

Table 7.7 Basic EmONC at hospitals and PHCCs and comprehensive EmONC at hospitals

Among hospitals and PHCCs offering normal vaginal delivery services, percentages that can be considered functional basic emergency obstetric and neonatal care (BEmONC) facilities, and, among hospitals offering normal vaginal delivery services, percentages that carry out blood transfusion and cesarean delivery and can be considered functional comprehensive emergency obstetric and neonatal care (CEmONC) facilities, by background characteristics, Nepal HFS 2021

Background characteristic	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
			Blood transfusion	Cesarean delivery	CEmONC ²	
Facility type						
Federal/provincial-level hospitals	45.0	25	75.4	85.4	38.3	25
Local-level hospitals	10.4	16	20.6	22.4	6.9	16
Private hospitals	10.5	61	61.3	72.6	9.6	61
PHCCs	1.1	50	-	-	-	0
Managing authority						
Public	14.9	91	53.8	60.6	25.9	41
Private	10.5	61	61.3	72.6	9.6	61
Ecological region						
Mountain	9.4	12	56.5	64.0	15.1	7
Hill	10.9	71	65.1	69.9	13.8	46
Terai	16.0	70	52.2	66.3	18.6	49
Location						
Urban	17.0	116	64.1	74.4	17.8	92
Rural	0.8	37	10.1	12.7	2.5	11
Province						
Province 1	16.3	30	58.9	71.9	22.3	21
Madhesh	14.1	23	58.3	72.9	14.9	14
Bagmati	8.5	40	66.4	71.8	9.1	31
Gandaki	7.0	16	55.0	60.7	11.3	10
Lumbini	15.9	24	49.0	59.6	20.9	15
Karnali	17.0	10	40.5	49.5	18.0	6
Sudurpashchim	19.0	10	62.3	71.8	28.7	6
Total	13.1	153	58.3	67.7	16.2	103

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 anticonvulsants 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, that it had done at least one cesarean delivery in the 3 months before the survey, that it had done blood transfusion in an obstetric context at least once in the 3 months before the survey, and that it 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 anticonvulsants 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.

Table 7.8.1 Newborn care practices by facility type

Among facilities offering normal vaginal delivery services, percentages reporting that the indicated practice is a routine component of newborn care, by facility type, Nepal HFS 2021

Newborn care practices	Federal/provincial-level hospitals		Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers			Total
	HPs	UHCs					CHUs			
Delivery to the abdomen (skin to skin)	94.4	100.0	89.9	97.2	96.6	96.5	95.0	100.0	96.1	
Drying and wrapping newborns to keep warm	98.9	100.0	95.9	100.0	100.0	100.0	100.0	100.0	99.7	
Kangaroo mother care	95.5	94.9	79.9	91.6	90.1	90.3	84.7	87.9	89.7	
Initiation of breastfeeding within the first hour	100.0	100.0	95.3	99.4	99.7	99.7	100.0	100.0	99.4	
Routine complete (head-to-toe) examination of newborns before discharge	95.5	96.6	93.0	96.1	98.1	97.9	100.0	100.0	97.4	
Applying chlorhexidine gel to umbilical cord stump	93.3	96.5	72.3	95.5	99.0	98.9	100.0	100.0	96.5	
Weighing the newborn immediately upon delivery	100.0	100.0	96.4	100.0	99.1	99.1	100.0	100.0	99.0	
Administration of injectable vitamin K1 to newborn	65.1	32.7	79.5	23.0	11.2	11.1	9.5	12.3	19.3	
Applying tetracycline eye ointment to both eyes	10.1	15.8	11.2	8.4	5.0	4.9	9.5	4.2	6.0	
Giving the newborn BCG prior to discharge	22.5	10.2	19.0	9.0	8.7	8.8	13.1	5.5	10.0	
All newborn care practices except injectable vitamin K1, tetracycline eye ointment, and newborn BCG	82.1	89.6	60.4	82.6	85.9	85.9	79.7	87.9	83.7	
Number of facilities offering normal vaginal delivery services	25	16	61	50	651	609	11	32	804	

BCG = Bacillus Calmette–Guérin

Table 7.8.2 Newborn care practices by managing authority and province

Among facilities offering normal vaginal delivery services, percentages reporting that the indicated practice is a routine component of newborn care, by managing authority and province, Nepal HFS 2021

Newborn care practices	Managing authority		Province							Sudurpashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali			
Delivery to the abdomen (skin to skin)	96.7	89.9	96.2	91.0	98.1	92.6	99.6	94.5	96.4	96.1	
Drying and wrapping newborns to keep warm	100.0	95.9	99.8	100.0	98.5	100.0	100.0	100.0	99.8	99.7	
Kangaroo mother care	90.5	79.9	88.8	94.9	93.0	70.4	90.2	94.0	94.0	89.7	
Initiation of breastfeeding within the first hour	99.7	95.3	100.0	99.4	98.3	100.0	100.0	98.0	100.0	99.4	
Routine complete (head-to-toe) examination of newborns before discharge	97.8	93.0	97.1	89.5	98.0	99.7	99.6	95.7	98.5	97.4	
Applying chlorhexidine gel to umbilical cord stump	98.5	72.3	91.9	91.8	95.9	98.3	99.0	96.5	100.0	96.5	
Weighing the newborn immediately upon delivery	99.2	96.4	100.0	93.7	98.5	100.0	100.0	98.3	100.0	99.0	
Administration of injectable vitamin K1 to newborn	14.3	79.5	30.1	24.0	33.3	21.8	10.5	7.3	6.0	19.3	
Applying tetracycline eye ointment to both eyes	5.6	11.2	7.6	10.5	4.8	4.7	10.5	3.8	1.9	6.0	
Giving the newborn BCG prior to discharge	9.3	19.0	5.4	8.6	20.6	11.2	7.2	6.5	7.9	10.0	
All newborn care practices except injectable vitamin K1, tetracycline eye ointment, and newborn BCG	85.7	60.4	76.6	74.7	89.7	68.1	89.3	85.9	91.9	83.7	
Number of facilities offering normal vaginal delivery services	743	61	134	61	151	92	136	100	130	804	

BCG = Bacillus Calmette–Guérin

Table 7.9 Supportive management for providers of delivery care

Among interviewed providers of normal vaginal delivery or newborn care services, percentages who reported receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of interviewed providers who received			Number of interviewed providers of normal 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				
Federal/provincial-level hospitals	21.0	53.2	52.0	377
Local-level hospitals	23.2	53.4	59.1	124
Private hospitals	4.9	25.2	53.9	646
PHCCs	16.2	48.2	62.8	203
Basic health care centers	19.5	50.2	70.3	1,392
HPs	19.5	50.5	70.6	1,334
UHCs	24.1	52.0	48.3	15
CHUs	16.4	38.4	69.4	43
Managing authority				
Public	19.6	50.7	65.6	2,097
Private	4.9	25.2	53.9	646
Ecological region				
Mountain	23.9	51.0	59.3	331
Hill	15.6	45.0	62.9	1,495
Terai	14.3	41.9	64.0	916
Location				
Urban	13.8	43.5	59.1	1,660
Rural	19.8	46.6	68.6	1,083
Province				
Province 1	15.7	37.4	59.7	465
Madhesh	11.7	37.6	60.3	301
Bagmati	13.7	38.2	54.8	620
Gandaki	14.5	47.2	63.3	281
Lumbini	17.0	52.4	70.0	472
Karnali	20.1	53.5	72.2	264
Sudurpashchim	22.4	53.4	66.7	340
Total	16.2	44.7	62.9	2,742

¹ Provider reported receiving skilled birth attendant (SBA) training, advanced skilled birth attendant (ASBA) training, the maternal and newborn health update, 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. 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 7.10 Training on specific aspects of delivery care

(Among interviewed providers of normal vaginal delivery or newborn care services, percentages who reported receiving in-service training on topics related to delivery care during the specified time periods, by background characteristic—N=1,195, 2002)

Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:											Number of interviewed providers of normal delivery or newborn care services								
Background characteristic	Facility type	Managing authority	Ecological region	Location	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	Comprehensive abortion care						
					During the past 24 months		At any time		During the past 24 months		During the past 24 months	At any time	During the past 24 months						
					At any time		At any time		At any time		At any time	At any time	At any time						
Skilled birth attendant (SBA) 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						
During the past 24 months	Federal/provincial-level hospitals	Public	Mountain	Urban	8.7	40.0	4.0	17.5	7.7	36.0	9.6	41.2	8.6	31.3	11.3	53.4	4.2	23.4	377
During the past 24 months	Local-level hospitals	Public	Hill	Rural	7.6	36.4	4.5	18.2	8.2	34.8	8.2	37.3	8.2	29.3	12.1	47.4	5.3	21.0	124
During the past 24 months	Private hospitals	Public	Terai	Urban	1.1	14.1	0.8	8.4	1.0	12.5	0.8	12.8	1.4	10.3	1.0	18.6	1.0	10.6	646
During the past 24 months	PHCCs	Private	Terai	Rural	7.2	36.9	3.4	16.9	7.3	32.8	7.9	36.6	7.1	26.2	5.6	35.8	4.2	15.2	203
During the past 24 months	Basic health care centers	Public	Mountain	Urban	8.8	35.0	3.2	13.0	9.3	33.9	10.0	36.2	9.2	26.5	5.1	26.7	2.7	11.7	1,392
During the past 24 months	HPs	Public	Hill	Rural	8.8	35.3	3.1	12.9	9.3	34.2	10.0	36.6	9.2	26.8	5.1	27.0	2.7	11.8	1,334
During the past 24 months	UHCs	Public	Terai	Urban	12.5	40.4	8.1	23.9	17.5	42.3	14.4	42.3	16.0	38.1	6.3	27.2	0.0	8.7	15
During the past 24 months	CHUs	Private	Terai	Rural	8.5	24.0	4.3	12.9	8.5	21.7	8.2	21.4	6.6	15.4	6.2	16.9	4.3	9.8	43
During the past 24 months					8.6	36.2	3.4	14.5	8.8	34.2	9.6	37.2	8.8	27.5	6.7	33.6	3.3	14.7	2,097
During the past 24 months					1.1	14.1	0.8	8.4	1.0	12.5	0.8	12.8	1.4	10.3	1.0	18.6	1.0	10.6	646
Total					6.8	31.0	2.8	13.1	6.9	29.1	7.5	31.4	7.1	23.5	5.4	30.1	2.8	13.7	2,742

MNH = Motherhood and newborn health

Table 7.11 Training on specific aspects of immediate newborn care

Among interviewed providers of normal delivery or newborn care services, percentages who reported receiving in-service training on topics related to delivery and newborn care during the specified time periods, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:						Number of interviewed providers of normal delivery or newborn care services in hospitals ¹				
	Neonatal resuscitation using bag and mask			Early and exclusive breastfeeding		Newborn infection management	Sterile cord cutting and appropriate cord care	Thermal care	Kangaroo mother care for low birth weight babies	Specialized newborn care (applicable only for hospitals)	
	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											
Federal/provincial-level hospitals	13.5	36.6	10.6	32.1	7.3	23.7	10.3	32.0	10.6	32.9	21.8
Local-level hospitals	14.8	32.5	15.1	32.1	9.4	19.3	11.9	28.6	12.4	29.2	48.8
Private hospitals	4.7	16.5	2.3	12.1	1.5	8.3	2.3	11.8	2.7	5.2	22.1
PHCCs	10.0	28.0	9.6	27.1	7.5	20.4	9.1	25.9	9.9	26.8	9.9
Basic health care centers	9.7	28.7	9.8	30.1	6.0	21.0	9.4	28.5	9.3	28.9	9.9
HPs	9.7	29.0	9.8	30.5	5.8	21.1	9.4	28.8	9.3	29.3	9.9
UHCs	11.2	23.9	11.2	27.0	11.2	21.0	11.2	27.0	11.2	23.9	11.2
CHUs	10.6	20.9	10.6	20.9	8.8	18.1	9.5	19.8	9.5	19.8	9.5
Managing authority	10.7	30.2	10.3	30.3	6.6	21.3	9.7	28.9	9.8	29.5	13.2
Public	4.7	16.5	2.3	12.1	1.5	8.3	2.3	11.8	2.7	5.2	22.1
Private											
Ecological region	12.9	29.4	11.1	29.8	6.6	19.8	11.1	28.0	10.8	28.7	13.2
Mountain	9.5	27.5	9.1	27.2	5.9	18.8	8.7	25.7	8.8	25.8	11.8
Hill											
Terai	7.6	25.4	6.3	22.8	4.1	16.8	5.6	22.3	6.1	23.4	9.8
Location	8.2	27.4	6.8	25.1	4.5	17.2	6.5	23.9	6.8	24.7	11.0
Urban	11.0	26.4	10.7	27.5	6.7	19.9	10.3	26.3	10.1	26.3	11.7
Rural											
Province	8.8	20.5	7.7	19.3	5.1	12.5	8.2	19.0	8.1	19.2	12.0
Province 1	7.0	24.2	6.1	20.7	4.1	18.2	4.4	20.9	5.2	23.8	7.6
Madhesh	7.3	26.0	7.2	25.9	4.7	18.3	7.1	24.8	7.5	24.2	11.1
Bajnepati	11.1	30.1	9.6	29.3	5.4	17.3	8.1	27.3	8.7	28.3	11.8
Gandaki	9.2	29.8	8.2	29.3	5.4	21.0	8.1	27.6	7.8	27.8	10.2
Lumbini	14.2	33.3	11.9	30.8	5.6	21.0	10.9	29.0	11.0	29.1	15.1
Karnali	10.6	28.8	10.1	29.3	8.0	21.0	9.7	27.6	9.6	28.4	12.1
Sudurpashchim											
Total	9.3	27.0	8.4	26.0	5.4	18.3	8.0	24.9	8.1	25.3	11.3

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 This denominator is for the specialized newborn care indicator.

Table 7.12 Observed deliveries by provider characteristics and facility type

Percent distribution of observed normal delivery consultations by provider characteristics, according to facility type, Nepal HFS 2021

Provider characteristic	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Provider category					
Delivery conducted by gynecologist/obstetrician	0.6	0.7	0.0	18.9	4.5
Delivery conducted by medical officer	1.7	2.0	0.0	2.8	1.9
Delivery conducted by nursing professional	60.4	68.0	5.7	36.7	55.3
Delivery conducted by health assistant	0.0	0.0	0.0	3.0	0.6
Delivery conducted by auxiliary nurse/midwife	37.2	29.3	94.3	38.7	37.6
Provider sex					
Female	98.3	98.0	100.0	94.8	97.5
Male	1.7	2.0	0.0	5.2	2.5
Number of observed deliveries	373	328	46	102	475

Table 7.13 Information collected and laboratory tests conducted during initial client assessments and pregnancy outcome

Among the normal delivery consultations observed during the initial assessment phase, percentages that included the collection of information on danger signs and prior pregnancy complications, and laboratory testing and pregnancy outcomes for women whose consultations were observed, by facility type, Nepal HFS 2021

	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Provider asked about danger signs the pregnant woman experienced					
Vaginal bleeding	47.5	42.3	85.2	35.3	45.1
Fever	13.8	15.0	4.9	30.4	17.1
Severe headaches and/or blurred vision	7.7	8.7	0.0	3.0	6.7
Swollen face or hands	15.7	17.9	0.0	8.8	14.4
Convulsions or loss of consciousness	3.9	4.4	0.0	0.0	3.1
Severe difficulty breathing	9.4	10.7	0.0	15.6	10.6
Persistent cough for 2 weeks or longer	1.7	1.9	0.0	0.0	1.3
Severe abdominal pain	55.9	52.5	80.3	49.3	54.6
Foul-smelling vaginal discharge	27.1	29.5	9.8	12.8	24.3
Frequent or painful urination	17.8	18.7	11.5	11.6	16.6
Decrease or stop in fetal movement	56.4	52.5	85.2	43.7	53.9
At least one danger sign (any of above)	81.3	79.4	95.1	52.1	75.5
Other problems that the client is concerned about	15.9	17.3	5.7	7.6	14.3
Experience of complications during previous pregnancies					
Heavy bleeding during or after delivery	9.9	11.3	0.0	2.8	8.5
Anemia	5.5	6.3	0.0	2.8	5.0
High blood pressure	12.0	13.7	0.0	8.4	11.3
Convulsions	1.4	1.6	0.0	0.0	1.1
Multiple pregnancies	8.6	9.8	0.0	0.0	6.9
Prolonged labor	8.9	9.3	5.7	2.8	7.7
Prior neonatal deaths	15.2	17.3	0.0	8.4	13.8
Prior stillbirths	12.8	14.6	0.0	18.5	14.0
Prior abortion/miscarriage	30.6	33.5	9.8	26.9	29.9
Preterm delivery	10.4	11.8	0.0	0.0	8.3
Laboratory test: urine protein					
Test urine for presence of protein	19.6	21.6	4.9	14.1	18.5
Laboratory test: HIV status					
Check woman's HIV status (check chart or ask woman)	68.7	74.0	30.4	55.0	66.0
Offer woman HIV test	9.2	9.8	4.9	5.2	8.4
Outcomes					
Cesarean section	29.2	32.5	5.7	25.7	28.5
Assisted delivery (vacuum or forceps)	8.6	9.8	0.0	5.6	8.0
Number of observed deliveries	105	92	13	26	131

Note: Only 131 cases were observed during the initial assessment phase.

Table 7.14 Standard precautions and physical examinations observed during the initial assessment

Among the normal delivery consultations observed during the initial assessment phase, percentages that included the indicated standard precautions and physical examinations, by facility type, Nepal HFS 2021

	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Standard precautions for infection control					
Wash hands with soap and water before any initial examination	57.1	51.9	95.1	45.7	54.9
Wear high-level disinfected or sterile gloves before performing vaginal examination	98.6	99.1	95.1	97.2	98.3
General examination					
Take temperature	40.9	45.2	9.8	70.5	46.8
Take pulse	63.5	69.4	20.5	75.8	65.9
Take blood pressure (total)	90.0	90.1	89.3	97.1	91.4
In sitting or lateral position	87.9	87.7	89.3	97.1	89.7
With arm at heart level	72.0	69.7	89.3	83.0	74.2
Ask whether the woman has passed urine	81.3	80.0	90.2	70.6	79.2
Perform general examination for anemia	31.8	35.6	4.9	34.5	32.4
Perform general examination for edema	25.3	28.1	4.9	19.7	24.2
Explain procedures to woman or provide support before proceeding	36.1	40.3	5.7	53.7	39.6
Abdominal examination					
Check fundal height	26.6	28.2	14.8	18.4	25.0
Check fetal presentation by palpation of abdomen	77.0	75.2	90.2	66.2	74.9
Check fetal heart rate with fetoscope	31.4	32.9	20.5	33.2	31.8
Check fetal heart rate with Doppler	88.6	90.6	73.7	85.8	88.0
Check fetal heart rate with ultrasound ¹	4.5	5.1	0.0	8.7	5.3
Check fetal heart rate with any of the above (fetoscope, Doppler, or ultrasound)	88.6	90.6	73.7	88.7	88.6
Vaginal examination					
Perform vaginal examination	99.2	99.1	100.0	97.2	98.8
Inform woman of findings	89.5	88.0	100.0	78.5	87.3
Record the findings	93.4	93.9	90.2	97.2	94.2
Number of observed deliveries	105	92	13	26	131

Note: Only 131 cases were observed during the initial assessment phase.

¹ Ultrasound is not routine practice. This is used only if fetal heart sound is not detected from Doppler.

Table 7.15 Standard precautions and other activities observed during the first stage of labor

Among the normal delivery consultations observed during the first stage of labor, percentages that included the indicated standard precautions and activities, by facility type, Nepal HFS 2021

	Public facilities	Public facilities			
		Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Standard precautions for infection control					
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry prior to any examination of woman	49.8	51.3	40.2	43.8	48.4
Put high-level disinfectant on both hands prior to any examination of woman	57.3	56.3	63.5	40.0	53.3
Wear high-level disinfected or sterile gloves or sterile surgical gloves on both hands prior to any examination of woman	90.3	93.2	72.4	94.7	91.3
Put on clean goggles in preparation for birth	1.2	1.1	1.4	0.7	1.1
Put on clean mask in preparation for birth	94.4	94.8	91.8	91.0	93.6
Put on clean boots in preparation for birth	26.8	27.1	25.5	23.1	26.0
Put on clean gown or apron in preparation for birth	63.9	68.0	37.9	75.2	66.5
Explain progress of labor					
Explain procedures to woman or provide support before proceeding	58.9	54.7	85.3	59.5	59.0
At least once, explain what will happen in labor to the woman and/or her support person	71.2	70.1	78.5	69.1	70.7
At least once, provide emotional support and reassurance, as feasible	82.9	80.7	97.0	73.3	80.7
At least once, encourage woman to consume fluids/food during labor	79.4	76.6	97.2	72.5	77.8
At least once, encourage/assist woman to ambulate and assume different positions during labor	74.2	75.1	68.5	61.7	71.3
Use partograph to monitor labor	80.9	85.1	54.4	69.0	78.2
Labor induction					
Augment labor with oxytocin	49.5	55.4	12.1	62.7	52.5
Perform artificial rupture of membrane	19.5	20.0	16.4	18.6	19.3
Administer any antibiotics	3.2	3.4	1.9	6.8	4.1
Number of observed deliveries	327	283	45	98	425

Note: A total of 425 cases were observed during the first stage of labor.

Table 7.16 Preparation for delivery observed during the first stage of labor

Among the normal delivery consultations observed during the first stage of labor, percentages that included the indicated preparation for delivery, by facility type, Nepal HFS 2021

Preparation for delivery	Public facilities				Total
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	
Prepare uterotonic drug to use for active management of third stage of labor (AMTSL)	91.2	89.8	100.0	86.0	90.0
Prepare timer	94.5	94.4	95.1	82.9	91.8
Prepare self-inflating ventilation bag for delivery	78.9	82.6	55.7	55.6	73.6
Ensure that face masks (size 0 and size 1) are laid out and ready for use for neonatal resuscitation	75.6	79.4	51.1	52.8	70.3
Prepare penguin suction	67.0	66.5	70.4	32.4	59.1
Prepare suction catheter/tube	81.9	88.1	42.9	84.8	82.6
Prepare suction machine	85.2	92.1	41.3	84.8	85.1
Prepare at least 4 cloths	66.6	62.3	93.7	62.6	65.7
Prepare disposable cord ties or clamps	96.5	96.5	96.5	91.7	95.4
Prepare sterile scissors or blade	98.1	98.0	98.4	91.7	96.6
Prepare chlorhexidine gel	86.2	84.8	95.1	63.4	81.0
Number of observed deliveries	327	283	45	98	425

Note: A total of 425 cases were observed during the first stage of labor.

Table 7.17 Standard precautions and preparation for delivery observed during the second and third stages of labor

Among the normal delivery consultations observed during the second and third stages of labor, percentages that included the indicated standard precautions and preparation for delivery, by facility type, Nepal HFS 2021

	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Standard precautions for infection control					
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry prior to any examination of woman	66.5	69.1	47.6	65.0	66.2
Put high-level disinfectant on both hands prior to any examination of woman	60.5	58.1	78.4	49.1	58.2
Wear high-level disinfected or sterile gloves or sterile surgical gloves on both hands prior to any examination of woman	98.0	98.2	96.9	97.7	98.0
Put on clean goggles in preparation for birth	2.8	3.0	1.7	2.3	2.7
Put on a clean mask in preparation for birth	95.1	95.3	93.3	93.0	94.6
Put on clean boots in preparation for birth	56.8	55.0	70.0	42.6	53.9
Put on clean gown or apron in preparation for birth	90.9	90.6	93.8	94.1	91.6
Preparation for delivery					
Arrange delivery set	96.7	96.7	96.6	95.8	96.5
Clean the woman's perineum with antiseptic solution, wiping from front to back	82.3	80.6	95.2	75.8	81.0
Place one sterile drape from delivery pack under the woman's buttock, place one over her abdomen, and use one drape to receive the baby	81.5	80.2	91.8	85.3	82.3
Check if the presentation of the baby is cephalic	97.7	97.6	98.6	92.5	96.6
Perform episiotomy	37.4	39.2	24.0	41.4	38.2
Feel around the baby's neck to ensure the umbilical cord is not around the neck	88.2	89.3	80.0	83.6	87.2
More than one health worker assisting with the birth	84.3	84.9	80.1	87.9	85.1
Woman gave birth in lithotomy position	96.5	96.4	96.9	92.5	95.6
Number of observed deliveries	367	323	44	96	463

Note: A total of 463 cases were observed during active management of the third stage of labor.

Table 7.18 Active management of the third stage of labor (AMTSL)

Among the normal delivery consultations observed during the third stage of labor, percentages that included the indicated standard precautions and elements of active management of the third stage of labor, by facility type, Nepal HFS 2021

	Public facilities				Total
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	
Standard precautions for infection control					
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry prior to any examination of woman	66.5	69.1	47.6	65.0	66.2
Put high-level disinfectant on both hands prior to any examination of woman	60.5	58.1	78.4	49.1	58.2
Wear high-level disinfected or sterile gloves or sterile surgical gloves on both hands prior to any examination of woman	98.0	98.2	96.9	97.7	98.0
Put on clean goggles in preparation for birth	2.8	3.0	1.7	2.3	2.7
Put on a clean mask in preparation for birth	95.1	95.3	93.3	93.0	94.6
Put on clean boots in preparation for birth	56.8	55.0	70.0	42.6	53.9
Put on clean gown or apron in preparation for birth	90.9	90.6	93.8	94.1	91.6
Delivery and administration of uterotonic					
Support perineum as baby's head is delivered	92.6	93.6	85.1	88.1	91.7
Check for the presence of another baby before administering the uterotonic	83.4	87.5	52.6	67.8	80.2
Administer uterotonic after delivery	97.2	97.3	96.9	92.5	96.3
Time of administration of uterotonic					
At delivery of anterior shoulder	0.7	0.6	1.4	0.0	0.6
Within 1 minute	55.5	57.8	38.2	48.4	54.0
>1 minute	41.0	38.8	57.2	44.0	41.6
Storage of oxytocin					
Temperature maintained	62.8	67.4	28.8	44.8	59.1
Temperature not maintained	34.5	29.9	68.1	47.7	37.2
Either	97.2	97.3	96.9	92.5	96.3
Controlled cord traction					
Apply traction to the cord while applying supra-pubic countertraction	93.5	93.4	93.8	81.1	90.9
Perform uterine massage immediately following delivery of placenta	92.4	91.7	96.9	85.8	91.0
Show the woman how to massage her uterus to maintain contraction	72.5	70.0	90.6	62.8	70.5
Assess completeness of the placenta and membranes	84.3	84.2	84.9	84.5	84.3
Assess for perineal and vaginal lacerations	91.4	90.7	96.9	91.0	91.3
Administer uterotonic only after placenta is delivered	24.3	27.1	3.1	37.1	26.9
Support person of woman is present during the birth	37.9	30.9	89.9	25.2	35.3
Number of observed deliveries	367	323	44	96	463

Table 7.19 Immediate newborn and postpartum care

Among clients whose normal delivery consultations were observed, percentages that included the indicated standard precautions and elements of immediate newborn care and postpartum care carried out by the provider, by facility type, Nepal HFS 2021

	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Standard precautions for infection control					
Dispose of all sharps in puncture-proof container immediately after use	90.4	90.0	93.3	84.0	89.1
Decontaminate all reusable instruments in 0.5% chlorine solution	89.7	89.2	93.3	79.7	87.7
Sterilize or use high-level disinfection for all reusable instruments	76.3	78.2	62.4	63.2	73.6
Dispose of all contaminated waste in leak-proof containers	90.8	90.2	95.0	89.3	90.5
Remove apron and wipe with chlorine solution	35.5	34.1	45.6	54.0	39.3
Wash hands with soap and water or use antiseptic	91.5	90.8	96.6	84.9	90.2
Immediate newborn and postpartum care					
Thoroughly dry the baby and cover with clean, dry cloth	98.1	97.8	100.0	94.7	97.4
Wipe the mucous (and membrane) from the baby's mouth and nose with a clean gauze	94.9	94.9	94.7	92.0	94.3
Place newborn on mother's abdomen (skin-to-skin contact)	78.3	77.4	85.2	71.1	76.8
Discard the wet towel	93.3	92.8	96.6	89.2	92.5
Cover the baby with dry towel	92.9	91.9	100.0	90.5	92.4
Clamp cord when pulsations stop	66.2	62.9	90.4	67.3	66.4
Cut cord with clean blade or clean scissors	93.4	92.8	98.3	90.5	92.8
Apply chlorhexidine gel to the umbilical cord after birth	79.5	77.4	95.0	60.1	75.5
Kangaroo mother care	33.4	35.2	20.4	28.4	32.4
Breastfeeding initiated within first hour after birth	83.2	82.1	91.8	65.2	79.5
Assist mother in initiating breastfeeding within 1 hour	57.4	58.3	50.5	57.7	57.4
Apply tetracycline eye ointment after birth	1.8	1.8	1.4	3.1	2.1
Administer vitamin K1 after birth	42.9	48.6	0.0	53.7	45.1
Check baby's temperature 15 minutes after birth	36.4	37.6	27.8	37.7	36.7
Check baby's skin color 15 minutes after birth	47.8	49.7	34.0	50.4	48.4
Weigh baby	77.5	80.7	54.4	68.3	75.6
Mother and newborn kept together in same room after delivery (rooming-in)	91.8	90.9	98.3	87.3	90.8
Care of the mother in the first hour of birth					
Palpate the mother's abdomen to rule out the presence of another baby and proceed with active management of third stage	85.4	85.3	86.3	81.3	84.6
Take mother's vital signs 15 minutes after birth	48.7	50.0	39.0	56.5	50.3
Palpate uterus 15 minutes after delivery of placenta	74.8	73.1	87.5	66.5	73.1
Provider continues uterine massage every 15 minutes until 2 hours or enumerators observe	51.3	50.5	56.6	43.1	49.6
Number of observed deliveries	367	323	44	95	462

Note: A total of 462 cases were observed during immediate newborn and postpartum care.

Table 7.20 Newborn resuscitation

Among clients whose normal delivery consultations were observed and the newborn was resuscitated, percentages that included the indicated procedures carried out by health providers, Nepal HFS 2021

	Total
Standard precautions after resuscitation	
Dispose of all sharps in puncture-proof container immediately after use	52.4
Take the bag and mask apart and inspect for cracks and tears	35.7
Decontaminate the bag and mask in 0.5% chlorine solution	37.6
Sterilize or use high-level disinfection for bag, valve, and mask	22.2
Decontaminate reusable suction device in 0.5% chlorine solution	43.8
Sterilize or use high-level disinfection for reusable suction device	35.3
Wash hands with soap and water or use antiseptic	85.8
Apparatus used by providers for resuscitation	
Bag and mask	54.5
Other (suction apparatus with tubing and catheter/DeLee suction)	92.5
Procedures followed by providers	
Stimulate baby with back rubbing	96.2
Check if baby is breathing after stimulation	69.9
Put on clean, warm surface	30.1
Place head slightly extended	30.1
Apply mask in correct mask position over nose and mouth	30.1
Clean nose and mouth from secretions	26.3
Give two trial breaths	30.1
Continue ventilation and baby cries before 10 minutes	19.9
Outcome of resuscitation	
Successful	96.3
Not successful	3.7
Number of observed deliveries	23

Table 7.21 Respectful maternity care (observed)

Among clients whose normal delivery consultations were observed, percentages that involved the indicated elements of respectful maternity care, by facility type, Nepal HFS 2021

	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Dignity, privacy, and confidentiality					
Demonstrate caring and appropriate behavior toward the client	68.1	71.5	43.2	55.5	65.5
Maintain visual and auditory privacy	58.3	58.6	56.7	60.0	58.7
Freedom from harm and mistreatment					
Use physical force/abrasive behavior, including slapping or hitting the client	1.8	2.1	0.0	5.3	2.5
Show any discriminatory behavior	1.4	1.6	0.0	2.3	1.6
Informed choice and continuous support					
Explain the procedures in a language the client can understand and encourage the client to ask questions	57.9	58.7	51.7	58.8	58.1
Attend to the client when she calls	39.7	40.0	37.5	45.4	40.9
Number of observed deliveries	364	320	44	97	461

Note: A total of 461 cases were observed.

Table 7.22 Mode of delivery

Among interviewed postpartum women, percentages with mode of delivery recorded in the discharge slip, by background characteristics, Nepal HFS 2021

Background characteristic	Mode of delivery				Number of postpartum clients
	Normal vaginal delivery	Forceps	Vacuum	Cesarean	
Facility type					
Federal/provincial-level hospitals	92.2	0.3	3.3	4.2	307
Local-level hospitals	91.1	0.0	0.0	8.9	30
Private hospitals	68.5	0.6	0.6	30.3	154
PHCCs	100.0	0.0	0.0	0.0	20
Basic health care centers	100.0	0.0	0.0	0.0	34
HPs	100.0	0.0	0.0	0.0	32
UHCs	100.0	0.0	0.0	0.0	2
Managing authority					
Public	93.2	0.2	2.6	4.0	392
Private	68.5	0.6	0.6	30.3	154
Ecological region					
Mountain	92.1	0.0	4.1	3.8	21
Hill	87.7	0.4	0.9	10.9	192
Terai	85.0	0.3	2.5	12.2	332
Location					
Urban	85.7	0.3	2.0	12.0	515
Rural	94.5	0.0	2.9	2.6	31
Province					
Province 1	83.2	0.0	0.0	16.8	110
Madhesh	85.2	0.0	1.7	13.1	106
Bagmati	82.0	0.9	0.9	16.3	95
Gandaki	83.9	0.0	0.0	16.1	17
Lumbini	86.1	0.7	5.3	7.8	123
Karnali	97.3	0.0	2.7	0.0	33
Sudurpashchim	94.8	0.0	1.7	3.5	63
Total	86.2	0.3	2.0	11.4	546

Table 7.23 Delivery attendant and essential newborn care practices

Among interviewed postpartum women, percentages delivered by a doctor or nurse, sex of the provider, and percentages reporting essential care practices, by background characteristics, Nepal HFS 2021

Background characteristic	Delivered by				Initiate breastfeeding within 1 hour	Skin-to-skin contact	Put chlorhexidine gel on umbilicus	Number of postpartum clients
	Doctor	Nurse/ANM/midwife	Male provider	Female provider				
Facility type								
Federal/provincial-level hospitals	8.0	91.7	5.3	94.7	92.0	75.4	70.9	307
Local-level hospitals	11.7	88.3	2.7	97.3	80.3	64.6	37.7	30
Private hospitals	44.3	54.9	13.2	86.8	74.5	67.1	58.2	154
PHCCs	0.0	100.0	0.0	100.0	96.8	74.7	79.8	20
Basic health care centers								
HPs	0.0	88.5	0.0	100.0	100.0	80.3	100.0	32
UHCs	0.0	50.0	50.0	50.0	100.0	100.0	50.0	2
Managing authority								
Public	7.2	91.4	4.7	95.3	92.0	75.1	71.0	392
Private	44.3	54.9	13.2	86.8	74.5	67.1	58.2	154
Ecological region								
Mountain	7.6	87.7	12.3	87.7	71.7	92.2	52.7	21
Hill	21.8	76.3	4.4	95.6	90.9	78.2	77.4	192
Terai	15.9	83.4	8.3	91.7	85.8	68.5	62.5	332
Location								
Urban	18.4	80.3	7.2	92.8	86.5	72.5	65.8	515
Rural	5.2	94.8	5.2	94.8	97.4	77.4	93.3	31
Province								
Province 1	27.7	72.3	13.1	86.9	84.1	71.9	53.0	110
Madhesh	11.1	86.9	9.5	90.5	84.0	71.2	54.2	106
Bagmati	33.4	66.6	5.1	94.9	84.0	81.0	72.4	95
Gandaki	24.1	75.9	4.0	96.0	88.5	72.1	52.7	17
Lumbini	10.7	89.3	2.8	97.2	89.3	62.6	80.8	123
Karnali	2.7	97.3	2.7	97.3	100.0	94.7	86.6	33
Sudurpashchim	7.0	85.6	6.9	93.1	90.4	73.5	74.8	63
Total	17.7	81.1	7.1	92.9	87.1	72.8	67.4	546

Note: Figures for UHCs should be interpreted cautiously due to the low number of cases.

ANM = Auxiliary nurse/midwife

Table 7.24.1 Postpartum checks/advice at the time of discharge by facility type

Among interviewed postpartum women, percentages whose consultation included checks/advice on topics related to the mother and baby at the time of discharge, by facility type, Nepal HFS 2021

Type of check/advice	Federal/ provincial- level hospitals	Local-level hospitals	Private hospitals	PHCCs	Basic health care centers	Basic health care centers		
						HPs	UHCs	Total
Mother								
Check blood pressure	75.2	82.2	94.9	79.7	70.7	68.9	100.0	81.0
Check pulse	51.6	69.0	83.1	62.6	70.7	68.9	100.0	63.1
Check temperature	46.4	59.2	72.2	41.8	49.2	49.2	50.0	54.4
Check leg for tenderness/swelling	35.7	37.7	54.3	49.2	35.5	37.7	0.0	41.5
Inspect perineum for tear, bleeding, swelling	59.0	55.5	73.2	62.1	86.2	88.5	50.0	64.6
Examine breast for retracted nipple, cracked nipple, engorgement	31.8	34.5	48.7	33.9	53.3	56.7	0.0	38.1
Ask whether the woman has passed urine without difficulties	70.8	73.4	82.9	66.6	70.7	68.9	100.0	74.2
Check if uterus is well contracted	61.2	63.5	78.6	71.4	86.2	88.5	50.0	68.2
Ask about vaginal bleeding	76.3	84.6	78.5	80.5	70.1	68.2	100.0	77.1
Cord care advice	60.4	56.5	63.0	66.3	67.7	68.9	50.0	61.6
Breastfeeding advice	85.0	88.2	89.6	86.8	89.2	88.5	100.0	86.8
Family planning advice	38.2	45.2	38.3	42.7	37.0	39.4	0.0	38.7
Postnatal care checkup advice	66.7	58.6	78.9	72.6	100.0	100.0	100.0	72.0
Carry out wound site examination	39.1	49.5	66.0	37.0	56.3	56.7	50.0	48.3
Advise on danger signs during postpartum period	48.3	34.2	66.3	51.6	86.2	88.5	50.0	55.1
All checks/advice	8.6	8.9	10.1	3.2	0.0	0.0	0.0	8.3
Mother received postpartum family planning counseling	23.0	27.0	19.4	17.6	47.8	50.8	0.0	23.6
Mother adopted postpartum family planning	3.4	4.4	4.4	0.0	3.0	0.0	50.0	3.6
Baby								
Check temperature by touching foot and abdomen	59.8	56.3	76.9	57.2	70.1	68.2	100.0	65.0
Check any difficulty in breathing, grunting, chest indrawn	75.5	94.5	76.6	81.1	100.0	100.0	100.0	78.6
Assess newborn's general color, movement, and crying	43.8	46.3	78.1	56.1	56.4	59.9	0.0	54.9
Check umbilical cord for bleeding and infection	49.8	49.6	72.8	62.6	37.9	40.3	0.0	56.0
Check for pustules on skin	53.6	50.7	74.5	69.5	59.4	59.9	50.0	60.3
Check eye for discharge	50.7	36.7	64.2	40.3	59.4	59.9	50.0	53.9
Look for signs of jaundice in forehead, abdomen, palm, foot	25.4	39.4	49.0	33.7	34.8	37.0	0.0	33.7
Ask if newborn is breastfeeding well	30.8	26.0	54.1	36.6	56.4	59.9	0.0	38.9
Advise on immunization	39.9	40.9	63.9	30.3	56.4	59.9	0.0	47.4
All checks/advice	14.7	23.3	26.5	11.4	16.3	17.3	0.0	18.5
Time of discharge after delivery								
After 24 hours	48.6	54.6	69.8	9.1	27.1	28.8	0.0	52.2
Before 24 hours	51.4	45.4	30.2	90.9	72.9	71.2	100.0	47.8
Number of postpartum clients	307	30	154	20	34	32	2	546
Reasons for discharge before 24 hours¹								
Limited beds/ overload of cases in facility	35.4	0.0	20.5	8.3	0.0	0.0	0.0	25.6
Client did not want to stay for 24 hours	66.3	78.0	49.2	83.0	74.6	72.4	100.0	65.8
Other	8.7	22.0	40.6	12.2	25.4	27.6	0.0	16.9
Number of postpartum clients discharged before 24 hours	158	14	47	18	25	23	2	261

Note: Figures for UHCs should be interpreted cautiously due to the low number of cases.

¹ Respondents may report multiple treatment methods, so the sum of treatment may exceed 100%.

Table 7.24.2 Postpartum checks/advice at the time of discharge by managing authority and province

Among interviewed postpartum women, percentages whose consultation included checks/advice on topics related to the mother and baby at the time of discharge, by managing authority and province, Nepal HFS 2021

Type of check/advice	Managing authority		Province							Sudur-pashchim	Total
	Public	Private	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim		
Mother											
Check blood pressure	75.6	94.9	85.1	64.5	97.4	100.0	73.4	89.3	82.5	81.0	
Check pulse	55.1	83.1	82.9	46.9	73.8	85.0	52.1	84.0	43.8	63.1	
Check temperature	47.4	72.2	55.3	41.8	68.4	65.4	47.0	84.0	49.3	54.4	
Check leg for tenderness/swelling	36.5	54.3	37.5	27.8	59.4	47.0	44.1	78.6	19.1	41.5	
Inspect perineum for tear, bleeding, swelling	61.2	73.2	64.7	51.7	84.7	86.6	50.1	89.3	65.5	64.6	
Examine breast for retracted nipple, cracked nipple, engorgement	34.0	48.7	53.0	20.9	50.9	66.9	34.7	58.8	9.9	38.1	
Ask whether the woman has passed urine without difficulties	70.8	82.9	72.9	57.9	87.3	86.9	77.7	92.0	64.9	74.2	
Check if uterus is well contracted	64.1	78.6	73.8	54.4	90.7	82.6	55.2	84.0	60.9	68.2	
Ask about vaginal bleeding	76.6	78.5	79.0	64.2	94.8	88.7	74.0	72.1	74.7	77.1	
Cord care advice	61.0	63.0	49.2	43.9	79.5	60.2	70.6	89.3	54.5	61.6	
Breastfeeding advice	85.7	89.6	86.3	82.3	95.7	96.2	86.0	92.0	78.2	86.8	
Family planning advice	38.9	38.3	51.6	19.0	34.6	46.1	36.5	53.4	50.5	38.7	
Postnatal care checkup advice	69.2	78.9	76.5	54.4	87.9	92.2	67.2	89.3	64.6	72.0	
Carry out wound site examination	41.3	66.0	65.3	32.7	58.6	76.6	43.5	45.4	32.4	48.3	
Advise on danger signs during postpartum period	50.7	66.3	63.5	31.2	78.0	67.9	49.4	89.3	36.2	55.1	
All checks/advice	7.6	10.1	6.5	1.4	12.3	8.0	14.4	18.7	0.0	8.3	
Mother received postpartum family planning counseling	25.2	19.4	39.8	6.8	9.8	26.1	23.5	40.1	35.1	23.6	
Mother adopted postpartum family planning	3.2	4.4	5.7	0.0	1.4	4.0	4.3	8.0	5.1	3.6	
Baby											
Check temperature by touching foot and abdomen	60.3	76.9	75.6	48.0	88.5	91.6	51.5	61.4	60.8	65.0	
Check any difficulty in breathing, grunting, chest indrawn	79.4	76.6	79.9	72.2	84.3	88.5	75.9	86.6	77.3	78.6	
Assess newborn's general color, movement, and crying	45.7	78.1	56.9	48.9	71.5	84.2	44.0	64.1	44.8	54.9	
Check umbilical cord for bleeding and infection	49.4	72.8	49.7	50.4	73.3	79.8	50.1	66.8	49.9	56.0	
Check for pustules on skin	54.7	74.5	61.1	54.8	70.1	78.2	54.5	66.8	56.2	60.3	
Check eye for discharge	49.9	64.2	50.5	33.9	72.0	72.9	48.5	61.4	68.1	53.9	
Look for signs of jaundice in forehead, abdomen, palm, foot	27.7	49.0	34.9	15.3	48.6	42.6	36.7	61.4	17.7	33.7	
Ask if newborn is breastfeeding well	33.0	54.1	39.9	17.9	57.2	49.2	36.0	61.4	36.6	38.9	
Advise on immunization	40.9	63.9	46.8	27.7	70.2	71.0	44.6	61.4	39.2	47.4	
All checks/advice	15.3	26.5	8.8	2.0	38.2	33.9	22.4	50.7	5.2	18.5	
Time of discharge after delivery											
After 24 hours	45.2	69.8	55.6	36.2	79.1	93.7	47.1	24.0	45.9	52.2	
Before 24 hours	54.8	30.2	44.4	63.8	20.9	6.3	52.9	76.0	54.1	47.8	
Number of postpartum clients	392	154	110	106	95	17	123	33	63	546	
Reasons for discharge before 24 hours¹											
Limited beds/overload of cases in facility	26.7	20.5	13.9	27.2	16.6	0.0	37.9	31.6	17.7	25.6	
Client did not want to stay for 24 hours	69.4	49.2	49.1	72.6	79.2	100.0	63.8	61.3	74.3	65.8	
Other	11.8	40.6	43.8	13.6	4.2	0.0	12.7	7.0	8.0	16.9	
Number of postpartum clients discharged before 24 hours	214	47	49	68	20	1	65	25	34	261	

Note: Figures for UHCs should be interpreted cautiously due to the low number of cases.

¹ Respondents may report multiple treatment methods, so the sum of treatment may exceed 100%.

Table 7.25 Payment during delivery

Among interviewed postpartum women, percentages reporting paying for specific delivery items and percentages reporting various reasons for payments, by facility type, Nepal HFS 2021

	Public facilities				Total
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	
Paid for delivery					
Registration fee	16.8	19.3	1.2	12.8	15.6
Medicine	11.5	13.4	0.0	10.5	11.2
Delivery/operation fee	0.2	0.3	0.0	4.4	1.4
Informal payment to provider	0.2	0.3	0.0	0.0	0.2
Delivery items required (gloves, sanitary pad, etc.)	7.1	8.2	0.0	9.2	7.7
Bed/room fees	0.5	0.6	0.0	7.3	2.4
Cleaning staff tips	6.8	7.7	1.2	2.6	5.6
Suture materials	0.2	0.3	0.0	1.2	0.5
Wound dressing materials during cesarean section	0.2	0.3	0.0	0.7	0.4
Blood transfusion	0.4	0.5	0.0	0.0	0.3
Reasons for paying					
Told to pay	22.0	25.1	2.9	15.2	20.1
Voluntarily offered to pay	2.6	3.1	0.0	0.0	1.9
Both	0.9	1.1	0.0	0.4	0.8
Number of postpartum clients	392	338	54	154	546

Table 7.26 Knowledge of free delivery services and transportation incentives

Among interviewed postpartum women, percentages knowing about free delivery services and transportation incentives and sources of information, by facility type, Nepal HFS 2021

	Public facilities				Total
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	
Knowledge of free delivery services	78.2	76.7	87.2	24.7	63.0
Source of information on free delivery services					
Family members/relative	38.4	37.2	46.0	14.9	31.8
Friends/neighbors	33.3	35.5	20.0	10.9	27.0
Female community health volunteer	14.2	12.8	22.9	0.6	10.3
Health provider	38.5	37.6	44.4	11.3	30.8
Facility staff	5.2	4.2	11.7	1.3	4.1
Television	1.4	1.6	0.0	0.9	1.2
Radio	3.5	2.1	12.1	2.1	3.1
Poster/pamphlet	0.4	0.5	0.0	1.2	0.6
NGO or other community-based organizations	0.2	0.2	0.0	0.0	0.1
Knowledge of transportation incentives	62.5	62.5	62.8	27.0	52.5
Source of information on transportation incentives					
Family members/relative	18.9	21.0	5.8	14.9	17.8
Friends/neighbors	21.6	22.8	14.3	11.9	18.9
Female community health volunteer	11.0	9.9	17.3	0.6	8.0
Health provider	31.4	30.8	34.9	8.7	25.0
Facility staff	4.4	5.1	0.0	5.0	4.6
Television	0.9	1.1	0.0	1.2	1.0
Radio	3.0	1.6	12.1	1.2	2.5
Poster/pamphlet	0.2	0.0	1.4	0.6	0.3
NGO or other community-based organizations	0.2	0.2	0.0	0.0	0.1
Number of postpartum clients	392	338	54	154	546

NGO = nongovernmental organization

Table 7.27 Means of transportation used

Among interviewed postpartum women, percentages reporting use of various means of transportation to reach delivery facility, by facility type, Nepal HFS 2021

Means of transport used for delivery	Public facilities				Total
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	
Stretcher	2.3	0.5	13.3	0.0	1.6
Rickshaw/bicycle	10.1	10.7	5.9	9.9	10.0
Auto vehicle	59.1	59.4	56.8	56.9	58.4
Animal-driven cart/tanga	0.2	0.0	1.4	0.0	0.1
Ambulance	22.6	24.0	14.2	26.3	23.7
On foot	7.2	4.7	22.9	1.8	5.7
Number of postpartum clients	392	338	54	154	546

Table 7.28 Waiting times and availability of basic amenities

Among interviewed postpartum women, percentages reporting the indicated waiting times to see a provider, availability and waiting times to get a bed, and availability of drinking water and toilet facilities, by facility type, Nepal HFS 2021

	Public facilities				Total
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	
Waiting time from first arrival until first assessed by provider					
Less than or equal to half an hour	91.1	92.3	83.7	91.9	91.3
More than half an hour	8.9	7.7	16.3	8.1	8.7
Availability of bed					
Able to get a bed in the facility	98.2	98.1	98.6	99.3	98.5
Able to get a bed but sharing with another patient	0.7	0.8	0.0	0.0	0.5
Waiting time to get a bed at facility					
Less than or equal to half an hour	96.9	96.6	98.6	96.3	96.7
More than half an hour	2.0	2.3	0.0	3.0	2.3
Availability of drinking water and toilet					
Drinking water available in facility	79.3	78.2	85.8	81.0	79.8
Able to use toilet in facility when needed	99.0	98.8	100.0	98.4	98.8
Number of postpartum clients	392	338	54	154	546

Table 7.29 Respectful maternity care (reported)

Among interviewed postpartum women, percentages reporting respectful maternity care components, by facility type, Nepal HFS 2021

	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Dignity, privacy, and confidentiality					
Demonstrate caring and appropriate behavior toward the client	89.7	88.8	95.3	82.3	87.6
Client comfortable with the visual and auditory privacy provided	85.6	83.7	97.2	82.2	84.6
Privacy maintained					
Delivered in separate room	92.9	91.9	98.8	92.7	92.8
Curtains on windows (including any openings in the door)	79.5	77.9	89.6	93.1	83.4
Divider between beds	40.8	42.8	28.3	54.9	44.8
Curtain between/around beds	30.6	34.1	8.5	51.8	36.6
Freedom from harm and mistreatment					
Use physical force or abrasive behavior, including slapping or hitting	0.5	0.6	0.0	1.4	0.8
Show any discriminatory behavior	5.1	5.7	1.0	6.6	5.5
Staff scolds or treats you disrespectfully	23.3	24.2	17.5	22.9	23.2
Informed choice and continuous support					
Explain the procedures in a language the client can understand and encourage the client to ask questions	71.9	74.3	56.6	71.2	71.7
Attend to the client when she calls	93.5	92.6	98.8	93.9	93.6
Number of postpartum clients	392	338	54	154	546

Table 7.30 Client satisfaction

Among interviewed postpartum women, percentages of the components of client satisfaction, by facility type, Nepal HFS 2021

	Public facilities				
	Public facilities	Public hospitals	PHCCs and basic health care centers	Private hospitals	Total
Waiting time					
Satisfied	82.8	81.1	93.6	90.0	84.9
Neutral	12.6	13.6	6.4	6.7	10.9
Not satisfied	4.6	5.3	0.0	3.3	4.2
Information received from provider					
Satisfied	82.3	80.2	95.8	86.6	83.5
Neutral	12.5	13.8	4.2	11.9	12.3
Not satisfied	5.2	6.0	0.0	1.5	4.2
Provider's level of skill in delivering the baby					
Satisfied	88.5	87.3	95.8	90.7	89.1
Neutral	9.7	10.8	3.1	9.3	9.6
Not satisfied	1.8	1.9	1.2	0.0	1.3
Politeness and empathy of the staff with whom client consulted					
Satisfied	86.6	85.7	91.8	91.4	87.9
Neutral	9.4	10.1	4.7	8.6	9.2
Not satisfied	4.1	4.1	3.5	0.0	2.9
Cleanliness of the facility					
Satisfied	76.8	76.5	78.9	83.1	78.6
Neutral	12.0	11.1	17.4	12.6	12.1
Not satisfied	11.2	12.4	3.7	4.3	9.3
Level of privacy					
Satisfied	77.4	76.8	81.2	86.5	80.0
Neutral	18.7	18.8	17.8	10.1	16.3
Not satisfied	3.9	4.4	1.0	3.4	3.8
Care received					
Satisfied	86.0	84.4	95.6	92.0	87.7
Neutral	10.7	11.9	2.9	8.0	9.9
Not satisfied	3.4	3.7	1.5	0.0	2.4
Number of postpartum clients	392	338	54	154	546

Key Findings

- One in 20 health facilities in Nepal have a system to support clients needing HIV testing and counseling. Around three quarters of these facilities are able to offer HIV testing at the facility to clients.
- Relatively few facilities (9%) offering HIV testing and counseling services had all of the items needed for delivering quality services available on the day of the assessment visit.
- Similarly, few facilities offering HIV testing (10%) had all infection prevention items at the service site on the day of the NHFS assessment. In facilities offering laboratory testing, 18% had all infection prevention items available in the laboratory.
- Slightly more than half (56%) of the HIV service providers interviewed in the NHFS reported receiving personal supervision in the 6 months before the survey. However, very few had had recent training related to either HIV counseling (3%) or testing (2%).
- 8% of all health facilities in Nepal offer at least one HIV/AIDS care and support service.
- 13% of hospitals and primary health care centers (PHCCs) offer antiretroviral therapy (ART) services.
- More than 8 in 10 facilities offer sexually transmitted infection (STI) services. A lack of availability of trained staff, STI guidelines, and testing capacity serves as a major constraint on the provision of quality STI services.

8.1 BACKGROUND

This chapter provides an overview of HIV/AIDS and sexually transmitted infection (STI) services in Nepal. It highlights 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 and counseling services.** Section 8.2, including **Tables 8.1 through 8.4** and **Figures 8.1 and 8.2**, explores HIV testing and counseling services in Nepal and looks at service availability and the readiness of health facilities to provide quality HIV/AIDS 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**, 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 **Tables 8.6 and 8.7**, examines the availability of antiretroviral therapy (ART) services.

- **Services for sexually transmitted infections.** Section 8.5, including **Table 8.8** and **Figures 8.3** and **8.4**, presents information on the availability of STI services and the readiness of facilities to provide those services.

8.2 HIV TESTING AND COUNSELING

Nepal has been facing a concentrated HIV epidemic. The key populations at higher risk of HIV infection include people who inject drugs, men who have sex with men, 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 groups that transmit infection from key populations to the low-risk general population.

HIV testing and counseling is one of the essential interventions in HIV prevention and care. Nepal's government promotes HIV testing and counseling with the goal of enabling people living with HIV to know their HIV status and, thus, to have timely access to care, support, and treatment services.

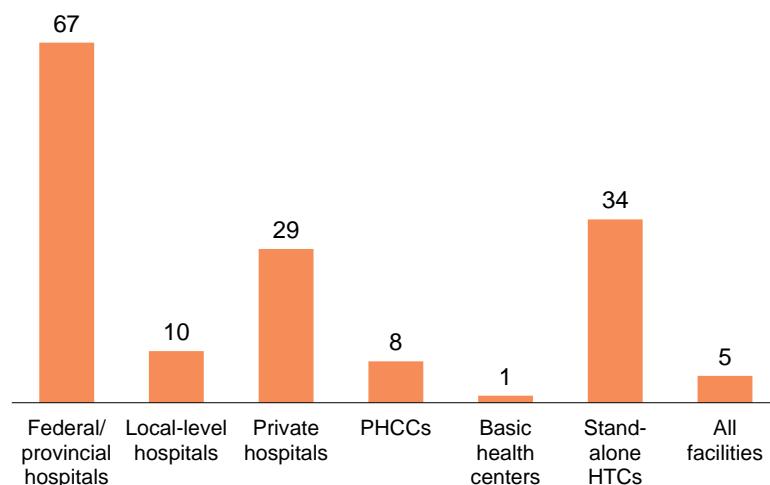
8.2.1 Service Availability

The NHFS defines a facility as having an HIV testing and counseling 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 provide counseling and follow up on test results, is not defined as having an HIV testing and counseling system.

Table 8.1 and **Figure 8.1** show that federal/provincial hospitals (67%), stand-alone HIV testing and counseling centers (HTCs) (34%), and private hospitals (29%) are most likely to have a system to support clients needing HIV testing and counseling. Virtually no basic health centers (1%) have these services. Overall, only 5% of health facilities in Nepal have an HIV testing and counseling system, which represents a slight decrease from the percentage observed in the 2015 NHFS (6%).

Figure 8.1 Availability of HIV testing and counseling system

Percentage of all facilities
(N=1,576)



¹ This definition assumes that the facility counsels clients, before and after 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.

8.2.2 Service Readiness

Table 8.1 also provides information on several indicators of service readiness for the small proportion of facilities that have an HIV testing and counseling system. Nearly all facilities (91%) with an HIV testing and counseling system provided visual and auditory privacy for clients, 73% offered testing at the facility and had HIV test kits available, and 69% had condoms on hand. However, only around one quarter had the 2020 national HIV testing and treatment guidelines available on the day of the NHFS visit or a staff member with recent training on HIV testing and counseling (**Figure 8.2**).

Overall, only 9% of facilities with an HIV testing and counseling system have all of the items needed to support the provision of quality services. This is somewhat lower than the 13% of facilities that had all of the items needed for providing quality HIV services at the time of the 2015 NHFS.

8.2.3 Infection Control

All service providers who perform HIV tests must follow infection control procedures to protect themselves and their clients. The 2021 NHFS assessed the availability of items for infection control at the site where HIV services were provided. Around half of facilities had items needed for adequate handwashing (soap and running water and/or alcohol-based disinfectant) and gloves (53% each). Facilities were least likely to have infection control guidelines (27%) available at the site. Overall, only 10% of facilities offering HIV testing and counseling had all infection prevention items at the service site on the day of the NHFS assessment (**Table 8.2**).

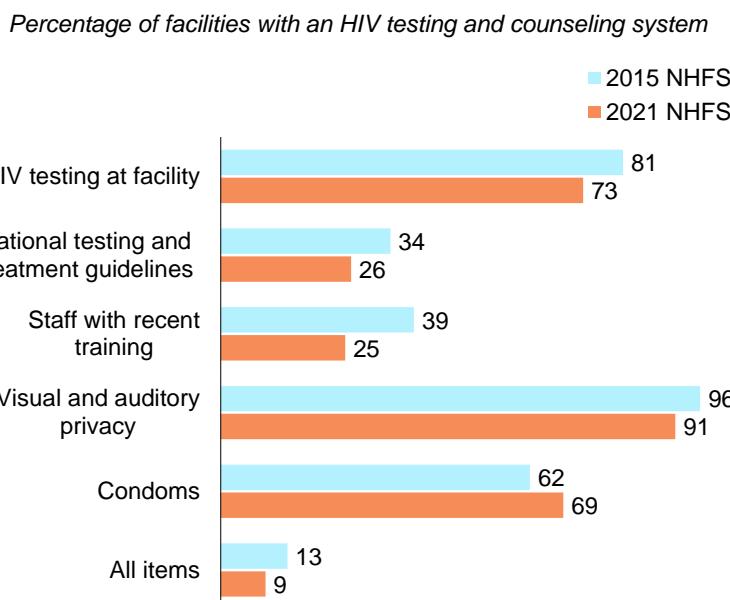
Among facilities having laboratory HIV testing, the 2021 NHFS also assessed the availability of items for infection control in the laboratory. In general, laboratories providing HIV testing seem to be better equipped for infection control than service delivery sites. Nevertheless, only 18% of the laboratories had all infection prevention items available (**Table 8.3**). They were least likely to have guidelines for infection prevention and waste management (31%).

8.2.4 Basic Management and Administrative Systems for HIV Testing and Counseling

Table 8.4 presents information on recent in-service training and personal supervision of the 783 HIV service providers interviewed in the NHFS. Only a very small percentage of these providers had received structured in-service training related to HIV testing (2%) or counseling (3%) in the 24 months before the survey. More encouraging is the finding that slightly more than half (56%) of the providers had been personally supervised during the 6 months before the survey.

Overall, 2% of HIV service providers reported receiving both recent training related to HIV testing and counseling and personal supervision. This represents a decrease from the percentage of HIV providers who reported receiving recent training and supervision at the time of the 2015 NHFS (11%).

Figure 8.2 Items to support quality provision of HIV testing and counseling services



8.3 HIV/AIDS CARE AND SUPPORT

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, 8% of health facilities in Nepal offer at least one HIV/AIDS care and support service, with federal/provincial hospitals (61%) by far the most likely facilities to provide such services (**Table 8.5**).

The majority of facilities offering HIV/AIDS care and support services had six out of seven key medicines and commodities needed to provide quality services. However, most facilities lacked other essential items, including a system for referring clients to community support services (28%), documentation that HIV-positive clients are being screened for tuberculosis (TB) (20%), guidelines for the clinical treatment of HIV (14%), and staff with recent training relating to HIV/AIDS care and support (8%).

8.4 ANTIRETROVIRAL THERAPY

Antiretroviral drugs inhibit the replication of HIV and thus can substantially prolong and improve the quality of life of people living with HIV. In Nepal, because of clinical requirements, ART services are mainly offered at hospitals and primary health care centers (PHCCs). In recent years, a few community-based ART centers managed by nongovernmental organizations have also begun to provide HIV treatment services.

Overall, **Table 8.6** shows that 13% of hospitals and PHCCs in the NHFS sample reported that they offer ART services, with services most often available in federal/provincial hospitals. **Table 8.6** also shows that, with the exception of trained staff, viral load testing, and testing for early infant diagnosis, a majority of facilities offering ART services had the items needed to support the provision of quality ART services.

Table 8.7 looks at the capacity to provide ART services at hospitals and PHCCs in the NHFS sample that are designated as ART sites but did not report providing ART services at the time of the NHFS visit. In general, these sites have the same issues as the hospitals and PHCCs that reported providing ART, that is, limited trained staff and testing capacity.

8.5 SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS

STIs are a serious public health problem in Nepal. This section uses data from the 2021 NHFS to address the following questions:

- To what extent are STI services available in health facilities in Nepal?
- To what extent do facilities offering STI services have the capacity to support quality services?

Overall, **Table 8.8** shows that 86% of health facilities report having in place services to diagnose and/or treat STIs, an improvement over the proportion that offered STI services at the time of the 2015 NHFS (74%). Facilities in the Lumbini and Sudurpashchim provinces (95% each) are most likely and facilities in Province 1 (77%) least likely to offer STI services (**Figure 8.3**).

With respect to readiness to provide services, **Figure 8.4** shows that facilities offering STI services were generally better equipped in 2021 than in 2015, with especially notable improvements in the availability of a number of medicines needed to treat STIs. For example, facilities were more than twice as likely to have doxycycline tablets available in 2021 as in 2015 (76% and 35%, respectively). However, the lack of availability of trained staff, STI guidelines, and testing capacity at most service sites serves as a major constraint on the provision of quality STI services.

Figure 8.3 Availability of STI services by province

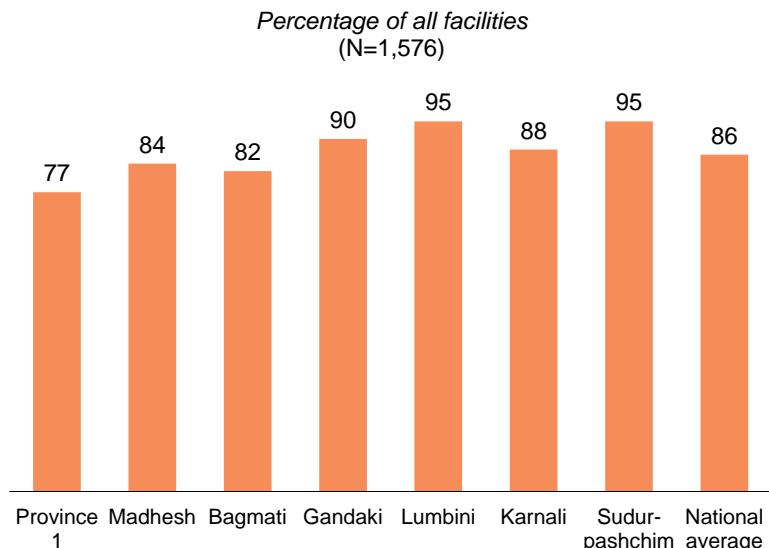
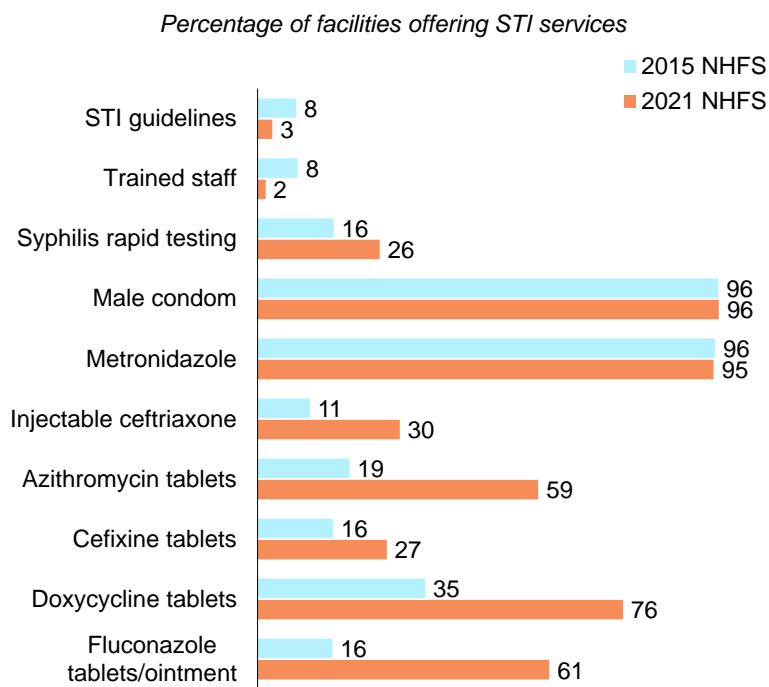


Figure 8.4 Items to support quality provision of STI services



LIST OF TABLES

- **Table 8.1 Availability of HIV testing and counseling services**
- **Table 8.2 Items for infection control during provision of HIV testing services at the service site**
- **Table 8.3 Items for infection control during provision of HIV testing services in the laboratory**
- **Table 8.4 Supportive management for providers of HIV testing services**
- **Table 8.5 Guidelines, trained staff, and items for HIV/AIDS care and support services**
- **Table 8.6 Guidelines, trained staff, and items for antiretroviral therapy services**
- **Table 8.7 Availability of antiretroviral therapy services**
- **Table 8.8 Guidelines, trained staff, and items for sexually transmitted infection services**

Table 8.1 Availability of HIV testing and counseling services

Among all facilities, percentages that report having an HIV testing and counseling system and, among facilities with an HIV testing and counseling system, 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 HFS 2021

Background characteristic	Percentage of all facilities with HIV testing and counseling system ¹	Percentage of facilities with HIV testing system that have:							Number of facilities having HIV testing and counseling system
		Number of facilities	HIV testing capacity ²	National HIV testing and treatment guidelines 2020	Recently trained provider ³	Ever-trained provider ⁴	Visual and auditory privacy ⁵	Condoms ⁶	
Facility type									
Federal/provincial-level hospitals	67.0	27	95.4	60.0	40.1	87.7	98.5	80.0	20.0
Local-level hospitals	9.6	17	100.0	33.3	33.3	100.0	83.3	100.0	16.7
Private hospitals	28.6	116	53.6	12.4	8.0	63.4	94.4	47.9	0.8
PHCCs	7.7	51	71.4	35.7	21.4	71.4	100.0	100.0	7.1
Basic health care centers	1.3	1,352	77.2	0.0	31.3	76.9	74.3	80.2	0.0
HPs	1.5	1,064	75.2	0.0	34.1	83.7	75.2	78.5	0.0
UHCs	0.6	154	100.0	0.0	0.0	0.0	100.0	100.0	0.0
CHUs	0.4	135	100.0	0.0	0.0	0.0	0.0	100.0	0.0
Stand-alone HTCs	34.1	11	100.0	85.7	71.4	85.7	100.0	100.0	64.3
Managing authority									
Public	2.8	1,448	85.8	31.7	34.4	82.2	88.0	82.8	10.3
Private	29.1	128	58.5	20.1	14.7	65.8	95.0	53.4	7.5
Ecological region									
Mountain	1.7	210	92.3	15.4	61.5	84.6	100.0	92.3	7.7
Hill	4.4	823	75.4	32.4	27.0	72.5	97.1	55.3	9.3
Terai	7.0	543	68.5	21.3	19.6	75.2	84.9	79.4	8.9
Location									
Urban	8.1	846	75.0	29.1	28.5	71.9	96.4	64.4	10.3
Rural	1.3	730	56.9	5.8	0.0	92.0	54.7	100.0	0.0
Province									
Province 1	5.6	264	86.0	24.2	45.2	83.4	91.7	45.2	9.6
Madhesh	5.7	247	62.3	13.9	14.7	84.8	70.7	92.4	5.9
Bagmati	8.1	325	61.7	24.4	9.6	68.0	98.9	56.4	4.3
Gandaki	3.3	198	91.3	30.3	26.0	43.3	100.0	87.0	17.3
Lumbini	3.2	243	73.1	44.5	34.8	71.5	88.8	80.2	18.5
Karnali	1.3	129	50.0	33.3	0.0	66.7	100.0	50.0	0.0
Sudurpashchim	4.1	170	96.0	36.0	56.0	92.0	96.0	92.0	16.0
Total	5.0	1,576	72.8	26.2	25.0	74.4	91.3	68.8	9.0
									78

Note: The following abbreviations are used in tables throughout this chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), CHUs (community health units), and HTCs (HIV testing and counseling centers).

¹ Facility reports conducting HIV testing in the facility or else in 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 having at least one unexpired Determine, at least one unexpired Uni-Gold, and at least one unexpired Stat Pack HIV rapid diagnostic test kit available somewhere in the facility on the day of the survey, or else facility had enzyme-linked immunosorbent assay (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/AIDS 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/AIDS 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 treatment guidelines 2020, 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.

Table 8.2 Items for infection control during provision of HIV testing services at the service site

Among facilities having HIV testing and counseling capacity, 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 HFS 2021

Background characteristic	Facility type	Percentage of facilities with HIV testing system that have items for infection control							Number of facilities having HIV testing and counseling capacity		
		Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Latex gloves	Needle destroyer/needle cutter	Waste receptacle ²	Infection prevention guidelines ³	All infection prevention items ⁴	
Federal/provincial-level hospitals	Federal/provincial-level hospitals	46.8	46.8	46.8	50.0	51.6	27.5	22.6	27.4	6.4	48.4
Local-level hospitals	Local-level hospitals	50.0	50.0	50.0	50.0	50.0	33.3	16.7	16.7	50.0	18
Private hospitals	Private hospitals	46.9	48.4	46.9	51.8	54.5	40.4	36.3	45.5	20.4	18
PHCCs	PHCCs	60.0	60.0	60.0	60.0	60.0	20.0	10.0	10.0	0.0	3
Basic health care centers	Basic health care centers	23.2	23.2	48.9	48.9	55.5	19.5	0.0	0.0	29.9	13
HPs	HPs	21.7	21.7	50.4	50.4	50.4	21.7	0.0	0.0	21.7	12
UHCs	UHCs	0.0	0.0	0.0	0.0	100.0	100.0	0.0	0.0	100.0	1
CHUs	CHUs	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	100.0	0
Stand-alone HTCs	Stand-alone HTCs	50.0	50.0	50.0	57.1	64.3	42.9	21.4	50.0	14.3	57.1
Managing authority	Public	39.2	39.2	39.2	50.4	51.2	24.2	20.1	15.3	4.0	42.5
	Private	47.4	48.7	47.4	52.8	54.9	40.9	33.6	46.4	19.3	47.9
Ecological region	Mountain	16.7	16.7	16.7	16.7	16.7	16.7	0.0	0.0	16.7	3
	Hill	39.6	39.6	39.6	54.0	54.0	24.5	41.9	15.3	39.6	27
	Terai	48.5	49.6	48.5	53.0	55.8	57.4	38.7	28.2	5.4	53.3
Location	Urban	44.3	44.8	44.3	54.2	55.6	57.0	33.8	28.0	29.5	51
	Rural	24.3	24.3	24.3	24.3	24.3	19.2	0.0	0.0	24.3	5
Province	Province 1	51.1	51.1	74.1	77.8	71.8	27.4	23.7	17.8	8.9	13
	Madhesh	31.3	31.3	43.4	46.6	46.6	23.6	10.9	3.2	37.6	9
	Bagmati	41.3	43.0	41.3	44.7	44.7	50.1	34.4	31.0	24.1	16
	Gandaki	66.8	66.8	66.8	66.8	66.8	57.3	62.1	19.0	48.4	16
	Lumbini	39.4	39.4	39.4	44.6	44.6	49.5	25.5	15.4	66.8	6
	Karnali	33.3	33.3	33.3	33.3	33.3	33.3	33.3	0.0	44.3	6
	Sudurpashchim	25.0	25.0	25.0	29.2	29.2	16.7	12.5	8.3	33.3	1
Total		42.3	42.8	42.3	51.3	52.6	53.3	30.6	25.3	27.2	57

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

² Waste receptacle with plastic bin liner

³ Guidelines include infection prevention and health care waste management reference manual 2015 or 2020.

⁴ Includes soap and running water or alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, needle destroyer/cutter, and infection prevention and health care waste management reference manual 2015 or 2020

Table 8.3 Items for infection control during provision of HIV testing services in the laboratory

Among facilities having HIV testing and counseling capacity, percentages with indicated items for infection control observed to be available at the laboratory on the day of the survey, by background characteristics, Nepal HFS 2021

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	Needle destroyer/needle cutter	Waste receptacle ²	Infection prevention guidelines ³	All infection prevention items ⁴	
Facility type											
Federal/provincial-level hospitals	98.2	98.2	98.2	100.0	100.0	96.4	83.7	52.8	27.2	18.1	16
Local-level hospitals	100.0	100.0	100.0	100.0	100.0	100.0	80.0	60.0	20.0	20.0	1
Private hospitals	98.3	98.3	98.3	100.0	100.0	100.0	85.2	50.1	50.6	27.9	16
PHCCs	100.0	80.0	80.0	100.0	100.0	100.0	40.0	40.0	20.0	0.0	1
Basic health care centers											
HPs	86.0	86.0	86.0	91.1	91.1	100.0	86.0	26.2	0.0	0.0	10
UHCs	100.0	100.0	100.0	100.0	100.0	100.0	100.0	30.4	0.0	0.0	8
CHUs	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	1
Stand-alone HTCs	92.9	92.9	92.9	100.0	100.0	100.0	92.9	35.7	50.0	21.4	4
Managing authority											
Public	94.2	93.2	93.2	96.9	96.9	98.0	82.1	43.3	17.1	11.0	28
Private	97.2	97.2	97.2	100.0	100.0	100.0	86.7	47.3	50.5	26.6	20
Ecological region											
Mountain	100.0	100.0	100.0	100.0	100.0	100.0	81.8	0.0	0.0	0.0	3
Hill	96.5	95.2	95.2	100.0	100.0	98.7	87.6	49.4	50.8	26.6	22
Terai	93.7	93.7	93.7	96.2	96.2	98.8	80.8	46.7	16.0	11.1	23
Location											
Urban	96.0	96.0	96.0	98.0	98.0	98.7	84.0	50.1	33.8	19.5	43
Rural	90.0	84.3	84.3	100.0	100.0	100.0	84.3	0.0	5.7	0.0	5
Province											
Province 1	94.9	94.9	94.9	100.0	100.0	94.9	76.3	52.5	30.5	25.4	6
Madhesh	100.0	100.0	100.0	100.0	100.0	100.0	84.6	17.2	3.2	3.2	9
Bagmati	94.3	94.3	94.3	94.3	94.3	98.2	86.9	53.6	64.7	35.1	15
Gandaki	100.0	100.0	100.0	100.0	100.0	100.0	95.3	76.3	19.0	9.5	6
Lumbini	86.4	86.4	86.4	100.0	100.0	100.0	71.3	51.0	25.2	10.1	6
Karnali	100.0	100.0	100.0	100.0	100.0	100.0	100.0	66.7	0.0	0.0	1
Sudurpashchim	95.5	90.9	90.9	100.0	100.0	100.0	81.8	18.2	9.1	4.5	6
Total	95.4	94.8	94.8	98.2	98.2	98.8	84.0	45.0	31.0	17.5	48

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

² Waste receptacle with plastic bin liner

³ Guidelines include infection prevention and health care waste management reference manual 2015 or 2020.

⁴ Includes soap and running water or alcohol-based hand disinfectant, latex gloves, waste receptacle with plastic bin liner, needle destroyer/cutter, and infection prevention and health care waste management reference manual 2015 or 2020

Table 8.4 Supportive management for providers of HIV testing services

Among HIV testing and counseling service providers, percentages who reported receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of interviewed providers who received:						Number of interviewed providers of HIV testing and counseling services
	Training related to counseling during the 24 months preceding the survey ¹	Training related to HIV testing during the 24 months preceding the survey	Training related to counseling at any time	Training related to HIV testing 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							
Federal/provincial-level hospitals	5.2	2.0	20.5	10.3	55.4	3.7	310
Local-level hospitals	2.0	4.1	56.6	56.0	75.0	0.0	27
Private hospitals	1.0	0.7	9.2	5.9	52.3	1.0	377
PHCCs	2.6	3.1	25.6	10.9	56.7	0.0	24
Basic health care centers	5.0	8.8	23.4	13.6	64.1	0.0	35
HPs	5.2	9.1	24.2	14.0	62.8	0.0	33
UHCs	0.0	0.0	0.0	0.0	100.0	0.0	1
CHUs	0.0	0.0	0.0	0.0	100.0	0.0	0
Stand-alone HTCs	23.8	15.4	41.4	29.1	87.6	23.8	11
Managing authority							
Public	4.8	2.8	23.6	13.8	57.6	2.9	395
Private	1.6	1.1	10.1	6.6	53.3	1.6	388
Ecological region							
Mountain	9.5	0.0	18.8	12.0	42.0	3.6	29
Hill	2.5	1.7	13.0	7.6	51.9	1.7	450
Terai	3.6	2.6	22.5	14.0	62.2	3.0	304
Location							
Urban	3.3	2.0	16.5	10.5	55.3	2.3	764
Rural	0.0	0.0	33.2	1.7	64.5	0.0	19
Province							
Province 1	3.0	3.7	24.7	19.9	67.9	2.1	142
Madhesh	4.5	3.3	21.6	10.5	64.6	2.3	80
Bagmati	1.2	0.3	8.5	4.6	44.0	1.2	320
Gandaki	3.7	2.5	12.0	7.9	64.9	1.9	52
Lumbini	5.7	2.8	20.8	11.3	70.1	5.4	93
Karnali	0.0	0.0	8.1	13.5	32.3	0.0	19
Sudurpashchim	7.8	3.1	33.1	15.2	52.7	3.6	78
Total	3.2	2.0	16.9	10.2	55.5	2.2	783

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 8.5 Guidelines, trained staff, and items for HIV/AIDS care and support services

Among all facilities, percentages offering HIV/AIDS care and support services and, among facilities offering HIV/AIDS care and support services, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering HIV/AIDS care and support services ¹	Percentage of facilities offering HIV/AIDS care and support services that have:		Medicines					Number of facilities offering HIV/AIDS care and support services			
		National HIV testing and treatment guidelines 2020	CCC, CHBC, and PLHIV group referral services	System for screening and testing HIV-positive clients for TB ³	Trained staff ²	IV solution with infusion set	Fluconazole tablet or ointment	Cotrimoxazole tablets	First-line treatment for TB ⁴	Pain management ⁵	Male condoms	Male condoms and lubricants
Facility type												
Federal/provincial-level hospitals	60.9	27	69.6	76.3	25.4	74.8	96.6	93.2	67.6	79.8	95.0	100.0
Local-level hospitals	15.9	17	50.6	50.6	20.2	30.2	89.9	100.0	81.0	100.0	100.0	30.4
Private hospitals	13.6	116	8.9	47.6	33.1	95.3	86.7	26.6	21.3	92.8	86.3	16
PHCCs	17.5	51	18.7	25.0	9.4	34.4	93.8	96.9	84.4	90.6	100.0	9.4
Basic health care centers	5.7	1,352	0.0	11.4	4.4	2.5	88.0	60.5	91.3	78.9	68.3	13.7
HPs	6.7	1,064	0.0	12.3	4.7	2.7	89.9	61.0	91.1	81.8	69.4	14.8
UHCs	1.9	154	0.0	0.0	0.0	0.0	59.1	100.0	38.6	59.1	100.0	0.0
CHUs	2.1	135	0.0	0.0	0.0	0.0	70.2	50.1	85.4	47.4	50.1	0.0
Stand-alone HTCs	31.7	11	53.8	76.9	15.4	38.5	38.5	38.5	23.1	15.4	92.3	30.8
Managing authority												
Public	7.3	1,448	13.9	23.8	8.5	17.1	89.9	69.8	86.7	79.6	75.2	100.0
Private	15.2	128	17.3	53.1	2.9	34.1	84.6	77.7	25.9	20.2	78.3	87.4
Ecological region												
Mountain	4.5	210	14.8	32.5	3.0	26.6	97.0	100.0	100.0	91.5	97.0	100.0
Hill	10.3	823	11.9	18.6	4.3	14.3	96.3	66.0	84.2	73.6	77.1	89.0
Terai	5.7	543	21.2	54.2	18.2	32.7	66.8	76.0	50.9	54.6	65.4	94.8
Location												
Urban	7.4	846	28.5	50.8	9.5	36.9	78.6	77.7	61.4	65.8	82.8	96.1
Rural	8.6	730	0.4	6.1	5.8	2.7	99.5	64.4	93.0	74.7	68.6	100.0
Province												
Province 1	8.0	264	10.6	27.8	22.5	16.8	78.0	93.8	62.1	47.6	60.8	94.3
Madhesi	3.2	247	14.3	75.6	0.0	17.8	50.8	33.6	70.6	74.1	91.4	63.5
Bagmati	7.5	325	15.0	34.7	6.9	26.6	96.5	69.2	67.7	51.6	80.5	24
Gandaki	6.6	198	17.0	15.9	8.5	14.9	97.4	76.4	88.4	86.3	97.9	5.2
Lumbini	18.2	243	7.9	14.6	2.6	9.8	93.6	59.6	86.1	83.5	67.0	99.4
Karnali	1.2	129	73.5	55.1	0.0	73.5	81.6	55.1	73.5	78.4	89.1	3.2
Sudurpashchim	7.5	170	32.8	45.8	6.6	45.8	93.4	84.7	78.4	73.5	100.0	36.7
Total	7.9	1,576	14.4	28.4	7.6	19.8	89.1	71.0	77.2	70.3	75.7	16.9

CCC = Community care center

CHBC = Community- and home-based care

PLHIV = People living with HIV

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 (IV) 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

-Primary preventive treatment for tuberculosis (TB) (i.e., isoniazid with pyridoxine)

-General family planning counseling and/or services for HIV-positive clients

-Condoms

² 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 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 Record or register indicating HIV-positive clients who have been screened and tested for TB

⁴ Four-drug fixed-dose combination (FDC) is available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol, or a combination of these medicines, are all available to provide first-line treatment

⁵ Diclofenac tablet or injection or else indomethacin tablets

Table 8.6 Guidelines, trained staff, and items for antiretroviral therapy services

Among hospitals and PHCCs, percentages offering antiretroviral therapy (ART) services and, among PHCCs and hospitals offering ART services, percentages with indicated items to support the provision of quality ART services, by background characteristics, Nepal HFS 2021

Background characteristic	Percent-age of facilities offering ART services ¹	Number of facilities	Percentage of facilities offering ART services that have:	Laboratory diagnostic capacity for:						Preferred first-line ART regimen available ⁴	Number of facilities offering ART services	
				National HIV testing and treatment guidelines 2020	Trained staff ²	Complete blood count ³	PCR viral load	PCR-DNA-EID	Renal or liver function test			
Facility type												
Federal/provincial-level hospitals	68.1	27	81.8	28.9	97.0	21.0	12.0	98.5	89.4	19		
Local-level hospitals	11.2	17	71.4	14.3	71.4	0.0	0.0	85.7	71.4	2		
Private hospitals	3.8	116	19.1	6.4	48.9	12.8	12.8	89.4	19.1	4		
PHCCs	4.4	51	62.5	37.5	87.5	0.0	0.0	62.5	100.0	2		
Managing authority												
Public	23.8	96	79.0	28.5	93.9	17.2	9.8	93.9	88.9	23		
Private	3.8	116	19.1	6.4	48.9	12.8	12.8	89.4	19.1	4		
Ecological region												
Mountain	12.5	16	85.7	0.0	100.0	14.3	0.0	100.0	85.7	2		
Hill	13.4	105	69.9	28.1	94.0	17.9	11.9	94.0	86.1	14		
Terai	12.2	92	65.9	25.2	75.0	15.0	10.0	90.8	65.7	11		
Location												
Urban	15.3	174	70.8	25.4	87.4	16.8	10.5	93.0	78.2	27		
Rural	1.5	38	0.0	0.0	50.0	0.0	0.0	100.0	50.0	1		
Province												
Province 1	9.9	36	63.2	23.7	92.1	23.7	23.7	86.8	63.2	4		
Madhesh	9.1	28	77.8	33.3	88.9	22.2	11.1	88.9	88.9	3		
Bagmati	10.2	69	52.0	16.0	64.0	20.0	16.0	100.0	48.0	7		
Gandaki	14.1	24	83.3	33.3	91.7	8.3	0.0	91.7	83.3	3		
Lumbini	12.7	32	85.6	42.6	100.0	0.0	6.9	100.0	92.8	4		
Karnali	14.9	11	66.7	0.0	83.3	0.0	0.0	83.3	100.0	2		
Sudurpashchim	40.1	13	72.2	22.2	100.0	27.8	5.6	88.9	100.0	5		
Total	12.8	212	69.4	24.9	86.6	16.5	10.3	93.1	77.7	27		

Note: The denominator for this table includes only PHCCs and hospitals.

PCR = Polymerase chain reaction

EID = Early infant diagnosis

¹ Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including community-based services.

² Facility had at least one interviewed provider of ART services who reported receiving in-service training in 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 ART medicines for adults available at the facility on the day of the survey: tenofovir, lamivudine, or dolutegravir.

Table 8.7 Availability of antiretroviral therapy services

Among ART-designated facilities that were surveyed, percentages with indicated items to support the provision of quality ART services, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering ART services that have:		Laboratory diagnostic capacity for:					Preferred first-line ART regimen available ³	Number of designated ART facilities
	National HIV testing and treatment guidelines 2020	Trained staff ¹	Complete blood count ²	PCR viral load	PCR-DNA-EID	Renal or liver function test			
Facility type									
Federal/provincial-level hospitals	82.8	29.7	96.9	20.1	10.8	98.5	61.0	18	
Local-level hospitals	100.0	25.0	100.0	0.0	0.0	100.0	50.0	1	
Private hospitals	66.7	33.3	100.0	66.7	66.7	100.0	33.3	1	
PHCCs	50.0	33.3	66.7	0.0	0.0	66.7	66.7	2	
Stand-alone HTCs	100.0	0.0	100.0	0.0	0.0	100.0	100.0	0	
Managing authority									
Public	81.1	29.8	94.6	17.4	9.4	96.0	60.9	21	
Private	75.0	25.0	100.0	50.0	50.0	100.0	50.0	1	
Ecological region									
Mountain	85.7	0.0	100.0	14.3	0.0	100.0	28.6	2	
Hill	74.3	30.3	95.4	18.5	11.6	97.7	65.3	12	
Terai	89.4	35.6	92.9	21.2	14.1	92.9	60.7	8	
Location									
Urban	82.9	30.3	96.1	19.6	11.8	97.4	60.6	21	
Rural	0.0	0.0	50.0	0.0	0.0	50.0	50.0	1	
Province									
Province 1	77.8	33.3	88.9	33.3	33.3	100.0	55.6	3	
Madhesh	75.0	37.5	87.5	25.0	12.5	87.5	62.5	2	
Bagmati	93.3	26.7	100.0	26.7	20.0	100.0	66.7	4	
Gandaki	80.0	40.0	90.0	10.0	0.0	90.0	90.0	3	
Lumbini	85.6	42.6	100.0	0.0	6.9	100.0	57.8	4	
Karnali	66.7	0.0	83.3	0.0	0.0	83.3	50.0	2	
Sudurpashchim	75.0	18.8	100.0	31.3	6.3	100.0	43.7	4	
Total	80.8	29.5	94.9	19.1	11.5	96.2	60.3	22	

Note: The denominator for this table includes ART-designated facilities included in the NHFS sample that did not report providing ART services at the time of the NHFS visit. The figures in the table should be interpreted cautiously due to the low number of cases.

PCR = Polymerase chain reaction

EID = Early infant diagnosis

¹ Facility had at least one interviewed provider of ART services who reported receiving in-service training in 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.

³ Facility had preferred first-line ART regimen (tenofovir/lamivudine/dolutegravir) for adult treatment available in the facility.

Table 8.8 Guidelines, trained staff, and items for sexually transmitted infection services

Among all facilities, percentages offering services for sexually transmitted infections (STIs) and, among facilities offering STI services, percentages with indicated items to support the provision of quality STI services, by background characteristics, Nepal HFS 2021

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													
Federal/provincial-level hospitals	100.0	27	12.4	7.3	93.8	97.9	98.0	91.7	94.8	87.6	89.6	90.7	25.7
Local-level hospitals	100.0	17	4.9	1.6	79.8	98.4	100.0	91.3	96.8	68.6	89.6	96.8	21.6
Private hospitals	96.9	116	1.2	3.4	85.4	63.8	87.5	84.7	75.4	75.5	68.7	70.2	113
PHCCs	100.0	51	6.6	4.9	84.2	99.5	99.5	68.3	89.6	45.9	87.4	88.5	5.5
Basic health care centers	84.4	1,352	2.5	1.0	14.0	99.2	96.0	20.2	54.0	19.0	76.1	57.5	1,141
HPs	88.0	1,064	3.0	0.9	16.1	99.6	95.4	22.8	51.2	18.6	77.4	57.6	936
UHCs	72.9	154	0.8	1.4	5.9	97.6	98.4	6.6	72.2	22.8	68.8	61.5	2.2
CHUs	68.4	135	0.0	0.6	3.3	97.6	98.6	9.8	60.8	18.9	71.8	51.7	1.2
Stand-alone HTCs	78.0	11	56.2	34.4	75.0	96.9	53.1	18.7	62.5	56.2	59.4	50.0	92
Managing authority													
Public	85.4	1,448	2.9	1.3	19.6	99.2	96.2	24.7	57.0	22.4	77.1	60.1	2.3
Private	95.2	128	5.2	5.6	84.6	66.2	85.0	79.8	74.5	74.1	68.0	68.7	122
Ecological region													
Mountain	71.3	210	5.8	0.5	21.0	96.9	99.8	41.5	68.7	44.0	83.2	57.9	150
Hill	89.5	823	1.7	1.8	24.3	97.0	98.0	29.7	58.5	26.2	77.8	61.1	3.4
Terai	86.9	543	4.5	1.8	28.7	94.9	89.3	26.0	55.4	22.9	71.6	61.5	472
Location													
Urban	87.8	846	4.1	2.3	29.7	94.0	92.8	32.2	62.2	30.4	74.5	61.4	5.0
Rural	84.4	730	1.9	0.9	20.3	99.0	98.1	26.6	54.1	22.9	78.4	60.3	1.8
Province													
Province 1	76.6	264	6.5	1.1	38.5	96.1	94.5	26.9	35.5	18.5	66.8	57.1	3.1
Madhesh	83.9	247	0.9	1.0	19.1	96.9	84.8	21.7	42.2	19.1	69.5	54.1	202
Bagmati	82.0	325	4.9	1.8	33.4	92.0	96.3	34.7	73.1	42.7	79.5	71.5	1.4
Gandaki	90.2	198	0.6	3.7	18.2	97.3	99.5	32.7	68.7	29.9	82.1	68.5	266
Lumbini	94.7	243	4.3	0.6	24.6	97.9	95.3	27.3	67.6	24.5	80.0	64.5	2.1
Karnali	87.5	129	1.8	1.5	13.4	97.6	99.8	30.3	52.7	23.4	80.1	55.3	1.13
Sudurpashchim	94.7	170	0.9	2.4	22.0	98.3	99.5	34.8	64.4	24.7	76.9	47.1	2.7
Total	86.2	1,576	3.1	1.7	25.5	96.3	95.2	29.7	58.6	27.0	76.3	60.9	3.6

¹ Providers in the facility diagnose STIs, 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.

NONCOMMUNICABLE DISEASES

Key Findings

- 96% of all health facilities in Nepal offer services for the diagnosis and/or management of chronic respiratory diseases, and 90% provide services for cardiovascular diseases.
- Almost three quarters of all health facilities offer services for the diagnosis and/or management of diabetes, which is more than three times the proportion of facilities providing these services at the time of the 2015 NHFS (21%).
- The availability of guidelines for provision of services and trained staff is consistently low in facilities offering services for the three noncommunicable diseases (NCDs).
- Basic equipment such as a blood pressure apparatus, stethoscope, or weighing scale is available in most facilities offering services for the three NCDS. Other equipment, including height boards, peak flow meters, spacers for inhalers, and essential medicines, is less available.
- Only one quarter of all health facilities in Nepal offer mental health services.
- Only a minority of facilities offering mental health services have guidelines (27%) or a staff member with recent training in mental health care (16%). Half or less of facilities have any of the essential medicines for treating mental illnesses.

The prevalence of noncommunicable diseases (NCDs) has been steadily rising in Nepal, with two-thirds of all deaths in the country currently estimated to be the result of NCDs. There also is increasing awareness of the burden of mental disorders, with a recent survey finding that 1 in 10 adults have ever experienced a mental disorder. This chapter addresses the readiness of health facilities in Nepal to provide services for NCDs and mental disorders. Specifically, it looks at the availability of services to diagnose and treat three major NCDs: diabetes, cardiovascular diseases (CVDs), and chronic respiratory diseases. The chapter also assesses the preparedness of facilities to provide mental health services.

The chapter is organized as follows:

- **Diabetes.** Section 9.1, including **Tables 9.1 and 9.2** and **Figure 9.1**, 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 9.2, including **Tables 9.3 and 9.4** and **Figure 9.2**, describes the availability of services for cardiovascular diseases and the preparedness of facilities to provide quality services.

- **Chronic respiratory diseases.** Section 9.3, including **Tables 9.5** and **9.6** and **Figure 9.3**, explores the availability of services for chronic respiratory diseases and the readiness of facilities to provide these services.
- **Mental disorders.** Section 9.4, including **Tables 9.7** and **9.8** and **Figure 9.4**, describes the availability of mental health services and the preparedness of facilities to provide quality services.

9.1 DIABETES: SERVICE AVAILABILITY AND READINESS

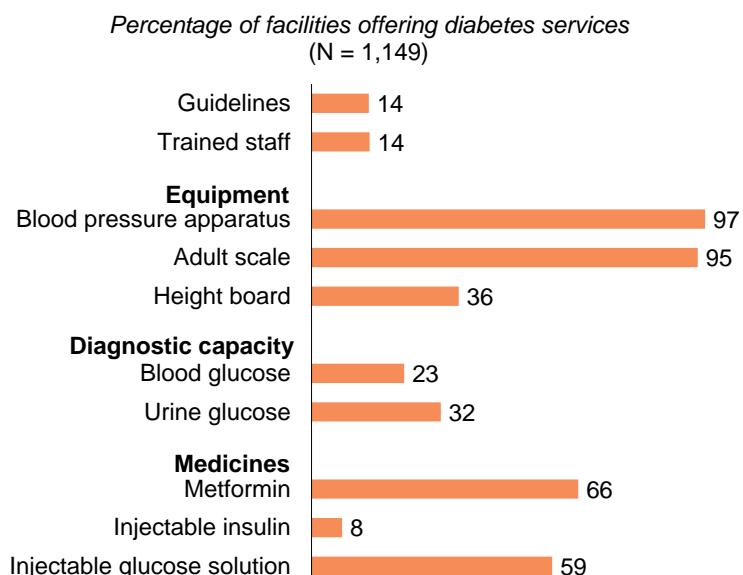
9.1.1 Availability of Services for Diabetes

Table 9.1 provides information on the availability of diabetes services in health facilities in Nepal. Overall, almost three quarters of health facilities offer services for the diagnosis and/or management of diabetes. This is more than three times the proportion of facilities that reported offering diabetes services at the time of the 2015 NHFS (21%). As expected, almost all hospitals and primary health care centers (PHCCs) (97–100%) offer services for diabetes, while community health units (CHUs) are least likely to provide such services (46%). The Karnali province (53%) has the lowest percentage of facilities offering diabetes services, while the Lumbini province has the highest percentage (83%).

9.1.2 Service Readiness for Diabetes

Tables 9.1 and 9.2 and Figure 9.1 provide information on the availability of the infrastructure and resources to support quality diabetes services. Almost all facilities offering diabetes services had a blood pressure apparatus (97%) and a weighing scale (95%), but only a minority had a height board (36%) available. Even fewer facilities had guidelines for the diagnosis and management of diabetes or a staff member recently trained in provision of diabetes services available on the day of the assessment (14% each). Diabetes diagnostic capacity also was limited, with only around one-third of facilities able to conduct urine glucose tests (32%) and only 23% able to perform blood glucose tests. With respect to the medicines needed for diabetes treatment, facilities were most likely to have metformin (66%) and least likely to have injectable insulin (8%).

Figure 9.1 Items to support quality provision of diabetes services



9.2 CARDIOVASCULAR DISEASES: SERVICE AVAILABILITY AND READINESS

9.2.1 Service Availability for Cardiovascular Diseases

Table 9.3 provides information on the availability of services for cardiovascular diseases. Overall, the 2021 NHFS results showed that 9 in 10 health facilities offer such services, which is an improvement over the situation at the time of the 2015 NHFS, when only 73% of facilities reported having CVD services. The percentage of facilities reporting that they provide CVD services ranged from 82% in Province 1 to 96% in Madhesh and Lumbini.

9.2.2 Service Readiness for Cardiovascular Diseases

Table 9.3 and **Figure 9.2** provide an assessment of the extent to which facilities offering CVD services have items essential for supporting quality services. Virtually all of the facilities had the basic equipment needed to provide CVD services. However, only 13% had staff with recent in-service CVD training, and very few had guidelines on the diagnosis and management of cardiovascular diseases (11%) available at the service site. Moreover, facilities offering CVD services often lacked essential medicines and commodities for managing cardiovascular diseases. Calcium channel blockers (62%) were the most widely available medicines, with only a minority of facilities having any of the other essential CVD medicines or oxygen (28%) (**Table 9.4**).

Figure 9.2 Items to support quality provision of services for cardiovascular diseases (CVDs)

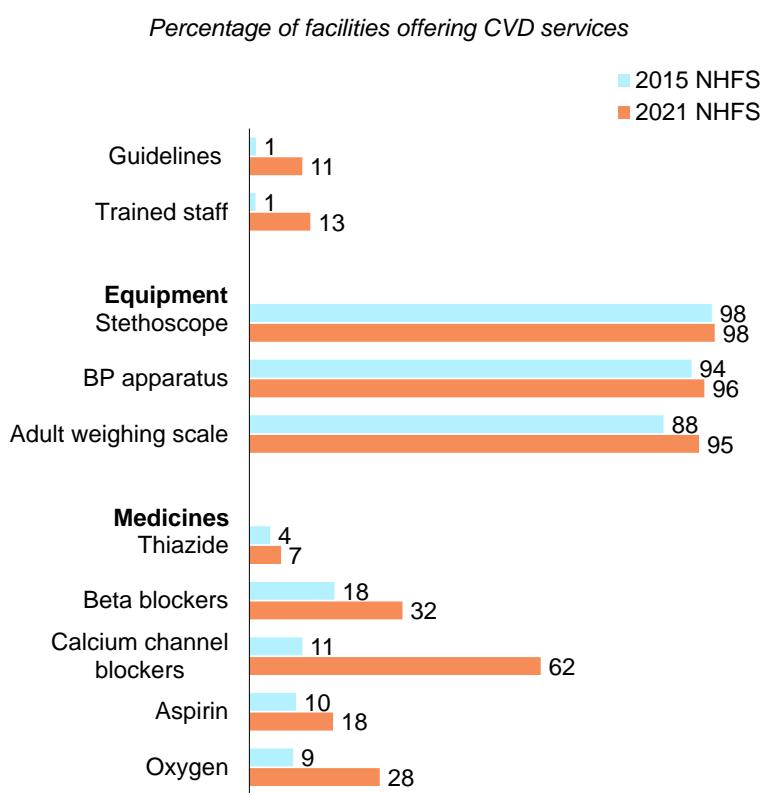


Figure 9.2 shows that while the majority of facilities offering CVD services lack guidelines, trained staff, and most essential medicines for treating these diseases, the availability of these resources has generally improved since 2015.

9.3 CHRONIC RESPIRATORY DISEASES: SERVICE AVAILABILITY AND READINESS

9.3.1 Service Availability for Chronic Respiratory Diseases

The 2021 NHFS assessed the availability of services for chronic respiratory diseases. **Table 9.5** shows that, regardless of type of facility, more than 9 in 10 facilities offered services for chronic respiratory diseases. Facilities in Province 1 (89%) were least likely to report offering such services.

9.3.2 Service Readiness for Chronic Respiratory Diseases

Tables 9.5 and **9.6** provide information on whether facilities offering services for chronic respiratory diseases had the resources to support diagnosis and/or treatment services for these diseases. Virtually all facilities offering chronic respiratory disease services had a stethoscope (98%), but only a few facilities, mainly hospitals and PHCCs, had oxygen flow meters (17%) or spacers for inhalers (7%). Both recently trained staff (14%) and guidelines for diagnosis and management of chronic respiratory diseases (11%) also were available at only a small proportion of facilities.

With respect to medications, 9 in 10 facilities offering chronic respiratory disease services had salbutamol inhalers available on the day of the NHFS visit (**Table 9.6**). The percentages having other medications for treating chronic respiratory diseases were much lower. For example, only slightly more than one-third of facilities had either injectable epinephrine/adrenaline (38%) or hydrocortisone tablets (37%).

Figure 9.3 shows that the availability of many items for managing and treating chronic respiratory diseases, especially some essential medications, improved between 2015 and 2021. Nevertheless, a large majority of facilities continue to lack most of these items.

9.4 MENTAL HEALTH CARE: SERVICE AVAILABILITY AND READINESS

9.4.1 Service Availability for Mental Health Care

The 2021 NHFS assessed readiness to provide mental health services. **Table 9.7** shows that, overall, only a quarter of facilities offered services for mental health disorders. Although mental health services were available at a majority of hospitals and PHCCs, only 18% of basic health centers, largely health posts (HPs), provided care for mental health disorders (**Figure 9.4**). The percentage of facilities offering mental health services varied from 20% in Province 1 and Madhesh to 30% in Bagmati and Lumbini.

9.4.2 Service Readiness for Mental Health Care

Tables 9.7 and **9.8** show that the majority of facilities offering mental health services lacked key resources to support diagnosis and/or treatment services for mental health disorders. Only 27% of facilities had guidelines for diagnosis and management of mental health disorders, and only 16% had at least one staff member who was trained in the provision of these services in the 24-month period prior to the survey. Amitriptyline (50%), diazepam injection (38%), and sodium valproate tablets (32%) were the most widely available of the medicines considered essential for providing mental health care.

Figure 9.3 Items to support quality provision of services for chronic respiratory diseases

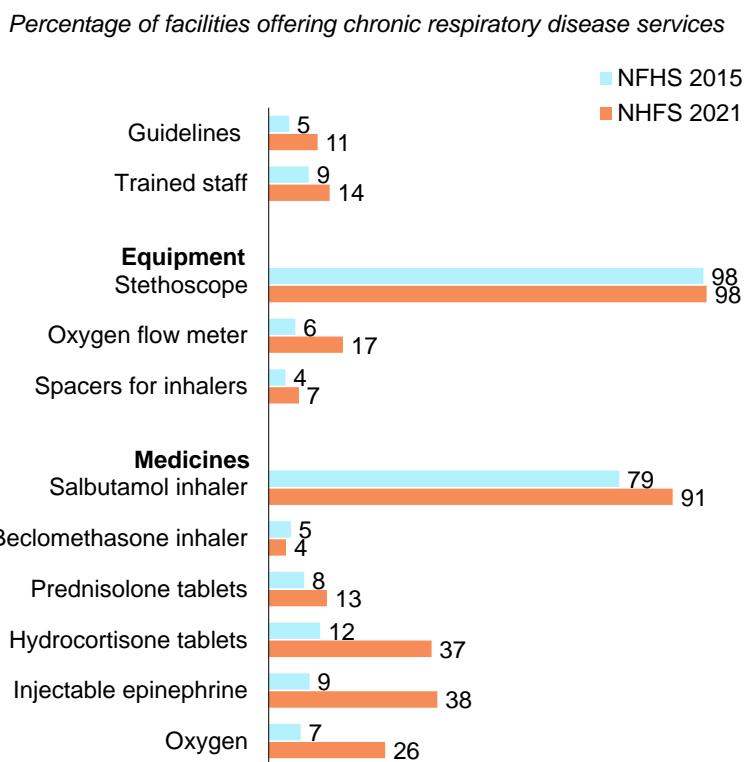
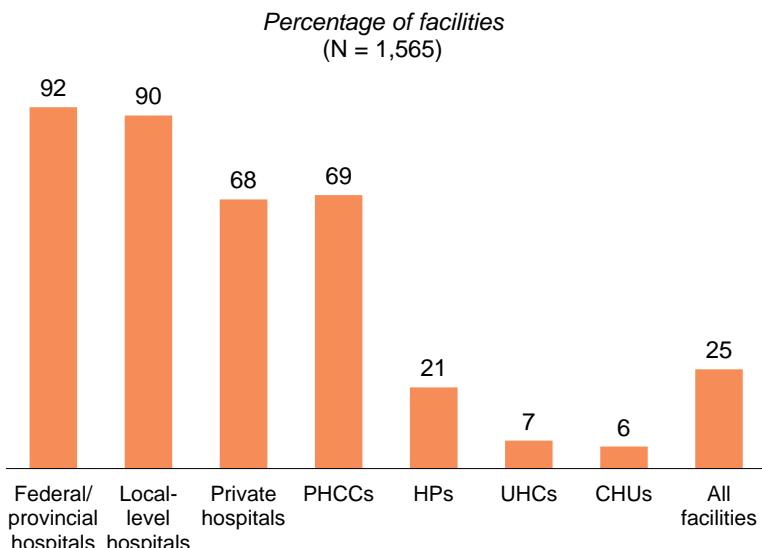


Figure 9.4 Availability of mental health services



LIST OF TABLES

- **Table 9.1** Availability of services and guidelines, trained staff, and equipment for diabetes services
- **Table 9.2** Availability of diagnostic capacity and essential medicines for diabetes
- **Table 9.3** Availability of services and guidelines, trained staff, and equipment for cardiovascular diseases
- **Table 9.4** Availability of essential medicines and commodities for cardiovascular diseases
- **Table 9.5** Availability of services and guidelines, trained staff, and equipment for chronic respiratory diseases
- **Table 9.6** Availability of essential medicines and commodities for chronic respiratory diseases
- **Table 9.7** Availability of services and guidelines, trained staff, and equipment for mental health services
- **Table 9.8** Availability of essential medicines and commodities for mental health services

Table 9.1 Availability of services and guidelines, trained staff, and equipment for diabetes services

Among all facilities, percentages offering services for diabetes and, among facilities offering services for diabetes, 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 HFS 2021

Background characteristic	Percentage of facilities offering services for diabetes ¹	Number of facilities	Percentage of facilities offering services for diabetes that have:				Equipment	Number of facilities offering services for diabetes	
			Guidelines for diagnosis and management of diabetes ²	Trained staff ³	Blood pressure apparatus ⁴	Adult weighing scale			
Facility type									
Federal/provincial-level hospitals	100.0	27	19.4	20.7	95.9	95.9	53.6	27	
Local-level hospitals	100.0	17	16.0	30.6	98.4	100.0	70.5	17	
Private hospitals	97.0	116	9.4	4.2	97.5	93.9	42.6	113	
PHCCs	98.9	51	20.4	32.0	96.1	97.2	74.0	51	
Basic health care centers	69.5	1,352	14.1	14.1	96.8	94.9	32.2	940	
HPs	73.8	1,064	15.6	15.5	96.4	94.8	35.3	785	
UHCs	60.9	154	7.1	8.0	99.1	96.4	21.7	94	
CHUs	45.9	135	5.5	5.4	97.5	93.4	9.1	62	
Managing authority									
Public	71.5	1,448	14.6	15.4	96.7	95.1	35.5	1,036	
Private	97.0	116	9.4	4.2	97.5	93.9	42.6	113	
Ecological region									
Mountain	49.5	210	7.1	10.0	97.8	95.3	37.0	104	
Hill	74.5	819	17.7	14.2	98.4	97.2	33.6	610	
Terai	81.2	535	10.7	15.5	94.3	91.7	39.6	434	
Location									
Urban	74.4	834	13.6	13.9	96.7	95.8	37.7	621	
Rural	72.3	730	14.6	14.8	97.0	94.0	34.4	528	
Province									
Province 1	71.2	262	8.0	12.2	95.7	96.1	21.5	187	
Madhesh	77.2	246	3.6	10.3	93.2	88.1	35.4	190	
Bagmati	70.9	321	8.7	6.4	97.4	98.0	45.3	228	
Gandaki	77.4	198	18.0	15.1	99.4	95.4	31.8	153	
Lumbini	83.1	239	20.3	20.2	98.0	96.3	37.5	199	
Karnali	53.4	128	26.1	26.7	94.1	91.4	27.6	69	
Sudurpashchim	73.0	169	27.5	20.8	99.3	97.5	50.9	123	
Total	73.4	1,565	14.1	14.3	96.8	95.0	36.2	1,149	

Note: Stand-alone HIV testing and counseling centers (HTCs) are excluded from this and other tables in this chapter. The following abbreviations are used in tables throughout the chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes.

² Any guidelines (e.g., Package of Essential Noncommunicable Disease Interventions [PEN]) for the diagnosis and management of diabetes available at the service site

³ At least one interviewed provider of diabetes services reported receiving in-service training (such as PEN) 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.

⁴ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Table 9.2 Availability of diagnostic capacity and essential medicines for diabetes

Among facilities offering services for diabetes, percentages having indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Diagnostic capacity			Medicines			Number of facilities offering services for diabetes
	Blood glucose ¹	Urine protein ²	Urine glucose ²	Metformin	Injectable insulin	Injectable glucose solution (5% dextrose)	
Facility type							
Federal/provincial-level hospitals	42.2	92.8	93.8	91.8	49.4	95.9	27
Local-level hospitals	32.1	70.0	73.1	98.4	21.4	66.6	17
Private hospitals	43.8	84.9	84.9	75.4	50.9	82.2	113
PHCCs	30.4	80.7	81.2	89.5	7.7	84.0	51
Basic health care centers	19.1	21.3	20.2	61.8	0.7	53.8	940
HPs	20.2	23.7	22.7	59.5	0.9	57.5	785
UHCs	12.8	11.7	11.1	73.3	0.0	32.9	94
CHUs	14.1	4.8	2.2	73.0	0.0	38.6	62
Managing authority							
Public	20.5	26.9	26.0	64.5	2.7	56.7	1,036
Private	43.8	84.9	84.9	75.4	50.9	82.2	113
Ecological region							
Mountain	21.4	37.1	37.1	59.8	6.4	74.3	104
Hill	27.0	33.0	32.6	68.0	7.4	60.9	610
Terai	17.0	30.9	29.5	63.7	7.7	53.1	434
Location							
Urban	22.0	36.2	35.9	70.4	12.4	58.2	621
Rural	23.6	28.3	27.0	60.0	1.6	60.3	528
Province							
Province 1	15.7	41.1	40.7	53.8	6.2	56.0	187
Madhesh	10.1	17.2	15.3	57.2	3.6	56.8	190
Bagmati	32.0	44.7	46.1	70.6	16.5	63.9	228
Gandaki	26.9	32.2	30.6	69.6	5.5	67.7	153
Lumbini	29.0	27.3	25.9	74.9	5.2	47.9	199
Karnali	24.0	18.2	19.5	62.4	5.4	55.8	69
Sudurpashchim	19.9	38.0	35.3	68.9	5.9	68.3	123
Total	22.8	32.6	31.8	65.6	7.5	59.2	1,149

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 urine protein available in the facility on the day of the survey.

Table 9.3 Availability of services and guidelines, trained staff, and equipment for cardiovascular diseases

Among all facilities, percentages offering services for cardiovascular diseases and, among facilities offering services for cardiovascular diseases, 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 HFS 2021

Background characteristic	Percentage of facilities offering services for cardio-vascular 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 cardio-vascular diseases ²	Trained staff ³	Stethoscope	Blood pressure apparatus ⁴	
Facility type							
Federal/provincial-level hospitals	100.0	27	17.4	20.7	98.0	95.9	95.9
Local-level hospitals	100.0	17	14.4	28.3	100.0	98.4	100.0
Private hospitals	95.9	116	9.8	5.6	98.2	97.5	94.1
PHCCs	98.9	51	19.3	29.8	97.8	96.1	97.2
Basic health care centers	89.1	1,352	10.9	12.5	98.4	96.0	95.0
HPs	91.4	1,064	12.4	14.1	98.2	95.6	95.2
UHCs	78.4	154	5.5	4.5	99.8	98.2	94.5
CHUs	82.6	135	2.9	7.0	98.7	97.7	94.0
Managing authority							
Public	89.7	1,448	11.4	13.6	98.4	96.1	95.2
Private	95.9	116	9.8	5.6	98.2	97.5	94.1
Ecological region							
Mountain	76.5	210	4.2	6.7	95.8	95.1	93.3
Hill	91.9	819	14.9	13.5	99.1	97.8	97.1
Terai	93.0	535	7.9	14.1	98.1	94.1	92.7
Location							
Urban	90.6	834	10.5	11.6	98.6	95.8	96.0
Rural	89.8	730	12.1	14.5	98.1	96.6	94.1
Province							
Province 1	81.5	262	6.5	11.1	96.1	94.5	96.2
Madhesh	95.5	246	1.3	13.6	98.0	92.8	90.4
Bagmati	85.3	321	7.0	4.9	98.5	96.7	98.4
Gandaki	95.2	198	14.8	13.6	99.6	98.1	96.0
Lumbini	96.0	239	16.4	16.3	99.9	98.2	96.5
Karnali	86.5	128	20.6	26.0	96.4	94.5	89.6
Sudurpashchim	94.1	169	21.3	13.3	99.7	98.5	95.9
Total	90.2	1,565	11.2	12.9	98.4	96.2	95.1
							1,411

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.

² Any guidelines (e.g., Package of Essential Noncommunicable Disease Interventions [PEN]) for the diagnosis and management of cardiovascular diseases available at the service site

³ At least one interviewed provider of cardiovascular disease services reported receiving in-service training (such as PEN) 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.

⁴ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Table 9.4 Availability of essential medicines and commodities for cardiovascular diseases

Among facilities offering services for cardiovascular diseases, percentages having indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Nepal HFS 2021

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						
Federal/provincial-level hospitals	45.2	68.0	90.7	80.3	74.2	27
Local-level hospitals	58.2	60.7	68.5	65.3	85.7	17
Private hospitals	41.3	58.7	79.1	69.9	80.5	112
PHCCs	14.9	59.7	76.8	38.7	76.2	51
Basic health care centers	1.6	27.6	58.6	9.8	18.8	1,204
HPs	1.7	28.9	58.8	10.3	22.0	972
UHCs	1.4	21.6	57.4	6.5	5.6	121
CHUs	0.9	22.2	58.3	9.4	4.7	111
Managing authority						
Public	3.8	30.1	60.1	13.2	23.1	1,300
Private	41.3	58.7	79.1	69.9	80.5	112
Ecological region						
Mountain	5.1	20.1	61.3	13.1	35.8	161
Hill	6.6	32.7	66.6	20.5	31.4	753
Terai	7.4	35.9	54.2	15.0	19.3	498
Location						
Urban	9.7	32.0	63.0	21.8	29.6	756
Rural	3.4	32.9	60.1	12.9	25.4	656
Province						
Province 1	5.3	43.3	69.5	10.9	29.0	214
Madhesh	2.4	29.8	47.1	8.5	15.1	235
Bagmati	12.3	35.2	65.9	26.2	46.8	274
Gandaki	7.8	38.2	70.0	31.1	31.4	188
Lumbini	7.0	39.2	68.1	16.3	28.5	230
Karnali	5.2	14.1	45.4	14.2	16.7	111
Sudurpashchim	5.1	12.9	57.5	14.2	13.2	159
Total	6.7	32.4	61.6	17.7	27.6	1,411

¹ In cylinders or concentrators or an oxygen distribution system

Table 9.5 Availability of services and guidelines, trained staff, and equipment for chronic respiratory diseases

Among all facilities, percentages offering services for chronic respiratory diseases and, among facilities offering services for chronic respiratory diseases, 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 HFS 2021

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 ²	Trained staff ³	Stethoscope	Oxygen flow meter	Spacers for inhalers		
Facility type									
Federal/provincial-level hospitals	100.0	27	15.3	24.8	98.0	59.9	32.0	27	
Local-level hospitals	100.0	17	14.4	32.2	100.0	77.6	30.1	17	
Private hospitals	96.8	116	9.7	3.7	98.2	66.6	39.6	113	
PHCCs	100.0	51	19.1	30.1	97.8	56.8	17.5	51	
Basic health care centers	96.0	1,352	10.7	13.4	98.5	9.0	2.6	1,298	
HPs	97.0	1,064	12.3	15.3	98.3	11.0	3.1	1,032	
UHCs	90.7	154	5.0	5.7	99.8	1.7	0.7	140	
CHUs	94.0	135	3.5	6.5	98.4	1.0	0.8	127	
Managing authority									
Public	96.2	1,448	11.1	14.5	98.5	12.7	4.1	1,394	
Private	96.8	116	9.7	3.7	98.2	66.6	39.6	113	
Ecological region									
Mountain	92.6	210	3.5	6.7	96.2	19.6	9.5	195	
Hill	97.6	819	14.3	13.5	99.2	18.9	6.2	799	
Terai	95.8	535	8.8	16.6	98.1	12.2	6.6	513	
Location									
Urban	95.8	834	10.5	12.5	98.6	20.0	8.9	800	
Rural	96.8	730	11.6	15.0	98.2	13.0	4.3	707	
Province									
Province 1	88.6	262	7.6	11.8	96.4	17.5	7.2	232	
Madhesh	99.4	246	4.5	13.2	98.1	8.4	4.2	245	
Bagmati	96.4	321	6.5	4.7	98.5	25.6	11.5	310	
Gandaki	99.5	198	12.8	16.5	99.7	23.5	4.9	197	
Lumbini	97.9	239	16.0	18.7	99.9	18.4	7.9	234	
Karnali	92.9	128	19.2	26.1	96.6	9.2	4.6	119	
Sudurpashchim	100.0	169	18.9	14.4	99.7	6.3	3.1	169	
Total	96.3	1,565	11.0	13.7	98.4	16.7	6.8	1,507	

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with chronic respiratory diseases.

² Any guidelines (e.g., Package of Essential Noncommunicable Disease Interventions [PEN]) for the diagnosis and management of chronic respiratory diseases available at the service site

³ At least one interviewed provider of services for chronic respiratory diseases reported receiving in-service training (such as PEN) 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.

Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases

Among facilities offering services for chronic respiratory diseases, percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Nepal HFS 2021

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	Beclo-methasone inhaler	Prednisolone tablets	Hydro-cortisone tablets	Ipratropium (MDI/ Rotacaps)	Injectable epinephrine or adrenaline	
Facility type							
Federal/provincial-level hospitals	90.7	27.8	80.3	92.6	46.4	85.5	74.2
Local-level hospitals	91.9	18.6	68.6	59.4	19.4	74.1	85.7
Private hospitals	73.5	32.7	67.5	83.6	37.7	69.8	80.1
PHCCs	92.9	7.7	45.4	78.1	14.8	61.7	76.0
Basic health care centers							
HPs	92.2	0.6	4.9	29.4	1.2	32.7	17.7
UHCs	92.7	0.6	5.7	32.9	1.4	37.4	21.1
CHUs	88.3	0.0	1.7	13.8	0.0	15.1	5.2
	92.5	0.8	2.1	17.7	0.4	14.0	4.2
Managing authority							
Public	92.2	1.6	8.7	32.8	2.8	35.3	21.8
Private	73.5	32.7	67.5	83.6	37.7	69.8	80.1
Ecological region							
Mountain	93.3	4.9	19.2	35.6	2.8	35.3	29.7
Hill	91.6	4.0	10.9	38.3	5.2	45.1	29.9
Terai	88.8	3.5	14.2	34.3	6.7	27.6	19.0
Location							
Urban	86.7	6.5	17.8	38.0	8.3	35.6	28.1
Rural	95.6	1.0	7.8	35.0	2.1	40.5	24.0
Province							
Province 1	84.9	4.4	15.7	35.6	5.8	18.7	27.2
Madhesh	88.5	1.9	8.1	35.1	3.4	24.0	14.5
Bagnati	92.4	8.7	19.3	38.8	7.8	45.2	42.5
Gandaki	91.7	3.2	15.8	39.0	6.2	49.0	30.0
Lumbini	96.5	3.4	10.2	35.7	6.2	44.7	27.8
Karnali	87.1	0.9	12.0	29.8	2.9	32.0	15.6
Sudurpashchim	93.3	1.3	7.1	39.2	3.0	52.7	12.4
Total	90.8	3.9	13.1	36.6	5.4	37.9	26.2
							1,507

MDI = Metered dose inhaler

¹ In cylinders or concentrators or an oxygen distribution system

Table 9.7 Availability of services and guidelines, trained staff, and equipment for mental health services

Among all facilities, percentages offering mental health services and, among facilities offering mental health services, percentages having guidelines, at least one staff member recently trained on mental health disorders, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering mental health services ¹	Number of facilities	Percentage of facilities offering mental health services that have:		Number of facilities offering mental health services
			Guidelines for diagnosis and management of mental health disorders	Trained staff ²	
Facility type					
Federal/provincial-level hospitals	91.7	27	12.3	25.8	25
Local-level hospitals	89.6	17	8.1	21.6	16
Private hospitals	68.3	116	13.9	2.8	79
PHCCs	69.4	51	22.8	33.9	36
Basic health care centers	17.6	1,352	35.0	16.7	238
HPs	20.6	1,064	34.7	17.5	219
UHCs	7.1	154	33.3	12.2	11
CHUs	5.6	135	47.6	0.0	7
Managing authority					
Public	21.7	1,448	30.5	19.6	314
Private	68.3	116	13.9	2.8	79
Ecological region					
Mountain	22.8	210	35.2	9.4	48
Hill	26.3	819	25.8	22.5	216
Terai	24.3	535	26.4	8.4	130
Location					
Urban	29.2	834	24.6	12.6	243
Rural	20.6	730	31.2	22.1	150
Province					
Province 1	20.2	262	40.7	9.8	53
Madhesh	19.7	246	51.6	4.0	49
Bagmati	30.2	321	19.9	8.1	97
Gandaki	21.9	198	21.1	16.3	43
Lumbini	30.1	239	21.2	27.0	72
Karnali	27.4	128	16.8	17.0	35
Sudurpashchim	26.4	169	23.8	36.9	45
Total	25.2	1,565	27.1	16.2	394

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with mental health problems.

² At least one interviewed provider of mental health services reported receiving in-service training in mental health 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.

Table 9.8 Availability of essential medicines and commodities for mental health services

Among facilities offering mental health services, percentages having the essential medicines observed at the service site on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of facilities offering mental health services that have the indicated medications								Number of facilities offering mental health services
	Amitriptyline	Fluoxetine	Carbamazepine	Pheno-barbitone tablets	Sodium valproate tablets	Risperidone tablets	Alprazolam tablets	Diazepam injection	
Facility type									
Federal/provincial-level hospitals	80.8	58.4	55.0	57.1	65.2	55.0	68.5	90.0	25
Local-level hospitals	86.9	53.3	54.1	27.9	64.8	42.4	46.3	58.6	16
Private hospitals	68.4	41.6	42.0	39.7	60.5	36.7	64.6	73.6	79
PHCCs	63.8	37.0	28.3	33.9	36.2	27.6	41.7	55.9	36
Basic health care centers									
HPs	35.3	9.9	16.5	10.4	16.3	9.6	10.5	16.3	238
UHCs	36.3	10.3	17.4	11.3	16.7	10.2	10.5	17.1	219
CHUs	19.8	5.0	5.0	0.0	13.0	5.0	18.1	7.6	11
	29.2	7.6	7.6	0.0	7.6	0.0	0.0	7.6	7
Managing authority									
Public	44.7	19.0	22.8	17.7	24.9	16.9	20.5	28.8	314
Private	68.4	41.6	42.0	39.7	60.5	36.7	64.6	73.6	79
Ecological region									
Mountain	44.9	17.9	29.0	22.6	22.0	16.9	22.7	38.9	48
Hill	50.6	24.9	26.5	22.7	36.0	21.2	29.4	37.7	216
Terai	49.4	23.6	26.1	21.0	29.3	21.9	31.9	37.7	130
Location									
Urban	55.2	28.6	31.9	26.7	40.3	28.2	38.1	50.8	243
Rural	40.3	15.5	18.3	14.6	18.7	9.1	15.2	16.9	150
Province									
Province 1	34.3	20.3	23.3	24.4	24.7	14.5	18.0	22.1	53
Madhesh	29.6	7.3	9.9	9.9	12.0	7.9	15.9	30.0	49
Bagmati	60.8	43.7	42.0	27.1	49.3	38.6	43.6	61.4	97
Gandaki	58.9	28.6	37.2	33.6	39.8	25.9	40.1	35.9	43
Lumbini	45.4	17.9	19.4	12.7	38.5	14.8	27.9	31.4	72
Karnali	54.6	10.3	14.5	16.9	10.3	7.2	28.3	30.7	35
Sudurpashchim	58.2	16.3	26.9	30.1	24.4	20.0	19.4	31.9	45
Total	49.5	23.6	26.7	22.1	32.1	20.9	29.4	37.9	394

Key Findings
<ul style="list-style-type: none"> ▪ Nationally, around two-thirds of all health facilities offer any tuberculosis (TB) treatment services, and 23% offer any TB diagnostic services. ▪ Just over half of all facilities have treatment protocols in which TB drugs are delivered to the patient by a health worker at the facility, and 25% provide treatment to clients in the community. ▪ 31% of facilities offering TB services had the TB management guideline 2019 available. ▪ 17% of facilities that offer TB services had staff with recent in-service training related to TB. ▪ TB smear microscopy was available at 12% of facilities offering TB services, while 13% had X-ray services for screening and diagnosis of TB. ▪ Only 4% of facilities offering tuberculosis diagnosis and/or treatment services also had HIV diagnostic capacity. ▪ Seven in 10 facilities offering TB services had medicines available on the day of the NHFS visit for the continuation phase of the TB treatment regimen. More than 8 in 10 facilities offering TB services had in place a system to track whether TB clients were following the recommended treatment regime.

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:

- **Availability of services.** Section 10.1, including **Table 10.1** and **Figures 10.1** and **10.2**, presents information on the availability of TB diagnostic and/or treatment services in Nepal.
- **Service readiness.** Section 10.2, 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 AVAILABILITY OF TB SERVICES

Tuberculosis remains one of the major public health problems in Nepal and is among the top 10 causes of death. Findings from the National TB Prevalence Survey (2018–2019) suggest that the TB burden in Nepal is higher than previously estimated (with a 1.6 times higher incidence) and reinforce the need to increase access to TB services. Achieving effective TB control will require concerted efforts at all levels of the service delivery system.

Table 10.1 provides information on the availability of TB treatment and diagnostic services at health facilities in Nepal. Just over two-thirds of all facilities offer any TB treatment services. Slightly more than

half of facilities have treatment protocols in which TB drugs are delivered to the patient by a health worker at the facility, and 25% provide treatment directly to TB clients in the community.

Most public hospitals and primary health care centers (PHCCs) (92%–97%) and 39% of private hospitals offer TB treatment services.

Around two-thirds of basic health centers provide treatment services, with health posts (HPs) (80%) most likely to do so (**Figure 10.1**). The availability of TB treatment services varies by province, from 53% in Karnali to 82% in Madhesh (**Figure 10.2**).

While a majority of health facilities offer TB treatment services, only 23% of facilities have TB diagnostic services. **Figure 10.1** shows that TB diagnostic services are found most often at federal/provincial-level hospitals (75%) and PHCCs (81%).

Considering provincial differences, the percentage of facilities offering TB diagnostic services ranges from 12% in Karnali to 28% in Province 1 and Madhesh (**Figure 10.2**).

10.2 SERVICE READINESS

The 2021 NHFS assessed the readiness of facilities to provide quality TB services. Readiness was defined in terms of the availability of service guidelines, trained staff, diagnostic capacity, record-keeping systems, and medicines. **Tables 10.1** and **10.2** provide information on whether facilities have the components necessary to support TB diagnosis and treatment services.

10.2.1 Guidelines and Trained Staff

TB guidelines are expected to be available at all diagnostic and treatment sites. However, only around 3 in 10 health facilities offering TB diagnosis and/or treatment services had the TB management guideline 2019 available on the day of the NHFS assessment visit. Staffing is also an issue. Only 17% of the facilities had at least one interviewed provider of TB services who had trained in these services in the 24 months before the assessment (**Table 10.1**).

10.2.2 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. **Table 10.2** shows that only 12% of health facilities that offer TB services had the capacity to carry out TB smear microscopy. In addition, only

Figure 10.1 Availability of any TB treatment services and of any TB diagnostic services by facility type

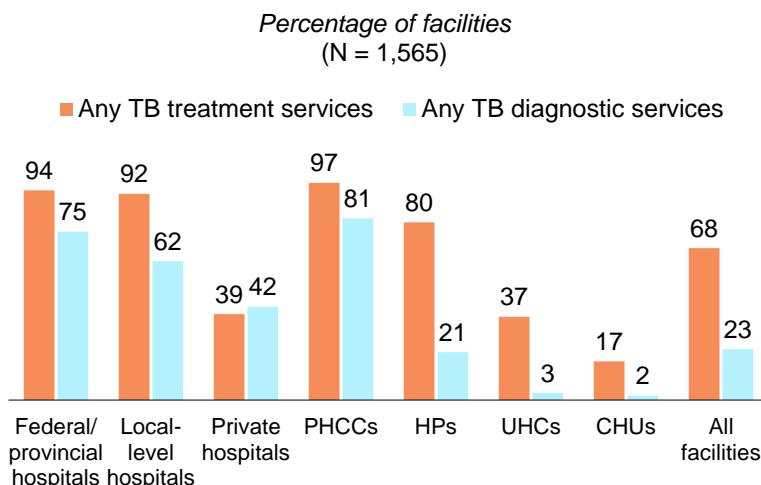
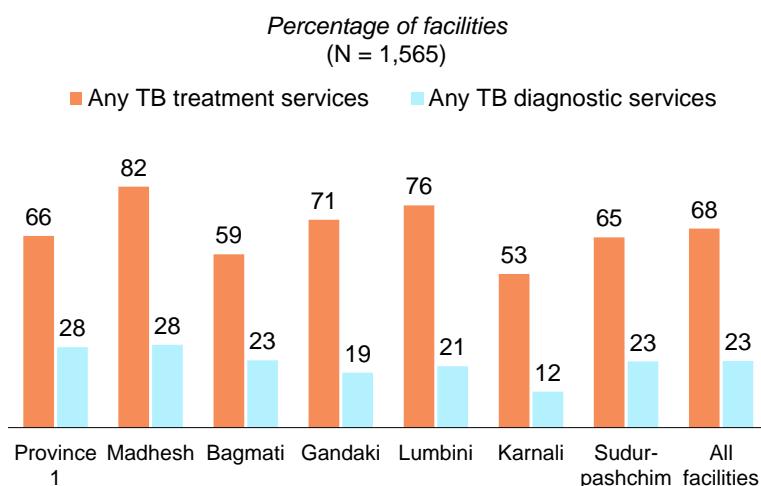


Figure 10.2 Availability of any TB treatment services and of any TB diagnostic services by province



13% had an X-ray device for use in screening to support clinical diagnosis of TB. Very few facilities had the capacity to carry out either culture or rapid diagnostic tests (1% each).

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. When the immune system is compromised 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 concerns about co-infection, **Table 10.2** shows that only a small minority of facilities that offer TB services have the capacity to test for HIV (4%). Around 3 in 10 facilities maintain a register or have records of TB clients who have been tested for HIV.

10.2.3 Treatment and Availability of Medicines

On the day of the NHFS visit, around 7 in 10 facilities that offer TB services had the medicines necessary for the continuation phase of the regimen. The majority of facilities (85%) had in place a system to track whether TB clients were following the recommended treatment regimen (**Table 10.2**).

LIST OF TABLES

- **Table 10.1** Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services
- **Table 10.2** Diagnostic capacity and availability of medicines for tuberculosis treatment

Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services

Among all facilities, percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services and, among facilities offering any TB services, percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Nepal HFS 2021

Background characteristic	Facility type	Percentage of all facilities offering:						Percentage of facilities offering tuberculosis diagnosis and/or treatment services that have:						
		TB screening with X-ray and referral TB diagnosis	TB screening without X-ray and referral TB diagnosis	Clinical symptoms and X-ray diagnosis	Any TB diagnostic services ^b	Any TB diagnostic and treatment services ^b	Number of facilities	TB management guideline 2019 ^c	National HIV testing and treatment guideline 2020	Trained staff ^d				
		CB-DOTS ^e	FB-DOTS ^f	DR-TB ^g	Any TB diagnostic or treatment services	Any TB diagnostic and treatment services								
Federal/provincial-level hospitals	19.7	82.6	46.4	2.0	46.4	75.4	93.9	74.4	27	46.4	3.1	33.9	27	
Local-level hospitals	37.5	79.5	40.7	0.0	58.2	62.2	92.3	59.1	17	62.5	1.6	23.8	17	
Private hospitals	9.3	21.2	19.8	7.0	47.9	11.9	41.8	38.5	116	10.8	0.3	9.6	110	
PHCs	38.3	77.0	27.3	0.0	73.2	1.6	81.4	97.3	98.9	51	51.4	1.1	29.5	
Basic health care centers	25.3	54.0	14.0	0.0	70.4	12.0	17.4	68.6	69.6	1,352	30.8	1.4	17.1	
HPs	29.3	63.0	16.8	0.0	81.1	13.2	21.4	79.6	80.7	1,064	31.8	1.4	948	
UHCs	13.5	28.4	5.3	0.2	40.1	7.7	3.1	37.3	2.4	38.0	154	24.3	14.3	
CHUs	7.2	12.1	1.6	0.0	20.6	6.7	1.9	17.3	1.4	17.9	135	15.5	0.0	
Managing authority	25.8	55.7	15.4	0.1	69.9	11.3	21.3	70.4	20.3	71.4	1,448	32.6	1.4	
Public	9.3	21.2	19.8	7.0	47.9	11.9	41.8	38.5	20.4	60.0	116	10.8	18.2	
Private												0.3	9.6	
Ecological region	17.1	32.6	6.4	0.0	43.1	8.4	13.5	46.4	11.3	48.6	210	24.0	0.0	
Mountain	26.0	53.3	13.5	0.5	71.3	8.4	21.3	69.0	18.1	72.2	819	28.7	0.3	
Hill	25.4	60.9	22.8	0.9	73.5	16.8	28.9	75.0	27.1	76.8	535	35.2	3.2	
Terai												15.5	460	
Location	Urban	23.8	53.2	14.8	1.0	69.1	12.8	24.3	66.7	20.4	70.6	834	30.6	1.6
Rural	25.6	53.0	16.7	0.0	67.3	9.7	21.2	69.6	20.1	70.6	730	30.8	1.0	
Province	Province 1	19.5	51.8	17.1	0.4	65.9	7.9	27.5	65.5	24.7	68.3	262	25.4	0.1
Madhesh	34.8	58.8	29.9	0.7	77.6	26.4	28.3	82.3	27.2	83.4	246	33.6	3.4	
Bagmati	24.2	43.2	12.3	0.9	64.1	3.8	23.0	59.2	16.6	65.6	321	29.4	0.1	
Gandaki	26.2	57.5	9.1	0.6	67.6	5.5	18.8	71.0	17.6	72.2	198	26.2	0.5	
Lumbini	28.1	64.1	14.9	0.6	71.8	1.3	21.0	75.9	20.0	76.9	239	37.5	3.2	
Karnali	14.1	42.9	9.0	0.0	62.0	15.0	12.3	52.5	9.6	55.3	128	22.0	0.0	
Sudurpashchim	19.6	52.6	13.5	0.5	66.7	27.2	22.6	65.0	21.8	65.8	169	37.4	0.9	
Total		24.6	53.1	15.7	0.6	68.2	11.3	22.8	68.0	20.3	70.6	1,565	30.7	1.3
													17.4	1,250

Note: Stand-alone HIV testing and counselling centers (HTCs) are excluded from the tables in this chapter. The following abbreviations are used in tables in the chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

¹Community-based directly observed treatment, short course (CB-DOTS) is the method whereby TB patients take TB drugs under the direct observation of trained volunteers at a place convenient to the patient.

²Facility-based directly observed treatment, short course (FB-DOTS) is the method whereby TB patients take TB drugs on a daily basis under the direct observation of a health worker at a health facility.

³Providers in the facility prescribe treatment for drug-resistant tuberculosis (DR-TB) or manage patients who are on DR-TB treatment.

⁴Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, sputum only, both sputum smear and sputum, TB rapid diagnostic test (Gene Expert) only, or sputum and Gene Expert.

⁵Facility reports that it prescribes treatment for TB or manages patients who are on TB treatment and provides HRZE (isoniazid, rifampin, pyrazinamide, and ethambutol) for 2 months (intensive phase) and HR (isoniazid and rifampin) for 4 months (continuation phase) in newly diagnosed pulmonary TB.

⁶The national TB control program general manual

⁷At least one interviewed provider of any 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 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.

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, percentages that had TB and HIV diagnostic capacity and medicines for TB treatment available at the facility on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	TB smear microscopy ¹	Culture medium ²	All pulmonary bacteriologically confirmed cases tested	TB rapid diagnostic test kits	Percentage of facilities that have the following TB screening and diagnostic capacity			Treatment regimen: continuation phase HR for adults	Percentage of facilities at which treatment regimen is followed	Number of facilities offering tuberculosis diagnosis and/or treatment services
					TB X-ray for screening	Gene Expert test	HIV diagnostic capacity ³			
Facility type										
Federal/provincial-level hospitals	57.9	7.2	52.8	37.4	92.8	37.4	63.9	62.8	80.5	93.9
Local-level hospitals	43.8	1.6	50.6	8.3	51.8	8.3	9.9	45.8	92.9	94.5
Private hospitals	31.2	9.8	13.8	2.2	91.4	2.2	16.3	13.6	17.4	39.9
PHCCs	45.4	0.0	34.4	3.3	34.4	3.3	5.5	55.2	94.0	97.3
Basic health care centers										
HPs	6.3	0.0	17.6	0.0	1.0	0.0	1.3	28.7	73.2	88.4
UHCs	6.6	0.0	17.8	0.0	1.1	0.0	1.2	29.5	73.9	89.0
CHUs	2.9	0.0	18.6	0.0	0.9	0.0	1.3	22.6	73.3	86.2
	3.2	0.0	7.5	0.0	0.0	0.0	1.6	17.3	54.1	74.0
Managing authority										
Public	9.8	0.2	19.7	1.2	5.5	1.2	3.1	31.0	74.6	89.0
Private	31.2	9.8	13.8	2.2	91.4	2.2	16.3	13.6	17.4	39.9
Ecological region										
Mountain	13.6	0.2	9.3	0.0	13.9	0.0	2.9	16.9	54.3	85.1
Hill	11.4	1.3	14.1	1.2	12.5	1.2	3.9	30.1	66.2	83.0
Terai	11.6	0.8	29.0	1.6	13.6	1.6	5.1	31.7	78.4	87.0
Location										
Urban	13.4	1.9	19.0	2.3	20.9	2.3	7.0	28.7	69.1	82.1
Rural	9.7	0.0	19.3	0.0	3.7	0.0	1.0	30.3	70.2	87.8
Province										
Province 1	15.8	0.9	14.5	0.6	12.2	0.6	6.0	22.1	57.3	83.4
Madhesh	5.4	0.2	30.7	1.2	7.0	1.2	3.8	26.4	80.2	89.2
Bagmati	18.9	3.6	15.4	1.5	27.9	1.5	6.1	21.6	68.8	78.2
Gandaki	7.1	0.8	12.3	0.9	10.7	0.9	3.5	38.2	52.3	88.2
Lumbini	9.9	0.1	28.2	2.2	10.2	2.2	2.4	38.7	85.0	89.6
Karnali	7.8	0.0	5.6	0.9	6.4	0.9	0.9	22.9	68.4	73.8
Sudurpashchim	14.3	0.2	16.9	1.3	8.4	1.3	4.9	40.5	69.9	86.8
Total	11.7	1.0	19.1	1.3	13.0	1.3	4.2	29.4	69.6	84.7
										1,250

HRZE = Isoniazid, rifampin, pyrazinamide, and ethambutol

HR = Isoniazid and rifampin

¹ Functioning microscope, slides, and all stains for Ziehl-Neelsen test (carbol-fuchsin, sulphuric acid, and methyl blue) were available at the facility on the day of the survey visit, or else a fluorescence microscope with auramine stain and glass slides was available.

² Solid or liquid culture medium (e.g. MGIT 960)

³ HIV rapid diagnostic test kits available, or ELISA (enzyme-linked immunosorbent assay) with reader, incubator, and specific assay

⁴ Record or register indicating TB clients who had been tested for HIV

Key Findings

- Just under half of Nepal's health facilities (49%) offer malaria diagnosis and/treatment services.
- Health facilities in the terai region (74%) are more likely to have malaria services available than facilities in the hill (40%) and mountain (19%) regions.
- By province, malaria services were available most often in Madhesh and Lumbini (64% each).
- With respect to diagnostic capacity, 74% of facilities offering malaria services had the ability to diagnose malaria on-site, primarily using rapid diagnostic tests (RDTs).
- Only a minority of facilities had staff with recent training in malaria diagnosis (12%) or treatment (10%) or malaria service guidelines (13%) available at the time of the NHFS visit.
- Chloroquine (31%) and primaquine (21%) tablets were the most commonly available antimalarial medicines.
- Only 9% of health facilities providing malaria services had long-lasting insecticide-treated mosquito nets (LLINs) in stock for distribution.

11.1 BACKGROUND

NePAL has made considerable progress in addressing the problem of malaria. Nonetheless, 42% of the country's population remains at risk of malaria. This chapter explores the following key issues relating to provision of quality malaria prevention and treatment services in Nepal:

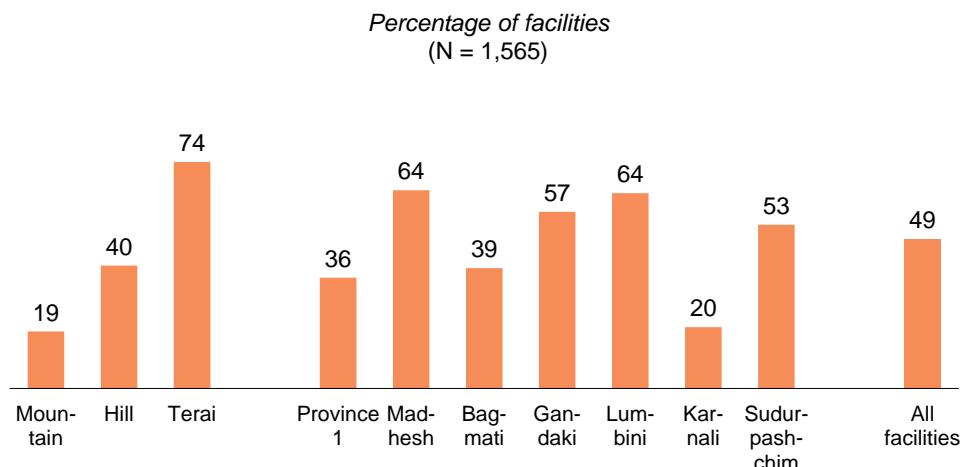
- **Availability of services.** Section 11.2, including **Table 11.1** and **Figure 11.1**, examines the availability of malaria diagnosis and treatment services.
- **Service readiness.** Section 11.3, including **Table 11.2** and **Figure 11.2**, addresses the readiness of facilities to provide good-quality 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.

11.2 AVAILABILITY OF SERVICES FOR MALARIA

Table 11.1 provides information on the availability of malaria services in the country's health facilities. Around half of all health facilities (49%) have malaria diagnosis and/or treatment services, which is slightly lower than the percentage of facilities that offered malaria services at the time of the 2015 NHFS (51%).

The availability of malaria services varied markedly by type of facility. Nine in 10 or more hospitals and primary health care centers (PHCCs) had malaria services. The percentage of basic health centers having malaria services was much lower, ranging from 12% of community health units (CHUs) to 48% of health posts (HPs). As expected, health facilities in the terai region (74%) were more likely to report having malaria services available than facilities in the hill (40%) and mountain (19%) regions. By province, malaria services were found most often in health facilities in Madhesh and Lumbini (64% each) (**Figure 11.1**). Karnali (20%) had the lowest percentage of facilities offering malaria services.

Figure 11.1 Availability of malaria services, by ecological region and province



11.3 SERVICE READINESS

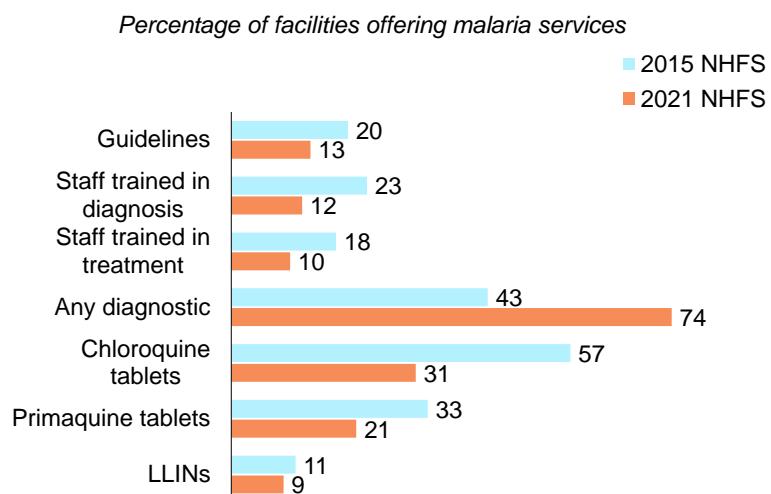
The 2021 NHFS assessed the readiness of facilities offering malaria services to provide quality services. Readiness was defined in terms of the availability of service guidelines, trained staff, diagnostic capacity, and medicines and commodities.

11.3.1 Guidelines, Trained Staff, and Diagnostics

Table 11.1 and **Figure 11.2** show that only 12% of facilities offering malaria services had at least one interviewed provider of malaria services available at the time of the NHFS visit who had had recent in-service training on malaria diagnosis. Only 10% had a provider with recent training on malaria treatment. Service guidelines were available on the day of the NHFS assessment in only 13% of facilities offering malaria services.

With respect to diagnostic capacity, 74% of facilities offering malaria services had the ability to diagnose malaria on-site. Rapid diagnostic tests (RDTs) (73%) were the principal mode of testing, while 18% of facilities, mainly hospitals and PHCCs, had equipment and reagents for malaria microscopy. Diagnostic

Figure 11.2 Availability of items to support quality malaria services



capacity has improved considerably since the 2015 NHFS, when only 43% of facilities had the capacity to diagnose malaria on-site.

The availability of each of the three indicators of service readiness was related to the geographic location of facilities. For example, the percentage of facilities having malaria diagnostics available ranged from 65% in the Madhesh province to 92% in Karnali. Staff with recent training in malaria diagnosis or treatment were available more often in Lumbini and Sudurpashchim than in the other provinces.

11.3.2 Medicines and Commodities for Malaria Services

Appropriate medicines to treat fever and malaria should be available at all facilities providing malaria services.

Most facilities offering malaria services had medicines to treat fever. Paracetamol was available in tablet form in 97% of facilities, and 87% had paracetamol syrup or dispersible pediatric-dose tablets (**Table 11.2**). Medicines to treat malaria were less widely available. Only around 3 in 10 facilities offering malaria services had chloroquine tablets available on the day of the NHFS visit, and only 2 in 10 had primaquine tablets available. Only 5% of facilities had artemisinin combination therapy (ACT) available.

Bed nets are an important tool for reducing the incidence of malaria. Overall, only 9% of facilities that provide malaria services had long-lasting insecticide-treated mosquito nets (LLINs) available for distribution to clients. Urban health centers (UHCs) were best supplied with nets (24%) (**Table 11.2**). This result is not surprising since LLIN distribution efforts at health facilities are concentrated in high malaria transmission areas. Geographic location was a predictor of the availability of bed nets. Facilities in the terai region were more likely to have LLINs available than facilities in the hill or mountain region. Looking at provincial differences, LLINs were available most often at facilities in Sudurpashchim (30%) and least often at facilities in Madhesh (1%).

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 Diagnosis

Table 11.3 provides information from the 2021 NHFS on several indicators of the readiness of facilities that offer curative care for sick children to diagnose malaria. Slightly more than one-third of facilities offering curative care for sick children had either RDTs or malaria microscopy capacity available on the day of the assessment visit. Far fewer facilities had at least one staff member who had received recent in-service training in malaria diagnostics (14%). Only 11% of facilities had instructions on how to perform an RDT available on the day of the assessment.

Overall, only 3% of facilities that care for sick children had comprehensive malaria diagnostic capacity, that is, RDT kits or microscopy, a recently trained staff member, and a protocol for use of RDTs.

11.4.2 Treatment

Table 11.4 considers the readiness of facilities offering child curative care to treat malaria. Fewer than 1 in 5 facilities that provide curative care for sick children in Nepal had either a first-line antimalarial medicine (17%) or staff with recent training in malaria diagnosis or treatment (15%) available on the day of the NHFS visit. Only 7% of facilities had malaria treatment guidelines available.

When these three components of readiness to provide malaria care are considered along with diagnostic capacity (**Table 11.4**), only 1% of facilities that offer curative care for sick children had all of the necessary components in place to diagnose and treat malaria.

Table 11.5 presents information from observations of sick child consultations related to diagnosis of malaria. Among all observed sick children, 21% were diagnosed as having malaria or fever. Almost all of these children were diagnosed as having a fever, with less than 1% reported as having malaria.

LIST OF TABLES

- **Table 11.1** Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services
- **Table 11.2** Availability of malaria medicines and commodities
- **Table 11.3** Malaria testing capacity in facilities offering curative care for sick children
- **Table 11.4** Malaria treatment in facilities offering curative care for sick children
- **Table 11.5** Treatment of malaria in children

Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services

Among all facilities, percentages offering malaria diagnosis or treatment services and, among facilities offering malaria diagnosis or treatment services, percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality services for malaria, by background characteristics, Nepal HFS 2021

Background characteristic	Percentage of all facilities offering malaria diagnosis or treatment services ¹	Number of facilities	Trained staff			Diagnostics		Number of facilities offering malaria diagnosis or treatment services
			National malaria treatment protocol 2019	Staff trained in malaria diagnosis ²	Staff trained in malaria treatment ³	Malaria RDT ⁴	Malaria microscopy ⁵	
Facility type								
Federal/provincial-level hospitals	96.9	27	23.4	20.2	18.1	95.7	61.8	95.7
Local-level hospitals	95.4	17	28.0	12.0	8.6	93.3	34.0	94.9
Private hospitals	90.4	116	3.9	6.6	6.3	89.3	47.4	91.0
PHCCs	89.6	51	20.7	20.7	17.7	87.8	39.0	89.0
Basic health care centers	41.8	1,352	13.6	11.8	9.6	66.8	8.4	67.6
HPs	47.9	1,064	13.8	12.0	9.8	67.5	8.8	68.5
UHCs	26.3	154	11.5	7.5	8.2	61.3	3.2	61.3
CHUs	11.9	135	12.7	14.9	6.4	55.9	6.3	55.9
Managing authority								
Public	45.2	1,448	14.9	12.8	10.5	70.1	13.3	71.0
Private	90.4	116	3.9	6.6	6.3	89.3	47.4	91.0
Ecological region								
Mountain	18.5	210	10.1	26.2	20.5	72.8	19.5	73.5
Hill	39.9	819	7.2	9.3	8.2	73.6	17.9	74.8
Terai	73.6	535	18.7	12.6	10.3	72.0	18.0	72.8
Location								
Urban	55.9	834	10.1	10.7	10.2	70.2	20.9	71.1
Rural	40.1	730	18.6	13.8	9.5	76.7	13.6	77.9
Province								
Province 1	36.0	262	10.4	8.5	3.8	72.6	34.7	73.8
Madhesh	64.4	246	7.2	7.5	4.9	64.5	11.2	64.5
Bagmati	39.1	321	4.7	8.2	7.7	76.7	23.4	77.1
Gandaki	57.4	198	15.1	7.5	7.2	73.5	6.3	74.0
Lumbini	63.5	239	27.9	21.4	20.9	77.9	14.2	79.8
Karnali	19.9	128	4.4	5.5	5.5	91.8	27.9	91.8
Sudurpashchim	53.2	169	15.1	19.8	14.5	66.8	23.6	69.3
Total	48.6	1,565	13.3	11.9	9.9	72.7	18.0	73.7
								760

Note: Stand-alone HIV testing and counseling centers (HTCs) are excluded from this table and all subsequent tables in this chapter. The following abbreviations are used in tables throughout the chapter: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

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 diagnosis tests (RDTs) or were found on the day of the survey visit to be conducting such tests at the antenatal care (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 RDT 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.

Table 11.2 Availability of malaria medicines and commodities

Among facilities offering malaria diagnosis or treatment services, percentages that had malaria medicines, paracetamol, and long-lasting insecticide-treated bed nets (LLINs) available in the facility on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Antimalarial medicines					Other medicines and commodities			Number of facilities offering malaria diagnosis or treatment services
	ACT (Coartem)	Chloroquine tablets	Primaquine tablets	Other oral antimalarial tablets	Artesunate injection	Paracetamol tablets/injection	Paracetamol syrup or dispersible pediatric-dosed tablets	LLIN ¹	
Facility type									
Federal/provincial-level hospitals	11.7	54.2	28.7	9.6	7.4	98.9	93.5	14.9	27
Local-level hospitals	26.3	50.8	40.6	3.5	5.2	98.3	92.5	6.7	17
Private hospitals	2.4	25.3	8.8	7.0	3.3	88.7	76.0	2.7	105
PHCCs	7.3	42.7	32.3	8.5	0.0	99.4	89.0	11.0	46
Basic health care centers									
HPs	4.5	29.2	21.2	1.0	0.7	98.5	88.0	9.5	565
UHCs	4.9	29.8	21.7	1.1	0.8	98.5	87.0	8.2	509
CHUs	0.0	21.7	16.4	0.0	0.0	98.7	97.8	24.4	40
	3.3	28.5	16.1	0.0	0.0	100.0	93.9	12.2	16
Managing authority									
Public	5.6	31.7	22.7	2.0	1.0	98.6	88.4	9.7	655
Private	2.4	25.3	8.8	7.0	3.3	88.7	76.0	2.7	105
Ecological region									
Mountain	6.5	36.9	25.5	1.4	0.7	95.0	92.8	5.9	39
Hill	2.6	17.8	9.4	1.1	0.9	98.0	93.7	3.7	327
Terai	7.1	41.0	29.8	4.1	1.7	96.8	80.3	13.2	394
Location									
Urban	5.4	33.3	21.7	4.0	2.1	96.3	81.5	10.5	467
Rural	4.7	26.9	19.5	0.5	0.2	98.7	94.8	6.0	293
Province									
Province 1	1.2	20.5	4.4	2.0	0.9	95.5	81.1	10.2	94
Madhesh	4.4	28.0	28.5	4.1	3.4	96.1	77.1	1.1	159
Bagmati	2.0	19.8	11.1	2.7	1.8	96.7	90.4	5.4	126
Gandaki	2.5	21.6	8.0	1.5	0.0	99.4	97.2	3.2	114
Lumbini	9.1	50.2	33.7	1.4	0.8	99.3	85.3	9.6	152
Karnali	1.1	45.4	39.4	3.3	2.2	98.9	80.4	15.0	25
Sudurpashchim	12.7	36.8	27.3	4.4	0.0	95.1	95.0	29.5	90
Total	5.1	30.8	20.8	2.7	1.3	97.2	86.7	8.8	760

ACT = Artemisinin combination therapy

¹ Facility had LLINs available in the facility or at an antenatal care (ANC) site for distribution to clients.

Table 11.3 Malaria testing capacity in facilities offering curative care for sick children

Among facilities offering curative care for sick children, percentages having malaria testing capacity on the day of the survey, by background characteristics, Nepal HFS 2021

Background characteristic	Malaria diagnostics			Personnel trained in:			Percentage of facilities offering curative care for sick children and having:		Number of facilities offering curative care for sick children	
	Malaria RDT ¹	Either RDT or microscopy		RDT ³	Either RDT or microscopy		Malaria RDT protocol ⁵	Diagnostic capacity ⁶		
		Microscopy ²	Microscopy		Microscopy ⁴	Microscopy				
Facility type										
Federal/provincial-level hospitals	92.7	59.5	92.7	18.8	26.1	26.1	41.6	18.8	27	
Local-level hospitals	90.4	33.0	92.0	11.6	18.1	18.1	37.6	11.5	17	
Private hospitals	81.2	42.3	82.8	6.0	5.8	6.5	16.6	3.1	108	
PHCCs	78.7	35.0	79.8	20.2	23.0	25.7	27.9	11.5	51	
Basic health care centers										
HPs	28.0	3.5	28.3	10.4	11.4	13.8	8.3	1.8	1,350	
UHCs	32.3	4.2	32.8	11.1	12.6	14.9	9.6	2.0	1,064	
CHUs	16.3	0.9	16.3	8.7	8.0	10.5	5.6	1.1	152	
	6.6	0.8	6.6	6.4	6.4	8.9	1.2	0.4	134	
Managing authority										
Public	31.7	6.0	32.1	10.9	12.2	14.5	10.0	2.5	1,446	
Private	81.2	42.3	82.8	6.0	5.8	6.5	16.6	3.1	108	
Ecological region										
Mountain	13.5	3.6	13.6	8.9	10.5	13.3	3.9	0.8	210	
Hill	29.3	7.1	29.8	8.5	11.0	12.5	6.5	1.0	817	
Terai	52.8	12.8	53.4	14.4	13.5	16.5	19.2	5.8	528	
Location										
Urban	39.0	11.3	39.5	11.4	11.7	14.6	10.9	3.4	824	
Rural	30.8	5.5	31.3	9.6	11.8	13.2	10.0	1.6	730	
Province										
Province 1	25.8	12.4	26.3	5.0	9.1	9.7	7.1	1.1	260	
Madhesh	41.5	6.8	41.5	13.8	11.4	15.4	10.2	2.6	244	
Bagmati	30.0	9.1	30.2	7.8	12.3	12.4	7.7	0.7	320	
Gandaki	42.1	3.5	42.4	8.6	8.4	11.6	11.5	0.7	198	
Lumbini	48.9	8.4	50.2	16.3	13.5	16.8	19.0	9.6	236	
Karnali	18.1	5.4	18.1	7.7	10.1	10.1	3.1	1.3	128	
Sudurpashchim	35.6	12.6	36.9	16.2	18.0	23.0	13.6	1.8	169	
Total	35.2	8.5	35.6	10.6	11.8	13.9	10.5	2.6	1,554	

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.

Table 11.4 Malaria treatment in facilities offering curative care for sick children

Among facilities offering curative care for sick children, 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 HFS 2021

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					
Federal/provincial-level hospitals	21.9	53.0	26.1	6.3	27
Local-level hospitals	27.1	52.5	18.1	1.7	17
Private hospitals	3.4	23.9	7.0	0.0	108
PHCCs	18.6	42.6	26.2	4.4	51
Basic health care centers	5.7	14.6	14.3	0.9	1,350
HPs	6.6	17.1	15.5	1.1	1,064
UHCs	3.0	6.3	10.7	0.4	152
CHUs	1.5	3.8	8.9	0.0	134
Managing authority					
Public	6.7	16.8	15.0	1.2	1,446
Private	3.4	23.9	7.0	0.0	108
Ecological region					
Mountain	1.9	8.5	13.3	0.4	210
Hill	2.9	8.3	12.9	0.2	817
Terai	13.9	34.7	17.4	2.7	528
Location					
Urban	5.6	21.4	15.1	0.8	824
Rural	7.5	12.5	13.7	1.4	730
Province					
Province 1	3.8	7.4	10.0	0.0	260
Madhesh	4.7	25.0	16.9	0.1	244
Bagmati	1.7	9.3	12.4	0.0	320
Gandaki	8.7	15.1	11.6	0.3	198
Lumbini	17.8	33.6	18.1	6.1	236
Karnali	0.9	10.6	10.3	0.4	128
Sudurpashchim	8.1	21.1	23.0	0.5	169
Total	6.5	17.3	14.5	1.1	1,554

ACT = Artemisinin combination therapy

RDT = Rapid diagnostic test

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, chloroquine tablets, or primaquine tablets.

² At least one interviewed provider of child curative care services reported 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 Facility had malaria diagnostic capacity (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 facility), malaria treatment guidelines, first-line medicine, and personnel recently trained in malaria diagnosis and/or treatment available.

Table 11.5 Treatment of malaria in children

Among sick children whose consultations were observed, percentages diagnosed as having malaria, fever, or both and, among sick children who were diagnosed as having malaria, fever, or both, percentages for whom artemisinin combination therapy (ACT) was either prescribed or provided, by background characteristics, Nepal HFS 2021

Background characteristic	Among all observed sick children, percentage diagnosed as having:			Total number of observed sick children	Number of sick children diagnosed as having malaria ¹	Number of sick children diagnosed as having fever	Number of sick children diagnosed as having malaria or fever
	Malaria ¹	Fever	Malaria ¹ or fever				
Facility type							
Federal/provincial-level hospitals	0.0	12.6	12.6	280	0	35	35
Local-level hospitals	0.0	13.9	13.9	109	0	15	15
Private hospitals	1.0	11.8	12.7	429	4	51	55
PHCCs	0.2	14.6	14.8	148	0	21	22
Basic health care centers	0.1	25.7	25.7	1,418	2	364	364
HPs	0.0	24.7	24.7	1,253	0	309	309
UHCs	0.7	32.5	32.5	94	1	31	31
CHUs	1.5	35.2	35.2	70	1	25	25
Managing authority							
Public	0.1	22.3	22.3	1,954	2	436	437
Private	1.0	11.8	12.7	429	4	51	55
Ecological region							
Mountain	0.0	25.9	25.9	201	0	52	52
Hill	0.4	19.9	20.3	998	4	199	203
Terai	0.2	19.9	20.0	1,184	2	236	237
Location							
Urban	0.3	18.8	19.1	1,538	5	289	293
Rural	0.2	23.4	23.4	845	1	198	198
Province							
Province 1	0.0	11.1	11.1	341	0	38	38
Madhesh	0.0	28.7	28.7	593	0	170	170
Bagmati	1.0	20.8	21.8	416	4	87	91
Gandaki	0.0	16.3	16.3	171	0	28	28
Lumbini	0.4	14.3	14.4	470	2	67	68
Karnali	0.0	28.5	28.5	143	0	41	41
Sudurpashchim	0.0	22.7	22.7	248	0	56	56
Total	0.3	20.4	20.6	2,383	6	487	491

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.

SN	RF code	Indicator	Facility type (public only)							Managing authority	Ecological region		
			Federal/provincial hospitals	Local-level hospitals	PHCCs	HPs	UHCs	Public	Private ¹	Mountain	Hill	Terai	Total
1	OC1.4	% of health facilities with no stock-out of tracer drugs	5.1	4.9	4.9	0.9	1.2	0	0	1.2	2.9	na	1.3
2	OP1b1.1	% of sanctioned posts filled	-	-	-	-	-	-	-	na	na	0.0	38.4
	Consultants	53.9	22.7	-	-	-	-	-	-	na	na	0.0	53.9
	Physicians/general practitioners	42.3	44.4	0.0	0.0	-	-	-	-	na	na	27.0	37.9
	Medical officers	58.5	52.6	0.0	0.0	-	-	-	-	na	na	60.0	45.8
	Nurses	78.2	59.8	75.2	6.8	8.7	7.8	na	na	39.2	79.4	69.4	74.3
	Paramedics	73.4	81.8	79.1	85.9	84.7	91.5	88.2	85.9	52.1	72.0	81.7	75.7
3	OP1c2.1	% of health facilities receiving tracer commodities within less than 2 weeks of placing the order	96.1	90.5	79.1	29.9	31.4	29.0	18.8	44.3	13.7	87.8	82.6
4	OP1c2.2	% of health facilities complying with good storage practices for medicines	57.7	59.1	39.9	0.6	0.0	0.0	0.7	0.0	0.0	32.4	38.9
5	OC2.1	% of health facilities meeting minimum standards of quality of care at point of delivery	5.1	1.6	2.2	0.5	0.6	0.0	0.0	0.7	0.0	0.2	0.6
6	OC2.2	% of clients provided with quality services as per national standards	25.6	27.3	40.6	41.5	41.5	23.6	35.3	24.9	23.9	31.0	33.4
	IMNCI services	16.5	16.5	5.7	5.6	6.6	6.6	7.1	3.7	7.3	7.2	37.1	6.3
	Antenatal care	7.2	8.4	23.5	19.3	20.3	16.9	20.4	27.3	19.0	20.0	21.0	20.5
	Family planning	29.9	14.4										
7	OP2.1.1	% of providers observed complying with service delivery standard protocols/guidelines for tracer services	-	-	-	-	-	-	-	-	-	-	0.7
	IMNCI services	1.0	14.6	0.0	0.3	0.4	0.2	0.0	0.5	2.9	1.2	0.4	0.7
	Antenatal care	1.0	6.6	3.3	0.7	0.8	0.7	0.0	0.9	2.7	2.7	0.3	1.0
	Family planning	16.8	11.2	4.4	0.7	0.8	0.4	0.4	1.2	0.5	0.5	0.9	1.2
8	OP2.1.3	% of health facilities with capacity to provide selected laboratory services as per standards	45.3	4.8	3.3	-	-	-	15.5	19.9	na	na	17.9
9	OP2.3.1	% of health facilities segregating health care waste at the time of collection	96.9	93.6	90.7	85.1	86.8	80.3	77.1	85.6	93.3	87.1	82.9
10	OP2.3.2	% of health facilities safely disposing of health care waste	56.7	67.1	47.5	51.5	52.3	51.6	45.5	51.7	61.0	51.2	57.0
11	OC3.1	% of clients who received basic health services free of cost	-	-	-	-	-	-	-	-	-	-	-
	Child treatment	18.4	52.6	63.1	95.6	95.8	92.3	96.8	na	na	82.2	84.3	86.6
	Antenatal care	30.4	54.5	67.8	94.1	94.1	95.9	92.4	na	na	86.9	78.4	84.0
	Family planning	76.6	87.0	81.8	99.4	99.6	99.0	95.9	na	na	97.1	95.8	97.1
12	OP3.1.1	% of health facilities providing all basic health services by level	73.7	71.0	97.3	78.5	86.2	51.7	48.2	79.0	19.6	61.9	80.1
13	OP3.2.4	% of public hospitals with their own pharmacy services	95.9	72.0	na	na	na	na	na	na	77.7	96.3	76.3
14	OP5.1.2	% of health posts with laboratory services	-	-	-	-	-	-	-	-	-	-	-
			na	na	na	na	66.1	na	na	40.2	74.1	64.6	66.1

The following abbreviations are used in the tables in this appendix: PHCCs (primary health care centers), HPs (health posts), UHCs (urban health centers), and CHUs (community health units).

¹ Includes private hospitals only
IMNCI = Integrated management of neonatal and childhood illness
na = Not applicable

SN	RF code	Indicator	Province							Total
			Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	
1	OC1.4	% of health facilities with no stock-out of tracer drugs	0.2	1.7	2.2	0.7	0.4	2.0	2.6	1.3
2	OP1b1.1	% of sanctioned posts filled								
		Consultants	23.4	34.0	77.2	52.1	48.8	0.0	16.7	53.9
		Physicians/general practitioners	50.0	44.4	50.0	37.5	33.3	0.0	12.5	37.9
		Medical officers	33.3	65.9	71.8	36.6	32.4	23.8	32.8	53.2
		Nurses	73.3	62.3	88.6	57.0	53.2	58.6	69.9	74.3
		Paramedics	67.5	85.2	83.5	59.2	73.6	71.8	68.8	75.7
3	OP1c2.1	% of health facilities receiving tracer commodities within less than 2 weeks of placing the order	77.7	78.1	81.6	94.5	95.2	93.6	94.1	86.4
4	OP1c2.2	% of health facilities complying with good storage practices for medicines	29.0	42.8	29.4	34.5	37.0	31.5	17.9	32.2
5	OC2.1	% of health facilities meeting minimum standards of quality of care at point of delivery	1.6	0.0	1.2	0.3	0.0	0.0	0.5	0.6
6	OC2.2	% of clients provided with quality services as per national standards								33.4
		IMNCI services	23.6	46.8	28.8	14.4	35.1	36.5	31.2	
		Antenatal care	7.0	2.4	4.0	5.9	10.2	5.1	10.4	6.3
		Family planning	20.3	17.3	12.5	8.8	32.6	30.2	22.9	20.5
7	OP2.1.1	% of providers observed complying with service delivery standard protocols/guidelines for tracer services								
		IMNCI services	0.0	0.0	0.9	0.1	0.1	1.6	3.0	0.7
		Antenatal care	1.6	0.4	0.8	0.1	2.1	1.6	0.3	1.0
		Family planning	1.0	0.7	0.3	3.3	1.9	0.9	0.5	1.2
8	OP2.1.3	% of health facilities with capacity to provide selected laboratory services as per standards	18.2	21.2	24.0	7.0	11.9	7.5	22.3	17.9
9	OP2.3.1	% of health facilities segregating health care waste at the time of collection	81.3	75.5	92.3	92.6	89.3	91.1	84.4	86.5
10	OP2.3.2	% of health facilities safely disposing of health care waste	49.2	44.0	52.5	68.1	54.5	57.5	44.4	52.4
11	OC3.1	% of clients who received basic health services free of cost								
		Child treatment	84.3	88.8	68.9	88.4	92.6	87.8	90.0	86.6
		Antenatal care	84.1	86.3	70.9	74.1	77.0	90.2	90.9	82.2
		Family planning	96.5	95.3	95.3	99.6	98.4	93.6	97.7	96.6
12	OP3.1.1	% of health facilities providing all basic health services by level	66.4	72.5	66.0	79.3	83.9	82.0	81.9	74.6
13	OP3.2.4	% of public hospitals with their own pharmacy services	91.7	92.3	90.6	91.4	66.5	95.1	88.1	86.6
14	OP5.1.2	% of health posts with laboratory services	49.9	53.7	52.2	83.3	90.6	2.3	87.0	66.1

IMNCI = Integrated management of neonatal and childhood illness

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21	Ms. Reecha Ghimire Ms. Priya Neupane Ms. Shradha Lamichhane Ms. Indu Kumari Bhandari Mr. Hem Bahadur Ramtel	22	Ms. Lalita Maharjan Ms. Monika Shrestha Ms. Sonu Kalakheli Ms. Jenny Pokharel Mr. Sudip Paudel
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23	Ms. Asmita Nyaupane Ms. Sunita Ganejoo Ms. Kabita Kandel Ms. Alish Thapa Singh Mr. Sudarshan Nepal	24	Mr. Kishor Rawal Ms. Pramisha Poudel Ms. Manjita Sapkota Ms. Nijita Poudel Ms. Asmita Panday
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LIST OF REVIEWERS

Chapter	Government	Partners
1 Overview of the Health System in Nepal	Dr. Guna Nidhi Sharma, MoHP Mr. Shambhu Janawali, Health Insurance Board Mr. Ravi Kanta Mishra, PPMD	Dr. Deepak Paudel (Strengthening Systems for Better Health [SSBH]) Dr. Deepak Karki (British Embassy Kathmandu) Mr. Nur Pant (USAID)
2 Methodology	Mr. Ravi Kant Mishra, PPMD Mr. Manoj Tamrakar, PPMD	Dr. Hamdy Moussa (ICF) Mr. Kiran Acharya (New ERA) Ms. Sabita Tuladhar (USAID) Mr. Yogendra Prasai (New ERA)
3 Facility-level Infrastructure, Resources, Management, General Service Readiness, and Quality of Care	Mr. Manoj Tamrakar, PPMD Ms. Chitra Khanal, PPMD	Mr. Pradeep Paudel (Nepal Health Sector Support Program [NHSSP]) Ms. Milima Singh Dangol (NHSSP) Ms. Sabita Tuladhar (USAID) Mr. Madhav Chaulagain (SSBH)
4 Child Health and Immunization Services	Mr. Sagar Dahal, FWD Mr. Deepak Jha, FWD	Ms. Chahana Singh (UNICEF) Dr. Rahul Pradhan (WHO)
5 Family Planning Services	Ms. Kabita Aryal, FWD	Mr. Amit Dhungel (UNFPA) Mr. Netra Bhatta (USAID) Dr. Rajendra Gurung (NHSSP) Dr. Rajendra Bhadra (Health and Development Solutions) Mr. Madan Bhatta (FHI 360) Mr. Basanta Thapa (FHI 360) Mr. Nava Raj Bhattarai (UNFPA)

6	Antenatal Care	Dr. Punya Poudel, FWD Ms. Nisha Joshi, FWD	Dr. Pooja Pradhan (WHO) Dr. Jagannath Sharma (USAID)
7	Delivery and Newborn Care	Dr. Punya Poudel, FWD Ms. Nisha Joshi, FWD	Ms. Sabita Tuladhar (USAID) Dr. Archana Amatya (SSBH) Dr. Pooja Pradhan (WHO) Dr. Jaganath Sharma (USAID)
8	HIV/AIDS and Sexually Transmitted Infections	Mr. Bir Bahadur Rawal, NCASC Mr. Kedar Parajuli, NCASC	Dr. Keshav Deuba (Save the Children/Global Fund) Mr. Bhagwan Shrestha (FHI 360)
9	Noncommunicable Diseases	Dr. Phanindra Prasad Baral, EDCD	Dr. Kedar Marahattha (WHO) Dr. Lonim Dixit (WHO) Dr Gampo Dorji (WHO)
10	Tuberculosis	Mr. Mukti Khanal, NTCC	Dr. Aashish Shrestha (WHO)
11	Malaria	Dr. Gokarna Dahal, EDCD Mr. Uttam Raj Pyakural, EDCD	Dr. Krishna Aryal (Malaria/Global Fund, Save the Children)

LIST OF TRAINING RESOURCE PERSONS

Names of the Resource Persons	Organization	Designation
Mr. Ravi Kanta Mishra	Policy, Planning and Monitoring Division/MoHP	Senior Public Health Officer
Ms. Nisha Joshi	Family Welfare Division/DoHS	Senior Public Health Officer
Ms. Kabita Aryal	Family Welfare Division/DoHS	Chief, FP and Reproductive Health Section
Dr. Prakash Prasad Shah	Epidemiology and Disease Control Division/DoHS	Senior Public Health Administrator
Mr. Madan Kumar Shrestha	National Center for AIDS and STI Control (NCASC)	Senior Public Health Administrator
Dr. Sharad Sharma	Office of the Prime Minister and Council of Minister, Singh Durbar	Under Secretary (Statistics)
Mr. Manoj Tamarakar	Policy Planning and Monitoring Division/MoHP	Statistical Officer
Mr. Badri Nath Gyawali	Management Division, DoHS	Director, HMIS
Dr. Shrawan Kumar Mishra	Provincial Public Health Lab (PPHL), Ministry of Social Development	Director, PPHL, Bagmati Province
Mr. Deepak Jha	Family Welfare Division/DoHS	Senior Public Health Officer
Dr. Jhalak Sharma Gautam	Family Welfare Division/DoHS	Chief, Child Health Immunization Section
Dr. Kedar Raj Prajuli	Family Welfare Division/DoHS	Chief, Nutrition Section
Dr. Phanindra Prasad Baral	Epidemiology and Disease Control Division/DoHS	Chief, NCD and Mental Health

Mr. Bharat Mani Marhatta	Curative Service Division, DoHS	Senior Pharmacy Officer
Ms. Sakuntala Prajapati	Policy, Planning and Monitoring Division/MoHP	Chief, Curative Section
Ms. Chitra Khanal	Policy, Planning and Monitoring Division/MoHP	Senior Nursing Officer

ICF

Hamdy Moussa
 Gulnara Semenov
 Mr. Uttam Neupane
 Mr. Rajendra Lal Dangol
 Claudia Marchena
 Alejandro Rey
 Elizabeth Britton
 Rulin Ren
 Bradley Janocha
 Sarah Balian
 Sabina Vadnais
 Chris Gramer
 Natalie Shattuck
 Joan Wardell
 Peter Redvers-Lee
 Greg Edmondson
 Ann Way

USAID/Nepal

Ms. Sabita Tuladhar

NEPAL HEALTH FACILITY SURVEY - 2020-21

INVENTORY QUESTIONNAIRE

FACILITY IDENTIFICATION

001 NAME OF FACILITY				
002 LOCATION OF FACILITY (TOWN/CITY/VILLAGE)				
003 PROVINCE	<input type="checkbox"/>			
004 DISTRICT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
004A MUNICIPALITY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
004B TYPE OF MUNICIPALITY	METROPOLITAN CITY 01 SUB- METROPOLITAN CITY 02 MUNICIPALITY 03 RURAL MUNICIPALITY 04			
004C WARD	<input type="checkbox"/> <input type="checkbox"/>			
005 FACILITY NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
006 TYPE OF FACILITY (COUNTRY SPECIFIC)	FEDERA LEVEL HOSPITAL 01 PROVINCIAL LEVEL HOSPITAL 02 LOCAL LEVEL HOSPITAL 03 LOCAL LEVEL HEALTH FACILITY 04 OTHER HOSPITAL (NOT STATE-OWNED) 05 PRIMARY HEALTH CARE CENTER (PHCC) 06 HEALTH POST (HP) 07 COMMUNITY HEALTH UNIT (CHU) 08 URBAN HEALTH CENTER (UHC) 09 HTC (STAND ALONE) 10 OTHER PUBLIC HOSPITAL 11			
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 <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> INT. NUMBER <input type="checkbox"/> <input type="checkbox"/> RESULT <input type="checkbox"/>
INTERVIEWER NAME	_____	_____	_____	
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

<p>TOTAL NUMBER OF PROVIDERS INTERVIEWED.....</p> <p>TOTAL NUMBER OF ANC OBSERVATIONS</p> <p>TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS.....</p> <p>TOTAL NUMBER OF SICK CHILD OBSERVATIONS</p> <p>TOTAL NUMBER OF LABOR AND DELIVERY OBSERVATIONS</p>	<table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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

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

<p>010 WAYPOINT NAME (FACILITY NUMBER)</p>	<p>WAYPOINT NAME</p> <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>										
<p>012 LATITUDE</p>	<p>N/S a <table border="1" style="border-collapse: collapse; width: 10px;"><tr><td></td></tr></table></p> <p>DEGREES/DECIM b <table border="1" style="border-collapse: collapse; width: 10px;"><tr><td></td><td></td></tr></table> - c <table border="1" style="border-collapse: collapse; width: 10px;"><tr><td></td><td></td><td></td><td></td></tr></table></p>										
<p>013 LONGITUDE</p>	<p>E/W a <table border="1" style="border-collapse: collapse; width: 10px;"><tr><td></td></tr></table></p> <p>DEGREES/DECIM b <table border="1" style="border-collapse: collapse; width: 10px;"><tr><td></td><td></td></tr></table> - c <table border="1" style="border-collapse: collapse; width: 10px;"><tr><td></td><td></td><td></td><td></td></tr></table></p>										

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.

Data collection will take place (January-July 2021), data will be released on December 2021
Datasets from this study will only be available for legitimate research purposes

If you have any questions regarding the survey please contact:

Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu

Phone number: 9851003871

Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu

Phone number: 9841295126

At this point, do you have any questions about the study? Do I have your agreement to proceed?

					2	0	2	1
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DAY MONTH YEAR

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED

100	May I begin the interview?	YES 1 NO 2	→ STOP										
101	INTERVIEW START TIME	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td>:</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>HOURS</td><td></td><td></td><td>MINUTES</td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	HOURS			MINUTES		
<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>									
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	1 2 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, chronic respiratory conditions in adults and mental health problems.			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 Animal Bite/Rabies			1 2 3	<input type="checkbox"/>
23**	Abortion related services			1 2	
24**	Postnatal newborn services			1 2	
25**	Screeining of Utero vaginal prolapse			1 2	
26**	Management of Utero vaginal prolapse			1 2	
27**	Surgical management of Utero vaginal prolapse (Applicable in district and above hospital)			1 2	
28**	Screeining of Obstetric fistula			1 2	
29**	Screening of cervical Cancer			1 2	
30**	Management of cervical Cancer			1 2	
31**	Screening of breast Cancer			1 2	
32**	Diagnosis and treatment of Leprosy/Filariasis and Dengue			1 2	

33**	Diagnosis and treatment of acute diarrhea, dehydration, protozoal infection, typhoid and paratyphoid, worm infestation	1	2	
34**	Diagnosis and treatment of respiratory tract infection and seasonal influenza	1	2	
35**	Management of measles; chicken pox; rubella; mumps	1	2	
36**	Diagnosis and treatment of skin and soft tissue infection	1	2	
37**	Diagnosis, first aid and referral of eye infection, problems and emergencies	1	2	
38**	Diagnosis, first aid and referral of nose and ear infection, problems and ENT emergencies	1	2	
39**	Diagnosis, first aid and referral of oral infection and oral health problems	1	2	
40**	Diagnosis and treatment of genitourinary infections	1	2	
41**	Treatment and referral of musculoskeletal and acid peptic diseases	1	2	
42**	Diagnosis, first aid and referral of ischemic heart diseases	1	2	
43**	Identification, counselling and referral of differently abled clients	1	2	
44**	Geriatric health promotion services	1	2	
45**	Adolescent friendly services	1	2	
46**	Men's health services	1	2	
47**	Management and referral of acute pain	1	2	
48**	Management and referral of common emergency services	1	2	
49**	Health promotion for existing and emerging health conditions	1	2	
50**	Free health services for targeted groups	1	2	
51**	Extended OPD services	1	2	
52**	Own Pharmacy	1	2	
53**	Visual Inspection with acetic acid (VIA) test available from this facility	1	2	
54**	Colposcopy	1	2	
55**	Thermocoagulator	1	2	
56**	Cyrotherapy	1	2	

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 <u>overnight</u> or <u>in-patient</u> beds in total does this facility have, both for adults and children? IF 1000 OR MORE INPATIENT BEDS, ENTER "995"	# OF OVERNIGHT/ INPATIENT BEDS DON'T KNOW 998	
112A**	Excluding any delivery and/or maternity beds, overnight/in-patient beds how many ICU beds in total does this facility have ?	# OF ICU BEDS DON'T KNOW 98	

SECTION 2: GENERAL FILTER QUESTIONS

PROCESSING OF INSTRUMENTS

200	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. Are instruments that are used in the facility processed (i.e., sterilized or high-level disinfected) for re-use?	YES..... 1 NO..... 2	→ 210
201	Is the final processing done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY..... 1 BOTH IN THIS FACILITY AND OUTSIDE 2 ONLY AT AN OUTSIDE FACILITY..... 3	

STORAGE OF MEDICINES

210	Does this facility store any medicines (including ARVs), vaccines or contraceptive commodities? PROBE	YES..... 1 FACILITIES STOCKS NO MEDICINES... 2	→ 300
211	CHECK Q102.04 FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/>	NO FAMILY PLANNING SERVICES <input type="checkbox"/>	→ 213
212	Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?	STORED IN FP SERVICE AREA..... 1 STORED WITH OTHER MEDICINES.... 2 FP COMMODITIES NOT STOCKED..... 3	
213	CHECK Q102.10 TUBERCULOSIS SERVICES AVAILABLE <input type="checkbox"/>	NO TUBERCULOSIS SERVICES <input type="checkbox"/>	→ 215
214	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?	STORED IN TB SERVICE AREA..... 1 STORED WITH OTHER MEDICINES.... 2 TB MEDICINES NOT STOCKED..... 3	
215	CHECK Q102.06 AND Q102.12 ARV TREATMENT OR PMTCT SERVICES AVAILABLE <input type="checkbox"/>	NEITHER ARV TREATMENT NOR PMTCT SERVICES AVAILABLE <input type="checkbox"/>	→ 300
216*	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?	ARV FOR ART STORED IN ART SERVIC 1 ARV FOR ART STORED WITH OTHER N 2 ARV MEDICINES NOT STOCKED..... 3 ARV FOR ART STORED IN PMTCT SERVICE 4 ARV FOR ART STORED IN ART AND PMTCT SERVICE AREA..... 5	

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 <u>land line telephone</u> 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 <u>cellular telephone</u> , 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 <u>a computer</u> ?	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	
321A**	Does this facility have computer networking?	YES 1 NO 2	
321B**	Does this facility have annual maintenance contract?	YES 1 NO 2	
321C**	Does this facility have server?	YES 1 NO 2	→ 321E
321D**	Does this facility have separate room for server?	YES 1 NO 2	
321E**	Does this facility have data backup system (e.g. external drive, server backup)?	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	→ 323A
323	Is the email or internet routinely available for <u>at least 2 hours</u> on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES 1 NO 2	
323A**	Does this facility have own building?	YES 1 NO 2	→ 323C
323B**	Is the design of building is standard (build by Bhawan Bibhag)?	YES 1 NO 2	→ 330
323C**	Does this facility have own land enough for construction of building?	YES 1 NO 2	

SOURCE OF WATER

330	<p>What is the <i>most commonly used</i> source of water for the facility <i>at this time?</i></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 WATER.....	10	
		CART W/SMALL TANK/DRL.....	11	
		TANKER TRUCK	12	
		SURFACE WATER (RIVER/DAM/LAKE/POND).....	13	
		OTHER (SPECIFY).....	96	
		DON'T KNOW	98	
		NO WATER SOURCE	00	
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	
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..... BATTERY-OPERATED GENERATOR..... SOLAR SYSTEM..... INVERTOR	A B C D	
344*	CHECK Q343 GENERATOR USED (EITHER "A" OR "B" CIRCLED)	<input type="checkbox"/>	GENERATOR NOT USED (NEITHER "A" NOR "B" CIRCLED)	<input type="checkbox"/> → 346A
345*	Is the generator functional? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	1 2 8	→ 346A
346*	Is fuel (or a charged battery) available today for the generator ? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	1 2 8	
346A*	CHECK Q343 INVERTOR USED ("D" CIRCLED)	<input type="checkbox"/>	INVERTOR NOT USED ("D" NOT CIRCLED)	<input type="checkbox"/> → 350
346B*	Is the invertor functional? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	1 2 8	

EXTERNAL SUPERVISION/MONITORING

350	Does this facility receive any external supervision/monitoring, e.g., from the federal, provincial or municipal level?	YES.....1 NO.....2	→ 360
351*	When was the last time a supervisor from outside this facility came here on a supervisory/monitoring visit? Was it within the past 4 months or more than 4 months ago?	WITHIN THE PAST 4 MONTHS1 MORE THAN 4 MONTHS AGO.....2	→ 360
351A*	During the past 4 months, how frequently has this facility received a visit from supervisory/monitoring authorities ?	RANDOMLY/NO ROUTINE0 WEEKLY.....1 MONTHLY.....2 EVERY TWO MONTHS.....3 ONCE IN THREE MONTHS.....4 ONCE IN FOUR MONTHS.....5 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 <i>routine user-fees or charges</i> 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 7	
03	CONSULTATION.....	1 2 7	
04	MEDICINES (OTHER THAN ARTs)	1 2 7	
05*	ROUTINE VACCINES.....	1 2 7	
06	CONTRACEPTIVE COMMODITIES.....	1 2 7	
07	NORMAL DELIVERIES.....	1 2 7	
08	SYRINGES AND NEEDLES.....	1 2 7	
09	CESAREAN SECTION	1 2 7	
10	HIV DIAGNOSTIC TEST	1 2 7	
11	MALARIA RAPID DIAGNOSTIC TEST	1 2 7	
12	MALARIA MICROSCOPY	1 2 7	
13	OTHER LABORATORY TESTS	1 2 7	
14	ARV FOR TREATMENT/PMTCT.....	1 2 7	
16	MINOR SURGICAL PROCEDURES.....	1 2 7	
17*	HEMOGLOBIN TEST	1 2 7	
18*	CHEST X-RAY	1 2 7	
19*	GENERAL BED CHARGE FOR INPATIENT STAY	1 2 7	
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

<p>370*</p> <p>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 last fiscal year. If yes, I would like to know the amount.</p> <p>If someone else is more appropriate to provide financial information, please feel free to invite that person or refer me to that person.</p>										
	(A) REVENUE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			(B) AMOUNT IN RUPEES <small>IF AMOUNT IS NOT KNOWN ENTER "999999998"</small>						
01	MINISTRY OF HEALTH AND POPULATION		1 → b	2 ↘	8 ↙	02 ↘	02 ↙			
02	MINISTRY OF FEDERAL AFFAIRS AND GENERAL ADMINISTRATION (MOFAGA)-FEDERAL		1 → b	2 ↘	8 ↙	03 ↘	03 ↙			
03	MINISTRY OF SOCIAL DEVELOPMENT (AT PROVINCE)		1 → b	2 ↘	8 ↙	04 ↘	04 ↙			
04	LOCAL LEVEL (Municipalities (Urban and Rural), District coordination committee)		1 → b	2 ↘	8 ↙	05 ↘	05 ↙			
05	SERVICE CHARGE		1 → b	2 ↘	8 ↙	06 ↘	06 ↙			
06	TRAINING COLLEGES (NURSING OR MEDICAL)		1 → b	2 ↘	8 ↙	07 ↘	07 ↙			
07**	OVERHEAD FROM HEALTH INSURANCE		1 → b	2 ↘	8 ↙	08 ↘	08 ↙			
08	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 <small>(NEITHER "05" NOR "09" NOR "10" CIRCLED)</small>				FACILITY IS EITHER A PRIVATE HOSPITAL OR AN URBAN HEALTH CENTER OR A HTC STAND ALONE <small>(EITHER "05" OR "09" OR "10" CIRCLED)</small>				400	
370D	Was there any financial and social audit conducted/ held in the following fiscal years?			(A) FY 2074/75		(B) FY 2075/76		(C) FY 2076/77		
				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-AMS-HEALTH INSURANCE

STAFFING

40*
 A) For each of the following occupational categories / technical qualifications, please tell me how many are sanctioned by MOHP and how many are sanctioned by the local government.
 B) The total workforce currently working in this facility, regardless of source. They may be filled by MOHP, filled by local government, filled by contract or deputation, or employed directly by the facility.
 C) Finally, tell me how many are filled by MOHP specifically, how many are filled by local government specifically, how many are contracted or on deputation, and how many are employed directly by the facility, if any.

OCCUPATIONAL CATEGORIES / TECHNICAL QUALIFICATION	(A) SANCTIONED POSTS			(B) TOTAL WORKFORCE (ASSIGNED BY MOHP, PROVINCIAL, LOCAL GOVERNMENT, CONTRACTED, DEPUTATED, OR EMPLOYED DIRECTLY BY FACILITY)			(C) FILLED BY (MOHP APPLICABLE ONLY IN GOVERNMENT FACILITIES) (PROVINCE APPLICABLE ONLY IN GOVERNMENT FACILITIES) (LOCAL GOVERNMENT APPLICABLE ONLY IN GOVERNMENT FACILITIES)		
	MOHP APPLICABLE ONLY IN GOVERNMENT FACILITIES		(AA) PROVINCE	(AB) LOCAL GOVERNMENT APPLICABLE ONLY IN GOVERNMENT FACILITIES	(AC) MOHP APPLICABLE ONLY IN GOVERNMENT FACILITIES	(CA) MOHP APPLICABLE ONLY IN GOVERNMENT FACILITIES	(CB) PROVINCE APPLICABLE ONLY IN GOVERNMENT FACILITIES	(CC) LOCAL GOVERNMENT APPLICABLE ONLY IN GOVERNMENT FACILITIES	(CD) DEPUTATION APPLICABLE ONLY IN GOVERNMENT FACILITIES
01 GENERALIST (MDGP)									
02 GYNECOLOGIST / OBSTETRICIAN									
03 ANESTHESIOLOGIST									
04** MD MEDICINE									
05 PATHOLOGIST									
06 GENERAL SURGEON									
07 PEDIATRICIAN									
08** ORTHOPEDIC									
09** PHYSIATRIST									
10** RADIOLOGIST									
11 OTHER SPECIALISTS MEDICAL DOCTORS									
12 MEDICAL OFFICER (MBBS)									
13** DENTAL OFFICER (BDS)/DENTAL SURGEON									
14 ANESTHETIC ASSISTANT									
15 NURSE (MN, BSC NURSE, BN, PCL, MIDWIFE)									
16** CRITICAL CARE NURSING STAFF (TRAINED) LABORATORY TECHNOLOGIST/OFFICER/LABORATORY TECHNICIAN / LABORATORY ASSISTANT									
17 HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR /PUBLIC HEALTH OFFICER									
18 PHARMACIST									
19 RADIOGRAPHER / DARK ROOM ASSISTANT									
20 PHYSIOTHERAPIST / PHYSIOTHERAPY ASSISTANT									
21 COUNSELOR WITH CLINICAL QUALIFICATION (STAND-ALONE HTC ONLY)									
22 COUNSELOR WITHOUT CLINICAL QUALIFICATION (STAND-ALONE HTC ONLY)									
23 COUNSELOR (STAND-ALONE HTC ONLY)									

SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION

QUALITY ASSURANCE - TRANSPORT - MIS AND HEALTH STATISTICS-AMS-HEALTH INSURANCE

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.

STAFF MEETING

410*	Does this facility have routine facility management meetings? (Staff Meeting)	YES..... 1 NO 2	→ 416A
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	→ 416A
412	Does the facility maintain official records of facility management meetings?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→ 416A
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	→ 416A
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	→ 416A
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	→ 416A
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	

MANAGEMENT COMMITTEE MEETINGS (HFOMC/HDC/HMC)

416A	Does this facility has a management committee?	YES..... 1 NO 2	→ 420C		
416B**	Did the management committee orient?	YES..... 1 NO 2			
417*	Are there any <i>routine</i> meetings about facility activities or management issues that include both facility staff and community members?	YES..... 1 NO 2 DON'T KNOW..... 8	→ 420B		
418*	How frequently are routine meetings held with both facility staff and community 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	→ 420B		
418A**	Did management committee meeting held in last 3 months	YES..... 1 NO 2			
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			
420B	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="checkbox"/> <input type="checkbox"/> DK 98	<input type="checkbox"/> <input type="checkbox"/> DK 98	<input type="checkbox"/> <input type="checkbox"/> DK 98	

02	Dalit	<input type="checkbox"/> <input type="checkbox"/> DK98	<input type="checkbox"/> <input type="checkbox"/> DK98	<input type="checkbox"/> <input type="checkbox"/> DK98	
03	Janjajati	<input type="checkbox"/> <input type="checkbox"/> DK98	<input type="checkbox"/> <input type="checkbox"/> DK98	<input type="checkbox"/> <input type="checkbox"/> DK98	
04	Other caste group	<input type="checkbox"/> <input type="checkbox"/> DK98	<input type="checkbox"/> <input type="checkbox"/> DK98	<input type="checkbox"/> <input type="checkbox"/> DK98	
420C**	Does this facility have HFOMC guidelines? (ASK ONLY IN PHCC AND HP)	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 NOT AVAILABLE..... 3			→420E →420E
420D**	Which type of guideline?	National Health Training Centre (NHTC) 1 OWN 2 BOTH 3			
420E	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			→430
420F	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			

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 OF THE SERVICES

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 or Minimum Service Standards (MSS).	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	YES.....1 NO.....2	→442C
442B	May I see the quality assurance guidelines?	OBSERVED1 REPORTED NOT SEEN.....2	
442C**	Do you have copy of Minimum Service Standards (MSS)? OBSERVE	OBSERVED1 REPORTED NOT SEEN.....2 NOT AVAILABLE.....3	
442D**	Did you conduct MSS assessment in last fiscal year?	YES.....1 NO.....2	→442F
442E**	What was the score of last assessment?	less than 50%1 50-70%.....2 70-85%.....3 85-100%.....4	
442F*	Do you have a quality assurance action plan ?	YES.....1 NO	→450
442G	May I see the quality assurance action plan ?	OBSERVED1 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
450A**	Does the ambulance or other emergency transportation have PPE (Cap, Surgical Mask, Gloves, Gown, Face shield/Goggles, Boot) for infectious disease ?	YES.....1 NO.....2	
450B**	Which category of ambulance do you have?	KA1 KHA2 GA3 DO NOT KNOW8	
451	May I see the ambulance (or other vehicle)?	OBSERVED1 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?	STRETCHER01 DOKO02 RICKSHAW / BICYCLE03 AUTO VEHICLE04 HAND CART/WHEELBARROW05 ANIMAL-DRIVEN CART/TANGA06 HIRED AMBULANCE07 OTHER (SPECIFY)96 NONE OF THE ABOVE00	
453B**	CHECK Q453A AUTO VEHICLE (CODE "04" CIRCLED)	↓	AUTO VEHICLE (NEITHER "04" CIRCLED) → 460
453C**	Is the driver trained?	YES.....1 NO.....2 DON'T KNOW.....8	
453D**	Is health worker available in automobile?	ALWAYS1 SOMETIMES.....2 NOT AVAILABLE.....3	

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 use HMIS recording registers?	YES..... NO.....	1 2	
460A**	Does this facility have electronic health record system in place?	YES..... NO.....	1 2	
461	Does this facility regularly reports HMIS monthly report to the government unit?	YES..... NO.....	1 2	→464
462	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN..... EVERY 2-3 MONTHS..... EVERY 4-6 MONTHS..... LESS OFTEN THAN EVERY 6 MONTHS	1 2 3 4	
462A*	Does this health facility use HMIS forms (9.3- if CHU, UHC, 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..... YES, USE HMIS 9.4..... YES, USE HMIS 9.5..... NO, USE A SEPARATE FORM..... DO NOT REPORT TO HMIS	1 2 3 4 5	→464
463*	May I see a copy of this health facility's HMIS report for the last completed calendar month [MONTH] ?	RECORD OBSERVED..... REPORTED, NOT SEEN.....	1 2	
463A**	Does this facility practice electronic/online reporting?	YES..... NO.....	1 2	
464*	Does this facility have a designated person, who is responsible for health services data reporting in this facility?	YES..... NO.....	1 2	→465A
464A*	Has the responsible person for health services data reporting received formal training on recording and reporting?	YES..... NO..... DON'T KNOW.....	1 2 8	
465A*	CHECK Q006 FACILITY IS NOT A PRIVATE HOSPITAL NOR A HTC STAND ALONE (NEITHER "05" NOR "10" CIRCLED)	<input type="checkbox"/>	FACILITY IS EITHER A PRIVATE HOSPITAL OR A HTC STAND ALONE (EITHER "05" OR "10" CIRCLED)	<input type="checkbox"/> → 472E
465D	Does this health facility have a copy of the "HMIS User Manual" available in this health facility?	YES..... NO.....	1 2	→465F
465E	May I see a copy of the "HMIS User Manual"?	RECORD OBSERVED..... REPORTED, NOT SEEN.....	1 2	
465F	Does this health facility have a copy of the "HMIS Indicators 2070" booklet available in this facility?	YES..... NO.....	1 2	→465H
465G	May I see a copy of the "HMIS Indicators, 2070" booklet?	RECORD OBSERVED..... REPORTED, NOT SEEN.....	1 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..... YES, UPDATED PARTIALLY..... YES, NOT UPDATED AT ALL..... NOT AVAILABLE..... NOT USED.....	1 2 3 4 5	
465I**	Did this health facility do routine data quality assessment (RDQA) in last one year?	YES..... NO..... DON'T KNOW.....	1 2 8	→465K →465K
465J**	May I see the report of last RDQA?	OBSERVED, YES..... REPORTED NOT SEEN.....	1 2	

465K**	Does this facility have adequate HMIS recording and reporting tools for this current fiscal year?	YES..... 1 NO..... 2	
465L**	CHECK Q460 USE HMIS REGISTER <input type="checkbox"/>	NOT USE <input type="checkbox"/>	→ 472E
465M**	May I see currently using Pills, Depo service register (HMIS 3.2)? (ASSESS THE COMPLETENESS OF LAST 5 CASES AND DETERMINE COMPLETELY FILLED)	OBSERVED AND FILLED..... 1 OBSERVED BUT NOT FILLED..... 2 REGISTER NOT AVAILABLE..... 3	
465N**	May I see currently using IMNCI register (HMIS 2.4)? (ASSESS THE COMPLETENESS OF LAST 5 CASES AND DETERMINE COMPLETELY FILLED)	OBSERVED AND FILLED..... 1 OBSERVED BUT NOT FILLED..... 2 REGISTER NOT AVAILABLE..... 3	
465O**	May I see currently using maternal and newborn health service register (HMIS 3.6)? (ASSESS THE COMPLETENESS OF LAST 5 CASES OF ANC AND DETERMINE COMPLETELY FILLED)	OBSERVED AND FILLED..... 1 OBSERVED BUT NOT FILLED..... 2 REGISTER NOT AVAILABLE..... 3	

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.

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	→ 472G
472F	OBSERVE THE DISPLAYED MATERIALS.	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
472G**	Does this facility hospital have functional patient registry system for the following departments	YES MANUAL	YES ELECTRONIC
01	Emergency	1	2
02	Out Patient Department (OPD)	1	2
03	In Patient Department	1	2
			3 ↗ 472H
472H**	Does this facility hospital have functional medical record system for the following departments	YES MANUAL	YES ELECTRONIC
01	Emergency	1	2
02	Out Patient Department (OPD)	1	2
03	In Patient Department	1	2
			3 ↗ 480X

LMIS

480X	CHECK Q006 FACILITY IS NOT A PRIVATE HOSPITAL NOR A HTC STAND ALONE (NEITHER "05" NOR "10" CIRCLED)	<input type="checkbox"/> FACILITY IS EITHER A PRIVATE HOSPITAL OR A HTC STAND ALONE (EITHER "05" OR "10" CIRCLED) <input type="checkbox"/>	→ 481A
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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	→ 480J
480F	Is the designated person formally trained on logistics management?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
480J	Do you have the National Health Logistics Supply Chain Manual available in this health facility?	YES..... 1 NO..... 2	→ 480L
480K	May I see the National Health Logistics Supply Chain Manual?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

480L**	Do you have the Basic Health Logistics Manual available in this health facility?	YES..... 1 NO..... 2	→480N
480M**	May I see the Basic Health Logistics Manual?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
480N**	Which logistic supply system does this facility practice?	PULL SYSTEM..... 1 PUSH SYSTEM..... 2 BOTH..... 3	

ANTIMICROBIAL STEWARDSHIP PROGRAM (AMS)

FIND THE PERSON RESPONSIBLE FOR AMS. INTRODUCE YOURSELF.
EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION.

481A**	Does this facility have functional AMS committee	YES..... 1 NO..... 2	
481B**	Does this facility have Standard Treatment Protocol for antimicrobial therapy	YES..... 1 NO..... 2	
481C**	Does this facility have functioning Microbiology Laboratory that conducts culture and sensitivity testing	YES..... 1 NO..... 2	

HEALTH INSURANCE**

FIND THE PERSON RESPONSIBLE FOR HEALTH INSURANCE. 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.

490A	Does this facility implement health insurance?	YES..... 1 NO..... 2	NEXT SECTION ↵
490B	How many of the cost reimbursement have received by the health insurance board in last quarter.	ALL..... 1 SOME..... 2 NOT AT ALL..... 3	
490C	How are the reimbursed cost spent in last fiscal year?	HUMAN RESOURCE..... 1 EQUIPMENT/INSTRUMENT..... 2 AMENITIES..... 3 OTHER..... 6	
490D	Does this facility sell the drugs listed in free drugs provided by government ?	YES..... 1 NO..... 2	
490E	Have the enrolled members bought drugs outside their pharmacy in current fiscal year ?	YES..... 1 NO..... 2	
490F	Is there sufficient/dedicated staff for health insurance?	YES..... 1 NO..... 2	
490G	Have the provider face any difficulties related to health insurance?	YES..... 1 NO..... 2	
490H	Is there availability of help desk/information desk for health insurance enrolled members?	YES..... 1 NO..... 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? <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> YES (CODES 1 or 2 CIRCLED) <input type="checkbox"/> NO (CODE 3 CIRCLED) </div> <div style="text-align: center; margin-top: 10px;"> GO TO NEXT SECTION OR SERVICE SITE </div>						
500A**	What do you do before autoclaving ?	Cleaning Nothing	1 2				
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	DON'T KNOW
01	ELECTRIC AUTOCLAVE (PRESSURE & MOIST HEAT)	1 → b	2 → b	3 2 ↘	1	2	8
02*	NON-ELECTRIC AUTOCLAVE (PRESSURE & MOIST 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 : KEROSENE	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 THAT INDICATES PROCESS IS COMPLETE: AUTOCLAVE TAPE	1	2	3			
09*	ANY CHEMICALS FOR CHEMICAL HLD (CIDEX)	1	2	3			
10**	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT : GAS	1 → b	2 → b	3 11 ↘	1	2	8
11**	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT : FIREWOOD	1 → b	2 → b	3 12 ↘	1	2	8
12**	TST INDICATOR THAT INDICATES PROCESS IS COMPLETE: CHEMICAL INDICATOR	1	2	3			
13**	TST INDICATOR THAT INDICATES PROCESS IS COMPLETE: BIOLOGICAL INDICATOR	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 <table border="1"><tr><td></td><td></td><td></td></tr></table> AUTOMATIC 666 DON'T KNOW 998				TEMPERATURE <table border="1"><tr><td></td><td></td><td></td></tr></table> AUTOMATIC 666 DON'T KNOW 998											
C		Pressure	PRESS- URE AUTOMATIC 666 DON'T KNOW 998 → 1F <table border="1"><tr><td></td><td></td><td></td></tr></table>															
D		Units of pressure	UNITS OF PRESSURE: KG/SQ CM..... 1 ATM PRESSURE..... 2 KILOPASCAL..... 3 MILLIMETER HG..... 4 LB/SQ IN..... 5 DON'T KNOW..... 8															
E*		What is the duration in minutes when instrument is not wrapped in cloth for [METHOD]?	MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> AUTOMATIC 666 DON'T KNOW..... 998				MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW..... 998				MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW..... 998				MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW.... 998			
F*		What is the duration in minutes when instrument is wrapped in single or double cloth for autoclave?	MINUTES WRAPPED <table border="1"><tr><td></td><td></td><td></td></tr></table> AUTOMATIC 666 NOT USED..... 995 DON'T KNOW 998				i											
G*		Chemical disinfectant used					ALCOHOL..... A BETADINE..... B CHLORINE..... C CIDEX / GLUTERALDEHYDE.. D FORMALDEHYDE... E DON'T KNOW..... Z											
503*		Does this facility have infection prevention (IP) or Health care waste management (HCWM) Reference Manual 2015 or 2020? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE		YES..... 1 NO 2		→ 504A												
504		May I see the IP and HCWM Reference Manual, 2015 or 2020? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE		OBSERVED 1 REPORTED NOT SEEN..... 2														
504A**		Does this facility have separate autoclave for processing the instruments		YES..... 1 NO..... 2														
504B**		Does this facility have Infection Prevention Control (IPC) Committee		YES..... 1 NO..... 2														

SECTION 6: HEALTH CARE WASTE MANAGEMENT AND WATER, SANITATION AND HYGIENE

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	→ 600
		NO.....	2	
600B**	How many bins do you use to segregate the waste at time of collection?	3- 6- OTHER	1 2 6	
600	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>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"</p>	BURN IN INCINERATOR: INCINERATOR WITH AIR POLLUTION CONTROL 21 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 AUTOCLAVE: MANUALLY CONTROLLED AUTOCLAVE 14 AUTOMATICALLY CONTROLLED AUTOCLAVE 15 VALIDATED DISINFECTION PROCESS 16 INCINERATOR ASH DISPOSAL FLAT GROUND-NO PROTECTION 17 COVERED PIT OR PIT LATRINE. 18 OPEN PIT-NO PROTECTION. 19 PROTECTED GROUND OR PIT. 20 OTHER 96 (SPECIFY) NEVER HAVE SHARPS WASTE 95		
601	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages</p> <p>How does this facility finally dispose of medical waste other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>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"</p>	SAME AS FOR SHARP ITEMS 01 BURN IN INCINERATOR: INCINERATOR WITH AIR POLLUTION CONTROL 21 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 AUTOCLAVE: MANUALLY CONTROLLED AUTOCLAVE 14 AUTOMATICALLY CONTROLLED AUTOCLAVE 15 VALIDATED DISINFECTION PROCESS 16 INCINERATOR ASH DISPOSAL FLAT GROUND-NO PROTECTION 17 COVERED PIT OR PIT LATRINE. 18 OPEN PIT-NO PROTECTION. 19 PROTECTED GROUND OR PIT. 20 OTHERS 96 (SPECIFY) NEVER HAVE OTHER MEDICAL WASTE. 95		

601A	How does this facility dispose of expired medicines?	RETURN TO ITS SOURCE..... BURNING PIT..... INCINERATOR..... BURNING CHAMBER WITH CHIMNEY..... DUMP..... REMOVE OFFSITE..... ENCAPSSULATION..... BURNING CEMENT FACTORY KILN.....	1 2 3 4 5 6 7 8	
601B**	How does this facility dispose lab reagents?	DISCHARGE TO SEWER..... ENCAPSULATION/INERTIZATION..... BURIAL PIT..... OTHER _____	1 2 3 6	
602	CHECK Q600 FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED)	NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED)		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..... WASTE VISIBLE, BUT PROTECTED AREA..... WASTE VISIBLE, NOT PROTECTED..... WASTE SITE NOT INSPECTED.....	1 2 3 8	
603A	CHECK Q600 SHARPS WASTE REMOVED OFFSITE (CODE 10, 11 OR 12 CIRCLED)	FACILITY-BASED SHARPS WASTE DISPOSAL (ANY CODE OTHER THAN 10, 11, 12 OR "95" CIRCLED)		604
603B	Is sharps waste disinfected prior to collection for off-site disposal?	YES..... NO.....	1 2	
604	CHECK Q601 FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED)	NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED)		606A
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..... WASTE VISIBLE, BUT PROTECTED AREA..... WASTE VISIBLE, NOT PROTECTED..... WASTE SITE NOT INSPECTED.....	1 2 3 8	
605A	CHECK Q601 MEDICAL WASTE REMOVED OFFSITE (CODE 10, 11 OR 12 CIRCLED)	FACILITY-BASED MEDICAL WASTE DISPOSAL (ANY CODE "02" TO "96" OTHER THAN 10, 11 OR 12 CIRCLED)		606A
605B	IF MEDICAL WASTE IS DISPOSED OFF-SITE. ASK Is medical waste disinfected prior to collection for off-site disposal?	YES..... NO.....	1 2	
606A**	How does this facility dispose the pathological waste	Standard placenta pit..... General placenta pit..... Incerate/burn..... Send elsewhere..... Do not generate pathological waste.....	1 2 3 4 5	
606B**	Does this facility recycle the waste produced	YES..... NO.....	1 2	606D
606C**	Which waste do you recycle?	PLASTI..... GLASS..... PAPER..... OTHER (SPECIF) _____	A B C X	
606D**	Do the persons involved in segregation and disposal wears PPE	YES..... NO.....	1 2	
606E**	Do the persons involved in HCWM are vaccinated against Hepatitis B and TT	YES..... NO.....	1 2	
610*	Do you have IP or health care waste management reference manual 2015/2020 available in this service area ?	YES..... NO GUIDELINE AVAILABLE.....	1 2	611A
611	May I see this IP and HCWM reference manual?	OBSERVED..... REPORTED NOT SEEN.....	1 2	
611A**	Does this facility have designated person for HCWM	YES TRAINED..... YES UNTRAINED..... NO.....	1 2 3	

611B**	Does this facility have separate budget for HCWM?	YES..... NO.....	1 2	→611D
611C**	What is the source of budget ?	LOCAL GOVERNMENT..... PROVINCIAL GOVERNME..... FEDERAL GOVERNME..... OWN.REVENUE..... OTHER.....	A B C D X	
611D**	Does this facility has HCWM committee	YES..... NO.....	1 2	
611E**	Does this facility has enough space for HCWM	ADEQUATE SPACE..... LIMITED SPACE..... NO SPACE.....	1 2 3	

LATRINE

620	Is there a (Client) latrine in <i>functioning condition</i> that is available for general outpatient client use? IF YES, ASK TO SEE THE (CLIENT) LATRINE AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM..... FLUSH TO SEPTIC TANK..... FLUSH TO PIT LATRINE..... FLUSH TO SOMEWHERE ELSE..... FLUSH, DON'T KNOW WHERE..... PIT LATRINE VENTILATED IMPROVED PIT LATRINE..... PIT LATRINE WITH SLAB..... PIT LATRINE WITHOUT SLAB / OPEN PIT..... COMPOSTING TOILET	11 12 13 14 15 21 22 23 31 41 51 61	→620E
620A**	ASK TO SEE THE CLIENT LATRINE AND OBSERVE THAT THE TOILET (LATRINE) IS (USABLE FUNCTIONAL, PRIVATE) TO BE CONSIDERED PRIVATE, THE TOILET STALL MUST HAVE DOORS THAT CAN BE LOCKED FROM INSIDE AND THERE ARE NO LARGE GAPS OR HOLES IN THE STRUCTURE	YES, USABLE, FUNCTIONAL,PRIVATE..... NO, EITHER NOT USABLE, NOT FUNCTIONAL, OR NOT PRIVATE.....	01 02	→620D
620B**	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE BY THE TOILET	OBSERVED..... REPORTED, NOT SEEN..... NO.....	01 02 03	
620C	CHECK IF THE LATRINE IS DISABLE-FRIENDLY. i.e. PROVIDING ENOUGH SPACE FOR WHEELCHAIR AND ELEVATING TOILET ITSELF FOR EASY MOUNTING FROM A WHEELCHAIR	YES..... NO.....	01 02	
620D**	CHECK IF THERE IS AT LEAST ONE SEX-SEPARATED LATRINE WITH MENSTRUAL HYGIENE FACILITIES HAVE DOORS THAT CAN BE LOCKED FROM INSIDE AND THERE ARE NO LARGE GAPS OR HOLES IN THE STRUCTURE	YES..... NO.....	01 02	
620E**	CHECK IF THERE IS SEPARATE LATRINE FOR STAFF	YES..... NO.....	01 02	
620F**	Are cleaning protocols available?	YES..... NO.....	1 2	
620G**	Have all staff responsible for cleaning received training?	YES, ALL HAVE BEEN TRAINED NO, SOME BUT NOT ALL HAVE BEEN TRAINED NO, NONE HAVE BEEN TRAINED NO, THERE IS NO STAFF RESPONSIBLE FOR CLEANING.....	01 02 03 04	

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 ↗ 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 HEAD CIRCUMFERENCE]	1 → b	2 → b	3 ↗ 06	1	2	8
06	DIGITAL 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 ACCEPTABLE)	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			
22*	WHEEL CHAIR	1 → b	2 → b	3 ↗ 23	1	2	8
23**	OTOSCOPE	1 → b	2 → b	3 ↗ 24	1	2	8
24**	PROCTOSCOPE	1 → b	2 → b	3 ↗ 25	1	2	8
25**	KNEE-JERK HAMMER	1 → b	2 → b	3 ↗ 26	1	2	8
26**	DUCK'S SPECULUM	1 → b	2 → b	3 ↗ 27	1	2	8

27**	DISPOSABLE WOODEN TONGUE DEPRESSOR	1 → b 2 → b 3 ↘ 28	1 2 8	
28**	MUAC TAPE	1 → b 2 → b 3 ↘ 29	1 2 8	
29**	TUNNING FORK	1 → b 2 → b 3 ↘ 30	1 2 8	
30**	ARTERIAL BLOOD GAS (ABG) ANALYSER	1 → b 2 → b 3 ↘ 31	1 2 8	
31**	VENTILATOR	1 → b 2 → b 3 ↘ 700C	1 2 8	
700C	Was an equipment audit conducted for this facility during the 2019-2020 fiscal year?	YES..... NO..... DON'T KNOW.....	1 → 710 2 → 710 8	
700D	May I see the audit report for 2019-2020 fiscal year?	OBSERVED..... REPORTED, NOT SEEN.....	1 2	

CLIENT EXAMINATION ROOM

<p>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.</p>				
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	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	SURGICAL MASKS	1	2	3
11	GOWNS/APRON	1	2	3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
16**	NEEDLE CUTTER	1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3
19**	N95 FACE MASKS	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM..... OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... VISUAL PRIVACY ONLY..... NO PRIVACY.....	1 2 3 4	

REHABILITATION AND ACCESSIBILITY**

711A	Does this facility have early detection of short and long term impairment service?	YES..... 1 NO..... 2	→ 711C
711B	What do you do after screening of disability?	Basic managment..... 1 Refer..... 2 Counselling..... 3 Other..... 6	
711C	Do you offer physiotherapy services?	YES..... 1 NO..... 2	
711D	Do you deliver mobility aids services?	YES..... 1 NO..... 2	→ 711F
711E	What type mobility aids do you deliver?	Crutches..... A Cane..... B Walker..... C Wheel chair..... D	
711F	ASK TO SEE THE OPD AREA OBSERVE AND SELECT THE OPTION	NOT AVAILABLE ACCESSIBL PARTIALLY ACCESSIBLE NOT ACCESSIBLE	
01	SANITARY FACILITIES	1 2 3	
02	RECEPTION AND COUNTER	1 2 3	
03	DRINKING WATER	1 2 3	
04	DOORS	1 2 3	
05	ENTRANCE	1 2 3	
06	CORRIDORS	1 2 3	
07	RAMPS	1 2 3	
711G	Do you have policy, strategy and ten years action plan on disability management (prevention, treatment and rehabilitation 2073-2082)	YES..... 1 NO..... 2	→ 711I
711H	May I see this policy strategy and action plan?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
711I	Do you have guidelines on priority assistive product list (PAPL) of Nepal?	YES..... 1 NO..... 2	→ 720
711J	May I see this guidelines on priority assistive product list (PAPL) of Nepal?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

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 WAITING AREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES..... 1 NO PROTECTED CLIENT WAITING AREA..... 2	
-----	--	---	--

PUBLIC HEALTH EMERGENCIES

720A*	Does this facility have Mass Casualty Management Plan?	YES.....1 NO.....2	
720B*	Does this facility have Out break magement plan?	YES.....1 NO.....2	→ 720D
720C*	May I see theout break management plan?	OBSERVED.....1 REPORTED NOT SEEN.....2	
720D*	Does this facility conducted "Drill down" exercises as part of disaster preparedness training?	YES.....1 NO2 DON'T KNOW.....8	
720E**	Does this facility have dedicated triage room/area?	YES.....1 NO.....2	
720F**	Does this facility have isolation room for infectious diseases?	YES.....1 NO.....2	
720G**	Does this facility have Rapid Response Team?	YES.....1 NO.....2	
720H**	Does this facility have Functional Incident Command System (ICS)	YES.....1 NO.....2	
720I**	Does this facility have an Incident Command System Committee formed?	YES.....1 NO.....2	
720J**	Does this facility have Emergency Medical Deployment Team	YES.....1 NO.....2	
720K**	Does this facility have designated resuscitation area	YES.....1 NO.....2	
720L*	Does this facility have COVID-19 handbook for health workers?	YES.....1 NO.....2	→ 800
720M*	May I see the COVID-19 handbook for health workers?	OBSERVED.....1 REPORTED NOT SEEN.....2	

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 <input type="button" value="←"/>
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	→ 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 04	1 ► c	2 ► c	3 04	1 802D	2	8
04*	Colorimeter/Biochemistry Analyser	1 ► b	2 09	1 ► c	2 ► c	3 09	1	2	8
05*	Drabkin solution			1	2	3 09			
06*	Micro pipette (for measuring blood volume)	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	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 04	1	2	8		
04**	Differential leukocytes count (DLC) stain	1 ► c	2 ► c	3 05					
05**	DLC counter	1 ► c	2 ► c	3 06	1	2	8		
06**	Micropipette	1 ► c	2 ► c	3 07	1	2	8		
07**	Reagent for hemocytometer	1 ► c	2 ► c	3 803					

803*	Is CD4 testing services available from this facility?		YES.....1 NO.....2			→ 804D		
804*	Please tell me: 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
01	Flow cytometer analyzer (e.g.FACS count machine: BD or PATEK/PIMA/CALIBER Brand)	1 b 04	2	1 c 2 c 3 04	1 2 3	1 2 8		
02	Reagent kits			1 2 3				
04	Cartridges			1 2 3				

Some General and Cervical Cancer related Tests

804D*	Is Pap smear test available from this facility?	YES.....1 NO.....2	
804E*	Is Loop Electrosurgical Excision Procedure (LEEP) available from this facility?	YES.....1 NO.....2	
804F*	Is Dengue RDT test available?	YES.....1 NO.....2	
804G*	Is Urine routine examination (RE) available?	YES.....1 NO.....2	
804H*	Is Stool routine examination (RE) available?	YES.....1 NO.....2	

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 AT LEAST ONE VALID AVAILABLE NONE VALID	(B) NOT OBSERVED REPORTED NOT AVAILABLE NOT SEEN AVAILABLE TODAY NO, NEVER AVAILABLE
01	DETERMINE	1 2 3 4 5	
02	UNIGOLD	1 2 3 4 5	
03	STATPACK	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 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 08	1 → c	2 → c	3 08	1	2	8
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 National HIV Testing and Treatment Guidelines, 2020	YES..... NO.....			1 2		→818		
813	May I see the guidelines ?	OBSERVED			1				
818	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES..... NO.....			1 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..... EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE..... DBS SENT OUTSIDE/CENTRAL LABORATORY .. OTHER.....			A B C X				
820	Is there a record of the results from the external quality check?	YES..... NO.....			1 2	→823			
821	May I see the records or results from the external quality check?	OBSERVED			1				
822	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE			<input type="text"/> <input type="text"/>				
		NOT AVAILABLE.....			95				
823*	Do you send blood outside the facility for HIV diagnostic testing?	YES..... NO.....			1 2	→827			
824*	For which HIV test do you send blood outside? PROBE	ELISA/EIA / CLIA..... PCR FOR EID..... RAPID TESTING..... PCR FOR CONFIRMATION..... OTHER.....			A C D E X				
825	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES..... NO.....			1 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*	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
05	OTHER WASTE RECETABLE	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	SURGICAL MASKS	1	2	3
11	GOWNS/APRON	1	2	3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
16**	NEEDLE CUTTER	1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
18**	ANTISEPTIC [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3
19**	N95 FACE MASKS	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) USED Yes No	(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE? 1 → c 2 → c 3 832 ↗
01	Glucometer	1 → b 2 832 ↗	1 2 8
02	Glucometer test strips		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 <i>urine chemistry testing</i> using dipsticks and/or <i>urine pregnancy test</i> 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 <u>blood or urine</u> 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 X ←		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 covers?	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 DONT KNOW	
01	LIGHT 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 09 ←	1 2 3		

09**	ELECTRON MICROSCOPE	1 → b 2 10 ↘	1 → c 2 → c 3 ↘ 10 ↗	1 2 8
10**	AUTOCLAVE	1 → b 2 84 ↗	1 → c 2 → c 3 ↗ 841 ↗	1 2 8
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) EQUIPMENT/ TEST USED Yes No	(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE? OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	
01*	GIEMSA STAIN / WRIGHT'S 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) USED Yes No	(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE? 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..... NO.....			1 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..... NO.....			1 2 → 859				
855	Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site?	YES..... NO.....			1 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..... OBSERVED, NONE VALID..... REPORTED AVAILABLE, NOT SEEN..... NONE AVAILABLE TODAY.....			1 2 3 4				
857	Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility?	YES..... NO.....			1 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/RPR	1 ► b 2 03		1	2	3			
03	Rotator or shaker		1 ► c 2 ► c 3 05				1	2	8
05	Treponema Pallidum Hemagglutination Assay (TPHA)	1 ► b 2 06		1	2	3 06			
06**	Treponema Pallidum Particle Agglutination Assay (TPPA)	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) following chlamydia test, 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 861	2	3	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) EQUIPMENT/TEST USED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?	
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO
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 09	1	2	3			
09**	Compound Microscope	1 → b 2 863	1 → c	2 → c 3 863		1	2	8
863*	Is Gene Expert services available at this facility?		YES.....1 NO.....2			→ 865		
864*	May I see a sample TB rapid diagnostic test (RDT) kit/Cartridge 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			→ 869A	

868	Do you maintain records of result of sputum tests conducted elsewhere?	YES.....1 NO.....2	→ 869A
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 Microscopy Manual available in this service area?	YES.....1 NO.....2	→ 874A
873B	May I see the Sputum Microscopy 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*	<p>Does this facility perform diagnostic X-rays, ultrasound, computerized tomography or MRI?</p> <p>IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.</p>	<p>YES.....1 NO.....2</p> <p style="text-align: center;">SKIP TO NEXT SECTION</p>																		
881*	<p>Please tell me if:</p> <p>a) If any of the following imaging equipment is used in the facility</p> <p>b) if it is available today, and</p> <p>c) if it is functioning today</p>	<p>(a)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 100%; text-align: center; padding: 2px;">EQUIPMENT USED</td> </tr> <tr> <td style="width: 5%; text-align: center; padding: 2px;">Yes</td> <td style="width: 5%; text-align: center; padding: 2px;">No</td> </tr> </table>	EQUIPMENT USED		Yes	No	<p>(b)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="width: 100%; text-align: center; padding: 2px;">EQUIPMENT AVAILABLE?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 2px;">OBSERVED</td> <td style="width: 33%; text-align: center; padding: 2px;">REPORTED NOT SEEN</td> <td style="width: 33%; text-align: center; padding: 2px;">NORMALLY AVAILABLE NOT TODAY</td> </tr> </table>	EQUIPMENT AVAILABLE?			OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	<p>(c)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="width: 100%; text-align: center; padding: 2px;">IS THE ITEM IN WORKING ORDER?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 2px;">YES</td> <td style="width: 33%; text-align: center; padding: 2px;">NO</td> <td style="width: 33%; text-align: center; padding: 2px;">DON'T KNOW</td> </tr> </table>	IS THE ITEM IN WORKING ORDER?			YES	NO	DON'T KNOW
		EQUIPMENT USED																		
		Yes	No																	
EQUIPMENT AVAILABLE?																				
OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY																		
IS THE ITEM IN WORKING ORDER?																				
YES	NO	DON'T KNOW																		
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	<p>1→b 2 [] 02←</p>	<p>1→c 2→c 3 [] 02←</p>	<p>1 2 8</p>																
02	X-RAY MACHINE	<p>1→b 2 [] 04←</p>	<p>1→c 2→c 3 [] 03←</p>	<p>1 2 8</p>																
03*	UNEXPOSED FILM FOR X-RAY		<p>1→c 2→c 3 [] 04←</p>	<p>1 2 8</p>																
04*	ULTRASOUND MACHINE	<p>1→b 2 [] 05←</p>	<p>1→c 2→c 3 [] 05←</p>	<p>1 2 8</p>																
05*	CT SCAN	<p>1→b 2 [] 06←</p>	<p>1→c 2→c 3 [] 06←</p>	<p>1 2 8</p>																
06*	MRI	<p>1→b 2 [] NEXT SECTION←</p>	<p>1→c 2→c 3 [] SKIP TO NEXT SECTION</p>	<p>1 [] 2 [] 8 []</p> <p>ALL SKIP TO NEXT SECTION</p>																
<p>THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE</p>																				

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	NONE VALID	REPORTED AVAILABLE	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	CEFTRIAXONE 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	BENZATHINE PENICILLIN INJECTION (Narrow 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*	CLOXAQUILLIN (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 EYE/EAR DROP	1	2	3	4	5
28*	CIPROFLOXACIN TABLET	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	NONE VALID	REPORTED AVAILABLE	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
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	NONE VALID	REPORTED AVAILABLE	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	LEVOTHYROXINE TABLETS #	1	2	3	4	5
43	AMINOPHYLLINE TABLETS #	1	2	3	4	5
44**	FLUOXETINE TABLETS#	1	2	3	4	5
45**	SODIUM VALPORATE TABLETS #	1	2	3	4	5
46**	TRIHEXYPHENIDYL TABLETS #	1	2	3	4	5
47**	IPRATROPIUM (MDI/ROTACAP)#	1	2	3	4	5
48**	RISPERIDONE TABLETS #	1	2	3	4	5
49**	METHYLDOPA	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
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*	PRIMAQINE TABLETS	1	2	3	4	5
13**	ACT (6-12-18-24)	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**	PARAMOMYCINE	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/MATRI SURAKCHHYA CHAKKI TABLETS	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08*	TETANUS DIPHTHERIA TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS #	1	2	3	4	5
10	VITAMIIN 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
14**	HYDRALAZINE INJ	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	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	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	PRALIDOXIME SODIUM #	1	2	3	4	5
13	ACTIVATED CHARCOAL #	1	2	3	4	5
14	LIGNOCAINE INJECTION #	1	2	3	4	5
15**	PERMETHRINE GEL, 30 ML #	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 AND AWAY FROM THE WALL?	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
07**	IS THE FIRE SAFETY EQUIPMENT IS AVAILABLE/ACCESSIBLE?	1	2
910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES..... YES, ONLY SOME MEDICINES..... NO.....	1 2 3
911	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..... LEDGER/STOCK CARD UPDATED DAILY..... COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES..... LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES..... OTHER SYSTEM (SPECIFY).....	1 2 3 4 6

SUPPLY ITEMS

	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 <input type="checkbox"/> (RESPONSE 1 OR 3 CIRCLED)						
			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)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		(C) OUT OF STOCK IN LAST SIX MONTHS			
		AT LEAST ONE VALID	NONE VALID	REPORTED AVAILABLE	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 (IUCD) e.g Copper-T	1	2	3	4	5 08	1	2	8
08*	IMPLANT (JADELLE)	1	2	3	4	5 09	1	2	8
09*	EMERGENCY CONTRACEPTIVE PILLS (IF PRIVATE FACILITY SPECIFY _____)	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 AND AWAY FROM THE WALL?	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
06**	ARE THE MEDICINES PROTECTED FROM MOISTURE/HUMIDITY?			1	2
07**	IS THE FIRE SAFETY EQUIPMENT IS AVAILABLE/ACCESSIBLE?			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..... LEDGER/STOCK CARD UPDATED DAILY..... COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES..... LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES..... OTHER SYSTEM _____ (SPECIFY)	1 2 3 4 6		
924A	When was the last time that you received a routine supply of contraceptive methods?	WITHIN PRIOR 4 FULL WEEKS BETWEEN 4-12 WEEKS MORE THAN 12 WEEKS AGO NO ROUTINE SUPPLY SYSTEM DON'T KNOW	1 2 3 4 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..... NEED DETERMINED ELSEWHERE..... BOTH (DIFER BY COMMODITY)..... DON'T KNOW	1 2 3 8	→925 →925	
924C	Routinely, when you order contraceptive methods, which best describes the system you use to determine how much of each to order? Do you: - 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) DON'T KNOW	ORDER TO MAINTAIN FIXED STOCK..... ORDER SAME AMOUNT..... ORDER BASED ON UTILIZATION..... OTHER..... DON'T KNOW	1 2 3 6 8	→925	
924D	On average approximately how long does it take between ordering and receiving family planning commodities for this facility?	< 2 WEEKS..... ≥ 2 WEEKS BUT NOT UP TO ONE MONTH..... ≥ 1 MONTH BUT NOT UP TO 2 MONTHS..... ≥ 2 MONTH BUT NOT UP TO 4 MONTHS..... ≥ 4 MONTH BUT NOT UP TO 6 MONTHS.....	1 2 3 4 5		
925	PRESENTLY INTERVIEWING IN <input type="checkbox"/> PHARMACY PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN <input type="checkbox"/> FAMILY PLANNING SERVICE AREA THANK THE RESPONDENT IN THE FP SERVICE AREA ← AND CONTINUE TO NEXT SECTION OR SERVICE SITE			

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?) <input type="checkbox"/>				
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		
		AT LEAST ONE VALID	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 (HR) ADULT	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
11**	ISONIAZID + RIFAMPICIN (HR) CHILD	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, AND AWAY FROM THE WALL?			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
07**	IS THE FIRE SAFETY EQUIPMENT IS AVAILABLE/ACCESSIBLE?			1	2
933	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES..... YES, ONLY SOME MEDICINES..... NO.....			1 2 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..... LEDGER/STOCK CARD UPDATED DAILY..... COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED VACCINES..... LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES..... OTHER SYSTEM _____ (SPECIFY)			1 2 3 4 6
935	PRESENTLY INTERVIEWING IN <input type="checkbox"/> PHARMACY	PRESENTLY INTERVIEWING IN <input type="checkbox"/> TB SERVICE AREA			
	PROCEED TO NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				
	THANK THE RESPONDENT IN THE TB SERVICE AREA <input type="checkbox"/> AND CONTINUE TO NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				

SECTION 9.4: ANTIRETROVIRAL MEDICINES

940	CHECK Q216 ARV MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input style="width: 15px; height: 15px; vertical-align: middle;" type="checkbox"/> <div style="margin-left: 10px;"> ↓ ARV MEDICINES STORED IN ART SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input style="width: 15px; height: 15px; vertical-align: middle;" type="checkbox"/> </div> <div style="text-align: right; margin-top: -10px;"> PROCEED TO NEXT SECTION <input style="width: 15px; height: 15px;" type="button" value="→"/> </div>					
941*	Are any of the following Nucleoside Reverse Transcriptase Inhibitor (NRTI) ARVs 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	NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
02	ZIDOVUDINE (ZDV, AZT) SYRUP OR DISPERSIBLE TABLETS	1	2	3	4	5
03	ABACAVIR (ABC) TABLETS	1	2	3	4	5
05	LAMIVUDINE (3TC) TABLETS	1	2	3	4	5
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	2	3	4	5
941A**	Are any of the following Single Formulation Integrase Inhibitors ARVs 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	NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
01	DOLUTEGRAVIR TABLETS	1	2	3	4	5
02	RALTEGRAVIR	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		
		AT LEAST ONE VALID	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
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		
		AT LEAST ONE VALID	NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
05	RITONAVIR (RTV)	1	2	3	4	5
09	DARUNAVIR (DRV)	1	2	3	4	5
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	NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NEVER AVAILABLE
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
06	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	2	3	4	5
07	TENOFOVIR+EMTRICITABINE (TDF+FTC)	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

11**	TENOFOVIR+LAMIVUDINE+DOLUTEGRAVIR (TDF+3TC+DTG)	1	2	3	4	5
12**	LOPINAVIR/RITONAVIR ORAL PALLETE	1	2	3	4	5
13**	LOPINAVIR/RITONAVIR ADULT TABLET	1	2	3	4	5
14**	ATAZANOVIR/RITONAVIR TABLET	1	2	3	4	5
15**	ABACAVIR+LAMIVUDINE TABLET	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 ARTs OFF THE FLOOR AND AWAY FROM THE WALL?	1	2
02	ARE THE ARTs PROTECTED FROM WATER	1	2
03	ARE THE ARTs PROTECTED FROM THE DIRECT 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
07**	IS THE FIRE SAFETY EQUIPMENT IS AVAILABLE/ACCESSIBLE?	1	2
946*	ARE THE ARVS ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out"; " FEFO")	YES, ALL MEDICINES..... YES, ONLY SOME MEDICINES..... NO.....	1 2 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..... LEDGER/STOCK CARD UPDATED DAILY..... COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVs..... LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVs..... OTHER SYSTEM _____ (SPECIFY)	1 2 3 4 6
948	PRESENTLY INTERVIEWING IN <input type="checkbox"/> PHARMACY PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN <input type="checkbox"/> ART SERVICE AREA 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	NO CHILD VACCINATION SERVICES 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</i> per month the service is provided <i>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
	Routine DPT+HepB+Hib (pentavalent)		# OF DAYS 00=NO SERVICE
	Routine polio vaccination		# OF DAYS 00=NO SERVICE
	Routine MR vaccination		# OF DAYS 00=NO SERVICE
	Routine BCG vaccination		# OF DAYS 00=NO SERVICE
	Routine Pneumococcal Conjugate Vaccination (PCV)		# OF DAYS 00=NO SERVICE
	Routine Japanese encephalitis vaccination (JE Vaccination)		# OF DAYS 00=NO SERVICE
	Routine FIP Vaccination		# OF DAYS 00=NO SERVICE
	Routine Rota Virus Vaccination		# OF DAYS 00=NO SERVICE
09**	Other (specify_____)	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE
1002**	Do you have national immunization schedule for child vaccinations available in this service area today?	YES NO	1 2 1006
1003**	May I see the national immunization schedule for child vaccinations?	OBSERVED..... REPORTED NOT SEEN.....	1 2

		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
1006*	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES					
01	Blank/unused individual child health 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 HP , PHCC, UHC, CHU)	1	2	3		
07*	Hospital monthly progress report (HMIS 9.4) (IF PUBLIC HOSPITAL)	1	2	3		
08*	Hospital monthly progress report (HMIS 9.5) (IF NON-STATE HEALTH FACILITY)	1	2	3		
09**	Micro planning of immunization	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..... RECEIVE ALL VACCINES FROM HIGHER CENTER AND STORES FOR SHORT TIME.. STORES NO VACCINES.....	1 3 2		→1014 →1014	
1007A**	What type of cold chain equipment does this facility use?	WHO PQS HOUSEHOLD REFRIGERATOR	1 2			
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED..... REFRIGERATOR NOT OBSERVED.....	1 2		→1014	
1008A**	What type of temperature monitoring device does this facility use?	FRIDGE TAG THERMOMETER	1 2			
1009	Do you maintain a cold-chain temperature monitoring chart?	YES..... NO	1 2		→ 1012	
1010	May I see the cold-chain temperature monitoring chart?	OBSERVED..... REPORTED NOT SEEN.....	1 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 .. NO, NOT COMPLETED ..	1 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. IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM UNCHANGED, NOT FROZEN) (May be available on vaccination days only?)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	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	1	2	3	4	5
06*	JAPANESE ENCEPHALITIS VACCINE (JE VACCINE)	1	2	3	4	5
07**	FIP VACCINE	1	2	3	4	5
08**	ROTA VIRUS VACCINE	1	2	3	4	5
1013	WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?	BETWEEN +2 AND +8 DEGREES..... ABOVE +8 DEGREES..... BELOW +2 DEGREES..... THERMOMETER NOT FUNCTIONAL..... NO THERMOMETER .. NO FRIDGE TAG ..	1 2 3 4 5 6			
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 TWO OR MORE SETS..... NONE.....	1 2 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 MAINTAINED1 NOT MAINTAINED2	
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**	Do you observe vaccinated child for 30 minutes?	YES.....1 NO.....2 CLIENT DONT WAIT FOR 30 MINUTES.....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. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	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
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
1051*	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION				
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*	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3	
05	OTHER WASTE RECEPTACLE	1	2	3	
07	DISPOSABLE LATEX GLOVES	1	2	3	
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3	
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3	
10	SURGICAL MASKS	1	2	3	
11	GOWNS/APRONS	1	2	3	
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	2	3	
14*	NEEDLE DESTROYER	1	2	3	
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3	
16**	NEEDLE CUTTER	1	2	3	
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3	
18**	ANTISEPTIC [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3	
19**	N95 FACE MASKS	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	NO GROWTH MONITORING SERVICES				
		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 	# OF DAYS 00=NO SERVICE 				
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 (MUAC) (SAKIR TAPE)	1 → b	2 → b	3 07 ↘	1	2	8
07**	MOTHER AND INFANT (2 IN 1 SCALE)	1	2	3 08 ↘	1	2	8
08**	BALVITA SACHET	1	2	3			
09**	RESOMAL PACKET	1	2	3			
10**	Z-SCORE CALCULATION SHEET	1	2	3			
11**	READY TO USE THERAPEUTIC FOOD (RUTF)	1	2	3			
12**	F-75 JAR	1	2	3			
13**	F-100 JAR	1	2	3			
14**	BREASTFEEDING CORNER	1	2	3			
15**	IMAM GUIDELINE	1	2	3			
16**	MIYCN TRAINING MANUAL	1	2	3			
17**	EMERGENCY NUTRITION GUIDELINES	1	2	3			
18**	INPATIENT THERAPEUTIC CARE (ITC) MANAGEMENT PROT	1	2	3			
19**	IRON AND FOLIC ACID	1	2	3			
20**	VITAMIN - A	1	2	3			
21**	ALBENDAZOLE	1	2	3			
22**	IMAM REGISTER (HMIS 2.6)	1	2	3			
23**	NUTRITION CORNER	1	2	3			

24**	NUTRITION REGISTER (HMIS2.3)	1	2	3	
1104C**	Does this facility provide deworming to school children?	YES.....	1	NO.....	2
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	NO CURATIVE CARE SERVICES		
			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	<p>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.</p> <p>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS</p>	<p>(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY</p>	<p>(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES</p>		
01	Consultation or curative care services for sick children	# OF DAYS <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>		
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**	DIAGNOSE AND/OR TREAT NEWBORN INFECTION		1	2	
06**	DIAGNOSE AND/OR TREAT CHILD DIARRHOEA		1	2	
07**	DIAGNOSE AND/OR TREAT CHILD ARI		1	2	
08**	DIAGNOSE AND/OR TREAT CHILD FEVER		1	2	
09**	DIAGNOSE AND/OR TREAT NEWBORN HYPOTHERMIA		1	2	
10**	DIAGNOSE AND/OR TREAT NEWBORN JUNDICE		1	2	
11**	DIAGNOSE AND/OR TREAT BREASTFEEDING PROBLEM AND LOW BIRTH WEIGHT		1	2	
1208	<p>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?</p> <p>IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION</p>	<p>YES.....</p> <p>NO</p>	1	2	
			1210		
1209	<p>OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:</p> <p>Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?</p>		ACTIVITY REPORTED OBSERVED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing the child		1	2	3
02	Plotting child's weight on graph (e.g. HMIS card, child health card)		1	2	3
03	Taking child's temperature		1	2	3
04	Assessing child's vaccination status		1	2	3
05**	Providing group health education / counseling		1	2	3
06	Administer fever-reducing medicines and/or sponge for fever		1	2	3
07	Triage of sick children, i.e., prioritizing sick children based on the severity of their condition		1	2	3
08**	Assessment of mal nutrition		1	2	3

	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
1210							
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 → b	2 → b	3 ↘ 02	1	2	8
02**	INFANT WEIGHING SCALE/PAN SCALE (100 GRAM GRADATION)	1 → b	2 → b	3 ↘ 03	1	2	8
03	DIGITAL THERMOMETER	1 → b	2 → b	3 ↘ 04	1	2	8
04**	PAEDIATRIC 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 ↘ 12 ↗	1	2	8
12**	Phototherapy	1 → b	2 → b	3 ↘ 13 ↗	1	2	8
13**	Radient warmer	1 → b	2 → b	3 ↘ 14 ↗	1	2	8
14**	Ventilator	1 → b	2 → b	3 ↘ 15 ↗	1	2	8
15**	Nebulizer	1 → b	2 → b	3 ↘ 16 ↗	1	2	8
16**	MUAC tape	1	2	3			
17**	Measuring tape	1	2	3			
18**	Zinc tablet	1	2	3			
1211*	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
01	IMNCI chart booklet	1	2	3			
03	Visual aids for teaching caretakers	1	2	3			
04*	IEC materials on MYICN	1	2	3			
05*	IEC materials on IMNCI?	1	2	3			
06**	FB-IMNCI Treatment Protocol	1	2	3			
07**	National Neonatal Clinical Protocol	1	2	3			
1212*	Are health records (register) for sick children maintained at this service site?	YES..... NO.....			1	2	1250
1212A**	In which register do you maintain records?	IMNCI REGISTER (HMIS 2.4)..... OPD REGISTER (HMIS 1.3)..... OTHER REGISTEF.....			1	2	3
1213*	May I see the register?	OBSERVED..... REPORTED NOT SEEN.....			1	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>	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			NEXT SECTION / SERVICE SITE
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*	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3	
05	OTHER WASTE RECEPTACLE	1	2	3	
07	DISPOSABLE LATEX GLOVES	1	2	3	
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3	
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3	
10	SURGICAL MASKS	1	2	3	
11	GOWNS/APRONS	1	2	3	
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	2	3	
14*	NEEDLE DESTROYER	1	2	3	
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3	
16**	NEEDLE CUTTER	1	2	3	
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3	
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3	
19**	N95 FACE MASKS	1	2	3	
1252	DESCRIBE THE SETTING OF CHILD CURATIVE SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM..... OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... VISUAL PRIVACY ONLY..... NO PRIVACY.....	1 2 3 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 <input type="checkbox"/>		
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 provided at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS <input type="checkbox"/> <input type="checkbox"/>		
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)	OFFER PRISCRIBE OR COUNSEL OR REFER	
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
06	FEMALE CONDOM	1	2	3
07*	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)(COPPER-T)	1	2	3
08*	IMPLANT (JADELLE)	1	2	3
09*	EMERGENCY CONTRACEPTIVE PILLS (SPECIFY _____)	1	2	3
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2	3
12	MALE STERILIZATION	1	2	3
13*	FEMALE STERILIZATION	1	2	3
14	OTHER METHODS (E.G., SPERMICIDE OR DIAPHHRAGM)	1	2	3
15**	COUNSEL CLIENTS ON WITHDRAWAL		2	3
16**	Counsel clients on Lactational Amenorrhea Method (LAM)		2	3
1303*	Do you have the National Medical Standard Volume I available at this service area today?	YES. 1 NO. 2		→ 1305
1304*	May I see the National Medical Standard Volume I ?	OBSERVED. 1 REPORTED NOT SEEN. 2		
1305*	Do you have any other guidelines on family planning available at this service area today?	YES. 1 NO. 2		→ 1306A
1306*	May I see the any other guidelines on Family planning?	OBSERVED. 1 REPORTED NOT SEEN. 2		
1306A**	Do you have DMT MEC and other job aids on family planning available at this service area today?	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	Decision Making Tools Medical Eligibility Crieteria wheel	1	2	3
02	FP Informed Choice Poster	1	2	3
03	Pregnancy Roll Out Job Aid	1	2	3
04	Others (Specify)_____	1	2	3

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 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	
04**	Consent form	1 2 3	→ 1311
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	
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 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
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 COUNSELLING KIT	1	2	3			
12**	UTERINE MODEL	1 → b	2 → b	3 13 ↘	1	2	8
13**	IUCD SET	1 → b	2 → b	3 14 ↘	1	2	8
14**	IMPLANT INSERTION SET	1 → b	2 → b	3 15 ↘	1	2	8
15**	IMPLANT REMOVAL SET	1 → b	2 → b	3 16 ↘	1	2	8
16**	FEMALE STERILIZATION SET	1 → b	2 → b	3 17 ↘	1	2	8
17**	MALE STERILIZATION SET	1 → b	2 → b	3 1315 ↘	1	2	8
1315	CHECK Q1302.07 & Q1302.08.	IUCD OR IMPLANT PROVIDED IN FACILITY		NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY			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	POVIDINE IODINE		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		IUCD NOT PROVIDED IN FACILITY			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	VOLSELLUM FORCEPS		1	2	3		
05	UTERINE SOUND		1	2	3		
06**	SEALED IUCD PACK		1	2	3		
1319	CHECK Q1302.08.	IMPLANT PROVIDED IN FACILITY		IMPLANT NOT PROVIDED IN FACILITY			1321
1320	Please show me the following items for the provision of Implant:		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE		
01	LOCAL ANESTHETIC (XYLOCAINE 1%)		1	2	3		
02*	STERILE DISPOSABLE SYRINGE		1	2	3		
03	DISPOSABLE 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 CENTRAL LOCATION IN FACILITY..... 2 BOTH LOCATIONS..... 3 NO EQUIPMENT PROCESSED IN FACILITY..... 4			→ 1350	
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	<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>	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	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	SURGICAL MASKS	1	2	3
11	GOWNS/APRONS	1	2	3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
16**	NEEDLE CUTTER	1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
18**	ANTISEPTIC [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3
19**	N95 FACE MASKS	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) 	FP COMMODITIES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>		→921
<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>				

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 type="checkbox"/> <input type="checkbox"/>						
1401A	How many days in a month are ANC-specific PHC outreach clinic conducted from this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH <input type="checkbox"/> <input type="checkbox"/>						
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/ MATRI SURAKCHHYA CHAKKI	1	2					
07**	COMBINED IRON AND FOLIC ACID	1	2					
08**	CALCIUM	1	2					
09**	CHX (Navimalam)	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 type="checkbox"/> <input type="checkbox"/>						
1404*	Is tetanus diphteria 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 diphteria (Td) vaccination services available at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	DAYS PER MONTH <input type="checkbox"/> <input type="checkbox"/> 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	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY		NO, NEVER AVAILABLE/DK	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
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
09**	COUNSELING ON DANGER SIGNS				1	2
10**	COUNSELING ABOUT NUTRITION				1	2
1407A**	What do ANC providers in this facility do if client has pregnancy related complications like pregnancy induced hypertension, APH, eclampsia?	IDENTIFY MANAGE IDENTIFY AND REFER IDENTIFY, MANAGE AND REFER UNABLE TO IDENTIFY COMPLICATION			1 2 3 4	
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..... DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT REFER ELSEWHERE IN FACILITY FOR DIAG & TREATMENT REFER OUTSIDE FACILITY FOR DIAG & TREATMENT NO DIAGNOSIS / TREATMENT / REFERRAL.....			1 2 3 4 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..... DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT REFER ELSEWHERE IN FACILITY FOR DIAG & TREATMENT REFER OUTSIDE FACILITY FOR DIAG & TREATMENT NO DIAGNOSIS / TREATMENT / REFERRAL.....			1 2 3 4 5	
1409*	Do you have the RH clinical protocol for medical officers, staff nurses, ANM in this service area today?	YES..... NO.....			1 2	→ 1411
1410*	May I see this guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED..... REPORTED NOT SEEN.....			1 2	→ 1415
1411*	Do you have <i>any other ANC guidelines/hospital protocol</i> like Maternity gu YES..... medical standard volume III in this service area today (OTHERS) ?	YES..... NO.....			1 2	→ 1415
1412*	May I see these guidelines?	OBSERVED..... REPORTED NOT SEEN.....			1 2	
1415*	Do you have IEC/BCC materials like danger sign posters, BPP 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..... NO.....			1 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 SEEN		
01	Maternal and Newborn Health Card (HMIS 3.5)	1	2		
02*	Maternal and Newborn Health Service Register (HMIS 3.6)	1	2		
03	Any other client's health card	1	2		
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 health education/counselling	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
09**	Ultrasound	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
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 WITH MATTRESS	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*	DIGITAL THERMOMETER	1→b	2 → b	3 10↓	1	2	8

10**	FOOT STEP	1→b 2 → b 3 11	1 2 8
11**	SCREEN	1→b 2 → b 3 #	1 2 8
12**	GLOVES	1 →b 2 → b 3 1422	
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 AT LEAST ONE VALID AVAILABLE
			(B) NOT OBSERVED REPORTED NOT AVAILABLE 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	
08**	CHX (Navimalam)	1 2 3 4 5	
09**	MISOPROSTOL/MATRI SURAKCHHYA CHAKKI	1 2 3 4 5	
10**	CALCIUM	1 2 3 4 5	

INFECTION CONTROL

1450	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]..... CHILD VACCINATION [Q1051]..... CHILD CURATIVE CARE [Q1251]..... FAMILY PLANNING [Q1351]..... PMTCT [Q1551]..... DELIVERY [Q1651]..... STI SERVICES [Q1851]..... TUBERCULOSIS [Q1951]..... HIV TESTING [Q2051]..... NCD [Q2351]..... MINOR SURGERY [Q2451]..... NOT PREVIOUSLY SEEN.....	11 12 13 14 16 17 18 19 21 22 23 31	NEXT SECTION / SERVICE SITE
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	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1 2 3		
05	OTHER WASTE RECEPTACLE	1 2 3		
07	DISPOSABLE LATEX GLOVES	1 2 3		
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1 2 3		
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1 2 3		
10	SURGICAL MASKS	1 2 3		
11	GOWNS/APRONS	1 2 3		
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1 2 3		

14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
16**	NEEDLE CUTTER	1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
18**	ANTISEPTIC [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3
19**	N95 FACE MASKS	1	2	3
1452*	DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.	PRIVATE SEPARATE ROOM..... OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY ONLY..... VISUAL PRIVACY ONLY..... NO PRIVACY.....	1 2 3 4	

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 ART 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 <input type="checkbox"/> TESTING FOR PREGNANT WOMEN	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..... NO, DIFFERENT LOCATION.....	1 2	→ 1506		
1504	Is HIV rapid diagnostic testing available from this service site?	YES..... NO.....	1 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 AVAILABLE			
01		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE
	DETERMINE	1	2	3	4	5

02	UNIGOLD	1	2	3	4	5
03	STATPACK	1	2	3	4	5
05	OTHER (SPECIFY) _____	1	2	3	4	5
1506	CHECK Q1501.02 COUNSELING AND TESTING	INFANT HIV <input type="checkbox"/> ONLY INFANT HIV COUNSELING <input type="checkbox"/>	NO INFANT HIV TESTING <input type="checkbox"/> → 1509			
1507*	Do you use DBS card/paper to collect dried blood spots (DBS) at this site ?	YES..... NO.....	1 2 → 1509			
1508*	May I see sample DBS paper/ cards? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... OBSERVED, NONE VALID..... REPORTED AVAILABLE, NOT SEEN..... NOT AVAILABLE TODAY.....	1 2 3 4			
1509*	Do you have the National HIV Testing and Treatment Guidelines, 2020 available in this service area?	YES..... NO.....	1 2 → 1515			
1510*	May I see the National HIV Testing and Treatment Guidelines, 2020?	OBSERVED..... REPORTED NOT SEEN.....	1 2			
1515	Do you stock any ARTs for PMTCT in this service area?	YES..... NO.....	1 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 AT LEAST ONE VALID AVAILABLE	(B) NOT OBSERVED REPORTED AVAILABLE NOT AVAILABLE TODAY DK / NO, OR NEVER AVAILABLE			
02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
06	EFAVIRENZ (EFV) 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 (ZDV) SYRUP OR DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5
15**	TENAFOVIR DISOPROXIL FUMARATE (TDF)+ LAMIVUDINE (3TC) + EFAVIRENZ (EFV)	1	2	3	4	5
16**	ZIDOVUDINE (ZDV)+ LAMIVUDINE (3TC)+ NEVIRAPINE (NVP)	1	2	3	4	5
17**	ABACAVIR (ABC)+ LAMIVUDINE (3TC)+ EFAVIRENZ (EFV)	1	2	3	4	5
18**	ABACAVIR (ABC)-LAMIVUDINE (3TC)	1	2	3	4	5
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]..... CHILD VACCINATION [Q1051]..... CHILD CURATIVE CARE [Q1251]..... FAMILY PLANNING [Q1351]..... ANTENATAL CARE [Q1451]..... DELIVERY [Q1651]..... STI SERVICES [Q1851]..... TUBERCULOSIS [Q1951]..... HIV TESTING [Q2051]..... NCD [Q2351]..... MINOR SURGERY [Q2451]..... NOT PREVIOUSLY SEEN.....				→ Q1552A
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*	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3		
05	OTHER WASTE RECEPTACLE	1	2	3		
07	DISPOSABLE LATEX GLOVES	1	2	3		

08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	SURGICAL MASKS	1	2	3
11	GOWNS/APRON	1	2	3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
16**	NEEDLE CUTTER	1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
18**	ANTISEPTIC [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3
19**	N95 FACE MASKS	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..... OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... VISUAL PRIVACY ONLY..... NO PRIVACY.....	1 2 3 4	
1552A	CHECK Q216 ARV MEDICINES FOR ART STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 4 OR 5 NOT CIRCLED)	ARV MEDICINES FOR ART STORED IN PMTCT SERVICE AREA (RESPONSE 4 OR 5 CIRCLED)		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 <input type="checkbox"/> AVAILABLE <input type="checkbox"/>	NORMAL DELIVERY NOT AVAILABLE <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
<p>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.</p>			
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 Gynecologist and Obstetrician, MD in General Practice (GP), Medical Officers, Nurses, Auxiliary Nurse Midwives and Midwives	YES NO	1 2 → 1604
1602	Is there a duty schedule or call list for 24-hr staff assignment?	YES NO	1 2 → 1604
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED REPORTED, NOT SEEN.....	1 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 02	2 <input type="checkbox"/> 02 <input type="checkbox"/>	8 <input type="checkbox"/> 02 <input type="checkbox"/>	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 → b 03	2 <input type="checkbox"/> 03 <input type="checkbox"/>	8 <input type="checkbox"/> 03 <input type="checkbox"/>	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 → b 04	2 <input type="checkbox"/> 04 <input type="checkbox"/>	8 <input type="checkbox"/> 04 <input type="checkbox"/>	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 CONCEPTION	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 1 → b NOT A SIGNAL FUNCTION APPLICABLE IN PHCC AND ABOVE, I.E., FACILITY TYPES 1, 2, 3, 4, 5, 6 and 11	2 10 ↘ 8 10 ↘	1 2 8
10	MEDICAL ABORTION NOT A SIGNAL FUNCTION APPLICABLE IN CHU AND ABOVE, I.E., FACILITY TYPES 1, 2, 3, 4, 5, 6, 7, 8, 9 and 11	1 → b 2 11 ↘ 8 11 ↘	1 2 8
11**	CESAREAN SECTION	1 → b 2 12 ↘ 8 12 ↘	1 2 8
12**	BLOOD TRANSFUSION	1 → b 2 1605 ↘ 8 1605 ↘	1 2 8
1605*	Do you have the national medical standard Volume III available in this service site? (NMS VOL III)	YES..... NO.....	1 2 → 1606A
1606*	May I see the NMS Vol III?	OBSERVED..... REPORTED NOT SEEN.....	1 2
1606A**	Do you have EOC job aid?	YES..... NO.....	1 2 → 1607
1606B**	May I see the EOC job aid?	OBSERVED..... REPORTED NOT SEEN.....	1 2
1607*	Do you have the RH Clinical Protocols?	YES..... NO.....	1 2 → 1608A
1608*	May I see the RH clinical protocol?	OBSERVED..... REPORTED NOT SEEN.....	1 2
1608A**	Does this facility have newborn corner ?	YES..... NO.....	1 2
1608B**	Does this facility have SNCU/NICU ?	YES..... NO.....	1 2
1608C**	Does this facility have maternity waiting room ?	YES..... NO.....	1 2
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?	YES..... NO.....	1 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..... NO, INTEGRATED	1 2
1613	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES..... NO USE OF PARTOGRAPH.....	1 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..... SELECTIVELY.....	1 2
1614A**	May I see partograph filled for last delivery case ?	OBSERVED..... REPORTED NOT SEEN.....	1 2
1615*	How many dedicated functional maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS.... DON'T KNOW	998

1616*	How many functional dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		DON'T KNOW.....	998	
1616A*	When does this facility usually discharge the mother after normal delivery?	After 24 hours Before 24 hours	1 2	→ 1617
1616B*	What are the reasons of discharging normal delivery before 24 hours? Probe	Have limited beds Client don't want to stay for 24 hours Overload of the cases Others (specify _____)	A B C X	
1617*	Does the facility conduct regular review all maternal or newborn deaths (MPDSR)?	YES..... NO, DOES NOT PARTICIPATE.....	1 2	→ 1622
1617A	May I see the maternal/new born death form (MPDSR)?	OBSERVED..... REPORTED NOT SEEN.....	1 2	
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns (MPDSR)?	FOR MOTHERS ONLY..... FOR NEWBORNS ONLY..... FOR BOTH MOTHERS AND NEWBORNS...	1 2 3	→ 1621
1619*	How often are reviews of <u>maternal deaths</u> done (MPDSR)? USE A 4-WEEK MONTH IF NEEDED	EVERY: <input type="checkbox"/> <input type="checkbox"/> WEEKS ONLY WHEN CASE OCCURS..... DON'T KNOW.....	53 98	→ 1620 → 1620
1619A*	Following a maternal death, how much time elapses before a maternal death review is done?	WITHIN 72 HOURS..... AFTER 72 HOURS..... VARIES FROM CASE TO CASE..... DON'T KNOW.....	1 2 3 8	
1620	CHECK Q1618: RESPONSES "2" OR "3" CIRCLED <input type="checkbox"/>	RESPONSES "2" OR "3" NOT CIRCLED <input type="checkbox"/>		→ 1622
1621*	How often are reviews of <u>perinatal deaths</u> done? USE A 4-WEEK MONTH IF NEEDED	EVERY: <input type="checkbox"/> <input type="checkbox"/> WEEKS ONLY WHEN CASE OCCURS..... ALWAYS WITH MATERNAL REVIEWS.... DON'T KNOW.....	53 95 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 02 ↘	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 3 09	→ b 3 11	1 2 8
09	DIGITAL THERMOMETER	1 → b 2 3 11	→ b 3 12	1 2 8
11*	INFANT WEIGHING SCALE (PANSCALE/DIGITAL WEIGHING MACHINE)	1 → b 2 3 13	→ b 3 14	1 2 8
12*	FETAL STETHOSCOPE/PINARD (FETOSCOPE)	1 → b 2 3 15	→ b 3 16	1 2 8
13	DIGITAL BLOOD PRESSURE APPARATUS	1 → b 2 3 14	→ b 3 15	1 2 8
14	MANUAL BLOOD PRESSURE MACHINE	1 → b 2 3 15	→ b 3 16	1 2 8
15	STETHOSCOPE	1 → b 2 3 16	→ b 3 17	1 2 8
16**	RADIANT WARMER	1 → b 2 3 17	→ b 3 18	1 2 8
17**	PENGUIN SUCTION	1 → b 2 3 18	→ b 3 1623	1 2 8
18**	NEONATAL STETHESCOPE	1 → b 2 3 1623	→ b 3 1623	1 2 8
1623*	Do you have any of the following items? If yes, I would like to see them		OBSERVED NOT SEEN	REPORTED 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*	EPISIOTOMY SET		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 <u>routinely</u> observe any of the following postpartum or newborn related practices?	YES	NO	DON'T 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
07	Weigh the newborn immediately	1	2	8
08	Administer Vitamin K1 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 Chloredine ointment to umbilical stump.	1	2	8
15*	Delay bath	1	2	8
16*	Administer Vitamin K1 to preterm babies	1	2	8

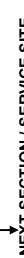
1625*	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, OR NEVER AVAILABLE
01	TETRACYCLINE EYE OINTMENT FOR NEWBORN	1	2	3	4	5
02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAZONE, 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*	4% CHORHEXIDINE GEL (UMBILICAL CORD CLEANSING)	1	2	3	4	5
09	HYDRALAZINE INJECTION	1	2	3	4	5
10*	NIFEDIPINE CAPSULE	1	2	3	4	5
12*	CALCIUM GLUCONATE	1	2	3	4	5
13**	MISOPROSTOL/ MATRISURAKCCHYA CHAKKI	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 MONTH	2	
		≥ 1 MONTH BUT NOT UP TO 2 MONTHS	3	≥ 2 MONTH BUT NOT UP TO 4 MONTHS	4	
		≥ 4 MONTH BUT NOT UP TO 6 MONTHS	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 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	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
05	OTHER (SPECIFY) _____	1	2	3	4	5
1629	Do you stock any ARTs 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	NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY	DK / NO, NEVER AVAILABLE
02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
06	EFAVIRENZ (EFV) 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 (ZDV) SYRUP OR DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5
15**	TENAFUVIR DISOPROXIL FUMARATE (TDF)+ LAMIVUDINE (3TC) + EFAVIRENZ (EFV)	1	2	3	4	5
16**	ZIDOVUDINE (ZDV)+ LAMIVUDINE (3TC)+ NEVIRAPINE (NVP)	1	2	3	4	5
17**	ABACAVIR (ABC)+ LAMIVUDINE (3TC)+ EFAVIRENZ (EFV)	1	2	3	4	5
18**	ABACAVIR (ABC)+ LAMIVUDINE (3TC)	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>	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	 NEXT SECTION / SERVICE SITE		
1651*	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*	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID		1	2	3
05	OTHER WASTE RECEPTACLE		1	2	3
07	DISPOSABLE LATEX GLOVES		1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR		1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES		1	2	3
10	SURGICAL MASKS		1	2	3
11	GOWNS/APRONS		1	2	3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]		1	2	3
14*	NEEDLE DESTROYER		1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30		1	2	3
16**	NEEDLE CUTTER		1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID		1	2	3
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT		1	2	3
19**	N95 FACE MASKS		1	2	3
1652	DESCRIBE THE SETTING OF THE DELIVERY SERVICE 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 17: MALARIA

1700	CHECK Q102.08: MALARIA SERVICES AVAILABLE <input type="checkbox"/>	NO MALARIA <input type="checkbox"/> SERVICES NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
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 type="checkbox"/> <input type="checkbox"/>	
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/microscopic?	YES 1 NO 2	→ 1710
1709	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test/microscopic?	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 <input type="checkbox"/> Q1702 OR Q1710 <input type="checkbox"/>	RESPONSE "1" NOT CIRCLED IN EITHER <input type="checkbox"/> Q1702 OR Q1710 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
1711*	Do you have the <i>National Malaria Treatment Protocol 2019</i> or algorithm available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>
1712*	May I see this national Malaria Treatment Protocol 2019 or algorithm?	OBSERVED 1 REPORTED, NOT SEEN 2	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>

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 <input type="checkbox"/>	
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	→ 1720D
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	<input type="checkbox"/>
1720E	Do you have the National Guideline on Kalazaar Elimination Programme 2019 in this service area?	YES 1 NO 2	<input type="checkbox"/>
1720F	May I see this guideline?	OBSERVED 1 REPORTED, NOT SEEN 2	<input type="checkbox"/>

SECTION 17B: SNAKE BITE

1730A	CHECK Q102.21: SNAKEBITE SERVICES AVAILABLE <input type="checkbox"/> 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 treatment/first aid management of snake bite?	YES 1 NO 2	→ 1730E
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 ASVS (anti snake venom serum) avaibale 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 <input type="checkbox"/>
1730E	What is the distance in kilometer from this facility to the nearest referral facility for manageming and treating snake bites?	DISTANCE TO REFERRAL CENTER Km LESS THAN 1 KM 0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 17C: ANIMAL BITE

1740A	CHECK Q102.22: ANIMAL BITE/RABIES SERVICES AVAILABLE <input type="checkbox"/> ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH ANIMAL BITE/RABIES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF ANIMAL 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 animal bite?	YES 1 NO 2	→ 1740E
1740C	Do you have National Guidelines for Rabies/Prophylaxis in Nepal 2019? OBSERVE	OBSERVED 1 REPORTED NOT SEEN 2 NOT AVAILABLE 3	
1740D	Is ARV (anti rabies vaccine) avaibale 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 <input type="checkbox"/>
1740E	What is the distance in kilometer from this facility to the nearest referral facility for manageming and treating animal bites?	DISTANCE TO REFERRAL CENTER Km LESS THAN 1 KM 0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/> 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.				
	STI SERVICE NOT OFFERED <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				
[USE A 4-WEEK MONTH TO CALCULATE DAYS]					
1801	How many days in a month are STI services available in this facility?	DAYS/MONTH			
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 or provide treatment for STIs?	YES.....	1	NO.....	2
1805	CHECK Q1802 AND Q1804 RESPONSE "1" CIRCLED IN EITHER Q1802 NOR Q1804 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				
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 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	
01		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY
02	DETERMINE	1	2	3	4
03	UNIGOLD	1	2	3	4
05	STATPACK	1	2	3	4
	OTHER (SPECIFY) _____	1	2	3	4
1810*	Do you have the national guidelines on case management of sexually transmitted infections 2014 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 2014?	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	BOTH ACTIVE AND PASSIVE.....	4
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
01	About STIs	1	2
02	About HIV/AIDS	1	2
03	About cervical cancer	1	2
04	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2
05	Posters on HIV/AIDS	1	2
06*	Model to demonstrate use of male condom (DILDO)	1	2
	ITEMS / INFORMATION FOR CLIENT TO TAKE HOME		
08	About STIs	1	2
09	About HIV/AIDS	1	2
10	About cervical cancer	1	2
11	IEC materials on male condoms	1	2
13	Male condoms/lubricants that can be given to the client	1	2

INFECTION CONTROL

1850	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 PMTCT [Q1551].....16 DELIVERY SERVICES [Q1651].....17 TUBERCULOSIS [Q1951].....19 HIV TESTING [Q2051].....21 NCD [Q2351].....22 MINOR SURGERY [Q2451].....23 NOT PREVIOUSLY SEEN.....31		NEXT SECTION / SERVICE SITE
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	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	SURGICAL MASKS	1	2	3
11	GOWNS/APRONS	1	2	3

12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
16**	NEEDLE CUTTER	1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INTRUMENT/EQUIPMENT	1	2	3
19**	N95 FACE MASKS	1	2	3
1852	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM..... OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... VISUAL PRIVACY ONLY..... NO PRIVACY.....	1 2 3 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 type="checkbox"/>	NO TB SERVICES IN FACILITY <input checked="" 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 type="checkbox"/> <input type="checkbox"/>

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 practice TB test results to be returned to the facility either directly or through the client from referral site?	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
1908A	Do providers in this facility prescribed treatment for DRTB or manage patients who are on DRTB treatment?	YES.....1 NO.....2	
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	2HRZE AND 4HR.....1 OTHER _____ SPECIFY _____	
1909B**	What treatment method is followed by this facility?	HF DOTS.....1 CB DOTS.....2 BOTH.....3 OTHER.....6	↵ 1909D
1909C**	May I see the TB treatment card that shows HF DOTS is being followed?	YES OBSERVED.....1 REPORTED, NOT SEEN.....2	
1909D**	Do all Pulmonary Bacteriologically Confirmed (PBC) cases are tested for the confirmation of Rifampicin resistance by Gene X-t?	YES.....1 NO.....2	
1909E**	Do you call all PBC contacts for screening?	YES.....1 NO.....2	↵ 1909G

1909F**	To whom you call for screening?	HOUSEHOLD MEMBERS.....A FAMILY MEMBERS.....B WORK SETTING PERSONELS.....C OTHER CLOSE CONTACT PERSONELS.....D OTHER.....X			
1909G**	Do you trace the defaulter?	YES.....1 NO.....2			
1910	CHECK Q1902 AND Q1908 TB DIAGNOSIS OR <input type="checkbox"/> AND TREATMENT IN FACILITY 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 AT LEAST ONE VALID AVAILABLE NONE VALID		(B) NOT OBSERVED	
01	DETERMINE	1	2	3	4
02	UNIGOLD	1	2	3	4
03	STATPACK	1	2	3	4
05	OTHER (SPECIFY) _____	1	2	3	4
1915*	Do you have the national TB Management Guideline 2019 available in this service area?	YES.....1 NO.....2			→ 1917
1916*	May I see national TB Management Guideline 2019?	OBSERVED.....1 REPORTED, NOT SEEN.....2			→ 1919
1917	Do you have National HIV Testing and Treatment Guidelines 2020 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 this National HIV Testing and Treatment Guidelines 2020 for the management of HIV and TB co-infection?	OBSERVED.....1 REPORTED, NOT SEEN.....2			
1919	Do you have National Guidelines on Drugs Resistance Tuberculosis Management 2019 available in this service area? THIS MAY BE PART OF OTHER GUIDELINE	YES.....1 NO.....2			→ 1921
1920	May I see the National Guidelines on Drugs Resistance Tuberculosis Management 2019?	OBSERVED.....1 REPORTED, NOT SEEN.....2			
1921*	CHECK Q1903 RESPONSES 1, 3, 4 OR 7 <input type="checkbox"/> CIRCLED ↓	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	<p>ASSESS THE TB ROOM OR AREA FOR THE ITEMS LISTED BELOW.</p> <p>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>STI [Q1851]..... 18</p> <p>HIV TESTING [Q2051]..... 21</p> <p>NCD [Q2351]..... 22</p> <p>MINOR SURGERY [Q2451]..... 23</p> <p>NOT PREVIOUSLY SEEN..... 31</p>	1953
1951	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED REPORTED, NOT SEEN 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	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1 2 3	
05	OTHER WASTE RECEPTACLE	1 2 3	
07	DISPOSABLE LATEX GLOVES	1 2 3	
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1 2 3	
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1 2 3	
10	SURGICAL MASKS	1 2 3	
11	GOWNS/APRON	1 2 3	
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1 2 3	
14*	NEEDLE DESTROYER	1 2 3	
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1 2 3	
16**	NEEDLE CUTTER	1 2 3	
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1 2 3	
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1 2 3	
19**	N95 FACE MASKS	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)	TB MEDICINES STORED IN TB SERVICE AREA (RESPONSE 1 CIRCLED)	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 COUNSELING <input type="checkbox"/> SERVICES IN FACILITY NEXT SECTION OR SERVICE SITE <input type="checkbox"/>						
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 type="checkbox"/> <input type="checkbox"/> 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 SITEF						
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"/>						
2004*	Please tell me if any of the following HIV rapid diagnostic test (RDT) kits 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, NEVER AVAILABLE		
							01	DETERMINE
		02	UNIGOLD	1	2	3	4	5
		03	STATPACK	1	2	3	4	5
		05	OTHER (SPECIFY) _____	1	2	3	4	5
2004A**	Are the DBS/DTH samples collected at this site for External Quality Assurance (EQAS) purposes?		YES. 1	NO. 2	DON'T KNOW. 8			
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 National HIV Testing and Treatment Guidelines 2020 available in this service area?	YES. 1 NO 2				→ 2010A		
2008*	May I see the National HIV Testing and Treatment Guidelines 2020?	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 checked="" type="checkbox"/>	NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) <input type="checkbox"/>	2052

INFECTION CONTROL

2050	<p>ASSESS THE HIV COUNSELING AND TESTING 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 NCD [Q2351].....22 MINOR SURGERY [Q2451].....23 NOT PREVIOUSLY SEEN.....31</p>	2053
2051	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION		OBSEDVED 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	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID		1 2 3
05	OTHER WASTE RECEPTACLE		1 2 3
07	DISPOSABLE LATEX GLOVES		1 2 3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR		1 2 3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES		1 2 3
10	SURGICAL MASKS		1 2 3
11	GOWNS/APRONS		1 2 3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]		1 2 3
14*	NEEDLE DESTROYER		1 2 3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30		1 2 3
16**	NEEDLE CUTTER		1 2 3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID		1 2 3
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT		1 2 3
19**	N95 FACE MASKS		1 2 3
2052	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	
2053*	Do you have condoms available in this service site to give to clients receiving HIV counseling and testing services?	YES.....1 NO.....2	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>
2054	May I see some of the 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 21: HIV TREATMENT

2100	CHECK Q102.12 HIV TREATMENT SERVICES OFFERED IN FACILITY <input type="checkbox"/>			NO HIV TREATMENT SERVICES IN FACILITY <input type="checkbox"/>		
	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..... NO.....				1 2
2102	Do providers in this facility provide treatment follow-up services for persons on ART, including linkages to community-based services?	YES..... NO.....				1 2
2103	CHECK Q2101 AND Q2102 RESPONSE "1" CIRCLED IN EITHER Q2101 OR Q2102 OR IN BOTH <input type="checkbox"/>		NEXT SECTION OR SERVICE SITE <input type="checkbox"/>			
2104*	Do you have the <i>National HIV Testing and Treatment Guidelines 2020</i> ?	YES..... NO.....				1 2
2105	May I see the National HIV Testing and Treatment Guidelines 2020?	OBSERVED..... REPORTED, NOT SEEN.....				1 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.				
	TEST	BASELINE TEST CONDUCTED			
		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
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 /Gene Xpert	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 <u>follow-up test</u> is conducted routinely, selectively, or never <u>while the client is on ART</u> (i.e., for monitoring).				
	TEST	FOLLOW-UP TEST CONDUCTED			
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
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 /Gene Xpert	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 <input type="checkbox"/>		
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 or refer palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients	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
11	Family planning counseling and/or services	1	2	8
12*	Provide condoms	1	2	8

13**	Provide lubricants	1	2	8
14**	Prescribe/provides/refer for TB treatment	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 HIV Testing and Treatment Guidelines 2020 available in this service area?	YES.....1 NO.....2		→ 2205A
2205*	May I see the National HIV Testing and Treatment Guidelines 2020?	OBSERVED.....1 REPORTED, NOT SEEN.....2		
2205A*	Does this facility refer to Community Care Center (CCC), CHBC service and PLHIV group?	YES.....1 NO.....2		→ 2208
2208	Do you have condoms available in this service site to give to clients receiving services?	YES.....1 NO.....2		→ 2209A
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		
2209A	Do you have lubricants available in this service site to give to clients receiving services?	YES.....1 NO.....2		NEXT SECTION → <input type="checkbox"/>
2209B	May I see some lubricants?	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..... YES, TREAT ONLY..... YES, DIAGNOSE AND TREAT..... NO	1 2 3 4 → 2310
2304*	Do you have any guidelines (e.g.PEN handbook) for the diagnosis and management of diabetes available in this service area?	YES..... NO.....	1 2 → 2310
2305*	May I see the guidelines?	OBSERVED..... REPORTED, NOT SEEN....	1 2

CARDIO-VASCULAR DISEASES

2310	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES, DIAGNOSE ONLY..... YES, TREAT ONLY..... YES, DIAGNOSE AND TREAT..... NO	1 2 3 4 → 2320
2313*	Do you have any guidelines (e.g.PEN handbook) for the diagnosis and management of cardio-vascular diseases available in this service area?	YES..... NO.....	1 2 → 2320
2314*	May I see the guidelines?	OBSERVED..... REPORTED, NOT SEEN....	1 2

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as COPD in patients?	YES, DIAGNOSE ONLY..... YES, TREAT ONLY..... YES, DIAGNOSE AND TREAT..... NO	1 2 3 4 → 2325A
2323*	Do you have any guidelines (e.g.PEN handbook) for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES..... NO.....	1 2 → 2325A
2324*	May I see the guidelines?	OBSERVED..... REPORTED, NOT SEEN....	1 2

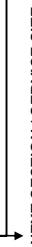
MENTAL HEALTH

2325A**	Do providers in this facility diagnose and/or manage mental health problems?	YES, DIAGNOSE ONLY..... YES, TREAT ONLY..... YES, DIAGNOSE AND TREAT..... NO	1 2 3 4 → 2330
2325B**	Do you have any guidelines for the diagnosis and/ management of mental health problems available in this service area?	YES..... NO.....	1 2 → 2330
2325C**	May I see the guidelines?	OBSERVED..... REPORTED, NOT SEEN....	1 2

BASIC SUPPLIES AND EQUIPMENT

2330	<p>ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<p>GENERAL INFORMATION SECTION (Q700)..... 1 NOT PREVIOUSLY SEEN..... 2</p> <p style="text-align: right;">→ 2350</p>					
2331	<p>I would like to know if the following items are available today in the main service area and are functioning</p> <p>ASK TO SEE ITEMS.</p>	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T 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	DIGITAL 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 ACCEPTABLE)	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>	<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 MINOR SURGERY [Q2451]..... 23 NOT PREVIOUSLY SEEN..... 31</p>		
2351	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION			
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL] FOR FLOOR	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	SURGICAL MASKS	1	2	3
11	GOWNS/APRON	1	2	3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	2	3
14*	NEEDLE DESTROYER	1	2	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	2	3
16**	NEEDLE CUTTER	1	2	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	2	3
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	2	3
19**	N95 FACE MASKS	1	2	3
2352	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		
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 checked="" 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
		1 → b	2 → b	3 ↘ 02 ↙	1	2	8
		1 → b	2 → b	3 ↘ 03 ↙	1	2	8
		1 → b	2 → b	3 ↘ 04 ↙	1	2	8
		1 → b	2 → b	3 ↘ 05 ↙	1	2	8
		1 → b	2 → b	3 ↘ 06 ↙	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 NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
		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 PMTC [Q1551]..... 16 DELIVERY SERVICES [Q1651]..... 17 STI [Q1851]..... 18 TUBERCULOSIS [Q1951]..... 19 HIV TESTING [Q2051]..... 21 NCD [Q2351]..... 22 NOT PREVIOUSLY SEEN..... 31</p>	 NEXT SECTION / SERVICE SITE
2451	INFECTION CONTROL AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	3
03	ALCOHOL-BASED HAND RUB	1	3
04	COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	3
05	OTHER WASTE RECEPTACLE	1	3
07	DISPOSABLE LATEX GLOVES	1	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]FOR FLOOR	1	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	3
10	SURGICAL MASKS	1	3
11	GOWNS/APRONS	1	3
12	EYE PROTECTION [GOOGLES OR FACE PROTECTION]	1	3
14*	NEEDLE DESTROYER	1	3
15*	METHYLATED SPIRIT AND GLYCIRINE 70:30	1	3
16**	NEEDLE CUTTER	1	3
17**	LABELLED COLOR CODED PLASTIC BINS (RED, GREEN, YELLOW AND BLUE) WITH LID	1	3
18**	ANTISEPTICS [E.G., CHLORINE, ALCOHOL] FOR INSTRUMENT/EQUIPMENT	1	3
19**	N95 FACE MASKS	1	3
2452	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 25: CESAREAN DELIVERY

2500	CHECK Q102.16 CESAREAN SECTION DONE IN FACILITY <input type="checkbox"/>	CESAREAN DELIVERY NOT DONE IN FACILITY <input checked="" 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/anesthesiologist 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				
2507A	Does this facility provide postpartum tubal ligation?	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
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	MAGILL'S FORCEPS - ADULT	1 → b 2 → b 3 ↗ 06 ↙		1 2 8		
06	MAGILL'S 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 <input type="checkbox"/>				
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)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	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 BLOOD TRANSFUSION AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>				
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 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, <u>either in this facility or externally</u> , for any infectious diseases prior to transfusion?	YES..... NO.....	1 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..... ONLY AT AN EXTERNAL FACILITY..... BOTH INTERNALLY AND EXTERNALLY.....	1 2 3		
2712*	Is the blood that is transfused in the facility screened, <u>either in this facility or externally</u> , 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..... NO.....	1 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 YES	(B) RECORD OF OUTSIDE TEST 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..... NO.....	1 2	
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES..... NO.....	1 2	→ 2724
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED..... REPORTED NOT SEEN.....	1 2	→ 2724
2723*	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES..... ABOVE +6 DEGREES..... BELOW +2 DEGREES..... THERMOMETER NOT FUNCTIONAL..... NO THERMOMETER.....	1 2 3 4 5	
2724*	Do you have national guidelines on screening donated blood for transfusion for transmissible infections?	YES..... NO.....	1 2	NEXT SECTION OR SERVICE SITE ↙
2725*	May I see this guideline?	OBSERVED..... REPORTED NOT SEEN.....	1 2	

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

		YES	NO
3000	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY		
01	FLOOR: SWEPT, 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

SECTION 30A: EMERGENCY SERVICES

FIND THE PERSON RESPONSIBLE FOR EMERGENCY SERVICES. INTRODUCE YOURSELF,
EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION.

3001A**	CHECK Q102.48 EMERGENCY SERVICES AVAILABLE FROM FACILITY	EMERGENCY SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/>	
		NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
3001B**	Please tell me are the beds available for emergencies at emergency room or elsewhere are functioning 24X7?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
01	Observation	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
02	Admission	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
3001C**	Please tell me can Emergency Care Services/Emergency Room available the following services 24X7	YES <input type="checkbox"/> NO <input type="checkbox"/>	
01	Laboratory services	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
02	Pharmacy	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
03	Radiology	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
04	Operating Theatre	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
	INTERVIEW END TIME USE 24 HOURS FORMAT	<input type="checkbox"/> : <input type="checkbox"/> HOURS : MINUTES	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

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 - 2020-21

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.....

--

Number of Labor and Delivery Observations Associated with Provider.....

--

**INDICATE IF PROVIDER WAS
PREVIOUSLY INTERVIEWED IN
ANOTHER FACILITY.**
**IF YES, RECORD NAME AND
FACILITY NUMBER WHERE
HE/SHE WAS INTERVIEWED**

YES, PREVIOUSLY INTERVIEWED

1

NAME & NUMBER OF FACILITY

--	--	--	--	--

→ 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?

Data collection will take place (January-July 2021), data will be released on December 2021
Datasets from this study will only be available for legitimate research purposes

If you have any questions regarding the survey please contact:

Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu

Phone number: 9851003871

Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu

Phone number: 9841295126

Interviewer's signature

DAY MONTH YEAR

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101	May I begin the interview now?	YES.....	1
		NO.....	2
			→ END

1. EDUCATION AND EXPERIENCE

102	I would like to ask you some questions about your educational background. How many years of education have you completed in total, starting from your primary, secondary and further education?		YEARS	<input type="text"/> <input type="text"/> <input type="text"/> = <input type="text"/>	
103*	What is your current occupational category or qualification? For example, are you a registered nurse, or generalist medical doctor or a specialist medical doctor?		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) 08 ANESTHETIC ASSISTANT 09 NURSE (MN, BSC NURSE, BN, PCL, MIDWIFE)..... 10 LABORATORY TECHNOLOGIST / OFFICER / LABORATORY TECHNICIAN / LABORATORY ASSISTANT 11 HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR 12 AUXILIARY NURSE MIDWIFE (ANM) 13 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	What year did you graduate (or complete) with this qualification? IF NO TECHNICAL QUALIFICATION (103=95), ASK: What year did you complete any basic training for your current occupational category?		YEAR	<input type="text"/> <input type="text"/> <input type="text"/>	
105	In what year did you start working in this facility?		YEAR	<input type="text"/> <input type="text"/> <input type="text"/>	
106	Have you received any dose of Hepatitis B vaccine? IF YES, ASK: How many doses have you received so far?		YES, 1 DOSE 1 YES, 2 DOSES 2 YES, 3 OR MORE DOSES 3 NO 4 → 108		
107*	Did you receive any of the Hepatitis B vaccinations as part of your services in this facility?		YES 1 NO 2		
108	Are you a manager or in-charge for any clinical services?		YES 1 NO 2		

2. GENERAL TRAINING / COMMUNICABLE / NON-COMMUNICABLE DISEASES

200*	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. Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES, ASK: 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*	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**	HMIS online reporting		1	2	3
08**	HMIS data analysis		1	2	3
09**	Basic logistic management		1	2	3

10**	IMIS (Insurance Management Information System) training	1	2	3
11**	COVID-19 related training in IPC	1	2	3
12**	COVID-19 related training in WASH	1	2	3
13**	Adolescent Sexual and Reproductive Health (ASRH)			
14**	Visual Inspection with acetic acid (VIA)	1	2	3
15**	Single visit approach (VIA+cryotherapy+thermocoagulator)	1	2	3
16	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"/>			
<p>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.</p>				
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..... NO.....	1 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..... YES, OVER 24 MONTHS AGO..... NO TRAINING OR UPDATES.....	1 2 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..... NO.....	1 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..... NO.....	1 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?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	DIAGNOSING MALARIA IN ADULTS	1	2	3
02	DIAGNOSING MALARIA IN CHILDREN	1	2	3
03	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST	1	2	3
04	CASE MANAGEMENT / TREATMENT OF MALARIA IN ADULTS	1	2	3
05	CASE MANAGEMENT / TREATMENT OF MALARIA DURING PREGNANCY	1	2	3
07	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN	1	2	3
08	OTHER TRAINING ON MALARIA (SPECIFY) _____	1	2	3

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..... NO.....	1 2	
208	Have you received any in-service training, training updates or refresher training (PEN 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..... YES, OVER 24 MONTHS AGO..... NO TRAINING OR UPDATES.....	1 2 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 (PEN 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 (PEN 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	

MENTAL HEALTH**

212A**	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage mental health problems?	YES..... 1 NO..... 2	
212B**	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of mental health problems? 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*	COMMUNITY-BASED INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES (CB-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*	MATERNAL INFANT AND YOUNG CHILD NUTRITION (MIYCN 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
17**	FACILITY-BASED INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES (FB-IMNCI)	1	2

18**	EMERGENCY NUTRITION	1	2	3
19**	COMPREHENSIVE NUTRITION SPECIFIC INTERVENTION	1	2	3
20**	INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION	1	2	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?		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		1	2	3
09	OTHER TRAINING ON FAMILY PLANNING (SPECIFY)_____		1	2	3
10**	DMT/MEC WHEEL		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, ANTEPARTUM.....1 YES, POSTPARTUM.....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	
506A**	How long have you been providing delivery services?	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>		
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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 including at the time of birth?	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**	Specialized Newborn Care	1	2	3
08	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..... NO.....	1 2	
601	Have you received any <i>in-service training, training updates or refresher training</i> on topics related to STI services?	YES..... NO.....	1 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	NO IN-SERVICE TRAINING OR UPDATES
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2	3
02	The syndromic management for STIs	1	2	3
03	Drug resistance to STI treatment medications	1	2	3
04	Other training on STI (SPECIFY)_____	1	2	3

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]?		Have you received training or training update on [SERVICE]? IF YES, within the past 24 months or more than 24 months ago?		
		(a)	(b)	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
09	Laboratory modular training			1	2	3
10	TB modular training			1	2	3
11	TB infection control training			1	2	3
12**	Childhood TB management			1	2	3
13**	Screening of TB using X-Ray			1	2	3
14	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 in-service training, training updates or refresher training. READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]?		Have you received training or training update on [SERVICE]? IF YES, within the past 24 months or more than 24 months ago?		
		(a)	(b)	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/AID (S&D training)	1	2	1	2	3
11**	Clinical Management Training (CMT)	1	2	1	2	3
12	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..... NO.....	1 2	→ 703A	
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	
08**	Quality control		1	2	
09**	Laboratory Bio Safety and Bio Screening		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..... NO.....	1 2	→ 703A	
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**	Gene Xpert examination for TB Diagnosis		1	2	3
10	Other training on diagnostic tests (SPECIFY)_____		1	2	3

7A**EMERGENCY SERVICES

703A**	In your current position, and as a part of your work for this facility, do you personally provide emergency services?	YES..... NO.....	1 2	→ 800	
703B**	Have you received any in-service training, training updates or refresher training on topics related to emergency services you provide?	YES..... NO.....	1 2	→ 800	
703C**	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	Hospital Disaster Preparedness Response (HDPR) Training		1	2	3
02	Training on Hospital Preparedness for Emergencies (HOPE)/ Similar		1	2	3
03	Basic Life Support (BLS)		1	2	3

04	Advanced Trauma Life Support (ATLS)	1	2	3
05	Primary Trauma Care (PTC)	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>	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	
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>	YES, IN THE PAST 3 MONTHS..... 1 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	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> → 804
802	<p>How many times in the past six months has your work been supervised?</p>	NUMBER OF TIMES..... <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	EVERY DAY..... '96
803	The last time you were personally supervised, did your supervisor do any of the following:	YES NO DK	↓
01	Check your records or reports	CHECKED RECORD 1 2 8	
02	Observe your work	OBSERVED WORK 1 2 8	
03	Provide any feedback (either positive or negative) on your performance	FEEDBACK 1 2 8 05 ← 05 ←	
04	Give you verbal or written feedback that you were doing your work well	VERBAL PRAISE 1 2 8	
05	Provide updates on administrative or technical issues related to your work	PROVIDED UPDATES 1 2 8	
06	Discuss problems you have encountered	DISCUSSED PROBLEMS 1 2 8	
804	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN .. 2 NO 3	↓
805	Are there any opportunities for promotion in your current job?	YES..... 1 NO..... 2 UNCERTAIN..... 3 DON'T KNOW..... 8	
808	<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 "X" IN THE REMAINING BOX/ES.</p> <p>DO NOT LEAVE ANY BOX EMPTY.</p> <p>THERE MUST BE 3 ENTRY.</p> <p>DO NOT READ CHOICES TO YOUR RESPONDENT</p>	MORE SUPPORT FROM SUPERVISOR.... A MORE KNOWLEDGE / UPDATES TRAINING..... B MORE SUPPLIES/STOCK..... C BETTER QUALITY EQUIPMENT/ SUPPLIES..... D LESS WORKLOAD (i.e. MORE STAFF)..... E BETTER WORKING HOURS / FLEXIBLE TIMES..... F MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS) G TRANSPORTATION FOR REFERRED PATIENTS..... H PROVIDING ART..... I PROVIDING PEP..... J INCREASED SECURITY..... K BETTER FACILITY INFRASTRUCTURE.... L MORE AUTONOMY / INDEPENDENCE.... M EMOTIONAL SUPPORT FOR STAFF (COUNSELING/SOCIAL ACTIVITIES)... N OTHER (SPECIFY)..... X NO PROBLEM..... Y	

THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT

Sample List for ANTENATAL CARE Observation

Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 2 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	DAY MONTH	YEAR
	FACILITY #	

PROVIDER SERIAL NUMBER

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 2 <input type="text"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FACILITY #
DAY MONTH YEAR			
PROVIDER SERIAL NUMBER <input type="text"/> <input type="text"/>			
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	2	1
--	--	--	--	---	---	---	---

--	--	--	--	--

DAY MONTH YEAR FACILITY #

PROVIDER SERIAL NUMBER

--	--

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			
165			
166			
167			
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170			
171			
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175			

NEPAL HEALTH FACILITY SURVEY - 2020-21

OBSERVATION OF ANC CONSULTATION

1. Facility Identification

FACILITY NUMBER.....	QTYPE	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td>O</td><td>A</td><td>N</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	O	A	N						
O	A	N									
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					
CLIENT CODE [FROM CLIENT LISTING FORM]	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>										

2. Provider Information

<p><u>Provider category:</u></p> <p>GENERALIST MEDICAL DOCTOR (MDGP) 01 GYNECOLOGIST / OBSTESTRICIAN 02 ANESTHESIOLOGIST 03 PATHOLOGIST 04 GENERAL SURGEON 05 PEDIATRICIAN 06 OTHER SPECIALISTS MEDICAL DOCTORS 07 MEDICAL OFFICER (MBBS) 08 ANESTHETIC ASSISTANT 09 NURSE (MN, BSC NURSE, BN, PCL, MIDWIFE) 10 HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR 12 AUXILLARY NURSE MIDWIFE (ANM) 13 OTHER CLINICAL STAFF NOT LISTED ABOVE 18 NON-CLINICAL STAFF/ NO TECHNICAL QUALIFICATION 95</p>	PROVIDER CATEGORY <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td> </td></tr></table>				

3. Information About Observation

Date:	DAY MONTH YEAR OBSERVER CODE <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td>2</td><td>0</td><td>2</td><td>1</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	2	0	2	1												
2	0	2	1														
Name of the observer:																	

4. Observation of Antenatal-Care 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 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>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p> <p>Do I have your permission to be present at this consultation?</p> <p>_____ (Indicates respondent's willingness to participate)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;">2 0 2 1</td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td colspan="3" style="text-align: center;">YEAR</td> </tr> </table>							2 0 2 1	DAY	MONTH	YEAR		
				2 0 2 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>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p> <p>_____ (Indicates respondent's willingness to participate)</p>												

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	<input type="button" value="END"/>
102*	RECORD THE TIME THE OBSERVATION STARTED USE 24 HOURS FORMAT	<input type="text"/> : <input type="text"/>	
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**	Gravida (primi or multi)	E	
06**	Calculate week of gestation	F	
07**	Calculate EDD (IF FIRST VISIT)	G	
08	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 COUNSELLLED 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	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**	Existign known medical condition	K	K
12	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
06	Examine the client's nipple and 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
11	Conduct vaginal examination if needed			K
12**	Examination of perineal area if needed			L
13	None of the above			Y

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: Glucose/Protein	A	B	C	D	Y
04	Syphilis test	A	B	C	D	Y
05**	Ultrasound	A	B	C	D	Y

NO.	QUESTION / OBSERVATIONS	CODES
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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**	Care during pregnancies	D
05	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
05**	Prescribed or gave calcium tablets	E
06	None of the above	Y

TETANUS DIPHTHERIA 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
03**	Advised for 2nd dose of TD injection if needed	C
04	None of the above	Y

DEWORMING

113*	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Albendazole	A
02	Explained the purpose of Albendazole	B
04	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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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 about Matri Surakchhya Chakki to have on hand at home	D
05*	Discussed with client about CHX to have on hand at home	E
06**	Advised the client for the mode of delivery for high risk client	F
07	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 early initiation of breastfeeding	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options after delivery	E
06**	Discussed about post natal care and visits	F
07	None of the above	Y

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

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

DANGER SIGNS DURING LABOR & DELIVERY

116B*	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLLED 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 COUNSELLLED 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 COUNSELLLED 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

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	

NO.	QUESTION / OBSERVATIONS	CODES
120A	RECORD 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 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..... SECOND VISIT..... THIRD VISIT..... FOURTH VISIT..... FIFTH OR MORE VISIT..... DON'T KNOW.....	1 2 3 4 5 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..... NOT FIRST PREGNANCY..... DON'T KNOW.....	1 2 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 - 2020-21

ANC CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

<input type="text"/>				
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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

CLIENT CODE [FROM CLIENT LISTING FORM]

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INFORMATION ABOUT INTERVIEW

DATE:

DAY

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MONTH

YEAR

2 0 2 1

Name of the interviewer: _____

INTERVIEWER CODE.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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> <p>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px; text-align: center;">2</td> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">2</td> <td style="width: 15px; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td colspan="6" style="text-align: center;">YEAR</td> </tr> </table>					2	0	2	1	DAY	MONTH	YEAR						
					2	0	2	1											
DAY	MONTH	YEAR																	
	Interviewer's signature (Indicates respondent's willingness to participate)																		
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 type="text"/> : <input 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 type="text"/> : <input type="text"/>																	
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	→111A
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	
111A**	During this visit (or previous visits) did a provider give you Albendazole tablet?	YES, THIS VISIT ONLY..... 1 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	
111B**	During this visit (or previous visits) did a provider give you Calcium tablets?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	
111C**	During this visit (or previous visits) did you receive Matrisurakshya Chakki (either from HW or FCHV)? Probe: Since it will be provided at 3rd ANC visit (i.e 8 months of pregnancy), we are asking here if you received it or not	YES, FROM HW..... 1 YES, FROM FCHV.... 2 YES, FROM BOTH.... 3 NO..... 4	
111D**	During this visit (or previous visits) did you receive Navi Malham (CHX) (either from HW or FCHV)? Probe: Since it will be provided at 3rd ANC visit (i.e 8 months of pregnancy), we are asking here if you received it or not	YES, FROM HW..... 1 YES, FROM FCHV.... 2 YES, FROM BOTH.... 3 NO..... 4	
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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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
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 CLEAN DELIVERY KIT G IDENTIFICATION OF SKILLED BIRTH ATTENDANT/HF 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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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	
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 SEVERE 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	128A
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?	LESS THAN 6 MONTHS..... 1 6 MONTHS..... 2 OTHER, MORE THAN 6 MONTHS. 6 DON'T KNOW..... 8	
128A	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	
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	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																																											
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.																																																																														
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>	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998																																																																												
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 <u>major</u> or <u>minor</u> problems for you.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="4" style="text-align: center;">NO PROB-</th> </tr> <tr> <th style="text-align: center;">MAJOR</th> <th style="text-align: center;">MINOR</th> <th style="text-align: center;">LEM</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td>01</td><td>Time you waited to see a provider</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>02</td><td>Ability to discuss problems or concerns about your pregnancy</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>03</td><td>Amount of explanation you received about the problem or treatment</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>04</td><td>Privacy from having others see the examination</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>05</td><td>Privacy from having others hear your consultation discussion</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>06</td><td>Availability of medicines at this facility</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>07</td><td>The hours of service at this facility, i.e., when they open and close</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>08</td><td>The number of days services are available to you</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>09</td><td>The cleanliness of the facility</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>10</td><td>How the staff treated you</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>11</td><td>Cost for services or treatments</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> </tbody> </table>				NO PROB-				MAJOR	MINOR	LEM	DK	01	Time you waited to see a provider	1	2	3	8	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
	NO PROB-																																																																													
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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 you received or were provided today?	YES 1 NO 2	→ 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"/> DON'T KNOW 999998																																																																												

205A**	<p>How do you feel about the amount you paid for utilization of the service in the health facility?</p> <p>READ ALL STATEMENTS, CIRCLE ONLY ONE</p> <p>01): I AM <u>VERY SATISFIED</u> 1</p> <p>02): I AM <u>FAIRLY SATISFIED</u> 2</p> <p>03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED</u> (NEUTRAL)..... 3</p> <p>04): I AM <u>FAIRLY DISSATISFIED</u>..... 4</p> <p>05): I AM <u>VERY DISSATISFIED</u> 5</p>	
206	<p>Is this the closest health facility to your home?</p>	<p>YES. 1 → 208</p> <p>NO. 2</p> <p>DON'T KNOW. 8 → 208</p>
207	<p>What was the main reason you did not go to the facility nearest to your home?</p> <p>IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.</p>	<p>INCONVENIENT OPERATING HOURS 01</p> <p>BAD REPUTATION 02</p> <p>DON'T LIKE PERSONNEL .. 03</p> <p>NO MEDICINE 04</p> <p>PREFERS TO REMAIN ANONYMOUS 05</p> <p>IT IS MORE EXPENSIVE 06</p> <p>WAS REFERRED 07</p> <p>LOW QUALITY OF SERVICE /LOWER LEVEL FACILITY 08</p> <p>DID NOT HAVE CAPACITY TO MANAGE COMPLICATIONS.....09</p> <p>OTHER.96</p> <p>DON'T KNOW98</p>
208	<p>In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today:</p> <p>READ ALL STATEMENTS, CIRCLE ONLY ONE</p> <p>01): I AM <u>VERY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 1</p> <p>02): I AM <u>FAIRLY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 2</p> <p>03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED</u> (NEUTRAL) WITH THE SERVICES I RECEIVED TODAY..... 3</p> <p>04): I AM <u>FAIRLY DISSATISFIED</u> WITH THE SERVICES I RECEIVED TODAY.... 4</p> <p>05): I AM <u>VERY DISSATISFIED</u> WITH THE SERVICES I RECEIVED IN FACILITY.. 5</p>	
209	<p>Will you recommend this health facility to a friend or family member?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>

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 / CHHETRI..... 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"/>	
<p>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!</p>			
<p>Interviewer's comments:</p>			

Sample List for FAMILY PLANNING Observation

Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 2 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	DAY MONTH YEAR	FACILITY #	
PROVIDER SERIAL NUMBER		<input type="text"/> <input type="text"/>	
TOTAL # OF FP CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS		<input type="text"/> <input type="text"/> <input type="text"/>	
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			
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Sample List for FAMILY PLANNING Observation

Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 2 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	DAY MONTH	YEAR	
FACILITY #			
PROVIDER SERIAL NUMBER <input type="text"/> <input type="text"/>			
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #2			
	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
226			
227			
228			
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230			
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Sample List for FAMILY PLANNING Observation

Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>2</td><td>0</td><td>2</td><td>1</td></tr><tr><td>DAY</td><td>MONTH</td><td colspan="6">YEAR</td></tr></table>					2	0	2	1	DAY	MONTH	YEAR						<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						FACILITY #
				2	0	2	1																	
DAY	MONTH	YEAR																						
PROVIDER SERIAL NUMBER						<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																		
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #3																								
	NAME/INITIALS			FIRST VISIT	FOLLOW-UP																			
251																								
252																								
253																								
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NEPAL HEALTH FACILITY SURVEY 2020-21

OBSERVATION OF FAMILY PLANNING CONSULTATION

1. Facility Identification

	QTYPE	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> P
FACILITY NUMBER.....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]		<input type="checkbox"/> <input type="checkbox"/>
CLIENT CODE [FROM CLIENT LISTING FORM]		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. Provider Information

<p><u>Provider category:</u></p> <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) 08 ANESTHETIC ASSISTANT 09 NURSE (MN, BSC NURSE, BN, PCL, MIDWIFE)..... 10 HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR 12 AUXILIARY NURSE MIDWIFE (ANM) 13 OTHER CLINICAL STAFF NOT LISTED ABOVE 18 NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION..... 95</p>	PROVIDER CATEGORY <input type="checkbox"/> <input type="checkbox"/>	
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER	<input type="checkbox"/>

3. Information About Observation

Date:	DAY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of the observer:	MONTH	YEAR
	2 0 2 1	
	OBSERVER CODE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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> <p>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p>																	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	2	1												
Interviewer's signature	DAY	MONTH	YEAR															
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	<input type="button" value="→ 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> <p>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</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	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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

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

NO.	QUESTIONS / OBSERVATIONS	CODES
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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

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*	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 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"	
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NO.	QUESTIONS / OBSERVATIONS	CODES		
		(A)	(B)	(C)
	METHOD			
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 (3-MONTHLY) DEPO	E	E	E
05	MALE CONDOM	F	F	F
06	IUCD (COPPER-T)	H	H	H
07	IMPLANT (JADELLE)	I	I	I
08	EMERGENCY CONTRACEPTIVE PILLS (ECP)	J	J	J
09	COUNSELING ON PERIODIC ABSTINENCE		L	L
10	MALE STERILIZATION	M	M	M
11	FEMALE STERILIZATION	N	N	N
12	COUNSELING ON LACTATIONAL AMENORHEA		O	O
13**	COUNSELLING ON STANDARD DAYS METHOD		K	K
14**	COUNSELLING ON FEMALE CONDOM		G	G
16*	OTHER (SPECIFY _____)	X	X	X
17	NO METHOD	Y	Y	Y

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 every 3 months)	A
02	Changes that may occur with menstruation (decreased flow or amenorrhea, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	C
04	What to do if forget pill or do not get injection on time	D
05	Method does not protect against STIs, including HIV	E
06	Should return to clinic if side effects appear or persist	F
07**	Information on other method	G
08	None of the above	Y
114*	CHECK Q111: IS "F" OR "G" CIRCLED IN EITHER COLUMN "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 116

NO.	QUESTIONS / OBSERVATIONS	CODES
115	CONDOMS	
01	Client cannot use if allergic to latex	A
02	Each condom can be used only one time	B
03	Some lubricants may be used (male condom— water soluble only; female condom —any lubricant)	C
04	Can be used as backup method if client fears other method will fail	D
05	Dual protection (from pregnancy and against STIs, including HIV)	E
06**	Information on other method	F
07	None of the above	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 12 years	A
02	Should return to the clinic 3-6 weeks post insertion or after first menses	B
03	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps)	C
04	Should return to clinic if side effects continue	D
05	User should regularly check strings after each menstruation	E
06	Method does not protect against STIs, including HIV	F
07**	Information on other methods	G
08	None of the above	Y
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 (JADELLE)	
01	Good for 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**	Information on other methods	F
07	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER COLUMN "A" OR "B" OR IN BOTH COLUMNS "A" AND "B"?	
	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	
		122

NO.	QUESTIONS / OBSERVATIONS	CODES
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 120 hours of unprotected sexual contact	C
	04 Second dose should be taken 12 hours after first dose (if 2 tablet pack)	D
	05 Not for routine contraception	E
	06 Method does not protect against STIs, including HIV	F
07	None of the above	Y
122*	CHECK Q111: IS "L" OR "K" CIRCLED IN COLUMN "B"?	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		→ 124
123	PERIODIC ABSTINENCE /SDM	
	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** Use of condom as a backup method	D
	05 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*	MALE STERILIZATION	
	01 Partner is protected from pregnancy after 3 months	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/side effects	E
	06 Method does not protect against STIs, including HIV	F
	07* Written Consent was obtained (to be observed)	G
	08** Information other methods	H
09	None of the above	Y
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/side effects	D
	05 Method does not protect against STIs, including HIV	E
	06* Written consent was obtained (to be observed)	F
	07** Information on other method	G
08	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
128	CHECK Q111: IS "O" CIRCLED IN COLUMN "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	130
129	LACTATIONAL AMENORRHEA (LAM)	
01		A
02		B
03		C
04		D
05		E
06		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	A
02	Has this client ever been pregnant?	YES.....1 NO.....2 MALE CLIENT.....3 DON'T KNOW.....8	

5. CLINICAL OBSERVATION

201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT		
01	PELVIC EXAMINATION	A	301
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?	YES1 NO2	→ 206

NO.	QUESTIONS / OBSERVATIONS			CODES														
	<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> <p>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p>																	
	<p>Interviewer's signature _____ (Indicates respondent's willingness to participate)</p>			<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> <td colspan="4"></td> </tr> </table>				2	0	2	1	DAY	MONTH	YEAR				
			2	0	2	1												
DAY	MONTH	YEAR																
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES NO	1 2	→ 301														
204*	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	GENERALIST MEDICAL DOCTOR (MDGP)..... GYNECOLOGIST / OBSTETRICIAN ANESTHESIOLOGIST PATHOLOGIST GENERAL SURGEON PEDIATRICIAN OTHER SPECIALISTS MEDICAL DOCTORS MEDICAL OFFICER (MBBS) ANESTHETIC ASSISTANT NURSE (MN, BSC NURSE, BN, PCL, MIDWIFE)..... HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR .. AUXILIARY NURSE MIDWIFE (ANM)..... OTHER CLINICAL STAFF NOT LISTED ABOVE NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION.....																
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE FEMALE	1 2															

6. PELVIC EXAMINATION

206	CHECK Q201: WAS A PELVIC EXAMINATION CONDUCTED?	YES..... NO.....	1 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

NO.	QUESTIONS / OBSERVATIONS	CODES
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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 procedure	D
	05 None of the above	Y

7. IUCD INSERTION AND/OR REMOVAL

210	CHECK 201: WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION	A	→ 215
		IUCD REMOVAL	B	

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 povidone iodine	I
	10 None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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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 IUD	E
06	Explained any of the above procedures	F
07	Used the no-touch technique for IUD 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 IUD	C
04	Wiped contaminated surfaces with disinfectant	D
05	Placed reusable instruments in chlorine-based disinfecting solution (0.5%) immediately after the procedure	E
06	NONE OF THE ABOVE	Y

POST PROCEDURE COUNSELLING

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUD is good for up to 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 IUD was inserted and the follow-up date	F
07	(IF IUD REMOVED): Show the removed IUD to client	G
08**	Information on other methods	H
09	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	Used new disposable 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**	Tell the client to return clinic if the side effects persisted	E
06**	Tell the client that other methods are also available	F
07	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
-----	--------------------------	-------

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 (5 years later)	H
09	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

POST PROCEDURE COUNSELLING

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 5 years	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**	Client is informed that other methods are available	G
08	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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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

NO.	QUESTIONS / OBSERVATIONS		CODES
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-THE-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 type="text"/> : <input type="text"/> : <input type="text"/> : <input type="text"/>	
308	Observer's comments:		

NEPAL HEALTH FACILITY SURVEY 2020-21

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 <input type="text" value=""/> <input type="text" value=""/>	MONTH <input type="text" value=""/> <input type="text" value=""/>	YEAR 2021 <input type="text" value=""/> <input type="text" value=""/>
Name of the interviewer:	INTERVIEWER CODE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		

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> <p>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px; text-align: center;">2</td> <td style="width: 25px; text-align: center;">0</td> <td style="width: 25px; text-align: center;">2</td> <td style="width: 25px; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> <td colspan="4"></td> </tr> </table>				2	0	2	1	DAY	MONTH	YEAR					
			2	0	2	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; vertical-align: middle;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> : <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></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														

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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. (3 MONTHLY) (DEPO). . E MALE CONDOM. F FEMALE CONDOM. G IUCD (COPPER-T). H IMPLANT (JADELLE). I EMERGENCY CONTRACEPTION (ECP). . . . J SDM. K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). . . . M FEMALE STERILIZATION (TUBAL LIGATION). . N LACTATIONAL AMENORRHEA. O WITHDRAWAL. P OTHER. X	
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. (3 MONTHLY) (DEPO). . E MALE CONDOM. F FEMALE CONDOM. G IUCD (COPPER-T). H IMPLANT (JADELLE). I EMERGENCY CONTRACEPTION (ECP). . . . J SDM. K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). . . . M FEMALE STERILIZATION (TUBAL LIGATION). . N LACTATIONAL AMENORRHEA. O WITHDRAWAL. P OTHER. X	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES 1 NO 2	
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. (3 MONTHLY) (DEPO).....E MALE CONDOM.....F FEMALE CONDOM.....G IUCD (COPPER-T).....H IMPLANT (JADELLE).....I EMERGENCY CONTRACEPTION (ECP).....J SDM.....K NATURAL METHODS (PERIODIC ABSTINENCE).....L MALE STERILIZATION (VASECTOMY).....M FEMALE STERILIZATION (TUBAL LIGATION).....N LACTATIONAL AMENORRHEA.....O WITHDRAWAL.....P OTHER_____X NO OTHER METHOD.....Y	
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	PRES COMBINED ORAL PILL (OCP).....A PROGESTIN-ONLY PILL.....B PILL (TYPE UNSPECIFIED).....C PROGESTIN-ONLY INJ. (3 MONTHLY) (DEPO).....E MALE CONDOM.....F FEMALE CONDOM.....G IUCD (COPPER-T).....H IMPLANT (JADELLE).....I EMERGENCY CONTRACEPTION (ECP).....J SDM.....K NATURAL METHODS (PERIODIC ABSTINENCE).....L MALE STERILIZATION (VASECTOMY).....M FEMALE STERILIZATION (TUBAL LIGATION).....N LACTATIONAL AMENORRHEA.....O WITHDRAWAL.....P OTHER_____X CONTINUING WITH METHOD IN Q105.....Y NO METHOD.....Z	REC A B C E F G H I J K L M N O P X Y Z
			201
		[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117	
117	During your consultation today, did the provider	YES	NO
01	Explain how to use the method?	HOW TO USE 1	2
02	Talk about possible side effects?	TELL SIDE EFFECTS .. 1	2
03	Tell you what to do if you have any problems?	TELL PROBLEMS 1	2
04	Tell you when to return for follow-up?	TELL WHEN RETURN .. 1	2
05**	Informs on other methods are also available	TELL OTHER METHODS 1	2

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	
C	CONDOM (FEMALE)	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) 3 MONTHS	How long does the injection provide protection from pregnancy?	3 MONTHS 1 OTHER..... 2 DON'T KNOW 8	
G	IMPLANT (JADELLE)	For how long will your implant provide protection against pregnancy?	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 11-16 OF THE MENSTRUAL CYCLE..... C WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE..... D OTHER (SPRCIFY)_____ X DON'T KNOW Z	
I	MALE STERILIZATION [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 3 DON'T KNOW..... 8	
J	FEMALE STERILIZATION [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>	MINUTES..... <table style="margin-left: auto; margin-right: auto;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> SAW PROVIDER IMMEDIATELY Q00 DON'T KNOW 998	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																									
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 <u>major</u> or <u>minor</u> problems for you.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">MAJOR</th> <th style="width: 10%; text-align: center;">MINOR</th> <th style="width: 10%; text-align: center;">LEM</th> <th style="width: 10%; text-align: center;">DK</th> <th style="width: 10%; text-align: center;">NO PROB-</th> </tr> </thead> <tbody> <tr> <td>Time you waited to see a provider</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>Ability to discuss problems or concerns about family planning</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>Amount of explanation you received about the problem or treatment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>Privacy from having others see the examination</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>Privacy from having others hear your consultation discussion</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>Availability of medicines at this facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>The hours of service at this facility, i.e., when they open and close</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>The number of days services are available to you</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>The cleanliness of the facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>How the staff treated you</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> <tr> <td>Cost for services or treatments</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;"></td> </tr> </tbody> </table>				MAJOR	MINOR	LEM	DK	NO PROB-	Time you waited to see a provider	1	2	3	8		Ability to discuss problems or concerns about family planning	1	2	3	8		Amount of explanation you received about the problem or treatment	1	2	3	8		Privacy from having others see the examination	1	2	3	8		Privacy from having others hear your consultation discussion	1	2	3	8		Availability of medicines at this facility	1	2	3	8		The hours of service at this facility, i.e., when they open and close	1	2	3	8		The number of days services are available to you	1	2	3	8		The cleanliness of the facility	1	2	3	8		How the staff treated you	1	2	3	8		Cost for services or treatments	1	2	3	8	
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204	Were you charged, or did you pay fees for any services you received or were provided today?	YES 1 NO 2		→ 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
205A**	How do you feel about the amount you paid for utilization of the service in the health facility? READ ALL STATEMENTS, CIRCLE ONLY ONE 01): I AM <u>VERY SATISFIED</u> 02): I AM <u>FAIRLY SATISFIED</u> 03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED</u> (NEUTRAL)..... 04): I AM <u>FAIRLY DISSATISFIED</u> 05): I AM <u>VERY DISSATISFIED</u>		
206	Is this the closest health facility to your home?	YES NO DON'T KNOW	1 → 208 2 8 → 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 BAD REPUTATION DON'T LIKE PERSONNEL .. NO MEDICINE PREFERS TO REMAIN ANONYMOUS IT IS MORE EXPENSIVE WAS REFERRED LOW QUALITY OF SERVICES /LOWER LEVEL OF FACILITIES DIDN'T HAVE CAPACITY TO MANAGE COMPLICATIONS OTHER DON'T KNOW DON'T KNOW	01 02 03 04 05 06 07 08 09 96 98 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..... 02): I AM <u>FAIRLY SATISFIED</u> WITH THE SERVICES I RECEIVED TODAY..... 03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED</u> (NEUTRAL) WITH THE SERVICES I RECEIVED TODAY..... 04): I AM <u>FAIRLY DISSATISFIED</u> WITH THE SERVICES I RECEIVED TODAY.... 05): I AM <u>VERY DISSATISFIED</u> WITH THE SERVICES I RECEIVED IN FACILITY..		1 2 3 4 5
209	Will you recommend this health facility to a friend or family member?	YES NO DON'T KNOW	1 2 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	
302A	What is your marital status?	Married 1 Unmarried 2 Other 6	
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 OR 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 / CHHETRI 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"/> <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 2 1	FACILITY #	
DAY	MONTH	YEAR	
PROVIDER SERIAL NUMBER			
TOTAL # OF SICK CHILDREN ON DAY OF VISIT FOR ALL PROVIDERS (2-59 months)			
TOTAL # OF SICK NEW BORN ON DAY OF VISIT FOR ALL PROVIDERS (< 2 months)			
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR SC OBSERVATION FOR PROVIDER #1			
	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN DAYS (if child is < 2 Months)	AGE IN MONTHS (if child is 2-59 months)
301			
302			
303			
304			
305			
306			
307			
308			
309			
310			
311			
312			
313			
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323			
324			
325			

Sample List for SICK CHILD Observation													
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	2	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FACILITY #
DAY	MONTH	YEAR											
PROVIDER SERIAL NUMBER <input type="text"/> <input type="text"/>													
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR SC OBSERVATION FOR PROVIDER #2													
	NAME/INITIALS OF SAMPLED SICK CHILDREN							AGE IN DAYS (if child is < 2 Months)	AGE IN MONTHS (if child is 2-59 months)				
326													
327													
328													
329													
330													
331													
332													
333													
334													
335													
336													
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345													
346													
347													
348													
349													
350													

Sample List for SICK CHILD Observation

Date	DAY	MONTH	YEAR	2	0	2	1						FACILITY #		
PROVIDER SERIAL NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>															
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR SC OBSERVATION FOR PROVIDER #3															
	NAME/INITIALS OF SAMPLED SICK CHILDREN												AGE IN DAYS (if child is < 2 Months)	AGE IN MONTHS (if child is 2-59 months)	
351															
352															
353															
354															
355															
356															
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375															

NEPAL HEALTH FACILITY SURVEY - 2020-21

OBSERVATION OF SICK CHILD CONSULTATION

1. Facility Identification

	QTYPE	<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> O
FACILITY NUMBER.....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]		<input type="checkbox"/> <input type="checkbox"/>		
CLIENT CODE [FROM CLIENT LISTING FORM]		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

2. Provider Information

Provider category:	PROVIDER CATEGORY <input type="checkbox"/> <input type="checkbox"/>
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]	08
ANESTHETIC ASSISTANT	09
NURSE (MN, BSC NURSE, BN, PCL, MIDWIFE)	10
HEALTH ASSISTANT (HA) / AHW / SAHW / PUBLIC HEALTH INSPECTOR	12
AUXILLARY NURSE MIDWIFE (ANM)	13
OTHER CLINICAL STAFF NOT LISTED ABOVE	18
NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION.....	95
SEX OF PROVIDER: (1=Male; 2=Female)	
SEX OF PROVIDER	

3. Information About Observation

Date:	DAY
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MONTH	
YEAR	2 0 2 0
Name of the observer:	OBSERVER CODE
	<input type="checkbox"/> <input type="checkbox"/>

4. OBSERVATION OF SICK CHILD 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>															
100	<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> <p>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; background-color: black; color: white; text-align: center;">2</td> <td style="width: 25px; height: 25px; background-color: black; color: white; text-align: center;">0</td> <td style="width: 25px; height: 25px; background-color: black; color: white; text-align: center;">2</td> <td style="width: 25px; height: 25px; background-color: black; color: white; text-align: center;">1</td> </tr> <tr> <td style="font-size: small;">DAY</td> <td style="font-size: small;">MONTH</td> <td style="font-size: small;">YEAR</td> <td colspan="4"></td> </tr> </table>				2	0	2	1	DAY	MONTH	YEAR				
				2	0	2	1									
	DAY	MONTH	YEAR													
		<p>Interviewer's signature _____ (Indicates respondent's willingness to participate)</p>														
		<p>RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.</p>	<p>YES 1 NO 2</p>	<p>→ END</p>												
	100	<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>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</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>Interviewer's signature _____ (Indicates respondent's willingness to participate)</p>													

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	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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**	Child is unconscious/lethargic	D
05	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

NO.	QUESTIONS / OBSERVATIONS	CODES
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**	Measured Height	Q
18**	Count pulse	R
19**	Measure MUAC	S
20	None of the above	Y

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**	Asked about the complementary feeding (for 6-23 months child only)	L
13	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

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

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

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

6. DIAGNOSIS

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.

DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)	
201	DEHYDRATION
	SEVERE DEHYDRATION..... 1
	MODERATE DEHYDRATION..... 2
	MILD/SOME DEHYDRATION..... 3
	NONE OF THE ABOVE / NO DEHYDRATION..... 8

NO.	QUESTIONS / OBSERVATIONS	CODES
202	RESPIRATORY SYSTEM 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 SEVERE PNEUMONIA F NO PNEUMONIA G PULMONARY TUBERCULOSIS H EXTRA PULMONARY TUBERCULOSIS I OTHER RESPIRATORY SYSTEM PROBLEM (SPECIFY) X NONE OF THE ABOVE Y	
203	DIGESTIVE SYSTEM / INTESTINAL ACUTE WATERY DIARRHEA A DYSENTERY B AMEBIASIS C PERSISTENT/CHRONIC DIARRHEA D OTHER DIGESTIVE / INTESTINAL (SPECIFY) X NONE OF THE ABOVE Y	
204	MALARIA MALARIA (CLINICAL DIAGNOSIS) 1 MALARIA (BLOOD SMEAR) 2 MALARIA (RAPID DIAGNOSTIC TEST) 3 FALCIPARUM MALARIA 4 MALARIA WITHOUT FALCIPARUM 5 NONE OF THE ABOVE 8	
205	FEVER/MEASLES 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 SEVERE COMPLICATED MEASLES 9 MEASLES WITH COMPLICATION IN EYE AND MOUTH 10 MEASLES LIKE SYMPTOMS 11 OTHER FEBRILE ILLNESS (SPECIFY) 96 NONE OF THE ABOVE 8	
206	EAR MASTOIDITIS A ACUTE EAR INFECTION B CHRONIC EAR INFECTION C OTHER EAR INFECTION/PROBLEM X NO EAR INFECTION/PROBLEM D NONE OF THE ABOVE Y	
207	THROAT SORE THROAT / PHARYNGITIS 1 OTHER THROAT DIAGNOSIS (SPECIFY) 2 NONE OF THE ABOVE 8	
207A**	MALNUTRITION SEVERE ACUTE MALNUTRITION 1 MODERATE ACUTE MALNUTRITION 2 NO MALNUTRITION 3 NONE OF THE ABOVE 8	
207B**	ANEMIA SEVERE ANEMIA 1 ANEMIA 2 NO ANEMIA 3 NONE OF THE ABOVE 8	

NO.	QUESTIONS / OBSERVATIONS	CODES
208	OTHER DIAGNOSIS	
	ABCESS.....	A
	BACTERIAL CONJUNCTIVITIS.....	B
	SKIN CONDITION.....	C
	OTHER DIAGNOSIS (SPECIFY).....	X
	NO OTHER DIAGNOSIS.....	Y

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	→ 214A
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/DT		G
08	OTHER ANTIBIOTIC TABLET/SYRUP		H
09	PARACETAMOL		I
10	OTHER FEVER REDUCING MEDICINE		J
11	ZINC TABLET		K
12	VITAMINS (OTHER THAN VITAMIN A)		L
13	COUGH SYRUPS/OTHER MEDICATION		M
14*	ANTIHISTAMINE		N
15**	INJECTION AMPICILLIN		O
16**	INJECTION GENTAMICIN		P
17**	CIPROFLOXACIN EAR DROP		Q
18**	IRON FOLIC ACID		R
19	NONE OF THE ABOVE		Y
211	RESPIRATORY		
01	NEBULISER OR INHALER		A
02	INJECTABLE BRONCHODILATOR/ADRENERGIC		B
03	ORAL BRONCHODILATOR		C
04**	PAEDIATRIC FIXED DOSE COMBINATION (RHZ)		E
05**	PAEDIATRIC FIXED DOSE COMBINATION (RH)		F
06**	ETHAMBUTOL 100MG		G
07	NONE OF THE ABOVE		Y
211A**	EAR		
01	DRY EAR BY WICKING		A
02	CIPROFLOXACIN EAR DROP		B
03	AMOXICILLIN SYRUP/DT/CAPSULES		C
04	NONE OF THE ABOVE		Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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
213	DEHYDRATION	
01	HOME ORT (PLAN A-ORS AND ZINC)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04**	HOME ORT (ORS ONLY)	D
05	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

214A*	<p>How old is [NAME]?</p> <p>IF "1 YEAR", PROBE: How many months old is he/she?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH OLD RECORD MONTHS IF LESS THAN 2 YEARS OR RECORD YEARS IF OLDER THAN 2 YEARS</p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	<p>FIRST VISIT 1</p> <p>FOLLOW-UP 2</p> <p>DON'T KNOW 8</p>									
215A**	Which protocol did you follow to treat for this illness	<p>CB-IMNCI..... 1</p> <p>FB-IMNCI..... 2</p> <p>NATIONAL NEONATAL CLINICAL PROTOCOL..... 3</p> <p>HOSPITAL'S OWN PROTOCOL 4</p> <p>OTHER(SPECIFY) 6</p>									

NO.	QUESTIONS / OBSERVATIONS	CODES
GENERAL OBSERVATION		
216A	INDICATE WHETHER ANY ON-THE-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 - 2020-21

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

<input type="text"/>				
----------------------	----------------------	----------------------	----------------------	----------------------

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM].....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

CLIENT CODE [FROM CLIENT LISTING FORM].....

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INFORMATION ABOUT INTERVIEW

DATE:

DAY

<input type="text"/>	<input type="text"/>
----------------------	----------------------

MONTH

<input type="text"/>	<input type="text"/>
----------------------	----------------------

YEAR

2021

Name of the interviewer: _____

INTERVIEWER CODE.....

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p>	<table border="1" style="width: 100px; margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2</td><td>0</td><td>2</td><td>1</td><td> </td><td> </td><td> </td><td> </td></tr> </table>									2	0	2	1					
2	0	2	1																
	<p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	DAY	MONTH	YEAR														
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="width: 100px; margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td><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 <input type="text"/> <input type="text"/>	
		DON'T KNOW MONTH 98	
		YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		DON'T KNOW YEAR 9998	
104	How old is [NAME] in completed months?	AGE IN MONTHS <input type="text"/> <input type="text"/>	
		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	
106A**	Has [NAME] had a unconsciousness/lethargic 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 COUGH..... E ABDOMINAL PAIN..... G UMBILICUS INFECTION..... H HYPOTHERMIA..... I JAUNDICE..... J 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	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINES A IF SYMPTOMS INCREASE OR BECOME WORSE B FOLLOW-UP APPOINTMENT C VIT. A SUPPLEMENTATION D LAB TEST RESULTS E CHILD ADMITTED F ROUTINE IMMUNISATION G OTHER _____ X (SPECIFY) NO Y DON'T KNOW Z	

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 AFATVAH that you normally feed [NAME] when [NAME] is not sick? A=Age specific, F=Frequency, A=Amount, T=Texture, V=Variety, A=Active feeding, H=Hygiene	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 <u>where</u> to go for the referral?	1 2 8	
03	Were you told <u>who</u> to see for the referral?	1 2 8	
04	Were you told <u>why</u> 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	→ 136C
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	

INSURANCE

136C**	Is [NAME] a client of insurance?	YES..... 1 NO..... 2	→ 201
136D**	Did you pay directly for the treatment of [NAME]?	YES..... 1 NO..... 2	
136E**	Are you satisfied with health insurance?	YES..... 1 NO..... 2	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																																
	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.																																																																		
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>	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> SAW PROVIDER IMMEDIATELY000 DON'T KNOW 998																																																																	
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 <u>major</u> or <u>minor</u> problems for you.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="4" style="text-align: center;">NO PROB-</th> </tr> <tr> <th style="text-align: center;"><u>MAJOR</u></th> <th style="text-align: center;"><u>MINOR</u></th> <th style="text-align: center;"><u>LEM</u></th> <th style="text-align: center;"><u>DK</u></th> </tr> </thead> <tbody> <tr><td>01</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>02</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>03</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>04</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>05</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>06</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>07</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>08</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>09</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>10</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>11</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> </tbody> </table>				NO PROB-				<u>MAJOR</u>	<u>MINOR</u>	<u>LEM</u>	<u>DK</u>	01	1	2	3	8	02	1	2	3	8	03	1	2	3	8	04	1	2	3	8	05	1	2	3	8	06	1	2	3	8	07	1	2	3	8	08	1	2	3	8	09	1	2	3	8	10	1	2	3	8	11	1	2	3	8
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10	1	2	3	8																																																															
11	1	2	3	8																																																															
204	Were you charged, or did you pay fees for any services you received or were provided today?	YES 1 NO 2	→ 206																																																																
205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AMOUNT <input type="text"/> DON'T KNOW 999998																																																																	
205A**	<p>How do you feel about the amount you paid for utilization of the service in the health facility?</p> <p>READ ALL STATEMENTS, CIRCLE ONLY ONE</p> <p>01): I AM <u>VERY SATISFIED</u> 1 02): I AM <u>FAIRLY SATISFIED</u> 2 03): I AM <u>NEITHER SATISFIED NOR DISSATISFIED (NEUTRAL)</u> 3 04): I AM <u>FAIRLY DISSATISFIED</u> 4 05): I AM <u>VERY DISSATISFIED</u> 5</p>																																																																		

206	Is this the closest health facility to your home?	YES.....1 NO.....2 DON'T KNOW.....8	→ 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 HOURS01 BAD REPUTATION02 DON'T LIKE PERSONNEL ..03 NO MEDICINE04 PREFERS TO REMAIN ANONYMOUS05 IT IS MORE EXPENSIVE06 WAS REFERRED07 LOW QUALITY OF SERVICES /LOWER LEVEL OF FACILITIES08 DIDN'T HAVE CAPACITY TO MANAGE COMPLICATIONS09 OTHER96 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
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.			
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 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 / CHHETRI..... 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 NORMAL DELIVERY Observation

Date	2	0	2	1	
	DAY	MONTH	YEAR		FACILITY #

TOTAL # OF DELIVERIES ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

USE THIS FORM TO LIST WOMEN SELECTED (Normal Delivery) FOR OBSERVATION FOR ALL PROVIDERS.

	NAME/INITIALS OF SELECTED WOMAN FOR NORMAL DELIVERY	PROVIDERS SR. NO.	AGE IN COMPLETED YEARS
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			
414			
415			
416			
417			
418			
419			
420			
421			
422			
423			
424			
425			

Sample List for NORMAL DELIVERY Observation

Date	2 0 2 1		FACILITY #
DAY	MONTH	YEAR	
USE THIS FORM TO LIST WOMEN SELECTED (Normal Delivery) FOR OBSERVATION FOR ALL PROVIDERS.			
	NAME/INITIALS OF SELECTED WOMAN FOR NORMAL DELIVERY	PROVIDERS SR. NO.	AGE IN COMPLETED YEARS
426			
427			
428			
429			
430			
431			
432			
433			
434			
435			
436			
437			
438			
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448			
449			
450			

NEPAL HEALTH FACILITY SURVEY – 2020-21

Observation of Labor and Delivery and Newborn Resuscitation

1. Facility Identification

	QTYPE	L	D	O
1. FACILITY NUMBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CODE NUMBER OF SERVICE PROVIDER		<input type="checkbox"/>	<input type="checkbox"/>	
(FROM STAFF LISTING FORM)				
3. CODE NUMBER OF CLIENT.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(FROM STAFF LISTING FORM)				

2. Provider Information

Provider category 01 Generalist Medical Doctor (MDGP) 02 Gynecologist / Obstetrician 03 Anesthesiologist 04 Pathologist 05 General Surgeon 06 Pediatrician 07 Other Specialists Medical Doctors 08 Medical Officer (MBBS) 09 Anesthetic Assistant 10 Nurse (MN, BSC NURSES, BN, PLC, MIDWIFE) 11 Health Assistant (HA) / AHW / SAHW / Public Health Inspector 12 Auxiliary Nurse Midwife (ANM) 13 Other Clinical Staff Not Listed Above 18 Non-clinical Staff / No Technical Qualification 95	PROVIDER CATEGORY..... <input type="checkbox"/> <input type="checkbox"/>
Sex of Provider: (1=Male; 2=Female)	Sex of Provider <input type="checkbox"/>
Provider Serial Number [From Staff Listing Form]	Provider SL Number <input type="checkbox"/>

3. Information About Observation

Date	Day <input type="checkbox"/> <input type="checkbox"/>				
Name of the observer: _____	Month <input type="checkbox"/> <input type="checkbox"/>				
	Year <table border="1" style="display: inline-table;"><tr><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">0</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">1</td></tr></table>	2	0	2	1
2	0	2	1		
	Observer code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

4. Observation of Normal Delivery and Newborn Resuscitation

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 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 MOHP 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>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p> <p>Do I have your permission to be present at this consultation?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 0 2 1	
100	<p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	 DAY MONTH YEAR	
100	<p>Record whether permission was received from the provider.</p>	 Yes..... 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>Data collection will take place (January-July 2021), data will be released on December 2021 Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any questions regarding the survey please contact: Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu Phone number: 9851003871 Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu Phone number: 9841295126</p> <p>Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p>	 Interviewer's signature (Indicates respondent's willingness to participate)	

101	Record whether permission was received from the caretaker.	Yes.....1 No2											
102	Record the time the observation started (Use 24 hours format)	<table style="margin-left: auto; margin-right: auto;"><tr><td><input type="text"/></td><td><input type="text"/></td><td>:</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2"></td><td>HR</td><td colspan="2">Minute</td></tr></table>	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>			HR	Minute		
<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>									
		HR	Minute										
103	Is this the first observation for this provider for this service?	Yes.....1 No2											

Section 1: Initial Client Assessment											
Question	Yes	No	DK	Go to							
Q301D Was this section observed?	1	2	8	No → Q201							
PLEASE ANSWER Q100 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. RECORD WHETHER THE PROVIDER CARRIED OUT ANY OF THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)											
INTRODUCTION AND HISTORY TAKING											
Q104:											
01) Respectfully greets the pregnant woman	1	2	8								
02) Encourages the woman to have a support person present during labor and birth	1	2	8								
03) Asks women (and support person) if she has any questions	1	2	8								
04) Checks client card OR asks client her age	1	2	8								
05) Checks client card OR asks length of pregnancy	1	2	8								
06) Checks client card OR asks parity and gravida	1	2	8								
Q105: Asks whether she has experienced any of the following for current pregnancy:											
01) Vaginal bleeding	1	2	8								
02) Fever	1	2	8								
03) Severe headaches and/or blurred vision	1	2	8								
04) Swollen face or hands	1	2	8								
05) Convulsions or loss of consciousness	1	2	8								
06) Severe difficulty breathing	1	2	8								
07) Persistent cough for 2 weeks or longer	1	2	8								
08) Severe abdominal pain	1	2	8								
09) Foul smelling vaginal discharge	1	2	8								
10) Frequent or painful urination	1	2	8								
11) Whether the client has felt a decrease or stop in fetal movement	1	2	8								
12) If there are any other problems the client is concerned about	1	2	8								
Q106: Checks woman's HIV status (checks card or asks woman)	1	2	8								
Q107: Offers woman HIV test	1	2	8								
Q108: Is woman HIV positive? <i>(OBSERVER: LISTEN AND RECORD ANSWER; CIRCLE DON'T KNOW IF STATUS IS UNKNOWN OR NOT DISCUSSED)</i>	1	2	8	No/DK→Q110							
Q109: Asks about or counsels on the following topics for HIV positive mothers:											
01) Asks if client is currently taking ARTs	1	2	8	No/DK→Q109_02							
01a) Asks client when she took last dose ARTs	<table style="margin-left: auto; margin-right: auto;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="3" style="text-align: center;">DAYS</td></tr></table>					<input type="text"/>	<input type="text"/>	<input type="text"/>	DAYS		
<input type="text"/>	<input type="text"/>	<input type="text"/>									
DAYS											
02) Explains why the mother should take ARTs	1	2	8								
03) Explains when and how the mother should take ARTs	1	2	8								
04) Administers ARTs to mother	1	2	8								
05) Explains why the newborn should take ARTs	1	2	8								
06) Explains when and how newborn should take ARTs	1	2	8								
Q110: Client has any previous pregnancies? <i>(OBSERVER: LISTEN AND RECORD ANSWER)</i>	1	2	8	No/DK→Q112							
Q111: Asks about complications during previous pregnancies:											
01) Heavy bleeding during or after delivery	1	2	8								
02) Anemia	1	2	8								
03) High blood pressure	1	2	8								
04) Convulsions	1	2	8								

05) Multiple pregnancies (twins or above)	1	2	8
06) Prolonged labor	1	2	8
07) C-section	1	2	8
08) Assisted delivery (forceps, ventouse)	1	2	8
09) Prior neonatal death (death of baby less than 1 month old)	1	2	8
10) Prior stillbirth (baby born dead that does not breathe or cry)	1	2	8
11) Prior abortion/miscarriage (loss of pregnancy)	1	2	8
12) Preterm delivery	1	2	8
EXAMINATION			
Q112: Washes his/her hands with soap and water or uses hand disinfectant before any initial examination	1	2	8
Q113: Explains procedures to woman (support person) before proceeding	1	2	8
Q114: Takes temperature	1	2	8
Q115: Takes pulse	1	2	8
Q116: Takes blood pressure	1	2	8 No/DK → Q117
01) Take client's blood pressure in sitting or lateral position	1	2	8
02) Take blood pressure with arm at heart level	1	2	8
Q117: Asks whether urine has been passed	1	2	8
Q118: Tests urine for presence of protein	1	2	8
Q119: Performs general examination for anemia	1	2	8
Q119A: Performs general examination for edema	1	2	8
Q120: Performs the following steps for abdominal examination:			
01) Checks fundal height	1	2	8
02) Checks fetal presentation by palpation of abdomen	1	2	8
03) Checks fetal heart rate with fetoscope	1	2	8
04) Checks fetal heart rate with Doppler	1	2	8
05) Checks fetal heart rate with ultrasound	1	2	8
Q121: Performs vaginal examination	1	2	8 No/DK → Q201
Q122: Wears high-level disinfected or sterile gloves for vaginal examination	1	2	8
Q123: Informs pregnant woman of findings	1	2	8
Q123A: Records the findings	1	2	8
END OF SECTION 1			

Section 2: Intermittent Observation of First Stage of Labor				
Question	Yes	No	DK	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>				
PROGRESS OF LABOR				
Q201: At least once, encourage and tell the woman (and her support person) what is going to be done, listen to her, and respond attentively to her questions and concerns	1	2	8	
Q201A: At least once, provide continual emotional support and reassurance, as feasible.	1	2	8	
Q202: At least once, encourages woman to consume fluids/food during labor	1	2	8	
Q203: At least once, encourages/assists woman to ambulate and assume different positions during labor	1	2	8	
Q204: OBSERVER: IS THE SUPPORT PERSON PRESENT AT SOME POINT DURING LABOR?	1	2	8	
Q205: Drapes woman (one drape under buttocks, one over abdomen)	1	2	8	
Q206: Partograph used to monitor labor	1	2		No→Q212
Q207: Action line on partograph reached	1	2	8	No/DK→Q212
Q208: RECORD TIME ACTION LINE WAS REACHED (USE 24-HR CLOCK FORMAT)	□	□	□	□
	HR	MNT		
Q209: If action line reached/crossed on partograph, was any <u>definitive</u> action taken?	1	2	8	No/DK→Q212
Q210: RECORD TIME ACTION WAS TAKEN (USE 24-HR CLOCK FORMAT)	□	□	□	□
	HR	MNT		

Q211: WHAT DEFINITIVE ACTION WAS TAKEN? (CIRCLE ALL THAT APPLY):		Code		
Consult with specialist		1		
Refer to other facility for specialist		2		
Prepare for assisted delivery		3		
Prepare for C-section		4		
Other (specify _____)		6		
EXAMINATION & PROCEDURES				
Question	Yes	No	DK	Go to
Q212: Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry prior to any examination of woman	1	2	8	
Q212A: Put high- level disinfected on both hands prior to any examination of woman	1	2	8	
Q213: Wears sterile surgical gloves on both hands prior to any examination of woman	1	2	8	
Q214: Puts on clean goggles in preparation for birth	1	2	8	
Q214A: Puts on clean mask in preparation for birth	1	2	8	
Q214B: Puts on clean boot in preparation for birth	1	2	8	
Q214C: Puts on clean gown or apron in preparation for birth	1	2	8	
Q215: Explains procedures to woman (support person) before proceeding	1	2	8	
Q216: Number of vaginal examinations <i>(TO THE BEST OF YOUR ABILITY, UPDATE THE ANSWER TO THIS QUESTION DURING INTERMITTENT OBSERVATION OF THE FIRST STAGE OF LABOR)</i>				
Q217: Augments labor with oxytocin	1	2	8	No/DK → Q219
Q218: Oxytocin administered intravenously (IV)	1	2	8	
Q219: Performs artificial rupture of membrane	1	2	8	
Q220: Administers antibiotics	1	2	8	No/DK → Q223
Q221: Why were antibiotics administered (CIRCLE ALL THAT APPLY)?	Code			
Treatment for chorioamnionitis	A			
Management of pre-labor rupture of membranes	B			
Preparation for C-section	C			
Routine/prophylactic	D			
Don't know	Z			
Q222: Which antibiotic was administered? (CIRCLE ALL THAT APPLY)				
Amoxicillin	A			
Ampicillin	B			
Gentamicin	C			
Metronidazole	D			
Cephalosporin	E			
Other (Specify) _____	X			
Don't know	Z			
PREPARATION FOR DELIVERY				
<i>CHECK TO SEE IF THE FOLLOWING EQUIPMENT AND SUPPLIES ARE LAID OUT IN PREPARATION FOR DELIVERY. IF SOME SUPPLIES ARE IN A BIRTH KIT, LOOK/ASK TO DETERMINE WHICH ITEMS ARE INCLUDED.</i>				
Question	Yes	No	DK	Go to
Q223: Prepares uterotonic drug to use for AMTSL	1	2	8	No/DK → Q225
Q224: Which drug	Code			
Temperature maintained Oxytocin	1			
Temperature not-maintained Oxytocin	2			
Misoprostol/Matrisurakshya chakki	4			
Question	Yes	No	DK	Go to
Q225: Timer (clock or watch with seconds hand)	1	2	8	
Q226: Self-inflating ventilation bag (250 or 500 mL)	1	2	8	
Q227: Newborn face mask size 0	1	2	8	
Q228: Newborn face mask size 1	1	2	8	
Q229: Penguin suction	1	2	8	
Q230: Suction Catheter/Tube	1	2	8	
Q231: Suction machine	1	2	8	
Q232: At least 4 cloths	1	2	8	
Q233: Cap for the newborn	1	2	8	

Q234: Disposable cord ties or clamps	1	2	8
Q234A**: CHX (<i>Navimalam</i>)	1	2	8
Q235: Sterile scissors or blade	1	2	8
Q236: Has the woman completed the first stage of labor?	1	2	Yes → Q300
Q237*: Was the woman referred to another facility for care before she went into active labor/second stage of labor?	1	2	Yes → Q547
<i>IF FIRST STAGE OF LABOR IS NOT COMPLETE, CHECK ANSWERS IN THIS SECTION AGAIN 15-30 MINUTES LATER</i>			
END OF SECTION 2			
SECTION 3: CONTINUOUS OBSERVATION OF SECOND & THIRD STAGE OF LABOR			
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER).</i>			
Question	Yes	No	DK
PREPARATION FOR DELIVERY			
Q300: Arrange delivery set	1	2	8
Q301: Washes his/her hands with thoroughly with soap and water and dry with a clean, dry cloth or air dry. <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8
Q301A: Uses high-level disinfected on both hands <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>			
Q302: Wears sterile surgical gloves on both hands <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8
Q303: Puts on clean protective goggles in preparation for birth <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8
Q303a: Puts on clean protective mask in preparation for birth <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8
Q303b: Puts on clean protective boot in preparation for birth <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8
Q303c: Puts on clean protective gown or apron in preparation for birth <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8
Q303D: Clean the women's perineum with antiseptic solution wiping from front to back.	1	2	8
Q303E: Place one sterile drape from delivery pack under the women's buttocks, one over her abdomen and use one drape to receive the baby. <i>CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8
Q304: Performs episiotomy	1	2	
Q305: Presentation of baby is cephalic (head first)	1	2	8
Q305A: Feel around the baby's neck to ensure the umbilical cord is not around the neck	1	2	
DELIVERY AND UTEROTONIC			
Q306: As baby's head is delivered, supports perineum	1	2	8
Q307: Record time of the delivery of the baby (USE 24-HR CLOCK FORMAT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HR	MNT
Q308: Checks for another baby prior to administering the uterotonic	1	2	8
Q309: Second baby present? <i>(CIRCLE "1" IF MULTIPLE BABIES)</i>	1	2	
Q310: Administers uterotonic?	1	2	No → Q317
Q311: Record time uterotonic given (USE 24-HR CLOCK FORMAT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HR	MNT
Q312: Timing of administration of uterotonic	Code		
At delivery of anterior shoulder	1		
Within 1 min of delivery of baby	2		
Within 3 min of delivery of baby	3		
More than 3 min after delivery of baby AND before delivery of the placenta	4		
More than 3 min of delivery of baby and after delivery of placenta	5		

Q313: Which uterotonic given			
Temperature maintained Oxytocin	1		
Temperature not-maintained Oxytocin	2		
Misoprostol/Matrisurakshya chakki	4		
Q314: Record dose of uterotonic given (OBSERVER: IF NOT SURE, ASK)	<input type="text"/> <input type="text"/> <input type="text"/>		
	Unit		
Q315: Units of medication (OBSERVER: IF NOT SURE, ASK)			
IU	1		
mg	2		
mL	3		
mcg	4		
Q316: Route uterotonic given:			
IM	1		
IV	2		
Oral	3		
Other (specify _____)	6		
Q317: Record time the cord was clamped (USE 24-HR CLOCK FORMAT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	HR MNT		
Question	Yes	No	DK
Q318: Applies traction to the cord while applying supra-pubic counter traction	1	2	8
Q319: Performs uterine massage immediately following delivery of placenta	1	2	8
Q319A: Providers showed the women how to massage her uterus to maintain contraction	1	2	8
320: Administers uterotonic only after placenta is delivered (OBSERVER: CIRCLE "DON'T KNOW" IF NO UTEROTONIC WAS GIVEN)	1	2	8
Q321: Assesses completeness of the placenta and membranes	1	2	8
Q322: Assesses for perineal and vaginal lacerations	1	2	8
Q323: OBSERVER: DID MORE THAN ONE HEALTH WORKER ASSIST WITH THE BIRTH?	1	2	
Q324: OBSERVER: DID MOTHER GIVE BIRTH IN LITHOTOMY POSITION?	1	2	
Q325: OBSERVER: WAS A SUPPORT PERSON FOR MOTHER PRESENT AT BIRTH?	1	2	
END OF SECTION 3			

SECTION 4: IMMEDIATE NEWBORN AND POSTPARTUM CARE				
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER).</i>				
Question	Yes	No	DK	Go to
IMMEDIATE CARE				
Q401: Thoroughly dry the baby and cover with clean, dry cloth	1	2		
Q401A: Wipe the mucous (and membrane) from the baby's mouth and nose with a clean gauze.	1	2		
Q401B: Place the baby on the mother's abdomen (if the mother is unable to hold the baby, ask her birth companion or an assistant to care for the baby).	1	2		
Q402: Discards the wet towel	1	2		
Q403: IS THE BABY BREATHING OR CRYING? <i>IF BABY IS NOT BREATHING OR CRYING, GO TO RESUSCITATION CHECKLIST STARTING Q501</i>	1	2		No → Q500
Q404: Ensure the baby is kept warm and skin – skin contact on the mother's chest and cover the baby (ies) and proceed with active management of the third stage	1	2	8	
Q405: Covers baby with dry towel	1	2	8	
Q407: Ties or clamps cord when pulsations stop, or by 2-3 minutes after birth (not immediately after birth)	1	2	8	
Q408: Cuts cord with clean blade or clean scissors	1	2	8	

Q.408a: CHX (Navimalam) was applied on baby's cord from cut end of cord to the base with gloved hand.				
Q409: OBSERVER: IS A SUPPORT PERSON FOR MOTHER PRESENT?	1	2		
HEALTH CHECK				
Q410: Checks baby's temperature 15 minutes after birth	1	2	8	
Q411: Checks baby's skin color 15 minutes after birth	1	2	8	
Q.411A: Palpate the mother's abdomen to rule out the presence of additional baby (ies) and proceed with active management of third stage.	1	2	8	
Q412: Takes mother's vital signs (e.g. woman's BP, pulse) 15 minutes after birth	1	2	8	
Q413: Palpates uterus 15 minutes after delivery of placenta	1	2	8	
Q413A: Ensure if the providers continue uterine massage every 15 minutes till 2hours or until you observe.	1	2	8	
Q413B: Ensure if the providers repeat uterine massage every 15 min minutes	1	2	8	
FIRST HOUR AFTER BIRTH				
Q414: Mother and newborn kept together in same room after delivery (rooming-in)	1	2	8	
Q415: Baby bathed within the first hour after birth	1	2	8	
Q416: Baby kept skin-to-skin with mother for the first hour after birth (Kangaroo Mother Care)	1	2	8	
Q417: Breastfeeding initiated within the first 30 minutes after birth	1	2	8	
Q417a: Breastfeeding initiated within the first hour after birth	1	2	8	
Q417b Providers help to initiate early breastfeeding	1	2	8	
Q418: Applies tetracycline eye ointment to newborn's eyes for prophylaxis	1	2	8	
Q419: Administers Vitamin K to newborn	1	2	8	
(If Q108 is "Yes" then Q420 should be yes as well. If Q108 is not ask then Q420 should be asked)				
Q420: IS THE MOTHER HIV POSITIVE? <i>(OBSERVER: LISTEN AND RECORD ANSWER; CIRCLE "DON'T KNOW" IF STATUS OF WOMAN IS UNKNOWN OR IS NOT DISCUSSED.)</i>	1	2	8 No/DK → Q422	
Q420A: Counsels for HIV testing and counselling	1	2	8	
Q421: Administers ARVs to newborn	1	2	8	
Q422: Administers antibiotics to mother postpartum	1	2	8 No/DK → Q425	
Q423: Why were antibiotics administered?	Code			
Treatment for chorioamnionitis	1			
Routine/prophylactic	2			
Third stage/postpartum procedure	3			
Don't know	8			
Q424: Which antibiotic was administered? (CIRCLE ALL THAT APPLY)				
Amoxicillin	A			
Ampicillin	B			
Gentamicin	C			
Metronidazole	D			
Cephalosporin	E			
Other (specify _____)	X			
Don't know	Z			
CLEAN-UP AFTER BIRTH				
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)				
Question	Yes	No	DK	Go to
Q425: Disposes of all sharps in a puncture-proof container immediately after use	1	2	8	
Q426: Decontaminates all reusable instruments in 0.5% chlorine solution	1	2	8	
Q427: Sterilizes or uses high-level disinfection for all reusable instruments	1	2	8	
Q428: Disposes of all contaminated waste in leak-proof containers	1	2	8	
Q429: Removes apron and wipe with chlorine solution	1	2	8	
Q430: Washes his/her hands with soap and water or uses antiseptic	1	2	8	
REMEMBER TO THANK CLIENT AND PROVIDER FOR THEIR PARTICIPATION IN THE STUDY				

END OF SECTION 4 –IF NEWBORN RESUSCITATION IS NOT OBSERVED, COMPLETE Q500 AND Q547 THEN GO TO SECTION 6 TO COMPLETE OUTCOME AND REVIEW OF DOCUMENTATION SECTION

SECTION 5: CHECKLIST FOR NEWBORN RESUSCITATION (TOOL 5)

Question	Yes	No	DK	Go to
IMMEDIATE CARE				
Q500: Was the newborn resuscitated?	1	2	8	No/DK → Q547
Q500A: Apparatus being used for resuscitation	Bag and mask A Suction apparatus with tubing & catheter B DeLee Suction C Soft cloths D Others (Specify) .. X			
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)				
Q501: Record Time Resuscitation Started (Use 24-Hr Clock Format)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HR MNT			
Q502: Clears the airway by suctioning the mouth first and then the nose	1	2	8	
Q503: Stimulates baby with back rubbing	1	2	8	
Q504: Observer: Does Newborn Start to Breathe or Cry Spontaneously?	1	2	8	Yes → Q531
Q506: Ties or clamps cord immediately	1	2	8	
Q507: Cuts cord with sterile blade or clean scissors	1	2	8	
Q508: Places the newborn on his/her back on a clean, warm surface or towel	1	2	8	
Q509: Places the head in a slightly extended position to open the airway	1	2	8	
Q510: Tells the woman (and her support person) what is going to be done	1	2	8	
Q511: Listens to woman and provides support and reassurance	1	2	8	
Q512: Checks mouth, back of throat and nose for secretions, and clears if necessary	1	2	8	
Q513: Places the correct-sized mask on the newborn's face so that it covers the chin, mouth and nose (but not eyes)	1	2	8	
Q514: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q515: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2	8	Yes → Q524
Q515a: Calls for help	1	2	8	
Q516: Checks the position of the newborn's head to make sure that the neck is in a slightly extended position (not blocking the airway)	1	2	8	
Q517: Checks mouth, back of throat and nose for secretions, and clears if necessary	1	2	8	
Q518: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q519: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2	8	Yes → Q524
Q520: Checks the position of the newborn's head again to make sure that the neck is in slightly extended position	1	2	8	
Q521: Repeats suction of mouth and nose to clear secretions, if necessary	1	2	8	
Q522: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q523: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2	8	Yes → Q524
IF NEWBORN'S CHEST IS NOT RISING AFTER TWO ATTEMPTS TO READJUST, OBSERVER SHOULD CALL FOR SUPERVISOR TO INTERVENE. IF A HEALTH WORKER COMPETENT IN RESUSCITATION IS NOT AVAILABLE, OBSERVER MAY CHOOSE TO INTERVENE.				
Q524: Ventilates at a rate of 40 breaths/minute	1	2	8	
Q525: Conducts assessment of newborn breathing after 1 minute of ventilation	1	2	8	No → Q527
Q526: Condition of newborn at assessment	Code			
Respiration rate 30-50 breaths/minute and no chest in-drawing	1	→ Q531		
Respiration rate <30 breaths/minute with severe in-drawing	2			
No spontaneous breathing	3			
Q526a: Checks for heart rate	1	2	8	

	Yes	No	DK	Go to
Q527: Continues Ventilation and baby cries before 10 minutes	1	2		Yes→Q529
Q528: Conducts assessment of newborn breathing after prolonged ventilation (10 minutes)	1	2		No→Q530
Q529: Condition of newborn at assessment			Code	
Respiration rate 30-50 breaths/minute and no chest in-drawing	1			→Q531
Respiration rate <30 breaths/minute with severe in-drawing	2			
No spontaneous breathing	3			
Question	Yes	No	DK	Go to
Q530: Continues Ventilation	1	2		
Q531: OBSERVER: RECORD TIME THAT RESUSCITATION ACTIONS ENDED (OR TIME OF DEATH IF BABY DOES NOT SURVIVE) (USE 24-HR CLOCK FORMAT)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HR MNT
Q532: Was the resuscitation successful? <i>(OBSERVER: CIRCLE "No" IF NEWBORN DIED)</i>	1	2		
Q533: Arranges transfer to special care either in facility or to outside facility	1	2	8	
Q534: Explains to the mother (and her support person if available) what happened	1	2	8	
Q535: Listens to mother and responds attentively to her questions and concerns	1	2	8	
Q536: OBSERVER: DID YOU CALL FOR HELP OR INTERVENE DURING THE RESUSCITATION TO SAVE THE LIFE OF NEWBORN?	1	2		
CLEANUP AFTER NEWBORN RESUSCITATION				
Question: DID THE PROVIDER DO ANY OF THE FOLLOWING	Yes	No	DK	Go to
540: disposes of disposable suction catheters and mucus extractors in a leak-proof container or plastic bag	1	2	8	
541: Takes the bag and mask apart and inspects for cracks and tears	1	2	8	
542: Decontaminates the bag and mask in 0.5% chlorine solution	1	2	8	
543: Sterilizes or uses high-level disinfection for bag, valve and mask	1	2	8	
544: Decontaminates reusable suction device in 0.5% chlorine solution	1	2	8	
545: Sterilizes or uses high-level disinfection for reusable suction devices	1	2	8	
546: Washes his/her hands with soap and water or uses antiseptic	1	2	8	
547: OBSERVER: RECORD TIME THAT LABOR & DELIVERY OBSERVATION ENDED (USE 24-HR CLOCK FORMAT)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HR MNT

SECTION 6: OUTCOME & REVIEW OF DOCUMENTATION								
Question	Code							
COMPLETE THIS SECTION FOR ALL CLIENTS								
CONDITION OF MOTHER & NEWBORN AT END OF OBSERVATION								
Q600*: Was the woman referred to another facility for care before she went into active labor/second stage of labor?	1	2		No → Q602A				
Q600A**: WHY WAS THE WOMAN REFERRED? CIRCLE ALL THAT APPLY								
Prolong Labor	A							
Fetal death	B							
APH	C							
PPH	D							
Other	X							
Q600B**: WHERE WAS THE WOMAN REFERRED?								
CEoNC site	1							
BEoNC site	2							
Other	6							
Q600C**: TYPE OF MANAGING AUTHORITY WOMEN REFERRED TO?								
Government/Public	1							
NGO/Private not-for-profit	2							
Private-for-profit	3							
Mission/faith-based	4							

Q600D**: WHAT WAS THE MODE OF TRANSPORTATION FOR REFERAL? CIRCLE ALL THAT APPLY		
STRETCHER	A	
DOKO	B	
RICKSHAW/BICYCLE	C	
AUTO VEHICLE	D	
HAND CART/WHEEL BARROW	E	
ANIMAL DRIVEN CART	F	
AMBULANCE	G	
OTHER	X	
<i>RECORD THE STATUS OF MOTHER AND NEWBORN AT THE END OF FIRST HOUR AFTER BIRTH.</i>		
Q601: RECORD OUTCOME FOR THE MOTHER		
Goes to recuperation ward	1	
Referred to specialist, same facility	2	
Goes to surgery, same facility	3	
Referred, other facility	4	
Death of mother	5	
Don't know	8	
Q602: RECORD OUTCOME FOR THE NEWBORN OR FETUS		
Goes to normal nursery	01	
Referred to specialist, same facility	02	
Referred, other facility	03	
Goes to ward with mother	04	
Newborn death	05	
Fresh stillbirth	06	
Macerated stillbirth	07	
Don't know	98	
POTENTIALLY HARMFUL PRACTICES		
Q602A**: RESPECTFUL MATERNITY		
DID YOU SEE ANY OF THE FOLLOWING PRACTICE? CIRCLE ALL THAT APPLY		
Uses physical force/abrasive behavior including slapping or hitting to the client	A	
Demonstrates a caring and appropriate behavior to the client	B	
Explains client about the procedures in a language client could understand and encourages to client to ask questions	C	
Maintains visual and auditory privacy	D	
Shows any discriminatory behavior	E	
Attends to client when she calls	F	
None of the above	Y	
Q603: DID YOU SEE ANY OF THE FOLLOWING HARMFUL OR INAPPROPRIATE PRACTICES BY HEALTH WORKERS? CIRCLE ALL THAT APPLY		
Use of enema	A	
Pubic shaving	B	
Apply fundal pressure to hasten delivery of baby or placenta	C	
Lavage of uterus after delivery	D	
Slap newborn	E	
Hold newborn upside down	F	
Milking the newborn's chest	G	
Excessive stretching of the perineum	H	
Shout, insult or threaten the woman during labor or after	I	
Slap, hit or pinch the woman during labor or after	J	
None of the above	Y	
Q604: DID YOU SEE ANY OF THE FOLLOWING PRACTICES DONE WITHOUT AN APPROPRIATE INDICATION? CIRCLE ALL THAT APPLY		
Manual exploration of the uterus after delivery	A	
Use of episiotomy	B	
Aspiration of newborn's mouth and nose as soon as head is born	C	
Restrict food and fluids in labor	D	
None of the above	Y	

REVIEW OF PARTOGRAPH AND/OR CHART FOR COMPLETENESS				
Question	Yes	No	DK	Go to
Q605: Check Q500. Was the newborn resuscitated?	1	2	8	No/DK → Q611
EXAMINE CHART TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION:				
Q606: Condition of the newborn at birth	1	2	8	
Q607: Procedures necessary to initiate breathing	1	2	8	
Q608: Time from birth to initiation of spontaneous breathing or time of death if unsuccessful	1	2	8	
Q609: Any clinical observations during resuscitation, including baby vital signs	1	2	8	
Q610: Final outcome of resuscitation measures	1	2	8	
EXAMINE PARTOGRAPH IF AVAILABLE				
Q611: Partograph used to monitor labor	1	2	No → Q630	
Q613: Initiated use of partograph at the appropriate time	1	2	8	
EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION WHILE THE WOMAN WAS IN ACTIVE LABOR:				
Q614: Fetal heart rate plotted at least every half hour	1	2	8	
Q615: Cervical dilatation plotted at least every four hours	1	2	8	
Q616: Descent of head plotted at least every 4 hours	1	2	8	
Q617: Frequency and duration of contractions plotted at least every 30 Minutes	1	2	8	
Q618: Maternal pulse plotted at least every 4 hours	1	2	8	
Q619: BP recorded at least every one hour	1	2	8	
Q620: Temperature recorded at least every two hours	1	2	8	
Q621: OBSERVER: DID YOU SEE PROVIDER FILL OUT PARTOGRAPH AFTER DELIVERY, WITH INFORMATION THAT SHOULD BE ENTERED DURING LABOR? (CIRCLE "DON'T KNOW" IF PARTOGRAPH USE WAS NOT OBSERVED)	1	2	8	
EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION ABOUT THE DELIVERY				
Q622: Birth time	1	2	8	
Q623: Delivery method	1	2	8	
Q624: Birth weight	1	2	8	
DATA EXTRACTION FROM PARTOGRAPH AND/OR CHART				
Q625: OBSERVER: WAS ACTION LINE ON PARTOGRAPH REACHED?	1	2	8	No/DK → Q630
Q626: OBSERVER: RECORD TIME ACTION LINE WAS REACHED (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	HR MNT
Q627: OBSERVER: IF ACTION LINE WAS REACHED ON PARTOGRAPH, WAS ANY <u>DEFINITIVE ACTION</u> TAKEN?	1	2	8	No/DK → Q630
Q628: OBSERVER: RECORD TIME ACTION WAS TAKEN. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	HR MNT
Q629: OBSERVER: WHAT DEFINITIVE ACTION WAS TAKEN?	Code			
Consult with clinician	1			
Consult with senior nurse or midwife	2			
Refer to other facility for care	3			
Prepare for assisted delivery	4			
Prepare for C-section	5			
Other (specify _____)	6			
FOR THE FOLLOWING QUESTIONS: EXAMINE PARTOGRAPH AND/OR CHART TO DETERMINE THE FOLLOWING INFORMATION. IF THE INFORMATION IS NOT IN THE CHART OR PARTOGRAPH, BUT THE OBSERVER KNOWS THE INFORMATION OR PREVIOUSLY RECORDED THE INFORMATION IN ANOTHER SECTION, HE OR SHE SHOULD FILL IN THEIR OWN ANSWER. IF THE INFORMATION IN THE CHART OR PARTOGRAPH DIFFER FROM OBSERVER'S INFORMATION, USE OBSERVER'S INFORMATION.				
Q630: RECORD AGE OF WOMAN (COMPLETED YEARS)	<input type="text"/>	<input type="text"/>		
Q631: RECORD THE GRAVIDA OF THE WOMAN	<input type="text"/>	<input type="text"/>		

Q632: RECORD THE PARITY OF THE WOMAN <u>PRIOR TO THIS DELIVERY</u>	<input type="text"/> <input type="text"/>			
Q633: RECORD TIME OF ADMISSION TO LABOR WARD. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HR MNT			
Q634: RECORD CENTIMETERS DILATED UPON ADMISSION TO LABOR WARD. ENTER 98 IF UNKNOWN	<input type="text"/> <input type="text"/> Centimeters			
Q635: RECORD TIME MEMBRANES RUPTURED. ENTER 98:98 IF UNKNOWN (USE 24-HR CLOCK FORMAT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HR MNT			
Q636: HOW DID THE MEMBRANES RUPTURE?	Code			
Spontaneous	1			
Artificial	2			
Don't know	8			
Q637: RECORD TYPE OF DELIVERY				
Spontaneous vaginal	1			
Assisted (instrumented)	2			
Caesarean	3			
Don't know	8			
Q638: RECORD TIME OF BIRTH. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HR MNT			
Q639: RECORD BIRTH WEIGHT IN GRAMS. ENTER 9998 IF UNKNOWN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gram			
Q640: RECORD GESTATIONAL AGE IN WEEKS AT BIRTH. ENTER 98 IF UNKNOWN.	<input type="text"/> <input type="text"/> Weeks			
Question	Yes	No	DK	Go to
Q641: WAS WOMAN DIAGNOSED WITH SEVERE PE/E?	1	2	8	No/DK → Q643
Q642: WAS BABY DELIVERED WITHIN 24 HOURS OF PE/E DIAGNOSIS?	1	2	8	
Q643: DID THE MOTHER HAVE BLOOD LOSS OF MORE THAN 500ML?	1	2	8	No/DK → Q645
Q644: WAS SHE DIAGNOSED WITH POSTPARTUM HEMORRHAGE?	1	2	8	
Q645: DID THE MOHTER DEVELOP A FEVER OF 38° C OR HIGHER DURING LABOR?	1	2	8	No/DK → Q647
Q646: WAS SHE DIAGNOSED WITH CHORIOAMNIONITIS DURING LABOR?	1	2	8	
Q647: WERE ANTIBIOTICS ADMINISTERED TO MOTHER AT ANY TIME?	1	2	8	No/DK → Q651
Q648: WHEN WERE ANTIBIOTICS ADMINISTERED? CIRCLE ALL THAT APPLY	Code			
1st stage	A			
2nd stage	B			
3rd stage	C			
Postpartum	D			
Q649: WHY WERE ANTIBIOTICS ADMINISTERED? CIRCLE ALL THAT APPLY	Code			
Treatment for chorioamnionitis	A			
After pre-labor rupture of membranes	B			
Preparation for C-section	C			
Routine/prophylactic	D			
Third stage/postpartum procedure	E			
Don't know	Z			
Q650: WHICH ANTIBIOTICS WAS ADMINISTERED? CIRCLE ALL THAT APPLY				
Amoxicillin	A			
Ampicillin	B			
Gentamicin	C			
Metronidazole	D			
Cephalosporin	E			
Other (specify _____)	X			
	Don't know	Z		

Question	Yes	No	DK	Go to
Q651: IS MOTHER HIV POSITIVE? CIRCLE "DON'T KNOW" IF HIV STATUS IS UNKNOWN OR WAS NOT DISCUSSED	1	2	8	No/DK → Q654
Q652: WAS NEWBORN GIVEN ARV(s)?	1	2	8	No/DK → Q654
Q653: RECORD TYPE OF ARV(s) GIVEN TO NEWBORN	Code			
	NVP	1		
	AZT	2		
	3TC	3		
	Don't know	8		

Q654: PLEASE COMMENT ON THE QUALITY OF CARE PROVIDED:

Was mother treated respectfully? Informed of procedures to herself and her baby? Was the situation chaotic or calm? Were there any major delays in needed treatment? If so, for what drugs/procedures and why? Were multiple health workers involved? Who? If maternal or newborn/fetal death occurred, describe the circumstances. Was the mother counseled about the death of newborn/fetus?

SECTION 7: OBSERVATION OF POSTPARTUM HEMORRHAGE				
Question	Yes	No	DK	Go to
Q700: Was this section observed?	1	2		No → Q801
Q702: Record time complication started	<input type="text"/>	<input type="text"/>	<input type="text"/>	HR MNT
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER). IF TIME OF EVENT IS UNKNOWN, ENTER 99:99. IF DOSE OF MEDICATION IS UNKNOWN, ENTER 99.				
IMMEDIATE CARE				
Q703: Monitors bleeding	1	2		No → Q705
Q704: How much bleeding was there (in mL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	ml If 995996
Q705: Assess the woman's condition for shock	1	2		No → Q707
Q706: Monitor pulse, Blood Pressure, Respiration & Temperature	1	2		
Q707: Performs blood sample for blood grouping, Hemoglobin and cross matching				
Q708: Open I.V line and start fluids	1	2		No → Q710
Q709: Start oxytocin I.V 20 units in 1litre of Ringer Lactate	1		2	
Q710: Catheterization of Urinary bladder with Foley's catheter	1	2		
Q711: Performs bed side clotting test	1	2		
Q712: Performs uterine massage	1	2		
Q713: Which other uterotonic are available:	Code			
	Inj. Ergometrine	1		
	Inj. Tranexemic acid	2		
	Misoprostol	3		

ASSESSES THE CAUSE OF PPH	Yes	No	DK	Go to
Q714: Performs abdominal examination for uterine contraction	1	2		
Q715: Ask if Ballon tamponade was inserted for immediate stoppage of bleeding?	1	2		
Q716: Examines the vagina and perineum for lacerations and or cervical tear	1	2		
Q717: Examines the placenta for completeness	1	2		
IMMEDIATE OUTCOME OF WOMAN				
Q718: Did the bleeding stop after immediate intervention or was the patient referred to centers like BeONC or CeONC if needed?	Yes, bleeding stop after immediate intervention.....	1		
	Yes, referred to centers like BeONC or CeONC	2		
	No action taken.....	3		
Q720: Is the woman's condition stable?	1	2		
Q721: What is the woman's diagnosis (CIRCLE ALL THAT APPLY)	Atonic uterus.....	A		
	Laceration	B		
	Incomplete expulsion of placenta	C		
	Placenta attached	D		
	Coagulopathy	E		
Q722: At what stage of labor and delivery did the complication occur:	At delivery	1		
	Postpartum (before discharge)	2		
Q723: FINAL OUTCOME: Did the patient?	Recover and discharged	1		
	Referred to higher center	2		
	Expired	3		
OBSERVATIONS OF THE DELIVERY ROOM				
Q801 Is there water available in the delivery room today? (Choose the major one)	Running water: Piped with tap.....	1		
	Running water: Bucket with tap.....	2		
	Storage container without tap: Bucket or basin	3		
	Others (Specify)	6		
	No water supply in delivery room.....	4		
Q802: What type of hand washing facilities do this delivery room have?	Hand washing facilities with water and soap	1		
	Hand washing facilities is available but either water or soap are available.....	2		
	Only alcohol-based hand rub is available.....	3		
	None of the above is available	4		

NEPAL HEALTH FACILITY SURVEY – 2020-21

Exit Interview Questionnaire for Postpartum Women

1. FACILITY NUMBER	<input type="text"/>				
2. PROVIDER SERIAL NUMBER (FROM STAFF LISTING FORM).....	<input type="text"/>				
3. CLIENT CODE (FROM CLIENT LISTING FORM	<input type="text"/>				
4. FACILITY HAS IMPLEMENTED "AAMA PROGRAM"	<table border="0"> <tr> <td>YES</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/> 2</td> </tr> </table>	YES	<input type="checkbox"/> 1	NO	<input type="checkbox"/> 2
YES	<input type="checkbox"/> 1				
NO	<input type="checkbox"/> 2				

INFORMATION ABOUT INTERVIEW

Date _____	Day <input type="text"/> <input type="text"/>
Name of interviewer: _____	Month <input type="text"/> <input type="text"/>
	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Interviewer code <input type="text"/> <input type="text"/> <input type="text"/>

READ TO CLIENT: Hello, I am _____, we are representing New ERA which is located in Kathmandu. Currently, we are conducting health facility survey all over Nepal for MoHP, Nepal. This survey aims to collect health facility related information in order to improve the services, this facility is providing. I would like to ask you some questions about your experiences here today. 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.

Information from this interview will be used by MoHP for planning service improvement or for conducting further studies of health services and 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.

Data collection will take place (January-July 2021), data will be released on December 2021
Datasets from this study will only be available for legitimate research purposes

If you have any questions regarding the survey please contact:
Mr. Yogendra Prasai, Project Director, New ERA, Kathmandu
Phone number: 9851003871
Mr. Kiran Acharya, Deputy Project Director, New ERA, Kathmandu
Phone number: 9841295126

Do you have any questions for me? Do I have your permission to continue with the interview?

Interviewer's signature
(Indicates respondent's willingness to participate)

Day Month Year

				2	0	2	1
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100. BACKGROUND

S.N.	Question/Information	Coding Categories	Skip						
100	May I begin the interview now?	Agrees.....1 Client refuses.....2	→ End						
101	RECORD THE TIME OF INTERVIEW STARTED USE 24 Hrs FORMAT	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOUR MINUTE							
102	RECORD ADMISSION DATE FROM THE DISCHARGE SLIP	<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year							
102A	RECORD ADMISSION TIME FROM THE DISCHARGE SLIP	Time <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOUR MINUTE							
103	What is your caste/ethnicity?	Brahmin/Chhetri.....1 Terai Madhesi other castes2 Dalit.....3 Newar.....4 Janajati.....5 Muslim.....6 Others96							
104	How old are you?	Age in years <input type="text"/> <input type="text"/> Don't know.....98							
106	Have you ever been to school?	Yes.....1 No2	→ 107C						
107A	What is the highest level of school you attended ? (If Completed Less Than One Grade, Record '00')	Highest grade completed* <input type="text"/> <input type="text"/>							
<p>*Codes for Grades</p> <table> <tr> <td>00 = Not passed grade I</td> <td>11 = Passed proficiency certificate</td> </tr> <tr> <td>01-09 = Grade 1 to 9 passed</td> <td>12 = Passed Bachelor degree</td> </tr> <tr> <td>10 = SLC passed</td> <td>13 = Passed Master or higher degree</td> </tr> </table>				00 = Not passed grade I	11 = Passed proficiency certificate	01-09 = Grade 1 to 9 passed	12 = Passed Bachelor degree	10 = SLC passed	13 = Passed Master or higher degree
00 = Not passed grade I	11 = Passed proficiency certificate								
01-09 = Grade 1 to 9 passed	12 = Passed Bachelor degree								
10 = SLC passed	13 = Passed Master or higher degree								
107B	Check Q. 107A								
	Grade 5 or Lower <input type="checkbox"/>	Grade 6 or higher <input type="checkbox"/>	→ 201						
107C	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 sentence2 Able to read whole sentence.....3 No card with required language4 Blind/visually impaired5							

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 HusbandB ParentsC Parents-in-law.....D Son/daughterE Brother/sisterF Brother-/sister-in-law.....G Other relativeH FCHVI Outreach health workerJ Was referred from other facilityK Others (Specify)X	→ 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 HusbandB ParentsC Parents-in-law.....D Son/daughterE Brother/sisterF Brother-/sister-in-law.....G Other relativeH FCHVI Outreach health workerJ 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 No2 Wanted to come earlier3 Do not know.....8	
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 complication1 Before labor pain started2 Within first 12 hrs. of labor pain3 After 12 hours of labor pain4 Following Postpartum complication5 Others (Specify)6	
204A	CHECK THE DISCHARGE SLIP AND RECORD MODE OF DELIVERY	Spontaneous vaginal delivery.....1 Forceps (instrument to pull baby out)2 Vacuum (instrument to suck baby out) ..3 Caesarean Section.....4 Others (Specify)6	
204X **	Check Q. 204=2 (Before labor pain started) and Mode of delivery is Caesarian Section (Q.204A=4) 	Q.204≠ 2 OR Q.204A≠4 <input type="checkbox"/> → 205	
204B **	Was it planned in advance that you have a caesarian birth?	Yes.....1 No2	
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.....  Hrs.....  Minutes  Don't know98	

S.N.	Question/Information	Coding Categories	Skip
206	What mode(s) of transportation did you use to get here?	STRETCHER.....A DOKOB RICKSHAW / BICYCLE.....C AUTO VEHICLED HAND CART/WHEEL BARROW.....E ANIMAL DRIVEN CART/TANGAF AMBULANCE.....G ON FOOT.....H OTHERS (SPECIFY)X	
207	How much did it cost you to get here? <i>(Only include cost incurred for transport)</i> IF NO COST EXPENDITURE WRITE "00"	Rupees <input type="text"/> Used own vehicle 99995 Don't know 99998	
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 <input type="checkbox"/> implemented AAMA program (Option "1" is circled)	The facility has <input type="checkbox"/> not-implemented AAMA program (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	

S.N.	Question/Information	Coding Categories	Skip
214	What do you think is good about the transport incentive?	Nothing good about itA Supports costs associated with delivery (e.g. transport).....B Encourages women to deliver in facilityC Safer care for mother and baby.....D Saves lives of mothers and babies.....E Others (Specify)X Don't knowZ	
215	What do you think is not good about the transport incentive provided by the government?	Everything is fineA People not aware of itB Does not benefit poorC Delay in receivingD Do not receive.....E It is difficult to get it from providersF It is difficult to get full amount/ providers only give some of itG It does not cover all cost incurred for transportation.....H It does not cover the cost of treating the newbornI It does not cover all costs associated with delivery.....J Medicines are not free of costK Laboratory tests are not freeL Others (Specify)X Don't knowZ	
216	How much should you receive from the transport incentive?	Rupees <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 No2 → 219	
218	How much have you received?	Rupees <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 laterB Concerned person is not here to provide incentive.....C Asked for identification cardD 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 freeA Transport incentives.....B Safer than home delivery.....C To have a skilled birth attendant.....D Health worker advised meE Had complication/experienced danger signs (i.e. before arriving at facility).....F Female staffG Clients are well treatedH Nearby facilityI Maintained good reputation for dealing with delivery casesJ Others (Specify)X	
302	Did you experience any of the danger signs/had complications before arriving at the facility?	Yes1 No.....2 Don't know8	304
303	If yes, what danger signs/ complications did you experience?	Severe headacheA Blurred visionB Severe lower abdominal pain.....C Severe upper abdominal painD Swelling of hand, body or faceE Any vaginal spotting or bleedingF Convulsion/unconsciousness.....G 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	
304	During labor, did health worker do anything to speed your labor?	No.....1 Yes, used oxytocin2 Yes, but can't say what was done3 Don't know.....8	
304 A**	CHECK THE DISCHARGE SLIP AND NOTE THE INDICATION	Date of deliveryA Time of delivery.....B Weight of babyC	
305	CHECK Q.204A	Spontaneous vaginal delivery1 Forceps (instrument to pull baby out)2 Vacuum (instrument to suck baby out) ..3 Caesarean Section4 Others (Specify)6	307
306	CHECK THE DISCHARGE SLIP AND NOTE THE INDICATION	Fetal distress.....A Maternal distressB Complete obstruction by fibroid, tumor, ovarian cyst.....C Narrow birth passage (CPD)D Oversized babyE Failure of contraction to progress.....F Previous caesarean section.....G Antepartum Haemorrhage (Placenta previa or abruption placenta)H Genital herpes in mother, blood pressure, diabetes, HIV.....I Multiple pregnancy (twins/triplets).....J Abnormal fetal presentations (like transverse lie).....K	

S.N.	Question/Information	Coding Categories				Skip
307	Did you/your baby suffer from any complications at the facility?	Others (Specify)X				
		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				
	Check Q4 The facility has <input type="checkbox"/> implemented AAMA program (Option "1" is circled)	The facility has <input type="checkbox"/> not-implemented AAMA program (Option "2" is circled)				317
	ANSWER FROM THE CARETAKER/RESPONSIBLE PERSON IS ACCEPTABLE.					
308	Did you pay for delivery? (INFORMATION FROM THE CARETAKER IS ACCEPTABLE)	Yes.....1 No2 Don't know8				→ 311
309	What did you pay for & how much? (INFORMATION FROM THE CARETAKER IS ACCEPTABLE)	Yes	No	Don't Know	If yes, Amount paid in NRs.	
	1. Registration fee	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	2. Medicine	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3. Delivery/ Operation fee	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	4. Complication management fee	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	5. Informal payment to the provider	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	6. Delivery items required (gloves, sanitary pad, etc.)	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	7. Bed/Room Fees	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	8. Cleaning staff tips	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	9. Others (Specify) _____	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	10. Suture materials	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	11. Wound dressing materials during C section	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	12. Blood transfusion	1	2	8	RS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 pay1 Voluntarily offered to pay2 Both3				

S.N.	Question/Information	Coding Categories	Skip
310A	How do you feel about the amount you paid for utilization of the service in the health facility? READ ALL STATEMENTS, CIRCLE ONLY ONE 01): I AM VERY SATISFIED 02): I AM FAIRLY SATISFIED..... 03): I AM NEITHER SATISFIED NOR DISSATISFIED (NEUTRAL)..... 04): I AM FAIRLY DISSATISFIED..... '05): I AM VERY DISSATISFIED	1 2 3 4 5	
311	Are you aware that you can get free delivery care at this health facility?	Yes.....1 No2	→ 317
312	How did you hear about free delivery care?	Family Members/relative.....A Friends/neighborsB FCHVC Health ProviderD Facility staff.....E TelevisionF Radio/FMG Poster/pamphlet.....H I/NGO or other community based organizationsI Others (Specify)X	
313	Check Q. 308 & 311 Respondent has paid for delivery service and is also aware that the delivery care service is free at health facility (Q308 = 1 and Q311 = 1) □	'No' response in either Q308 or Q311 or in both□	→ 315
314	You told us that despite knowing about free delivery care you paid for it. Why?	No drugs in stockA I was told the facility was short of moneyB I was told I would not get any treatment unless I paidC I was told that free delivery service is not available at this facilityD I was told I was not eligible to it because I did not take 4 ANC servicesE Because I was admitted to a cabinF I didn't ask.....G Others (Specify)X	
315	What do you think is good about free delivery care?	Nothing good about it.....A Financially accessibleB Encourages women to deliver in facilityC Enables poorer women to deliver in facilityD Others (Specify)X Don't knowZ	
316	What do you think is not good about free delivery care provided by the government?	Everything is fine.....A People not aware of itB Does not benefit poor.....C Medicines are not free of cost.....D Staff still charge for servicesE Others (Specify)X Don't knowZ	
317	When did you get discharged after normal delivery?	After 24 hours1 Before 24 hours2	→ 401

S.N.	Question/Information	Coding Categories	Skip
318	What are the reasons of discharging you before 24 hours? Probe	Have limited bedsA Client don't want to stay for 24 hoursB Overload of the cases..... C Others (specify)X	

400. QUALITY OF CARE

S.N.	Question/Information	Coding Categories	Skip
401	How long did you have to wait from when you first arrived until you were first assessed by a provider? (IF THE RESPONSE IS THAN 59 MINUTES OR LESS, WRITE TIME IN MINUTES AND 00 IN HOUR; OTHERWISE WRITE BOTH HOURS AND MINUTES)	<input type="text"/> <input type="text"/> Hrs. Minute Don't know.....98	
402	How satisfied were you about the waiting time? Read all statements, circle only one 1) I am very satisfied with the waiting time1 2) I am fairly satisfied with the waiting time2 3) I am neither satisfied nor dissatisfied (neutral) with the waiting time3 4) I am fairly dissatisfied with the waiting time4 5) I am very dissatisfied with the waiting time5		
403	Who assisted to deliver your baby?	Doctor1 Nurse/ANM2 Health Assistant/AHW/Sr. AHW3 Others (Specify)6 Don't know8	
404	What was the sex of the provider who assisted the delivery of your baby at the health facility?	Male1 Female2 → 405A	
405	If male, would you have preferred a female health staff?	Yes, I would have preferred a female health staff1 No I was comfortable2	
405A**	During the labor and delivery, did the service provider use physical force or abrasive behavior including slapping or hitting?	Yes1 No2 Do not know8	
405B**	During the labor and delivery, did the service provider demonstrate a caring and appropriate behavior that was comfortable with you?	Yes1 No2 Do not know8	
405C**	During the labor and delivery, did the service provider explain you about the procedures in a language you could understand and encouraged to you ask questions?	Yes1 No2 Do not know8	
405D**	During the labor and delivery, did you feel comfortable with the visual and auditory privacy that was provided to you?	Yes1 No2 Do not know8	
405E**	During the labor and delivery, did service provider show any discriminatory behavior?	Yes1 No2 Do not know8	
405F**	During the labor and delivery, did the service provider attended to you when you call?	Yes1 No2 Do not know8	

S.N.	Question/Information	Coding Categories	Skip																																																																																																
406	At anytime during your care, did you request a companion (e.g. friend/ family member etc) to join you?	Yes.....1 No2	→407A																																																																																																
407	Did the health provider allow to have your companion (e.g. friend / family member / FCHV) with you during the delivery and/or afterwards?	NoA Yes – during labor.....B Yes – during deliveryC Yes – after deliveryD Yes – during treatmentE																																																																																																	
407A**	Did you initiate skin to skin contact to your baby?	Yes.....1 No2																																																																																																	
408	After how long of the birth of your baby did you first put the baby to your breast to feed?	Within <input type="text"/> <input type="text"/> <input type="text"/> minutes Don't know 9998																																																																																																	
409	Before initiating breastfeeding, did you give your baby any pre- lacteal feed such as honey?	Yes.....1 No2																																																																																																	
410	Did the provider put chlorhexidine (Navi Malam) or any other in the baby's umbilicus?	Yes.....1 No2 Don't know	8																																																																																																
411	At the time of discharge did the health staff check/advise the following on both mother and baby?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;"></th> <th style="text-align: center; width: 15%;"><u>Yes</u></th> <th style="text-align: center; width: 15%;"><u>No</u></th> <th style="text-align: center; width: 15%;"><u>Don't know</u></th> </tr> </thead> <tbody> <tr> <td>Mother</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Check BP</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>2. Check pulse</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>3. Check temperature</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>4. 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S.N.	Question/Information	Coding Categories	Skip
		22. Check for pustules on skin 1 2 8 23. Check eye for discharge 1 2 8 24. Look for sign of jaundice in forehead, abdomen, palm, foot 1 2 8 25. Ask if newborn is breastfeeding well 1 2 8 26. Immunization advise 1 2 8 27. Postnatal care advise 1 2 8 28. Advised on danger signs during postnatal period 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	
414A**	When will you come for PNC visit?	After 3 days 1 When problem arises 2 Do not come 3 Don't know 8	
414B**	Did you receive PPFP counseling?	Yes 1 No 2 Don't know 8	
414C**	Did you adopt PPFP?	Yes 1 No 2 Don't know 8	
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 facility1 2) I am fairly satisfied with the cleanliness in facility2 3) I am neither satisfied nor dissatisfied (neutral) with the cleanliness in facility3 4) I am fairly dissatisfied with cleanliness in the facility4 5) I am very dissatisfied with the cleanliness in the facility5	
420	Were the following things in place to maintain your privacy? 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	Yes No Don't know
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 facility1 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 facility3 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 patient2 No3
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 No2
425	Were you able to use the toilet in the facility when needed?	Yes.....1 No2
426	Was this your first delivery?	Yes.....1 No2
427	If this is not first delivery Where did you deliver your previous child?	Health facility.....1 Home2 On the way.....3 Others (Specify)6
428	If first child was delivered at a facility In which facility did you deliver your previous child?	This facility1 Public hospital.....2 PHCC.....3 Health Post4 CHU5 Private Clinic.....6 Private/Teaching Hospital7

		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 lessB Cost moreC Better careD Worse care.....E Better staff behavior.....F Worse staff behavior.....G Cleaner/more hygienic.....H Less clean/hygienicI Provision of free medicineJ Others (Specify)X	
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 facility3 4) I am fairly dissatisfied with the care I received in this facility4 5) I am very dissatisfied with the care I received in this facility5		
433	Would you deliver at this facility again?	Yes.....1 No2 Do not intend to have anymore children3 Don't know8	
434	Would you recommend others (your friends and family member/relative) to deliver at this facility?	Yes.....1 No2 Don't know8	
435	What are the main improvements that you think this health facility should make?	Staff should be helpfulA Staff should have good behaviorB Staff should be competent/skilledC Should take steps to reduce waiting timeD Should discharge clients on timeE Should Provide incentives on timeF Should not charge for items.....G Should provide free serviceH Should provide free blood transfusion serviceI Should make the facility clean/ hygienic.....J Should make more beds availableK Should make bed linen availableL Should work on maintenance of privacy.....M Service provider should be maleN Service provider should be femaleO Should be nearerP Should have room heating facility in the delivery roomQ Nothing to improve.....Y Others (Specify)X	

FACILITY SUMMARY SHEET

Facility No.: _____

Team No.: _____

Facility Name: _____ Closing Date: _____

STAFF HISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> INTERVIEWER CODE
						<input type="checkbox"/> TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS
						<input type="checkbox"/>
LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE 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 WORKERS 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)		
PROV SERIAL NUMBER	NAME OF PROVIDER	QUALIFICATION CODE	GENDER	SERVICES PROVIDED IN FACILITY		
				DIAGNOSIS/TREATMENT		
				NCD	STI	TB
				AND TESTING	HIV COUNSELLING	MALARIA
				PREScribe ART	RELATEd HIV/AIDS	RELATEd HIV/AIDS
				ANTENatal CARE	PMCT	DELIVERY
				FAM PLANNING	CHILD HEALTH	SURGERY
				CONDuct LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY
				CONDUCT WORKER	HEALTH REVIEW	<input type="checkbox"/>
				(6)	(7)	
01	01	01	01	01	01	01
02				02	02	02
03				03	03	03
04				04	04	04
05				05	05	05
06				06	06	06
07				07	07	07
08				08	08	08
09				09	09	09
10				10	10	10
11				11	11	11
12				12	12	12
13				13	13	13
14				14	14	14
15				15	15	15
16				16	16	16
17				17	17	17
18				18	18	18
19				19	19	19
20				20	20	20

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

INTERVIEWER CODE

三

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE 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 MADE. 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 QUESTIONNAIRE", CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

PP PROVIDER Q1 ALIGNMENT CATEGORY:

INTRODUCTION	01
GENERALIST (NON-SPECIALIST) MEDICAL DOCTOR	02
GYNECOLOGIST / OBSTETRICIAN	03
ANESTHESIOLOGIST	04
PATHOLOGIST	05
GENERAL SURGEON	06
PEDIATRICIAN	07
OTHER SPECIALISTS MEDICAL DOCTORS	08
MEDICAL OFFICER (MBBS)	09

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

PUBLIC HEALTH INSPECTOR / PHO	12
AUXILIARY NURSE MIDWIFE (ANM)	13

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER		INTERVIEWER CODE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(1)	(2)	(3)	(4)
(5) SERVICES PROVIDED IN FACILITY			
PROV SERIAL NUMBER	NAME OF PROVIDER	CODE QUALIFICATION	GENDER
41		PRESCRIBE ART	RELATIED HIV/AIDS
42			MALARIA
43			ANC
44			CD
45			SE
46			TB
47			DELIVERY
48			PMCT
49			FAM PLANNING
50			CHILD HEALTH
51			SURGERY
52			CONDUCUT LABORATORY TESTS
53			OTHER CLIENT SERVICES
54			HEALTH WORKER INTERVIEW
55			INTERVIEWED FOR INVENTORY
56			SELECTED FOR INVENTORY
57			
58			
59			
60			

PROVIDER QUALIFICATION CATEGORY:

GENERALIST (NON-SPECIALIST) MEDICAL DOCTOR	01	ANESTHETIC ASSISTANT	09	COUNSELOR WITH CLINICAL QUALIFICATION (STAND -ALONE HTC ONL'16
GYNECOLOGIST / OBSTETRICIAN	02	NURSE (MN, BSC NURSE, BN, PCL) MIDWIFE	10	COUNSELOR WITHOUT CLINICAL
ANESTHESIOLOGIST	03	LABORATORY TECHNOLOGIST/OFFICER	11	QUALIFICATION (STAND -ALONE HTC ONLY)
PATHOLOGIST	04	LABORATORY TECHNICIAN	12	OTHER CLINICAL STAFF NOT LISTED ABOVE
GENERAL SURGEON	05	LABORATORY ASSISTANT	13	NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION
PEDIATRICIAN	06	HEALTH ASSISTANT (HA) AHW / SAWH /		
OTHER SPECIALISTS MEDICAL DOCTORS	07	PUBLIC HEALTH INSPECTOR / PHO		
MEDICAL OFFICER (MBBS)	08	AUXILIARY NURSE MIDWIFE (ANM)		

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

INTERVIEWER CODE

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(1)	(2)	(3)	(4)	SERVICES PROVIDED IN FACILITY							(6)	(7)				
				ANC	NCD	TB	MALARIA	RELATED HIV/AIDS	PRESCRIBE ART	HIV COUNSELLING AND TESTING	DIAGNOSIS/TREATMENT	DELIVERY	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES
61															61	61
62															62	62
63															63	63
64															64	64
65															65	65
66															66	66
67															67	67
68															68	68
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76															76	76
77															77	77
78															78	78
79															79	79
80															80	80

PROVIDER QUALIFICATION CATEGORY:

GENERALIST (NON-SPECIALIST) MEDICAL DOCTOR	01	ANESTHETIC ASSISTANT	09	COUNSELOR WITH CLINICAL QUALIFICATION (STAND -ALONE HTC ONLY)
GYNECOLOGIST / OBSTETRICIAN	02	NURSE (MN, BSC NURSE, BN, PCL) MIDWIFE	10	COUNSELOR WITHOUT CLINICAL
ANESTHESIOLOGIST	03	LABORATORY TECHNOLOGIST/OFFICER	11	QUALIFICATION (STAND -ALONE HTC ONLY)
PATHOLOGIST	04	LABORATORY TECHNICIAN	12	OTHER CLINICAL STAFF NOT LISTED ABOVE
GENERAL SURGEON	05	LABORATORY ASSISTANT	13	NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION
PEDIATRICIAN	06	HEALTH ASSISTANT (HA) / AHW / SAWH /		
OTHER SPECIALISTS MEDICAL DOCTORS	07	PUBLIC HEALTH INSPECTOR / PHO		
MEDICAL OFFICER (MBBS)	08	AUXILIARY NURSE MIDWIFE (ANM)		

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

INTERVIEWER CODE

USE THIS FORM TO COMPILE 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 IN CHARGE 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 IN CHARGE TO TELL YOU THE SERVICES THAT THESE PEOPLE PROVIDE AS PART OF THEIR WORK IN THE FACILITY.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
PROV SERIAL NUMBER	NAME OF PROVIDER	QUALIFICATION CODE	GENDER	SERVICES PROVIDED IN FACILITY		
81				DIAGNOSIS/TREATMENT		
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						

PROVIDER QUALIFICATION CATEGORY:

GENERALIST (NON-SPECIALIST) MEDICAL DOCTOR	01	ANESTHETIC ASSISTANT	09	COUNSELOR WITH CLINICAL QUALIFICATION (STAND ALONE HTC ONLY)
GYNECOLOGIST / OBSTETRICIAN	02	NURSE (MN, BSC NURSE, BN, PCL) MIDWIFE	10	COUNSELOR WITHOUT CLINICAL
ANESTHESIOLOGIST	03	LABORATORY TECHNOLOGIST/OFFICER		QUALIFICATION (STAND ALONE HTC ONLY).....
PATHOLOGIST	04	LABORATORY TECHNICIAN		17
GENERAL SURGEON	05	LABORATORY ASSISTANT		OTHER CLINICAL STAFF NOT LISTED ABOVE
PEDIATRICIAN	06			18
OTHER SPECIALISTS MEDICAL DOCTORS	07			NON-CLINICAL STAFF / NO TECHNICAL QUALIFICATION
MEDICAL OFFICER (MBBS)	08			95
				96
				97
				98
				99