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**Pre-Intervention Baseline Survey on
Effectiveness of Nurse and Paramedic Network**

AN OPERATIONS RESEARCH STUDY

Submitted to

Commercial Market Strategies

WASHINGTON D.C.

FINAL REPORT

SEPTEMBER 2001

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ACKNOWLEDGEMENTS

The successful accomplishment of this study is an outcome of the collective efforts of the study team and many individuals.

The study team wishes to express its sincere gratitude to Commercial Market Strategies (CMS) for entrusting this important operations research study to CREHPA. We would particularly like to thank Dr. Lily Kak, (former Asia/Near East Regional Manager of CMS) for her encouragement and invaluable input during the initial research design phase. Thanks are also due to Ms. Asma Balal, Senior research Associate, CMS, for her untiring contribution in questionnaire finalization, pre-testing and training and providing continuous encouragement and support to us. We are also thankful to her as well as Mr Craig Carlson, Asia/Near East Regional Manager of CMS for their useful suggestions and feedback on the draft report.

We would also extend sincere thanks to NFCC, particularly, Dr. Mahendra Shrestha, Assistant Executive Director, Mr. Tripurari Binod Pokherel and other staff of NFCC for their cooperation and support during the entire study period.

Finally, we are indebted to the nurses and paramedics, their clients and survey respondents who spared their valuable time and participated in the research with understanding and patients.

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Abbreviations and Acronyms

AHW	Auxiliary Health Worker
AIDS	Acquired Immune – Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
AVSC	Access to Voluntary & Safe Contraception
CHDK	Clean Home Delivery Kit
CMA	Community Medical Assistant <i>Auxiliary</i>
CMS	Commercial Market Strategies
CPR	Contraceptive Prevalence Rate
CRS	Contraceptive Retail Sales
DDA	Drug Dispensing Authority
DMPA	Depotmedroxyprogesterone Acetate
DOTS	Directly Observed Treatment, Short Course
ENT	Ear, Nose and Throat
FCHV	Female Community Health Volunteer
FP	Family Planning
HA	Health Assistant
HIV	Human Immune – Deficiency Virus
HP/SHP	Health Post/Sub Health Post
IEC	Information, Education and Communication
IUD	Intra Uterine Contraceptive Device
IV	Intra-vein
MCH	Maternal and Child Health
MWRA	Married Women of Reproductive Age
NFCC	Nepal Fertility Care Center
NFHS	Nepal Fertility and Health Survey
NPN	Nurse and Paramedic Network
OB/GYNs	Obstetric & Gynecology
OR	Operational Research
PHC	Primary Health Center
PMO	Private Medical Outlet
PSSN	Pariwar Swastha Sewa Network
RTI	Reproductive Tract Infection
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TB	Tuberculosis
TT	Tetanus Toxoid
TV	Television
USAID	United States Agency For International Development

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CHAPTER I

INTRODUCTION

1.1 Background

Nepal Fertility Care Center (NFCC) proposes to establish a **network for private nurses and paramedics (NPN)** with a view to expanding access to quality reproductive health (RH) services through in the districts outside of the Kathmandu Valley. The overall vision is to support the achievement of widespread availability of affordable, high-quality reproductive health services in Nepal. This will be accomplished through an expanded private network of nurses and paramedics that can be a major force for service provision in districts that lack a sufficient number of physicians (*Pilot Project Proposal of NFCC/Commercial Market Strategies, January 2001*).

NFCC has already established a network of private clinics called *Pariwar Sewa Swasthya Network (PSSN)* in 1992 with USAID assistance to expand private sector participation in family planning service provision. The network provided full range of contraceptive methods, including male and female sterilization, IUDs, Norplant, injectables, and oral contraceptives supplied by Nepal Contraceptive Retail Sales Co. (Nepal CRS Co). PSSN had received technical assistance and funding support from AVSC International (renamed as EngenderHealth). Prisma and Thompson-Nepal, the two advertising agencies, handled marketing with funding from Commercial Market Strategies (CMS). Currently, there are 156 physicians in the PSSN, most of whom are obstetricians and gynecologists (OB/GYNs) and a few general physicians. The network has been more successful in attracting OB/GYNs rather than General Practitioners. It is unlikely to expand the PSSN dramatically since the number of OB/GYNs in Nepal is low (approximately 200). Even though PSSN covers 13 districts, it has not greatly expanded access to services outside the Kathmandu Valley since the majority (64%) of its members work in the Valley.

The two networks (PSSN and NPN) will be linked by a formal referral system. They will both be managed by NFCC, which will oversee training, implementation, quality of care, monitoring of costs and utilization, and marketing.

The expansion of the NPN, and its coordination with PSSN, addresses the following concerns:

- Physicians are supportive of nurse and paramedic services in under-served districts, but they are fearful of competition in the valley. In both areas, concerns have been raised about nurse and paramedics misrepresenting their credentials to consumers. Coordination with the physicians and creating a separate network that will provide referrals to the physicians will address some of these concerns.
- An evaluation of the PSSN network revealed that the vast majority of clients visit the doctor for obstetric and gynecology services rather than family planning. Missed opportunities for family planning occurred because the doctors perceived the PSSN program to be a separate and vertical family planning program. Learning from this lesson, the new nurse and paramedic network will integrate family planning with

antenatal care and STI management. Services provided by nurses and paramedics will vary according to their level of training.

- A quality of care program will be developed that includes contributions from PSSN doctors, continued involvement of the nurse and paramedic trainers/monitors, and feedback from consumers. The goal is to build a cadre of nurse and paramedic providers with a reputation for quality, and to address all perceived quality problems that would limit physician support or consumer patronage.
- Marketing and management efforts of NFCC would parallel those for the PSSN network and establish coordination between the two networks wherever appropriate.

1.2 The Pilot Project

NFCC proposes to implement the nurse and paramedic network in a pilot district for one year before considering replication and expansion in the country. NFCC has selected Rupandehi as the pilot district based on the criteria such as: unmet need for family planning, contraceptive prevalence rate, antenatal visits, and easy access to enable close and ongoing monitoring of activities.

The objective of the pilot project is to test the effectiveness of a private-sector network model of health service delivery in improving access to and quality of reproductive health services through nurse and paramedics in Nepal. The aim of this model of service delivery is to introduce *new* RH service delivery points and differentiate them from other service delivery points according to their distinguishing features such as: High quality; Reliable/trustworthy; Confidential/private; Friendly; Caring; Affordable; and Conveniently located.

1.3 The Evaluation

CMS has contracted CREHPA, a research organization, to design and conduct operations research (OR) study to measure the effectiveness of the pilot project. The main objectives of the OR study are to determine the impact of the network on service quality and service utilization. Additionally, the study will also explore the effectiveness of various marketing strategies in bringing clients to the network clinics/outlets. In the proposed evaluation, CMS will review the OR research design and research instruments, assess progress of the research and provide feedback on the study reports.

The OR study employs a quasi-experimental design with an **experimental** and a non-equivalent *Control* group. The basic philosophy of the OR design is to compare results between *Experimental* and *Control* groups before and after the intervention (independent variable) has been introduced, i.e., effective *Treatment* is compared with no *Treatment*. The design requires *Treatment* to the experimental groups, and pre and post *Treatment* studies have to be conducted in order to derive comparable baseline measurements to test the *Treatment*. If the observed change from pre and posttest measurement for both groups is similar, we conclude that the *Treatment* did not influence the behavior being measured. On

the other hand, if differences between the two groups are observed, the independent variable may, in fact, have affected the behavior.

The *Treatment area* (where OR design will be experimented) will be Rupendehi district where NFCC will establish a nurse and paramedic network as a pilot program. Likewise, the *Control area* (for pre-test and post-test comparison) will be Nawalparasi District which has more or less similar physical (geographical) features and socio-economic characteristics of the population.

The OR study will have three data collection points: 1) Baseline Study, 2) Mid term Evaluation, and 3) End Line study. The field work for the baseline study was undertaken in April 2001. Mid term evaluation will be conducted after six to eight months of introducing the pilot project (January 2002). The End Line study will be carried out after completing one year of the pilot project phase (September 2002).

1.4 The Baseline Study Design

The purpose of the baseline study is to assess and document the pre-intervention status of services (range of) and information provided by the network members, client flow, catchment area, competence of the service providers and their views and aspirations from the network. The baseline findings will be used to compare the project progress and impact at the subsequent stages of the evaluation.

The baseline study has four research components/activities. They are:

- a) Providers Survey
- b) Clients Survey
- c) Household survey
- d) Assessment of Physical Facilities

a) Providers' Survey

Providers' survey in the *Treatment area* has been conducted with 50% (35 providers) of the total 70 nurses and paramedics identified by NFCC to assess i) Perceptions and aspirations from the network; ii) Perceptions about the training to be received and assistance need/desired, etc.; iii) range of services provided with especially in context to RH services; and iv) clients flow and catchment area. Selection of respondents for the providers' interviews was done through stratified random sampling technique. While selecting the respondents for providers interviews, the five categories of paramedics such as Health Assistants (HA), Staff Nurse (SN), Auxiliary Nurse Midwife (ANM), Auxiliary Health Worker (AHW) and Community Medicine Assistant (CMA) have been considered. Over and above, the areas of concentration (geographical spread of the nurse and paramedic's private medical outlets) was also assessed before sampling the providers. The four areas of network providers' concentration identified are: 1) Hospital nucleus (near the entrance of hospitals), 2) Outside the nucleus but within the municipality core, 3) Rural settlement along the main highways, and, 4) Away from highway in large rural settlement clusters.

The number of respondents for the providers' survey for the *Control* area was 35. For selecting the 35 providers in *Control* area, all the nurses and paramedics having their private medical outlets (PMO) were listed by the researchers (through field visits) according to the four main areas of concentration. Then, from each area of concentration, the number of respondents for the providers' survey was selected to coincide with the providers' sample of *Treatment* area.

b) Client Survey

Exit interviews with Clients visiting 24 randomly selected network members in both the *Treatment* and *Control* areas was conducted to examine: i) Reasons for choosing the clinic/pharmacy; ii) Range of service sought at the clinic/pharmacy; iii) Quality of care received, iv) Extent of satisfaction with the service provided; v) Residence/catchment area and vi) Daily turnover of the clients. These 24 providers were the sub-sample of the 35 providers sampled for the Providers survey. Each of the sampled clinic/facility was observed for 2 days and attempts were made to interview all clients visiting the clinic/pharmacy during the observation period by the researchers at the time of their departure to solicit the above information.

c) Household Survey

The household survey in *Treatment* area was carried out in randomly selected nine VDCs and four urban municipality wards (two wards each from two municipalities of Butwal and Siddharthnagar). In *Control* area, an equal number of VDCs (nine VDCs) was sampled. However, the number of municipal ward sampled was two since the *Control* area has only one municipality (Ramgram). Of the nine VDCs sampled in *Treatment* area, 5 had at least one network provider. From each ward of the sampled VDC, two wards were sampled randomly. However, the ward having a government health facility (PHC/health post/sub health) was omitted during sampling.

Systematic random sampling technique was employed to select 480 households for individual interviews. The target respondents for the individual interviews were married women aged 15-45. Household listing in rural sampled wards was done with the assistance of the local ward representatives and other key informants of the village. Whereas for the urban sample, the voters' lists maintained by the municipal ward chairman was used for household listing.

d) Assessment of Physical Facilities

Existing *Physical Facilities* of the sampled 35 PMO were observed in both the *Treatment* and *Control* areas to assess the space, privacy during medical examination, cleanliness, lighting, availability of basic surgical equipment and emergency drugs. The findings from the observation will be useful to compare the physical facilities procured/managed by the network members at the subsequent evaluation. Assessment of the physical facilities was carried out at the time of the providers' survey.

Table 1.1 presents the evaluation activities/components, method of evaluation and sample frame for each component in *Treatment* and *Control* Area for the Baseline survey.

Table 1.1 : Evaluation Activities, Method of Evaluation and Sample for *Treatment* and *Control* Area for Baseline Survey

Evaluation Activities & Components	Method of Evaluation	Subjects	Sample size per Area (Treatment & Control)
I. Baseline	Providers' survey	Nurses & Paramedics (NP)	50% of the 70 Pilot NPN
	Exit Interviews	Clients attending the clinic/medical store	Clients attending during 2 days observation period in 35% of the 70 Pilot NPN (i.e.24)
	Observation of Physical facilities	Selected physical facilities, equipment & emergency drugs of PMO Clinics	35 PMO selected for Providers' survey.
	Household survey	Married couples in the Catchment area	480 (24 x 20 respondents) married couples (either married woman or her spouse) under 45 years of age

1.5 Sample Performance

a) *Providers' Survey*: Although 35 providers each were covered in *Treatment* and *Control* area for the providers survey, six providers in *Treatment* area had to be replaced from the lists in *Treatment* area. The reasons for replacements were : transfer of the provider (3), unable to trace the clinic/outlet of the provider as per the name and address mentioned in the lists (2) and full time involvement of the provider at a nursing home (1).

The number of staff nurse, HA and ANM interviewed in *Treatment* and *Control* areas are more or less equal. Whereas, the number of AHWs are more in *Treatment* area (16) while CMAs are in majority in *Control* area (15). However, such difference is unlikely to affect the results as these two categories of health providers are at par.

b) *Exit interviews*: As many as 491 exit interviews in *Treatment* and 394 in *Control* area were conducted. All clients seeking medical attention including purchase of medicines from the providers during two days of observation were covered for the exit interviews. In facilities/outlets located in the hospital nucleus area, those clients coming with doctors prescriptions and requesting for medicines have been excluded (as they were in a hurry to get back to the hospital with the medicines). However, such clients were included in other locations since they have apparently chosen to come to the particular provider.

c) *Household survey*: The target sample size for the household survey was 480 interviews. The completed interviews were 461 (96% of the targeted sample) in *Treatment* and 480 (100%) in *Control* area.

Table 1.2 presents the *Targeted 'vs' Achieved* sample size for each research component undertaken in the present baseline survey.

Table 1.2 Sample Performance: Targeted 'vs' Achieved sample size for each research component

Type of Provider	Providers' Survey		Facility observation		Exit Interviews (Client Survey)		Household Survey	
	<i>Treatment</i>	<i>Control</i>	<i>Treatment</i>	<i>Control</i>	<i>Treatment</i>	<i>Control</i>	<i>Treatment</i>	<i>Control</i>
Staff Nurse	4	4	4	4	50	50		
Health Assistant	5	5	5	5	187	58		
ANM	7	5	7	5	73	43		
AHW	16	6	16	6	141	113		
CMA	3	15	3	15	40	130		
TOTAL	35	35	35	35	491	394	461	480

1.6 Training of Researchers and Fieldwork

Twelve research assistants (six in each district) were recruited and trained for conducting the baseline survey. In each district, the six research assistants were divided into three teams to cover the sampled paramedic network/facility distributed across the district. All the research assistants were females experienced in conducting QOC study.

The research assistants received intensive orientation training for ten days on survey technique, exit interviewing and administering household survey questionnaire. The representative from CMS (Ms. Asma Balal) was also present to provide the training to the teams. Orientation on what and how to observe selected physical facilities including equipment of network members was imparted to the field team by NFCC staff. All the research assistants were involved in field practice and pre-testing of the research instruments (questionnaires) prior to the launching of the actual fieldwork.

The fieldwork was launched on April 4, 2001 simultaneously in both *Treatment* and *Control* areas. *Providers' Survey* and *Exit interviews (Client Survey)* were undertaken at the same time - interview of the providers being the entry point for getting access to the clients for exit interviews on the following two consecutive days. *Household survey* was undertaken after completion of providers' survey and observation for exit interviews. The total time period of the survey was approximately one month. The two core research team members were present at the survey sites during the initial stages of the fieldwork.

1.7 Data Collection, Management and Analysis

Three different sets of structured questionnaires – each set for three different survey components (Providers survey, Exit Interviews and Household survey) - were prepared for the baseline survey. These questionnaires received comments and essential inputs from CMS and NFCC. The checklists for observing physical facilities were appended in the Providers' survey questionnaire. The questionnaires were in *Nepali* and had been finalized after incorporating pre-test results. The English versions of the questionnaires are presented as *Appendix 1*.

All completed questionnaires were manually edited and coded prior to data entry into the computers. Data entry was carried out in dBASE programs. After having consistency and range checks (data cleaning), it was transferred to SPSS program (SPSS for Windows) for analysis. There are three different data sets, each set for specific component of the study. Frequencies and cross tabulations are the main data outputs for analysis.

1.8 Organization of the Report

The present baseline report is organized into six chapters. The present chapter (Chapter 1) is Introduction Chapter of this report. In Chapter 2, the findings from the Providers Survey are presented. Assessment of the physical facilities of providers' network is shown in Chapter 3. Chapter 4 discusses the findings from the exit interviews (Client Survey) while in Chapter 5 the results of the household survey are presented. The summary conclusions and recommendations are presented in Chapter 6.

CHAPTER II

PROVIDERS SURVEY

In the present baseline study, altogether 35 providers (50% from the preliminary list of 70 potential network members) were interviewed from the *Treatment* area and an equivalent number (35) from the *Control* area also. The present chapter focuses mainly on the range of services provided, types of clients served, client case load, fee structure, quality of services, providers skill and their perceptions and expectations from the Network

2.1 Background Characteristics of Nurses and Paramedics

Table 2.1 provides background information of the providers of the sampled private medical outlets/pharmacies (PMO) representing all five categories (professional designations) of nurses and paramedics. Male paramedics were relatively large in number – 63 percent in both *Treatment* and *Control* sites. Auxillary Nurse Midwives (ANM) were found to be the common service providers in both the sites, while among males Auxillary Health Workers (AHW) were found more common in *Treatment* area but Community Medicine Assistants (CMA) in *Control* area. About one in three female providers were staff nurses in both the areas.

The distribution of PMO's by location indicates that majority of them are concentrated along the highway in both the study sites. One in three PMO in *Treatment* and one in five in *Control* area are located away from the highway.

Majorities of the providers have been running their medicine shops/pharmacies for more than five years. Some had a track record of 18 years. The mean duration of establishment was estimated to be 6.1 and 8.8 years for men and women respectively in *Treatment* site and 6.3 and 7.6 years for men and women paramedics respectively in *Control* site. The estimate thus showed that female paramedics established their PMO little earlier than their male counterpart in both *Treatment* and *Control* sites. Mean duration of establishment of PMO of both sexes revealed that the surveyed PMO are little older by less than one year in *Treatment* as compared to *Control* site (Table 2.1).

Table 2.1

Distribution of service providers by selected background characteristics

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Designation/ Qualification								
Staff Nurse	-	-	30.8	4	-	-	30.8	4
Health Assistant	22.7	5	-	-	18.2	4	7.7	1
ANM	-	-	53.8	7	-	-	38.5	5
AHW	68.2	15	7.7	1	27.3	6	-	-
CMA	9.1	2	7.7	1	54.5	12	23.1	3
Total	100.0	22	100.0	13	100.0	22	100.0	13
Location of Private Medical Outlet (PMO)								
Hospital Nucleus	4.5	1	23.1	3	22.7	5	15.4	2
Outside Hospital Nucleus but within the Municipality	13.6	3	7.7	1	9.1	2	-	-
Along the Highway	54.5	12	38.5	5	45.5	10	69.2	9
Away from the Highway	27.3	6	30.8	4	22.7	5	15.4	2
Total	100.0	22	100.0	13	100.0	22	100.0	13
Time since establishment of PMO (Year)								
One	13.6	3	-	-	22.7	5	15.4	2
Two	13.6	3	23.1	3	13.6	3	7.7	1
Three	22.7	5	-	-	-	-	-	-
Four	4.5	1	-	-	13.6	3	-	-
Five	4.5	1	-	-	9.1	2	7.7	1
Six and more	40.7	9	77.0	10	40.7	9	69.3	9
Total	100.0	22	100.0	13	100.0	22	100.0	13
Mean duration of establishment	6.1		8.8		6.3		7.6	

2.2 Range of Services Provided

Attempts were made in the present baseline survey to gather information concerning the range of services offered by the PMOs. It is evident from Table 2.2 that paramedics and nurses were found providing wide range of services that include family planning, obstetric, gynecological/STI, MCH, and general illness. Among the major categories of services offered, family planning was found to be the most common one. Sale of contraceptives and *Sangini* service was the two most widely offered FP services in the *Treatment* area. It is important to note that about 89 percent of the PMO's in *Treatment* area were offering the service of *Sangini*, a Nepali brand name for DMPA produced by Nepal CRS Company for social marketing through private outlets. Though sale of contraceptives was equally common, the service of *Sangini* was, however, found limited in 16 PMO's in *Control* area.

Furthermore, almost all the PMO's, both in *Treatment* and *Control* area, were found providing treatment service for minor illness. Obstetric services such as pregnancy check-ups, TT injection, pregnancy test and sale of clean home delivery kit (CHDK) were offered in both the areas. Between 63 to 74 percent of PMO's offered the service of pregnancy check-ups. More than two-thirds (69%) of PMO's in *Treatment* and little over half (54%) in *Control* area offered gynecological/STI services. This service was mainly for genital discharge. Two in five PMO's in *Treatment* and about half in *Control* area offered services for genital ulcers.

Table 2.2 Distribution of service providers by range of services offered

Range of Services	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
FP services				
Sale contraceptives	97.1	34	94.3	33
Provide Sangini	88.6	31	45.7	16
FP counselling	5.7	2	8.6	3
Obstetric services				
Pregnancy check-ups	62.9	22	74.3	26
TT injection	40.0	14	51.4	18
Pregnancy test	40.0	14	51.4	18
Sale Clean Delivery Kit	25.7	9	34.3	12
Gynaecological/STI service				
Genital discharge	68.6	24	54.3	19
Ulcer around genitals	40.0	14	48.6	17
Swell in the uterus	2.9	1	-	-
MCH				
Maternal child health	-	-	2.9	1
General Illnesses				
Sale medicine as per Dr.'s Prescription	74.3	26	57.1	20
Treat minor illness	91.4	32	97.1	34
Provide pathological service	5.7	2	20.0	7
Dental	-	-	2.9	1
Total	>100.0	35	>100.0	35

Percentage total exceeds 100 due to multiple responses

Further probing revealed that PMO's did provide the service of FP counseling, referral, IUD and Norplant insertion/removal and screening of STDs/RTI. Between 51 to 60 percent of PMO's in *Control* and 6 percent in *Treatment* area were found to be offering IUD and Norplant insertion and removal service. Though counseling was not mentioned as service in the spontaneous response, further probing revealed that all the PMO's in both the areas provide FP counseling service (Table 2.3). This indicates that "counseling" did not receive much importance as a service but when probed it received greater attention. Similar differences in the prompted and unprompted response could be found in the pathology service. Probed response indicated that 3 in 5 PMO's in *Control* and little less than one-third in *Treatment* area offered the pathology service. Probing further revealed that overwhelmingly larger proportion of PMO's (86%) in *Treatment* and more than two-thirds (69%) in *Control* area provide the service of screening for STDs/RTI.

Table 2.3 Distribution of service providers by type of services provided

Services Provided	Treatment		Control	
	%	N	%	N
FP counseling to couples	100.0	35	100.0	35
Sangini service	88.6	31	45.7	16
Screening for STDs/RTI	85.7	30	68.6	24
Physical Exam for Pregnant Women	62.9	22	65.7	23
Refer or prescribe other FP	40.0	14	82.9	29
Pathological Test	31.4	11	60.0	21
Insert/Remove IUD	5.7	2	51.5	18
Implant/Remove Norplant	5.7	2	60.0	21
Childhood Illness	2.9	1	-	-
Maternity Care	-	-	2.9	1
Others	14.3	5	20.0	7
Total	>100.0	35	>100.0	35

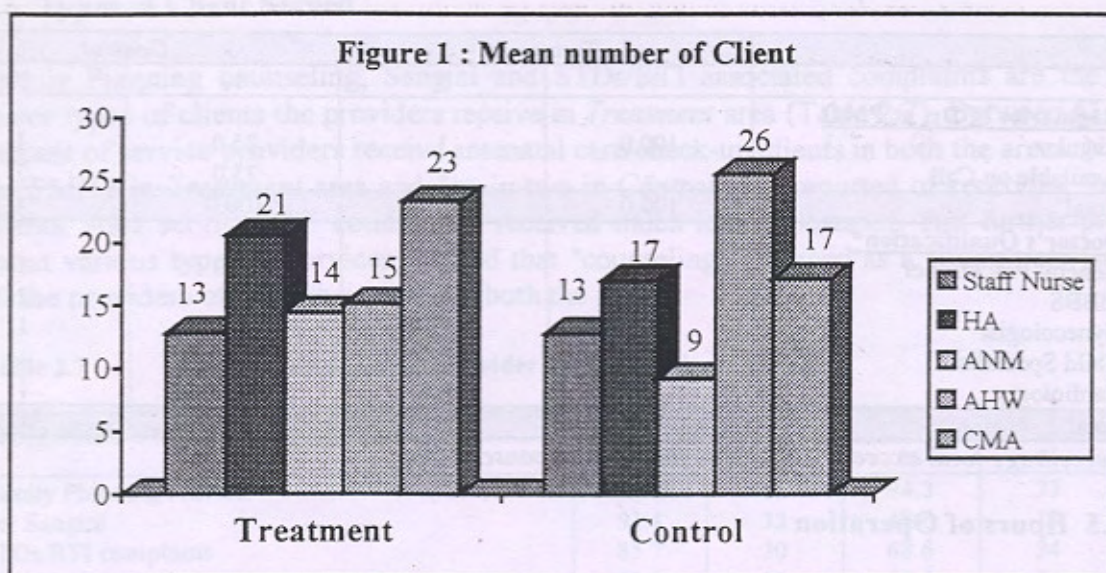
Percentage total exceeds 100 due to multiple responses

2.3 Caseload

Providers were asked about the average clients they receive in a day. Results showed significant variations in the average caseload between PMO's in both the areas. The difference ranged from a minimum of four clients to a maximum of fifty clients in both the areas. The average daily client caseloads were estimated to be 16 for the *Treatment* and 17 for *Control* area. These estimates, however, are at higher side when compared to the client flow estimates obtained from the "Client Survey" results which showed the average of 12.7 and 12.9 in *Treatment* and *Control* area respectively. Average caseload also varied significantly by type and sex of service providers (Tables 2.4). In the *Treatment* area, CMA's had the highest average daily caseload of 23 and staff nurse had the lowest of 13. In the *Control* area AHW had the highest caseload of 26 and ANM with lowest of 9. Health Assistant ranked second in both the areas with the average daily caseload of 21 in *Treatment* and 17 in *Control* area.

Table 2.4 : Average daily clients served by type of providers

Designation	Treatment Area		Control Area	
	Average Daily Client	No. of providers	Average Daily Clients	No. of Providers
Staff Nurse	12.8	4	12.8	4
HA	20.6	5	17.0	5
ANM	14.4	7	9.2	5
AHW	15.1	16	25.5	6
CMA	23.3	3	17.1	15
Average daily clients	16.2	35	16.9	35



2.4 Availability of Doctor's Service

Very few PMO's, only 3 (9%) in *Treatment* and 4 (11%) in *Control* area, had doctor's service available. In all three PMO's in *Treatment* area the doctor's service was *regularly* available. In the *Control* area, such service was limited to only one PMO and in the rest the service was available on *call basis* only. The service providers' in such PMO were mainly General Practitioners and MBBS doctors (Table 2.5).

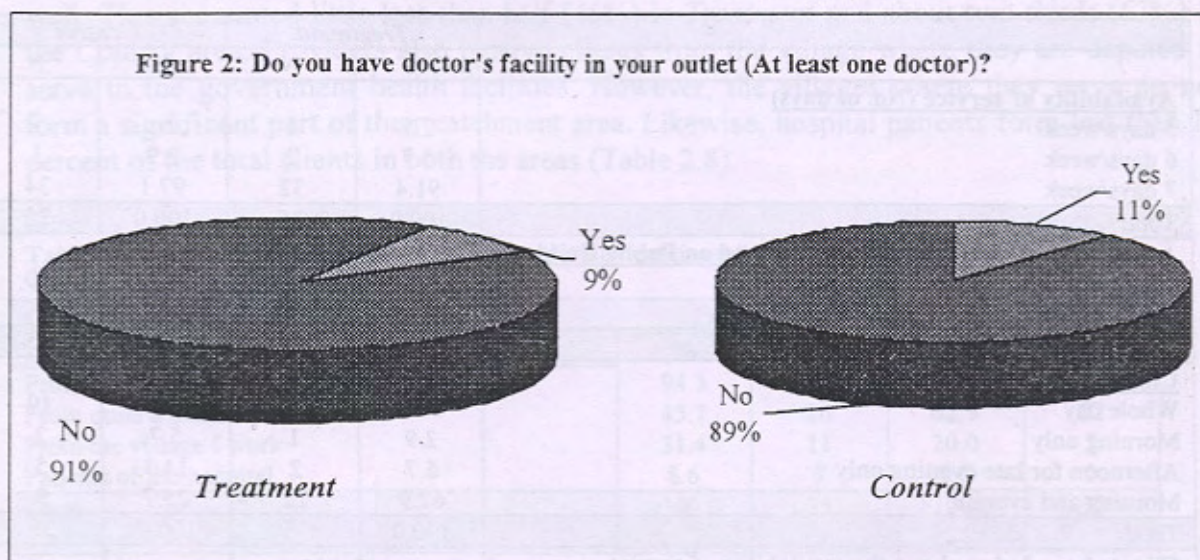


Table 2.5 Distribution of PMO's according to the availability of doctor's service, its regularity and qualification of doctors

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Regularity of Dr. at PMO				
Regular	100.0	3	25.0	1
Available on Call	-	-	75.0	3
Total	100.0	3	100.0	4
Doctor's Qualification*				
General Practitioner	66.7	2	25.0	1
MBBS	100.0	3	50.0	2
Gynecologist	33.3	1	25.0	1
Child Specialist	-	-	25.0	1
Cardiologist	-	-	25.0	1
Total	>100.0	3	>100.0	4

Percentage total exceeds 100 due to multiple responses

2.5 Hours of Operation

Providers' services were available all seven days a week in 34 PMO in *Control* and 32 PMO in *Treatment* area. Most of them offered services even in public holidays. Clinic hours were also found quite convenient. PMO providing services either *whole day* or in the *morning* or *evening* comprised more than 90 percent in both the areas (Table 2.6). Regarding clients' knowledge about the availability of services, it was found that almost all clients are informed about working hours and days of operation of the PMO. 80 percent of providers in *Treatment* and 89 percent in *Control* area stated that clients are aware with the days and hours of operation of service of the clinics.

Table 2.6 Distribution of service providers by clinic days and service hours

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Availability of service (No. of days)				
5 days/week	2.9	1	-	-
6 days/week	5.7	2	2.9	1
7 days/week	91.4	32	97.1	34
Total	100.0	35	100.0	35
Availability of service on Saturdays and on Public Holidays				
Yes	80.0	28	85.7	30
No	20.0	7	14.3	5
Total	100.0	35	100.0	35
Clinic hours of PMO				
Whole day	28.6	10	54.3	19
Morning only	2.9	1	5.7	2
Afternoon for late evening only	5.7	2	14.3	5
Morning and evening	62.9	22	25.7	9
Total	100.0	35	100.0	35
Clients knowledge about the availability of service				
Almost every clients know	80.0	28	88.6	31
Majority of clients Know	17.1	6	8.6	3
Few clients know	2.9	1	2.9	1
Total	100.0	35	100.0	35

2.6 Types of Client Served

Family Planning counseling, Sangini and STDs/RTI associated complaints are the three major types of clients the providers receive in *Treatment* area (Table 2.7). Between 63 to 69 percent of service providers receive antenatal care/check-up clients in both the areas. Nine in ten PMO's in *Treatment* area and one in two in *Control* area reported of receiving Sangini clients. As a service, "FP counseling" received much less importance. But further probing about various types of services showed that "counseling" emerged as a single most service all the providers offer in their clinic in both the areas.

Table 2.7 Distribution of service provider by type of clients served

Types of clients	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Family Planning Advice	100.0	35	94.3	33
For Sangini	91.4	32	48.6	17
STDs/RTI complains	85.7	30	68.6	24
Antenatal care/check-ups	62.9	22	68.6	24
Confirming pregnancy	45.7	16	65.7	23
Insert/Remove IUD	-	-	2.9	1
Total	>100.0	35	>100.0	35

Percentage total exceeds 100 due to multiple responses

2.7 Catchment Area of Service Providers

The major source of clients is the surrounding locality that accounted more than 94 percent of the total clients in both the areas. Providers do receive clients from quite distance place as well. This accounted little less than half (46%) in *Treatment* and about two-thirds (63%) in the *Control* area. Providers also receive clients from the village where they are deputed to serve in the government health facilities. However, the villages where they serve do not form a significant part of their catchment area. Likewise, hospital patients form less than 10 percent of the total clients in both the areas (Table 2.8).

Table 2.8 Distribution of service providers by catchment area

Catchment area	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
From the surrounding locality	94.3	33	97.1	34
From quite a distant places	45.7	16	62.9	22
From the village I work	31.4	11	20.0	7
Patients of the hospital	8.6	3	8.6	3
Total	>100.0	35	>100.0	35

Percentage total exceeds 100 due to multiple responses

2.8 Service Fee

Majority of the providers in both *Treatment* (57%) and *Control* (51%) areas reported that they do not charge any service fee to their clients. Among those who mentioned of charging service fee, most of them cited that the fee is charged for TT injection and for dressing. The fee charged for TT injection mainly varied between Rs 5 to Rs. 25 in both the areas while the fee charged for dressing ranged between Rs 5 to Rs. 40. With few exceptions, none of the providers charged fee for blood pressure examination.

Regarding the Sangini fee, there seemed to have some confusion among the providers. The prescribed fee of Rs. 30 for Sangini injection includes the service fee as well. Of the total 31 providers providing Sangini services in Treatment area and 16 providers in Control area (see tables 2.2 & 2.3), only 15 and 6 providers respectively responded affirmatively that they charge fee for Sangini. The rest of the providers did not perceive that the amount charged by them for Sangini includes service fee as well.

Table 2.9 Distribution of service providers by type and amount of fee charged

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Fee Charged				
Yes	42.9	15	48.6	17
No	57.1	20	51.4	18
Total	100.0	35	100.0	35
Charge for TT injection (Rs.)				
No charge	33.3	5	29.4	5
3	-	-	5.9	1
5	6.7	1	41.2	7
15	20.0	3	11.8	2
20	33.4	5	5.9	1
25	6.7	1	-	-
50	-	-	5.9	1
Fee charged for blood pressure (Rs.)				
0	86.7	13	100.0	17
5	13.3	2	-	-
Fee Charged for Dressing (Rs.)				
0	6.7	1	17.6	3
5	6.7	1	11.8	2
10	46.7	7	47.1	8
15	26.7	4	5.9	1
20	-	-	5.9	1
25	6.7	1	-	-
30	-	-	5.9	1
40	6.7	1	5.9	1
Fee charged for Sangini service (Rs.)				
25	13.3	2	-	-
30	80.0	12	35.3	6
Price not specified	6.7	1	-	-

2.9 Reasons for Not Charging Fee

Service providers who stated that they do not charge fee were further asked to mention the reasons for not charging fee. Client's poor economic condition, threat of losing clients and non-convention of charging fee were some of the major reasons cited by the providers. Majority of the providers (56%) in *Control* area also mentioned that they do not charge the fee due to service motive. The proportion of such providers was 15 percent in *Treatment* area. It may be mentioned that all pharmacists/service providers maintain profit margins in their drugs ranging from 10% to 25%. In certain cases, drug suppliers/dealers provide the retailers some incentives (in form of drugs) if they purchase drugs in bulk quantities (Table 2.10).

Table 2.10 Distribution of service providers by type of reasons for not charging fee

Reason for not charging fee	Treatment		Control	
	%	N	%	N
Not in Practice	55.0	11	44.4	8
We would lose clients	45.0	9	33.3	6
Most clients are poor	40.0	8	44.4	8
Service motive	15.0	3	55.6	10
Only Doctors charges fee	10.0	2	5.6	1
Not Permitted	5.0	1	-	-
Treatment of general condition	-	-	5.6	1
Total	>100	20	>100	18

Percentage total exceeds 100 due to multiple responses

2.10 Perceived Source of Information

Providers perceive "frequent visits by clients" as the most common source of information about the availability of services. Three-fourths of the providers in *Treatment* and about nine in ten providers in *Control* area perceived this as the most common source of information. Between 37 percent to 43 percent of the providers in *Treatment* and 40 to 51 percent in *Control* area cited wall paints/tent cards, interpersonal communication between providers and clients and clients' knowledge about the previous job of the providers as other sources of information. Providers' job in government health facilities (HP/SHP) was perceived as yet another important source of information of the availability of service in *Treatment* area. One-third (34%) of the providers stated this as the source of information (Table 2.11).

Table 2.11 Distribution of the sources of information as perceived by service providers and reasons for preference

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Sources of information				
Through their Frequent visit	74.3	26	85.7	30
Wall Paints/Tent Cards/etc	42.9	15	51.4	18
Tell clients about other facilities available	40.0	14	40.0	14
Clients know through my previous job	37.1	13	51.4	18
Clients are from HP/SHP	34.3	12	17.1	6
Working at FPAN	2.9	1	-	-
Total	100.0	35	100.0	35
Reasons for preference*				
Caring Services	57.1	20	71.4	25
Trustworthy	54.3	19	77.1	27
Easy Access	51.4	18	34.3	12
Quality Service	34.3	12	31.4	11
Service available any time	17.1	6	40.0	14
Reputation in the community	11.4	4	14.3	5
Conveniently located	8.6	3	14.3	5
Affordable fee	5.7	2	20.0	7
Confidentiality	5.7	2	5.7	2
Lady to provide service	5.7	2	14.3	5
Availability of Nurse and Doctor of STD and Gyne.	2.9	1	-	-
Total	>100.0	35	>100.0	35

*Percentage total exceeds 100 due to multiple responses

2.11 Reasons for Preference

Providers perceive that their caring and trustworthy services were the most common reasons for preferring the specific PMO's. Easy access, quality service and convenient service timing were another reasons cited by the providers. Other less frequently cited reasons for preferred PMO's were reputation of the service provider, affordable fee and convenient location. It should be mentioned here that gender of the providers seemed to be less important factor for health seeking behaviors. Very few, only 6 percent of the providers in *Treatment* and 14 percent in *Control* area mentioned gender of the service providers as the reason for the preferred PMO's.

2.12 Referral

Clients visiting with RTI complications and for Norplant implant and its removal were the major types of clients the paramedics refer to. Yet, one third of paramedics in *Treatment* and one-fifth in *Control* area seemed to render the service of RTI complications by themselves (Table 2.12). Majority of the paramedics also tend to refer the clients who visit for antenatal care/check-ups and also for pregnancy confirmation. Between 54 to 60 percent of the providers in *Treatment* and 49 to 54 percent of providers in *Control* area mentioned that they usually refer such clients.

2.13 Record Keeping

Record keeping of the clients has been found to be very poor in both the areas. Only 23 percent of the providers in *Treatment* area and 11 percent of the providers in *Control* area maintained the client record. More than half of the providers (57%) in *Control* area did not keep any record at all. The practice of keeping record is mainly for the FP clients. About two-thirds in *Treatment* and little less than one-third of the providers in *Control* area reported that they keep record of only FP clients (Table 2.12).

Table 2.12 Distribution of providers by type of record keeping and referral

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<u>Record keeping of clients</u>				
Yes	22.9	8	11.4	4
Only on FP client	62.9	22	31.4	11
No	14.3	5	57.1	20
Total	100.0	35	100.0	35
<u>Referral for FP Advice</u>				
Yes	2.9	1	28.6	10
No (provides service)	97.1	34	71.4	25
<u>Referral for Sangini</u>				
Yes	11.4	4	54.3	19
No (provides service)	88.6	31	45.7	16
<u>Referral to Implant/remove Norplant</u>				
Yes	94.3	33	100.0	35
No (provides service)	5.7	2	-	-
<u>Referral for Antenatal Care/Check-ups</u>				
Yes	54.3	19	54.3	19
No (provides service)	45.7	16	45.7	16
<u>Referral for confirming pregnancy</u>				
Yes	60.0	21	48.6	17
No (provides service)	40.0	14	51.4	18
<u>Referral for STDs/RTI complains</u>				
Yes	62.9	22	80.0	28
No (provides service)	37.1	13	20.0	7
Total	100.0	35	100.0	35

2.14 Skills of Nurse and Paramedics

Besides the basic training, significant proportion of the providers in both the areas had received some other specific training. Almost all the 35 providers except one in *Treatment* and 28 providers in *Control* area had strengthened their skill by obtaining some other specific training.

Four in five providers in *Treatment* area were trained for Sangini; two in five had received Family Planning counseling and Drug Dispensing Authority (DDA) orientation training. In *Control* area 43 to 50 percent of the providers received Sangini and DDA orientation. Few providers were also trained in diarrhea management, vitamin A training, safe motherhood and Directly Observed Treatment, Short course (DOTS).

When asked about the additional training they require, overwhelmingly large proportion of the providers (69% to 77%) mentioned that they require IUD insertion and Norplant implant training. The demand for such additional training was made by 31 to 40 percent of the providers in *Control* area. The interest shown for other types of training included antenatal check-up, gynecological, reproductive health and safe mother training. They believed that these training would help to increase their clientele. In the *Control* area large number of providers showed interest in mixed type of training that include TB, gastroenteritis, ARI, DDA, and pathology training (Table 2.13)

Table 2.13 Distribution of service providers by type of additional training received and additional training sought

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Additional training received				
Yes	97.1	34	80.0	28
No	2.9	1	20.0	7
Total	100.0	35	100.0	35
<i>If yes. Types of Training received</i>				
Sangini Training	79.4	27	42.9	12
FP Counseling	44.1	15	25.0	7
DDA orientation	41.2	14	50.0	14
Diarrhea management	32.4	11	46.4	13
Leprosy	14.7	5	21.4	6
STDs/AIDS/HIV	8.8	3	7.2	2
Safe Motherhood	8.8	3	3.6	1
IUD Insertion/removal	5.9	2	7.1	2
DOTS (TB)	5.9	2	17.9	5
Emergency management	2.9	1	-	-
ARI	2.9	1	7.1	2
Immunization	2.9	1	3.6	1
Vitamin A Training	-	-	14.3	4
Others*	11.7	4	14.3	4
Total	>100.0	34	>100.0	28
Additional training required				
Norplant implant	77.1	27	40.0	14
IUD insertion	68.6	24	31.4	11
Antenatal check-up	20.0	7	11.4	4
Gynecological.	17.1	6	2.9	1
RH	8.6	3	17.1	6
Safe Motherhood	8.6	3	2.9	1
Sangini	2.9	1	25.7	9
Pathology	2.9	1	11.5	4
STDs and HIV/AIDS	2.9	1	20	7
Don't know	-	-	2.9	1
Others**	11.5	4	43.1	15
Total	>100.0	35	>100.0	35

Percentage total exceeds 100 due to multiple responses

*Dental, Pathology, Eye clinic, T.T. training

**T.B., Gastroenteritis, Dental, Environmental Sanitation, Leprosy, ARI, DDA, ENT, Surgical

2.15 Knowledge about PSSN

Providers' knowledge about the PSSN is quite poor in both the areas. Only 3 to 6 percent of the providers were familiar about the PSSN, while two-thirds of the providers in *Treatment* area stated that they have only "heard" about the network. One-third of the clients in *Treatment* and two-thirds in *Control* area admitted that they have not heard about the network at all. The difference in the level of knowledge "heard only" between *Treatment* and *Control* area with higher proportion (63%) in *Treatment* area is expected because PSSN program is in operation in the *Treatment* area for quite some time. Those who were aware about the network were further asked to mention about the PSSN doctor. Yet, more than half (58%) of the providers in *Treatment* area were unaware about the local PSSN doctor (Table 2.14).

Among those who were aware, 70 percent of the providers had referred clients to PSSN doctors. Pregnant women, women with pregnancy complications and gynecological clients were the three major types of clients that were referred to PSSN doctors.

Table 2.14 Distribution of service providers by type and sources of knowledge about PSSN

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Knowledge about PSSN				
Yes	5.7	2	2.9	1
Heard only	62.9	22	31.4	11
Not heard at all	31.4	11	65.7	23
Total	100.0	35	100.0	35
Knowledge about the PSSN Dr.				
Aware of the PSSN member	41.7	10	8.3	1
Not aware	58.3	14	91.7	11
Total	100.0	24	100.0	12
Clients referred to PSSN Dr.				
Yes	70.0	7	-	-
No	30.0	3	100.0	1
Total	100.0	10	100.0	1
Types of Clients referred to the PSSN Dr.				
Gyne.	42.9	3	-	-
Pregnant woman	28.6	2	-	-
Pregnancy complications	28.6	2	-	-
Total	100.0	7	-	-

2.16 Perceptions on Clientele and Quality of Service

Providers viewed that diversification of service, convenient timing, and provision of quality service would attract more clients. They further believed that clients could be attracted through: addition of new products, providing the doctors' service in the clinic, and through marketing the service. One in five providers of *Control* area believed that clients could be attracted through the provision of laboratory facility (Table 2.15).

Reliability/trustworthy, caring and trained and competent provider were the three major quality indicators stated by the providers. 86 percent of providers ranked caring as the first quality indicator in *Treatment* area while in *Control* area this ranked second. In *Control* area reliability/trustworthy ranked first with 97 percent of the providers stating this as the major quality indicator. Some other desired qualities were affordable fee, good referral linkage, and accurate medicine for the disease.

Table 2.15 Distribution of service providers by their perceptions on measures for attracting clients and quality indicators

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<u>Measures to attract more clients</u>				
Diversify the service	71.4	25	82.9	29
Be available all the day	37.1	13	28.6	10
Improvement in service quality	31.4	11	62.9	22
Marketing the service	28.6	10	14.3	5
Add new product	25.7	9	34.3	12
Invite doctor to practice from their facility	22.9	8	8.6	3
Increase man power in clinic	2.9	1	2.9	1
Dental service	2.9	1	-	-
Lab facility	-	-	20.0	7
Norplant/TUD facility	-	-	5.7	2
Total	>100.0	35	>100.0	35
<u>Quality indicators</u>				
Caring	85.7	30	85.7	30
Reliable/trustworthy	57.1	20	97.1	34
Affordable service	31.4	11	11.4	4
Trained/competent provider	25.7	9	48.6	17
Good referral linkages	22.9	8	5.7	2
Accurate medicine for the disease	8.6	3	11.4	4
Be available all the day	5.7	2	2.9	1
Place should be big	2.9	1		
Fixed price for medicine	2.9	1		
Advice about side effects	2.9	1		
Total	>100.0	35	>100.0	35

Percentage total exceeds 100 due to multiple responses

2.17 Perceptions and Expectation of Nurse and Paramedic Network

Providers were also requested to express their views about the appropriateness of forming a separate network of nurses and paramedics and their willingness to join the network. Interestingly, all the 70 providers from both the areas not only supported the idea of forming the network but also expressed their willingness to join the network (Table 2.16).

Table 2.16 Distribution of service providers by type of perceptions and expectations from NP Network, reasons for joining the Network, willingness to pay fee and receive training

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<u>Need of NPN</u>				
Yes	100.0	35	100.0	35
Total	100.0	35	100.0	35
<u>Willingness to join network</u>				
Yes	100.0	35	100.0	35
Total	100.0	35	100.0	35
<u>Reasons for joining the network*</u>				
Opportunities of technical training	91.4	32	91.4	32
Develop linkage with others	68.6	24	40.0	14
Increase client flow	17.1	6	31.4	11
Access to subsidized contraceptives	5.7	2	5.7	2
Access to equipment	5.7	2	8.6	3
Receive materials and brochures	5.7	2	2.9	1
Marketing support	2.9	1	2.9	1
Chance to serve	2.9	1	20.0	7
Total	>100.0	35	>100.0	35
<u>Willingness to participate at the training course for network member</u>				
Yes	85.7	30	85.7	30
Depends on types of training	11.4	4	14.3	5
Can't say	2.9	1	-	-
Total	100.0	35	100.0	35
<u>Quality of care standard of RH service</u>				
Yes	94.3	33	97.1	34
Depends upon the facility available	5.7	2	2.9	1
Total	100.0	35	100.0	35
<u>Willing to maintain client record</u>				
Yes	94.3	33	88.6	31
Depends on type of info requested	5.7	2	8.6	3
Can't say	-	-	2.9	1
Total	100.0	35	100.0	35

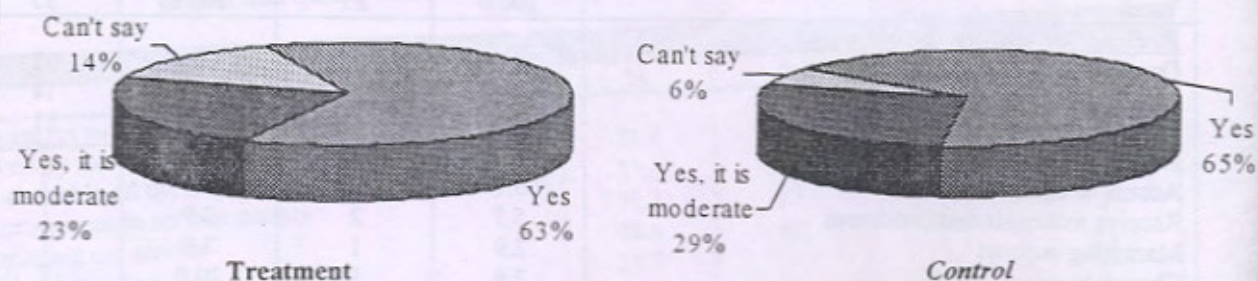
Percentage total exceeds 100 due to multiple responses

2.18 Reasons for Joining the Network

The survey further asked the possible reasons/motives for showing their interest to join the network. It should be noted that overwhelmingly large proportion of the providers, more than 90 percent in *Treatment* and 80 percent in *Control* area, cited "opportunities of technical training" as the reasons for expressing their interest to join the network. In both the areas "develop linkage with other service providers" has been considered as the second most often cited reasons. About one-third of the providers in *Control* and little less than one-fifth (17%) in *Treatment* area felt that joining in the network would help to increase the client flow. Some other less frequently cited reasons/motives were: access to subsidized contraceptives; access to equipment; marketing support and receive IEC materials. It is interesting to mention that one in five providers in *Control* area stated, "chance to serve" as the motive for joining the network (Table 2.16).

About two-thirds of the providers from both the areas expressed their willingness to pay the registration and membership fee. Yet another 23 to 29 percent of the providers mentioned that they would pay if the fee were "moderate" and between 6 to 14 percent said, "they can't say". It should be quite encouraging that none of the providers deny to pay the registration and membership fee.

Figure 3: Willingness to pay registration fee & membership fee



Regarding their interest to participate in the training, 86 percent of the providers were affirmative, 3 percent from *Treatment* area were unsure. Between 11 to 14 percent of the providers from both the areas expressed their conditional willingness depending upon the types of training offered to the network members.

Almost all the providers were prepared to maintain the quality of care standard of RH service set by the network for its members. Few, 2 providers in *Treatment* and 1 in *Control* areas, observed that the quality of care standard would "depend upon the facility available".

Between 89 to 94 percent of the providers expressed their willingness to maintain the client record, 6 to 9 percent observed that it would depend upon the type of info requested.

The results thus indicate that providers are quite positive about the approach of the network. They are willing to pay fee, participate in the training, maintain quality standard and keep client record. These could be considered as the positive factors that could help in successfully launching the pilot program.

CHAPTER III

ASSESSMENT OF PHYSICAL FACILITIES OF NURSE AND PARAMEDIC NETWORK

The existing physical facilities of all the 35 PMO (those covered in the providers' survey) were observed by the researchers in both the *Treatment* and *Control* areas. The purpose of the observation was to assess (situation assessment) the existing facilities in the PMO such as space, privacy of clients, cleanliness, lighting, running water, toilet facilities as well as conditions of selected equipment and essential drugs. The present chapter analyses the conditions of these physical facilities by sex of the provider as well as by category (designation) of the provider. As mentioned earlier, during the training for the present baseline study, the field researchers were taken to NFCC for physical demonstration of the equipment and were briefed by NFCC staff on what and how to observe the selected physical facilities, equipment and essential drugs of the PMO.

3.1 Conditions of Physical Facilities

Table 3.1 presents the conditions of physical facilities, in terms of space, cleanliness, toilet, confidentiality, lighting, availability of torch with battery, and running water by designation of the provider in *Treatment* area. Conditions of these facilities were rated as either *satisfactory*, *average* or *poor*.

As evident from the Table 3.1 that in *Treatment* area, *space* was found satisfactory in three out of 4 (75%) outlets of staff nurse, three out of 5 outlets (60%) of HA, and in six out of 7 outlets (86%) of ANM. On the other hand, half of the AHWs' outlets (50%) and two-thirds (67%) of CMAs were rated as satisfactory.

Cleanliness of the space was found satisfactory in more than half of the facilities of HA (60%), and CMA (67%). On the contrary, more than half of the facilities of AHW were rated as "average" in terms of cleanliness. The cleanliness of two AHW outlets and one ANM was found to be poor.

Conditions of *toilet* facilities of AHW were rated as average to poor in majority of the observations (ten PMO). It was also rated poor in one outlet of an ANM.

Confidentiality was found satisfactory in most PMOs of HA (80%) and ANM (86%), and in two-thirds of the PMOs of AHW and CMA. On the other hand, one PMO each of ANM and AHW was rated poor in terms of confidentiality.

Light source in all (100%) the PMOs run by HA, ANM and CMA was found satisfactory. In comparison, 75% of the facilities of staff nurse and AHW was found satisfactory.

All (100%) the staff nurse and HA observed had *torch with battery*. The outlets of three AHWs (19%) and one ANM were rated poor for not having torch with battery.

The *running water* was available in all (100%) PMO run by staff nurse, HA, ANM and CMA. Only eleven out of 16 AHW (69%) was rated satisfactory while three (19%) AHW's facilities were rated poor in terms of availability of running water. Table 3.1A and Table 3.1B show the conditions of existing facilities in *Treatment* and *Control* areas, measured as either satisfactory, average or poor.

Table 3.1A Condition of existing facility by category of providers: *Treatment Area*

Condition of Existing Facility	Staff Nurse		Health Assistant		ANM		AHW		CMA	
	%	N	%	N	%	N	%	N	%	N
Space										
Satisfactory	75.0	3	60.0	3	85.7	6	50.0	8	66.7	2
Average	25.0	1	40.0	2	14.3	1	43.8	7	33.3	1
Poor	-	-	-	-	-	-	6.3	1	-	-
Cleanliness										
Satisfactory	50.0	2	60.0	3	42.9	3	31.3	5	66.7	2
Average	50.0	2	40.0	2	42.9	3	56.3	9	33.3	1
Poor	-	-	-	-	14.3	1	12.5	2	-	-
Toilet										
Satisfactory	75.0	3	80.0	4	71.4	5	37.5	6	33.3	1
Average	25.0	1	20.0	1	14.3	1	43.8	7	66.7	2
Poor	-	-	-	-	14.3	1	18.8	3	-	-
Confidentiality										
Satisfactory	50.0	2	80.0	4	85.7	6	68.8	11	66.7	2
Average	50.0	2	20.0	1	-	-	25.0	4	33.3	1
Poor	-	-	-	-	14.3	1	6.3	1	-	-
Light Source										
Satisfactory	75.0	3	100.0	5	100.0	7	75.0	12	100.0	3
Average	25.0	1	-	-	-	-	12.5	2	-	-
Poor	-	-	-	-	-	-	12.5	2	-	-
Torch with Battery										
Satisfactory	100.0	4	100.0	5	85.7	6	68.8	11	66.7	2
Average	-	-	-	-	-	-	12.5	2	33.3	1
Poor	-	-	-	-	14.3	1	18.8	3	-	-
Running Water										
Satisfactory	100.0	4	100.0	5	100.0	7	68.8	11	100.0	3
Average	-	-	-	-	-	-	12.5	2	-	-
Poor	-	-	-	-	-	-	18.8	3	-	-
Total	100.0	4	100.0	5	100.0	7	100.0	16	100.0	3

Table 3.1B Condition of existing facility by category of providers: Control Area

Condition of Existing Facility	Staff Nurse		Health Assistant		ANM		AHW		CMA	
	%	N	%	N	%	N	%	N	%	N
Space										
Satisfactory	50.0	2	80.0	4	20.0	1	16.7	1	60.0	9
Average	50.0	2	20.0	1	80.0	4	66.7	4	33.3	5
Poor	-	-	-	-	-	-	16.7	1	6.7	1
Cleanliness										
Satisfactory	50.0	2	80.0	4	60.0	3	50.0	3	40.0	6
Average	-	-	20.0	1	40.0	2	50.0	3	53.3	8
Poor	50.0	2	-	-	-	-	-	-	6.7	1
Toilet										
Satisfactory	25.0	1	80.0	4	40.0	2	33.3	2	40.0	6
Average	25.0	1	-	-	40.0	2	33.3	2	20.0	3
Poor	50.0	2	20.0	1	20.0	1	33.3	2	40.0	6
Confidentiality										
Satisfactory	-	-	40.0	2	60.0	3	50.0	3	33.3	5
Average	75.0	3	60.0	3	20.0	1	33.3	2	40.0	6
Poor	25.0	1	-	-	20.0	1	16.7	1	26.7	4
Light Source										
Satisfactory	25.0	1	80.0	4	20.0	1	50.0	3	66.7	10
Average	50.0	2	20.0	1	80.0	4	33.3	2	33.3	5
Poor	25.0	1	-	-	-	-	16.7	1	-	-
Torch with Battery										
Satisfactory	25.0	1	40.0	2	40.0	2	50.0	3	60.0	9
Average	25.0	1	40.0	2	60.0	3	33.3	2	20.0	3
Poor	50.0	2	20.0	1	-	-	16.7	1	20.0	3
Running Water										
Satisfactory	-	-	40.0	2	-	-	33.3	2	33.3	5
Average	25.0	1	40.0	2	60.0	3	-	-	46.7	7
Poor	75.0	3	20.0	1	40.0	2	66.7	4	20.0	3
Total	100.0	4	100.0	5	100.0	5	100.0	6	100.0	15

Treatment-Control comparison of the conditions of physical facilities by sex of the provider is presented in Table 3.2. As can be seen from Table 3.2, the percentage of facilities rated as "satisfactory" is higher in *Treatment* area as compared to *Control* area. The only exception is on cleanliness where the proportion of those being rated as satisfactory is higher in *Control* area (45% for male provider and 61% for female provider) than in *Treatment* area (41% and 46% respectively) (Table 3.2).

Table 3.2 Condition of existing facilities by sex of the provider

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Space								
Satisfactory	59.1	13	69.2	9	50.0	11	46.2	6
Average	36.4	8	30.8	4	40.9	9	53.8	7
Poor	4.5	1	-	-	9.1	2	-	-
Cleanliness								
Satisfactory	40.9	9	46.2	6	45.5	10	61.5	8
Average	54.5	12	38.5	5	50.0	11	23.1	3
Poor	4.5	1	15.4	2	4.5	1	15.4	2
Toilet								
Satisfactory	50.0	11	61.5	8	45.5	10	38.5	5
Average	40.9	9	23.1	3	18.2	4	30.8	4
Poor	9.1	2	15.4	2	36.4	8	30.8	4
Confidentiality								
Satisfactory	77.3	17	61.5	8	40.9	9	30.8	4
Average	18.2	4	30.8	4	36.4	8	53.8	7
Poor	4.5	1	7.7	1	22.7	5	15.4	2
Light Source								
Satisfactory	81.8	18	92.3	12	68.2	15	30.8	4
Average	9.1	2	7.7	1	27.3	6	61.5	8
Poor	9.1	2	-	-	4.5	1	7.7	1
Torch with Battery								
Satisfactory	77.3	17	84.6	11	59.1	13	30.8	4
Average	9.1	2	7.7	1	27.3	6	38.5	5
Poor	13.6	3	7.7	1	13.6	3	30.8	4
Running Water								
Satisfactory	81.8	18	92.3	12	36.4	8	7.7	1
Average	4.5	1	7.7	1	31.8	7	46.2	6
Poor	13.6	3	-	-	31.8	7	46.2	6
Total	100.0	22	100.0	13	100.0	22	100.0	13

3.2 Surgical Equipment

3.2.1 Availability of Surgical Equipment

Availability of selected surgical equipment, conditions of the equipment and their utilization are presented in Table 3.3. As the table shows, in *Treatment* area, all the female providers (100%) as against 80-90% of the male providers had IV set and IV fluids. Half of the male and female providers had boiler but Auto Clave was available to only 23% of female provider and 9% of men (two providers).

Although most male (86%) and female providers (92%) in *Treatment* area had surgical gloves, only few (27% male and 15% female providers) had utility gloves. Likewise, Virex was available in less than a quarter of the providers. Except in one or two places, examination table, towel and soap were available in all the facilities observed.

In *Control* area, very few male (one out of 22) and female providers (2 out of 13) possess Auto Claves. Similarly, approximately one third of them possess Boiler and utility gloves. Surgical gloves are available among four fifths of the female providers as against half this proportion among males. Virex is available among very few male providers (9%) and less than a third among female providers in *Control* area.

3.2.2 Conditions of Surgical Equipment

IV set was not in a running condition in one facility of a male provider. Likewise, *utility gloves* of only half of the male providers those possessing them were in conditions. Of the seven female providers possessing *boiler*, six had in a running condition.

In *Control* area, *IV sets* of two male providers are not in working conditions. Surgical gloves are not in conditions in the facility of one male and one female provider. Virex was nearing expiry date in two out of four female providers possessing this disinfectant (Table 3.3).

3.2.3 Utilization of Surgical Equipment

In *Treatment* area, Auto Clave was not in use in one out of the three female providers possessing this equipment. Similarly, one of the two female providers reported that she had not used the utility gloves in her possession.

Two out of the eleven female providers in *Treatment* area possessing *IV sets* and one out of the six possessing *Boiler* had not used them. In contrast, all male providers possessing this surgical equipment reported that they use the equipment whenever required.

In *Control* area, all male providers possessing surgical equipment reported that they use them when required. This is not so for female providers possessing certain equipment such *IV set*, *Auto Clave*, and *Utility Gloves*. Not all and every female providers use these equipment. (Table 3.3)

Table 3.3 Condition of existing facility : Availability of Selected surgical equipment & its Use

	<i>Treatment</i>				<i>Control</i>			
	Male (N=22)		Female (N=13)		Male (N=22)		Female (N=13)	
	%	N	%	N	%	N	%	N
<u>LV set</u>								
Availability	90.9	20	100.0	13	81.8	18	92.3	12
Running Condition	90.0	18	100.0	13	88.9	16	100.0	12
Use	100.0	18	84.6	11	100.0	16	91.7	11
<u>L.V. Fluids</u>								
Availability	81.8	18	100.0	13	90.9	20	92.3	12
Running	100.0	15	100.0	13	100.0	19	100.0	12
Use	100.0	15	84.6	11	100.0	19	91.7	11
<u>Boiler</u>								
Availability	50.0	11	53.8	7	36.4	8	38.5	5
Running Condition	100.0	11	85.7	6	100.0	8	100.0	5
Use	90.9	10	83.3	5	100.0	8	80.0	4
<u>Auto Clave</u>								
Availability	9.1	2	23.1	3	4.5	1	15.4	2
Running Condition	100.0	2	100.0	3	100.0	1	50.0	1
Use	100.0	2	66.7	2	100.0	1	-	-
<u>Gloves (Utility)</u>								
Availability	27.3	6	15.4	2	36.4	8	30.8	4
Running Condition	50.0	3	100.0	2	100.0	8	100.0	4
Use	100.0	3	50.0	1	100.0	8	75.0	3
<u>Gloves (surgical)</u>								
Availability	86.4	19	92.3	12	31.8	7	76.9	10
Running condition of	84.2	16	100.0	12	85.7	6	90.0	9
Use	100.0	16	91.7	11	100.0	6	100.0	9
<u>Virex</u>								
Availability	22.7	5	15.4	2	9.1	2	30.8	4
Running condition	100.0	5	50.0	1	100.0	2	50.0	2
Use	100.0	5	100.0	1	100.0	2	100.0	2
<u>Examination Table</u>								
Availability	81.8	18	84.6	11	95.5	21	100.0	13
Running condition	100.0	18	100.0	11	100.0	21	100.0	13
Use	100.0	18	100.0	11	100.0	21	100.0	13
<u>Towel</u>								
Availability	95.5	21	84.6	11	86.4	19	61.5	8
Running condition	100.0	21	100.0	11	100.0	19	100.0	8
Use	100.0	21	100.0	11	100.0	19	100.0	8
<u>Soap</u>								
Availability	95.5	21	84.6	11	86.4	19	61.5	8
Running Condition	100.0	21	100.0	11	100.0	19	100.0	8
Use	100.0	21	100.0	11	100.0	19	100.0	8

3.3 Availability of Emergency Drugs

In the present survey, availability of four emergency drugs viz. Adrenaline, Dexona, Avil and Atropin was examined physically and assessed their expiry dates. These emergency drugs were not available in all the 35 PMO observed in both the areas. As the Table 3.4 shows, only few providers (only five male providers in *Treatment* and one female and two male providers in *Control*) kept Adrenaline. Likewise, Atropin was maintained by half of the male providers and two-fifths of the female providers in *Treatment* area. In *Control* area, only two-fifths (23%) of male providers and half this proportion among female providers kept Atropin. Dexona and Avil are the only emergency drugs available with the large majority of the PMO in both *Treatment* and *Control* areas. None of these four emergency drugs were found crossing expiry dates or reaching near expiry dates (Table 3.4).

Table 3.4 Conditions of existing facility among PMO having the specific facility: Emergency Drugs

Emergency Drug	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Available (yes)	95.5	21	76.9	10	81.8	18	84.6	11
<u>If yes- Name of Drugs</u>								
Adrenaline	23.8	5	-	-	11.1	2	9.1	1
Dexona	100.0	21	100.0	10	83.3	15	90.9	10
Avil	71.4	15	70.0	7	77.8	14	81.8	9
Atropin	52.4	11	40.0	4	22.2	4	9.1	1

CHAPTER IV

CLIENT SURVEY

The present chapter analyzes the results of the client's survey. A sub sample of 24 PMO each (out of 35 PMO covered for the providers' survey) was covered from *Treatment* and *Control* area separately. Each PMO were observed by the research team for two consecutive days yielding a total exit interviews of 491 clients in *Treatment* and 394 clients in *Control* area. The analysis is based on these exit interviews. The analysis focuses on clients' knowledge about PMO, major type of ailment for which services are sought, reasons for choosing the facility, extent of service utilization of PMO, level of satisfaction, future use intention, perceptions on service quality and service and product fee and suggestions for improvement. Clients consent for the interview was obtained and necessary privacy was observed during the exit interviews.

4.1 Background Characteristics of Clients

Age of Clients

Majority of the clients visiting at the sampled PMO was at their prime age of 20 to 39 that accounted 53 and 69 percent of male and female clients respectively in *Treatment* and 57 and 65 percent respectively in *Control* area. Adolescent boys and girls (10-19 years) comprised 12.2 and 11.8 percent respectively in *Treatment* area and 11.7 and 9.3 percent in *Control* area. Female client of reproductive age (15-49) constituted 89 percent in *Treatment* and 90 percent of the total female clients in *Control* area.

The median age of male and female clients in *Treatment* area is 34 and 28 years respectively. In *Control* area, it was 32 and 29 years respectively. The median age thus indicated that female clients were younger by 6 and 3 years in *Treatment* and *Control* area respectively.

The sex composition of clients showed that female clients surpass male clients in both the areas. The sex ratio of clients was estimated at 71 male clients per 100 female in *Treatment* and 84 in *Control* area.

Marital Status

Overwhelmingly large majority of clients visiting the PMO's was married in both the areas. Among the unmarried clients, male constituted relatively high proportion as compared to female clients.

Educational Level

A significant variation in the educational status was noticed between male and female clients in both the areas. Close to two fifths (38%) of the female clients in *Treatment* area and 42 percent in *Control* area *had never been to school* as compared to its male counterpart that

was 12 and 18 percent respectively. The gender gap in the educational attainment of clients was more pronounced for secondary, intermediate and above in *Treatment* area (36.6% vs 20.6%) and also in *Control* area (20.5% vs 8.8%).

Family Income

The proportions of clients having family income of less than Rs. 60,000 were the highest in both the areas. Clients having family income between Rs. 60,000 and 120,000 constituted 28 percent of the total clients in *Treatment* and 22 percent in *Control* area. It may be mentioned here that a sizable proportion (13%) of the female clients in both the areas could not cite their family income.

Occupational Structure

Housewives (who *do not earn*) constituted the largest segment of clients. Female-male comparison shows, more proportions of female than male clients who *do not earn* constituted a significant proportion of clients (65% vs 11% in *Treatment* and 53% vs 11% in *Control* area). Among the male clients, petty business constituted the major occupation in *Treatment* area while in *Control* area agriculture comprised the leading occupation (Table 4.1)

4.2 Client Flow

The average daily flow of clients per PMO's is estimated to be 12.7 and 12.9 in *Treatment* and *Control* area respectively. A large difference in the average daily flow of clients was witnessed among the providers with Health Assistant having highest average flow of clients of 36 and CMA having lowest of 7 clients in *Treatment* area. In *Control* area the variation is relatively less pronounced with AHW having highest average of 20 clients and Staff Nurse having lowest average clients of 8.

Table 4.1 Distribution of clients by selected background characteristics

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Age group								
10-14	.5	1	1.0	3	-	-	-	-
15-19	11.7	24	10.8	31	11.7	21	9.3	20
20-24	13.7	28	30.4	87	12.8	23	24.3	52
25-29	15.1	31	19.6	56	20.6	37	23.4	50
30-34	11.2	23	9.4	27	12.2	22	9.3	20
35-39	12.7	26	9.8	28	11.1	20	7.9	17
40-44	9.3	19	6.3	18	8.9	16	7.9	17
45-49	4.9	10	2.8	8	8.3	15	7.5	16
50-54	7.3	15	2.4	7	6.1	11	3.7	8
55-59	2.9	6	2.8	8	1.7	3	1.9	4
60-64	3.9	8	1.7	5	2.2	4	2.3	5
65-69	3.9	8	.3	1	.6	1	2.3	5
70 and above	2.9	6	2.4	7	3.9	7	-	-
Median age	33.8		27.6		32.1		28.5	
Marital status								
Married	86.3	177	86.0	246	84.4	152	89.3	191
Unmarried	12.7	26	9.4	27	15.6	28	5.1	11
Divorced/Separated	-	-	.3	1	-	-	-	-
Widow	1.0	2	4.2	12	-	-	5.6	12
Total	100.0	205	100.0	286	100.0	180	100.0	214
Highest level of education								
Never been to school	12.2	25	37.8	108	17.8	32	42.1	90
Primary (I-V) incomplete	17.6	36	9.8	28	25.6	46	16.8	36
Primary complete	6.3	13	7.0	20	6.7	12	4.2	9
Secondary (VI-X) incomplete	23.4	48	20.3	58	28.9	52	20.6	44
Secondary/SLC complete	17.1	35	15.0	43	11.1	20	5.1	11
Intermediate and above	18.5	38	5.6	16	9.4	17	3.7	8
Literacy Training	4.9	10	4.5	13	.6	1	7.5	16
Total	100.0	205	100.0	286	100.0	180	100.0	214
Annual income of the family								
Below Rs. 60,000	55.6	114	56.6	162	64.4	116	62.6	134
Rs. 60,000-1,20,000	29.3	60	26.9	77	23.9	43	20.1	43
Rs. 1,20,000-2,40,000	6.8	14	2.8	8	1.7	3	3.7	8
Over Rs. 2,40,000	2.0	4	.3	1	.6	1	.5	1
Don't know	6.3	13	13.3	38	9.4	17	13.1	28
Total	100.0	205	100.0	286	100.0	180	100.0	214
Nature of the job								
Do not Earn	11.2	23	65.4	187	11.1	20	53.3	114
Petty Business	34.1	70	11.5	33	22.8	41	7.9	17
Agriculture	18.5	38	14.3	41	33.3	60	29.0	62
Daily Wage Labour	13.2	27	3.5	10	11.7	21	5.6	12
Private Service Holder	9.8	20	2.4	7	12.2	22	.5	1
Govt. Service Holder	7.3	15	.3	1	5.6	10	.9	2
Teacher	3.4	7	2.4	7	3.3	6	2.3	5
Others*	2.0	4	-	-	-	-	0.5	1
Total	100.0	205	100.0	286	100.0	180	100.0	214

*Transportation sector, Electric Wiring, Draft legal documents, Handicraft

Table 4.2: Average daily client flow of PMO's by type of service providers

Type of service provider	Treatment Area	Control Area
HA	35.9	14.7
Staff Nurse	8.3	8.2
AHW	8.3	19.6
ANM	8.2	9.0
CMA	7.0	11.9
Average daily client flow	12.7	12.9

N =

610

619

4.3 Types of Service Sought and Frequency of Visit

Majority of the clients visits a PMO for treatment of general illness. Child illness constituted the second largest category of clients. Clients seeking for family planning service were limited to only 7 percent of the total female clients in *Treatment* area and 2 percent in *Control* area (Table 4.3). Buying medicine is another reasons for visiting a PMO. One in seven clients visits PMO for buying medicine in both the areas. Between 7 to 10 percent of the female clients visit the clinic for seeking gynecological service.

A very large segment of the clients, both male and female, were repeated visitors in both the areas. They both account 83 percent of the total clients in *Treatment* area and 86 percent in *Control* area. The first time visitors were quite limited.

Among the FP clients, in the *Treatment* area 80 percent male and 68 percent female were repeat visitors. The proportion of such female client was 50 percent in *Control* area.

4.3.1 Reasons for choosing the facility

Proximity was considered as the most commonly cited reasons for choosing a given facility in *Treatment* area while *reliability of clinic* ranked first in *Control* area. One-third of the clients in *Treatment* area and little over that (38%) in *Control* area were found to have opted a particular PMO on grounds of very *caring behavior of the provider*. Yet another one-third in *Treatment* and one-fourth of the clients in *Control* area preferred the particular facility due to their acquaintance with and the expertise of the provider. Gender of the service provider emerged as less important reason for choosing a particular clinic (Table 4.4).

Table 4.3

Distribution of clients by type of services sought from the PMO

Reasons for visiting the Private Medical Outlet on the day of exit interview	Treatment				Control			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Family Planning								
Adopt a reversible FP Device	2.4	5	5.2	15	-	-	1.4	3
Seek FP advice	-	-	.7	2	-	-	.5	1
Follow-up Visit for FP	-	-	.3	1	-	-	-	-
Side effects of Method	-	-	1.0	3	-	-	-	-
Obstetric Service								
TT Injection	1.0	2	1.0	3	-	-	-	-
Miscarriage	.5	1	-	-	-	-	.5	1
Routine pregnancy Check-up	-	-	2.4	7	-	-	4.2	9
Pregnancy related Problems	-	-	1.7	5	-	-	2.8	6
Gynecological								
Problem with urination	.5	1	1.7	5	-	-	1.4	3
Menstruation Problem	.5	1	4.2	12	.6	1	2.3	5
Breast Examination	-	-	.7	2	.6	1	-	-
Uterine Examination	-	-	.7	2	-	-	.9	2
Pregnancy test	-	-	1.0	3	-	-	1.4	3
Lower Abdomen pain	-	-	2.4	7	-	-	1.4	3
STIs								
Genital/White discharge	.5	1	.7	2	.6	1	2.3	5
Ulcer around genitals	-	-	.3	1	-	-	-	-
General Illness*	57.1	117	49.3	141	66.7	120	55.1	118
Child Illness**	12.7	26	22.0	63	9.4	17	22.0	47
To buy medicine	16.6	34	15.6	32	18.3	33	8.4	18
Others***	13.2	27	8.4	24	8.9	16	4.7	10
Total	>100.0	205	>100.0	286	>100.0	180	>100.0	214
							0	
First FP service seekers								
Yes	20.0	1	31.6	6	-	-	50.0	2
No	80.0	4	68.4	13	-	-	50.0	2
Total	100.0	5	100.0	19			100.0	4

Percentage total exceeds 100 due to multiple responses

*Wound under in the sole, To take an injection of vitamin, Dizziness/weakness, Gastric/abdominal pain, Vomiting, Body pain, Scabies, Diabetes, Bleeding through mouth, Problems with nerves (haat jham/jhamaane), Typhoid, Sores (pilo), Wounds in lips/tongue, ENT, Chest pain, Headache, Backache, Pain in heart, Fever/cough/flu, Yellowish urine, Suspecting uric acid, Pain in body, To take injection to treat pain in soldier, Swelling/fracture/burning of legs/hands, Baby skin torn, Diarrhea, Eye problem, Dental pain, Asthma, To buy calcium for spouse, Jaundice, Allergy, Dysentery

**To treat the child for measles/fever/flu, Injury of the child, Pneumonia to the child, Scabies/sores to the child, Tonsil to the child

***Dressing (of wound), Blood pressure check-up

Table 4.4 Distribution of clients by frequency of visits made and reasons for choosing the PMO

Frequency of visit & reasons	Treatment				Control			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Whether first visit to the facility								
First Time	17.1	35	17.1	49	16.7	30	10.7	23
Visited before too	82.9	170	82.9	237	83.3	150	89.3	191
Total	100.0	205	100.0	286	100.0	180	100.0	214
Reasons for choosing the facility*								
Proximity	46.3	95	46.9	134	31.7	57	25.2	54
Know the provider personally	38.5	79	25.5	73	27.8	50	25.2	54
Reliable	35.6	73	34.6	99	46.7	84	55.6	119
Provider is Known/expert	34.6	71	38.5	110	25.0	45	25.7	55
Provider is very caring	30.2	62	37.8	108	30.0	54	46.3	99
Convenient location	8.3	17	11.2	32	16.7	30	11.2	24
Provider is popular	2.4	5	3.5	10	3.9	7	11.7	25
First aid service is also available	.5	1	-	-	-	-	-	-
Required medicine not available in other places	.5	1	.3	1	3.3	6	1.4	3
Dental service available	.5	1	-	-	-	-	-	-
Lower fee for the service/medicine	.5	1	.4	1	2.2	4	1.4	3
Timely availability of medicine	.5	1	.4	1	1.1	2	.5	1
Gives only essential dose of medicine	-	-	.3	1	1.1	2	.5	1
Female service Provider	-	-	1.4	4	-	-	.9	2
Total	>100.0	205	>100.0	286	>100.0	180	>100.0	214

*Percentage total exceeds 100 due to multiple responses

4.3.2 Referrals

For more than one-third (40%) of the clients in *Treatment* area and about 16 percent in *Control* area, friends and relatives were the source of referral to visit the particular PMO. A sizable proportion (64%) of female clients in *Control* area observed that they visited the clinic without having anyone's suggestion. It is common among male clients to visit a PMO on their own. For every fifth female clients in *Control* and every tenth in *Treatment* area spouse was the source of referral (Table 4.5).

Table 4.5 **Distribution of clients by type of referrals**

Referrals	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Nobody suggested	62.9	129	46.2	132	85.0	153	63.6	136
Other relatives and friends	36.1	74	43.7	125	12.8	23	18.2	39
Spouse	1.0	2	9.8	28	1.7	3	18.2	39
Service Provider of the Facility	-	-	.3	1	.6	1	-	-
Total	100.0	205	100.0	286	100.0	180	100.0	214

4.4 Knowledge About the Range of Services Provided

Clients observed having fairly good knowledge about the availability of other wide range of services in the clinic they visited. More than 90 percent of the clients observed that they could get treated for the minor illness. Clients also demonstrated their awareness about the availability of other services such as: dressing of injury, sale of condoms and pills, Sangini injection, TT injection and antenatal care (ANC) including others (Table 4.6).

An overwhelmingly large proportion of clients (88 to 90%) stated that they were not told by the providers or by anyone about the range of services offered in their PMO. Only 12 percent of the clients in *Treatment* and 10 percent in *Control* area admitted of receiving information from the provider about other available services in the clinic. A sizable proportion of clients in *Treatment* area admitted of having received FP advice and Sangini injection during last six month from the chosen facility. In the *Control* area three-fifths of the female clients had received the pregnancy confirmation service from the chosen clinic during last six month (Table 4.6).

Table 4.6 Distribution of clients by type and source of knowledge about the range of services provided in the PMO

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Facilities available*								
Treat minor illness	96.6	198	95.8	274	97.2	175	96.7	207
Dressing of Injury	66.8	137	54.2	155	50.0	90	39.7	85
Sell condoms and pills	12.2	25	11.9	34	1.7	3	7.5	16
Provide TT Injection	12.2	25	9.8	28	2.8	5	2.3	5
Provide Sangini	8.3	17	18.9	54	1.1	2	12.6	27
Provide ANC	3.4	7	4.2	12	3.9	7	18.2	39
Pediatrics	1.0	2	-	-	.6	1	.9	2
Pathology	1.0	2	.7	2	.6	1	.5	1
Treat RTI Cases	.5	1	.7	2	-	-	3.7	8
TB Injection	.5	1	.3	1	1.7	3	.5	1
Delivery Kit	.5	1	.7	2	1.7	3	3.7	8
Menstruation problems	-	-	.3	1	1.1	2	.5	1
STD	-	-	.3	1	-	-	.5	1
Gynecological	-	-	.3	1	-	-	.5	1
Others**	7.3	15	15.4	44	15.6	28	12.6	27
Don't know	1.5	3	1.7	5	1.1	2	2.8	6
Total	>100.0	205	>100.0	286	>100.0	180	>100.0	214
	0		0		0		0	
Provider/other told about range of services offered								
Yes	12.2	23	12.7	34	12.2	22	7.9	17
No	87.8	166	87.3	234	87.8	158	92.1	197
Total	100.0	189	100.0	268	100.0	180	100.0	214
Services offered*								
FP Advice	87.0	20	70.6	24	36.4	8	41.2	7
Sangini Injection	82.6	19	73.5	25	9.1	2	29.4	5
Confirming Pregnancy	4.3	1	8.8	3	18.2	4	58.8	10
Fever/Cough	4.3	1	-	-	50.0	11	29.4	5
Implant/remove Norplant	-	-	2.9	1	-	-	-	-
Antenatal care/Check-up	-	-	2.9	1	4.5	1	5.9	1
STDs/RTI Treatment	-	-	2.9	1	13.6	3	-	-
Diarrhea	-	-	2.9	1	13.6	3	5.9	1
TB	-	-	-	-	4.5	1	-	-
Total	>100.0	23	>100.0	34	>100.0	22	>100.0	17
	0		0		0		0	

*Percentage total exceeds 100 due to multiple responses

**Pneumonia, Asthma, Dental, Limbs burning/paining, ENT, Typhoid, BP check, X-ray/Glucose, Neuro, Skin Disease.

4.5 Utilization of RH Services from PMO

The utilization of PMO for RH services during last six month was quite negligible. Result in Table 4.7 showed that about 13 percent clients reported to have utilized the service for FP advice and 10 percent for Sangini injection in *Treatment* area. Utilization for other RH services during last six month were reportedly less than 2 percent in both the areas.

Table 4.7 Distribution of clients by utilization of specific RH services from the PMO

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
<u>Visited for FP Advice</u>								
Yes	12.4	22	12.6	31	2.6	4	4.7	9
No	87.6	155	87.4	215	97.4	148	95.3	182
<u>Ever visited for Sangini injection</u>								
Yes	5.6	10	9.8	24	-	-	3.1	6
No	93.8	166	88.2	217	99.3	151	93.2	178
Don't Provide	.6	1	2.0	5	.7	1	3.7	7
<u>Ever visited to insert/remove IUD</u>								
Yes	-	-	.4	1	-	-	-	-
No	86.4	153	86.6	213	99.3	151	92.1	176
Don't Provide	13.6	24	13.0	32	.7	1	7.9	15
<u>Ever visited to implant/remove Norplant</u>								
Yes	-	-	.4	1	-	-	-	-
No	85.9	152	85.4	210	99.3	151	91.6	175
Don't Provide	14.1	25	14.2	35	.7	1	8.4	16
<u>Ever visited for Antenatal Care/check-up</u>								
Yes	1.7	3	1.6	4	.7	1	4.7	9
No	97.2	172	95.9	236	98.7	150	91.6	175
Don't Provide	1.1	2	2.4	6	.7	1	3.7	7
<u>Ever visited for confirming pregnancy</u>								
Yes	1.1	2	.4	1	.7	1	4.7	9
No	97.7	173	98.8	243	98.7	150	91.6	175
Don't Provide	1.1	2	.8	2	.7	1	3.7	7
<u>Ever visited for STDs/RTI complaints</u>								
Yes	.6	1	.8	2	.7	1	2.1	4
No	98.3	174	98.4	242	99.3	151	93.7	179
Don't Provide	1.1	2	.8	2	-	-	4.2	8
Total	100.0	177	100.0	246	100.0	152	100.0	191

4.6 Future Intention to Utilize PMO Facility

All the exit interview clients were asked to mention if they would visit or recommend their family members and friends if the providers would be trained and the facility would be better equipped to provide RH services. It is encouraging to find that almost all the clients in *Treatment* and *Control* areas responded affirmatively. They expressed their intention to use the service and also recommend others to use for all type of RH service like pregnancy care, RTI *Treatment*, gynecological service and FP service. Few male clients (2 to 3%) in *Treatment* area, however, declined to use and also recommend the service outlet (Table 4.8).

Table 4.8

Distribution of clients who would recommend the PMO for various RH services in future

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
<u>Recommend to visit for pregnancy care</u>								
Yes	99.5	204	100.0	286	93.9	169	98.1	210
No	.5	1	-	-	6.1	11	1.9	4
<u>Recommend to visit for FP</u>								
Yes	99.5	204	100.0	286	91.7	165	97.2	208
No	.5	1	-	-	8.3	15	2.8	6
<u>Recommend to visit for gynecological service</u>								
Yes	99.0	203	100.0	286	93.3	168	97.7	209
No	1.0	2	-	-	6.7	12	2.3	5
<u>Recommend to visit for STDs/RTIs Treatment</u>								
Yes	99.5	204	100.0	286	93.9	169	97.7	209
No	.5	1	-	-	6.1	11	2.3	5
Total	100.0	205	100.0	286	100.0	180	100.0	214

Those who declined to utilize a PMO service or recommend the same for RH service were also requested to mention the reasons for doing so. It is evident from Table 4.9, free government service for RH care was cited as the major reason. For 3 male clients in *Control* area, the gender of the service provider was the reason for declining to utilize or recommend to others.

Two-thirds of the clients in *Treatment* and little over half in *Control* area tend to recommend hospitals for RH services. In *Control* area, about one-fifth of the clients recommended to use PHC/HP.SHP facilities for RH services. It may be mentioned that between 15 to 21 percent of clients in *Treatment* and 18 to 22 percent in *Control* area recommended PMO for RH service (Table 4.10).

Table 4.9

Distribution of clients by reasons for not recommending PMO for RH services

Reasons for not recommending	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Service provider is male	100.0	2	-	-	18.8	3	-	-
Free services available from hospital	-	-	-	-	31.3	5	28.6	2
All services available from Hospital/HP	-	-	-	-	56.3	9	28.6	2
Do not know adequately	-	-	-	-	6.3	1	42.9	3
Total	>100.0	2	>100.0		>100.0	16	>100.0	7

Percentage total exceeds 100 due to multiple responses

Table 4.10 Distribution of clients by type of health facilities recommended for services to RH problems

Recommendation for RH	Treatment				Control			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Hospital	70.7	145	62.6	179	52.2	94	52.8	113
Medical Hall	14.6	30	21.0	60	21.7	39	17.8	38
Private Doctor	8.8	18	11.2	32	7.8	14	5.6	12
PHC/HP/SHP	3.4	7	3.1	9	17.8	32	22.9	49
India	1.0	2	.3	1	.6	1	-	-
FPAN	1.0	2	1.7	5	-	-	-	-
Marie Stopes Clinic	-	-	-	-	-	-	.5	1
Don't know	.5	1	-	-	-	-	.5	1
Total	100.0	205	100.0	286	100.0	180	100.0	214

4.7 Levels of Satisfaction with PMO Facilities

Attempt was also made to assess the level of satisfaction of clients in general and specific to elements of quality service. A four point scale from *very satisfied* to *very dissatisfied* was created to assess the response of the clients. Although results showed that majority of the clients in *Treatment* area (between 54 to 61%) were *very satisfied* yet more than two-fifths (43%) reported that they were *just satisfied*. In *Control* area the proportion of such clients constituted more than two-thirds (66%) of the total clients. This finding needs careful attention from the program point of view.

Regarding clients' level of satisfaction with quality of service components, no meaningful difference among male and female clients was witnessed in both the areas. A mixed kind of perception has been observed among clients regarding their level of satisfaction. The level of satisfaction with respect to the cleanliness, availability of essential equipment, physical out look and privacy has been perceived as *just satisfied* by majority of the clients in both the areas. In *Treatment* area, however, a sizable proportion of the male and female clients perceived skill of the service provider and range of services as *very satisfied*. On the whole, clients of the *Control* area seemed to be less satisfied with various quality of care services (Table 4.11 and 4.12).

Table 4.11 Distribution of clients according to the perceived level of satisfaction

Satisfaction Level	Treatment				Control			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Very Satisfied	53.7	110	60.8	174	36.1	65	30.4	65
Just Satisfied	46.3	95	39.2	112	63.3	114	69.6	149
Not Satisfied	-	-	-	-	.6	1	-	-
Total	100.0	205	100.0	286	100.0	180	100.0	214

Table 4.12 Distribution of clients by level of satisfaction for various measures of service quality

Level of Satisfaction	Treatment				Control			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
With cleanliness/hygiene								
Very Satisfied	32.2	66	37.8	108	17.8	32	21.5	46
Just Satisfied	66.3	136	61.9	177	77.8	140	77.6	166
Not Satisfied	1.5	3	.3	1	4.4	8	.9	2
With essential equipment								
Very Satisfied	29.3	60	39.5	113	16.1	29	15.9	34
Just Satisfied	67.8	139	60.1	172	78.3	141	82.2	176
Not Satisfied	2.9	6	.3	1	5.6	10	1.9	4
With essential medicines								
Very Satisfied	59.0	121	64.7	185	32.2	58	26.2	56
Just Satisfied	40.0	82	35.3	101	61.1	110	71.0	152
Not Satisfied	1.0	2	-	-	6.7	12	2.8	6
With good handling of clients								
Very Satisfied	78.5	161	81.8	234	58.9	106	57.0	122
Just Satisfied	21.5	44	18.2	52	41.1	74	42.5	91
Not Satisfied	-	-	-	-	-	-	.5	1
With Treatment/service charges								
Very Satisfied	72.2	148	76.2	218	21.7	39	22.4	48
Just Satisfied	26.8	55	23.4	67	76.1	137	75.2	161
Not Satisfied	.5	1	.3	1	2.2	4	2.3	5
Very Dissatisfied	.5	1	-	-	-	-	-	-
With physical outlook								
Very Satisfied	30.2	62	28.3	81	21.7	39	13.1	28
Just Satisfied	67.3	138	71.7	205	75.6	136	85.5	183
Not Satisfied	2.4	5	-	-	2.8	5	1.4	3
With the range of services								
Very Satisfied	46.8	96	49.7	142	23.9	43	21.5	46
Just Satisfied	52.7	108	50.0	143	71.7	129	75.2	161
Not Satisfied	.5	1	.3	1	4.4	8	3.3	7
With privacy								
Very Satisfied	40.0	82	42.0	120	20.6	37	19.6	42
Just Satisfied	58.5	120	58.0	166	72.2	130	75.2	161
Not Satisfied	1.5	3	-	-	7.2	13	5.1	11
Total	100.0	205	100.0	286	100.0	180	100.0	214

4.8 Perception about Service Quality

Information was also gathered from clients regarding their perception of service quality. Caring for clients was considered as a single most important characteristic of a quality service. Some other less frequently cited characteristics were: prescribing effective medicine, suitable clinic timing. Privacy, reliable provider, good referral and equipped with essential equipment were some qualities considered (Table 4.13).

Table 4.13 Distribution of clients by perceived characteristics for quality services

Characteristics of quality services	Treatment				Control			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Caring for Clients	86.3	177	81.8	234	71.1	128	57.5	123
Prescribe effective medicine	26.3	54	34.6	99	42.8	77	37.9	81
Available anytime	12.7	26	15.4	44	12.8	23	16.8	36
Provide correct dose of medicine	6.3	13	4.5	13	-	-	-	-
Low Charge for the Medicine	6.3	13	4.2	12	2.8	5	1.9	4
Equipped with essential equipment	3.4	7	2.1	6	4.4	8	2.8	6
Reliable Provider	2.9	6	1.7	5	1.7	3	.9	2
Doctor's services available	2.9	6	2.8	8	.6	1	1.4	3
Cleanliness	2.4	5	2.4	7	3.3	6	1.9	4
Referral (if needed) to a good facility	2.4	5	-	-	.6	1	-	-
Sometimes provide medicines on credit	2.4	5	2.4	7	-	-	.5	1
Provider should be knowledgeable	2.4	5	1.0	3	2.2	4	1.9	4
Avoid date-expired medicines	1.5	3	1.4	4	.6	1	-	-
Maintain privacy	.5	1	-	-	.6	1	-	-
Don't know	4.4	9	3.1	9	3.3	6	8.4	18
Total	-	205	-	286	-	180	-	214

Percentage total exceeds 100 due to multiple responses

4.8.1 Suggestions for Improvement

Clients were also requested to suggest measures for improving the services of a PMO. Clients made several recommendations. Major recommendations include availability of wide range of services; medicine; and essential equipment. Some other suggestions include cleanliness, good client provider relationship, larger waiting space, and improved physical outlook of the clinics (Table 4.14).

Table 4.14 Distribution of clients by types of suggestion made for PMO service improvement

Improvements suggested	Treatment				Control			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Ranges of services	57.1	117	58.7	168	66.7	120	56.1	120
Essential Equipment	51.2	105	51.0	146	25.6	46	18.2	39
Drugs availability	45.9	94	41.3	118	75.6	136	65.0	139
Cleanliness/Hygiene	8.8	18	7.7	22	13.3	24	9.3	20
Lower service charge/fee	8.3	17	5.2	15	4.4	8	6.5	14
Physical outlook	7.8	16	3.5	10	5.6	10	4.7	10
Larger waiting space	5.9	12	7.3	21	8.9	16	4.7	10
Pathology service	5.4	11	3.5	10	4.4	8	.9	2
Handling of Clients	4.9	10	3.8	11	18.3	33	15.4	33
Training for provider on new illnesses	4.9	10	3.5	10	1.1	2	.9	2
Doctors' availability	3.4	7	.3	1	4.4	8	.5	1
Level of Privacy	2.9	6	3.5	10	3.3	6	5.6	12
Improved provider behavior	2.0	4	1.7	5	.6	1	2.8	6
Delivery service	.5	1	.3	1			.9	2
Availability of female nurse	.5	1	.7	2				
Availability of FP services	.5	1	.3	1				
Lower cost of the medicine					1.1	2	2.8	6
Others*	1.5	3	-	-	-	-	-	-
Don't know	2.0	4	2.8	8	1.1	2	1.9	4
Total	>100	205	>100	286	>100	180	>100	214

Percentage total exceeds 100 due to multiple responses

*Ambulance service, Surgical facility available, Plastering facility

4.9 Perceptions on Service and Product Fee

About one-fourth of the clients in *Treatment* and equal proportion in *Control* area had paid between Rs. 100 to 500 as service and product fee; another one-third in *Treatment* and about one-fourth in *Control* area had paid between Rs. 50 to 100. Interestingly, more than one-third of the clients in both the areas reported that they paid a maximum of Rs 50 only. 90 percent of the clients in *Treatment* area and 84 percent in *Control* area stated that they paid the amount for medicine and injection. One in ten clients observed that the payment they made include the service fee as well. More than two-thirds of the clients in *Treatment* area who had paid service fee admitted of paying Rs 5 only. In *Control* area among the clients who had paid service fee, 4 in 5 clients were ignorant with the amount they paid. This result needs to be interpreted with caution as often times the providers adjust his service fee with medicine for which the client is ignorant (Table 4.15).

Table 4.15 Distribution of client's according to type of perception on service and product fee

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
Amount paid Rs.								
None	1.5	3	1.4	4	1.7	3	5.6	12
<5	2.4	5	1.4	4	6.1	11	3.3	7
5-9	6.3	13	4.9	14	4.4	8	5.1	11
10-19	14.6	30	7.7	22	20.0	36	8.4	18
20-49	26.3	54	22.0	63	23.9	43	19.2	41
50-99	27.8	57	35.7	102	24.4	44	23.8	51
100-499	20.5	42	26.9	77	17.2	31	32.2	69
500-999	.5	1	-	-	2.2	4	.9	2
1000	-	-	-	-	-	-	1.4	3
Total	100.0	205	100.0	286	100.0	180	100.0	214
Payment for								
Only of Medicine/Injection	90.1	182	90.4	255	89.8	159	78.7	159
Includes fee also	9.9	20	9.6	27	5.1	9	14.4	29
DK	-	-	-	-	5.1	9	6.9	14
Total	100.0	202	100.0	282	100.0	177	100.0	202
Amount paid for the service (Rs.)								
5	70.0	14	63.0	17	-	-	-	-
10	-	-	3.7	1	11.1	2	2.3	1
15	5.0	1	3.7	1	-	-	-	-
20	-	-	11.1	3	-	-	-	-
30	-	-	11.1	3	-	-	-	-
40	5.0	1	-	-	-	-	-	-
50	-	-	-	-	-	-	18.6	8
70	-	-	-	-	5.6	1	-	-
95	5.0	1	-	-	-	-	-	-
100	10.0	2	7.4	2	-	-	-	-
120	5.0	1	-	-	-	-	-	-
Don't know	-	-	-	-	83.3	15	79.1	34
Total	100.0	20	100.0	27	100.0	18	100.0	43

Of the total 47 clients who had paid for service fee in *Treatment* area, only one client considered the service fee as *high*, 22 clients considered *moderate* and another 18 clients considered the fee as *too low*. Likewise, out of the total of 61 clients who paid the service fee in *Control* area, 49 clients were unable to mention the amount they paid and thus failed to make any judgment about the service fee. Another 10 clients from *Control* area considered the fee as *moderate*.

As mentioned above only one male client from both the areas considered the fee as *high*. Clients considered the service fee as *moderate* or *too low* due to the fact that they require paying only for entry card and the fee is also cheaper than other places (Table 4.16).

Table 4.16 Distribution of clients by types of reasons stated for considering the fee higher or lower

	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
High								
Higher than other facilities	100.0	1	-	-	100.0	1	-	-
Total	100.0	1			100.0	1		
Moderate								
Cheaper than other facilities	55.6	5	23.1	3	-	-	37.5	3
Need to pay for entry ticket only	44.4	4	30.8	4	-	-	-	-
Cheaper than government facility	-	-	-	-	-	-	12.5	1
Equal in all the medical stores			53.8	7	100.0	2	50.0	4
Total	100.0	9	100.0	13	100.0	2	100.0	8
Low								
Cheaper than other facilities	100.0	1	25.0	1	-	-	-	-
Other providers charge Rs. 100-200 just for check-up	-	-	25.0	1	-	-	-	-
Need to pay for entry ticket only	-	-	50.0	2	-	-	-	-
Equal in all the medical stores	-	-	25.0	1	-	-	100.0	1
Total	100.0	1	100.0	4	-	-	100.0	1
Too Low								
Need to pay for entry ticket only	55.6	5	100.0	9	-	-	-	-
100-200 just for check-up	33.3	3	11.1	1	-	-	-	-
Cheaper than government facility	11.1	1	-	-	-	-	-	-
Total	100.0	9	100.0	9	-	-	-	-

CHAPTER V

THE HOUSEHOLD SURVEY

The target respondents of the household survey are married women aged 15-45 years (MWRA). As stated earlier, a structured household survey questionnaire was administered to 461 MWRA respondents in *Treatment* and 480 in *Control* area. The present chapter discusses the background information pertaining to demographic, social and economic status of the families of the MWRA respondents as well as respondents' knowledge, perception, experience and practice of RH including family planning antenatal care and RTIs.

5.1 Characteristics of the Survey Population

The population enumerated from the present household sample is 3134 (from 461 households) and 3305 (from 480 households) respectively in *Treatment* and *Control* areas. Male and female population is more or less equally represented in *Treatment* area (50.5 vs 49.5) while male population is marginally higher than female population in *Control* area (51.1 vs 48.9). The average family size in *Treatment* and *Control* area is 6.1 and 6.7 respectively which is quite large (Table 5.1).

Table 5.1 Distribution of household population in the sample by sex

Sex	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Male	50.5	1582	51.1	1690
Female	49.5	1552	48.9	1615
Total	100	3134	100	3305

Table 5.2 presents the sex and age-wise distribution of the population by *Treatment* and *Control* areas in the sample. As the table shows, the proportion of women (irrespective of their marital status) aged 15-44 years comprises of 47% in *Treatment* area and 45% in *Control* area. Whereas, adolescent boys and girls (10-19 years of age) comprise 26% and 25% respectively in *Treatment* and 22% and 25% in *Control* area.

Table 5.2 Sex-wise distribution of household population by broad age group

Age group	<i>Treatment</i>				<i>Control</i>			
	Male		Female		Male		Female	
	%	N	%	N	%	N	%	N
0-4	10.4	164	10.5	163	12.2	206	11.9	192
5-9	12.1	192	12.4	193	13.1	222	14.9	240
10-14	12.3	194	12.7	197	12.4	210	12.3	198
15-19	13.5	214	12.0	187	10.1	170	12.3	199
20-29	17.1	271	18.9	294	17.7	298	16.9	273
30-39	11.2	176	11.2	174	11.5	194	11.7	188
40-44	4.4	70	5.0	78	5.6	94	4.2	68
45-49	4.6	73	5.3	82	3.7	62	5.3	86
50-54	4.9	78	4.1	63	4.1	70	3.7	60
55+	9.5	150	7.8	121	9.7	164	6.9	111
Total	100	1582	100	1552	100	1690	100	1615

5.1.1 Marital status

The marital status of the population aged 10 years and over is presented in Table 5.2. It is evident from the table that the proportion of married women is higher than married men in both *Treatment* and *Control* areas in the sample population. However, *Control* area has slightly larger proportion of married men and women than in *Treatment* area (61 vs 58 in *Treatment* and 67 vs 62 in *Control*). The difference in the proportion of unmarried males (40%) and females (32%) is wider by 8 percentage points in *Treatment* area. This percentage difference is slightly narrower in *Control* area (8 percentage points). A higher proportion of women than men was married at 19 years of age or younger. Comparatively, married women aged 10-19 years is high in *Control* (45%) than in *Treatment* (30%) indicating a higher prevalence of teenage marriage in *Control* area. (Table 5.3).

5.2 Characteristics of MWRA Respondents

The number of married women of reproductive age (MWRA) i.e. 15-45 years covered in the present survey is 461 in *Treatment* and 480 in *Control* area. Adolescent MWRA (15-19 years) comprises less than ten percent in both the areas. Those aged between 20-29 years comprise over two fifths of the total MWRA in both *Treatment* (44%) and *Control* (44%) areas. Ethnicity wise, *Control* area has twice the proportion of both high castes (27%) and low castes (12%) *terai* ethnic communities than in *Treatment* area (13% and 6% respectively). The other major ethnic communities are more or less equally represented in the sample. Illiteracy is quite high among MWRA especially in *Control* area (56%). In *Treatment* area, two-fifths of the MWRA are illiterate (43%). Those completing secondary school and above (10 years of schooling plus intermediate and above) is one-sixth in *Treatment* area as against only 6% in *Control* area. One fourth of the MWRA in *Treatment* area contributes to family income through her involvement as agricultural labor and other income earning activities. The corresponding proportion in *Control* area is more than double (56%) (Table 5.4).

Table 5.3 Distribution of household population aged 10+ years by marital status, age and sex

Age group	Marital Status								Total	
	Married		Unmarried		Divorced/ Separated		Widow		%	N
<i>Treatment : Male</i>	%	N	%	N	%	N	%	N	%	N
10-14	1.0	2	99.0	192	-	-	-	-	100.0	194
15-19	12.1	26	87.9	188	-	-	-	-	100.0	214
20-24	46.3	63	53.7	73	-	-	-	-	100.0	136
25-29	80.0	108	20.0	27	-	-	-	-	100.0	135
30-34	94.5	86	5.5	5	-	-	-	-	100.0	91
35-39	100	85	-	-	-	-	-	-	100.0	85
40-44	98.6	69	1.4	1	-	-	-	-	100.0	70
45-49	95.9	70	1.4	1	1.4	1	1.4	1	100.0	73
50-54	92.3	72	1.3	1	-	-	6.4	5	100.0	78
55+	86.7	130	-	-	1.3	2	12.0	18	100.0	150
Total	58.0	711	39.8	488	.2	3	2.0	24	100.0	1226
<i>Treatment: Female</i>										
10-14	1.0	2	99.0	195	-	-	-	-	100.0	197
15-19	28.9	54	71.1	133	-	-	-	-	100.0	187
20-24	73.3	121	26.7	44	-	-	-	-	100.0	165
25-29	91.5	118	7.0	9	-	-	1.6	2	100.0	129
30-34	97.7	85	2.3	2	-	-	-	-	100.0	87
35-39	96.6	84	2.3	2	-	-	1.1	1	100.0	87
40-44	93.6	73	1.3	1	1.3	1	3.8	3	100.0	78
45-49	91.5	75	-	-	2.4	2	6.1	5	100.0	82
50-54	82.5	52	1.6	1	1.6	1	14.3	9	100.0	63
55+	51.2	62	-	-	4.1	5	44.6	54	100.0	121
Total	60.7	726	32.4	387	8	9	6.2	74	100.0	1196
<i>Control: Male</i>										
10-14	1.0	2	99.0	208	-	-	-	-	100.0	210
15-19	13.5	23	86.5	147	-	-	-	-	100.0	170
20-24	60.0	108	39.4	71	.6	1	-	-	100.0	180
25-29	89.8	106	9.3	11	.8	1	-	-	100.0	118
30-34	97.4	113	2.6	3	-	-	-	-	100.0	116
35-39	96.2	75	1.3	1	-	-	2.6	2	100.0	78
40-44	97.9	92	1.1	1	-	-	1.1	1	100.0	94
45-49	90.3	56	4.8	3	-	-	4.8	3	100.0	62
50-54	95.7	67	1.4	1	-	-	2.9	2	100.0	70
55+	86.0	141	-	-	1.2	2	12.8	21	100.0	164
Total	62.0	783	35.3	446	3	4	2.3	29	100.0	1262
<i>Control: Female</i>										
10-14	1.5	3	98.5	195	-	-	-	-	100.0	198
15-19	43.2	86	56.3	112	.5	1	-	-	100.0	199
20-24	91.2	134	8.8	13	-	-	-	-	100.0	147
25-29	97.6	123	.8	1	.8	1	.8	1	100.0	126
30-34	99.1	107	-	-	-	-	.9	1	100.0	108
35-39	98.8	79	1.3	1	-	-	-	-	100.0	80
40-44	97.1	66	-	-	-	-	2.9	2	100.0	68
45-49	93.0	80	-	-	-	-	7.0	6	100.0	86
50-54	85.0	51	1.7	1	-	-	13.3	8	100.0	60
55+	61.3	68	0.9	1	-	-	37.8	42	100.0	111
Total	67.4	797	27.4	324	2	2	5.1	60	100.0	1183

Table 5.4 Distribution of MWRA by selected background characteristics

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<u>Age group</u>				
15-19	7.6	35	9.2	44
20-24	20.2	93	22.7	109
25-29	23.9	110	21.3	102
30-34	16.1	74	20.2	97
35-39	17.6	81	14.2	68
40-44	14.8	68	12.5	60
<u>Ethnicity/Caste of Respondent</u>				
Brahman/Chhetri	25.2	116	24.0	115
Tharu	19.1	88	18.8	90
Higher castes of terai origin	12.8	59	26.7	128
Magar	12.4	57	6.9	33
Newar	6.7	31	2.3	11
Muslim	6.3	29	1.3	6
Occupational castes of terai origin	6.1	28	12.3	59
Occupational castes of hill origin	5.9	27	2.5	12
Gurung	5.0	23	.8	4
Khawas	.4	2	.2	1
Kumal	.2	1	2.9	14
Gharti/Bhujel	-	-	.8	4
Bote	-	-	.4	2
Tamang	-	-	.2	1
<u>Highest level of education</u>				
Never been to school	43.0	198	55.8	268
Primary (I-V) incomplete	10.4	48	14.6	70
Primary Complete	4.6	21	3.8	18
Secondary (VI-X) incomplete	15.8	73	11.5	55
Secondary/SLC complete	6.3	29	4.4	21
Intermediate and above	9.5	44	2.5	12
Literacy training	10.4	48	7.5	36
<u>Contribution to the family income</u>				
Do not earn	75.7	349	55.8	268
Agriculture	13.2	61	32.1	154
Petty Business	6.5	30	2.9	14
Daily wage labourer	1.7	8	6.7	32
Teacher	1.1	5	1.5	7
Govt. service holder	.9	4	.4	2
Pvt. Service holder	.9	4	.6	3

5.3 Age At Marriage

Most MWRA in both *Treatment* (83%) and *Control* area (86%) were married before reaching 20 years of age (median age = 17). Those marrying even at early ages (under 15 years of age) are quite substantial in both *Treatment* (19%) and *Control* (16%) area. The proportion of MWRA marrying at 20 years and over is 17% in *Treatment* area while it is less than this proportion in *Control* area (14%) (Table 5.5).

Table 5.5 Distribution of MWRA by age at marriage

Age at marriage	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<15	18.7	86	16.5	79
15-19	64.0	295	69.8	335
20-24	15.4	71	13.1	63
25	2.0	9	.6	3
Total	100.0	461	100.0	480
Median age at marriage				
15-19	16.0	35	16.0	44
20-24	17.0	93	17.0	109
25-29	17.0	110	17.0	102
30-34	17.0	74	17.0	97
35-39	17.0	81	16.5	68
40-44	17.0	68	17.0	60
Total	17.0	461	17.0	480

5.3.1 Exposure to Pregnancy

In both the areas, every second MWRA aged 19 years or younger had ever been pregnant and also had at least one surviving child. While *almost all* MWRA became pregnant by the age 24 years and over. At the time of the survey, among the adolescent groups (15-19 years of age) one in six in *Treatment* area (17%) and one in five in *Control* area (20%) were currently pregnant (Table 5.6).

Table 5.6 Distribution of MWRA by ever exposed to pregnancy by current age

Age group	<i>Treatment</i>					<i>Control</i>				
	Ever been pregnant			Total		Ever been pregnant			Total	
	Yes	Yes, currently pregnant	No	%	N	Yes	Yes, currently pregnant	No	%	N
15-19	51.4	17.1	31.4	100.0	35	50.0	20.5	29.5	100.0	44
20-24	84.9	4.3	10.8	100.0	93	83.5	2.8	13.8	100.0	109
25-29	96.4	.9	2.7	100.0	110	99.0	-	1.0	100.0	102
30-34	98.6	-	1.4	100.0	74	100	-	-	100.0	97
35-39	100	-	-	100.0	81	100	-	-	100.0	68
40-44	91.2	-	8.8	100.0	68	98.3	-	1.7	100.0	60
Total	90.9	2.4	6.7	100.0	461	91.3	2.5	6.3	100.0	480

5.3.2 Number of Living Children

Table 5.7 presents the number of living children according to the current age of the MWRA. As the table shows, the number of children increases sharply with increase in age. For example, the proportion of nulliparous women among 15-19 years of age is high; much higher in *Control* area (54%) than *Treatment* area (49%). Moreover, two fifths of the MWRA in this age group has at least one living child. On the other hand, every second MWRA at the end of her reproductive live span (40-44 years), has over four living children. The average number of children of a MWRA is 2.6 (Table 5.8). No significant variation exists between *Treatment* and *Control* area in average size (number) of surviving children a woman has, across the broad age-group.

Table 5.7 Distribution of MWRA by number of living children according to current age

Age group	Total living children					Total	
	None	One	Two	Three	Four or more	%	N
<i>Treatment</i>							
15-19	48.6	40.0	11.4	-	-	100.0	35
20-24	16.1	41.9	29.0	10.8	2.2	100.0	93
25-29	3.6	12.7	39.1	33.6	10.9	100.0	110
30-34	1.4	6.8	18.9	39.2	33.8	100.0	74
35-39	-	4.9	28.4	21.0	45.7	100.0	81
40-44	8.8	1.5	4.4	25.0	60.3	100.0	68
Total	9.3	16.7	24.7	23.9	25.4	100.0	461
<i>Control</i>							
15-19	54.5	40.9	4.5	-	-	100.0	44
20-24	17.4	30.3	35.8	13.8	2.8	100.0	109
25-29	4.9	12.7	36.3	29.4	16.7	100.0	102
30-34	-	6.2	19.6	32.0	42.3	100.0	97
35-39	-	4.4	11.8	30.9	52.9	100.0	68
40-44	1.7	1.7	10.0	30.0	56.7	100.0	60
Total	10.2	15.4	23.1	24.0	27.3	100.0	480

Table 5.8 Distribution of MWRA by average number of living children according to current age

Age group	Total no. of Living Children			
	<i>Treatment</i>		<i>Control</i>	
	Mean	N	Mean	N
15-19	.6	35	.5	44
20-24	1.4	93	1.5	109
25-29	2.4	110	2.5	102
30-34	3.2	74	3.4	97
35-39	3.6	81	3.6	68
40-44	3.9	68	4.0	60
Total	2.6	461	2.6	480

5.4 Knowledge About Antenatal Care (ANC)

The knowledge that ANC is required during pregnancy is widespread among MWRA (90-91%) in both the areas (Figure 1). The knowledge about reasons for undergoing ANC during pregnancy is also widespread among MWRA (Table 5.9).

However, one in five MWRA in *Treatment* and twice this proportion in *Control* area have incorrect or incomplete knowledge regarding the number of times a woman should undergo ANC during her pregnancy. Moreover, one in six MWRA in both the areas did not know about the number of times a pregnant woman should undergo ANC.

Less than a fourth of the MWRA in both the *Treatment* (21%) and *Control* area (22%) did not know the reason for receiving TT injection by women. Moreover, one in twelve MWRA in *Control* area had misconception that TT injection is taken to prevent disease.

Figure 1 : Do women need to have ANC during pregnancy?

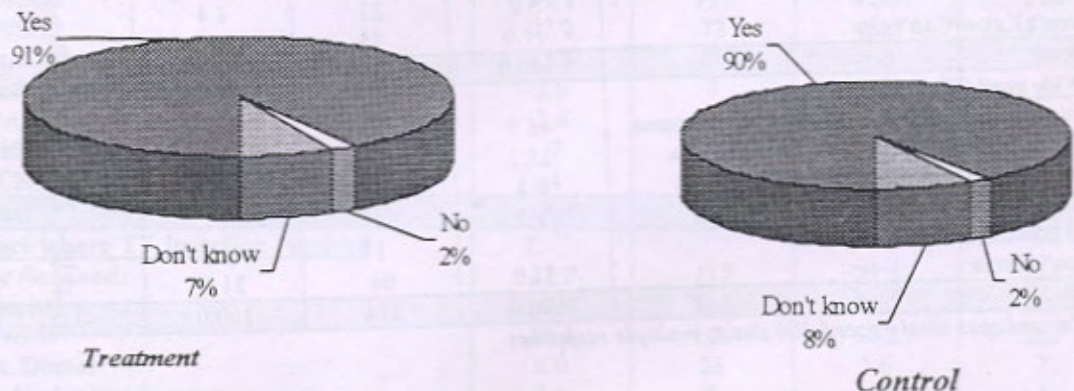


Table 5.9 Distribution of MWRA by knowledge about need of ANC

Knowledge about ANC	Treatment		Control	
	%	N	%	N
Why need ANC?				
To confirm position of fetus	82.4	346	60.8	264
To confirm pregnancy	27.4	115	6.5	28
General health check-up	24.0	101	43.8	190
To detect any illness/complications	19.0	80	46.1	200
To take TT injection	10.7	45	13.6	59
To take iron/calcium tabs	4.5	19	2.5	11
To confirm sex	.2	1	.2	1
Don't Know	2.9	12	1.6	7
Mean responses	1.71		1.73	
Total	>100.0	420	>100.0	434
Number of ANC visit required				
One	1.0	4	1.2	5
Two	3.3	14	7.4	32
Three	15.2	64	30.2	131
Four	13.6	57	15.9	69
Five	16.9	71	15.7	68
Six	11.9	50	3.7	16
Seven	5.2	22	2.5	11
Eight	4.0	17	1.6	7
Nine	6.0	25	5.3	23
Ten +	5.0	21	1.4	6
Don't Know/Can't say	17.9	75	15.2	66
Total	100.0	420	100.0	434
Why need TT injection?				
To save both mother and child from tetanus	45.9	144	49.7	168
To save new born from neonatal tetanus	25.2	79	15.7	53
To save mother from tetanus	6.4	20	4.4	15
To prevent becoming lame	1.3	4	-	-
To prevent disease	.3	1	8.3	28
Don't Know	21.0	66	21.9	74
Total	100.0	314	100.0	338

*Percentages total exceed 100 due to multiple responses

5.5 Practice of ANC

In both *Treatment* and *Control* areas, slightly less than 60% of the MWRA had received ANC during their last pregnancy. The number of times they had ANC ranged from just a single visit to maximum five visits. However, more than half of MWRA in *Treatment* area (56%) reported to have undergone 4 or more ANC visits which is noteworthy. The corresponding proportion in *Control* area was low; 31% (Table 5.10).

Hospital (public hospital) and health post/sub-health posts (HP/SHP) are the two main facilities where the majority of the MWRA had sought ANC services. These two places were also their main sources of getting TT injection shots. However, one in six MWRA in *Treatment* area had visited a private doctor for ANC. The proportion of MWRA visiting a private medical outlet (PMO) either for ANC or for TT injection is negligible in both the areas.

Intake of iron and folic tablets during pregnancy is low (below 50%) and much lower in the *Control* area (40%). Hospital and HP/SHP are the two main sources mentioned by the MWRA for obtaining iron & folic tablets (Table 5.10)

Table 5.10 Distribution of ever-pregnant-MWRA by practice of ANC

Practice of ANC	Treatment		Control	
	%	N	%	N
Ever had ANC during pregnancy				
Yes	58.1	268	58.5	281
No	35.1	162	35.2	169
Never been pregnant	6.7	31	6.3	30
Total	100.0	461	100.0	480
No. of ANC visits made during last pregnancy				
One	7.8	21	13.9	39
Two	13.8	37	21.0	59
Three	21.6	58	34.5	97
Four	11.9	32	11.4	32
Five	44.4	119	19.2	54
Don't know	.4	1	-	-
Total	100.0	268	100.0	281
Place of ANC during last pregnancy				
Hospital	51.1	137	42.0	118
HP/SHP	27.2	73	46.6	131
Pvt. Doctor	15.3	41	6.8	19
Medical store/Pharmacy	2.6	7	4.6	13
FPAN	2.6	7	-	-
Public Health Clinic	.7	2	-	-
MCH worker	.4	1	-	-
Total	100.0	268	100.0	281
Place where TT Injection received				
Not Received	27.2	117	25.1	113
Hospital	30.9	133	20.7	93
HP/SHP	29.3	126	36.2	163
Pvt. Doctor	6.0	26	1.6	7
Medical store/pharmacy	2.1	9	.9	4
FPAN	1.9	8	.2	1
Mobile camp	1.6	7	15.3	69
Public health clinic	.7	3	-	-
Nurse invited to home	.2	1	-	-
Total	100.0	430	100.0	450
Source of iron & folic tablets during last pregnancy				
Not taken	52.8	227	60.4	272
Hospital	19.1	82	17.6	79
HP/SHP	14.7	63	19.3	87
Medical store/Pharmacy	6.0	26	1.8	8
Pvt. Doctor	5.3	23	.7	3
FPAN	1.2	5	.2	1
Public health clinic	.7	3	-	-
Nursing Home	.2	1	-	-
Total	100.0	430	100.0	450

5.6 Cost for ANC Service

Roughly three fourths of the MWRA in *Treatment* area (72%), and only one fourth in *Control* area (27%) had paid for the ANC service they received. However, the majority of them had paid a small amount of money (less than Rs 10/-). Only 13% of the MWRA in *Treatment* and slightly higher than this percentage (16%) had paid Rs 100 or more for the ANC service (Table 5.11).

As regards the costs for TT injection, the majority of the MWRA paid less than Rs 10/- per one shot of TT injection – probably for the cost of a disposable syringe. However, between 30-40% of the MWRA could not remember whether or not they actually paid for the TT injection they had received (Table 5.11).

Table 5.11 Distribution of ever-pregnant MWRA according to amount of payment made for ANC related services

Payment for ANC	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<u>Paid for pregnancy check-up</u>				
Yes	71.6	192	27.4	77
No	22.8	61	72.6	204
Can't remember	5.6	15	-	-
Total	100.0	268	100.0	281
<u>Amount paid for ANC (Rs.)</u>				
<10	59.4	123	51.3	41
10-19	3.9	8	1.3	1
20-49	1.9	4	6.3	5
50-99	5.3	11	8.8	7
100	13.0	27	16.3	13
Can't remember	16.4	34	16.3	13
Total	100.0	207	100.0	80
<u>Amount paid for TT injection (Rs.)</u>				
<5	11.0	16	35.7	15
5-9	39.0	57	23.8	10
10-19	4.1	6	4.8	2
20+	4.1	6	4.8	2
Can't remember	41.8	61	31.0	13
Total	100.0	146	100.0	42

5.7 RH Problems Encountered and Care Seeking Behavior

5.7.1 RH Problems Ever Encountered

Roughly one in three MWRA had ever experienced problems or difficulties with their pregnancies (Figure 2). The common problems associated with pregnancies as reported by them were: severe headache, weakness, lower abdominal pain and swollen hands/face. However, 'fever' was mentioned by a considerable proportion of MWRA (14%) in *Treatment* area, while 'blurred vision' and 'pain in limbs and body' were mentioned by a significant proportion of MWRA (15%) in the *Control* area. The proportion of MWRA citing other problems associated with pregnancy is very low (Table 5.12).

Figure 2: Did you ever had problems or difficulties with your last or current pregnancy?

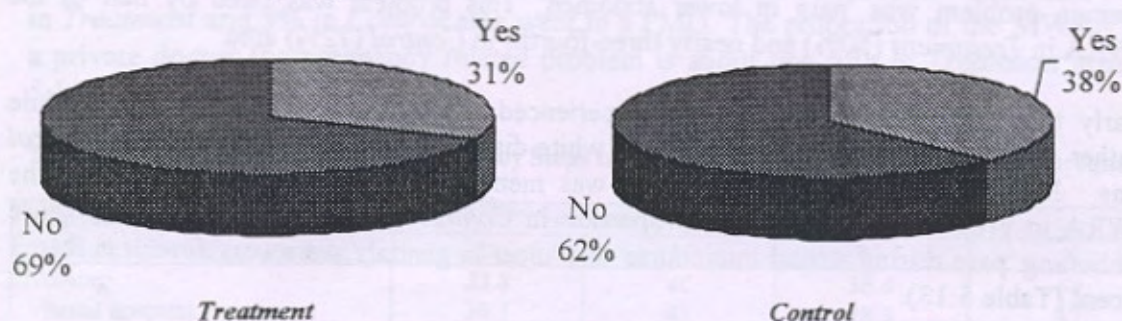


Table 5.12 Distribution of MWRA by types of problems encountered during pregnancy

Problems Encountered	Treatment		Control	
	%	N	%	N
Types of problems encountered during pregnancy*				
Severe headache	28.1	38	27.2	46
Paleness/weakness	28.1	38	33.1	56
Lower abdomen pain	25.9	35	48.5	82
Swollen hands/face	20.0	27	17.8	30
Fever	14.1	19	3.6	6
Bleeding/spotting	7.4	10	7.1	12
Blurred vision	6.7	9	15.4	26
Pain in leg/hands/body	6.7	9	15.4	26
Vomiting	5.2	7	6.5	11
Absence of fetal heart sound	3.0	4	3.6	6
White discharge	3.0	4	1.2	2
Breech presentation	3.0	4	.6	1
Heart pain	2.2	3	.6	1
Burning of urine	1.5	2	.6	1
Itching in hands and legs	1.5	2	.6	1
Blood pressure high/low	1.5	2	.6	1
Retarded fetus growth	.7	1	.6	1
Jaundice	.7	1	-	-
Genital itching	.7	1	-	-
TB	.7	1	-	-
Difficulty to move legs	.7	1	.6	1
Miscarriage	-	-	1.2	2
Diarrhoea	-	-	.6	1
Mean problems		1.61		1.85
Total	>100.0	135	>100.0	169

*Percentages total exceed 100 due to multiple responses

5.7.2 RH Problems Encountered during Last Six Months

About one in four MWRA in *Treatment* (28%) and one in three (39%) in *Control* area mentioned that they had experienced some problems with their reproductive system in last six months preceding the survey (Figure 3). Of the various problems experienced, the most common problem was 'pain in lower abdomen'. This problem was cited by half of the MWRA in *Treatment* (50%) and nearly three-fourths in *Control* (72%) area.

Nearly two-fifths of the MWRA had experienced menstruation-related problems while another roughly one third mentioned about white discharge in both *Treatment* and *Control* areas. Moreover, burning with urination was mentioned by close to one fourth of the MWRA in *Treatment* and half this proportion in *Control* area. The proportions of those mentioning 'pain during sexual intercourse' and 'ulcer in genitals' were very few; less than 3 percent (Table 5.13).

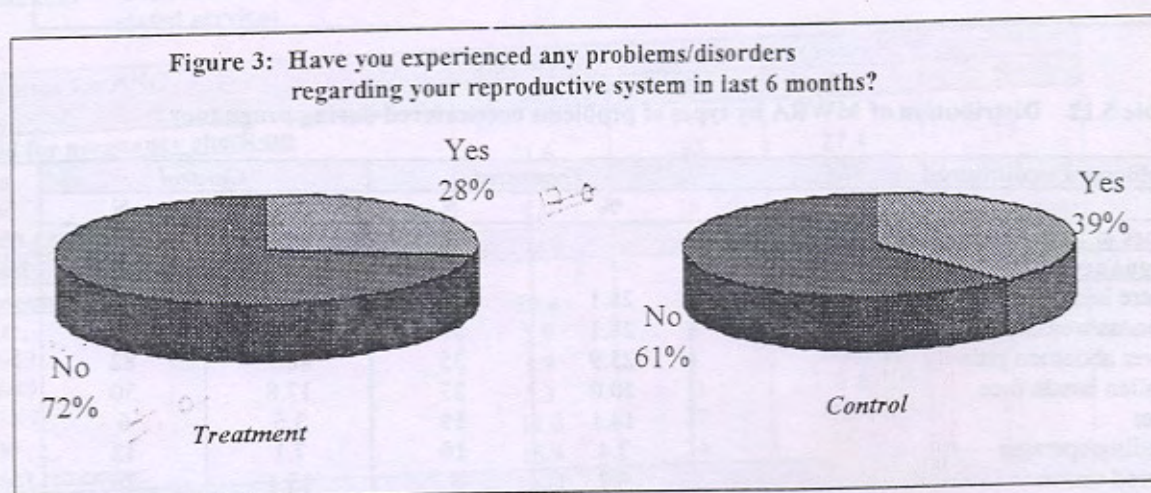


Table 5.13 Distribution of MWRA by experience of problems with reproductive system

RH Problems encountered	Treatment		Control	
	%	N	%	N
Types of RH problems Encountered during last 6 months*				
Lower Abdomen pain	50.4	65	71.4	132
White discharge	31.0	40	32.4	60
Pain during intercourse	1.6	2	3.2	6
Burning with urination	23.3	30	11.9	22
Ulcer around genitals	3.1	4	.5	1
Menstrual related problems	39.5	51	39.5	73
Problem with breast	1.6	2	2.7	5
Body pain	5.4	7	18.4	34
Others**	1.6	2	0.5	1
Mean Problems	1.57		1.85	
Total	>100.0	129	?100.0	185

*Percentages total exceed 100 due to multiple responses

**Side effect of method, Wound inside uterus

5.7.3 Care Seeking Behavior: Pregnancy related Problems

One third of the MWRA in *Treatment* (34%) and marginally higher than this percentage in *Control* area (39%) did nothing to overcome their pregnancy related problems. Others had visited either a hospital, consulted a private doctor or visited a HP/SHP. Less than 3 percent in *Treatment* and 5% in *Control* area went to a PMO. The proportion of the MWRA visiting a private doctor for pregnancy related problem is about one fifth in *Treatment* area (Table 5.14).

Table 5.14 Distribution of MWRA by Steps taken to overcome the problems during pregnancy

Steps taken to overcome the problems during pregnancy	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<i>Nothing</i>	33.8	46	38.6	64
Visited hospital	30.1	41	28.3	47
Consulted Pvt. Doctor	20.6	28	12.7	21
Visited HP/SHP	11.8	16	15.7	26
Bed rest	3.7	5	1.8	3
Visited medical store	2.9	4	5.4	9
Visited Nursing home	1.5	2	-	-
Visited Dhami Jhakri	.7	1	.6	1
Took more fruits	.7	1	-	-
Visited FPAN clinic	.7	1	-	-
Total	>100.0	136	>100.0	166

Percentage total exceeds 100 due to multiple responses

5.7.4 Care Seeking Behavior: Other RH Problems

The majority of the MWRA in *Treatment* area (58%) experiencing problems or disorders with their reproductive system in the last six months had done nothing to overcome such problems (Table 5.15). The corresponding proportion for *Control* area is less than half (45%). Again, hospital and private doctors were the two main facilities visited by the MWRA for *Treatment*. However, a significant proportion of MWRA in *Control* area had visited HP/SHP (14%) and PMO (16%). The proportion of MWRA visiting a PMO is very low in *Treatment* area (5%).

Of the various reasons for visiting a specific facility, a very high proportion (46-64%) mentioned "quality being reliable or dependable". *Proximity* was mentioned by around one fourth of the MWRA (25-28%) for visiting the place, while another one-fifth to one sixth of the MWRA mentioned that the service provider was caring. Reasons for visit such as "know the service provider" (10%) and "provider is a female" (10%) was mentioned by one in ten MWRA in *Treatment* area.

Two thirds of the MWRA in *Treatment* (66%) and over two-fifths in *Control* (42%) area responded affirmatively that the service provider they visited for *Treatment* of RH related problem had charged fees for their service (Table 5.15).

Table 5.15 Distribution of MWRA by Steps taken to overcome the problems with their reproductive system

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Steps taken to overcome the problems with reproductive system*				
Nothing	57.9	73	45.1	83
Bed rest	2.4	3	2.2	4
Visited hospital	18.3	23	15.2	28
Consulted Pvt. Doctor	11.1	14	13.0	24
Visited HP/SHP	5.6	7	14.1	26
Visited medical store	4.8	6	16.3	30
Visited <i>Dhami Jhakri (faith healer)</i>	.8	1	1.1	2
FPAN	.8	1	-	-
Mean	1.02		1.07	
Total	>100.0	126	>100.0	184
Reasons for visiting that source*				
Quality is reliable/dependable	46.0	23	63.6	63
Proximity	28.0	14	25.3	25
Caring of clients	20.0	10	17.2	17
Know the provider	10.0	5	8.1	8
Female service provider	10.0	5	-	-
Can visit anytime	6.0	3	7.1	7
Privacy/confidentiality	2.0	1	3.0	3
Free <i>Treatment</i>	2.0	1	27.3	27
Availability of all medicines	2.0	1	-	-
Low service charge	-	-	3.0	3
Mean	1.26		1.55	
Total	>100.0	50	>100.0	99
Whether charged for service				
Yes	66.0	33	42.4	42
No	34.0	17	57.6	57
Total	100.0	50	100.0	99

*Percentage total exceeds 100 due to multiple responses

5.8 Contraceptive Practice

Contraceptive prevalence rate (CPR) – the percentage of non-pregnant MWRA currently using a contraceptive method is 52.9 in *Treatment* and 58.7 in *Control* area. The CPR figures are very high when compared with the national CPR of 28.5 (NFHS 1996).

The contraceptive method mix (current users by type of method) is dominated by female sterilization. About 45% of the current users in *Treatment* and 52% in *Control* have undergone mini-lap/Laparoscopy operation. DMPA (18%) and Pills (14%) are the two other popular methods in *Treatment* area while in *Control* area, male sterilization (10%) ranks after DMPA (19%) in popularity. Condom is less popular in *Treatment* (5%) and also in *Control* (8%) area (Table 5.16).

Table 5.16 Distribution of MWRA by CPR and contraceptive method mix

Current user of FP and Method Mix	Treatment		Control	
	%	N	%	N
Current user of FP method (CPR)				
Yes	52.9	219	58.7	261
No	47.1	195	41.3	184
Total	100.0	414	100.0	445
Method Mix				
Pills	14.2	31	5.0	13
Condom	5.0	11	8.4	22
IUD	5.0	11	.4	1
Depo provera	18.3	40	19.2	50
Norplant	3.7	8	1.5	4
Male Sterilisation	3.7	8	10.3	27
Female Sterilisation	45.2	99	51.7	135
Natural/traditional methods	5.0	11	3.4	9
Total	100.0	219	100.0	261

5.8.1 Sources of Contraceptives

In *Treatment* area, PMO was identified as the main source of obtaining Pills (48%) while almost everyone visited a PMO for obtaining condoms (91%). However, the majority of the MWRA accepting DMPA visited a HP/SHP (67%) and only one sixth (17%) visited a PMO in *Treatment* and negligible proportion in *Control* area sought DMPA (Sangini) from a PMO.

The majority of the MWRA using IUD visited the hospital (45%) or a HP/SHP (18%) or sometimes a private doctor (18%). Likewise, hospital and Family Planning Association of Nepal (FPAN) clinic were the two facilities identified by the Norplant users in both the areas, with majority of them receiving from Hospital source (62%) than FPAN source (38%) in *Treatment* area while it was in equal proportions in *Control* area (Table 5.17).

Table 5. 17 Distribution of currently FP user MWRA by place of method obtain

Source of FP Method	Treatment		Control	
	%	N	%	N
Pills				
PHC/HP/SHP	32.3	10	53.8	7
Pvt. Doctor	3.2	1	-	-
Medical Store/pharmacy (PMO)	48.4	15	23.1	3
Volunteers	9.7	3	23.1	3
FPAN	6.5	2	-	-
Total	100.0	31	100.0	13
Condom				
PHC/HP/SHP	-	-	27.3	6
Medical Store/pharmacy	90.9	10	40.9	9
Volunteers	-	-	9.1	2
FPAN	9.1	1	4.5	1
Don't know	-	-	18.2	4
Total	100.0	11	100.0	22
IUD				
Hospital	45.5	5	100.0	1
PHC/HP/SHP	18.2	2	-	-
Pvt. Doctor	18.2	2	-	-
FPAN	9.1	1	-	-
Nursing home	9.1	1	-	-
Total	100.0	11	100.0	22
Depo provera				
Hospital	10.0	4	2.0	1
PHC/HP/SHP	67.5	27	88.0	44
Pvt. Doctor	5.0	2	4.0	2
Medical store/pharmacy	17.5	7	2.0	1
FPAN	-	-	4.0	2
Total	100.0	40	100.0	50
Norplant				
Hospital	62.5	5	50.0	2
FPAN	37.5	3	50.0	2
Total	100.0	8	100.0	4

5.8.2 Distance of Contraceptive Source and Reasons for Visiting the Source

The location of sources of contraceptive supplies for the majority of the DMPA, Pills and condoms users is within 20 minutes of walk. Very few clients need to walk for more than 40 minutes or an hour to obtain their contraceptives from the providers (Table 5.18).

Proximity was the main reason behind visiting a specific source of contraceptives for the majority of the MRWA in *Treatment* (60%) and *Control* (52%) areas. About one third of the MWRA in *Treatment* and one fifth in *Control* preferred the source as they knew the provider and also they can visit the source any time. However, one eighth of the MWRA in *Treatment* (12%) and four times this proportion in *Control* (48%) mentioned that they visit the specific source since they get free supply of the contraceptives they are currently using (Table 5.18).

Table 5.18 Distribution of current users according to distance of source of obtaining contraceptives

Distances of the source of specific contraceptive	Treatment		Control	
	%	N	%	N
Pills				
Nearby (within 10 minutes walk)	35.5	11	61.5	8
10-20 minutes	32.3	10	7.7	1
21-40 minutes	22.6	7	7.7	1
41-60 minutes	6.5	2	15.4	2
Over one hour walk	3.2	1	7.7	1
Total	100.0	31	100.0	13
Condom				
Nearby (within 10 minutes walk)	36.4	4	31.8	7
10-20 minutes	45.5	5	18.2	4
21-40 minutes	18.2	2	22.7	5
Over one hour walk	-	-	9.1	2
Can't say	-	-	18.2	4
Total	100.0	11	100.0	22
Depo Provera				
Nearby (within 10 minutes walk)	25.0	10	8.0	4
10-20 minutes	35.0	14	34.0	17
21-40 minutes	35.0	14	30.0	15
41-60 minutes	-	-	12.0	6
Over one hour walk	5.0	2	16.0	8
Total	100.0	40	100.0	50
Reasons for choosing that source for contraceptives*				
Proximity	60.4	61	52.2	47
Know the provider	17.8	18	10.0	9
Privacy/confidentiality	4.0	4	5.6	5
Can visit any time	14.9	15	10.0	9
Supply is free	11.9	12	47.8	43
Caring to clients	5.0	5	1.1	1
Quality is Reliable/dependable	21.8	22	31.1	28
Can't say/DK	-	-	4.4	4
Total	100.0	101	100.0	90

*Percentages total exceed 100 due to multiple responses

5.8.3 Sources of Knowledge about Contraceptives Sources

Table 5.19 presents the sources of knowledge about specific contraceptives currently used by the MWRA. Majority of the MWRA in *Treatment* area learned about the contraceptive source through their relatives and friends (55%). Those learning about the source from their spouses (15%) and health providers (13%) are quite substantial in the *Treatment* area. Very few MWRA cited radio (4%) and newspapers (2%) as source of knowledge about contraceptives. However, every tenth MWRA in *Treatment* area reported that she has learned about the source through television (11%). In *Control* area, both spouse (31%) and FCHV (21%) have been major sources of information on sources of contraceptive supplies (Table 5.19).

Table 5.19 Distribution of MWRA by source of knowledge about contraceptive source

Source of knowledge about contraceptive source	Treatment		Control	
	%	N	%	N
Spouse	14.9	15	31.1	28
Relatives and friends	55.4	56	44.4	40
Radio	4.0	4	2.2	2
TV	10.9	11	3.3	3
Health provider	12.9	13	11.1	10
FCHV	8.9	9	21.1	19
Newspapers	2.0	2	-	-
Total	100.0	101	100.0	90

*Percentage total exceeds 100 due to multiple responses

5.9 Extent of Utilization of PMO

In the last three months preceding the survey, over two fifths of the MWRA in *Treatment* (41%) and one third in *Control* area (33%) have utilized the service of a PMO for various purposes. Of them, one third of the MWRA in *Treatment* (34%) and over two-fifths in *Control* area (43%) could cite the name and address of the PMO they visited (Table 5.20).

Among the MWRA visiting a PMO, the proportion of those with general health problems or illness was the highest in both *Treatment* (53%) and *Control* area (54%). Those seeking family planning service or consultation about side effects comprised of 18 % in *Treatment* and 23% in *Control* area. Around 15 % of MWRA in *Treatment* and roughly half this proportion in *Control* area (9%) had received ANC service from the PMO. On the other hand, the proportion of those seeking medical attention for RH related problems and illness (menstruation disorders, genital/white discharge, uterine problem, etc.) was significantly high in *Control* (28%) as compared to *Treatment* area (15%) (Table 5.20).

Table 5.20 Distribution of MWRA by utilization of Private Medical Outlet

	Treatment		Control	
	%	N	%	N
Visited a PMO in last 3 months?				
Yes	41.2	190	32.7	157
No	58.8	271	67.3	323
Total	100.0	461	100.0	480
Able to cite Name and Address of PMO?				
Yes	33.7	64	42.7	67
No	66.3	126	57.3	90
Total	100.0	190	100.0	157
Purpose of the visit*				
General illness	52.6	100	54.1	85
Family Planning	18.4	35	22.9	36
Pregnancy check up	14.7	28	8.9	14
Reproductive health	15.3	29	28.0	44
Pregnancy test /infertility	1.1	2	0.6	1
Vaccination/TT injection	8.9	17	0.6	1
Mean	1.11		1.15	
Total	>100.0	190	>100.0	157

*Percentages total exceed 100 due to multiple responses

5.9.1 Sources of Knowledge about PMO

It may be mentioned that nearly four-fifths of the MWRA in *Treatment* (78%) and two-thirds in *Control* (68%) have learned about the service provider since he/she lived within their locality. One tenth of the MWRA in *Treatment* said that the provider was popular (11%) and another equal proportion mentioned that they had visited the provider several times (10%) (Table 5.21).

Table 5.21 Distribution of MWRA by source of knowledge about PMO

How did you learn about the provider?	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Live in this locality	78.0	167	68.5	196
Had visited them several times	10.7	23	23.4	67
Quite popular in the locality	10.3	22	7.3	21
Through neighbours	.9	2	.3	1
Through hospital			.3	1
Total	100.0	214	100.0	286

5.9.2 Reasons for Choosing a PMO

Table 5.22 presents the reasons cited by the MWRA for choosing to visit a particular PMO. As the table shows, the main reasons for choosing a PMO (as mentioned by MWRA) are reliability/dependability, proximity and caring.

As high as 43% of MWRA in *Treatment* and 53 % in *Control* mentioned that they chose the provider (PMO) as the service was reliable/dependable. On the other hand, two fifths of the MWRA in both the areas gave "proximity" as the reason. Those citing "caring to clients" as reason for visiting the PMO were over one-fourth in *Treatment* (27%) and roughly half this proportion in *Control* area (12%). One sixth of the MWRA in *Control* area mentioned "free *Treatment*" as the reason for having visited a PMO (Table 5.22).

Table 5.22 Distribution of MWRA by reasons for choosing the specific provider

Reason for choosing the provider	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Quality is reliable/dependable	43.2	82	53.5	84
Proximity	38.4	73	40.8	64
Caring to clients	26.8	51	12.1	19
Know the Provider	13.7	26	7.6	12
Free <i>Treatment</i>	6.3	12	15.3	24
Can visit anytime	5.3	10	7.6	12
Female service provider	2.6	5	1.9	3
Privacy/confidentiality	2.1	4	1.9	3
Low service charge	-	-	1.3	2
Mean	1.38		1.42	
Total	>100.0	190	>100.0	157

5.10 Perceptions About Quality of Service (QOC) Provided by PMO

- *Service Delivery* : Almost all (97-98%) the MWRA in both the areas mentioned that they received the required service from the PMO they visited. They also felt comfortable in asking questions to the providers (94-95%) (Table 5.23).
- *Paying Attention to Clients*: That provider gave full attention to them was mentioned by three-fourths of the MWRA (73-76%) in both the areas.
- *Adequacy of Information*: Nearly one-third of the MWRA felt that the information given to them by the provider was too much, while two-thirds of the MWRA felt that the information was just right for them.
- *Reception*: Less than half of the MWRA in *Treatment* area (45%) and two-thirds in *Control* area (66%) rated the reception/welcome as good. The proportion of those rating the reception/welcome as "very good" was high in *Treatment* (42%) and low in *Control* area (24%).
- *Cleanliness of the facility* : Nearly half of the MWRA in *Treatment* (47%) and over two-thirds in *Control* area (69%) rated the PMO they visited as "good". Those MWRA in *Treatment* area mentioning the cleanliness of the facility as 'very good' was 39% which is a high percentage figure when compared to 14% in *Control* area.
- *Privacy/Confidentiality of Service*: Close to half of the MWRA in *Treatment* area (46%) ranked "very good" to privacy or confidentiality of the service available at the facility visited by them. In *Control* area, the proportion of those rating "good" was about half (50%) while those saying "satisfactory" was 31%. Only one sixth of the MWRA in *Control* area rated "very good" to the privacy/confidentiality of the service.
- *Skill of Provider*: Over two fifths of the MWRA in *Treatment* area rated the skill of the provider as either "good" (41%) or "very good" (46%). The corresponding percentages in *Control* area is 54 and 29 percent respectively.
- *Variety of Method Available*: The proportion of MWRA ranking the PMO as "good" and "very good" on the basis of the variety of contraceptives method available were respectively 44% and 41% in *Treatment* and 61% and 11% in *Control* area. Those mentioning "satisfactory" were approximately one fourth in *Control* while it was half this proportion in *Treatment* area.
- *Overall Impression*: The overall impression of MWRA on the quality of PMO service in *Treatment* area was good (47%) to very good (40%) in both the area. The impression of only 10 percent of the MWRA in *Treatment* and 18 per cent in *Control* was "satisfactory". Those mentioning "poor" were in negligible proportion (Table 5.23).

Table 5.23 Distribution of MWRA by perception on service quality of PMO

Perception on Quality of service	Treatment		Control	
	%	N	%	N
Got required service from the facility				
Yes	96.8	184	98.1	154
No	3.2	6	1.9	3
Felt comfortable to ask questions				
Yes	94.2	179	95.5	150
No	5.3	10	3.2	5
Can't say	.5	1	1.3	2
Whether the provider gave attention				
Gave full attention	75.8	144	72.6	114
Gave some attention	22.6	43	25.5	40
Gave no attention	-	-	1.3	2
Not required	1.6	3	.6	1
Perceived adequacy of information given				
Too little	2.1	4	4.5	7
Just about right	60.0	114	65.6	103
Too much	36.3	69	28.7	45
Don't know	1.6	3	1.3	2
QOC in terms of reception /welcome				
Poor	.5	1	-	-
Satisfactory	12.6	24	10.2	16
Good	44.7	85	66.2	104
V. Good	42.1	80	23.6	37
QOC in term of cleanliness of facility				
Poor	1.1	2	-	-
Satisfactory	12.6	24	17.2	27
Good	47.4	90	68.8	108
V. Good	38.9	74	14.0	22
QOC in term of privacy/confidentiality				
Poor	2.1	4	1.3	2
Satisfactory	11.6	22	30.6	48
Good	40.5	77	49.7	78
V. Good	45.8	87	18.5	29
QOC in terms of skill of provider				
Poor	2.1	4	1.3	2
Satisfactory	10.5	20	15.9	25
Good	41.1	78	54.1	85
V. Good	46.3	88	28.7	45
QOC in terms of variety of methods available				
Poor	4.2	8	2.5	4
Satisfactory	11.1	21	24.8	39
Good	43.7	83	61.1	96
V. Good	41.1	78	11.5	18
Overall impression				
Poor	1.6	3	1.3	2
Satisfactory	10.5	20	17.8	28
Good	47.4	90	63.7	100
V. Good	40.5	77	17.2	27

5.11 Recommending the PMO to Friends

Excepting very few, all MWRA in *Treatment* (94%) and *Control* (91%) said that they would recommend their friends to visit the PMO they have utilized (Table 5.24). The two main reasons behind recommending the PMO in *Treatment* area are "reliable service" (46%), and "caring to clients" (30%). The corresponding percentages of those citing these two reasons in the *Control* area are; 53 and 17.

In *Treatment* area, a significant proportion of MWRA also gave responses like "supplies good medicines" (18%) and "proximity of the provider" 11%. The proportion of these responses in *Control* area is less than 10% (Table 5.24).

Table 5. 24 Distribution of MWRA who would recommend the Provider to their friends and reasons for recommending

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
Recommend Your friends to visit the facility?				
Yes	93.7	177	91.1	143
No	6.3	12	8.9	14
*Reasons for recommending friends/neighbours				
Reliable cure	46.0	86	53.2	83
Caring to clients	29.9	56	16.7	26
Supplies good medicine	17.6	33	9.6	15
Proximity	11.2	21	7.7	12
Qualified Doctor	6.4	12	5.1	8
Female service provider	4.3	8	1.3	2
Free <i>Treatment</i>	4.3	8	9.6	15
Cure not reliable	3.7	7	5.8	9
Available anytime	1.6	3	0	-
Higher fee	1.6	3	1.3	2
Privacy	1.1	2	1.3	2
Far away	0	-	1.9	3
Can't say/Don't Know	1.1	2	.6	1
Total	>100.0	187	>100.0	156

*Percentages total exceed 100 due to multiple responses

5.12 Perceived Criteria for Choosing a Provider

Table 5.25 presents the important Criteria that MWRA would consider in choosing a provider. As can be seen from the table, the most important criteria in choosing a provider is 'reliability of the service'. Nearly two-third of the MWRA in *Treatment* (63%) and over four fifths in *Control* (85%) gave this response. Caring to Clients has appeared as the second important criteria, especially in *Treatment* area (57%). Sex of the provider did not get high rating as only one sixth of the MWRA in *Treatment* (17%) and about half this proportion in *Control* (9%), stressed on this criterion. It is apparent from the table that MWRA would give lesser importance to cleanliness and privacy/confidentiality of the facility (Table 5.25)

Table 5.25 Distribution of MWRA by perception of service quality (Criteria to choose a provider)

Important criteria to choose a provider	Treatment		Control	
	%	N	%	N
Reliability of service	63.1	291	85.0	408
Caring to clients	57.0	263	29.2	140
Sex of the provider	22.1	102	10.4	50
Qualification	17.1	79	8.8	42
Cleanliness	6.3	29	2.7	13
Privacy of service	4.1	19	.2	1
Availability	.2	1	-	-
Low service charge	-	-	.2	1
Don't Know	.4	2	1.0	5
Total	100.0	461	100.0	480

5.13 Future Intention to Utilize the Network & Perception on Fees

All MWRA were asked if they would like to visit a nurse and paramedic network (PMO) in their area if they were trained and equipped to provide quality RH services for couples. The response was overwhelming as almost everyone in both *Treatment* (95%) and *Control* area (99%) said "Yes" to the question (Table 5.26). It may be pointed out that, of the 5% (eight MWRA) in *Treatment* area who said "No", most of them neither had any RH problem in the past six months, nor they had visited a PMO in the last three months preceding the survey.

Most MWRA (86-88%) in both *Treatment* and *Control* areas are willing to pay the fees charged by the PMO in return for quality RH service. However, their perceptions regarding the amount of fees that the provider should charge for quality RH service varies widely.

For instance, more than one-fourth (27%) in *Treatment* and over one-third in *Control* (34%) quoted less than Rs 50. Another about one fourth felt that the provider should charge between Rs. 50-99. While those quoting Rs 100 were 11% in *Treatment* and 16% in *Control*. Nearly a third of the MWRA in *Treatment* (32%) and a fourth in *Control* (24%) could not mention any specific amount (Table 5.26).

Table 5.26 Distribution of MWRA by their intention to visit a network if quality RH services are provided in future and their willingness to pay the fees.

	<i>Treatment</i>		<i>Control</i>	
	%	N	%	N
<u>Whether want to visit nurse/paramedics if they provide quality RH service</u>				
Yes	95.2	439	99.0	475
No	1.7	8	.4	2
Can't say	3.0	14	.6	3
Total	100.0	461	100.0	480
<u>Willingness to pay for quality RH service of nurse/paramedics</u>				
Yes	86.1	397	88.5	425
No	.9	4	6.5	31
Can't say	13.0	60	5.0	24
Total	100.0	461	100.0	480
<u>Amount paid for ANC (Rs.)</u>				
<5	.2	1	1.0	5
5-9	2.0	9	3.3	16
10-19	6.5	30	6.7	32
20-49	18.0	83	23.3	112
50-99	29.7	137	25.2	121
100	11.7	54	16.3	78
Can't say	31.9	147	24.2	116
Total	100.0	461	100.0	480

5.14 Media Choice

Nearly half of the MWRA in both *Treatment* (47%) and *Control* area (50%) would prefer to obtain RH related information from their friends and neighbors. Approximately one third mentioned "door to door visits" and also "health volunteers" as preferred source/medium of RH related information.

Radio and TV have been cited as preferred media by roughly one fourth and one eighth of the MWRA in *Treatment* area. The corresponding percentages for *Control* area are 32 and 19 respectively. Interestingly, nearly one sixth of the MWRA in *Treatment* area mentioned about installing information booths during *Haat Bazar* day or through seminars/training. One in ten MWRA in both the areas would prefer to obtain RH related information from HP/SHP.

Table 5. 27 **Distribution of MWRA by type of media preferred by them to obtain RH related information**

Preferred Media	Treatment		Control	
	%	N	%	N
Friends and Neighbors	47.3	218	49.6	238
Door to door visits	38.4	177	29.6	142
Volunteer	30.4	140	37.1	178
FM/Radio	23.0	106	32.3	155
TV	12.8	59	19.4	93
HP/SHP	9.1	42	11.0	53
Haat bazar/mobile team	14.5	67	1.9	9
Seminar/training	15.4	71	-	-
Local newspapers	5.4	25	3.8	18
Others*	6.3	29	2.9	14
Can't say	0.2	1	1.0	5
Total	>100.0	461	>100.0	480

Percentages total exceed 100 due to multiple responses

**Doctor, drama, wall painting, Miking, course book, local language*

CHAPTER VI

SUMMARY CONCLUSIONS

NFCC intends to implement the nurse and paramedic network (NPN) in Rupendehi district as a pilot project with an objective to test the effectiveness of a private-sector network model of health service delivery in improving access to and quality of reproductive health services through nurse and paramedics in Nepal. CMS has commissioned CREHPA to design and conduct operations research (OR) study to measure the effectiveness of the pilot project.

The main objectives of the OR study are to determine the impact of the network on service quality and service utilization and also explore the effectiveness of various marketing strategies in bringing clients to the network clinics/outlets. The OR study has three data collection points: Baseline Study, Mid term Evaluation and End Line study. The present report pertains to the baseline survey undertaken by CREHPA (April-June 2001)

The purpose of the present baseline study is to assess and document the pre-intervention status of services and information provided by the network members, client flow, competence of the service providers and their views and aspirations from the network. The baseline findings will be used to compare the project progress and impact at the subsequent stages of the evaluation.

The baseline study has four research components/activities. They are: Providers Survey Assessment of Physical Facilities; Clients Survey; and Household Survey.

a) Providers' Survey

Nurses and paramedics provide wide range of RH services that include family planning, obstetric, and gynecological/STI, MCH. Although their outlets/facilities are open the whole day, majority of the providers identified as the potential network members is available during morning and evening hours only. Very few PMOs has doctor's service available.

Most providers mentioned that the clients they serve hail from within the locality and also from quite a distance place. The analysis of the exit interview data also shows that the majority of their clients (67%) have come from places located within 20 minutes of walking distance. Service fee is not generally charged to clients. Client's poor economic condition, threat of losing clients and non-convention of charging fee were some of the major reasons cited by the providers for not charging service fee.

Proximity, good caring, trustworthy services and competent provider were considered as the main attributes of a PMO's service. These three features of QOC should be considered while designing messages for marketing the nurse and paramedic network. The findings from the household survey also corroborate these facts. Most providers viewed that diversification of service, full time availability and improvement in service quality would attract more clients towards them.

Due to lack of training and non-entitlements, paramedics tend to refer their clients requesting for either IUD or Norplant (implant and removal) to hospital. Similarly, those presenting with RTIs complaints are referred to hospitals and also to private doctors.

Most providers are already trained for Sangini service and provide the same from their outlets. Some of them have also received contraceptive counseling training. A large majority of them would also undergo IUD insertion and Norplant implant training if such training are provided in future. All these provide good prospects for network formation and assuring its effectiveness.

Providers are highly supportive of the idea of network formation. They are willing to pay the network fee, participate in the training, maintain quality standard and also maintain client record. The two main motivating factors for becoming a member of the network are *opportunity of technical training* and *developing linkages with other providers*. These should be considered as the strengths for the pilot project.

b) *Assessment of Physical Facilities & Emergency Drugs*

Excepting few, the existing physical facilities of the providers were found to be satisfactory. *Treatment-Control comparison* of the conditions of physical facilities showed a higher rating of "satisfactory" for *Treatment* area than in *Control* area. The only exception is on cleanliness where the proportion of those being rated as satisfactory is higher in *Control* area. Access to toilets was far from satisfactory in a significant proportion of PMO.

In terms of availability of surgical equipment, although most providers had *IV sets* and *IV fluids*, only half of them had *Boiler*. *Utility gloves* and *Autoclaves* were available to only few providers. Similarly, *Virex* was found among few providers only. Examination table, towel and soap were found in most of the PMO observed. As regards availability of emergency drugs, only few providers kept *Adrenaline* in stock. *Dexona* and *Avil* were the only emergency drugs available with the large majority of the PMO in both *Treatment* and *Control* areas. *Atropen* was maintained by half of the providers.

Cleanliness of the space and access to toilets require attention. Likewise, aseptic environment needs to be ensured by encouraging providers to maintain and use sterilization equipment. Stock assessment of emergency drugs should also be the part of the project monitoring activity.

c) *Client Survey*

The average number of clients visiting the facilities of HAs are four times higher than those of Staff Nurses and ANMs. Quality of service (quality medicine, trustworthiness of the provider, etc.) and skill of the provider are the main reasons for higher clients caseloads in HA's outlets than in other outlets. Sex of the provider did not emerge as an important factor for choosing a provider even among female clients seeking FP, Obs & gyne or STI service. Although clients demonstrated of having fairly good knowledge about the availability of wide range of services in a PMO facility, the level of utilization by married clients (both male and female) for FP and RH related service during last six month preceding the survey

was very low. However, it is not a common practice for providers to market their service by telling their clients about various types of services including RH catered by their outlets.

It is encouraging to find almost all clients having intentions to utilize the service of PMO or recommend their friends, if the providers are trained in RH services and their facilities equipped.

Quality service from the clients' perspectives includes 'Caring for clients', prescribe standard medicine, and availability of service anytime. As a whole, the survey result showed mixed reactions of clients about their derived level of satisfaction. Two-fifths of the clients reported that they were *just satisfied* with the service of the PMO. Level of satisfaction also varied largely by type of quality of care (QOC) attributes.

Treatment/service charge, availability of essential medicine and handling of clients have been ranked as '*very satisfied*' while for other QOC attributes like cleanliness, availability of essential equipment, physical outlook, privacy and the range of services were ranked as '*just satisfied*'. Proximity, availability of essential medicine, essential equipment, cleanliness, good rapport with client, larger waiting space, and improved physical outlook of the outlets were some of the recommended attributes for attracting clients toward the service.

Unlike in nursing homes and private clinics, clients are not generally charged with any service fee by nurse and paramedics. However, some amount of fee is charged for dressing and TT injections and as registration fee by few providers. The amount of such fees is low. Therefore, under the pilot project, there are scopes for introducing certain fixed amount of service fee by network members in return for quality service.

'Caring for clients' as an indicator of quality service received higher ratings from the clients. Therefore, all training curricula for providers should pay adequate focus on the aspect of *client-provider interaction to enhance their clientele*. Equally important endeavor would be marketing of their service (Quality RH care) by themselves while attending the clients.

d) Household Survey

The basic demographic and socio-economic characteristics of the sample respondents (MWRA) are quite similar in both the *Treatment* and *Control* areas. Women in both the areas marry at early age and have average 2.6 surviving children. Analysis of pregnancy care shows, married women in both the areas have a high level of awareness and practice of ANC. The large majority of them utilize government hospitals and HP/SHP for the pregnancy checkups including receiving TT injections. At present, utilization of PMO for ANC purpose is negligible. Moreover, the practice of taking Folic Tablets during pregnancy is not common among women.

A comparison of the treatment seeking behavior among those exposed to pregnancy related and non-pregnancy related RH problems shows that most women would seek medical attention for any problems associated with their pregnancy. But majority will not be that careful (not seek treatment) for other RH related problems. However, majority would visit a

hospital or a private doctor if such problems occur. Utilization of PMO for treatment of RH including pregnancy related problems are negligible. This finding also corroborates with the *Clients' Survey* results.

Paying fees for the treatment of RH care including ANC is quite common. However, the amount of fee charged by the providers is quite low. Therefore, introduction of service fee for ANC and other RH care under the pilot project may not affect client flow provided the rates are kept low and QOC components as mentioned above are adhered to by the network members.

Although CPR is high, it is dominated by female sterilization. DMPA and Pills are the two spacing methods used by a significant number of women. Popularity of condoms, IUD and Norplant is yet to pick up in both the areas. Moreover, provider-client interaction and impact of mass media such as radio, TV and newspapers on contraceptive awareness among MWRA is negligible. Hence, there is a good scope of marketing these contraceptives through various media channels.

The three key factors that women would consider for visiting a particular health facility are: proximity, reliability/dependability, and caring to clients. These criteria complement the findings from Providers and Clients surveys. Personal acquaintance with and sex of the provider did not figure high in the reasons cited by MWRA.

It was noteworthy to find that almost all clients would visit a PMO service if the providers are trained and equipped to provide quality RH services. They have also expressed their willingness to pay certain amount of fees in return for quality service.

If the preferred media choice of MWRA be considered seriously, marketing strategies for the network should include use of informal media channels such as door to door visits by health volunteers, organizing exhibition cum counseling camps on Haat Bazar (weekly market) day, apart from relaying promotional messages through formal media channels like radio and TV.

ANNEXTURES

EFFECTIVENESS OF NURSES AND PARAMEDICS NETWORK**An Operations Research Study****CMS/NFCC/CREHPA***March-April 2001***PRE-INTERVENTION BASELINE SURVEY****INDIVIDUAL INTERVIEW FOR SERVICE PROVIDERS****SECTION A: Introduction**

A.1	District: 1. Rupendehi 2. Nawalparasi <input type="checkbox"/>
A.2	Name of Service Provider.....
A.3	<i>Designation/Qualification:</i> 1. Staff Nurse 2. Health Assistant 3. ANM 4. AHW 5. CMA <i>6. Other</i> <input type="checkbox"/>
A.4	Sex: 1. Male 2. Female <input type="checkbox"/>
A.5	Name of the Clinic..... ID# of clinic <input type="checkbox"/> <input type="checkbox"/>
A.6	<i>Location of the clinic/pharmacy:</i> 1. Hospital Nucleus 2. Outside hospital nucleus but within in the municipality 3. Along the Highway 4. Away from the highway or located at inner village <input type="checkbox"/>
A.7	<i>Outcome of the visit:</i> First Visit Second Visit Third Visit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A.7.1 A.7.2 A.7.3 [CODES: 1. Interview completed 2. PROVIDER did not show up 3. Clinic did not open 4. Other (specify).....]
A.8	Name of Interviewer
A.9	Date of Interview (Date/Month/Year)/...../.....

SECTION B: CASE LOADS & RANGE OF SERVICES PROVIDED

Q. N.	Questions	Coding	Go to.
X B.1	Since when have you been running this facility? ✓	Since year (number of years) <input type="text"/> <input type="text"/>	
X B.2	How many clients in an average do you receive in a day?	No. of clients/day..... <input type="text"/> <input type="text"/>	
X B.3	Do you have provision for a doctor's service in this facility? ✓	Yes.....1 No.....2	→ B.6
X B.4	If yes, is the doctor available on a regular basis or does s/he is available on call? ✓	Regular.....1 Available on call.....2	
X B.5	Please tell me the qualification of the doctor: ✓	General Practitioner.....1 MBBS Doctor.....2 Gynecologist.....3 Child Specialist.....4 Surgeon.....5 Orthopedist.....6 Cardiologist.....7 Other (specify).....	
B.6	Please mention the type of services that you provide in your facility: {Probe for more answers} [Multiple responses possible]	<u>Family Planning</u> Sale Contraceptives.....1 Provide Sangini.....2 Insert IUD.....3 Implant Norplant.....4 Other (specify)..... <u>Obstetric Service</u> Pregnancy check-ups.....1 TT injection.....2 Pregnancy Test.....3 Sale Clean Delivery Kit.....4 <u>Gynecological (Specify)</u> <u>STIs</u> Genital discharge.....1 Ulcer around genitals.....2 Other (specify)..... <u>General Illness</u> Sale medicines as per Dr's Prescription...1 Treat minor illnesses.....2 Provide pathological service.....3 Other (specify).....	

breast lumps
menstruation problem
uterine problem 2
problem with urination
infertility

outlet?

B.7	Do you provide(name) from this clinic/store?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Family planning Counseling to couples</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Provide Sangini</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Insert/remove IUD</td> <td>1</td> <td>2</td> </tr> <tr> <td>④ Implant/remove Norplant</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 Physical exam for pregnant women</td> <td>1</td> <td>2</td> </tr> <tr> <td>6 Pregnancy test (pathological)</td> <td>1</td> <td>2</td> </tr> <tr> <td>7 Screening for STDs/RTI</td> <td>1</td> <td>2</td> </tr> <tr> <td>8. Refer or Prescribe other FP (specify).....</td> <td>1</td> <td></td> </tr> <tr> <td>9. Other RH (specify).....</td> <td>1</td> <td></td> </tr> </tbody> </table>		Yes	No	1. Family planning Counseling to couples	1	2	2. Provide Sangini	1	2	3. Insert/remove IUD	1	2	④ Implant/remove Norplant	1	2	5 Physical exam for pregnant women	1	2	6 Pregnancy test (pathological)	1	2	7 Screening for STDs/RTI	1	2	8. Refer or Prescribe other FP (specify).....	1		9. Other RH (specify).....	1		not to
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B.8	To what extent drug addicts come to your facility and trouble you?	<table border="1"> <tbody> <tr> <td>To a large extent.....</td> <td>1</td> </tr> <tr> <td>To a some extent.....</td> <td>2</td> </tr> <tr> <td>Very few</td> <td>3</td> </tr> <tr> <td>Not at all.....</td> <td>4</td> </tr> </tbody> </table>	To a large extent.....	1	To a some extent.....	2	Very few	3	Not at all.....	4	B.11																						
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B.9	What types of medicines do they usually demand from your facility? 1..... 2..... 3.....	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
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B.10	Do such drug addicts also seek advice or treatment of sexually transmitted diseases from your facility?	<table border="1"> <tbody> <tr> <td>Yes.....</td> <td>1</td> </tr> <tr> <td>No.....</td> <td>2</td> </tr> </tbody> </table>	Yes.....	1	No.....	2																											
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No.....	2																																
B.11	How do clients come to know about the availability of the above services (See B.7) in your clinic? {Probe for more answers} [Multiple responses possible]	<table border="1"> <tbody> <tr> <td>Through their frequent visit</td> <td>1</td> </tr> <tr> <td>Clients know me through my previous job.....</td> <td>2</td> </tr> <tr> <td>Clients are those who attend HP/SHP where I work.....</td> <td>3</td> </tr> <tr> <td>I tell my clients about other services available here.....</td> <td>4</td> </tr> <tr> <td>Wall paints/tent cards/etc.....</td> <td>5</td> </tr> <tr> <td>Other (specify).....</td> <td></td> </tr> </tbody> </table>	Through their frequent visit	1	Clients know me through my previous job.....	2	Clients are those who attend HP/SHP where I work.....	3	I tell my clients about other services available here.....	4	Wall paints/tent cards/etc.....	5	Other (specify).....																				
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Other (specify).....																																	

Review to add
SEWA media coverage
in Rupendeh district
FM radio
Newspapers
Wall shop board
3 Haat bazar
Motivator / SEWA volunteer
others

B.12	Do you receive clients seeking the following services, if yes how many clients do you receive per week? <i>[Note: Check B.7]</i>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>If yes, # per week</th> </tr> </thead> <tbody> <tr> <td>1. Family planning Advice</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>2. Sangini</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>3. Insert/remove IUD</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td><input checked="" type="checkbox"/> 4. Implant/remove Norplant</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>5. Antenatal care/check-up</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>6. Confirming pregnancy</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>7. STDs/RTI complaints</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td><input checked="" type="checkbox"/> 8. Termination of unwanted pregnancy</td> <td>1</td> <td>2</td> <td>.....</td> </tr> </tbody> </table>		Yes	No	If yes, # per week	1. Family planning Advice	1	2	2. Sangini	1	2	3. Insert/remove IUD	1	2	<input checked="" type="checkbox"/> 4. Implant/remove Norplant	1	2	5. Antenatal care/check-up	1	2	6. Confirming pregnancy	1	2	7. STDs/RTI complaints	1	2	<input checked="" type="checkbox"/> 8. Termination of unwanted pregnancy	1	2												
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B.13	Do you refer a client elsewhere? Where do you normally refer a client seeking the following services, if such services are not provided by you in this facility? <div style="text-align: center;"> B.13.1 Do you refer? B.13.2 If yes where? </div> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>3. Pvt. Dr.</td> <td>4. Hospital</td> </tr> <tr> <td>5. PHC/HP/SHP</td> <td></td> </tr> <tr> <td>6. Other pharmacy</td> <td></td> </tr> <tr> <td>7. Pathological Lab.</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Place?</th> </tr> <tr> <td></td> <td></td> <td></td> <td><i>(Multiple responses possible)</i></td> </tr> </thead> <tbody> <tr> <td>1. Family planning Advice</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>2. Sangini</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>3. Insert/remove IUD</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td><input checked="" type="checkbox"/> 4. Implant/remove Norplant</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>5. Antenatal care/check-up</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>6. Confirming pregnancy</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>7. STDs/RTI complaints</td> <td>1</td> <td>2</td> <td>.....</td> </tr> <tr> <td>8. Termination of unwanted pregnancy</td> <td>1</td> <td>2</td> <td>.....</td> </tr> </tbody> </table>	3. Pvt. Dr.	4. Hospital	5. PHC/HP/SHP		6. Other pharmacy		7. Pathological Lab.			Yes	No	Place?				<i>(Multiple responses possible)</i>	1. Family planning Advice	1	2	2. Sangini	1	2	3. Insert/remove IUD	1	2	<input checked="" type="checkbox"/> 4. Implant/remove Norplant	1	2	5. Antenatal care/check-up	1	2	6. Confirming pregnancy	1	2	7. STDs/RTI complaints	1	2	8. Termination of unwanted pregnancy	1	2	
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B.15	Where do majority of your clients comes from? <i>{Probe for more answers}</i> <i>[Multiple responses possible]</i>	<table border="1"> <tbody> <tr> <td>From the surrounding locality....</td> <td>1</td> </tr> <tr> <td>Patients of the hospital.....</td> <td>2</td> </tr> <tr> <td>From quite a distant places.....</td> <td>3</td> </tr> <tr> <td>From the village where I work....</td> <td>4</td> </tr> <tr> <td>Other (specify).....</td> <td></td> </tr> </tbody> </table>	From the surrounding locality....	1	Patients of the hospital.....	2	From quite a distant places.....	3	From the village where I work....	4	Other (specify).....																																							
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B.16	Do you receive or subscribe any medical or health journal?	Yes.....1 No.....2	
B.17	Do you keep records of the clients you serve? (Check the service statistics for the status or conditions of the recording system if available).	Yes.....1 Only on FP clients.....2 No.....3	} <i>revis</i>

SECTION C : CLINIC DAYS AND HOURS OF OPERATIONS

Q. N.	Questions	Coding	Go to.
C.1	How many days in a week are you available in this facility?	# of days available/week..... <input type="checkbox"/>	
C.2	Are you available on Saturdays and other public holidays also?	Yes.....1 No.....2	
C.3	What time of the day do you generally sit in this facility?	Whole day.....1 Morning only.....2 Afternoon to late evening only.....3 Morning and evening.....4	
C.4	To what extent your clients know that you are available in this facility during the time mentioned by you?	Almost every clients know.....1 Majority of clients know.....2 Few clients know.....3 My presence does not matter.....4	

SECTION D: FEE CHARGED

Q. N.	Questions	Coding	Go to.
D.1	Do you charge any fee to your clients?	Yes.....1 No.....2	→ D.3
D.2	If yes how much and for what service(s) do you charge fees? <i>Types of services</i> 1. T.T. Injection 2. Blood Pressure 3. Dressing 4. Sangini service 5 Other (specify).....	<i>Fee charged (Code 000 for none)</i> Rs..... Rs..... Rs..... Rs.....	

Add SEWA related to

*Sangini Register
Chief RH Form recording form - 5
Source tabular
Only FP Service card*

*Registration
Lower abdomen pain*

D.3	If not, why don't you charge fees for the service? [Probe for more than one answer]	Not in practice.....1	
		Not permitted.....2	
	[Multiple responses possible]	Only doctors charges fee.....3	
		We would lose clients.....4	
		Most clients are poor.....5	
		Other (specify).....	

SECTION E: SKILLS & EXPECTATIONS

Q. N.	Questions	Coding	Go to..
E.1	You have a basic training on... (See A.3) . Apart from this professional training have you received any specific health related training?	Yes.....1 No.....2	→ E.3
E.2	If yes specify the training you received thus far. [Multiple responses possible]	IUD Insertion/removal.....1 Norplant insertion/removal.....2 Sangini Training.....3 FP Counseling.....4 DDA orientation.....5 Diarrhea management.....6 Other (specify).....	
E.3	What additional training you think, you would require to increase your clientele? Subject to	IUD insertion.....1 Norplant implant.....2 Antenatal check up.....3 Sangini.....4 Other (specify)..... Add some more things	
E.4	Have you heard of <i>Pariwar Swastha Sewa</i> Network? Who are eligible to be members of PSSN? [INS: Please check if R has full knowledge about PSSN]	Has knowledge about PSSN.....1 Has heard only.....2 Not heard at all.....3	→ E.8
E.5	Do you know any doctor in this locality or town who is a member of the PSSN? What is his/her name and qualification? [Dr.....] [Qualification:]	Aware of the PSSN member.....1 Not aware.....2	→ E.8

R+1

E.6	Have you ever referred any of your clients to (a PSSN member (Dr.) in the past six months?)	Yes.....1 No.....2	→ E.8
E.7	If yes, who (type of client) did you last refer to the PSSN Dr.? / SEWA member [Only one answer applicable]	Gyne. patient.....1 Pregnant woman.....2 FP client.....3 Abortion complication.....4 Non-RH patient.....5 Other (specify).....	
E.8	What could be done to attract more clients to your facility? [Multiple responses possible]	Be available all the day.....1 Marketing the service.....2 Diversify the service.....3 Increase manpower in clinic.....4 Invite Dr. to practice in the facility.....5 Add new products.....6 Improvement in service quality.....7 Other (specify).....	
E.9	How do you define quality? What are some of the quality indicators in health service delivery? [Multiple responses possible]	Trained/competent provider.....1 Caring.....2 Confidentiality.....3 Reliable/trustworthy.....4 Affordable service.....5 Good referral linkages.....6 Other(specify).....	
E.10	Do you think the idea of forming a separate network of Nurses and Paramedics is necessary to provide wide range of quality FP and RH services through private sector?	Yes.....1 No.....2	
E.11	Are you willing to join such network as its member?	Yes.....1 No.....2	→ Sec. F
E.12	Why do you want to join the Network? [Probe for more than one answer] [Multiple responses possible]	Opportunities of technical training.....1 Access to subsidized contraceptive.....2 Access to equipment.....3 Increase client flow.....4 Marketing support.....5 Receive information materials & brochures.....6 Develop linkages with others.....7 Other (specify).....	

FOR RUPENDEHI ONLY

- E.10 Are you a member of SEWA network?
Yes 2 No
- E.11 What benefits have you gained after becoming SEWA member?
- E.12 Do you... E.11

pay up

E.13	SEWA If yes, are you willing to pay a registration fee and monthly membership fee?	Yes.....1 Yes if it is moderate.....2 No.....3 Can't say.....8
E.14	Are you willing to participate at the training courses for network members? <i>Are you able to</i>	Yes.....1 No.....2 Depends on types of training.....3 Can't say.....8
E.15	Are you prepared to maintain the quality of care standard of the RH service as expected from all net work members and also be monitored by NFCC?	Yes.....1 Depends the facility available.....2 Don't want to be monitored.....3 Can't say.....8
E.16	Are you willing to maintain and update a service statistics (MIS) and submit to NFCC on regular basis?	Yes.....1 No.....2 Depends on types of info requested.....3 Can't say.....8

SECTION F: CONDITION OF EXISTING FACILITY

[Please tick]

General Observation	Satisfactory		Average		Poor	
	Yes	No	Yes	No	Yes	No
Space						
Cleanliness						
Toilet (Private)						
Confidentiality						
Light Source						
Torch with Battery						
Running Water /Potable water storage						
Availability of equipment	Yes	No	Running Condition		In Use	
			Yes	No	Yes	No
I.V. set						
I.V. Fluids						
Boiler						
Emergency Drug*						
Auto Clave						
Gloves (Utility)						
Gloves (Surgical)						
Virex						
Examination Table						
Towel						
Soap						

* 1. Adrenaline 2. Dexona 3. Avil 4. Atropin

THANK YOU FOR THE TIME. THIS IS THE END OF THE INTERVIEW

EFFECTIVENESS OF NURSES AND PARAMEDICS NETWORK

An Operations Research Study
CMS/NFCC/CREHPA
March-April 2001

PRE- INTERVENTION BASELINE SURVEY

CLIENT EXIT INTERVIEW

[CLIENT RECEIVING SERVICES AND INFORMATION
FROM IDENTIFIED NURSE OR PARAMEDIC ONLY]

SECTION A: INTRODUCTION

Should be same as in 11/11

A.1	District :	1. Rupendehi	2. Nawalparasi	<input type="checkbox"/>
A.2	Name of the Service Provider	ID #		<input type="checkbox"/> <input type="checkbox"/>
A.3	<i>Designation/Qualification:</i>			
	<input type="checkbox"/>	1. Staff Nurse	2. Health Assistant	3. ANM
		4. AHW	5. CMA	
A.4	Name of the Clinic	ID# of Clinic		<input type="checkbox"/> <input type="checkbox"/>
A.5	<i>Location of the clinic/Pharmacy</i>			<input type="checkbox"/>
	1. Hospital nucleus 2. Outside hospital nucleus but within the municipality 3. Along the highway 4. Away from the highway or located at inner village			
A.6	Clinic time of the Service Provider under Observation:			
	1. FromAM. to& From ... P.M. to..... 2. Whole Day fromAM toPM			
A.7	Date of Observation for Exit Interview.....			
A.8	Time & Duration of Observation: From: To Duration Hr			
A.9	Name of Interviewer			
A.10	Date of Interview (Date/Month/Year)/...../.....			
A.11	Outcome of the Observation:.....			

Nameste! My name is I am from CREHPA – a research organization based in Kathmandu. We are here to study whether or not nurse and paramedics can provide quality services if they are trained to do so. We will be talking to all clients visiting this clinic and receiving services from the service provider during our two days observation. By participating in our study and answering our questions, you will help to increase our understanding of the needs of the clients in terms of reproductive health care and identify ways to improve them.

Our interview will take just 10-15 minutes. The information that you provide will be kept confidential and your participation will be voluntary and you have right to refuse to participate or answer any questions that you feel uncomfortable with.

If there is anything that is unclear or you need further information, we shall be delighted to provide it.

Shall I begin asking you questions?

Yes.....1

No.....2 (terminate the interview)

Q. No.	Questions	Coding	go to...
A.12	Name of Client	ID no. of client <input type="text"/>	
A.13	Sex	Female 1 Male 2	
A.14	Age	Completed age in years <input type="text"/> <input type="text"/>	
A.15	Marital status :	Married 1 Never married 2 Separated/Divorced 3 Widow/widower 4	

SECTION B: ACCESSIBILITY & KNOWLEDGE ABOUT THE FACILITY

Q. No.	Questions	Coding	Go to
B.1	What was the reason(s) for your visit today?	<u>Family Planning</u> Seek FP advise ... 01 Adopt a reversible FP Device..... 02 Follow-up visit for FP 03 Side-effects of method..... 04 Remove the device..... 05 <u>Obstetric Service</u> Routine pregnancy check-ups 06 Pregnancy related problems..... 07 Miscarriage 08 TT injection..... 09 <u>Gynecological</u> Breast examination 10 Uterine examination 11 Problem with urination 12 Menstruation problem 13 Infertility..... 14 <u>STIs</u> Genital discharge..... 15 Ulcer around genitals..... 16 Other (specify)..... <u>General Illness (specify)</u> <u>Other (specify)</u>	B3
B.2	Is this the first time you are seeking family planning service?	Yes..... 1 No..... 2 No Response..... 9	
B.3	How far is your residence located from this facility?	Less than 10 minutes walk 1 10-20 minutes walk 2 21-40 minutes walk 3 41-60 minutes walk 4 More than 60 minutes walk 5	
B.4	How do you commute to this place?	Walk 1 Use public transport 2 Other (Specify)	
B.5	Is it your first visit to this clinic or have you visited here before?	First time..... 1 Visited before too..... 2	
B.6	Why did you choose to visit this facility? [Multiple responses possible]	Proximity 1 Provider is popular 2 Know the Provider personally..... 3 Convenient location 4 Provider is known/expert for the service required..... 5 Provider is very caring..... 6 Reliable..... 7 Other (specify)..... Provider in a SEWA member	

B.7	Did anyone suggest you to visit this facility? If yes, who?	<i>Nobody suggested</i>	1
		Spouse.....	2
		Service Provider of other facility...	3
		Other relatives and friends	4
		Other (Specify)	
		<i>SEWA members</i>	
B.8	Other than today, when was the last time you visited this facility?	Within this month.....	1
		Last 2-3 month	2
		Last 4-6 month.....	3
		More than 6 month ago.....	4
		<i>Never visited here before</i>	8

SECTION C: PERCEPTION ON SERVICE & LEVELS OF SATISFACTION

Q. No.	Questions	Coding	go to...																																				
C.1	Apart from the service you have received today, please name the different services those can be obtained from this facility. <i>[Probe for more answers]</i>	Treat minor illnesses.....1 <i>(fever, cold, headache, etc.)</i> Dressing of injury/ulcers.....2 Sale Condoms and Pills.....3 Provides Sangini.....4 Provide TT injection.....5 Provide ANC.....6 Treat RTI cases.....7 Other (specify).....																																					
C.2	<i>[Ask to married only]</i> Have you or your spouse ever visited this facility in the last 6 months for the following service/treatment?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't Provide</th> </tr> </thead> <tbody> <tr> <td>1. Family planning Advice</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>2. Sangini injection</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>3. Insert/remove IUCD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>④ Implant/remove Norplant</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>5 Antenatal care/check-up</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>6 Confirming pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>7 STDs/RTI complaints</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>8. Termination of unwanted pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	Don't Provide	1. Family planning Advice	1	2	8	2. Sangini injection	1	2	8	3. Insert/remove IUCD	1	2	8	④ Implant/remove Norplant	1	2	8	5 Antenatal care/check-up	1	2	8	6 Confirming pregnancy	1	2	8	7 STDs/RTI complaints	1	2	8	8. Termination of unwanted pregnancy	1	2	8	
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C.3	Did the provider or anyone else tell you about other services offered at this facility?	Yes..... 1 No..... 2	← C.5																																				

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C.5	Will you visit or recommend your family members and friends if the service provider of this facility is trained and equipped to provide quality reproductive health services in future ? (Probe for each) : <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>1. Pregnancy care.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Family planning.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Gynaecological service.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. STDs/RTIs treatment.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	1. Pregnancy care.....	1	2	2. Family planning.....	1	2	3. Gynaecological service.....	1	2	4. STDs/RTIs treatment.....	1	2																															
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C.9	How do you define service quality? What are the characteristics of service quality? 1..... 2..... 3.....		
C.10	What areas, if any, would you like improved in this facility to make you a more satisfied client? <i>(Multiple responses possible)</i>	Cleanliness/hygiene..... 01 Drugs availability..... 02 Essential equipment..... 03 Handling of clients..... 04 Lower service charges/fee 05 Physical outlook..... 06 Range of services..... 07 Level of Privacy..... 08 Accessible..... 09 Improved Provider Behaviour..... 10 Other (specify).....	
C.11	Taking everything into consideration, how satisfied are you with the facilities and services provided in this facility? <i>(One response only)</i>	Very satisfied..... 1 Just satisfied..... 2 Not satisfied..... 3 Very dissatisfied..... 4	

SECTION F : PERCEPTIONS ON FEES CHARGED ON THE PRODUCT AND SERVICE

Q. No.	Questions	Coding	go to...
D.1	How much did you pay for the medicines and service you received from this facility?	Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D.2	Did s/he charge you for the costs of the medicines/injections only, or it included service fee?	Only for medicines/injections..... 1 Includes fee also..... 2 Don't know..... 8	→ E
D.3	How much did you pay for the service?	Rs. <input type="text"/> <input type="text"/> <input type="text"/>	
D.4	Was the amount you have paid as the service fee.....	Too high 1 High 2 Moderate 3 Low 4 Too low 5	
D.5	Why do you say so?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

D.6	[If response is 'Too High' than ask] According to you, how much should be the service charge?	Rs.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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SECTION E : CLIENT'S BACKGROUND

Q. No.	Questions	Coding	go to...
E.1	What is your highest level of education ?	Never been to school 1 Primary (I-V) incomplete 2 Primary complete 3 Secondary (VI-X) incomplete 4 Secondary/SLC complete 5 Intermediate and above 6 Literacy training 7	
E.2	What is the annual income of your family? Does it fall	Below Rs.60,000 1 Rs.60,000-120,000 2 Rs.120,001-240,000 3 Over Rs,240,000 4 DK 8	
E.3	Do you earn something to contribute to the family income? If yes, what is the nature of your job?	Do not earn 1 Teacher 2 Daily wage labour 3 Govt. service holder 4 Pvt. service holder 5 Handicraft 6 Pity Business 7 Other (Specify)	

Thank you for your time. This is the end of the interview

EFFECTIVENESS OF NURSES AND PARAMEDICS NETWORK**An Operations Research Study****CMS/NFCC/CREHPA***March-April 2001***PRE-INTERVENTION BASELINE SURVEY****Individual Questionnaire for MARRIED WOMEN (under 45 Years of Age)***Nameste! My name is I am from CREHPA – a research organization based in Kathmandu.**We are here to study the types of health problems faced by married women in this district and their treatment seeking behavior. More particularly, we will be assessing the extent to which married women requiring various reproductive health related information and services visit a private outlet.**We will be talking to several married women aged 15-44 years residing in both urban and rural areas of this district. Our interview will take just 20-25 minutes. The information that you provide will be kept confidential and your participation will be voluntary and you have right to refuse to participate or answer any questions that you feel uncomfortable with.**If there is anything that is unclear or you need further information, we shall be delighted to provide it.**Shall I begin asking you questions?**Yes.....1**No.....2 (terminate the interview)***SECTION A: Introduction**

A.1	District:	1. Rupendehi	2. Nawalparasi	<input type="text"/>
A.2	Location:	1. Municipality	2. V.D.C	<input type="text"/>
A.3	Name of the Municipality			
	Name of the VDC	<input type="text"/>	<input type="text"/>	
A.4	Ward #	<input type="text"/>		
A.5	Household No. #	<input type="text"/>	<input type="text"/>	<input type="text"/>
A.6	Name of the head of the household:			
A.7	Name of the Interviewer			
	Date of interview			
A.8	Name of Field Supervisor :			
	Date of Field Editing:.....			

SECTION B: HOUSEHOLDS ELIGIBILITY MODULE

Interviewer Instructions:

- Mark down starting time: _____ (a.m /p.m)
- For each selected household, ask to speak to the head of the household

ID	Usual residents and visitors	Relationship to the household	Residence				Sex		Marital Status	Age	Eligibility for Women's Questionnaire (15-44 years)
			B.3 Does (NAME) usually live here?		B.4 Did (NAME) stay last night?		B.5 Is [NAME] male or female?				
	B.1 Please give me the name of the persons who usually live in your household and guest of the household who stayed here last night, starting with the head of the household or starting with yourself	B.2 What is the relationship of [NAME] to you?	Yes	No	Yes	No	Male	Female	B.6 Married.....1 Unmarried.....2 Divorced/ separated.....3 Widow.....4	B.7 How old is [NAME]?	B.8 Circle line number of individual eligible for women's questionnaire B.3 Yes B.4 Yes B.5 Female B.6 Married (1) B.7 Age (15-44 years)
1.		Relationship	Yes	No	Yes	No	Male	Female		Age	
2.			1	2	1	2	1	2			1.
1.			1	2	1	2	1	2			2.
2.			1	2	1	2	1	2			3.
3.			1	2	1	2	1	2			4.
4.			1	2	1	2	1	2			5.
5.			1	2	1	2	1	2			6.
6.			1	2	1	2	1	2			7.
7.			1	2	1	2	1	2			8.
8.			1	2	1	2	1	2			9.

Code for B.2 (relationship)

- | | | | | |
|--------------------------|--------------------|---------------------------|-------------------------|--------------------------|
| 01. Head of the HH | 02. Spouse | 03. Son/Daughter | 04. Son/Daughter in law | 05. Grand Child |
| 06. Father/mother-in-law | 07. Brother/Sister | 08. Brother/Sister in law | 09. Other relative | 10. Adopted/foster child |
| 11. Not related | 98. Don't know | | | |

SECTION C. DEMOGRAPHIC AND SOCIO ECONOMIC CHARACTERISTICS OF THE RESPONDENT

Name of Respondent:

Q. No.	Questions	Coding	go to...
C.1	How old are you ?	Completed age..... <input type="text"/> <input type="text"/>	
C.2	What is your marital status? <i>[Cross check for eligible respondent]</i>	Married..... 1 Unmarried..... ② Divorced/separated..... 3 Widow..... 4	} Term Inter
C.3	What is Ethnicity/Caste do you belong to?	<input type="text"/>	
C.4	What is the highest level of education you have attained?	Never been to school..... 1 Primary (I-V) incomplete..... 2 Primary complete..... 3 Secondary (VI-X) incomplete..... 4 Secondary/SLC complete..... 5 Intermediate and above..... 6 Literacy training..... 7	
C.5	Do you earn something to contribute to the family income? If yes, what is the nature of your job?	Do not earn/housewife..... 01 Teacher..... 02 Daily wage labourer..... 03 Govt. service holder..... 04 Pvt. service holder..... 05 Handicraft..... 06 Pity Business..... 07 Other (specify).....	
C.6	How old were you when you (first) got married?	Age..... <input type="text"/> <input type="text"/>	
C.7	At what age you started living with your husband (Gauna)?	Age..... <input type="text"/> <input type="text"/>	
C.8	How long you have been married and living with your husband?	Years..... <input type="text"/> <input type="text"/>	

Now I would like to ask about all the births you have had during your life

Q. No.	Questions	Coding	go to...
C.9	Have you ever been pregnant?	Yes..... 1	} → Sec.D
		Yes, Currently Pregnant..... 2	
		No..... 3	
C.10	Have you ever given birth?	Yes..... 1	} → Sec.D
		No..... 2	
C.11	How many sons and daughters have you given birth to?	No. of sons..... <input type="text"/>	
		No. of daughters..... <input type="text"/>	
		Total children..... <input type="text"/>	
C.12	Of them how many sons and daughters are alive?	No. of sons..... <input type="text"/>	
		No. of daughters..... <input type="text"/>	
		Total children..... <input type="text"/>	
C.13	How old is your youngest child?	Completed Age ... <input type="text"/> <input type="text"/> [Code 00 for age less than one year]	

SECTION D: REPRODUCTIVE HEALTH KNOWLEDGE, PERCEPTION AND PRACTICE

Q.N.	Questions	Coding Categories	Skip
D.1	In your opinion, whether or not a woman need to have an ante-natal check-up (ANC) during pregnancy?	Yes..... 1	} → D.4
		No..... 2	
		Don't know..... 8	
D.2	If yes, why? <i>(Multiple response possible)</i>	To confirm pregnancy..... 1	
		To confirm position of fetus..... 2	
		To take T.T. injection..... 3	
		General health check up..... 4	
		To take Iron & calcium tabs..... 5	
		To detect any illness/complications... 6	
D.3	How many times should a pregnant woman undergo ante-natal check-up?	No. of Times..... <input type="text"/> <input type="text"/> [Code 88 for DK]	
D.4	Did you ever had an ante-natal check-up during your last pregnancy?	Yes..... 1	} → D.9
		No..... 2	
		Never been pregnant (C.9=3)..... 3 → E.5	

D.5	If yes, how many times you had ante-natal check-ups (during your last pregnancy)?	No. of times.... <input type="text"/> <input type="text"/>	
D.6	Where did you have ante-natal check-ups (during last pregnancy)?	Hospital 1 HP/Sub HP 2 Pvt. Doctor..... 3 Medical store/Pharmacy 4 Sudeni/TBA 5 Other (specify)	
D.7	Did you have to pay any fees for the pregnancy check-ups (do not include charges made on medicines and injections)?	Yes..... 1 No..... 2 Can't Remember..... 8	
D.8	If yes, how much did you have to pay for the pregnancy check-up?	Rs..... <input type="text"/> <input type="text"/> Free of charges.....00 Can't remember.....88	
D.9	Did you receive T.T. injection during your last pregnancy? If yes, where did you receive the injection?	Not received..... 1 → D.12 Hospital 2 HP/Sub HP 3 Pvt. Doctor..... 4 Medical store/Pharmacy 5 Other (specify) <i>Sudeni</i>	
D.10	How much did you pay for the TT injection?	Rs..... <input type="text"/> <input type="text"/> Free of charges.....00 Can't remember.....88	
D.11	What is the main reason for receiving T.T. injection by a pregnant woman?	To save both the mother and child from tetanus..... 1 To save mother from tetanus..... 2 To save the new born from neonatal tetanus..... 3 Other (specify)..... DK 8	
D.12	Did you take Iron folic and Calcium tablets during you last pregnancy? If yes, from where did you get them?	Not taken..... 1 Hospital 2 HP/Sub HP 3 Pvt. Doctor..... 4 Medical store/Pharmacy 5 Other (specify)	

SECTION E: REPRODUCTIVE HEALTH CARE SEEKING BEHAVIOR

Q. No.	Questions	Coding	go to...
E.1	Did you ever had problems or difficulties with your last or current pregnancy?	Yes..... 1 No..... 2	→E.4
E.2	What type(s) of problems you had with the pregnancy?	Bleeding/spotting..... 01 Blurred vision..... 02 Severe headache..... 03 Swollen hands/face..... 04 Fever..... 05 Pale-ness/weakness..... 06 Lower abdomen pain..... 07 Retarded fetus growth..... 08 Poor weight gain..... 09 Absence of fetal heart sound..... 10 Other (specify)..... Don't Know..... 88	→E.4
E.3	What did you do to overcome the problem(s)? <i>[Multiple responses possible]</i>	Nothing..... 1 Bed rest..... 2 Visited HP/SHP..... 3 Visited hospital..... 4 Consulted private doctor..... 5 Visited medical store..... 6 Visited Dhami Jhakri..... 7 Other (specify).....	
E.4	Are you currently pregnant?	Yes..... 1 No..... 2	→E.12
E.5	Are you or your spouse currently doing something or using any method to avoid getting pregnant?	Yes..... 1 No..... 2	→E.12
E.6	If yes, what are you doing or which method are you using currently?	Pills..... 1 Condom..... 2 IUD (copper T)..... 3 Depo provera..... 4 Norplant..... 5 Foaming tablets..... 6 Male sterilization..... 7 Female sterilization..... 8 Natural/Traditional methods.... 9	→E.11

E.7 ✓	From where did you obtain the method?	Hospital 1 PHC/HP/Sub-HP 2 Pvt. doctor 3 Medical store/Pharmacy... 4 Others (specify)	
E.8	How far is this source from your home?	Nearby (within 10 minutes walk).... 1 10-20 minutes..... 2 21-40 minutes..... 3 41-60 minutes..... 4 More than one hour walk..... 5 Can't say..... 6	
E.9	[FOR SPACING METHOD USERS ONLY] What are the reasons for obtaining contraceptives from that source? <i>(Probe)</i> <i>(Multiple responses possible)</i>	Proximity..... 1 Know the provider..... 2 Privacy/Confidentiality..... 3 Can visit anytime..... 4 Supply is free..... 5 Caring to clients..... 6 Quality is Reliable/dependable..... 7 Other (specify).....	
E.10	How did you learn about the source? <i>(Multiple responses possible)</i>	Spouse 1 Relatives and friends..... 2 Radio..... 3 TV..... 4 Health provider..... 5 FCHV..... 6 Other (specify).....	
E.11	Since how long have you been using this (name) method?(months) <i>[Code 98 for 9 years of use and over]</i>	Month..... <input type="text"/> <input type="text"/>	
E.12	Have you experienced any problems/disorders regarding your reproductive systems in the last six months?	Yes..... 1 No..... 2	→ Sec. F

How SEWA Network?

E.13	<p>What was the nature of your problem? <i>[Probe for more than one answer]</i></p> <p><i>[Multiple responses possible]</i></p>	<p>Lower abdomen pain..... 1</p> <p>White discharge..... 2</p> <p>Pain during intercourse..... 3</p> <p>Burning with urination..... 4</p> <p>Ulcer around genitals..... 5</p> <p>Menstrual related problems..... 6</p> <p>Problems with breast (breast lumps/sore nipples, etc.)..... 7</p> <p>Other (specify).....</p>	
E.14	<p>Have you done anything to overcome the problem? If yes, what did you do or where did you seek medical attention?</p> <p><i>[Multiple responses possible]</i></p>	<p>Nothing..... 1</p> <p>Bed rest..... 2</p> <p>Visited HP/SHP..... 3</p> <p>Visited hospital..... 4</p> <p>Consulted pvt. doctor..... 5</p> <p>Visited medical store..... 6</p> <p>Visited Dhami Jhakri..... 7</p> <p>Other (specify).....</p>	} Sec F
E.15	<p>What are the reasons for visiting that place/source?</p> <p><i>[Multiple responses possible]</i></p>	<p>Proximity..... 1</p> <p>Know the provider..... 2</p> <p>Privacy/Confidentiality..... 3</p> <p>Can visit anytime..... 4</p> <p>Free treatment..... 5</p> <p>Caring to clients..... 6</p> <p>Quality is Reliable/dependable..... 7</p> <p>Other (specify).....</p>	
E.16	<p>Apart from the cost of medicines, did the service provider charged any fee for the service?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	

SECTION F: UTILIZATION OF NURSE AND PARAMEDICS' FACILITY

Q.N	Questions	Coding	Skip
F.1	Have you visited a pharmacy or a medical store in last three months for the following service/treatment?	Yes..... 1 No..... 2	→ F.12
F.2	What was the purpose of your visit to the facility?	<u>Family Planning</u> Seek advise on FP 01 Adopt a reversible FP Devise..... 02 Follow-up visit for FP 03 Side-effects of the method..... 04 <u>Obstetric Service</u> Routine pregnancy check-ups 05 Pregnancy related problems..... 06 Miscarriage 07 TT injection..... 08 <u>Gynecological</u> Breast examination 09 Uterine examination 10 Problem with urination 11 Menstruation problem 12 Problem with conception/infertility... 13 Genital discharge/white discharge ... 14 Other (specify)	
F.3	May I know the name and address of the provider you visited? Name..... Address:.....	Provider is SCWA member is not member aware of the SCWA member not aware	
F.4	Why did you choose to visit the facility? [Multiple responses possible]	Proximity..... 1 Know the provider..... 2 Privacy/Confidentiality..... 3 Can visit anytime..... 4 Free treatment..... 5 Caring to clients..... 6 Quality is Reliable/dependable..... 7 Other (specify).....	
F.5	Did you get the required service from the facility?	Yes..... 1 No..... 2	
F.6	Did you feel comfortable asking questions to the service provider during your visit?	Yes 1 No 2 Can't say 3	

F.7	Did you think that the service provider gave full attention and listened to what you said?	Gave full attention 1 Gave some attention 2 Gave no attention at all 3 Not required 8			
F.8	Do you feel the information given to you during your visit was	Too little 1 Just about right 2 Too much 3 Don't Know 4			
F.9	How was the quality of services in terms of	<u>V. Good</u> <u>Good</u> <u>Satis.</u> <u>Poor</u> a. Reception/Welcome 4 3 2 1 b. Cleanliness of Facility 4 3 2 1 c. Privacy/Confidentiality 4 3 2 1 d. Skill of the doctor 4 3 2 1 e. Variety of methods available 4 3 2 1 f. Overall impression 4 3 2 1			
F.10	Would you recommend your friends to visit the particular facility visited by you for any of the above services?	Yes..... 1 No..... 2			
F.11	Why do you say so?	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
F.12	Could you provide the names of some of the medical providers in your area that you are familiar with?	Number of Providers named... <input type="text"/> <input type="text"/> Unable to name any.....99 → F.14			
F.13	How did you know about these providers?	Live in this locality..... 1 Quite Popular in the locality..... 2 Had visited them several times..... 3 Through advertisements..... 4 Other (specify).....			
F.14	What is the most important thing that you would consider while choosing your provider?	Sex of the provider..... 1 Qualification..... 2 Caring to clients..... 3 Privacy of service..... 4 Cleanliness..... 5 Reliability of service..... 6 Other (specify).....			

