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**MID TERM EVALUATION ON
EFFECTIVENESS OF NURSES AND
PARAMEDICS NETWORK**

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An Operations Research Study



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FINAL REPORT

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

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We are indebted to the NPN members, for their cordiality and hospitality extended to our study team. Finally we express our sincere thanks to all those clients who agreed to participate and observe as mystery clients and also to other clients for sparing their valuable time and making the study a success.

THE STUDY TEAM

EXECUTIVE SUMMARY

NFCC with the technical and financial support from Commercial Market Strategies (CMS) began implementing Nurse and Paramedic Network (NPN) in Rupendehi district since Mid February 2001. The objective of this 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 private nurse and paramedics in Nepal.

Pre-intervention baseline study of the pilot project was conducted last year (April 2001). The present report is based the Mid-term Evaluation (MTE) which was conducted in March 2002 with a purpose of reviewing and documenting the progress made so far in meeting the project objectives and examining the quality of services provided by the SEWA network members.

The MTE covered 41 out of 42 network members who were trained and enrolled as SEWA network members by December 2001. Four different data collection approaches were adopted. They include: Mystery Client Observation; Client Exit Interview; Review of Service Statistics (Logbooks); and Observation of Physical Facilities. Results of the MTE are compared with the Baseline results wherever applicable.

Client Exit Interview

The average daily flow of clients (caseloads) in a SEWA facility has increased slightly in the *Mid-term* as compared to *Baseline survey*. Staff Nurse recorded a highest average flow of clients of 17 while ANM had the lowest of 9.8 clients per day.

There has been a significant increase in the proportion of female clients requesting for family planning service between baseline survey and mid-term evaluation (13% vs. 7%). male clients seeking FP service has also increased marginally (5% vs 2%). The large proportion of male clients (70%) and over two-fifths of female clients (44%) were those coming to buy medicines for general illnesses.

Female clients cited *caring behavior* of the provider (74%), *proximity* (69%) *reliable* (45%) and *acquaintance* (38%) as the reasons for choosing a SEWA facility. These reasons were also cited by a significant proportion of male clients.

Awareness about SEWA is low. Roughly one-fourth have heard about SEWA and 3 percent of the clients mentioned that SEWA motivators had referred them. Female clients were relatively more aware about SEWA than male clients. FM radio was the most common source of knowledge about SEWA. Considering the short time gap between launching of marketing activities and the MTE, this it obvious to find a low level of awareness about SEWA.

FP service utilization of SEWA during the last 6 months by the exit clients and their family members has remained unchanged (12.6% vs 11.9%). However, the proportion of female clients seeking *Sangini* service has increased from 9.8 percent in the Baseline to 13.8 percent in the MTE. RH service utilization for ANC checkup etc. is very low (3%).

Review of Service Statistics

Review of service statistics of 22 SEWA providers revealed that the records are not uniformly maintained. Some of the SEWA members started maintaining the logbook only recently after they received the marketing training from Prisma in January 2002.

It was evident from the service statistics that almost all (97%) clients (972) registered comprise of female clients. Since the service statistics/logbooks of SEWA members pertain to family planning (*Sangini*, Pills, IUD), RH and ANC services only, it is obvious to find most clients in the record book being female. The practice of recording the clients for general illnesses is non-existent in a private sector.

The monthly turnover of clients as recorded in the service statistics shows an increase in the clients served by SEWA network overtime. Female clients increased from 116 in November 2001 to 318 by February 2002. The increase in the total number of clients served was quite impressive initially and this could be because of the improvement in record keeping.

Mystery Client Observation

Mystery client (MC) observation was carried out to assess the quality of care (QOC) of *Sangini* and IUD services, management of RH/RTI cases and ANC service provided by the SEWA providers. MC were recruited from among the current and potential acceptors of *Sangini* (29 mystery clients) and IUD (9), clients experiencing menstruation related problems or white discharge or both (15) and currently pregnant women (25).

The QOC observation of *Sangini* service was conducted at 25 SEWA providers' facility (11 male and 14 female providers). The observation showed, client-provider interaction was found to be as satisfactory. Most MC visiting male (9MC/11MC) s and female providers (17/18) mentioned that the *Sangini* service providers they had contacted had treated them politely.

That "*Sangini* is injected every three months" is the only information generally shared by service providers to their clients about *Sangini*. Other information regarding *Sangini* was not provided consistently. Moreover, most providers ignored providing information that the method (*Sangini*) does not protect the client from STI and HIV/AIDS. *Sangini* Clients were also not explained about other different contraceptive methods available for them.

Screening of *Sangini* clients for pregnancy (*whether or not currently menstruating*) was carried out to 10 out of 11 MC visiting male providers and 12 out of 18 MC visiting female providers. Only 5 MC visiting male providers and 11 MC visiting female providers were screened for the presence of a lactating baby less than six weeks old. Questions regarding breast lumps and unexpected vaginal bleeding were not generally asked by both male and female providers. All providers used a new, sealed syringe while preparing the injection. However, hand washing prior to and after preparing *Sangini* injection was also generally ignored.

Sangini Cards with date to return for next injection were issued to most MC receiving *Sangini* injection. Some MC was told verbally when they should visit again for next shot of *Sangini* injection. All mystery clients receiving *Sangini* injection from male providers were satisfied with the service. However, few mystery clients visiting female providers expressed their dissatisfaction with *Sangini* service.

Mystery client observation of IUD service was conducted in 9 SEWA facility (2 staff nurses and 7 ANMs). All these nine IUD providers had private space for providing IUD service. Space was considered clean and light was adequate in all the facilities observed.

The client-provider interaction has been satisfactory. Except one, all the MC found the providers to be polite. Providers spent between 45 minutes to one hour with clients requesting for IUD insertion.

Information about clients' fertility preferences (desire for additional children) was not consistently asked consistently and the information on different contraceptive methods available for clients was also not given to clients requesting for IUD insertion or counseling.

All clients requesting for IUD insertion was told that the device is non-hormonal and has fewer side effects. However, other pertinent information such as '*most reliable form of birth control*' and '*no need to do anything to prevent pregnancy as long as IUD is inserted*' are not usually shared to the clients.

Information about menstrual history of the clients was solicited from all clients. Screening of clients for pregnancy was also carried out effectively to all categories of clients. Clients seeking IUD insertion were screened for PID (lower abdomen pain) and RTI (white discharge). Screening about multiple sex partners of the clients was grossly ignored. However, providers performed abdominal and pelvic examination (including pelvic speculum examination) of clients requesting IUD insertion.

Quality of IUD insertion was appropriate. Clients saw the providers taking out the device from a sealed packet, observed provider washing hands before the insertion and wearing of gloves for pelvic examination. All the IUD mystery clients expressed their satisfaction with the quality of service.

Fifteen female mystery clients were recruited for *QOC observation of RH/RTI services*. Of these, 7 presented themselves with menstruation-related problems (*excessive bleeding, accompanied by lower abdomen pain*); 3 with the dual problem of excessive menstrual bleeding and white discharge. Five MC were those experiencing white discharge only. These MC were sent to 14 female NPN members - 4 staff nurse, 7 ANMs and 3 CMAs.

The general receiving area in all the 14 SEWA outlets observed was clean. Private space for clients to receive the service was also seen in all these outlets. Lighting was not adequate in three outlets. Only in nine cases, the providers invited MC to use the private space.

The client provider interaction was satisfactory. All the 14 MC found the providers to be polite. Depending upon the types of complaints, providers generally spent between 10 to 15 minutes. All RH/RTI clients were asked about the condition of menstruation cycle (regular/irregular cycle) but little or no effort was made to solicit information regarding contraceptive use status, condom use and the number of sex partners.

The common question asked consistently to all clients having problem of white discharge were duration of the problem, amount and thickness of the discharge, and burning urination. However, preparation for physical examination of clients with RH/RTI related problems (menstruation and white discharge or both) were not carried out satisfactorily.

Hand washing before examination and wearing gloves was generally ignored. No medicine was prescribed to the clients experiencing white discharge. Likewise, clients with menstrual problems (heavy bleeding) were not prescribed oral contraceptive pills. Advice for pathological (urine and blood) and VDRL examination is given to very few clients. Likewise, few MC were advised about genital hygiene.

Almost all RH/RTI clients expressed their satisfaction with the QOC they received from the SEWA providers. In fact, most MC liked to be participant observers for the study expressed their gratitude to the research team for the opportunity they had to be examined at the SEWA outlets and obtain necessary medicines for the treatment.

QOC observation of ANC service was conducted through 25 MC. All the 25 MC were pregnant and their gestation period ranged from 8 weeks to 36 weeks. They were requested to receive ANC service provided by 21 female SEWA members (7 staff nurses, 13 ANMs and 1 CMA).

ANC Providers were polite and the client-provider interaction was satisfactory. MC were invited to lie down on the examination table during ANC check-up. However, facilities for water storage were lacking in the majority of the outlets.

Time spent by providers for pregnancy check-up varied from about five minutes to a maximum of half an hour. For one mystery client, it was her first pregnancy and the first ever ANC visit in her 21 weeks of pregnancy. She expressed her deep satisfaction with the service.

Information regarding age, LMP, TT immunization, number of pregnancies and number of surviving children of the pregnant clients was not solicited consistently by the providers. Screening of clients for past obstetric history is grossly ignored. Very few MC was asked regarding her foetal loss (3 clients), history of PPH (3), retained placenta (2), prolonged labor (2), etc.

Most Clients are examined to determine the position of the foetus (23), foetal movement (21), fundal height (19) and foetal heart sound (16). Most clients are also examined for blood pressure (19) and condition of mucus membrane (18).

It is not a common practice for nurses and paramedics to conduct pv examination. Only one out of 25 MC had undergone p.v. exam. Measurement of height and weight, breasts examination, varicose veins and examination for edema are not carried out consistently by the providers. Washing hands before and after examination was observed in only 6 cases.

Advice for routine check-up or dates for next check-up (23) and special diet (21) were given to clients quite consistently. Advice for adequate rest (14) and safe delivery preparedness (13) was not imparted to everyone. Few MC (9) were warned against possible danger signs and told about their expected dates of delivery (9). None of the MC was counseled for family planning.

Altogether 11 MC were not charged any fee and only 6 MC were charged with the fixed rate (Rs. 50). Others were charged between Rs. 15 and Rs. 30. Three MC were charged Rs. 100 as service fee besides charging for the costs of iron and folic tablets prescribed to them. Issuing card for ANC client is not a common practice.

Most MC (22) expressed their satisfaction with the quality of care of ANC service of the providers. Some of the MC has realized that quality ANC services are available near to their homes and they need not travel all the way to the hospital.

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ABBREVIATIONS AND ACRONYMS

AHW	Auxiliary Health Worker
ANC	Antenatal Care
CEI	Client Exit Interview
CMA	Community Medical Assistant
CMS	Commercial Market Strategies
CREHPA	Center for Research on Environment, Health and Population Activities
D&C	Dilation & Curettage
FCHV	Female Community Health Volunteer
FM radio	Frequency Modulation radio
FP	Family Planning
HP	Health Post
IUD	Intra Uterine Device
MC	Mystery Client
MCO	Mystery Client Observation
MTE	Mid Term Evaluation
NFCC	Nepal Fertility Care Center
NPN	Nurses and Paramedic Network
OB/GYNs	Obstretic /Gynecology
OR	Operations Research
PHC	Primary Health Center
PID	Pelvic Inflammatory Disease
PSSN	Pariwar Swastha Sewa Network
QOC	Quality of Care
RH	Reproductive Health
RTI	Reproductive Track Infection
SHP	Sub-Health Post
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
TT	Tetanus Toxoid

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CHAPTER I

INTRODUCTION

1.1 Background

In 1992 Nepal Fertility Care Center (NFCC) established a network of private clinics called Pariwar Swastha Sewa Network (PSSN). The objective of this network was to expand private sector participation in family planning service delivery. The network provided full range of contraceptive methods, including male and female sterilization. EngenderHealth (the then AVSC International) provided technical assistance and funding support to NFCC for launching this program. Prisma and Thompson-Nepal, the two advertising agencies, handled marketing of the network.

Currently, there are 156 physicians in the network, 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 GPs. It is unlikely to expand the network dramatically since the number of OB/GYNs in Nepal is low (approximately 200). Even though PSSN covers 13 districts, it has not greatly expanded its services to outside the Kathmandu Valley as majority (64%) of its members work in the Valley.

The number of nurses and paramedics who can potentially provide reproductive health services in the private sector is very large. There is no accurate figure for the number of private practitioners but since most of them practice in the public and private sector, an estimate may be made based on the number of practitioners that have been trained. Estimates shows that about 12,500 nurses and paramedics were trained in the country by the end of 1999 (Jha, 2000).

With a view to expanding access to quality reproductive health services in the districts outside of the Kathmandu Valley, NFCC proposed to replicate the PSSN network for private nurses and paramedics. An evaluation of the PSSN in 2000 revealed that network members are supportive of the formation of similar network of nurses and paramedics. It has been accepted that in the country like Nepal where the services of medical doctors are grossly inadequate especially in semi-urban and rural areas nurses and paramedics could prove a major force for delivering accessible, affordable, and quality reproductive health services. The two networks (PSSN and NPN) have been linked by a formal referral system. And both are being managed by NFCC.

1.2 The Pilot Project

NFCC, with the financial and technical support from Commercial Market Strategies (CMS), Washington D.C. implemented Nurse and Paramedic Network (NPN) program since Mid February 2001 in pilot district before considering replication and expansion in other areas of 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 quality 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 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* (x) 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*.

Rupendehi district is the *Treatment area* where OR design is being experimented. Nawalparasi, the adjoining district having more or less similar physical (geographical) features and common socio-economic characteristics has been selected as the *Control area* for pre-test and post-test comparison.

The OR study has three data collection points: Baseline Study, Mid-term Evaluation and End Line study.

1.4 The Baseline Survey

The baseline study was undertaken in April 2001 to assess and document the pre-intervention status of the private medical/pharmacies outlets (SEWA members) of the nurses and paramedics in terms of the range of services provided, client flow in the outlets, catchments area, competence of the service providers and their views and aspirations from the network. The Baseline survey focussed on four study components: (i) Providers' Survey; (ii) Clients' Survey; (iii) Household Survey; and (iv) Assessment of Physical Facilities.

The baseline survey adopted two different data collection approaches: (i) Conventional Survey; and (ii) Qualitative Survey. The conventional approach of data collection included Providers Survey (interviews with nurses and paramedics); Client Survey (exit interviews with clients visiting the clinic of nurses and paramedics); and Household Survey (interview with married women aged 15-45 of the sampled household). The qualitative tools used were observation of clinics for the assessment of physical facilities at the clinics.

The Baseline Survey employed a quasi-experimental design with an **Experimental** (Rupendehi District) and a non-equivalent **Control** (Nawalparasi District) group.

The service providers were classified into four categories viz., i) Health Assistants (HA) ii) Staff Nurse, iii) Auxiliary Nurse Midwife (ANM) and iv) Auxiliary Health Worker (AHW)/ Community Medicine Auxiliary (CMA). Of the total 70 nurses and paramedics identified initially by NFCC in *Experimental area* as the potential network members, 35 (50%) were selected for the *Providers' Survey*. An equal number of 35 service providers were also selected from *Control area*. *Stratified systematic random sampling technique* was followed for the selection.

For the *Clients' Survey* (clients exit interview) a sub-sample of 24 private service providers were covered from *Experimental* and *Control area* separately. 491 clients from *Experimental* and 394 clients from *Control area* receiving the services from the SEWA members during two days of observation were interviewed. For the *Household Survey* 480 households each from *Experimental* and *Control area* were selected following *systematic random sampling technique*. A total of 481 and 461 married women of reproductive ages (MWRA) 15-49 of the sampled households were interviewed from *Experiment* and *Control area* respectively. *Physical facilities* were observed in the sampled 35 SEWA members in both *Experiment* and *Control area* for assessment. The structured questionnaires and physical facilities observation checklist were the major instruments used for the survey

1.5 The Mid-term Evaluation

The Pilot Project was launched in January 2001. After its implementation, several program activities were carried out on a routine basis. Network for the nurse and paramedics was formed by NFCC and it was marketed as brand name SEWA by Prisma.

NFCC organized series of training that were participated by nurses and paramedics qualifying them to become the members of the network. Upon the completion of the training, network members started providing limited reproductive health services from their service outlets depending upon the type of training they received. In the mean time various marketing campaigns were launched by Prisma to increase the awareness of the people about the SEWA network and the service it's members render.

In December 2001, the study team made pre-evaluation visit of the project site. The purpose of the visit was to assess the extent of network members trained by NFCC in

different FP and RH components and the status of media coverage. The pre-evaluation visit was necessary to determine the appropriateness of undertaking the mid-term evaluation towards the end of January 2002. Because of the changed political situation in the country after June 2001 event, several activities of the Network were running behind schedule and it was not adequately picking up to carryout the mid-term evaluation as scheduled. Based on our observation, we recommended to defer the mid-term evaluation by one month. NFCC and Prisma both agreed our recommendation. This arrangement in fact allowed both NFCC and Prisma to complete some of the activities that were running behind schedule because of some unavoidable reasons. The Mid-term Evaluation was conducted in March, 2002.

1.5.1 Objectives of Mid-term Evaluation

The objective of this mid-term evaluation (MTE) is to review and document the progress made so far, examine the quality of services provided by the SEWA network members, assess effectiveness of various marketing strategies launched, highlights problems and constraints encountered, identify key implementation issues and suggest mid-course corrective measures for the successful implementation of the program activities. It should be noted here that the mid-term evaluation was conducted **only** in *Experimental* area.

1.5.2 Study Design and Coverage

Although the target of the Network membership drive was 70, as of December 2001, there were only 42 members who had received training and necessary logistic support to implement the project. The training they receive was specific to the designation of the service provider. At the time of launching the mid-term evaluation fieldwork, an additional 23 nurse and paramedics have been trained (total 65). However, in view of the short time lag between the training of 23 new members and the mid-term evaluation, it was decided to ignore the newly enrolled network members and confine the evaluation among 42 members who were trained and actively providing the services for a minimum of three months preceding the mid-term evaluation. This decision was shared and approved in the monthly meeting of the three collaborative partners (NFCC, Prisma Advertising and CREHPA) and the same was also communicated to CMS. The distribution of the 42 network members and the type of training they received are presented in Table 1.

Table 1: Distribution of SEWA Network members by designation and type of training received

Type	No. of Members	Number & Type of Training Received		
		IUD	RH/ANC	RH Orientation
Staff Nurse	10	6	10	-
Health Assistant	4	-	-	4
Auxiliary Nurse Midwives (ANM)	14	9	14	-
Auxiliary Health Worker (AHW)/CMA	14	-	-	14
Total	42*	15	24	18

* Note: The total of the number and type of training received does not tally with the total number of members due to multiple training received by some members. Some male and female providers also provide the service of Sangini.

In order to make the result comparable the mid-term evaluation followed same study design as was used in the baseline survey. The Mid-term evaluation has adopted four data collection approaches:

- a) *Mystery Client Observation*
- b) *Client Exit Interview*
- c) *Review of Service statistics (Logbooks) and*
- d) *Observation of Physical Facilities*

(a) **Mystery Client Observation**

This approach is used to assess the quality of services from the users' perspective. The approach is quite simple. Under this approach the clients (women and men) are sent to a health facility to receive services and carefully observe and remember during the encounter. After receiving the services from the service provider they are interviewed by the study team. All 42 members who received the training under the pilot project were covered for mystery client approach.

Recruitment and Training of Mystery Client

Mystery client were recruited from among the clients visiting at government health facilities (Hospital/PHC/HP/SHP) seeking FP, RH and ANC services. Clients were also recruited from the catchment area of the SEWA members. The research team first approached the clients at the respective health facilities and those clients who agreed to participate in the research as mystery clients for specific purpose (IUD/Sangini/ANC/RH) were explained about the research objectives by the team. Very general information was provided to the mystery client regarding what they were to observe and remember. The rationale for their visits was explained to them as to gather information for assessing the service quality of the provider. Mystery clients' were requested to observe carefully everything from the beginning till they come out of the clinics and also not to disclose their identity until the observation is complete. They were also told that immediately after the visit they would be asked some questions about what had transpired. Enough money

was given to the mystery client to pay for consultation fees including token money for buying medicine. The transportation cost was also covered.

Clients seeking following four types of services were recruited: (i) Sangini; (ii) IUD; (iii) ANC; and (iv) RH/STI. While IUD and ANC observation were confined to female network members (Staff Nurse and ANM) trained in these services, male providers (HA/AHW/CMA) were observed for QOC of Sangini and STI.

Mystery clients were recruited and sent to all 42-network members according to the type of training they received. In each service outlet a minimum of 2 MCs were sent for QOC observation. A total of 78 MC were thus recruited.

b) Client Exit Interview

Out of the total of 42 SEWA members 24 were selected for exit interview. *Stratified random sampling technique* was adopted to select the members. This method was followed to ensure the selection of each of the four categories of members as shown in Table 1. Sampling was drawn proportionately from each stratum. Clients visiting these 24 selected network members seeking health services were interviewed to examine: i) Reasons for choosing the clinic/pharmacy; ii) Range of service sought at the clinic/pharmacy; iii) Knowledge about the SEWA network; iv) Quality of service received; v) Extent of satisfaction with the service received; vi) Perceptions on fee charged; and vii) Daily turnover of the clients. 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) Review of Logbooks

NFCC has provided the logbooks to all the network members to record information such as background characteristics of clients (age, sex, education), type of service sought, advice given, case referred and source of knowledge about the network. The service statistics form an important basis for monitoring the progress of the project.

Logbooks of the entire 24-network member where exit interview conducted were reviewed. Four months service statistics on month-to-month basis starting from November to February were reviewed to examine and document the client flow by type of clients, and total cases referred. The purpose was also to review the quality and completeness of the record maintained.

(d) Observation of Physical Facilities

Existing *Physical Facilities* of all the 42 providers' clinic/pharmacy were observed to assess the space, privacy during medical examination, cleanliness, lighting, availability of basic surgical equipment and emergency drugs. This observation was aimed at judging

whether or not the network members adhered to the conditions specified by NFCC on QOC.

Table 1.2 presents the evaluation activities/components, method of evaluation and sample frame for each component in the Mid-term Evaluation and compares them with the Baseline Survey.

Table 1.2 : Comparative picture of Baseline and Mid-term Evaluation activities, method of evaluation and sample

Activities & Components	Baseline Survey	Midterm Evaluation
<u>I. Providers' Survey</u>		
Subject	Nurses & Paramedics (NP)	
Sample Size	50% of the 70 Pilot NPN	
<u>II. Mystery Clients</u>		
Subject		Clients seeking specific service observed the QOC of service delivery
Sample Size		All 42 Network members
<u>III. Client Exit Interviews</u>		
Subject	Clients attending the clinic/medical store	Clients attending the clinic/medical store
Sample Size	Clients attending during 2 days observation period in 35% of the 70 Pilot NPN (i.e.24)	Clients attending during 2 days observation period in 57% of the 42 Network members (i.e.24)
<u>IV. Household Survey</u>		
Subject	Married couples in the Catchment area	
Sample Size	480 (24 x 20 respondents) married couples (either married woman or her spouse) under 45 years of age	
<u>V. Observation of Physical Facilities</u>		
Subject	Clinics/Pharmacy of the Network Members	Clinics/Pharmacy of the Network Members
Sample Size	35 Clinics/Pharmacy selected for Providers' Survey	All 42 Network members
<u>VI. Review of Logbooks</u>		
Subject		Logbooks maintained by the Network Members
Sample Size		24 Network Members sampled for Exit Interview

1.5.3 Sample Performance

The sample performance obtained in the present study is presented in Table 1.3. The Table shows the target sample vis-a vis sample achieved in each research components. As may be observed from the Table, in *Mystery Client* and *Facility Observation* the overall

achievement was 85 percent and in *Client Interview* and *Review of Logbooks* it was 92 percent. The reason for the less coverage than the targeted one is due to the absence of the service providers in the study sites during the survey.

Table 1.3: Sample Performance: Targeted 'vs' Achieved sample size for each research components

Type of Provider	Mystery Client		Client Exit Interview		Facility observation)		Review of Logbooks	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Staff Nurse	9	8	6	5	9	8	6	5
Health Assistant	4	3	4	3	4	3	4	3
ANM	14	14	5	5	14	14	5	5
AHW/CMA	14	10	9	9	14	10	9	9
Total	41	35*	24	22	41	35	24	22

* Attempt made on 39 providers

1.5.4 Research Instruments

Structured questionnaire, checklist and record sheet were the tools used in the mid-term evaluation. Four different sets of structured questionnaire - each set for four different types of clients recruited (IUD, *Sangini*, ANC and RH/STI) - were prepared for the mystery client. Likewise, a structured questionnaire was also prepared for the client exit interview. A record sheet was developed to record the monthly service statistics from the logbooks. A checklist was also prepared for the observation of physical facilities. All the questionnaires received comments and suggestions from NFCC and Prisma. The English versions of all the research instruments are presented in Annex 1.

1.5.5 Training of Researchers and Field Management

Eight female field researchers and one female field coordinator comprised the field team. Five researchers were also involved in the Baseline Survey of the same project and the remaining four had a previous experience of working in similar surveys. Two separate field teams each consisting four members were constituted. One team was stationed at Bhairahwa and another at Butwal. In order to effectively manage the field survey, two clusters of SEWA Members of equal number were formed and assigned to each area. The four member's team in each area was further split into two groups - Mystery Client Observation (MCO) group and Client Exit Interview (CEI) group. The former group was exclusively for conducting Mystery Client and physical facilities observation while the later group was for conducting client exit interview and logbooks review.

The field researchers received five days of intensive training. The first day of the training was introductory focusing on the objective and the activities of the pilot project, and also the objective of the mid-term evaluation. For the remaining four days the training was conducted separately and simultaneously for each group of MCO and CEI focusing on their respective assignments. Team Leader managed the orientation training of the MCO group and his associates conducted the training to the CEI group. MCO group received

intensive training on mystery client methodology and protocols for client recruitment. This group also received training on the technique (what and how) to observe the selected physical facilities including equipment available in the clinic of network members. Likewise, the CEI groups were trained on exit interviews technique and review of logbooks maintained by the network members. Medical Director of NFCC also engaged one session to familiarize the field researchers on various aspects of QOC.

The fieldwork was commenced on March 3 and concluded on 27 lasting for 24 days. Besides the presence of the field coordinator during the entire period of the field survey the field activities were also regularly supervised and monitored by core research team members. One core team member was present in the study site at the time of launching of the field survey and supervised the fieldwork for a week while the team leader supervised the activities at the middle of the field survey.

1.5.6 Data Management and Analysis

All completed questionnaires were manually edited to check consistencies in the recorded response and missing answers. Questionnaires were coded prior to data entry into the computers. Data entry for Clients' Exit Interviews was carried out in dBASE programs. Range and consistencies checks were performed. The cleaned data sets were then transferred to SPSS PC+ program (SPSS for Windows) for processing and analysis. Data from the Mystery Client Observation (MCO) has been analyzed manually because of the low number of MCO carried out for each component of RH services.

Frequencies and cross tabulations are the main data outputs for analysis. While presenting the mid-term results, comparisons are made with baseline survey wherever appropriate.

1.6 Limitations of the Study

The present study covered 42 SEWA outlets out of the 65 members who had received network membership before the commencement of the Mid-term evaluation. As mentioned earlier, these 42 members were the nurses and paramedics who had received specific RH training as of December 2001. Remaining 23 members had received the training during January-February 2002 and hence they were excluded from the study sample. Therefore, the findings of the study confines to the range of services provided by these 41 SEWA members and may not be representative of the overall district.

1.7 Organization of the Report

The present report is organized into four chapters. The present chapter (Chapter 1) is the introductory chapter of this report. Chapter 2 focuses on the utilization of Network services, which has been analyzed from two perspectives - client exit interviews and review of service statistics. In Chapter 3, the mystery client observation of quality of care of services rendered by SEWA members has been described. The summary and conclusions is presented in last chapter (Chapter 4).

CHAPTER II

UTILIZATION OF NETWORK SERVICES

Utilization of SEWA network services have been assessed by adopting two evaluation approaches: A. Client Exit Interview, and B. Review of Service statistics. This chapter presents the findings of both these approaches in two separate sections.

A. Client Exit Interview

Client's exit interview focuses on clients knowledge about SEWA members; major type of ailments for which service are sought; knowledge about the SEWA network and its sources; reasons for choosing the facility; extent of service utilization; perceived level of satisfaction; perceptions on service and product fee and daily turnover of the clients.

Of the 41 SEWA members short-listed for Mid-term Evaluation (MTE), 24 SEWA members (58%) were sampled for exist interview. During the fieldwork phase exit interviews were conducted in 22 SEWA members only. Each SEWA members were observed for two days. Clients visiting these 22 selected SEWA members seeking health services were interviewed. All the clients visiting the health services were first registered. Altogether 827 clients (466 male and 361 female) visited the SEWA members during 44 days of observation (2 days in each of 22 SEWA members) giving the average daily flow of 19 clients. Attempts were made to interview all registered clients. However, for all practical reasons it was not possible to interview each and every client who was registered. Two days of observation in each SEWA members yielded a total exit interview of 617 clients (74.6% of all clients registered). The number of exit clients interviewed according to the type of service provider is presented in Table 2.1. The analysis is based on these *exit interviews*.

Table 2.1: Distribution of exit interview clients' by sex according to type of service provider

Type of Service Provider	No. of SEWA Members Sampled	Exit Interviews (Client Survey)		
		Male	Female	Total
HA	3	66	108	174
Staff Nurse	5	44	40	80
ANM	5	47	51	98
AHW/CMA	9	170	95	265
Total	22	323	294	617

2.1 Background Characteristics of Clients

Age of Clients

Majority of the clients visiting at the SEWA members was at their prime age of 20 to 39 that accounted 57 and 63 percent of male and female clients respectively. Among the

total clients interviewed both adolescent boys and girls (10-19 years) constituted 15 percent of the total clients interviewed. Female client of reproductive age (15-49) comprised 84 percent of the total female clients.

In order to assess the average age of male and female clients visiting the SEWA members median age was calculated. The median age of male and female clients was estimated to be 30 and 28 years respectively. The median age thus indicated that female clients were younger by 2 years.

The sex composition of clients showed that male clients surpassed female clients. The sex ratio of clients has been estimated at 109 male clients per 100 female clients. *Mid-term* evaluation result showed that the sex composition of clients has reversed. In the *Baseline* survey the sex composition of clients was in favor of female (71 male per 100 female) while in the mid-term evaluation it has gone in favor of male. One of the reasons for this reversal could be due to longer hours of observation in the clinic for exit interview, which helped to capture all the clients who visited the SEWA members for the purchase of medicine. In the baseline survey the observation hours were relatively shorter.

Marital Status

Overwhelmingly large majority of clients visiting the SEWA members was married. Among the unmarried clients, male constituted relatively higher proportion as compared to female clients.

Educational Level

A significant variation in the educational status was noticed between male and female clients. 38 percent of the female clients had *never been to school* as compared to its male counterpart that was 18 percent. The gender gap in the educational attainment of clients was more pronounced for intermediate and above level (17.3% vs 7.8%).

Family Income

Majority of male clients (56%) and two-fifths of the female clients belonged to the annual family income category of less than Rs. 60,000. Clients having family income between Rs. 60,000 and 120,000 constituted 20 percent of the total clients. It may be mentioned here that a sizable proportion (42%) of the female clients did not know their family income. Various surveys have revealed that the information on family income is less reliable. Moreover the respondents are unwilling to report their family income in such surveys.

Occupational Structure

A significant gender gap in occupational structure has been noticed. Housewives who *do not earn* constituted the largest segment of clients. Female as compared to male clients

who *do not earn* constituted a significant proportion of clients (72% vs 16%). Among the male clients petty business constituted the major occupation (Table 2.2).

Table 2.2: Percentage distribution of clients by background characteristics

	<i>Baseline</i>		<i>Mid term</i>	
	Male	Female	Male	Female
<u>Age group</u>				
10-14	0.5	1.0	4.6	4.1
15-19	11.7	10.8	9.9	10.9
20-24	13.7	30.4	21.4	21.4
25-29	15.1	19.6	13.9	19.0
30-34	11.2	9.4	13.9	12.6
35-39	12.7	9.8	8.0	9.5
40-44	9.3	6.3	8.0	4.8
45-49	4.9	2.8	5.3	6.1
50-54	7.3	2.4	3.7	2.0
55-59	2.9	2.8	2.5	3.1
60 and above	10.7	4.4	8.7	6.5
Median age	33.8	27.6	30.0	28.0
<u>Marital status</u>				
Married	86.3	86.0	76.8	86.1
Unmarried	12.7	9.4	22.9	10.5
Divorced/Separated	-	0.3		
Widow/widower	1.0	4.2	0.3	3.4
<u>Highest level of education</u>				
Never been to school	12.2	37.8	18.0	38.1
Primary (I-V) incomplete	17.6	9.8	13.6	15.6
Primary complete	6.3	7.0	6.5	4.8
Secondary (VI-X) incomplete	23.4	20.3	29.7	18.0
Secondary/SLC complete	17.1	15.0	13.3	10.5
Intermediate and above	18.5	5.6	17.3	7.8
Literacy Training	4.9	4.5	1.5	5.1
<u>Annual income of the family</u>				
Below Rs. 60,000	55.6	56.6	56.0	39.8
Rs. 60,000-1,20,000	29.3	26.9	23.8	16.7
Rs. 1,20,001-2,40,000	6.8	2.8	4.0	1.0
Over Rs. 2,40,000	2.0	0.3	0.6	0.3
Don't know	6.3	13.3	15.5	42.2
<u>Nature of the job</u>				
Do not Earn	11.2	65.4	16.1	71.8
Petty Business	34.1	11.5	22.0	9.5
Agriculture	18.5	14.3	12.1	2.7
Daily Wage Labor	13.2	3.5	7.7	2.7
Private Service Holder	9.8	2.4	19.5	4.4
Govt. Service Holder	10.7	2.7	13.0	3.0
Student			8.4	5.8
Others*	2.0	-	1.2	-
Total	100.0	100.0	100.0	100.0
N	205	286	323	294

*Transportation sector, Electric Wiring, Draft legal documents, Handicraft, mill owner, photo studio

2.2 Client Flow

The average daily flow of clients per SEWA members is estimated to be 14 which is marginally high when compared to the baseline results for both Treatment and Control areas (12.7 and 12.9 respectively). As in the *Baseline* survey, a large difference in the average daily flow of clients was witnessed by type of service provider in *Mid-term* evaluation also. Staff Nurse recorded a highest average flow of clients of 17 while ANM had the lowest of 9.8 clients per day. Average daily client flow by type of service provider is presented in Table 2.3.

Table 2.3: Average daily client flow by type of service provider: Baseline and Mid-term Evaluation compared

Type of Service Provider	Average Daily Client Flow		
	<i>Baseline Survey</i>		<i>Mid-term Evaluation</i>
	Control Area	Treatment Area	Treatment Area
HA	14.7	35.9	13.3
Staff Nurse	8.2	8.3	17.4
ANM	9.0	8.3	9.8
AHW/CMA	15.7	7.6	14.7
<i>Average daily client flow</i>	<i>12.9</i>	<i>12.7</i>	<i>14.0</i>

2.3 Types of Service Sought and Frequency of Visit

Clients seeking family planning service constituted 13 percent of female and 5 percent of male clients showing an appreciable improvement in mid-term evaluation. In the Baseline survey such clients were limited to only 7 and 2 percent respectively (Table 2.4). The average daily caseload of FP client is estimated at 1.22. Merely 7 to 8 percent of the female clients visit the clinic for seeking gynecological and/or obstetric service. A large majority of male clients (70%) and more than two-fifths (42%) of female clients visit the SEWA members just to buy medicine for minor illness like fever, cough and common cold. General illness accounted about one-fourth of the male and one-third of the female clients.

Table 2.4: Percentage distribution of client by type of services sought from the SEWA members

Reasons for visiting the Private Medical Outlet on the day of exit interview	Baseline		Mid term	
	Male	Female	Male	Female
Family Planning				
Adopt a reversible FP Devise	2.4	5.2	3.4	11.6
Seek FP advice	-	0.7	0.9	0.7
Follow-up Visit for FP	-	0.3	0.3	-
Side effects of Method	-	1.0	-	-
Removal of IUD	-	-	-	1.0
N	5	21	15	39
Obstetric Service				
TT Injection	1.0	1.0		
Miscarriage	0.5	-		
Routine pregnancy Check-up	-	2.4		1.7
Pregnancy related problems	-	1.7		4.4
N	3	15		19
Gynecological Service				
Problem with urination	0.5	1.7		
Menstruation problem	0.5	4.2		0.7
Breast examination	-	0.7		1.4
Uterine examination	-	0.7		0.3
Pregnancy test	-	1.0		
Lower abdomen pain	-	2.4		
N	2	31		22
STIs				
Genital/White discharge	0.5	0.7	-	-
Ulcer around genitals	-	0.3	-	2.0
(N)	(1)	(3)		(6)
General illness*	57.1	49.3	22.9	30.3
Child illness**	12.7	22.0		
To buy medicine for minor illness (fever, cough, cold)	16.6	15.6	69.7	43.9
Others***	13.2	8.4	4.0	2.0
Total %	>100.0	>100.0	>100	100
N	205	286	323	294

Percentage total exceeds 100 due to multiple responses

*Injury, To take an injection of vitamin, Dizziness/weakness, Gastric/abdominal pain, Vomiting, Body pain, Scabies, Diabetes, Bleeding through mouth, Problems with nerves (haat jhamjhamaaune), 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

2.3.1 Reasons for Choosing the Facility

A very large segment of the exit clients (both male and female clients) have visited the SEWA outlets (medicine shop of SEWA member) previously. They account for 80 to 86 percent of the total clients. One in five male and one in seven female clients were first time visitors. While the proportion of first time male visitors recorded an increase by 3 percentage points between *Baseline* and *Mid-term* evaluation the proportion of female first time visitors has declined by equal proportion.

The reasons cited by the exit interview clients for choosing the particular facility vary significantly between the Baseline and Mid-term Evaluation. For instance, in the MTE nearly three-fourths of the female clients (74%) considered *caring behavior of the provider* as the major reason for choosing a SEWA members as compared to male clients (45%). *Proximity* as the reason for opting a particular SEWA members was cited by over two-thirds (69%) of the female clients and little over half (53%) male clients. Yet another two-fifths of the clients preferred the particular facility due to the *reliability of clinic*. In the Baseline survey a large proportion of the respondents mentioned proximity, know the provider personally and reliability as the reasons for choosing the outlets.

Among the clients, the proportion reporting caring behavior of the provider as the reason for visiting the clinic has increased significantly (almost doubled for female clients; 38% vs 74%) between Baseline survey and Mid-term evaluation. Similar significant improvements are observed for responses such as reliability, and convenient location. This should be considered as a positive aspect of the network.

Among the clients who had visited the facility last time, little less than one third had done so during the month of the evaluation, while 35 to 39 percent had visited the facility during last 2 to 3 months before the evaluation. It should be noted here that 13 to 19 percent of the visitors constituted the new clients who had never visited the facility before (Table 2.5).

Table 2.5: Percentage distribution of clients by frequency of visits made and reasons for choosing the SEWA members

Frequency of visit & reasons	Baseline		Mid-term	
	Male	Female	Male	Female
Whether first visit to the facility				
First Time	17.1	17.1	19.8	13.9
Visited before too	82.9	82.9	80.2	86.1
Total	100.0	100.0	100.0	100.0
N	205	286	323	294
Reasons for choosing the facility*				
Proximity	46.3	46.9	52.9	68.7
Know the provider personally	38.5	25.5	46.4	38.1
Reliable	35.6	34.6	39.3	44.9
Provider is known/expert	34.6	38.5	7.1	7.5
Provider is very caring	30.2	37.8	45.2	73.5
Convenient location	8.3	11.2	45.5	22.4
Provider is popular	2.4	3.5	8.0	6.1
Female Service Provider	-	1.4	-	-
Other reasons	2.5	1.7	-	0.3
Total	>100.0	>100.0	>100.0	>100.0
Time of the previous visit to the facility				
Within this month			29.7	27.2
Last 2-3 month			35.3	39.1
Last 4-6 month			4.6	5.1
More than 6 month ago			10.5	15.6
Never visited here before			19.8	12.9
Total			100.0	100.0
N			323	294

*Percentage total exceeds 100 due to multiple responses

2.3.2 Access to the Facility

The SEWA members are quite accessible. Three-fifths of the clients reported that the facilities they visit were within the distance of less than 20 minutes walk. However, some clients (15 to 17%) reported that they have traveled for at least an hour to obtain the service of the SEWA members, perhaps due to the caring nature of the provider.

Table 2.6: Percentage distribution of clients by distance travelled between residence and the SEWA members

Distance required to travel to reach the facility	Mid term	
	Male	Female
Less than 10 minutes walk	30.7	32.0
10-20 minutes walk	29.7	28.2
21-40 minutes walk	13.6	15.6
41-60 minutes walk	9.0	8.8
More than 60 minutes walk	17.0	15.3
Total	100.0	100.0
N	323	294

2.3.3 Referrals

For more than one-fifth (22%) of the female clients and about 15 percent of the male clients, friends and relatives were the source of referral to visit the particular SEWA members. Overwhelmingly large proportion (83%) of male and a sizable proportion (65%) of female clients visited the clinic without having anyone's suggestion. This could perhaps be due to the fact that a large proportion of the exit interview clients had already visited the facility previously. A comparison with the *Baseline* Survey thus indicates that a tendency among the clients to visit the SEWA members without anyone's referral seemed to have been established. SEWA Motivators were the source of referral to 3 percent of the female clients (Table 2.7).

Table 2.7: Percentage distribution of clients by type of referrals

Referrals	Baseline		Mid term	
	Male	Female	Male	Female
Nobody suggested	62.9	46.2	83.0	64.6
Other relatives and friends	36.1	43.7	14.6	21.8
Spouse	1.0	9.8	0.9	9.5
Service Provider of the Facility	-	0.3	1.5	1.0
SEWA Motivators	-	-	-	2.7
Hospital	-	-	-	0.3
Total	100.0	100.0	100.0	100.0
N	205	286	323	294

2.4 Awareness about SEWA Network

Attempts were made to assess the level of awareness of the exit clients about the SEWA Network. Clients were asked if they had heard or read about SEWA. Only about one-fourth (22%) of the clients were aware about SEWA. Considering the marketing campaigns, which started recently the level of awareness, should be considered modest. No meaningful gender differences could be observed in their level of awareness.

2.4.1 Sources of Awareness

Those who reported to be aware of SEWA were further asked to mention the sources of the information. FM radio was relatively the most common source of knowledge (51%) about SEWA. Hoarding board ranked the second most popular source of information. SEWA Motivators as the source of information is increasingly popular among female clients. More than one-fifth (21%) of the female clients stated SEWA Motivators as their source of information. Wall paintings, shop board, brochure and *Haat Bazar* (weekly mobile market) are the least popular source of information.

An open-ended question was asked to the clients if they remember any message about SEWA. Half of the clients could not remember the message. However, an equal proportion (32%) of male and female clients mentioned "*FP service and merit of small size family*" as the slogan of the SEWA. Among the remaining clients who admitted

remembering the message the response varied from the lowest of "*free FP services*" to the highest of "*institution providing health related suggestions*". Few clients even mistook SEWA logo for Red Cross (Table 2.8). It may be worthwhile to mention that most part of the marketing components under the pilot project were launched during December (wall painting and hoarding board) and from late January onwards (FM radio, newspaper advertising, *Haat bazar* and recruitment of SEWA motivators). Therefore, it was too early to expect a high level of clients' awareness about SEWA at the time of the mid-term evaluation.

Clients' awareness about the *service provider* being the member of SEWA is quite high among female clients (59%) as compared to male clients (34%). The data reveal that female clients are more informed than male clients. Among those who were aware about the provider being the SEWA member about 72 percent of them cited shop board as the source of identification.

Table 2.8: Percentage distribution of clients by level and sources of awareness about SEWA network

	<i>Mid term</i>	
	Male	Female
Heard or read about SEWA?		
Yes	20.7	23.8
No	79.3	76.2
Total	100.0	100.0
Number of total clients	323	294
Sources about SEWA Network*		
FM radio	50.7	50.0
Hoarding Board	46.3	20.0
Newspapers	19.4	17.1
SEWA motivator	6.0	21.4
Wall paintings	6.0	2.9
Brochure	4.5	5.7
Shop board	3.0	10.0
Haat Bazar	-	4.3
From friends	3.0	-
Number of clients who were aware	67	70
Message about SEWA remembered*		
Knowledge of FP/small family happy family	32.8	31.4
Provider health related suggestion	4.5	4.3
Provide service & information about better treatment	4.5	4.3
Information about antenatal care	1.5	2.9
Remembers writing 'service'/Red cross sign	7.5	5.7
Service is righteousness	-	2.9
Information about FP method	10.4	4.3
Free FP service	-	1.4
Can't remember	47.8	51.4
Are you aware that the nurse/paramedic is a member of SEWA network?		
Yes	34.3	58.6
No	65.7	41.4
Total	100.0	100.0
Sources of identification of SEWA network member*		
From the shop board	73.9	70.7
Clinic staff had mentioned so	21.7	14.6
Learned from friends/relatives	4.3	7.3
Health worker	-	7.3
Number of clients who have identified the sources	23	41

*Percentage total exceed 100 due to multiple responses

2.5 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. All the interviewed 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 ANC check-up including others (Table 2.9). Few female clients (2.4%) also knew about the availability of the services of IUD insertion and removal.

Clients seemed to have gathered the information on their own about the range of services available in a SEWA facility. The tendency of SEWA members telling their clients about the range of services offered by them (marketing SEWA services by themselves) is yet to gain momentum. For instance only 5 percent of male clients and 14 percent of female clients mentioned that they were told by the providers about the range of services offered in the facility.

Among the clients who admitted of having received information about other available services in the facility they visited, a sizable proportion of clients of both sexes (about 75%) stated that they were told about the FP counseling services; more than half of the female clients had received information on Sangini injection. Likewise, one-fifth of the clients were told about the availability of ANC care/checkup service and one in five female clients were told about the availability of IUD insertion and removal service (Table 2.9).

Table 2.9: Percentage distribution of clients by type and source of knowledge about the range of services provided in the SEWA members

	<i>Baseline</i>		<i>Mid-term</i>	
	Male	Female	Male	Female
Knowledge about Service available*				
Treat minor illness	96.6	95.8	100.0	100.0
Dressing of Injury/ulcers	66.8	54.2	83.0	72.8
Sell condoms and pills	12.2	11.9	22.0	16.3
Provide TT Injection	12.2	9.8	13.0	33.0
Provide Sangini	8.3	18.9	25.1	34.7
Provide ANC	3.4	4.2	5.0	17.3
Pediatrics	1.0	-	-	-
Pathology	1.0	.7	-	-
Delivery Kit	.5	.7	-	-
Menstruation problems	-	.3	-	-
STD	-	.3	-	-
Gynecological	-	.3	.3	.3
Assist in delivery	-	-	.6	.7
Insertion/remove IUD	-	-	.3	2.4
Others**	8.3	16.4	4.6	3.3
Don't know	1.5	1.7	-	-
Total	>100.0	>100.0	>100.0	>100.0
N	205	286	323	294
Provider told about range of services offered				
Yes	12.2	12.7	4.6	13.6
No	87.8	87.3	95.4	86.4
Total	100.0	100.0	100.0	100.0
N	189	268	323	294
Services offered*				
FP Advice	87.0	70.6	73.3	72.5
Sangini Injection	82.6	73.5	33.3	55.0
Confirming Pregnancy	4.3	8.8	6.7	22.5
Insert/remove IUD	-	-	6.7	25.0
Implant/remove Norplant	-	2.9	-	-
Antenatal care/Check-up	-	2.9	20.0	20.0
STDs/RTI Treatment	-	2.9	-	-
Fever/Cough	4.3	-	-	-
Diarrhea	-	2.9	-	-
Check BP	-	-	-	2.5
Chest pain	-	-	6.7	-
General check-up	-	-	6.7	-
Total	>100.0	>100.0	>100.0	>100.0
N	23	34	15	40

*Percentage total exceeds 100 due to multiple responses

**Pneumonia, Asthma, Dental, Limbs burning/paining, ENT, Typhoid, BP check, X-ray/Glucose, Neuro, Skin Disease, treatment RTI, skin disease, suggestion of FP, Heart pain, check up for tuberculosis, Jaundice, Body allergy

2.6 Utilization of RH Services from SEWA Members

The utilization of the RH services from the SEWA members largely depend upon the services offered. All the SEWA members do not provide comprehensive FP/RH services. The range of services they offer are specific to the type of training they receive. Male SEWA members are not expected to provide IUD service (insertion and removal) and also pregnancy examination since they were not trained under the SEWA network. Hence in the exit interview clients visiting male providers were not asked whether or not they received IUD and ANC service in the last six months preceding the survey. On the other hand, clients of all female providers were asked about receiving ANC service irrespective of the ANC training received by them under SEWA since it is a usual practice for the female providers to offer such service.

All 22-network members covered in the mid-term evaluation provided the Sangini service. Of the 12 *female* network members (out of total of 22) although 6 had received IUD training, only 4 were providing the IUD service.

The utilization of the services of SEWA network members during last six months for FP services is shown in Table 2.10. It is evident from the table that the proportion of female clients seeking Sangini service has increased from 9.8 percent in the Baseline to 13.8 percent in the Mid-term evaluation. The proportion of female clients seeking FP advice has remained unchanged between Baseline (12.6%) and Mid-term evaluation (11.9%). Utilization for other RH services like confirmation of pregnancy and ANC checkup, however, were reportedly less than 3 percent.

Table 2.10: Percentage distribution of married clients by utilization of specific RH/FP services from the SEWA members

	<i>Baseline</i>		<i>Mid term</i>	
	Male	Female	Male	Female
<u>Visited for FP Advice in last six months</u>				
Yes	12.4	12.6	7.3	11.9
No	87.6	87.4	79.4	80.6
Don't know	-	-	13.3	7.5
<u>Ever visited for Sangini injection</u>				
Yes	5.6	9.8	4.0	13.8
No	93.8	88.2	69.4	77.1
Don't know	0.6	2.0	26.6	9.1
<u>Ever visited to insert/remove IUD</u>				
Yes	-	0.4	-	-
No	86.4	86.6	15.4	30.8
Don't know	-	-	5.6	4.0
Don't provide	13.6	13.0	79.0	65.2
<u>Ever visited to implant/remove Norplant</u>				
Yes	-	0.4	-	-
No	85.9	85.4	-	-
Don't Provide	14.1	14.2	-	-
<u>Ever visited for Antenatal Care/check-up</u>				
Yes	1.7	1.6	0.8	2.8
No	97.2	95.9	23.4	52.2
Don't know	-	-	14.5	7.9
Don't provide	1.1	2.4	61.3	37.2
<u>Ever visited for confirming pregnancy</u>				
Yes	1.1	0.4	-	0.8
No	97.7	98.8	22.6	50.6
Don't know	-	-	15.7	11.5
Don't provide	1.1	0.8	61.7	37.2
<u>Ever visited for STDs/RTI complaints</u>				
Yes	0.6	0.8	-	-
No	98.3	98.4	50.4	75.5
Don't know	1.1	0.8	49.6	24.5
Total	100.0	100.0	100.0	100.0
N	177	246	248	253

2.7 Levels of Satisfaction with SEWA Services

Attempt was also made to assess the level of satisfaction of clients in general and specific to elements of quality service. A four points scale from *very satisfied* to *very dissatisfied* was created to assess the response of the clients. The clients' level of satisfaction with respect to the cleanliness, availability of essential equipment, physical out look and privacy, and range of services has been perceived as *satisfied* by majority of the clients. Meaningful sex difference could be witnessed on clients' level of satisfaction with respect to specific quality of service components. About 73 percent of the female clients as against 50 percent of the male clients were found *very satisfied* with the quality of *handling of clients* of the service provider. Likewise, two-fifths of the female clients observed that they were very satisfied with the cleanliness of the facility while only one-fourth of the male clients stated so indicating meaningful difference in the perception on

the quality of care among male and female clients. In the table, the baseline-midterm comparison of the data reflects a downward shift in the proportion of respondents saying "very satisfied" and "satisfied". This difference should not be a major concern. The researchers used identical question in both the baseline and mid-term evaluation. Since the questions were identical, the possibility of enumerators' bias in emphasizing "satisfied" at the cost of "very satisfied" cannot be totally ruled out. The second possibility could be respondents giving more careful judgement on the service satisfaction.

Table 2.11: Percentage distribution of clients according to the perceived level of satisfaction for various measures of service quality

Level of Satisfaction	Baseline		Mid-term	
	Male	Female	Male	Female
<u>With cleanliness/hygiene</u>				
Very Satisfied	32.2	37.8	24.5	41.2
Just Satisfied	66.3	61.9	75.5	58.8
Not Satisfied	1.5	0.3	-	-
<u>With essential equipment</u>				
Very Satisfied	29.3	39.5	9.3	24.8
Just Satisfied	67.8	60.1	90.7	75.2
Not Satisfied	2.9	0.3	-	-
<u>With essential medicines</u>				
Very Satisfied	59.0	64.7	18.9	33.0
Just Satisfied	40.0	35.3	80.5	67.0
Not Satisfied	1.0	-	0.6	-
<u>With good handling of clients</u>				
Very Satisfied	78.5	81.8	49.8	72.8
Just Satisfied	21.5	18.2	50.2	27.2
Not Satisfied	-	-	-	-
<u>With Treatment/service charges</u>				
Very Satisfied	72.2	76.2	29.4	39.1
Just Satisfied	26.8	23.4	70.0	60.9
Not Satisfied	0.5	0.3	0.6	-
Very Dissatisfied	0.5	-	-	-
<u>With physical outlook</u>				
Very Satisfied	30.2	28.3	11.1	21.8
Just Satisfied	67.3	71.7	86.4	76.9
Not Satisfied	2.4	-	2.5	1.4
<u>With the range of services</u>				
Very Satisfied	46.8	49.7	15.8	23.8
Just Satisfied	52.7	50.0	84.2	76.2
Not Satisfied	0.5	0.3	-	-
<u>With privacy</u>				
Very Satisfied	40.0	42.0	13.3	26.5
Just Satisfied	58.5	58.0	86.7	73.5
Not Satisfied	1.5	-	-	-
Total	100.0	100.0	100.0	100.0
N	205	286	323	294

It should be noted that none of the clients was found to be *dissatisfied* with respect to the service quality of privacy, cleanliness, and availability of essential equipment. Very negligible clients, (between less than one percent to 2.5 percent), were found dissatisfied with the quality of treatment and service charge, physical outlook of the facility, and availability of essential medicine (Table 2.11). The negligible proportion of dissatisfied client could be due to the well-known problem of "*courtesy bias*" (Willaims et al, 2000; Bessinger and Bertrand, 2001) in client exit interview approach. It has generally been accepted that clients may be reluctant to express negative opinions of services, especially while they are still at the service sites. This might pose serious problem in our effort to assess the clients' level of satisfaction. Because clients often claimed to be satisfied even when they are not. Due to this limitation the application of client exit interview technique for examining clients perception on the derived level of satisfaction is often questioned.

2.8 Perceptions on Service and Product Fee

More than two-thirds of male clients and about half of the female clients had paid the service and product fee of less than Rs 50. Another one-tenth of male and two-fifths female clients had paid between Rs 100 to 299 as service and product fee. With the exception of few all the clients had carried an impression that the fee they pay only include for medicine and injection. Less than three percent of the clients observed that the payment they made include the service fee. Among the clients who had paid service fee, 2 in 3 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 2.12).

Of the total 18 clients who had paid for service fee, only two clients considered the service fee as *high*, 15 clients considered *moderate* and another 1 client considered the fee as *low*. Clients considered the service fee as *moderate* or *low* due to the fact that the fee is cheaper than other places (Table 2.13).

Table 2.12: Percentage distribution of clients who have paid fee for services received

	<i>Baseline</i>		<i>Mid term</i>	
	Male	Female	Male	Female
<u>Amount paid (Rs.)</u>				
None	1.5	1.4	2.5	4.1
<5	2.4	1.4	45.8	24.8
5-9	6.3	4.9	22.0	22.1
10-19	14.6	7.7	11.1	15.0
20-49	26.3	22.0	7.1	9.9
50-99	27.8	35.7	8.4	18.4
100-449	20.5	26.9	2.2	3.7
500-999	0.5	-	0.9	2.0
1000	-	-	-	-
N	205	286	323	294
<u>Payment for</u>				
Only of Medicine/Injection	90.1	90.4	98.1	95.7
Includes fee also	9.9	9.6	1.6	3.5
Don't know	-	-	.3	.7
N	202	282	315	282
<u>Amount paid for the service (Rs.)</u>				
5-10	70.0	66.7	50.0	8.3
15-20	5.0	14.8	-	8.3
25-30	-	11.1	-	8.3
40	5.0	-	-	-
95	5.0	-	-	-
100	10.0	7.4	-	-
120	5.0	-	-	-
300	-	-	-	25.0
Don't know	-	-	50.0	50.0
Total	100.0	100.0	100.0	100.0
N	20	27	6	12

Table 2.13: Percentage distribution of clients by types of reasons stated for considering the fee high or low

	<i>Baseline</i>		<i>Mid term</i>	
	Male	Female	Male	Female
High				
Higher than other facilities	100.0	-	-	-
No separate receipt for medicine and treatment are provided	-	-	-	100.0
N	1	-	-	2
Moderate				
Cheaper than other facilities	55.6	23.1	16.7	44.4
Need to pay for entry ticket only	44.4	30.8	-	-
Equal in all the medical stores	-	53.8	-	-
Did not find expensive after check-up	-	-	83.3	55.6
N	9	13	6	9
Low				
Cheaper than other facilities	100.0	25.0	-	100.0
Other providers charge Rs.100-200 just for check-up	-	25.0	-	-
Need to pay for entry ticket only	-	50.0	-	-
N	1	4	-	1
Too Low				
Need to pay for entry ticket only	55.6	100.0	-	-
100-200 just for check-up	33.3	11.1	-	-
Cheaper than other facilities	-	-	-	100.0
Cheaper than government facility	11.1	-	-	-
Total	100.0	100.0	-	100.0
N	9	10	-	1

B. REVIEW OF SERVICE STATISTICS

The service statistics form an important basis for monitoring the progress of the project. In the mid-term evaluation, service statistics on month-to-month basis starting from November 2001 to February 2002 were gathered from 22 SEWA members that were selected for client exit interview. This section analyses the service statistics to examine the trends in the number and types of clients served and total cases referred. The purpose was also to review the quality and completeness of the record maintained by the SEWA network members.

2.9 Number of Clients Served

The total clients served by 22 sampled SEWA outlets during the last four months are presented in Table 2.14. In the present mid-term evaluation, the service statistics of four months (November 2001 to February 2002) preceding the mid-term evaluation was gathered. All the members have not uniformly maintained the logbook for the months under reference. Some of the members started maintaining the logbook only recently after they received the marketing training from Prisma in January 2002. The data should, therefore, be interpreted with caution as the coverage varies from one member to another.

With respect to the record keeping of the service statistics Staff Nurses and Health Assistants had their records completed for all months under reference. Few CMAs' are yet to develop the practice of maintaining their service records. However, one ANM out of 5 did not maintain the records for any month and 4 started maintaining record from the month of December only. Likewise, two CMA out of 6 did not maintain the record for the month of November and three did not maintain for November and December.

The total number of clients served by the SEWA members as registered in the service records is 972. Female clients constituted 97 percent (Table 2.14). Since the service statistics maintained by SEWA members pertain only to family planning (Sangini, Pills, IUD), RH and ANC services, which are more focused to female clients, it is obvious to find most clients served being female. In comparison, male clients of the Network members are restricted to condom users, and those seeking STI treatment. The practice of recording the clients for general illnesses is non-existent.

The monthly turnover of clients as recorded in the service statistics reveal an increase in the total clients served overtime, especially female clients from 116 in November 2001 to 318 in February 2002 (an increase by almost three folds per month). The increase in the total number of clients served was quite impressive initially and this could be because of the improvement in record keeping. The service statistics for January (320) and February (321) months showed that the average clients served by a network member is around 14 to 15 clients per month.

Table 2.14: Clients Served by SEWA members according to sex and type of clients

Description	November	December	January	February	Total
# of Network members observed	16	18	19	21	
1. Total clients served					
Male	-	13	8	3	24
Female	116	202	312	318	948
Total	116	215	320	321	972
Average client served by a Network member per month	7.25	11.94	16.84	15.28	
2. Type of RH clients served					
ANC	33	36	47	60	176
PNC	5	1	-	7	13
White discharge	16	10	2	10	38
PID	5	9	4	6	24
STIs	1	1	5	5	12
Menstruation problem	4	-	1	2	7
UTI	2	-	1	2	5
Abdomen pain	-	-	2	1	3
Total	66	57	62	93	278
3. Type of FP clients served					
Sangini Total	49	144	233	202	628
Sangini New	12	41	91	94	238
Pills	1	2	13	24	40
Condom	-	12	10	2	24
IUD	-	-	2	-	2
Total	50	158	258	228	694

2.10 Type of Clients Served

Service statistics reveal that SEWA members are receiving varieties of RH clients as shown in Table 2.15. Among the RH clients served, ANC clients constituted the largest proportion (63 %). This was followed by clients with complain of white discharge (13.7%) and PID (8.6%). Family Planning clients comprised 31 percent of the total clients served. If follow-up clients are included, the share of FP clients shoots up to 69 percent. Among the FP clients, Sangini alone account 78 percent of the total FP clients. Very few IUD clients were served. During the period of four months only two IUD clients were registered. Mystery client observation done for the mid-term evaluation revealed that for some reason members who were trained for IUD insertion and removal were not entertaining the IUD clients. IUD clients recruited as mystery client reported that they were advised to seek the hospital facility for IUD service. This indicates that the SEWA members trained for IUD are less keen in providing the service of IUD. Reasons for not entertaining the IUD clients need to be further explored.

The record maintained by the network members suffers from following limitations:

- Record keeping is not done uniformly. Some SEWA members have the record maintained right from November 2001 while others have their record maintained only from the month of January 2002. Some of the members reported that the RH recording sheet was made available to them only after the marketing training was completed in January 24, 2002.
- Instructions for record keeping in the register (RH Recording Form) is not correctly adhered to by some members. Sale of condom and oral pills is also recorded by some members in the recording form. Field researchers experienced difficulties in making distinction between new clients from the follow-up clients for Sangini.
- Sangini clients were recorded in three different places viz., (i) RH Recording Form; (ii) Face Sheet and (iii) Sangini Register resulting to the potential risk of double counting.

CHAPTER III

MYSTERY CLIENT STUDY FOR QUALITY OF CARE OBSERVATION

Mystery clients (MC) methodology was employed in the present Mid-term evaluation to observe the *quality of care* (QOC) of FP/RH services rendered by *Nurse and Paramedic Network* (NPN) members. Four categories of MC were recruited for QOC observation. They were: i) *current users of DMPA*; ii) *current users of IUD*; iii) *currently pregnant women*, and iv) *women experiencing RH related problems (menstrual disorders and white discharge)*. MC were briefed about the nature of the study, and the importance of their role as 'participant observer'. They were explained what to observe and make mental note of information received from the service provider, questions asked by the provider, nature and types of examination carried out, preparation for physical exam or injection and the friendliness and rapport of the provider. They were told that whatever the cost of medicines and fees charged by the provider for the service will be borne by the research team. After obtaining their verbal consent to be "*participant observer*", each of them was taken to individual network members' medicine shop for receiving the service. Immediately after the receiving the service, each MC was interviewed by the research team in a separate location to examine the QOC of specific service they had received from the network member. A structured questionnaire guide was used for recording the observation.

The original design was to recruit MCs from among those ANC and FP clients visiting government hospitals at Butwal (*Lumbini Zonal Hospital*) and Bhairahawa (*Bhim Hospital*) during clinic hours (10AM -12 noon) and take them to the NPN outlets for QOC observation. However, it was not convenient for the research team to recruit MC from these sources since many hospital based clients were in a hurry and reluctant to wait until afternoon to allow the research team to take them to the NPN outlets. As mentioned earlier, a significant number of NPN members are regular staff of these hospitals and some of them at peripheral health facilities (HP/SHP). Therefore, these providers were not available in their private outlets during the day time (10 AM – 2 PM) Very few amongst these MC agreed to contact the research team during late afternoon or return on the day and time scheduled for them for QOC observation. To overcome this hurdle, the research team sought the assistance of the government frontline health volunteers (FCHVs) in the village and *SEWA Motivators of Prisma* for recruitment of potential MC.

Of the total 41 NPN members listed for the Mid-term Evaluation, 16 were trained for IUD insertion and removal (6 staff nurses and 10 ANMs) and 23 for ANC and RH (9 staff nurses and 14 ANMs). Most of the network members (both male and female members) providing Sangini service were also trained for providing essential RH/STI care. At the time of the fieldwork (March, 2002) two network members had come to Kathmandu and hence they could not be contacted. Four out of the remaining 39 network members could not be approached due to inappropriateness of the time of availability of the provider to the MC and non-availability at clinics when MC visited their outlets/shops. All NPN members were informed in advance (in an orientation meeting

organized by Prisma in January 2002) about the Mid-term evaluation and the employment of mystery client methodology.

Altogether, 78 female MC were recruited and sent for QOC observation in 35 NPN outlets. Of these, 29 MC were sent for Sangini service in 25 Sangini providers' outlets (11 male and 14 female providers, 25 for ANC (all female providers), 15 for RH/RTI (all female providers), and 9 for IUD (all female providers). Each of the 78 MC was involved to observe QOC for just one service. Since the four field research team members assigned for mystery client study were females, it was not possible for them to recruit male MC for observing QOC of RH/STIs provided by male members of the network.

3.1 Mystery Client Observation of *Sangini Service*

Twenty-nine MC were recruited for QOC observation of Sangini (DMPA) service provided by 11 male members and 14 female providers who are members of SEWA network. Of the 29 MC, 11 visited the male providers and the remaining 18 MCs visited the female providers. Of them, 27 were requested to receive the Sangini injection (all of these 27 MC received the injection) and 2 MC for seeking counseling service on Sangini from female providers. One of the two clients sent for observing counseling service was a regular DMPA user (receiving DMPA injection from the government sources. The second mystery client was a lactating woman (child aged three months).

3.1.1 *Accessibility/Acceptability*

All the MC received Sangini service from the trained providers except one. In the case of this particular MC, a non-member (husband of the ANM) provided Sangini injection. This case was excluded from the present analysis. All MC visiting the service outlets of male providers (11 MC) and 13 out of 18 MC visiting female providers mentioned about the availability of private space for Sangini injection. However, roughly half of the MC was invited to use the private space while receiving Sangini service.

Promotional materials for Sangini were seen by half of the MC (6 out of 11) visiting male providers but by one-third (5 out of 18 MC) visiting female providers. Likewise, availability of running water/potable water storage was observed by six MC visiting male providers and by 4 MC visiting female providers (Table 3.1.1).

Table 3.1.1 Distribution of Mystery Clients according to their perceived accessibility /acceptability of Sangini service provided through SEWA network

Perceived Accessibility/Acceptability	Male Provider (MC = 11)	Female Provider (MC= 18)	Total (MC = 29)
General receiving area (shop) considered clean	9	15	24
Private space available for injecting Sangini	11	13	23
Invited to use the private space	6	7	13
Promotion materials available for customers	6	5	11
Running water/potable water storage available	6	4	10

3.1.2 Client-Provider Interaction

Almost all MC were able to meet the service provider without having to wait even for a short while. The client-provider interaction for Sangini service has been satisfactory. Most MC visiting male (9MC/11MC) s and female providers (17/18) mentioned that the Sangini service providers they had contacted had treated them politely. Only two MC visiting male Sangini provider and one MC visiting female provider rated the treatment received by them as 'somewhat polite'

The time spent by majority of the providers to their clients was inadequate. Only three MC visiting the male providers were served for 10 minutes and longer while the majority (8) were sent off after five minutes. Among the 18 MC visiting female providers, half of them (9 MC) were entertained for just five minutes and the remaining half for 8-10 minutes (Table 3.1.2).

Table 3.1.2 Distribution of Mystery Clients according to their perception regarding client-provider interaction and Time Spent while receiving Sangini service

	Male Provider (MC = 11)	Female Provider (MC= 18)	Total (MC = 29)
Client – provider Interaction			
Provider was very polite	3	2	5
Provider was polite	6	15	21
Provider was some what polite	2	1	3
Time Spent with each Client			
5 minutes or less	8	9	17
8 minutes	-	1	1
10 minutes	2	8	10
15 minutes	1	-	1

3.1.3 Information to Clients

All MC requesting for Sangini were asked if they had injected Sangini or DMPA before. However, less than half of the MC (4 out of 11 visiting male providers and 8 out of 18 MC visiting female providers) were asked if they had desire for additional children.

That "Sangini is injected every three months" is the only information generally shared by service providers to their clients about Sangini. Apart from this information, few clients are told about Sangini. Moreover, almost all providers ignore to provide information that the method (Sangini) does not protect the client from STI and HIV/AIDS. Only one MC mentioned that she was shared with this information (does not protect from STI/HIV) by her female provider.

Clients requesting for Sangini are usually not explained about other different contraceptive methods available to clients. Male providers are less likely to explain about different contraceptive methods to clients (1 MC out of 11) than female providers (8 of

18). However, both the two MC sent for obtaining counseling were explained about the various contraceptive methods available to them (Table 3.1.3).

Table 3.1.3 Distribution of Mystery Clients according to the range of information shared to them by the providers while receiving Sangini service

Range of Information asked/provided about Sangini	Male Provider (MC = 11)	Female Provider (MC= 18)	Total (MC = 29)
Information asked			
Previous use of Sangini/DMPA	10	16	26
Desire for additional children	4	8	12
Information shared			
Injected every three months	9	14	23
One of the most reliable forms of birth control	3	5	8
Can conceive if discontinued Sangini	2	4	6
Can delay conception for 6-9 months if wanted to conceive again by discontinuing Sangini	2	2	4
Does not protect from STIs/HIV	-	1	1
Explained about different FP methods	1	8	9

3.1.4 Information on Side-effects of Sangini

Information on side-effects of Sangini is not given consistently by the SEWA providers. Comparatively, female providers (10-12 MC) were found to be more likely to impart information on 'possible *amenorrhoea*' (menses may stop after continues use), 'heavy bleeding' and 'irregular or excessive bleeding' than male providers. However, very few clients (three MC each) were told by both male and female providers that side-effects of Sangini were temporary and not harmful to health (Table 3.1.4).

Table 3.1.4 Distribution of Mystery Clients according to the extent of information received on Side-effects of Sangini from the providers

Extent of Information provided about Side-effects of Sangini	Male Provider (MC = 11)	Female Provider (MC= 18)	Total (MC = 29)
Menstruation may stop after several months of using Sangini, until discontinuing use of Sangini	5	10	18
Some people may experience heavy bleeding	5	12	17
Menstruation may become irregular or excessive in the initial months	5	11	16
May experience headache in the initial month of using Sangini	5	4	9
Possibility of weight change after taking Sangini	3	4	7
Side effects from the Sangini are temporary and not harmful to health	3	3	6
May experience mood changes in the initial months of using Sangini	1	1	2

3.1.5 Screening Questions

Screening of potential Sangini clients for pregnancy (menstruation period or *whether or not currently menstruating*) was carried out to 10 out of 11 MC visiting male providers and 12 out of 18 MC visiting female providers. Only 5 MC visiting male providers (as against 11 MC visiting female providers) mentioned that they were asked questions to know if they have a *lactating baby less than six weeks old*. Other screening questions such as *presence of breast lumps* and *unexpected vaginal bleeding* were not generally asked to clients by both male and female providers while providing Sangini service. Similarly, most providers ignored ask their clients for any misconception regarding Sangini (Table 3.1.5).

Table 3.1.5 Distribution of Mystery Clients according to the range of questions asked to them by providers for screening of possible contraindication to Sangini

Screening	Male Provider (MC = 11)	Female Provider (MC= 18)	Total (MC = 29)
Provider asked about last menstruation period or currently menstruating	10	12	22
Provider asked about lactating baby less than 6 weeks old	5	11	16
Provider asked about breast lumps	4	4	8
Provider asked about unexpected and irregular vaginal bleeding	3	2	5
Provider asked about any misconception about Sangini	2	1	3
Provider cleared the misconception	2	1	3

3.1.6 Quality of Sangini Administration

Altogether 27 MC received Sangini injection. Of these, 11 MC received from male providers and 16 from female providers. All providers (both male and female) used a new, sealed syringe while preparing the injection. All MC-excepting one did not see the packet and the sticker marked about Sagini. Almost everyone disposed the used syringes in a disposal container.

Hand washing prior to and after preparing the injection was generally ignored. Only five MC each visiting male and female providers observed their providers washing their hands before preparing the injection (Table 3.1.6).

Table 3.1.6 Quality of administration of Sangini injection as observed by Mystery Clients

Observation	Male Provider (MC = 11)	Female Provider (MC= 16)	Total (MC = 27)
Provider took out a new, sealed syringe from the packet in preparing the injection	11	16	27
Packet had sticker marked Sangini	11	15	26
Provider disposed used syringe in the disposable container or Red disposal box	11	15	26
Provider washed his/her hand before/after preparing the injection	5	5	10

3.1.7 Warning Signs and Follow-up Advice

Information regarding possible warning signs was not generally shared to all the clients receiving Sangini injection. For example, majority of the MC did not receive any information regarding the possibility of experiencing warning signs like pelvic pain, headache, blurring vision, chest pain/short of breath, severe leg pain, etc from the providers. Moreover, providers did not care to ask their clients if they have any questions regarding Sangini or perceived side-effects/warning signs of Sangini. However, majority of the MC receiving Sangini injections from both the male (6) and female providers (8) were told that they can visit their outlets anytime if they have concerns or questions regarding Sangini.

Sangini Cards with date to return for next injection were issued to 10 out of 11 MC receiving Sangini injection from male providers and 14 out of 16 MC of female providers. The three MC, one client of a male provider and two clients of two female providers, were told verbally when they should visit again for next shot of Sangini injection (Table 3.1.7).

Table 3.1.7 : Distribution of mystery clients who were told about possible warning signs following Sangini use and follow-up advise

	Male Provider (MC = 11)	Female Provider (MC= 16)	Total (MC = 27)
Inquiry about warning signs :			
Lower abdominal pain/pelvic pain	6	4	10
Headache (severe)	4	3	7
Chest pain (severe), cough, shortness of breath	3	1	4
Severe leg pain (calf or thigh)	1	2	3
Eye problem (vision less or blurring)	1	1	2
Provider asked to return the clinic if experiencing any above warning signs	6	7	13
Provider encourage to ask questions	1	1	2
Provider gave a card with the date to return for the next dose of injection	10	14	24
Provider invited to come and talk if any question /concern about Sangini	6	8	14

3.1.8 Client Satisfaction

All the 11 MC receiving Sangini injection from male providers were satisfied (including two MC reported 'highly satisfied') with Sangini service. Among the MC visiting female providers, 14 mentioned that they were satisfied (including two highly satisfied) while four expressed their dissatisfaction (a little satisfaction) with Sangini service (Table 3.1.8).

The reasons for expressing dissatisfaction with Sangini service were : '*injection not given in the private space available*'; *Hand-washing not done*, and *Sangini packet not shown* ("*I could not ascertain if the injection was Sangini*") and '*Menstruation period not asked*'

All the providers charged fee for Sangini, which is Rs 30. No provider charged his/her clients more or less than this prescribed rate. The positive impression of one MC about Sangini was about the care during injection. She said:

"I did not feel the pain during injection. Now onwards, I will take Sangini by paying Rs 30 instead of going to the Sub-Health post"

Table 3.1.8 : Distribution of mystery clients according to the level of satisfaction with Sangini service provided by the providers

Levels of Clients satisfaction	Male Provider (MC = 11)	Female Provider (MC= 16)	Total (MC = 27)
Very satisfied	2	2	4
Satisfied	9	12	21
A little dissatisfied	-	4	4

3.2 Mystery Client Observation of IUD Service

Recruitment of IUD mystery clients was difficult due to very low acceptance of IUD among Nepalese women. The number of clients accepting IUD at the two government hospitals of Rupendehi (Pilot district) was as low as 1 to 4 cases a month. Due to the low acceptance rate, only 9 MC could be recruited for observing QOC of IUD service during the four weeks fieldwork period.

Of the 9 MC recruited for the observation, 3 were for IUD insertion, 2 wanted to know the position of their IUD; another 2 for IUD counseling (as potential client – one of the two had chose IUD as post abortion contraception), 1 with complaint of lower abdomen cramp and wanted to know the position of her IUD and 1 for IUD removal. These IUD clients were recruited from the hospitals and through acquaintance and SEWA volunteers. These nine MC were sent for QOC observation of 2 Staff Nurses and 7 ANMs. Table 3.2.1 presents the types of MC for IUD sent for QOC observation among the nine service providers

Table 3.2.1 : Distribution of Mystery Clients for QOC observation of IUD by designation of the provider

S.N.	Name of service provider	Designation	Total Mystery Client (N=9)				
			Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	IUD checkup (2)
1		SN		✓			
2		SN					✓
3		ANM	✓				
4		ANM	✓				
5		ANM	✓				
6		ANM			✓		
7		ANM			✓		
8		ANM				✓	✓

3.2.1 Experiences of IUD Mystery Clients

Case of Side effects of IUD

One MC wished to remove her IUD (having kept the device for ten years) and insert a new one. She had contacted the research team through SEWA volunteers and agreed to participate in the study as MC.

The research team took her to a network member (ANM) located at Bhairahawa. The ANM successfully removed the IUD and replaced it by a new device. It took about an hour in the process. The client began to experience side effects (bleeding and serious back pain) from the following day. She contacted the research team again through SEWA volunteers and told them about the side-effects. The ANM who had inserted the IUD had gone to Kathmandu at that time. Therefore, the research team contacted a staff nurse and presented the clients' problem. The staff nurse convinced the research team that the symptoms were quite normal and will recede in few days. She had also told the research team that if her problem persists, she could be brought to her clinic for examination. Meanwhile the client had also contact a nearby medicine shop and taken some medicines which helped her to overcome her pain and bleeding. Her side-effects disappeared and she need not have to remove the IUD.

Case of Pregnant women with missing IUD

A pregnant woman with gestation of 22 weeks had visited the government hospital for removal of her IUD. The nurse on duty referred her to the research team telling that she could be potential client of participant observation for IUD removal. From the discussion with the client, it was found out that her IUD could not be traced. The research team politely declined to recruit her as MC being a risky case.

Sangini given to IUD Client

The MC prepared to have an IUD inserted from a network member (ANM) returned without the insertion because the ANM, upon examination found that she has some swelling (infection) of the uterus. Instead, the client was prescribed some medicines and asked her to visit again after one week. When the client was sent by the research team to the provider after one week, she was persuaded to accept Sangini instead of IUD and gave her the Sangini shot. The client was not too pleased with the provider's action. This ANM had not inserted a single IUD after receiving the training from the Project. The client was excluded from the mystery client study.

Another ANM trained for IUD insertion declined to insert IUD saying that she has not inserted one so far and neither will she (pointing at the shop of another network member) inserts IUD if you visit her. Such a remark of the ANM gave a negative impression to the MC. Expressing her concern, the MC told our researchers saying *"We will not get IUD inserted from the providers you are suggesting since they are fresh trainees only"*

IUD insertion discouraged owing to PAC bleeding

One client who had undergone curette (D&C) few days ago following post-abortion complication wished to have an IUD inserted. She had contacted SEWA volunteers for the same and agreed to be a MC for the research. When the research team took her to a female network member (ANM) in Butwal, she was experiencing some bleeding. The ANM, after examining her condition, told her that she should not insert IUD until her bleeding stops. She feared that IUD may prolong bleeding and the client may relate the bleeding to IUD and not due to curette she had undergone some days ago. She was advised to visit again after her next menstruation if she wish to have IUD inserted. The client was highly pleased with the ANM for the advice.

One staff nurse did not serve the MC send for checking her IUD. Instead, the staff nurse suggested the MC to see another nurse.

3.2.2 Accessibility/Acceptability

All the nine IUD providers had private space for providing IUD service. Seven out of nine providers invited the MC to use this space. Of the remaining two MC who were not invited to the private space, one was the MC for side-effect management and the other was the MC who wanted to check the position for her IUD. It may be pointed out that the MC with side-effect did not wanted the provider to have physical check-up of her IUD and therefore, she was not invited in the private space (examination room). The second MC (sent for check-up of her IUD), was denied any physical examination by the provider (Staff Nurse) saying *"I do not examine IUD although I am trained for the same"*. Review of her Logbook shows that this provider has not inserted IUD so far.

Availability of running water/potable water storage was observed only in 5 outlets. Space was considered clean and Light was adequate in all the facilities observed.

Table 3.2.2 : Distribution of Mystery Clients according to their perceived accessibility /acceptability of IUD service provided through SEWA network

Perceived Accessibility/Acceptability	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Check -up (2)	Total (9)
Private space available for talking about FP method and inserting the IUD	3	1	2	1	2	9
Adequate light in the examination room	3	1	2	-	1	8
General receiving area (shop) considered clean	3	1	2	-	1	7
Shop's private area considered clean	3	1	2	-	1	7
Invited to use the private space	3	1	2	-	1	7
Running water/potable water storage available	2	1	1	-	1	5

3.2.3 Client-Provider Interaction

The client-provider interaction has been satisfactory. Except one, all the MC found the providers to be polite. The MC who had gone for side effect management of IUD found the provider to be somewhat polite.

Providers spend between 10-20 minutes for clients requesting for side -effect management and checking the position of the device. The sole MC who was sent for removal of her IUD did not have to spend more than 5 minutes for the service. The provider (staff nurse) was an experienced IUD provider and already she had served 6 clients for IUD insertion after receiving the training from SEWA. Providers spent between 45 minutes to one hour with-clients requesting for IUD insertion. (Table 3.2.3).

Table 3.2.3 : Distribution of Mystery Clients according to their perception regarding client-provider interaction and Time Spent while receiving IUD service

	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Manag ement (2)	Total (9)
<u>Client – provider Interaction</u>						
Provider was very polite	2	-	-	-	-	2
Provider was polite	1	1	2	-	2	6
Provider was some what polite	-	-	-	1	-	1
<u>Time spent with each client (min)</u>						
Less than 15	-	1	-	1	-	2
15-24	-	-	2	-	2	4
25-44	-	-	-	-	-	-
45-60	3	-	-	-	-	3

3.2.4 Information to Clients

Information about desire for additional children was not usually asked by providers. Only 2 out of the 3 MC requesting IUD insertion and 1 out of 2 MC for counseling service were asked about their desire for additional children. On the other hand, the MC requesting for IUD removal (after eight years of use) was not asked if she desires additional children.

Information about different contraceptive methods available for clients was not given to one MC requesting for IUD insertion and both the 2 MC requesting counseling service.

As regards advantages of IUD, all the 3 MC requesting for IUD insertion was told that the device is non-hormonal and has fewer side effects. However, other pertinent information such as '*most reliable form of birth control*' and '*no need to do anything to prevent pregnancy as long as IUD is inserted*' are not usually shared to all the clients (2/3). Moreover, the information about '*IUD does not protect clients from STIs/HIV*' was shared to just one MC.

The MC who visited a provider for IUD counseling was not informed that IUD was non-hormonal method. Clients visiting for management of side-effects or IUD removal was not parted with any of these information (Table 3.2.4).

Table 3.2.4 : Distribution of Mystery Clients according to the range of information shared to them by SEWA providers while receiving IUD service

	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Check- up (2)	Total (9)
Information asked						
Desire for additional children	2	-	1	-	2	5
Explained about different FP methods	2		-			2
Range of information provided about IUD						
One of the most reliable forms of birth control	2		1	-	1	4
Non hormonal method and low side effects	3		-	-	1	4
Not to do anything for preventing pregnancy as long as IUD is inserted	2		1	-	1	4
Does not protect from STIs/HIV	1		-	-	-	1

3.2.5 Information Sought by Providers (History Taking)

Information about Menstrual history of the clients (whether or not experiencing heavy or painful menstruation) was solicited from all the 9 MC. However, information about pelvic inflammatory diseases (PID) was sought only from clients requesting IUD insertion (3/3), IUD removal (1/1) and one out of two (1/2) MC requesting for their IUD check-up. Providers do not seem to ask consistently about other RH/RTI related problems of the clients such as lower abdomen pains, fever, vaginal discharge and excessive vaginal bleeding (Table 3.2.5).

Table 3.2.5 Distribution of IUD mystery clients by types of information asked by the provider

Information sought by Providers	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Check-up (2)	Total (9)
Menstrual history (heavy or painful menstruation)	3	1	2	1	2	9
Pelvic Inflammatory disease during the last three months	3	1	-	-	1	5
Provider asked about:						
Lower abdominal pain	3	-	2	-	1	6
Fever	1	-	1	-	-	2
Vaginal discharge	2	-	2	1	-	5
Excessive vaginal bleeding	2	-	1	1	-	4

3.2.6 Information to Clients

Clients requesting for IUD insertion, IUD check-up, counseling and management of side-effects, are not adequately informed about cares to be taken after IUD insertion. For example, out of the 8 MC receiving above services, only 3 were told about checking proper position of the device after every menstruation, and only 2 were informed about the importance of hand washing. Information regarding effective life of IUD (12 years) was shared with only 3 MC while most providers ignored to inform the clients about the failure rate of IUD.

All the three MC seeking IUD insertion and the one with side effect of IUD were told about the possible side-effects of IUD use. However, for the remaining category of MC, information about side-effects were not explained by the providers consistently (Table 3.2.6).

Table 3.2.6 Distribution of Mystery Clients according to the range of information given to them by SEWA providers while receiving IUD service

	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Check-up(2)	Total (9)
Advice/Information shared						
Provider explained about checking the proper position of the IUD string after every menstruation	2		-	-	1	3
Provider told about the importance of cleanliness of hands while examining the IUD string	2		-	-	-	2
Provider told about removal of IUD after 12 years	2		1	-	-	3
Provider informed about the possibility of 2-3 women among 1000 getting pregnant in spite of IUD	1		-	-	-	1
Possible Side-effects told						
May experience more bleeding than normal after the insertion of IUD	3		1	1	1	6
May experience uterine cramps	3		-	1	1	5

3.2.7 Screening Questions

Screening of clients for pregnancy (last menstruation period or currently menstruating) was carried out effectively to all categories of clients. Moreover, clients seeking IUD insertion were also screened for PID (lower abdomen pain) and RTI (white discharge). These two screening questions were not asked to other categories of MC. No IUD client was screened for multiple sex partners (Table 3.2.7).

Table 3.2.7: Distribution of Mystery Clients according to the range of information asked to them by SEWA providers for screening of possible contraindication to IUD

Screening	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Check-up (2)	Total (9)
Provider asked about last menstruation period or currently menstruating	3	1	2	1	1	8
Provider asked about having multiple partner	-	-	-	-	-	-
Provider asked about having experience lower abdomen pain	3	-	1	-	1	5
Provider asked about experiencing white discharge	3	-	1	1	-	5

3.2.8 Examination

Providers performed abdominal and pelvic examination (including pelvic speculum examination) to all the three clients requesting IUD insertion. However, those requesting for IUD counseling and checking the position of the IUD were not examined effectively. As mentioned earlier, the client with side-effect of IUD refused to be examined by the provider (Table 3.2.8).

Table 3.2.8: Distribution of Mystery Clients according to service provided to them during the examination by SEWA providers while receiving IUD service

Examination performed	Insertion (3)	Removal (1)	Counseling (2)	Side effect* (1)	Check-up(2)	Total (9)
Provider performed abdomen examination (for large abdominal mass)	2		1		1	4
Provider performed the pelvic examination	3		1		-	4
Provider performed pelvic speculum examination	3		1		1	4

* client refused examination

3.2.9 Preparation for IUD Insertion /Removal/IUD Check-up

Quality of IUD insertion was appropriate. All the three clients saw the providers taking out the device from a new packet. They also observed provider washing hands before the insertion and wearing of gloves for pelvic examination.

The MC requesting for IUD removal and one of the two MC undergoing physical and pelvic examination during counseling observed their provider washing hands and wearing of gloves (Table 3.2.9)

Table 3.2.9 Quality of administration of IUD injection/removal and examination by providers as observed by Mystery Clients

Observation	Insertion (3)	Removal (1)	Counseling (2)	Side effect *(1)	Check-up (2)	Total (9)
Provider took out IUD from new packet	3					3
Provider washed her hands before/after the insertion/ removal of IUD	3	1	1		-	5
Provider wore gloves during the pelvic examination	3	1	1		1	6

* refused to be examined

3.2.10 Warning Signs and Follow-up Advice

Information about possible warning signs of IUD use is not shared consistently. Of the three new IUD clients (MC) inserting IUD from the providers, two were told about abnormal spotting/bleeding, abdominal pains/cramps and not feeling the string. Only one MC was told about possible pain during intercourse and possible fever or chill. However, all the three MC were invited to come and talk if they have any concern about IUD use.

The MC with side-effect of IUD and one of the two MC for IUD check-up were told about abnormal spotting/bleeding, abdominal pains/cramps, possibility of painful intercourse and experiencing fever or chill. The MC coming for check-up was also warned about the possibility of not able to feel the string (Table 3.2.10).

Table 3.2.10 Distribution of Mystery Clients according to extent of information provided by the providers about Warning signs of IUD use and follow-up advice

Warning signs mentioned	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Check- up(2)	Total (9)
Abdominal pain/severe cramps	2			1	1	4
Late period, abnormal spotting or bleeding	2			-	1	3
Pain during intercourse	1			1	1	3
Fever, chills (with abdominal pain)	1			1	1	3
Not able to feel the string	2			-	1	3
Follow up Advise						
Provider asked any questions after the IUD was inserted	-			-	-	-
Provider invited to come and talk if having any question/concern about the IUD	3			-	1	4

3.2.11 Client Satisfaction

All the 6 MC who had utilized the service of the SEWA providers for IUD insertion (3), removal (1) and checking up the position of the IUD expressed their satisfaction with the quality of service. Only one of the two MC sent for receiving counseling expressed her satisfaction with the counseling service. The other MC was a little satisfied with the quality of counseling service.

The MC (1) who had visited the SEWA provider for management of the side-effect of her IUD was very dissatisfied with the quality of care she received from the service provider. The reason cited by her was "provider was not polite and behaved rudely". As stated earlier, this MC had denied providers' request for physical examination since she was scared for the same. (Table 3.2.11)

Table 3.2.11 Distribution of Mystery Clients according to their level of satisfaction with IUD service

	Insertion (3)	Removal (1)	Counseling (2)	Side effect (1)	Check-up (2)	Total (9)
Very satisfied	1	1	1	-	1	4
Satisfied	2	-	-	-	1	3
A little satisfied	-	-	1	-	-	1
Very dissatisfied	-	-	-	1	-	1

3.3 Mystery Client Observation of RH/RTI Management

Fifteen female clients seeking care for specific RH/RTI related problems at the hospitals were recruited as MC. Of these 15 MC, 7 presented themselves with menstruation-related problems (*excessive bleeding, accompanied by lower abdomen pain*); 3 with the dual problem of excessive menstrual bleeding and white discharge. Five MC were those experiencing white discharge only. These MC were sent to 14 female NPN members – 4 staff nurse, 7 ANMs and 3 CMAs. One of the staff nurses did not examine a female client (MC) experiencing white discharge (associated with backache and lower abdomen pain). The staff nurse suggested her to visit again during evening hours so that she could be examined by the doctor. The research team took this MC to another provider who was a male member but not included in the list of 41 NPN members. The cost of her treatment was met by the research team and she was interviewed after receiving the service. However, the result of the interview was excluded from the present analysis since the provider was not a network member.

3.3.1 Accessibility/Acceptability

The general receiving area in all the 14 service outlets was considered clean. Private space for clients to receive the service was also seen in all these outlets. Lighting was not adequate in three outlets. Only in nine cases, the providers invited MC to use the private space which were observed to be clean. Running water/potable water storage facilities was seen only in 6 outlets (Table 3.3.1).

Table 3.3.1 Distribution of Mystery Clients according to their perceived accessibility /acceptability of RH/RTI service provided through SEWA network

Perceived Accessibility/Acceptability	No. of Observation (N=14)
General receiving area (shop) considered clean	14
Private space available for talking about the problem	14
Adequate light in the room	11
Invited to use the private space	9
Private area (shop) considered clean	9
Running water/potable water storage available	6

3.3.2 Client Provider Interaction

The client provider interaction was satisfactory. All the 14 MC found the providers to be polite, of which three rated their providers as very polite. Majority of the MC did not have to wait for their turn to see the provider. Only 3 MC had to wait for more than 10 minutes to see the provider.

Depending upon the types of complaints, providers spent between 10 to 15 minutes. Only one MC was seen for less than 5 minutes. On the other hand, two MC was seen for 30 minutes and more by the provider. They had complaints regarding white discharge (1) and abdominal cramp during menses accompanied with white discharge (1) (Table 3.3.2).

Table 3.3.2 Distribution of Mystery Clients according to their perception regarding client-provider interaction, waiting time to see the provider and Time Spent while receiving RH/RTI service provided through SEWA network

	No. of Observation (N=14)
Client – provider Interaction	
Provider was very polite/polite	14
Waiting time to see the provider	
None	8
Less than 10 minutes	3
10 minute and more	3
Time Spent with each Client	
Less than 5 minutes	1
5-9 minutes	7
10 minutes and more	6

3.3.3 Social Background of Clients

All (14 MC) were asked about the condition of menstruation cycle (regular/irregular cycle). Marital status of clients was asked to all except two MC (12). However, information regarding contraceptive use status including condom use was seldom asked to clients. (Table 3.3.3).

Table 3.3.3 : Distribution of Mystery Clients according to the range of information about background status asked to them by SEWA providers for screening

Information sought by Providers	No. of Observation (N=14)
Menstruation cycle (if regular/irregular)	14
Marital status	12
Using any FP method	2
Condom use	1

3.3.4 Health Related Information of Clients

All MC (7) presenting themselves with menstruation related problems were asked about the amount and duration of menstruation flow. However, not all of them were asked about the duration of the problem (4), abdominal cramp (4), and medication (4). Likewise, the common question asked consistently to all MC having problem of white discharge were duration of the problem, amount and thickness of the discharge, and burning urination.

All the three MC presenting dual problem (menstrual disorder and white discharge, some accompanied with abdomen cramps) were asked about the duration of the problem. Other questions related to menstruation disorder and white discharge were not asked consistently (Table 3.3.4)

Table 3.3.4 Distribution of Mystery Clients according to the range of information asked to them by SEWA providers for screening

	Menstruation problem (N=7)	White Discharge (N=4)	Dual problem (3)
Amount and duration of menstruation flow	7		2
Duration of experiencing the problem	4	4	3
Passage of clots	2		1
Abdomen cramps or severity of pain	4		1
Any lumps or mass in the abdomen area	-		1
Any medicine taken for the problem	4	3	1
Amount and thickness of the discharge		4	2
Color and odor (bad smelling) of discharge		3	-
Timing of experiencing the discharge (before and after menstruation)		1	2
Any pain or cramps during white discharge		3	1
Burning urination		4	-
Fever		1	-
Pain or burning during and after sex		2	-

3.3.5 Preparation for Examination

Preparation for physical examination of clients with RH/RTI related problems (menstruation and white discharge or both) are not carried out satisfactorily. Not everyone presenting these complaints was invited to lie on the examination table for p.v. exam. Hand washing before examination and wearing gloves is generally ignored. No medicine was prescribed to the 4 MC experiencing white discharge and only 4 MC out of 7 experiencing menstrual disorder and 2 out of 4 MC presenting dual problems were prescribed medicines. None of the MC with menstrual problems (heavy bleeding) was prescribed oral contraceptive pills as a means of controlling the bleeding (Table 3.3.5).

Table 3.3.5: Preparation for examination of RH/RTI by SEWA providers as observed by Mystery Clients during examination

	Menstruation problem (N=7)	White discharge (N=4)	Dual problem (N=3)
Asked to lie on the examination table	4	2	1
Examined the lower part of abdomen	4	2	1
Examined genital area	-	-	-
Washed hands before and after examination	-	1	-
Wore gloves during vaginal examination	-	-	-
Prescribed medicine	4	-	2
Prescribed Oral Pills to control bleeding	-	-	-

3.3.6 Advice to Clients

Although few clients were explained about the causes of the problem/disorders or suggested to see a doctor or gynecologist, majority of them (especially those suffering from white discharge or dual problem) were told on how to avoid getting the problem again. However, none of the MC reported that they were encouraged to ask questions.

Advice for pathological (urine and blood) and VDRL examination is given to very few clients. Likewise, few MC were advised about genital hygiene (Table 3.3.6).

Table 3.3.6: Distribution of Mystery Clients according to the range of advice given to them by SEWA providers

	Menstruation problem (N=7)	White discharge (N=4)	Dual problem (N=3)
Explained the cause of the problem	2	1	1
Suggested to see a doctor/gynecologist	1	1	-
Encouraged to ask question	-	-	-
Provider suggested to examine :			
Blood	1	-	-
VDRL		-	-
Urine test		1	-
Advised about maintaining genital hygiene		1	1
Advised on how to avoid contacting the problem again		3	2

3.3.7 Cost of RH/RTI Service

Unlike FP and ANC, there is no fixed service charge (fee) for clients requesting for management of RH/RTI related problems. In fact all providers mentioned that they do not charge any fee for examining clients complaining about RH/RTI related problems. In fact, five MC (3 MC with menstruation related problem, 2 MC having problem of white discharge) were not charged anything by the providers since they were not prescribed any medicine.

Whatever money they charge from their clients is for the cost of the medicines dispensed to them. As can be seen from Table 3.3.7, the costs of obtain RH/RTI service from a SEWA provider ranges from Rs 20 to over Rs 200 (US \$ 0.64 – \$ 2.60). On MC presenting her problem related to menstruation disorder associated with lower abdomen pain and white discharge had paid the provider Rs 413 (\$ 5.30) for the cost of medicines.

Table 3.3. 7: Distribution of Mystery Clients according to the amount paid by them for obtaining RH/RTIs related service from SEWA providers

Amount paid for the service (Rs.)	No. of Observation
None	5
Up to Rs. 50	2
Rs. 50-99	1
Rs. 100-149	3
Rs. 150-199	1
Rs. 200 and more	2

3.3.8 Client Satisfaction

Almost all clients (13 out of 14) expressed their satisfaction with the QOC they received from the SEWA providers. Only one MC mentioned that she was a little dissatisfied with the service. The reason she gave for dissatisfaction was "the provider did not answer my question"(Table 3.3.8).

In fact, most MC (11) liked to be participant observers for the study expressed their gratitude to the research team for the opportunity they had to be examined at the SEWA outlets and obtain necessary medicines for the treatment.

Table 3.3.8 : Distribution of mystery clients according to their level of satisfaction with RH/RTI service rendered by SEWA providers

	No. of Observation
Very satisfied	2
Satisfied	11
A little dissatisfied	1

3.4 Mystery Client Observation of ANC Service

Twenty-five pregnant women visiting government hospitals were recruited as MC for observing QOC of ANC service. Their gestation period ranges from 8 weeks to 36 weeks. They were requested to receive ANC service provided by 21 female SEWA members. Of these, 7 were staff nurses, 13 ANMs and 1 CMA. One staff nurse refused to entertain a pregnant woman sent to observe ANC service saying that she does not have necessary equipment for antenatal care. The client was suggested to visit a doctor instead.

One MC with 36 weeks of pregnancy was sent by the research team to ANM (network member) to examine her pregnancy and also to discuss about the rash (itching) problem over her limbs. The ANM found the client having very high BP and prescribed her some medicine to control her BP. She was asked to visit the following morning for BP examination and she was referred to a private doctor at Butwal. The MC was grateful to the research team for persuading her to act as MC. "I would not have known that I have pressure (BP) if I had not agreed to go with you to the ANM for pregnancy check up" was her statement. After getting admitted for 3 days at the private nursing home in Butwal, her husband brought her to Kathmandu and got her admitted to Kathmandu Medical College for delivery.

3.4.1. Accessibility/Acceptability

Most SEWA outlets (22/25) providing ANC services had clean private space and had adequate light in the examination room. All (24) except one MC were invited to lie down on the examination table during check-up. However, running water/potable water storage was observed in only 9 outlets. Prior to physical examination, only 4 MC was asked to use the toilet and empty the bladder (Table 3.4.1).

Table 3.4.1 Distribution of Mystery Clients according to their perceived accessibility /acceptability of ANC service provided through SEWA network

Perceived Accessibility/Acceptability	No. of Observation (N=25)
An examination table for patient to lie down	24
Invited to lie down on the examine table	24
Private space available for talking about FP or ANC	22
Adequate light in the examination room	22
Private area (shop) considered clean	22
Running water/potable water storage available	9
Provider asked to use the toilet and empty the bladder	4

3.4.2 Client Provider Interaction

ANC Client and provider interaction is satisfactory. Excepting one, all the MC found the provider to be polite, out of which 8 MC rates their providers as 'very polite'. Most clients did not have to wait for long time (less than 10 minutes) to see the provider. Only one MC had to wait for 30 minutes to get her turn to meet the provider. The provider (who had her medicine shop (outlet) in her residence was attending to her personal work during the time. The time devoted by providers to MC requesting for pregnancy checkup varied from about five minutes (4 MC), to a maximum of half an hour. Half of the MC (13) was discharged by the providers after spending ten minutes with them (Table 3.4.2)

One of the SEWA providers (ANM) spent half an hour to a MC. For this MC, it was her first pregnancy and the first ever ANC visit in her 21 weeks of pregnancy. She expressed her deep satisfaction with the service.

Table 3.4.2 Distribution of Mystery Clients according to their perception regarding client-provider interaction, waiting time to see the provider and Time Spent while receiving ANC service provided through SEWA network

	No. of Observation (N=25)
<u>Client – provider Interaction</u>	
Provider was very polite	8
Provider was polite	16
Provider was some what polite	1
<u>Waiting time to see the provider</u>	
None	11
Less than 10 minutes	10
10 –20 minute	1
21-30 minute	2
More than 30 minute	1
<u>Time Spent with each Client</u>	
5 minutes	4
10 minutes	13
15 minutes	5
20 minutes	2
30 minutes	1

3.4.3 Information Solicited from Clients

The providers were not consistent in soliciting information regarding age, LMP, TT immunization and number of pregnancies of the pregnant clients served by them. Moreover, number of surviving children of the client was asked to about one-third (9 MC) of the clients (Table 3.4.3).

Table 3.4.3 : Distribution of Mystery Clients according to the range of information asked to them during ANC service given by SEWA providers

Information Asked from Pregnant women	No. of Observation (N=25)
Age	19
Last menstruation period	22
Number of previous pregnancies	20
Number of surviving children	9
TT injection	18

3.4.4 Information on Past Obstetric History of Clients

Screening of clients for past obstetric history is grossly ignored. Very few MC was asked regarding her foetal loss (3), history of PPH (3), retained placenta (2), prolonged labor (2), etc. Information regarding previous intrauterine death and neonatal deaths are not asked to the clients (Table 3.4.4).

Table 3.4.4 : Distribution of Mystery Clients according to the types of information asked to Clients regarding their past obstetric history while seeking ANC service from the SEWA providers

Screening of Past Obstetric History	No. of Observation (N=10)
Repeated pregnancy loss	3
Past history of PPH (Postpartum hemorrhage)	3
Past history of retained placenta	2
Prolonged labor	2
Premature delivery	1
Previous Caesarian Section or assisted deliveries	1
Previous intrauterine death (still birth)	-
Neonatal death	-

3.4.5 Information on Medical History

Soliciting health related information such as history of chronic illness which could be contraindication to safe pregnancy are not generally carried out by the providers. For example, less than half of the MC were asked if they suffer from any illness or under medication (11) or history of hypertension (9). Very few MC was probed for diabetes (2), heart disease (1), jaundice (1) and renal disease (1). Only two MC was asked if they had used any contraceptive method in the past (Table 3.4.5).

Table 3.4.5 Distribution of Mystery Clients according to information asked to them during ANC service provided through SEWA network

Information sought on Medical history	No. of Observation (N=25)
Any illness or on medication	11
History of hypertension	9
History of diabetes	2
History of heart disease	1
History of jaundice	1
History of renal disease	-
Any FP methods used in the past	2

3.4.6 Extent of Physical Examination

Most Clients are examined to determine the position of the foetus (23), foetal movement (21), fundal height (19) and foetal heart sound (16). Most clients are also examined for blood pressure (19) and condition of mucus membrane (18).

It is not a common practice for nurses and paramedics to conduct pv examination. Only one out of 25 MC had undergone pv examination. Measurement of height and weight, breasts examination, varicose veins and examination for edema are not carried out consistently by the providers.

Only in few occasions (6) MC found the providers washing hands before and after examination. However, the sole provider who conducted pv exam of the MC wore gloves for the purpose (Table 3.4.6).

Table 3.4.6 : Distribution of Mystery Clients according to the extent of physical examination done to them by SEWA providers

Nature of examination carried out	No. of Observation (N=25)
Height	2
Weight	6
BP, Pulse	19
Skin/mucous membranes	18
Fundal height	19
Presentation, position of the foetus	23
Foetal movements	21
Foetus heart sounds	16
Breast examination	6
Edema	8
Varicose veins	4
pv examination	1
Provider washed hands before and after examination (N=25)	4
Provider wore gloves for p.v. examination (N=1)	1

3.4.7 Advice to Clients

Advice for routine check-up or when to come for next check-up (23) and special diet (21) are given to clients quite consistently. Majority of the MC were also advised to take adequate rest during pregnancy (14) and how to be prepared for safe delivery (13). Few MC (9 each) were warned about the possible danger signs and told about their expected dates of delivery (EDD). None of the MC was counseled for family planning (Table 3.4.7).

Table 3.4.7: Distribution of Mystery Clients according to the range of advice received by them from SEWA providers

Advise received	No. of Observation (N=25)
When to come back for routine follow-up	23
Special diet including green leafy vegetables	21
Adequate rest	14
Preparation for safe delivery	13
Various danger signs and symptoms to be concerned about during pregnancy	9
Expected date of delivery (EDD)	9
Counseling of FP methods	-

3.4.8 Advice for Pathological Investigation

Advice for pathological investigation is not done consistently. Among the 25 MC seeking ANC, less than a third (7 MC) were advised for blood test for *haemoglobin* and *Rh*, and few MC (4) were advised for urine tests and VDRL.

Clients are prescribed prophylaxis such as Iron and Calcium tablets and suggested for Tetanus Toxide (TT) injection if they have not received the same. Since these prophylaxis are given free at hospitals and outreach health facilities of the government, pregnant women would generally obtain them from these government sources. In the present MC observation most MC (20-21 MC) were prescribed these prophylaxis by the SEWA providers (Table 3.4.8).

Table 3.4.8: Distribution of mystery clients according to the nature of pathological Investigation suggested and Prophylaxis prescribed by SEWA provider during ANC

	No. of Observation (N=25)
<u>Nature of Pathological Investigation suggested</u>	
Blood test for hemoglobin	7
Blood grouping/RH typing	7
VDRL	4
Urine test for sugar	4
Urine test for albumin	4
<u>Prophylaxis Prescribed</u>	
Iron tablets	21
Suggest time need the TT immunization	21
Calcium tablets	20

3.4.9 Service Fee

It was difficult initially for the nurses and paramedics to introduce service fee of Rs.50 (fixed by the project) to ANC clients. "We have not been charging fee for ANC to our clients. Whatever income we earn from ANC clients is through sale of iron and folic acid tablets" were common response of the providers when they were asked by the research team about charging service fee.

The mystery client observation showed that 11 MC were not charged any service fee. Only a fourth of the MC (6) were charged with the fixed rate (Rs. 50) while another one fourth was charged between Rs. 15 and Rs. 30. However, three MC were charged Rs. 100 as service fee besides charging for the costs of iron and folic tablets prescribed to them.

Issuing card for ANC client is not a common practice. Only one in three MC receiving ANC service from the providers received the card with the dates for next check-up (Table 3.4.9)

Table 3.4.9 : Amount of Service Fee charged to mystery clients seeking pregnancy care and Recipient of ANC Card from SEWA providers

	No. of observation (N=25)
Fee charged for ANC	
Free of the cost	11
Less than Rs. 50 (15, 25, 30)	6
Rs. 50	6
Rs. 100 and above	3
Provider issued a card with the date for the next check-up	
Yes	8
No	17

3.4.10 Clients Satisfaction

Most MC (22) expressed their satisfaction with the quality of care of ANC service of the providers. Some of the MC have realized that quality ANC services are now available near to their place of residence and they need not to travel all the way to the hospital for obtaining ANC service. "....Now we need not go to hospital" Said one mystery client (Mrs. Khadka).

Only three MC were little dissatisfied with the QOC. The reason for dissatisfaction as mentioned by one of these three MC was "the provider charged high fee (Rs 100/) but failed to issue any card". The other two MC cited 'unclean examination room' and 'poor service' (when compared with the one she had visited previously) as reasons for dissatisfaction.

Table 3.4.10 : Level of satisfaction with the Quality of Care of ANC service

	No. of observation (N=25)
<u>Satisfaction with the quality of service</u>	
Very satisfied	6
Satisfied	16
A little dissatisfied	3
<u>Followed the instructions and advice given by the provider</u>	
Yes, fully	21
Yes, to some extent only	4
Encouraged to ask questions	5

CHAPTER IV

SUMMARY AND CONCLUSION

The mid-term evaluation (MTE) is aimed at reviewing and documenting the progress made so far in meeting the project objectives and examining the quality of services provided by the SEWA network members. It is also designed at assessing the effectiveness of various marketing strategies launched, identifying key implementation issues and suggesting mid-course corrective measures for the successful implementation of the program activities.

The MTE was conducted in March 2002 and covered 41 network members those receiving specific training as of December 15, 2001. Four different data collection approaches were adopted. These were: Mystery Client Observation; Client Exit Interview; Review of Service statistics (Logbooks); and Observation of Physical Facilities. Results of the MTE are compared with the Baseline results wherever applicable.

The results from the *Client Exit Interviews* show a slight increase in the daily client flow of SEWA members in *Mid-term* as compared to *Baseline survey*. Staff Nurse recorded a highest average flow of clients of 17 while ANM had the lowest of 9.8 clients per day

Although the proportion of clients requesting for family planning service is low (13% female and 5% male), it indicates an appreciable increase when compared to baseline survey (7% and 2% respectively). Roughly one in six client of a SEWA member is a new client. Caring behavior of the provider and proximity of the outlets are the most commonly cited reasons for visiting a SEWA member. Other important factors are acquaintance, convenient location and reliable service.

Awareness about SEWA network is low. Only a fourth of the clients have heard about SEWA. FM radio was the most common source of knowledge about SEWA. Considering the marketing campaigns which started recently, the level of awareness should be considered a modest achievement. Female clients were more aware about SEWA than male clients.

The proportion of clients utilizing SEWA outlets for FP counseling has remained almost the same between Baseline (12.6%) and Mid-term evaluation (11.9%). But the proportion of female clients utilizing SEWA service for *Sangini* injection has increased between Baseline Survey and Mid-term evaluation.

As compared to the baseline survey results, majority of the clients in the mid-term evaluation has expressed a high level of satisfaction on the way providers handled their clients. For other attributes of QOC majority of the clients stated that they were 'just satisfied'. The proportion of the clients reporting "not satisfied" is very negligible (less than 3% on physical outlook of the outlets). This could perhaps be due to the "courtesy bias" in client exit interview approach.

All SEWA members are expected to register the names of the clients requesting for RH services including request for contraceptive devices and pregnancy care in the special forms/logbooks. Review of the past four months records showed that the record keeping is not uniform and not correctly adhered to by some members. The same information is recorded in more than one service statistics/record book. Relatively, the records maintained by CMA were found incomplete than those maintained by others.

Service statistics reveal that among the RH clients served, ANC clients constituted the largest proportion. Family Planning clients accounted nearly one-third of the total clients served. Among the FP clients, *Sangini* alone account 78 percent of the total FP clients. The service record of the female SEWA members trained in IUD insertion reveals that during the reference period (November 2001 – February 2002), only two IUD clients were served by them. This is not surprising since the hospital records also indicate a very low acceptance of IUD in the project district.

Mystery client (MC) observation was carried out to assess the quality of care (QOC) of *Sangini* and IUD services, management of RH/RTI cases, notably with women with menstruation related and white discharge problems, and quality of antenatal care provided by the SEWA providers. Seventy eight MC (all females) were recruited for QOC observation of RH services in 35 SEWA members' facilities.

The QOC observation of *Sangini* service revealed that although the client-provider interaction has been satisfactory, confidentiality of clients during injection was not strictly adhered to, despite the availability of a private space in the facility for injecting *Sangini*. However, providers were observed treating their clients politely in most cases.

All mystery clients were asked if they had injected *Sangini* or DMPA before but very few clients were asked about desire for additional children. The extent of information shared to clients regarding *Sangini* and its side-effects need improvement. Comparatively, female providers explained more on different contraceptive methods to clients than the male providers.

Screening of potential *Sangini* clients for pregnancy is carried out effectively. Other screening questions such as *presence of breast lumps* and *unexpected vaginal bleeding* were not generally asked to clients by both male and female providers while providing *Sangini* service. Similarly, most providers ignored asking their clients for any misconception regarding *Sangini*. Although providers used a new, unopened syringe while preparing the injection and the used syringes were disposed in a disposal container, aseptic handling such as *hand washing* prior to and after preparing the injection was generally ignored.

Information regarding possible warning signs of *Sangini* was not generally shared to the clients. Moreover, providers did not care to ask their clients if they have any questions

regarding *Sangini* or perceived side-effects/warning signs of *Sangini*. Negligence in issuing *Sangini* card was observed among some providers.

All mystery clients receiving *Sangini* injection from male providers were satisfied with the service. But few mystery clients visiting female providers expressed their dissatisfaction with *Sangini* service.

Mystery client observation of IUD service revealed that all the SEWA members trained in IUD insertion/removal had private space for providing the service and clients. The client-provider interaction has been satisfactory. Providers spend adequate time with the clients requesting for IUD insertion, side-effect management and checking the position of the device.

For some reasons, members who were trained for IUD insertion and removal were not entertaining the IUD clients. IUD clients recruited as mystery client reported that they were advised to come to the hospital clinic to receive the service of IUD. Information about the clients' fertility preferences was not consistently asked by the providers. Similarly, information about different contraceptive methods available for clients was not generally shared.

Clients were told only basic advantages of IUD. Other pertinent information such as '*most reliable form of birth control*' and '*no need to do anything to prevent pregnancy as long as IUD is inserted*' are not usually imparted to all the clients. Moreover, the information about '*IUD does not protect clients from STIs/HIV*' was shared to just one mystery client.

Although, information about menstrual history of the clients was solicited from all clients, providers do not seem to ask consistently about other RH/RTI related problems of the clients. Moreover, clients requesting for IUD insertion, IUD check-up, counseling and management of side-effects, are not adequately informed about cares to be taken after IUD insertion. Information regarding effective life of IUD (12 years) was shared with only 3 MC while most providers ignored to inform the clients about the failure rate of IUD.

Screening of IUD clients for pregnancy (last menstruation period or currently menstruating) was carried out effectively to all categories of clients. Moreover, clients seeking IUD insertion were also screened for PID (lower abdomen pain) and RTI (white discharge). However screening about multiple sex partners of the clients was grossed ignored.

Providers performed abdominal and pelvic examination (including pelvic speculum examination) to clients requesting IUD insertion. However, those requesting for IUD counseling and checking the position of the IUD were not examined effectively.

Quality of IUD insertion was appropriate. All the three clients saw the providers taking out the device from a new packet. They also observed provider washing hands before the insertion and wearing of gloves for pelvic examination.

All the 6 MC who had utilized the service of the SEWA providers for IUD insertion (3), removal (1) and checking up the position of the IUD (2) expressed their satisfaction with the quality of service.

Mystery client observation of QOC of RH/RTI services showed, although private space for clients was available, not every client was invited to use the private space. All the clients were asked about the condition of menstruation cycle (regular/irregular cycle) but little or no effort was made to solicit information regarding contraceptive use status, condom use and the number of sex partners.

The common question asked consistently to all clients having problem of white discharge were duration of the problem, amount and thickness of the discharge, and burning urination.

Preparation for physical examination of clients with RH/RTI related problems (menstruation or white discharge or both) are not carried out satisfactorily. Not everyone presenting these complaints was invited to lie on the examination table for p.v. examination. Washing of hand before examination and wearing gloves is generally ignored. No medicine was prescribed to the clients experiencing white discharge. None of the mystery client with menstrual problems (heavy bleeding) was prescribed oral contraceptive pills.

ANC Mystery clients found clean private space in all the outlets they observed and they were invited to lie down on the examination table during ANC check-up. Facilities for water storage was lacking in the majority of the outlets. Providers generally ignored asking their clients to use the toilet and empty the bladder ANC.

Providers were polite and client's interaction with them was satisfactory. Time spent by providers for check-up varied from about five minutes to half a maximum of half an hour. For one mystery client, it was her first pregnancy and the first ever ANC visit in her 21 weeks of pregnancy. She expressed her deep satisfaction with the service.

Screening of clients for past obstetric history was grossly ignored. Very few MC was asked regarding her foetal loss, history of PPH, retained placenta, prolonged labor, etc. Information regarding previous intrauterine death and neonatal deaths are not asked to the clients.

Information regarding history of chronic illness was not generally carried out by the providers. Physical examination for determining the position of the foetus, foetal movement, fundal height and foetal heart sound are carried out quite consistently. However, p.v. examination is not carried out to ANC clients. Other examination/measurement are not carried out consistently by the providers.

Only in few occasions providers washed their hands before and after examination. Advice for routine check-up or when to come for next check-up and special diet are given to clients quite consistently.

Majority of the MC were also advised to take adequate rest during pregnancy and how to be prepared for safe delivery. Few MC were warned about the possible danger signs and told about their expected dates of delivery (EDD). However, none of the MC was counseled for family planning.

Advice for pathological investigation is not done consistently. However, prophylaxis such as Iron and Calcium tablets and TT injection are prescribed only after asking the clients.

Introducing service fee of Rs.50 (fixed by the project) to ANC clients was difficult to the providers. Excepting few providers, clients were either charged less than the recommended rate or not charged any fee at all. Most mystery clients expressed their satisfaction with the quality of care of ANC service of the providers.

References

Bessinger Ruth E, Bertrand Jane T (2001): "Monitoring Quality of Care in Family Planning Programs: A Comparison of Observations and Client Exit Interviews", *International Family Planning Perspective*, Vol. 27. No 2 pp.63-70

Jha, Bharat (2000) "Paramedical Education and Utilization of Paramedical Personnel in Nepal" Institute of Medicine, Tribhuvan University, Kathmandu

Williams Timothy, Schutt-Aine Jessie and Cuca Yvette (2000): "Measuring Family Planning Service quality Through Client Satisfaction Exit Interviews", *International Family Planning Perspective* Vol. 26 No 2 pp.63-72

Huntington Dale, Schuler Sidney Ruth (1993): "The Simulated Client Method: Evaluating Client-provider Interactions in Family Planning Clinics", *Studies in Family Planning*, Vol. 24, No. 3 pp 187-193

CREHPA (1997): 'Monitoring Studies of the Injectables in Kathmandu Valley' study conducted for The Futures Group International Inc.

QUESTIONNAIRES

ID # **EFFECTIVENESS OF NURSES AND PARAMEDICS NETWORK**

An Operations Research Study
 CMS/NFCC/CREHPA
 February-March 2002

MID TERM EVALUATION**CLIENT EXIT INTERVIEW****SECTION A: INTRODUCTION**

A.1	Name of the Service Provider..... ID#	<input type="text"/>	<input type="text"/>
A.2	Designation/Qualification: 1. Staff Nurse 2. Health Assistant 3. ANM 4. AHW/CMA	<input type="checkbox"/>	
A.3	Name of the clinic ID# of Clinic	<input type="text"/>	<input type="text"/>
A.4	Location of the Clinic/Pharmacy 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.5	Clinic time of the Service Provider under Observation: 1. From.....AM to..... & From.....PM to..... 2. Whole day from.....AM toPM		
A.6	Date of Observation for Exit Interview.....		
A.7	Time & Duration of Observation: From:.....To..... Duration.....Hr		
A.8	Name of Researcher.....		
A.9	Outcome of the Observation: 1 st Visit Date _____ 2 nd Visit Date _____ 3 rd Visit Date _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> A.9.1 A.9.2 A.9.3		
Codes: 1. Observation completed 2. Network member did not show up 3. Shop did not open			

Nameste! My name is I am from CREHPA – a research organisation based in Kathmandu. We are here to study the quality of services provided by the providers to their client. 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)

CLIENT'S BACKGROUND

Q.No	Questions	Coding	Go To
A.10	Name of Client	Serial # of client..... <input type="checkbox"/> (as on Client register provided by CREPHA)	
A.11	Sex	Female 1 Male 2	
A.12	Age	Completed age in years <input type="text"/> <input type="text"/>	
A.13	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?	Family Planning Seek FP advise ... 01 Adopt a reversible FP Devise.... 02 Follow-up visit for FP 03 Side-effects of method..... 04 Remove the device..... 05 Obstetric Service Routine pregnancy check-ups .. 06 Pregnancy related problems..... 07 Miscarriage 08 TT injection..... 09 Gynecological Breast examination 10 Uterine examination 11 Problem with urination 12 Menstruation problem 13 Infertility..... 14 STIs Genital discharge..... 15 Ulcer around genitals..... Other (specify)..... General Illness (specify) Other (specify)	
B.2	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.3	Is it your first visit to this clinic or have you visited here before?	First time..... 1 Visited before..... 2	B.5

B.4	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 Provider is a SEWA member ... 8 Other (specify)	
B.5	Did anyone suggest you should visit this facility? If yes, who?	Nobody suggested 1 Spouse..... 2 Service Provider of other facility..... 3 Other relatives and friends 4 Social Motivator/SEWA Volunteer..... 5 Other (Specify)	
B.6	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	

SECTION C: AWARENESS ABOUT SEWA NETWORK

Q.No	Questions	Coding	GoTo
C.1	Have you heard or read about SEWA from sources like FM radio, Local Newspapers, Wall paintings, etc.?	Yes..... 1 No..... 2 ⇨	Sec.D
C.2	Can you recall any message whatever you read or seen about SEWA?	<input type="checkbox"/> <input type="checkbox"/>	
C.3	From what different sources have you heard or seen information about SEWA? (Multiple responses possible)	FM radio..... 1 Newspapers..... 2 Wall paintings..... 3 Shop board..... 4 Hoarding Board..... 5 Haat Bazar..... 6 Motivator/SEWA Volunteer..... 7 Other (Specify).....	
C.4	Are you aware that the nurse/paramedic serving in this clinic is a member of SEWA Network?	Yes..... 1 No..... 2	Sec. D

C.5	How can you tell that this clinic has a nurse/paramedic who is a member of SEWA Network?	From the Shop Board.....	1
		Clinic staff mentioned.....	2
		Learned from friends/relatives....	3
		Other (Specify).....	4

SECTION D: PERCEPTION ON SERVICE & LEVELS OF SATISFACTION

Q.No	Questions	Coding	Go To																																								
D.1	<p>Apart from the service you have received today, please name the different services that are available from this facility.</p> <p><i>[Probe for more answers]</i></p>	Treat minor illnesses..... 1 <i>(fever, cold, headache, etc.)</i> Dressing of injury/ulcers..... 2 Sale Condoms and Pills..... 3 Provides Sangini..... 4 Insert/remove IUD..... 5 Provide TT injection..... 6 Provide ANC..... 7 Treat RTI cases..... 8 Other (specify).....																																									
D.2	<p><i>[CHECK A.13. Ask to married only]</i> Have you or your family members visited this facility in the last 6 months for the following service/treatment?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> <th>Don't Provide</th> </tr> </thead> <tbody> <tr> <td><u>Service</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Family planning Advice</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>2. Sangini injection</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>3. Insert/remove IUD</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>4. Antenatal care/check-up</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>5. Confirming pregnancy</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>6. STDs/RTI complaints</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </tbody> </table>		Yes	No	Don't know	Don't Provide	<u>Service</u>					1. Family planning Advice	1	2	8	9	2. Sangini injection	1	2	8	9	3. Insert/remove IUD	1	2	8	9	4. Antenatal care/check-up	1	2	8	9	5. Confirming pregnancy	1	2	8	9	6. STDs/RTI complaints	1	2	8	9	
	Yes	No	Don't know	Don't Provide																																							
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5. Confirming pregnancy	1	2	8	9																																							
6. STDs/RTI complaints	1	2	8	9																																							
D.3	Did the provider or anyone else tell you about other services offered at this facility?	Yes..... 1 No..... 2	D.5																																								
D.4	Which ones?	Family planning Advice..... 1 Sangini injection..... 2 Insert/remove IUCD..... 3 Antenatal care/check-up..... 4 Pregnancy test..... 5 STDs/RTI Treatment..... 6 Other (specify).....																																									

D5	I'd like to know your level of satisfaction with the services you received from this facility. How satisfied are you with..... (read out each response)	Very Satis.	Satisfied	Dissatis.	Very Dissatis.
	1. Cleanliness/Hygiene	1	2	3	4
	2. Essential Equipment	1	2	3	4
	3. Essential Medicines	1	2	3	4
	4. Good Handling of Clients	1	2	3	4
	5. Treatment/Service Charges	1	2	3	4
	6. Physical Outlook	1	2	3	4
	7. Range of Services	1	2	3	4
	8. Privacy	1	2	3	4

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

Q.No	Questions	Coding	Go To
E.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"/>	
E.2	Were you charged for the costs of the medicines/injections only, or it were you also charged a service fee?	Medicines/injections only..... 1 Service fee also..... 2 Don't know..... 8	Sec. E
E.3	How much did you pay for the service?	Rs. <input type="text"/> <input type="text"/> <input type="text"/> Don't know..... 8	
E.4	Was the amount you paid as the service fee.....	Too high 1 High 2 Correct amount..... 3 Low 4 Too low 5	
E.5	Why do you say so?		
CHECK E.4. IF RESPONSE IS 3, 4 OR 5, SKIP TO SECTION F.			
E.6	According to you, how much should the service charge be?	Rs. <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION F: CLIENT'S BACKGROUND

Q.No	Questions	Coding	Go To
F.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	
F.2	What is the annual income of your family? Does it fall (If respondent can't say about annual income ask for monthly income, calculate in annual terms and confirm with the respondent)	Below Rs.60,000 1 Rs.60,000-120,000 2 Rs.120,001-240,000 3 Over Rs,240,000 4 DK 8	
F.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 Petty Business 7 Other (Specify)	

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

SECTION-C COUNSELLING

S.No.	Questions	Codes	Go To
C.1	Did the provider explain about different FP methods that may be appropriate/suitable for you?	Yes.....1 No.....2	
C.2	Who suggested Sangini as a suitable FP method for you?	Self.....1 Provider.....2	
C.3	Did the provider tell you about the advantages of Sangini?	Yes.....1 No.....2	
	Did the provider explain to you that:		
C.3.1	You can conceive again if you discontinue using Sangini?	Yes.....1 No.....2	
C.3.2	Sangini is injected every three months?	Yes.....1 No.....2	
C.3.3	Sangini is one of the most reliable forms of birth control available?	Yes.....1 No.....2	
C.4	Did the provider tell you about the possible side effects of Sangini?	Yes.....1 No.....2	
	Method Side Effect : Did the provider explain to you that:		
C.4.1	Your menstruation may become irregular or excessive in the initial months of using Sangini?	Yes.....1 No.....2	
C.4.2	Some people experience heavy bleeding after using Sangini?	Yes.....1 No.....2	
C.4.3	After several months of using Sangini, your menstruation may stop, until you discontinue use of Sangini?	Yes.....1 No.....2	
C.4.4	You may experience headaches in the initial month of using Sangini?	Yes.....1 No.....2	
C.4.5	There is possibility of weight change after taking Sangini?	Yes.....1 No.....2	
C.4.6	You may experience mood changes in the initial months of using Sangini?	Yes.....1 No.....2	
C.4.7	The side effects from Sangini are temporary and not harmful to your health?	Yes.....1 No.....2	
C.5	Did the provider tell you that Sangini doesn't offer protection against STDs including HIV?	Yes.....1 No.....2	
C.6	Did the provider tell you that Sangini can delay conception for 6 to 9 months if you want to become pregnant by discontinuing Sangini ?	Yes.....1 No.....2	
C.7	Did the provider inquire if you have any misconception about Sangini?	Yes.....1 No.....2	
C.8	Did the provider clear the misconception?	Yes.....1 No.....2	

EFFECTIVENESS OF NURSES AND PARAMEDICS NETWORK
An Operations Research Study

CMS/NFCC/CREHPA
February-March 2002

MIDTERM EVALUATION

Mystery Client Observation for Sangini

SECTION A: INTRODUCTION

A.1	Name of Service Provider.....	ID #	<input type="text"/> <input type="text"/>
A.2	Sex of the Provider:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
A.3	Name of Sangini Mystery Client	ID #.....	<input type="text"/> <input type="text"/>
A.4	Date of menstruation.....		<input type="text"/> <input type="text"/>
A.5	Age:		
A.6	Ethnicity/Caste:		
A.7	Education:		
A.8	Date of Interview.....	Interviewed by.....	

SECTION B: RECEPTION

S.No.	Questions	Codes	Go To
B.1	1) Mystery client sent to inject Sangini injection(if Yes skip to B.3) 2) Mystery client doesn't have to inject Sangini	<input type="checkbox"/>	
B.2	Did you receive the service relating to Sangini?	Yes.....1 No.....2	
B.3	Did you receive the Sangini Injection during your visit?	Yes.....1 No.....2	END INTERVIEW
B.4	Did the provider ask you whether you had injected Sangini somewhere else before?	Yes.....1 No.....2	
B.5	How long did you have to wait to see the provider?	Minutes..... <input type="text"/> <input type="text"/> Hours..... <input type="text"/> <input type="text"/>	
B.6	How did the provider treat you?	Very politely.....1 Politely.....2 Somewhat politely.....3 Not at all polite.....4	
B.7	Did the provider ask you about your desire to have more children?	Yes.....1 No.....2	

SECTION D: SCREENING

S.No.	Question	Codes	Go To
D.1	Did the provider ask you your last menstruation period or whether you were currently menstruating?	Yes.....1 No.....2	
D.2	Did the provider ask you whether you had a lactating baby less than 6 weeks old?	Yes.....1 No.....2	
D.3	Did the provider ask you whether you have lumps in your breast?	Yes.....1 No.....2	
D.4	Did the provider ask you whether you have unexpected and irregular vaginal bleeding?	Yes.....1 No.....2	

SECTION E: OBSERVATION/ADVICE GIVEN

S.No.	Question	Codes	Go To
E.1	In preparing the injection, did the provider take out a new, unused syringe from the red packet?	Yes.....1 No.....2	
E.2	Was there a sticker marked Sangini in the red packet?	Yes.....1 No.....2	
E.3	Did the provider wash his/her hand before/after preparing the injection?	Yes.....1 No.....2	
E.4	Did the provider dispose of the used syringe in the disposal container or red disposal box?	Yes.....1 No.....2	
E.5	Did the provider inquire about the following warning signs?	<i>Please circle</i> Yes No	
E.5.1	Lower abdominal pain/pelvic pain	1 2	
E.5.2	Headache (severe)	1 2	
E.5.3	Eye problem (vision less or blurring)	1 2	
E.5.4	Chest pain (severe), cough, shortness of breath	1 2	
E.5.6	Severe leg pain (calf or thigh)	1 2	
E.6	Did the provider explain that you should return to the clinic if you experience any of the above warning signs?	Yes.....1 No.....2	

SECTION F: ACCESSIBILITY/ACCEPTABILITY/APPROPRIATENESS

S.No.	Question	Codes
F.1	Were there promotional materials about Sangini available for customers to take home with them?	Yes.....1 No.....2
F.2	Was there a private space available to talk about FP and to give the Sangini injection?	Yes.....1 No.....2
F.3	Were you invited to use this space?	Yes.....1 No.....2
F.4	In general, how did you find the cleanliness of the shop's general receiving area?	Very clean.....1 Clean.....2 Slightly dirty.....3 Very dirty.....4
F.5	In general, how did you find the cleanliness of shop's private area?	Very clean.....1 Clean.....2 Slightly dirty.....3 Very dirty.....4
F.6	Did you see running water/potable water storage inside or outside of the shop?	Yes.....1 No.....2

SECTION G: FOLLOW-UP

S.No.	Question	Codes
G.1	Did the provider encourage you to ask questions?	Yes.....1 No.....2
G.2	Did the provider give you a (consumer) card with the date to return for the next dose of injection?	Yes.....1 No.....2
G.3	Did the provider invite you to come and talk with him/her if ever you had a question/concern about Sangini?	Yes.....1 No.....2
G.4	How much did you pay for the Sangini injection?	Rs.....
G.5	In general, how satisfied are you with the quality of service you received?	Very Satisfied..... 1 Satisfied2 A little Dissatisfied3 Very Dissatisfied 4
G.6	Do you have any additional comments?
G.7	Researcher's comments:

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

ID #

EFFECTIVENESS OF NURSES AND PARAMEDICS NETWORK
An Operations Research Study

CMS/NFCC/CREHPA
February-March 2002

MID TERM EVALUATION

Mystery Client Observation for IUD

SECTION A: INTRODUCTION

A.1	Name of Service Provider.....	ID #
A.2	Name of Mystery Client	ID #
A.3	Age:	
A.4	Date of menstruation.....	
A.5	Ethnicity/Caste:	
A.6	Education:	
A.7	Date of Interview:	Interviewed by.....

SECTION C: FOLLOW-UP

SECTION B: RECEPTION

S.No.	Questions	Codes	Go to
B.1	Mystery client sent to insert IUD (Skip to B.3) Mystery client sent for other purpose not only for insertion	<input type="checkbox"/>	
B.2	Did you receive any kind of service relating to IUD?	Yes.....1 No.....2	
B.3	Did you receive an IUD during your visit?	Yes.....1 No.....2 <i>END INTERVIEW</i>	
B.4	How long did you have to wait to see the provider?	Minutes..... <input type="text"/> <input type="text"/> Hours..... <input type="text"/> <input type="text"/>	
B.5	How did the provider treat you?	Very politely.....1 Politely.....2 Somewhat politely...3 Not at all polite.....4	
B.6	Did the provider ask you if you wish to have more children?	Yes.....1 No.....2	
B.7	How much time did the provider spend with you during your visit?	Minutes..... <input type="text"/> <input type="text"/>	

SECTION C: HISTORY

S.No.	Questions	Codes	Go to
C.1	Did the provider ask you about your menstrual history? (heavy or painful menstruation)	Yes.....1 No.....2	
C.2	Did the provider ask whether you had Pelvic Inflammatory Disease during the last three months?	Yes.....1 No.....2	
C.3	Did the provider ask if you are currently experiencing any of the following : [Yes No	
C.3.1	Lower abdominal pain	1 2	
C.3.2	Fever	1 2	
C.3.3	Vaginal discharge	1 2	
C.3.4	Excessive Vaginal bleeding	1 2	

SECTION D: COUNSELLING

S.No.	Questions	Codes	Go to
D.1	Did the provider explain about different FP methods that may be appropriate/suitable for you?	Yes..... 1 No..... 2	
D.2	Who suggested the IUD (Copper-T) as a suitable FP method for you?	Self..... 1 Provider..... 2	
D.3	Did the provider tell you about the advantages of IUD?	Yes..... 1 No..... 2	
	Did the provider explain to you that:		
D.3.1	IUD is one of the most reliable forms of birth control available	Yes..... 1 No..... 2	
D.3.2	IUD is non-hormonal method and it has less side effects	Yes..... 1 No..... 2	
D.3.3	You will not have to do anything else to prevent pregnancy as long as IUD is inserted	Yes..... 1 No..... 2	
D.4	<i>Method Side Effect:</i> Did the provider tell you about the potential side effects of IUD?	Yes..... 1 No..... 2	
	Did the provider explain to you that:		
D.4.1	You may experience more bleeding than normal after the insertion of IUD?	Yes..... 1 No..... 2	
D.4.2	Some of the clients may experience uterine cramps?	Yes..... 1 No..... 2	
D.5	Did the provider explain you that the IUD doesn't offer protection against STDs including HIV?	Yes..... 1 No..... 2	
D.6	Did the provider explain you how to check the proper position of the IUD string after every menstruation?	Yes..... 1 No..... 2	
D.7	Did the provider tell you the importance of cleanliness of hands while examining IUD string?	Yes..... 1 No..... 2	
D.8	Did the provider tell you that the IUD must be removed after 12 years?	Yes..... 1 No..... 2	
D.9	Did the provider inform you about the possibility of 2-3 women among 1000 getting pregnant inspite of IUD?	Yes..... 1 No..... 2	

SECTION E: SCREENING

S.No.	Questions	Codes	Go to
E.1	Did the provider ask you your last menstruation period or whether you were currently menstruating?	Yes..... 1 No..... 2	
E.2	Did the provider ask you if you have multiple partners?	Yes..... 1 No..... 2	
E.3	Did the provider ask you if you have experience of lower abdomen pain?	Yes..... 1 No..... 2	
E.4	Did the provider ask you if you have experience of white discharge?	Yes..... 1 No..... 2	

SECTION F: EXAMINATION

(Applicable only to Mystery Client having IUD inserted)

S.No.	Questions	Codes	Go to
F.1	Did the provider perform abdomen examination before inserting IUD (for large abdominal mass)?	Yes..... 1 No..... 2	
F.2	Did the provider perform the pelvic examination before inserting IUD?	Yes..... 1 No..... 2	
F.3	Did the provider perform the pelvic speculum examination before inserting IUD?	Yes..... 1 No..... 2	

SECTION-G: OBSERVATION/ADVICE GIVEN

(Applicable only to Mystery Client having IUD inserted)

S.No.	Questions	Codes	Go to
G.1	Did the provider take out the IUD from a new package?	Yes..... 1 No..... 2	
G.2	Did the provider wash her hands before and after the insertion of IUD?	Yes..... 1 No..... 2	
G.3	Did the provider wear gloves during the pelvic examination?	Yes..... 1 No..... 2	
G.4	Did the provider explain about the following warning signs?	<i>Please circle</i>	
		Yes No	
G.4.1	Late period, abnormal spotting or bleeding	1 2	
G.4.2	Abdominal pain/ severe cramping/cramps in legs	1 2	
G.4.3	Pain during intercourse	1 2	
G.4.4	Fever, chills (with abdominal pain)	1 2	
G.4.5	Not able to feel the strings	1 2	
G.5	Did the provider explain that you should return to the clinic if you experience any of the above warning signs?	Yes..... 1 No..... 2	

SECTION H: ACCESSIBILITY/ACCEPTABILITY/APPROPRIATENESS

S.No.	Questions	Codes	Go to
H.1	Was there a private space available to talk about FP and to insert the IUD?	Yes 1 No 2	
H.2	Were you invited to use this space?	Yes 1 No 2	
H.3	In general, how did you find the cleanliness of the shop's general receiving area?	Very clean..... 1 Clean..... 2 Slightly dirty..... 3 Very dirty..... 4	
H.4	In general, how did you find the cleanliness of the shop's private area?	Very clean..... 1 Clean..... 2 Slightly dirty..... 3 Very dirty..... 4	
H.5	Did you see running water/potable water storage inside or outside of the shop?	Yes 1 No 2	
H.6	Was there adequate light in the examination room?	Yes 1 No 2	

SECTION I: FOLLOW-UP

(Applicable only to Mystery Client having IUD inserted)

S.No.	Questions	Codes	Go to
I.1	Did the provider ask if you had any questions after the IUD was inserted?	Yes 1 No 2	
I.2	Did the provider invite you to come and talk with her if ever you had a question/concern about the IUD?	Yes 1 No 2	
I.3	How much did you pay for IUD?	Rs.	
I.4	In general, how satisfied are you with the quality of service you received?	Very Satisfied..... 1 Satisfied..... 2 A little Dissatisfied.. 3 Very Dissatisfied... 4	
I.5	Do you have any additional comments?	
I.6	Researcher's Comments:	

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

SECTION B: RECEPTION

Q.No.	Questions	Codes	Go to
B.1	Were you able to meet the provider and obtain necessary service?	Yes..... 1 No..... 2	(END INTERVIEW)
B.2	How long did you have to wait to see the provider?	Minutes..... <input type="text"/> <input type="text"/> Hour..... <input type="text"/> <input type="text"/>	
B.3	How did the provider treat you?	Very polite..... 1 Polite..... 2 Somewhat polite..... 3 Not at all polite..... 4	
B.4	How much time did the provider spend serving you?	Minutes..... <input type="text"/> <input type="text"/>	

SECTION-C BACKGROUND STATUS

Q.No.	Questions	Codes	GoTo
C.1.	Did the provider ask you what problem you have and since how long?	Yes..... 1 No..... 2	
C.2.	Did the provider ask you about the symptoms or how you feel?	Yes..... 1 No..... 2	
C.3	What did you tell about the symptoms /problem you have?		
C.4	Did the provider ask your marital status?	Yes..... 1 No..... 2	
C.5	Did the provider ask you if you have (other) sex partner?	Yes..... 1 No..... 2	
C.6	Did the provider ask you if you or your spouse/partner is using any FP method?	Yes..... 1 No..... 2	
C.7.	Did the provider ask you if you or your spouse/partner use condom?	Yes..... 1 No..... 2	
C.8.	Did the provider ask you if your menstruation cycle is regular or irregular?	Yes..... 1 No..... 2	

SECTION D: MYSTERY CLIENT: EXCESSIVE MENSTRUATION BLEEDING (MENORRHAGIA)

Q.No.	Questions	Codes	GoTo
D.1	Did the provider ask you the amount and duration of menstruation flow?	Yes..... 1 No..... 2	
D.2	Did the provider ask you since when you have been experiencing this problem?	Yes..... 1 No..... 2	

D.3	Did the provider ask you about passage of clots?	Yes.....1 No.....2	
D.4	Did the provider ask you about experience of severe cramp/lower abdomen pain and how serious is it?	Yes.....1 No.....2	
D.5	Did the provider ask you whether you have any large abdominal mass?	Yes.....1 No.....2	
D.6	Did the provider ask you if you have been taking any medicine for the problem?	Yes.....1 No.....2	
Examination			
D.7	Did the provider ask you to lie on the examination table?	Yes.....1 No.....2	
D.8	Did the provider examine the lower part of abdomen?	Yes.....1 No.....2	
D.9	Did the provider examine genital area?	Yes.....1 No.....2	
D.10	Did the provider wash her hand before/after the examination?	Yes.....1 No.....2	
D.11	Did the provider wear gloves during pelvic examination?	Yes.....1 No.....2	
D.12	Did the provider prescribe you any medicine?	Yes.....1 No.....2	
D.13	Did the provider give you OCPs (oral contraceptive pills) to control bleeding?	Yes.....1 No.....2	
Follow-up/Advice Given			
D.14	Did the provider explain you the cause of the problem?	Yes.....1 No.....2	
D.15	Did the provider suggest you to see a Doctor / Gynecologist?	Yes.....1 No.....2	
D.16	Did the provider suggest you to have your blood examine?	Yes.....1 No.....2	
D.17	Did the provider encourage you to ask question?	Yes.....1 No.....2	

SECTION E: MYSTERY CLIENT- WHITE DISCHARGE

Q.No.	Questions	Codes	Go to
E.1.	Did the provider ask you since when you have been experiencing the problem of white discharge?	Yes.....1 No.....2	
E.2.	Did the provider ask you the amount and thickness of the flow of white discharge?	Yes.....1 No.....2	
E.3	Did the provider ask you the colour and smell (foul smell) of discharge?	Yes.....1 No.....2	

E.4.	Did the provider ask you whether there is a regular flow of white discharge before and after menstruation?	Yes.....1 No.....2	
E.5.	Did the provider ask you about the pain/cramps you experienced during menstruation?	Yes.....1 No.....2	
E.6.	Did the provider ask you whether you had burning sensation while urinating?	Yes.....1 No.....2	
E.7.	Did the provider ask you whether you had fever?	Yes.....1 No.....2	
E.8.	Did the provider ask you if you take medicine regularly when you face such problems?	Yes.....1 No.....2	
E.9.	(If married) did the provider ask you whether you face problems like vaginal pain or burning sensation in vagina after indulging in sexual activity?	Yes.....1 No.....2	
E.10.	Did the provider ask you to lie on the examination table?	Yes.....1 No.....2	
E.11.	Did the provider examine the lower part of abdomen?	Yes.....1 No.....2	
E.12.	Did the provider examine genital area?	Yes.....1 No.....2	
E.13.	Did the provider wash her hand before/after the examination?	Yes.....1 No.....2	
E.14.	Did the provider wear gloves during pelvic examination?	Yes.....1 No.....2	
FOLLOW-UP/ADVICE GIVEN			
E.15.	Did the provider tell you the reasons for such problems?	Yes.....1 No.....2	
E.16.	Did the provider suggest you to see a Doctor/Gynecologist?	Yes.....1 No.....2	
E.17.	did the provider tell you to under go the following treatment:	Yes No	
	Blood check-up	1 2	
	VDRL	1 2	
	Urine test	1 2	
E.18.	Did the provider tell you about the sanitation regarding private parts?	Yes.....1 No.....2	
E.19.	Did the provider tell you to how to avoid such problems in near future?	Yes.....1 No.....2	

SECTION F: ACCESSIBILITY/ACCEPTABILITY (for all)

Q.No.	Questions	Codes	Go to
F.1.	Was there a private space to talk about the problem?	Yes.....1 No.....2	
F.2.	Were you invited to use this space?	Yes.....1 No.....2	
F.3.	Do you think there was adequate light in the room?	Yes.....1 No.....2	
F.4.	In general, how did you find the cleanliness of the shop's general receiving area?	Very clean.....1 Clean.....2 A little dirty.....3 Very dirty.....4	
F.5.	In general, how did you find the cleanliness of the shop's private area?	Very clean.....1 Clean.....2 A little dirty.....3 Very dirty.....4	
F.6.	Did you see running water/potable storage inside of the shop?	Yes.....1 No.....2	

SECTION G: CLIENT SATISFACTION

Q.No.	Questions	Codes	Go to
H.1.	How much did you pay for check up?	Rs.....	
H.2.	Do you agree with what the provider suggested?	Yes.....1 No.....2	
H.2.	In general, how satisfied are you with the quality of service you received?	Very satisfied.....1 Satisfied.....2 A little dissatisfied.....3 Very dissatisfied.....4	
H.3.	Do you have any additional comments:		
H.4.	Researcher's comments:		

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

ID #

EFFECTIVENESS OF NURSES AND PARAMEDICS NETWORK
An Operations Research Study

CMS/NFCC/CREHPA

February-March 2002

MID TERM EVALUATION

Mystery Client Observation for Antenatal Care (ANC)

SECTION A: INTRODUCTION

A.1	Name of the provider.....	ID #	<input type="text"/>	<input type="text"/>
A.2	Name of the Mystery Client	ID #	<input type="text"/>	<input type="text"/>
A.3	Is this your first pregnancy?	Yes.....	1	
		No.....	2	
A.4	Gestation Period	Month.....	<input type="text"/>	
A.5	Age.....	<input type="text"/>	<input type="text"/>	
A.6	Ethnicity/Caste.....			
A.7	Education.....			
A.8	Date of Interview.....	Interviewed by.....		

SECTION B: RECEPTION

Q.No.	Questions	Codes	Go to
B.1	Were you able to meet with the service provider?	Yes..... 1 No..... 2 <i>(END INTERVIEW)</i>	
B.2	How long did you have to wait to see the provider?	Minutes <input type="text"/> <input type="text"/> Hours <input type="text"/> <input type="text"/>	
B.3	How did the provider treat you?	Very politely..... 1 Politely..... 2 Somewhat politely..... 3 Not at all polite..... 4	
B.4	How much time did the provider spend with you?	Minutes..... <input type="text"/> <input type="text"/>	

SECTION C: HISTORY

Q.No.	Questions	Codes	Go to
C.1	Did the provider ask your age?	Yes..... 1 No..... 2	
C.2	Did the provider ask you about your last Normal menstrual period?	Yes..... 1 No..... 2	
C.3	Did the provider ask you the number of previous pregnancies you have had? (Check Question A.3.if "YES" skip to C.5)	Yes..... 1 No..... 2	
C.4	Did the provider ask you the number of surviving children you have?	Yes..... 1 No..... 2	
C.5	Did the provider ask you if you had taken TT injection before?	Yes..... 1 No..... 2	
NOTE: CHECK QUESTION A.3. IF "YES" SKIP TO C.7.			
C.6.	Past Obstetric History		
	Did the provider ask if you had experienced any of the following (complications in your previous pregnancies)?	<i>Please circle</i> Yes No	
C.6.1	Repeated pregnancy loss (3 or more consecutive abortions)	1 2	
C.6.2	Previous Intrauterine death(still birth)	1 2	
C.6.3	Neonatal death	1 2	
C.6.4	Past history of PPH (Postpartum hemorrhage)	1 2	
C.6.5	Past history of retained placenta	1 2	
C.6.6	Prolonged labor	1 2	
C.6.7	Premature delivery	1 2	
C.6.8	Previous C/S (indication) or assisted deliveries	1 2	
C.7.	Medical/ Surgical History Did the provider ask whether you are suffering from any illness or are taking medication?	Yes..... 1 No..... 2	
	Did the provider ask you about the following:	<i>Please circle</i> Yes No	
C.7.1	History of hypertension	1 2	
C.7.2	History of diabetes	1 2	
C.7.3	History of heart disease	1 2	
C.7.4	History of jaundice	1 2	
C.7.5	History of renal disease	1 2	
C.8	Did the provider ask you what FP methods you have used in the past? (If any).	Yes..... 1 No..... 2	

SECTION D: ROUTINE EXAMINATION

Q.No.	Questions	Codes		Go to
D.1.	Did the provider check the following during the examination:	Yes	No	
D.1.1	Height	1	2	
D.1.2	Weight	1	2	
D.1.3	BP, Pulse	1	2	
D.1.4	Skin/mucous membranes	1	2	
D.2.	Physical Examination			
	Per Abdominal Examination (did provider check the following (depends on gestation period):	Yes	No	
D.2.1	Fundal height	1	2	
D.2.2	Presentation, position and lie	1	2	
D.2.3	Feel for foetal movements or foetal parts	1	2	
D.2.4	Foetal heart sounds	1	2	
D.2.5	Breast examination	1	2	
D.2.6	Oedema	1	2	
D.2.7	Varicose veins	1	2	
D.2.8	Vaginal examination	1	2	
D.3	Did the provider wash hands before and after examination?	Yes.....1 No.....2		
D.4	(Ask this question if applicable SEE D.2.8) Did the provider wear gloves during the vaginal examination?	Yes.....1 No.....2		

SECTION E: PATHOLOGICAL INVESTIGATION

(To check from prescription)

Q.No.	Questions	Codes		Go to
E.1	Did the provider prescribe you for the following lab tests:	<i>Confirm with prescription given</i>		
		Yes	No	
E.1.1	Blood test for Haemoglobin g%	1	2	
E.1.2	Blood grouping/RH typing	1	2	
E.1.3	VDRL (Venereal Disease Research Laboratory)	1	2	
E.1.4	Urine test for sugar	1	2	
E.1.5	Urine test for albumin	1	2	

SECTION F: SUPPLY OF PROPHYLAXIS

Q.No.	Questions	Codes		Go to
F.1	Did the provider give you Iron tablets?	Yes.....1 No.....2		
F.2	Did the provider give you Calcium tablets?	Yes.....1 No.....2		
F.3	Did the provider tell you when you will need the TT immunization?	Yes.....1 No.....2		

SECTION G: ADVISE GIVEN

Q.No	Questions	Codes	Go to
G.1	Did the provider advise you to take special diet including green leafy vegetables and pulses?	Yes.....1 No.....2	
G.2	Did the provider advise you to take adequate rest?	Yes.....1 No.....2	
G.3	Did the provider advise you how to prepare for safe delivery?	Yes.....1 No.....2	
G.4	Did the provider tell you when to come back for routine follow-up?	Yes.....1 No.....2	
G.5	Did the provider tell you about various danger signs and symptoms to be concerned about during pregnancy?	Yes.....1 No.....2	
G.6	Did the provider tell you the expected date of delivery? (EDD)?	Yes.....1 No.....2	
G.7	Did the provider give you counseling on FP methods?	Yes.....1 No.....2	

SECTION H: ACCEPTABILITY/APPROPRIATENESS

Q.No	Questions	Codes	Go to
H.1	Was there a private space available to talk about FP or ANC?	Yes.....1 No.....2	
H.2	Was there adequate light in the examination room?	Yes.....1 No.....2	
H.3	Was there an examination table for patients to lie down?	Yes.....1 No.....2	
H.4	Were you invited to lie down on the examination table?	Yes.....1 No.....2	
H.5	Were you asked to use the toilet and empty your bladder?	Yes.....1 No.....2	
H.6	In general, how did you find the cleanliness of the shop's general receiving area?	Very Clean.....1 Clean.....2 A Little Dirty.....3 Very Dirty.....4	
H.7	In general, how did you find the cleanliness of the examination room?	Very Clean.....1 Clean.....2 A Little Dirty.....3 Very Dirty.....4	
H.8	In general, how did you find the cleanliness of the toilet?	Very Clean.....1 Clean.....2 A Little Dirty.....3 Very Dirty.....4	
H.9	Did you see running water/potable water storage inside the shop?	Yes.....1 No.....2	