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USAID ADOLESCENT REPRODUCTIVE HEALTH

Private Sector Health Facility Assessment Report

September 2023

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Dr. Shankar Shrestha
Executive Director
Nepal Development Research Institute (NDRI)

ACRONYMS

AHW	Auxiliary Health Workers
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ANM	Auxiliary Nurse Mid-wife
ARCS	Adolescent Responsive Contraceptive Services
ASRH	Adolescent Sexual Reproductive Health
COFP	Comprehensive Family Planning and Counselling
OCP	Oral Contraceptive Pills
DDA	Department of Drug Administration
DoHS	Department of Health Services
ECP	Emergency Contraceptive Pills
ERB	Ethics Review Board
FP	Family Planning
FWD	Family Welfare Division
HDI	Howard Delafield International
HMIS	Health Management Information System
HW	Health Worker
INGO	International Non-Government Organization
IP	Infection Prevention
IUCD	Intrauterine contraceptive device
LARC	Long-Acting Reversible Contraceptives
MEC	Medical Eligibility Criteria
NCDA	Nepal Chemist Drug Association
NDRI	Nepal Development Research Institute
NGO	Non Government Organization
NHRC	Nepal Health Research Council
PPIUCD	Postpartum Intrauterine contraceptive device
PSEO	Private Sector Engagement Officer
QA	Quality Assurance
QI	Quality Improvement
RDQA	Routine Data Quality Assessment

RH	Reproductive Health
SGBV	Sexual and Gender Based Violence
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

INTRODUCTION

USAID ARH works with the Government of Nepal, private sector, relevant stakeholders and young people to support adolescents in Nepal to reach their full capacity by choosing and practicing healthy reproductive behaviors. USAID ARH is a youth co-led initiative to empower girls and boys, 10-19 years, including the most marginalized, to attain their ARH rights. The primary goal of USAID ARH is to support adolescents to reach their full potential and strengthen public systems and private entities to create an enabling environment for healthy ARH behaviors. The aim of the assessment was to assess private health facilities meeting USAID ARH specific criteria and identify gaps in providing high-quality services to adolescents.

METHODOLOGY

A quantitative method was used for the private health facility assessment. Data collection was done to assess the private health facilities' status in terms of registration status, readiness for adolescent responsive services including FP services availability, referral system, recording and reporting of FP service data, infrastructure, IP and waste management, FP counseling knowledge and practices, client feedback and Quality Assurance/Quality Improvement (QA/QI) system, stock management, status of trained human resources and business knowledge, awareness and practice. The assessment was conducted in all private health facilities that were identified in the areas that are based on the criteria such as major marketplaces (e.g. Haat bazar), rural markets within three provinces (Madhesh, Karnali and Lumbini), 11 program districts and 57 municipalities. Prior to initiating the assessment, a pre-test was done and Private Sector Engagement Officers (PSEOs) as well as Private Sector Engagement Specialists (PSES) were given extensive training. Throughout the process of the health facility assessment, ethical consideration has been upheld to the highest standards. Monitoring was done at the field level by the monitoring team of Nepal Development Research Institute. Each Province had been assigned with one monitoring officer, whose main task was to manage and monitor the data collection process. The data was collected in the Kobo Toolbox. Data analysis was conducted using SPSS 17.0 statistical software. The cross-tabulations were done to examine the relationship between two variables.

KEY FINDINGS

Characteristics of the Health Facilities

A total of 910 private health facilities located in urban and rural major marketplaces in USAID ARH zones were reached for the assessment among which 833 interviewees gave their consent to participate. Among 833 private health facilities, almost half 392 (47.1 %) were pharmacies followed by clinics 318(38.2%), Polyclinics 72 (8.6 %) and hospitals 51 (6.1%) respectively.

Registration Status and willingness to engage with the ARH Program

Out of 833 assessed private health facilities, the majority of the health facilities (480) were currently registered with the government authorities. 353 health facilities were not currently registered, among which 288 health facilities have no plan to register in the future. In this report,

a detailed analysis is provided for the 480 currently registered health facilities, among which eligible private health facilities will be selected for participation in the project.

Nearly all the registered private health facilities (472 out of 480) were willing to provide contraceptive services to married adolescents and 463 were willing to provide services to unmarried adolescents as well. 16 health facilities were not interested in enrolling in the program.

Family Planning Services

Out of a total of 480 currently registered health facilities, 471(98%) provide at least one modern method of FP (N=471), among them 94% provide male condoms, 82 % provide combined oral contraceptive pill, 72 % provide Injectable / Sangini and 76 % were providing emergency contraceptives pills. Less than 5% of health facilities provided implants (1.9%) and IUCDs (1.7%). Overall, 151 pharmacies provide four temporary modern methods.

Less than one third 144 (30%) of service providers of private health facilities were aware about informed choice. Of these, 88.9% of the health facility service providers provide information on all FP methods that are available then let the client choose.

'Stock Out' on the day of assessment

"Stock-out of a modern contraceptive" was defined in this study if a health facility had experienced a stock-out or was not able to provide any one modern method of contraception (such as male/female condoms, oral contraceptive pills (OCPs), injectable/Sangini, emergency contraceptive pills (ECPs), IUCDs and implants) on the day of the assessment. The incidence of stock outs of modern contraceptives on the day of assessment was considered as an important indicator of availability and a proxy indicator of access to contraceptive commodities in the country. The stock out of any FP commodities was observed in 18 % of registered health facilities.

Referral Services

318 (66.3%) private health facilities referred clients for long-acting reversible contraceptive (LARC) or permanent methods whereas 153 (31.9%) of health facilities did not refer. 9 (1.8%) private health facilities are referral centers themselves. The majority (81.1%) of referrals were made to government health facilities.

Recording and Reporting of Family Planning Services

The health facility assessment collected information on several aspects of recording and reporting of FP commodities and services. Less than one- fifth of private health facilities (17%) record information on FP commodities distributed and only 7% of facilities record FP client information. Of the total health facilities that report the information (15), 8 (53.3%) submit reports to public health facilities, followed by 5 (33.3 %) self-report in DHIS-2 and 4 (26.7%) to local government. More than half (53.7%) of health service providers reported the reason for not recording and reporting was not being aware about recording and reporting followed by no logistics and training support mechanisms (34.8%). 31.3% felt recording and reporting FP data to the government was not required.

Sexual and Gender-Based Violence (SGBV) services

According to the findings, only 20% of the private health facilities received SGBV cases in the past 3 months. Out of the health facilities that received SGBV cases, 83% provided counseling, and 55% of health facilities linked clients to the police.

Basic Amenities

The percentage of facilities having all five basic amenities (waiting space, computer/laptop for recording and reporting, functional fridge, water supply and functional toilet) is highest among private hospitals (73.4%) and lowest among clinics (1.7%). Less than 10% of facilities in Lumbini and Karnali provinces have all of the basic amenities. 43% of registered private health facilities have their own building. With regard to specific amenities, health facilities are most likely (74%) to have a waiting space, improved water source and functional toilet and least likely (15.2%) to have a computer/ laptop/mobile/tablet for recording and reporting.

Privacy in Counseling Room

Among 480 currently registered private health facilities, 289 health facilities have a provision for counseling. Among those facilities that provide counselling, majority (58.8%) of the health facilities had a counseling room with both visual and auditory privacy, whereas 18.5% and 3.5% of the private health facility had provision of a counseling room with only visual privacy or only auditory privacy respectively.

Waste Segregation and Safe Disposal of Health Care Waste

The assessment findings showed that 89% of currently registered private health facilities were not segregating waste in three color coded dustbins at the time of collection.

Infection Prevention and Control

A majority of facilities providing FP services had masks (78%), alcohol-based hand disinfectant (61.7%), latex gloves (65%), and soap and running water (51 %) available on the day of assessment.

Client Feedback Mechanism and Quality Assurance/Improvement approaches

The private health facility assessment elicited information pertaining to clients' opinions on health service delivery. Less than 10% of health facilities reported having client feedback mechanisms. Of which, 8 (18.6%) of the health facilities have a procedure for reviewing the clients' opinion or feedback. Of the total 480 registered private health facilities, 185(38.5%) were familiar with quality assurance/improvement approaches, however only 32 (17%) had routinely carried out Quality Improvement/Quality Assurance activities in their facility.

Business Knowledge, Awareness and Practice

44.2% of health facilities were aware of organizational business plans and only 20% had a business plan in written form. Ninety- four (19.6%) registered private health facilities had advertised for their service, of which, the majority of the facilities (62%) had done demand generation through radio/FM.

Human Resources

The most common health providers were auxiliary health workers (AHWs), available in 304 (63.3 %) private health facilities, followed by health assistants (30.4%). 146 (30.4 %) private health facilities had providers trained in Sangini. Only thirty-six (7.5%) private health facilities had providers trained in comprehensive FP and counseling.

Adolescent Visits

In the past three months, it was found that a total of 53,974 adolescents have visited private health facilities, among them 32 % were unmarried. The majority of adolescents have visited pharmacy; 61% among married and 56% among unmarried.

CONCLUSION

This study captured several dimensions of private health facilities' service provision across Madhesh, Lumbini and Karnali Provinces in Nepal. Only one third of service providers of currently registered private health facilities were aware of the concept of informed choice, providing opportunity for the project to enhance the capacity of service providers in informed choice. The findings also indicate that there is a low percentage of health facilities recording and reporting data in the Health Management Information System (HMIS). This implies a need for program interventions focused on improving the documentation and reporting processes. There are gaps noted in the availability of trained providers, equipment, and FP commodities. The relatively low percentage of sites with providers trained in comprehensive FP and counseling, as well as those using quality assurance/improvement approaches, demonstrate a clear opportunity for the project to improve quality of services. None of the assessed private health facilities met all eight standards for adolescent responsive contraceptive services available on the day of assessment. Interventions to support the private health facilities in ensuring readiness for adolescent responsive health facility can help overcome this barrier. Likewise, although post-abortion and postpartum FP counselling is provided, clients who leave the health facility with modern contraceptives in these circumstances are very low.

Similarly, as most of the health facilities did not have any client feedback mechanisms in place, supporting formalized client feedback mechanisms would position private sector providers to be more responsive to the needs of adolescents at their facilities. Very limited private health facilities have demand generation activities to advertise their service, demand-generation activities create potential customers' awareness and interest in the available products or services.

WAY FORWARD

- Enhance providers' knowledge on the Family Planning/ Reproductive Health (FP/RH) needs of adolescents and skills of proper counselling and informed choice to enable them to effectively communicate with adolescents and provide quality services that respond to adolescents' needs.
- Strengthen recording and reporting among private health facilities through capacity building along with regular monitoring and supervision and support streamlining their reporting into the national system.
- Enhance healthcare providers' comprehensive counseling techniques especially for immediate post-partum and post abortion FP utilization.

- Encourage facilities to invest in infrastructural improvements to ensure audio and visual privacy in counseling rooms and capacitate health care providers to prioritize privacy and confidentiality.
- Design demand generation activities like awareness campaigns and community outreach to help adolescents understand their FP/RH needs and support them in seeking services and strengthen referrals through different community and school-based interventions conducted through USAID ARH with adolescents to enhance FP/RH service utilization and family planning uptake.
- Supporting formalized client feedback mechanisms would position private sector providers to be more responsive to the needs of adolescents' clients at their facilities.
- To improve the service delivery from private health facilities, QA/QI mechanism needs to be strengthened and closely monitored.

1. INTRODUCTION

1.1 BACKGROUND

Nepal has committed to ensuring that every individual and family in the country will have access to sexual and reproductive health services and information by the end of 2030.[1] This goal is in line with the United Nations' Sustainable Development Goals, which aim to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs by 2030.[2] The government of Nepal is working to improve access to healthcare, education, and information on sexual and reproductive health in order to achieve this goal.

Nepal has made extensive progress in family planning (FP) and RH, with a decline of 25% in the total fertility rate (TFR) since 2006. Overall, 57% of married women between the ages of 15-49 years old use some type of FP (increased from 29% in 1996); 43% of women use a modern method (increased from 26% in 1996), and 15% rely on traditional methods to prevent unintended pregnancy. However, MCPR has held steady at 43% from 2011 through 2022. Much work still needs to be done to address the needs of all women (unmet FP need of 21%), but it is the married adolescents who have been left behind the most with an unmet need of 31%.[3] Although the government has adopted different strategies to improve contraceptives access, contraceptive uptake is still considerably low.[4]

A significant aspect of the family planning landscape in Nepal is the role of the private sector. Among women who use a modern method, twenty-five percent of them get their method from a private source.[5] This underscores the crucial partnership between the private sector and the public health initiatives in expanding the reach of family planning services. The private sector's involvement highlights the potential for innovative approaches and collaborations to further enhance access and utilization of family planning methods.

USAID ARH is a five-year program led by CARE Nepal in partnership with the Association of Youth Organizations Nepal (AYON), Howard Delafield International (HDI), Jhpiego, and Nepal CRS Company. USAID ARH works in partnership with the Government of Nepal (GoN), private-sector, relevant stakeholders, and young people to support adolescents in Nepal to reach their full capacity by choosing and practicing healthy reproductive behaviors. The program coordinates with GoN/Ministry of Health and Population (MoHP), Ministry of Education, Science and Technology (MoEST), Ministry of Women Children and Senior Citizens (MoWCSC), relevant

[1] Nepal FP2030 Commitment (2023). https://fp2030.org/nepal

[2] United Nations Targets of SDG 3. https://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-3-good-health-well-being

[3] Ministry of Health and Population, Nepal; New ERA; and ICF. 2022. Nepal Demographic and Health Survey 2022. Kathmandu, Nepal: Ministry of Health and Population, Nepal.

[4] DoHS, Annual Report 2077/78 (2020/21)

[5] Ministry of Health and Population, Nepal; New ERA; and ICF. 2016. Nepal Demographic and Health Survey 2016. Kathmandu, Nepal: Ministry of Health and Population, Nepal.

province-level ministries, Provincial Health Directorates, Provincial Health Training Centers, Civil Society Organizations (CSOs), private sector organizations, and professional associations.

Important factors driving the low use of contraception by adolescents are sociocultural norms that place stigma on sexual activity before marriage, norms that put pressure on adolescents to marry young and start childbearing soon thereafter, and a lack of FP services that are responsive to the needs and preferences of adolescents. The overarching goal of USAID/Nepal is to foster a healthy, resilient, well-nourished population, leading to increased human capital. Therefore, the primary goal of the USAID ARH Activity is to support adolescents to reach their full potential by ensuring they receive correct and appropriate FP/RH information and guidance to develop decision-making skills, creating an environment conducive to making healthy reproductive health decisions and facilitating translation of these decisions into healthy behaviors. This private health facility assessment covered all 60 municipalities in the three provinces (Madhesh, Karnali, and Lumbini) where USAID ARH works.

1.2 OBJECTIVES OF THE PRIVATE HEALTH FACILITY ASSESSMENT

The main objective of the study is to assess the private health facilities meeting USAID ARH specific criteria and identify gaps in providing high quality services to adolescents. Specific objectives are:

Specific Objectives:

- To assess readiness of adolescent responsiveness services in private health facilities in the project implementation areas.
- To identify gaps in client-centered, quality family planning/reproductive health (FP/RH) services including ARH service delivery.
- To identify areas for collaboration and identify training and skill-building needs for private sector facilities.

2. ASSESSMENT METHODOLOGY

2.1 ASSESSMENT DESIGN

A quantitative methodology was used for the private health facility assessment. Data collection was done to assess the current status of the private health facilities in service provision and identify gaps for client-centered quality FP/RH services including ARH service delivery, identify areas for collaboration to inform training/improvement plans and identify the possibility to refine and scale up a private sector FP approach for private sector organizations to provide high-quality FP services to adolescents in Nepal.

2.2 SAMPLING

A census of all private health facilities within USAID ARH implementing areas was done for the private health facility mapping. A list of registered private health facilities was prepared from the Department of Drug Administration (DDA) official websites. To ensure accuracy and coverage, USAID ARH staff conducted coordination meetings with the respective authorities (DDA, municipalities/rural municipalities, health offices in respective districts, and health divisions of the

Ministries of Social Development and Health to identify private health facilities in potential areas. Based on the recommendations of concerned authorities, private health facilities were identified in areas that meet certain criteria such as being in major marketplaces (e.g. Haat bazar). These private health facilities include pharmacies, clinics, polyclinics and hospitals.

2.3 ASSESSMENT SITES

As per the requirement of USAID ARH, the assessment was carried out in all private health facilities identified in the major marketplaces within three provinces (Madhesh, Karnali and Lumbini), 11 program districts and 57 municipalities. Please refer to Appendix I (assessment site) for the details of provinces, districts and municipalities.

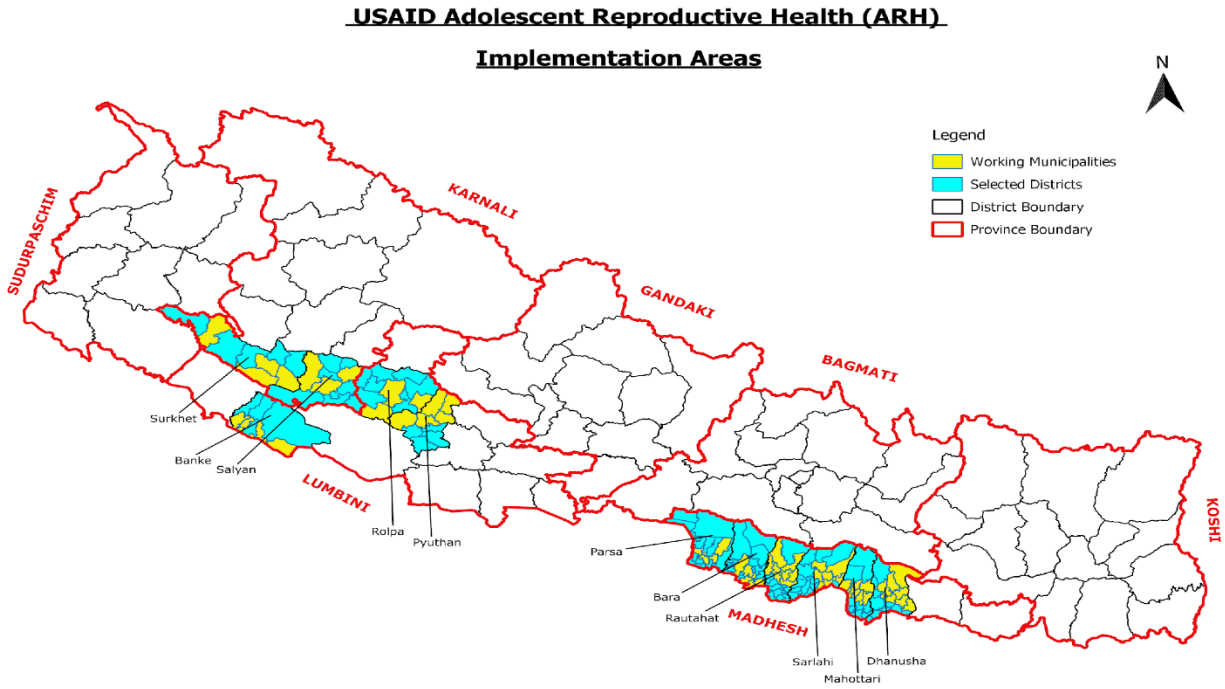


Figure 1: Assessment Area

2.4 OPERATIONAL DEFINITIONS

Health Facilities

Health facilities include pharmacies, clinics, polyclinics, and private hospitals registered with government authorities at one or more levels, with evidence of their latest renewal as applicable. They provide comprehensive services which may include outpatient, inpatient emergency, pharmacy, and specialized services.

Pharmacy

Pharmacies include those with paramedics and are registered with the Department of Drug Administration (DDA) with evidence of their latest renewal as applicable. They provide

counseling, examination, and treatment services at a smaller scale which may include, but not limited to, services such as FP and immunization services.

Clinic
A Clinic is a health care center where you receive routine preventative and curative care often led by a doctor or primary health care providers when you are sick.

Polyclinic
Polyclinics are medical centers that provide an expanded range of Primary Health Care (PHC) services.

Private Hospital
Private hospitals are non-governmental health institutions operated with the investment and ownership of the non-governmental or private sector, upon receiving permission under the prevailing law.

Owner
The person who owns the health facility and is responsible for managing the pharmacy/health facility. (In case the owner is not regularly available in the health facilities and is not aware of day-to-day management of the facility, a health service provider taking charge of day-to-day management of the facility was considered for interview purposes).

Service Provider
Provider who formally works in the facility and is paid staff. (Includes nurses, doctors, paramedics, pharmacy assistants/pharmacists and other paramedics).

Client
A person who receives (s) an FP service and/or buys FP commodities provided by the health facility.

Manager
A manager is a professional who takes a leadership role in an organization/ institution and manages a team of employees particularly in the case of polyclinics and hospitals.

2.5 ASSESSMENT PARTICIPANTS

Private health facilities assessment participants were health facility owner, health service provider, medical superintendent, hospital manager or other assigned focal points.

2.6 ASSESSMENT VARIABLES

When conducting an assessment of a private health facility, there were several variables that were considered to evaluate its overall performance, quality of care, and effectiveness. Some key variables that were assessed:

- Location
- Type of private health facility

- Health facility and interviewee details
- Registration status
- Availability of FP/RH services
- Availability of referral system
- Recording and reporting of FP service data
- Physical infrastructure
- Infection prevention and waste management
- Availability of trained human resources
- Willingness to provide services
- Knowledge and practices regarding FP counseling
- Client feedback and QA/QI system
- Stock management
- Knowledge, awareness and practice regarding business

2.7 DATA COLLECTION TOOLS AND TECHNIQUES

Structured questionnaires were administered among health facility owners, health service providers, medical superintendents, hospital managers or other assigned focal points during face-to-face interviews to assess the health facilities status in terms of the variables mentioned in the previous section.

2.8 TRAINING OF INTERVIEWERS

Prior to field data collection, a three-day intensive training of PSEOs was organized by Nepal CRS Company, in coordination with CARE Nepal and Nepal Development Research Institute (NDRI). The training was facilitated by the NDRI team. This training focused on understanding the questionnaire and being comfortable using it during the assessment in order to get accurate data from the respondents. To ensure the validity of the questionnaire, a pre-test was done on the last day of training. The pre-test was done in KOBO using individual tablets. Knowledge on all ethical protocols and code of conduct relating to conducting any research were also provided during training sessions.

2.9 QUALITY ASSURANCE MECHANISMS

To ensure quality during data collection, the field team reported all activities to the core team members of the study on an on-going basis. Any issues in the assessment related to management or technical aspects were directly conveyed to the assessment team which were addressed immediately. The detailed assessment work was reviewed and discussed every day and necessary improvements were made, as required.

To ensure efficient field team mobilization, a detailed work plan was prepared which included a day-to-day assessment execution plan, strategy to ensure the highest quality in data collection, steps to ensure data security, confidentiality, and anonymity as required, and ethical considerations as well. The detailed data quality assurance mechanisms for the study are outlined below:

2.9.1 Monitoring and Evaluation

Monitoring was of prime importance and done at every level so that problems were addressed immediately to ensure consistency and quality of data.

Field Level Monitoring

Monitoring was done at the field level by the monitoring team of Nepal Development Research Institute. Each province had been assigned one monitoring officer, whose main task was to manage and monitor the data collection process. The monitoring officer monitored data collection in three main ways:

- **Interview observation:** Monitoring officers observed the PSEOs while conducting interviews, and assessed their style of questioning, accuracy, and observed whether proper instructions were followed during the interview. In addition, if the PSEOs were confused regarding any response, monitoring officers addressed those issues.

- **Checking completed questionnaires:** Monitoring officers checked each completed questionnaire for correctness, completeness and coverage of information gathered, at the end of each day. In case of any problems identified, they discussed it with the PSEOs and necessary amendments were made.

- **Conveying problem areas to central level:** Critical issues identified in the collected data/ collection process were communicated immediately to the central office for discussion and correction.

Central Level Monitoring

The NDRI central team monitored the data collection process both by visiting study sites as well as communicating with field teams remotely from the central office. Private health facility data was submitted from the field and then checked by a member of the central team for correctness, completeness, and coverage of information. Based on this, feedback was given to the field team about any problem areas and suggested for correction

2.9.2 Data Management

The data collection was conducted during the month of April 2023. The data processing was done in two phases namely software selection and data masking and data cleaning and reporting. The following process was carried out for overall data management:

i) Selection of software and data masking

All quantitative data was collected electronically in tablets. The android supported application Kobo Toolbox was used. After the data was collected in the Kobo Tool Box's server, the data was exported into an excel sheet where data cleaning was done and a. complete set of cleaned data was developed for further analysis. In the case of data masking, all the variables used in the questionnaire were properly labeled along with the corresponding value codes in English and entered in the SPSS database.

ii) Data cleaning and reporting

Two sources of detectable errors i.e. data entry errors (such as mistyping responses, entering data out of range or leaving an answer blank when a valid response was included) and enumerator errors (such as failing to accurately follow a skip pattern, writing a response that is difficult to interpret or providing false answers) were both considered while cleaning the data. The SPSS was used to run an initial check on the data to show the minimum and maximum values for each variable in the file such that data entered out of range could be easily seen.

2.9.3 Data Analysis

Data analysis was conducted using SPSS 17.0 statistical software. The cross-tabulations were done to examine the relationship between two variables. While doing cross tabulations, independent and dependent variables were identified, and percentages and frequencies were calculated for each category of the independent variable. For multiple response data, the responses were organized in multiple dichotomy (1=yes and 2= no). Descriptive statistics (frequency, percentage) were used to describe private health facility information.

2.10 ETHICAL CLEARANCE

Protocol and data collection instruments for this research were reviewed for adherence to ethical standards by an Institutional Review Board in Nepal. The Ethics Review Board (ERB) approval was obtained from Nepal Health Research Council (NHRC), a government led institution for Independent Review and Approval for conducting health research in Nepal.

Before proceeding with each interview, Private Sector Engagement Officers (PSEOs) obtained written informed consent from each participant or legally authorized representative. PSEOs clearly stated the objectives, reasons for conducting the study and addressed any queries that participants had. All participants affirmed that they understood the nature of the study, potential risks associated with participation, and that they retained their right to refuse to participate in the study at any time. Adequate provisions were maintained to protect the privacy and confidentiality of the participants throughout the study and respondents were ensured that their responses would only be used for the study purpose. This means that the identity of assessment participants was not disclosed outside the study team.

2.11 CHALLENGES AND MITIGATION MEASURES

Some of the challenges and possible mitigation strategies followed during the private health facility assessment are shown in table 1.

Table 1: Challenges and Mitigation Measures

Challenges	Mitigation measures
Technical Issues The use of tablets for primary data collection has several issues related to battery, power shortage, data transmission etc.	• Data collected in the field were immediately uploaded by the respective PSEO and verified by the data manager prior to moving to the next site. • Technical issues related to tablets were immediately reported to the data management team and respective supervisors verified and solved the problem immediately to ensure a smooth data collection process.

Ensuring accurate and reliable data collection from health facilities.	• Conducted regular quality checks and validation during the assessment process.
Difficulty in reaching remote or geographically dispersed health facilities.	• Coordinated with local authorities or organizations for support in accessing remote areas.

2.12 LIMITATIONS OF THE ASSESSMENT

The Private Health Facility-based assessment was limited to providing information on systems and resources but did not provide a population-based context for service use or outcomes related to quality. In addition, the survey does not provide information on why services are bad or good, or why services are used or not used, except as these may relate to infrastructure, resources, and systems.

The findings are only for the USAID ARH working municipalities and cannot infer to the district as a whole.

3. RESULTS OF ASSESSMENT

3.1 GENERAL INFORMATION ABOUT THE FACILITIES

KEY FINDINGS

- Of 833 assessed private health facilities, the majority of the facilities (480) were registered with the government authority at the time of assessment. 353 health facilities and pharmacies were not currently registered which included pharmacies (392), clinics (318), polyclinics (72) and hospitals (51).
- Of the 353, 37 of the health facilities were in process of registration for the first time, 28 of the health facilities were in process of renewal. Similarly, 288 health facilities have no plan to register in future.

This chapter presents general information about the private health facilities assessed. A total of 910 private health facilities were screened in which 833 interviewees gave consent to participate. Among 833 private health facilities, the majority, 392 (47.1 %), were pharmacies followed by clinics - 318(38.2%), polyclinics - 72 (8.6 %) and hospitals - 51 (6.1%) respectively.

Table 2: Type of Private health facility assessed

Type of Health Facilities	Frequency	Percent
Pharmacy	392	47.1
Clinic	318	38.2
Polyclinic	72	8.6
Hospital	51	6.1
Total	**833**	**100.0**

3.1.1 Geographic Distribution of Facilities

This assessment covered all private health facilities identified in the major marketplaces within three provinces (Madhesh, Lumbini and Karnali), 11 program districts and 57 municipalities.

Table 3: Distribution of health facilities according to districts

Province	Pharmacy	Clinic	Polyclinic	Hospital	Total
Madhesh	**297**	**193**	**58**	**42**	**590**
Bara	44	53	10	7	114
Dhanusha	47	54	12	3	116
Mahottari	76	14	7	5	102
Parsa	27	19	3	0	49
Rautahat	46	23	4	22	95
Sarlahi	57	30	22	5	114
Lumbini	**64**	**91**	**2**	**1**	**158**
Banke	38	38	0	0	76
Pyuthan	23	15	2	0	40
Rolpa	3	38	0	1	42
Karnali	**31**	**34**	**12**	**8**	**85**
Salyan	13	16	5	6	40
Surkhet	18	18	7	2	45
Total	392	318	72	51	833

3.2 REGISTRATION STATUS OF HEALTH FACILITY

KEY FINDINGS

- Nearly 60 % of the private health facilities were found to be currently registered.
- 36% of the private health facilities were found to have no plan to register in the future.

Out of 833 assessed private health facilities, the majority (480) are currently registered with the government authority. 353 health facilities were not currently registered; among which, 288 health facilities have no plan to register in the future and 37 facilities were in the process of registering for the first time. Additionally, 28 facilities were in the process of renewal. In this report, a detailed analysis is only provided for 480 currently registered health facilities as these were the only facilities considered for participation in USAID ARH.

Table 4: Registration Status of Health Facilities according to characteristics

Characteristics	Currently registered	Not Currently Registered			Total
		In process of registering for first time	In process of renewal	No plan to register	
Type of Health Facility					
Pharmacy	263	14	8	107	392
Clinic	117	18	13	170	318
Polyclinic	51	4	7	10	72
Hospital	49	1	0	1	51
Total	**480**	**37**	**28**	**288**	**833**
Location					
Rural municipality	82	4	5	82	173
Urban municipality	398	33	23	206	660
Total	**480**	**37**	**28**	**288**	**833**
Province					
Madhesh Province	322	26	21	221	590
Lumbini Province	105	1	2	50	158
Karnali Province	53	10	5	17	85
Total	**480**	**37**	**28**	**288**	**833**

3.3 WILLINGNESS TO ENROLL IN USAID ARH PROJECT

KEY FINDINGS

- Nearly all of the private health facilities were willing to provide contraceptive services to married adolescents. 17 were not willing to provide contraceptive services to unmarried adolescents.
- 16 assessed private health facilities (12 pharmacies and 4 clinics) were not interested in receiving technical support to enhance contraceptive service delivery to adolescents.

After the private health facility assessment, sites were selected for inclusion in the USAID ARH Nepal project using the selection criteria as below:

- Registration with relevant government authorities.
- Willingness to provide services to adolescents (including unmarried adolescents).
- Willingness to receive technical support from the project.
- Willingness to record and report FP data to the project.
- Having at least one provider (paramedics, nursing staff , medical officer) in the health facility.

Table 5 provides information about willingness for enrollment in USAID ARH according to districts. Nearly all of the registered private health facilities (472 out of 480) were willing to provide contraceptive services to married adolescents. Out of 480 registered private health facilities, 17 were not willing to provide contraceptive services to unmarried adolescents. Additionally, 16 private health facilities were not interested in receiving technical support to enhance contraceptive service delivery to adolescents and young people.

Table 5: Willingness to engage with USAID ARH project according to districts.

	Willingness to provide service to married adolescent		Willingness to provide service to unmarried adolescent		Willingness to receive technical support		Willingness for recording and reporting data	
	Yes	No	Yes	No	Yes	No	Yes	No
Madhesh Province	**320**	**2**	**313**	**9**	**312**	**10**	**308**	**14**
Bara	78	0	77	1	71	7	71	7
Dhanusha	49	0	47	2	48	1	45	4
Mahottari	35	0	34	1	35	0	35	0
Parsa	32	0	29	3	32	0	32	0
Rautahat	62	0	62	0	62	0	62	0
Sarlahi	64	2	64	2	64	2	63	3
Lumbini Province	**101**	**4**	**101**	**4**	**102**	**3**	**95**	**10**
Banke	42	3	42	3	43	2	41	4
Pyuthan	35	1	35	1	35	1	31	5
Rolpa	24	0	24	0	24	0	23	1
Karnali Province	**51**	**2**	**49**	**4**	**50**	**3**	**50**	**3**
Salyan	21	0	20	1	21	0	21	0
Surkhet	30	2	29	3	29	3	29	3
Grand Total	**472**	**8**	**463**	**17**	**464**	**16**	**453**	**27**

3.4 DISTANCE TO NEAREST GOVERNMENT HEALTH FACILITY

KEY FINDINGS

- Majority of the private health facilities were less than 15 minutes walking distance from the nearby government health facility.

Table 6 depicts information regarding walking distance from the type of health facility assessed to the nearest government health facility. More than two thirds of the private health facilities

(73%) were <15 minutes walking distance to the nearest government health facility. Out of 263 registered pharmacies, 203 were nearest to government health facilities, i.e. time taken to reach nearby government health facility is <15 minutes. This highlights the accessibility and proximity of pharmacies to government health facilities, especially during emergencies.

Table 6: Distance to nearest government health facility according to type of Health Facility

Type of Health Facility		<15 minutes	15-30 minutes	>30 minutes	Total
Pharmacy	N	203	43	17	**263**
	%	77.2%	16.3%	6.5%	
Clinic	N	81	21	15	**117**
	%	69.2%	17.9%	12.8%	
Polyclinic	N	42	4	5	**51**
	%	82.4%	7.8%	9.8%	
Hospital	N	27	15	7	**49**
	%	55.1%	30.6%	14.3%	
Total	**N**	**353**	**83**	**44**	**480**
	%	**73.5%**	**17.3%**	**9.2%**	**100%**

3.5 MATERNITY AND FAMILY PLANNING SERVICES

KEY FINDINGS

- Of the 480 currently registered health facilities, ninety-eight percent (472) currently provided family planning services, ten percent provided- institutional delivery and nine percent provided abortion services.
- Forty-five percent of health facilities reported they provide counseling regarding family planning methods during antenatal care (ANC).
- Delivery services: Provision of institutional delivery services was found only in private facilities in Madhesh province.
- FP Counseling to postpartum and post abortion clients: 43 (88%) and 36 (84%) of the health facilities providing institutional delivery or abortion services were providing FP counseling to postpartum and post abortion clients respectively.
- Sixty- seven percent of the 480 health facilities offer (that is, provide, prescribe, or counsel clients on) at least three temporary modern family planning methods.

Women, children, and adolescents/youth must have access to affordable, quality and respectful reproductive health care services. Of the 480 currently registered private health facilities that were assessed in the three provinces, the findings showed that 472 (98%) of the facilities were providing family planning services, 216(45%) were providing antenatal care (ANC), 49 (10.2%) institutional delivery and 43(9%) abortion services as shown in Figure 2. Provision of institutional delivery services was found only in private health facilities in Madhesh province. Out of the health facilities that were providing institutional delivery and abortion services, 43 and 36 of the currently registered health facilities were providing FP counselling to postpartum clients. (Table 7)

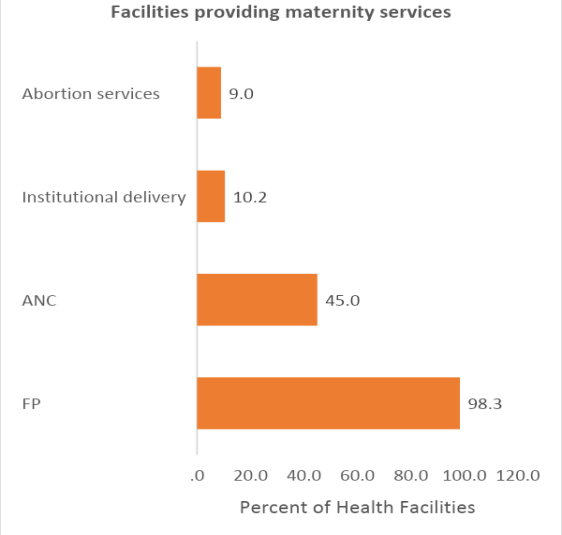


Figure 2: Percent of facilities providing maternity services (N=480)

Out of the 43 health facilities that were providing abortion services, 36 were providing or counseling post abortion clients for any methods of FP. In 24 of the private health facilities', family planning services were separated from abortion services. Out of the 6 pharmacies that provide or counsel post abortion clients (Table 7), 2 of these family planning services were separated from abortion services and were delivered in a different part of the health facility.

Table 7: Distribution of health facilities that provide or counsel antenatal, postpartum, and post abortion clients for any modern method of Family Planning

Type of Facility		ANC Client	Postpartum client	Post abortion client	Total HFs
Pharmacy	N	82	0	6	**263**
	%	31.2%	0%	66.7%	
Clinic	N	47	5	7	**117**
	%	40.2%	83.3%	87.5%	
Polyclinic	N	40	7	2	**51**
	%	78.4%	87.5%	66.7%	
Hospital	N	47	31	21	**49**
	%	95.9%	88.6%	91.3%	
Total	N	216	43	36	480

Table 8 below reports the number of women who delivered in a HF (in FY -2078/79) and leave with a modern contraceptive device upon discharge among assessed private health facilities. This also describes the number of post abortion clients who leave the HF with a modern contraceptive method. In FY 2078/79, the total of 2875 women delivered in health facilities from Madhesh province. Among these women, 325 had received modern contraceptive device prior to discharge. Similarly, 909 post abortion clients left the HF with a modern contraceptive (in the FY -2078/79).

Table 8: Number of postpartum and post abortion client who leave with modern contraceptive devices upon discharge according to characteristics

Characteristics	Number of women who delivered in HF (in this FY -2078/79)	Number of women who delivered in HF and leave with modern contraceptive device prior to discharge	Number of post abortion clients leave the HF with a modern contraceptive (in this FY -2078/79)
Type of Health Facilities			
Pharmacy	0	0	217
Clinic	172	58	248
Polyclinic	68	29	25
Hospital	2635	238	419
Location			
Rural municipality	285	20	95
Urban municipality	2590	305	814
Province			
Madhesh Province	2875	325	85
Lumbini Province	0	0	195
Karnali Province	0	0	629
Total	**2875**	**325**	**909**

3.5.1 Family Planning Services Available

In Nepal, FP services are available through the government, social marketing, private health facilities, and non-governmental organizations. They are available free of cost in public health facilities. The assessment results showed that almost all of the private health facilities assessed provided family planning services. In this section the situation of modern contraceptives i.e. male condoms, female condoms, combined oral contraceptive pills, injectable/Sangini, emergency contraceptive pills, intrauterine contraceptive devices (IUCD), implants, minilap and vasectomy services offered by the private health facilities is illustrated in detail.

3.5.1.1 Contraceptives Available by Type of Facilities

Our results showed that mostly all the facilities in the private sector provided male condoms, combined oral contraceptive pills, emergency contraceptive pills and injectable/Sangini. However, long-acting reversible contraceptive methods such as IUCDs and implants were typically only provided by clinics and private hospitals. Permanent methods such as minilap and vasectomy were limited to some of the private hospitals.

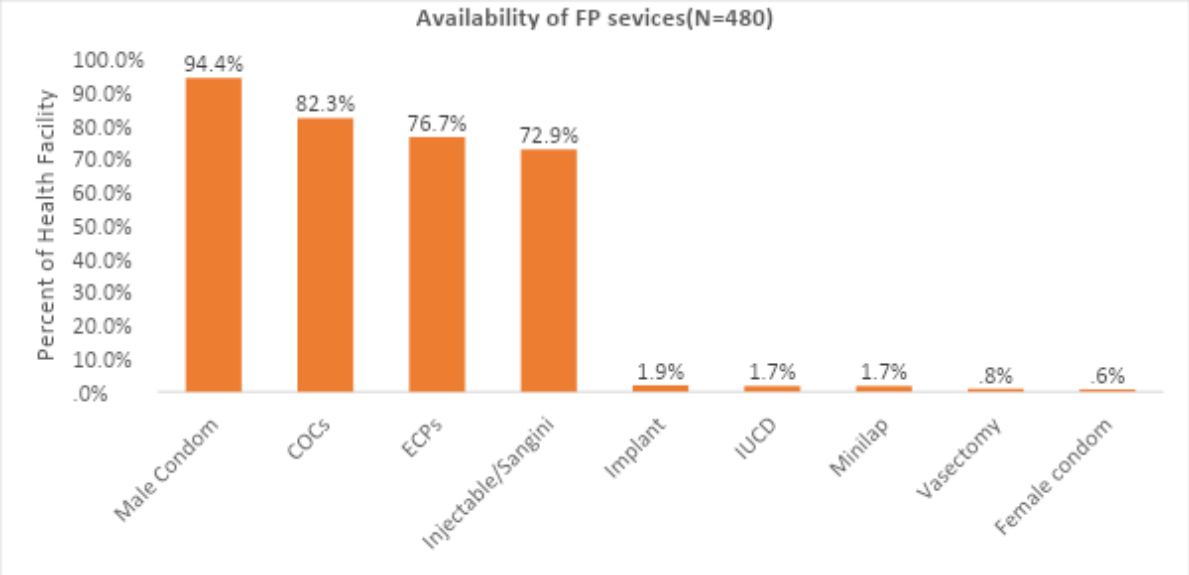


Figure 3: Availability of FP Service (N=480) *Multiple responses

From the results, the most offered contraceptive methods by any private health facility or the most popular contraceptive methods were short term hormonal (such as combined oral contraceptive pills, emergency contraceptive pills and injectable/Sangini) and non- hormonal (such as male condoms). The least popular ones were the permanent methods (minilap and vasectomy) and female condoms.

Table 9: Modern contraceptive methods available by type of facility * Multiple Response Table

Type of Health Facility		Male Condom	OCPs	ECPs	Injectable/ Sangini	Implant	IUCD	Minilap	Vasectomy	Female Condom	Total
Pharmacy	N	250	213	193	184	1	1	0	0	0	263
	%	95.1%	81.0%	73.4%	70.0%	0.4%	0.4%	0.0%	0.0%	0.0%	
Clinic	N	114	102	96	97	2	1	0	0	1	117
	%	97.4%	87.2%	82.1%	82.9%	1.7%	0.9%	0.0%	0.0%	0.9%	
Polyclinic	N	47	42	42	38	1	1	1	1	0	51
	%	92.2%	82.4%	82.4%	74.5%	2.0%	2.0%	2.0%	2.0%	0.0%	
Hospital	N	42	38	37	31	5	5	7	3	2	49
	%	85.7%	77.6%	75.5%	63.3%	10.2%	10.2%	14.3%	6.10 %	4.1%	
Total	N	453	395	368	350	9	8	8	4	3	480
	%	94.4%	82.3%	76.7%	72.9%	1.9%	1.7%	1.7%	0.8%	0.6%	

3.5.1.2 Health Facilities Providing At least Three or Four Types of Contraceptives

The government guidelines indicate that short term hormonal methods (such as combined oral contraceptive pills, emergency contraceptive pills and injectable/Sangini) and non-hormonal family planning methods (such as condoms) should be available at all levels of health facilities. The results showed that the majority 325 (67.7%) of the 480 currently registered private health facilities offered at least three methods of modern contraceptives whereas 294 (61%) of the health facilities offered four methods.

Table 10: Health Facilities providing at least three or four Types of Contraceptives

Type of Health Facility	Providing at least three methods (Male condom, OCP and Injectable/Sangini)	Providing at least four methods (Male condom, OCP, Injectable/ Sangini and EC)
Pharmacy	175	156
Clinic	88	80
Polyclinic	34	32
Hospital	28	26
Total	**325**	**294**

Almost all of the health facilities provide services to both married and unmarried adolescent clients. In total 36,882 married adolescents and 17,092 unmarried adolescents visited private health facilities for FP/RH services in the last 3 months prior to assessment, among them 32% were unmarried. The majority of adolescents have visited a pharmacy. Among total 480 currently registered private health facilities, 7.3 percent (35) and 18.8 percent (90) had no visits from married and unmarried adolescents respectively.

Table 11: Number of married and unmarried adolescents visiting health facilities for FP/RH services in the last 3 months according to characteristics

Characteristics	Married Adolescents	Unmarried Adolescents
Type of Health Facility		
Pharmacy	22394	9601
Clinic	6180	3225
Polyclinic	5673	2809
Hospital	2635	1457
Location		
Rural municipality	3985	49
Urban municipality	32897	17043
Province		
Madhesh Province	26600	12695
Lumbini Province	6651	2530
Karnali Province	3631	1867
Total	**36,882**	**17,092**

3.5.2 Clients with Disabilities

Healthcare providers should treat people with disabilities in the same way that they treat people without disabilities: with respect. People with disabilities have the same sexual and reproductive health needs and rights as people without disabilities, but often they are not given information about reproductive and sexual health or adequate care. People with disabilities are more vulnerable to abuse than non-disabled people.[6] The assessment results showed that out of the total currently registered private health facilities, only 77(16%) interviewees responded that disabled (married and unmarried) adolescents had visited their health facility for FP/RH services in the last 3 months. In total, 379 disabled adolescents had visited private health facilities for FP/RH services in the last 3 months.

Consequently, according to health service providers, the reasons for not visiting the private health facility are also provided in the report. The most prominent reason for not visiting private health facility by disabled (married and unmarried) adolescents was that most of them prefer public health facilities (46.4%) followed by the facilities not being accessible (39.5%) as shown in table 12.

Table 12: Reasons for people with disabilities not visiting by type of health facility

		Not accessible	Not needed FP/RH services	Prefer Public health facility	Other	Total
Pharmacy	N	89	44	94	44	227
	%	39.2%	19.4%	41.4%	19.4%	
Clinic	N	48	25	56	9	105
	%	45.7%	23.8%	53.3%	8.6%	
Polyclinic	N	12	8	17	10	33
	%	36.4%	24.2%	51.5%	30.3%	
Hospital	N	10	6	20	10	38
	%	26.3%	15.8%	52.6%	26.3%	
Total	N	159	83	187	73	403
	%	39.5%	20.6%	46.4%	18.1%	

*Multiple Response table ("Other" includes not available, not aware of FP/RH services, interviewee doesn't know the reason, shy in nature)

3.5.3 Targeted Provisions for Adolescents and Youth

309 (64.3%) health facilities have focused provisions for adolescents to promote FP services. Among these facilities, the majority, 52.3%, have dedicated waiting rooms or spaces for adolescents. Additionally, 38.5% of the facilities offer phone charging facilities, 30% provide free Wi-Fi for clients, 17.7% offer tele-service, 13.1% provide home services, and 4% have audio/video aids available. (Multiple responses possible)

[6] Ministry of Health and Population, Nepal : FWD Nepal 2020 .National Medical Standard For Reproductive Health Volume I: Contraceptive Services 5th edition

3.6 AVAILABILITY OF TRAINED SERVICE PROVIDERS

KEY FINDINGS

- One third of the health facilities have at least one provider with Sangini training.
- Only 41 out of 480 registered health facilities have a provider with Adolescent Sexual and Reproductive Health (ASRH) training.

A lack of trained providers is a major barrier in many instances to the delivery of quality health services in general and specifically for adolescents. The most common health providers were auxiliary health workers (AHWs), available in 304 (63.3 %) private health facilities, followed by health assistants (30.4%). Table 13 highlights the number of health facilities with providers with training in key aspects of FP and reproductive health care. Out of 480 registered private health facilities, 146 health facilities have a provider with Sangini training. Only 15 registered pharmacies have a provider with ASRH training.

Table 13: Health facility providers by training status

Type of HF by province	COFP	PP/IUCD	Sangini	ASRH	IUCD	Implant	Minilap	Vasectomy	Infection Prevention	Waste Manage-ment	Total HFs
Karnali	**7**	**0**	**31**	**5**	**0**	**3**	**1**	**1**	**13**	**10**	**53**
Pharmacy	4	0	17	1	0	2	0	0	6	6	24
Clinic	2	0	5	1	0	0	0	0	2	1	11
Polyclinic	1	0	4	2	0	1	0	0	2	1	11
Hospital	0	0	5	1	0	0	1	1	3	2	7
Lumbini	**5**	**2**	**34**	**12**	**8**	**6**	**2**	**9**	**10**	**12**	**105**
Pharmacy	1	1	20	11	4	3	1	1	7	8	61
Clinic	4	1	13	1	4	3	1	8	3	3	41
Polyclinic	0	0	0	0	0	0	0	0	0	0	2
Hospital	0	0	1	0	0	0	0	0	0	1	1
Madhesh	**24**	**29**	**81**	**24**	**29**	**35**	**22**	**18**	**37**	**12**	**322**
Pharmacy	2	0	33	3	1	4	1	1	7	4	178
Clinic	8	3	22	10	5	7	3	3	10	5	65
Polyclinic	3	10	6	2	5	5	3	3	2	1	38
Hospital	11	16	10	9	18	19	15	11	18	2	41
Total	**36**	**31**	**146**	**41**	**37**	**44**	**25**	**28**	**60**	**34**	**480**

*Some of the service providers in the pharmacies were found to have received training on IUCD, Implant, Minilap and Vasectomy before assessment.

3.7 EXISTENCE OF REFERRAL SYSTEM

KEY FINDINGS

- 66% of health facilities' service providers referred clients for LARC or permanent methods.
- 81% of referrals were to government health facilities.
- About 2 in 10 of the private health facilities received SGBV cases in the past 3 months. Out of the health facilities that received SGBV cases, 83% provided counseling, and 55% linked clients to the police.

This section describes the extent to which private health facilities have referral systems in place and are assisting clients to access services like LARCs or permanent FP methods. 318(66.3%) private health facilities referred their clients to nearby health facilities for LARCs or permanent methods whereas 153(31.9%) did not. Out of the 318 facilities which referred their clients to nearby health facilities for LARCs or permanent methods, 182 facilities had referred on average 5 clients per month. 9(1.8%) private health facilities are themselves referral centers. The majority (81.1%) of referrals were to government health facilities. 47(13.4 %) private health facilities referred clients to INGO/NGOs clinics (Family Planning Association of Nepal and Marie Stopes International).

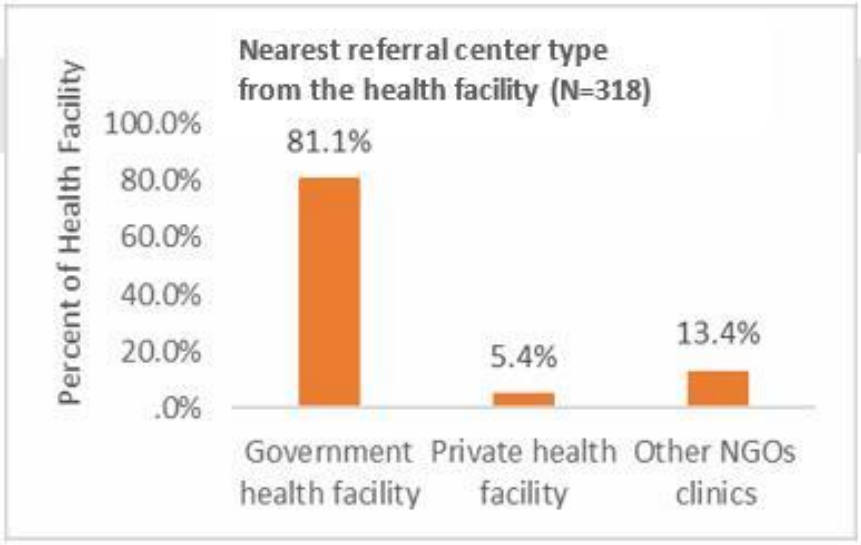


Figure 4: Nearest Referral Center type from the Health Facility (N=318) * Multiple Responses possible

Table 14: Referrals according to characteristics of health facility

Characteristics		Yes	Health facility is itself a referral center	Not referring LARC clients	Total
Type of Health Facility					
Pharmacy	N	146	1	116	263
	%	55.5%	.4%	44.1%	
Clinic	N	97	1	19	117
	%	82.9%	.9%	16.2%	

Polyclinic	N	34	2	15	51
	%	66.7%	3.9%	29.4%	
Hospital	N	41	5	3	49
	%	83.7%	10.2%	6.1%	
Districts					
Bara	N	61	3	14	78
	%	78.2%	3.8%	17.9%	
Dhanusha	N	21	1	27	49
	%	42.9%	2.0%	55.1%	
Mahottari	N	13	1	21	35
	%	37.1%	2.9%	60.0%	
Parsa	N	28	2	2	32
	%	87.5%	6.3%	6.3%	
Rautahat	N	54	1	7	62
	%	87.1%	1.6%	11.3%	
Sarlahi	N	26	1	39	66
	%	39.4%	1.5%	59.1%	
Banke	N	16	0	29	45
	%	35.6%	.0%	64.4%	
Pyuthan	N	26	0	10	36
	%	72.2%	.0%	27.8%	
Rolpa	N	23	0	1	24
	%	95.8%	.0%	4.2%	
Salyan	N	20	0	1	21
	%	95.2%	.0%	4.8%	
Surkhet	N	30	0	2	32
	%	93.8%	.0%	6.3%	
Total	**N**	**318**	**9**	**153**	**480**

3.7.1 Management of Sexual and Gender-Based Violence

Sexual and gender-based violence is a serious public health and human rights problem in Nepal which affects men and women, boys and girls and has adverse physical and psychosocial consequences on the survivor and their families. Comprehensive care for sexual and gender-based violence ranges from medical treatment which includes management of physical injuries, provision of emergency medication to reduce chances of contracting sexually transmitted infections and provision of emergency contraception to reduce chances of unwanted pregnancies. This also entails the provision of psycho-social support through counseling to help survivors deal with trauma, in addition to referring them for legal aid geared towards accessing justice.

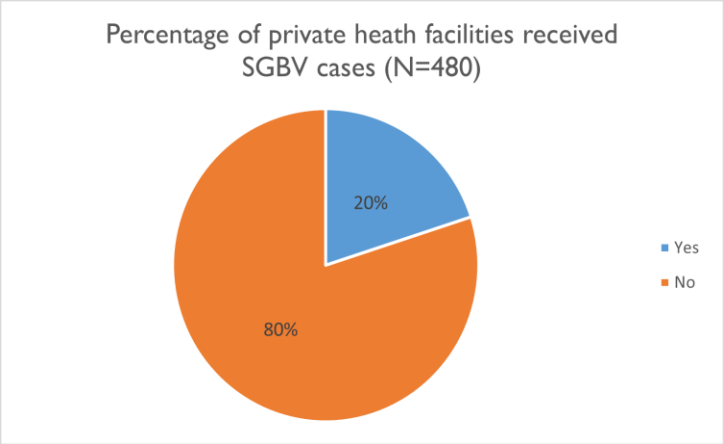


Figure 5: Percent of health facilities received SGBV cases (N=480)

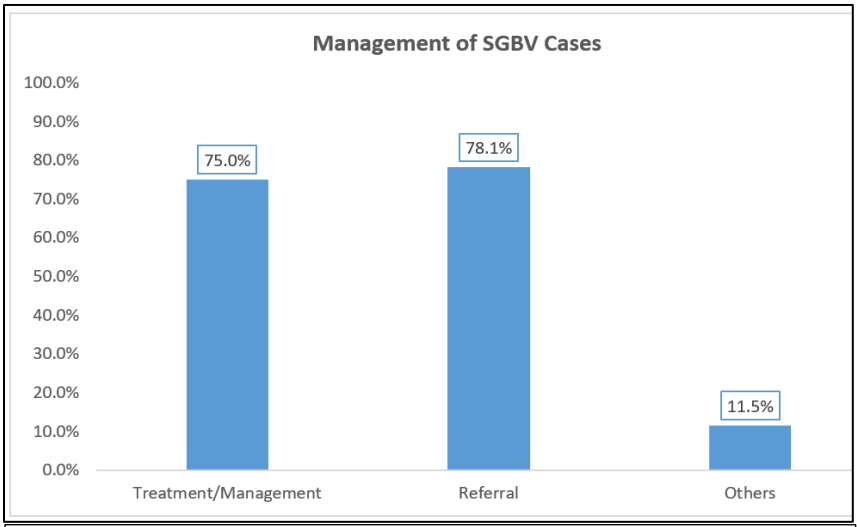


Figure 6: Management of SGBV cases (N=96) *Multiple Responses

According to the assessment findings, only 20% of the private health facilities received SGBV cases in the past 3 months. Of these, 75(78%) health facilities have referred to the cases while 72(75%) have treated the cases. (Figure 5 and 6). It is possible that the case was treated and also referred to by other services. "Other" includes informing police and providing first aid. Out of the health facilities that received SGBV cases, 83% of service providers provided counseling, and 55% informed the police as shown in table 15.

Table 15: Management of SGBV cases by type of health facilities

Type of Health Facility		Linking to police	Physical examination	Pregnancy test kit	ECP/ medicine	Counseling	Total
Pharmacy	N	13	10	3	1	29	35
	%	37.1%	28.6%	8.6%	2.9%	82.9%	
Clinic	N	12	5	1	1	25	27
	%	44.4%	18.5%	3.7%	3.7%	92.6%	
Polyclinic	N	13	10	5	2	13	16
	%	81.3%	62.5%	31.3%	12.5%	81.3%	
Hospital	N	15	13	4	2	13	18
	%	83.3%	72.2%	22.2%	11.1%	72.2%	
Total	N	53	38	13	6	80	96

*Multiple Response table

3.8 BASIC FACILITY INFRASTRUCTURE TO SUPPORT QUALITY SERVICE PROVISION

KEY FINDINGS

- About 8 in 10 facilities have a waiting space, an improved water source and functional toilet for clients, half the facilities have electricity with power back up, and one-fifth of facilities have communication equipment. However, only fifteen percent of the facilities have a computer for record keeping.
- More than half (58%) of the health facilities had auditory and visual privacy in counseling rooms.
- The percentage of facilities having all five basic amenities (waiting space, computer/laptop for record keeping and reporting, functional fridge, water supply and functional toilet) is highest among private hospitals (73.4%) and lowest among clinics (1.7%).
- About 9 in 10 private health facilities were not segregating waste in three color coded dustbins at the time of the assessment.
- A majority of facilities providing FP services had masks (78%), alcohol-based hand disinfectant (61.7%), latex gloves (65%), and soap and running water (51 %) available on the day of assessment.

3.8.1 Privacy in Counseling Room

In order to provide appropriate and high-quality reproductive health (RH) services, including counseling, providers must ask clients a range of sensitive questions about their sexual behavior or that of his or her partner. Privacy and confidentiality are priority factors in whether clients will feel comfortable accessing RH information, counseling, and services; clients are less likely to reveal accurate information if they fear that personal information will be shared with anyone other than the health provider. Out of 480 currently registered health facilities, 289 have adequate space for counseling. Of these, the majority (58.8%) had provisions for a counseling room with both visual and auditory privacy. An additional 18.5% and 3.5% had provisions for a counseling room with only visual or only auditory privacy respectively. 20% of private health facilities don't have any dedicated counseling rooms/area/space. Table 16 presents data on the availability of privacy in counseling rooms by facility type, location and province. The percentages

of facilities having counseling rooms with both visual and auditory privacy range from 23 % in Karnali to 68 % in Madhesh province.

Table 16: Privacy in Counseling Rooms

Characteristics		Yes, with only visual privacy	Yes, with only auditory privacy	Yes, with both visual and auditory privacy	No, doesn't have dedicated counseling room/area/ space	Total
Type of Health Facility						
Pharmacy	N	26	4	83	25	138
	%	18.8%	2.9%	60.1%	18.1%	
Clinic	N	19	5	23	16	63
	%	30.2%	7.9%	36.5%	25.4%	
Polyclinic	N	3	0	31	11	45
	%	6.7%	.0%	68.9%	24.4%	
Hospital	N	5	1	33	4	43
	%	11.6%	2.3%	76.7%	9.3%	
Location						
Rural Municipality	N	20	5	31	4	60
	%	33.3%	8.3%	51.7%	6.7%	
Urban Municipality	N	33	5	139	52	229
	%	14.4%	2.2%	60.7%	22.7%	
Province						
Madhesh	N	21	1	121	35	35
	%	11.8%	.6%	68.0%	19.7%	
Lumbini	N	24	8	41	3	76
	%	31.6%	10.5%	53.9%	3.9%	
Karnali	N	8	1	8	18	178
	%	22.9%	2.9%	22.9%	51.4%	
Total	**N**	**53**	**10**	**170**	**56**	**289**

3.8.2 Basic Amenities

The availability of basic amenities such as a waiting space, an improved water source, a functional toilet, and communication equipment, computer for record keeping and reporting is important in rendering quality services and ensuring clients' utilization of health facilities. Table 17 provides information for all private health facilities on the availability of these basic amenities. 208(43%) registered private health facilities have their own building. With regard to specific amenities,

private health facilities are most likely (74%) to have a waiting space, improved water source and functional toilet and least likely to have a computer/ laptop/mobile/tablet for recording and reporting. Out of the total health facilities which have functional toilets, a majority 234(65.5%) reported that clients throw used sanitary pads in the general dustbin. 59(16.6%) health facilities have disposal bins inside toilets where clients throw their used pads. 64(17.9%) responded "other" which includes dustbin not available or that clients don't throw used pads away in the health facility because they are shy.

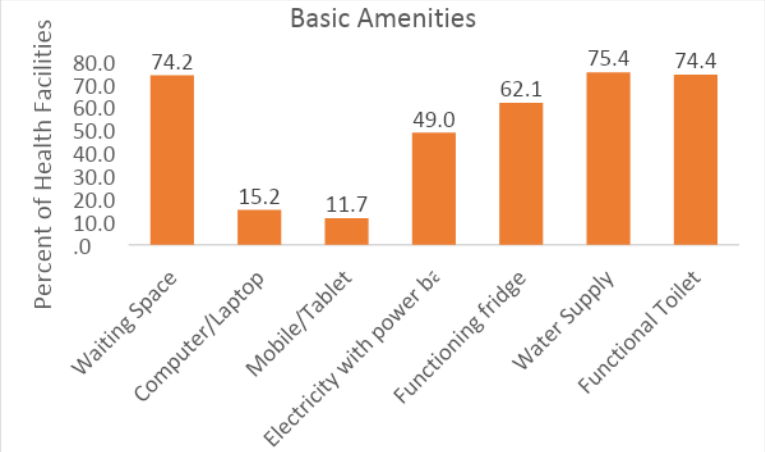


Figure 7: Basic amenities (N=480)

Nearly half of the private health facilities have electricity with power backup available in the facility as shown in Figure 7. The percentage of facilities having all five basic amenities is highest among private hospitals (73.4%) and lowest among clinics (1.7%). Less than 10% of facilities in Lumbini and Karnali provinces have all of the basic amenities.

Table 17: Availability of basic amenities for client services

Character-istics		Waiting space	Computer/ Laptop	Function-al refrigerator	Regular water supply	Function -al toilet	All Basic Amenities	Total
Type of Facility								
Pharmacy	N	184	31	147	181	165	28	263
	%	70.0 %	11.8%	55.9%	68.8%	62.7%	10.6%	
Clinic	N	79	4	55	88	93	7	117
	%	67.5 %	3.4%	47.0%	75.2%	79.5%	6.0%	
Polyclinic	N	49	16	47	45	51	16	51
	%	96.1 %	31.4%	92.2%	88.2%	100.0%	31.4%	
Hospital	N	44	22	49	48	48	22	49
	%	89.8 %	44.9%	100.0%	98.0%	98.0%	44.9%	
Location								
	N	72	4	51	75	66	5	82

Rural municipality	%	87.8 %	4.9%	62.2%	91.5%	80.5%	6.1%	
Urban municipality	N	284	69	247	287	291	68	398
	%	71.4 %	17.3%	62.1%	72.1%	73.1%	17.1%	
Province								
Madhesh	N	214	63	199	220	222	61	322
	%	66.5 %	19.6%	61.8%	68.3%	68.9%	18.9%	
Lumbini	N	89	5	64	91	94	8	105
	%	84.8 %	4.8%	61.0%	86.7%	89.5%	7.6%	
Karnali	N	53	5	35	51	41	4	53
	%	100.0 %	9.4%	66.0%	96.2%	77.4%	7.5%	
Total	N	356	73	298	362	357	73	480
	%	74.2 %	15.2%	62.1%	75.4%	74.4%	15.2%	

3.8.3 Infection Prevention and Medical Waste Management

Infection prevention (IP) and medical waste management are critical aspects of maintaining a safe and hygienic healthcare environment. It aims to reduce the risk of healthcare-associated infections (HAIs) among clients, healthcare workers, and visitors.

3.8.3.1 Standard Precautions for Infection Control

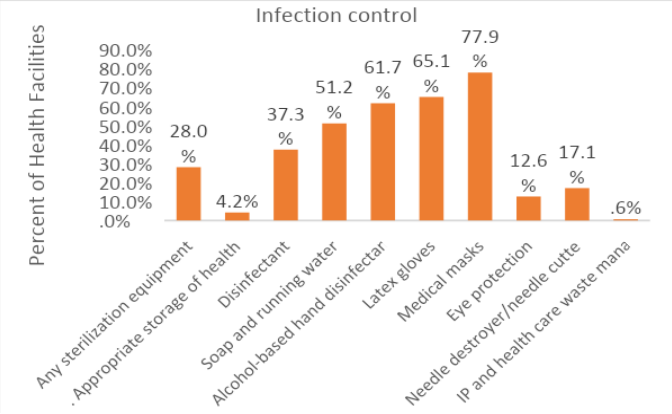


Figure 8: Infection control (N=480) *Multiple responses

Around the world, infections acquired in a health facility (known as nosocomial infections) often complicate the delivery of healthcare. Strict adherence to infection control guidelines and constant vigilance are necessary to prevent such infections.[7] Figure 8 shows the percentages of registered private health facilities that had equipment considered basic for infection control.

A majority of the private health facilities providing FP services had masks (78%), alcohol-based hand disinfectant (61.7%), latex gloves (65%), and soap and running water (51 %) available on the day of the assessment (Figure 8). Private health facilities were less

[7] Ministry of Health and Population, Nepal; New ERA, Nepal; and ICF. 2022. Nepal Health Facility Survey 2021 Final Report. Kathmandu, Nepal: Ministry of Health and Population, Kathmandu; New ERA, Nepal; and ICF, Rockville, Maryland, USA.

likely to have a needle cutter/destroyer (17%). Only 0.6% of private health facilities had IP and health care waste management guidelines available.

Table 18: Standard precautions for infection control, by facility type

Items		Type of health Facility				Total
		Pharmacy	Clinic	Polyclinic	Hospital	
Any sterilization equipment	N	44	19	31	39	133
	%	33.1%	14.3%	23.3%	29.3%	
Appropriate storage of health care waste	N	3	2	2	13	20
	%	15.0%	10.0%	10.0%	65.0%	
Disinfectant	N	80	31	31	35	177
	%	45.2%	17.5%	17.5%	19.8%	
Soap and running water	N	97	65	38	43	243
	%	39.9%	26.7%	15.6%	17.7%	
Alcohol-based hand disinfectant	N	155	63	35	40	293
	%	52.9%	21.5%	11.9%	13.7%	
Latex gloves	N	145	82	43	39	309
	%	46.9%	26.5%	13.9%	12.6%	
Medical masks	N	191	90	44	45	370
	%	51.6%	24.3%	11.9%	12.2%	
Eye protection	N	20	5	12	23	60
	%	33.3%	8.3%	20.0%	38.3%	
Needle destroyer/needle cutter	N	29	9	18	25	81
	%	35.8%	11.1%	22.2%	30.9%	
IP and health care waste management guidelines	N	0	0	0	3	3
	%	.0%	.0%	.0%	100.0%	
Total	N	263	117	51	49	480

*Multiple Response table

Only 1% of the health facilities have written and posted Standard Operating Procedures (SOP) for infection prevention.

3.8.3.2 Waste Segregation and Safe Disposal of Medical Waste

Proper segregation and safe disposal of health care waste are important measures in infection prevention and control. In this assessment, 89.5 % of currently registered private health facilities were found not to be segregating waste in three color coded dustbins at the time of collection (Figure 9). Only 8.8% of private health facilities safely dispose of health care waste into three color coded containers/bins with labeling.

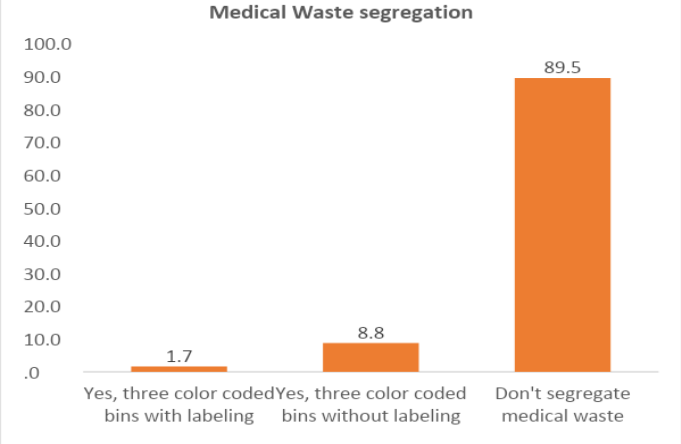


Figure 9: Medical Waste Segregation (N=480)

Table 19: Medical waste segregation according to characteristics

Characteristics		Three color coded bins with labeling	Three color coded bins without labeling	Don't segregate medical waste	Total
Type of health facility					
Pharmacy	N	0	8	255	263
	%	.0%	3.0%	97.0%	
Clinic	N	0	8	109	117
	%	.0%	6.8%	93.2%	
Polyclinic	N	2	12	37	51
	%	3.9%	23.5%	72.5%	
Hospital	N	6	14	29	49
	%	12.2%	28.6%	59.2%	
Province					
Madhesh	N	6	20	296	322
	%	1.9%	6.2%	91.9%	
Lumbini	N	1	14	90	105
	%	1.0%	13.3%	85.7%	
Karnali	N	1	8	44	53
	%	1.9%	15.1%	83.0%	
Total	N	8	42	430	480

Health care settings produce infectious waste that may lead to hospital acquired infections for the health care providers, waste handlers, and patients. Out of the 480 registered health facilities, more than half (53.1%) of the health facilities medical waste are regularly collected by the municipality, 24.2 % had their own waste disposal system to dispose of contaminated materials

while 12.9% of the facilities dispose of medical waste along with normal waste as shown in table 20.

Table 20: Safe disposal of medical waste by type of health facility

		Regularly collected by municipality	Health facility has its own waste disposal system	Thrown along with normal waste	Other	Total HFs
Pharmacy	N	143	62	29	29	263
	%	54.4%	23.6%	11.0%	11.0%	
Clinic	N	52	27	26	12	117
	%	44.4%	23.1%	22.2%	10.3%	
Polyclinic	N	36	9	5	1	51
	%	70.6%	17.6%	9.8%	2.0%	
Hospital	N	26	18	2	3	49
	%	53.1%	36.7%	4.1%	6.1%	
Total	N	257	116	62	45	480
	%	53.5%	24.2%	12.9%	9.4%	

("Other" includes: dumping into a pit, burning, dispose with other non-medical waste)

Regarding health facility disposal of expired FP commodities, 65.6% of health facilities return expired commodities to suppliers followed by 38.1% bury and 19% throw away along with other waste. Here, "other" includes no FP commodities expired up until now, dumping into the pit. (Figure 10)

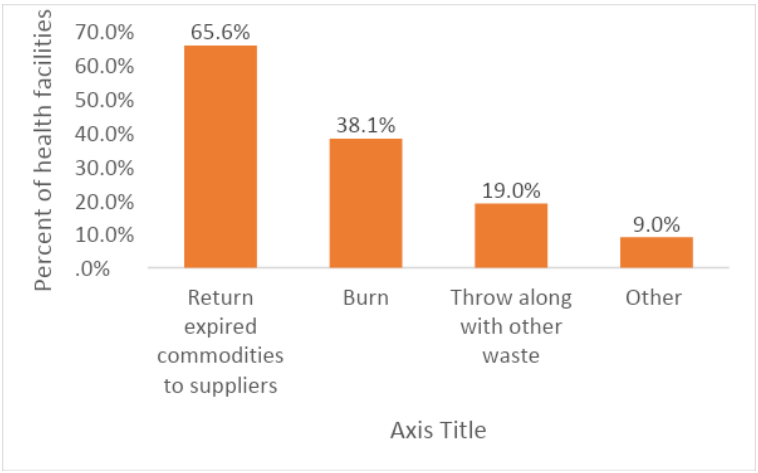


Figure 10: Disposal of expired FP commodities(N=480)

3.9 FP COUNSELING KNOWLEDGE & PRACTICES

KEY FINDINGS

- One third of service providers in the private health facilities were aware about informed choice. Of these, 89% of the health facility service providers provide information on all FP methods that are available then let the client choose.
- Of the total registered private health facilities, the majority (84%) lack FP/ASRH service- related job aids

and counseling materials. Nine private health facilities had FP decision making tools, 15 had informed choice posters, 14 had Sangini flip charts and only 1 had the WHO MEC Wheel.

Informed choice is a necessary part of family planning programs. Service providers should inform all potential users of the possible side effects of the methods and what they should do if they encounter any of these effects. This information both assists the user in coping with side effects and decreases unnecessary discontinuation of temporary methods.

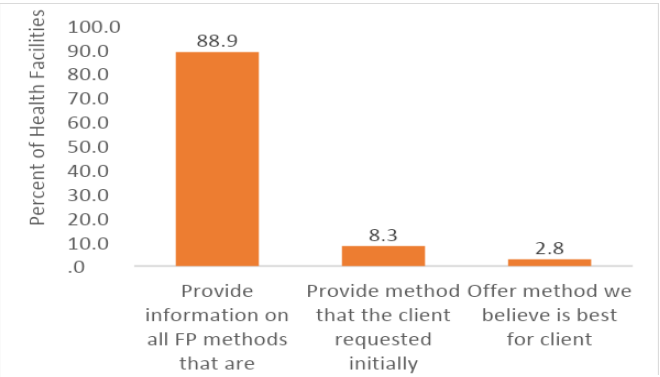


Figure 11: Informed choice (N=144)

During a family planning visit, service providers should elicit information about clients' personal and health history to help them make an informed choice about contraceptive use and the methods they might adopt. One third 144(30%) of service providers of currently registered private health facilities (480) were aware about informed choice. Of these, 88.9% of the health facility service providers provide information on all FP methods that are available then let the client choose (Figure 11).

choose

Table 21: Informed choice according to type of health facility

Type of Health Facility		Provide information on all FP methods that are available, then let the client choose *(informed choice)*	Provide method that the client requested initially	Provide method we (provider) believe is best for client	Total
Pharmacy	N	49	7	1	57
	%	86.0%	12.3%	1.7%	
Clinic	N	49	2	1	52
	%	94.2%	3.9%	1.9%	
Polyclinic	N	9	1	0	10
	%	90.0%	10.0%	.0%	
Hospital	N	21	2	2	25
	%	84%	8.0%	8.0%	
Total	N	**128**	**12**	**4**	**144**
	%	**88.9%**	**8.3%**	**2.8%**	

3.9.1 Availability of Job Aids and Counseling Materials on FP/RH Services

Availability and access to FP/RH job aids and counseling materials at facility level is useful in helping health care providers to define their roles and responsibilities and to guide them in the provision of FP services. Table 22 represents information about availability of job aids and counseling materials on FP/RH. The majority of private health facilities (441) lack FP/ASRH service- related job aids and counseling materials. Of the 480 registered private health facilities that provided FP services, 9 had FP decision making tools, 15 had informed choice posters, 14 had Sangini flip charts and only 1 had the WHO MEC Wheel as shown in table 22.

Table 22: Job aids and counseling materials according to type of health facility

Type of Health Facility		FP Decision Making Tool	Informed choice poster	Flip Chart provided by Nepal CRS	WHO MEC Wheel	ASRH reference manual	Pregnancy screening checklist for FP services	FP IEC material	Other	None	Total
Pharmacy	N	3	5	5	1	0	1	2	2	249	263
	%	1.1%	1.9%	1.9%	.4%	.0%	.4%	.8%	.8%	94.7%	
Clinic	N	2	5	6	0	0	0	0	2	106	117
	%	1.7%	4.3%	5.1%	.0%	.0%	.0%	.0%	1.7 %	90.6%	
Polyclinic	N	0	2	2	0	0	1	1	0	48	51
	%	.0%	3.9%	3.9%	.0%	.0%	2.0%	2.0%	.0%	94.1%	
Hospital	N	4	3	1	0	1	1	2	1	41	49
	%	8.2%	6.1%	2.0%	.0%	2.0%	2.0%	4.1%	2.0 %	83.7%	
Total	N	9	15	14	1	1	3	5	5	444	480

*Multiple Response table ("Other" includes: IUCD booklet, Sangini logbook)

3.10 READINESS FOR ADOLESCENT RESPONSIVE CONTRACEPTIVE SERVICES

Key Findings

- None of the health facilities have all eight standards for adolescent responsive contraceptive services available on the day of assessment.
- About 9 in 10 health facilities had a functional blood pressure apparatus and pregnancy test kit available on the day of assessment.
- Less than one third of the health facilities (28%) had trained service providers present (Sangini or ASRH) available on the day of the assessment.

To improve the health status of the population, a health system requires essential inputs and support systems that promote effective and efficient delivery of health services. Although health care services can be offered under various conditions, some common inputs are crucial under all conditions to ensure the quality of services, their acceptability, and their utilization. This section reports on the availability of trained service providers, essential equipment at the facility level, at least three short-acting contraceptives (male condoms, pills, injectables and emergency contraceptive pills), availability of a separate space with at least a curtain for FP counseling and/or

services to maintain privacy and confidentiality, referral sites identified for LARC or permanent methods, recording of FP client information and a puncture proof or safety box, handwashing station or sanitizer at the facilities on the day of the visit.

Adolescent-responsive contraceptive services (ARCS) require a systems approach to making existing contraceptive services adolescent-responsive by incorporating elements with demonstrated effectiveness for increasing adolescent contraceptive use. Among the private health facilities providing any modern method of family planning, those demonstrating readiness to provide adolescent responsive contraceptive services on the day of the assessment, by type of health facility is shown in table 23.

Table 23: Adolescent Responsive Contraceptive services according to type of health facility

		Trained provider [1]	ASRH booklets (set of 8) and one FP informed choice poster	Essential equipment [2]	Availability of at least three short-acting contraceptives [3]	Referral site for LARC or permanent methods identified	Privacy in counseling room	Availability of puncture proof or safety box, soap or running water or sanitizer	Record of FP client Information	All eight items
Type of Health Facility										
Pharmacy	N	2	2	208	175	147	138	188	10	0
	%	.8%	.8%	79.1%	66.5%	55.9%	52.5%	71.5%	3.8%	.0%
Clinic	N	5	5	114	88	98	63	89	6	0
	%	4.3%	4.3%	97.4%	75.2%	83.8%	53.8%	76.1%	5.1%	.0%
Polyclinic	N	0	0	49	34	36	45	44	9	0
	%	.0%	.0%	96.1%	66.7%	70.6%	88.2%	86.3%	17.6%	.0%
Hospital	N	1	1	48	28	46	43	49	10	0
	%	2.0%	2.0%	98.0%	57.1%	93.9%	87.8%	100.0%	20.4%	.0%

[1] Availability of at least one trained provider on the day of the visit/assessment at the health facility (trained in ASRH or Sangini).

[2] Availability of essential supplies/equipment: at least blood pressure measurement instrument and pregnancy test kit on the day of visit.

[3] short-acting contraceptives (male condoms, OCPs and injectable)

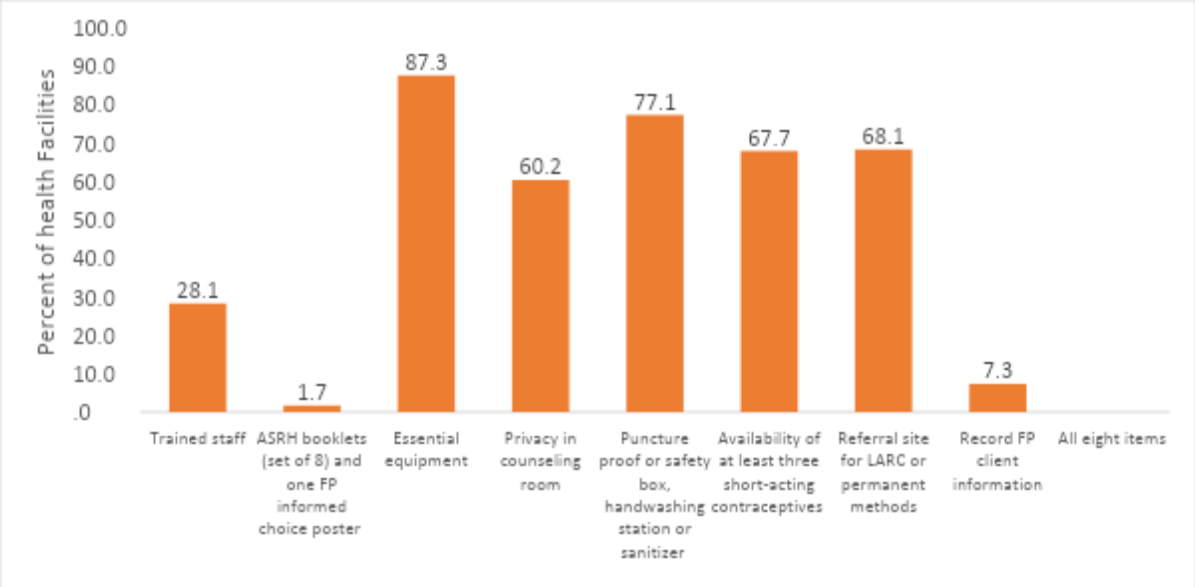


Figure 12: Adolescent responsive contraceptive services(N=480)

Of the total registered private health facilities, only 8 private health facilities had ASRH booklets (set of 8) and one FP informed choice poster on the day of assessment. With regard to other components important to quality service delivery, most of the private health facilities had a functional blood pressure (BP) set (90%) and pregnancy test kit (95.6%). More than half (60.2%) of the health facilities have at least a separate corner in a room or a space with a curtain for FP counseling and/or services to maintain privacy and confidentiality. 67.7% of the private health facilities had at least three short-acting contraceptives (male condoms, pills and injectables) available. None of the health facilities met the criteria for all eight standards and therefore none of them were considered to be providing or ready to provide adolescent responsive contraceptive services on the day of assessment. (Figure 12)

3.11 DATA RECORDING AND REPORTING

KEY FINDINGS

- 17% of the health facilities maintain records of FP commodities sold/distributed and only 7% of facilities maintain records of clients served.
- Of the health facilities which had maintained records of clients served, fifteen (43%) health facilities reported FP service data to government authorities of which 68.8% mentioned that they report as it is required by government.
- Of the total health facilities that report information (15), 8 (53.3%) submit reports to public health facilities, followed by 5 (33.3 %) who self-report in DHIS-2 and 4 (26.7%) who report to local government. The most common reason expressed by respondents for not submitting their health facilities report was that they were not aware of the need for reporting (56.1%).

The health facility assessment collected information on several aspects of recording and reporting of FP commodities. Figure 13 and 14 shows recording of FP commodities distributed and recording of FP client information respectively. Less than one- fifth of private health facilities (17.5%) record information of FP commodities distributed/sold and only 7% of facilities record FP client information. Out of all health facilities which maintain records on FP commodities sold/ distributed, a significant proportion of 74(76.2%) had maintained records of Sangini commodities followed by 43 (51.2%) for male condoms, 41(48.8%) combined oral contraceptive pills and 36(42.9%) for emergency contraceptive pills and 28 (33%) kept records of all three commodities.

Regarding FP client record-keeping, the majority 31(88.6%) of health facilities which maintained records, had maintained records of Depo/Sangini clients followed by 10 (28.6%) combined oral contraceptive pills and 7(20%) for male condom clients.

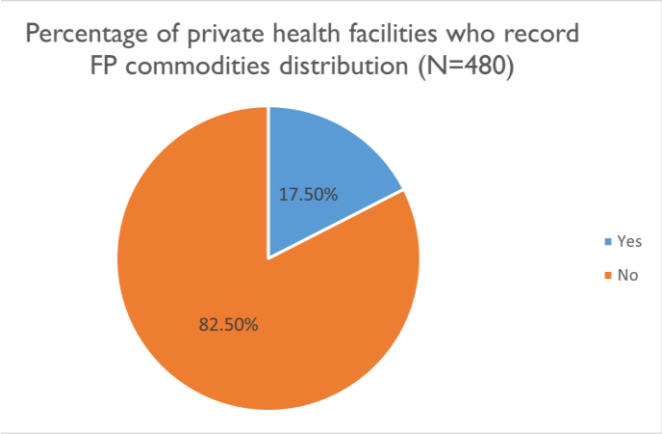


Figure 13: Percentage of health facilities who record FP commodities distribution (N=480)

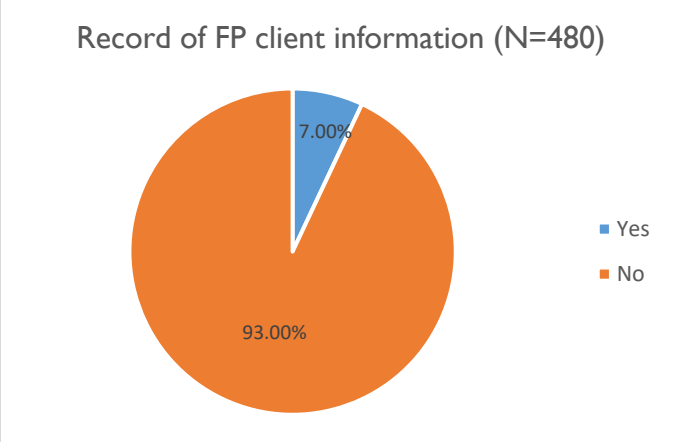


Figure 14: Record of FP client information (N=480)

Of the health facilities which record FP services (35), the majority 16(45.7%) record in the Sangini logbook followed by 13(37.1%) who record on their own recording form and only 5(14.3%) health facilities record in using the government recording form (HMIS 3.2, 3.3 & 3.4). (Multiple responses possible)

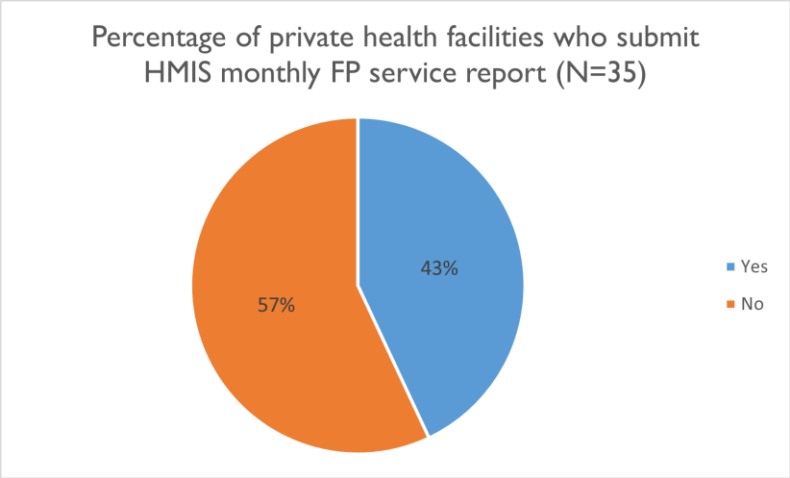


Figure 15: HMIS monthly reporting to government (N=35)

Among the health facilities which record FP client information, 15(43%) health facilities report monthly to the government. Of the fifteen private health facilities which report monthly to the government HMIS system, 11 (68.8%) reported as required followed by 4(25.0%) HMIS recording tools supported by government and 3(18.8%) HMIS training provided by government respectively. (Multiple response)

Out of 480 currently registered health facilities, 161 (33.5%) interviewees are aware of using digital platform (DHIS 2-government) for recording and reporting.

Of the total 15 health facilities that submit report, the majority 8(53.3%) submit reports to public health facilities (Health post/ PHC /Primary hospitals/ Urban health clinic/ Basic health service unit/ Community Health Unit), followed by 5 (33.3 %) self-report in DHIS-2 and 4 (26.7%) to local government (Municipal office). (Multiple responses)

Table 24 shows reporting practices among all private health facilities. Only 8.9% of registered private health facilities practice electronic/online reporting. 5.4% regularly compile a health management information system (HMIS) report, and 3.5% have a designated HMIS focal person. Only 2.3% of private health facilities reported that at least one of the service providers has received HMIS training. Just 3 health facilities have conducted a routine data quality assessment (RDQA) in the last year. Table 24 highlights the limited use of electronic or online reporting (9%).

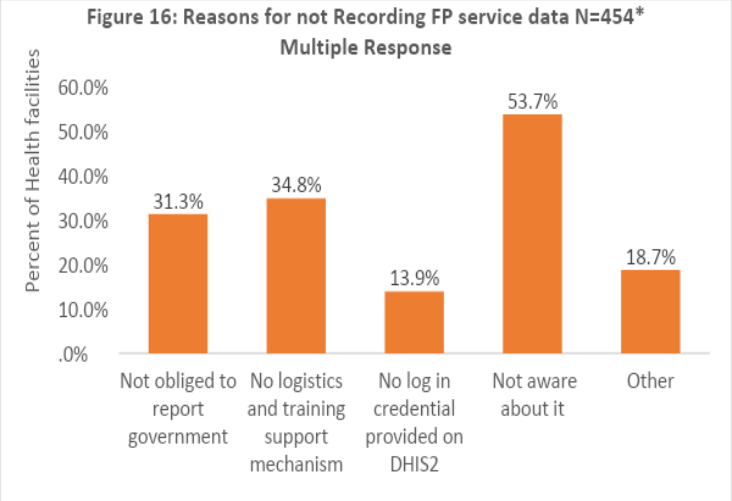


Figure 16: Reasons for not Recording FP service data (N=454)
*Multiple Response

Table 24: HMIS reporting practices

	Practice electronic/ online reporting	Compile HMIS reports regularly	Have provider trained on HMIS	Have a designated HMIS focal person	Routine data quality assessment (RDQA) in last one year	Total Number of Facilities
Facility Type						
Pharmacy	19	1	0	1	0	263
Clinic	4	5	1	2	0	117
Polyclinic	7	5	2	2	1	51
Hospital	13	15	8	12	2	49
Total	**43**	**26**	**11**	**17**	**3**	**480**
District						
Bara	9	4	1	2	0	78
Dhanusha	5	1	1	1	0	49
Mahottari	4	1	1	1	0	35
Parsa	1	0	0	3	0	32
Rautahat	13	3	3	0	1	62
Sarlahi	6	3	3	3	2	66
Banke	0	0	0	0	0	45
Pyuthan	1	2	0	0	0	36
Rolpa	1	1	1	1	0	24
Salyan	0	7	1	5	0	21
Surkhet	3	4	0	1	0	32
Total	**43**	**26**	**11**	**17**	**3**	**480**

Most of the facilities (97%) do not report in the HMIS government system (Table 24). The main reasons for not recording and reporting in the government system were not being aware of it, followed by no logistics and training support mechanism. (Figure 16 & 17)

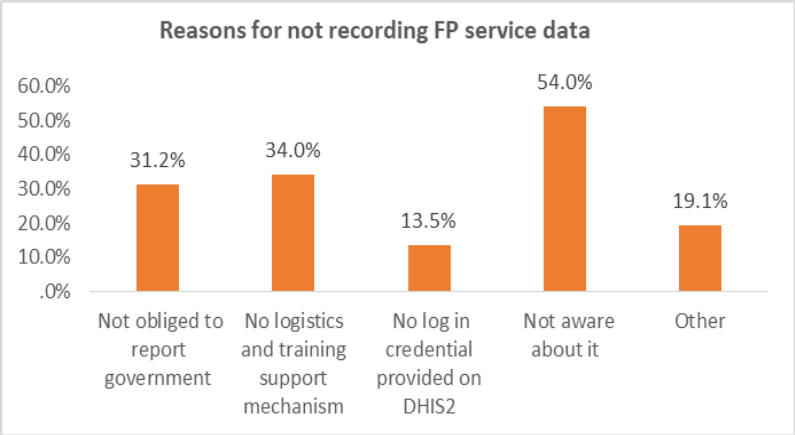


Figure 17: Reasons for not Recording FP services (N=465) * Multiple Response

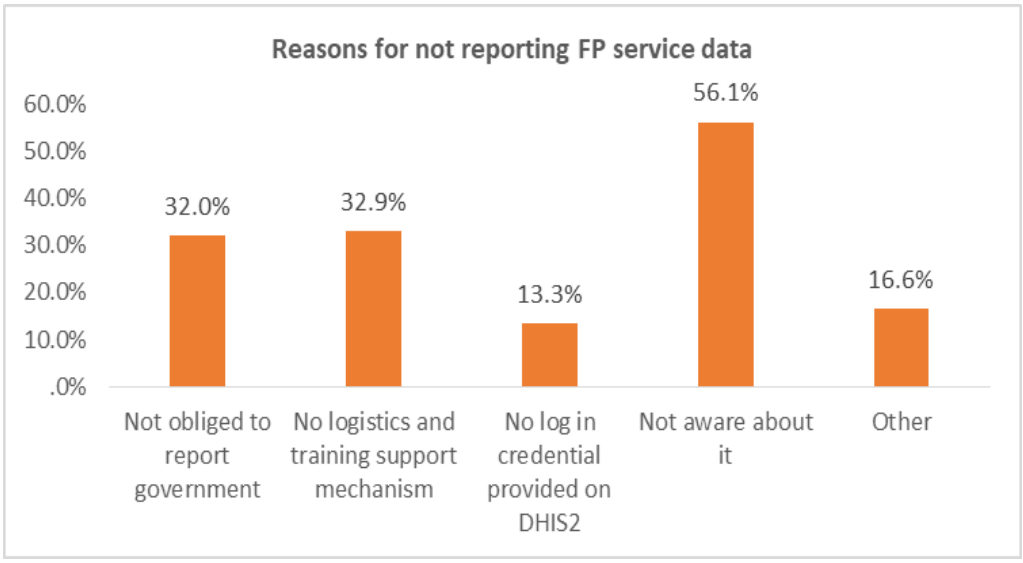


Figure 18: Reasons for not reporting (N=465) * Multiple Response

3.12 CLIENT FEEDBACK MECHANISMS AND QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) SYSTEMS

KEY FINDINGS

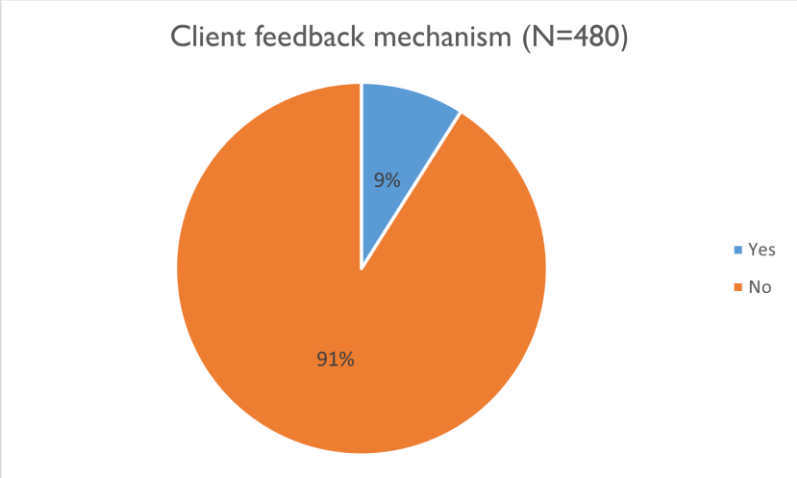
- Thirty eight percent of the private health facility providers were aware of quality assurance mechanisms. Among the 32 health facilities that had conducted QA/QI activities, fifteen had used operating instructions/guidelines, twelve had used recording, five had a QA policy and three had standard operating procedures.
- 43 (9%) of health facilities reported having client feedback mechanisms. Out of these, 92% of

providers obtained verbal feedback from clients during the visit.
8(18.6%) of the private health facilities have a procedure for reviewing or reporting clients' opinion or feedback.

Obtaining client feedback on health service delivery provides an opportunity for management to undertake remedial actions and to increase the satisfaction of health service users. Such feedback is critical to providing health services that meet people's expectations. Basic management and administrative systems as well as regular supervision and in-service training are necessary to ensure that health services are consistently provided at an acceptable level of quality.

3.12.1 Client Feedback Mechanism

The private health facility assessment elicited information pertaining to clients' opinions on health service delivery. Figure 18 provides information on client feedback mechanisms for all facilities, which are important in ensuring the delivery of quality services.



Less than 10% of private health facilities reported having a client feedback mechanism. Out of 43 health facilities which reported having a feedback mechanism, the majority of the service providers from each type of health facility asked verbally about the quality of service delivered to the clients during their visit as shown in table 25. After having clients' opinion/feedback, 8(18.6%) health facilities have a procedure for reviewing or reporting clients' opinions or feedback, of which, 7(87.5%) health facilities immediately review and make changes based on the feedback received. One health facility follows a monthly review and change approach.

Figure 19: Client feedback Mechanism (N=480)

Table 25: Methods of Client Feedback (N=43)

Methods of Client Feedback (N=43)										
Type of Health Facility		Suggestion box	Client survey form	Client interview form	Informal discussion with clients	Email	Health facility's website	Other	Don't know	Total
Pharmacy	N	0	0	0	1	0	0	9	2	12
	%	.0%	.0%	.0%	8.3%	.0%	.0%	75.0%	16.7%	

Clinic	N	0	0	0	3	0	0	4	2	9
	%	.0%	.0%	.0%	33.3%	.0%	.0%	44.4%	22.2%	
Polyclinic	N	1	0	0	0	0	1	4	0	6
	%	16.7 %	.0%	.0%	.0%	.0%	16.7%	66.7%	.0%	
Hospital	N	6	1	1	2	2	0	9	1	16
	%	37.5 %	6.3%	6.3%	12.5%	12.5%	.0%	56.3%	6.3%	
Total	N	7	1	1	6	2	1	26	5	43
	%	16.3 %	2.3%	2.3%	14.0%	4.7%	2.3%	60.5%	11.6%	

Multiple Response table; * "other" includes: Ask verbally about the quality of service delivered to the clients during their visit

3.12.2 Quality Assurance / Quality Improvement Mechanism

More than one-third (38.5%) of the private health facility providers were aware of quality assurance mechanisms, however only 17% reported having routinely carried out Quality Improvement/Quality Assurance activities in their facility.

Table 26: Quality Assurance/ Quality Improvement Mechanism according to characteristics

Characteristics		**Aware of Quality Improvement/Quality Assurance Programs**		**Routinely Carry out Quality Improvement/Quality Assurance Activities**		
Type of Facility		**Yes**	**No**	**Yes**	**No**	**Don't Know**
Pharmacy	N	83	180	13	67	3
	%	31.6%	68.4%	15.7%	80.7%	3.6%
Clinic	N	63	54	5	58	0
	%	53.8%	46.2%	7.9%	92.1%	.0%
Polyclinic	N	18	33	4	13	1
	%	35.3%	64.7%	22.2%	72.2%	5.6%
Hospital	N	21	28	10	10	1
	%	42.9%	57.1%	47.6%	47.6%	4.8%
Districts						
Bara	N	55	23	3	51	1
	%	70.5%	29.5%	5.5%	92.7%	1.8%
Dhanusha	N	14	35	4	10	0
	%	28.6%	71.4%	28.6%	71.4%	.0%
Mahottari	N	8	27	2	5	1
	%	22.9%	77.1%	25.0%	62.5%	12.5%
Parsa	N	5	27	0	5	0
	%	15.6%	84.4%	.0%	100.0%	.0%
Rautahat	N	8	54	4	3	1
	%	12.9%	87.1%	50.0%	37.5%	12.5%
Sarlahi	N	17	49	8	8	1
	%	25.8%	74.2%	47.1%	47.1%	5.9%
Banke	N	33	12	8	25	0
	%	73.3%	26.7%	24.2%	75.8%	.0%

Pyuthan	N	1	35	0	1	0
	%	2.8%	97.2%	.0%	100.0%	.0%
Rolpa	N	22	2	2	20	0
	%	91.7%	8.3%	9.1%	90.9%	.0%
Salyan	N	9	12	1	7	1
	%	42.9%	57.1%	11.1%	77.8%	11.1%
Surkhet	N	13	19	0	13	0
	%	40.6%	59.4%	.0%	100.0%	.0%
Total	**N**	**185**	**295**	**32**	**148**	**5**
	%	**38.50%**	**61.50%**	**17.30%**	**80.0%**	**2.7%**

- Of the total private health facilities which reported having routinely carried out QA/QI activities in their facility, the majority 22(68.8%) haven't maintained a record of any quality assurance activities carried out during the last fiscal year.
- Among the 32 health facilities that had conducted QA/QI activities, fifteen had used operating instructions/guidelines, twelve had maintained record, five had a QA policy and three had standard operating procedure. (Multiple responses possible).

3.13 STOCK MANAGEMENT

KEY FINDINGS

- 18 % of the private health facilities reported stock outs of at least one FP commodity on the day of the assessment. The most prominent reason for a stock out of a modern contraceptive was due to the new stock not being ordered (42%).
- Twenty-five (5.2%) private health facilities used computer-assisted inventory management systems, 59(12.3%) used manual methods, and 373 (77.7%) did not have any stock management system in place.
- 8.8 % of registered private health facilities reported that they determine the quantity of each contraceptive method required and order that number.

This section provides information on stock management of family planning commodities in each type of private health facility. Stock management is the process that ensures proper ordering, receipt, storage, and use of commodities.

3.13.1 Source of Supply of FP Commodities

8.8 % of registered private health facilities reported that they determine the quantity of each contraceptive method required and order that. Figure 19 describes the source of supplies of family planning commodities by type of health facility. The main source of supplies for HFs was retailer/distributors/wholesalers (96%) followed by Nepal CRS Company. Providers were able to receive commodities from more than one supplier.

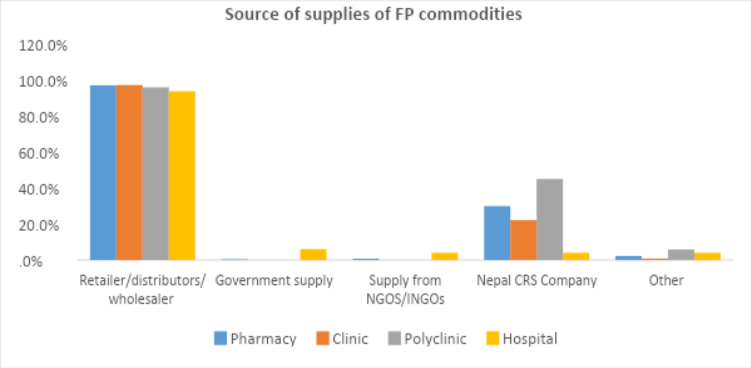


Figure 20: Source of supplies of FP commodities by type of health facility (N=480)

3.13.2 Storage Practices for Medicines

Another key indicator of facility performance is the effectiveness of the overall logistics management system in ensuring good storage practices for medicines. Table 27 presents information on storage practices for FP commodities at facilities. More than 8 in 10 facilities demonstrated five out of six good storage practices shown in the table below.

Table 27: Storage of FP Commodities by type of health facilities

		Storage of FP commodities by type of health facility							
Type of Health Facility		**Contraceptive commodities organized by expiration date (" First expiry, first out")**	**Store commodities off the floor and away from wall**	**Commodities protected from water**	**Commodities protected from heat and direct sunlight**	**Commodities protected from moisture/humidity**	**Keep fast -selling commodities/ products at eye level**	**No storage**	**Total HFs**
Pharmacy	N	151	194	208	189	157	108	37	263
	%	57.4%	73.8%	79.1%	71.9%	59.7%	41.1%	14.1%	
Clinic	N	47	81	93	90	80	58	20	117
	%	40.2%	69.2%	79.5%	76.9%	68.4%	49.6%	17.1%	
Polyclinic	N	33	40	41	40	32	22	6	51
	%	64.7%	78.4%	80.4%	78.4%	62.7%	43.1%	11.8%	
Hospital	N	40	37	43	41	41	38	2	49
	%	81.6%	75.5%	87.8%	83.7%	83.7%	77.6%	4.1%	
Total	**N**	271	352	385	360	310	226	65	480
	%	56.5%	73.3%	80.2%	75.0%	64.6%	47.1%	13.5%	

* Multiple Response Table

3.13.3 'Stock Out' on the Day of Visit

In this assessment 'stock out' indicates a situation in which a health facility providing family planning services runs out of supplies of any one or more of the modern methods of contraceptives at any point in time over the last 6 months preceding the assessment.

The incidence of 'stock out' of modern contraceptives on the day of visit was explored in this assessment. This was considered as an important index of availability and a proxy indicator of access to contraceptive commodities in the country. The stock out situation on the day of visit was observed in 87(18.1 %) of the private health facilities. Among them, there were stock outs of male condoms in 13 private HFs, Female Condoms in 1 HF, Injectables in 39 HFs, OCP in 32 HFs, ECP in 29 HFs, IUCD in 2 HFs, Implants in 3 HFs.

Table 28: Stock out on the day of visit by the type of facility

Type of Facility	Modern contraceptive method stock out on the day of visit	Total HFs providing Family Planning Services (N)
Pharmacy	42(16.0%)	263
Clinic	20(17.1%)	117
Polyclinic	14(27.5%)	51
Hospital	11(22.4%)	49
Total	87(18.1%)	**480**

- In the case when specific family planning commodities stockout on the day of a client visit in the health facility, the majority 411(85.6%) of health facilities refer the client to other facilities for that product.
- Of the total registered private health facilities, only a small proportion 79(16.5%) have the practice of maintaining the stock of FP commodities for at least three months. Among these facilities, the majority 66(83.5%) identify the required quantity based on their experience while 13(16.5%) rely on sales records to identify the required quantity.

3.13.4 Reasons For 'Stock Out'

The stock out situation is assured if any private health facilities have no stock of any one of the six FP commodities (male condoms, combined oral contraceptive, Injectable, IUCDs, implants and emergency contraceptives); the health facility is considered as stock out. The stock out situation of female condoms was not included in the study as very few (less than one percent of the facilities) were able to provide it on a regular basis. Consequently, the reasons why stock outs occurred for certain contraceptives are also provided.

Though the stock out situation seems to be rare in the majority of private health facilities, various reasons as reported by the respondents are listed above in figure 20. The most prominent reason for stock out of modern contraceptives was due to new stock not ordered.

Figure 21: Reasons for Stock out (N=87)

Table 29: Reasons for stock out according to characteristics

Reasons for Stock Out						
		New stock not ordered	**Ordered stock didn't arrive**	**Supplier had no stock**	**Other**	**Total**
Type of Health Facility						
Pharmacy	N	15	13	4	10	42
	%	35.7%	31.0%	9.5%	23.8%	
Clinic	N	12	8	0	0	20
	%	60.0%	40.0%	.0%	.0%	
Polyclinic	N	7	4	0	3	14
	%	50.0%	28.6%	.0%	21.4%	
Hospital	N	3	3	1	4	11
	%	27.3%	27.3%	9.1%	36.4%	
Districts						
Bara	N	8	5	2	2	17
	%	47.1%	29.4%	11.8%	11.8%	
Dhanusha	N	5	1	1	0	7
	%	71.4%	14.3%	14.3%	.0%	
Mahottari	N	2	0	0	1	3
	%	66.7%	.0%	.0%	33.3%	
Parsa	N	5	2	0	0	7
	%	71.4%	28.6%	.0%	.0%	
Rautahat	N	5	4	2	3	14
	%	35.7%	28.6%	14.3%	21.4%	
Sarlahi	N	6	6	0	7	19
	%	31.6%	31.6%	.0%	36.8%	
Banke	N	2	1	0	3	6
	%	33.3%	16.7%	.0%	50.0%	
Pyuthan	N	2	1	0	0	3
	%	66.7%	33.3%	.0%	.0%	
Salyan	N	0	4	0	1	5
	%	.0%	80.0%	.0%	20.0%	
Surkhet	N	2	4	0	0	6
	%	33.3%	66.7%	.0%	.0%	
Total	**N**	**37**	**28**	**5**	**17**	**87**

3.13.5 Stock Management System

Table 30 describes the stock management system by type of private health facilities. Twenty-five (5.2%) private health facilities used computer-assisted inventory management systems, 59(12.3%) used manual methods, and 373 (77.7%) did not have any stock management system in place.

Table 30: Stock Management system by type of health facilities

Type of Health Facility		Computer system updated daily	Ledger/stock card updated daily	Computer system not updated daily, but there is daily record of distributed commodities	Ledger/stock card not updated daily, but there is daily record of distributed commodities	Both Computer System and Ledger/stock card updated daily	No practice available	Total
Pharmacy	N	13	35	1	10	1	203	263
	%	4.9%	13.3%	.4%	3.8%	.4%	77.2%	
Clinic	N	2	5	0	1	0	109	117
	%	1.7%	4.3%	.0%	.8%	.0%	93.2%	
Polyclinic	N	2	11	1	4	1	32	51
	%	3.9%	21.6%	2.0%	7.8%	2.0%	62.7%	
Hospital	N	8	8	0	1	3	29	49
	%	16.3%	16.3%	.0%	2.0%	6.2%	59.2%	
Total	N	25	59	2	16	5	373	480
	%	5.2%	12.3%	.4%	3.3%	1.0%	77.8%	

3.14 BUSINESS KNOWLEDGE, AWARENESS AND PRACTICE

KEY FINDINGS

- 44% of health facility owners are aware of organizational business plans. Only 20% of the health facility owners had business plans in written form. Of these, 88.8% include the adolescent and young people-centric FP/RH service provision.
- Of the total health facility owners, only 9% had received training or formal education in aspects of business and management.
- 30% of the private health facilities had a daybook or computer system to keep records of sales, payables, receivables, purchases. Of these, ninety (61.6%) regularly maintain a daybook or computer system.
- 19.6% of currently registered health facilities had advertised for their service of which 62% had done demand generation through FM/radio.

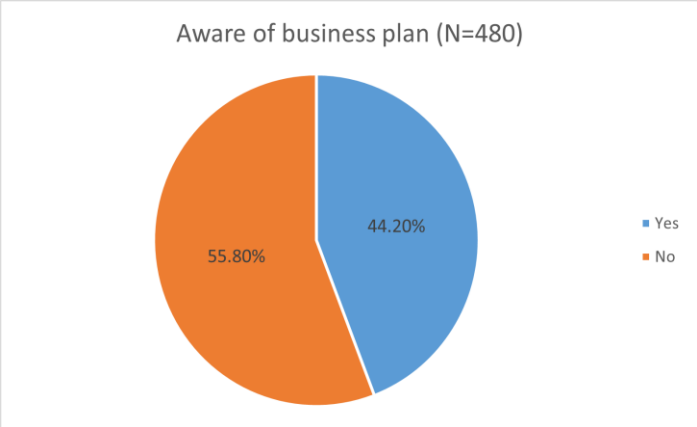


Figure 22: Aware of business plan (N=480)

This section provides information about business knowledge, awareness, and practice. It includes information on the products or services businesses offer, target customers, marketing strategies, and resources needed to achieve those goals. It is like a roadmap for the business, helping the owner or management team to make informed decisions and stay on track towards success. 212(44.2%) of health facilities were aware of organizational business plans and only 98(20%) had a business plan in written form.

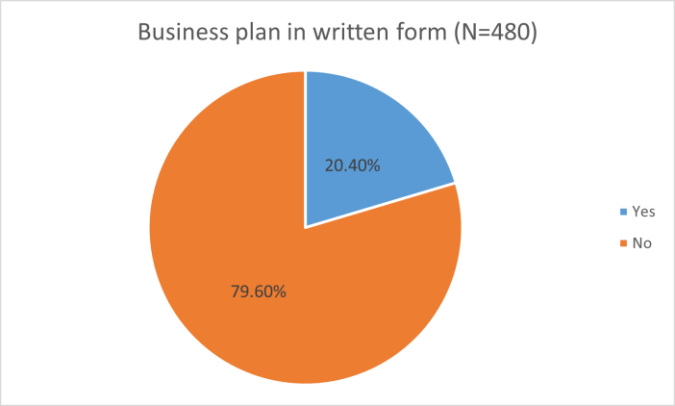


Figure 23: Business plan in written form(N=480)

Of the total 98 private health facilities which have business plans in written form, eighty-seven (88.8%) include adolescent and young people-centric FP/RH service provision. The majority 440(91.7%) of interviewees had not received any training or formal education in aspects of business and management. Out of the 40 health facilities which had received training or formal education in aspects of business and management, 11 had received business skill training. Of which, the majority had received training in marketing.

Out of the total currently registered health facilities, the majority 346(72.1%) of interviewees were not engaged in any formal meetings/interactions for service promotion, marketing, linkages, and advocacy. 81 (16.9%) were engaged in formal meetings/interactions for service promotion, marketing, linkages and advocacy with Nepal Chemist Drug Association (NCDA)and 47 (9.8%) were engaged in formal meetings/interactions for service promotion, marketing, linkages and advocacy with retailers/distributors. However, only 16 (3.3%) had reported that they were engaged with the private facilities network. (Multiple responses)

146(30.4%) private health facilities had a daybook or computer system to keep records of sales, payables, receivables, purchases. Of these, ninety (61.6%) regularly maintain a daybook or computer system. Among the ninety health facilities which regularly maintain a daybook or computer system, 38(42.2%) health facilities use financial records from the daybook or other systems to make decisions. Of these, 13(34.2%) had added additional services to clients, 10(26.3%) repackaging of different services, 7(18.4%) had launched discount and other schemes, whereas 12(31.6%) had not made any specific decision. (Multiple response)

3.14.1 Demand Generation

Advertising and marketing are related to demand generation. Demand generation activities are conducted to create awareness and interest for the available products or services among potential customers. The goal of demand generation is to create future opportunities that can be nurtured and converted into paying customers over time. Demand generation can be done at different places. It can be done at their own facility (Pharmacies/clinic/hospital) or at the community or in digital spaces such as messaging through SMS, social media, viber etc. Figure 24 depicts 19.6% of registered health facilities advertised their service. Of 94(19.6%) private health facilities who had advertised their service, the majority of the facilities (62%) used demand generation through radio/FM and other platforms were community events, social media and at health facility. (Figure 25)

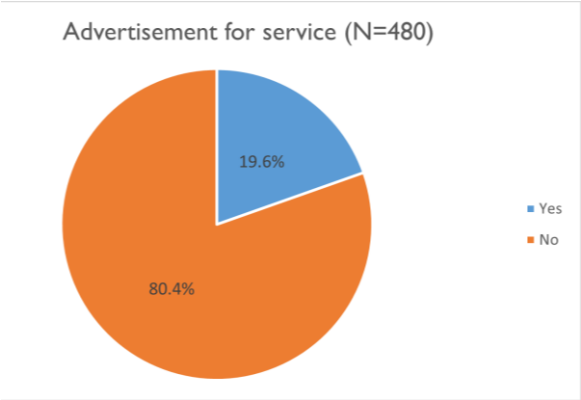


Figure 25: Advertisement for service (N=480)

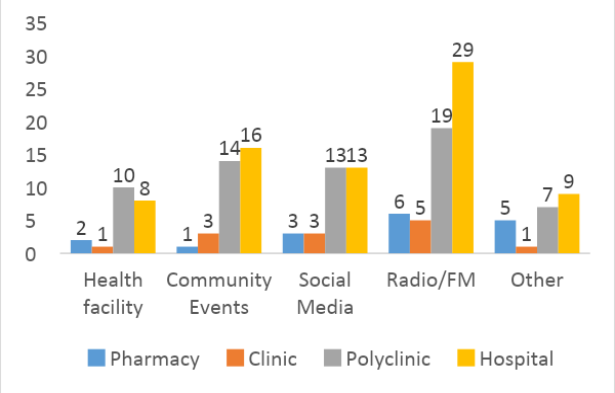


Figure 24: Methods for advertisement (N= 94)

3.15 FACILITY SELECTION FOR USAID ARH

Health Facility selection criteria:

- Registered with relevant Government of Nepal authorities
- Willingness to provide FP service to unmarried/married adolescents
- Willingness to receive technical support from the USAID ARH project.
- Agree to comply with USAID ARH Nepal's reporting and recording requirement.
- Having at least one paramedic, nursing staff and medical officer in the health facility.

Table 31 (Refer Appendix II) represents the distribution of private health facilities across municipalities that meet the five criteria listed above. In total 369 health facilities met all five

criteria. Of these, there was a further selection process to decide which facilities will take part in USAID ARH. However, for municipalities having less than 4 eligible private health facilities, we have selected health facilities based on only two criteria i.e. currently registered and having at least one paramedic, nurse or medical officer in the Health facility. (Refer Appendix III)

4. CONCLUSION AND WAY FORWARD

4.1 CONCLUSION

The private health facility assessment of 910 private health facilities (reduced to 833 after initial screening) aimed to identify the service readiness of private health facilities in providing FP services in the selected municipalities of USAID ARH. The project focuses on supporting adolescents to reach their full potential and strengthen public systems and private entities to create an enabling environment for healthy ARH behaviors. This is a crucial assessment to lay the foundation for planning any new interventions for the network impacting both the health outcomes as well as the overall sustainability of the network. The number of Nepali women using modern contraception is growing. Twenty-five percent of Nepali people who use modern contraception get their method from a private source, which makes the private sector an essential partner in expanding access to family planning.

Out of 833 assessed facilities, 480 facilities were currently registered, 8 were not willing to provide services to married adolescents, 17 were not willing to provide services to unmarried adolescents, and 16 were not interested in receiving technical support. 369 private health facilities met all five criteria for selection I.e., registered with relevant Government of Nepal authorities, willingness to provide FP service to unmarried/married adolescents, agree to comply with USAID ARH Nepal's reporting and recording requirement, willingness to receive technical support from the project and having at least one paramedic, nurse, or medical officer in the health facility.

All types of health facilities were included in the study, i.e., pharmacies, clinics, polyclinics and hospitals and family planning services were found to be provided by all types. Contraceptive methods such as male condoms, combined oral contraceptive pills, injectables/Sangini and emergency contraceptive pills were available on a regular basis in all facilities. However, long term methods such as IUCDs and implants were typically only provided by private hospitals and mostly referred. One third 144(30%) of service providers of currently registered private health facilities (480) were aware of the concept of informed choice. Of these, 88.9% of health facility service providers provide information on all FP methods that are available then let the client choose. Likewise, although a high percentage of post-abortion and postpartum clients received family planning counseling. the proportion of clients who leave with a modern contraceptive after delivery and post abortion is low. Only 7% of facilities record FP client information, of which 15% of health facilities report FP client information to the government. None of the health facilities met the criteria for all eight standards and therefore none of them were considered to be providing or ready to provide adolescent responsive contraceptive services on the day of assessment. This provides an opportunity for the project to support the private health facilities in ensuring readiness for adolescent responsive health facilities.

Only forty-three (10%) of the private health facilities had any client feedback mechanism in place. Without this type of mechanism, it is difficult for providers to understand issues that adolescents and young clients face at their facilities and subsequently improve their response. Additionally, most of the assessed private health facilities were not aware of the QA/QI mechanism and have not carried out QA/QI activities in their facilities. The demand generation activities among the registered private health facility were very low.

4.2 WAY FORWARD

The private sector is an important source for most population segments and represents a critical opportunity to increase contraceptive access and choice. The findings indicate several areas where the USAID ARH project can enhance the quality of services and support private sector providers in delivering effective family planning (FP)/RH services to adolescents in Nepal. These areas include:

Training and capacity building: The low percentage of sites with providers trained in comprehensive FP and counseling highlights the need for capacity building efforts targeted to adolescents and also the wider population desiring FP. By enhancing providers' technical knowledge on FP and informed choice counseling, as well as other RH issues related to adolescents, they will be able to more effectively communicate with adolescents and provide quality services that respond to their needs.

Strengthen recording and reporting of private health facilities: The findings indicate that there is a low percentage of private health facilities who record client data and/or report in the National Reporting System. This implies that there is a need to increase awareness about the importance of recording and reporting for the facilities benefit as well as to meet recording and reporting requirements of the national system. . Training healthcare providers on accurate record keeping and timely data entry in the national system, establishing effective data management systems, and implementing regular monitoring and evaluation mechanisms will help private providers understand and improve their services as well as demonstrate their contribution to the overall health system.

Enhance post-abortion and postpartum family planning counseling: The study highlights a high percentage of post-abortion and postpartum family planning counseling. However, the proportion of clients who leave with a modern contraceptive after delivery and post abortion is low. Therefore, enhancing healthcare providers' comprehensive counseling techniques, raising awareness among women about the importance of family planning during the last prenatal visit for post-partum FP with effective utilization of IEC materials and job aids could facilitate more effective counselling.

Improving privacy and confidentiality: Investing in infrastructural improvements to ensure audio and visual privacy in counseling rooms as well as emphasizing the importance of adolescents' (and everyone else's) privacy and confidentiality during counselling is essential to providing adolescent responsive services.

Quality assurance and quality improvement mechanisms: Most of the assessed private health facilities were not aware of the QA/QI mechanism and have not carried out QA/QI activities in their facilities. To improve the service delivery from private health facilities, QA/QI mechanism needs to be strengthened and closely monitored.

Client feedback mechanisms: Most of the assessed private health facilities did not have any client feedback mechanisms in place. Supporting formalized client feedback mechanisms would position private sector providers to be more responsive to the needs of adolescents' clients at their facilities.

Demand generation and referral mechanisms: Additional interventions aimed at private health facility-initiated demand generation activities for FP services among adolescents and improving referral mechanisms, particularly for long-acting reversible contraceptives (LARC), can enhance service utilization and family planning uptake. This could involve awareness campaigns, community/school outreach, and strengthening linkages between different service facilities and providers.

This study will allow us to have a good understanding of the readiness to adolescent responsive services in private health facilities. USAID ARH will use these findings to design targeted interventions for improvement and adaptation of project interventions that specifically address the identified gaps and support private sector providers in delivering quality, person-centered FP services to adolescents in Nepal. Additionally, this will help us monitor changes in the private health facilities during the life of the project.

APPENDIX

APPENDIX I: LIST OF MUNICIPALITIES

Table 32: List of Municipalities

Province	Districts	Municipalities
Madhesh Province	Bara	Kalaiya Sub Metropolitan City
		Mahagadhimai Municipality
		Pachrauta Municipality
		Simroungadhi Municipality
		Subarna Rural Municipality
	Dhanusha	Chhireshwornath Municipality
		Dhanushadham Municipality
		Ganeshman Charnath Municipality
		Hansapur Municipality
		Kamala Municipality
		Mithila Bihari Municipality
		Sabaila Municipality
		Shahidnagar Municipality
	Mahottari	Aurahi Municipality
		Balawa Municipality
		Bhangaha Municipality
		Loharpatti Municipality
		Ram Gopalpur Municipality
		Samsi Rural Municipality
		Sonama Rural Municipality
		Gaushala Municipality*
	Parsa	Bahudarmai Municipality
		Jagarnathpur Rural Municipality
		Parsagadhi Municipality
		Pokhariya Municipality
	Rautahat	Brindaban Municipality
		Dewahi Gonahi Municipality
		Gadhimai Municipality
		Garuda Municipality
		Gujara Municipality
		Kataharia Municipality
		Madhav Narayan Municipality

		Phatuwa Bijaypur Municipality
	Sarlahi	Brahmapuri Rural Municipality
		Chandranagar Municipality
		Haripur Municipality
		Haripurwa Municipality
		Ishworpur Municipality
		Kabilashi Municipality
		Malangwa Municipality
		Barahathawa Municipality*
Lumbini Province	Banke	Duduwa Rural Municipality
		Janaki Rural Municipality
		Khajura Rural Municipality
		Narainapur Rm
	Pyuthan	Gaumukhi Rural Municipality
		Jhimrukh Rural Municipality
		Naubahini Rural Municipality
		Pyuthan Municipality
		Swargadwari Municipality
	Rolpa	Lungri Rural Municipality
		Rolpa Municipality
		Runtigadi Rural Municipality
Karnali Province	Salyan	Bagchaur Municipality
		Bangad Kupinde Municipality
		Sharada Municipality
	Surkhet	Gurbhakot Municipality
		Lekbesi Municipality
		Panchapuri Municipality
		Bheriganga Municipality*
Health facility assessment was not done in Gaushala Municipality and Barahathawa Municipality of Madhesh Province and Bheriganga Municipality of Karnali Province as these are intervention areas of MPHD Nepal.		

APPENDIX II: TABLES

Table 31: Facility selection meeting five criteria according to Palika

Province	Districts	Municipalities	Health Facilities meeting all five criteria (Total N:369)		Meeting four criteria but not currently registered (Total N:53)				Total
					In process of registering for first time (Total N:40)		In process of renewal (Total N:13)		
			Pharmacy	Other Facilities	Pharmacy	Other Facilities	Pharmacy	Other Facilities	
Karnali Province	Salyan	Bagchaur M	2	4	1	2	1	0	**10**
		Bangad Kupinde	2	3	0	1	0	0	**6**
		Sharada M	3	6	0	0	1	1	**11**
	Surkhet	Gurbhakot M	8	8	1	2	0	1	**20**
		Lekbesi M	3	2	0	0	1	0	**6**
		Panchapuri M	3	4	0	3	0	0	**10**
Lumbini Province	Banke	Duduwa RM	3	2	0	0	0	0	**5**
		Janaki RM	5	0	0	0	0	0	**5**
		Khajura RM	19	4	0	1	1	0	**25**
		Narainapur RM	0	3	0	0	0	0	**3**
	Pyuthan	Gaumukhi RM	0	0	0	0	0	0	**0**
		Jhimrukh RM	3	2	0	0	0	0	**5**
		Naubahini RM	1	1	0	0	0	0	**2**
		Pyuthan M	9	5	0	0	0	0	**14**
		Swargadwari M	3	3	0	0	0	0	**6**
	Rolpa	Lungri RM	0	4	0	0	0	0	**4**
		Rolpa M	2	7	0	0	0	0	**9**
		Runtigadi RM	1	8	0	0	0	0	**9**
Madesh Province	Bara	Kalaiya Sub Metropolitan city	8	22	0	4	0	0	**34**
		Mahagadhimai M	1	8	0	0	0	0	**9**

		Pachrauta M	2	2	0	0	0	0	**4**
		Simroungadhi M	1	4	1	1	0	0	**7**
		Subarna RM	1	2	0	0	0	0	**3**
	Dhanusha	Chhireshwornath M	11	4	0	0	0	0	**15**
		Dhanushadham M	3	1	0	2	0	0	**6**
		Ganeshman Charnath M	4	3	0	0	0	0	**7**
		Hansapur M	5	0	0	1	0	0	**6**
		Kamala M	1	2	0	1	0	0	**4**
		Mithila Bihari M	1	0	0	0	0	0	**1**
		Sabaila M	5	0	0	0	0	0	**5**
		Shahidnagar M	2	2	0	0	0	0	**4**
	Mahottari	Aurahi M	3	1	0	0	0	0	**4**
		Balawa M	2	0	0	0	0	0	**2**
		Bhangaha M	5	5	0	1	0	0	**11**
		Loharpatti M	1	0	0	0	0	0	**1**
		Ram Gopalpur M	2	4	0	0	0	0	**6**
		Samsi RM	3	1	0	0	0	0	**4**
		Sonama RM	0	1	0	0	0	0	**1**
	Parsa	Bahudarmai M	2	2	0	1	0	0	**5**
		Jagarnathpur RM	0	2	0	3	0	0	**5**
		Parsagadhi M	2	3	0	1	0	0	**6**
		Pokhariya M	8	1	0	0	0	0	**9**
	Rautahat	Brindaban M	2	2	0	3	1	0	**8**
		Dewahi Gonahi M	1	2	0	0	0	0	**3**
		Garuda M	3	11	0	0	0	0	**14**
		Gadimai M	1	3	2	1	1	0	**8**
		Gujara M	0	4	1	0	0	0	**5**
		Kataharia M	1	4	1	0	0	0	**6**
		Madhav Narayan M	0	3	0	0	0	0	**3**

		Phatuwa Bijaypur M	1	4	0	0	0	0	**5**
	Sarlahi	Brahmapuri RM	0	0	0	0	0	0	**0**
		Chandranagar M	4	1	0	2	0	0	**7**
		Haripur M	3	0	0	0	0	0	**3**
		Haripurwa M	3	1	0	0	0	0	**4**
		Ishworpur M	1	7	0	0	0	3	**11**
		Kabilashi M	1	1	0	3	0	2	**7**
		Malangawa M	17	12	0	0	0	0	**29**
Total			178	191	7	33	6	7	422

Table 33: Part of any health services network

Part of any health services network						
		Sangini Network	**NCDA**	**Other**	**None**	**Total HFs**
Pharmacy	N	22	114	10		263
	%	8.4%	43.3%	3.8%	50.2%	
Clinic	N	6	21	17	79	117
	%	5.1%	17.9%	14.5%	67.5%	
Polyclinic	N	1	6	1	44	51
	%	2.0%	11.8%	2.0%	86.3%	
Hospital	N	2	4	3	41	49
	%	4.1%	8.2%	6.1%	83.7%	
Total		31	145	31	296	480

***Multiple Response table (Other includes Nepal CMA association, Nepal Pharmaceutical association, Municipality)**

Table 34: Providers in the facility diagnose STIs or prescribe treatment for STIs or both according to type of facility

		Providers in the facility diagnose STIs or prescribe treatment for STIs or both					Total HFs
		Diagnose and treat STIs	Syndromic treatment	Diagnose but refer elsewhere for treatment	Refer elsewhere in health facility for diagnosis and treatment	No diagnosis / treatment / referral	
Pharmacy	N	15	74	44	28	102	263
	%	5.7%	28.1%	16.7%	10.6%	38.8%	
Clinic	N	9	28	34	20	26	117
	%	7.7%	23.9%	29.1%	17.1%	22.2%	
Polyclinic	N	25	8	9	5	4	51
	%	49.0%	15.7%	17.6%	9.8%	7.8%	
Hospital	N	19	4	16	8	2	49
	%	38.8%	8.2%	32.7%	16.3%	4.1%	
Total	N	68	114	103	61	134	480
	%	14.2%	23.8%	21.5%	12.7%	27.9%	

Table 35: Average Number/quantity of FP commodities sells in a year by Type of Facility

Number/quantity of FP commodities sells in a year by Type of Facility								
Type of Health Facility	Male Condom	OCP	ECP	Injectable/ Sangini	Implant	IUCD	Female Condom	**Total**
Pharmacy	**323,803**	57,874	68,483	26,322	0	0	0	263
Clinic	139,028	15,227	25,189	10,949	5	12	1	117
Polyclinic	65,555	5,182	12,309	4,325	6	24	0	51
Hospital	56,179	12,509	27,725	3,824	21	1	20	49

Table 36: Human resource management practices by type of Facility

		Conducts weekly/monthly meeting	Keeps leave records	Publish vacancy notice	Staff motivation activities	Job description provided to the provider	Other	No	Total
Pharmacy	N	17	6	1	0	2	1	245	263
	%	6.5%	2.3%	.4%	.0%	.8%	.4%	93.2%	
Clinic	N	10	1	1	3	1	0	107	117
	%	8.5%	.9%	.9%	2.6%	.9%	.0%	91.5%	
Polyclinic	N	26	14	9	8	4	3	24	51
	%	51.0%	27.5%	17.6%	15.7%	7.8%	5.9%	47.1%	
Hospital	N	43	28	24	11	21	2	4	49
	%	87.8%	57.1%	49.0%	22.4%	42.9%	4.1%	8.2%	
		96	49	35	22	28	6	380	480

***Multiple Response (Other includes: Yearly increment of salary, Festival allowance, free accommodation)**

APPENDIX III: FACILITY SELECTION MEETING TWO CRITERIA FOR PALIKA HAVING LESS THAN 4 ELIGIBLE HF

Table 37: Facility selection meeting two criteria for Palika having less than 4 eligible criteria

Meeting all five screening criteria									Meeting two criteria (i.e currently registered and having at least one Paramedic for palika having less than 4 eligible HFs(Total N:391)		
Province	Disticts	Municipalities	Health facility meeting all five criteria (Total N:369)		Not Currently registered (Total N:53)				Total	Currently registered		Total
					In process of registering for first time (Total N:40)		In process of renewal (Total N:13)					
			Pharmacy	Facilities	Pharmacy	Facilities	Pharmacy	Facilities		Pharmacy	Facilities	
Karnali Province	Salyan	Bagchaur Municipality	2	4	1	2	1	0	10			
		Bangad Kupinde Municipality	2	3	0	1	0	0	6			
		Sharada Municipality	3	6	0	0	1	1	11			
	Surkhet	Gurbhakot Municipality	8	8	1	2	0	1	20			
		Lekbesi Municipality	3	2	0	0	1	0	6			
		Panchapuri Municipality	3	4	0	3	0	0	10			
Lumbini Province	Banke	Duduwa Rural Municipality	3	2	0	0	0	0	5			
		Janaki Rural Municipality	5	0	0	0	0	0	5			
		Khajura Rural Municipality	19	4	0	1	1	0	25			

		Narainapur Rural Municipality	0	3	0	0	0	0	**3**	0	3	3
	Pyuthan	Gaumukhi Rural Municipality	0	0	0	0	0	0	**0**	0	0	0
		Jhimrukh Rural Municipality	3	2	0	0	0	0	**5**			
		Naubahini Rural Municipality	1	1	0	0	0	0	**2**	1	1	2
		Pyuthan Municipality	9	5	0	0	0	0	**14**			
		Swargadwari Municipality	3	3	0	0	0	0	**6**			
	Rolpa	Lungri Rural Municipality	0	4	0	0	0	0	**4**			
		Rolpa Municipality	2	7	0	0	0	0	**9**			
		Runtigadi Rural Municipality	1	8	0	0	0	0	**9**			
Madesh Province	Bara	Kalaiya Sub Metropolitan city	8	22	0	4	0	0	**34**			
		Mahagadhimai Municipality	1	8	0	0	0	0	**9**			
		Pachrauta Municipality	2	2	0	0	0	0	**4**			
		Simroungadhi Municipality	1	4	1	1	0	0	**7**			
		Subarna Rural Municipality	1	2	0	0	0	0	**3**	1	2	3
	Dhanusha	Chhireshwornath Municipality	11	4	0	0	0	0	**15**			
		Dhanushadham Municipality	3	1	0	2	0	0	**6**			
		Ganeshman Charnath M	4	3	0	0	0	0	**7**			

		Hansapur Municipality	5	0	0	1	0	0	**6**			
		Kamala Municipality	1	2	0	1	0	0	**4**			
		Mithila Bihari Municipality	1	0	0	0	0	0	**1**	1	0	1
		Sabaila Municipality	5	0	0	0	0	0	**5**			
		Shahidnagar Municipality	2	2	0	0	0	0	**4**			
	Mahottari	Aurahi Municipality	3	1	0	0	0	0	**4**			
		Balawa Municipality	2	0	0	0	0	0	**2**	2	0	2
		Bhangaha Municipality	5	5	0	1	0	0	**11**			
		Loharpatti Municipality	1	0	0	0	0	0	**1**	1	0	1
		Ram Gopalpur Municipality	2	4	0	0	0	0	**6**			
		Samsi Rural Municipality	3	1	0	0	0	0	**4**			
		Sonama Rural Municipality	0	1	0	0	0	0	**1**	0	1	1
	Parsa	Bahudarmai Municipality	2	2	0	1	0	0	**5**			
		Jagarnathpur Rural Municipality	0	2	0	3	0	0	**5**			
		Parsagadhi Municipality	2	3	0	1	0	0	**6**			
		Pokhariya Municipality	8	1	0	0	0	0	**9**			
	Rautahat	Brindaban Municipality	2	2	0	3	1	0	**8**			
		Dewahi Gonahi Municipality	1	2	0	0	0	0	**3**	1	2	3
		Garuda Municipality	3	11	0	0	0	0	**14**			

		Gadimai Municipality	1	3	2	1	1	0	**8**			
		Gujara Municipality	0	4	1	0	0	0	**5**			
		Kataharia Municipality	1	4	1	0	0	0	**6**			
		Madhav Narayan Municipality	0	3	0	0	0	0	**3**	0	3	3
		Phatuwa Bijaypur Municipality	1	4	0	0	0	0	**5**			
	Sarlahi	Brahmapuri Rural Municipality	0	0	0	0	0	0	**0**	0	0	0
		Chandranagar Municipality	4	1	0	2	0	0	**7**			
		Haripur Municipality	3	0	0	0	0	0	**3**	3	0	3
		Haripurwa Municipality	3	1	0	0	0	0	**4**			
		Ishworpur Municipality	1	7	0	0	0	3	**11**			
		Kabilashi Municipality	1	1	0	3	0	2	**7**			
		Malangawa Municipality	17	12	0	0	0	0	**29**			
Total			178	191	7	33	6	7	422			

APPENDIX IV: SPATIAL DISTRIBUTION OF HEALTH FACILITIES IN SIX PROVINCES

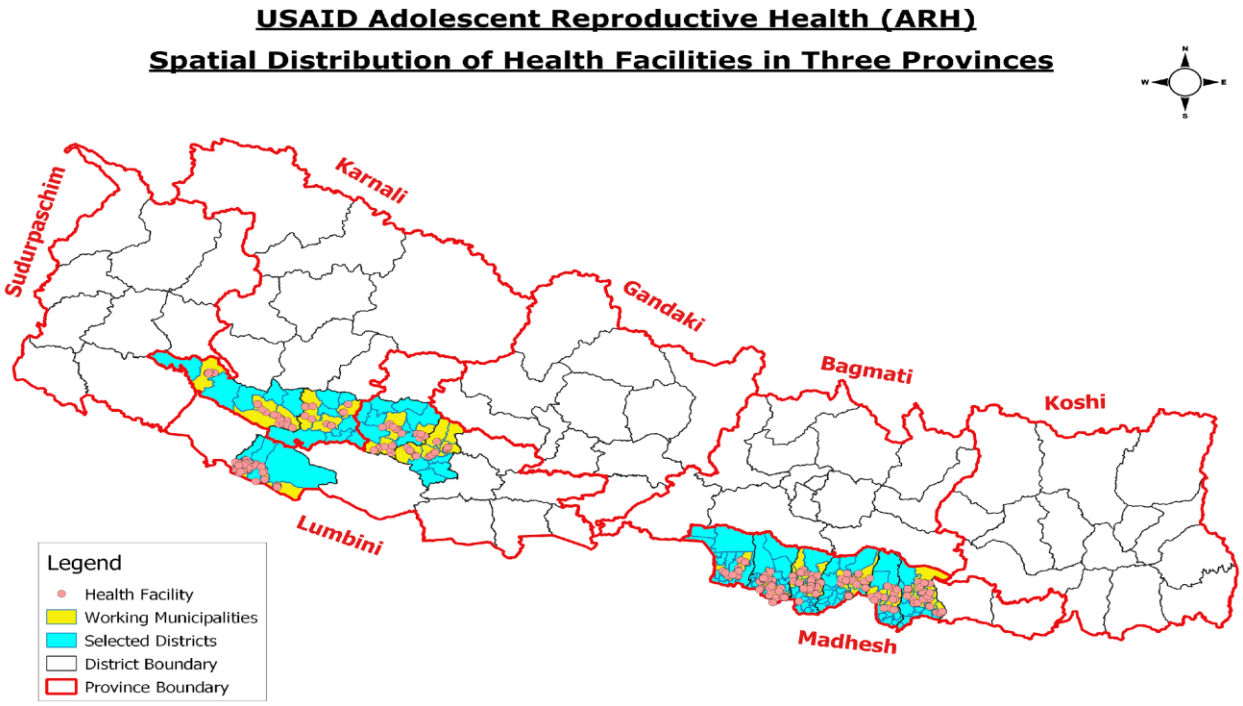


Figure 26: Spatial Distribution of Health Facilities

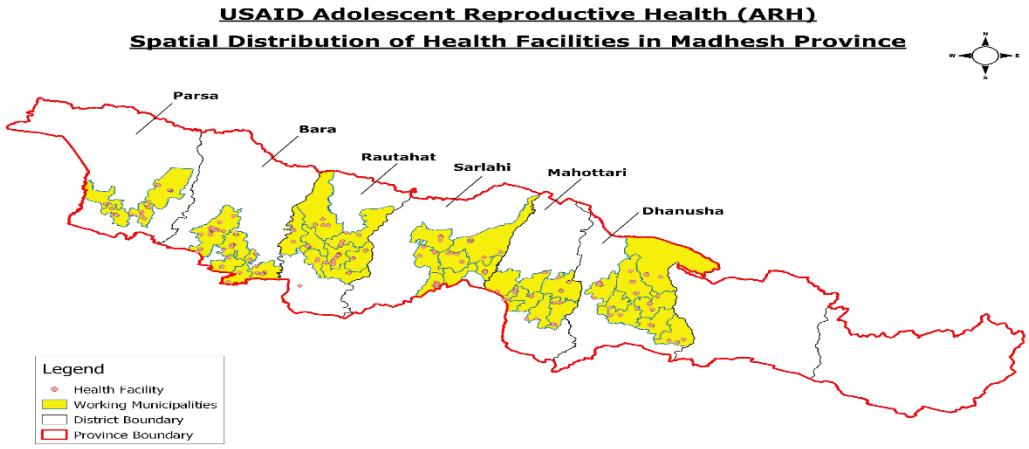


Figure 27: Spatial Distribution of Health Facilities in Madhesh Province

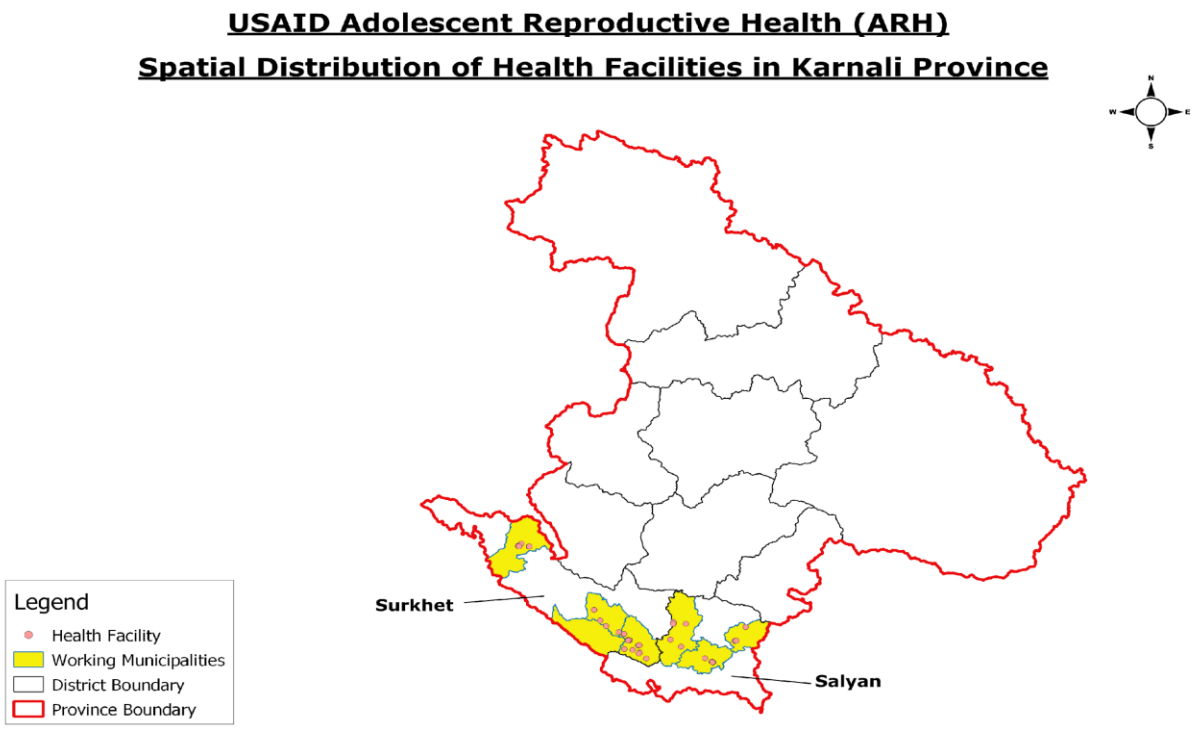


Figure 28: Spatial Distribution of Health Facilities in Karnali Province

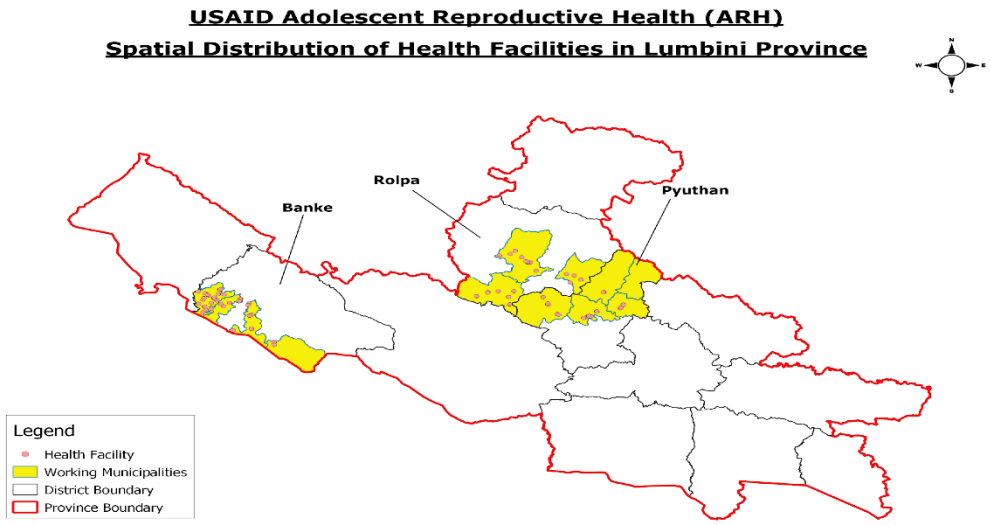


Figure 29: Spatial Distribution of Health Facilities in Lumbini Province

APPENDIX V: HEALTH FACILITIES PROVIDING DIFFERENT FP SERVICES

Table 38: List of Health Facilities providing different FP services

Facilities providing Female condoms		
Rautahat	Garuda Municipality	Garuda Hospital Pvt. Ltd
Bara	Kalaiya Sub Metropolitan City	Maharaja Medical
Sarlahi	Malangwa Municipality	Brahmbhumi health & research centre
Facilities providing IUCD services		
Rautahat	Garuda Municipality	Garuda Hospital Pvt. Ltd
Sarlahi	Malangwa Municipality	Brahmbhumi health & research centre
Banke	Khajura Rural Municipality	Sudip Medical Hall
Bara	Kalaiya Sub Metropolitan City	Rajlaxmi Relief Hospital PvtLtd
Pyuthan	Pyuthan Municipality	Sidhi Tika swasthya upachar kendra
Mahottari	Ram Gopalpur Municipality	Janaki Academic Hospital PVT.LTD
Parsa	Pokhariya Municipality	Pokhariya polyclinic
Dhanusa	Chhireshwornath Municipality	Janaki Medical college/Mahakal medical hall
Facilities providing Implant service		
Rautahat	Garuda Municipality	Garuda Hospital Pvt. Ltd
Sarlahi	Malangwa Municipality	Brahmbhumi Health & Research Center
Bara	Kalaiya Sub Metropolitan City	Rajlaxmi Relief Hospital Pvt. Ltd.
Parsa	Pokhariya Municipality	Pokhariya Polyclinic
Dhanusa	Chhireshwornath Municipality	Janaki Medical college/Mahakal medical hall
Bara	Kalaiya Sub Metropolitan City	Maharaja Medical
Bara	Kalaiya Sub Metropolitan City	Singh Medical Hall
Rautahat	Garuda Municipality	Anamika Hospital Pvt. Ltd
Bara	Kalaiya Sub Metropolitan City	Life Health Care polyclinic
Facilities providing Minilap service		
Sarlahi	Malangwa Municipality	Brahmbhumi Health & Research center
Bara	Kalaiya Sub Metropolitan City	Rajlaxmi Relief Hospital PvtLtd
Mahottari	Pokhariya Municipality	Pokhariya polyclinic
Dhanusa	Chhireshwornath Municipality	Janaki Medical college/Mahakal medical hall

Bara	Kalaiya Sub Metropolitan City	Yogsheela Hospital Pvt.Ltd
Rautahat	Garuda Municipality	Rautahat Grande Hospital
Bara	Subarna Rural Municipality	Sri S.R.P hospital Pvt Ltd
Rautahat	Dewahi Gonahi Municipality	Nepal Life Hospital Pvt. Ltd
Facilities providing Vasectomy service		
Sarlahi	Malangwa Municipality	Brahmbhumi Health & Research center
Bara	Kalaiya Sub Metropolitan City	Rajlaxmi Relief Hospital PvtLtd
Mahottari	Pokhariya Municipality	Pokhariya polyclinic
Dhanusa	Chhireshwornath Municipality	Janaki Medical college/Mahakal medical hall

APPENDIX VI: HEALTH FACILITY ASSESSMENT TOOL

Private Sector Health Facility Assessment Tool for USAID Adolescent Reproductive Health

Consent Form

Good day! My name is _____. We are here with Nepal CRS Company on behalf of USAID Adolescent Reproductive Health (ARH) conducting a survey of private health facilities. Nepal CRS Company is an organization that is an implementing partner of the USAID ARH. The primary goal of the USAID ARH is to support adolescents to reach their full potential and strengthen public systems and private entities to create an enabling environment for healthy adolescents' reproductive health behaviors.

Now I will read a statement explaining the study.

We would like to assess your health facility to learn about the available services, interest to collaborate with the USAID ARH and see if this institution is eligible for inclusion in this project. If your health facility is selected for inclusion in this project, USAID ARH will closely work with your health facility to improve its technical capacity to provide quality and adolescent responsive family planning services to adolescents and young people. The assessment shall cover components related to general information, infrastructure, human resource, FP related training, recording, and reporting, supply chain, business management knowledge and practices, and motivation to enroll in USAID ARH. The main purpose of the assessment is to obtain data related to the readiness of your health facility to provide family planning services to adolescents and young people.

The assessment shall take a maximum of 45-60 minutes and you are asked to provide responses to the questions related to your health facility, at the same time we might need to verify with your records. Participation in this assessment is optional, and to proceed we will need your formal consent. You have the right to end this assessment anytime you want, but we hope you will complete the interview. We will not be sharing information about you and your health facility to anyone outside of this study team. The information that we collect from this will be kept private. Any information about you and your health facility will have a code on it instead of the name. It will not be shared with or given to anyone except the USAID ARH team for further intervention purpose. Still, we are asking for your help to collect this information. You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the beneficiaries. There are no risks or inconveniences from participating, besides the natural tiredness of speaking for a period of time. We hope that your participation in the study may help us understand how to better design interventions. We would like to assure you that there would be no financial benefit while participating in the study.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduced us to that person to help us collect that information.

If you have any queries regarding the study, please contact-

Nepal Health Research Council (NHRC)
Ethical Review and M& E section
Tel.: +977 o1- 4254220 (Ext no 125)

Or, the Nepal CRS Company below:

Mr. Jiblal Pokharel
Principal Investigator
Nepal CRS Company, Kathmandu

Ms. Sagun Pant
Co-Principal Investigator
Nepal CRS Company, Kathmandu

Phone number: 01-4962097; Ext 125 Phone number: 01-4962097; Ext 138

At this point, do you have any questions about the study? Do I have your agreement to proceed?

May I begin the interview now?

Respondent agrees for interview …..... 1 Continue the interview

Respondent does not agree for interview ….....2 Stop the interview and thank the respondent

Time interview started: Hour: _____ Minute: _____

Interviewer's Signature indicating Consent obtained **Date**

नमस्ते, मेरो नाम ..... हो । म यूएसएआईडी किशोरकिशोरीको प्रजनन् स्वास्थ्य (USAID ARH) परियोजना अन्तर्गत निजी स्वास्थ्य संस्थाहरुको सर्वेक्षण गर्न नेपाल सि आर एस (CRS) कम्पनी बाट आएको हूँ। नेपाल सि आर एस (CRS) कम्पनी USAID ARH परियोजनाको साझेदार संस्था हो। USAID ARH परियोजनाको प्राथमिक उद्देश्य भनेको किशोरकिशोरीहरुलाई आफ्नो पूर्ण क्षमता पुग्न र किशोरकिशोरीहरुको प्रजनन स्वास्थ्य सम्बन्धी व्यवहारहरुको लागि सौहाद्रपूर्ण वातावरण सिर्जना गर्न सार्वजनिक तथा निजी निकायहरुलाई सुदृढीकरण गर्न सहयोग गर्नु हो ।

तपाइँको संस्थामा उपलब्ध भएका सेवाहरु, तपाईको यस परियोजनामा समावेश हुने इच्छा र यो सँस्था यस परियोजनामा समावेश गर्न योग्य छ कि छैन भनेर बुझ्न हामी तपाइँको स्वास्थ्य संस्थाको अध्ययन गर्न चाहन्छौं । यदि तपाइँको स्वास्थ्य संस्थालाई यस परियोजनामा समावेश गर्नका लागि छनोट गरियो भने, USAID ARH परियोजनाले किशोरकिशोरी र युवाहरूलाई गुणस्तरीय र किशोरकिशोरी केन्द्रित परिवार योजना सेवाहरू प्रदान गर्नको लागि आवश्यक प्राविधिक र व्यवस्थापकीय क्षमतामा सुधार गर्न तपाइँको संस्थासँग नजिकबाट काम गर्नेछ । यस अध्ययनमा सामान्य जानकारी, पूर्वाधार, मानव संसाधन, परिवार योजना सम्बन्धि तालिम, रेकर्डिङ, र रिपोर्टिङ, आपूर्ति व्यवस्थापन, व्यवसाय व्यवस्थापन सम्बन्धी ज्ञान र अभ्यासहरू, तथा परियोजनामा समावेश हुने उत्प्रेरणा सम्बन्धी विषयहरु समावेश गरिएका छन। यस अध्ययनको मुख्य उद्देश्य किशोरकिशोरीहरुलाई परिवार योजना सेवाहरू प्रदान गर्न तपाईको स्वास्थ्य संस्थाको तत्परतासँग सम्बन्धित तथ्यांक संकलन गर्नु हो।

यो सर्वेक्षण लगभग ४५-६० मिनेटको हुनेछ र तपाइँलाई तपाइँको स्वास्थ्य संस्थासँग सम्बन्धित प्रश्नहरू सोधिनेछ र साथसाथै हामी तपाइँको संस्थाको रेकर्डहरु पनि हेर्नेछौ । यस सर्वेक्षणमा यहाँको सहभागिता स्वैक्षिक हुनेछ र यस सर्वेक्षणलाई अगाडी बढाउन हामीलाई यहाँको सहमति आवश्यक हुन्छ । तपाईले कुनै प्रश्नको उत्तर दिन नचाहेमा हामीलाई स्वीकार्य हुनेछ, तर तपाई सर्वेक्षणमा पूर्ण रुपमा सहभागी हुनुहुनेछ भनेर हामी आशा गर्दछौं । यसबाट हामीले सङ्कलन गर्ने जानकारी गोप्य राखिनेछ। तपाईं र तपाईंको स्वास्थ्य संस्थाको बारेमा कुनै पनि जानकारीमा नामको सट्टा कोड हुनेछ। यो जानकारीहरु थप विश्लेषण र परियोजनाको कार्यक्रम अगाडी बढाउने उद्देश्यका लागि टोलीलाई मात्र दिइने छ । तैपनि , हामी यो जानकारी सङ्कलन गर्नको लागि तपाईंको सहयोगको लागि आग्रह गरिरहेका छौं। तपाईले कुनै पनि प्रश्नको जवाफ दिन अस्वीकार गर्न सक्नुहुन्छ वा कुनै पनि समयमा अन्तर्वार्ता रोक्न सक्नुहुन्छ। यद्यपि, हामी आशा गर्दछौं कि तपाईंले प्रश्नहरूको जवाफ दिनुहुनेछ, जसले तपाईंले प्रदान गर्ने सेवाहरू र सेवाग्राहीहरुलाई फाइदा हुनेछ। यस सर्वेक्षणमा सहभागी हुनबाट तपाईलाई कुनै जोखिम वा असुविधा हुने छैन । तपाईंको सहभागिताले हामीलाई कसरी राम्रो परियोजना बनाउन सकिन्छ भनेर बुझ्न मद्दत गर्नसक्छ । यस सर्वेक्षणमा भाग लिँदा कुनै आर्थिक लाभ हुने छैन भनी हामी तपाईंलाई जानकारी दिन चाहन्छौं ।

यदि कुनै प्रश्नहरुको बारे जानकारी दिन अन्य कोहि व्यक्ति बढी उपयुक्त भए, तपाईले हामीलाई उक्त व्यक्तिसंग जानकारी संकलन गर्नको लागि परिचय गरिदिनु भए हामी धेरै आभारी हुनेछौं ।

यदि तपाईसँग यस सर्वेक्षणको बारेमा कुनै प्रश्नहरू छन् भने, कृपया सम्पर्क गर्नुहोस्:
नेपाल स्वास्थ्य अनुसन्धान परिषद् (NHRC)
Ethical Review and M& E section
टेलिफोन: +977 o1- **4254220 (Ext. नम्बर 125)**

वा, नेपाल CRS कम्पनी:

श्री जिबलाल पोखरेल
प्रमुख अन्वेषक
नेपाल सीआरएस कम्पनी, काठमाडौ
फोन नम्बर: ०१-४९६२०९७; Ext. 125

श्री सगुन पन्त
सह-प्रमुख अन्वेषक
नेपाल सीआरएस कम्पनी, काठमाडौं
फोन नम्बर: ०१-४९६२०९७;Ext 138

के तपाइँ मलाई अहिले यस सर्वेक्षणका बारेमा केहि कुरा सोध्न चाहनुहुन्छ? _____

तपाईको मन्जुरी छ भने, के म अब अन्तर्वार्ता सुरु गर्न सक्छु?
उत्तरदाताले सर्वेक्षणको लागि मन्जुरी दिनुभयो ..... १ अन्तर्वार्ता जारी राख्नुहोस्
उत्तरदाताले सर्वेक्षणको लागि मन्जुरी दिनुभएन ..... २अन्तर्वार्ता रोक्नुहोस् र उत्तरदातालाई धन्यवाद दिनुहोस्

.....
उत्तरदाताकोहस्ताक्षर (मन्जुरी प्राप्त भएको)

Field staff name
सर्वेक्षकको नाम

Location of Health Facility

स्वास्थ्य संस्थाको स्थान

Province

- Madhesh Province
- Lumbini Province
- Karnali Province

प्रदेश

- मधेश प्रदेश
- लुम्बिनी प्रदेश

- कर्णाली प्रदेश

District…… Municipality…… Tole…… Ward Number……..
जिल्ला…… नगरपालिका..... टोल……वडा नं.....

Catchment Area

a. Rural municipality गाउँपालिका a1. Ethnically marginalized cluster जातीय रूपमा सीमान्तकृत समूह	b. Urban municipality नगरपालिका b1. Ethnically marginalized cluster जातीय रूपमा सीमान्तकृत समूह
a2. Disadvantaged cluster विपन्न समूह	b2. Disadvantaged cluster विपन्न समूह
a3. Rural Municipality Only (mixed ethnicity) गाउँपालिका मात्र (मिश्रित जातिको समुदाय भएको)	b3. Urban slums cluster शहरी सुकुम्बासी बस्ती समूह b4. Urban Municipality Only (Mixed Ethnicity) नगरपालिका मात्र (मिश्रित जातिको समुदाय भएको)

Interviewee
उत्तरदाता

a. Owner
b. Service provider
c. Both a & b
d. Health facility Manager or Administrator
e. Both b&d

1. मालिक/संस्थाधनी
2. सेवा प्रदायक
3. दुबै क र ख
4. स्वास्थ्य संस्था प्रबन्धक / प्रशासक
5. दुबै ख र घ

Record your current location (GPS) Longitude and Latitude
आफ्नो हालको स्थानकोGPS रेकर्ड गर्नुहोस्

SN	Questions	Code	Go to/Skip
A.	**Health Facility Details** स्वास्थ्य संस्थाको विवरण		
HF1.	Type of health Facility स्वास्थ्य संस्थाको प्रकार	a. Pharmacy b. Clinic c. Polyclinic d. Hospital क. फार्मेसी ख. क्लिनिक ग. पोलिक्लिनिक घ. अस्पताल	
HF2.	Name of health facility (as per registration) स्वास्थ्य संस्थाको नाम (दर्ता अनुसार)	……	
HF3.	Does the name in registration and signage board match? के दर्ता गरेको र साइनेज बोर्डमा लेखिएको स्वास्थ्य संस्थाको नाम मिल्छ ?	a. Yes b. No. (Write the name)….. 1. मिल्छ 2. मिल्दैन……..(नाम लेख्नुहोस्)	
HF4.	Official contact number(optional) आधिकारिक सम्पर्क नम्बर	……	
B.	**Registration Status of Health Facility and Willingness (Screening Questions)** **स्वास्थ्य संस्थाको दर्ता स्थिति र इच्छुकता (स्क्रिनिंग प्रश्नहरु)**		
SQ1.	Do you provide Family Planning services? (Probe/observation) के तपाइँ परिवार योजनाका सेवाहरू प्रदान गर्नुहुन्छ?	a. Yes b. No	

SN	Questions	Code	Go to/Skip
	(प्रोब र अवलोकन गर्नुहोस्)	1. गर्छु 2. गर्दिन	
SQ2.	Are you willing to provide RH/contraceptive services to married adolescents? के तपाईं विवाहित किशोरकिशोरीहरुलाई प्रजनन् स्वास्थ्य/ परिवार योजनाका सेवाहरु प्रदान गर्न ईच्छुक हुनुहुन्छ?	a. Yes b. No 1. छु 2. छैन	
SQ3.	Are you willing to provide RH/contraceptive service to unmarried adolescents? के तपाईं अविवाहित किशोरकिशोरीहरुलाई प्रजनन् स्वास्थ्य/गर्भनिरोधक सेवाहरु प्रदान गर्न ईच्छुक हुनुहुन्छ?	a. Yes b. No 1. छु 2. छैन	
SQ4.	Are you interested in receiving technical support such as tailored counseling, communication or any specific related skills to enhance FP/RH service delivery to young people? के तपाई युवाहरू माझ परिवार योजना/ प्रजनन् स्वास्थ्य सेवालाई स्तरबृद्धि गर्न र सीप प्रवर्द्धनका लागि प्राविधिक सहयोग लिन इच्छुक हुनुहुन्छ?	a. Yes b. No 1. छु 2. छैन	
SQ5.	Are you interested in recording and reporting FP services as per programmatic requirement? के तपाइँ कार्यक्रमको आवश्यकता अनुसार परिवार योजनाका सेवाहरू रेकर्डिङ र रिपोर्टिङ गर्न इच्छुक हुनुहुन्छ?	a. Yes b. No 1. छु 2. छैन	
SQ6.	Registration status of health facility *(Observe document)* स्वास्थ्य संस्थाको दर्ता अवस्था *(कागजात हेर्नुहोस्)*	a. Currently registered b. Not currently registered क. हाल दर्ता भएको	Go to SQ8 Go to SQ7

SN	Questions	Code	Go to/Skip
		ख. हाल दर्ता नभएको	
SQ7.	If not currently registered, यदि हाल दर्ता गरिएको छैन भने,	a. In process of registering for first time……(Specify time) b. In process of renewal……(specify time) c. No plan to register 1. पहिलो पटक दर्ता गर्ने प्रक्रियामा भएको 2. नवीकरण प्रक्रियामा छ 3. दर्ता गर्ने योजना छैन	If option a and b, go to section C If no plan to register, stop interview
SQ8.	Where is it registered? (Select all that apply) कहाँ दर्ता भएको छ? (लागू हुने सबै छान्नुहोस्)	a. DDA b. Municipality c. Province level d. MoHP/DoHS e. Associations 1. औषधि व्यवस्था विभाग 2. नगरपालिका 3. प्रदेश 4. स्वास्थ्य तथा जनसंख्या मन्त्रालय/स्वास्थ्य सेवा विभाग 5. संस्थागत संघहरू	

SN	Questions	Code	Go to/Skip
SQ9.	Ask for registration number of the health facility स्वास्थ्य संस्थाको दर्ता नम्बर सोध्नुहोस् ।	……	
C. Health Facility and Interviewee Details **स्वास्थ्य संस्था र उत्तरदाताको विवरण**			
HO1.	Year of establishment of health facility स्वास्थ्य संस्था स्थापना भएको वर्ष	…Month……Year(B.S) .....महिना.....वर्ष (वि.सं.)	
HO2.	Name of the Interviewee उत्तरदाताको नाम	……	
HO3.	Sex of the interviewee उत्तरदाताको लिङ्ग	a. Male b. Female c. Others क. पुरुष ख. महिला ग. अन्य	
HO4.	Age of the interviewee*(Completed Years)* उत्तरदाताको उमेर (पूरा भएको उमेर)	……Years …… वर्ष	
HO5.	Completed education level पुरा गरेको शैक्षिक तह	a. No education b. Below primary level c. Primary level (1-8) d. Secondary level (9-12) e. Bachelor's degree f. Master's Degree 1. शिक्षा लिएको छैन	Go to H07 Go to H07 Go to H07

SN	Questions	Code	Go to/Skip
		2. प्राथमिक तह भन्दा तल 3. आधारभूत तह (१-८) 4. माध्यमिक तह (९-१२) 5. स्नातक तह 6. स्नाकोत्तर तह	
HO6.	Educational Background शैक्षिक पृष्ठभूमि	a. Health ……. (HO7) b. Management 1. स्वास्थ्य ..... 2. व्यवस्थापन	
HO7.		Health options will be displayed as: MD (Specialization) MBBS MN B.Sc. Nursing/BN Pharmacist (B) Pharmacist (D) Staff nurse HA Lab technician Lab Assistant Auxillary Nurse Midwife (ANM)	

SN	Questions	Code	Go to/Skip
		CMA Others, specify….	
HO8.	Are any family members of the main owner engaged in this health facility business? *(Select all that applies)* के संस्थाधनीका परिवारका कुनै सदस्य स्वास्थ्य संस्था व्यवसायमा संलग्न छन्? *(लागु हुने सबै छान्नुहोस्)*	a. Yes, as a service provider b. Yes, as a manager/investor c. Yes, other (specify)…… d. No, family member not engaged 1. छन्, सेवा प्रदायकको रूपमा 2. छन्, प्रबन्धक / लगानीकर्ताको रूपमा 3. छन्,अन्य (उल्लेख गर्नुहोस्)..... 4. छैनन्, परिवारका सदस्यको संलग्नता छैन	
HO9.	Distance from this health facility to nearest public health facility for referral? (walking distance) प्रेषण को लागि यस स्वास्थ्य संस्थाबाट नजिकको सरकारी स्वास्थ्य संस्थाको दूरी?	a. <15 min b. 15-30 min c. > 30 min क. <१५ मिनेट ख. १५-३० मिनेट ग. > ३० मिनेट	
HO10.	Does this health facility open 24 hours a day? के यो स्वास्थ्य संस्था चौबिसै घण्टा खुल्छ?	a. Yes b. No	Go to HO13

SN	Questions	Code	Go to/Skip
		1. खुल्छ 2. खुल्दैन	
HO11.	Opening hour of health facility स्वास्थ्य संस्था खुल्ने समय	……..	
HO12.	Closing hour of health facility स्वास्थ्य संस्था बन्द गर्ने समय	……..	
HO13.	Number of days health facility is open in a week सामान्य हप्तामा कति दिन स्वास्थ्य संस्था खुल्ला हुन्छ?	……	
HO14.	Does this health facility have specified any specific days for providing FP services? के यस स्वास्थ्य संस्थाले परिवार योजना सेवाहरु प्रदान गर्नको लागि कुनै विशेष दिनहरु तोकेको छ?	a. Yes b. No 1. छ 2. छैन	
D. Membership/Part of any Health-Service Related Network **सदस्यता/कुनै पनि स्वास्थ्य संस्था सम्बन्धित सञ्जालको सदस्यता**			
N1.	Is your health facility currently a part of any health service-related network/association? *(Select all that apply)* के तपाईको स्वास्थ्य संस्था हाल कुनै पनि स्वास्थ्य सेवा सम्बन्धित संगठनसँग आवद्ध छ? *(लागू हुने सबै छान्नुहोस्)*	a. Sangini Network b. NCDA c. APHIN(Association for Private Health Institute of Nepal) d. Other (Specify)…… e. None 1. संगिनी नेटवर्क 2. NCDA	

SN	Questions	Code	Go to/Skip
		3. APHIN (Association for Private Health Institute of Nepal) 4. अन्य (उल्लेख गर्नुहोस्)…… 5. छैन	
E. Family Planning Services Available **परिवार योजनाका सेवाहरूको उपलब्धता**			
FP1.	What are the methods of family planning services routinely available and offered in this health facility? *(Select all that apply)* यस स्वास्थ्य संस्थामा परिवार योजना सेवाहरू नियमित रूपमा उपलब्ध हुने साधनहरु के के हुन्? *(लागू हुने सबै छान्नुहोस्)*	a. Male Condom b. Female Condom c. Injectable/Sangini IM d. Combined oral contraceptive pills e. Emergency contraceptive pills (ECP) f. IUCD g. Implant h. Vasectomy i. Minilap j. Others क. पुरुष कण्डम ख. महिला कण्डम ग. डिपो (इन्जेक्टेबल) / संगिनी आईएम घ. मिश्रित गर्भनिरोधक चक्कीहरू	

SN	Questions	Code	Go to/Skip
		ङ . आकस्मिक गर्भनिरोधक चक्कीहरू छ. आईयूसीडी IUCD ज. ईम्पाल्न्ट झ. भ्यासेक्टोमी ञ. मिनिल्याप ट. अन्य……	
FP2.	Does this health facility counsel ANC clients for any of the modern methods of family planning? के यो स्वास्थ्य संस्थाले गर्भवती जाच गराउन आउने महिलाहरुलाई परिवार योजनाको कुनै पनि आधुनिक साधनहरुको लागि परामर्श दिन्छ ?	a. Yes b. No (Specify the reason)…… c. Not applicable 1. दिन्छ 2. दिईदैन .(कारण उल्लेख गर्नुहोस्)…….. 3. लागू हुँदैन	
FP3.	Does this health facility provide institutional delivery service? के यो स्वास्थ्य संस्थाले संस्थागत प्रसूतिको सेवा प्रदान गर्दछ?	a. Yes b. No 1. गर्छ 2. गर्दैन	Go to FP7
FP4.	IF yes number of women who delivered in HF (in this FY -2078/79) (Observe)	…… (FY 2078/079) ……(आ.व. २०७८/७९ मा)	

SN	Questions	Code	Go to/Skip
	यदि गर्छ भने , यो स्वास्थ्य संस्थामा बच्चा जन्माउने महिलाको संख्या (आ.व. २०७८/७९ मा) *(अवलोकन गरेर पुष्टी गर्नुहोस्)*		
FP5.	Does this health facility provide or counsel post-partum clients for any of the modern methods of family planning? के यो स्वास्थ्य संस्थाले सुत्केरी महिलाहरुलाई परिवार योजना सम्बन्धी कुनै पनि आधुनिक विधिहरू प्रदान वा यसको बारेमा परामर्श दिन्छ ?	a. Yes b. No (Specify the reason)….. c. Not applicable 1. दिन्छ 2. दिईदैन (कारण उल्लेख गर्नुहोस्)…….. 3. लागू हुँदैन	Go to FP7 Go to FP7
FP6.	No of women who delivered in HF and leave with modern contraceptive device prior to discharge. (For FY 2078/079) यो स्वास्थ्य संस्थाबाट प्रसुती पश्चात् र डिस्चार्ज हुनुभन्दा पहिले महिलाहरुलाई परिवार योजनाका कुनै पनि आधुनिक साधनहरु प्रदान गरेको संख्या (आ.व. २०७८/७९ मा)	…….number ……. संख्या	
FP7.	Does this health facility provide abortion services? के यो स्वास्थ्य संस्थाले गर्भपतन सेवा प्रदान गर्दछ?	a. Yes b. No 1. गर्छ 2. गर्दैन	If no, go to FP10

SN	Questions	Code	Go to/Skip
FP8.	If yes, does this health facility provide or counsel abortion clients for any of the modern methods of family planning? यदि गर्छ भने, के यो स्वास्थ्य संस्थाले गर्भपतन गराउने महिलाहरुलाई परिवार योजनाका कुनै पनि आधुनिक विधिहरू प्रदान वा यसको बारेमा परामर्श दिन्छ ?	a. Yes b. No 1. दिन्छ 2. दिईदैन	Go to FP11
FP9.	No. of post abortion clients leave the HF with a modern contraceptive (FY 2078/079) यो स्वास्थ्य संस्थाबाट गर्भपतन गराउने महिलाहरुले परिवार योजनाका कुनै पनि आधुनिक साधनहरु प्रदान गरेको संख्या (आ.व. २०७८/७९ मा)	……..Number ……. संख्या	
FP10.	Are the family planning services separated from abortion services? के परिवार योजनाको सेवाहरुलाई गर्भपतन सेवाबाट छुट्याइएको छ?	a. Yes b. No 1. छ 2. छैन	
FP11.	On an average, how many married adolescents visit this health facility for FP/RH services in the last 3 months? औसतमा, पछिल्लो ३ महिनामा कति जना विवाहित किशोरकिशोरीहरू परिवार योजना / प्रजनन् स्वास्थ्य सेवाहरूका लागि यो संस्थामा आएका छन् ?	……	
FP12.	On an average, how many unmarried adolescents visit this health facility for FP/RH services in the last 3 months? औसतमा, पछिल्लो ३ महिनामा कति जना अविवाहित किशोरकिशोरीहरू परिवार योजना / प्रजनन् स्वास्थ्य सेवाहरूका लागि यो संस्थामा आएका छन् ?	……	
FP13.	Do disable (married and unmarried) adolescents visit this facility for FP/RH services? (last 3 months)	a. Yes (specify)……number	

SN	Questions	Code	Go to/Skip
	के अपाङ्गता भएका (विवाहित र अविवाहित) किशोरकिशोरीहरू परिवार योजना / प्रजनन् स्वास्थ्य सेवाहरूका लागि यो संस्थामा आएका छन्? (पछिल्लो ३ महिनामा)	b. No 1. छन् .....(संख्या) 2. छैनन्	If no go to FP15
FP14.	If yes, what type of disable adolescents come to this health facility for FP/RH services? *(Select all that apply)* यदि आउनुहुन्छ भने, कस्ता प्रकारका अपाङ्गता भएका किशोरकिशोरीहरू परिवार योजना / प्रजनन् स्वास्थ्य सेवाहरूका लागि यो संस्थामा आउँछन्? *(लागू हुने सबै छान्नुहोस्)*	a. Visual disability b. Hearing disability c. Intellectual disability d. Physical disability e. Mental disability क.दृश्य सम्बन्धी अपाङ्गता ख. सुन्ने सम्बन्धी अपाङ्गता ग. बौद्धिक सम्बन्धी अपाङ्गता घ.शारीरिक अपाङ्गता ङ.मानसिक अपाङ्गता	
FP15.	If no, what are the reasons for not visiting this health facility? यदि आउनुहुन्न भने, यस स्वास्थ्य संस्थामा नआउनुको कारण के हो?	a. Not accessible b. Not needed FP/RH services c. Prefer Public health facility d. Others…….. 1. पहुँचको हिसाबले असहज 2. परिवार योजना / प्रजनन् स्वास्थ्य सेवाहरू आवश्यक महसुस भएको छैन	

SN	Questions	Code	Go to/Skip
		3. सरकारी स्वास्थ्य संस्थालाईप्राथमिकता दिन्छन् 4. अन्य…….	
FP16.	What targeted provisions do you have for adolescents to promote FP/RH services? *(Select all that apply)* परिवार योजना सेवा/**प्रजनन् स्वास्थ्य** प्रवर्द्धन गर्न किशोरकिशोरी हरूका लागि तपाईसँग के कस्ता लक्षित प्रावधानहरू छन्? *(लागू हुने सबै छान्नुहोस्)*	a. Free Wi-Fi for client b. Phone charging facility c. Tele-service d. Audio/Video aids e. Home service f. Waiting room or space g. Other (Specify)…… h. None क. सेवाग्राहीको लागि नि: शुल्क वाईफाई (Wi-Fi) ख. फोन चार्ज गर्ने सुविधा ग. टेलिफोन बाट स्वास्थ्य सेवा घ. अडियो/भिडियो सेवाहरु ङ. घरमा नै गएर दिने सेवा च. पालो पर्खने (waiting room) ठाउँ छ. अन्य (उल्लेख गर्नुहोस्) …… ज. कुनै पनि छैन	
F. Referral System			

SN	Questions	Code	Go to/Skip
रेफरल (प्रेषण) प्रणाली			
RS1.	In general, how many clients came in a month seeking for LARC or permanent methods? सामान्यतया, LARC (IUCD/Implant)) वा स्थायी साधनहरु खोज्दै महिनामा कति सेवाग्राहीहरु आउने गर्छन?	a. .....clients/month b. NO 1. ..... सेवाग्राहीको संख्या/महिनामा 2. छैन	
RS2.	Do you refer client for FP methods (e.g., LARC and permanent method) and/or services that are not available in your health Facility? के तपाईले यस फार्मेसी/स्वास्थ्य संस्थामा उपलब्ध नभएका परिवार योजनाका विधिहरू (जस्तै, LARC र स्थायी विधि) र/वा सेवाहरू का लागि सेवाग्राहीहरुलाई प्रेषण गर्नु भएको छ?	a. Yes b. No c. Health facility itself is a referral center 1. छ 2. छैन 3. स्वास्थ्य संस्था आफैँमा रेफरल सेन्टर हो	Go to RS4 Go to RS4
RS3.	Where do you refer clients asking for LARC/Permanent Methods? (Select all that apply) तपाईले LARC (IUCD/Implant)/स्थायी विधिहरू बारे सोध्ने वा सेवा लिन आउने सेवाग्राहीहरूलाई कहाँ प्रेषण (Referral) गर्नु भएको छ?	a. Government facility b. Private facility c. Other NGOs clinics (Specify)..... क. सरकारी संस्था ख. निजी संस्था ग. अन्य गैर सरकारी संस्थाहरुका क्लिनिकहरू (उल्लेख गर्नुहोस्).....	

SN	Questions	Code	Go to/Skip
RS4.	Do family planning providers in this health facility diagnose and treat suspected STIs, or are suspected STI clients referred to another provider or location for STI diagnosis and treatment? के यस स्वास्थ्य संस्थाका परिवार योजना सेवा प्रदायकहरु यौनजन्य संक्रमणहरु निदान गर्ने तथा उपचार गर्ने गर्छन् अथवा यौनजन्य संक्रमण शंका भएका व्यक्तिहरुलाई सोको उपचार गर्न अन्य सेवाप्रदायक वा ठाउँमा प्रेषण गर्ने गरिएको छ?	a. Diagnose and treat STIs b. Syndromic treatment c. Diagnose but refer elsewhere for treatment d. Refer elsewhere in facility for diagnosis and treatment e. No diagnosis / treatment / referral 1. यौनजन्य संक्रमण निदान तथा उपचार गर्ने/गरिएको 2. लक्षणको आधारमा उपचार 3. निदान तर उपचारको लागि अन्यत्र रेफर गर्ने/गरिएको 4. निदान र उपचार गर्न स्वास्थ्य संस्थाभित्र अन्यत्र प्रेषण गर्ने/गरिएको 5. केहि नगर्ने/नगरिएको	
RS5.	Had you received any sexual and gender based violence cases in past 3 months? पछिल्लो ३ महिनामा के तपाईले यौनजन्य तथा लैंगिक हिंसा सम्बन्धी केसहरु हेर्नुभएको छ?	a. Yes b. No 1. छ 2. छैन	If no Go to RR1
RS6.	How does this health facility manage cases of Sexual and Gender Based Violence(SGBV) *(Select all that apply)* यस स्वास्थ्य संस्थाले यौनजन्य तथा लैंगिक हिंसा सम्बन्धी केसहरु कसरी व्यवस्थापन गरिरहेको छ?	a. Treatment b. Referral c. Others (Specify)…….	If treatrment and others , skip RS8

SN	Questions	Code	Go to/Skip
	(लागू हुने सबै छान्नुहोस्)	1. उपचार 2. प्रेषण गर्ने गरेको 3. अन्य, उल्लेख गर्नुहोस्.....	
RS7.	How do you manage such case? यस्तो केसलाई तपाइले कसरी व्यवस्थापन गर्नुहुन्छ?	a. Linking to police b. Physical examination c. Pregnancy Test/Kit d. ECP/medicine e. Counseling 1. प्रहरीसँग सम्पर्क गराउने 2. शारीरिक परीक्षण गर्ने गर्भ परीक्षण/किट 3. आकस्मिक गर्भनिरोधक चक्कीहरू /औषधि 4. परामर्श दिने	
RS8.	Name of main referral site (GBV) तपाईले प्रेषण गर्ने (लैंगिक हिंसा को व्यवस्थापनको लागि) मुख्य संस्थाको नाम	.....	
G. Recording and Reporting of FP Service Data **परिवार योजनाका सेवा सम्बन्धि डेटाको रेकर्डिङ र रिपोर्टिङ**			
RR1.	Does this health facility generally record information on the quantity of family planning commodities sold/ administered? *(If yes observe service register to validate response)* के यस संस्थाले विक्री/प्रदान गर्ने गर्नु भएका परिवार योजनाका साधनहरुको संख्या सम्बन्धि जानकारीहरु रेकर्ड	a. Yes b. No	Go to RR3

SN	Questions	Code	Go to/Skip
	गर्नुहुन्छ? *(यदि गर्नुहुन्छ भने, सेवा दर्ता फाईल अवलोकन गर्नुहोस् र पुष्टी गर्नुहोस्)*	क गर्छौं ख गर्दैनौं	
RR2.	If yes, for which of the following commodities does this health facility generally record information on commodity sold/ administered? *(Select all that apply)* यदि गर्नुहुन्छ भने, तपाईहरुले निम्न मध्ये कुन कुन बिक्री भएका/दिईएका परिवार योजनाका साधनहरु सम्बन्धि जानकारीहरु रेकर्ड गर्नुहुन्छ? *(लागू हुने सबै छान्नुहोस्)*	a. Male Condom b. Female Condom c. Depo(Injectable)/Sangini IM d. Combined oral contraceptive pills e. Emergency contraceptive pills f. IUCD g. Implant h. Others क. पुरुष कण्डम ख. महिला कण्डम ग. डिपो (इन्जेक्टेबल) / संगिनी आईएम घ. मिश्रित गर्भनिरोधक चक्कीहरू ङ . आकस्मिक गर्भनिरोधक चक्कीहरू च. आईयूसीडी छ. ईम्पाल्न्ट ज. अन्य	

SN	Questions	Code	Go to/Skip
RR3.	Does this health facility generally record client information for family planning service delivery? *(If yes observe service register to validate response)* के यो स्वास्थ्य संस्थाले सामान्यतया परिवार योजना सम्बन्धी सेवा वितरणको लागि सेवाग्राहिको जानकारी रेकर्ड गर्छ? *(यदि गर्नुहुन्छ भने, सेवा दर्ता फाईल अवलोकन गर्नुहोस् र पुष्टी गर्नुहोस्)*	a. Yes b. No 1. गर्छ 2. गर्दैन	Go to RR6
RR4.	If yes, for which of the following FP services you record client information? *(Select all that apply)* यदि गर्नुहुन्छ भने, निम्न मध्ये कुन कुन परिवार योजना सेवाहरूको लागि तपाईहरुले सेवाग्राहीको जानकारी रेकर्ड गर्नुहुन्छ? *(लागू हुने सबै छान्नुहोस्)*	a. Male Condom b. Female Condom c. Depo (Injectable)/Sangini IM d. Combined oral contraceptive pills e. Emergency contraceptive pills f. IUCD g. Implant h. Vasectomy i. Minilap j. Others…… क. पुरुष कण्डम ख. महिला कण्डम ग. डिपो (इन्जेक्टेबल) / संगिनी (आईएम) घ. मिश्रित गर्भनिरोधक चक्कीहरू	

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		ङ . आकस्मिक गर्भनिरोधक चक्कीहरू च. आईयूसीडी IUCD छ. ईम्पाल्न्ट ज. भ्यासेक्टोमी झ. मिनिल्याप ञ. अन्य……..	
RR5.	How does this health facility record FP services? *(Select all that applies)* यो स्वास्थ्य संस्थाले परिवार योजनाका सेवाहरू कसरी रेकर्ड गर्छ?	a. Own recording form b. Government recording form (HMIS 3.2, 3.3 & 3.4) c. Sangini recording log book d. Others (Specify)… क. आफ्नै रेकर्डिङ फारम ख. सरकारी रेकर्डिङ फारम (स्वास्थ्य व्यवस्थापन सूचना प्रणाली (HMIS) ३.२, ३.३ र ३.४) ग. संगिनी रेकर्डिङ लग बुक घ. अन्य (उल्लेख गर्नुहोस्)…	
RR6.	Do you know how to use digital platform for recording and reporting?	a. Yes b. No I. थाहा छ	

SN	Questions	Code	Go to/Skip
	के तपाईलाई रेकर्डिङ र रिपोर्टिङको लागि डिजिटल प्लेटफर्म कसरी प्रयोग गर्ने भनेर थाहा छ?	2. थाहा छैन	
RR7.	Does this health facility have computerized or online health record system in place? के यो स्वास्थ्य संस्थामा कम्प्युटराइज्ड/अनलाइन रेकर्डिङको प्रणाली छ?	a. Yes b. No 1. छ 2. छैन	If no go to RR18
RR8.	Does this health facility regularly submit HMIS monthly FP service report to the government unit? के तपाईको स्वास्थ्य संस्थाले परिवार योजनाको सेवाहरु बारे मासिक प्रतिवेदन सरकारलाई मासिक रुपमा HMIS मा रिपोर्ट गर्छ?	a. Yes b. No 1. गर्छ 2. गर्दैन	If no Go to RR19
RR9.	How frequently are these reports complied? डाटा/तथ्यांक कति कति समयमा रिपोर्ट गरिन्छ?	a. Monthly b. Quarterly c. Semi- annually d. Yearly e. Not regularly 1. मासिक 2. त्रैमासिक 3. अर्ध बार्षिक 4. वार्षिक 5. नियमित गरिदैन	
RR10.	Does the health facility have a designated person who is responsible for health services data reporting in the facility?	a. Yes b. No	

SN	Questions	Code	Go to/Skip
	के यस स्वास्थ्य संस्थामा स्वास्थ्य सेवा डेटा रिपोर्टिङको लागि कोहि तोकिएको व्यक्ति छ ?	1. छ 2. छैन	
RR11.	Has the responsible person for health services data reporting received formal training on recording and reporting? के स्वास्थ्य सेवा डेटा रिपोर्टिङको लागि जिम्मेवार व्यक्तिले रेकर्डिङ र रिपोर्टिङको औपचारिक तालिम पाएको छ?	a. Yes b. No 3. छ 4. छैन	
RR12.	Does this health facility have a copy of the "HMIS User Manual" available in this health facility? (Observe) के यो स्वास्थ्य संस्थामा "HMIS प्रयोगकर्ता पुस्तिका" को प्रतिलिपि उपलब्ध छ? *(अवलोकन गर्नुहोस्)*	a. Yes b. No 1. छ 2. छैन	
RR13.	Did this health facility do routine data quality assessment (RDQA) in last one year? (Observe)	a. Yes b. No	

SN	Questions	Code	Go to/Skip
	के यो स्वास्थ्य संस्थाले पछिल्लो एक वर्षमा नियमित डाटा गुणस्तर मूल्याङ्कन (RDQA) गर्यो? *(अवलोकन गर्नुहोस्)*	1. गर्यो 2. गरेन	
RR14.	Does this facility have adequate HMIS recording and reporting tools for this current fiscal year? के यो स्वास्थ्य संस्थामा अहिलेको आर्थिक वर्षको लागि पर्याप्त HMIS रेकर्डिङ र रिपोर्टिङ tools हरु छन्?	a. Yes b. No 1. छ 2. छैन	
RR15.	Type of government authority to which report is submitted? यस स्वास्थ्य संथाले कुन सरकारी निकायमा रिपोर्ट बुजाउछ? *(लागू हुने सबै छान्नुहोस्)*	a. Public health facilities(Health post/PHC/Primary hospitals/Urban health clinic/Basic health service unit) b. Local government (Municipal office) c. Self-report in DHIS2 क. सरकारी स्वास्थ्य संस्था (हेल्थ पोस्ट/ प्राथमिक स्वास्थ्य केन्द्र/ प्राथमिक अस्पताल/ शहरी स्वास्थ्य क्लिनिक/आधारभूत स्वास्थ्य सेवा इकाई) ख. स्थानीय सरकार (नगरपालिका अफिस)	

SN	Questions	Code	Go to/Skip
		ग. DHIS2 मा आफै रिपोर्ट गर्ने	
RR16.	If yes, have you reported FP service data to government authorities in the last six months? *(If available observe hardcopies of report)* यदि छ भने, के तपाईले गत छ महिनामा सरकारी निकायहरूलाई परिवार योजना सेवा सम्बन्धि तथ्यांक रिपोर्ट गर्नुभएको छ? *(यदि उपलब्ध छ भने रिपोर्टको हार्डकपी फाईलहरु अवलोकन गर्नुहोस्)*	a. Yes b. No क. छ ख. छैन	
RR17.	If yes, what motivated this health facility to report to government authorities? *(Select all that apply)* यदि छ भने, सरकारी अधिकारीहरूलाई रिपोर्ट गर्न तपाईलाई कुन कुराले उत्प्रेरित गर्यो? *(लागू हुने सबै छान्नुहोस्)*	a. Required by government b. HMIS training provided by government c. HMIS tools supported by government d. Support by project on training and tools e. Other (Specify)……. 1. सरकारले अनिवार्य गरेकाले 2. HMIS सम्बन्धि तालिम सरकारबाट प्राप्त भएकोले 3. HMIS सम्बन्धि tools मा सरकारबाट सहयोग भएकोले	

SN	Questions	Code	Go to/Skip
		4. तालिम र tools सम्बन्धि परियोजनाबाट सहयोग भएकोले 5. अन्य, उल्लेख गर्नुहोस्	
RR18.	Can you provide the reasons for not recording of FP services in the government HMIS system? *(Select all that apply)* HMIS प्रणालीमा परिवार योजना सेवाहरूको रेकर्डिङ नहुनुको कारण बताउन सक्नुहुन्छ? (लागू हुने सबै *छान्नुहोस्*)	a. Not obliged to report government b. No logistics and training support mechanism c. No log in credential provided on DHIS2 d. Not aware about it e. Other (Specify)..... 1. सरकारलाई दिनु आवश्यक नभएकाले 2. कुनै पनि लजिस्टिक सहयोग र तालिम सम्बन्धि प्रावधान नभएकाले 3. DHIS2 को login नभएकाले 4. यसका बारेमा जानकार नभएकाले 5. अन्य (उल्लेख गर्नुहोस्)	
RR19.	Can you provide the reasons for not reporting of FP services in the government HMIS system? *(Select all that apply)*	f. Not obliged to report government	

SN	Questions	Code	Go to/Skip
	HMIS प्रणालीमा परिवार योजना सेवाहरूको रिपोर्टिङ नहुनुको कारण बताउन सक्नुहुन्छ? (*लागू हुने सबै छान्नुहोस्*)	g. No logistics and training support mechanism h. No log in credential provided on DHIS2 i. Not aware about it j. Other (Specify)..... 1. सरकारलाई दिनु आवश्यक नभएकाले 2. कुनै पनि लजिस्टिक सहयोग र तालिम सम्बन्धि प्रावधान नभएकाले 3. DHIS2 को login नभएकाले 4. यसका बारेमा जानकार नभएकाले 5. अन्य (उल्लेख गर्नुहोस्).....	
H. Infrastructure पूर्वाधार			
11.	Does this health facility have its own building? के यो स्वास्थ्य संस्थाको आफ्नै भवन छ?	a. Yes b. No क. छ ख. छैन	
12.	Does this health facility have waiting space for clients? (*Observation*) के यस स्वास्थ्य संस्थामा सेवाग्राहीहरुको लागि पालो पर्खने ठाउँ (waiting space) छ?	a. Yes, with seating arrangement b. Yes, without seating arrangement c. No	

SN	Questions	Code	Go to/Skip
	(अवलोकन)	क. छ, बस्ने व्यवस्था सहित ख. छ, बस्ने व्यवस्था बिनाको ग. छैन	
I3.	Does this health facility have adequate space for counseling? *(Observation)* के यस स्वास्थ्य संस्थामा परामर्शको लागि पर्याप्त ठाउँ छ? *(अवलोकन)*	a. Yes b. No क. छ ख. छैन	Go to I5
I4.	Are counseling room/area/space available with auditory and visual privacy? *(Observation)* के देखिने र सुनिने सम्बन्धी गोपनीयता भएको परामर्श कोठा/क्षेत्र/स्थान उपलब्ध छ? *(अवलोकन)*	a. Yes, with only visual privacy b. Yes, only auditory privacy c. Yes, with both visual and auditory privacy d. No, don't have dedicated counseling room/area/space क. छ, केवल देखिने गोपनियता भएको ख. छ, केवल सुनिने गोपनियता भएको ग. छ, दुबै देखिने र सुनिने गोपनियता भएको घ. छैन, त्यसको लागि समर्पित परामर्श कोठा/क्षेत्र/स्थान छैन	
I5.	Does this health facility have functioning computer/laptop for recording and reporting purpose? *(Observation)* यस स्वास्थ्य संस्थामा रेकर्डिङ र रिपोर्टिंगका लागि काम गरिरहेका कम्प्युटर/ ल्यापटप उपलब्ध छ?	a. Yes b. No	

SN	Questions	Code	Go to/Skip
	(अवलोकन गर्नुहोस्)	क. छ ख. छैन	
I6.	Does this health facility have functioning tablet /mobile for recording and reporting purpose? *(Observation)* यस स्वास्थ्य संस्थामा रेकर्डिङ र रिपोर्टिंगका लागि काम गरिरहेका ट्याबलेट/मोबाइल उपलब्ध छ? (अवलोकन गर्नुहोस्)	a. Yes b. No क. छ ख. छैन	
I7.	Does this health facility have electricity during the opening hours (including backup) के यस स्वास्थ्य संस्था खुल्ने समयमा बिजुलीको उपलब्धता हुन्छ (ब्याकअप सहित)?	a. Electricity with power backup available b. Electricity but no power backup c. Electricity supply not available d. Solar power e. Others क. पावर ब्याकअपका साथ बिजुली उपलब्ध छ ख. बिजुली छ तर पावर ब्याकअप छैन ग. विद्युत आपूर्ति उपलब्ध छैन घ. सोलार पावर ङ. अन्य	
I8.	Does this health facility have a functioning fridge for storage?	a. Yes b. No	

SN	Questions	Code	Go to/Skip
	(Observation) के यो स्वास्थ्य संस्थामा भण्डारणको लागि काम गरिरहेको फ्रिज छ? *(अवलोकन गरेर पुष्टी गर्ने)*	क. छ ख. छैन	
19.	Does this health facility have regular drinking water supply to clients during the opening hours? *(Observation)* यस स्वास्थ्य संस्था खुल्ने समयमा सेवाग्राहीहरुको लागि नियमित पिउने पानी उपलब्ध छ ? *(अवलोकन* गरेर पुष्टी गर्ने*)*	a. Yes b. No क. छ ख. छैन	
110.	Does this health facility have functional toilet facility for the clients? *(Observe the cleanliness and availability of running water with hand-washing soap)* के तपाईको स्वास्थ्य संस्थामा सेवाग्राहीहरुको लागि प्रयोग गर्न मिल्ने शौचालय छ? (सरसफाई र धारामा पानी र हात धुने साबुन को उपलब्धता अवलोकन गर्नुहोस्)	a. Yes b. No क. छ ख. छैन	
111.	How does the clients manage their used pads in the health facility? यस स्वास्थ्य संस्थामा सेवाग्राहीले आफुले प्रयोग गरेको प्याड कसरी व्यवस्थापन गर्नुहुन्छ?	d. Disposal bin inside toilet e. Throw them in the general dustbin f. Others specify 1. शौचालयमा भएको डस्टबिनमा फ्याँक्ने 2. साधारण डस्टबिनमा फ्याँक्ने 3. अन्य, उल्लेख गर्नुहोस्	

SN	Questions	Code	Go to/Skip
I. Infection Prevention and Health Care Waste Management **संक्रमण रोकथाम र स्वास्थ्य सेवा फोहोर व्यवस्थापन**			
WP1	Does this health facility practice for medical waste management segregation? *(Observe segregation, different color coded containers)* के यो स्वास्थ्य संस्थामा स्वास्थ्यजन्य फोहोर व्यवस्थापन गर्ने अभ्यास छ? *(छुट्याइएको र फरक रंगको भाँडाहरु अवलोकन गर्नुहोस्)*	a. Yes, three color coded bins with labeling b. Yes, three color coded bins without labeling c. None of the above 1. लेबलिङको साथ तीन रङ लगाईएको डस्टबिन 2. लेबलिङ बिना तीन रङ लगाईएको डस्टबिन 3. माथिको कुनै पनि छैन	
WP2	Does this health facility have following equipments for infection prevention? *(Observe)* *(Select that all apply)* के यो स्वास्थ्य संस्थामा संक्रमण रोकथामका लागि निम्न मध्ये कुनै वस्तुहरू छन्? *(अवलोकन)* *(लागू हुने सबै छान्नुहोस्)*	a. Any sterilization equipment b. Safe final disposal of health care c. Appropriate storage of health care waste d. Disinfectant e. Syringes and needles f. Soap g. Running water h. Soap and running water i. Alcohol-based hand disinfectant	

SN	Questions	Code	Go to/Skip
		j. Soap and running water or else alcohol-based hand disinfectant k. Latex gloves l. Medical masks m. Gowns/aprons n. Eye protection o. Needle destroyer/needle cutter p. IP and health care waste management guidelines q. All infection prevention items except eye protection r. None of the above	
WP3	Does this health facility have written and posted Standard Operating Procedures (SOP) for infection prevention? के यस स्वास्थ्य संस्थामा संक्रमण रोकथामका लागि लेखिएको र पोस्ट गरिएको कार्यसंचालन विधिहरु (Standard Operating Procedures-SOP) छन्?	a. Yes b. No 1. छ 2. छैन	
WP4	How does health facility generated medical waste is disposed? स्वास्थ्य संस्थाबाट निस्किएका स्वास्थ्यजन्य फोहोरहरु कसरी व्यवस्थापन/विसर्जन गर्ने गरिएको छ?	a. Regularly collected by municipality b. Facility has its own waste disposal system c. Thrown along with normal waste d. Other (Specify)…….	

SN	Questions	Code	Go to/Skip
		1. नगरपालिकाद्वारा नियमित संकलन गरिन्छ 2. संस्थाको आफ्नै फोहोर व्यवस्थापन प्रणाली छ 3. सामान्य फोहोरसंगै फ्याँकिने गर्निछ 4. अन्य, उल्लेख गर्नुहोस्	
WP5	How does health facility dispose of any expired FP commodities? (Select all that applies) स्वास्थ्य संस्थाले कुनै पनि म्याद सकिएको परीवार योजनाका साधनहरुको बिसर्जन कसरी गर्छ? *(लागू हुने सबै छान्नुहोस्)*	a. Return expired commodities to suppliers b. Burn c. Throw along with other waste d. Other (Specify)…. 1. म्याद सकिएका वस्तुहरू आपूर्तिकर्ताहरूलाई फिर्ता गर्ने 2. जलाउने 3. अन्य फोहोरसंगै फाल्ने 4. अन्य (उल्लेख गर्नुहोस्)...	
J. FP Counseling Knowledge & Practices **परिवार योजना सम्वन्धि परामर्श ज्ञान र अभ्यासहरू**			
FC1.	Do you Know about informed choice in family planning? *(Ask what it is)* के तपाईलाई परिवार योजनामा सुसूचित छनौट बारे थाहा छ?	a. Yes b. No क. छ	Go to FC3

SN	Questions	Code	Go to/Skip
	(यो के हो सोध्नुहोस्)	ख. छैन	
FC2.	How do you provide informed choice to the client who comes to your facility? तपाइँको स्वास्थ्य संस्थामा आउने सेवाग्राहिलाई तपाइँ कसरी सेवा छनौट गर्ने भन्ने जानकारी प्रदान गर्नुहुन्छ?	a. Provide information on all FP methods that are available, then let the client choose b. Provide method that the client requested initially c. Offer method we believe is best for client d. I am not sure 1. उपलब्ध परिवार योजनाका सबै साधनहरूको बारेमा जानकारी प्रदान गर्ने, त्यसपछि सेवाग्राहीलाई नै छनौट गर्न दिने 2. सेवाग्राहीले सुरुमा अनुरोध गरेको साधन प्रदान गर्ने 3. हामीलाई सेवाग्राहीको लागि उत्तम लागेको साधन प्रस्ताव गर्ने 4. मलाई थाहा छैन	
FC3.	Availability of any job aids and counseling materials on FP/ASRH? *(Ask and observe)* *(Select all that applies)*	a. FP Decision Making Tool b. Informed choice poster c. Flip Chart provided by Nepal CRS d. WHO MEC Wheel e. ASRH reference manual f. Pregnancy screening checklist for FP services g. FP IEC material	

SN	Questions	Code	Go to/Skip
	के परिवार योजना/किशोरकिशोरी यौन तथा प्रजनन स्वास्थ्य सम्बन्धी कुनै पनि सहायता विधि (job aids) र परामर्श सामग्री उपलब्ध छ? *(सोध्नुहोस् र अवलोकन गर्नुहोस्)* *(लागू हुने सबै छान्नुहोस्)*	h. Other (Specify)…… i. No 1. परिवार योजनाको लागि निर्णय गर्ने tool 2. सुसुचित छनौट पोस्टर 3. नेपाल CRS ले प्रदान गरेको फ्लिप चार्ट 4. विश्व स्वास्थ्य संगठनको MEC Wheel 5. किशोरकिशोरी यौन तथा प्रजनन स्वास्थ्य सम्बन्धी सन्दर्भ पुस्तिका 6. परिवार योजनाका लागि गर्भावस्था जाँच्ने चेकलिस्ट 7. परिवार योजनाका लागि सूचना, शिक्षा र सञ्चार सामग्री 8. अन्य (खुलाउनुहोस).. 9. छैन	
K. Client Feedback Mechanism and Quality assurance/Quality Improvement (QA/AI) System **सेवाग्राही प्रतिक्रिया संयन्त्र र गुणस्तर आश्वासन/गुणस्तर सुधार (QA/QI) प्रणाली**			
CQ1.	Does this health facility have any system for collecting clients' opinions / feedback/ satisfaction about the health facility or its services?	a. Yes b. No	Go to CQ5

SN	Questions	Code	Go to/Skip
	के तपाईको स्वास्थ्य संस्थामा आफ्नो संस्था वा यसका सेवाहरूबारे सेवाग्राहीको राय/प्रतिक्रिया/ सन्तुष्टि सङ्कलन गर्ने कुनै प्रणाली छ?	1. छ 2. छैन	
CQ2.	If yes, please tell me all the methods that this facility uses to elicit client opinion feedback. *(Select all that apply)* *(Observe if anything additional)* यदि छ भने, कृपया मलाई यस संस्थाले सेवाग्राहीको राय/प्रतिक्रिया प्राप्त गर्न प्रयोग गर्ने सबै विधिहरूको बारेमा बताउनुहोस्? *(लागू हुने सबै छान्नुहोस्)* *(थप केही भए अबलोकन जाँच गर्नुहोस्)*	a. Suggestion box b. Client survey form c. Client interview form d. Official meeting with community leaders. e. Informal Discussion with clients or the community f. Email g. Facility's Website h. Letters from clients/community i. Other…… j. Don't Know 1. सुझाव बक्स 2. सेवाग्राही सर्वेक्षण फारम 3. सेवाग्राही अन्तर्वार्ता फारम 4. सामुदायिक नेताहरूसँग औपचारिक बैठक। 5. सेवाग्राही वा समुदायसँग अनौपचारिक छलफल 6. इमेल 7. संस्थाको वेबसाइट	

SN	Questions	Code	Go to/Skip
		8. सेवाग्राही /समुदायबाट पत्रहरू 9. अन्य…… 10. थाहा छैन	
CQ3.	Is there a procedure for reviewing or reporting on clients' opinion / feedback? सेवाग्राहीबाट प्राप्त भएका राय/सुझावहरू समीक्षा गर्न अथवा रिपोर्टिंग गर्नको लागि तपाईसँग कुनै प्रणाली छ?	a. Yes b. No procedure/report c. Don't know 1. छ 2. कुनै प्रक्रिया/रिपोर्ट छैन 3. थाहा छैन	Go to CQ5 Go to CQ5
CQ4.	If yes, how often do you review and make changes? यदि छ भने, तपाइँ कति पटक समीक्षा गर्नुहुन्छ र सोहि अनुसार परिवर्तन गर्नुहुन्छ?	a. Monthly b. Quarterly c. Biannual d. Once a Year 1. मासिक 2. त्रैमासिक 3. अर्धवार्षिक 4. वर्षमा एकपटक	
CQ5.	Are you aware of quality improvement/quality assurance programs? के तपाई गुणस्तर सुधार/गुणस्तर सुनिश्चित गर्ने कार्यक्रमहरुबारे सचेत हुनुहुन्छ?	a. Yes b. No 1. छु 2. छैन	Go to RA1

SN	Questions	Code	Go to/Skip
CQ6.	If yes, does this health facility routinely carry out quality assurance activities? यदि छ भने , के यो स्वास्थ्य संस्थाले नियमित रूपमा गुणस्तर सुनिश्चित गर्ने गतिविधिहरू सञ्चालन गर्छ?	a. Yes b. No c. Don't Know 1. गर्छ 2. गर्दैन 3. थाहा छैन	Go to RA1 (for both b and c)
CQ7.	Is there an official record of any quality assurance activities carried out during the last fiscal year? के यहाँ गत आर्थिक वर्षमा सम्पन्न भएका कुनै पनि गुणस्तर सुनिश्चित गर्ने गतिविधिको आधिकारिक अभिलेख छ? *(अवलोकन)*	a. Yes b. No, Records not maintained 1. छ 2. छैन, अभिलेख राखिएको छैन	
CQ8.	Which of the following quality improvement/quality assurance activities have you done in your health facility? *(Select all that apply)* तपाईले आफ्नो स्वास्थ्य संस्थमा निम्न मध्ये कुन गुणस्तर सुधार/गुणस्तर सुनिश्चित गर्ने गतिविधिहरू गर्नुभएको छ? *(लागू हुने सबै छान्नुहोस्)*	a. QA Policy b. Standard Operating procedure c. Operating instructions/guidelines d. Recording 1. गुणस्तर सुनिश्चित (QA) नीति 2. सञ्चालन प्रक्रिया (कार्यसंचालन विधिहरु) (SOP)	

SN	Questions	Code	Go to/Skip
		3. सञ्चालन निर्देशनहरू 4. रेकर्डिङ	
L. Readiness for Adolescent Responsive Contraceptive Services **किशोरकिशोरीलाई हुने गर्भनिरोधक सेवाहरूको लागि तत्परता**			
RA1.	Is there at least one ASRH trained provider available in the health facility? (Observe and verify) के यस संस्थामा कम्तिमा एकजना किशोरकिशोरी यौन तथा प्रजनन स्वास्थ्य सँग सम्बन्धित सेवा दिने तालीम प्राप्त व्यक्ति उपलब्ध छन्? (अवलोकन गरेर पुष्टी गर्नुहोस्)	a. Yes b. No 1. छन् 2. छैनन्	
RA2.	Is there at least one Sangini trained provider available in the pharmacy/ health facility? (Observe and verify) के यस संस्थामा कम्तिमा एकजना संगिनी सम्बन्धी सेवा दिने तालीम प्राप्त व्यक्ति उपलब्ध छन्? (अवलोकन गरेर पुष्टी गर्नुहोस्)	a. Yes b. No 1. हुन्छ 2. हुदैन	
RA3.	Is there at least one complete set of the Government of Nepalapproved ASRH booklets (set of 8) and one FP informed choice poster is available on the day of the visit/assessment at the health facility? (Ask and Observe) स्वास्थ्य संस्थामा सर्वेक्षणको लागि गएको दिनमा के सरकारद्वारा अनुमोदन गरिएको कम्तिमा एउटा किशोरकिशोरी यौन तथा प्रजनन स्वास्थ्य सम्बन्धि	a. Yes, only set of 8 ASRH booklets b. Yes, only FP informed choice poster c. Both * ASRH booklets and FP informed choice poster d. Neither of them 1. छन्, किशोरकिशोरी यौन तथा प्रजनन स्वास्थ्य सम्बन्धि	

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	किताबहरु (८ वटा सेट) र कम्तिमा एउटा परिवार योजनासंग सबन्धित सुसुचित छनौट पोस्टर उपलब्ध छन्? सोध्नुहोस् र अवलोकन गर्नुहोस्	किताबहरु (८ वटाको सेट) मात्र 2. छन्, परिवार योजनासंग सबन्धित सुसुचित छनौट पोस्टर मात्र 3. माथिका दुवै छन् 4. कुनै पनि छैनन्	
RA4.	Does this health facility have at least one BP instrument on the day of the visit/assessment at health facility? (Observe) स्वास्थ्य संस्थामा सर्वेक्षणको लागि गएको दिनमा कम्तीमा एउटा बीपी सेट उपलब्ध छ? *(अवलोकन गरेर पुष्टी गर्नुहोस्)*	a. Yes, functional b. Yes, but not functional c. Not available 1. छ, काम गरीरहेको 2. छ, तर काम नगर्ने 3. उपलब्ध छैन	
RA5.	Does the health facility have at least one pregnancy test kit available on the day of the visit/assessment? (Observe) स्वास्थ्य संस्थामा सर्वेक्षणको लागि गएको दिनमा कम्तीमा एउटा गर्भ परीक्षण किट उपलब्ध छ ? *(अवलोकन गरेर पुष्टी गर्नुहोस्)*	a. Yes, not expired b. Yes, expired c. Not available क. छ, म्याद भएको ख. छ, म्याद सकिएको ग. उपलब्ध छैन	
M. Stock Management System (Commodity Supply)			

SN	Questions	Code	Go to/Skip
स्टक व्यवस्थापन प्रणाली (साधन आपूर्ति)			
SM1.	How do you get family planning commodities? *(Select all that apply)* तपाई परिवार योजनाका साधनहरु कसरी प्राप्त गर्नुहुन्छ? *(लागू हुने सबै छान्नुहोस्)*	a. Retailer/distributors/ Wholesaler.....(specify the name) b. Government supply c. Supply from NGOS/INGOs d. Nepal CRS Company e. Other (Specify)…… 1. खुद्रा बिक्रेता/वितरक/थोक बिक्रेता.....(नाम उल्लेख गर्नुहोस्) 2. सरकारी आपूर्तिबाट 3. गैरसरकारी/अन्तर्राष्ट्रिय गैरसरकारी आपूर्तिबाट 4. नेपाल CRS कम्पनी 5. अन्य (उल्लेख गर्नुहोस्) ……	
SM2.	Are the contraceptive commodities organized according to date of expiration ("First Expire, First Out")? के गर्भनिरोधक साधनहरु म्याद सकिने मिति अनुसार व्यवस्थापन गरिएको छ ("First Expire, First Out")?	a. Yes, all commodities b. Not, all commodities c. No 1. छ, सबै साधनहरु 2. सबै साधनहरु गरिएको छैन	

SN	Questions	Code	Go to/Skip
		3. छैन	
SM3.	Does this health facility determine the quantity of each contraceptive method required and order that? के यस स्वास्थ्य संस्थाले आवश्यक पर्ने प्रत्येक गर्भनिरोधक साधनको आवश्यकता निर्धारण गरी अर्डर गर्छ ?	a. Yes b. No 1. गर्छ 2. गर्दैन	
SM4.	Are any of the following unexpired family planning commodities available on the day of visit in health facility? (Observe commodity for the available service only) *(Select all that apply)* स्वास्थ्य संस्थामा सर्वेक्षणको लागि गएको दिनमा के निम्नमध्ये कुनै पनि म्याद नसकिएका परिवार योजनाका साधनहरु उपलब्ध छन्? (उपलब्ध भएका सेवाहरुका लागि मात्र साधनहरु अवलोकन गर्नुहोस)	a. Male condom (Yes/No, count available no. of pieces….) b. Female Condom (Yes/No, count available no. of pieces….) c. Combined oral contraceptives (Yes/No, count available no. of cycles….) d. Emergency contraceptives Pill (Yes/No, count available no. of strips….) e. Depo (Injectables) (Yes/No, count available no. of vials….) f. IUCD (Yes/No, count available no. of sets….) g. Implants (Yes/No, count available no. of sets….) h. Others Specify….. 1. पुरुष कण्डम(छ....no. of pieces , छैन) 2. महिला कण्डम(छ.....no. of pieces. , छैन)	

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	(लागू हुने सबै छान्नुहोस्)	3. संयुक्तमिश्रित गर्भनिरोधक चक्कीहरू(छ...no. of cycles , छैन) 4. आकस्मिक गर्भनिरोधक चक्कीहरू(छ.....no. of strips , छैन) 5. डिपो (इन्जेक्टेबल)(छ ....no. of vials, छैन) 6. आईयूसीडी IUCD(छ ....no. of sets, छैन) 7. ईम्पाल्न्ट(छ....no. of sets , छैन) 8. अन्य……	
SM5.	Are any of the following unexpired family planning commodities stock out on the day of visit in health facility? स्वास्थ्य संस्थामा सर्वेक्षणको लागि गएको दिनमा के निम्नमध्ये कुनै पनि म्याद नसकिएका परिवार योजनाका साधनहरुका स्टक-आउट भएका छन्?	a. Male Condom b. Female Condom c. Injectable/Sangini IM d. Combined oral contraceptive pills e. Emergency contraceptive pills (ECP) f. IUCD g. Implant h. Others (Specify)….. i. None क. पुरुष कण्डम ख. महिला कण्डम	Go to SM7

SN	Questions	Code	Go to/Skip
		ग. डिपो (इन्जेक्टेबल) / संगिनी आईएम घ. मिश्रित गर्भनिरोधक चक्कीहरू ङ . आकस्मिक गर्भनिरोधक चक्कीहरू छ. आईयूसीडी IUCD ज. ईम्पाल्न्ट ट. अन्य……	
SM6.	If yes, could you give the main reason for the stockout you experienced? यदि थियो भने, तपाईले स्टक-आउट हुनुको मुख्य कारण बताउन सक्नुहुन्छ?	a. New stock not ordered b. Ordered stock didn't arrive c. Supplier had no stock d. Stock expired e. Other (Specify)……. 1. नयाँ स्टक अर्डर गरिएको छैन 2. अर्डर गरिएको स्टक आइपुगेको छैन 3. आपूर्तिकर्तासँग स्टक थिएन 4. स्टकको म्याद सकियो 5. अन्य (उल्लेख गर्नुहोस्)	

SN	Questions	Code	Go to/Skip
SM7.	How do you manage the situation when specific family planning commodities stockout on the day of client visit in health facility? कुनै विशेष परिवार योजना साधनहरु यस स्वास्थ्य संस्थामा सेवाग्राही आएका दिन सकिएको खण्डमा तपाईले त्यस्तो अवस्थालाई कसरी व्यवस्थापन गर्नुहुन्छ?	a. Refer client b. Offer an alternative method c. Others…… 1. सेवाग्राहीलाई प्रेषण गर्छु 2. वैकल्पिक साधन प्रदान गर्छु 3. अन्य,.....	
SM8.	Do you have practice of maintaining the stock of FP commodity for at least three months? के तपाईको परिवार योजनाका साधनहरु कम्तिमा छ महिनालाई पुग्ने स्टक व्यवस्था गर्ने अभ्यास छ?	a. Yes b. No 1. छ 2. छैन	If no Go to SM10
SM9.	If yes, how do you identify the required quantity? यदि छ भने, तपाईले आवश्यक हुने मात्राको पहिचान कसरी गर्नुहुन्छ?	a. From sales record b. We assume as per our experience c. Other (Specify)…. 1. बिक्रि हुने गरेको रेकर्डबाट 2. आफ्नो अनुभव अनुसार अनुमान लगाउँछौ 3. अन्य, उल्लेख गर्नुहोस्.....	
SM10.	What is your practice of managing and storing the FP commodities including other drugs, medicines, and equipment's? *(Select all that apply)* *(Observe)*	a. Contraceptive commodities organized according to date of expiration ("First expiry, first out")	

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	तपाईको परिवार योजनाका साधनहरु जस्तै औषधि तथा उपकरणहरु (equipments) व्यवस्था र भण्डारण गर्ने अभ्यास के छ? *(लागू हुने सबै छान्नुहोस्)* *(अवलोकन गरेर पुष्टी गर्नुहोस्)*	b. Store commodity off the floor and away from wall c. Commodities protected from water d. Commodities protected from heat and direct sunlight e. Commodities protected from moisture/humidity f. Keep the fast-selling commodities/product at eye level g. None 1. गर्भनिरोधक साधनहरु म्याद समाप्त भएको मिति अनुसार व्यवस्थापन ("First expiry, first out") 2. साधनहरुलाई भुइँ र भित्ता भन्दा टाढा भण्डार गर्ने 3. साधनहरु पानीबाट सुरक्षित राख्ने 4. साधनहरु तातो र प्रत्यक्ष घामबाट सुरक्षित राख्ने 5. साधनहरु चिसो/आर्द्रताबाट सुरक्षित राख्ने 6. छिटो र धेरै बिक्री हुने साधन/उत्पादनलाई आँखाले सजिलै देखिने ठाँउमा राख्ने 7. कुनै पनि छैन	

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SM11.	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? *(Select all that apply)* यस संस्थाले गर्भनिरोधक साधनहरु प्राप्त गरेको, जारी गरिएको परिमाण र आजको दिनमा भएको परिमाणको रेकर्डको अनुगमन गर्न कस्तो प्रकारको प्रणाली प्रयोग गर्छ?	a. Computer system updated daily. b. Ledger/stock card updated daily c. Computer system not updated daily, but there is daily record of distributed commodities. d. Ledger/stock card not updated daily, but there is daily record of distributed commodities. e. No practice available 1. कम्प्युटर प्रणाली बाट प्रत्येक दिन अद्यावधिक गर्छ 2. लेजर/स्टक कार्ड बाट अद्यावधिक गर्छ 3. कम्प्युटर प्रणाली बाट प्रत्येक दिन अद्यावधिक गरिंदैन तर वितरण गरिएको साधनहरुको प्रत्येक दिनको रेकर्ड हुन्छ 4. लेजर/स्टक कार्ड बाट अद्यावधिक गरिंदैन तर वितरण गरिएको साधनहरुको प्रत्येक दिनको रेकर्ड हुन्छ 5. कुनै प्रणाली छैन	

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SM12.	On an average, Number/quantity of FP commodities sells in a year? औसतमा, एक वर्षमा बिक्री हुने परिवार योजनाका साधनहरुको संख्या / मात्रा?	a. Male Condom…… b. Female Condom…… c. Depo (Injectable)…… d. Combined oral contraceptive pills…. e. Emergency contraceptive pills…. f. IUCD……. g. Implant…… h. Others….. 1. पुरुष कण्डम..... 2. महिला कण्डम..... 3. डिपो (इजेक्टेबल).... 4. मिश्रित गर्भनिरोधक चक्कीहरू..... 5. आकस्मिक गर्भनिरोधक चक्कीहरू..... 6. आईयूसीडी IUCD.... 7. ईम्पाल्न्ट..... 8. अन्य……	
N. Business Knowledge, Awareness and Practice **व्यापारको ज्ञान, चेतना र अभ्यास**			
BK1	Do you know what an organization business plan is?	a. Yes	

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	के तपाईलाई थाहा छ संस्थाको व्यापार योजना भनेको के हो?	b. No 1. छ 2. छैन	Go to BK3
BK2	Which response/s best describe what a business plan is? *(prompt)* व्यापार योजना भनेको के हो भनेर निम्नमध्ये कुन प्रतिक्रियाले राम्रोसँग वर्णन गर्छ?	a. A marketing plan for a new product or service b. A plan that clearly states facilities' goal and strategies for achieving them c. financial statement summarizing a company's revenues and expenses d. A legal document registering a new business with the government e. A proposal for funding opportunities with details of budget f. None of the above g. Others, specify…. 1. नयाँ उत्पादन वा सेवाको लागि मार्केटिङ योजना 2. संस्थाको लक्ष्य र सोलाई प्राप्त गर्ने रणनीतिहरू स्पष्ट रूपमा बताउने कुनै योजना 3. कम्पनीको राजस्व र खर्च सम्बन्धी संक्षेपमा राखिएको वित्तीय विवरण	

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		4. सरकारसँग नयाँ व्यवसाय दर्ता गरिएको कानुनी कागजात 5. बजेट विवरण सहित आर्थिक अवसरको लागी प्रस्ताव 6. माथिको कुनै पनि होइन 7. अन्य, उल्लेख गर्नुहोस् ...	
BK3	Do you have a business plan/future business goal in written form? के तपाईसँग लिखित रूपमा व्यापार गर्ने योजना/भविष्यमा व्यापार गर्ने लक्ष्य छ?	a. Yes b. No 1. छ a. छैन	Go to BK5
BK4	If yes, does it include the adolescent and young people-centric FP/RH service provision? यदि छ भने, के यसले किशोरकिशोरी र युवाहरू केन्द्रित परिवार योजना/प्रजनन सेवा सम्बन्धी सेवा प्रदानलाई समावेश गर्दछ?	a. Yes b. No 1. गर्छ 2. गर्दैन	
BK5	Have you ever received any training or formal education in aspects of business and management? के तपाईले व्यापार र व्यवस्थापनका पक्षहरूमा कुनै तालिम वा औपचारिक शिक्षा प्राप्त गर्नुभएको छ?	b. Business skill training c. Formal education on business and management d. Both e. None I. व्यापारीक सीपमूलक तालिम	

SN	Questions	Code	Go to/Skip
		2. व्यापार र व्यवस्थापन मा औपचारिक शिक्षा 3. दुबै 4. कुनै पनि छैन	
BK6	Please specify the name of received business Skill trainings कृपया प्राप्त गर्नुभएको व्यावसायिक सिप सम्बन्धी तालिमको नाम उल्लेख गर्नुहोस्	……	
BK7	Are you engaged in any formal meetings/interactions for service promotion, marketing, linkages and advocacy with...? *(Select all that apply* के तपाईं सेवा प्रवर्द्धन, मार्केटिङ, सम्बन्ध बिस्तार र पैरवीका लागि कुनै औपचारिक बैठक/अन्तर्क्रियामा संलग्न हुनुहुन्छ ? *(लागू हुने सबै छान्नुहोस्)*	a. Public/government stakeholders b. Private facilities network c. NCDA d. Retailors/distributors e. Other community networks f. None 1. सार्वजनिक/सरकारी सरोकारवालाहरूसँग 2. निजी संस्था सञ्जालसँग 3. NCDA 4. खुद्रा विक्रेता / वितरकहरूसँग 5. अन्य सामुदायिक सञ्जालहरूसँग 6. कुनै पनि छैन	

SN	Questions	Code	Go to/Skip
BK8	Do you have a daybook or computer system to keep the records of sales, payables, receivables, purchases? के तपाईसँग बिक्री, भुक्तानी, प्राप्त गर्नुपर्ने/गरेका, खरिदहरूको रेकर्ड राख्नको लागि डेबुक वा कम्प्युटर प्रणाली छ?	a. Yes, manual b. Yes, computerized system c. No 1. छ, म्यानुअल 2. छ, कम्प्युटर प्रणाली a. छैन	Go to BK12
BK9	If yes, do you regularly maintain a daybook or computer system? *(Observe whether it is maintained for last month)* यदि छ भने, के तपाइँ नियमित रूपमा डेबुक वा कम्प्युटर प्रणाली कायम (maintain) गर्नुहुन्छ? *(गत महिनासम्म यसको रेकर्डिङ राखिएको छ कि छैन अवलोकन गर्नुहोस्)*	a. Yes b. No 1. गर्छु 2. गर्दिन	Go to BK12
BK10	If yes to maintaining daybook/computerized system, do you use the financial record from the daybook or other system to make the decisions? यदि डेबुक/कम्प्युटराइज्ड प्रणाली कायम राख्नुहुन्छ भने, के तपाइँ निर्णयहरू गर्न उक्त डेबुक वा अन्य प्रणालीमा भएको वित्तीय रेकर्ड प्रयोग गर्नुहुन्छ?	a. Yes b. No 1. गर्छु 2. गर्दिन	Go to BK12
BK11	If yes, what decisions have you made? (prompt) यदि गर्नुहुन्छ भने, तपाईले कस्तो निर्णयहरू गर्नुभएको छ ?	a. Launched discount and certain schemes b. Additional service added c. Bundled existing service d. Other (Specify)……	Go to BK12

SN	Questions	Code	Go to/Skip
	(Prompt)	1. छुट र केही योजनाहरू सुरु गरेका छौं 2. थप सेवा थपेको छौं 3. विद्यमान सेवालाई एककृत गरेका छौं 4. अन्य (उल्लेख गर्नुहोस्)...	
BK12	Do, the health facility have practice of labelling the services (OPD, Lab) available so that any new clients/patients can easily find them? *(observe)* कुनै पनि नयाँ सेवाग्राही/बिरामीहरूले सजिलै फेला पार्न सकून् भनेर के यस स्वास्थ्य संस्थामा उपलब्ध सेवाहरू (ओपीडी, ल्याब) लाई लेबल गर्ने (labelling) अभ्यास छ ?? *(अवोलोकन गर्नुहोस)*	a. Yes b. No c. Partial 1. छ 2. छैन 3. आंशिक	
BK13	Now, I would like to ask questions on human resource management practices: Does this health facility….?(Prompt) (Select all that apply) अब, म मानव संसाधन व्यवस्थापन अभ्यासहरूबारे प्रश्नहरू सोध्न चाहन्छु: के यो स्वास्थ्य संस्थाले ...? *(लागू हुने सबै छान्नुहोस्)*	a. Conducts weekly/monthly meeting b. Keeps leave records c. Publish vacancy notice d. Staff motivation activities e. Job description provided to the staff f. Other (Specify)… g. No 1. साप्ताहिक/मासिक बैठक सञ्चालन गर्दछ	

SN	Questions	Code	Go to/Skip
		2. बिदाको रेकर्ड राख्छ 3. खाली पदको सूचना प्रकाशित गर्दछ 4. कर्मचारी उत्प्रेरणा गतिविधिहरू गर्दछ 5. कर्मचारीहरूलाई कामको विवरण प्रदान गर्दछ 6. अन्य (उल्लेख गर्नुहोस्).... 7. छैन	
BK14	Did you conduct any marketing/demand generation activity of any kind in your facility in last three months to encourage clients to come here for services? के तपाईंले सेवाग्राहीहरुको लागि यहाँ आउन प्रोत्साहित गर्न गत तीन महिनामा आफ्नो संस्थामा कुनै पनि प्रकारको मार्केटिङ/माग उत्पादन गतिविधि सञ्चालन गर्नुभएको थियो?	a. Yes b. No क. थियो ख. थिएन	Go to SP1
BK15	If yes, where was it conducted? *(Select all that apply)* यदि गर्नुभएको थियो भने, कहाँ सञ्चालन गरिएको थियो? *(लागू हुने सबै छान्नुहोस्)*	a. Health Facility b. Community events c. Social media d. Radio/FM e. Other (Specify)… क. स्वास्थ्य संस्था ख. सामुदायिक कार्यक्रम ग. सोशल मिडिया घ. रेडियो/FM	

SN	Questions	Code	Go to/Skip
		ङ. अन्य (खुलाउनु होस्)…	
BK16	If yes, was it targeted to adolescents and young adults FP? यदि थियो भने, के त्यो किशोरकिशोरी र युवा वयस्कहरूको परिवार योजनालाई लक्षित गरिएको थियो?	a. Yes b. No क. थियो ख. थिएन	Go to SP1
BK17	If yes, where was it conducted? यदि थियो भने, त्यो कहाँ सञ्चालन गरिएको थियो?	a. Health Facility b. Community events c. Social media d. Radio/FM e. Other (Specify)… क. स्वास्थ्य संस्था ख. सामुदायिक कार्यक्रम ग. सोशल मिडिया घ. रेडियो/FM ङ. अन्य (खुलाउनु होस्)…	
O. Number of Service Providers **सेवा प्रदायकहरूको संख्या**			
SP1.	Number of service providers in regular employment by the health facility. स्वास्थ्य संस्थामा नियमित रोजगारीमा सेवा प्रदायकहरूको संख्या।	…….. Male ……Female …….Others …….. पुरुष …… महिला	

SN	Questions	Code	Go to/Skip
		……..अन्य	
SP2.	Number of service providers available at site on daily basis (full time) संस्थामा दैनिक रुपमा उपलब्ध हुने सेवा प्रदायकहरूको संख्या (full time)	…… number Full Time Staff …….No of Part Time Staff ……स्टाफ संख्या (Full time) ……..स्टाफ संख्या (part time)	
P. Service Providers by Qualification **योग्यता अनुसार सेवा प्रदायकहरू**			
SQ1.	Number of consultant MBBS doctors and Gynae परामर्शदाता MBBS डाक्टरहरूको संख्या र स्त्री रोग विशेषज्ञ को संख्या	…… number of MBBS Doctors …….Number of Gynae ……MBBS doctors को संख्या …… स्त्री रोग विशेषज्ञ को संख्या	
SQ2.	Number of nursing staff (ANM/SN/BN/MN) नर्सिङ स्टाफको संख्या (ANM/SN/BN/MN)	……..ANM ……SN ……BN ……..MN	
SQ3.	Number of Paramedics (HA/AHW) प्यारामेडिकल स्टाफको संख्या (HA/AHW)	…… HA …… AHW	
SQ4.	Number of pharmacist/ pharmacy assistant फार्मासिस्ट/फार्मेसी सहायकको संख्या	…… no. …… संख्या	
Q. Service Providers by Training Status (Full time employee)			

SN	Questions	Code	Go to/Skip
तालीम प्राप्त सेवा प्रदायकहरू (पूर्ण समय कर्मचारी)			
ST1.	Number of providers trained or oriented on comprehensive family planning and counseling (COFP) COFP तालिम वा अभिमुखीकरण प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST2.	Number of providers trained or oriented on Post partum family planning including PPIUCD PPIUCD सहित सुत्केरी पश्चात परिवार योजनामा तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST3.	Number of providers trained on Sangini संगिनी तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST4.	Number of providers trained on IUCD IUCD तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST5.	Number of providers trained on Implant Implant तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST6.	Number of providers trained on Minilap मिनिल्याप तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST7.	Number of providers trained on Vasectomy भ्यासेक्टोमी तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST8.	Number of providers trained on ASRH किशोरकिशोरी यौन तथा प्रजनन स्वास्थ्य तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST9.	Number of providers trained on STI management यौनजन्य संक्रमण व्यवस्थापनमा तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	

SN	Questions	Code	Go to/Skip
ST10.	Number of providers trained on Infection prevention संक्रमण रोकथाममा तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
ST11.	Number of providers trained on health waste care management स्वास्थ्यजन्य फोहोर व्यवस्थापनमा तालिम प्राप्त प्रदायकहरूको संख्या	…… no. …… संख्या	
R. Others अन्य			
O1.	Would you like to make any suggestions for USAID ARH to prioritize any health facility related activities? स्वास्थ्य संस्था सँग सम्बन्धित क्रियाकलापहरुलाई प्राथमिकता दिन के तपाई USAID ARH को लागी केहि सुझाव दिन चाहनुहुन्छ?		
O2.	Please share any notable observation you would like to share with Nepal CRS staff if any *(For field staff, not to be asked to participants)* नेपाल CRS कम्पनीको कर्मचारीलाई दिनको लागि केहि उल्लेखनिय जानकारी छ भने दिनुहोस्		

Thank you for participation

APPENDIX VII: FIELD TEAM

MONITORING OFFICERS

Dr. Baburam Marasaini : NDRI, Monitoring officer, Madhesh Province
Mr. Bhim Prasad Shrestha: NDRI, Monitoring officer, Madhesh Province
Mr. Rajendra Khatri : NDRI, Monitoring officer, Lumbini Province
Ms. Kabita Yadav : NDRI, Monitoring officer, Karnali Province

PRIVATE SECTOR ENGAGEMENT SPECIALIST

Mr. Shankar Devkota: ARH Nepal, Private Sector Engagement Specialist, Madhesh Province
Mr. Chetan Kc: ARH Nepal, Private Sector Engagement Specialist, Lumbini and Karnali Province

PRIVATE SECTOR ENGAGEMENT OFFICERS

Madhesh Province

1. Pramit Kumar Sah – Private Sector Engagement Officer, Mahottari
2. Durga Thapa – Private Sector Engagement Officer, Sarlahi
3. Anisha Karn – Private Sector Engagement Officer, Bara
4. Sadhana Banjade – Private Sector Engagement Officer, Rautahat
5. Karna Dhoj Chand – Private Sector Engagement Officer, Parsa
6. Rakesh Yadav – Private Sector Engagement Officer, Dhanusha

Lumbini Province

1. Shika Shahi – Private Sector Engagement Officer, Banke
2. Bhim Bahadur Saud – Private Sector Engagement Officer, Rolpa
3. Madhav Khanal – Private Sector Engagement Officer, Pyuthan

Karnali Province

1. Kishor Sen – Private Sector Engagement Officer, Salyan
2. Muna Khatri – Private Sector Engagement Officer, Surkhet

APPENDIX VIII: GLIMPSE OF ASSESSMENT

Private sector Health Facility Assessment in Salyan Surkhet

Private sector Health Facility Assessment in

Private sector Health Facility Assessment in Mahottari Sarlahi

Private Sector Health Facility Assessment in

USAID ARH team visiting site health facility assessment sites in Mahottari district

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