



Impact Evaluation of Approaches to Strengthen Health Facility Operation and Management Committees in Nepal:

BASELINE REPORT

June 2015



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Cover photograph, by Jessica Fehringer, MEASURE Evaluation, shows a village in Syangia district of Nepal that was included in this survey.

Impact Evaluation of Approaches to Strengthen Health Facility Operation and Management Committees in Nepal

Baseline Report

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EXECUTIVE SUMMARY

Introduction

This baseline report is a product of a partnership to design, implement, and evaluate a scalable capacity strengthening intervention for Health Facility Operation and Management Committees (HFOMCs) to ensure issues related to gender and social inclusion (GESI) are addressed as part of the delivery of quality government health services in maternal, newborn, and child health (MNCH) as well as family planning (FP) services. The Gender, Policy, and Measurement Program (GPM), implemented by the Health Policy Project (HPP) and MEASURE Evaluation, partnered with Suaahara, a community-focused program dedicated to improving the health of pregnant and lactating women and children less than two years of age. Suaahara and GPM are integrating GESI and community participation components into the existing government of Nepal (GON) guidelines, processes, and training for HFOMCs. The Strengthening HFOMCs through a Community Engagement Approach project (hereafter referred to as strengthening HFOMCs project) includes two capacity strengthening approaches to be evaluated: GESI HFOMC Training and GESI HFOMC Training + Community Engagement.

Under GPM, MEASURE Evaluation developed the mixed methods design for the impact evaluation of Strengthening HFOMCs. The aim of the evaluation is to understand the value added from including GESI and community engagement intervention components on household and community level health outcomes, as well as on health care utilization of women and children under two years old in Nepal. Using quantitative baseline and endline data from household, individual, and community surveys, and a variety of qualitative methods, the evaluation will compare the effectiveness of Approach A with the effectiveness of Approach B, which are being implemented in Syangja and Baglung, respectively. A third arm (in Parbat) will serve as the control, in which no intervention activities will be implemented.

MEASURE Evaluation led the baseline data collection for the impact evaluation. Local Nepal data collection partners, The Institute for Social and Environmental Research-Nepal (ISER-N) and Research Inputs & Development International (RIDA), carried out quantitative and qualitative data collection, respectively, from July 2014 to October 2014. This report summarizes key findings from that baseline quantitative and qualitative data. The endline data collection and subsequent analyses, using both baseline and endline data to determine the impact of the intervention approaches, will be carried out in 2016.

Background

Nepal's geographic, religious, and ethnic/caste diversities pose significant barriers to achieving equitable health outcomes. Poor infrastructure, long distances to health facilities, insufficiently trained staff, and socio-cultural barriers restrict access to and utilization of health services. The limited role of women and girls as decision makers, particularly with respect to accessing health services, often results in poorer health outcomes (ADB, DFID & World Bank, 2011). Similarly, basic health indicators for excluded groups, including *dalits*, disadvantaged *janajatis* and

Madhesis, and Muslims, are consistently worse than those of other groups such as high caste *brahmins* (Bennett, Dahal & Govindasamy, 2008). Nepal's Demographic and Health Surveys (DHSs) have demonstrated a persistent pattern of health disparities for women across social and ethnic groups.

Recognizing these inequalities and challenges, the GON has prioritized incorporating GESI into the country's health policies, programs, and plans. The 2009 Health Sector GESI Strategy outlines key actions for ensuring quality health services and increasing access to services for disadvantaged groups. It seeks to make HFOMCs inclusive and equitable, to make local bodies responsible for participatory planning based on the needs and demands of target groups, and to create trust between health care providers and communities through regular meetings and other interactions.

In collaboration with the GON, USAID, and other international donors and organizations have previously provided technical support to HFOMCs to strengthen their capacity to manage local health facilities.*

Despite the significant progress made with scale-up of HFOMCs, a number of challenges remain. For example, although HFOMC guidelines mandate otherwise, some HFOMCs are not truly inclusive, are comprised of primarily men and community leaders, or do not fully empower disadvantaged members to voice their opinions. The Suaahara project, described below, aims to address these critical gaps in the scale-up of HFOMCs, and its work on Strengthening HFOMCs is the subject of the impact evaluation.

Suaahara is a five-year USAID-funded project that uses a comprehensive community-focused approach dedicated to improving the health and nutritional status of pregnant and lactating women and children less than two years of age. The project focuses on improving MNCH services; FP services; sanitation, water, and hygiene; home-based gardening; and behavior change communications in 25 districts. Suaahara works closely with the GON to strengthen policies and programs that aim to improve health and nutritional status. The project also works with health facilities to improve health counseling and care services and connect families to reproductive health, MNCH, and FP services.

To increase women's and disadvantaged groups' (DAGs) use of health services, Suaahara works through the Strengthening HFOMCs project to increase the capacity of HFOMCs to address GESI for quality health services. Suaahara also uses HFOMCs to reach the poor as well as marginalized and disadvantaged groups, including *dalits*, *janajatis*, Madhesis, and Muslims. The Strengthening HFOMCs project's objectives are to:

- make HFOMCs inclusive and ensure that women and representatives from disadvantaged groups are empowered to participate meaningfully in committee meetings and the decision-making processes;
- strengthen the capacity of HFOMCs to lead inclusive and collaborative quality improvement processes for community health services and programs; and

* See: http://www.nfhp.org.np/Res/Docs/TechBrief17-HFMSP_000.pdf

- create momentum for women and DAGs to voice their health concerns and preferences to address local health issues.

In Strengthening HFOMCs, Suaahara integrates GESI and community participation components into the existing GON guidelines, processes, and training for HFOMCs. The project’s two capacity strengthening approaches are GESI HFOMC Training and GESI HFOMC Training + Community Engagement, which are implemented in separate districts.

Impact Evaluation Design

At endline, the evaluation will examine the intended and unintended MNCH/FP and health service impacts of integrating GESI into capacity building with HFOMCs in the Western Hills Region Suaahara Phase I districts (Baglung, Syangja, and Parbat). Syangja will receive the Approach A intervention, Baglung will receive the Approach B intervention, and Parbat will serve as the control district.

The primary questions that the evaluation will seek to answer at endline are:

1. What is the impact of integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs on (a) use of maternal and child nutrition and health services by DAGs and (b) health service quality for DAGs?
2. What is the impact of standard capacity-strengthening activities with HFOMCs on (a) use of maternal and child nutrition and health services by DAGs and (b) health service quality for DAGs?
3. Does integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs have a higher impact than standard capacity-strengthening activities on (a) use of maternal and child nutrition and health services for DAGs and (b) health service quality for DAGs?

Table ES.1. Primary and Secondary Outcomes of Interest

Primary Outcomes	Secondary Outcomes
<ul style="list-style-type: none"> • Health facility births • MNCH service quality • Use of ANC services • Use of PNC services • Use of family planning (health timing and spacing of pregnancy) services • Well-child visits to health facilities • Health facility visits for child illness (diarrhea, ARI, etc.) • Use of growth monitoring services • Satisfaction with health services 	<ul style="list-style-type: none"> • Functioning of HFOMCs • Accountability of HFOMCs • Infant and Young Child Feeding (IYCF) practices

To answer the evaluation questions, the mixed methods evaluation design employs the following components:

1. A quasi-experimental design using the “difference-in-difference” (DID) technique with longitudinal (at the community level) baseline and endline household (HH) surveys among women with children under age two. This approach will also use community surveys in all sampled wards with groups of community leaders (repeated cross-sectional surveys).
2. Baseline and endline qualitative research component:
 - a. At both time points, in all three districts:
 - i. Patient exit interviews with MNCH clients
 - ii. Waiting room observations at health facilities
 - iii. Observations and/or review of meeting minutes of HFOMC meetings
 - iv. In-depth interviews (IDIs) with female and DAG HFOMC members
 - v. Key informant interviews (KIIs) with health facility staff and with district-level stakeholders
 - vi. Focus group discussions (FGDs) with community members
 - b. At endline only, in all three districts:
 - i. KIIs with community leaders and program staff
 - ii. FGDs with HFOMC members
 - c. Use of intervention and health facility monitoring data, including intervention data on implementation costs.

Methods and Baseline Sample Sizes

Quantitative

We calculated baseline quantitative survey sample sizes using the percent of women reporting health facility (HF) delivery for their most recent live birth as per the 2011 DHS, an expected minimum change after the interventions, and the desired power to detect this change. We selected the sample using a stratified, three-stage cluster design. For the first stage, in each approach area (district), village development committees (VDCs) were selected using equal probability of selection method (EPSEM) sampling. We selected 19 VDCs in Baglung, 17 in Syangja, and 28 in Parbat using EPSEM. We then used EPSEM sampling to select five of the nine wards/census enumeration areas (EAs) in each VDC selected in the first stage. In the final stage, staff interviewed all eligible women in a selected ward/EA.

ISER-N conducted baseline data collection from July 2014 through October 2014. We developed data collection instruments in collaboration with Suaahara, GPM staff from HPP, and ISER-N. These instruments were also based on a results chain for the interventions developed in collaboration with Suaahara and HPP. The research team obtained institutional review board (IRB) approval, both locally and at the University of North Carolina at Chapel Hill.

We carried out community, HH, and women’s surveys. The community survey included modules on basic community characteristics, health service availability, and recent positive and

negative economic shocks. The HH survey included modules on demographics and household composition, economic shocks and coping strategies, and household health expenditures. The women's survey modules covered demographics and household composition; child health; infant and child feeding practices; pregnancy, facility births, and post-natal care; family planning; HFOMC and other health activity exposure and opinions; women's decision making; HH food security and dietary diversity; and social inclusion and group membership.

Research staff completed household interviews with 3,775 households. Staff then conducted the women's survey with all mothers having a child less than 2 years of age residing most of the time that week in sample households. Women's interviews were completed with 3,845 women. Staff lastly conducted the community survey in all 325 selected wards with 2,196 political leaders, female community health volunteers (FCHVs), teachers, students, service holders, businessmen, and ex-army personnel.

ISER-N cleaned the quantitative data and conducted analysis of the baseline data using a statistical analysis program. ISER-N researchers created appropriate variables and generated results on means and proportions separately for intervention and comparison areas and by social status. For key variables, ISER-N conducted either Pearson chi-square or Analysis of Variance (ANOVA) statistical tests to detect any statistically significant differences between intervention and control groups. No multivariate analyses were conducted. ISER-N presented the results and survey implementation information in a final quantitative report to MEASURE Evaluation. MEASURE Evaluation then synthesized key information and results from both the qualitative and quantitative reports into this baseline report.

Qualitative

For the qualitative component, we purposively selected four VDCs per district (total of 12 VDCs) from the list of VDCs selected in the quantitative component and one health facility per VDC in which to conduct the qualitative research. VDCs and health facilities were selected to cover a mix of health facility types, location, and DAG mapping results.

RIDA conducted data collection for the qualitative component from July 2014 through October 2014. We developed the data collection instruments in collaboration with Suaahara, GPM staff from HPP, and RIDA. These instruments were also based on a results chain for the interventions developed in collaboration with Suaahara and HPP. The qualitative research team obtained IRB approval, both locally and at UNC.

This component addressed various domains and each qualitative method had different numbers of respondents, as noted in Table ES.2.

RIDA carried out the baseline qualitative data analysis. RIDA staff reviewed transcripts, notes, and other data collection materials and identified emerging themes by tool and by section, as applicable. RIDA then conducted a thematic analysis and synthesized the results in a final qualitative report to MEASURE Evaluation. MEASURE Evaluation then integrated key information and results from both the qualitative and quantitative reports into this baseline report.

Table ES.2. Qualitative Methods and Domains Covered

Qualitative Method	Number of Respondents or Observations	Domains Covered
HFOMC meeting observations/minutes review	10	<ul style="list-style-type: none"> Information on HFOMC functioning, capacity, and GESI integration
In-depth interviews with HFOMC members	21	<ul style="list-style-type: none"> Experience as an HFOMC member Understanding of the role of HFOMCs and how they relate to communities and health facilities Comfort participating in HFOMC meetings/activities Engagement with district level staff
Health facility observations	12	<ul style="list-style-type: none"> Service quality by noting patient wait time (particularly if varies by caste/ethnic group/etc.), noise level (and related privacy of provider-client discussions), staff interactions with clients, and availability of free essential medicines and basic essential equipment
Key informant interviews (KIIs) with health facility (HF) staff	12	<ul style="list-style-type: none"> Experience interacting with and/or serving as a HFOMC member Understanding of the role and accountability of HFOMCs and how they relate to communities and health facilities Understanding GESI integration into health services Experiences interacting with communities regarding health service concerns and related themes
KIIs with district level stakeholders	6	<ul style="list-style-type: none"> Interactions/engagement with and attitudes towards HFOMCs Knowledge and understanding of the HFOMC's role and functions Perceptions on inclusion of community priorities in health services and impacts on health care utilization Perceived quality and responsiveness of health care at the selected health centers
Exit interviews with MNCH clients	133	<ul style="list-style-type: none"> Topics covered in the client visit Privacy Provider attitude Satisfaction with care Length of wait and consult
Community focus group discussions (FGDs) with mothers and fathers of children under age 2	12	<ul style="list-style-type: none"> Community's knowledge and understanding of the HFOMC's role and functions Attitudes towards health planning and HFOMCs Exposure to the work of community based organizations on improving community participation in planning and decision-making for health services Perceptions on inclusion of community priorities in health services and impacts on health care utilization Perceived quality and responsiveness of health care at the selected health centers

Summary of Key Results

Distance as a Barrier to Health Service Access

Traveling long distances on foot to health facilities was a service barrier that was experienced disparately across groups and districts. The time to reach the most visited government health service on foot varied by mothers' social status; for example, in Baglung, DAG mothers reported it taking an average of 76 minutes. This was compared with 45 minutes for non-DAG mothers. Looking at travel time by district, on average, mothers from Baglung reported longer travel time on foot than mothers in Parbat and Syangja. Moreover, during FGDs, mothers noted long travel time as a deterrent to seeking health care.

Health Service Quality and Satisfaction (General)

The quantitative and qualitative data painted similar stories of health service quality and satisfaction. The vast majority of respondents to the women's survey rated facilities in the top three of five levels across all areas of service satisfaction (waiting time; service hour convenience; and availability of health professionals, staff, and medicines); Parbat received the highest district ratings across all areas of service satisfaction. Sixty percent or more of mothers in each district reported that they did not have any concerns regarding the services provided by the local health facility in their ward, representing 79% of mothers in Baglung, 78% in Parbat, and 60% in Syangja. For those women who did report concerns, the most frequently noted were lack of medicine or supplies, poor availability of staff, paying for free medicines and supplies and lack of certain health services; for example, 10% to 11% of women in all three districts reported concern with lack of medicine or supplies and 8% to 10% reported poor availability of health workers. There was some variation by district with Syangja reporting higher levels of concern compared to others on most topics; for instance, 21% of women in Syangja, vs. 6.8% in Baglung and 5.2% in Parbat reported that they were concerned with the lack of certain health services. Review of the qualitative data showed district stakeholders, HF staff, and mothers and fathers in the community have some concerns about poor service quality, citing poor infrastructure, inadequate availability of staff, limited opening hours, low availability of medicine and equipment, and poor training as contributors. Client exit interviews and FGDs also showed concern with long wait times, some clients in Syangja being charged for free services and medicines, and mothers and fathers questioning the effectiveness of medicines (e.g. past expiry date). Most mothers, however, were satisfied with the quality of health services and appreciated the home-based support of FCHVs and health workers.

Awareness of Health Service Availability

Awareness of availability of FP, routine health checkups, and child health services varied by mothers' social status and by district. Thirty-nine percent of mothers in Baglung, 18% in Parbat, and 22% in Syangja reported that FP services were available at their health facility. Child health services were reported as available by 16% of mothers in Baglung, 46% in Parbat, and 13% in Syangja. In general, more non-DAG mothers reported the availability of these services than DAG mothers. In addition, post-natal care was the least frequently reported service available in all three districts.

Child Illness and Care Seeking Practices

Reports of childhood illness differed by social status. A higher proportion of DAG mothers reported that their child had diarrhea in the last two weeks as compared to non-DAG mothers; in Parbat, for example, 13% of non-DAG mothers versus 8% of DAG mothers reported diarrhea in the prior two weeks. In all districts, among mothers who reported their child had diarrhea, 71% to 75% reported that they sought advice or treatment. A slightly higher percentage of DAG mothers reported that they sought advice or treatment compared to non-DAG mothers in all three districts. About one-third of mothers reported their children had a fever in the last two weeks. Among these mothers, 81% in Baglung, 83% in Parbat, and 89% in Syangja reported that they sought treatment or advice. A lower proportion of DAG mothers reported that they sought advice or treatment compared to non-DAG mothers. Among mothers who reported that their child had a common cold in the last two weeks, about 60% reported that they sought advice or treatment. A higher proportion of mothers who sought advice or treatment for their child's diarrhea, fever, or common cold contacted private clinics as compared to government health services.

Child Weight and Height Measurement/Well-Child Visit and Breastfeeding Practices

Most mothers reported their child's weight was ever measured, but this varied by social status with more non-DAG mothers than DAG mothers reporting that their child's weight had ever been measured; it also varied by district — 90% in Baglung, 97% in Parbat, and 94% in Syangja. A higher proportion of non-DAG mothers relative to DAG mothers in all three districts also reported that health professionals at their last visit talked about the growth of the child; for example, 23% of non-DAG mothers as compared to 15% of DAG mothers in Syangja. In contrast, child weighing within the past six months was higher among DAG mothers than non-DAG mothers; for example, in Baglung, 53% of DAG mothers compared to 46% of non-DAG mothers. About a third of mothers reported a well-child visit within the past 6 months.

Children's vaccination coverage was generally high, with 92% of children in Baglung, 98% in Parbat, and 96% in Syangja receiving all recommended vaccines. Coverage was similar for children of DAG and non-DAG mothers, with the exception of Baglung where children of non-DAG mothers had lower rates than those of DAG mothers.

Over 78% of mothers reported that they exclusively breastfed until their child was six months old. Exclusive breastfeeding was 89% of higher for infants under one month of age.

Antenatal Care

Receipt of some level of antenatal care (ANC) was nearly universal, but there were many differences in ANC services and satisfaction by social status. Ninety-three percent of mothers in Baglung, 97% in Parbat, and 95% in Syangja reported having at least one ANC visit. However, 70%, 84%, and 76% of mothers from Baglung, Parbat, and Syangja, respectively, reported attending four or more ANC visits. This proportion was higher for non-DAG mothers in all districts; for example, 83% of non-DAG mothers in Baglung received four or more ANC services compared with 63% of DAG mothers. The mothers' report of which type of ANC

provider they saw also varied by their social status. More non-DAG mothers reported receipt of ANC care by a skilled health professional (SHP) than DAG mothers. Lastly, while women generally went to government sites for ANC, the source of ANC did vary by mothers' social status; for example, 27%, 51%, and 15% of DAG mothers as compared to 44%, 62%, and 16% of non-DAG mothers from Baglung, Parbat, and Syangja, respectively, reported ANC from a government hospital.

Antenatal Care Satisfaction

Nearly all mothers who received ANC services reported being very satisfied or somewhat satisfied with services across all satisfaction domains. The two exceptions that received lower ratings were for staff listening to their concerns and the visit helping to prepare them for the birth. Mothers' satisfaction with antenatal services varied by social status for all domains in Baglung and Parbat — a lower proportion of DAG mothers reported the highest satisfaction level on all domains as compared to non-DAG mothers.

Childbirth Services

There were differences by district and by social status for childbirth services. Nearly 70% of mothers in Parbat and Syangja reported giving birth to their children at a health facility compared with only 44% in Baglung. A higher proportion of non-DAG mothers in all three districts gave birth at a health facility as compared to DAG mothers. This difference was most pronounced in Baglung.

Only 31% of mothers in Baglung as compared to 69% of mothers in both Parbat and Syangja reported that they were assisted by a SHP during childbirth. More non-DAG mothers reported receiving assistance from skilled health professionals than DAG mothers — 44%, 73%, and 75% of non-DAG mothers compared with 23%, 64%, and 64% of DAG mothers from Baglung, Parbat, and Syangja, respectively.

Satisfaction with Childbirth Services

Almost all mothers in all three districts reported that they were either very satisfied or somewhat satisfied with the services they received during child birth. This varied little by social status. Parbat mothers reported slightly higher satisfaction.

Post-Natal Care for Mothers

Post-natal care (PNC) was high for HF births and low for non-HF births; furthermore, there were disparities in receipt of PNC by social status. Among mothers who delivered at a health facility, 84% in Baglung, 91% in Parbat, and 87% in Syangja reported that their health was checked by a health care provider at the hospital. More non-DAG mothers in Baglung and Syangja reported that their health was checked as compared to DAG mothers. Among mothers who did not give birth at a health facility, only about one-tenth reported that their health was checked by a health care provider; of these women who had their health checked, most reported that they were checked after more than six days — 80% in Baglung, 64% in Parbat, and 76% in

Syangja. Except in Baglung, a higher proportion of non-DAG mothers as compared to DAG mothers reported that their health was checked after six days.

Satisfaction with Post-Natal Care for Mothers

Nearly all mothers reported that they were either very satisfied or somewhat satisfied with the services they received after child delivery. Satisfaction was slightly lower with regard to staff listening to concerns. Minimal variation was observed between DAG and non-DAG mothers. Also, similar to several other service areas, Parbat mothers reported greater satisfaction with the PNC they received across all domains (staff attentiveness, friendliness, respectfulness, knowledge, and listening).

Post-Natal Care for Children

Among those who gave birth at a health facility, 78% of mothers in Baglung, 88% in Parbat, and 78% mothers in Syangja reported that the health of their child was checked before leaving the facility. Again, a higher proportion of non-DAG mothers reported that their child's health was checked. Among mothers who did not give birth at a health facility, only 26% in Baglung reported their child's health was checked compared to 37% each in Parbat and Syangja.

Satisfaction with Post-Natal Care for Children

Nearly all mothers reported that they were either very satisfied or somewhat satisfied with the service they received for their child after delivery. Parbat mothers reported greater satisfaction with their child's post-natal care across all domains (staff attentiveness, friendliness, respectfulness, knowledge, listening, and helpfulness in taking care of their child) than mothers in Baglung and Syangja. Although satisfaction was generally high overall, fewer women reported the highest response level for staff listening to mothers' concerns, as compared to most other satisfaction questions. In all districts, DAG mothers were more likely than non-DAG mothers to report that staff listen only a little.

Family Planning Knowledge, Use, and Counseling

Knowledge of any modern method of FP was almost universal and uniform in the three districts. Of nine* total modern methods, an average of six methods was known to mothers. A higher proportion of non-DAG mothers compared to DAG mothers reported that they knew about each of the nine modern methods. For knowledge of specific modern methods, there was variation by district; for example, 81% mothers in Parbat knew about IUDs compared to 57% in Baglung and 59% in Syangja.

Of mothers who were not pregnant, 14% in Baglung, 19% in Parbat, and 11% in Syangja reported that they were using a modern or non-modern method of family planning. In Syangja and Parbat, as compared to non-DAGs in the same district, more DAG mothers reported they

* The nine modern methods were female sterilization, male sterilization, intrauterine device, injectables, implants, pills, male condom, female condom, and emergency contraception.

were currently using FP. Almost all family planning users were using modern methods in all three districts, with injectables most commonly reported (5% to 9%). The pill and condoms were the next most commonly reported methods. In client exit interviews, respondents noted that while they typically preferred injections to oral and other forms of contraceptives, health workers mostly suggested they instead use condoms and other forms of FP with fewer side effects.

Nearly one-fourth of mothers reported that they were counseled on healthy timing and spacing of pregnancy (HTSP), and there were differences in report by district and social status. A higher proportion of mothers in Parbat (31%) reported that they were counseled as compared to those in Baglung (19%) and Syangja (18%). In addition, a higher proportion of non-DAG mothers in all districts reported being counseled on HTSP as compared to DAG mothers.

Satisfaction with HTSP Counseling

Most mothers who received counseling reported that they were either very satisfied or somewhat satisfied with the counseling service. More DAG mothers than non-DAG mothers reported that they were very satisfied with the counseling they received. Parbat mothers reported the greatest satisfaction with their most recent HTSP consultations.

HFOMC Exposure and Opinions

A small proportion of mothers — 11% in Parbat, 8% in Syangja, and 5% in Baglung — reported that they had heard of HFOMCs, with more non-DAG mothers than DAG mothers reporting that they had heard of HFOMCs. Among the 309 mothers who had heard of HFOMCs, few had knowledge of the HFOMC roles and responsibilities or knew names of members or means of taking concerns to HFOMCs. Only one in five of these 309 reported that they had ever attended an HFOMC meeting and, similarly, one in five reported that they had taken an issue to a meeting.

Twenty-five percent to 28% of mothers who reported that they had heard of HFOMCs were very satisfied with the work of the HFOMCs. Mothers familiar with HFOMCs had low confidence in HFOMCs' abilities to perform their role and address the concerns and needs of the community, women, and DAGs. Of mothers who had heard of HFOMCs, 35% in Parbat, 25% in Syangja, and 21% in Baglung, reported that HFOMCs have complete capacity to perform their roles. About one third of the mothers in Baglung and Parbat, and 21% of mothers in Syangja, reported that HFOMCs fully knew about specific concerns of women regarding health services. Similarly, one in five mothers familiar with HFOMCs reported that the committees adequately addressed women's specific concerns about health services. Approximately a quarter of these women reported that HFOMCs fully knew about marginalized persons' specific concerns regarding health services. Likewise, 26% of the HFOMC-aware mothers in Baglung, 19% in Parbat, and 15% in Syangja reported that HFOMCs adequately addressed the specific health service concerns of marginalized persons. Most of the remaining HFOMC-aware mothers reported that the committees "somewhat" adequately knew and addressed specific concerns of women and marginalized persons.

Qualitative data revealed that wherever they are functional, HFOMCs have been useful to acquire and mobilize local level resources (especially through VDC). HFOMCs are considered to be mostly inactive, however without regular meetings, and performing well below their potential. Mothers and fathers were often unaware of the HFOMC and its activities. Among participants who were familiar with the HFOMCs, there was perceived political bias of the HFOMCs and how they were formed; this bias was reported to affect their relationship with the community. It was also noted that the HFOMCs were enthusiastic about upgrading the physical facility rather than strengthening the available health facility and staff to deliver quality service. HFOMC members had a general sense of GESI as referring to participation of disadvantaged groups and equal treatment, but they did not have specific knowledge or understanding of special provisions or facilities needed to achieve this. Lastly, there were no platforms for the HFOMC and community members to discuss health issues. Despite having female and DAG members represented in the HFOMC, they were not able to represent the health needs of the female and DAG community in the absence of mechanisms to communicate between the community and HFOMCs.

Relations with Syangja (Parbat only)

To help assess the potential for spillover from intervention to control areas, several questions on relations with Baglung and Syangja were asked only of Parbat quantitative study participants. Sixty-one percent of Parbat mothers reported that they had any family members or friends in Baglung or Syangja. In addition, 32% reported that they visited health institutions in those districts to get health services.

Community Survey

Community key informants reported differences by district in access to certain health services, FP methods, and providers as well as in basic road and town access. For example, Syangja reported better road access than Baglung or Parbat; however, Parbat had the highest percentage of survey sites within 5 kilometers of an urban center. Injectables for FP were available in 24% of wards in Baglung, 9% in Parbat, and 25% in Syangja. ANC was available in 20% of wards in Baglung, 10% in Parbat, and 25% in Syangja. Lastly, a skilled birth attendant was reportedly in or near 13% of wards in Baglung, 18% in Parbat, and 23% in Syangja.

Conclusions

These baseline data are useful to help us understand the comparability of the three study districts at baseline and to assess the potential for spillover effects from intervention to control areas. The responses from Parbat participants on relations with Baglung and Syangja indicate spillover could be a concern since many have family or friends in those districts and roughly one third go to these districts for health services. Other data suggest that the intervention and control districts are not comparable on a number of key MNCH/FP outcomes. In child health care, fever treatment seeking behavior and child weighing differed by district: mothers in Syangja, followed by Parbat and Baglung, respectively, more commonly reported seeking treatment for children with fever in the last two weeks; and Parbat mothers more commonly reported that their child had ever been weighed, followed by Syangja and Baglung, respectively. For birth-related services,

mothers in Parbat and Syangja typically reported higher health service use than those in Baglung; this was true for report of receiving any ANC, giving birth in a HF, receiving PNC for the mother after birth at a HF, and receiving PNC for the child after a non-HF birth. Family planning knowledge, use, and counseling also differed by district, with Parbat reporting the highest levels for: mean number of modern methods known; use of a modern method; and, having been counseled on HTSP. These differences will need to be taken into account during the evaluation endline analysis to accurately estimate the impact of the intervention approaches on MNCH/FP and other outcomes of interest.

The disparities between DAG mothers and non-DAG mothers were significant across many critical MNCH/FP outcomes. DAG mothers generally had lower awareness of available health services and, in Baglung and Parbat, less commonly reported that their child had ever been weighed. For birth-related services, DAG mothers more commonly reported that they did not receive any ANC and that they did not give birth in a health facility. In Syangja and Baglung, those that did give birth in a HF less commonly reported that a provider had checked on their own health or the health of their child post-birth at the HF. Similarly, for FP outcomes, DAG mothers reported knowing fewer modern methods of FP and less commonly reported having received counseling on HTSP. These inequities underscore the importance of GESI integration and capacity building interventions to improving MNCH/FP in these districts.

The interventions could also be useful to improve perceived health service quality. While many participants expressed satisfaction with service quality, 20% to 40% of surveyed women reported related concerns. The most frequently reported concerns were lack of medicine or supplies, poor availability of staff, paying for free medicines and supplies, and lack of certain health services. Qualitative participants expressed concerns about poor service quality, inadequate availability of staff, limited opening hours, low availability of medicine and equipment, long wait times, clients being charged for free services and medicines, and questionable effectiveness of medicines (e.g., past expiration date).

Finally, the data on HFOMCs suggest that HFOMCs are not living up to their potential that, while HFOMCs have made some positive infrastructure-related achievements, they are not living up to their potential in other areas. Awareness of HFOMCs was low among mothers in the quantitative survey as well as among community participants in the qualitative components. Among study participants who were familiar with HFOMCs, knowledge of their role and responsibilities was generally scant. Qualitative data specifically showed that HFOMCs were seen as mostly inactive, politically biased, without regular meetings, focused on physical facility improvements rather than service quality, and unconnected to the community and its needs. Considering these results, the Suaahara interventions could have great impact on HFOMC utility and effectiveness.

1. INTRODUCTION

Background

Nepal's geographic, religious, and ethnic/caste diversities pose significant barriers to achieving equitable health outcomes. Poor infrastructure, long distances to health facilities, insufficiently trained staff, and socio-cultural barriers restrict access to and utilization of health services. Women and girls experience low status, discrimination, and low levels of education as a result of the patriarchal society. The limited role of women and girls as decision makers, particularly with respect to accessing health services, often results in poorer health outcomes (ADB et al., 2011). Similarly, basic health indicators for excluded groups, including *dalits*, disadvantaged *janajatis* and Madhesi, and Muslims, are consistently worse than those of other groups such as high caste *brahmins* (Bennett, Dahal & Govindasamy, 2008). Nepal's Demographic and Health Surveys (DHS) have demonstrated a persistent pattern of health disparities for women not only across social and ethnic groups but throughout different regions of the country as well.

According to the Nepal DHS 2011, 83% of Newar women received at least four antenatal care (ANC) visits, which is a strong indicator of maternal health (Pandey, Dhakal, Karki, Poudel & Pradhan, 2013). However, only 40% of *dalits* and 35% of Muslims, both historically marginalized groups, reported receiving at least four ANC visits (Pandey et al., 2013). There is also regional variation in ANC within a single ethnic group. More than twice as many Hill *dalits* received at least four ANC visits as compared to their Terai/Madhesi counterparts (49% and 23%, respectively) (Pandey et al., 2013). These disparities are also evident in the percentage of women having health facility births. While the national average is low at just 35% of all women delivering at health facilities, disaggregation of this figure by ethnic group shows a considerable range in utilization. For instance, almost half of *brahmin/chhetri* women reported having a facility birth compared with only one-quarter of *dalit* women (49% and 26%, respectively) (Pandey et al., 2013). Finally, there is considerable variation in the percentage of women who receive postnatal care (PNC) within 48 hours of giving birth. Generally, mothers from the *dalit* and *janajati* groups had the lowest rates of utilization while mothers from the Newar and Brahman/Chhetri groups had the highest rates of PNC check-ups (Pandey et al., 2013).

Recognizing these inequalities and challenges, the government of Nepal (GON) has prioritized incorporating gender equality and social inclusion into the country's health policies, programs, and plans. In 2009, GON developed the Health Sector Gender Equality and Social Inclusion Strategy to provide a framework for integrating gender and social inclusion (GESI) into the health sector in order to ensure accessible quality services for all (MoHP Nepal, 2009). The strategy outlines key actions for ensuring quality health services and increasing access to services for disadvantaged groups. It seeks to make Health Facility Operation and Management Committees (HFOMC) inclusive and equitable, to make local bodies responsible for participatory planning based on the needs and demands of target groups, and to create trust between health care providers and communities through regular meetings and other interactions. The strategy outlines tools, such as social audits and mapping, which can be used to identify disadvantaged groups and to hold health facilities accountable to communities.

In collaboration with the GON, international donors and organizations have provided technical support to HFOMCs and undertaken efforts to strengthen their capacity to manage local health facilities.* As of 2006, 28 districts had undergone a formal handover process to HFOMCs as well as subsequent capacity assessments and trainings. Between 2008 and 2012, the National Health Training Centre (NHTC), with support from the U.S. Agency for International Development (USAID)-funded Nepal Family Health Program (NFHP), refined its capacity strengthening approach and developed and implemented what is now referred to as the Health Facility Management Strengthening Program (HFMSp) in 13 districts. As part of the HFMSp, NFHP supported the NHTC in developing the HFOMC guidelines, which outline the key functions, responsibilities, and processes of the committees. They also established a corresponding training curriculum to support handover and strengthening of the HFOMCs. The guidelines and training curriculum have been adopted by the GON and plans are underway to scale up the approach in the remaining districts.

Despite the significant progress made with scale up of HFOMCs, a number of challenges remain. For example, although HFOMC guidelines state that committees must have broad participation and representation from the community, including women, *dalits*, *janajatis*, and other marginalized groups, some HFOMCs are not truly inclusive and are comprised of primarily men and community leaders or do not fully empower disadvantaged members to voice their opinions. The Suaahara Project, described below, aims to address these critical gaps in the scale up of HFOMCs, and is the subject of this impact evaluation.

Suaahara

The Gender, Policy, and Measurement Program (GPM) partnered with the Suaahara project to design, implement, and evaluate a scalable capacity strengthening intervention for HFOMCs to ensure GESI-related issues are addressed as part of the delivery of quality health services.

Suaahara is a five-year, USAID-funded project that uses a comprehensive community-focused approach dedicated to improving the health and nutritional status of pregnant and lactating women and children less than two years of age. The strategy directly addresses the vulnerable points in development when stunting can occur. The project focuses on improving nutrition; maternal, newborn, and child health (MNCH) services; family planning services; sanitation, water, and hygiene; home-based gardening; and behavior change communications in 25 districts. Suaahara works closely with the GON to strengthen policies and programs that aim to improve health and nutritional status. The project also works with health facilities to improve health counseling and care services and connect families to reproductive health, MNCH, and family planning services.

To increase women's and disadvantaged group's use of health services, Suaahara works to strengthen the capacity of HFOMCs to address GESI for quality health services. The project seeks to build individual-level knowledge and skills; strengthen the organizational-level processes that make committees more responsive to the needs of women and other marginalized groups;

* See: http://www.nfhp.org.np/Res/Docs/TechBrief17-HFMSP_000.pdf

and translate needs into actions that strengthen systems necessary for improving the responsiveness, oversight, and accountability of health facilities. Suaahara also uses HFOMCs to reach the poor as well as marginalized and disadvantaged groups, including *dalits*, *janajatis*, Madhesis, and Muslims. The project’s objectives are to:

- make HFOMCs inclusive and ensure that women and representatives from disadvantaged groups are empowered to meaningfully participate in committee meetings and the decision-making processes;
- strengthen the capacity of HFOMCs to lead inclusive and collaborative quality improvement processes for community health services and programs; and
- create momentum for women and disadvantaged groups (DAGs) to voice their health concerns and preferences to address local health issues.

Suaahara integrates GESI and community participation components into the existing GON guidelines, processes, and training for HFOMCs. The project’s two capacity strengthening approaches are summarized in table 1.1.

Table 1.1. Strengthening HFOMCs Intervention Components

Component A: GESI HFOMC Training and Technical Support
<ol style="list-style-type: none"> 1. HFOMC reformulation 2. Three-day training for HFOMCs on operating and managing health facilities 3. Two review meetings for HFOMC members conducted six and 11 months after the initial training 4. Technical support visits (bi-monthly)
Component B: Community Engagement Approach (CEA)
<ol style="list-style-type: none"> 1. Three-day training for HFOMCs <ol style="list-style-type: none"> a. Sub-activity: One day skills-building on community engagement for HFOMC members b. Sub-activity: One day accompaniment to conduct community discussions with disadvantaged groups, analyze results and prepare for a participatory planning meeting c. Sub-activity: One day accompaniment to hold meeting to develop a work plan that incorporates community and disadvantaged groups’ feedback and plans for implementing the work plan 2. Technical support to implement work plan (bi-monthly) 3. One-day orientation for community mobilizers on how to raise awareness of health services and the roles and responsibilities of HFOMCs; collect the voices of communities and represent the community during HFOMC’s monthly meetings 4. Periodic interaction between community mobilizers and the HFOMC (quarterly)

Study Setting

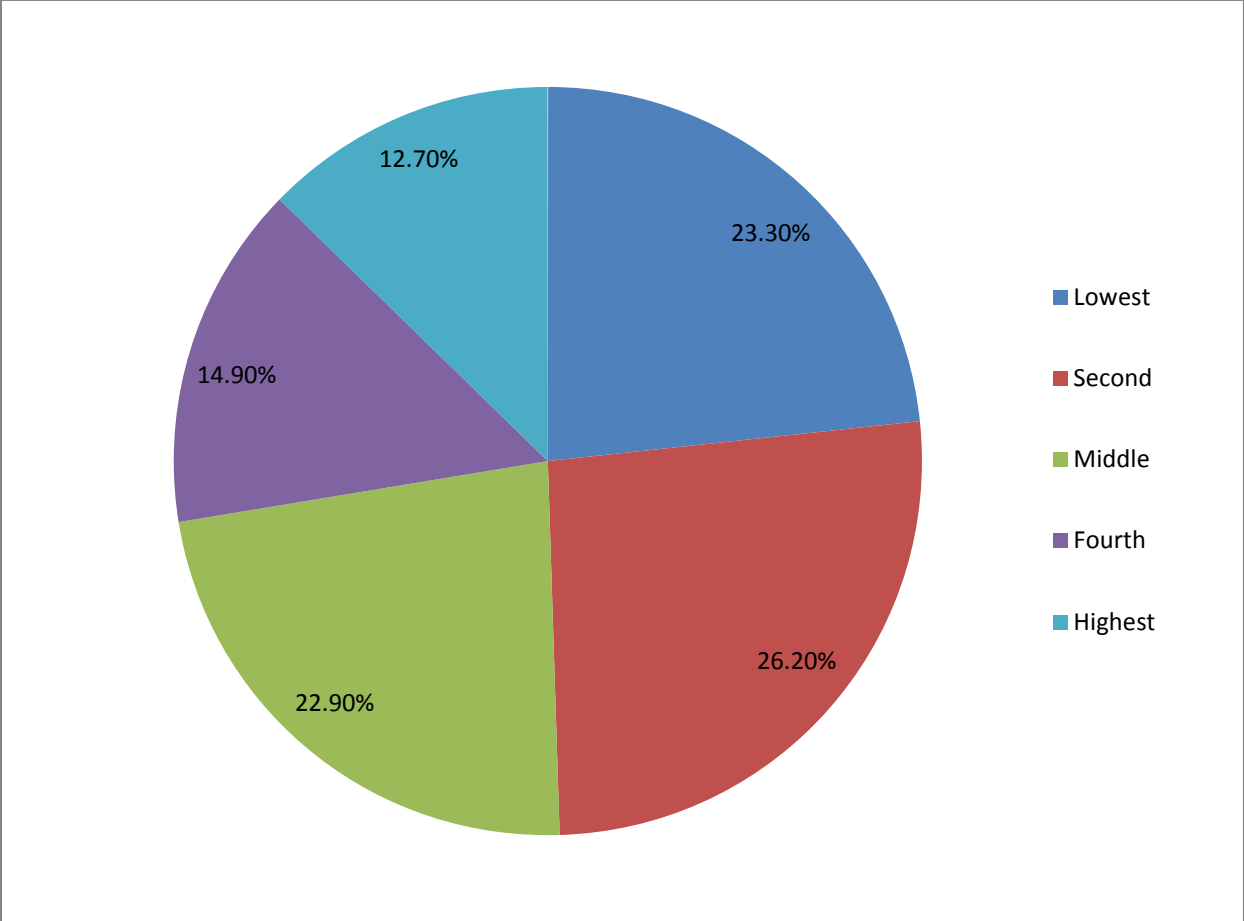
Nepal is divided up into 14 zones and 75 districts and, additionally, is often grouped into five development regions, as indicated on the map in figure 1.1. The proposed intervention will take place in the Western Region of Nepal, in particular, Baglung and Syangja districts. The district of Syangja will receive the approach A intervention, and the district of Baglung will receive the approach B intervention. Parbat will serve as the control district. All three districts are located in the Western Hill region of Nepal.

The interventions being evaluated are located in two geographically and culturally similar districts within the Western development region and the Western Hill subregion. The interventions will target various output and outcome level variables, all of which focus on access and quality of health care for women, marginalized groups, and children in these districts. Therefore, it is important to understand current health and access indicators. The Human Development Index (HDI) is an internationally accepted measure of development that takes into account life expectancy, educational attainment and access, and income and ranges from 0 (poor) to 1 (good). The three study districts are similar in HDI at 0.492 (Baglung), 0.504 (Parbat), and 0.535 (Syangja). Additionally, their incidence of poverty is 40% in Baglung, 34% in Parbat, and 35% in Syangja, according to the Village District Committee (VDC) profile of Nepal in 2010. The Western Hill subregion wealth index breakdown is shown in figure 1.2. While the wealth and development indices are similar, there is some difference with respect to the marginalized population. In Baglung, 50.6% of the population is characterized as marginalized, whereas 34.5% is characterized as marginalized in Syangja, and 31.3% is characterized as marginalized in Parbat (National Planning Commission Secretariat, Central Bureau of Statistics, 2012).



Source: Ministry of Health and Population, New ERA & Macro International Inc., 2007.

Figure 1.1. Map of Nepal showing study districts circled: Approach A in Syangja, circled in blue; Approach B in Baglung, circled in red; and control group in Parbat, circled in green.



Source: Ministry of Health and Population, New ERA & Macro International Inc., 2012.

Figure 1.2. Western Hill wealth indices.

According to the Nepal DHS 2011, the Western Hill subregion generally performs worse than the greater Western Development Region in terms of access and service utilization indicators, which are considered important predictors of maternal health. For example, 51% of women of reproductive age in the subregion received ANC from a skilled provider, which was slightly lower than the greater development region. In the subregion, 31% gave birth at a health facility within the last five years. Of women who did not deliver at a health facility, relatively few reasoned that distance to the nearest facility was too great (8%). Many women reported not having a facility birth despite the fact that 66% of women knew that facility births are indeed free services provided by GON. Women’s health is also often measured by access to and utilization of family planning services. Only 43% of women married at the time of survey in the Western Hill subregion used any method of contraception. Meanwhile, a reported 36% of women had an unmet need for family planning. These indicators demonstrate that maternal and reproductive health is a cause for concern in the Western Hill subregion. The strengthening of HFOMCs, particularly through greater community participation, could have a profound impact on the ability of women from poor and disadvantaged groups to access and utilize ANC, PNC, facility births, and other services.

2. IMPACT EVALUATION AND BASELINE SURVEY

Evaluation Objectives and Questions

The impact evaluation aims to understand the value-added of the capacity strengthening approaches on household and community level health outcomes, as well as health care utilization of women and children under two years of age in the intervention districts. Investigators will compare the two separate approaches with the standard capacity building program already being implemented by HFOMCs as part of the GON HFOMC Program. Approach A, as shown in the previous chapter (table 1.1), incorporates GESI components that more directly address the GESI-specific framework in the standard HFOMC training. Approach B includes both GESI and community engagement aspects, which aim to further incorporate the voices of women and disadvantaged groups into HFOMCs and health facility service improvement.

Questions 1-10 will predominantly be addressed through the quantitative component of the evaluation, but also to a lesser extent through the qualitative component. Questions 11-14 will be addressed through the qualitative component. Question 15 will be addressed through the quantitative component and cost data collected by the program.

Outcomes of Interest

The primary and secondary outcomes of interest to be measured through quantitative and qualitative components are shown in table 2.2.

Evaluation Design

The evaluation employs a mixed methods design with three components: quantitative, qualitative, and use of program and health facility monitoring data. For the quantitative component, a quasi-experimental design using the “difference-in-difference” (DID) technique will be used, with longitudinal (at the community level) baseline and endline household surveys, surveys with women who have children under age two, and community surveys in all three districts (repeated cross-sectional surveys). The qualitative component includes (at both baseline and endline in all three districts) patient exit interviews with MNCH clients, waiting room observations at health facilities, observations of HFOMC meetings, and in-depth interviews (IDIs) with female and disadvantaged group HFOMC members, key informant interviews (KIIs) with health facility staff and with district-level stakeholders, and FGDs with community members. The qualitative component (at endline only in all three districts) also includes KIIs with community leaders and program staff and focus group discussions (FGDs) with HFOMC members (incorporating the Most Significant Change [MSC] method in intervention areas only).

Table 2.1. Primary and Secondary Evaluation Questions

Primary Evaluation Questions
<p>Use of MNCH services:</p> <ol style="list-style-type: none">1. What is the impact of integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs on use of maternal and child nutrition and health services by disadvantaged groups?2. What is the impact of standard capacity-strengthening activities with HFOMCs on use of maternal and child nutrition and health services by disadvantaged groups?3. Does integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs have a higher impact on use of maternal and child nutrition and health services for disadvantaged groups than standard capacity-strengthening activities? <hr/>
<p>Health service quality:</p> <ol style="list-style-type: none">4. What is the impact of integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs on maternal and child nutrition and health service quality for disadvantaged groups?5. What is the impact of standard capacity-strengthening activities with HFOMCs on maternal and child nutrition and health service quality for disadvantaged groups?6. Does integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs have a higher impact on maternal and child nutrition and health service quality for disadvantaged groups than standard capacity-strengthening activities? <hr/>
Secondary Evaluation Questions
<ol style="list-style-type: none">7. What is the impact of integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs on selected maternal and child nutrition and health outcomes for disadvantaged groups?8. What is the impact of standard capacity-strengthening activities with HFOMCs on selected maternal and child nutrition and health outcomes for disadvantaged groups?9. Does integrating GESI and community involvement processes into capacity-strengthening activities with HFOMCs have a higher impact on selected maternal and child nutrition and health outcomes for disadvantaged groups than standard capacity-strengthening activities?10. For questions 1-9, we will also compare between disadvantaged groups and non-disadvantaged groups.11. How does integrating GESI and community involvement processes into capacity strengthening activities with HFOMCs affect the functioning and accountability of HFOMCs and how does this compare to standard capacity strengthening activities with HFOMCs?12. How does integrating GESI and community involvement processes into capacity strengthening activities with HFOMCs affect the use of maternal and child nutrition and health services and how does this compare to standard capacity strengthening activities with HFOMCs?13. How does integrating GESI and community involvement processes into capacity strengthening activities with HFOMCs affect maternal and child nutrition and health service quality and how does this compare to standard capacity strengthening activities with HFOMCs?14. How does integrating GESI and community involvement processes into capacity strengthening activities with HFOMCs affect the relationship between HFOMCs, the community, and health facilities and how does this compare to standard capacity strengthening activities with HFOMCs?15. What is the cost effectiveness of the GESI and community engagement integrated intervention compared to the standard capacity strengthening intervention? <hr/>

Table 2.2. Primary and Secondary Outcomes

Primary Outcomes	Secondary Outcomes
<ul style="list-style-type: none">• Health facility births• MNCH service quality• Use of ANC services• Use of PNC services• Use of family planning (health timing and spacing of pregnancy) services• Well-child visits to health facilities• Health facility visits for child illness (diarrhea, ARI, etc.)• Use of growth monitoring services• Satisfaction with health services	<ul style="list-style-type: none">• Functioning of HFOMCs• Accountability of HFOMCs• Infant and Young Child Feeding (IYCF) practices

In addition, program and health facility monitoring data from the intervention and control areas will be incorporated into the evaluation. The evaluation team will attempt to acquire and compare this data for the time period before and after the intervention for key MNCH/FP indicators to see if there are changes in the number of women coming for birth at the facilities and for other service indicators of interest.

Assuming cost data is collected by the project for both intervention approaches using comparable accounting standards, we will carry out a cost effectiveness analysis. Using cost data collected by the intervention in conjunction with outcome data collected by the evaluation, we will be able to calculate the incremental cost-effectiveness ratio (ICER). The ICER is calculated as the difference in costs between intervention A and intervention B, divided by the difference in the outcomes of the two interventions. This result is equivalent to the additional cost of the community engagement approach (CEA) for each unit improvement in outcome. We will work with local stakeholders to determine the health outcome of focus for the ICER.

Definitions

Gender equality: Gender equality is the state that provides women and men equal enjoyment of human rights, socially valued goods, resources and opportunities. True equality goes beyond parity in numbers or laws; it means there are expanded freedoms and improved quality of life for everyone (IGWG, 2013).

Social inclusion: Social inclusion is the removal of institutional barriers and the improvement of incentives to increase access of marginalized individuals and groups to development opportunities. In the health sector context, it means equal and equitable access to basic health services (MoHP, 2009).

Disadvantaged groups: For the purposes of this study, disadvantaged groups are defined according to caste or ethnicity. Table 2.3 outlines the specific castes/ethnicities included in the study definition.

Table 2.3. Castes/Ethnicities Included in the Study Definition of Disadvantaged Groups

Dalits
Hill Dalit Kami, Damai/Dholi, Sarki, Badi, Gaine, unidentified Dalits
Tarai/Madhesi Dalit Chamar/Harijan, Musahar, Dushad/Paswan, Tatma, Khatwe, Dhobi, Baantar, Chidimar, Dom, Halkhor
Janajati
Hill/Mountain Janajati Tamang, Kumal, Sunuwar, Majhi, Danuwar, Thami/Thangmi, Darai, Bhote, Baramu/Bramhu, Pahari, Kusunda, Raji, Raute, Chepang/Praja, Hayu, Magar, Chyantal, Rai, Sherpa, Bhujel/Gharti, Yakha, Thakali, Limbu, Lepcha, Bhote, Byansi, Jirel, Hyalmo, Walung, Gurung, Dura
Tarai Janajati Tharu, Jhangad, Dhanuk, Rajbanshi, Gangai, Santhal/Satar, Dhimal, Tajpuriya, Meche, Koche, Kisan, Munda, Kusbadiya/Patharkata, Unidentified Adibasi/Janajati
Muslims
Madhesi Muslim, Churoute (Hill Muslim)

Source: Bennett, Dahal & Govindasamy, 2008.

Quantitative

Sample Size Estimation and Sampling Methods

The percent of women reporting health facility (HF) delivery for their most recent live birth was selected as the outcome to power the research to answer the primary evaluation questions. The sampling plan for the baseline quantitative component involved sampling everyone, but inflating the sample size so as to make sure that the subgroup of interest (DAGs/poor) was large enough to maintain power to detect differences for that subgroup over time. Under this plan, we will be able to look at differences between DAGs/poor vs. non-DAGs/poor to see if the gap between them has narrowed. The sample sizes outlined in table 2.4 were calculated using a difference of 0.06 between each intervention group at endline. We chose 0.06 to keep the sample size large enough for maintaining the option of using the DID method for estimation of impact as well as to inflate the sample size as per the above note.

Table 2.4. Sample Size Requirements

Indicator	Groups Sampled	Expected Values at Endline			Sample Size <2 Needed per District	HHs Needed to Screen per District	Final Sample by Group per District		Total Sample Size <2 Needed	Total HHs Needed to Screen
		Parbat	Syangja	Baglung			Other	DAGs or Poor		
HF birth, last 2 years	All	0.43	0.49	0.55	1,400	9,311	529	871	4200	27,932

Notes: Assumptions:

- Sample sizes calculated with power=0.8, alpha=0.05 and one-tailed test.
- Sample size is for baseline only; endline is same size repeated in same communities.
- Parbat values in tables reflect the 2011 DHS values in Western Region (Western Hills region had too few persons in the subgroups to be considered valid); we assume as the control there will be negligible change from baseline to endline:
 - DAG levels based on data from *dalits, janajatis*, and Muslims in 2011 Nepal DHS.
 - Poor levels based on data from lowest wealth quintile in 2011 Nepal DHS.
- Design effect of 1.6 applied.

The sampling frame for the intervention and comparison groups was created using the 2011 National Population and Housing Census data, voter registration lists, and confirmation from female community health workers, members of Ward Nagarik Manch (Ward Citizens’ Forums), and other knowledgeable persons. The sampling frame for approach A was comprised of VDCs within Syangja. Likewise, the sampling frame for approach B was comprised of VDCs within Baglung. The control group was comprised of VDCs within Parbat, where there are no project activities. The sample was selected using a stratified, three-stage cluster design. For the first stage, in each approach area (district), VDCs were selected using equal probability of selection method (EPSEM) sampling. We selected 19 VDCs in Baglung, 17 in Syangja, and 29 in Parbat. EPSEM sampling was then used again to select five of the nine wards/census enumeration areas (EAs) in each VDC selected in the first stage (the number of required VDCs and wards/EAs was calculated based on projected numbers of women with children under age two in a given ward/EA, according to the 2011 Nepal DHS). In the final stage, all eligible women in a selected ward/EA were selected for interview; this was to ensure a self-weighted sample.

Table 2.1 summarizes the number of VDCs/municipalities and wards in each district. See appendix A for the complete list of VDCs/municipalities, and wards selected.

The data collection team completed a household listing, which consisted of the team going to every household in the ward to identify eligible households. An eligible household was one that included any woman with a child under age two. For this study, a household was defined as people eating in the same kitchen and sleeping in the same dwelling most of the time in the previous week. The household list was then verified with the list of households from the 2008 voter list and the number of households from most recent population census (2011). During the verification process, if there were households on the 2008 voter list that were not residing in the ward at the time of the listing, the team noted the reason the household was missing. For new

households that were not in 2008 voter list, the team also recorded the time the household started living in the respective ward.

Table 2.5. Number of VDCs/Municipalities and Wards by District

District	Total Number of VDCs/Municipalities	Number of Selected VDCs/Municipalities	Number of Selected Wards
Baglung	60 (59+1)	19	95
Syangja	62 (60+2)	17	85
Parbat	55	29	145
Total	177	65	325

Quantitative Baseline Survey Instruments and Response Rates

Three surveys — community, household, and women — were administered in a face-to-face, paper-and-pencil format. The community survey was carried out with community leaders in a small group discussion. Participants included local political leaders such as members of Ward Nagarik Manch, female community health volunteers (FCHVs), teachers, students, service holders, businessmen, ex-army personnel, and members of various other groups. The household survey was administered to one or more household members in a private interview format and included a person identified as the head of the household in the sampled households. Household interviews were completed with 3,775 households, resulting in a response rate of 99.2%. The women’s survey was then conducted with all mothers having a child less than two years of age residing most of the time that week in sample households. This was also administered in a one-on-one private interview format. Women’s interviews were completed with 3,845 women, resulting in a response rate of 97.5%. Table 2.6 outlines the content of the three survey instruments.

Table 2.6. Quantitative Instruments (Modules)

Community Survey	Household Survey	Women Survey
<ul style="list-style-type: none"> • Basic community characteristics • Health service availability • List of health and family planning workers • List of depot holders • List of doctors and pharmacies • Economic shocks 	<ul style="list-style-type: none"> • Demographics and household composition • Household wealth/assets • Economic shocks and coping strategies • Household health expenditures 	<ul style="list-style-type: none"> • Demographics and child health • Infant and child feeding practices • Pregnancy, facility births, and post-natal care • Family planning • HFOMC and other health activity exposure and opinions • Women’s decision making • HH food security and dietary diversity • Social inclusion and group membership • Access to information

Baseline Response Rates

Table 2.7 summarizes the total number of households listed as well as the number of households and women eligible for interview by district.

Table 2.7. Total Number of Households (HHs), Eligible HHs, and Eligible Women by District

District	Total Number of HHs	Number of HHs with at Least One Woman with a Child under 2 Years of Age	Number of Women with a Child under 2 Years of Age
Baglung	8017	1,318	1379
Syangja	9193	1134	1175
Parbat	8056	1352	1390
Total	25,266	3,804	3,944

The community survey was completed in all 325 selected wards with political leaders, FCHVs, teachers, students, service holders, businessmen, and ex-army personnel. Figure 2.1 shows the sex distribution of community survey respondents. There were a total of 2196 community survey respondents: 624 in Baglung, 1018 in Parbat, and 554 in Syangja.

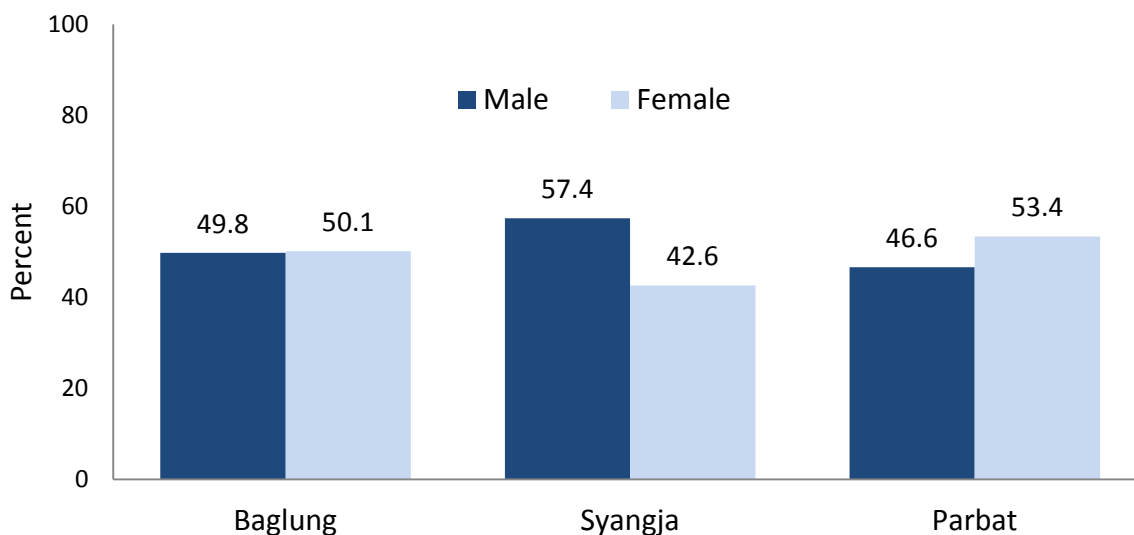


Figure 2.1. Community survey respondent distribution, by sex and district.

Qualitative

Sampling Methods

In each district, four VDCs were purposively selected (12 total) for qualitative data collection (table 2.8). We conducted data collection in one health facility per selected VDC (12 total health facilities). The VDCs and health facilities were purposively selected to cover a mix of health facility types (e.g., Health Post, sub-Health Post), DAG mapping results, and distance from the district headquarters (near and far). The VDCs (see table 2.9) were selected from the list of corresponding EAs that had been selected for the quantitative data collection. Individual respondents for the various qualitative components were selected using stratified purposive sampling methods.

Table 2.8. List of VDCs/Municipalities Selected for Qualitative Component

District	VDC Name	Type of Health Facility
Syangja	1. Waling municipality	PHC
	2. Kyakmi VDC	SHP
	3. Bangefadke VDC	SHP
	4. Thuladihi VDC	SHP
Baglung	1. Sarkuwa VDC	HP
	2. Dhamja Deurali VDC	HP
	3. Bhimgitthe VDC	SHP
	4. Bongadovan VDC	SHP
Parbat	1. Bihadi Ranipani VDC	HP
	2. Balakot VDC	SHP
	3. Thulipokhari VDC	PHC
	4. Dhairing VDC	HP

Notes: HP = health post; PHC = primary health center; SHP =sub health post.

For each selected VDC and health facility, the researchers conducted IDIs, FGDs, meeting and waiting room observations, KIIs, and client exit interviews. Table 2-8 summarizes the sampling methods and numbers of IDIs/FGDs/etc. conducted.

Qualitative Baseline Data Collection Instruments

The key topics addressed through each of the qualitative methods are described in table 2.9.

Table 2.9. Summary of Baseline Qualitative Data Collected

Method	No.	Sample Selection	Key Topics
Observations or meeting minutes from HFOMC meetings	10	Observed one HFOMC meeting in one health facility during July-September, 2014. Meeting minutes collected and reviewed from all health facilities (9) that had some form of meeting and its documentation during the last two years.	HFOMC functioning, capacity, and GESI integration
IDIs with HFOMC members	21	Two (1 female; 1 DAG) participants were selected from each of 10 health facilities. In one health facility, no HFOMC members could be interviewed and in another, only one could be interviewed.	Experience as a HFOMC member, understanding of the role of HFOMCs and how they relate to communities and health facilities, relationships with other HFOMC members, comfort participating in HFOMC activities, engagement with District level staff
Health facility observations	12	Observations in the waiting room and other available public spaces including the front yard in each HF. Observers selected same days/times of the week to visit MNCH clinics and observe the HF during outpatient hours.	Collect information on service quality by noting patient wait time (varied by caste/ethnic group/etc.), noise level (related privacy of provider-client discussions), staff interactions with clients, and availability of free essential medicines /basic essential equipment
KIIs with HF staff	12	The HF officer in-charge was purposefully selected from 12 HFs.	Experience interacting with and/or serving as HFOMC member, understanding role and accountability of HFOMCs, understanding of GESI integration, experiences interacting with communities regarding health service concerns, challenges faced in providing services to DAGS and/or the poor
Exit interviews with MNCH clients at health facilities	133	Clients (including two under age children) were interviewed from 12 selected HFs. They were selected purposively based on having received MNCH/FP services and seeking a mix of DAGs and non-DAGs. More than half of the clients included in the study were from the DAG community.	Privacy, provider attitude, satisfaction with care, length of wait and consult, services received
Community FGDs	12	Selected purposefully by location and by those who were 1,000 days mother or 1,000 days father. In total, there were 105 mothers and 80 fathers as FGD participants. Each FGD included around 10 participants.	Community's knowledge and understanding of the HFOMC's role and functions, attitudes towards health planning and HFOMCs, perceptions on inclusion of community priorities in health services and impacts on health care utilization, and perceived quality and responsiveness of health care at the selected health centers
KIIs with district-level stakeholders	6	Three District Development Committee (DDC) officials and three District Public Health Office (DPHO) officials.	Engagement with and knowledge of the work of HFOMCs, perceptions on inclusion of community priorities in health services and impacts on health care utilization, and perceived quality and responsiveness of health care at the selected health centers

Study Limitations

This evaluation design has limitations. First, for the DID technique, the parallel trend assumption may not hold. The women's characteristics, however, will be included in the analysis in an attempt to make the parallel trend assumption more plausible. Specifically, they will be intended to control for the possibility that differences in the changing population structures of intervention and comparison areas might have generated differences in trends in indicators between them, even in the event of identical intervention exposure. However, it is possible that their population profiles could diverge over time in ways that we will not observe and hence for which we could not adequately control.

In addition, Baglung has a higher percentage of its population that is marginalized or poor, compared to Syangja and Parbat. It is possible that this difference between the groups may affect the outcomes of the study. This could lead us to conclude that the program did not make a difference when in fact it did, or that it did make a difference when in fact it did not.

The study districts all lay in the Western Hill region and it is possible that findings may not be generalizable to other regions of Nepal.

The study definition of DAGs is based on caste/ethnicity, whereas the Strengthening HFOMCs program definition of DAGs is broader, including other characteristics that may limit access to health services such as low education, poverty and geographic location. While DAGs are also more likely to have lower education, higher poverty rates, and live farther away from health services, the study may still have participants in the non-DAG group that would fit the program's definition of DAG and be affected by the program. This could lead us to conclude that the program did not make a difference when in fact it did, or that it did make a difference when in fact it did not.

Spillover is a concern, considering that the control district, Parbat, lies between the program districts and shares borders. People in the control communities may be indirectly exposed to and learn from what neighboring intervention communities are doing. We have added questions to the household survey, however, that will help to measure potential spillover; these questions cover communication and contact with persons in the intervention districts.

Limitations on the use of monitoring data include concerns about quality. This is a particular challenge for the health facility data because providers could inflate numbers to improve the perception of performance. Also, evaluation staff may be better trained than providers on measurement and so the data from health facilities may be of a lower quality. Moreover, inconsistent definitions of indicators could lead to challenges in comparability in monitoring and evaluation over time. However, the triangulation of this data with that from the quantitative surveys as well as the qualitative methods will help to address these concerns since there will be potential corroboration of findings.

For the qualitative component, key limitations for the MSC method to be used in the FGDs at endline with HFOMC members are that: (1) it tends to focus on success stories and so the findings may be biased towards the positive; (2) the MSC selection process is subjective as it is

an expression of the values of the people who make up the group, and (3) particularly unpopular views of what the most significant change was may be voted down by the majority. A limitation of health facility exit interviews is that the recall of consultation content tends to be low and clients tend to over report satisfaction. In addition, a limitation of observations of the HFOMC meetings as well as HF waiting rooms is that those being observed may change their behavior because of the presence of an outside observer; they may be more likely to behave in a way that they believe to be desirable. The triangulation of multiple methods of qualitative inquiry and quantitative surveys, however, will help to minimize these limitations.

3. TRAINING AND FIELDWORK

Ethical Review and Protection of Human Subjects

The University of North Carolina at Chapel Hill Institutional Review Board and the Nepal Health Research Council Review Board approved both components of the study. In addition, approval was obtained from Family Health Division of Ministry of Health and Population in Nepal. For quantitative surveys, approval was also obtained from the Social Welfare Council of the GON. All interviews and discussions were initiated only after obtaining informed consent from individuals. In the case of the few respondents that were under age 18, informed consent was obtained from the women themselves, as well from as a parent or guardian. All interviews and group discussions were conducted in private locations.

Translation and Refinement of Study Instruments

Translation and refinement of the study instruments was achieved through an iterative process that included initial translation by a group of social scientists followed by multiple rounds of pre-testing and revision. This rigorous process ensured that the translated instruments were easily understood by study participants and were measuring the concepts that the original questions were intended to measure.

Quantitative Fieldwork and Training

Quantitative fieldwork and training was implemented at the local level by ISER-N in collaboration with the Family Health Division of the GON, Social Welfare Council, the local community, and a consultant appointed by MEASURE Evaluation at the University of North Carolina at Chapel Hill. Data collection took place between July and October 2014 in the three selected districts of Baglung, Syangja, and Parbat.

Interviewer Training

ISER-N staff served as district managers and team leaders in each district. These staff members were well trained in survey research methodology and had been working with ISER-N from five to 19 years. Interviewers were recruited from local areas and underwent a six-day training. Topics included roles and responsibilities of interviewers, protection of human subjects, interviewing techniques, data-recording/data entry procedures, data management, study protocol, and question by question objectives. Training was followed by a day of field practice. Interviewers also received seven to 10 days of practice in their respective districts. On an average, each interviewer completed 16 practice interviews before conducting actual interviews. A total of 57 individuals completed the full six-day training.

Data Collection and Management

The survey was implemented by a team consisting of one district manager, three team leaders, and 18-20 interviewers in each district. The household and women interviews were conducted by

small teams of five to seven interviewers, with each team headed by a team leader. All woman interviews were conducted by female interviewers to ensure that the respondents were comfortable answering questions on reproductive health.

Each completed questionnaire was thoroughly checked by the interviewer for completeness and consistency. Any discrepancies and incompleteness identified at this point was resolved by immediately revisiting the respondent. Once the interviewer returned to the field office, the questionnaires were cross checked by other interviewers. In addition, 20% of completed questionnaires were then checked by a team leader and research officer, who is also the district manager. Questionnaires were then forwarded to the central office in Chitwan for data entry.

Data entry was performed at ISER-N's data entry and processing department. All questionnaires were entered twice (double entry) to avoid keying errors using a data entry program specifically designed for this purpose. All questionnaires were matched with the data collection control file after data entry to ensure that all were entered. A set of quality control tables was generated on a regular basis. After data entry was completed, a standard codebook was prepared. Separate data files for community, household, and women interviews were created.

Data Analysis and Report Writing

ISER-N conducted analysis of the baseline results using the statistical analysis program SPSS. ISER-N researchers created appropriate variables and generated results on means and proportions separately for intervention and comparison areas and by social status. For key variables — mostly primary outcomes for the evaluation — ISER-N performed Pearson chi-square or Analysis of Variance (ANOVA) statistical tests to detect any differences between intervention and control groups. Test results are noted in the applicable report tables. ISER-N presented the results and survey implementation information in a final quantitative report to MEASURE Evaluation. MEASURE Evaluation then synthesized information and results from both the qualitative and quantitative reports into the current report.

Qualitative Fieldwork and Training

Qualitative fieldwork and training was implemented at the local level by RIDA. Data collection took place from July to August, 2014.

Interviewer Training

RIDA's in-house researchers served as field supervisors. Additional researchers were selected based on their qualifications in conducting qualitative research. Overall, 21 researchers were selected for the final team which was composed of three research supervisors, two field coordinators, and 16 field researchers.

Interviewer training was conducted in Pokhara by RIDA senior staff and MEASURE Evaluation staff and a consultant. A two-day training included sessions on the objectives of the evaluation, gender and social inclusion, tool review, and human subject research ethics. The

training also included practice sessions conducting mock IDIs and FGDs. A one-day pre-testing of the tools followed in Putalibazaar Municipality, Syangja. Following pre-testing, a review session was held with the MEASURE Evaluation research team and local consultant in Putalibazaar. Immediately after the review, interviewers were guided on probing techniques through additional group work, games, and role plays that included practice administering informed consent, note taking exercises and transcribing techniques, mock IDIs, and mock FGDs.

Following training, four days of pilot-testing were conducted in Waling PHC, Syangja. During pilot testing, all researchers were provided with an opportunity to use at least one research tool. Following the pilot, researchers also practiced transcribing and translating the discussions/interviews. Field notes and transcripts were thoroughly reviewed by RIDA and the MEASURE Evaluation team, and the researchers were provided with feedback to sharpen their skills and prepare for data collection.

Data Collection and Management

After the completion of pilot data collection in Waling, the team was divided into three groups consisting of at least five members each to conduct data collection. After the first two weeks of data collection were completed, the team convened in Kathmandu for a debriefing exercise (central review) to document key challenges and lessons. The exercise helped identify the key areas of capacity building for field researchers and a one-day capacity building workshop was subsequently held in Parbat. Data collection then resumed and was completed on August 24, 2014. The team then conducted a review and planning meeting focused on data management and analysis.

Quantitative data collected through observation forms and client exit interviews were entered into SPSS using a data entry template. Qualitative data collected through observation and client exit interviews, such as explanations/remarks, were compiled using a template that was developed in Microsoft Word. For pure qualitative tools, audio records were transcribed in Nepali and then translated into English.

The data quality check and correction mechanism (figure 3.1), which was initiated during training and continued throughout data collection, also served to build capacity of field researchers. The mechanism included the four stages described above: pre-testing, pilot-testing, first round of data collection, and second round of data collection. At each stage, supervisors and central team members observed the research procedure, noted key data quality checks/assurance points, and suggested correction mechanisms accordingly.

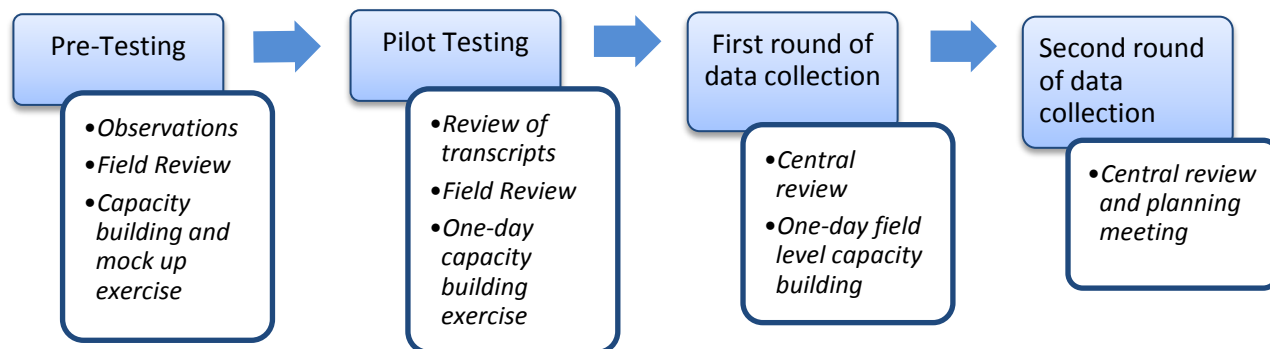


Figure 3.1. Quality check and correction mechanism.

Data Analysis and Report Writing

RIDA carried out the baseline data analysis. RIDA staff reviewed transcripts, notes and other data collection materials and identified emerging themes by tool and by section, as applicable. RIDA then synthesized the analysis and implementation information in a final qualitative report to MEASURE Evaluation. MEASURE Evaluation then synthesized findings from both the qualitative and quantitative reports into the current report.

4. PARTICIPANT AND HOUSEHOLD CHARACTERISTICS

Household Survey

Summary of Household Characteristics

- Fifty-five percent of all households surveyed belonged to DAGs and 45% to non-DAGs (table 4.1).
- The proportion of DAG households varied by district — Baglung (63%), Syangja (57%), and Parbat (45%) (table 4.1).
- Among disadvantaged caste/ethnic groups, the majority of the households in all districts were comprised of *dalit* and Hill *janajati*. In Baglung and Parbat, a large proportion of disadvantaged households were *dalit*, whereas in Syangja, a large proportion of disadvantaged groups belonged to Hill *janajati* (table 4.1).
- Most households were headed by men- 84% in Baglung, 83% in Parbat, and 78% in Syangja (table 4.2).
- There are slightly more women (52%) than men in all three districts (table 4.3).
- The main source of livelihood reported was agriculture. Foreign employment was the second most frequently reported livelihood in all three districts, although the proportion varied slightly by district (table 4.4).
- Income distribution varied by district. For example, 20% of households in Baglung reported an annual income of NRs 25,000 (approximately U.S. \$250) or less, compared to 13% and 9% of households in Parbat and Syangja. It also varied by social status, with DAGs generally reporting lower incomes than non-DAGs (table 4.5).
- Eighty-five percent of households in each district used an improved source of drinking water (table 4.8).
- A lower proportion of households in Baglung (30%) reported treating water compared to households in Parbat (42%) and Syangja (42%). A higher proportion of non-DAG reported treating their drinking water than DAG households in all three districts (table 4.8).
- A lower proportion of households in Syangja (86%) as compared to Baglung (97%) and Parbat (98%) reported having an improved toilet facility at home. Slightly higher proportions of DAG households reported having non-improved facilities compared to non-DAG households (table 4.9).

Parbat only — Relations with Baglung and Syangja (data collected to assess potential spillover) (table 4.10)

- Sixty-one percent of the households in Parbat reported that they have family members, relatives and/or friends either in Baglung or Syangja
- Thirty-two percent reported they visit health institutions in those districts, and 6% indicated they have work or business there
- This information varied by social status with a higher proportion of non-DAG households having family/friends, visiting health institutions, and having work/business in Baglung or Syangja.

Tables 4.1 through 4.10 present key participant information from the quantitative household survey. Qualitative baseline data are not presented here as they are not applicable.

Table 4.1. Social Status of Households

	Baglung		Parbat		Syangja		Total	
	No.	%	No.	%	No.	%	No.	%
DAGS	830	63.1	608	45.5	648	57.8	2086	55.3
<i>Dalit</i>	471	35.0	371	27.7	212	18.9	1054	27.9
<i>Hill Janajati</i>	355	27.0	203	15.2	427	38.1	985	26.1
<i>Terai Janajati</i>	1	0.1	23	1.7	9	0.8	33	0.9
<i>Muslims</i>	3	0.2	11	0.8	0	0.0	14	0.4
Non-DAGs	486	36.9	729	54.5	474	42.2	1689	44.7
<i>Brahman,</i>								
<i>Chhetri</i>	461	35.8	701	52.4	441	39.3	1603	42.5
<i>Newar</i>	25	1.9	24	1.8	33	2.9	82	2.2
<i>Terai Madhesi,</i>								
<i>other castes</i>	0	0.0	4	0.3	0	0	4	0.1
Total	1316	100.0	1337	100.0	1122	100.0	3775	100.0

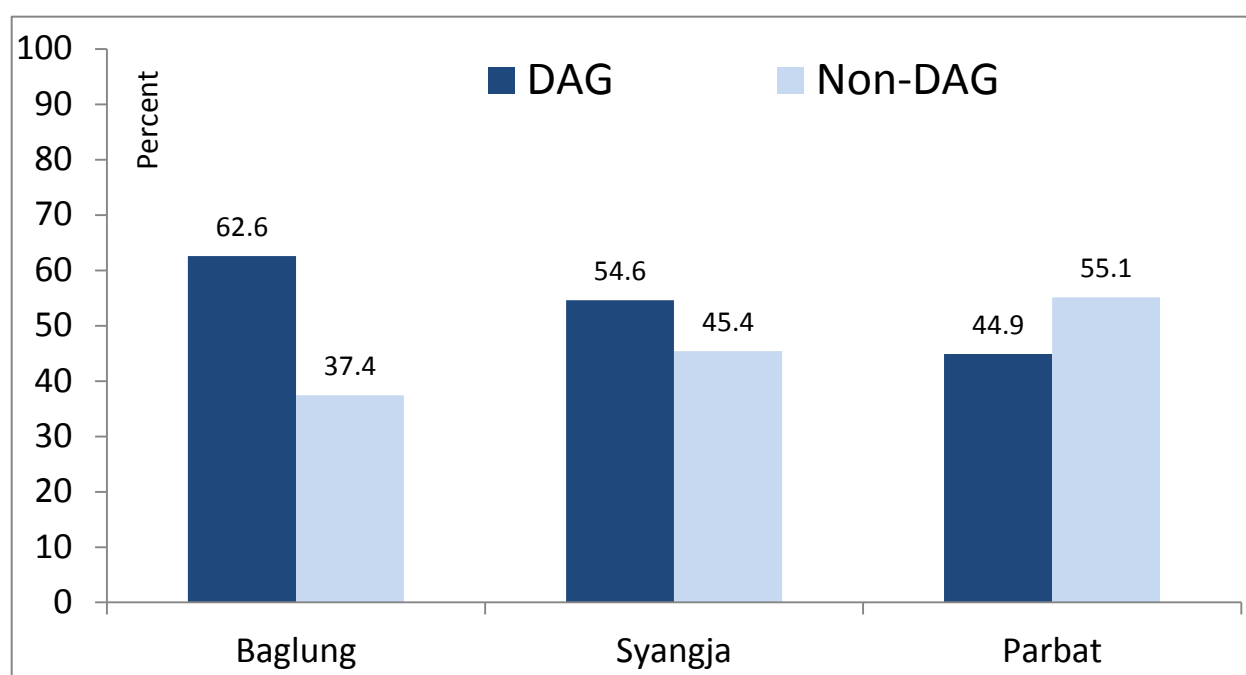


Figure 4.1. Social status of households, by district.

- Among disadvantaged caste/ethnic groups, the majority of the households in all districts were comprised of Dalit and Hill Janajati.
- In Baglung and Parbat, a large proportion of disadvantaged households were Dalit, whereas in Syangja, a large proportion of disadvantaged groups belonged to Hill Janajati.

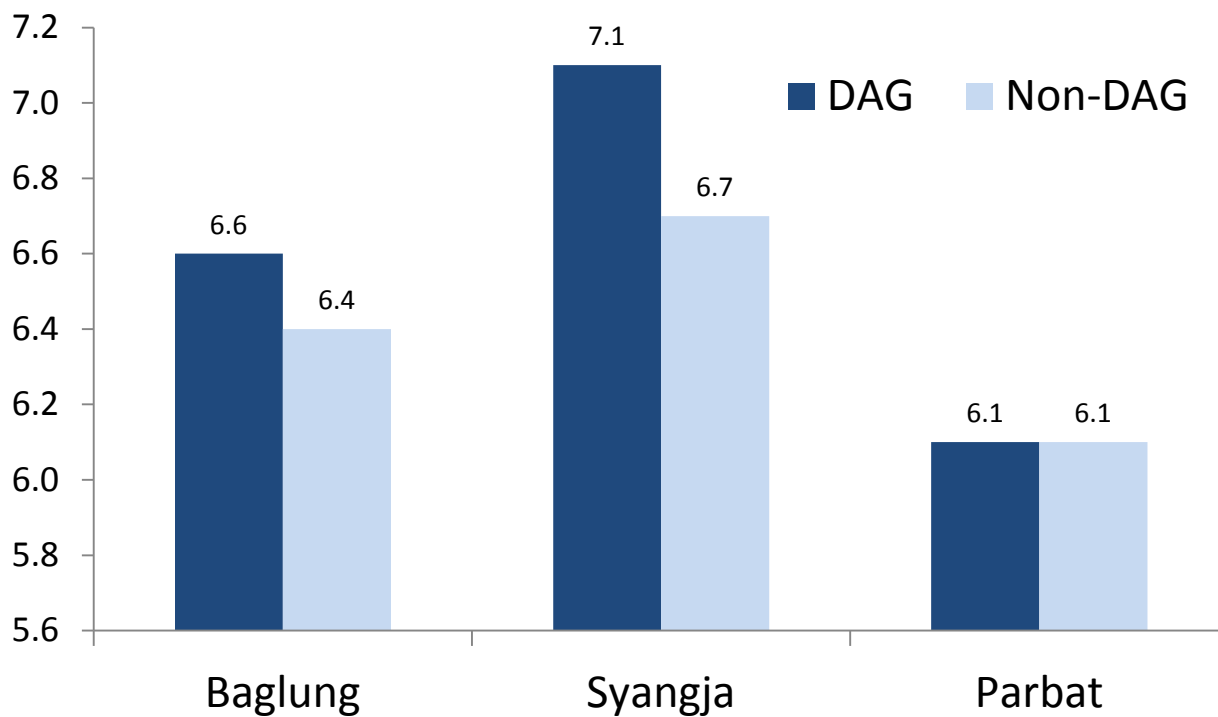


Figure 4.2. Mean household size, by social status and district.

Table 4.2. Head of Household and Household Size

	Baglung (%)			Parbat (%)			Syangja (%)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Head of household	63.0	37.0	100.0	45.6	54.4	100.0	57.7	52.3	100.0
<i>Male</i>	54.0	30.1	84.1	39.3	43.8	83.1	46.3	42.6	78.9
<i>Female</i>	9.0	6.9	15.9	6.3	10.6	16.9	11.4	9.7	21.1
Household size	6.6	6.4	6.5	6.1	6.1	6.1	7.1	6.7	6.9

- Most households were headed by men.
- Household size was largest in Syangja and smallest in Parbat.

Table 4.3. Age and Sex Distribution in Households by Percentage

	Baglung			Parbat			Syangja		
	M	F	Total	M	F	Total	M	F	Total
<i>DAGs</i>									
Age 0 – 4	6.7	6.5	13.1	5.2	4.9	10.1	5.6	5.2	10.9
Age 5 – 9	2.4	3.5	5.9	1.6	2.1	3.6	2.1	2.2	4.3
Age 10 – 14	1.5	2.6	4.2	1.4	1.5	2.9	1.4	2.1	3.5
Age 15 – 19	2.0	3.4	5.4	1.3	2.4	3.7	1.6	3.0	4.6
Age 20 – 24	4.4	5.6	10.0	2.9	3.9	6.8	3.3	5.4	8.7
Age 25 – 29	4.3	3.2	7.4	2.9	2.6	5.5	4.3	3.5	7.8
Age 30 – 34	2.1	1.4	3.5	2.0	0.8	2.9	2.8	1.6	4.4
Age 35 – 39	1.2	0.8	2.0	1.0	0.7	1.7	1.5	0.7	2.2
Age 40 – 44	1.0	1.0	2.0	0.4	0.6	1.0	0.7	0.9	1.5
Age 45 – 49	0.8	1.2	2.0	0.5	0.7	1.3	0.8	1.0	1.8
Age 50 – 54	1.0	1.1	2.1	0.7	0.8	1.5	0.8	1.3	2.1
Age 55 – 59	0.8	1.0	1.8	0.5	0.6	1.1	0.7	0.9	1.6
Age 60 – 64	1.0	0.9	1.8	0.7	0.7	1.4	0.9	1.0	1.9
Age 65 – 69	0.5	0.4	1.0	0.5	0.3	0.8	0.6	0.6	1.3
Age 70 – 74	0.5	0.3	0.9	0.3	0.2	0.5	0.5	0.4	0.9
Age 75 – 79	0.2	0.1	0.3	0.1	0.1	0.2	0.3	0.2	0.5
Age 80 and above	0.2	0.3	0.4	0.2	0.2	0.3	0.2	0.3	0.5
Total DAG	30.6	33.4	64.0	22.3	23.0	45.3	28.1	30.3	58.4
<i>Non-DAGs</i>									
Age 0 – 4	3.9	3.6	7.5	5.8	5.6	11.4	4.4	3.7	8.1
Age 5 – 9	1.0	1.5	2.4	1.8	2.3	4.1	1.2	1.9	3.1
Age 10 – 14	0.7	0.9	1.6	0.8	1.5	2.4	0.7	1.3	2.0
Age 15 – 19	0.6	1.4	2.0	1.0	1.9	3.0	0.8	1.3	2.1
Age 20 – 24	1.8	3.7	5.5	2.3	5.6	7.9	1.9	3.8	5.8
Age 25 – 29	3.2	2.3	5.5	4.2	3.2	7.4	2.9	2.8	5.7
Age 30 – 34	1.9	0.7	2.6	3.2	1.3	4.6	2.9	1.4	4.3
Age 35 – 39	0.8	0.3	1.1	1.4	0.6	2.0	1.4	0.4	1.8
Age 40 – 44	0.3	0.4	0.7	0.7	0.5	1.2	0.5	0.3	0.8
Age 45 – 49	0.4	0.6	1.0	0.3	1.1	1.4	0.3	0.6	0.9
Age 50 – 54	0.5	0.9	1.4	0.9	1.4	2.3	0.4	1.1	1.6
Age 55 – 59	0.6	0.8	1.4	0.8	1.2	2.0	0.7	0.8	1.5
Age 60 – 64	0.7	0.7	1.4	1.0	0.8	1.8	0.7	0.8	1.5
Age 65 – 69	0.5	0.3	0.7	0.7	0.7	1.4	0.6	0.5	1.1
Age 70 – 74	0.4	0.2	0.6	0.6	0.4	1.1	0.4	0.2	0.7
Age 75 – 79	0.2	0.1	0.3	0.3	0.2	0.5	0.2	0.2	0.4
Age 80 and above	0.1	0.1	0.3	0.2	0.3	0.5	0.2	0.1	0.4
Total Non-DAG	17.4	18.6	36.0	26.3	28.4	54.7	20.2	21.4	41.6
TOTAL	48.0	52.0	100.0	48.6	51.4	100.0	48.3	51.7	100.0

- There are slightly more women (52%) than men in all three districts.

Table 4.4. Household Livelihoods by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Agriculture	92.9	92.6	92.8	75.7	82.4	79.4	86.3	89.0	87.4
Foreign employment	50.1	53.1	51.2	46.5	47.3	47.0	59.6	60.1	59.8
Wage labor	24.6	5.8	17.6	33.6	5.3	18.2	19.8	5.1	13.5
Business	9.3	15.6	11.6	13.8	25.0	19.9	13.6	16.2	14.7
Salary job	9.5	17.5	12.5	10.2	25.2	18.4	11.7	21.7	16.0
Pension	7.7	8.6	8.1	11.8	8.8	10.2	21.5	13.9	18.3
Elderly allowance	9.9	7.4	9.0	10.0	8.8	9.3	14.8	17.1	15.8
Sell property/borrowed loan /interest	2.9	3.3	3.0	1.2	1.6	1.4	1.5	0.6	1.2
Other	1.1	0.6	0.9	1.2	2.1	1.6	1.5	2.3	1.9

- The main source of livelihood reported was agriculture.
- Foreign employment was the second most frequently reported livelihood in all three districts, although the proportion varied slightly by district.

Table 4.5. Annual Household Income by Percentage

Income (Nepali Rupees)	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
None	1.4	1.9	1.6	1.0	0.5	0.7	0.2	1.5	0.7
Less than 10,000	8.9	4.3	7.2	4.3	4.0	4.1	3.4	3.0	3.2
10,000 to 25,000	11.9	8.4	10.6	8.9	7.8	8.3	5.2	4.9	5.1
25,000 to 50,000	28.7	21.4	26.0	20.9	18.7	19.7	18.1	15.6	17.0
50,000 to 100,000	26.1	31.1	28.0	30.8	25.1	27.7	30.9	23.2	27.6
100,000 to 250,000	16.7	21.2	18.4	23.7	27.7	25.9	26.2	31.2	28.3
250,000 to 500,000	5.2	7.8	6.2	7.6	11.4	9.6	11.0	13.7	12.1
More than 500,000	1.0	3.9	2.1	3.0	4.8	4.0	5.1	7.0	5.9

- Income distribution varied by district, with more households in Parbat and Syangja reporting income in the top levels than in Baglung.
- It also varied by social status, with DAGs generally reporting lower incomes than non-DAGs.

Table 4.6. Household Farming, Land Holding and Livestock Ownership by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Farming status									
<i>Currently farming</i>	93.1	93.4	93.2	77.6	83.1	80.6	86.5	89.6	87.8
<i>Mean land farmed (Ropani)</i>	4.76	6.32	5.33	7.07	8.64	7.95	6.54	7.10	6.78
<i>Mean land owned (Ropani)</i>	4.14	5.89	4.78	4.90	7.66	6.45	5.53	6.68	6.02
Livestock holding									
<i>Have any farm animals</i>	93.1	89.9	92.0	73.4	77.1	90.1	86.3	88.5	87.0
<i>Female and male buffalo</i>	1.58	1.42	1.52	1.32	1.57	1.46	1.62	1.87	1.72
<i>Cow and mullock</i>	1.03	0.78	0.94	0.71	0.82	0.77	1.05	0.68	0.90
<i>Horses, donkeys, or mules</i>	0.02	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00
<i>Goat</i>	1.97	1.75	1.89	1.36	1.90	1.66	3.30	2.86	3.12
<i>Sheep</i>	0.10	0.03	0.07	0.00	0.00	0.00	0.00	0.13	0.06
<i>Chicken</i>	8.09	7.63	7.92	6.14	9.96	8.27	8.15	2.82	5.95
<i>Duck</i>	0.15	0.13	0.14	0.04	0.00	0.02	0.04	0.00	0.02
<i>Pig</i>	0.13	0.00	0.08	0.06	0.00	0.02	0.42	0.01	0.25

Table 4.7. Household Assets by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Electricity and appliances									
<i>Electricity</i>	89.2	98.1	92.5	95.9	99.0	97.8	91.0	96.6	93.4
<i>Radio</i>	41.2	49.6	44.3	37.2	49.4	43.8	32.0	44.4	37.3
<i>TV</i>	44.6	66.9	52.8	57.6	71.6	65.2	60.5	77.2	67.6
<i>DVD player</i>	5.3	8.8	6.6	10.5	12.3	11.5	8.4	14.0	10.7
<i>Electric rice cooker</i>	21.7	49.6	32.0	47.4	66.9	58.0	55.4	68.5	50.9
<i>Electric fan</i>	2.3	7.8	4.3	17.8	23.5	20.9	21.4	38.5	28.9
<i>Iron</i>	16.4	31.7	22.0	27.0	37.7	32.8	31.0	47.8	38.1
<i>Refrigerator</i>	2.4	7.0	4.1	7.4	12.6	10.2	12.8	14.4	13.5
<i>Computer/laptop</i>	6.4	11.9	8.4	6.9	16.9	12.3	8.0	18.2	12.3
<i>Camera</i>	11.7	19.1	14.4	19.9	28.1	24.4	17.0	28.1	21.7
Communication technology									
<i>Cell phone</i>	94.2	99.0	96.0	95.9	98.8	97.5	96.7	99.2	97.8
<i>Landline phone</i>	2.9	2.5	2.7	2.3	7.1	4.9	1.4	4.7	2.8
Furniture									
<i>Table</i>	30.7	53.5	39.1	56.4	71.3	64.5	57.6	68.3	62.1
<i>Chair</i>	25.4	52.5	35.4	41.8	63.1	53.4	46.6	64.3	54.1
<i>Bed</i>	91.0	98.8	93.8	96.5	99.6	98.2	96.7	99.6	97.9
<i>Sofa</i>	2.3	15.0	7.0	9.5	25.1	18.0	14.7	39.1	25.0
Transportation									
<i>Bicycle</i>	1.1	2.3	1.5	2.8	3.6	3.2	3.6	4.2	3.8
<i>Motorcycle or scooter</i>	1.1	2.5	1.6	5.1	10.3	7.9	5.3	16.9	10.2
<i>Car, taxi, truck, bus</i>	0.4	1.9	0.9	2.0	1.6	1.8	0.8	3.2	1.8
<i>Tractor, power tiller</i>	1.0	1.2	1.1	0.8	0.7	0.7	0.6	1.9	1.2

- Most households reported that they had electricity in their house.
- A higher share of non-DAG households had electricity and electronic appliances compared to DAG households.
- Most households reported that they had at least one mobile phone.

Table 4.8. Household Drinking Water by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Main source of drinking water									
<i>Improved source</i>	89.3	89.5	89.4	84.9	85.7	85.3	92.1	91.9	92.0
<i>Non-improved source</i>	10.7	10.7	10.8	15.1	14.4	14.6	7.6	7.5	7.5
Time to collect water									
<i>Average time to obtain drinking water</i>	12.56	9.57	11.59	11.84	10.17	10.96	12.86	9.86	11.62
<i>Into dwelling or yard</i>	18.5	32.9	23.8	34.0	39.1	36.8	7.7	10.8	9.0
1-15 minutes	66.4	61.1	64.5	52.8	52.7	52.7	72.9	79.9	75.9
16-30 minutes	12.5	4.1	9.4	11.0	7.4	9.1	15.3	8.7	12.5
More than 30 minutes	2.5	1.9	2.3	2.1	0.8	1.4	4.0	0.6	2.6
Use of water source									
<i>All year</i>	88.3	89.7	88.8	87.2	91.5	89.5	92.4	92.6	92.5
<i>Part of the year</i>	11.7	10.3	11.2	12.8	8.5	10.5	7.6	7.4	7.5
Type of drinking water source									
<i>Public</i>	98.2	95.1	97.2	98.0	95.0	96.4	98.2	98.6	98.3
<i>Private</i>	1.8	4.9	2.8	1.7	4.7	3.3	1.8	1.4	1.7
<i>Other</i>	0	0	0	0.2	0.2	0.2	0.0	0.0	0.0
Water safety									
<i>Water treated prior to drinking</i>	24.7	38.7	29.8	36.7	46.9	42.3	40.7	44.8	42.4
If yes, safety measures									
<i>Boil</i>	91.7	94.7	93.1	83.4	90.6	87.8	75.7	79.2	77.3
<i>Add bleach/chlorine</i>	0.5	0.0	0.3	0.0	0.3	0.2	0.8	1.4	1.1
<i>Strain through a cloth</i>	11.2	4.8	8.1	7.6	2.9	4.8	34.6	25.9	30.7
<i>Use water filter</i>	13.2	20.7	16.8	61.0	57.6	58.9	30.4	37.3	33.5
<i>Solar disinfection</i>	1.5	0.5	1.0	2.2	0.9	1.4	0.0	0.0	0.0
<i>Let it stand and settle</i>	9.3	7.4	8.4	5.8	4.1	4.8	1.5	1.9	1.7
<i>Other</i>	1.0	0.0	0.5	0.8	0.3	0.6	0	0	0

- Most households used an improved source of drinking water
- A lower proportion of households in Baglung reported treating water compared to households in Parbat and Syangja
- A higher proportion of non-DAG reported treating their drinking water than DAG households in all three districts

Table 4.9. Household Sanitation by Type of Toilet/Latrine by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Household has a toilet	95.7	99.0	96.9	94.6	99.0	97.0	93.7	98.3	95.6
<i>Improved facility</i>	96.6	97.9	97.0	96.6	97.9	97.5	84.0	88.3	85.7
<i>Non-improved facility</i>	3.5	2.0	2.9	3.2	2.0	2.6	16.0	11.8	14.2
Toilet location									
<i>Inside</i>	2.5	6.2	3.9	12.2	17.3	15.0	8.1	11.0	9.3
<i>Outside</i>	97.5	93.6	96.0	87.5	82.4	84.7	91.7	88.4	90.3
<i>Both</i>	0.0	0.2	0.1	0.3	0.3	0.3	0.2	0.6	0.4
Toilet structure									
<i>Permanent</i>	75.8	78.6	76.9	79.3	86.4	83.3	75.0	83.0	78.5
<i>Temporary</i>	24.2	21.4	23.1	20.7	13.6	16.7	25.0	17.0	21.5
Share with other HHs/families									
<i>Share</i>	17.6	13.5	16.1	35.1	24.9	29.5	18.2	13.5	16.2
<i>Don't share</i>	82.4	86.5	83.9	64.9	75.1	70.5	81.8	86.5	83.8
<i>If share, how many households do share? (average number)</i>	2.57	2.51	2.55	3.16	3.06	3.12	2.54	2.40	2.49

- Although most households generally reported having an improved toilet, a lower proportion of households in Syangja reported this, as compared to the other districts.
- Slightly higher proportions of DAG households reported having non-improved facilities compared to non-DAG households.

Table 4.10. Relations with Baglung and Syangja (Parbat only) by Percentage

	Parbat		
	DAG	Non-DAG	Total
Any family members, relatives and or friends in Baglung and/or Syangja	56.1	65.7	61.3
Visit health institutions in Baglung and Syangja to get health services	27.5	34.8	31.5
Work and or have business in Baglung and Syangja	4.3	6.4	5.5

- Over half of the households in Parbat reported that they have family members, relatives and/or friends either in Baglung or Syangja.
- About one-third reported that they visit health institutions in those districts.
- Compared to DAG households, a higher proportion of non-DAG households reported having family/friends, visiting health institutions, and having work/business in Baglung or Syangja.

Women's Survey

Summary of Participant Characteristics

- Mothers' social status varied by district. In Baglung, 62% of mothers in the sample belonged to DAGs, compared to 58% in Syangja, and 55% in Parbat (figure 4.3).
- Seventy-five percent of the mothers were 20-29 years old (figure 4.4).
- There was a higher proportion of DAG mothers in the 15-19 age group compared to non-DAG women. In Baglung, Parbat, and Syangja, 16%, 16%, and 13% of DAG mothers were aged 15-19 years respectively, whereas only 8% 7%, and 3% of non-DAG mothers fell in this age range (figure 4.4).
- A higher proportion of DAG mothers had no education compared to non-DAG mothers in all districts (figure 4.5).
- Nearly all women were married (table 4.11).
- The age and sex distribution of children was similar between districts and between DAG and non-DAG status, with slightly over 50% of the children male and 20-30% of the children in each age category (table 4.12).

Basic participant information from the quantitative mothers' survey is presented in figure 4.4 and tables 4.11 and 4.12.

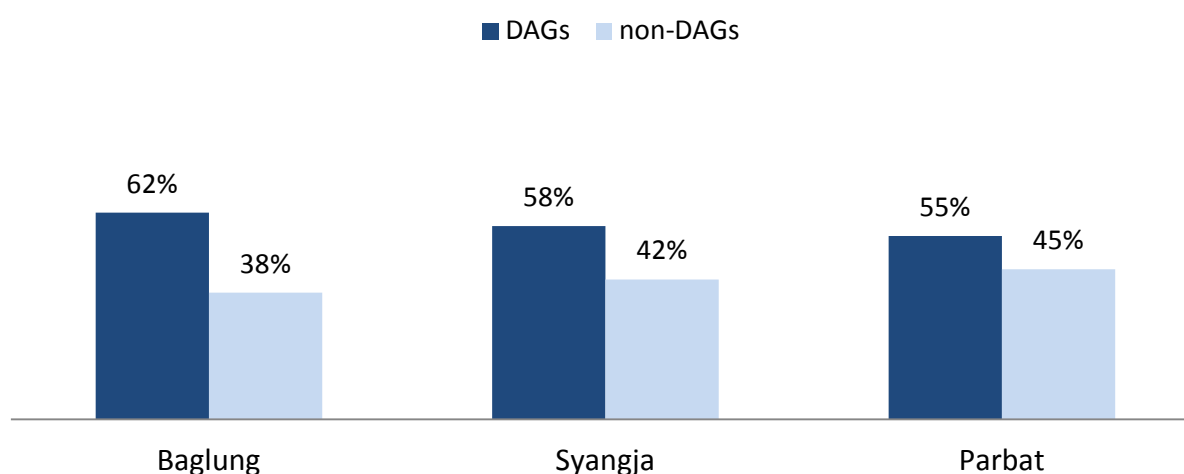


Figure 4.3. Mothers' social status by district.*

* Chi-square statistical test showed that the differences in social status between districts was statistically significant with a p value <0.001.

- Mothers' social status differed by district — Baglung (62%), Parbat (55%) and Syangja (58%).

Table 4.11. Women’s Characteristics by District and Social Status, by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Currently married	99.8	99.8	99.8	99.8	99.9	99.9	100.0	100.0	100.0
Religion									
<i>Hindu</i>	95.4	99.6	96.9	85.3	99.3	92.9	93.0	100.0	95.9
<i>Buddhist</i>	2.7	0.6	1.9	12.3	0.4	5.8	6.2	0.0	3.6
<i>Muslim</i>	0.3	0.0	0.2	1.8	0.0	0.8	0.0	0.0	0.0
<i>Christian</i>	1.6	0.0	1.0	1.5	0.1	0.7	0.8	0.0	0.4
Occupation									
<i>Worked in past 7 days</i>	7.0	6.5	6.8	11.3	15.2	13.4	11.3	8.2	10.0
<i>Worked in past 12 months</i>	17.2	19.1	17.9	20.9	23.0	22.0	16.3	18.2	17.0

- Nearly all mothers reported that they were currently married.
- By district, only 17% to 22% of mothers reported having worked in the past 12 months.

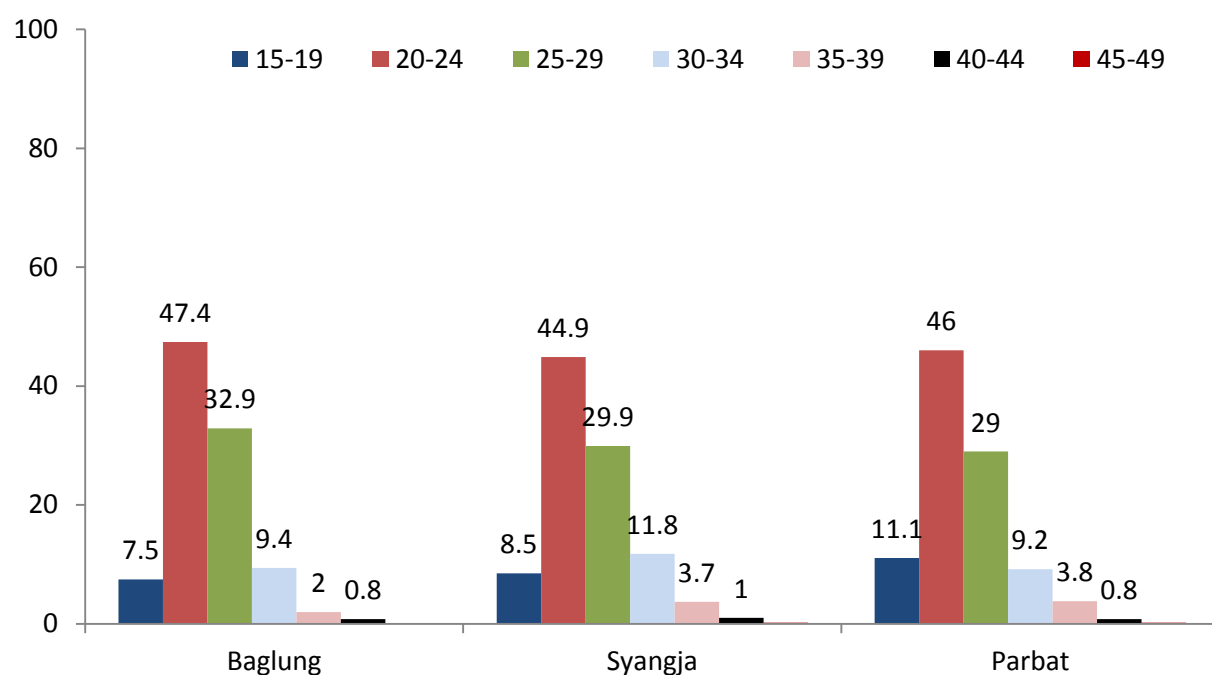


Figure 4.4. Mothers by age group and district (percentage).

- Most mothers sampled were 20-29 years old.
- There was a higher proportion of DAG mothers in the 15-19 age group compared to non-DAG women.

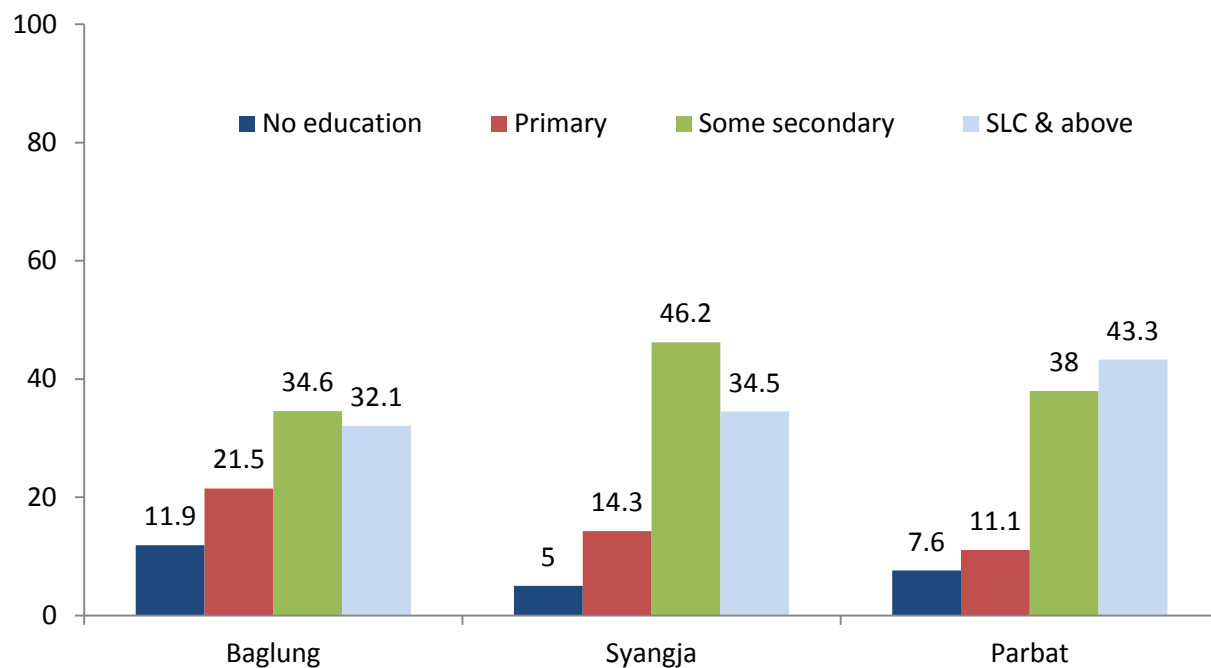


Figure 4.5. Mothers by education level and district (percentage).

- Level of education differed by mothers' social status, with a higher proportion of DAG mothers reporting no education compared to non-DAG mothers.

Table 4.12. Children’s Age and Sex by District and Social Status, by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Sex									
Male	53.3	55.3	54.1	54.2	52.4	53.2	53.8	53.9	53.9
Female	46.7	44.7	45.9	45.8	47.6	46.8	46.2	46.1	46.1
Age									
< 6 months	30.1	26.4	28.7	25.7	23.1	24.3	24.8	22.0	23.6
6-11.9	26.7	27.8	27.1	28.2	24.2	26.0	27.7	26.2	27.1
12-17.9	22.9	23.0	22.9	24.2	25.8	25.1	22.7	22.6	22.7
18-23.9	20.3	22.8	21.3	21.9	26.9	24.6	24.7	29.2	26.6

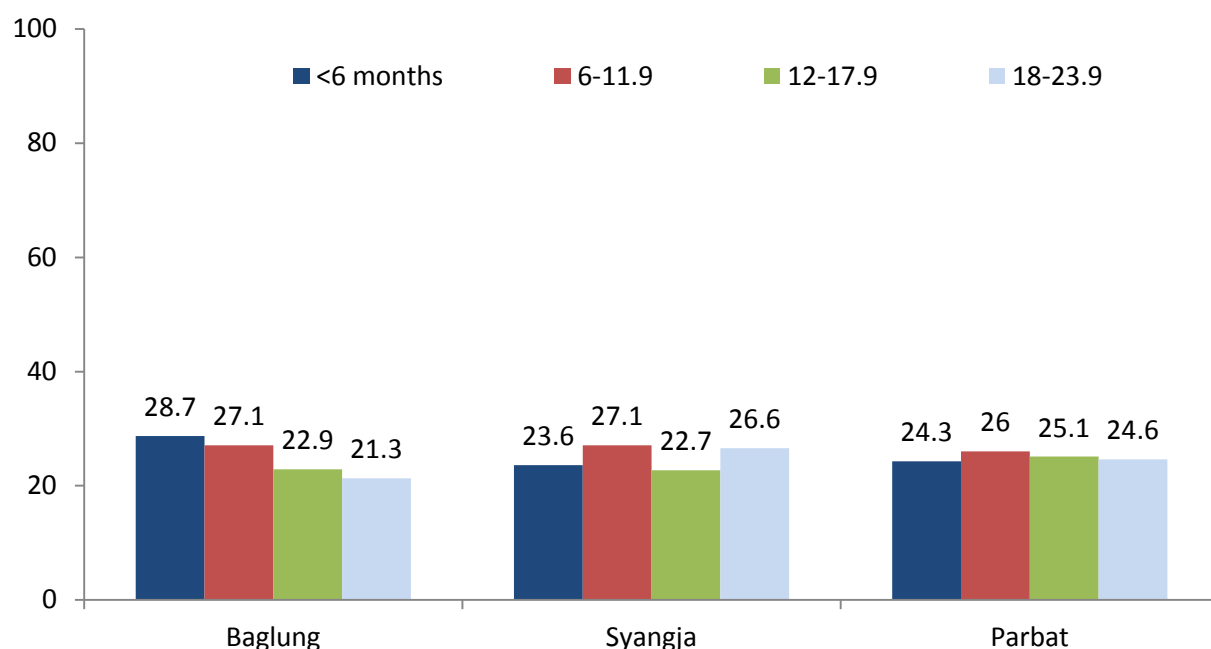


Figure 4.6. Children by age group and district.

- The age and sex distribution of children was similar between districts and between DAG and non-DAG status, with slightly over half of the children male and 20% to 30% of the children distributed across each age category.

Community Survey

Summary of community survey key informant characteristics

- On average, there were seven informants per ward (table 4.13).
- An almost equal number of men and women participated in Baglung and Parbat districts, but in Syangja the ratio of men to women was higher (table 4.13).
- The majority of the informants were political leaders, which included social workers and members of Ward Citizens' Forum. Other informants were farmers, service holders, and teachers (table 4.13).
- In all three districts, the proportion of females with no education was higher than the number of males with no education. Males were relatively better educated than females (table 4.14).
- Most informants were between the ages of 20-39 years (table 4.15).

The next three tables (4.13 to 4.15) set out basic sex, age, education and occupation information for the community survey participants.

Table 4.13. Sex and Occupation of Community Informants

	Baglung (n=95)	Parbat (n=145)	Syangja (n=85)
	Mean	Mean	Mean
Number of informants (per site)	6.57	7.02	6.52
Sex			
<i>Male</i>	3.27	3.27	3.74
<i>Female</i>	3.29	3.75	2.78
Occupation			
<i>Political leader</i>	6.51	6.85	6.44
<i>Teacher</i>	0.01	0.01	0.00
<i>Doctor/health worker</i>	0.00	0.01	0.01
<i>Service</i>	0.01	0.00	0.01
<i>Business</i>	0.00	0.03	0.00
<i>Farmer</i>	0.04	0.08	0.04
<i>Other</i>	0.00	0.05	0.02

Table 4.14. Education Level of Community Informants by Percentage

	Baglung (n=95)			Parbat (n=145)			Syangja (n=85)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
No education	1.4	2.2	3.7	1.2	7.3	8.4	1.3	2.5	3.8
Primary	15.5	20.0	35.6	14.8	18.4	33.2	22.0	16.6	38.6
Some secondary	13.1	13.9	27.1	10.6	14.3	25.0	15.9	16.2	32.1
SLC and above	19.7	13.9	33.7	19.9	13.5	33.4	18.2	7.2	25.5
Total	49.8	50.2	100.0	46.6	53.4	100.0	57.4	42.6	100.0

Table 4.15. Age of Community Informants by Percentage

	Baglung (n=95)			Parbat (n=145)			Syangja (n=85)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Below 20	2.1	3.5	5.6	1.7	2.6	4.2	1.6	0.7	2.3
20-29	9.1	14.7	23.9	7.1	10.7	17.8	7.2	8.5	15.7
30-39	11.2	14.1	25.3	7.7	14.0	21.7	8.1	13.4	21.5
40-49	9.9	9.3	19.2	10.5	13.2	23.7	11.4	9.2	20.6
50-59	7.1	5.8	12.8	8.7	8.3	17.0	9.9	7.2	17.1
60-69	6.4	2.2	8.7	6.5	3.7	10.2	12.6	2.7	15.3
70 and above	4.0	0.5	4.5	4.4	1.0	5.4	6.5	0.9	7.4
Total	49.8	50.2	100.0	46.6	53.4	100.0	57.4	42.6	100.0

Qualitative Component

Participant characteristics for the qualitative research component varied based on the method used. The following table summarizes basic participant characteristics according to method.

Table 4.16. Qualitative Respondents' Characteristics

Method	Respondent Characteristics	
IDIs with HFOMC (DAG) members	<i>Average age:</i> <i>Caste/ethnicity:</i> <i>Education levels:</i>	48 years (range between 27 to 65 years) Seven <i>dalits</i> ; three <i>janajati</i> two could read and write but had not completed primary school; six completed primary level; and two completed secondary level.
IDIs with HFOMC (female) members	<i>Average age:</i> <i>Caste/ethnicity:</i> <i>Education levels:</i>	44 years (range between 34 to 57 years). Six <i>Brahmin/Chhetri</i> ; three <i>janajatis</i> ; one <i>dalit</i> . Three could read and write but had not completed primary school; four completed primary level; and one completed secondary level education.
KIIs with HF staff	<i>Average age:</i> <i>Caste/ethnicity:</i> <i>Qualifications:</i>	38 years (ranging between 24 to 56 years). Six <i>Brahmin/Chhetri</i> ; four <i>janajatis</i> . In Waling PHC, the interview was conducted with MBBS doctor. Four respondents had CMA qualifications four were Health Assistants (HA), and 3 were ANMs.
Exit interviews with MNCH clients at health facilities	<i>Average age:</i> <i>Marital status:</i> <i>Education levels:</i> <i>Caste/ethnicity:</i> <i>Reasons for clinic visit:</i>	24 years (range of 16 to 42) 98% married 15 respondents never attended school, 29 attended but did not complete primary level, 24 completed primary level, 30 attended but could not complete secondary level, 26 completed high school level and 9 went to university. 50 <i>janajatis</i> ; 49 <i>dalits</i> ; 34 hill <i>brahmin/chhetri</i> . <ul style="list-style-type: none"> • 42 with sick children; • 38 for antenatal care; • 38 for check-up of their children below 2 years; • 8 for family planning service; • 3 for PNC • 4 for immunization of children below 2 years
Community FGDs	<i>Average age of female participants:</i> <i>Average age for male participants:</i>	26 years (range was 18 years to 39 years). 28 years (ranging from 19 to 45 years).
KIIs with district-level stakeholders	<i>Age:</i> <i>Caste/ethnicity:</i> <i>Education levels:</i>	Range was 40 to 55. Three <i>Brahmin</i> ; two <i>Newar</i> community; and one <i>Tharu</i> District health officials had bachelor's degrees in public health; DDC officials had Masters degrees, mostly in social sciences.

5. HEALTH SERVICE AWARENESS, ACCESS, AND QUALITY

This chapter presents data relevant to the topics of awareness of health services offered at government health facilities/sites, the community's access to these health services, and the community's satisfaction with and opinions on quality of health services at government health facilities/sites. The data comes from a combination of the women's survey and qualitative FGDs, IDIs, and KIIs.

Key Findings

Access

- Distance/time to facility on foot was a service barrier and not experienced equally by different groups and districts.
 - Time to reach the most visited government health service on foot varied by mothers' social status. For example, in Baglung, DAG mothers reported on average 76 minutes to reach the most visited government health service compared to 45 minutes for non-DAG mothers (table 5.1, figure 5.1).
 - Mothers from Baglung reported longer average time on foot to reach to the most visited government health service, compared to Parbat and Syangja (table 5.1, figure 5.1).
 - Mothers in qualitative components noted distance as a barrier.

Health service quality and satisfaction

- Parbat received the highest district ratings across all areas of service satisfaction (waiting time, service hours' convenience, and availability of health professionals, staff and medicines) (table 5.2).
- The vast majority of respondents rated facilities in the top 3 of 5 levels across all areas of service satisfaction (table 5.2).
- Roughly 10-11% of mothers in all districts reported waiting 30 minutes to an hour for health services (table 5.2).
- Most mothers reported that they did not have any concerns regarding the services provided by the local health facility in their ward. 79% mothers in Baglung; 78% in Parbat, and 60% in Syangja did not report any concerns (table 5.6).
- In the women's survey, the most frequently reported concerns across districts were lack of medicine or supplies, poor availability of staff, long waiting time, lack of certain health services, poor quality treatment, and being charged for free medicine/supplies. For example, 10% to 11% of women in all three districts reported concern with lack of medicine or supplies. There was some variation by district with Syangja reporting higher levels of concern compared to others on most topics; for example, 21% of women in Syangja, vs. 6.8% in Baglung and 5.2% in Parbat, reported that they were concerned with lack of certain health services (table 5.6).

(Continues next page)

Key Findings (continued)

- Client exit interviews and FGDs also noted concern with long wait times, some clients were being charged for free services and medicines in Syangja, and mothers and fathers questioned the effectiveness of medicines (e.g., past expiration date).
- Mothers in FGDs noted their appreciation for the home-based support and treatment offered by FCHVs and health workers.
- In KII district level stakeholders and health facility heads both noted service quality was poor, citing poor infrastructure, availability of staff, availability of medicine and equipment and training as contributors.

Health service awareness and information sources

- A majority of the mothers reported that immunization services were available at their local health facility — 86% of mothers in Syangja, 78% in Baglung, and 67% in Parbat (table 5.3).
- Fifty-eight percent of mothers in Parbat, 45% in Baglung, and 46% in Syangja reported the availability of ANC in the local health facility (table 5.3).
- PNC was the least frequently reported service available in all three districts (table 5.3).
- Awareness of availability of family planning, routine health checkup, and child health visit services varied by mothers' social status and by district. Thirty-nine percent of mothers in Baglung, 18% in Parbat, and 22% in Syangja reported availability of family planning services. Child health visit services were reported by 16% of mothers in Baglung, 46% in Parbat, and 13% in Syangja. In general, more non-DAG mothers reported the availability of these services than DAG mothers (table 5.3).
- FCHVs were most frequently reported as a source of information about service availability at local health facilities in all districts. Most mothers, including 73% in Baglung, 68% in Syangja, and 57% in Parbat, reported that FCHVs were a source of information (table 5.4).
- Twenty eight percent of mothers in Parbat, 16% in Baglung, and 7% mothers in Syangja reported that they knew they were 1,000 days mothers. In all three districts, a higher percent of DAG mothers reported that they were 1,000 days mothers than non-DAG mothers (table 5.5).
- Seventy-three percent of mothers in Baglung, 84% in Parbat, and 80% in Syangja reported that they had access to at least one source of information about health. Access to information varied by mother's social status in all districts, with a lower proportion of DAG mothers (69%, 78%, and 76%) as compared to non-DAG mothers (80%, 88% and 86%) in Baglung, Parbat, and Syangja, respectively, reporting access to at least one of the sources of information about health (table 5.7).
- Source of information varied according to social status. A higher percent of non-DAG mothers as compared to DAG mothers reported village gatherings, mother's groups, and health facilities as sources of health information (table 5.7).
- FHVCs, radio, television, health facilities, village gatherings, and mother's groups were the most frequently reported sources of information (table 5.7).

Government Health Facility Access

The challenge of long travel times from home to government health facilities was clear from both quantitative and qualitative data, as outlined below.

Table 5.1. Access to the Government Health Facility

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Time to government health facility: On-foot (mean, in minutes)	76.1	45.2*	64.7*	44.3	38.7*	41.3*	45.9	44.4	45.3*
Did not report (%)	1.4	2.4	1.8	3.6	5.3	4.5	12.8	15.5	14.3
15 minutes or less (%)	19.3	27.4	22.3	25.9	26.8	26.4	24.4	24.1	24.3
16-30 minutes (%)	20.1	31.5	24.3	35.5	38.0	36.9	26.5	24.9	25.9
31-60 minutes (%)	21.1	21.1	21.1	21.3	19.6	20.3	19.4	19.5	19.4
More than 60 minutes (%)	38.1	17.7	30.5	13.7	10.3	11.9	16.9	15.0	16.1
Time to government health facility: By bus (mean, in minutes)	151.9	88.3	120.1	46.9	55.6	52.7	51.6	44.8	48.3

* Statistical tests showed that the difference in travel time between Districts was statistically significant with a p value <0.001 and the differences between DAGs and non-DAGS were statistically significant in Baglung (p value<0.001) and Parbat (p value=0.01)

- Time to reach the most visited government health service on foot varied by mothers' social status, with DAG mothers reporting longer travel time than non-DAG mothers.
- Mothers from Baglung reported longer average time on foot to reach to the most visited government health service, compared to Parbat and Syangja.

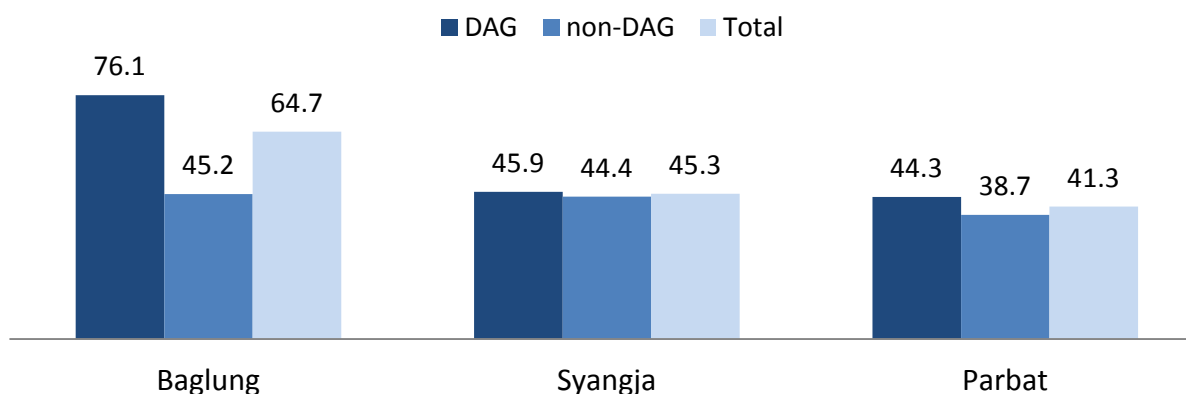


Figure 5.1. Mean travel time (minutes) to nearest HF on foot by district and social status.*

* Statistical tests showed that the difference in travel time between districts was statistically significant with a p value <0.001 and the differences between DAGs and non-DAGS were statistically significant in Baglung (p value<0.001) and Parbat (p value=0.01)

- Long travel time on foot was corroborated by the client exit interviews. Most of the clients walked to the health facility, taking an average of 45 minutes. Distance to health

facilities was a constraint to access and quality of health service, especially for 1000 days mothers. Since the health post is far, open only for four hours a day, and outreach centers do not cover all MNCH services, women in more remote communities seek facility care less often. Mothers were particularly worried about the risks of death and damage if a woman is carried to the distant health centers for delivery.

Reported Service Availability and Quality

Women’s awareness of government health service availability, sources of information on health and nutrition, opinions on health service availability and quality, and concerns regarding government health services are covered below.

Table 5.2. Availability of Services by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Convenience of service hours									
<i>Very convenient</i>	41.5	52.8	45.7	56.1	60.1	58.3	44.1	47.8	45.6
<i>Somewhat convenient</i>	47.5	39.6	44.6	37.8	35.5	36.5	48.8	46.9	47.6
<i>Neither</i>	9.9	6.9	8.8	4.4	3.1	3.7	7.2	4.2	5.9
<i>Somewhat inconvenient</i>	0.5	0.4	0.4	0.7	0.5	0.6	0.3	0.4	0.4
<i>Inconvenient</i>	0.7	0.4	0.6	1.0	0.8	0.9	0.5	0.6	0.5
Waiting time to be seen									
<i>Seen immediately</i>	45.6	51.2	47.7	54.7	50.3	52.3	43.3	35.1	39.9
<i>Less than 30 minutes</i>	38.9	35.0	37.5	34.9	35.6	35.3	43.3	48.8	45.6
<i>30 minutes to one hour</i>	10.6	9.8	10.3	8.0	11.4	9.9	10.5	12.7	11.4
<i>One to two hours</i>	4.3	3.1	3.9	2.3	2.0	2.2	2.3	3.0	2.6
<i>More than two hours</i>	0.6	0.8	0.7	0.2	0.7	0.4	0.6	0.4	0.5
Availability of health professionals									
<i>Always available</i>	43.7	48.8	45.6	48.9	46.3	47.5	41.5	39.7	40.7
<i>Mostly available</i>	31.6	34.4	32.7	36.7	41.2	39.1	43.1	47.8	45.1
<i>Neither</i>	24.0	16.1	21.1	13.6	12.0	12.7	15.4	12.3	14.1
<i>Mostly unavailable</i>	0.7	0.6	0.7	0.8	0.5	0.7	0.0	0.2	0.1
<i>Unavailable</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medicine availability									
<i>Always available</i>	29.8	27.0	28.8	35.8	31.7	33.6	33.7	32.2	33.5
<i>Mostly available</i>	26.1	32.3	28.4	34.4	33.6	33.9	35.5	38.3	36.7
<i>Neither</i>	40.3	35.4	38.5	27.0	31.9	29.7	29.7	36.6	28.4
<i>Mostly unavailable</i>	3.7	4.3	3.9	2.8	2.3	2.5	1.1	1.7	1.3
<i>Unavailable</i>	0.0	1.0	0.4	0.0	0.5	0.3	0.0	0.2	0.1
Adequacy of staff									
<i>Very adequate</i>	28.1	29.9	28.8	33.2	26.8	29.7	27.1	24.6	26.1
<i>Mostly adequate</i>	28.6	36.6	31.6	33.1	35.2	34.2	42.2	46.4	44.0
<i>Neither</i>	38.2	30.3	35.3	31.4	34.5	33.1	28.8	26.9	28.0
<i>Mostly inadequate</i>	4.2	2.8	3.7	2.3	3.4	2.9	1.8	2.1	2.0
<i>Inadequate</i>	0.7	0.4	0.6	0.0	0.1	0.1	0.0	0.0	0.0
<i>Don't know</i>	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0

- Parbat received the highest district ratings across all areas of service satisfaction.
- The vast majority of respondents rated facilities in the top three of five levels across all areas of service satisfaction.
- Roughly 10% to 11% of mothers in all districts reported waiting 30 minutes to an hour for health services.
- A slightly higher proportion of non-DAG mothers as compared to DAG mothers reported that health facility services hours were very convenient.

Client Exit Interviews

- Approximately half of the client exit interview participants reported that they had to wait in queue to receive services. While the average wait time reported on the day of the interview was less than 15 minutes, it could stretch up to three hours; clients noted that this wait time on the day of interview was shorter than usual for about half of them and was about usual for a quarter of them. When asked if they considered the wait time to be acceptable, nine out of 10 clients reported it was.
- The average contact time (eight minutes) between the provider and client was shorter than their waiting time.
- Though the services are supposed to be free, clients in Syangja paid an average of Nepali rupees (NRs.) 28, which ranged from NRs. 0 to NRs. 520 (or approximately U.S. \$5).

Mothers' FGDs

- Mothers in FGDs expressed dissatisfaction with long wait times at the health facility, irregularity of health workers' hours in attendance, and limited opening hours.
- Most mothers' FGD participants were, however, satisfied with the quality of the service, particularly in terms of behaviors of health workers. They appreciated the home-based support and treatment offered by FCHVs and health workers.

Table 5.3. Women's Report of Service Availability at Local Health Facility by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
ANC	41.5	50.6	44.9	58.8	57.7	58.2	45.1	46.7	45.8
Delivery services	17.9	35.8	24.5	17.7	26.2	22.3	11.6	17.1	13.9
PNC	6.6	10.6	8.1	8.3	12.9	10.8	10.5	12.1	11.2
Family planning	39.1	40.0	39.4	19.1	16.3	17.6	21.6	22.0	21.8
Routine health visit	17.9	23.6	20.0	25.2	28.9	27.2	18.1	18.2	18.2
Child health visit	13.6	21.1	16.4	43.2	48.2	46.0	11.6	15.4	13.2
Immunizations	78.6	76.6	77.9	66.9	66.7	66.8	87.0	85.4	86.4
Curative care	15.1	18.3	16.3	21.6	19.2	20.3	27.9	28.8	28.3
Others	3.6	1.6	2.9	4.8	5.3	5.1	4.4	3.4	4.0
Don't know	0.2	0.4	0.3	0.8	0.7	0.7	0.3	0.0	0.2

Table 5.4. Source of Information about Services Availability at Local Health Facility by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Health facility staff	16.1	28.0	20.5	38.5	47.0	43.1	23.5	27.7	25.2
FCHV	72.9	72.6	72.8	53.7	59.0	56.6	65.9	70.0	67.6
Friend	58.1	50.2	55.1	57.9	48.6	52.9	66.2	62.4	64.6
Community meeting	2.1	5.3	3.3	1.3	2.9	2.2	1.8	3.4	2.5
NGO/CBO meeting	0.2	0.4	0.3	0.0	0.1	0.1	0.0	0.0	0.0
HFOMC member	0.0	0.2	0.1	0.2	0.1	0.1	0.2	0.2	0.2
Radio/FM	3.7	7.7	5.2	9.2	13.6	11.6	4.0	4.2	4.1
TV	0.8	2.8	1.5	2.1	6.1	4.3	3.4	3.8	3.5
Others	3.6	1.6	2.9	4.8	5.3	5.1	4.4	3.4	4.0

- Most women learned of the health facility services from a friend, FCHV, or health facility staff.

Table 5.5. 1,000 Days Mothers Awareness by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Yes	16.8	14.6	16.0	31.1	25.8	28.2	8.5	4.2	6.7
Don't know	7.0	3.3	5.6	1.8	0.7	1.2	0.3	0.4	0.4

- In all three districts, a higher percent of DAG mothers reported that they were 1,000 days mothers than non-DAG mothers.

Mothers' FGDs

- Mothers were mostly aware about MNCH services such as ANC, PNC, growth monitoring, vitamin A, and polio delivered through health facilities and outreach clinics (ORC).
- Though all 1,000 days mothers (women who are pregnant or have a child under age 2) were not particularly aware of free health services in detail, they reported having benefited from free health services as well as maternal health service. Even though their awareness was limited, it still contributed to demand for the service.

Concerns regarding government health services as well as quality indicators of these services were key topics for the qualitative baseline component and were included in the focus group discussions, client exit interviews, key informant interviews, and clinic observations. Relevant data are presented below.

Table 5.6. Concerns Regarding the Services Provided at Local Health Facility by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Lack of medicine or supplies	9.8	13.6	11.2	11.0	9.0	10.4	9.3	12.5	10.6
Poor availability of staff	7.0	9.6	8.0	9.5	10.1	9.8	9.1	10.6	9.7
Lack of certain health service(s)	7.9	4.9	6.8	3.9	6.2	5.2	18.6	25.4	21.4
Inconvenient facility hours	4.8	2.4	3.9	3.9	2.3	3.0	4.0	5.7	4.7
Long wait time for treatment	3.5	4.5	3.9	4.1	3.9	4.0	7.0	8.7	7.7
Charges for free medicines	1.4	2.4	1.8	1.5	1.5	1.5	3.7	7.4	5.2
Lack of necessary implements	2.4	3.5	2.8	3.6	4.2	3.9	2.4	4.4	3.3
Charges for free services	0.7	1.6	1.0	1.1	0.5	0.8	2.9	2.3	2.7
Poor treatment	2.4	3.7	2.9	2.6	4.9	3.9	4.1	6.8	5.2
Disrespect, discrimination by facility staff	0.3	0.4	0.4	0.2	0.7	0.4	0.5	0.4	0.4
Lack of same sex health provider	0.3	0.4	0.4	2.6	1.6	2.1	3.2	4.7	3.8
Lack of privacy or confidentiality at facility	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0
Other	3.0	2.0	2.6	4.9	4.6	4.8	2.7	6.6	4.3
None	79.0	78.1	78.7	77.4	78.1	77.8	65.4	51.6	59.6

- Most mothers reported that they did not have any concerns regarding the services provided by the local health facility in their ward.
- Among those that did have concerns, the most frequently reported were lack of medicine or supplies, poor availability of staff, long waiting time, lack of certain health services, poor quality treatment, and being charged for free medicine/supplies. There was some variation by district with Syangja reporting higher levels of concern compared to others on most topics.

Mothers' FGDs

- On very few occasions, mothers in FGDs found the health workers ineffective and were suspicious of the capability of health workers to perform their duties.
- Mothers commonly demanded facility upgrades. They wanted birthing centers (wherever unavailable), additional rooms within existing birthing center, ambulance services, permanent family planning services, test facilities (such as x-ray and video x-ray), and other services to decrease the need for travel to alternate facilities to complete treatment.

- On the topic of medicines, mothers were concerned with cost, quality and effectiveness. Mothers had doubts about the quality of medicine provided by public health facilities compared to private health clinics. They said that the services are not truly free, and sometimes they are also charged for family planning tools. All medicines are not available at health facilities (some have crossed expiry date), and health workers tend to divert clients to private clinics for medicine and additional check-ups.
- Mothers perceived the quality of health services in terms of effectiveness of medicine and whether they got cured.

Fathers' FGDs

- Fathers were very critical of health facility staff behaviors and services provided by health facilities. They also questioned effectiveness of medicine, similar to the mothers.
- Fathers perceived the quality of health services in terms of effectiveness of medicine and whether they got cured.

Client Exit Interviews

- In four exit interviews, clients reported that they had something they wanted to discuss with health workers but that they failed to do so. One client (using services for her under 2 year old child) wanted to discuss family planning options but did not do so because the service provider was male and she was not comfortable discussing this topic with a male health worker. An ANC client wished to discuss nutrition and pain in her legs but did not because the health worker did not have adequate time to do so. Three other clients who wished to ask about availability of specific medicine, reasons for weight increase, and the status of the children in their womb did not do so because they feared to ask additional questions of the service provider.

HF Staff KILs

- In the opinion of health workers, the quality of service depends on a combination of staff behavior and availability of equipment/tools.
- Respondents mostly believed that health facility staff treated patients equally regardless of their caste/ethnicity.
- They believed that the quality of service provided is not good. Although health workers are provided with training, the services are not the highest quality due to various reasons such as lack of infrastructure, equipment, facilities, adequate medicine, staff availability and management.

Clinic Observations

- Health facilities were poor in water, sanitation, and hygiene. Though toilets were available and functional in 10 out of 12 health facilities, running water was available only in half of them.

- Most of the health facilities were open for the posted time (i.e., 10 a.m. to 2 p.m.), though only few posted open hours for the public.
- Clients were seen in the order of their arrival and examined in a private room in nine out of 12 facilities.
- The conversation between patient and provider was treated as private and confidential in eight out of 12 facilities.
- Most of the essential drugs and supplies were available at the health facilities except for a few supplies (e.g., BCG vaccine, reusable sterile gloves, disposable sterile gloves, height measuring device, vaginal speculum) in several facilities.
- Only four out of 12 health facilities publicly posted the list of HFOMC members, the patient bill of rights, health facility plan and progress, decisions, and other information related to their HFOMC. The organograms (three HFs), name lists of FCHV (five HFs), and citizen charters (seven HFs) were posted only in a subset of health facilities.

District Level Stakeholder KIIs

- District level stakeholders commonly agreed that the quality of services delivered through public health facilities is unsatisfactory. In their opinion, the key barriers to quality service were poor staff management, inconsistent presence of staff during service hours, limited opening hours of health facility, and lack of availability of equipment.
- Since essential health care services do not cover all key health needs of the community and the community does not trust services provided through public health facilities, the district stakeholders agree that the private use of health services is flourishing, especially in urban and semi-urban areas.
- There have also been efforts to make services GESI sensitive in terms of behaviors (i.e. health workers were oriented to communicate with clients in a gender sensitive and socially inclusive approach) but the basic arrangements such as separate room for examination, and availability of female health workers are not yet available in all health facilities.

Lastly, the women’s survey asked about women’s sources of information for health and nutrition information. Results are tabulated in table 5.7.

Table 5.7. Sources of Information by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
<i>Health Information</i>									
Any source (=yes)	69.0	79.9	73.0	78.2	88.3	83.7	75.9	86.3	80.2
Radio	31.7	44.9	36.6	33.9	51.6	43.6	29.6	39.5	33.7
Television	19.4	39.2	26.7	34.5	54.1	45.2	33.2	49.5	40.0
Brochure, leaflet	8.4	21.5	13.2	15.9	31.1	24.2	12.2	27.5	18.6
Billboards	8.6	16.9	11.7	15.2	25.3	20.7	11.1	19.9	14.8
Flipcharts	6.3	8.7	7.2	8.0	14.8	11.7	5.3	12.3	8.2
Counseling card	6.6	12.8	8.9	14.4	22.1	18.6	10.8	16.9	13.4
Theatre/cinema	6.7	9.4	7.7	13.3	11.3	12.2	13.9	18.0	15.6
Village gatherings	22.0	30.1	25.0	14.9	23.1	19.4	20.4	21.8	21.0
Religious meetings	3.8	9.8	6.1	4.6	9.2	7.1	4.1	7.6	5.6
Mother's groups	18.0	25.8	20.9	18.2	23.0	20.8	16.5	21.8	18.7
Street drama	3.8	6.5	4.8	6.5	9.1	7.9	3.5	5.3	4.3
Health facility	28.8	39.4	32.7	47.6	53.3	50.7	43.8	48.4	45.7
FCHV	41.7	47.4	43.8	41.4	46.5	44.2	38.0	45.2	41.0
Newspaper	7.7	15.2	10.4	13.7	26.2	20.6	11.6	22.4	16.1
Other	0.9	1.2	1.0	1.1	1.8	1.5	0.9	1.5	1.2
<i>Nutrition Information</i>									
Any source (=Yes)	67.7	77.6	71.4	76.3	87.9	82.6	73.5	83.1	77.5
Radio	28.8	43.5	34.3	34.4	51.2	43.1	26.5	38.9	31.7
Television	16.7	36.0	23.9	32.9	51.5	43.1	31.1	48.0	38.2
Brochure, leaflet	9.0	20.9	13.4	14.9	31.0	23.7	12.5	26.4	18.3
Billboards	8.7	16.5	11.6	14.2	23.9	19.5	11.7	18.2	14.4
Flipcharts	7.1	9.4	8.0	8.0	14.4	11.5	5.0	12.9	8.3
Counseling card	7.8	15.0	10.5	15.2	22.7	19.3	11.0	16.5	13.3
Theatre/cinema	6.2	8.7	7.1	12.4	10.9	11.6	12.7	16.5	14.3
Village gatherings	19.9	29.9	23.6	13.6	20.7	17.4	19.7	20.3	19.9
Religious meetings	3.6	9.3	5.7	3.9	8.7	6.5	3.8	7.0	5.1
Mothers groups	16.6	23.6	19.2	14.7	21.7	18.6	15.7	20.7	17.8
Street drama	3.5	6.1	4.5	7.0	7.7	7.4	3.4	4.4	3.8
Health facility	28.5	38.6	32.2	45.7	51.9	49.9	43.8	47.4	45.3
FCHV	43.9	47.6	45.3	39.6	44.8	42.5	38.4	43.3	40.5
Newspaper	7.5	12.6	9.4	12.8	24.6	19.2	11.6	19.5	14.9
Other	0.7	0.6	0.7	0.7	1.8	1.3	0.5	0.2	0.4

- Over 70% of mothers reported that they had access to at least one source of information.
- Access to information varied by mother's social status – a smaller proportion of DAG mothers vs. non-DAG mothers reported access to at least one of the sources of information.
- FHVCs, radio, television, health facilities, village gatherings, and mother's groups were the most frequently reported sources of information. Source of information varied according to social status. A higher percent of non-DAG mothers as compared to DAG mothers reported village gatherings, mother's groups, and health facilities as sources of health information.

6. CHILD HEALTH, ILLNESS, AND SERVICE USE/QUALITY

This chapter presents data on reports of child health, illness, care seeking behaviors, and opinions on quality of child health services offered at government health facilities/sites. The data come from a combination of the women’s survey and qualitative client exit interviews.

Key Findings

Vaccination, illness, care-seeking for illness, and service quality

- A higher proportion of DAG mothers reported that their child had diarrhea in the last two weeks as compared to non-DAG mothers. Specifically, 16%, 13%, and 14% of DAG mothers in Baglung, Parbat, and Syangja reported their child had diarrhea in the previous two weeks compared to 14%, 8%, and 7% non-DAG mothers in the same districts respectively (table 6.1).
- Among mothers who reported their child had diarrhea, 75% in Parbat, 73% in Syangja, and 71% in Baglung reported that they sought advice or treatment. A slightly higher percentage of DAG mothers reported that they sought advice or treatment compared to non-DAG mothers in all three districts (table 6.1 and figure 6.1).
- About one-third of mothers reported their children had a fever in the last two weeks. Among mothers who reported that their child had fever in the last two weeks, 81% in Baglung, 83% in Parbat, and 89% in Syangja reported that they sought treatment or advice. A lower proportion of DAG mothers reported that they sought advice or treatment compared to non-DAG mothers (table 6.3 and figure 6.2).
- Among mothers who reported that their child had a common cold in the last two weeks, about 60% reported that they sought advice or treatment (table 6.4).
- A higher proportion of mothers who sought advice or treatment for their child’s diarrhea, fever, or common cold contacted private clinics instead of a government health facility. For example, for diarrhea, 66% of Syangja mothers sought treatment at private sites vs 40% at government sites; and, similarly, the reported levels were 59% vs. 48% in Parbat (tables 6.1, 6.3, and 6.4).
- The most commonly reported reasons for not seeking treatment for child’s diarrhea, fever, common cold or common cold with rapid breathing were “waiting to see” or “treated at home.” These responses typically varied by social status, with more DAGs reporting “waiting to see” vs. more non-DAGs reporting “treated at home.” For example, 58%, 56%, and 50% of DAG mothers compared to 74%, 60%, and 73% of non-DAG mothers from Baglung, Parbat, and Syangja respectively reported that they treated common cold at home. Likewise, 34%, 47%, and 45% of DAG mothers compared to 28%, 46%, and 18% of non-DAG mothers from Baglung, Parbat, and Syangja respectively reported that they opted to “wait and see” and not go for treatment (tables 6.2, 6.3, and 6.4).
- Children’s vaccination coverage was generally high and similar for children of DAG and non-DAG mothers, with the exception of Baglung where children of non-DAG mothers had lower rates of full coverage than those of DAG mothers. Ninety-two percent of children in Baglung, 98% in Parbat, and 96% in Syangja received full vaccination coverage (table 6.6).

(Continues next page)

Key Findings (continued)

Weight and height measurement/well-child visits

- Client exit interviews showed that mothers did not consider child's growth to be a concern to discuss with health workers. Doctors, not mothers, were asking about children's growth.
- In discussions with the health worker, 11 clients (15%) addressed the child's growth and 23 (28%) addressed nutrition.
- Ninety percent of mothers in Baglung, 97% in Parbat, and 94% in Syangja reported their child's weight was ever measured; this varied by social status with more non-DAG mothers than DAG mothers reporting that their child's weight had ever been measured (table 6.5).
- Similarly, a higher proportion of non-DAG mothers as compared to DAG mothers reported that health professionals at their last visit talked about the growth of the child in all three districts — 12%, 26%, and 15% of DAG mothers as compared to 18%, 40%, and 23% of non-DAG mothers from Baglung, Parbat, and Syangja, respectively (table 6.5).
- Fifty-one percent of mothers in Baglung, 39% in Parbat, and 40% in Syangja reported their child's weight was measured within the last six months. This varied by social status with more DAG mothers reporting child weighing in the past six months — 53%, 42%, and 43% of DAG mothers compared to only 46%, 36%, and 37% of non-DAG mothers in Baglung, Parbat, Syangja respectively (table 6.5).
- None of the mothers in Syangja and less than 1% mothers each in Baglung and Parbat reported that their child's height was measured (table 6.5).
- Seventy-six percent mothers in Baglung, 93% in Parbat and 87% mothers in Syangja reported that their child ever had a well-child check-up. Considering how young the children of mothers in our sample were, a small percentage of mothers reported having a well-child visit within the past 6 months — 37%, 30%, and 29% of mothers in Baglung, Parbat, and Syangja, respectively (table 6.5).

Infant and youth child feeding practices

- Over 78% mothers from all the three districts, irrespective of social status, reported that they exclusively breastfed until their child was six months old (table 6.7).
- Sixty-one percent to 71% of currently breastfeeding mothers reported that they gave their child the minimum meal frequency (MMF) (table 6.7).
- Sixty-two percent to 73% of mothers with children age 6-23.9 months reported MDD for their child. A higher percentage of non-DAGS as compared to DAGS reported minimum dietary diversity (MDD) (table 6.7).
- Forty-five percent to 53% of currently breastfeeding mothers of children age 6-23.9 months reported minimum acceptable diet (MAD) for the child (table 6.7).
- Report of exclusive breastfeeding (EBF) was 89% or higher for infants under 1 month of age and did not vary by district (table 6.8).

The tables and figures that follow address child illness with diarrhea, fever, the common cold, and the common cold plus rapid breathing, as well as care seeking behaviors for these illnesses.

Table 6.1. Diarrhea Prevalence in Last Two Weeks and Advice/Treatment by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Diarrhea in last two weeks	15.6	14.2	15.0	13.3	8.3	10.5	14.0	7.4	11.2
<i>Sought advice/treatment*</i>	71.6	69.4	70.9	77.8	72.1	75.4	75.0	68.6	73.2
<i>Did not seek advice/treatment</i>	28.4	30.6	29.1	22.2	27.9	24.6	25.0	31.4	26.8
<i>Source of advice/treatment</i>									
Public sector									
<i>Government hospital</i>	11.5	6.0	9.6	19.0	20.5	19.6	8.7	4.2	7.5
<i>Govt. health services</i>	33.3	36.0	34.2	31.7	18.2	26.2	33.3	16.7	29.0
<i>Public pharmacy/chemist</i>	0.0	2.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0
<i>Govt. com. health worker</i>	6.2	4.0	5.5	0.0	4.5	1.9	0.0	0.0	0.0
<i>Satellite clinic</i>	5.2	8.0	6.2	0.0	0.0	0.0	4.3	0.0	3.2
Private for-profit sector									
<i>Private hospital</i>	9.4	8.0	8.9	23.8	18.2	21.5	15.9	4.2	12.9
<i>Private clinics</i>	35.4	36.0	35.6	31.7	43.2	36.4	42.0	75.0	50.5
<i>Private doctors/nurses</i>	1.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0
<i>Private pharmacy</i>	5.2	10.0	6.8	1.6	0.0	0.9	0.0	4.2	1.1
<i>Traditional healer</i>	0.0	2.0	0.7	0.0	0.0	0.0	1.4	0.0	1.1
<i>Other</i>	1.0	2.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0
What advice/treatment									
<i>ORS</i>	53.1	48.0	51.4	58.7	59.1	58.9	36.2	29.2	34.4
<i>Pills</i>	6.2	10.0	7.5	11.1	11.4	11.2	4.3	0.0	3.2
<i>Zinc</i>	10.4	16.0	12.3	17.5	22.7	19.6	4.3	12.5	6.5
<i>Syrup</i>	77.1	72.0	75.3	57.1	56.8	57.0	91.3	79.2	88.2
<i>Injection</i>	1.0	2.0	1.4	0.0	0.0	0.0	2.9	0.0	2.2
<i>Traditional medicines</i>	1.0	2.0	1.4	0.0	0.0	0.0	1.4	0.0	1.1
<i>Unsure</i>	1.0	2.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0
<i>Pulse broth</i>	6.2	8.0	6.8	6.3	4.5	5.6	2.9	0.0	2.2
<i>Other</i>	2.1	4.0	2.7	6.3	4.5	5.6	4.3	4.2	4.3
<i>Both ORS and zinc</i>	3.1	10.0	5.5	12.7	15.9	14.0	2.9	4.2	3.2

* Statistical tests did not show a significant difference between districts or social status groups.

- A higher proportion of DAG mothers reported that their child had diarrhea as compared to non-DAG mothers.
- Among mothers who reported their child had diarrhea, over 70% reported that they sought advice or treatment. A slightly higher percentage of DAG mothers reported that they sought advice or treatment compared to non-DAG mothers.
- For those mothers who reported that they sought advice or treatment, a higher proportion contacted private clinics rather than government health services.
- A higher proportion of DAG mothers as compared to non-DAG mothers reported that they consulted private clinics in Baglung and Syangja. In Parbat, however, a higher

proportion of non-DAG households consulted private clinics over government health facilities.

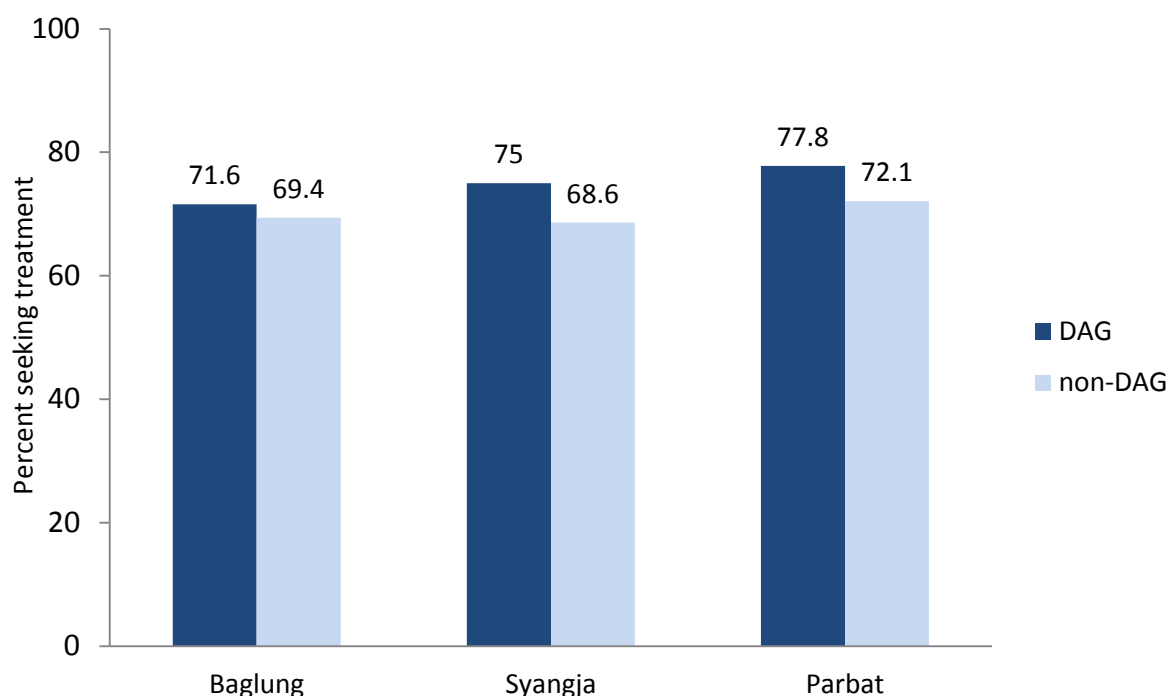


Figure 6.1. Child diarrhea treatment seeking behaviors in last two weeks, by district and social status.*

* Statistical tests did not show a significant difference between districts or social status groups.

Table 6.2. Reasons for Not Seeking Treatment of Diarrhea within the Last Two Weeks by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
No permission from HH head	0.0	0.0	0.0	0.0	0.0	0.0	4.3	0.0	2.9
No permission from other HH member	2.6	0.0	1.7	0.0	0.0	0.0	4.3	0.0	2.9
No money for transportation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No money for treatment	5.3	0.0	3.3	0.0	0.0	0.0	0.0	0.0	0.0
Waiting to see	26.3	27.3	26.7	44.4	41.2	42.9	21.7	27.3	23.5
Did not trust health profs.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Do not get quality care	4.3	0.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0
Clinic/health facility too far	7.9	0.0	5.0	11.1	0.0	5.7	4.3	0.0	2.9
Did not think it was severe	10.5	4.5	8.3	0.0	0.0	0.0	8.7	0.0	5.9
Treated at home	50.0	68.2	56.7	55.6	52.9	54.3	60.9	72.7	64.7
Other	5.3	9.1	6.7	11.1	17.6	14.3	8.7	9.1	8.8

- The most commonly reported reason for not seeking outside treatment was treating the child at home.
- The second most common reason for not seeking outside treatment was “waiting to see”.

Table 6.3. Fever Prevalence in the Past Two Weeks and Advice/Treatment by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Fever in last two weeks	31.0	27.6	29.7	31.4	29.9	30.6	34.9	29.4	32.6
<i>Sought advice/treatment</i>	76.4	89.3*	80.8*	80.7	84.1	82.5*	87.8	89.9	88.6*
<i>Did not seek advice/treatment</i>	23.6	10.7	19.2	19.3	15.9	17.5	12.2	10.1	11.4
<i>Source of Advice/Treatment</i>									
Public sector									
<i>Government hospital</i>	5.9	8.0	6.7	17.4	14.1	15.6	2.5	2.4	2.5
<i>Govt. health services</i>	26.5	28.0	27.1	25.2	19.5	22.1	30.8	18.4	26.1
<i>Public pharmacy/chemist</i>	0.5	0.0	0.3	0.0	0.0	0.0	0.0	0.8	0.3
<i>Govt. nursing/maternity home</i>	0.0	0.8	0.3	0.0	0.0	0.0	0.0	0.0	0.0
<i>Govt. com. health worker</i>	2.9	2.4	2.7	0.0	0.0	0.0	0.5	0.0	0.3
<i>Satellite clinic</i>	6.4	8.0	7.0	0.0	1.6	0.9	7.0	5.6	6.4
Private non-profit sector	0.0	0.0	0.0	0.6	0.0	0.3	0.5	0.8	0.6
Private for-profit sector									
<i>Private hospital</i>	18.1	21.6	19.5	30.3	24.9	27.4	12.9	9.6	11.7
<i>Private clinics</i>	38.2	33.6	36.5	36.8	43.8	40.6	48.3	60.8	53.1
<i>Private doctors/nurses</i>	1.0	1.6	1.2	1.9	1.6	1.8	0.0	0.0	0.0
<i>Private pharmacy</i>	6.4	5.6	6.1	0.6	2.2	1.5	0.0	2.4	0.9
<i>Private laboratory</i>	0.5	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
<i>Traditional healer</i>	1.0	0.8	0.9	0.6	0.0	0.3	1.0	1.6	1.2
<i>Other</i>	0.0	0.8	0.3	0.0	1.1	0.6	0.5	0.0	0.3
<i>Reasons for Not Seeking Advice/treatment</i>									
No permission: HH head	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No permission: HH member	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No money for transportation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No money for treatment	6.3	0.0	5.1	0.0	0.0	0.0	7.1	0.0	4.8
Waiting to see	39.7	33.3	38.5	35.1	34.3	34.7	39.3	14.3	31.0
Did not trust health professionals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Do not get quality care	0.0	0.0	0.0	0.0	0.0	0.0	3.6	0.0	2.4
Clinic/health facility too far	11.1	0.0	9.0	5.4	8.6	6.9	3.6	7.1	4.8
Did not think it was severe	3.2	0.0	2.6	16.2	17.1	16.7	14.3	0.0	9.5
Treated at home	42.9	66.7	47.4	45.9	42.9	44.4	42.9	71.4	52.4
Other	12.7	6.7	11.5	18.9	20.0	19.4	0.0	14.3	4.8

* Statistical tests showed that the intervention and control groups were significantly different (p value<0.01) and that DAGs and non-DAGs were significantly different in Baglung (p value< 0.01)

- About one third of mothers reported that their child had a fever in the last two weeks.

- Among mothers who reported that their child had fever in the last two weeks, over 80% reported that they sought treatment or advice. A lower proportion of DAG mothers reported that they sought advice or treatment compared to non-DAG mothers.
- For those mothers who sought advice or treatment for child fever, a higher proportion contacted private clinics as compared to government health services.
- Roughly half of mothers reported that they treated their child’s fever at home and did not seek outside treatment.
- Roughly one-third reported that they opted to “wait and see” rather than seek treatment.

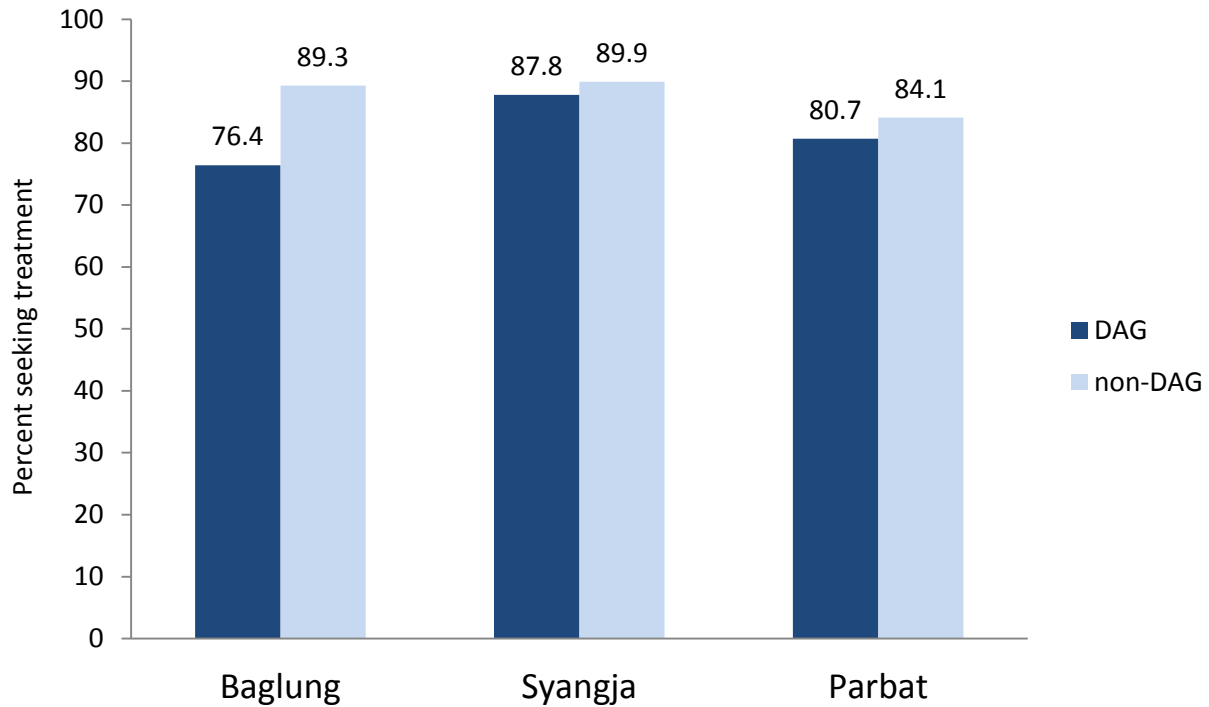


Figure 6.2. Child fever treatment seeking patterns, by district and social status.*

* Statistical tests showed that the intervention and control groups were significantly different (p value<0.01) and that DAGs and non-DAGs were significantly different in Baglung (p value< 0.01)

Table 6.4. Common Cold Prevalence in Last Two Weeks and Advice/Treatment by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Common cold in last two weeks	34.8	36.4	35.4	33.4	32.5	32.9	32.5	29.6	31.3
<i>Sought advice/treatment*</i>	60.0	57.8	59.2	61.3	61.9	61.6	56.8	67.9	61.2
<i>Did not seek advice/treatment</i>	40.0	42.2	40.8	38.7	38.1	38.4	43.2	32.1	38.8
Had cold plus also had rapid or difficult breathing	16.8	14.0	15.8	12.1	11.1	11.6	14.8	9.7	12.7
<i>Sought advice/treatment*</i>	73.8	71.8	73.1	81.1	74.4	77.6	74.2	76.1	74.8
<i>Source of Advice/Treatment</i>									
Public sector									
<i>Government hospital</i>	5.6	8.4	6.6	15.2	9.5	12.1	5.8	2.1	4.2
<i>Govt. health services</i>	28.3	27.1	27.9	19.2	20.9	20.1	28.1	32.6	30.1
<i>Public pharmacy/chemist</i>	0.6	0.0	0.3	0.0	0.0	0.0	0.0	1.1	0.5
<i>Govt. com. health worker</i>	4.4	2.8	3.8	0.8	0.7	0.7	0.0	1.1	0.5
Private non-profit sector									
<i>NGO hospital</i>	3.9	9.3	5.9	0.0	2.7	1.5	5.0	6.3	5.6
Private for-profit sector									
<i>Private hospital</i>	14.4	16.8	15.3	24.8	18.2	21.2	8.3	7.4	7.9
<i>Private clinics</i>	38.3	32.7	36.2	38.4	52.0	45.8	55.4	50.5	53.2
<i>Private doctors/nurses</i>	1.7	0.9	1.4	2.4	0.0	1.1	0.0	0.0	0.0
<i>Private pharmacy</i>	8.3	6.5	7.7	0.8	0.7	0.7	0.8	2.1	1.4
<i>Private laboratory</i>	0.0	0.9	0.3	0.0	0.0	0.0	0.0	0.0	0.0
<i>Traditional healer</i>	0.6	0.9	0.7	0.0	0.0	0.0	0.0	0.0	0.0
<i>Other</i>	0.0	0.9	0.3	1.6	2.0	1.8	0.0	0.0	0.0
<i>Reasons for Not Seeking Advice/Treatment</i>									
No permission: HH head	0.8	0.0	0.5	0.0	0.0	0.0	1.1	0.0	0.7
No permission: HH member	0.8	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0
No money for transportation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No money for treatment	2.5	0.0	1.5	2.5	0.0	1.2	1.1	0.0	0.7
Waiting to see	34.2	28.2	31.8	46.8	46.2	46.5	44.6	17.8	35.8
Did not trust health professionals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Do not get quality care	0.0	0.0	0.0	2.5	0.0	1.2	0.0	0.0	0.0
Clinic/health facility too far	6.7	0.0	4.0	1.3	3.3	2.4	3.3	0.0	2.2
Did not think it was severe	10.8	2.6	7.6	8.9	4.4	6.5	9.8	13.3	10.9
Treated at home	57.5	74.4	64.1	55.7	60.4	58.2	50.0	73.3	57.7
Other	4.2	10.3	6.6	6.3	12.1	9.4	5.4	2.2	4.4

* Statistical tests did not show significant difference between Districts or different social groups.

- Among mothers who reported that their child had a common cold in the last two weeks, about 60% reported that they sought advice or treatment.
- Among mothers who sought advice or treatment, a slightly higher proportion of mothers contacted a private clinic as compared to government health services.
- Roughly 60% of mothers who reported their child had common cold did not seek treatment because they treated their child at home.

- Additionally, 32-47% of mothers reported that they opted to “wait and see” and not seek treatment.

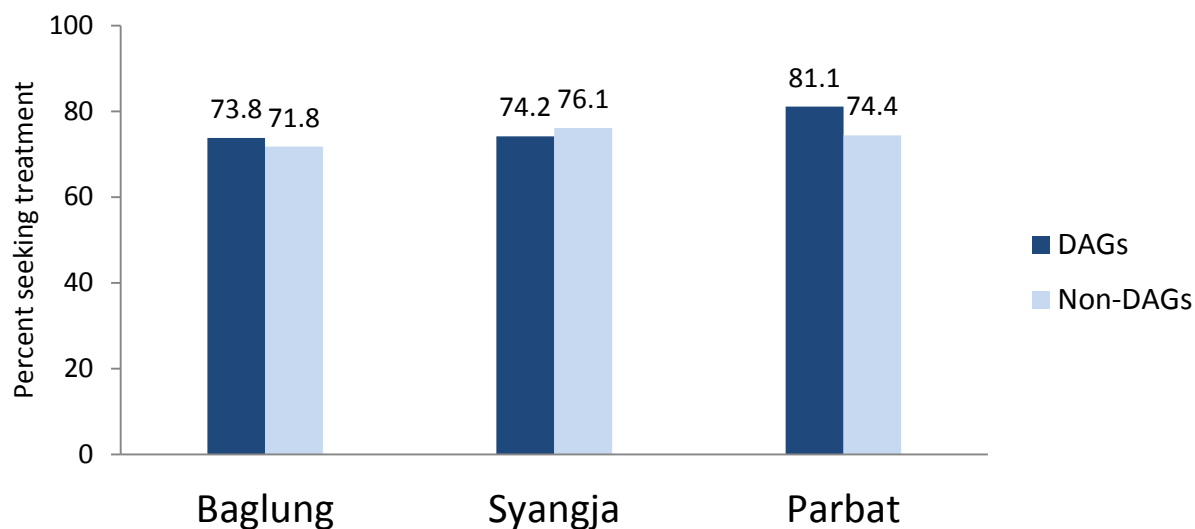


Figure 6.3. Treatment seeking patterns for mothers reporting child cold plus rapid/difficult breathing in the last two weeks, by district and social status.*

*There were no statistically significant differences between district or by social status.

- Over 73% of mothers reported seeking treatment for their child when the child had a cold accompanied by rapid or difficult breathing.

The next two tables and intervening qualitative data move to the topic of well-child visits, and infant and young child feeding practices.

Table 6.5. Well-Child Visits/Use of Growth Monitoring Services by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Weight									
<i>Ever measured</i>	88.5	93.7*	90.4*	95.6	97.8*	96.8*	92.8	94.7	93.6*
<i>Measured in last six months</i>	53.1	46.2	50.5	42.1	36.2	38.9	43.0	36.8	40.4
Height									
<i>Ever measured</i>	0.1	0.8	0.6	0.7	0.5	0.6	0.0	0.0	0.0
Health									
<i>Ever checked</i>	71.7	82.3	75.6	91.2	94.2	92.8	85.4	88.4	86.6
<i>Checked in last six months</i>	38.9	33.5	36.7	36.3	30.3	33.0	28.6	29.4	28.9
Health professional talked about growth	12.4	17.7	14.4	26.5	40.2	34.0	15.2	22.6	18.3

* Statistical tests showed significant difference between Districts (p value<0.001) and between social groups in Baglung (p value < 0.001) and Syangja (p value <0.01).

- Most mothers reported that their child’s weight was measured at some point since birth and 39% to 51% reported their child’s weight was measured within the last six months.
- A higher proportion of DAG mothers than non-DAG mothers reported child weighing in the last six months.
- Less than 1% of mothers reported that their child’s height was ever measured.
- Under 40% of mothers reported having their child’s health checked within the past six months.
- Less than one third reported that the health professionals talked about the growth of the child at their last visit. A higher proportion of non-DAG mothers as compared to DAG mothers reported this.

Client Exit Interviews

- Eighty-three of the client exit interviews were with women seeking care for their child under age 2 years.
- In discussions with the health worker, 11 clients (15%) addressed the child’s growth and 23 (28%) addressed nutrition.
- Most of the time (77%, 19 out of 83), children were weighed but their height was not measured (2%, 2 out of 81), based on count of cases.
- Forty-three percent of respondents reported that health workers conducted physical examination of their children while 36% also received immunizations.

Table 6.6. Child Vaccination Status by Sex and Mother’s Social Status by Percentage

	Baglung				Parbat				Syangja			
	DAG		Non-DAG		DAG		Non-DAG		DAG		Non-DAG	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Full* vaccine coverage	94.4	96.0	83.6	88.3	95.7	97.2	98.6	98.3	95.2	95.9	98.5	96.4

* BCG, polio1, polio 2, polio 3, DPT1, DPT2, DPT3, and measles.

- Most children were fully vaccinated.

Table 6.7. Infant and Child Feeding Practices by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Ever breastfed	99.5	99.2	99.4	99.3	99.5	99.4	99.7	99.4	99.6
Mothers breastfeeding: immediately	43.0	46.2	44.2	40.8	44.6	42.9	24.9	26.9	25.7
Mothers breastfeeding: one hour of birth	84.0	84.8	84.3	81.0	84.2	82.8	84.3	83.7	84.1
Exclusively breastfed age 0 to 5.9 months	86.9	82.1	85.2	87.3	80.6	83.8	76.7	80.8	78.3
Mothers who introduced complementary foods to children at 6 to 7.9 months of age	79.9	82.6	80.9	79.7	79.9	79.8	75.1	74.3	74.7
<i>Minimum Meal Frequency (MMF)</i>									
<i>Currently breast feeding:</i> [*]									
Proportion of children 6 to 23.9 months of age who receive foods minimum number of times or more (6 to 8.9 months, 2 times; 9 to 23.9 months, 3 times) during the previous day [†]	64.7	54.6	60.9	66.8	68.3	67.6	69.6	72.5	70.8
<i>Currently non-breast feeding:</i> [*]									
Proportion of children 6 to 23.9 months of age who receive foods minimum number of times or more during the previous day (here it is 4)	58.3	69.2	64.0	81.8	85.7	84.0	83.3	77.8	80.0
<i>Minimum Dietary Diversity (MDD)</i>									
Proportion of children 6-23.9 months of age who receive foods from 4 or more food groups	60.1	64.7	61.9	65.9	78.3	72.7	64.1	74.5	68.6
<i>Minimum Acceptable Diet (MAD)</i>									
<i>Currently breast feeding:</i> ^{*,‡}									
Proportion of children 6 to 23.9 months of age who receive a minimum acceptable diet (apart from breast milk)	46.3	43.2	45.1	48.3	56.5	52.6	48.3	57.8	52.3

* Breastfeeding status was determined with the question, "Are you still breastfeeding?" with yes/no possible responses.

† Number of times fed based on the question, "How many times did [child] eat solid, semi-solid, or soft foods yesterday during the day or night?"

‡ MAD was not calculated for non-breastfeeding children (n=65), as data on numbers of milk feedings was unavailable.

- Almost all mothers in all the three districts reported breastfeeding their child.
- Over 83% reported that they breastfed their child within one hour of the child birth.

- Over 76% mothers from all the three districts, irrespective of social status, reported that they exclusively breastfed until their child was six months old.
- Over three-quarters of mothers reported that they introduced complementary food to their child within six to eight months after birth.
- Over 61% of currently breastfeeding mothers reported that they gave their child the MMF.
- Thirty six percent to 53% of mothers with children age 6 to 23.9 months who were NOT currently breastfeeding reported that they gave their child the MMF (note: only 65 cases of currently non-breastfeeding in this age range).
- Sixty-two percent to 73% of mothers with children age 6 to 23.9 months reported MDD for their child. A higher percentage of non-DAGS as compared to DAGS reported MDD.
- Forty-five percent to 53% of currently breastfeeding mothers of children age 6 to 23.9 months reported MAD for the child.

Table 6.8. Mothers’ Report of Exclusive Breastfeeding by Child Age Group, among Infants under Six Months Old, by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
<1 month	95.1	85.0	91.5	91.7	87.5	89.3	86.2	100.0	92.0
1 to 1.99 month	100.0	95.2	98.4	92.3	90.9	91.8	88.5	88.0	88.2
2 to 2.99 months	100.0	96.0	98.6	95.0	85.7	89.6	85.7	94.1	88.9
3 to 3.99 months	93.9	77.3	88.7	100.0	79.2	87.8	85.0	100.0	87.5
4 to 4.99 months	83.3	87.0	84.6	90.0	82.9	86.2	63.6	71.4	66.7
5 to 5.99 months	42.1	52.2	45.9	59.3	58.6	58.9	27.8	36.8	32.4
Total	86.9	82.1	85.2	87.3	80.6	83.8	76.7	80.8	78.3
N	259	134	393	157	170	327	163	104	267

- Report of exclusive breastfeeding (EBF) was 89% or higher for infants under one month of age and did not vary by district.
- Report of exclusive breastfeeding began decreasing most notably in months three and four.
- For infants aged four or five months, there was a clear difference between Syangja and the other districts in exclusive breastfeeding, with Syangja mothers reporting much lower rates; for example, 32% of mothers in Syangja reported EBF vs. 59% in Parbat and 26% in Baglung.

7. PREGNANCY, FACILITY BIRTHS, AND POST-NATAL CARE

This chapter covers care seeking practices relevant to the ANC, childbirth, and PNC periods as well as satisfaction with relevant government provided health services. The data are from the women's survey and from client exit interviews with women seeking these services.

Key Findings

Antenatal care

- Ninety three percent of mothers in Baglung, 97% in Parbat, and 95% in Syangja received ANC (table 7.1).
- Moreover, 70%, 84%, and 76% of mothers from Baglung, Parbat, and Syangja, respectively, reported making 4 or more antenatal care visits. The proportion was higher for non-DAG mothers relative to DAG mothers in all districts – 83% vs. 63% in Baglung, 90% vs. 76% in Parbat, and 83% vs. 70% in Syangja, respectively (table 7.1).
- The type of ANC provider seen varied by social status, with more non-DAG mothers reporting seeing a skilled health professional than DAG mothers (table 7.1).
- Most women went to government sites for ANC and the source of ANC providers varied by mothers' social status. For example, 27%, 51%, and 15% of DAG mothers as compared to 44%, 62%, and 16% of non-DAG mothers from Baglung, Parbat, and Syangja, respectively, reported ANC from a government hospital (table 7.1).
- Among mothers not seeking ANC, 50% in Baglung, 38% in Parbat, and 63% in Syangja reported that they did not think ANC was necessary. In Syangja, a higher proportion of non-DAG mothers (79%) reported ANC was unnecessary as compared to DAG mothers (59%) (table 7.1).
- Nearly all mothers who received ANC services reported feeling very satisfied or somewhat satisfied with services across all satisfaction domains. The two exceptions that received lower ratings were for staff listening to their concerns and the visit helping to prepare them for the birth (table 7.3).
- Mothers' satisfaction with ANC services varied by social status for all domains in Baglung and Parbat — a lower proportion of DAG mothers reported the highest satisfaction level on all domains as compared to non-DAG mothers (table 7.3).
- Client EIs showed that ANC consultations between provider and clients did not cover all key areas related to MNCH. Nutrition (13), pregnancy complications (10) and birth plans (six) were consulted with a larger number of clients compared to breastfeeding (two) and family planning (one).
- Mothers in EIs noted they did not want to discuss FP during ANC visits as they were uncomfortable discussing this with the often male providers.
- Most of the ANC EI clients expected to deliver in health facilities, but home was the preferred option for some women who lived far from the birthing center. While mothers were key decision makers followed by their husband and other family members, some were also forced by their families to deliver at home.

(Continues next page)

Key Findings (continued)

Childbirth

- Nearly 70% of mothers in Parbat and Syangja reported that they gave birth to their children at a health facility. This proportion was only 44% in Baglung. A higher proportion of non-DAG mothers in all three districts gave birth at a health facility as compared to DAG mothers. This difference was most pronounced in Baglung (table 7.4 and figure 7.5).
- Only 31% of mothers in Baglung as compared to 69% of mothers each in Parbat and Syangja reported that they were assisted by a skilled health professional during childbirth (table 7.4 and figure 7.4).
- Mothers' report of assistance by a skilled health professional during childbirth varied by social status, with more non-DAG mothers reporting receiving assistance from skilled health professionals than DAG mothers. Specifically, 23%, 64%, and 64% of DAG mothers as compared to 44%, 73%, and 75% of non-DAG mothers from Baglung, Parbat, and Syangja, respectively, reported receiving assistance from skilled health professionals (table 7.4 and figure 7.4).
- Almost all mothers in all three districts reported that they were either very satisfied or somewhat satisfied with the services they received during child birth. This varied little by social status. By district, Parbat mothers reported slightly higher satisfaction (table 7.5).

Postnatal care for women

- Among mothers who delivered at a health facility, 84% in Baglung, 91% in Parbat, and 87% in Syangja reported that their health was checked by a health care provider at the hospital. More non-DAG mothers in Baglung and Syangja reported that their health was checked as compared to DAG mothers (table 7.6).
- Among mothers who did not give birth at a health facility, only about one-tenth reported that their health was checked by a health care provider. Most reported that they were checked after more than six days — 80% in Baglung, 64% in Parbat, and 76% in Syangja. Except in Baglung, a higher proportion of non-DAG mothers as compared to DAG mothers reported that their health was checked after six days (table 7.6).
- Almost half of the mothers reported no visit from a health worker after childbirth. In general, non-DAG mothers reported a higher number of visits by a health worker than DAG mothers (table 7.6).
- Nearly all mothers in the three districts reported that they were either very satisfied or somewhat satisfied with the service they received after child delivery. Ratings were slightly lower for staff listening to concerns. Minimal variation was observed between DAG and non-DAG mothers (table 7.7).
- Parbat mothers reported greater satisfaction with their own post-natal care across all domains (staff attentiveness, friendliness, respectfulness, knowledge, and listening) (table 7.7).

(Continues next page)

Key Findings (continued)

Postnatal care for children

- Among those who gave birth at a health facility, 78% of mothers in Baglung, 88% in Parbat, and 78% mothers in Syangja reported that the health of their child was checked. Again, a higher proportion of non-DAGS reported that their child's health was checked (table 7.8).
- Among mothers who did not give birth at a health facility, only 26% in Baglung reported their child's health was checked compared to 37% each in Parbat and Syangja (table 7.8).
- Nearly all mothers in all three districts reported that they were either very satisfied or somewhat satisfied with the service they received for their child after delivery (table 7.9).
- Parbat mothers reported greater satisfaction with their child's post-natal care across all domains (staff attentiveness, friendliness, respectfulness, knowledge, listening, and helpfulness in taking care of their child) (table 7.9).
- In Baglung, non-DAG mothers reported higher levels of satisfaction with their child's post-natal care across all domains. Although the levels were still generally high overall, a lower proportion of mothers reported the highest response level (listened a lot) to the question on the extent to which staff listened to concerns, as compared to most other satisfaction questions. DAG mothers were more likely to report that staff listened only a little in all three districts (table 7.9).

Antenatal care seeking was nearly universal; the following tables, figures and text present data on characteristics of ANC visits and women's opinions of the services received.

Table 7.1. Antenatal Care Practices by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Mothers receiving antenatal care	90.1	97.6*	92.9*	95.4	98.8*	97.3*	93.0	97.0*	94.7*
Not receiving antenatal care	9.9	2.4	7.1	4.6	1.2	2.7	7.0	3.0	5.3
Number of visits									
<i>None</i>	9.9	2.4	7.1	4.6	1.2	2.7	7.0	3.0	5.3
<i>1 visit</i>	4.6	1.2	3.4	2.9	0.8	1.8	3.8	1.3	2.7
<i>2 visits</i>	7.8	3.0	6.0	4.6	1.8	3.0	4.9	1.7	3.5
<i>3 visits</i>	15.2	10.6	13.5	11.5	6.0	8.5	14.3	11.0	12.9
<i>4 visits or more</i>	62.5	82.9	70.1	76.4	90.2	84.0	70.0	83.1	75.5
Type of health professional seen									
<i>Skilled health providers</i>	85.4	92.3	87.9	90.5	96.2	93.6	91.5	96.0	93.4
Doctor	50.3	64.4	55.5	59.4	68.2	64.2	58.5	65.5	61.5
Nurse/midwife	1.5	3.7	2.3	3.1	5.2	4.2	3.8	4.7	4.2
Auxiliary midwife	56.0	57.9	56.7	68.4	69.7	69.1	63.9	68.9	66.0
<i>Other</i>	23.2	31.7	26.4	17.8	16.8	17.3	15.1	18.4	16.5
Traditional birth attendant	0.8	1.0	0.9	0.2	0.3	0.2	0.0	0.4	0.2
Nanny	0.2	0.2	0.2	0.0	0.0	0.0	0.2	0.2	0.2
Female health volunteer	21.5	30.3	24.8	14.6	13.5	14.0	14.2	17.3	15.5
Community health worker	0.6	1.6	0.9	1.3	1.5	1.4	0.3	0.2	0.3
Others	1.2	0.8	1.0	2.3	2.2	2.2	0.8	1.1	0.9
Where service was received									
<i>Own home</i>	1.2	0.8	1.0	0.7	1.0	0.8	0.2	0.2	0.2
<i>Other home</i>	1.0	0.4	0.8	0.2	0.1	0.2	0.2	0.0	0.1
<i>Government Hospital</i>	26.8	44.2	33.6	51.1	62.0	57.2	14.6	16.1	15.2
<i>Government health center</i>	21.1	20.6	20.9	18.2	13.8	15.7	38.4	40.1	39.1
<i>Govt. health post</i>	28.1	21.0	25.3	24.0	22.7	23.3	3.1	5.4	4.1
<i>Govt. subhealth center</i>	22.6	21.0	21.9	14.1	9.5	11.5	36.2	26.8	32.2
<i>Satellite clinic</i>	4.1	1.4	3.1	1.2	0.6	0.8	0.8	0.4	0.7
<i>Private hospital</i>	10.8	18.3	13.8	19.6	29.0	24.8	8.7	14.6	11.2
<i>Private clinic</i>	11.3	10.7	11.1	7.4	8.5	8.0	12.6	14.4	13.4
Reasons for not receiving pre-natal care									
<i>No permission: HH head</i>	0.0	0.0	0.0	3.6	0.0	2.7	2.2	0.0	1.7
<i>No permission: HH member</i>	4.7	0.0	4.1	0.0	0.0	0.0	4.3	0.0	3.3
<i>No money for transportation</i>	1.2	0.0	1.0	3.6	0.0	2.7	0.0	0.0	0.0
<i>No money for services</i>	2.4	16.7	4.1	0.0	0.0	0.0	0.0	0.0	0.0
<i>Did not trust provider</i>	1.2	0.0	1.0	0.0	0.0	0.0	0.0	7.1	1.7
<i>Do not get good quality care at health facility</i>	0.0	25.0	3.1	0.0	0.0	0.0	0.0	0.0	0.0
<i>No female provider at facility</i>	3.5	0.0	3.1	0.0	0.0	0.0	6.5	0.0	5.0
<i>Did not think pre-natal care was necessary</i>	50.6	50.0	50.5	39.3	33.3	37.8	58.7	78.6	63.3
<i>Other</i>	48.2	41.7	47.4	60.7	66.7	62.2	34.8	21.4	31.7

* Chi-square statistical test showed the three groups were different by District (p value < 0.001) and also different by social status (p value < 0.001).

- Most mothers reported receiving some amount of ANC.
- Report of receiving any ANC varied by district, with Parbat mothers reporting having received ANC the most frequently, followed by Syangja and Baglung.
- A higher proportion of non-DAG mothers reported having received any ANC compared to DAG mothers.
- Of mothers who received ante-natal care, most reported receiving care from a skilled health professional.
- Most mothers reported that ante-natal care was provided by the public/government health service.

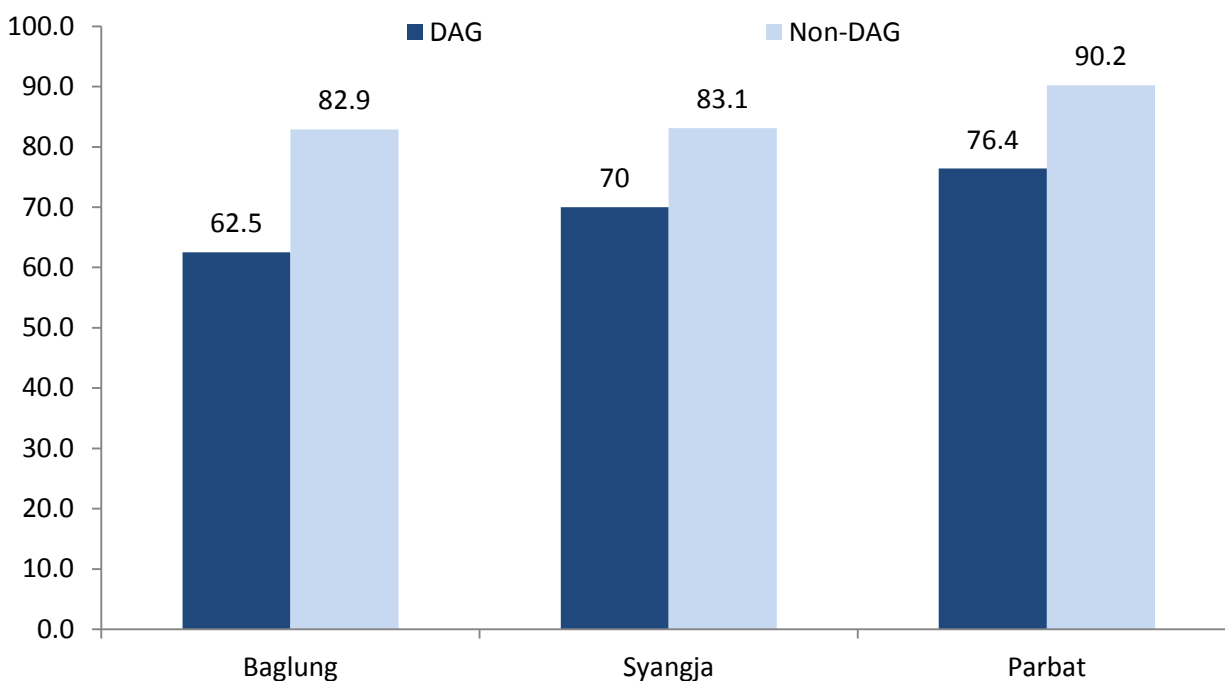


Figure 7.1. Percentage of women reporting having attended four or more ANC visits during last pregnancy, by district and social status.

- Seventy percent to 84% of mothers reported making four or more ante-natal care visits. The proportion was higher for non-DAG mothers, as compared to DAG mothers.

Table 7.2. Women Reporting Having Made Four or More ANC Visits for Their Last Pregnancy, by District and Social status

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
No antenatal care	9.9	2.4	7.1	4.6	1.2	2.7	7.0	3.0	5.3
Number of months pregnant at time of first ANC visit									
< 4	40.5	54.3	45.6	54.8	62.4	58.9	56.6	63.2	59.3
4-5	37.5	38.4	37.8	33.2	33.2	33.2	30.0	29.4	29.8
6-7	10.2	4.7	8.2	6.2	3.1	4.5	4.9	4.0	4.5
8+	2.0	0.2	1.3	1.1	0.1	0.6	1.5	0.0	0.9
Median months pregnant at first visit (for those with ANC)	4.00	3.00	4.00	3.00	3.00	3.00	3.00	3.00	3.00

- The vast majority of women went for their first ANC visit in month 5 or earlier.
- There was minimal variation in median months pregnant at first ANC visit; median was 3 in Parbat and Syangja and 4 months in Baglung.

Table 7.3. Mothers' Satisfaction with ANC by Percentage

	Baglung (n=1,272)			Parbat (n=1,310)			Syangja (n=1,069)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
How attentive were staff?									
<i>Very attentive</i>	57.1	65.9	60.5	70.3	71.0	70.7	59.2	54.9	57.3
<i>Somewhat attentive</i>	39.0	31.5	36.1	26.4	27.0	26.7	37.0	42.9	39.6
<i>Neither</i>	3.4	2.6	3.1	3.3	1.7	2.4	3.0	1.5	2.3
<i>Somewhat inattentive</i>	0.4	0.0	0.2	0.0	0.0	0.0	0.5	0.4	0.5
<i>Very inattentive</i>	0.1	0.0	0.1	0.0	0.4	0.2	0.3	0.2	0.3
How friendly were staff?									
<i>Very friendly</i>	52.7	59.7	55.4	57.6	65.1	61.8	51.3	50.3	50.9
<i>Somewhat friendly</i>	45.4	39.5	43.1	40.3	32.9	36.2	45.2	48.1	46.5
<i>Neither</i>	1.7	0.8	1.3	1.4	1.5	1.5	2.5	1.3	2.0
<i>Somewhat unfriendly</i>	0.0	0.0	0.0	0.3	0.1	0.2	0.5	0.2	0.4
<i>Very unfriendly</i>	0.3	0.0	0.2	0.3	0.4	0.4	0.5	0.0	0.3
How respectful were staff?									
<i>Very respectful</i>	42.8	50.8	45.9	52.5	54.6	53.7	47.0	41.2	44.5
<i>Somewhat respectful</i>	56.2	48.6	53.2	45.3	43.1	44.0	50.5	57.3	53.4
<i>Neither</i>	0.6	0.6	0.6	1.5	1.4	1.5	1.5	0.9	1.2
<i>Somewhat disrespectful</i>	0.0	0.0	0.0	0.2	0.1	0.2	1.0	0.2	0.7
<i>Very disrespectful</i>	0.4	0.0	0.2	0.5	0.8	0.7	0.0	0.4	0.2
How knowledgeable were staff?									
<i>Very knowledgeable</i>	61.2	71.4	65.2	72.4	74.1	73.4	56.4	53.6	55.2
<i>Somewhat knowledgeable</i>	38.4	28.4	34.5	27.1	25.4	26.2	42.0	44.7	43.1
<i>Neither</i>	0.0	0.2	0.3	0.5	0.1	0.3	1.3	1.1	1.2
<i>Somewhat unknowledgeable</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.3
<i>Very unknowledgeable</i>	0.0	0.0	0.0	0.0	0.3	0.2	0.2	0.0	0.1
Help for birth preparation?									
<i>A lot</i>	38.1	48.8	42.3	45.8	54.3	50.5	42.8	44.2	43.8
<i>Somewhat</i>	47.6	42.5	45.6	47.0	41.0	5.1	49.7	50.5	50.0
<i>A little</i>	12.2	7.9	10.5	6.5	4.0	5.1	6.6	4.6	5.7
<i>Not at all</i>	2.1	0.8	1.6	0.7	0.7	0.7	1.0	0.7	0.8

- Almost all mothers who reported receiving ante-natal care reported that they were either very satisfied or somewhat satisfied with the ante-natal care received.
- Mothers' report of satisfaction with antenatal service varied by their social status, with slightly more non-DAG mothers reporting being very satisfied than DAG mothers.

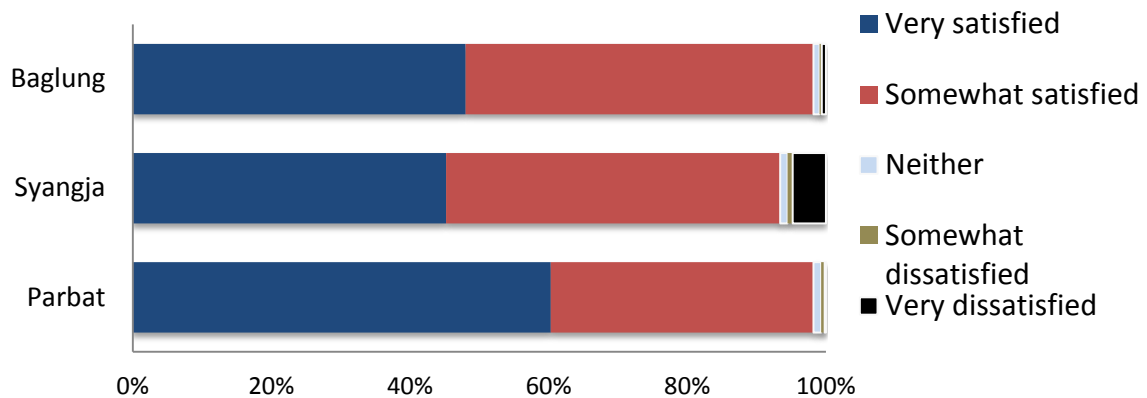


Figure 7.2. Women's reported satisfaction with antenatal care.

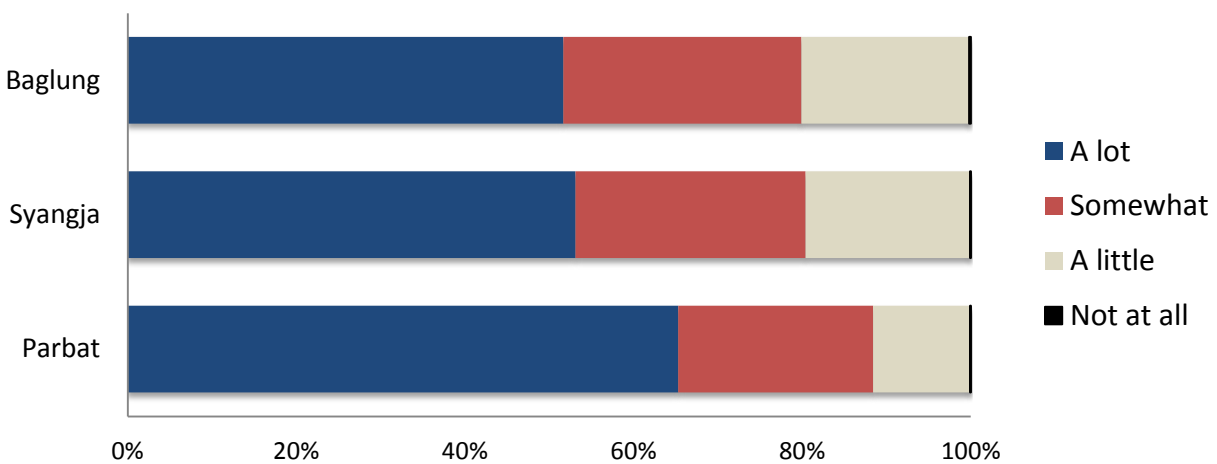


Figure 7.3. Women's report on the extent to which staff listened to concerns during antenatal care.

Client Exit Interviews:

- The 38 clients generally reported first attending ANC at three and half months of pregnancy. The decision related to seeking ANC was typically made based on self-awareness among mothers. Some of them were also encouraged to attend by family members, husbands, FCHVs, and health workers from the nearby health facilities.
- Most of the women visited the health facilities which were near, and, in their opinion, provided good service. While it was the first ANC visit for 14 clients, others reported to have attended either two or three (average of three) ANC visits, including the visit the day of the interview.

- Thirty-five of the 38 ANC clients reported they received folic acid during ANC visits. The clients were also familiar with its utilities and cautions. Health workers had explained to them that it increases blood count and weight of the baby, makes bones stronger, does not have any side effects, and further suggested they take it regularly.
- Tetanus had lower coverage, with 15 clients reporting they received a shot during this visit; roughly half of the 23 who did not receive a shot during this visit had received it during their last visit.
- The consultation between provider and clients did not cover all key areas related to MNCH. Nutrition (13), pregnancy complications (10) and birth plans (six) were consulted with a larger number of clients compared to breastfeeding (two) and family planning (one).
- Some of the ANC clients noted that they did not want to discuss FP during their ANC visits as they were uncomfortable discussing FP with a male provider.
- Only 3% of client respondents had been counseled on HIV/AIDS during pregnancy.
- Most of the ANC clients expected to deliver in health facilities (Zonal Hospital, District Hospital, PHC or local birthing center depending on the complications and resources). Home was the preferred option for some women who lived far from birthing center. While mothers were key decision makers followed by their husband and other family members, some were also forced by their families to deliver at home.

The next two tables and two figures present key data from the women's survey on services during childbirth and women's satisfaction with those services.

Table 7.4. Services Received During Child Birth by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Type health professional seen									
<i>Skilled health providers</i>	23.5	43.7	31.0	64.2	72.7	68.8	64.5	74.8	68.8
Doctor	6.6	11.8	8.5	16.5	18.3	17.5	15.4	18.8	16.8
Nurse/midwife	16.4	30.9	21.8	46.8	53.1	50.3	48.8	55.4	51.6
Health assistant	0.0	0.2	0.1	0.3	0.3	0.0	0.0	0.0	0.0
AHW	0.2	0.6	0.4	0.2	0.4	0.3	0.3	0.4	0.4
Mother/child health worker	0.2	0.2	0.2	0.3	0.5	0.4	0.0	0.2	0.1
<i>Other</i>	76.5	56.3	69.0	35.8	27.3	31.2	35.5	25.2	31.2
FCHV	6.2	5.3	5.8	2.8	3.7	3.3	2.9	1.3	2.2
Trained TBA	1.0	0.0	0.7	0.2	0.1	0.1	0.3	0.2	0.3
Un-trained TBA	0.3	0.0	0.2	0.3	0.1	0.2	0.2	0.0	0.1
Mothers group member	0.5	0.6	0.5	0.0	0.1	0.1	0.0	0.6	0.3
Relative/friend/neighbor	68.2	50.2	61.5	32.4	23.1	27.3	32.0	23.0	28.3
Others	0.3	0.2	0.3	0.2	0.1	0.1	0.2	0.0	0.1
Where delivered									
<i>Any health facility (HF)</i>	32.3	64.4*	44.3*	64.1	73.6*	69.3*	64.5	74.8*	68.9*
<i>Home</i>	67.5	35.7	55.7	36.1	26.4	30.8	35.6	25.2	31.1
For HF births, type of facility									
<i>Government facility</i>	29.0	55.1	38.8	53.4	61.4	57.8	49.5	52.2	50.7
<i>Nongovernment (NGO)</i>	0.3	0.6	0.4	0.2	0.0	0.1	4.9	7.4	5.9
<i>Private Medical</i>	3.0	8.7	5.1	10.5	12.2	11.4	10.1	15.2	12.3
Received cash transportation incentive	83.5	83.8	83.7	86.4	86.5	86.5	77.1	73.4	75.4
Caesarean delivery	11.1	14.7	13.0	16.9	12.4	14.3	16.3	13.3	14.9

* Statistical tests showed that the groups were significantly different by district (p value<0.001) and within all districts by social status (Baglung and Parbat p values<0.001; Syangja p value=0.001)

- A much lower proportion of mothers in Baglung reported giving birth at a health facility, compared to the other districts.
- Mothers' reports of child delivery varied by their social status with more non-DAG mothers delivering babies at health facilities than DAG mothers.
- Over 75% of mothers who gave birth in a HF reported having received a cash incentive for transportation from the HF after childbirth.

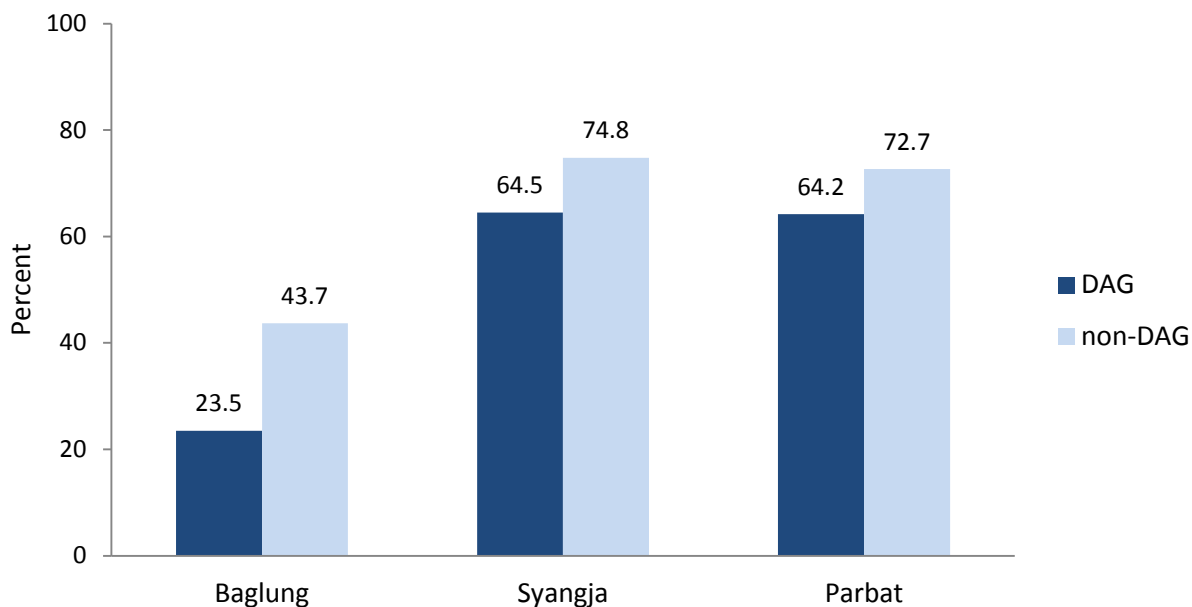


Figure 7.4. Women reporting assistance of a skilled health professional during childbirth, by district and social status.

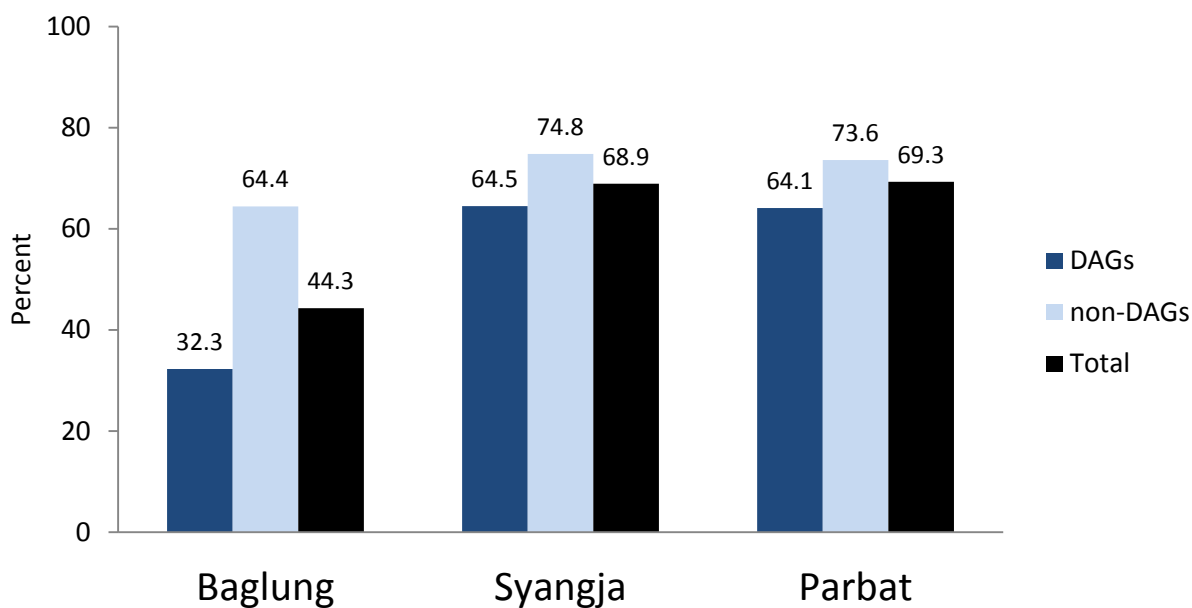


Figure 7.5. Women reporting birth at a health facility, by district and social status.*

* Statistical tests showed that the groups were significantly different by district (p value <0.001) and within all districts by social status (Baglung and Parbat p values <0.001 ; Syangja p value $=0.001$)

Table 7.5. Mothers' Satisfaction with Child Birth Services by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
How satisfied with the service?									
<i>Very satisfied</i>	63.1	59.9	61.4	68.8	65.7	67.0	59.8	61.9	60.7
<i>Somewhat satisfied</i>	35.8	36.7	36.3	29.9	31.7	31.0	39.2	37.6	38.5
<i>Neither</i>	0.7	0.9	0.8	0.8	1.1	1.0	0.0	0.0	0.0
<i>Somewhat dissatisfied</i>	0.4	0.9	0.7	0.5	0.9	0.8	0.7	0.6	0.6
<i>Very dissatisfied</i>	0.0	1.5	0.8	0.0	0.6	0.3	0.2	0.0	0.1
How attentive were staff?									
<i>Very attentive</i>	63.4	63.0	63.2	66.2	64.4	65.2	60.3	59.9	60.1
<i>Somewhat attentive</i>	35.1	35.2	35.1	30.7	31.5	31.2	38.5	38.7	38.6
<i>Neither</i>	1.1	1.2	1.2	2.0	2.2	2.1	0.9	0.3	0.6
<i>Somewhat inattentive</i>	0.4	0.3	0.3	0.8	1.1	1.0	0.0	0.6	0.3
<i>Very inattentive</i>	0.0	0.3	0.2	0.3	0.7	0.5	0.2	0.6	0.4
How friendly were staff?									
<i>Very friendly</i>	56.3	55.7	55.9	56.8	61.4	59.5	52.5	56.2	54.2
<i>Somewhat friendly</i>	41.9	41.3	41.6	40.2	33.8	36.4	46.1	40.7	43.6
<i>Neither</i>	1.4	2.1	1.8	1.1	3.3	2.4	1.2	1.7	1.4
<i>Somewhat unfriendly</i>	0.0	0.6	0.3	1.5	0.9	1.2	0.0	0.6	0.3
<i>Very unfriendly</i>	0.4	0.3	0.3	0.5	0.6	0.5	0.2	0.8	0.5
How respectful were staff?									
<i>Very respectful</i>	52.3	53.5	53.0	53.2	53.7	53.5	53.0	49.2	51.2
<i>Somewhat respectful</i>	47.0	44.6	45.7	44.5	43.0	43.6	45.4	49.4	47.2
<i>Neither</i>	0.4	0.6	0.5	0.8	1.7	1.3	1.2	0.8	1.0
<i>Somewhat disrespectful</i>	0.4	1.2	0.8	0.5	0.7	0.6	0.5	0.0	0.3
<i>Very disrespectful</i>	0.0	0.0	0.0	1.0	0.9	1.0	0.0	0.6	0.3
How knowledgeable were staff?									
<i>Very knowledgeable</i>	78.9	74.3	76.4	78.8	73.6	75.8	69.3	68.4	68.9
<i>Somewhat knowledgeable</i>	19.7	25.4	22.8	20.7	24.5	22.9	30.0	30.2	30.1
<i>Neither</i>	1.4	0.3	0.8	0.3	0.9	0.6	0.5	0.8	0.6
<i>Somewhat unknowledgeable</i>	0.0	0.0	0.0	0.0	0.2	0.1	0.2	0.6	0.4
<i>Very unknowledgeable</i>	0.0	0.0	0.0	0.3	0.7	0.5	0.0	0.0	0.0
To what extent did staff listen to your concerns?									
<i>A lot</i>	51.6	50.8	51.2	60.1	60.3	60.2	54.6	52.5	53.7
<i>Somewhat</i>	28.7	31.2	30.0	25.3	25.3	25.3	27.0	31.4	29.0
<i>A little</i>	19.4	16.8	18.0	13.6	13.5	13.5	18.2	15.5	17.0
<i>Not at all</i>	0.4	1.2	0.8	1.0	0.9	1.0	0.2	0.6	0.4
Services helpful for safe delivery?									
<i>A lot</i>	53.8	56.9	55.4	60.9	63.1	62.2	56.5	53.1	55.0
<i>Somewhat</i>	38.4	35.5	36.8	33.5	32.3	32.8	39.2	43.5	41.2
<i>A little</i>	7.9	7.3	7.6	5.4	4.4	4.8	4.3	3.1	3.7
<i>Not at all</i>	0.0	0.3	0.2	0.3	0.2	0.2	0.0	0.3	0.1

- Almost all mothers in all the three districts reported that they were either very satisfied or somewhat satisfied with the services they received during child birth.
- Thirteen percent to 17% of mothers reported that the staff listened only a little to their concerns during childbirth services

The following four tables and text address the postnatal care mothers and their infants received, and their satisfaction with this care.

Table 7.6. Postnatal Care of Mothers by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Delivered in health facility	32.4	64.4	44.3	64.0	73.6	69.3	64.5	74.8	68.8
<i>Healthcare provider checked on mother's health after delivery (before leaving facility)</i>	80.3	86.9*	83.8*	91.3	90.6	90.9*	84.6	90.7*	87.4*
Not delivered in health facility	67.6	35.6	55.7	36.0	34.6	30.7	35.5	25.2	31.2
<i>Healthcare provider checked on mother's health (anytime) after delivery[†]</i>	8.0	12.2	9.6	9.0	10.3	9.7	10.2	9.3	9.8
<i>Checked mother's health within 48 hours</i>	0.4	0.9	0.7	1.5	1.7	1.6	1.9	1.1	1.5
Which health professional was seen?									
<i>Skilled health provider[‡]</i>	7.5	11.1	8.9	8.5	10.1	9.4	9.9	8.9	9.5
Doctor	6.6	9.3	7.6	7.0	7.1	7.1	8.1	7.2	7.7
Nurse/midwife	0.9	1.6	1.2	1.5	3.0	2.3	1.8	1.7	1.8
Auxiliary midwife	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0
<i>Other</i>	0.5	1.2	0.7	0.5	0.3	0.4	0.3	0.4	0.4
Traditional birth attendant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community health worker	0.5	1.2	0.7	0.5	0.3	0.4	0.3	0.2	0.3
Mother child health worker	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1
How long after delivery first checked mother's health?									
<i>1 to 2 days</i>	8.2	12.7	10.4	27.5	24.3	25.7	23.1	9.5	17.8
<i>3 to 6 days</i>	11.5	7.3	9.4	11.8	10.1	10.8	6.2	7.1	6.6
<i>More than 6 days</i>	80.4	80.1	80.2	60.8	65.8	63.6	70.7	83.3	75.7
All women: Supplements									
<i>Given/buying folic acid/iron tablets</i>	75.4	92.3	81.7	84.9	95.5	90.7	83.7	90.9	86.7
<i>Received vitamin A</i>	58.7	61.4	59.7	73.3	84.8	79.6	55.9	63.2	59.0
All women: How many times health worker visited after birth?									
<i>None</i>	55.3	45.5	51.6	67.6	59.2	63.0	55.4	52.0	54.0
<i>One time</i>	13.2	17.5	14.8	16.9	19.7	18.4	18.0	17.3	17.7
<i>Two times</i>	15.7	16.5	16.0	9.0	13.0	11.2	14.2	17.8	15.7
<i>Three times</i>	10.8	14.4	12.1	4.4	5.4	5.0	8.1	8.2	8.1
<i>Four or more times</i>	5.0	6.1	5.4	2.1	2.6	2.4	4.3	4.7	4.4

* Statistical tests showed that the groups were significantly different by district (p value<0.001) and within Syangja (p value<0.05) and Baglung (p value=0.01) by social status.

† Statistical tests did not show significant differences between districts or within district by social status.

‡ Skilled health professional – doctor, nurse/midwife, auxiliary midwife.

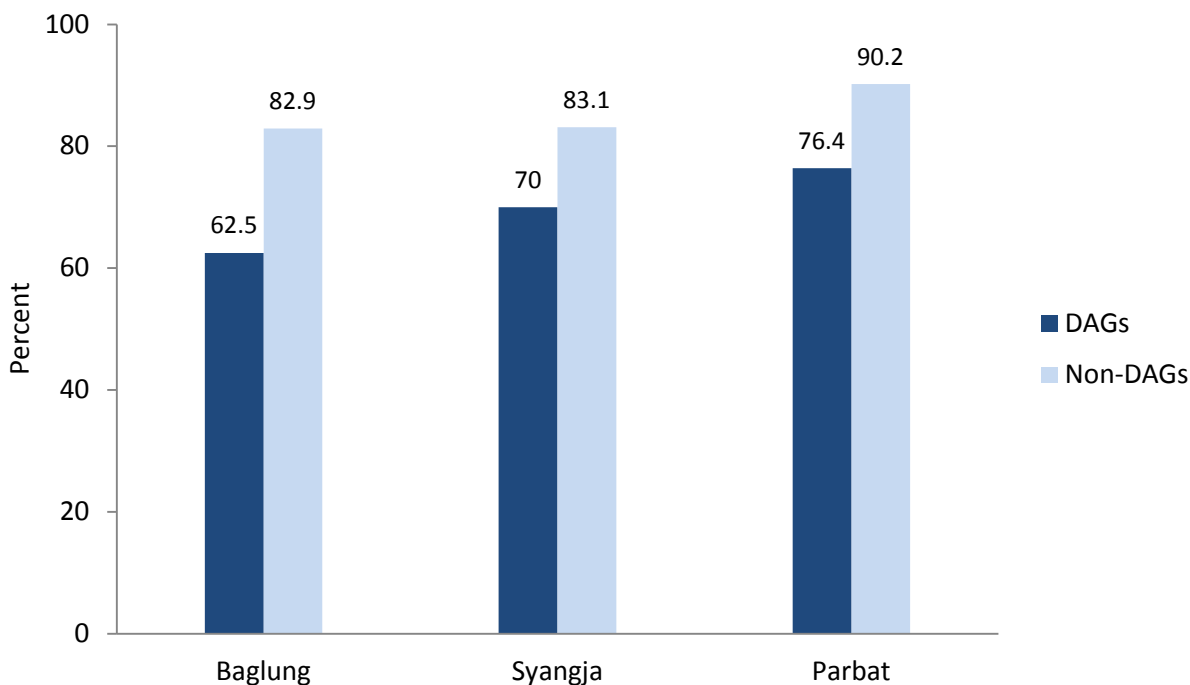


Figure 7.6. Among mothers reporting health facility birth, percentage whose health was checked by provider before leaving facility, by district and social status.*

* Statistical tests showed that the groups were significantly different by district (p value <0.001) and within Syangja (p value <0.05) and Baglung (p value $=0.01$) by social status.

- Among women who gave birth at a HF, 84-91% reported that a health provider checked on their health after childbirth while they were still at the HF; this varied by social status in Baglung and Syangja, where a higher proportion of non-DAGS vs DAGs reported their health being checked at the HF.
- Among women who gave birth not at a health facility, less than 2% reported that a provider checked their health within 48 hours of delivery and roughly 10% reported that a healthcare provider checked on their own health at any point after delivery.

Table 7.7. Mothers' Satisfaction with Postnatal Services for Herself by Percentage

	Baglung (n=131)			Parbat (n=131)			Syangja (n=111)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
How satisfied with service?									
<i>Very satisfied</i>	47.8	46.8	47.3	74.5	71.1	72.5	47.8	54.5	50.5
<i>Somewhat satisfied</i>	50.7	53.2	51.9	23.6	25.0	24.4	52.2	45.5	49.5
<i>Neither</i>	0.0	0.0	0.0	0.0	3.9	2.3	0.0	0.0	0.0
<i>Somewhat dissatisfied</i>	1.4	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0
<i>Very dissatisfied</i>	0.0	0.0	0.0	1.8	0.0	0.8	0.0	0.0	0.0
How attentive were staff?									
<i>Very attentive</i>	49.3	54.8	51.9	67.3	73.7	71.0	41.8	54.5	46.8
<i>Somewhat attentive</i>	49.3	45.2	47.3	32.7	25.0	28.2	58.2	45.5	53.2
<i>Neither</i>	0.0	0.0	0.0	0.0	1.3	0.8	0.0	0.0	0.0
<i>Somewhat inattentive</i>	1.4	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0
<i>Very inattentive</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
How friendly were staff?									
<i>Very friendly</i>	47.8	54.8	51.1	65.5	72.4	69.5	40.3	63.6	49.5
<i>Somewhat friendly</i>	50.7	45.2	48.1	34.5	26.3	29.8	56.7	36.4	48.6
<i>Neither</i>	0.0	0.0	0.0	0.0	1.3	0.8	1.5	0.0	0.9
<i>Somewhat unfriendly</i>	1.4	0.0	0.8	0.0	0.0	0.0	1.5	0.0	0.9
<i>Very unfriendly</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
How respectful were staff?									
<i>Very respectful</i>	56.5	50.0	53.4	63.6	63.2	63.4	40.3	45.5	42.3
<i>Somewhat respectful</i>	39.1	50.0	44.3	30.9	34.2	32.8	59.7	54.5	57.7
<i>Neither</i>	1.4	0.0	0.8	3.6	2.6	3.1	0.0	0.0	0.0
<i>Somewhat disrespectful</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Very disrespectful</i>	2.9	0.0	1.5	1.8	0.0	0.8	0.0	0.0	0.0
How knowledgeable were staff?									
<i>Very knowledgeable</i>	66.7	79.0	72.5	87.3	80.3	83.2	61.2	54.5	58.6
<i>Somewhat knowledgeable</i>	33.3	19.4	26.7	12.7	17.1	15.3	38.8	45.5	41.4
<i>Neither</i>	0.0	1.6	0.8	0.0	2.6	1.5	0.0	0.0	0.0
<i>Somewhat unknowledgeable</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Very unknowledgeable</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
To what extent did staff listen to your concerns?									
<i>A lot</i>	42.0	54.8	48.1	63.6	71.1	67.9	58.2	52.3	55.9
<i>Somewhat</i>	36.2	32.3	34.4	27.3	18.4	22.1	28.4	40.9	33.3
<i>A little</i>	21.7	12.9	17.6	9.1	10.5	9.9	13.4	6.8	10.8
<i>Not at all</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

- Parbat mothers reported greater satisfaction across all domains.
- Nearly all mothers in the three districts reported that they were either very satisfied or somewhat satisfied with the service they received after child delivery.
- Level of satisfaction for “to what extent did staff listen to your concerns” was lower than that reported for other domains.

Table 7.8. Postnatal Care of Children by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Child checked after birth: not at facility	25.9	27.0	26.3*	36.0	37.6	36.9*	36.7	37.4	37.0*
Child checked after birth: at facility	70.6	83.5*	77.6*	86.2	90.2	88.5*	75.7	81.6*	78.4*
Who checked									
<i>Skilled health provider</i> [†]	24.4	25.2	24.7	35.2	35.9	35.6	35.7	36.8	36.1
Doctor	21.0	23.0	21.8	30.3	30.3	30.3	32.8	35.1	33.7
Nurse/midwife	3.4	2.0	2.8	4.9	5.6	5.3	2.9	1.7	2.4
Auxiliary midwife	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0
<i>Other</i>	1.5	1.8	1.6	0.8	1.7	1.3	1.1	0.6	0.9
Traditional birth attendant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community health worker	1.2	1.2	1.2	0.2	0.5	0.4	0.9	0.4	0.7
Mother child health worker	0.2	0.2	0.2	0.3	0.5	0.4	0.2	0.2	0.2
Others	0.1	0.4	0.2	0.3	0.7	0.5	0.0	0.0	0.0
<i>Skilled health professional</i>	94.2	93.4	93.9	97.7	95.3	96.4	97.1	98.3	97.6
<i>Other people</i>	5.8	6.6	6.0	2.3	4.6	3.6	2.9	1.7	2.4
Among women giving birth not at facility, how long after delivery first checked child?									
1 to 2 days	13.6	19.9	15.9	13.7	17.1	15.6	24.1	34.7	28.6
3 to 6 days	6.9	7.3	7.0	12.3	9.7	10.8	6.0	5.1	5.6
More than 6 days	79.7	72.8	77.2	73.9	73.2	73.6	70.0	60.2	65.8
How many times health worker visited?									
None	55.3	45.5	51.6	67.6	59.2	63.0	55.4	52.0	54.0
One time	13.2	17.5	14.8	16.9	19.7	18.4	18.0	17.3	17.7
Two times	15.7	16.5	16.0	9.0	13.0	11.2	14.2	17.8	15.7
Three times	10.8	14.4	12.1	4.4	5.4	5.0	8.1	8.2	8.1
Four or more times	5.0	6.1	5.4	2.1	2.6	2.4	4.3	4.7	4.4

* Statistical tests showed that the groups were significantly different by district (p value<0.001)

† Skilled health professional – doctor, nurse/midwife, auxiliary midwife.

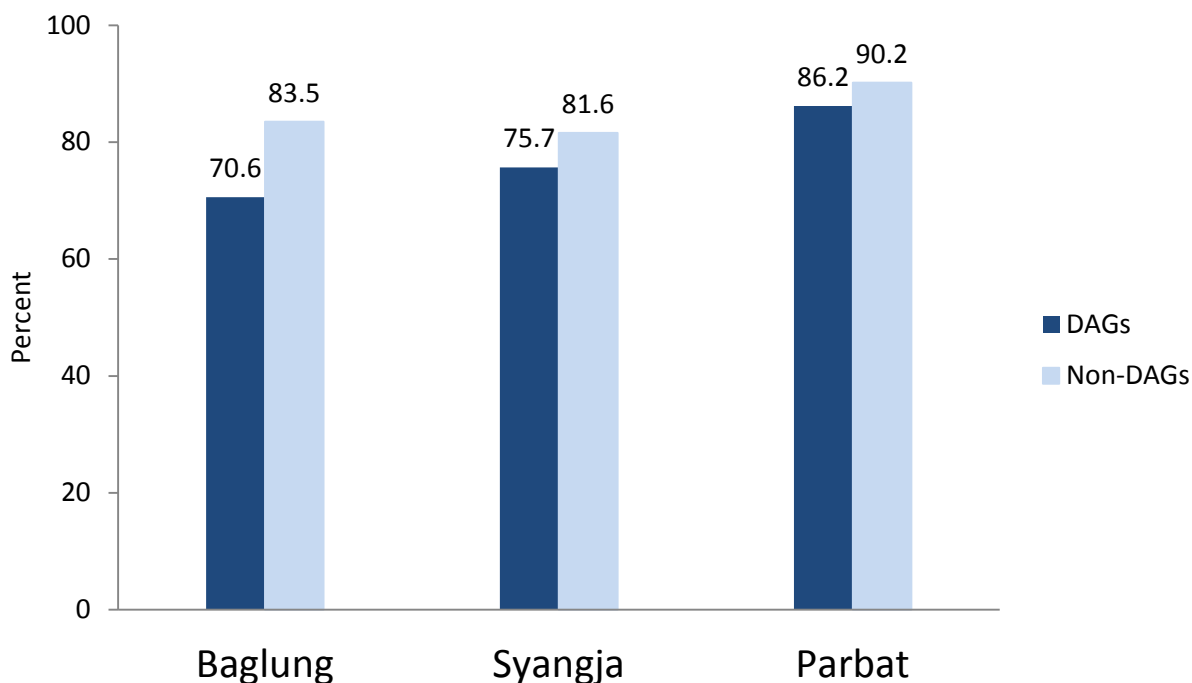


Figure 7.7. Among mothers reporting health facility birth, percentage who reported their child's health was checked by provider before leaving facility, by district and social status.*

* Statistical tests showed that the groups were significantly different by district (p value < 0.001) and by social status in Baglung and Syangja.

- Seventy-eight percent to 89% of mothers who gave birth in a health facility reported that their child's health was checked on by a health provider while still at the HF. This varied by district and social status with the highest report from Parbat, followed by Syangja and Baglung; and more non-DAG mothers than DAG mothers reporting child health checked in Baglung and Syangja.
- Among mothers who did not give birth in an HF, 26% to 37% reported that their child's health was checked after birth; most reported more than six days passed before the child's health was checked.

Table 7.9. Mothers' Satisfaction with Child's Postnatal Care by Percentage

	Baglung (n=766)			Parbat (n=996)			Syangja (n=763)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
How satisfied with service?									
<i>Very satisfied</i>	55.2	60.4	57.6	70.4	68.6	69.4	57.1	59.2	58.1
<i>Somewhat satisfied</i>	43.1	37.9	40.7	29.4	30.9	30.2	41.5	39.0	40.4
<i>Neither</i>	0.5	0.3	0.4	0.0	0.0	0.0	0.7	0.6	0.7
<i>Somewhat dissatisfied</i>	1.0	0.9	0.9	0.2	0.5	0.4	0.2	1.2	0.7
<i>Very dissatisfied</i>	0.2	0.6	0.4	0.0	0.0	0.0	0.5	0.0	0.3
How attentive were staff?									
<i>Very attentive</i>	57.3	62.1	59.5	67.6	72.0	70.1	55.7	53.4	54.7
<i>Somewhat attentive</i>	42.2	37.6	40.1	31.5	27.3	29.1	43.6	45.7	44.6
<i>Neither</i>	0.5	0.0	0.3	0.5	0.2	0.3	0.5	0.6	0.5
<i>Somewhat inattentive</i>	0.0	0.3	0.1	0.2	0.2	0.2	0.2	0.3	0.3
<i>Very inattentive</i>	0.0	0.0	0.0	0.2	0.4	0.3	0.0	0.0	0.0
How friendly were staff?									
<i>Very friendly</i>	50.1	60.7	55.0	59.0	64.0	61.8	53.8	54.0	53.9
<i>Somewhat friendly</i>	48.7	38.2	43.9	40.6	35.1	37.4	45.0	45.7	45.3
<i>Neither</i>	1.0	0.9	0.9	0.5	0.5	0.5	0.7	0.0	0.4
<i>Somewhat unfriendly</i>	0.2	0.3	0.3	0.0	0.2	0.1	0.0	0.3	0.1
<i>Very unfriendly</i>	0.0	0.0	0.0	0.0	0.2	0.1	0.5	0.0	0.3
How respectful were staff?									
<i>Very respectful</i>	49.4	58.1	53.4	55.7	60.1	58.2	50.2	49.0	49.7
<i>Somewhat respectful</i>	49.2	41.3	45.6	44.1	38.3	40.8	48.8	50.4	49.5
<i>Neither</i>	1.0	0.0	0.5	0.2	0.9	0.6	0.9	0.0	0.5
<i>Somewhat disrespectful</i>	0.2	0.3	0.3	0.0	0.2	0.1	0.0	0.3	0.1
<i>Very disrespectful</i>	0.2	0.3	0.3	0.0	0.5	0.3	0.0	0.3	0.1
How knowledgeable were staff?									
<i>Very knowledgeable</i>	70.8	78.3	74.3	81.6	79.9	80.6	67.8	65.7	66.8
<i>Somewhat knowledgeable</i>	28.9	21.1	25.3	17.5	19.4	18.6	32.2	33.7	32.9
<i>Neither</i>	0.2	0.3	0.3	0.5	0.4	0.4	0.0	0.3	0.1
<i>Somewhat unknowledgeable</i>	0.0	0.0	0.0	0.2	0.4	0.3	0.0	0.0	0.0
<i>Very unknowledgeable</i>	0.0	0.3	0.1	0.2	0.0	0.1	0.0	0.3	0.1
To what extent did staff listen to your concerns?									
<i>A lot</i>	43.9	57.0	49.9	61.5	66.1	64.2	53.6	53.1	53.3
<i>Somewhat</i>	34.5	28.8	31.9	25.6	22.6	23.9	26.5	28.4	27.4
<i>A little</i>	21.0	14.0	17.8	12.4	11.1	11.6	19.4	17.3	18.5
<i>Not at all</i>	0.7	0.3	0.5	0.5	0.2	0.3	0.0	0.0	0.0
Helped you to take care of child?									
<i>A lot</i>	35.4	40.7	37.9	49.9	52.0	51.1	40.0	39.0	39.6
<i>Somewhat</i>	50.6	48.4	49.6	43.4	41.6	42.4	51.2	51.6	51.4
<i>A little</i>	11.8	9.4	10.7	6.3	6.0	6.1	7.1	6.7	6.9
<i>Not at all</i>	2.2	1.4	1.8	0.5	0.4	0.4	1.2	1.5	1.3

- In general, Parbat mothers reported greater satisfaction across all domains.
- Nearly all mothers in all three districts reported that they were either very satisfied or somewhat satisfied with the service they received for their child after delivery.
- Compared to other questions, a lower proportion of mothers reported the highest response levels for the question about staff listening to their concerns.

Client Exit Interviews

- Only three of the exit interviews were with PNC clients; two clients who went for PNC delivered in the health facility while another PNC client who had delivered at home visited the health facility because she felt her child was sick.
- In one case, the health worker checked the blood pressure of the mother and also examined the condition of the baby. The second client was counseled on how to carry, breastfeed, dress, and clean the baby, as well as how to build attachment with the baby. For the third client, the child was examined and jaundice was diagnosed; the health worker advised the mother to be careful about the food and special care of the sick child.

8. FAMILY PLANNING

This chapter presents data on family planning — including knowledge of methods, current use, and counseling received via government health services, and satisfaction with any government FP services received. Most of these data are from the women’s survey. There were a small number of client exit interviews addressing FP, and the few relevant points from those interviews are included here as well.

Key Findings

- Knowledge of any modern method of FP was almost universal and uniform in all the three districts. Of nine total modern methods, an average of six methods was known to mothers in all three districts. A higher proportion of non-DAG mothers compared to DAG mothers reported that they knew about each of the nine modern methods of FP (table 8.1).
- For individual modern methods, variation was observed in knowledge by district. For example, 81% mothers in Parbat knew about IUDs compared to 57% in Baglung and 59% in Syangja (table 8.1).
- About three-fifth of mothers reported knowledge of any non-modern FP method. Of the three methods, the withdrawal method was recognized by almost half of mothers, followed by the rhythm method and lactation amenorrhea. As with modern methods, a higher proportion of non-DAG mothers than DAG mothers reported knowledge of the non-modern methods (table 8.1).
- Nearly one-fourth of mothers reported they were counseled on healthy spacing and timing of pregnancy (HTSP). A higher proportion of mothers in Parbat (31%) reported that they were counseled as compared to those in Baglung (19%) and Syangja (18%). In addition, a higher proportion of non-DAG mothers in all districts reported being counseled on HTSP as compared to DAG mothers (figure 8.4).
- Most counseling took place during antenatal or postnatal visits. Slightly larger proportions of DAG mothers than non-DAG mothers reported that they were counseled at the time of post-natal visit, while more non-DAG mothers reported that they were counseled at the time of an ANC visit (table 8.3).
- Most mothers who received counseling reported that they were either very satisfied or somewhat satisfied with the counseling service. More DAG mothers than non-DAG mothers reported that they were very satisfied with the counseling they received (table 8.4).
- Almost all counseled mothers reported that staff were either very knowledgeable or somewhat knowledgeable on FP and either listened to their concerns a lot or somewhat. More DAG mothers than non-DAG mothers in all three districts reported the highest level. Parbat mothers reported the greatest satisfaction with their most recent HTSP consultations (table 8.4).
- Of mothers who were not pregnant, 14% in Baglung, 19% in Parbat, and 11% in Syangja reported that they were using a modern or non-modern method of family planning. In Syangja and Parbat, more DAG mothers reported they were currently using FP (table 8.2).
- Almost all family planning users were using modern methods in all three district and injectables were the most commonly reported (5% to 9%) method. The pill and condoms were the next most commonly reported methods (table 8.2).
- In client exit interviews, clients noted that while they typically preferred injections over oral and other form of contraceptives, the health workers mostly suggested they instead use condoms and other easier forms of FP with minimum side effects.

The tables, figures, and text below show the key baseline data on women’s knowledge and current use of modern and non-modern FP methods, report of receiving counseling from government health service staff on health timing and spacing of pregnancy, and women’s opinions on any such counseling received.

Table 8.1. Knowledge of Family Planning Methods by Percentage and Mean Number of Non-modern Methods Known

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Any modern method	96.4	96.7	96.5	99.0	99.5	99.3	96.8	98.3	97.4
<i>Female sterilization</i>	64.8	74.8	68.5	83.8	89.0	86.6	73.9	87.1	79.5
<i>Male sterilization</i>	57.8	71.5	62.9	83.0	87.2	85.3	66.3	81.0	72.5
<i>IUD</i>	53.1	62.6	56.6	80.5	81.4	81.0	55.0	64.7	59.1
<i>Injectable</i>	90.1	89.4	89.8	93.3	95.5	94.5	91.8	96.0	93.5
<i>Implants</i>	66.8	72.4	68.9	76.8	84.9	84.4	68.6	79.1	73.0
<i>Pill</i>	76.1	82.3	78.4	81.8	89.9	86.3	75.2	87.1	80.2
<i>Condom</i>	81.4	89.4	84.4	90.0	94.0	92.2	86.1	93.9	89.4
<i>Female condom</i>	25.3	34.3	28.6	30.3	43.1	37.3	32.5	42.7	36.8
<i>Emergency contraception</i>	37.4	47.4	41.1	47.0	58.8	53.5	41.2	53.7	46.4
Any non-modern method	58.7	67.9	62.1	62.0	74.2	68.7	57.2	73.6	64.0
<i>Locational amenorrhea method (LAM)</i>	29.6	33.3	31.0	27.8	39.9	34.4	30.9	37.2	33.6
<i>Rhythm method</i>	29.5	37.0	32.3	32.9	46.5	40.0	30.8	43.3	36.0
<i>Withdrawal</i>	44.0	58.7	49.5	47.3	64.1	56.5	43.4	63.8	51.5
<i>Other</i>	0.1	0.0	0.1	0.2	0.4	0.3	0.0	0.0	0.0
Mean number of non-modern methods known	1.03	1.29	1.1	1.08	1.51	1.3	1.05	1.44	1.1

* Statistical tests showed a significant difference between districts (p value<0.001) as well as between DAGs and non-DAGs within all districts (p value<0.001 for all three).

- Knowledge of any modern method of family planning was almost universal and uniform in all the three districts.
- Of nine total modern methods, an average of six methods was known to mothers in all three districts. Over 90% mothers across all the three districts were aware of the use of injectables. This was followed by the condom, pill, female sterilization, and implants.

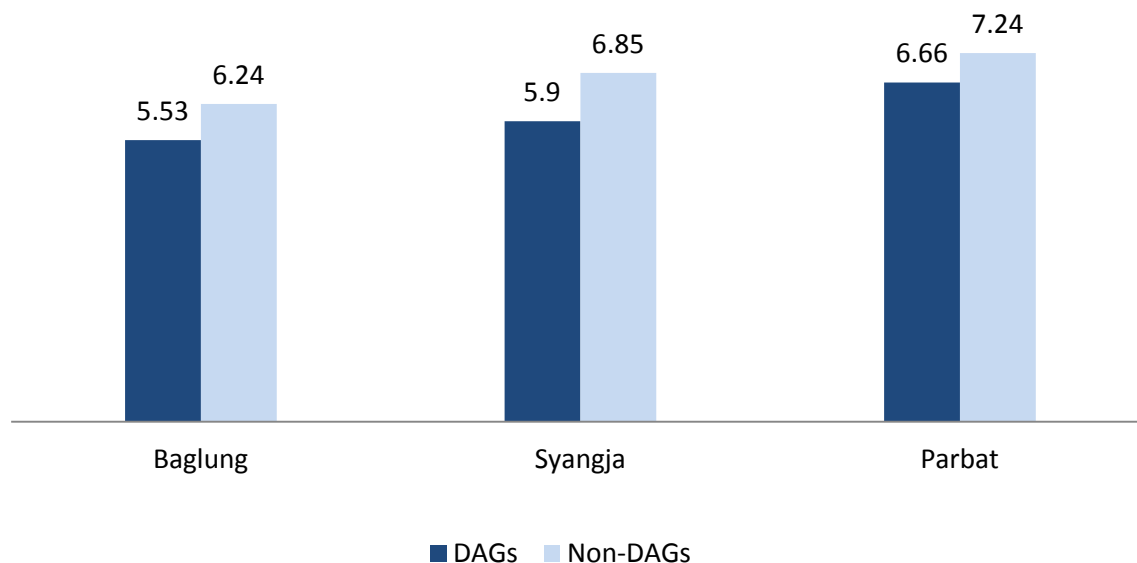


Figure 8.1. Mean number of modern FP methods known, by district and DAG status.*

* Statistical tests showed a significant difference between districts (p value<0.001) as well as between DAGs and non-DAGs within all districts (p value<0.001).

- Mean number of modern method known varied by district, with Parbat mothers scoring the highest, followed by Syangja and Baglung.
- A higher proportion of non-DAG mothers compared to DAG mothers reported that they knew about each of the nine modern methods of family planning.

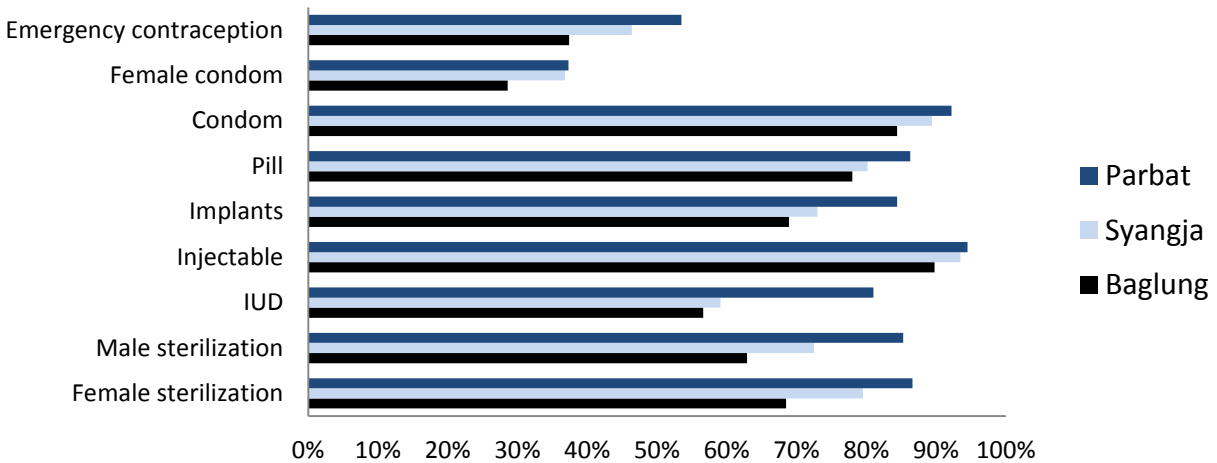


Figure 8.2. Women's reported knowledge of specific family planning methods, by district.

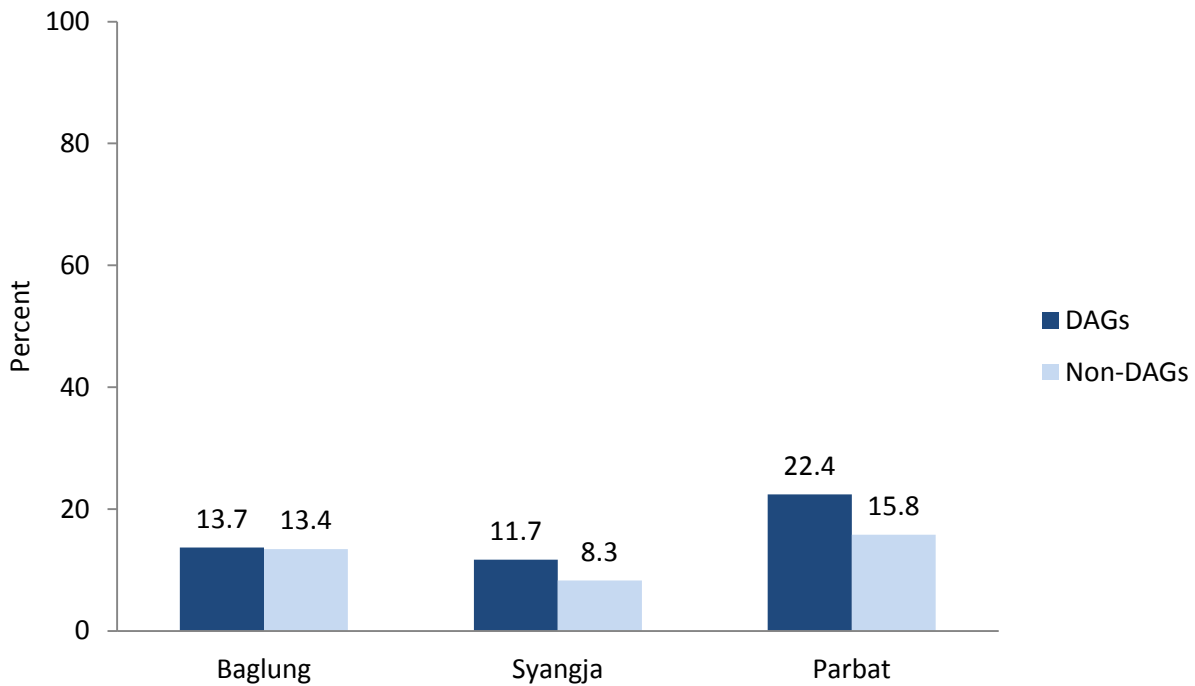


Figure 8.3. Mothers reporting use of any modern FP method, by district and social status.*

* Statistical tests showed statistically significant differences between districts (p value <0.001) and by social status within Parbat (p value =0.001) and Syangja (p value < 0.05).

- Of mothers who were not pregnant, 14% in Baglung, 19% in Parbat, and 11% in Syangja reported that they were using a modern or non-modern method of family planning.

Table 8.2. Current Use of Family Planning Methods by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Any modern method									
<i>Female sterilization</i>	0.0	0.6	0.2	1.2	1.1	1.1	1.2	0.2	0.8
<i>Male sterilization</i>	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0
<i>IUD</i>	0.4	0.8	0.5	2.3	1.1	1.7	0.3	0.4	0.4
<i>Injectable</i>	6.5	3.0	5.2	11.2	6.6	8.7	5.7	2.6	4.4
<i>Implants</i>	0.6	0.8	0.7	0.8	0.8	0.8	0.5	0.4	0.4
<i>Pill</i>	3.0	4.0	3.4	4.2	3.7	3.9	3.1	2.6	2.9
<i>Condom</i>	3.2	4.0	3.5	2.5	2.5	2.5	0.9	2.1	1.4
<i>Female condom</i>	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0
<i>Diaphragm</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Foam/jelly</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Any non-modern method									
<i>Locational amenorrhea method (LAM)</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Rhythm method</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.1
<i>Withdrawal</i>	0.4	1.0	0.6	0.8	1.0	0.9	0.2	0.6	0.4

* Statistical tests showed statistically significant differences between districts (p value <0.001) and by social status within Parbat (p value =0.001) and Syangja (p value < 0.05).

- Almost all family planning users were using modern methods in all three districts. Injectables were the most common method of family planning among DAG mothers, whereas the pill and condoms were the most common among non-DAG mothers in all three districts.

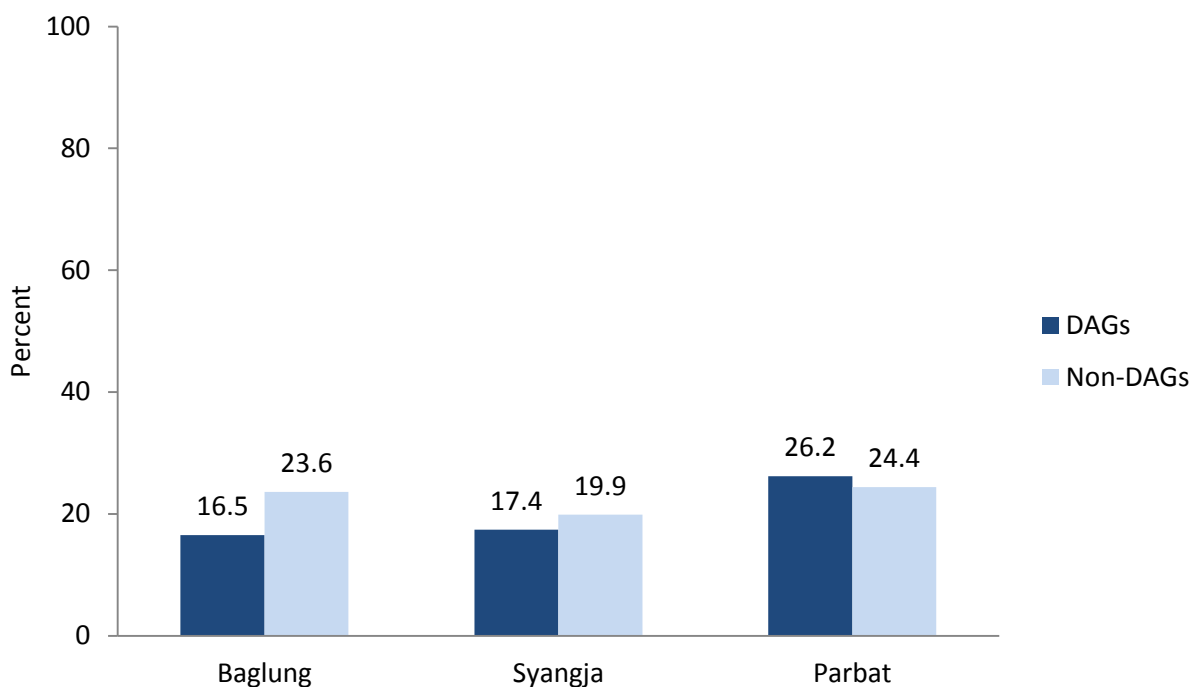


Figure 8.4. Women’s report of having ever been counseled on healthy timing and spacing of pregnancy, by district and social status.*

* Statistical tests showed a significant difference between Districts (p value <0.001) as well as between DAGs and non-DAGs in Baglung and Syangja (p value <0.001 for both)

- Nearly one-fourth of mothers reported they were counseled on healthy spacing and timing of pregnancy (HTSP). A higher proportion of mothers in Parbat (31%) reported that they were counseled as compared to those in Baglung (19%) and Syangja (18%).
- A higher proportion of non-DAG mothers reported being counseled on HTSP as compared to DAG mothers across all districts.

Table 8.3. Counseling about Healthy Spacing and Timing of Pregnancy by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Who counseled?									
<i>Doctor</i>	31.7	42.5	36.5	41.2	36.4	38.3	40.4	39.4	39.9
<i>Nurse/Midwife</i>	36.6	38.3	37.4	49.4	51.0	50.4	44.7	51.1	47.6
<i>Health Assistant</i>	0.7	1.7	1.1	0.6	0.0	0.2	0.9	1.1	1.0
<i>AHW</i>	0.0	0.8	0.4	0.6	2.8	1.9	0.0	0.0	0.0
<i>FCHV</i>	57.7	52.5	55.3	39.4	43.1	41.6	44.7	47.9	46.2
<i>Trained TBA</i>	1.4	2.5	1.9	0.0	0.8	0.5	0.0	1.1	0.5
<i>Untrained TBA</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Mothers group member</i>	0.7	0.8	0.8	0.0	0.0	0.0	0.0	0.0	0.0
<i>Relative/friends/ neighbor</i>	9.2	10.8	9.9	8.1	5.9	6.8	10.5	8.5	9.6
<i>Mother child health worker</i>	2.8	1.7	2.3	0.6	4.7	3.1	3.5	2.1	2.9
<i>Other</i>	3.5	2.5	3.1	1.2	1.6	1.5	6.1	0.0	3.4
When counseled?									
<i>Antenatal visit</i>	46.5	60.0	52.7	37.5	41.1	39.7	43.0	61.7	51.4
<i>Postnatal visit</i>	57.0	50.0	53.8	65.0	63.2	63.9	57.0	50.0	53.8
<i>Routine visit to clinic</i>	16.9	16.7	16.8	18.8	20.6	19.9	17.5	24.5	20.7
<i>Community health volunteer</i>	7.0	6.7	6.9	1.9	2.8	2.4	3.5	4.3	3.8
<i>Others</i>	0.7	0.8	0.8	2.5	1.6	1.9	0.0	1.1	0.5

* Statistical tests showed a significant difference between Districts (p value<0.001) as well as between DAGs and non-DAGs in Baglung and Syangja (p value<0.001 for both)

- Most counseling took place during antenatal or postnatal visits.

Table 8.4. Mothers' Satisfaction with HTSP Counseling by Percentage

	Baglung (n=154)			Parbat (n=262)			Syangja (n=151)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
How satisfied with counseling?									
<i>Very satisfied</i>	69.5	52.8	61.7	70.9	67.3	68.7	60.0	63.6	61.6
<i>Somewhat satisfied</i>	30.5	45.8	37.7	24.3	29.6	27.5	40.0	34.8	37.7
<i>Neither satisfied nor dissatisfied</i>	0.0	0.0	0.0	0.0	1.3	0.8	0.0	0.0	0.0
<i>Somewhat dissatisfied</i>	0.0	0.0	0.0	3.9	0.6	1.9	0.0	0.0	0.0
<i>Very dissatisfied</i>	0.0	0.0	0.0	1.0	1.3	1.1	0.0	0.0	0.0
How responsive were staff?									
<i>Very responsive</i>	53.7	44.4	49.4	72.8	64.2	67.6	61.2	56.1	58.9
<i>Somewhat responsive</i>	45.1	54.2	49.4	24.3	34.6	30.5	37.6	40.9	39.1
<i>Neither responsive nor unresponsive</i>	1.2	0.0	0.6	1.0	0.6	0.8	1.2	1.5	1.3
<i>Somewhat unresponsive</i>	0.0	1.4	0.6	1.0	0.6	0.8	0.0	0.0	0.0
<i>Very unresponsive</i>	0.0	0.0	0.0	1.0	0.0	0.4	0.0	0.0	0.0
How friendly were staff?									
<i>Very friendly</i>	58.5	51.4	55.2	66.0	67.3	66.8	65.9	59.1	62.9
<i>Somewhat friendly</i>	41.5	48.6	44.8	33.0	32.1	32.4	32.9	39.4	35.8
<i>Neither friendly nor unfriendly</i>	0.0	0.0	0.0	0.0	0.6	0.4	1.2	0.0	0.7
<i>Somewhat unfriendly</i>	0.0	0.0	0.0	1.0	0.0	0.4	0.0	0.0	0.0
<i>Very unfriendly</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
How respectful were staff?									
<i>Very respectful</i>	57.3	52.8	55.2	61.2	76.7	70.6	58.8	50.0	55.0
<i>Somewhat respectful</i>	41.5	45.8	43.5	37.9	22.6	28.6	40.0	50.0	44.4
<i>Neither respectful nor disrespectful</i>	1.2	0.0	0.6	1.0	0.6	0.8	1.2	0.0	0.7
<i>Somewhat disrespectful</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Very disrespectful</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
How knowledgeable were staff?									
<i>Very knowledgeable</i>	68.3	58.3	63.6	84.5	78.0	80.5	70.6	60.6	66.2
<i>Somewhat knowledgeable</i>	31.7	41.7	36.4	14.6	22.0	19.1	28.2	36.4	31.8
<i>Neither knowledgeable nor un knowledgeable</i>	0.0	0.0	0.0	0.0	0.0	0.0	1.2	1.5	1.3
<i>Somewhat un knowledgeable</i>	0.0	0.0	0.0	1.0	0.0	0.4	0.0	0.0	0.0
<i>Very un knowledgeable</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Extent staff listened to concerns									
<i>A lot</i>	57.3	55.6	56.5	70.9	67.9	69.1	61.2	54.5	58.3
<i>Somewhat</i>	30.5	30.6	30.5	18.4	22.6	21.0	23.5	16.7	15.9
<i>A little</i>	12.2	13.9	13.0	10.7	9.4	9.9	15.3	16.7	15.9
<i>Not at all</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

- Parbat mothers reported the greatest satisfaction with their most recent consultation across all domains (satisfaction, staff responsiveness, friendliness, respectfulness, knowledge, and listening)
- Almost all mothers who received counseling in all three districts reported that they were either very satisfied or somewhat satisfied with the counseling service. More DAG mothers than non-DAG mothers reported that they were very satisfied with the counseling they received.

Client Exit Interviews:

- Only eight of the 133 exit interviews were with FP clients. Most of these clients consulted with a female health worker and were satisfied with the services.
- Women reported choosing the family planning method on their own based on suggestions of the health worker. While most of the clients preferred injections over oral and other form of contraceptives, the health workers mostly suggested they instead use condoms and other easier forms of family planning methods with minimum side effects.
- Some of the ANC clients noted that they did not want to discuss FP during their ANC visits as they were uncomfortable discussing FP with a male provider.

9. HFOMC EXPOSURE AND OPINIONS, AND SOCIAL INCLUSION/GROUP MEMBERSHIP

This chapter presents the baseline findings on exposure, knowledge, interaction, and opinions related to HFOMCs among women, community members, HF staff, female and DAG members of HFOMCs, and district-level stakeholders. It also includes general information on women's participation in community groups outside of HFOMCs. While the data come from both the women's survey and all qualitative methods, this chapter is more heavily weighted towards qualitative data than other chapters due to the focus of the qualitative methods on these topics.

Key Findings

- Only a small proportion of mothers, 11% in Parbat, 8% in Syangja, and 5% in Baglung reported that they have heard of HFOMCs. More non-DAG mothers reported that they had heard of HFOMCs as compared to DAG mothers (table 9.1 and figure 9.1).
- Among the 309 mothers who had heard of HFOMCs:
 - The most frequently reported roles of HFOMCs were health facility staff management and managing availability of medicines and equipment (table 9.2).
 - Forty-four percent in Baglung, 40% in Parbat, and 27% in Parbat reported that they could name a member of the HFOMC in their area (table 9.3).
 - Less than half of the women, 35% in Parbat, 25% in Syangja, and 21% in Baglung, reported that HFOMCs have complete capacity to perform their roles (table 9.3).
 - Forty-nine percent in Parbat, 47% in Syangja, and 41% in Baglung reported that they knew how to take a health service concern to an HFOMC (table 9.5 and figure 9.2).
 - Approximately one in five reported that they had ever attended an HFOMC meeting and one in five reported that they had presented a concern to an HFOMC member or at an HFOMC meeting (figure 9.3 and table 9.7).
 - Only one in five reported that HFOMCs adequately address the concerns of the community about health services (table 9.6).
 - About one third of the mothers in in Baglung and Parbat and 21% of mothers in Syangja reported that HFOMCs fully know about specific concerns of women regarding health services. Similarly, only one in five of these mothers reported that HFOMCs adequately addresses women's specific concerns about health services (table 9.6).
 - Approximately a quarter of women, 28% in Baglung, 25% in Parbat, and 21% in Syangja, reported that HFOMCs fully know about marginalized person's specific concerns regarding health services. Likewise, 26% of these mothers in Baglung, 19% in Parbat, and 15% in Syangja reported that HFOMCs adequately address specific concerns of marginalized people about health services (table 9.6).

(Continues next page)

Key Findings (continued)

- Qualitative data from multiple actors showed the following:
 - HFOMCs are mostly inactive, do not have regular meetings, and are performing well below their potential.
 - The composition of some HFOMCs has been made inclusive with mandatory participation of female and disadvantaged groups. However, the provision is weakly implemented since most of the HFOMCs were formed long ago and have remained dormant. The formation and strengthening of HFOMCs has not remained in the priority of DPHO and DDC.
 - District stakeholders recognized the need for an active role of health facility in-charge to form and activate HFOMCs. Health facility in-charge staff, except for at PHCs, did not make efforts to reform and facilitate HFOMCs.
 - There were a number of barriers that led to inactive HFOMCs. It was believed that most of the HFOMCs were dominated by elite and political leaders who do not regularly attend meetings and that HFOMCs were not adequately representative of the community. Other HFOMC members, especially female and DAG members who are newly appointed or have seldom participated in HFOMC meetings, do not have the courage and capacity to bring their agendas to meetings. The HFOMC members wished to receive orientation and capacity building support on their duties. At the same time, DPHOs suggested future plans to support health facilities to form and train HFOMCs.
 - Mothers and fathers were mostly unaware of the HFOMC and its activities.
 - Of mothers who reported that they had heard of HFOMCs, almost all were either very satisfied or somewhat satisfied with the work of the HFOMCs.
 - There are not platforms for the HFOMC and community members to discuss health issues. Despite having female and DAG members represented in the HFOMC, they are not able to represent the health needs of the female and DAG community in the absence of mechanisms to communicate between the community and HFOMCs.
 - On the other hand, wherever they are functional, HFOMCs have been useful to acquire and mobilize local level resources (especially through VDC).
 - The DPHO, mothers, and HF staff anticipated a key role of HFOMCs to be monitoring the day-to-day operation of health facilities and staff for smooth operation of health facilities.

The tables, figures, and text below present data on women’s and men’s awareness of HFOMCs and knowledge/opinions of HFOMC formation, roles, responsibilities and functionality. There are also data from female and DAG HFOMC members on their own understanding of their roles and responsibilities and from district level stakeholders and HF staff on HFOMC formation, composition, and functionality.

Table 9.1. HFOMC Awareness and Source of HFOMC Information by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Heard of HFOMC									
Yes	2.6	9.3*	5.0*	6.4	15.2*	11.2*	5.2	11.6*	7.9*
No	97.4	90.7	95.0	93.6	84.8	88.8	94.8	88.4	92.1
If heard, source of information									
Health facility staff	36.4	55.3	49.3	43.6	60.7	56.3	35.3	41.8	39.3
Community meeting	22.7	27.7	26.1	10.3	17.0	15.2	11.8	12.7	12.4
NGO/CBO meeting	13.6	2.1	5.8	5.1	4.5	4.6	2.9	0.0	1.1
HFOMC member	13.6	4.3	7.2	5.1	6.2	6.0	0.0	5.5	3.4
Postings at health facility	9.1	8.5	8.7	2.6	11.6	9.3	20.6	10.9	14.6
FCHV	59.1	51.1	53.6	43.6	49.1	47.7	61.8	56.4	58.4
Friend	40.9	42.6	42.0	41.0	33.0	35.1	29.4	40.0	36.0
Others	13.6	4.3	7.2	20.6	8.0	11.3	8.8	7.3	7.9

* Statistical tests showed significant difference between districts (p value <0.001) and between social groups in all districts (p values <0.001)

- Most mothers had never heard of HFOMCs.
- More non-DAG mothers, as compared to DAG mothers, reported having heard of HFOMCs.

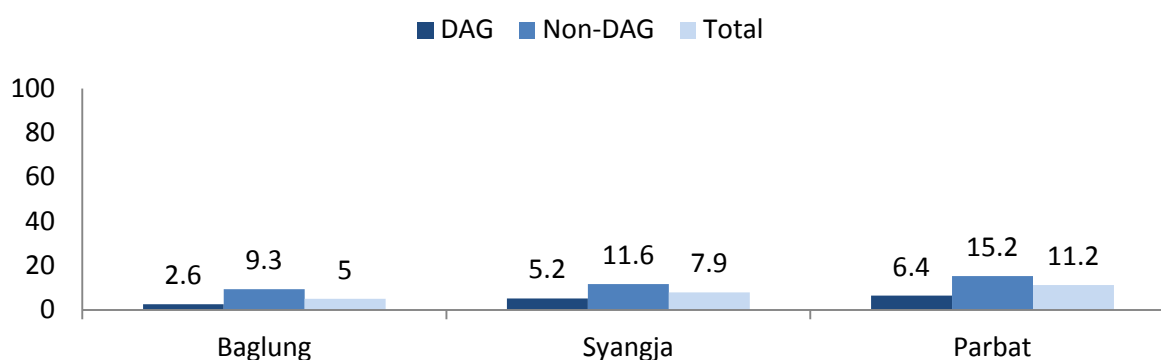


Figure 9.1. Percent* of women reporting awareness of HFOMCs, by district and social status.

* Statistical tests showed significant difference between districts (p value <0.001) and between social groups in all districts (p values <0.001)

Mothers' FGDs

- Mothers were vaguely aware that HFOMCs existed and could identify a few members.
- Mothers that were familiar with HFOMCs reported that committees are not formed through adequate participation of community members, which has led to lack of awareness and trust between mothers and HFOMC members.
- For those who were aware about the HFOMC, they were concerned about formation of HFOMCs with individuals from various political parties. In many cases, the political leaders take the lead and also try to have their local cadres in the committee. In the opinion of mothers, such committees do not represent the beneficiaries but are more concerned about their political gains.

Fathers' FGDs

- Fathers considered HFOMCs to be politically influenced bodies dominated by local elite.
- Similar to mothers, among those who were aware about the HFOMC, there was concern about formation of HFOMCs with individuals from various political parties. In many cases, the political leaders take the lead and also try to have their local cadres in the committee. Fathers believed such committees do not represent the beneficiaries but are more concerned about their political gain gains.

HF Staff KIIs

- Health facility staff expressed concerns about the formation and composition of the HFOMC. There was concern because the same committees have existed for a long time; the number of members was not uniform (ranging from seven to 11); and, sometimes the committee had been formed on ad-hoc basis, (i.e., selection of nine members from nine wards or there is nomination of relatives by influential members of HFOMC, etc.).
- Although the health workers believed HFOMCs were inclusive because they contained DAG and female members, they felt that the selection process needed to be participatory.

IDIs with HFOMC Members

- Most of the HFOMCs were inactive and formed long ago. The committees were also formed on an ad-hoc basis without following standard procedures. Female and DAG members were mostly selected to meet the quota requirements during HFOMC formation. Some of the female members were not even aware about when, why and how they were selected as a member. Some of the HFOMC members were close relatives of the chairperson or influential members of the community.

District-Level Stakeholder KIIs

- They corroborated the report from community members that the committee involved local elites and political leaders who were not only unable to manage time for HFOMC activities, but also dominated the discussions and decisions when they did participate.

Table 9.2. Roles of HFOMC (as Reported by Mothers Who Have Heard of HFOMCs) by Percentage

	Baglung (n=69)			Parbat (n=151)			Syangja (n=89)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Health facility staff management	40.9	57.4	52.2	59.0	62.5	61.6	67.6	45.5	53.9
Managing and maintaining physical infrastructure	40.9	14.9	23.2	10.3	15.2	13.9	11.4	10.9	11.2
Managing availability of medicines and equipment	54.5	48.9	50.7	61.1	55.4	57.6	35.3	36.4	36.0
Identifying and developing solutions to problems women face	9.1	6.4	7.2	5.1	7.1	6.6	2.9	0.0	1.1
Identifying and developing solutions to problems poor and disadvantaged groups face	4.5	4.3	4.3	12.8	3.6	6.0	2.9	5.5	4.5
Identifying those who do not have access to health services	9.1	10.6	10.1	12.8	17.0	15.9	8.8	7.3	7.9
Managing and mobilizing resources to support health services	13.6	8.5	10.1	0.0	6.2	4.6	17.6	14.5	15.7
Conducting facility audits	9.1	12.8	11.6	23.1	17.0	18.5	17.6	20.0	19.1
Conducting monthly meetings of the committee	13.6	6.4	8.7	0.0	13.4	9.9	8.8	14.5	12.4
Conducting social audit	4.5	4.3	4.3	0.0	4.5	3.3	0.0	1.8	1.1
Others	4.5	10.6	8.7	7.7	18.8	15.9	14.7	12.7	13.5
Don't know	27.3	10.6	15.9	12.8	6.2	7.9	2.9	5.5	4.5

- Of the mothers who reported they have heard of HFOMCs, 62% in Parbat, 54% in Syangja, and 52% in Baglung reported that health facility staff management was their major role. The next most frequently reported role was managing availability of medicines and equipment, followed by managing and maintaining the physical infrastructure.
- Mothers were typically unaware of the HFOMC roles and responsibilities. They generally believed that HFOMCs involved health workers and dealt with resources and facility upgrading.
- Mothers believed that there had not been any specific efforts from HFOMC to make services GESI sensitive. They thought the HFOMC should emphasize having female health workers.
- They felt that HFOMCs currently do not represent them and service/programs are not based on their needs. Mothers believed the role of HFOMCs should be to monitor health services, ensure quality health services, and raise awareness in the community. If they were HFOMC members, they would have expanded the range of health services available and delivered to children and mothers.
- Fathers were similarly unaware of the HFOMC roles and responsibilities.

Table 9.3. HFOMC Has the Capacity to Perform Roles/Functions (as Reported by Mothers Who Have Heard of HFOMCs) by Percentage

	Baglung (n=69)			Parbat (n=151)			Syangja (n=89)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Capacity to perform roles									
<i>Yes, completely</i>	25.0	19.0	20.7	38.2	34.3	35.3	24.2	25.0	24.7
<i>Yes, somewhat</i>	75.0	81.0	79.3	58.8	64.8	63.3	75.8	71.2	72.9
<i>No</i>	0.0	0.0	0.0	2.9	1.0	1.4	0.0	1.9	1.2
<i>Don't know</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	1.2
Know an HFOMC member's name	59.1	38.3	44.9	33.3	42.0	39.7	29.4	25.5	27.0

- Of mothers who reported that they had heard of HFOMCs, 35% in Parbat, 25% in Syangja, and 21% in Baglung reported that HFOMCs have complete capacity to perform their roles.
- Of mothers who reported that they had heard of HFOMCs, 44% in Baglung, 40% in Parbat, and 27% in Parbat reported that they could name a member of the HFOMC in their area.

HF Staff Kills

- HF staff reported that many HFOMC members are not serious about roles or participate as active members. Also, the discussions and activities are often dominated by a chairperson or other influential members.
- Participants identified the following barriers to smooth HFOMC functioning: lack of incentives, busy schedules, not living in the community, irregular meetings, division of members and domination of political parties and local influencers.
- The health facility in-charge was considered a determining factor for an active HFOMC. The engagement of an HFOMC is greater in the facilities where staff in-charge value their presence and role, and would like to engage them for various support, especially linked with the community.

IDIs with HFOMC Members

- The HFOMC members' understanding about their roles and responsibilities was generally poor. Knowledge and information obtained by HFOMC members was not transferred to new members of the committee. However, the selection process made a difference in knowledge of roles and responsibilities. Those who were selected through the public gathering, elections, and competitive process were more confident about their roles/responsibilities and had good understanding about health services and health facility governance procedures.
- HFOMC meetings were not organized on a regular basis in most facilities. Except for six members interviewed in three facilities, none of the female and DAG members interviewed had ever participated in an HFOMC meeting. The meetings were more frequent in PHCs (up to 6 times a year) but very rare for many SHPs.

District-Level Stakeholder KIIs

- The district-level stakeholders, especially DDCs, were not fully aware about the HFOMC activities. They had the common opinion that HFOMCs were mostly inactive and had irregular meetings that were not attended by all members. Although the inclusive composition of HFOMC (representation of female and DAGs) was well appreciated, the district stakeholders believed that the active participation of these groups in HFOMC activities was still low.
- These stakeholders noted (similar to other participants) that the HFOMC are not clear about their roles and responsibilities, and tend to focus more on hardware development (such as construction, equipment) than on the real problems of service delivery.
- Two of three DPHOs identified a weakness on the part of HF in-charge staff for not being able to encourage and support effective functioning of HFOMCs. In addition, stakeholders generally echoed the HFOMC functioning barriers mentioned in HF staff IDIs (e.g., busy schedules, irregular meetings, etc.).

These next tables and text address the public availability of information on HFOMCs, women's knowledge of how to get assistance from HFOMCs, communication between community members and HFOMCs, and opinions on the ability of HFOMCs to address the concerns of the community and GESI-related health service concerns.

Table 9.4. HFOMC Information Posted at Local Health Facility (as Reported by Mothers Who Have Heard of HFOMCs) by Percentage

	Baglung (n=69)			Parbat (n=151)			Syangja (n=89)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
HFOMC information posted at local health facility	59.1	74.5	69.6	69.2	73.2	72.2	64.7	52.7	57.3
Type of information posted									
<i>HFOMC meeting minutes</i>	7.7	2.9	4.2	7.4	12.2	11.0	0.0	0.0	0.0
<i>HFOMC meeting agenda</i>	0.0	17.1	12.5	11.1	28.0	23.9	9.1	10.3	9.8
<i>List of HFOMC members</i>	15.4	2.9	6.2	0.0	4.9	3.7	0.0	3.4	2.0
<i>Information on funding</i>	0.0	5.7	4.2	3.1	0.0	0.9	4.5	0.0	2.0
<i>HFOMC work plan</i>	7.7	2.9	4.2	7.4	2.4	3.7	0.0	3.4	2.0
<i>Citizen Charter</i>	23.1	5.4	10.4	0.0	1.2	0.9	0.0	3.4	2.0
Information on key decisions made	0.0	5.7	4.2	3.7	9.8	8.3	0.0	6.9	3.9
<i>Information on vaccination</i>	92.3	88.6	89.6	88.9	86.6	87.2	95.5	89.7	92.2
<i>Other</i>	38.5	22.9	27.0	25.9	23.2	23.9	45.5	27.5	35.3

- Of the mothers who reported that they have heard of HFOMC, 72% in Parbat, 70% in Baglung, and 57% in Syangja reported that they have seen information posted by an HFOMC at their local health facility.

Clinic Observations

- Only four out of 12 health facilities publicly posted the list of HFOMC members, patient bill of rights, health facility plan and progress, decisions, and other information related to their HFOMC.

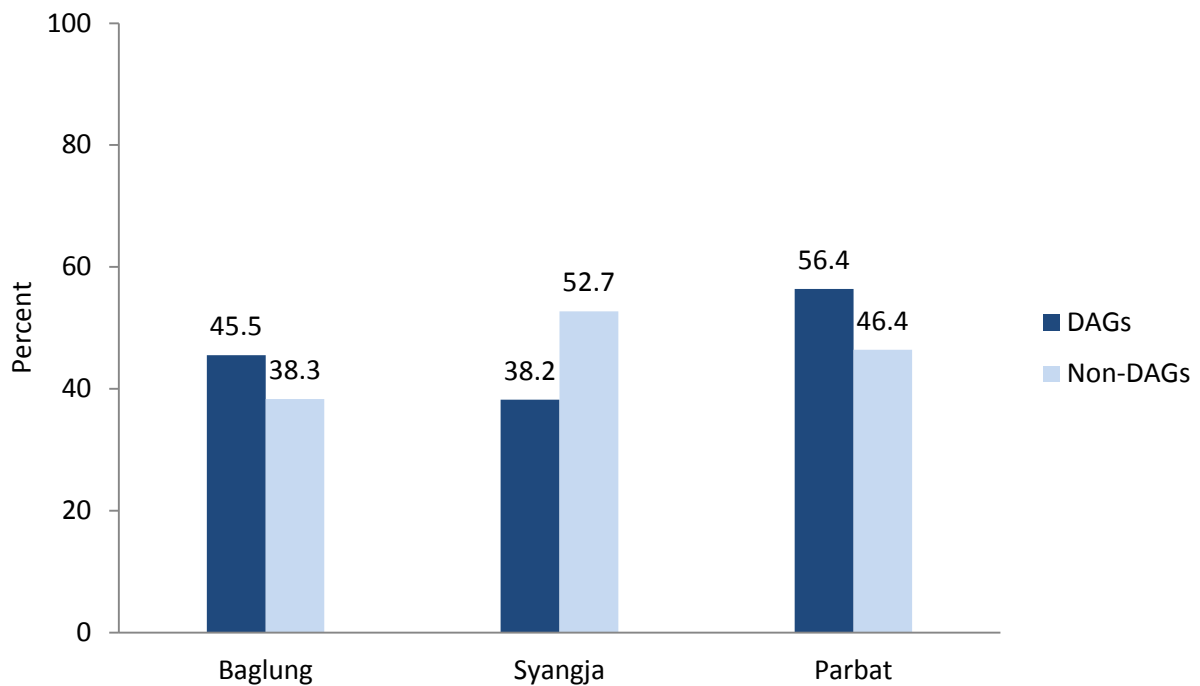


Figure 9.2. Of women reporting having heard of HFOMCs, the percent who know how to get assistance from their HFOMC, by district and social status.

- Of mothers who reported that they had heard of HFOMCs, 41% to 49% reported that they know how to take a health service concern to an HFOMC.

Table 9.5. Knowledge of How to Take Health Services Concerns to HFOMCs (as Reported by Mothers Who Have Heard of HFOMCs) by Percentage

	Baglung (n=69)			Parbat (n=151)			Syangja (n=89)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
How to get assistance?									
<i>Attend a meeting</i>	70.0	55.6	60.7	86.4	80.8	82.4	92.3	65.5	73.8
<i>Through community mapping</i>	70.0	44.4	53.6	36.4	46.2	43.2	15.4	37.9	31.0
<i>Through community awareness centers</i>	10.0	11.1	10.7	0.0	7.7	5.4	0.0	0.0	0.0
<i>Through Ward Citizens' Forum</i>	20.0	0.0	7.1	4.5	5.8	5.4	0.0	3.4	2.4
<i>Through mothers' group</i>	40.0	33.3	35.7	31.8	17.3	21.6	30.8	20.7	23.8
<i>Others</i>	20.0	16.7	17.9	0.0	17.3	12.2	7.7	10.3	9.5

- Among mothers who reported that they know how to take a health service concern an HFOMC, meeting attendance was the most commonly reported means, followed by community mapping, and mothers' groups.

Mothers' FGDs

- There is inadequate or no communication between community members (especially 1,000 days mothers) and the HFOMC.
- There is no common platform that links the HFOMC and women in the community. The available groups in the community, especially the mothers groups, where most of the women were members, also do not have links with HFOMCs.
- Some mothers were unhappy about not being invited to the HFOMC meetings and not being informed about their decisions and activities.

Table 9.6. Opinions of HFOMC’s Work and Knowledge Regarding Community Concerns on Health Services (as Reported by Mothers Who Have Heard of HFOMCs) by Percentage

	Baglung (n=69)			Parbat (n=151)			Syangja (n=89)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Satisfaction with the work of HFOMC									
<i>Very satisfied</i>	27.3	27.7	27.5	33.3	24.1	26.5	23.5	25.5	24.7
<i>Somewhat satisfied</i>	72.7	66.0	68.1	61.5	71.4	68.9	73.5	70.9	71.9
<i>Neither satisfied nor dissatisfied</i>	0.0	2.1	1.4	5.1	2.7	3.3	2.9	1.8	2.2
<i>Somewhat dissatisfied</i>	0.0	2.1	1.4	0.0	0.0	0.0	0.0	1.8	1.1
<i>Very dissatisfied</i>	0.0	2.1	1.4	0.0	0.9	0.7	0.0	0.0	0.0
<i>Don't know</i>	0.0	0.0	0.0	0.0	0.9	0.7	0.0	0.0	0.0
HFOMC’s knowledge of community’s concerns about health services									
<i>Yes, completely</i>	27.3	19.1	21.7	28.2	17.0	19.9	17.6	18.2	18.0
<i>Yes, somewhat</i>	68.2	76.6	73.9	61.5	79.5	74.8	76.5	72.7	74.2
<i>No</i>	4.5	2.1	2.9	7.7	2.7	4.0	0.0	9.1	5.6
<i>Don't know</i>	0.0	2.1	1.4	2.6	0.9	1.3	5.9	0.0	2.2
HFOMC adequately addresses community’s concerns about health services									
<i>Yes, completely</i>	18.2	19.1	18.8	17.9	17.9	17.9	23.5	16.4	19.1
<i>Yes, somewhat</i>	77.3	78.7	78.3	79.5	78.6	78.8	70.6	81.8	77.5
<i>No</i>	4.5	0.0	1.4	2.6	3.6	3.3	5.9	1.8	3.4
<i>Don't know</i>	0.0	2.1	1.4	0.0	0.0	0.0	0.0	0.0	0.0
HFOMC knows women’s specific concerns regarding health services									
<i>Yes, completely</i>	40.9	29.8	33.3	41.0	29.5	32.5	26.5	18.2	21.3
<i>Yes, somewhat</i>	54.5	68.1	63.8	59.0	68.8	66.2	70.6	78.2	75.3
<i>No</i>	4.5	0.0	1.4	0.0	1.8	1.3	2.9	3.6	3.4
<i>Don't know</i>	0.0	2.1	1.4	0.0	0.0	0.0	0.0	0.0	0.0
HFOMC adequately addresses women’s specific concerns regarding health services									
<i>Yes, completely</i>	31.8	19.1	23.2	25.6	19.6	21.2	29.4	9.1	16.9
<i>Yes, somewhat</i>	63.6	74.5	71.0	71.8	78.6	76.8	64.7	89.1	79.8
<i>No</i>	4.5	4.3	4.3	2.6	0.9	1.3	5.9	1.8	3.4
<i>Don't know</i>	0.0	2.1	1.4	0.0	0.9	0.7	0.0	0.0	0.0
HFOMC knows marginalized persons’ specific concerns regarding health services									
<i>Yes, completely</i>	27.3	27.7	27.5	33.3	22.3	25.2	20.6	21.8	21.3
<i>Yes, somewhat</i>	63.6	63.8	63.8	64.1	75.0	72.2	70.6	72.7	71.9
<i>No</i>	9.1	6.4	7.2	0.0	2.7	2.0	8.8	5.5	6.7
<i>Don't know</i>	0.0	2.1	1.4	2.6	0.0	0.7	0.0	0.0	0.0
HFOMC adequately addresses marginalized persons’ specific concerns regarding health services									
<i>Yes, completely</i>	27.3	25.5	26.1	28.2	15.2	18.5	17.6	12.7	14.6
<i>Yes, somewhat</i>	63.6	66.0	65.2	69.2	75.9	74.2	76.5	83.6	80.9
<i>No</i>	9.1	6.4	7.2	2.6	8.9	7.3	5.9	3.6	4.5
<i>Don't know</i>	0.0	2.1	1.4	0.0	0.0	0.0	0.0	0.0	0.0

- Of mothers who reported that they had heard of HFOMCs, almost all were either very satisfied or somewhat satisfied with the work the HFOMC carried out.
- Irrespective of districts, nearly one-fifth mothers who had heard of HFOMCs reported that HFOMCs completely know the concerns of the community about health services.
- Less than 5% of mothers who had heard of HFOMCs reported that HFOMCs do not know the concerns of the community about health services.
- One in five mothers reported that HFOMCs adequately address the concerns of the community about health services.
- Of mothers who had heard of HFOMCs, 33% each in Baglung and Parbat and 21% in Syangja reported that HFOMCs fully know about specific concerns of women regarding health services. Similarly, nearly one in five of these mothers reported that HFOMCs adequately addresses women's specific concerns about health services.
- 28% of mothers who had heard of HFOMCs in Baglung, 25% in Parbat, and 21% in Syangja reported that HFOMCs fully know about marginalized person's specific concerns regarding health services. Likewise, 26% of these mothers in Baglung, 19% in Parbat, and 15% in Syangja reported that HFOMCs adequately addresses specific concerns of marginalized people about health services.

IDIs with HFOMC Members

- HFOMC members had a general sense of GESI as referring to participation of disadvantaged groups and equal treatment, but they did not have specific knowledge or understanding of special provisions or facilities needed to achieve this. They believed women and disadvantaged groups should be members of HFOMCs and should also receive health services equal to other groups. Hence, they considered the existing health service provisions to be GESI sensitive.
- Some DAG members were concerned about indirect forms of discrimination especially with *dalits* but did not share specific examples.
- The HFOMC members felt they have not been able to bring forward the agendas of the population they represent and were unclear how to link community and health facility services. Twenty of the 21 DAG and female members interviewed had never offered an agenda item for an HFOMC meeting. Many expressed a lack of courage to bring items forward. Nevertheless, most of them believed that other members would listen to them if they were to suggest agendas items. The members reported a need for additional capacity building on their roles and responsibilities, frequent meetings, and encouragement to bring about changes.

HF Staff Kils

- The inactiveness or unavailability of a functional HFOMC reduces the chance of the HFOMC representing the community voices. In addition, the perceived political bias of the HFOMCs affects their relationship with the community.

The following HFOMC-related data covers women’s reported meeting attendance and submission of concerns to HFOMCs, topics addressed during meetings and the perceived impact of HFOMC work.

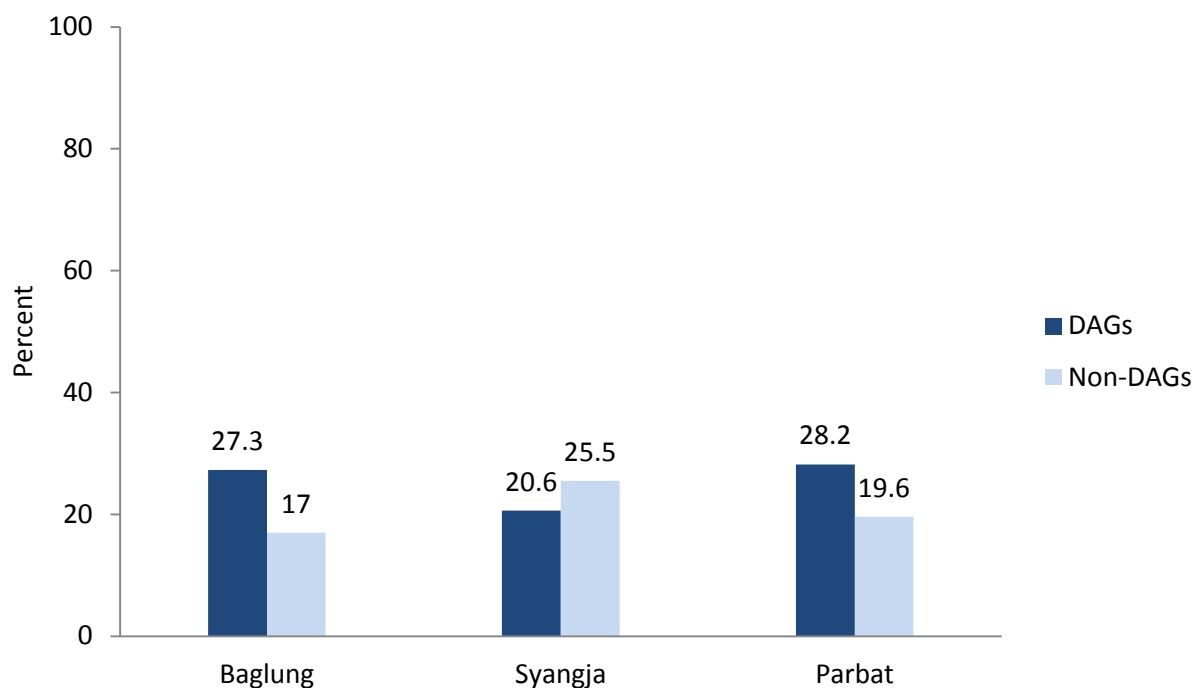


Figure 9.3. Of women reporting having heard of HFOMCs, the percent who ever attended an HFOMC meeting, by district and social status.

- Approximately one in five mothers who had heard of HFMOCs reported that they had ever attended a meeting.

Table 9.7. Attendance and Topics Discussed at HFOMC Meeting (as Reported by Mothers who had Heard of HFOMCs) by Percentage

	Baglung (n=69)			Parbat (n=151)			Syangja (n=89)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Topics discussed in the meeting									
<i>Health facility staff management</i>	66.7	50.0	57.1	45.5	36.4	39.4	28.6	28.6	28.6
<i>Managing and maintaining physical infrastructure</i>	66.7	0.0	28.6	18.2	22.7	21.2	14.3	21.4	19.0
<i>Availability of medicines and equipment</i>	66.7	37.5	50.0	36.4	45.5	42.4	28.6	21.4	23.8
<i>Problems women face in health service access and use</i>	50.0	25.0	35.7	9.1	18.2	15.2	14.3	21.4	19.0
<i>Problems excluded groups face in health service access and use</i>	0.0	0.0	0.0	9.1	4.5	6.1	14.3	7.1	9.5
<i>Identifying those who do not have access to health services</i>	0.0	12.5	7.1	9.1	9.1	9.1	14.3	0.0	4.8
<i>Managing and mobilizing resources/funds to support health services</i>	0.0	0.0	0.0	0.0	9.1	6.1	0.0	14.3	9.5
<i>Facility audit</i>	0.0	12.5	7.1	54.5	0.0	18.2	28.6	21.4	23.8
<i>Conducting social audit</i>	0.0	0.0	0.0	9.1	4.5	6.1	14.3	0.0	4.8
<i>Other</i>	33.3	25.0	28.6	18.2	45.4	36.3	42.9	35.7	38.1

HFOMC Meeting Observation and Review of Meeting Minutes

- In two of nine meeting minutes for the last HFOMC meeting from nine health facilities, the HFOMC meeting was conducted to form a new HFOMC committee.
- HFOMC meeting participants often included representatives from political parties.
- Meeting agendas were mostly related to resources and financial transactions. The HFOMCs often discussed arranging land, constructing new buildings, constructing fences, improving roofs, etc.
- In a few meetings, the agendas addressed requesting human resources and equipment from the DPHO or requesting support from the VDC and other agencies to set up drinking water arrangements inside the health facility.
- There were also few agendas with items directly related to health service delivery. In one meeting, the HFOMC decided to provide health services on time by ensuring staff availability during full opening hours, and decided to run a campaign to declare full immunization coverage in the locality. In another health facility, HFOMC decided to mobilize the community for successful implementation of a Measles Rubella vaccination campaign.
- None of the HFOMC meetings included agenda items related to GESI.
- In the one meeting observed, the discussion was short and dominated by a few influential members.

HF Staff KIIs

- There were a limited number of reports of HFOMCs helping to change something in the community — in two facilities, the HFOMCs contributed to arranging land for an HFOMC building.
- The utility of HFOMCs for change in HFs was often questioned. HFOMCs have been helpful to collect resources for the birthing center and additional staff management. HF officials, however, seemed skeptical about transparency and accountability of the HFOMC.
- There was a common opinion that HFOMCs should engage in monitoring health facilities (especially staff presence and opening hours), and should arrange necessary materials for the health facility through collection and mobilization of local resources. In the opinion of health workers, HFOMCs are excited about upgrading the facility rather than strengthening the available health facility to deliver quality service.

IDIs with HFOMC Members

- The committee and its activities are often led by influential members, usually the chairperson of the committee.
- HFOMC members had a narrow range of health facility concerns as well as limited possible solutions. They were mostly concerned about, and planned to improve, the availability of adequate staff and medicine, upgrading the health facility to next level, arranging suitable land and building, and building a birthing center (if one did not already exist).

District-Level Stakeholder KIIs

- HFOMCs were considered essential to monitor the regular operation of HFs and staff presence, and to mobilize local resources for priorities such as birthing centers.

Table 9.8. Submission of a Concern to an HFOMC Member or at an HFOMC Meeting (Among Mothers who had heard of HFOMC) by Percentage

	Baglung (n=69)			Parbat (n=151)			Syangja (n=89)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Presented a concern	22.7	10.6	14.5	17.9	17.0	17.2	5.9	14.5	11.2
Concerns presented									
<i>Health facility staff management</i>	40.0	40.0	40.0	28.6	21.1	23.1	0.0	37.5	30.0
<i>Managing and maintaining physical infrastructure</i>	60.0	40.0	50.0	0.0	5.3	3.8	0.0	0.0	0.0
<i>Managing availability of medicines and equipment</i>	20.0	20.0	20.0	28.6	47.4	42.3	0.0	25.0	20.0
<i>Identifying/developing solutions to problems women face</i>	40.0	0.0	20.0	71.4	15.8	30.8	50.0	50.0	50.0
<i>Identifying and developing solutions to problems poor and disadvantaged groups face</i>	0.0	60.0	30.0	14.3	5.3	7.7	0.0	12.5	10.0
<i>Identifying those who do not have access to health services</i>	20.0	40.0	30.0	28.6	31.6	30.8	50.0	25.0	30.0
<i>Managing and mobilizing resources/funds to support health services</i>	20.0	20.0	20.0	0.0	15.8	11.5	50.0	12.5	20.0
<i>Conducting facility audits</i>	20.0	0.0	10.0	28.6	36.8	34.6	0.0	0.0	0.0
<i>Conducting social audit</i>	20.0	0.0	10.0	0.0	10.5	7.7	0.0	0.0	0.0
<i>Other</i>	0.0	0.0	0.0	0.0	26.3	19.2	0.0	0.0	0.0

- Of mothers who reported that they had heard of HFOMCs, approximately one in five reported that they have presented a concern to an HFOMC member or at an HFOMC meeting

Table 9.9. Mothers' Satisfaction with Outcome of Concerns Submitted to HFOMCs by Percentage

	Baglung (n=10)			Parbat (n=26)			Syangja (n=10)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
HFOMC addressed concerns	100.0	60.0	80.0	71.4	73.7	73.1	50.0	75.0	70.0
How satisfied?									
<i>Very satisfied</i>	40.0	33.3	37.5	60.0	50.0	52.6	100.0	33.3	42.9
<i>Somewhat satisfied</i>	60.0	66.7	62.5	40.0	50.0	47.4	0.0	66.7	57.1
<i>Neither satisfied nor dissatisfied</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Somewhat dissatisfied</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Very dissatisfied</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

- Of those who reported that they had presented their concerns, 80% in Baglung, 70% in Syangja and 73% in Parbat reported that their concerns were addressed adequately by the HFOMC.

The remaining data on HFOMCs cover district stakeholder engagement with HFOMCs and the perceived benefits of HFOMC membership for DAGs and women.

IDs with HFOMC Members

- Participants noted that their involvement in the HFOMC had benefits for women and DAG members. They reported themselves having become more confident, earned respect in the community, and improved ability to speak in front of others.

District-Level Stakeholder KIIs

- DDC and DPHO officials agree that their communication and work with HFOMCs has been limited. However, DPHO and DDC claimed to have encouraged the HFOMC to explore and mobilize local resources, including the VDC budget, when they have managed to communicate with each other. DDC also reported that they had encouraged the VDC office to finance activities which are in high demand and will benefit women directly such as birthing centers; in reality, this only indirectly relates to HFOMCs, as the VDC chair is the chair of the HFOMC.
- At present, the activities to reform and strengthen HFOMCs are not a priority of DPHO and DDC. However, they did discuss the importance of facilitating appropriate reformation of HFOMC followed by intensive orientation on their roles and responsibilities and noted their interest in pursuing such work.

The following (tables 9.10 and 9.11, and figure 9.2) shift away from an HFOMC focus to the topic of women’s participation and comfort in community groups and meetings.

Table 9.10. Comfortable to Raise Opinion in a Community Meeting by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Not comfortable at all	29.2	12.8	23.1	15.4	4.9	9.7	22.7	6.8	16.0
Fairly uncomfortable	30.8	34.3	32.1	22.7	20.8	21.7	31.2	32.3	31.7
Neither comfortable nor uncomfortable	2.1	2.2	2.1	2.8	2.0	2.4	2.7	3.0	2.8
Fairly comfortable	20.9	24.2	22.1	37.0	33.2	34.9	27.7	29.8	28.6
Very comfortable	16.7	26.4	20.3	20.3	37.6	29.8	13.6	26.6	19.0
Don't know	0.3	0.2	0.3	1.8	1.5	1.6	2.0	1.5	1.8

- Twenty-three percent of mothers in Baglung, 10% in Parbat, and 16% in Syangja reported that they were not comfortable at all raising their opinion in a community meeting.
- Mothers’ comfort with raising concerns at community meetings varied by social status, with more DAG mothers than non-DAG mothers reporting that they were not comfortable at all raising their opinion.

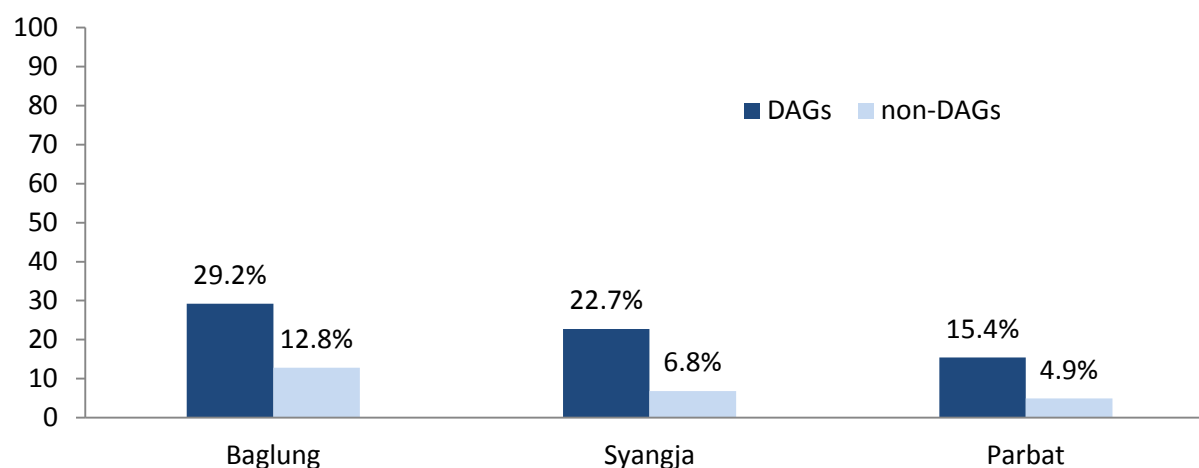


Figure 9.2. Percent of women’s reports of "not comfortable at all" raising their opinions in community meetings, by district and social status.

Table 9.11. Women’s Involvement in Different Community Groups by Percentage

	Baglung			Parbat			Syangja		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Agricultural/livestock/fisheries producer group present in ward	15.0	25.4	18.8	30.3	33.4	32.0	40.2	43.1	41.5
<i>If yes, active member?</i>	19.4	19.4	19.4	14.6	25.6	20.9	16.7	20.5	18.3
Credit or microfinance group present in ward	47.4	65.0	53.9	68.6	71.6	70.2	60.8	66.6	63.2
<i>If yes, active member?</i>	37.7	49.4	43.0	41.3	45.5	43.7	31.8	38.7	34.9
Mutual help or insurance group present in ward	12.3	20.9	15.5	20.1	27.3	24.1	21.0	23.7	22.1
<i>If yes, active member?</i>	41.5	33.0	37.3	41.5	36.8	36.6	21.7	27.4	24.3
Trade and business association present in ward	8.8	13.2	10.4	19.3	19.8	19.6	15.7	21.6	18.2
<i>If yes, active member?</i>	25.0	13.4	19.6	19.5	28.1	24.2	12.6	23.5	18.0
Civic group or charitable group present in ward	14.6	16.5	15.3	18.0	21.7	20.0	28.4	27.1	27.8
<i>If yes, active member?</i>	23.8	33.3	27.6	36.4	35.6	35.9	24.7	38.3	30.3
Community awareness centers present in ward	16.1	21.1	18.0	20.8	27.6	24.5	28.7	35.9	31.7
<i>If yes, active member?</i>	30.2	30.8	30.5	28.3	29.6	29.1	18.6	18.8	18.7
Ward Citizens’ Forum (WCF) present in ward	14.6	19.1	16.3	14.1	21.2	18.0	30.3	27.1	29.0
<i>If yes, active member?</i>	21.4	28.9	24.7	22.1	23.7	23.1	11.6	14.1	12.5
Religious group present in ward	7.4	11.8	9.1	14.4	26.1	20.8	11.1	21.1	15.3
<i>If yes, active member?</i>	12.5	35.0	23.4	15.9	32.8	27.5	23.3	28.7	26.4
Mother’s group present in ward	92.1	94.3	92.9	86.6	91.3	89.2	97.6	96.4	97.1
<i>If yes, active member?</i>	24.8	28.8	26.3	22.7	29.6	26.6	26.1	34.6	29.7

- Less than one-third of mothers reported that they were active members of a mother's group.

Mothers' FGDs

- Most FGD participants reported being active in local groups, such as mothers groups (often formed and facilitated by Suaahara). These served as information platforms and a source of encouragement.
- Though mothers were rarely aware of social mobilizers, some reported to have engaged in a Ward Citizens' Forum meeting, community awareness centers, and other available groups/networks in the local community where the discussions were mostly about water, sanitation, and hygiene; local budgets; nutrition; savings and income creation; and other community development agendas. Even though the mothers are invited to such meetings, they often are not able to attend due to household workload. Being a daughter-in-law of the family, they rarely had the chance to participate in such meetings which are often attended by male members from their family.

10. COMMUNITY SURVEY

This final chapter presents key findings from the community survey conducted with groups of community leaders in all sampled wards.

Key Findings

- For 40% of wards in Baglung, 68% in Parbat, and 36% in Syangja, an urban center was less than 5 kilometers away (table 10.1).
- For 60% of wards in Baglung, 77% in Parbat, and 47% in Syangja, the nearest daily market was less than 5 kilometers away (table 10.1).
- Syangja reported better road access than Baglung or Parbat (table 10.5 and figure 10.2).
- The pill was the most common family planning method available in wards in all districts (79% of wards in Baglung, 86% in Parbat, and 69% in Syangja) (table 10.3 and figure 10.1).
- Injectables were available in 24% of wards in Baglung, 9% in Parbat, and 25% in Syangja (table 10.3 and figure 10.1).
- Twenty percent of wards in Baglung, 10% in Parbat, and 25% in Syangja had antenatal services available. However, only 4% of wards in Baglung and Parbat and 2% in Syangja had delivery services available. 15% of wards in Baglung, 8% in Parbat, and 13% in Syangja had post-natal services available (table 10.3).
- Informants from nearly all wards in all Districts reported that their nearest hospital, satellite clinic, and birthing center were operated by the government (table 10.7).
- Informants from 13% of wards in Baglung, 18% in Parbat, and 23% in Syangja reported that there was a skilled birth attendant in or near their ward (table 10.8).

Table 10.1. Distance to the Nearest Urban Center and Markets by Mean Number of Wards (Percentage)

Distance	Urban Center	Daily Market
Baglung		
<1 km	3.2	21.1
1-4.9 km	36.8	38.9
5-9.9 km	26.3	21.1
10 km or more	23.2	9.5
Does not exist	0.0	0.0
Don't know	10.5	9.5
Parbat		
<1 km	21.4	36.6
1-4.9 km	46.9	40.7
5-9.9 km	15.2	9.7
10 km or more	13.8	10.3
Does not exist	0.0	0.0
Don't know	2.8	2.8
Syangja		
<1 km	9.4	5.9
1-4.9 km	27.1	41.2
5-9.9 km	22.4	21.2
10 km or more	29.4	22.4
Does not exist	0.0	0.0
Don't know	11.8	9.4

- For 40% of wards in Baglung, 68% in Parbat, and 36% in Syangja, an urban center was less 5 kilometers away.

Table 10.2. Distance to Nearest Services

	Baglung		Parbat		Syangja	
	Within Ward (%)	Mean Distance if Outside Ward (km)	Within Ward (%)	Mean Distance if Outside Ward (km)	Within Ward (%)	Mean Distance if Outside Ward (km)
Schools						
Primary school	68.4	1.1	53.8	1.2	64.7	2.0
High school (co-ed)	5.3	2.3	3.4	2.5	3.5	2.3
Other services						
Post office	15.8	2.7	11.0	2.6	8.2	3.7
Cinema hall	1.1	17.1	0.7	19.4	0.0	23.3

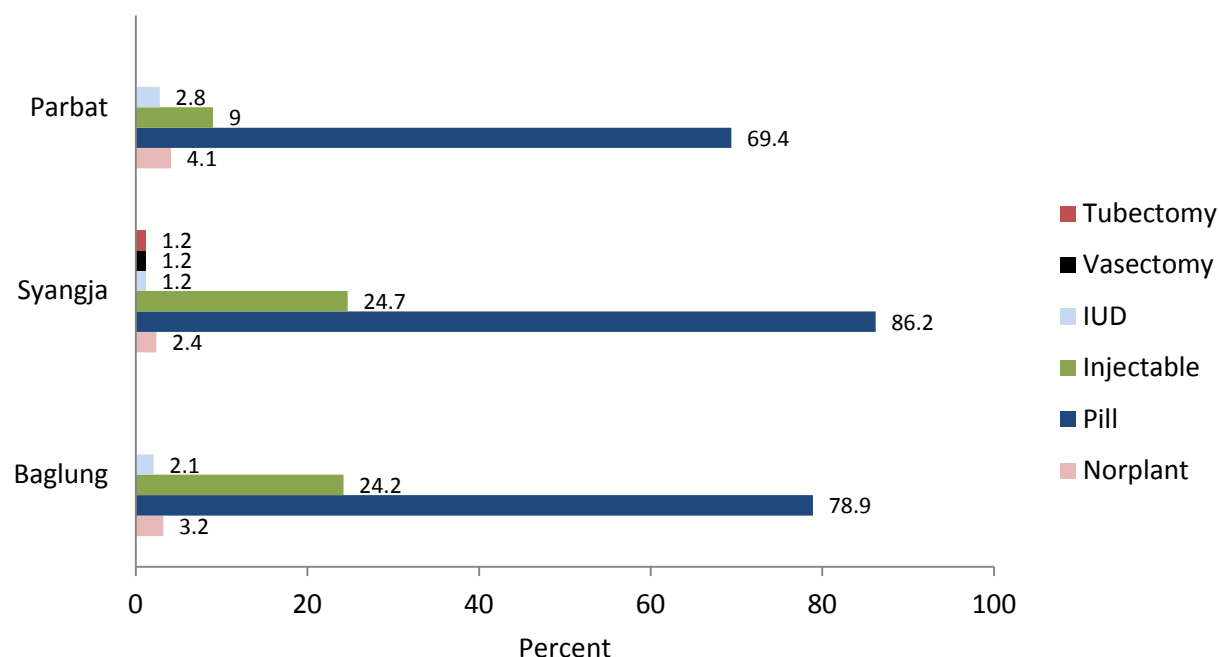


Figure 10.1. Percent of wards with availability of specific FP methods, by district.

- The pill was the most common family planning method available in wards in all districts.

Table 10.3. Distance to the Nearest Family Planning and Maternal Health Services

	Baglung		Parbat		Syangja	
	Within Ward (%)	Mean* (km)	Within Ward (%)	Mean* (km)	Within Ward (%)	Mean* (km)
Family planning						
<i>Norplant</i>	3.2	6.9	4.1	13.0	2.4	14.1
<i>Pill</i>	78.9	2.2	86.2	1.8	69.4	3.1
<i>Injectable</i>	24.2	2.5	9.0	2.6	24.7	4.7
<i>IUD</i>	2.1	9.1	2.8	13.2	1.2	16.1
<i>Vasectomy</i>	0.0	31.5	0.0	23.6	1.2	26.5
<i>Tubectomy</i>	0.0	31.5	0.0	23.2	1.2	26.5
Maternal health						
<i>Antenatal care</i>	20.0	2.4	9.7	2.3	24.7	6.1
<i>Delivery</i>	4.2	6.2	4.1	5.8	2.4	12.3
<i>Postnatal care</i>	14.7	2.8	8.3	2.1	12.9	8.2

* If not available within ward.

- Ten percent to 25% of wards had antenatal services available within the ward.
- Two percent to 4% of wards had delivery services available within the ward.
- Eight percent to 15% had postnatal care available within the ward.

Table 10.4. Time to the Urban Center and District Headquarters by Percentage

	Urban Center	District Headquarter
Baglung		
<i>Less than 30 minutes</i>	13.7	0.0
<i>30-59 minutes</i>	14.7	0.0
<i>60-89 minutes</i>	17.9	4.2
<i>90 minutes and more</i>	53.7	95.8
Parbat		
<i>Less than 30 minutes</i>	22.8	3.4
<i>30-59 minutes</i>	25.5	1.4
<i>60-89 minutes</i>	17.2	5.5
<i>90 minutes and more</i>	34.5	89.7
Syangja*		
<i>Less than 30 minutes</i>	20.0	0.0
<i>30-59 minutes</i>	18.8	3.5
<i>60-89 minutes</i>	20.0	7.1
<i>90 minutes and more</i>	41.2	89.4

* Five wards in Syangja are within the municipality.

- Informants from 35% to 54% of wards reported that it took 90 minutes or more for them to reach to the nearest urban center.

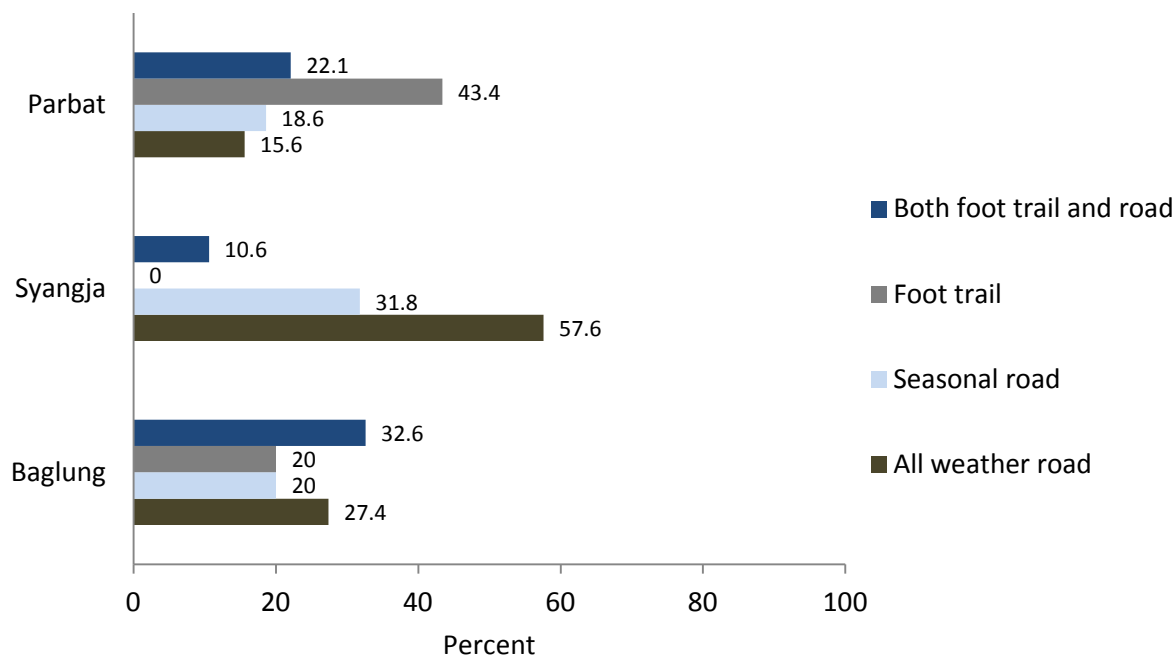


Figure 10.2. Main access route to ward, by district.

- Informants from 27% of wards in Baglung, 16% in Parbat, and 58% in Syangja indicated that an all-weather road is the main access route to the ward.

Table 10.5. Economic Activities by Percentage

	Baglung	Parbat	Syangja
Main economic activities			
<i>Agriculture</i>	100.0	100.0	100.0
<i>Livestock</i>	32.6	38.6	31.8
<i>Fishery</i>	1.1	0.7	1.2
<i>Commerce</i>	25.3	33.8	18.8
<i>Common agriculture</i>	1.1	0.7	1.2
<i>Manufacturing</i>	2.1	0.7	0.0
<i>Day labor</i>	49.5	32.4	47.1
<i>Service</i>	62.1	46.2	49.4
<i>Foreign employment</i>	95.8	66.9	98.8
<i>Others</i>	2.1	0.7	5.9

- Informants from all wards in all three districts reported that agriculture was the main livelihood activity. Foreign employment was the next most frequently reported economic activity.

Table 10.6. Services Provided by the Nearest Health Facilities, by Percentage

	Maternal Health	Delivery	Delivery with Operation	Child Health	Family Planning	Nutrition	General Health Checkup	Other	Don't know
Baglung									
<i>Hospital</i>	93.7	97.9	83.2	85.3	90.5	71.6	100.0	0.0	0.0
<i>PHCC</i>	94.7	93.7	3.2	66.3	78.9	70.5	100.0	2.1	0.0
<i>Health post</i>	81.1	81.1	0.0	48.4	78.9	66.3	100.0	0.0	0.0
<i>Sub-health post</i>	67.4	38.9	0.0	49.5	78.9	68.4	100.0	1.1	0.0
<i>Private clinic</i>	20.0	9.5	0.0	34.7	52.6	29.5	95.8	5.3	0.0
Parbat									
<i>Hospital</i>	80.7	93.8	32.4	72.4	74.5	43.4	95.9	21.4	0.0
<i>PHCC</i>	42.1	75.9	0.7	49.7	70.3	40.7	97.9	4.1	2.8
<i>Health post</i>	44.1	57.9	0.0	44.1	66.2	38.6	98.6	2.8	0.0
<i>Sub-health post</i>	26.9	11.7	0.0	41.4	69.0	37.2	97.2	2.8	2.8
<i>Private clinic</i>	12.4	12.4	0.0	44.1	49.0	23.4	100.0	12.4	0.0
<i>Other NGO clinic</i>	6.9	9.7	2.8	6.2	10.3	1.4	15.2	13.1	0.0
<i>Birthing center*</i>	1.4	2.1	0.0	1.4	0.7	2.1	2.1	2.1	0.0
Syangja									
<i>Hospital</i>	97.6	91.8	60.0	94.1	96.5	75.3	95.3	14.1	0.0
<i>PHCC</i>	80.0	92.9	10.6	69.4	98.8	54.1	97.6	11.8	0.0
<i>Health post</i>	47.1	75.3	1.2	63.5	89.4	48.2	100.0	2.4	0.0
<i>Sub-health post</i>	30.6	17.6	0.0	27.1	83.5	42.4	95.3	10.6	0.0
<i>Private clinic</i>	20.0	14.1	0.0	40.0	72.9	17.6	97.6	14.1	0.0
<i>Birthing center*</i>	1.2	1.2	1.2	0.0	1.2	1.2	1.2	1.2	0.0

* Satellite clinic and birthing centers were asked about services if they are operated through NGO.

Table 10.7. Operating Authority for Nearest Health Facility by Percentage

	Hospital	Satellite Clinic	Birthing Center
Baglung			
<i>Government</i>	98.9	100.0	96.8
<i>NGO</i>	1.1	0.0	0.0
<i>Private</i>	0.0	0.0	3.2
Parbat			
<i>Government</i>	100.0	100.0	95.9
<i>NGO</i>	0.0	0.0	2.1
<i>Private</i>	0.0	0.0	2.1
Syangja			
<i>Government</i>	94.1	100.0	92.9
<i>NGO</i>	3.5	0.0	1.2
<i>Private</i>	2.4	0.0	4.7
<i>Others</i>	0.0	0.0	1.2

- Informants from nearly all wards in all districts reported that their nearest hospital, satellite clinic, and birthing center were operated by the government.

Table 10.8. Access to the Nearest Doctors and Pharmacies by Percentage

	Baglung	Parbat	Syangja
	Yes – In or Near Ward	Yes – In or Near Ward	Yes – In or Near Ward
Allopathic/MBBS doctors	-	11.6	4.7
Homeopathic doctors	2.1	0.7	-
Ayurvedic doctors	6.3	4.1	2.4
Pharmacies	7.4	35.9	15.3
Shops to sell pill/condom	12.6	25.5	24.7
Skilled birth attendant	12.6	17.9	22.4

- Report of any of these providers or shops was infrequent, with the exception of pharmacies in Parbat (36% reported these in or near ward).

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LIST OF ACRONYMS

ANC	antenatal care
ANOVA	Analysis of Variance
CEA	community engagement approach
DAG	disadvantaged groups
DHS	Demographic and Health Survey
DID	difference-in-difference
EA	enumeration areas
EBF	exclusive breastfeeding
EI	exit interview
EPSEM	equal probability of selection method
FCHV	female community health volunteer
FGD	focus group discussion
FP	family planning
GESI	gender equality and social inclusion
GON	government of Nepal
GPM	Gender, Policy, and Measurement Program
HF	health facility
HH	household
HDI	Human Development Index
HFOMC	Health Facility Operation and Management Committee
HFMSMSP	Health Facility Management Strengthening Program
HH	household
HPP	Health Policy Project
HTSP	healthy spacing and timing of pregnancy
ICER	incremental cost-effectiveness ratio
IDI	in-depth interview
IRB	institutional review board
ISER-N	Institute for Social and Environmental Research-Nepal
IYCF	infant and young child feeding

KII	key informant interview
MAD	minimum acceptable diet
MDD	minimum dietary diversity
MNCH	maternal, newborn, and child health
MMF	minimum meal frequency
MSC	Most Significant Change
NFHP	Nepal Family Health Program
NHTC	National Health Training Center (Nepal)
PNC	postnatal care
RIDA	Research Inputs & Development Action International
USAID	U.S. Agency for International Development
VDC	village development committees

APPENDIX A. LIST OF SAMPLED SITES

District	VDC Selected for Quantitative Sample	Wards Selected for Quantitative Sample					VDC Selected for Qualitative?
Parbat	Arthar Dadakharka	2	4	6	7	9	
Parbat	Bahaki Thanti	2	3	5	7	9	
Parbat	Balakot	2	4	6	7	9	YES
Parbat	Banou	1	3	4	6	8	
Parbat	Beulibas	1	2	4	6	8	
Parbat	Bhoksing	1	3	4	6	8	
Parbat	Bhuktangle	1	3	5	6	8	
Parbat	Bihadi Ranipani	1	3	4	6	8	YES
Parbat	Chitre	1	3	5	7	9	
Parbat	Deupurkot	1	3	5	6	8	
Parbat	Dhairing	2	4	5	7	9	YES
Parbat	Falamkhani	2	4	6	8	9	
Parbat	Fulebas Khanigaun	1	3	4	6	8	
Parbat	Hosrangdi	2	4	6	7	9	
Parbat	Karkineta	1	3	5	7	8	
Parbat	Khaula Lakuri	2	4	6	7	9	
Parbat	Kurgha	2	4	6	8	9	
Parbat	Lekhfant	2	4	5	7	9	
Parbat	Lunkhu Deurali	2	4	5	7	9	
Parbat	Mudikuwa	2	3	5	7	9	
Parbat	Pakhapani	2	4	6	8	9	
Parbat	Pang	1	2	4	6	8	
Parbat	Pangrang	1	3	4	6	8	
Parbat	Saligram	2	4	6	8	9	
Parbat	Saraukhola	2	4	5	7	9	
Parbat	Shivalaya	1	3	4	6	8	
Parbat	Thana Maulo	1	3	5	7	8	
Parbat	Thuli Pokhari	2	4	6	7	9	YES
Parbat	Tribeni	2	4	5	7	9	
Syangja	Alamadevi	1	3	4	6	8	
Syangja	Bagefadke	1	3	5	6	8	YES
Syangja	Bichari Chautara	2	4	6	8	9	
Syangja	Chandi Bhanjyang	1	3	4	6	8	
Syangja	Chinnebas	1	3	4	6	8	
Syangja	Dhapuk Simal Bhanjyang	1	2	4	6	8	
Syangja	Jagat Bhanjyang	2	4	5	7	9	
Syangja	Keware Bhanjyang	2	4	6	7	9	

District	VDC Selected for Quantitative Sample	Wards Selected for Quantitative Sample					VDC Selected for Qualitative?
Syangja	Kyakmi	2	3	5	7	9	YES
Syangja	Malyangkot	2	4	6	7	9	
Syangja	Pakwadi	1	3	5	6	8	
Syangja	Pelakot	2	4	6	7	9	
Syangja	Rangvang	1	2	4	6	8	
Syangja	Darau	1	3	5	6	8	
Syangja	Shreekrishna Gandaki	2	4	6	8	9	
Syangja	Thuladihi	1	3	5	7	9	YES
Syangja	Waling Municipality	2	4	6	8	10	YES
Baglung	Amalachaur	1	2	4	6	8	
Baglung	Arjewa	1	3	5	7	8	
Baglung	Bhinggithe	1	2	4	6	8	YES
Baglung	Bongadovan	2	3	5	7	9	YES
Baglung	Chhisti	1	2	4	6	8	
Baglung	Damek	2	4	6	7	9	
Baglung	Dhamja	1	3	4	6	8	YES
Baglung	Dhullubaskot	2	3	5	7	9	
Baglung	Hatiya	2	3	5	7	9	
Baglung	Jaljala	1	2	4	6	8	
Baglung	Khunga	1	3	5	6	8	
Baglung	Lekhani	2	4	6	8	9	
Baglung	Narayansthan	1	3	5	7	9	
Baglung	Paiyunpata	2	3	5	7	9	
Baglung	Rajkut	2	4	5	7	9	
Baglung	Resh	1	3	5	6	8	
Baglung	Sarkuwa	2	3	5	7	9	YES
Baglung	Khungkhani	2	4	6	7	9	
Baglung	Tara	1	3	5	7	8	

APPENDIX B. SUMMARY OF KEY INDICATORS BY PERCENTAGE

	Baglung (%)			Parbat (%)			Syangja (%)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
<i>ANC and Childbirth</i>									
Mothers receiving ante-natal care	90.1	97.6*	92.9*	95.4	98.8*	97.3*	93.0	97.0*	94.7*
ANC 4 visits or more	62.5	82.9	70.1	76.4	90.2	84.0	70.0	83.1	75.5
Mothers receiving care during birth from skilled health providers	23.5	43.7	31.0	64.2	72.7	68.8	64.5	74.8	68.8
Births in health facility	32.3	64.4*	44.3*	64.1	73.6*	69.3*	64.5	74.8*	68.9*
<i>PNC — Mother</i>									
Among home births: Healthcare provider checked on mother's health (anytime) after delivery	8.0	12.2	9.6	9.0	10.3	9.7	10.2	9.3	9.8
Among home births: Healthcare provider checked mother's health within 48 hours	0.4	0.9	0.7	1.5	1.7	1.6	1.9	1.1	1.5
Among HF births: Healthcare provider checked on mother's health after delivery before leaving facility	80.3	86.9*	83.8*	91.3	90.6	90.9*	84.6	90.7*	87.4*
<i>PNC — Child</i>									
Among home births: Healthcare provider checked on child's health after birth (anytime)	25.9	27.0	26.3*	36.0	37.6	36.9*	36.7	37.4	37.0*
Among HF births: Healthcare provider checked on child's health, before leaving facility	70.6	83.5*	77.6*	86.2	90.2	88.5*	75.7	81.6*	78.4*
<i>Child Health</i>									
Diarrhea in last two weeks	15.6	14.2	15.0	13.3	8.3	10.5	14.0	7.4	11.2
Among those reporting diarrhea in the last two weeks: Sought diarrhea advice/treatment	71.6	69.4	70.9	77.8	72.1	75.4	75.0	68.6	73.2

	Baglung (%)			Parbat (%)			Syangja (%)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
Fever in last two weeks	31.0	27.6	29.7	31.4	29.9	30.6	34.9	29.4	32.6
Among those reporting fever in the last two weeks: Sought fever advice/treatment	76.4	89.3*	80.8*	80.7	84.1	82.5*	87.8	89.9	88.6*
Had cold plus also had rapid or difficult breathing in last two weeks	16.8	14.0	15.8	12.1	11.1	11.6	14.8	9.7	12.7
Among those reporting cold plus also had rapid or difficult breathing in the last two weeks: Sought cold advice/treatment	73.8	71.8	73.1	81.1	74.4	77.6	74.2	76.1	74.8
Weight ever measured	88.5	93.7*	90.4*	95.6	97.8*	96.8*	92.8	94.7	93.6*
Weight measured in last six months	53.1	46.2	50.5	42.1	36.2	38.9	43.0	36.8	40.4
Health professional talked about growth	12.4	17.7	14.4	26.5	40.2	34.0	15.2	22.6	18.3
Exclusively breastfed age 0 to 5.9 months+	86.9	82.1	85.2	87.3	80.6	83.8	76.7	80.8	78.3
Proportion of children 6-23.9 months of age who receive foods from 4 or more food groups	60.1	64.7	61.9	65.9	78.3	72.7	64.1	74.5	68.6
Currently breast feeding: ^{†,‡} Proportion of children 6 to 23.9 months of age who receive a minimum acceptable diet (apart from breast milk)	46.3	43.2	45.1	48.3	56.5	52.6	48.3	57.8	52.3
FP and HTSP Counseling									
FP use, modern method	13.7	13.4	13.6*	22.4	15.8*	19.8*	11.7	8.3*	10.3*
Mean number of methods known	5.53	6.24*	5.8*	6.66	7.24*	7.0*	5.90	6.85*	6.3*
HTSP – ever counseled, yes	16.5	23.6*	19.1*	26.2	34.4	30.7*	17.4	19.9*	18.4*

	Baglung (%)			Parbat (%)			Syangja (%)		
	DAG	Non-DAG	Total	DAG	Non-DAG	Total	DAG	Non-DAG	Total
<i>Ever Hear of HFOMCs</i>									
Yes	2.6	9.3*	5.0*	6.4	15.2*	11.2*	5.2	11.6*	7.9*
Ever submitted a concern to HFOMCs (among those who had heard of HFOMCs)	22.7	10.6	14.5	17.9	17.0	17.2	5.9	14.5	11.2

* Statistics tests showed differences by district and/or social status.

† Breastfeeding status was determined with the question, "Are you still breastfeeding?" with yes/no possible responses.

‡ MAD was not calculated for non-breastfeeding children (n=65), as data on numbers of milk feedings was unavailable.

APPENDIX C. RESULTS CHAIN FOR APPROACHES A AND B

Note: Components in blue only apply to Approach B.

Inputs	Outputs	Short- to Medium-Term Outcomes	Final Outcomes/Impact
<ol style="list-style-type: none"> 1. HFOMC handover and orientation 2. HFOMC capacity self-assessment 3. GESI enhanced HFOMC 3-day training 4. Follow-up and supportive monitoring 5. Promotional activities 6. Community engagement activities 	<ol style="list-style-type: none"> 1. HFOMCs formed with required quota of women and DAGs; handover and orientation carried out. 2. HFOMC capacity building needs identified. 3. HFOMCs trained on standard curriculum plus GESI components and community engagement. 4. Bi-monthly support meetings to assist HFOMCs with capacity strengthening & GESI institutionalization carried out. 5. Communication activities to create awareness among people about health facilities, health services, and HFOMCs completed. 6. Community engagement activities implemented, including community mapping and bridging the gap, and CBOs trained on HFOMCs and community participation. 	<p><i>Committee level:</i></p> <ul style="list-style-type: none"> • HFOMCs have improved knowledge of HF and services provided; they have greater capacity to mobilize resources, manage HF staff, evaluate service quality, incorporate GESI components, and conduct community engagement activities. • HFOMCs have greater capacity to explore community needs via CEA and are more responsive to reducing stigma and incorporating input from women and DAGs. <p><i>Community level:</i></p> <ul style="list-style-type: none"> • Community members know the functions, members, and accountability mechanisms of HFOMCs as well as services provided at HF. • Women and DAGs participate in and feel empowered to contribute to monthly meetings with HFOMCs; they feel HFOMCs are responsive and advocate for their needs. <p><i>HFOMC-community relations:</i></p> <ul style="list-style-type: none"> • A bi-directional information flow helps HFOMC and the community identify issues and develop action plans to address needs of DAGs and women. <p><i>Health facility level:</i></p> <ul style="list-style-type: none"> • HF staff know the functions, members, and accountability mechanisms of HFOMCs • HFs are committed to improving MNCH/FP service quality and equity. <p><i>HFOMC-health facility relations:</i></p> <ul style="list-style-type: none"> • HFOMCs and HFs work together to address needs of DAGs and women in MNCH/FP • HF staff support HFOMC in monitoring and supervision, data collection, and community engagement activities. <p><i>District-level</i></p> <ul style="list-style-type: none"> • Stakeholders support HFOMCs in their operations and management while helping them to overcome barriers to service provision at the district level. 	<ul style="list-style-type: none"> • Increased client satisfaction • Overall increased/improved quality and use of MNCH services • Improved provider performance in MNCH services for DAGs • For DAGs, overall increased use of: <ul style="list-style-type: none"> ○ facility births ○ PNC ○ ANC ○ FP (HTSP) ○ well-child visits ○ child illnesses (diarrhea, ARI, etc.) ○ Growth monitoring • Improved infant and young child feeding practices among DAGs

APPENDIX D. QUANTITATIVE DATA COLLECTION TOOLS

**Study on Mother and Child Health, Health Services and Facilities.
Community Survey 2014**

**Study on Mother and Child Health, Health Services and Facilities.
Household Survey 2014**

**Study on Mother and Child Health, Health Services and Facilities.
Mother's Questionnaire 2014**

Study on Mother and Child Health, Health Services and Facilities

Community Survey 2014

A. Study Area

District	1. Baglung	2. Parbat	3. Syangja
VDC or Municipality:			Ward No <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
	District	VDC	Ward No
ID Number			
Latitude.....	Longitude:		

B. Interview

Interview Date 2071 Year.....Month.....Day			
Interviewer's ID			
Interview	Start Time	End Time	Total Time (Minutes)
Pre-Edit Time			
Interview Time			
Post-Edit Time			
Interview Editor's ID Number			

Namaskar! My name is..... I/We am/are currently involved in the study on "Mother and Child Health, Health Services And Facilities" carried out by joint collaboration of Institute of Social and Environmental Research-Nepal (Fulbari, Chitwan) and Measure Evaluation, North Carolina University, USA. The study is going to be conducted in Syangja, Baglung and Parbat. In this study, we are going to collect information about the types, availability and services of the health services/institutions present in this ward. We would also like to know about the health related other government, non government and private institutions. Since you are a resident of this community and have the knowledge about this community, we would like to request you to become a part of this study.

The interview may take about 30 minutes. This study respects your time and presence. To join the study is voluntary, but in order to make this research successful your cooperation is highly important. We kindly request you to participate to make this study a success. During interview, you may refuse to answer any questions. Please tell us, we will skip to next question or even if you may refuse to continuing the interview, or may withdraw your consent to be in the study. Your information and opinion is very important to us. We assure you that no harm will occur by participating this study. Although you may not benefit personally from being in this study, the valuable information we obtain from you will directly and indirectly help the society, government, NGOs, researchers, scientists and policy makers to formulate new policies, develop new plans and programs based on the new knowledge we gain from you.

We assure you that every effort will be taken to protect your identity as a participant in this study. We are highly aware of the human rights and personal confidentiality of the respondents. Therefore, any information obtained from you will be kept confidentially and will be used only for the study purpose. Every respondent in this study will be provided with a ID number and the researcher will be provided your information only in the form of ID number. Once analyzed, all information obtained from you will be permanently erased.

As respondents, you have the right to ask, and have answered, any questions you may have about this research. If you have any questions or concerns about this research, please contact the Principal Investigators Dr. Dirgha Jibi Ghimire (Nepal) and Dr. Jessica Feringer (USA) in the address given below. If you have queries regarding respondent's rights, you may contact Nepal Health Research Council office, Kathmandu at 977-1-4254220 or email at nhrc@nhrc.org.np. Further, you may also contact Institutional Review Board Office at University of North Carolina, USA at 011-919-966-3113 or email at IRB_subjects@unc.edu.

At last but not the least, we are truly thankful for your valuable time and support. We expect your continued support in the future.

Principle Investigator: Dr. Dirgha Jibi Ghimire
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 MEASURE Evaluation
 University of North Carolina
 400 Meadowmont Village Circle
 Chapel Hill, North Carolina 27517
 Phone: 001-919-445-0438
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Participant's Consent:

I have completely listen to the matters written in the consent form. I am being a part of this study by my choice.

C. Respondent

SN	Respondent's Name	Age/Barga	Sex	Education	Occupation*
			0=Male, 1=Female		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*1. Political leader; 2. Religious leader, 3. Teacher, 4. Doctor/health worker, 5. Service, 6. Businessman, 7. Others

ID Number

District	VDC		Ward No	

Confidential
Only for Research

**Institute for Social and Environmental Research-Nepal
Fulbari, Chitwan**



**Study on Mother and Child Health, Health Services and Facilities
Community Survey 2014**

Data Entry Purpose

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Section 1: Basic Community Characteristics

Now let us talk about your ward or community.

101

For Interviewer: Check from cover page; Ward being interviewed is in Municipality or VDC

1. Municipality



Go to 106

2. VDC

102 Name of the nearest urban center or city from this ward

Name of urban center or city.....

103 How far is the ____ from this ward?

0. Within 1 KM or Kosh

.....KM

.....Kosh

998. Don't know

104 Which is the most common type of transportation i.e, most of the people use to go to the _____?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

105 How long does it take to get to the _____ using the transportation (MENTIONED IN Q 104)?

On footHourMinute

TransportationHourMinute

98. Don't Know

106 From this ward, which is the most common type of transportation i.e, most of the people use to get to the District Headquarters?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

107 How long does it take to get to the District Headquarters using the transportation (MENTIONED IN Q 106)?

On footHourMinute

TransportationHourMinute

98. Don't Know

108 What is the main access route to this ward_____ ?

1. All weather road

2. Seasonal road

3. Foot trail

4. Both foot trail and road

97. Others (specify).....

109 What are the main economic activities of most of the people of this ward for their livelihood?

Check all that apply

1. Agriculture

6. Manufacturing

2. Livestock

7. Day labor

3. Fishery

8. Service

4. Commerce

9. Foreign employment

5. Common Agriculture

97. Others (specify).....

110 How far is the nearest (daily) market from this ward?

0. Within 1 KM or Kosh

.....KM

.....Kosh

998. Don't know

111 How far is the nearest weekly market from this ward?

0. Within 1 KM or Kosh

999. No weekly market

.....KM

.....Kosh

998. Don't know

112 What is the primary source of water for the majority of people in this ward?

1. PIPELINE

5. RIVER/STREAM/LAKE

2. PUBLIC TAP

6. RAINWATER

3. WELL

7. SPRING WATER THROUGH PIPE

4. TUBE WELL

97. Others (specify).....

Now I would like to talk about various types of groups available in this ward. In this ward, are there any of the following :

113a Are there agricultural/livestock/fisheries producer group (including marketing) in this ward?

1. Yes

0. No

113b Are there credit or microfinance group in this ward?

1. Yes

0. No

113c Are there mutual help or insurance group in this ward?

1. Yes

0. No

113d Are there trade and business association in this ward?

1. Yes

0. No

113e Are there civic group (improving community) or charitable group (helping others) in this ward?

1. Yes

0. No

113f Are there Community Awareness Centers (CAC) in this ward?

1. Yes

0. No

113g Are there Ward Citizens' Forum (WCF) in this ward?

1. Yes

0. No

113h Are there Religious groups in this ward?

1. Yes

0. No

113i Are there Mother's group in this ward?

1. Yes

0. No

113j Are there any Other women's groups (if not already discussed) in this ward?

1. Yes

0. No

113k Are any Other groups? If Yes, (Specify)

1. Yes

0. No



Go to 114

113l Name of other groups

1.

2.

3.

114a Please tell me if the following things are in this ward. If not please tell me how far are they from this ward.

A. How far is the primary school from this ward??

0. Within the ward KM Kosh

998. Don't know Hour.....Minute

114b How far is the boy's high school from this ward?

0. Within the ward KM Kosh Hour.....Minute

995. No such boys' only high school 998. Don't know

114c How far is the girl's high school from this ward?

0. Within the ward KM Kosh Hour.....Minute

995. No such girls' only high school 998. Don't know

114d How far is the high school (co-education) from this ward??

.....KM Kosh Hour.....Minute 998. Don't know

114e How far is the post office from this ward?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

114f How far is the cinema hall from this village?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

Now lets talk about family planning and maternal health services.

115a How far is it from here to the nearest place that provides : NORPLANT?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115b How far is it from here to the nearest place that provides : PILL?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115c How far is it from here to the nearest place that provides : INJECTABLES?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115d How far is it from here to the nearest place that provides : IUD?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115e How far is it from here to the nearest place that provides : VASECTOMY?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115f How far is it from here to the nearest place that provides : TUBECTOMY?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115g How far is it from here to the nearest place that provides : ANC?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115h How far is it from here to the nearest place that provides : Delivery?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

115i How far is it from here to the nearest place that provides : PNC?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

Section2. Health Service Availability

Now we would like to ask you some questions about health facilities from which people in this ward can obtain services if they want. We would like for you to tell us about all of the facilities known by the general population of this ward that are of specific types. Please start with the hospital that is closest to this ward.

200 What is the name of the nearest hospital from this ward?

Name of hospital:.....

201 Where is the HOSPITAL located?

District.....

VDC/Municipality:.....

Ward Number.....

Place:.....

202 What is HOSPITAL's operating authority?

1. Government	→	Go to 204	
2. NGO			
3. Private	}		
4. Religious			
97. Others (specify).....		→	Go to 204
98. Don't know			

203 What is NGO FACILITY's operating authority?

1.

2. Marie Stopes Clinic

3. Family Planning Association

98. Don't Know

204 What services does _____ (Hospital) provide?

Check all that apply

1. Maternal health

6. Nutirion

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

205 How far in miles/kilometers is the HOSPITAL from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

206 Which is the most common type of transportation i.e, most of the people use to go to this hospital?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

207 How much time does it take to get to the hospital from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

208 When did the HOSPITAL first open?

Year.....

98. Don't know

209 When did the hospital start providing services?

Year.....

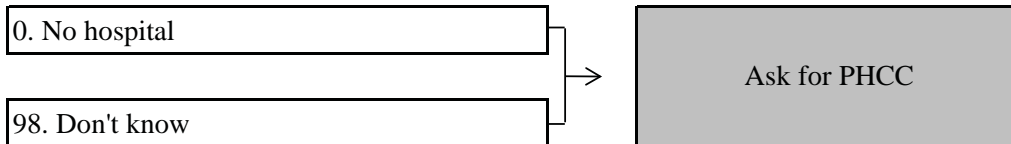
98. Don't know

210 Is the HOSPITAL in this ward?



211 What is the name of the hospital in this ward?

Name of the hospital.....



212 Where is the HOSPITAL located?

Ward Number.....

Place.....

213 What is HOSPITAL's operating authority?

1. Government	→	Go to 215
2. NGO		
3. Private	}	Go to 215
4. Religious		
97. Others (specify).....		
98. Don't know		

214 What is NGO FACILITY's operating authority?

1.	2. Marie Stopes Clinic
3. Family Planning Association	98. Don't Know

215 What services does _____ (Hospital) provide?

Check all that apply	
1. Maternal health	6. Nutirion
2. Delivery service	7. General health check-up
3. Delivery service with operation	97. Others (specify):.....
4. Child health	98. Don't know
5. Family planning	

216 How far in miles/kilometers is the HOSPITAL located from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

217 Which is the most common type of transportation i.e, most of the people use to go to this hospital?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

218 How much time does it take to get to the hospital from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

219 When did the HOSPITAL first open?

Year.....

98. Don't know

220 When did the hospital start providing services?

Year.....

98. Don't know

221 Now let us talk about Primary Health Care Center (PHCC).

What is the name of the nearest PHCC from this ward?

Name of the PHCC

222 Where is the PHCC located?

District.....

VDC/Municipality:.....

Ward Number.....

Place:.....

223 What services does _____ (Facility) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

224 How far in miles/kilometers is the PHCC from this ward?

0. Within the ward	.....KM	.....Kosh
98. Don't know	.....Hour.....Minute	

225 Which is the most common type of transportation i.e, most of the people use to go to this PHCC?

1. Car or bus	4. Rikshaw
2. Motorcycle	5. On foot
3. Bicycle	6. On foot and transportation
97. Others (specify).....	

226 How much time does it take to get to the PHCC from this ward using the type of transportation most commonly used?

On foot	.....Hour	.....Minute
Transportation	.....Hour	.....Minute
98. Don't Know		

227 When did the PHCC first open?

Year.....	98. Don't know
-----------	----------------

228 When did the PHCC start providing services?

Year.....

98. Don't know

229 Is the PHCC in this ward?

1. Yes

→ Ask for Health Post

0. No

230 What is the name of the PHCC in this ward?

Name of the PHCC.....

0. No PHCC

98. Don't know

Ask for Health Post

231 Where is the PHCC located?

Ward Number.....

Place.....

232 What services does _____ (PHCC) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

233 How far in miles/kilometers is the PHCC located from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

234 Which is the most common type of transportation i.e, most of the people use to go to this PHCC?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

235 How much time does it take to get to the PHCC from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

236 When did the PHCC first open?

Year.....

98. Don't know

237 When did the PHCC start providing services?

Year.....

98. Don't know

238 Now let us talk about Health Post.

What is the name of the nearest Health Post from this ward?

Name of the Health Post

239 Where is the Health Post located?

District.....

VDC/Municipality:.....

Ward Number.....

Place:.....

240 What services does _____ (Facility) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

241 How far in miles/kilometers is the Health Post from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

242 Which is the most common type of transportation i.e, most of the people use to go to this Health Post?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

243 How much time does it take to get to the Health Post from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

244 When did the Health Post first open?

Year..... 98. Don't know

245 When did the Health Post start providing services?

Year..... 98. Don't know

246 Is the Health Post in this ward?

1. Yes

→ Ask for Sub Healthpost

0. No

247 What is the name of the Health Post within this ward?

Name of the Health Post.....

0. No Health Post

98. Don't know

→ Ask for Sub Healthpost

248 Where is the Health Post located?

Ward Number.....

Place.....

249 What services does _____ (Health Post) provide?

Check all that apply

1. Maternal health

2. Delivery service

3. Delivery service with operation

4. Child health

5. Family planning

6. Nutrition

7. General health check-up

97. Others (specify):.....

98. Don't know

250 How far in miles/kilometers is the Health Post located from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

251 Which is the most common type of transportation i.e, most of the people use to go to this Health Post?

1. Car or bus

4. Rikshaw

2. Motorecycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

252 How much time does it take to get to the Health Post from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

253 When did the Health Post first open?

Year.....

98. Don't know

254 When did the Health Post start providing service?

Year.....

98. Don't know

255 Now let us talk about Sub Health Post.

What is the name of the nearest Sub Health Post from this ward?

Name of the Sub Health Post

256 Where is the Sub Health Post located?

District.....

VDC/Municipality:.....

Ward Number.....

Place:.....

257 What services does _____ (Facility) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

258 How far in miles/kilometers is the Sub Health Post from this ward?

0. Within the ward	.....KM	.....Kosh
98. Don't know	.....Hour.....Minute	

259 Which is the most common type of transportation i.e, most of the people use to go to this Sub Health Post?

1. Car or bus	4. Rikshaw
2. Motorcycle	5. On foot
3. Bicycle	6. On foot and transportation
97. Others (specify).....	

260 How much time does it take to get to the Sub Health Post from this ward using the type of transportation most commonly used?

On foot	.....Hour	.....Minute
Transportation	.....Hour	.....Minute
98. Don't Know		

261 When did the Sub Health Post first open?

Year.....	98. Don't know
-----------	----------------

262 When did the Sub Health Post start providing service?

Year.....

98. Don't know

263 Is the Sub Health Post in this ward?

1. Yes

→ Ask for Private Clinic

0. No

264 What is the name of the Sub Health Post in this ward?

Name of the Sub Health Post.....

0. No Sub Health Post

98. Don't know

Ask for Private Clinic

265 Where is the Sub Health Post located?

Ward Number.....

Place.....

266 What services does _____ (Sub Health Post) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

267 How far in miles/kilometers is the Sub Health Post located from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

268 Which is the most common type of transportation i.e, most of the people use to go to this Sub Health Post?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify):.....

269 How much time does it take to get to the Sub Health Post from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

270 When did the Sub Health Post first open?

Year..... 98. Don't know

271 When did the Sub Health Post start providing service?

Year..... 98. Don't know

272 Now let us talk about Private Clinic.

What is the name of the nearest Private Clinic from this ward?

Name of Private Clinic:.....

273 Where is the Private Clinic located?

District..... VDC/Municipality:.....

Ward Number..... Place:.....

274 What services does _____ (Private Clinic) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

275 How far in miles/kilometers is the Private Clinic from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

276 Which is the most common type of transportation i.e, most of the people use to go to this Private Clinic?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

277 How much time does it take to get to the Private Clinic from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

278 When did the Private Clinic first open?

Year.....

98. Don't know

279 When did the Private Clinic start providing services?

Year.....

98. Don't know

280 Is the Private Clinic in this ward?

1. Yes

0. No

281 Are there any private clinics in this ward?

1. Yes

0. No private clinic

98. Don't Know

Ask for Other NGO Clinics

282 Please tell me all Private Clinics of this ward.

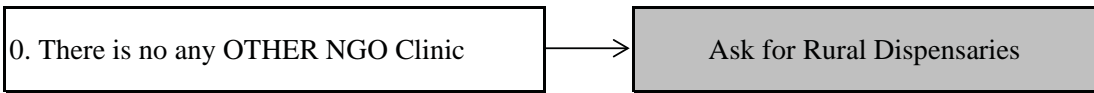
- | | |
|---------|----------|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |

For Interviewer: If the ward has more than one private clinic, ask for all private clinic's services in Private Clinic Sheet.

283 Now let us talk about OTHER NGO Clinics.

What is the name of the nearest OTHER NGO Clinic from this ward?

Name of OTHER NGO Clinic:.....



284 Where is the Other NGO Clinic located?

District..... VDC/Municipality:.....

Ward Number..... Place:.....

285 What is NGO FACILITY's operating authority?

1.

2. Marie Stopes Clinic

3. Family Planning Association

98. Don't Know

286 What services does _____ (Other NGO Clinic) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

287 How far in miles/kilometers is the Other NGO Clinic from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

288 Which is the most common type of transportation i.e, most of the people use to go to this Other NGO Clinic?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

289 How much time does it take to get to the Other NGO Clinic from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

290 When did the Other NGO Clinic first open?

Year.....

98. Don't know

291 When did the Other NGO Clinic start providing services?

Year.....

98. Don't know

292 Is the Other NGO Clinic in this ward?

1. Yes

0. No

293 Are there any Other NGO Clinics within this ward?

1. Yes

0. No Other NGO Clinic

98. Don't Know

Ask for Rural Dispensaries

294 Please tell me all Other NGO Clinics of this ward.

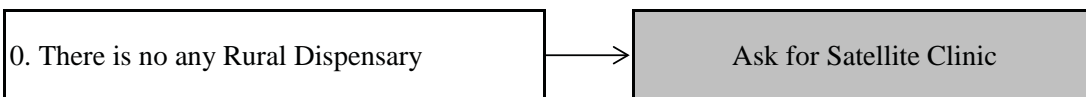
- | | |
|---------|----------|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |

For Interviewer: If the ward have more than one Other NGO Clinics, ask for all Other NGO Clinic's services in Other NGO Clinic Sheet.

295 Now let us talk about Rural Dispensaries.

What is the name of the nearest Rural Dispensary from this ward?

Name of Rural Dispensary:.....



296 Where is the Rural Dispensary located?

District..... VDC/Municipality:.....

Ward Number..... Place:.....

297 What services does _____ (Rural Dispensary) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

298 How far in miles/kilometers is the Rural Dispensary from this ward?

0. Within the ward	.....KM	.....Kosh
98. Don't know	.....Hour.....Minute	

299 Which is the most common type of transportation i.e, most of the people use to go to this Rural Dispensary?

1. Car or bus	4. Rikshaw
2. Motorcycle	5. On foot
3. Bicycle	6. On foot and transportation
97. Others (specify).....	

299_1 How much time does it take to get to the Rural Dispensary from this ward using the type of transportation most commonly used?

On foot	.....Hour	.....Minute
Transportation	.....Hour	.....Minute

98. Don't Know

299_2 When did the Rural Dispensary first open?

Year.....

98. Don't know

299_3 When did the Rural Dispensary start providing services?

Year.....

98. Don't know

299_4 Is the Rural Dispensary in this ward?

1. Yes

0. No

299_5 Are there any other Rural Dispensaries in this ward?

1. Yes

0. No Rural Dispensary

98. Don't Know

Ask for Satellite Clinic

299_6 Please tell me all Rural Dispensaries in this ward.

- | | |
|---------|----------|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |

For Interviewer: If the ward have more than one Rural Dispensarys, ask for all Rural Dispensary's services in Rural Dispensary Sheet.

299_7 Now let us talk about Satellite Clinic.

What is the name of the nearest Satellite Clinic from this ward?

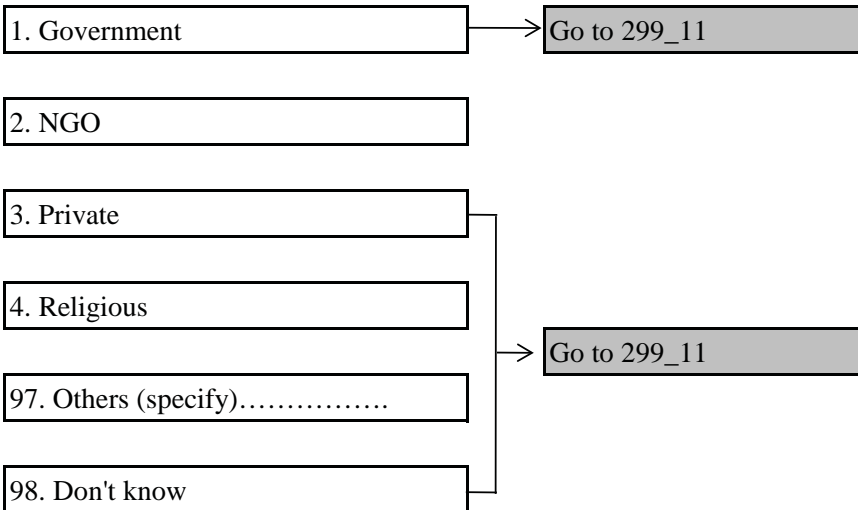
Name of Satellite Clinic:.....

299_8 Where is the Satellite Clinic located?

District..... VDC/Municipality:.....

Ward Number..... Place:.....

299_9 What is Satellite Clinic's operating authority?



299_10 What services does _____ (Satellite Clinic) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

299_11 How far in miles/kilometers is the Satellite Clinic from this ward?

0. Within the ward

.....KM

.....Kosh

98. Don't know

.....Hour.....Minute

299_12 Which is the most common type of transportation i.e, most of the people use to go to this Satellite Clinic?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

299_13 How much time does it take to get to the Satellite Clinic from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

299_14 When did the Satellite Clinic first open?

Year.....

98. Don't know

299_15 When did the Satellite Clinic start providing services?

Year.....

98. Don't know

299_16 Is the Satellite Clinic in this ward?

1. Yes

0. No

299_17 Are there any Satellite Clinics in this ward?

1. Yes

0. No Satellite Clinic

98. Don't Know

Ask for Birthing Centers

299_18 Please tell me all Satellite Clinics of this ward.

- | | |
|---------|----------|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |

For Interviewer: If the ward have more than one Satellite Clinics, ask for all Satellite Clinic's services in Satellite Clinic Sheet.

299_19 Now let us talk about Birthing Center.

What is the name of the nearest Birthing Center from this ward?

Name of Birthing Center:.....

299_20 Where is the Birthing Center located?

District..... VDC/Municipality:.....

Ward Number..... Place:.....

299_21 What is Birthing Center's operating authority?

1. Government	→	Go to 299_23
2. NGO		
3. Private	}	Go to 299_23
4. Religious		
97. Others (specify).....		
98. Don't know		

299_22 What services does _____ (Birthing Center) provide?

Check all that apply	
1. Maternal health	6. Nutrition
2. Delivery service	7. General health check-up
3. Delivery service with operation	97. Others (specify):.....
4. Child health	98. Don't know
5. Family planning	

299_23 How far in miles/kilometers is the Birthing Center from this ward?

0. Within the ward	.....KM	.....Kosh
98. Don't know	.....Hour.....Minute	

299_24 Which is the most common type of transportation i.e, most of the people use to go to this Birthing Center?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

299_25 How much time does it take to get to the Birthing Center from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

299_26 When did the Birthing Center first open?

Year.....

98. Don't know

299_27 When did the Birthing Center start providing services?

Year.....

98. Don't know

299_28 Is the Birthing Center in this ward?

1. Yes

0. No

299_29 Are there any Birthing Centers in this ward?

1. Yes

0. No Birthing Center

98. Don't Know

Go to Section 3

299_30 Please tell me all Birthing Centers of this ward.

1 6

2 7

3 8

4 9

5 10

For Interviewer: If the ward have more than one Birthing Centers, ask for all Birthing Center's services in Birthing Center Sheet.

Section 3: List of the Health and Family Planning Workers

Please think of all of the health and family planning field workers that work in this community. For each one, we would like to know the clinic name the fieldworker works with.

Please tell us names of all the health and family planning fieldworkers working in this ward.

For Interviewer: List Names of the health and family planning fieldworkers in another sheet.

300 Where does the(Field Worker) work?

Field Worker SN	Name of first service	Work Authority	If NGO	Name of second service	Work Authority	If NGO	Name of third service	Work Authority	If NGO
1									
2									
3									
4									
5									

Work authority code: 1. Government, 2. NGO, 3. Private, 4. Religious, 97. Others, 98. Don't Know.

Work authority if NGO: 1. Specify, 2. Marie Stopes, 3. Family Planning Association, 98. Don't Know.

301 What services does(First worker) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

301a Does she/he provide clinic service?

1. Yes

0. No

301b Does she/he provide courtyard meeting?

1. Yes

0. No

301c Does she/he provide satellite clinic service?

1. Yes

0. No

301d Does she/he provide home visit?

1. Yes

0. No

302 **For Interviewer:** Check from 300

1. Another fieldworker in this ward

0. Only one fieldworker in this ward

Go to Section 4

303 What services does(Second worker) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

303a Does she/he provide clinic service?

1. Yes

0. No

303b Does she/he provide courtyard meeting?

1. Yes

0. No

304c Does she/he provide satellite clinic service?

1. Yes

0. No

304d Does she/he provide home visit?

1. Yes

0. No

304

For Interviewer: Check from 300

1. Another fieldworker in this ward

0. Only two fieldworkers in this ward

Go to Section 4

305 What services does(Third worker) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

305a Does she/he provide clinic service?

1. Yes

0. No

305b Does she/he provide courtyard meeting?

1. Yes

0. No

305c Does she/he provide satellite clinic service?

1. Yes

0. No

305d Does she/he provide home visit?

1. Yes

0. No

306

For Interviewer: Check from 300

1. Another fieldworker in this ward

0. Only three fieldworkers in this ward

Go to Section 4

For Interviewer: If the ward have more than three field workers, ask for all field worker's information in Field Worker's Sheet.

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Section 4: List of the Depotholders

Please tell us about any depontholders who may work in this ward, that is, a person who sells family planning or ORS from his or her house.

- 400 Please tell us names of all depontholders and clinics in this ward who may work in this ward, that is, a person who sells family planning or ORS from his or her house.

For Interviewer: List names of the depontholders and clinics in this ward in another sheet.

1. Name of clinic:

1. Name of Depontholder.....

2. Name of clinic:

2. Name of Depontholder.....

0. No depot in this ward

Go to Section 5

- 401 Under what authority does this (first) depontholder work?

1. Government

Go to 403

2. NGO

3. Private

4. Religious

97. Others (specify).....

98. Don't know

Go to 403

402 What is NGO FACILITY's operating authority?

1.

2. Marie Stopes

3. Family Planning Association

98. Don't Know

403 What services does he/she provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

404a Does she/he provide clinic service?

1. Yes

0. No

404b Does she/he provide courtyard meeting?

1. Yes

0. No

404c Does she/he provide satellite clinic service?

1. Yes

0. No

404d Does she/he provide home visit?

1. Yes

0. No

405 **For Interviewer:**

1. Another depotholder in this ward

0. Only one depotholder in this ward

Go to Section 5

For Interviewer: If the ward have more than one depotholder, ask for all field depotholder's information in Depotholder's Sheet.

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Section 5: List of Doctors and Pharmacies

Now let us talk about the doctors and pharmacies working in this ward.

500 Are there any allopathic/MBBS doctors in or near this ward?

1. Yes	0. No	→	Go to 502
--------	-------	---	-----------

501 How far away is the nearest allopathic/MBBS doctor from this ward?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

502 Are there any homeopathic doctors in or near this ward?

1. Yes	0. No	→	Go to 504
--------	-------	---	-----------

503 How far away is the nearest homeopathic doctor from this ward?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

504 Are there any ayurvedic doctors in or near this ward?

1. Yes	0. No	→ Go to 506
--------	-------	-------------

505 How far away is the nearest ayurvedic doctor from this ward?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

506 Are there any pharmacies in or near this ward?

1. Yes	0. No	→ Go to 508
--------	-------	-------------

507 How far away is the nearest pharmacy from this ward?

0. Within the ward	.....KM	.....Kosh
998. Don't know	.....Hour.....Minute	

508 Are there any shops in this ward which sell pill/condom?

1. Yes	0. No	→ Go to 511
--------	-------	-------------

509 How many shops are in this ward which sell pill/condom?

No. of shops:

510 How far away is the nearest shop from this ward which sell pill/condom?

511 Is there any Skilled Birth Attendant (SBA) working in this ward?

→

513 How far away is the nearest Skilled Birth Attendant (SBA) from this ward?

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Section 6: Economic Shocks

Now I would like to find out from you if certain positive or negative events have recently taken place in your ward.

601a Did crop fail in the last 2 years in your ward?

<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 0. No	→	<input type="checkbox"/> Go to 602a
---------------------------------	--------------------------------	---	-------------------------------------

601b When did crop fail? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

<input type="checkbox"/> 1. In past 2 months	<input type="checkbox"/> 4. Ongoing
<input type="checkbox"/> 2. In 3 to 12 months	<input type="checkbox"/> 98. Don't know
<input type="checkbox"/> 3. In 13 to 24 months	

601c Rate the severity of the effect of crop failure. No effect, some effect or severe effect?

<input type="checkbox"/> 1. No effect
<input type="checkbox"/> 2. Some effect
<input type="checkbox"/> 3. Severe effect

602a Did business fail in the last 2 years in your ward?

1. Yes

0. No



Go to 603a

602b When did it occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

1. In past 2 months

4. Ongoing

2. In 3 to 12 months

98. Don't know

3. In 13 to 24 months

602c Rate the severity of the effect of business failure. No effect, some effect or severe effect?

1. No effect

2. Some effect

3. Severe effect

603a Did natural disaster (drought, flood, hailstorm) occur in the last 2 years in your ward?

1. Yes

0. No



Go to 604a

603b When did the natural disaster occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

1. In past 2 months

4. Ongoing

2. In 3 to 12 months

98. Don't know

3. In 13 to 24 months

603c Rate the severity of the effect of natural disaster. No effect, some effect or severe effect?

1. No effect

2. Some effect

3. Severe effect

604a Did disaster (crop pests, livestock disease) occur in the last 2 years in your ward?

1. Yes	0. No	→	Go to 605a
--------	-------	---	------------

604b When did it occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

1. In past 2 months	4. Ongoing
2. In 3 to 12 months	98. Don't know
3. In 13 to 24 months	

604c Rate the severity of the effect of disaster (crop pests, livestock disease): No effect, some effect or severe effect?

1. No effect
2. Some effect
3. Severe effect

605a Did displacement occur in the last 2 years in your ward?

1. Yes

0. No



Go to 606a

605b When did the displacement occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

1. In past 2 months

4. Ongoing

2. In 3 to 12 months

98. Don't know

3. In 13 to 24 months

605c Rate the severity of the effect of displacement No effect, some effect or severe effect?

1. No effect

2. Some effect

3. Severe effect

606a Did price of agricultural products decrease in the last 2 years in your ward?

1. Yes

0. No



Go to 607a

606b When did it occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

1. In past 2 months

4. Ongoing

2. In 3 to 12 months

98. Don't know

3. In 13 to 24 months

606c Rate the severity of the effect of decrease in the price of agricultural products. No effect, some effect or severe effect?

1. No effect

2. Some effect

3. Severe effect

607a Did price of agricultural products increase in the past 2 years?

<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 0. No	→	<input type="checkbox"/> Go to 608a
---------------------------------	--------------------------------	---	-------------------------------------

607b When did it occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

<input type="checkbox"/> 1. In past 2 months	<input type="checkbox"/> 4. Ongoing
<input type="checkbox"/> 2. In 3 to 12 months	<input type="checkbox"/> 98. Don't know
<input type="checkbox"/> 3. In 13 to 24 months	

607c Rate the severity of the effect of increase in the price of agricultural products. No effect, some effect or severe effect?

<input type="checkbox"/> 1. No effect
<input type="checkbox"/> 2. Some effect
<input type="checkbox"/> 3. Severe effect

608a Did this ward receive new or increased government grants or money from NGOs in the past 2 years?

1. Yes

0. No



Go to 609a

608b When did it occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

1. In past 2 months

4. Ongoing

2. In 3 to 12 months

98. Don't know

3. In 13 to 24 months

608c Rate the severity of the effect of new or increased government grants or money from NGOs. No effect, some effect or severe effect?

1. No effect

2. Some effect

3. Severe effect

609a Did any other events occur in your ward in the past 2 years?

1. Yes

0. No



Go to 610

609b When did it occur? In the past two months, in 3 to 12 months, in 13 to 24 months or ongoing?

1. In past 2 months

4. Ongoing

2. In 3 to 12 months

98. Don't know

3. In 13 to 24 months

609c Rate the severity of the effect of any other event. No effect, some effect or severe effect?

1. No effect

2. Some effect

3. Severe effect

610 Did any other significant events occur in the last 2 years in your ward?

1. Yes

0. No



Go to 612

611 What other events (economic shocks) happened in the past 2 years in this ward?

a. _____

b. _____

c. _____

For the interviewer: Please record other events happened in this ward in the past 2 years and ask the above questions.

612 Thank you very much for your time and cooperation! The information that you provided is very useful, valuable, and important.

Namaskar !

Exact time now: _____

Interviewer's Experience

A large, empty rectangular box with a double-line border, intended for the interviewer's experience. The box is centered on the page and occupies most of the lower half of the document.

Section 2: Private Clinic Sheet

ID #	District	VDC	Ward No		Private Clinic SN	

For Interviewer: Copy the name of private clinic of this ward below and ask questions.

272 Name of Private Clinic:.....

273 This question is kept blank

274 What services does _____ (Private Clinic) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

275 This question is kept blank

276 Which is the most common type of transportation i.e, most of the people use to go to this Private Clinic?

1. Car or bus

4. Rikshaw

97. Others (specify).....
.....

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

277 How much time does it take to get to the Private Clinic from this ward using the type of transportation most commonly used?

On foot:HourMinute

Transportation:HourMinute

98. Don't Know

278 When did the Private Clinic first open?

Year.....

98. Don't know

279 When did the Private Clinic start providing services?

Year.....

98. Don't know

Section 2: NGO Clinic Sheet

ID#	District		VDC		Ward No		NGO Clinic SN	

For Interviewer: Copy the name of NGO clinic of this ward below and ask questions.

283 Name of Other NGO Clinic:.....

284 This question is kept blank

285 What is NGO FACILITY's operating authority?

1.

2. Marie Stopes

3. Family Planning Association

98. Don't Know

286 What services does _____ (Other NGO Clinic) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

287 This question is kept blank

288 Which is the most common type of transportation i.e, most of the people use to go to this Other NGO Clinic?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

289 How much time does it take to get to the Other NGO Clinic from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

290 When did the Other NGO Clinic first open?

Year.....

98. Don't Know

291 When did the Other NGO Clinic start providing services?

Year.....

98. Don't Know

Section 2: Satellite Clinic Sheet

ID#	District	VDC	Ward No		Satellite Clinic SN	

For Interviewer: Copy the name of Satellite clinic of this ward below and ask questions.

299_7 Name of Satellite Clinic:.....

299_8 This question is kept blank

299_9 What is Satellite Clinic's operating authority?

1. Government	→	Go to 299_12
2. NGO		
3. Private		
4. Religious		
97. Others (specify).....		
98. Don't know		
		Go to 299_12

299_10 What services does _____ (Satellite Clinic) provide?

Check all that apply	
1. Maternal health	6. Nutrition
2. Delivery service	7. General health check-up
3. Delivery service with operation	97. Others (specify):.....
4. Child health	98. Don't know
5. Family planning	

299_11

299_12 Which is the most common type of transportation i.e, most of the people use to go to this Satellite Clinic?

299_13 How much time does it take to get to the Satellite Clinic from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

299_14 When did the Satellite Clinic first open?

Year.....

299_15 When did the Satellite Clinic start providing services?

Year.....

Section 2: Rural Dispensary Sheet

ID#	District		VDC		Ward No		Rural Dispensary SN	

For Interviewer: Copy the name of Rural Dispensary of this ward below and ask questions.

295 Name of Rural Dispensary:.....

296 This question is kept blank

297 What services does _____ (Rural Dispensary) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

298 This question is kept blank

299 Which is the most common type of transportation i.e, most of the people use to go to this Rural Dispensary?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

299_1 How much time does it take to get to the Rural Dispensary from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

299_2 When did the Rural Dispensary first open?

Year.....

98. Don't know

299_3 When did the Rural Dispensary start providing services?

Year.....

98. Don't know

Section 2: Birthing Center Sheet

ID#	District	VDC	Ward No	Birthing Center SN

For Interviewer: Copy the name of Birthing Center of this ward below and ask questions.

299_19 Name of Birthing Center:.....

299_20 This question is kept blank

299_21 What is Birthing Center's operating authority?

1. Government	→	Go to 299_24
2. NGO		
3. Private		
4. Religious		
97. Others (specify).....	→	Go to 299_24
98. Don't know		

299_22 What services does _____ (Birthing Center) provide?

Check all that apply

1. Maternal health		6. Nutrition
2. Delivery service		7. General health check-up
3. Delivery service with operation		97. Others (specify):.....
4. Child health		98. Don't know
5. Family planning		

299_23 This question is kept blank

299_24 Which is the most common type of transportation i.e, most of the people use to go to this Birthing Center?

1. Car or bus

4. Rikshaw

2. Motorcycle

5. On foot

3. Bicycle

6. On foot and transportation

97. Others (specify).....

299_25 How much time does it take to get to the Birthing Center from this ward using the type of transportation most commonly used?

On footHourMinute

TransportationHourMinute

98. Don't Know

299_26 When did the Birthing Center first open?

Year.....

98. Don't know

299_27 When did the Birthing Center started providing services?

Year.....

98. Don't know

Section 3: Field Worker's Sheet

ID#	District	VDC	Ward No		Field Worker's SN	

For Interviewer: Copy the name of Field worker of this ward below and ask questions.

301 What services does(field worker) provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

301a Does she/he provide clinic service?

1. Yes

0. No

301b Does she/he provide courtyard meeting?

1. Yes

0. No

301c Does she/he provide satellite clinic service?

1. Yes

0. No

301d Does she/he provide home visit?

1. Yes

0. No

Section 4: Depotholder's Sheet

ID#	District	VDC		Ward No		Depotholder's SN	

For Interviewer: Copy the name of Depotholder of this ward below and ask questions.

401 Under what authority does this (Depotholder) work?

1. Government	→	Go to 403
2. NGO		
3. Private		
4. Religious		
97. Others (specify).....		
98. Don't know		
	→	Go to 403

402 What is NGO FACILITY's operating authority?

1.	2. Marie Stopes
3. Family Planning Association	98. Don't Know

403 What services does he/she provide?

Check all that apply

1. Maternal health

6. Nutrition

2. Delivery service

7. General health check-up

3. Delivery service with operation

97. Others (specify):.....

4. Child health

98. Don't know

5. Family planning

404a Does she/he provide clinic service?

1. Yes

0. No

404b Does she/he provide courtyard meeting?

1. Yes

0. No

404c Does she/he provide satellite clinic service?

1. Yes

0. No

404d Does she/he provide home visit?

1. Yes

0. No

Section 3. List of the Health and Family Planning Workers and Authorized Organizations

	District	VDC	Ward No	
ID #				

For Interviewer: List Names of all health and family planning fieldworkers below.

SN	Fieldworker's Name	Working Authority
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Section 4. List of deponholders and clinic

For Interviewer: List Names of all deponholder and clinic below.

SN	Name of the Person	Name of the Depot/Clinic
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Study on Mother and Child Health, Health Services and Facilities Household Survey 2014

A. Study Areas

District	1. Baglung	2. Parbat	3. Syangja	
VDC/Municipality.....			Ward No <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
ID No	District	VDC	Ward No	HH No
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
				Household Head _____
GPS Coordinates: Latitude..... Longitude.....			Household Ethnicity _____	

B. Respondent

SN	Name of Respondent	Age Years	Sex	
			Female	Male
1				
2				
3				
4				

C. Interview

Interview Date: 2071.....Month.....Day		Interview Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Interviewer's ID <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>			
Interview	Start Time	End Time	Total time taken (minute)
Pre-edit Time			
Interview Time			
Post-edit Time			
File Checked by: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

ID Number

District	VDC	Ward No	HH No

Confidential
Only for Research

**Institute for Social and Environmental Research-Nepal
Fulbari, Chitwan**



**Study on Mother and Child Health, Health Services and Facilities
Household Survey 2014**

Data Entry Purpose only:

--	--

Section 1: Household Information

Exact Time _____

Your household is selected for our study. Therefore, I would like to collect some information about all the people who eat in the same kitchen and sleep in same house most of the time in the last week. In addition, I would also like to collect information about people who is living for your household work. Lets start from household head.

S.N	Name of household member	Age	Sex: Male=0, Female=1	Marital status*	Ate and slept most of time in the previous week: 1=Yes; 0=No	Where he/she lives at present?	Circle 10-49 years women	Circle below two years child	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

*Marital Status Code: 0=Never married, 1=Married, 2= Divorce, 3=Widow

Relationship Grid

Instruction to the interviewer:
Please write relationship of people mentioned in the above table with serial number in appropriate column and line.

Now, we would like to collect some information about your family member relationship .

S.N	Name of family member	Husband/ wife	Mother/ Father	Son/Daugh ter	Brother/ Sister	Grand son/drand daughter	Mother-in- low/Father-in- low	Brother/sister- in-law	Niece or nephew	Other	No relatio nship	Remarks
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Exact Time _____

Section 2: Household Information

201 People earn and manage their livelihood in different ways. In some households, all family members work in farm. In other households, some family members work in farm and other work in salary job or wage labor within Nepal, some have their own business, some are in pension or receive elderly pension or earn interest from investment. Some even go abroad for work, sell their property or even borrow loans to earn or manage their household.

How are you or your family members earning/managing your household livelihood now?

Mark all that applies

1. Agriculture



Go to 203

2. Business

3. Salary Jobs

4. Go to abroad for Work

5. Wage Labor

6. Pension

7. Elderly Allowance

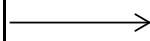
8. Sell Property/borrowed loan/receive interest

97. Other (Please specify).....

202 Is your household currently farming ?

1. Yes

0. No



Go to 205

203 How much land, in total, do you farm? Please include the land if you cultivating another's land.

Ropani _____ Ana _____ Hall/Din _____ Or Haat _____ 0.Not at all

204 How much farmland does your household own?

Ropani _____ Ana _____ Hall/Din _____ Or Haat _____ 0.Not at all

205 Does your household own this house plot?

1 . Yes

0 . No

206 How much total land does your household have?

Ropani _____ Ana _____ Hall/Din _____ Or Haat _____ 0.Not at all

207 How many rooms are there in your household?

Number rooms

208 How many rooms in this household are used for sleeping?

Number

209 Now I'd like to ask you some questions about farm animals. Do you have cattle, sheep/goats, poultry or any other farm animals in your house?

1. Yes

0. No



Go to Section 3

210 Does your household have any female and/or male buffaloes? If yes, how many?

1. Yes



0. No

211 Does your household have cattle (bullocks and cows) ? If yes, how many?

1. Yes



0. No

212 Does your household have horses, mules, or donkeys ? If yes, how many?

1. Yes



0. No

213 Does your household have goats ? If yes, how many?

1. Yes



0. No

214 Does your household have sheeps ? If yes, how many?

1. Yes	→	Number:	0. No
--------	---	---------------	-------

215 Does your household have chickens ? If yes, how many?

1. Yes	→	Number:	0. No
--------	---	---------------	-------

216 Does your household have ducks ? If yes, how many?

1. Yes	→	Number:	0. No
--------	---	---------------	-------

217 Does your household have swine/pigs ? If yes, how many?

1. Yes	→	Number:	0. No
--------	---	---------------	-------

218 Does your household have yak ? If yes, how many?

1. Yes	→	Number:	0. No
--------	---	---------------	-------

Section 3: Household Assets

Now, I would like to collect some information about your household assets. I will tell you name of some of the household assets. Would you please tell me whether or not they are in your house.

301 Does your household have electricity?

1. Yes

0. No

302 Does your household have a radio?

1. Yes

0. No

303 Does your household have a television?

1. Yes

0. No

304 Does your household have mobile telephone?

1. Yes

0. No

305 Does your household have landline telephone?

1. Yes

0. No

306 Does your household have a refrigerator?

1. Yes

0. No

307 Does your household have table?

1. Yes

0. No

308 Does your household have chair?

1. Yes

0. No

309 Does your household have bed?

1. Yes

0. No

310 Does your household have sofa?

1. Yes

0. No

311 Does your household have computer/laptop?

1. Yes

0. No

312 Does your household have clock?

1. Yes

0. No

313 How many household members in your family have wrist watch?

Number

314 Does your household have bicycle?

1. Yes

0. No

315 Does your household have motorcycle or scooter?

1. Yes

0. No

316 Does your household have car, taxi, truck, bus?

1. Yes

0. No

317 Does your household have DVD player?

1. Yes

0. No

318 Does your household have electric rice cooker?

1. Yes

0. No

319 Does your household have electric fan?

1. Yes

0. No

320 Does your household have camera?

1. Yes

0. No

321 Does your household have L.P Gas stove?

1. Yes

0. No

322 Does your household have iron?

1. Yes

0. No

323 Does your household have tractor/power tailor?

1. Yes

0. No

324 Does your household have irrigation pump?

1. Yes

0. No

325 Does your household have biogas?

1. Yes

0. No

326 What is the main source of drinking water in your household?

1 Piped water into Dwelling (Tap Water) → Go to 329

2 Piped water into Yard/Plot → Go to 329

3 Public Tap/Standpipe

10 Tanker Truck

4 Tube well or borehole

11. Surface Water: River/Dam/lake/
pond/stream/canal/irrigation channel

5 Dug Well: Protected Well

12 Stone Tap/Dhara

6 Dug Well: Unprotected Well

13 Bottled Water

7 Water from Spring (Protected Spring)

୧୪ Piped Water from Spring
(Unprotected)

8 Water from Spring (Unprotected Spring)

9 Rainwater

97 Others (Please specify).....

327 What is the type of the source of that drinking water? Is it public or private ?

1. Public

2. Private

97. Others (please specify) _____

328 How long does it take to go there, get water, and come back?

Time (in Minutes)

98. Don't Know

329 Do you use (name of the source main water source) all year round or only part of the year?

1. All year

2. Part of the year

330 Do you do anything to your water brought from (name of the source) to make it safer to drink?

1. Yes

0. No



Go to 332

98. Don't Know

331 What do you usually do to make the water safer to drink?

Check all that apply

1. Boil

6. Let it stand and settle

2. Add bleach/chlorine

97. Others (Please Specify)

3. Strain through a cloth

98. Don't Know

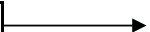
4. Use water filter (ceramic/sand/composite/etc.)

5. Solar disinfection

332 Does your household have toilet ?

1. Yes

0. No



Go to Section 4

333 Is the toilet inside or outside your house ?

1. Inside

2. Outside

3. Both

334 Is the toilet a permanent or temporary structure?

1. permanent

2. temporary

335 What type of toilet facilities do members of your household usually use?

- 1. Flush or pour toilet/Flush to piped sewer system
- 2. Flush to septic tank
- 3. Flush to pit latrine
- 4. Flush to somewhere else
- 5. Pit latrine/Ventilated improved
- 6. Pit latrine with slab
- 7. Pit latrine w/o slab/open pit
- 8. Composting toilet
- 9. Bucket toilet
- 10. Toilet attached with bio gas
- 97. Others (Please Specify)

336 Do you share this facility with other households?

- 1. Yes
- 0. No → Go to Section 4

337 How many households, in total, use this facility?

- HH Numbers.....
- 98. Don't Know

Section 4: Economic Shocks

Now I would like to find out from you if certain positive or negative events have taken place in your house in the last two years.

401.a In the last two years, did any member of your household become seriously ill or injure that kept them from normal activity?

1. Yes	0. No	→	Go to 402a
--------	-------	---	------------

401.b When did serious illness or injury occur? Did this occur within the last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

401.c **Rate of severity:** How severe was the effect of serious illness or injury? No effect, some effect or severe.

1. No effect
2. Some effect
3. Severe effect

402.a Did any member of your household loss his/her regular job in the last two years?

1. Yes

0. No

→ Go to 403a

402.b When did (you/he/she) loss the job? Did (you/he/she) loss the job within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

402.c Rate severity: How severe was the effect of the loss of regular job of household member?
No effect, some effect or severe.

1. No effect

2. Some effect

3. Severe effect

403.a Was there any decrease (or stop) in remittances to household from the family members in the last two years?

1. Yes

0. No

→ Go to 404a

403.b When did decrease (or stop) in remittances occur? Did that happen within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

403.c Rate severity: How severe was the effect of decrease in remittances?

1. No effect

2. Some effect

3. Severe effect

404.a Did the household loss able-bodied household member (through marriage, divorce, abandonment) in the last two years?

1. Yes	0. No	→	Go to 405a
--------	-------	---	------------

404.b When did your household loss able-bodied member household member (through marriage, divorce, abandonment)? (Did this occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

404.c Rate severity: How severe was the effect of loss of able-bodied household member? No effect, some effect or severe.

1. No effect
2. Some effect
3. Severe effect

405.a Has there been any destruction of property of your household due to theft, robbery or fire in the last two years?

1. Yes	0. No	→	Go to 406a
--------	-------	---	------------

405.b When did destruction of property occur? (Did your household property theft, fire, destruction within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

405.c Rate severity: How severe was the effect of theft, fire, or destruction of property? No effect, some effect or severe?

1. No effect
2. Some effect
3. Severe effect

406.a Was there any failure in business in your households in the last two years?

1. Yes	0. No	→	Go to 407a
--------	-------	---	------------

406.b When did failure in business occur? Did failure in business occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

406.c Rate severity: How severe was the effect of business failure? No effect, some effect or severe?

1. No effect
2. Some effect
3. Severe effect

407.a Was there any failure in farm production in your households in the last two years?

1. Yes	0. No	→	Go to 408a
--------	-------	---	------------

407.b When did crop production fail? (Did crop production fail within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

407.c Rate severity: How severe was the effect of failure in crop production ?

1. No effect
2. Some effect
3. Severe effect

408.a Was there any loss of any type (e.g. crop failure, death of livestock) due to natural disaster i.e. drought, hailstorm, epidemic, within your households in the last two years?

1. Yes	0. No	→	Go to 409a
--------	-------	---	------------

408.b When did natural disaster occur? Did natural disaster occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

408.c Rate severity: How severe was the effect of natural disaster?

1. No effect
2. Some effect
3. Severe effect

409.a Was there any loss of land in your household in the last two years?

1. Yes	0. No	→ Go to 410a
--------	-------	--------------

409.b When did your household loss land ? Did your household loss land within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

409.c Rate severity: How severe was the effect of loss of land?

1. No effect
2. Some effect
3. Severe effect

410.a Did your household get displaced from the place you have been living in the last two years?

1. Yes

0. No

→ Go to 411a

410.b When did displacement occur? Did this occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

410.c Rate severity: How severe was the effect of displacement?

1. No effect

2. Some effect

3. Severe effect

411.a Did your household bear a loss due to decrease in price of agricultural products in the last two years?

1. Yes	0. No	→ Go to 412a
--------	-------	--------------

411.b When did your household bear a loss due to decrease in price of agricultural product ?
(Did this occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

411.c Rate severity: How severe was the effect of the decrease in price of agricultural products?

1. No effect
2. Some effect
3. Severe effect

412.a Did any household member die in the last two years?

1. Yes	0. No	→ Go to 413a
--------	-------	--------------

412.b When did household member die? (Did your household member die within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

412.c Rate severity: How severe was the effect due to the death of a household member?

1. No effect
2. Some effect
3. Severe effect

413.a Did any household member get a new job in the last two years?

1. Yes	0. No	→ Go to 414a
--------	-------	--------------

413.b When did he/she get a new job ? Was it within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

413.c Rate severity: How much easier it has been due to new job of household member?

1. No effect
2. Some effect/somewhat easier
3. Severe effect/ much easier

414.a Did any member of household start to send remittances or increase the amount remittances in the last two years?

1. Yes	0. No	→	Go to 415a
--------	-------	---	------------

414.b When did a household member start to send or increase the remittances? (Did this occur in the last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

414.c Rate severity: How much easier it has been due to new or increased remittances?

1. No effect
2. Some effect/somewhat easier
3. Severe effect/ much easier

415.a Has your household started receiving new or received increased government grants or money from NGOs in the last two years?

1. Yes	0. No	→	Go to 416a
--------	-------	---	------------

415.b When did your household start receiving new or receive increased government grants or money from NGOs? (Within the last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

415.c Rate severity: How much easier it has been due to new or increased government grants or money from NGOs?

1. No effect
2. Some effect/somewhat easier
3. Severe effect/ much easier

416.a Did your household receive inheritance, large gift, lottery winnings, or dowry in the last two years?

1. Yes

0. No

→ Go to 417a

416.b When did your household receive inheritance, large gift, lottery winnings, or dowry? Was it within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

416.c Rate severity: How much easier it has been due to inheritance, large gift, lottery winnings, or dowry?

1. No effect

2. Some effect/somewhat easier

3. Severe effect/ much easier

417.a Did any children or adults in the household receive scholarship in the last two years?

1. Yes

0. No

→ Go to 418a

417.b When did children or adults in the household receive scholarship? Within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

417.c Rate severity: How much easier it has been due to scholarship for children or adults in the household?

1. No effect

2. Some effect/somewhat easier

3. Severe effect/ much easier

418.a Did your household receive loan from micro-enterprise program in the last two years?

1. Yes	0. No	→ Go to 419a
--------	-------	--------------

418.b When did your household receive loan from micro-enterprise program? (within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

418.c Rate severity: How much easier it has been due to loan from micro-enterprise program?

1. No effect
2. Some effect/somewhat easier
3. Severe effect/ much easier

419.a Was there been any increase in agricultural production or increase in the price of agricultural products in the last two years?

1. Yes	0. No	→	Go to 420a
--------	-------	---	------------

419.b When did increase in agricultural production or increase in the price of agricultural products occur? (within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months	4. Ongoing
2. Within 3 to 12 months	98. Don't Know
3. Within 13 to 24 months	

419.c Rate severity: How much easier it has been due to increase in agricultural production or increase in price for agricultural products?

1. No effect
2. Some effect/somewhat easier
3. Severe effect/ much easier

420.a Did your household receive any other benefits, other than mentioned above, in the last two years?

1. Yes

0. No

→ Go to next section

420.b When did you receive other economic benefits? Did your household receive other economic benefits within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

420.c Rate severity: How much easier it has been due to receive in any other economic benefits?

1. No effect

2. Some effect/somewhat easier

3. Severe effect/ much easier

Section 5: Household Health Expenditures

Now, I would like to ask some questions about your family health and expenditure for seeking health services

501 Did anyone in your household become ill or injured in the last month?

<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 0. No	→	<input type="checkbox"/> Go to 526
<input type="checkbox"/> 98. Don't Know			

502 Please tell me the name of the family members who got ill or injured last month?

1 Name _____	Serial # from census _____
2 Name _____	Serial # from census _____
3 Name _____	Serial # from census _____
4 Name _____	Serial # from census _____

503 Did <first NAME in the above list> consult with a health provider or a doctor without staying overnight at the facility?

<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 0. No	→	<input type="checkbox"/> Go to 508
<input type="checkbox"/> 98. Don't Know			

504 Did..... <first NAME in the above list> have more than one visit in the last month?

1. Yes

Number of visit _____

0. No

505 What was the type of health provider that<NAME> visited?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Govt. Public pharmacy/chemist

5. Govt. Nursinghome /maternal-child care centre home

6. Govt. Community-based health worker (inc. TBA)

7. Satelite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Others (please specify).....

18. Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Others (Please specify).....

506 How much money did <NAME> spend on treatment and services s/he received in the last month?

Amount in rupees _____

507 What were the main reasons..... <NAME> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check-up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

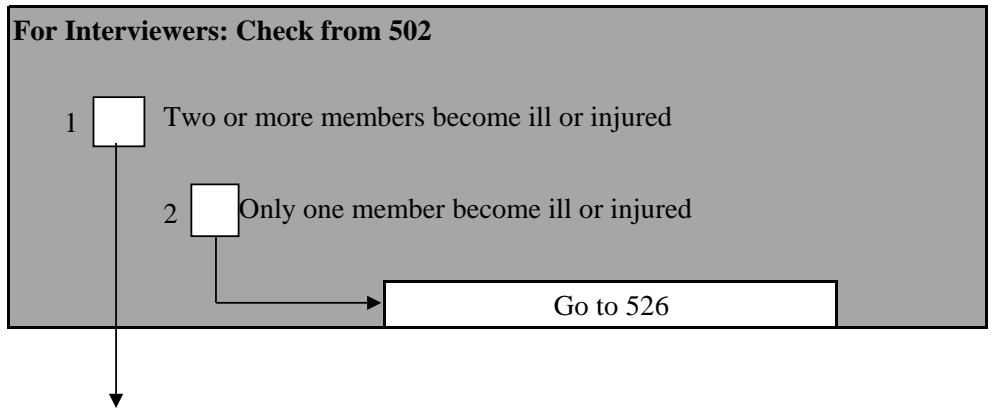
10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

508 For Interviewers: Check from 502



509 Did <second NAME in the previous list > consult with a health provider or a doctor without staying overnight at the facility?

1. Yes 0. No → Go to 514

98. Don't Know

510 Did..... <second NAME in the above list> have more than one visit in the last month?

1. Yes → 0. No

511 What was the type of health provider that<NAME of second person > visited? Government, NGO or private ?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Govt. pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Satellite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. Community-based health worker from an NGO

12. Community pharmacies

13. Others (please specify).....

18. Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Others (specify).....

512 How much money did <NAME of second person> spend on treatment and services s/he received in the last month?

Amount in rupees _____

513 What were the main reasons..... <NAME of second person> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

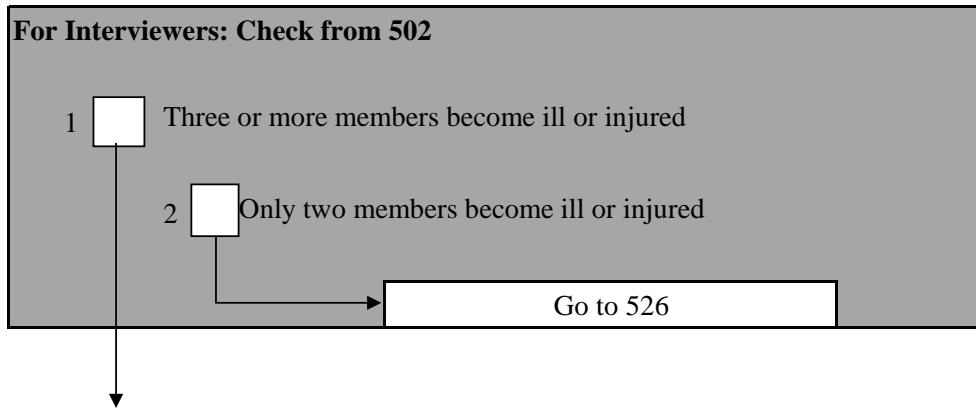
10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

514 For Interviewers: Check from 502



515 Did <NAME of Third person> consult with a health provider or a doctor without staying overnight at the facility?

1. Yes 0. No → Go to 520

98. Don't Know

516 Did <NAME of third person> have more than once visit in the last month?

1. Yes → 0. No

517 What was the type of health provider that..... <NAME of third person > visited? Government, NGO or privet ?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Public pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Satelite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Other (specify).....

18.Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Other (specify).....

518 How much money did <NAME of third person> spend on treatment and services s/he received in the last month?

Amount in rupees _____

519 What were the main reasons..... <NAME of third person> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

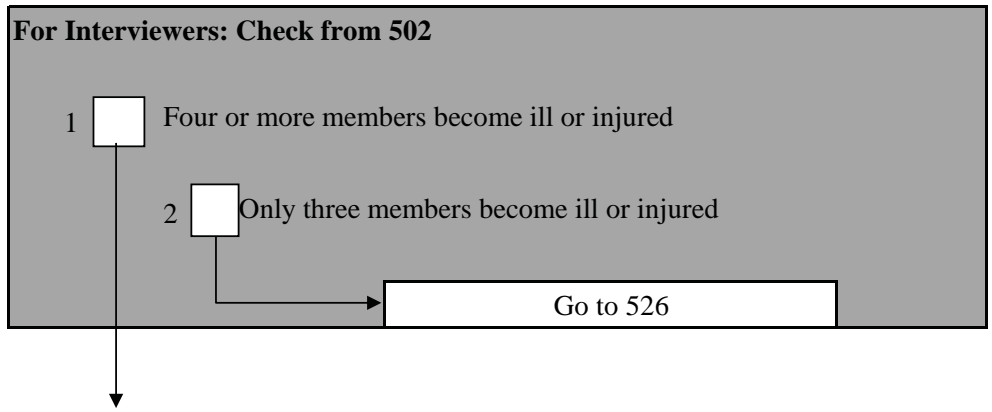
10. STD

21. Physiotherapy

11. Eye infection

22. Other services (specify).....

520 For Interviewers: Check from 502



521 Did <NAME of fourth person> consult with a health provider or a doctor without staying overnight at the facility?

1. Yes

0. No

Go to 526

98. Don't Know

522 Did <NAME second person> have more than one visit in the last month?

1. Yes

Number of visit _____

0. No

523 What was the type of health provider that<NAME of third person
> visited? Government, NGO or private ?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Public pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Satelite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Other (specify).....

18.Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

97. Other (specify).....

524 How much money did <NAME of fourth> spend on treatment and services s/he received in the last month?

Amount in rupees _____

525 What were the main reasons..... <NAME of fourth person> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Child Birth Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counseling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

526 Was any member in the household admitted to stay overnight at a health facility in the past 6 months?

1. Yes

0. No



Go to 547

98. Don't Know

527 Who was admitted overnight to a health facility? Please tell me their name (Record household member number)

1 Name _____

Serial # from census _____

2 Name _____

Serial # from census _____

3 Name _____

Serial # from census _____

4 Name _____

Serial # from census _____

528 How many times <NAME of first person > stayed at hospital in the last 6 months ?

Number of visit.....

529 What was the type of health provider that <NAME > stayed overnight at first time ? Government, NGO or private ? (mention all appropriate answers)

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Public pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Other (specify).....

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Other (specify).....

18. Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Other (specify).....

530 How much money did <NAME first person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount in rupees _____

531 What were the main reasons..... <NAME of first person> sought care in the last 6 six months?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental Check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

532 **For Interviewers: Check from 527**

1 Two or more members become ill or injured

2 Only one member become ill or injured

→

533 How many times <NAME second person > stayed at hospital in past 6 months ?

Number of visit.....

534 What was the type of health facility that <NAME second person> stayed overnight at first time ? Government, NGO or privet ?

Check all that apply	
Public Sector	Private not-for profit (NGO) sector:
1. Govt. Hospital	8. NGO hospital
2. Government health care clinic	9. NGO health center/clinic/post
3. Gov. dispensary	10. NGO Nursing/maternity home
4. Public pharmacy/chemist	11. NGO Community-based health worker
5. Govt. Nursing/maternity home	12. Community pharmacies
6. Govt. Community-based health worker (inc. TBA)	13. Other (specify).....
7. Other (specify).....	
Private for-profit sectors	
14. Private hospital	18. Private pharmacy/shop/mobile vendor
15. Private clinics	19. Private laboratory
16. Private doctors/nurses/midwife	20. Traditional Healer
17. Company/parastatal clinic	21. Other (specify).....

535 How much money did <NAME second person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount in rupees _____

536 What were the main reasons <NAME of second person> sought care in the last 6 six months?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

537 **For Interviewers: Check from 527**

1 Three or more members become ill or injured

2 Only two members become ill or injured

538 How many times <NAME third person > stayed at hospital in the last 6 months ?

Number of visit.....

539 What was the type of health facility that <NAME third person> stayed overnight at first time ? Government, NGO or private ?

Check all that apply	
Public Sector	Private not-for profit (NGO) sector:
1. Govt. Hospital	8. NGO hospital
2. Government health care clinic	9. NGO health center/clinic/post
3. Gov. dispensary	10. NGO Nursing/maternity home
4. Public pharmacy/chemist	11. NGO Community-based health worker
5. Govt. Nursing/maternity home	12. Community pharmacies
6. Govt. Community-based health worker (inc. TBA)	13. Other (specify).....
7. Other (specify).....	
Private for-profit sectors	
14. Private hospital	18. Private pharmacy/shop/mobile vendor
15. Private clinics	19. Private laboratory
16. Private doctors/nurses/midwife	20. Traditional Healer
17. Company/parastatal clinic	21. Other (specify).....

540 How much money did <NAME third person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount in rupees _____

541 What were the main reasons <NAME of third person> sought care in the last 6 six month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

542 **For Interviewers: Check from 527**

1 Four or more members become ill or injured

2 Only three members become ill or injured

→

543 How many times <NAME fourth person > stayed at hospital in past 6 months ?

Number of visit.....

544 What was the type of health facility that <NAME fourth person > stayed overnight at first time ? Government, NGO or private ?

Check all that apply	
Public Sector	Private not-for profit (NGO) sector:
1. Govt. Hospital	8. NGO hospital
2. Government health care clinic	9. NGO health center/clinic/post
3. Gov. dispensary	10. NGO Nursing/maternity home|
4. Public pharmacy/chemist	11. NGO Community-based health worker
5. Govt. Nursing/maternity home	12. Community pharmacies
6. Govt. Community-based health worker (inc. TBA)	13. Other (specify).....
7. Other (specify).....	
Private for-profit sectors	
14. Private hospital	18. Private pharmacy/shop/mobile vendor
15. Private clinics	19. Private laboratory
16. Private doctors/nurses/midwife	20. Traditional Healer
17. Company/parastatal clinic	21. Other (specify).....

545 How much money did <NAME fourth person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount _____

546 What were the main reasons <NAME of fourth person> sought care in the last 6 six month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental

7. Diarrhea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counseling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

547 In addition to health expenditures from the medical visits you've told me about, how much did all members of your household spend on the following health and health-related commodities in the last month? Routine medication? Family planning commodities? Vitamins? Anything else?

1. Routine medication Rs.....

2. Family planning commodities Rs.

3. Vitamins Rs.....

4. Other (Specify what and amount spent) Rs.....

Section 6: Household Income

Now we would like to ask you a few questions about your household income in the last 12 months.

- 601 Could you please tell me the total income for a year without deducting the expenses. Please try to remember your total household income from all sources, including wages, salaries, pensions, income from selling crops, animals, or goods, income from renting houses, land or equipment, business income, or income from gifts or other payments.

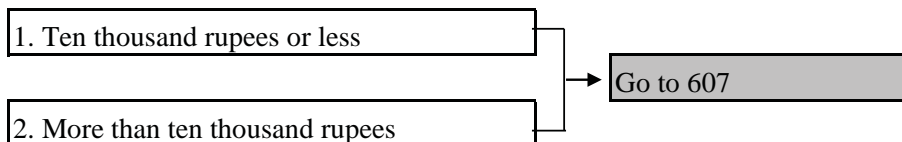
Since ...(month) last year till now, would you say that the total income you received from all sources was fifty thousand rupees or less, or more than fifty

1. Fifty thousand rupees or less	
2. More than fifty thousand rupees	→ Go to 604
0. No income at all	→ Go to 607

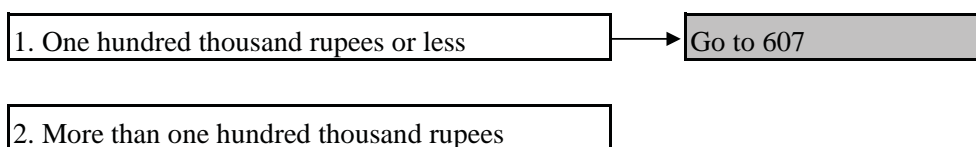
- 602 Since ...(month) last year till now, would you say that the total income you received from all sources was twenty-five thousand rupees or less, or more than twenty-five thousand rupees?

1. Twenty-five thousand rupees or less	
2. More than twenty-five thousand rupees	→ Go to 607

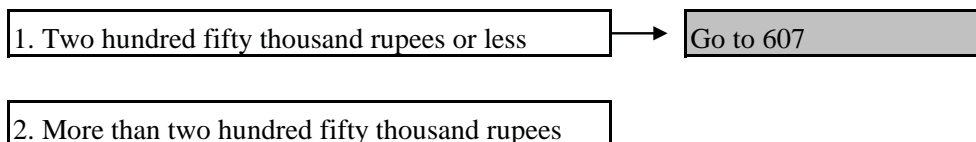
603 Since(month) last year till now, would you say that the total income you received from all sources was ten thousand rupees or less, or more than ten thousand rupees?



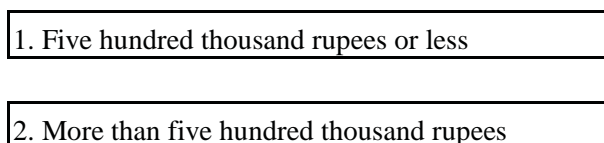
604 Since(month) last year till now, would you say that the total income you received from all sources was one hundred thousand rupees or less, or more than one hundred thousand rupees?



605 Since(month) last year till now, would you say that the total income you received from all sources was two hundred fifty thousand rupees or less, or more than two hundred fifty thousand rupees?



606 Since(month) last year to till now, would you say that the total income you received from all sources was five hundred thousand rupees or less, or more than five hundred thousand rupees?



607 which language do you use in your house?

Language used at home _____

Section 7: Relation With Syanja and Baglung

701

For Interviewers:

1. This Household is in Parbat

0. All others → **Go to 709**



Let us talk about relationship of your household with Syanja and Baglung districts

702

Do you have any family members, relatives and or friends in Baglung and/or Syanja district?

1. Yes

0. No

→ **Go to 706**

703

How often do you visit family members, relatives and friends in Baglung and/or Syanja district? Often, sometimes, rarely, never.

1. Often

3. Rarely

2. Sometimes

4. Never

704 How often family members or relatives or friends from Baglung and/or Syangja district visit your family ? Often, sometimes, rarely, never.

1. Often

3. Rarely

2. Sometimes

4. Never

705 How often do you interact with your family members, relatives and friends from Baglung and/or Syangja district over phone or in person? Often, sometimes, rarely, never.

1. Often

3. Rarely

2. Sometimes

4. Never

706 Do you visit hospitals/private clinics or other health institutions in Baglung and Syangja to get any health services?

1. Yes

0. No

→ Go to 708

707 How often do you visit hospitals/private clinics or other health institutions in Baglung or Syangja districts? Regularly, sometimes, rarely, never.

1. Regularly

3. Rarely

2. Sometimes

4. Never

708 Does any member of your **household** work and or have business in Baglung and Syangja?

1. Yes

0. No

709 Thank you very much for your time and cooperation! The information that you provided is very useful, valuable, and important.

Namaskar !

Exact Time Now.....

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Section 8: Interviewer's Observation Section

For the interviewer:

Answer the following questions based on your own observations.

801 In what kind of house does the respondent live?

1. Single-family house

2. Multi-family house

802 How many storey are there in the house in which the respondent lives?

1. One storey

2. Two storey

3. Three storey

4. Four storey

5. Five or more

803 Of what materials are the walls of the respondent's house made up?

1. Brick

2. Cement/concrete

3. Cane w/ mud

4. Stone

5. Wood shakes Plywood

6. Mud

7. Cement block

97. Other(Specify) _____

804 Of what materials is the roof of the respondent's house made?

1. Tin

2. Thatch

3. Thatch stick

4. Stone/slate

5. Wooden plank

6. Plastic

7. Concrete

97. Other(Specify) _____

805 Of what materials is the floor of the respondent's house made?

1. Mud

2. Wood

3. Parquet

3. Concrete/cement

4. Brick

97. Other(Specify)

Interviewer's Experience

A large, empty rectangular box with a double-line border, intended for the interviewer's experience. The box is positioned below the section header and occupies most of the page's vertical space.

Call Record

Description	First Time	Second Time	Third Time	Remarks
Date				
Name of Interviewer				
Final Result*				
Time				
Date for Next Visit				
<p>1. Interview Complete 2. Respondent not at home 3. Interview Partially Complete</p> <p>4. Refusal 5.No one living in the house 6, Did not find the house</p> <p>7. Other (Specify)</p>				

Study on Mother and Child Health, Health Services and Facilities

Mother's Questionnaire 2014

A. Study Areas

District	1. Baglung	2. Parbat	3. Syangja		
VDC/Municipality.....			Ward No <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
ID No	District	VDC	Ward No	HH Number	Household Head _____
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

B. Respondent

Name: _____	Serial Number from HH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>				
ID Number	District	VDC	Ward No	HH Number	Person SN
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Barga				

C. Interview

Interview Date: 2071 Year.....Month.....Day	Interview Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Interviewer's ID <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

Interview	Start Time	End Time	Total time taken (minute)
Pre-edit Time			
Interview Time			
Post-edit Time			

File Checked by:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
------------------	---	---

ID Number

District	VDC	Ward No	HH No	Person SN

Confidential
Only for Research

**Institute for Social and Environmental Research-Nepal
Fulbari, Chitwan**



**Study on Mother and Child Health, Health Services and Facilities
Mother's Questionnaire 2014**

Data Entry Purpose

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Section 1. Individual Information

Let us start the conversation. At first, lets talk about your personal information.

For Interviewer: If household information was also collected from same respondent (R), record R's age from household information record.

101 What is your age in years?

Age.....

Birth Year.....

Barga.....

For Interviewer: If R does not know her age exactly, help her to estimate her age.

101 a **For Interviewer:** Check from 101

1. R's age is between 10 and 49

0. R's age is below 10 or over 49

Stop Interviewing

102 Let's talk about your education. Have you ever been to school/college or even obtain adult education?

1. Yes

0. No

Go to 104

103 What is the highest grade you completed?

0. Adult Education

1

2

3

4

5

6

7

8

9

10

11 S.L.C. or equivalent

12 I.A. or equivalent

14 B.A. or equivalent

16 M.A. or equivalent

18 Ph.D. or equivalent

Go to 105

104 For Interviewer: Show the card that has “**Churot khanu ramro bani hoina.**” written over it to the respondents and make them read. Tick the option below based on their performance.

1 Cannot read at all

2 Able to read only part of sentence

3 Able to read whole sentence

4 Blind/visually impaired

105 Let us now talk about religion. What is your religion?

For Interviewer:
If R follows more than one religion, tick all the religions as mentioned by R

1. Hindu

2. Buddha

3. Muslim

4. Kirat

5. Christian

97 Others (Specify) _____

106 In the last 12 months, have you been away from your home ward for one or more nights?

1. Yes

0. No

→ Go to 108

107 In the last 12 months, how many times have you been away from home ward for more than one month at a time?

Number.....

0. No

108 Have you worked to earn in the past 7 days?

1. Yes

0. No



Go to 110

109 What was your income in the last 7 days (How much money did you earn)?

Rs

0. None

110 Other than the last 7 days, have you ever worked to earn in the past 12 months?

1. Yes

0. No



Go to 112

111 What occupation were you involved in past 12 months? Was it permanent job or temporary job or daily wage basis or self industry/business or something else?

Check all that apply

1. Permanent job

2. Temporary job

3. Daily wage basis

4. Self Industry/Business

97. Others (Specify).....

112 Now lets talk about health services. There are various types of health services but here, we would like to talk about government health facilities only. What government health facility do you visit most during illness?

Name of government health facility

113 How long does it take to reach the nearest government health facility that you usually visit during illness?

Time on-foot Hour: minute:

Time by bus Hour: minute:

114 How convenient are the hours held by the health facility with your routine? Is it very convenient, somewhat convenient, neither convenient nor inconvenient, somewhat inconvenient or inconvenient?

1. Very convenient

2. Somewhat convenient

3. Neither convenient nor inconvenient

4. Somewhat inconvenient

5. Inconvenient

98. Don't know

115 The last time you visited the health facility, how long did you wait to be seen by a health professional? (estimated)

1. Seen immediately

2. Less than 30 minutes

3. 30 minutes to an hour

4. One to two hours

5. More than two hours

98. Don't Know

116 What is the availability of the health personnels at the health facility you most often visit?

1. Always available

2. Mostly available

3. Neither available nor unavailable

4. Mostly unavailable

5. Unavailable

98. Don't know

117 How readily are medicines available at the health facility you most often visit? Are they always available, mostly available, sometimes available and sometimes unavailable, mostly unavailable or always unavailable?

1. Always available

2. Mostly available

3. Sometimes available and sometimes unavailable

4. Mostly unavailable

4. Always unavailable

98. Don't know

118 How adequate in number are the staffs (health personnels) at the health facility/institution you most often visit? Are they very adequate, mostly adequate, neither adequate nor inadequate, mostly inadequate or inadequate?

1. Very adequate

2. Mostly adequate

3. Neither adequate nor inadequate

4. Mostly inadequate

5. Inadequate

98. Don't know

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Section 2: Child Health

Now, I would now like to begin by asking you about the overall health of your child under the age of 2.

200 **For Interviewer:**

Write the name of the child below 2 years age. If R has more than a child below 2 years, select one through lucky draw and ask questions below for the selected child.

Is the child a son or a daughter?

0. Son

1. Daughter

What is the name of the child?

Name _____

201 What is (child name)'s birth date? Please specify year, month and day.

Year.....

Month....

Day.....

202 Do you have a card showing vaccination details of (child name)?

1. Yes

0. No

→ Go to 203a

203 For Interviewer:
 If R has vaccination card, fill out the information from the card properly in the following table clearly specifying year, month and day of vaccination.
 If no dates are known, but vaccination was given, mark 44 in columns.

203a For Interviewer:
 If R does not have a vaccination card, confirm about particular vaccination given or not, ask her about the dates, and fill out the information in the following table.
 If no dates are known, but vaccination was given, mark 44 in columns.

For Interviewer:
 Probe: BCG given at birth; polio vaccine within 9 months of baby's birth; ; DPT is given in the baby's thigh.

Vaccinations/Vitamins	Card: Yes or No	Vaccination/V itamin Yes or No	Year	Month	Day
a. BCG					
b. Polio 1					
c. Polio 2					
d. Polio 3					
e. DPT/Hepatitis 1					
f. DPT/Hepatitis 2					
g. DPT/Hepatitis 3					
h. DPT1/HEPB1/Hib					
i. DPT1/HEPB1/Hib2					
j. DPT1/HEPB1/Hib3					
k. Measles					
l. Japanese Encephalitis					

204 Are there any other vaccinations that were given but not recorded on this card?

1. Yes	→	Vaccine Name:
0. No		98. Don't know

205 When (child's name) was born, in comparison to other children born in your ward, was he/she very large, larger than average, average, smaller than average or very small?

1. Very large	4. Smaller than average
2. Larger than average	5. Very small
3. Average	98. Don't know

206 Was(child name) weighed at birth?

1. Yes	0. No	→	Go to 209
98. Don't know			

207 What was (child name)'s weight at birth?

For Interviewer
Record the weight from the card (if present). If there is no card, request R to recall to get the response.

207 a (from Card)

Kg.....
Gram.....

207 b (Recall)

Kg.....
Gram.....

208 When was the last time your child's weight was measured by a health professional?

Year.....	Month....	98. Don't know
-----------	-----------	----------------

0. Weight not measured	→	Go to 210
------------------------	---	-----------

209 What was(child name)'s weight when last time he/she was measured by a health professional?

For Interviewer
Record the weight from the card. If there is no card, ask R to get the response.

209 a (from Card)

Kg.....

Gram.....

209 b (Recall)

Kg.....

Gram.....

210 When was the last time your child's height was measured by a health professional?

Year.....	Month....	98. Don't know
-----------	-----------	----------------

0. Height not measured	→	Go to 212
------------------------	---	-----------

211 How tall was(child's name), the last time s/he was measured by a health professional?

For Interviewer

Record the height from the card. If there is no card, ask R to get the response.

(from Card)

cm.....

(Recall)

cm.....

212 When was (child's name)'s health last checked up by doctor or other health professionals?

Year.....

Month....

98. Don't know

0. Not checked

213 The last time your child was measured, did the health professional talk with you about the growth of your child?

1. Yes

0. No

214 If you compare (child's name) with other children of his/her age of this ward, how would you rank his/her health overall? Poor, fair, good, very good or excellent?

1. Poor

4. Very Good

2. Fair

5. Excellent

3. Good

98. Don't know

215 On a normal day, how is (child name)'s appetite? Poor, fair, good, very good or excellent?

1. Poor

4. Very Good

2. Fair

5. Excellent

3. Good

98. Don't know

216 Has (child name) had diarrhea in the last 2 weeks, meaning loose or watery stools at least 4 times in 24 hours?

1. Yes

0. No

→ Go to 221

98. Don't know

217 Did you seek advice or treatment for the diarrhea control from any source?

1. Yes

→ Go to 219

0. No

98. Don't know

218 What was the main reason you did not seek advice or treatment for the diarrhea control?

Check all that apply

1. Did not get permission from head of household
2. Did not get permission from other household member
3. No money for transportation
4. No money for treatment
5. Waiting to see if it would be self treated
6. Did not trust the health professionals
7. Do not get quality care at the health facility/from health worker
8. Clinic/Health facility too far
9. Did not think it was severe
10. Treated at home
97. Others (Specify).....



Go to 221

219 Where did you seek advice or treatment for diarrhea control?

Check all that apply

Public Sector

1 Govt. Hospital

2 Govt. health services

3 Gov. dispensary

4 Public pharmacy/chemist

5 Govt. Nursing/maternity home

6 Govt. Community-based health worker (inc. TBA)

7 Satellite Clinic

Private for-profit sectors:

14 Private hospital

15 Private clinics

16 Private doctors/nurses/midwife

17 Company/parastatal clinic

Private non profit sector:

8 NGO hospital

9 NGO health center/clinic/post

10 NGO Community health worker

11 Community pharmacies

18 Private pharmacy/shop/mobile vendor

19 Private laboratory

20 Traditional Healer

97 Others (Specify).....

220 What was the advice/treatment given for diarrhea control?

Check all that apply

1. Given ORS fluid or packet

7. Unsure (medicine name unknown)

2. Given pills

8. Pulse broth/fruit juice, rice starch

3. Given Zinc

97. Others (Specify)...

4. Given Syrup

98. Don't know

5. Given injection

6. Given traditional medicines

221 Has (child's name) been ill with a fever within the last two weeks?

1. Yes

0. No

→ Go to 226

98. Don't know

222 Did you seek advice or treatment for (child's name)'s fever?

1. Yes

→ Go to 224

0. No

98. Don't know

223 What was the main reason you did not seek treatment?

Check all that apply

1. Did not get permission from head of household
2. Did not get permission from other household member
3. No money for transportation
4. No money for treatment
5. Waiting to see if it would be self treated
6. Did not trust the health professionals
7. Do not get quality care at the health facility/from health worker
8. Clinic/Health facility too far
9. Did not think it was severe
10. Treated at home
97. Others (Specify).....

↓
Go to 226

224 Where did you seek advice or treatment for the fever?

Check all that apply

Public Sector

1 Govt. Hospital

2 Govt. health services

3 Gov. dispensary

4 Public pharmacy/chemist

5 Govt. Nursing/maternity home

6 Govt. Community-based health worker (inc. TBA)

7 Satellite Clinic

Private for-profit sectors:

14 Private hospital

15 Private clinics

16 Private doctors/nurses/midwife

17 Company/parastatal clinic

Private non profit sector:

8 NGO hospital

9 NGO health center/clinic/post

10 NGO Community health worker

11 Community pharmacies

18 Private pharmacy/shop/mobile vendor

19 Private laboratory

20 Traditional Healer

97 Others (Specify).....

225 What was the advice/treatment you were given for fever control?

For Interviewer:
Write in appropriate responses.

1.....

2.....

3.....

226 Has (child's name) been ill with common cold in the last 2 weeks?

1. Yes

0. No

→ Go to Section 3

98. Don't know

227 When (child's name) had common cold, did s/he have rapid or difficult breathing?

1. Yes

0. No

98. Don't know

228 Did you seek advice or treatment for this common cold?

1. Yes	→	Go to 230	0. No
98. Don't know			

229 What was the main reason you did not seek advice/ treatment for this common cold?

Check all that apply

1. Did not get permission from head of household
2. Did not get permission from other household member
3. No money for transportation
4. No money for treatment
5. Waiting to see if it would be self treated
6. Did not trust the health professionals
7. Do not get quality care at the health facility/from health worker
8. Clinic/Health facility too far
9. Did not think it was severe
10. Treated at home
97. Others (Specify).....

↓
Go to Section 3

230 Where did you seek advice/treatment for this common cold?

Check all that apply

Public Sector

1 Govt. Hospital

2 Govt. health services

3 Gov. dispensary

4 Public pharmacy/chemist

5 Govt. Nursing/maternity home

6 Govt. Community-based health worker (inc. TBA)

7 Satellite Clinic

Private for-profit sectors:

14 Private hospital

15 Private clinics

16 Private doctors/nurses/midwife

17 Company/parastatal clinic

Private non profit sector:

8 NGO hospital

9 NGO health center/clinic/post

10 NGO Community health worker

11 Community pharmacies

18 Private pharmacy/shop/mobile vendor

19 Private laboratory

20 Traditional Healer

97 Others (Specify).....

231 What was the advice/treatment given to control common cold?

For Interviewer:
Write in appropriate responses

1.....

2.....

3.....

Section 3: Infant and Child Feeding Practices

“Now I will ask you specifically about(Name's) feedings since birth.”

301 Did you ever breastfeed (NAME)?

1. Yes

0. No

→ Go to 306

302 How long after birth did you first put (NAME) to the breast? Immediately or how many hours or how many days after birth?

1. Immediately

2.Hours

3.Days

303 In the first three days after delivery, was (NAME) given anything to drink other than breast milk?

1. Yes

0. No

→ Go to 305

304 What was (NAME) given to drink in the first three days after delivery? Please tell me all drink that you have given in the first three days.

Check all that apply

1. Milk (other than breast milk)

7. Infant formula

2. Plain water

8. Tea/infusions

3. Sugar or glucose water

9. Coffee

4. Gripe water

10. Honey

5. Sugar-salt-water solution

97. Others (Specify)...

6. Fruit juice

305 Are you still breastfeeding (NAME)?

1. Yes

0. No

306 Do you currently offer your child complementary foods?

1. Yes

0. No

→ Go to 308

307 At what age did <NAME> begin eating complementary foods?

1. Days.....

2. Months....

998. Don't know

308 Did (NAME) drink anything from a bottle with a nipple yesterday or last night?

1. Yes

0. No

98. Don't know

309 Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?

1. Yes

0. No

→ Go to Section 4

310 How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or night?

Number.....

98. Don't know

Now, I'd like you to think back on yesterday. Please recall everything the child ate or drank from the time your child woke up until the time s/he went to bed. I am going to ask you about specific food and drink, please tell me whether the child ate or drank from the time your child woke up until the time s/he went to bed or not?

311 Did (NAME) eat/drink: Plain water yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

312 Did (NAME) eat/drink: Juice or juice drinks yesterday yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

313 Did (NAME) eat/drink: Clear broth yesterday yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

314 Did (NAME) eat/drink: Milk such as tinned, powdered, or fresh animal milk yesterday yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

315 Did (NAME) eat/drink: Infant formula yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

316 Did (NAME) eat/drink: Any other liquids yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

317 Did (NAME) eat/drink: Yogurt yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

318 Did (NAME) eat/drink: Any (brand name of commercially fortified baby food, eg. Cerelac) yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

319 Did (NAME) eat/drink: Bread, rice, noodles, porridge, or other foods made from grains yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

320 Did (NAME) eat/drink: Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

321 Did (NAME) eat/drink: White potatoes, white yams, manioc, cassava, or any other foods made from yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

322 Did (NAME) eat/drink: Any dark green, leafy vegetables yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

323 Did (NAME) eat/drink: Ripe mangoes, papayas, or (insert any other locally available vitamin A rich foods) yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

324 Did (NAME) eat/drink: Any dark green, leafy vegetables yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

325 Did (NAME) eat/drink: liver, kidney, heart, or other organ meats yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

326 Did (NAME) eat/drink: Any meat, such as beef, pork, lamb, goat, chicken, or duck yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

327 Did (NAME) eat/drink: Eggs yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

328 Did (NAME) eat/drink: Fresh or dried fish or shellfish yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

329 Did (NAME) eat/drink: Any foods made from beans, peas, lentils, or nuts yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

330 Did (NAME) eat/drink: Cheese or other food made from milk yesterday until the time s/he went to bed?

1. Yes

0. No

98. Don't know

331 Did (NAME) eat/drink: Any other solid, semi-solid, or soft food yesterday until the time s/he went to bed?

1. Yes

0. No

→ Go to Section 4

98. Don't know

332 What are those solid, semi-solid, or soft foods yesterday until the time s/he went to bed?

1.

2.

3.

Section 4: Pregnancy, Facility Births, and Post-Natal Care

“Now, I would like to ask you some questions about your pregnancies, Child birth and services after birth.”

401 How many sons and daughters to whom you have given birth are now alive?

Son.....

Daughter.....

402 Have you ever given birth to a boy or girl who was born alive but later died?

1. Yes

0. No



Go to 404

403 How many boys and girls were born alive but later died?

Son.....

Daughter.....

404 Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?

1. Yes

0. No



Go to 406

405 How many pregnancies have you had that did not end in a live birth?

No.

406

For Data Coder:
Count total number of pregnancies from 401, 403 and 405

No. of pregnancies.....

For Interviewer:
Write the name of the selected child from question no. 200 below and ask questions.

Name of the selected child.....

407 When you got pregnant with (NAME), did you want to get pregnant at that time?

1. Yes → Go to 410 0. No

408 Did you want to have a baby later on, or did you not want any (more) children?

1. Later on

2. No more → Go to 410

409 How much longer did you want to wait?

Month:..... Year:..... 98. Don't know

Pre-natal Care

410 How would you rate your health at the time of your pregnancy? Was it poor, fair, good, very good or excellent?

1. Poor

4. Very Good

2. Fair

5. Excellent

3. Good

98. Don't know

411 How difficult was your pregnancy? Was it very difficult, difficult, moderate, easy or very easy?

1. Very difficult

4. Easy

2. Difficult

5. Very easy

3. Moderate

98. Don't know

412 Did you see anyone for antenatal care for this pregnancy?

1. Yes

→ Go to 414

0. No

413 Why did you decide not to receive antenatal care for this pregnancy?

Check all that apply

1. Did not get permission from head of HH	6. Do not get good quality care at health facility
2. Did not get permission from other HH member	7. No female provider at facility
3. No money for transportation	8. Did not think antenatal care was necessary
4. No money for services	97. Others (Specify).....
5. Did not trust provider	98. Don't know

↓

Go to 425

414 Whom did you see during this pregnancy?

Check all that apply

1. Doctor

2. Nurse/midwife

3. Auxiliary midwife

4. Traditional birth attendant

5. Nanny

6. Female health volunteer

7. Community health worker

97. Others (Specify).....

415 Where did you receive antenatal care for this pregnancy? In home or public sector or private clinic?

Check all that apply

Home

1. Your home

2. Other home

Public Sector

3. Gov't Hospital

4. Gov't health center

5. Gov't health post

6. Gov't sub health center

7. Satellite clinic

97. Others (Specify).....

Private Clinic

7. Private hospital

8. Private clinic

416 How many months pregnant were you when you first received antenatal care for his pregnancy?

Month:.....

98. Don't know

417 How many times did you receive antenatal care during this pregnancy?

No.

98. Don't know

418 How satisfied were you with the antenatal services you received? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

1. Very satisfied

4. Somewhat dissatisfied

2. Somewhat satisfied

5. Very dissatisfied

3. Neither satisfied nor dissatisfied

98. Don't know

419 How attentive was the staff where you received antenatal care? Were they very attentive, somewhat attentive, neither attentive nor inattentive, somewhat inattentive or very inattentive?

1. Very attentive

4. Somewhat inattentive

2. Somewhat attentive

5. Very inattentive

3. Neither attentive nor inattentive

98. Don't know

420 How friendly was the staff where you received antenatal care? Were they very friendly, somewhat friendly, neither friendly nor unfriendly, somewhat unfriendly or very unfriendly?

1. Very friendly

4. Somewhat unfriendly

2. Somewhat friendly

5. Very unfriendly

3. Neither friendly nor unfriendly

98. Don't know

421 How respectful was the staff where you received antenatal care?

1. Very respectful

4. Somewhat disrespectful

2. Somewhat respectful

5. Very disrespectful.....

3. Neither respectful nor disrespectful

98. Don't know

422 How knowledgeable was the staff about antenatal care?

1. Very knowledgeable

4. Somewhat unknowledgeable

2. Somewhat knowledgeable

5. Very unknowledgeable

3. Neither knowledgeable nor
unknowledgeable

98. Don't know

423 To what extent did the staff listen to your concerns? Did they listen a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. Not at all

98. Don't know

424 To what extent did the services help you prepare for the birth of your child? Did that help a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. Not at all

98. Don't know

During Delivery or Childbirth

425 I would now like to ask you about your experience giving birth to your children. Who assisted with the delivery of (NAME)?

Health Personnel

1. Doctor

2. Nurse/Midwife

3. Health Assistant

4. AHW

10. Mother child health worker

Other Person

5. FCHV

6. Trained TBA

7. Un-trained TBA

8. Mothers group member

9. Relative/Friends/Neighbor

97. Others (Specify)...

426 Where did you give birth to (NAME)?

For Interviewer:
If unable to determine public or private write the name of the institution and location.

Government Sector

11. Government Hospital

12. PHC Center

13. Health Post

14. Sub-health Post

15. PHC out reach

97a. Other (Specify)

Home

21. Own home

22. Others home

23. Outdoors

24. In transit

↓
Go to 437

Non-government

31. FPAN

32. ADRA

33. UNM

97b. Other NGO (Specify)

Private Medical Sector

41. Pvt. Hospital/Clinic/Nursing Home

97c. Other private (Specify)_____

Place:

If **Home**, go to 437

427 Why did you decide to deliver at this health facility, hospital, or private clinic??

Check all that apply

1. Good reputation for quality care

2. Good reputation for fair treatment.....

3. Good experience with this facility in the past

4. Affordable

5. Closest to my home

6. Only facility available

7. Did not make decision

97. Other (Specify)

428 Did you receive a cash incentive for transportation from the facility after the delivery of (NAME)?

1. Yes

0. No

98. Don't know

429 Was (NAME) delivered by caesarean, that is, did they cut your belly open to take out the baby?

1. Yes

0. No

98. Don't know

430 How satisfied were you with the services you received while giving birth? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

1. Very satisfied

4. Somewhat dissatisfied

2. Somewhat satisfied

5. Very dissatisfied

3. Neither satisfied nor dissatisfied

98. Don't know

431 How attentive was the provider that delivered your child? Were they very attentive, somewhat attentive, neither attentive nor inattentive, somewhat inattentive or very inattentive?

1. Very attentive

4. Somewhat inattentive

2. Somewhat attentive

5. Very inattentive

3. Neither attentive nor inattentive

98. Don't know

432 How friendly was the provider that delivered your child? Were they very friendly, somewhat friendly, neither friendly nor unfriendly, somewhat unfriendly or very unfriendly?

1. Very friendly

4. Somewhat unfriendly

2. Somewhat friendly

5. Very unfriendly

3. Neither friendly nor unfriendly

98. Don't know

433 How respectful was the provider that delivered your child?

1. Very respectful

4. Somewhat disrespectful

2. Somewhat respectful

5. Very disrespectful.....

3. Neither respectful nor disrespectful

98. Don't know

434 How knowledgeable was the provider that delivered your child?

1. Very knowledgeable

4. Somewhat unknowledgeable

2. Somewhat knowledgeable

5. Very unknowledgeable

3. Neither knowledgeable nor
unknowledgeable

98. Don't know

435 To what extent did the provider listen to your concerns? Did they listen a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. Not at all

98. Don't know

436 To what extent did the services help you safely deliver your child? Did that help a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. Not at all

98. Don't know

437

For Interviewer: Check from 426

1. Home delivery

0. Outside home

Go to 438



437a If you did not deliver at a health facility, why not?

Check all that apply

1. Cost too much

2. Facility not open

3. No staff at facility

4. Too far

5. No transportation

6. Don't trust facility/ poor quality of service

7. No female provider at facility

8. Husband/family did not allow

9. Security concerns

10. Not necessary

11. Not customary

12. Child born before reaching the facility

97. Other (Specify)

438 When you gave birth to (NAME) did anyone help or counsel you about breastfeeding in the first hour of birth?

1. Yes

98. Don't know

0. No

99. Was unconscious in first hour



Go to 443

439 Who helped or counseled you with breastfeeding in the first hour of birth?

Check all that apply

Health Personnel

1. Doctor

2. Nurse/Midwife

3. Health Assistant

4. AHW

10. Mother child health worker

Other Person

5. FCHV

6. Trained TBA

7. Un-trained TBA

8. Mothers group member

9. Relative/Friends/Neighbor

97. Others (Specify)...

440 How did they help you with breastfeeding? Did they show you, assist you, or give you information?

Check all that apply

1. Talking to you about breastfeeding

2. Showing you ways to breastfeed properly

3. Only information given

97. Others (Specify).....

441 Did they assist you with or show you how to position the baby?

(Please probe to exclude if only information was given)

1. Show the position

2. Helped to position

3. Both

97. Others (Specify).....

98. Don't know

442 Did they assist you with or show you how to attach the baby?

(Please probe to exclude if only information was given)

1. Show how to attach

2. Helped to attach

3. Both

97. Others (Specify).....

98. Don't know

Postnatal or Follow-up Care

- 443** I would now like to ask you about your experience with follow-up care after you gave birth, both at and outside of health facilities.

For Interviewer: Check from 426

1. Delivered at hospital

0. Not delivered at hospital

Go to 446

↓

- 443a** How long after (NAME) was delivered did you stay at the facility?

Hour.....

Day.....

Month.....

98. Don't know

- 444** Did a health care provider check on your health while you were still in the facility?

1. Yes

0. No

98. Don't know

- 445** Did a health care provider check on the health of (NAME of child) while you were still at the facility?

1. Yes

0. No

98. Don't know

446 Did a health care provider check on your health after you gave birth but not at a health facility?

1. Yes	0. No	→	Go to 455
98. Don't know			

447 Who checked on your health at that time?

1. Doctor	5. Community health worker
2. Nurse/midwife	6. Mother child health worker
3. Auxiliary midwife	97. Others (Specify).....
4. Traditional birth attendant	

448 How long after delivery did that first check of YOUR health take place?
(If less than one day, record hours. If less than one week, record days.)

Hour.....	Week.....
Day.....	Month.....

449 How satisfied were you with the postnatal services you received for yourself? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

1. Very satisfied	4. Somewhat dissatisfied
2. Somewhat satisfied	5. Very dissatisfied
3. Neither satisfied nor dissatisfied	98. Don't know

450 How attentive was the provider that offered you postnatal care? Were they very attentive, somewhat attentive, neither attentive nor inattentive, somewhat inattentive or very inattentive?

1. Very attentive

4. Somewhat inattentive

2. Somewhat attentive

5. Very inattentive

3. Neither attentive nor inattentive

98. Don't know

451 How friendly was the provider that offered you postnatal care? Were they very friendly, somewhat friendly, neither friendly nor unfriendly, somewhat unfriendly or very unfriendly?

1. Very friendly

4. Somewhat unfriendly

2. Somewhat friendly

5. Very unfriendly

3. Neither friendly nor unfriendly

98. Don't know

452 How respectful was the provider that offered you postnatal care?

1. Very respectful

4. Somewhat disrespectful

2. Somewhat respectful

5. Very disrespectful.....

3. Neither respectful nor disrespectful

98. Don't know

453 How knowledgeable was the provider that offered you postnatal care?

1. Very knowledgeable

4. Somewhat unknowledgeable

2. Somewhat knowledgeable

5. Very unknowledgeable

3. Neither knowledgeable nor unknowledgeable

98. Don't know

454 To what extent did the provider who offered you postnatal care listen to your concerns? Did they listen a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. Not at all

98. Don't know

455 Did anyone check on the health of (NAME of child) after you gave birth but not at a health facility?

1. Yes

0. No

→ Go to 458

98. Don't know

456 Who checked on the health of (NAME of child) at that time?

1. Doctor

4. Traditional birth attendant

2. Nurse/midwife

5. Community health worker

3. Auxiliary midwife

97. Others (Specify).....

457 How long after delivery did that first check of (NAME of child)'s health take place?

Hour.....

Week.....

Day.....

Month.....

458 At the time of delivery or after the delivery did you receive a visit from the FCHV?

1. Yes

0. No

3. Don't know FCHV

98. Don't know

459 After delivery, were you given or did you buy folic acid/iron tablets?

For Interviewer: SHOW folic acid tablet as a sample to help to recognize/remember.

1. Yes

0. No

98. Don't know

460 In the first two months after delivery, did you receive a dose of Vitamin A (like this)?

For Interviewer: SHOW Vitamin A sample to help to recognize/remember.

1. Yes

0. No

98. Don't know

461 In the two months after (NAME) was born, did any health care provider or birth attendant check on his/her health?

1. Yes

0. No

98. Don't know

461_0 **For Interviewer:** Record from 445, 455 and 461

1 Has seen a Doctor

2 Has not seen a Doctor

Go to 470

461_1 **For Interviewer:** Record from Section 2, 201

1 Child's age is 2 or more months old

2 Child is less than 2 months

Go to 470

462 How long after delivery did that first check take place?
(If less than one day, record hours. If less than one week, record days.)

Hour.....

Week.....

Day.....

Month.....

462a Who checked on the health of (NAME of child) at that time?

1. Doctor

5. Community health worker

2. Nurse/midwife

6. Mother child health worker

3. Auxiliary midwife

97. Others (Specify).....

4. Traditional birth attendant

463 How satisfied were you with the postnatal services you received for your child? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

1. Very satisfied

4. Somewhat dissatisfied

2. Somewhat satisfied

5. Very dissatisfied

3. Neither satisfied nor dissatisfied

98. Don't know

464 How attentive was the provider that offered you postnatal care for your child? Were they very attentive, somewhat attentive, neither attentive nor inattentive, somewhat inattentive or very inattentive?

1. Very attentive

4. Somewhat inattentive

2. Somewhat attentive

5. Very inattentive

3. Neither attentive nor inattentive

98. Don't know

465 How friendly was the provider that offered you postnatal care for your child? Were they very friendly, somewhat friendly, neither friendly nor unfriendly, somewhat unfriendly or very unfriendly?

1. Very friendly

4. Somewhat unfriendly

2. Somewhat friendly

5. Very unfriendly

3. Neither friendly nor unfriendly

98. Don't know

466 How respectful was the provider that offered you postnatal care for your child?

1. Very respectful

4. Somewhat disrespectful

2. Somewhat respectful

5. Very disrespectful

3. Neither respectful nor disrespectful

98. Don't know

467 How knowledgeable was the provider that offered you postnatal care for your child?

1. Very knowledgeable

4. Somewhat unknowledgeable

2. Somewhat knowledgeable

5. Very unknowledgeable

3. Neither knowledgeable nor
unknowledgeable

98. Don't know

468 To what extent did the provider who offered postnatal care for your child listen to your concerns? Did they listen a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. Not at all

98. Don't know

469 To what extent did the services help you take care of your child after you gave birth? Did that help a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. Not at all

98. Don't know

470 How many times in the last six months were you visited at home by a health worker /FCHV/Suaahara worker?

0. None

Number.....

Section 5: Family Planning

Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy. Please tell me if you ever heard of those methods or not.

- 501 Have you ever heard of Female Sterilization to avoid pregnancy? Probe: Women can have an operation to avoid having any more children.

1. Yes

0. No

- 502 Have you ever heard of Male Sterilization to avoid pregnancy? Probe: Men can have an operation to avoid having any more children.

1. Yes

0. No

- 503 Have you ever heard of IUD to delay or avoid a pregnancy? Probe: Women can have a loop or coil placed inside them by a doctor or a nurse.

1. Yes

0. No

- 504 Have you ever heard of Injectables to delay or avoid a pregnancy? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.

1. Yes

0. No

505 Have you ever heard of Implants to delay or avoid a pregnancy? PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.

1. Yes

0. No

506 Have you ever heard of Pill to delay or avoid a pregnancy? PROBE: Women can take a pill every day to avoid becoming pregnant.

1. Yes

0. No

507 Have you ever heard of Condom to delay or avoid a pregnancy? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.

1. Yes

0. No

508 Have you ever heard of Female Condom to delay or avoid pregnancy? PROBE: Women can place a sheath in their vagina before sexual intercourse.

1. Yes

0. No

509 Have you ever heard of Lactational Amenorrhea Method (LAM). (2) to delay or avoid pregnancy?

1. Yes

0. No

510 Have you ever heard of Rhythm Method to delay or avoid pregnancy? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.

1. Yes

0. No

511 Have you ever heard of Withdrawal to delay or avoid pregnancy? PROBE: Men can be careful and pull out before climax.

1. Yes

0. No

512 Have you ever heard of Emergency Contraception to delay or avoid pregnancy? PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.

1. Yes

0. No

513 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?

1. Yes → Other method.....

0. No

514 Are you currently pregnant?

1. Yes	→	Go to 517		0. No
--------	---	-----------	--	-------

515 Are you currently using any method to delay or avoid getting pregnant?

1. Yes		0. No	→	Go to 517
--------	--	-------	---	-----------

516 Which method are you, your (husband or your partner) using to delay or avoid pregnancy?

Circle all that are mentioned.

1. Female sterilization	9. Diaphragm
2. Male sterilization	10. Foam/jelly
3. IUD	11. Lactational Amen. Method
4. Injectables	12. Rhythm method
5. Implants	13. Withdrawal
6. Pill	97.1 Other modern method _____
7. Condom	97.2 Other modern method _____
8. Female condom	

517 Have you ever been counseled by a health professional (including a FCHV) about healthy spacing and timing of pregnancy?

1. Yes

0. No

Go to Section 6

518 By whom you counseled about healthy spacing and timing of pregnancy?

Health Personnel

1. Doctor

2. Nurse/Midwife

3. Health Assistant

4. AHW

10. Mother Child health worker

Other Person

5. FCHV

6. Trained TBA

7. Un-trained TBA

8. Mothers group member

9. Relative/Friends/Neighbor

97. Others (Specify)...

519 When did you receive the counseling about healthy spacing and timing of pregnancy?

Check all that apply

1. Antenatal visit

2. Postnatal visit

3. Routine visit to clinic

4. Community health volunteer visit

97. Others (Specify)...

520 When was the last time you received family planning counseling?

Month.....

Year.....

98. Don't know

For Interviewer: Received family planning counselling before 2 years

→ Go to Section 6

521 How satisfied were you with the family planning counseling you received? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

1. Very satisfied

4. Somewhat dissatisfied

2. Somewhat satisfied

5. Very dissatisfied

3. Neither satisfied nor dissatisfied

98. Don't know

522 How responsive was the staff where you received family planning counseling? Were they very responsive, somewhat responsive, neither responsive nor unresponsive, somewhat unresponsive or very unresponsive?

1. Very responsive

4. Somewhat unresponsive

2. Somewhat responsive

5. Very unresponsive

3. Neither responsive nor unresponsive

98. Don't know

523 How friendly was the staff where you received family planning counseling? Were they very friendly, somewhat friendly, neither friendly nor unfriendly, somewhat unfriendly or very unfriendly?

1. Very friendly

4. Somewhat unfriendly

2. Somewhat friendly

5. Very unfriendly

3. Neither friendly nor unfriendly

98. Don't know

524 How respectful was the staff where you received antenatal care?

1. Very respectful

4. Somewhat disrespectful

2. Somewhat respectful

5. Very disrespectful

3. Neither respectful nor disrespectful

98. Don't know

525 How knowledgeable was the staff about family planning counseling?

1. Very knowledgeable

4. Somewhat unknowledgeable

2. Somewhat knowledgeable

5. Very unknowledgeable

3. Neither knowledgeable nor unknowledgeable

98. Don't know

526 To what extent did the staff listen to your concerns? Did they listen a lot, somewhat, a little or not at all?

1. A lot

2. Somewhat

3. A little

4. None

98. Don't know

Section 6. HFOMC and other health activity exposure and opinions

“Now I am going to ask you about your familiarity with and opinion of certain health activities and services in your ward.”

- 601 What concerns, if any, do you have regarding the services provided at your local health facility?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Poor availability of staff

2. Inconvenient facility hours

3. Long wait time for treatment

4. Charges for free medicines

5. Lack of medicine or supplies

6. Lack of necessary implements

7. Charges for free services

8. Lack of certain health service(s).

9. Lack of privacy or confidentiality at facility

10. Poor treatment(may include

11. Disrespect, discrimination by facility staff

12. Lack of same sex health provider

13. None

97. Others (Specify).....

602 What services are available at your local health facility?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Antenatal care

2. Delivery services

3. Postnatal care

4. Family planning

5. Routine health visit

6. Child health visit

7. Immunizations

8. Curative care

97. Others (Specify)....

998. Don't know

603 How do you know about the services available at your local health facility?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Health facility staff

2. Community meeting

3. NGO/CBO meeting

4. HFOMC member

5. Friend

6. FCHV

7. Radio/FM

8. TV

97. Others (Specify)....

604 Are you a 1,000 Days mother?

1. Yes

0. No

98. Don't know

605 Have you ever heard of Health Facility Operation and Management Committees (HFOMCs)?

1. Yes

0. No

→ Go to Section 7

98. Don't know

606 How did you hear about HFOMCs?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Health facility staff

2. Community meeting

3. NGO/CBO

4. HFOMC member

5. Postings at health facility

6. FCHV

7. Friend

97. Others (Specify)....

607 What is the role of the HFOMC?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Health facility staff management

2. Managing and maintaining physical infrastructure

3. Managing availability of medicines and equipment

4. Identifying and developing solutions to problems women face in health service access and use

5. Identifying and developing solutions to problems poor and disadvantaged groups face in health service access and use

6. Identifying those who do not have access to health services

7. Managing and mobilizing resources/funds to support health services

8. Conducting facility audits

9. Conducting monthly meetings of the committee

10. Conducting social audit

97. Others (Specify)....

98. Don't know

→ Go to 609

608 In your opinion, does the HFOMC have the capacity to perform these roles/functions?
Completely, somewhat or no capacity?

1. Yes, completely

3. No

2. Yes, somewhat

98. Don't know

609 Can you name a member of the HFOMC in your area?

1. Yes

0. No



Name 1:.....

610 Have you ever seen information from HFOMCs posted at your local health facility?

1. Yes

0. No

→ Go to 612

98. Don't know

611 What type of information have you seen posted at your local health facility?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. HFOMC meeting minutes

2. HFOMC meeting agenda

3. List of HFOMC members

4. Information on funding

5. HFOMC work plan

6. Citizen Charter

7. Information on key decisions made

8. Information on vaccination

97. Others (Specify)....

612 If you wanted to take a health services concern topic to the HFOMC for their assistance, do you know how to do this?

1. Yes

0. No

→ Go yo 614

613 How to get assistance to take a health services concern topic to the HFOMC for their assistance?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Attend a meeting

2. Through community mapping

3. Through Community Awareness Centers

4. Through Ward Citizens' Forum

5. Through mothers' group

97. Others (Specify)....

614 Are you satisfied with the work the HFOMC carries out? Are you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

1. Very satisfied

4. Somewhat dissatisfied

2. Somewhat satisfied

5. Very dissatisfied

3. Neither satisfied nor dissatisfied

98. Don't Know

615 In your opinion, does the HFOMC know the community's concerns about health services? Completely, somewhat or not known?

1. Yes, completely

3. No

2. Yes, somewhat

98. Don't know

616 In your opinion, does the HFOMC adequately address the community's concerns about health services? Completely, somewhat or not addressed?

1. Yes, completely

3. No

2. Yes, somewhat

98. Don't know

617 In your opinion, does the HFOMC know what women's specific concerns are regarding health services? Completely, somewhat or not known?

1. Yes, completely

3. No

2. Yes, somewhat

98. Don't know

618 In your opinion, does the HFOMC adequately address women's specific concerns regarding health services? Completely, somewhat or not addressed?

1. Yes, completely

3. No

2. Yes, somewhat

98. Don't know

619 In your opinion, does the HFOMC know what marginalized persons' specific concerns are regarding health services? [Marginalized: poor, traditionally disadvantaged castes or ethnicities, etc.] Completely, somewhat or not known?

1. Yes, completely

3. No

2. Yes, somewhat

98. Don't know

620 In your opinion, does the HFOMC adequately address marginalized persons' specific concerns regarding health services? Completely, somewhat or not addressed?

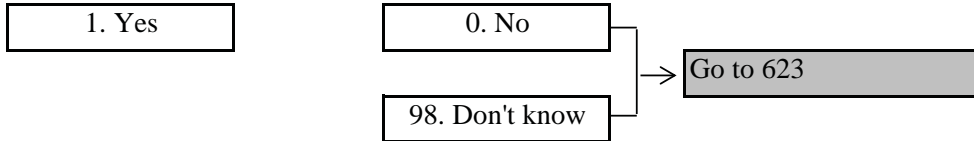
1. Yes, completely

3. No

2. Yes, somewhat

98. Don't know

621 Have you ever attended a HFOMC meeting?



622 What topics were discussed at HFOMC meeting?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Health facility staff management

2. Managing and maintaining physical infrastructure

3. Availability of medicines and equipment

4. Problems women face in health service access and use

5. Problems excluded groups face in health service access and use

6. Identifying those who do not have access to health services

7. Managing and mobilizing resources/funds to support health services

8. Facility audit

9. Conducting social audit

97. Others (Specify)....

623 Have you ever presented a concern to a HFOMC member or at a HFOMC meeting?

1. Yes

0. No

→ Go to Section 7

624 Have you ever presented a concern to a HFOMC member or at a HFOMC meeting?

For Interviewer: Do not read this list – choose answer(s) based on their response

1. Health facility staff management

2. Managing and maintaining physical infrastructure

3. Managing availability of medicines and equipment

4. Identifying and developing solutions to problems women face in health service access and use

5. Identifying and developing solutions to problems poor and disadvantaged groups face in health service access and use

6. Identifying those who do not have access to health services

7. Managing and mobilizing resources/funds to support health services

8. Conducting facility audits

9. Conducting monthly meetings of the committee

10. Conducting social audit

97. Others (Specify)....

625 Did the HFOMC address your concern?

1. Yes

0. No

→ Go to Section 7

626 How satisfied were you with the outcome? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied?

1. Very satisfied

4. Somewhat dissatisfied

2. Somewhat satisfied

5. Very dissatisfied

3. Neither satisfied nor dissatisfied

98. Don't Know

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Section 7: Women's Decision Making

“Now I am going to ask you some questions about decision making within the household, I want to know who has the final decision on the topics we will cover.” When decisions are made regarding the following aspects of household life, who is it that usually makes the decisions?

700 **For Pre-editor** Check form household census

1. R is currently Married

0. Else → Go to section 8

↓

701 Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

5. All family members

0. I don't have earning

702 Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?

1. More

2. Less

3. About the same

0. I don't have earning

703 Who usually decides how your (husband's/partner's) earnings will be used: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

5. All family members

704 Who usually decides what to do to take care of your health and nutrition: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

5. All family members

705 Who usually makes decisions about whether or not to use family planning to space or limit births: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

5. All family members

706 Who usually makes decision what to do for children's healthcare: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

5. All family members

707 Who usually makes decisions about what and how much to feed children: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

708 Who usually makes decisions about making major household purchases: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

5. All family members

709 Who usually makes decisions about visits to your family or relatives: you, your husband, or you and your husband jointly, or someone else?

1. Self

3. Self and spouse jointly

2. Spouse

4. Someone else

Section 8: HH Food Security and Dietary Diversity

“Now I would like to ask you some questions about your family’s regular access to food.”

- 801 In the past 12 months, how frequently did you worry that your household would not have enough food? You never got worried, you sometimes got worried, you often got worried or you got worried very often?

1. Never

3. Often

2. Sometimes

4. Very Often

- 802 In the past 12 months, how often were you or any household member not able to eat the kinds of foods you preferred, because of the lack of resources? Never, sometimes, often or very often?

1. Never

3. Often

2. Sometimes

4. Very Often

- 803 In the past 12 months, how often did you or any household members have to eat a limited variety of foods due to a lack of resources? Never, sometimes, often or very often?

1. Never

3. Often

2. Sometimes

4. Very Often

804 In the past 12 months, how often did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food ?

1. Never

3. Often

2. Sometimes

4. Very Often

805 In the past 12 months, how often did you or any household member eat fewer meals in a day because of resources to get food?

1. Never

3. Often

2. Sometimes

4. Very Often

806 In the past 12 months, how often was there no food to eat, of any kind, in your household because of lack of resources to get food? Never, sometimes, often or very often?

1. Never

3. Often

2. Sometimes

4. Very Often

807 In the past 12 months, how often did you or any household member sleep at night hungry because there was not enough food?

1. Never

3. Often

2. Sometimes

4. Very Often

808 For Interviewer: Record the answer from 801 through 807

1 "Never" answer in all questions

→

2 All others

809 What was the main cause of food deficiency in your household in the last 12 months?

810 Did your household have to adopt the following to meet the household food need in the last 12 months?

MULTIPLE RESPONSES POSSIBLE

0. None

1. Taken loan

2. Collect wild food

3. Consume the food that was kept as seed source

4. Sell assets

5. Sell livestock

6. Sell land

7. Eat food given by neighbors/relatives

8. Get involved in a food for work/cash for work program

9. Get support from NGOS

97. Others (specify).....

98. Don't know

811 Now I would like to ask you about the types of food that you or anyone else in your household ate yesterday during the night and day. I will tell you the name of food, please tell me if you or anyone else in your household ate yesterday during the night and day.

Have you or your household ate Cereals: rice, roti, puffed rice, pressed rice, noodles, or any other foods made with rice, wheat, maize/corn, or other locally available grain yesterday during the night and day?

1. Yes

0. No

812 Have you or your household ate Vitamin A-rich vegetables and tubers: Pumpkin, carrots, sweet potatoes, or vegetables that are orange or yellow inside yesterday during the night and day?

1. Yes

0. No

813 Have you or your household ate White tubers, roots, or other starchy foods: Potatoes, white yams, white sweet potatoes, potato crisps or other foods made from roots (not orange and yellow inside) yesterday during the night and day?

1. Yes

0. No

814 Have you or your household ate Dark green leafy vegetables: Spinach, red amaranth leaves, green amaranth leaves, kale, mustard leaves, and yam leaves etc yesterday during the night and day?

1. Yes

0. No

815 Have you or your household ate Other vegetables: Squash, eggplant, green papaya, cauliflower, cabbage, onion, radish, etc. yesterday during the night and day?

1. Yes

0. No

816 Have you or your household ate Vitamin A rich fruits: Ripe mangos, ripe papayas / pawpaw, jack fruit yesterday during the night and day?

1. Yes

0. No

817 Have you or your household ate Other fruits: Bananas, apples, guavas, oranges, other citrus fruits, pineapple, watermelon, olives grapes, tamarind, plum yesterday during the night and day?

1. Yes

0. No

818 Have you or your household ate Meat products: goat, lamb, chicken, duck, other birds, liver, kidney, heart, or meats of any other organ meats yesterday during the night and day?

1. Yes

0. No

819 Have you or your household ate Eggs: Eggs from chicken, duck, turkey, other birds; with or without yolk yesterday during the night and day?

1. Yes

0. No

820 Have you or your household ate Fish: big/small fresh or dried fish or shellfish (prawn, crab, etc.) yesterday during the night and day?

1. Yes

0. No

821 Have you or your household ate Legumes: Any foods made from beans, peas, lentils, soybeans, peas, etc. yesterday during the night and day?

1. Yes

0. No

822 Have you or your household ate Milk and milk products: milk, cheese, yoghurt, etc. yesterday during the night and day?

1. Yes

0. No

823 Have you or your household ate Oils and fats: oil, fat, butter, or ghee added to food or used for cooking yesterday during the night and day?

1. Yes

0. No

824 Have you or your household ate Sweets: sugar molasses, honey, misti, cold drinks, chocolates, candies, biscuits yesterday during the night and day?

1. Yes

0. No

825 Have you or your household ate Spices, condiments, beverages: spices (cumin, coriander, salt); condiments (pickles, chutney); coffee, tea, etc yesterday during the night and day?

1. Yes

0. No

826 Have you or your household ate any other foods yesterday during the night and day?

1. Yes

0. No



Go to Section 9

827 What are those other foods?

1 _____

2 _____

Section 9: Social Inclusion & Group Membership

Now I'd like to ask you some questions about your involvement in different community groups which are within your ward..

- 901 In general, if you were at a community meeting, how comfortable are you that you could raise your opinion? Not comfortable at all, Fairly uncomfortable, Neither comfortable nor uncomfortable, Fairly comfortable, Very comfortable ?

1. Not comfortable at all	4. Fairly comfortable
2. Fairly uncomfortable	5. Very comfortable
3. Neither comfortable nor uncomfortable	98. Don't Know

Now I'd like to ask you about groups operating in your ward and whether you are a member.

- 902a Are there agricultural/livestock/fisheries producer groups (including marketing) in your ward?

1. Yes	0. No → Go to 903a
--------	--------------------

- 902b Are you an active member of this agricultural/livestock/fisheries producer groups?

1. Yes	0. No → Go to 902d
--------	--------------------

902c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?

1. No input at all	4. Input into most decisions
2. Input into very few decisions	5. Input into all decisions
3. Input into some decisions	6. Decisions not made

↓

Go to 903a

902d Why are you not a member of agricultural/livestock/fisheries producer group (including marketing) ?

Check all that apply

1. Not interested	5. Group meeting location not convenient
2. No time	6. Family dispute/unable to join
3. Unable to raise entrance fees	7. Not allowed because of sex
4. Unable to raise recurring fees	8. Not allowed because of caste
97. Others (Specify)....	

903a Is there a credit or microfinance group in your ward?

1. Yes	0. No	→ Go to 904a
--------	-------	--------------

903b Are you an active member of this credit or microfinance group?

1. Yes	0. No	→ Go to 903d
--------	-------	--------------

903c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?

1. No input at all	4. Input into most of the decisions
2. Input into very few decisions	5. Input into all decisions
3. Input into some decisions	6. Decisions not made

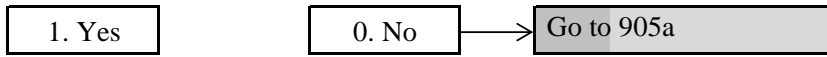
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Go to 904a

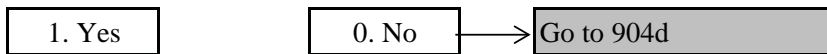
903d Why are you not a member of this credit or microfinance group?

Check all that apply	
1. Not interested	5. Group meeting location not convenient
2. No time	6. Family dispute/unable to join
3. Unable to raise entrance fees	7. Not allowed because of sex
4. Unable to raise recurring fees	8. Not allowed because of caste
97. Others (Specify)....	

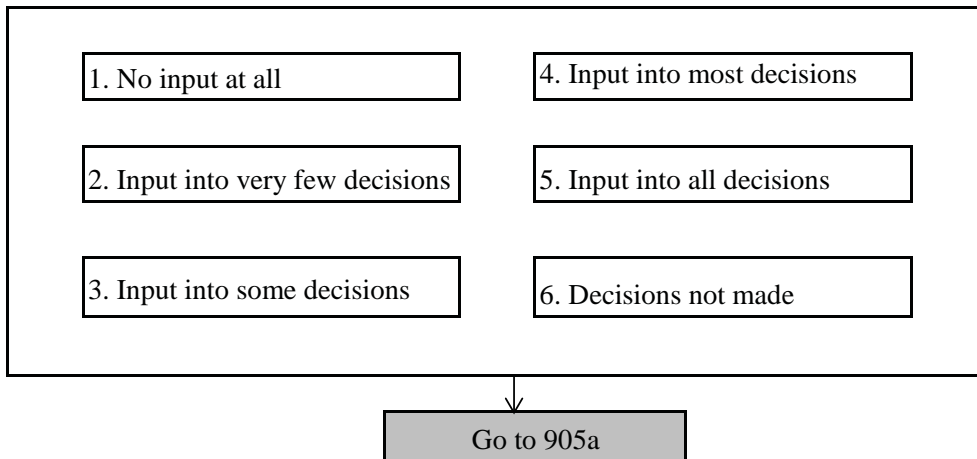
904a Is there a mutual help or insurance group in your ward?



904b Are you an active member of this mutual help or insurance group?



904c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?



904d Why are you not a member of this mutual help or insurance group?

Check all that apply

1. Not interested

5. Group meeting location not convenient

2. No time

6. Family dispute/unable to join

3. Unable to raise entrance fees

7. Not allowed because of sex

4. Unable to raise recurring fees

8. Not allowed because of caste

97. Others (Specify)....

905a Is there a trade and business association in your ward?

1. Yes

0. No

→ Go to 906a

905b Are you an active member of this trade and business association group?

1. Yes

0. No

→ Go to 905d

905c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?

1. No input at all	4. Input into most decisions
2. Input into very few decisions	5. Input into all decisions
3. Input into some decisions	6. Decisions not made

↓

Go to 906a

905d Why are you not a member of this trade and business association?

Check all that apply

1. Not interested	5. Group meeting location not convenient
2. No time	6. Family dispute/unable to join
3. Unable to raise entrance fees	7. Not allowed because of sex
4. Unable to raise recurring fees	8. Not allowed because of caste
97. Others (Specify)....	

906a Is there a Civic group (improving community) or charitable group (helping others) in your ward?

1. Yes	0. No	→ Go to 907a
--------	-------	--------------

906b Are you an active member of this civic or charitable group?

1. Yes	0. No	→ Go to 906d
--------	-------	--------------

906c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?

1. No input at all	4. Input into most decisions
2. Input into very few decisions	5. Input into all decisions
3. Input into some decisions	6. Decisions not made

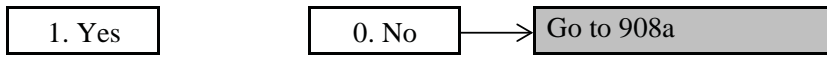
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Go to 907a

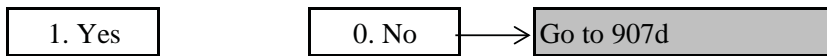
906d Why are you not a member of this civic group (improving community) or charitable group (helping others)?

Check all that apply	
1. Not interested	5. Group meeting location not convenient
2. No time	6. Family dispute/unable to join
3. Unable to raise entrance fees	7. Not allowed because of sex
4. Unable to raise recurring fees	8. Not allowed because of caste
97. Others (Specify)....	

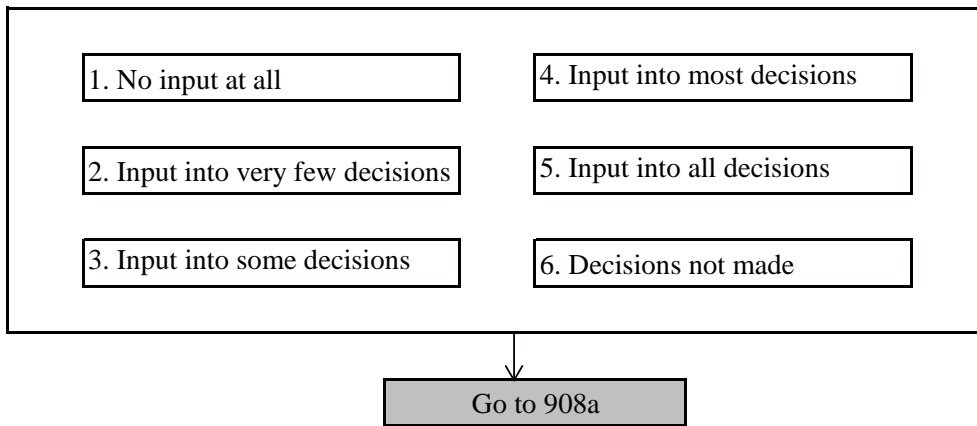
907a Is there a Community Awareness Centers (CAC) in your ward ?



907b Are you an active member of this community awareness center?



907c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?



907d Why are you not a member of this Community Awareness Centers (CAC)?

Check all that apply

1. Not interested

5. Group meeting location not convenient

2. No time

6. Family dispute/unable to join

3. Unable to raise entrance fees

7. Not allowed because of sex

4. Unable to raise recurring fees

8. Not allowed because of caste

97. Others (Specify)....

908a Is there a Ward Citizens' Forum (WCF) in your ward?

1. Yes

0. No

→ Go to 909a

908b Are you an active member of this ward citizens' forum?

1. Yes

0. No

→ Go to 908d

908c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?

1. No input at all	4. Input into most decisions
2. Input into very few decisions	5. Input into all decisions
3. Input into some decisions	6. Decisions not made

↓
Go to 909a

908d Why are you not a member Ward Citizens' Forum (WCF)?

Check all that apply

1. Not interested

5. Group meeting location not convenient

2. No time

6. Family dispute/unable to join

3. Unable to raise entrance fees

7. Not allowed because of sex

4. Unable to raise recurring fees

8. Not allowed because of caste

97. Others (Specify)....

909a Is there a Religious group in your ward?

1. Yes

0. No

→ Please Go to 910a

909b Are you an active member of this religious group?

1. Yes

0. No

→ Go to 909d

909c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?

1. No input at all	4. Input into most decisions
2. Input into very few decisions	5. Input into all decisions
3. Input into some decisions	6. Decisions not made

↓

Go to 910a

909d Why are you not a member of this Religious group?

Check all that apply

1. Not interested	5. Group meeting location not convenient
2. No time	6. Family dispute/unable to join
3. Unable to raise entrance fees	7. Not allowed because of sex
4. Unable to raise recurring fees	8. Not allowed because of caste
97. Others (Specify)....	

910a Is there a mother's group in your ward?

1. Yes	0. No	→ Go to 911
--------	-------	-------------

910b Are you an active member of this mother's group?

1. Yes	0. No	→ Go to 910d
--------	-------	--------------

910c How much input do you have in making decisions in this group? No input at all, input into very few decisions, input into some decisions, input into most decisions, input into all decisions or decisions not made?

1. No input at all	4. Input into most decisions
2. Input into very few decisions	5. Input into all decisions
3. Input into some decisions	6. Decisions not made

↓

Go to 911

910d Why are you not a member mother's group?

Check all that apply

1. Not interested	5. Group meeting location not convenient
2. No time	6. Family dispute/unable to join
3. Unable to raise entrance fees	7. Not allowed because of sex
4. Unable to raise recurring fees	8. Not allowed because of caste
97. Others (Specify)....	

911 Are there any other women's groups in your ward?

1. Yes

0. No

→ **Go to Section 10**

912 Please tell me others women's group which are in your ward?

1 _____

2 _____

3 _____

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Section 10: Access to Information

Now I'd like to ask you some questions about different sources of information that you may or may not have access to. In the last month, have you heard or seen any messages about health or nutrition from any of the following sources?

1001a Have you heard or seen any messages about health or nutrition from: Radio in last month?

1. Yes

0. No

1001b Have you heard or seen any messages about nutrition from: Radio in the last month?

1. Yes

0. No

1002a Have you heard or seen any messages about health: TV in the last month?

1. Yes

0. No

1002b Have you heard or seen any messages about nutrition: TV in the last month?

1. Yes

0. No

1003a Have you seen any messages about health: Brochure, leaflet, poster, banner in the last month?

1. Yes

0. No

1003b Have you seen any messages about nutrition from: Brochure, leaflet, poster, banner in the last month?

1. Yes

0. No

1004a Have you seen any messages about health: Billboards in the last month?

1. Yes

0. No

1004b Have you seen any messages about nutrition: Billboards in the last month?

1. Yes

0. No

1005a Have you seen any messages about health: Flipcharts in the last month?

1. Yes

0. No

1005b Have you seen any messages about nutrition: Flipcharts in the last month?

1. Yes

0. No

1006a Have you seen any messages about health: Counseling card in the last month?

1. Yes

0. No

1006b Have you seen any messages about nutrition : Counseling card in the last month?

1. Yes

0. No

1007a Have you heard or seen any messages about health: Movie theatre/cinema in the last month?

1. Yes

0. No

1007b Have you heard or seen any messages about nutrition: Movie theatre/cinema in the last month?

1. Yes

0. No

1008a Have you heard any messages about health: Community or village gatherings in the last month?

1. Yes

0. No

1008b Have you heard or seen any messages about nutrition from: Community or village gatherings in the last month?

1. Yes

0. No

1009a Have you heard or seen any messages about health: Church or religious meetings in the last month?

1. Yes

0. No

1009b Have you heard or seen any messages about nutrition: Church or religious meetings in the last month?

1. Yes

0. No

1010a Have you heard or seen any messages about health: Mothers groups meetings in the last month?

1. Yes

0. No

1010b Have you heard or seen any messages about nutrition: Mothers groups meeting in the last month?

1. Yes

0. No

1011a Have you heard or seen any messages about health: Street drama in the last month?

1. Yes

0. No

1011b Have you heard or seen any messages about nutrition: Street drama in the last month?

1. Yes

0. No

1012a Have you heard or seen any messages about health: Health facility (Hospital, clinic, post) in the last month?

1. Yes

0. No

1012b Have you heard or seen any messages about nutritious: Health facility (Hospital, clinic, post) in the last month?

1. Yes

0. No

1013a Have you heard or seen any messages about health: FCHV in the last month?

1. Yes

0. No

1013b Have you heard or seen any messages about nutrition: FCHV in the last month?

1. Yes

0. No

1014a Have you heard or seen any messages about health: Newspaper in the last month?

1. Yes

0. No

1014b Have you heard or seen any messages about nutrition: Newspaper in the last month?

1. Yes

0. No

1015a Have you heard or seen any messages about health: Others in the last month?

1. Yes

0. No

→ Go to 1016a

1015b Others (Please Specify...)

1 _____

2 _____

1016a Have you ever heard or seen any messages about health from the sources other than listed above, in the last month?

1. Yes

0. No

→ Go to 1017

1016b Have you ever heard or seen any messages about nutritious diet from the sources other than listed above, in the last month?

1 _____

2 _____

1017 Thank you very much for your time and cooperation! The information that you provided is very useful, valuable, and important.

Namaskar !

Exact time now: _____

Interviewer Experience



Call Record

Description	First Time	Second Time	Third Time	Remarks
Date				
Name of Interviewer				
Final Result*				
Time				
Date for Next Visit				

- | | | |
|--------------------------|---------------------------|---------------------------------|
| 1. Interview Complete | 2. Respondent not at home | 3. Interview Partially Complete |
| 4. Refusal | 5.No one living the home | 6, Did not find the house |
| 7. Other (Specify) | | |

APPENDIX E. QUALITATIVE DATA COLLECTION TOOLS

Focus Group Discussion Guide with 1,000 Days Fathers in the Community

Health Facility Observations

HFOMC Meeting Observation Guide

In-Depth Interview Discussion Guide for HFOMC Members

Key Informant Interview with Senior Health Facility Staff Member

Key Informant Interview Discussion Guide for District Stakeholders

GPM Client Exit Interview Guide

Focus Group Discussion Guide with 1,000 Days Fathers in the Community

IRB Study # 14-0437

Document Version Date: 7/14/2014

Welcome. Thank you for participating in this discussion. My name is _____ and assisting me is _____ (*name*). We are from Research Inputs and Development Action (RIDA). We have asked you to participate in this discussion because you are part of the 1,000 Days Fathers group. We would like to hear from you about your experiences with health facilities and health services, and organizations that work with health facilities in your community. We would like to spend 90 minutes talking with you about these topics.

I am the moderator and I will be guiding our discussion today. It is my job to make sure that we get to all of the topics that we would like to cover. My assistant will be taking notes on our discussion. We will not be writing down your name, so everything that you say during the discussion today will remain anonymous. We will not identify anyone by name in our report.

Before we start, I would like to remind you that there is no right or wrong answer in this discussion. We are interested in knowing what each of you think, so please feel free to share your point of view, regardless of whether you agree or disagree with what you hear. It is very important that we hear everyone's opinions. We will be recording the discussion so that we can capture all of your ideas, so please remember that only one person should speak at a time. Please listen respectfully, even if you disagree with what the person is saying.

As an introduction, we will pass this ball around the group, and whoever has the ball is allowed to speak. When you get the ball, please tell the group your first name and your favorite food. Then, pass the ball onto someone else. He does not need to be sitting next to you.

Domain 1 – Experiences with health facilities and staff

I would like to start the discussion by learning about the health facilities in your community and your thoughts on the care that your wives and children receive at those facilities.

1. Please tell me about the health facilities and outreach clinics in your community.

Probes:

- a. What facilities are available? How accessible are they?
2. Please tell me about the health services that are available to women, babies, and children at the health facility or outreach clinics.
3. Please tell me about the family planning services that are available at the health facility or outreach clinics.

Role Play for “Bad/Poor Quality Health Service”

Tell the group that you want to do a role play now. Ask the group to:

Think about a time when you received health care you were not happy or satisfied with. How can you illustrate this? How can you show this? You can do whatever you want – one person can be a nurse, doctor or any other provider and another person a client.

Allow the group to spend about 5 minutes together reflecting on how they are going to show “poor quality service”. Not everyone has to participate. Even if they do not want to participate in the role play, they can participate in the discussion afterward.

4. What did you see in the role play? What was presented?
 - a. Probes:
 - i. Was there anything else you noticed that made it “bad service”?
 - ii. Are there other elements of quality that were covered in the role play?
5. Are there other elements of quality that were not covered in role play? What are they?

Role Play for “Good Quality Service”

Tell the group that you want to do another role play. Ask the group to:

Now please think about a time when you received health care that you were happy or satisfied with. We would like to ask you to do a role play to show this “good quality service”. As before, you can show whatever roles or activities are necessary to demonstrate what you believe is good quality service.

Allow the group to spend about 5 minutes together reflecting on how they are going to show “good quality service”

6. Does everyone agree that the client received good quality service? What did you see that made you feel that way?
 - a. Probes:
 - iii. Is there anything else that made it good service? If so, please describe.
7. Are there other elements or aspects of quality that were not covered in the role play? If so, please describe.

Note to moderator: If there is more than one health facility in the VDC, probe on questions 8 and 9 to clarify which health facility is being talked about during the discussion.

8. How does the community perceive the quality of services that women and children receive at the health facility here? Tell me more about that. How about at the outreach clinics?

Probes:

 - a. If not mentioned, probe on health provider behavior, waiting time, cleanliness of health facility, access to providers, confidentiality.
 - b. How do men know that wives or children received quality care? Do men accompany them to the health facility or do wives tell husbands they were satisfied with their care?
 - c. Please describe an example you have heard when wives or children received high quality health service.
 - d. Please describe an example you have heard of when wives or children received low quality health service.
9. When men visit the health facility with wives or children, what is typically their experience with the staff?
10. Please tell me what you know about the Free Health Care Policy.

Domain 2 – Health services concerns

Now I would like to learn about the concerns that you have with health services in your community. For this part of the discussion, please be thinking of concerns that you have related to family planning and health services for women, babies, and children. These could be things like waiting times, cost, providers’ attitudes, or anything else that makes it challenging to receive care. I will ask you to share the community’s concerns with the group and we will write down everyone’s concerns on chart paper. We will then vote to determine the top 2 most important concerns.

Note to moderator: Give the group a few minutes of silence to think of their concerns related to health services before proceeding with the following questions.

11. Please tell me about the community's concerns with health services for mothers, babies, and children provided by the health facility in your community. (*Write down concerns on chart paper; limit number of concerns to no more than 10*)
12. Please tell me about the community's concerns with the family planning services provided by the health facility in your community. (*Write down concerns on chart paper; limit number of concerns to no more than 10*)

Thank you for your help making this list. Now I would like you to rank these concerns. I will read each concern aloud, please raise your hand for the concern that you think is most important to the community. (*Read each concern and have participants raise their hands. Each participant only gets one vote. Have the assistant count the raised hands and write down the number next to the concern on the chart paper. If the top concern does not receive a majority of the votes, cross off concerns with lower numbers of votes and have the group vote again on the remaining concerns until one has a majority of votes.*)

Let's talk about _____ (*1st most important concern*).

13. Why is this concern important for this community?
14. Do you think that this concern has been addressed?
If concern has been addressed:
 - a. How has this concern been addressed?
 - b. What persons or organizations have addressed this concern?
 - c. How has the community been involved in addressing this concern?*If concern hasn't been addressed:*
 - a. What do you think could be done to address this concern?
 - b. Who do you think could help address this concern?

Note to moderator: Repeat questions 13 and 14 for 2nd most important concern.

15. In general, who in your community is most in need of health services?
Probes:
 - a. What groups of people?
 - b. Why are they most in need?
 - c. What is their experience accessing these services?

Domain 3 – Knowledge of HFOMC

Now I would like to ask you about the local committee that operates and manages health facilities in this community. This committee is called the Health Facility Operation and Management Committee or HFOMC.

16. What can you tell me about the HFOMC in your community/VDC?
Probes:
 - a. How did you hear about your HFOMC?
 - b. Who are the members on your HFOMC?
 - c. What is the role of the HFOMC?
17. Does the community feel that your committee represents the interests and needs of disadvantaged groups such as Dalits, Janajatis, or Madhesis?
Probes:
 - a. *If yes*, how does the committee represent the interests of these groups? Give example.
 - b. *If no*, how could the committee better represent the interests of these groups?
18. Does the community feel that the committee is committed to improving health services for women and children?
Probes:

- a. *If yes*, how is the committee committed to improving health services for women and children?
 - b. *If no*, how could the committee better show their commitment to these groups?
19. Does the community feel that your committee is committed to improving health services for disadvantaged groups?

Probes:

- a. *If yes*, how is the committee committed to improving health services for these groups? Give example.
- b. *If no*, how could the committee better show their commitment to these groups?

Domain 4 – Community collaboration with HFOMCs

Next I would like to hear about how your community has worked with the Health Facility Operation and Management Committee in your community.

20. How has your community been involved with the HFOMC?

Probes (if participants are unsure of means of participation with HFOMC):

- a. Has anyone in your community been to or participated in any meetings with the HFOMC? Tell me more.
 - b. Has anyone in your community participated in any community discussions with the HFOMC? Tell me more.
 - c. Has anyone from your community ever been approached by an HFOMC asking for your feedback? Tell me more.
 - d. Has anyone from your community brought an issue to the HFOMC as part of a group, like the Ward Citizen's Forum, Community Awareness Center, father's group, youth club, or Dalit organization? Tell me more.
21. How have you worked with the HFOMC in your community to address issues with health services? (*note: if under Q10 or 16 they have already noted working with the HFOMC to address these issues, you can skip this question*)

Probes:

- a. What were those issues?
- b. How were they addressed?
- c. How did you feel about the way the committee responded to those issues?

Domain 5 – Community collaboration with CBOs

Now I would like to learn about organizations in your community that provide information about health and nutrition services, programs, or policies or advocate for these things. These include organizations such as the 1,000 Day Mothers or Fathers groups, Dalit organizations, Ward Citizens Forum, CEAs, and other community-based organizations?

- 22. Has your community received education or assistance related to health services from any organizations? Tell me more about that.
- 23. A community mobilizer is someone who is known in the community for bringing people together and raising awareness. Has anyone like that come to speak with your community about health services and programs? Tell me more about that.

Those are all of the questions that I have for our discussion today. Do you have anything that you would like to add to the discussion?

Thank you for your time and your participation.

Do you have any questions about what we have covered today?

Focus Group Discussion Guide with 1,000 Days Mothers in the Community

IRB Study # 14-0437

Document Version Date: 7/14/2014

Welcome. Thank you for participating in this discussion. My name is _____ and assisting me is _____ (*name*). We are from Research Inputs and Development Action (RIDA). We have asked you to participate in this discussion because you are part of the 1,000 Days Mothers group. We would like to hear from you about your experiences with health facilities and health services, and with organizations that work with health facilities in your community. We would like to spend 90 minutes talking with you about these topics.

I am the moderator and I will be guiding our discussion today. It is my job to make sure that we get to all of the topics that we would like to cover. My assistant will be taking notes on our discussion. We will not be writing down your name, so everything that you say during the discussion today will remain anonymous. We will not identify anyone by name in our report.

Before we start, I would like to remind you that there is no right or wrong answer in this discussion. We are interested in knowing what each of you think, so please feel free to share your point of view, regardless of whether you agree or disagree with what you hear. It is very important that we hear everyone's opinions. We will be recording the discussion so that we can capture all of your ideas, so please remember that only one person should speak at a time. Please listen respectfully, even if you disagree with what the person is saying.

As an introduction, we will pass this ball around the group, and whoever has the ball is allowed to speak. When you get the ball, please tell the group your first name and your favorite food. Then, pass the ball onto someone else. She does not need to be sitting next to you.

Domain 1 – Experiences with health facilities and staff

I would like to start the discussion by learning about the health facilities in your community and your experience with seeking care at those facilities.

1. Please tell me about the health facilities and outreach clinics in your community.
 - a. *Probes:* What facilities are available? How accessible are they?
2. Please tell me about the health services that are available to women, babies, and children at the health facility and outreach clinics.
3. Please tell me about the family planning services that are available at the health facility and outreach clinics.

Role Play for “Bad/Poor Quality Health Service”

Tell the group that you want to do a role play now. Ask the group to:

Think about a time when you received health care you were not happy or satisfied with. How can you illustrate this? How can you show this? You can do whatever you want – one person can be a nurse, doctor or any other provider and another person a client.

Allow the group to spend about 5 minutes together reflecting on how they are going to show “poor quality service”. Not everyone has to participate. Even if they do not want to participate in the role play, they can participate in the discussion afterward.

4. What did you see in the role play? What was presented?
 - a. *Probes:*

- i. Was there anything else you noticed that made it “bad service”?
 - ii. Are there other elements of quality that were covered in the role play?
- 5. Are there other elements of quality that were not covered in role play? What are they?

Role Play for “Good Quality Service”

Tell the group that you want to do another role play. Ask the group to:

Now please think about a time when you received health care that you were happy or satisfied with. We would like to ask you to do a role play to show this “good quality service”. As before, you can show whatever roles or activities are necessary to demonstrate what you believe is good quality service.

Allow the group to spend about 5 minutes together reflecting on how they are going to show “good quality service”

- 6. Does everyone agree that the client received good quality service? What did you see that made you feel that way?
 - a. Probes:
 - i. Is there anything else that made it good service? If so, please describe.
- 7. Are there other elements or aspects of quality that were not covered in the role play? If so, please describe.

Note to moderator: If there is more than one health facility in the VDC, probe on questions 8 and 9 to clarify which health facility is being talked about during the discussion.

- 8. How does your community perceive the quality of services that you receive at the health facility? How about at the outreach clinics?

Probes:

 - a. If not mentioned, probe on health provider behavior, waiting time, cleanliness of health facility, access to providers, confidentiality
 - b. Please describe an example you have heard of someone in your community receiving high quality health service.
 - c. Please describe an example you have heard of someone in your community receiving low quality health service.
- 9. When people from your community visit the health facility, what typically is their experience with the staff?
- 10. Please tell me what you know about the Free Health Care Policy.

Domain 2 – Health services concerns

Now I would like to learn about the concerns that your community has with health services in your community. For this part of the discussion, please be thinking of concerns that you have related to family planning and health and nutrition services for women, babies, and children. These could be things like waiting times, cost, providers’ attitudes, or anything else that makes it challenging to receive care. I will ask you to share your concerns with the group and we will write down everyone’s concerns on chart paper. We will then vote to determine the top 2 most important concerns.

Note to moderator: Give the group a few minutes of silence to think of their concerns related to health services before proceeding with the following questions.

- 11. Please tell me about your community’s concerns with health services for women, babies, and children provided by the health facility and outreach clinics in your community. (*Write down concerns on chart paper; limit number of concerns to no more than 10*)

12. Please tell me about your community's concerns with the family planning services provided by the health facility and outreach clinics in your community. (*Write down concerns on chart paper; limit number of concerns to no more than 10*)

Thank you for your help making this list. Now I would like you to rank these concerns. I will read each concern aloud, please raise your hand for the concern that you think is most important to the community. (*Read each concern and have participants raise their hands. Each participant only gets one vote. Have the assistant count the raised hands and write down the number next to the concern on the chart paper. If the top concern does not receive a majority of the votes, cross off concerns with lower numbers of votes and have the group vote again on the remaining concerns until one has a majority of votes.*)

Let's talk about _____ (*1st most important concern*).

13. Why is this concern important for this community?

14. Do you think that this concern has been addressed?

If concern has been addressed:

- a. How has this concern been addressed?
- b. What persons or organizations have addressed this concern?
- c. How has the community been involved in addressing this concern?

If concern hasn't been addressed:

- a. What do you think could be done to address this concern?
- b. Who do you think could help address this concern?

Note to moderator: Repeat questions 13 and 14 for 2nd most important concern.

Domain 3 – Knowledge of HFOMC

Now I would like to ask you about the local committee that operates and manages health facilities in this community. This committee is called the Health Facility Operation and Management Committee or HFOMC.

15. What can you tell me about the HFOMC in your community?

Probes:

- a. How did you hear about your HFOMC?
- b. Who are the members on your HFOMC?
- c. What is the role of the HFOMC?

16. Does your community feel that your committee represents the women's needs and interests?

Probes:

- a. *If yes*, how does the committee represent the interests of women? Give example.
- b. *If no*, how could the committee better represent the interests of women?

17. Does your community feel that your committee represents the interests and needs of disadvantaged groups such as Dalits, Janajatis, or Madhesis?

Probes:

- a. *If yes*, how does the committee represent the interests of these groups? Give example.
- b. *If no*, how could the committee better represent the interests of these groups?

18. Does your community feel that your committee is committed to improving health services for women?

Probes:

- a. *If yes*, how is the committee committed to improving health services for women? Give example.
- b. *If no*, how could the committee better show their commitment to women?

19. Does your community feel that your committee is committed to improving health services for disadvantaged groups?

Probes:

- a. *If yes*, how is the committee committed to improving health services for these groups? Give example.
- b. *If no*, how could the committee better show their commitment to these groups?

Domain 4 – Community collaboration with HFOMCs

Next I would like to hear about how people in your community have worked with the Health Facility Operation and Management Committee in your community.

20. How has your community been involved with the HFOMC here?

Probes (if participants are unsure of means of participation with HFOMC):

- a. Has anyone from your community been to or participated in any meetings with the HFOMC? Tell me more.
- b. Has anyone from your community participated in any community discussions with the HFOMC? Tell me more.
- c. Has anyone from your community brought an issue to the HFOMC as part of a group, like the Ward Citizen's Forum, mother's or women's group, or Dalit organization? Tell me more.

21. How has your community worked with the HFOMC in your community to address issues with health services? (*note: if under Q14 or 20 they have already noted working with the HFOMC to address these issues, you can skip this question*)

Probes:

- a. What were those issues?
- b. How were they addressed?
- c. How did you feel about the way the committee responded to those issues?

Domain 5 – Community collaboration with CBOs

Now I would like to learn about organizations in your community that provide information about health services, programs, or policies or advocate for these things. These include organizations such as the 1,000 Day Mothers group, Dalit organizations, Ward Citizens' Forum (WCF), civic organizations and other community-based organizations.

22. Does anyone in your community belong to any of the community groups that were mentioned? If so, which ones? What about other community groups that provide education or assistance related to health services? Tell me about these groups.

23. Have you received education or assistance related to health services from any organizations in your community? Tell me more about that.

24. A community mobilizer is someone who is known in the community for bringing people together and raising awareness. Has anyone like that come to speak with your community about health services and programs? Tell me more about that.

Those are all of the questions that I have for our discussion today. Do you have anything that you would like to add to the discussion?

Thank you for your time and your participation.

Do you have any questions about what we have covered today?

Health Facility Observations

IRB Study #

Document Version Date: 7/14/2014

Name of health facility:				
Location of health facility (village, district):				
Observer ID (Name):				
Date of observation:				
Start time:			End time:	
1.	Type of health facility:	<input type="checkbox"/> Hospital <input type="checkbox"/> PHC Center <input type="checkbox"/> Health post <input type="checkbox"/> Sub-health post <input type="checkbox"/> Other (Specify) _____		
No.	Domain	Yes	No	Remarks
Health Facility Environment & Premises				
2.	The environment outside the health facility is clean.			
3.	The environment inside the health facility is clean.			
4.	The physical infrastructure of the health facility is in good condition.			
5.	The health facility has running water.			
6.	Electricity is available at all times.			
7.	The health facility has a back-up power generator.			
8.	Toilets, if available, are functional.			
9.	The health facility has a waiting area.			
10.	The waiting area has plenty of seats.			
11.	Educational/informational posters are hung on the walls.			
12.	The organogram is posted on the wall.			
13.	A citizen's charter is hung on the wall outside the health facility.			
14.	List of free essential drugs is posted on the wall			
15.	Name list of FCHVs is posted on the wall			
16.	The health facility is welcoming.			
Health Facility Operations				
	Yes No	Remarks		
17.	The health facility is open at the posted time.			
18.	The hours of operation are posted.			
19.	Patients check in and register upon arrival.			
20.	Patients are seen in the order they arrive.			
21.	The health facility is noisy.			
22.	Patients are examined in a private room.			
23.	ANC/PNC confidentiality is maintained.			
24.	Provider-patient conversations are private.			
25.	Patient files/information are kept in a confidential			

	area (filing cabinet/room).			
HFOMC				
	Yes	No	Remarks	
26.	The name list of all HFOMC members is posted and visible to all.			
27.	A patient bill of rights is posted and visible to all.			
28.	The HFOMC yearly work plan is posted and visible to all.			
29.	A progress report of the previous fiscal year is posted and visible to all.			
30.	Meeting minutes from a recent HFOMC meeting is posted and visible to all.			
Departments and Staffing				
31.	How many staff members are working at this time?			
32.	Of the total staff members working at this time, how many are: (Total for all categories should equal total in Q25)			
33.	Doctor			
34.	Nurse/midwife			
35.	Health assistant			
36.	AHW			
37.	Other (Specify)			
38.	Of all the staff members working at this time, how many work in the following departments: (Total for all categories should equal total in Q25)			
39.	General Outpatient			
40.	General Inpatient			
41.	Inpatient delivery care			
42.	Safe Motherhood			
43.	Emergency Care			
44.	Laboratory			
45.	Other (Specify)			
46.	Describe the workload of health facility staff. Probe: Is the health facility appropriately staffed? Is there enough staff to manage the patient load? Do they appear overworked?			
Equipment and Supplies				
	Yes	No	Remarks	
47.	The following essential medicines are in stock.			
48.	Condoms			
49.	Oral contraceptives			
50.	Injectable contraceptives			
51.	Folic acid			
52.	Vitamin A			
53.	Oral rehydration Salts (ORS)			
54.	Cotrim-P			
55.	Albendazole 400 mg			
56.	Cetamol 500 mg			
57.	Zinc tablet			
58.	Chlorine powder			
59.	Oxytocin injection			
60.	Magnesiumsulphate injection			
	Universal immunizations:			
61.	BCG			
62.	DPT – Hepatitis B			

63.	Measles			
64.	Polio (Oral)			
65.	Tetanus			
66.	There is a separate storage room for medicines and supplies.			
The following supplies are available:				
67.	Reusable sterile gloves			
68.	Disposable sterile gloves			
69.	Stethoscope			
70.	Blood pressure cuff			
71.	Height measuring device			
72.	Thermometer			
73.	Scale (adult)			
74.	Infant scale			
75.	Fetoscope			
76.	Vaginal speculum			
77.	Timer			
78.	Other (Specify)			
Patient-Provider Interactions				
Please record the wait time in minutes for 6 patients (2 men, 2 women, 2 DAG)		P1	P2	Remarks
79.	Men			
80.	Women			
81.	DAG			
82.	Is wait time consistent and fair for all patients, regardless of gender or caste?			
83.	Describe how providers interact with their patients. Probe: Open communication? Are they friendly? Are they professional? Are there any differences in staff interactions with women vs. men? With DAGS vs. non-DAGS? Describe.			
84.	Do patients seem satisfied with the care they are receiving? Probe: Are patients happy? Do patients voice concerns?			
85.	What is your overall perception of the care provided to clients at this health facility?			

HFOMC Meeting Observation Guide

IRB Study # 14-0437

Document Version Date: 7/14/2014

Date of meeting: (DD/MM/YYYY)	
Name of observer:	
Type of committee:	Primary Health Center Health Post Sub Health Post
Name of district:	
Name of VDC:	
Total time of meeting:	
Observation code:	

Meeting Processes

The meeting starts on time.	Yes	No	Start time (HH:MM): _____
The ground rules are reviewed or posted.	Yes	No	
There is an agenda for the meeting.	Yes	No	
Participants were informed of time and venue for meeting in advance (3 days)	Yes	No	
The meeting is documented in the meeting minutes.	Yes	No	
A date and time is chosen for the next meeting.	Yes	No	
The meeting ends on time.	Yes	No	End time (HH:MM): _____

Meeting Setting and Attendance

Please describe the setting of the meeting:	
How many HFOMC members are present at the meeting? <i>Please provide a number.</i>	
Who is present at the meeting? <i>Circle all that apply.</i>	
Primary Health Center <ol style="list-style-type: none"> a. Chair, DDC Member b. Member Secretary, Health Facility Chief c. Female Ward Member d. DDC Members # _____ e. Principal f. Female Community Health Volunteer g. Dalit Member h. Janajati Member i. Social Worker Member j. District Health Member k. VDC Chief 	Health Post/Sub Health Post <ol style="list-style-type: none"> a. VDC Chairperson b. Member Secretary, Health Facility Chief c. Ward Female Member d. Ward Member e. Principal f. Female Community Health Volunteer g. Dalit Member h. Janajati Member i. Social Worker Member j. Other: Specify _____
Please describe the seating arrangement of members at the meeting. Please note where women and DAG members are sitting in relation to other group members.	

--

Meeting Agenda

What items are on the meeting agenda? <i>Circle all that apply.</i>		
<ul style="list-style-type: none"> a. Review of minutes from previous meeting b. Discussion of community health problems or issues c. Community mapping d. Community discussions e. Health facility (HF) management or operations (i.e. staff, resources, or finances) f. Report on programs conducted by the HF in the previous month g. Report on programs that will take place in the coming month at the HF h. Review of one year work plan i. Revision of monthly work plan j. Read out of main discussion points and decisions made during the meeting k. Other: _____ l. Other: _____ m. Other: _____ 		
Are any agenda items brought to the committee by a woman?	Yes	No
If yes, please describe the agenda item:		
If yes, how is this item received by the committee?		
Are any agenda items brought to the committee by a Dalit or Janajati?	Yes	No
If yes, please describe the agenda item:		
If yes, how is this item received by the committee?		

Leadership

Do women committee members take on an active role in the meeting?	Yes	No
<i>Please explain your answer:</i> (Note how women are participating: do they take notes, lead a discussion, make a report, read back minutes, etc.)		
Do Dalit or Janjati committee members take on an active role in the meeting?	Yes	No
<i>Please explain your answer:</i> (Note how Dalits and Janjatis are participating: do they take notes, lead a discussion, make a report, read back minutes, etc.)		

Participation

Do women committee members participate freely in discussions?	Yes	No
<i>Please explain your answer:</i> (Note the extent to which women raise issues or concerns and suggest solutions.)		
Do Dalit or Janajati committee members participate freely in discussions?	Yes	No
<i>Please explain your answer:</i> (Note the extent to which Dalit or Janajatis raise issues or concerns and suggest solutions.)		

Communication

Is communication directed to the whole committee, not just to one or selected members?	Yes	No
--	-----	----

<i>Please explain your answer:</i> (Note explicit forms of communication such as who is being addressed and implicit forms such as body language)		
Do committee members listen to each other?	Yes	No
<i>Please explain your answer:</i> (Note active listening, body language, interruptions, eye contact, questions to other members, etc.)		

Decision-Making

Are comments by women, Dalits, and Janjatis considered in the decision-making process?	Yes	No
<i>Please explain your answer:</i>		
Does the committee check for consensus before making decisions?	Yes	No
<i>Please explain your answer:</i>		

Ownership

Are task assignments evenly distributed among committee members?	Yes	No
<i>Please describe how tasks are divided among committee members:</i>		

Results

What is reported as achieved since the previous month's meeting?
What specific accomplishments are achieved by the end of this meeting?

Resource management

Ask the HFOMC chair:

In the last 12 months, has this health facility and/or HFOMC received any resource/support from any agency? (circle one) Yes No (If yes, please specify amounts below)

	Cash (Amount)	In-kind support (Describe)
VDC		
NGO		
DDC		
Private sector		
Others		

Review meeting minutes from the last 12 months of HFOMC meetings and record the following:

Number of HFOMC meetings held in the last 12 months with over 51% attendance	
Number of agenda items proposed in the last 12 months	
Number of agenda items proposed by DAG members of HFOMC in the last 12 months	
Was an action plan developed for the most recent yearly reporting period?	Yes No

In-Depth Interview Discussion Guide for HFOMC Members

IRB Study # 14-0437

Document Version Date: 7/14/2014

Thank you for agreeing to participate in this interview. I would like to remind you that you may decline to answer any question for any reason, and you may withdraw at any time. Your responses will remain anonymous and will not be shared with other members of your committee.

Date of Interview: _____ **Start Time:** _____ AM/PM
Name of Interviewer: _____
Respondent Code # _____
Sex: Male Female
Caste/Ethnicity: _____
Religion: Hindu Buddhist Muslim Kirat Christian Other (specify): _____
Highest Grade Completed: _____
Marital Status: Married Divorced/Separated Widowed Never married
Name of District: _____
Name of VDC: _____
Name of Health Facility: _____
Health facility type: Primary Health Center Health Post Sub-Health Post
Length of time as a HFOMC member: _____ (months or years)
Number of HFOMC meetings held in past 12 months: _____
Number of meetings the interviewee attended in the past 12 months: _____

Section 1 – Background on HFOMC and Member’s role

First, I would like to learn about the purpose of the committee and your role as a member of this committee.

1. Please explain to me in your own words the purpose of this committee.
Probes:
 - a. What does the committee do?
 - b. Who does the committee serve?
2. How were you selected as a member of the HFOMC? Can you explain the process of selection?
3. Please tell me about the work that you do for the committee.

- Probes:*
 - a. What is your role on the committee?
 - b. What responsibilities do you have as a committee member?
4. Do you feel you have the skills and knowledge needed to carry out these responsibilities? Please explain.

(NOTE TO INTERVIEWER: If the respondent did not miss any HFOMC meetings in the last 12 months, then you should skip question 5)

5. You noted that you were absent from some meeting(s) of the HFOMC in the last 12 months. Please explain what the reasons were for your absence(s).

Section 2 – Health Facility Characteristics, Resource Mobilization, and Staffing

Next, I would like to learn about the health facility that your committee oversees and how you work with that health facility to maintain and mobilize resources.

6. Please describe the health facility that your committee oversees.
Probes:

- a. What types of services does the health facility offer for women, children, or babies?
 - b. What types of family planning services does the health facility offer?
7. Please describe any interaction you have had as a member of the HFOMC with District level officials, such as the District Public Health Officer (DPHO) and Local Development Officer (LDO).
 8. Has your committee applied for funds for this health facility from any other organizations? Please tell me more about that.
 9. Do you feel that you have the skills and knowledge needed to seek funds for the health facility? Tell me more about that.
(skip if they already discussed this under #4)
 10. Does your committee manage medical supplies and medications for this health facility? If so, how?
 11. Do you feel that you have the skills and knowledge needed to manage the health facility's supplies and medicines? Tell me more about that.
(skip if they already discussed this under #4)
 12. Does your committee manage staffing for this health facility? If so, how?
 13. Do you feel that you have the skills and knowledge needed to manage facility staffing? Tell me more about that.
(skip if they already discussed this under #4)

Section 4 –Community Collaboration and Advocacy

Now I would like to learn about how your committee has worked in the community to address maternal, neonatal, child health and family planning health service needs.

14. What does “disadvantaged groups” mean to you?
 - a. What is the HFOMC’s responsibility toward these groups?
 - b. What is the health facility’s responsibility toward these groups?
15. What does “GESI” or “Gender and Social Inclusion” mean to you?
Probes:
 - a. What is the HFOMC’s role in this approach?
 - b. What is the health facility’s role in this approach?
16. Has your committee worked with disadvantaged groups to identify and address their family planning service needs? If so, how?
17. Has your committee worked with disadvantaged groups to identify and address their maternal, neonatal, and child health service needs? Examples of services include antenatal care, post natal care, well child visits, etc. If so, how?
18. Do you feel that you have the skills and knowledge needed to identify and address concerns disadvantaged groups may have with maternal, neonatal, or child health services? How about with family planning services? Tell me more about that.
(skip if they already specifically discussed this under #3)
19. Has your committee worked with community organizations to identify and address health service needs? If so, how?
(If unsure, mention women’s groups, 1000 Days Mothers or Father groups, Dalit organizations, Ward Citizen Forums)

20. What changes, if any, have you seen in health service quality for women since you've been a member of this committee? *(May not be applicable if participant has been an HFOMC member for <6 months)*
21. What changes, if any, have you seen in health service quality for excluded castes since you've been a member of this committee? *(May not be applicable if participant has been an HFOMC member for <6 months)*
22. What do you think could be done to encourage representation of the needs of women in health services? How about the needs of excluded castes?

Section 6 -- Personal experience on the committee

23. How do you feel about participating in committee meetings? Tell me more about that.
 - c. Probes:
 - i. Do you feel your opinions are respected by other committee members?
 - ii. Do you feel other members listen to your opinions?
24. How do you think that other committee members view you as a woman or member of an excluded caste?
25. How have other committee members responded to you when you have proposed an agenda item at a meeting? Please give an example.
26. Have you proposed any agenda items during the last 12 months?
 - d. If so, how many? _____ *(No. of agenda items)*
 - e. Did the agenda item(s) you tabled get priority for discussion? Please explain.
 - f. Did any of your agenda items get included in the operational plan? If not, please explain why not.
27. What have you liked most about being a member of this committee?
28. What have you liked least about being a member of this committee?
29. What has changed for you, if anything, since you became a member of this committee? Examples may include decisionmaking, problem identification and solving, etc.
30. Have you ever solved any health problems of your community with your own effort? If yes, please explain.

These are the only questions that I have for you today. Is there anything else you would like to tell me?

Do you have any questions for me?

Thank you very much for your time and for speaking with me about your work on the committee.

End Time: _____ AM PM

Key Informant Interview with Senior Health Facility Staff Member

IRB Study # 14-0437

Document Version Date: 4/7/2014

Thank you for agreeing to speak with us today.

Date of Interview: _____ **Start Time:** _____ AM/PM

Name of Interviewer: _____

Respondent Code # _____

Sex: Male Female

Caste/Ethnicity: _____

Religion: Hindu Buddhist Muslim Kirat Christian Other

(specify): _____

Highest Grade Completed: _____

Marital Status: Married Divorced/Separated Widowed Never married

Informant title/position: _____

Length of time posted at this health facility: _____

Location of health facility (village, district): _____

Section 1 – Information on health facility

First we would just like to learn a little about your health facility.

1. What types of services are provided by your health facility?
2. Approximately how many patients are cared for on a typical day at this health facility?
 - a. If staff member is unsure, probe:
 - i. Approximately how many patients do you personally care for on a typical day?
3. Please describe how the facility is staffed.
 - a. Probe:
 - i. Do you face any staffing challenges? If so, please explain.
4. What are the facility hours and days of operation?
 - a. Probe:
 - i. Do you face any challenges in maintaining this schedule? If so, please explain.

Section 2 –Background on HFOMC and relationship between health facility and HFOMC

Now I would like to learn some background on the Health Facility Operations and Management Committee (HFOMC) and learn about how your health facility interacts with the HFOMC.

5. Please describe for me the HFOMC and its work.
 - a. Probes:
 - i. Who are the members?
 - ii. How is the HFOMC organized?
 - iii. What are the roles and responsibilities of the HFOMC?
 - iv. Do you think the HFOMC has the skills and knowledge needed to fulfill these roles and responsibility? Please explain.

6. Please describe the HFOMC's relationship with the health facility you work at.
 - a. Probes:
 - i. What is the nature of the relationship?
 - ii. How often do the HFOMC and the health facility interact?
 - iii. What challenges arise as a result of this relationship?
 - iv. What opportunities arise as a result of this relationship?
7. In the past year, has the HFOMC worked with the health facility to make changes in:
 - a. Staffing? If so, please describe.
 - b. Funding? If so, please describe in which activities.
 - c. Supplies of medications or medical supplies? If so, please describe.
 - d. Infrastructure/physical improvements? If so, please describe.

Section 3 –Relationship between HFOMC and community and community's role in health decision-making

Next I want to hear a little about how the HFOMC works with the community and addresses community health care concerns.

8. Please describe the HFOMC's relationship with the community.
 - a. Probes:
 - i. What is the nature of the relationship?
 - ii. How often do the HFOMC and the community interact?
 - iii. What challenges arise as a result of this relationship?
 - iv. What opportunities arise as a result of this relationship?
9. At your health facility, what is the community's role in health care decision-making?
 - a. Probes:
 - i. Are there forums for community members to voice their concerns about access to and quality of health service? Please describe.
 - ii. How are these concerns addressed (if applicable)?

Section 4 – GESI and Health Care Quality and Responsiveness

Now I would like to hear your thoughts about the quality of care that your health facility offers and about services for women and disadvantaged groups.

10. What does 'quality health services' mean to you?

Probes:

 - a. Please give an example of high quality health service.
 - b. Please give an example of low quality health service.
11. How do you feel about the quality of health services offered at your health facility? Please tell me more about why you feel that way.
12. What, if anything, do you think could be done to improve the quality of health services at the facility?
 - a. Probes:
 - i. What is the role of the HFOMC?
 - ii. What is the role of the health facility?
13. Can you tell me what "GESI" or "Gender Equality and Social Inclusion" means to you?
 - a. Probe:
 - i. What is an example of a GESI intervention?
14. Are there any activities at your health facility to address GESI? If so, please describe.
 - a. Probe:
 - i. Who is facilitating this process?
15. What are the greatest challenges that your health facility faces in providing services to the poor?
 - a. To disadvantaged castes and ethnic groups?

- b. To women?
- c. What is your health facility (and/or HFOMC) doing to address these challenges? (*Note: if already described in full under #12, do not need to address here*)

Section 5 –Experience on the HFOMC

Lastly, I would like to learn more about your personal experience on the HFOMC.

16. Please tell me about your experience serving as a HFOMC member.

- a. Probes:
 - i. What challenges have you faced?
 - ii. What have you been able to achieve?

These are the only questions that I have for you today. Is there anything else you would like to tell me?

Do you have any questions for me?

Thank you very much for your time and for speaking with me about your work and the HFOMC.

End Time: _____ AM PM

Key Informant Interview Discussion Guide for District Stakeholders

IRB Study # 14 - 0437

Document Version Date: 7/14/2014

Thank you for agreeing to participate in this interview.

Date of Interview: _____ **Start Time:** _____ AMPM

Name of Interviewer: _____

Respondent Code # _____

Sex: Male Female

Caste/Ethnicity: _____

Religion: Hindu Buddhist Muslim Kirat Christian Other (specify): _____

Highest Grade Completed: _____

Marital Status: Married Divorced/Separated Widowed Never married

Occupation: _____

Length of time in current position: _____

Name of District: _____

Section 1 – Background of Key Informant

First, I would like to learn about the work that you do as a District Public Health Officer or Local Development Officer.

1. Please tell me about that work that you do for this district.

Probes:

- a. What do you do in a typical day?
- b. Who do you work with?
- c. What responsibilities do you have related to health facilities?
- d. What responsibilities do you have related to health services?

Section 2 – Knowledge of and Interactions with HFOMCs

Now I would like to learn about your experience with the Health Facility Operations and Management Committees (HFOMCs) in this district. I would also like to hear your thoughts about the work that these committees do.

2. Please tell me about the HFOMCs in this district.

Probes:

- a. What does the HFOMC do?
 - b. How are members of the HFOMC selected?
 - c. How is the HFOMC organized?
3. What steps have been taken so far to form or reformulate the HFOMC in VDCs in your district? Please provide specific examples.
 4. What has been your role in the (re)formulation process?
 - a. Have you participated in any meetings about (re)formulation? Tell me about that.
 - b. Have you participated in any training sessions, seminars, or orientations related to HFOMC (re)formulation? Tell me more about that.
 5. Have you worked with HFOMCs in this district?

- a. *If yes, please tell me more about how you have worked with HFOMCs. (If he is unsure, probe on participation in monthly meetings or his role in addressing problems and constraints with the HFOMC.)*
 - b. *If yes, how often do you visit or work with HFOMCs in your district?*
 - c. *If no, what are some reasons that you have not worked with HFOMCs in this district?*
6. What do you think is the role of the HFOMC in health planning? Please tell me why you think that is their role.
Probe:
- a. What do you think about how HFOMCs in this district carry out health planning? Give example(s).
7. What do you think is the role of the HFOMC in addressing the health service needs of the community? Please tell me why you think that is their role.
Probe:
- a. How well or poorly have HFOMCs in this district addressed the health service needs of the community? Give example(s).
8. How, if at all, do you think that the work of the HFOMC has effected health care utilization in this district? Give example(s).

Section 3 – Health Care Quality and Responsiveness

Now I would like to learn about health care facilities and services in this district and your thoughts about the quality of care that these centers offer.

9. Please describe to me the health facilities in this district.
Probes:
- a. What types of facilities?
 - b. What services do they offer?
10. What does ‘quality health services’ mean to you?
Probes:
- a. Please give an example of high quality health service.
 - b. Please give an example of low quality health service.
11. How do you feel about the quality of health services offered at the health facilities in this district? Please tell me more about why you feel that way.
12. What, if anything, do you think could be done to improve the quality of health services in this district?
Probes:
- a. What is the role of the HFOMC in improving the quality of health services?
 - b. What is the role of the health facility in improving the quality of health services?

These are the only questions that I have for you today. Is there anything else you would like to tell me?

Do you have any questions for me?

Thank you very much for your time and for speaking with me about your work on the committee.

End Time: _____ AM PM

GPM Client Exit Interview Guide

IRB Study # 14 - 0437

Document Version Date: 7/14/2014

1. General Questions

Name of health facility:		
Location of health facility (village, district):		
Date of interview:		
101. How old were you on your last birthday?		
102. What is your marital status?		
103. What is the highest level of education you completed?	<input type="checkbox"/> I did not attend school <input type="checkbox"/> Primary incomplete <input type="checkbox"/> Primary complete	<input type="checkbox"/> High school incomplete <input type="checkbox"/> High school complete <input type="checkbox"/> University or more
104. What caste are you?	<input type="checkbox"/> Hill Brahmin <input type="checkbox"/> Hill Chhetri <input type="checkbox"/> Terai Brahmin/Chhetri <input type="checkbox"/> Other Terai Caste <input type="checkbox"/> Hill Dalit	<input type="checkbox"/> Terai Dalit <input type="checkbox"/> Newar <input type="checkbox"/> Hill Janajati <input type="checkbox"/> Terai Janajati <input type="checkbox"/> Other (specify) _____
105. What religion are you?	<input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim	<input type="checkbox"/> Kirat <input type="checkbox"/> Christian <input type="checkbox"/> Other (specify) _____
106. Are you a 1,000 days mother?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
107. Is this your first time visiting this health facility for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
108. If yes to Q107, is this the health facility where you usually receive care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
109. If no to Q107, how many times did you come to this health facility for care in this past year?	Number of visits: _____	
110. How many minutes does it take for you to get from your house to this health facility?	Number of minutes: _____	
111. How did you arrive at this health facility today?		
112. What was the main purpose for your visit today?	<input type="checkbox"/> Antenatal Care <input type="checkbox"/> Postnatal Care <input type="checkbox"/> Family Planning <input type="checkbox"/> Under 2 Well Child exam (1,000 days) <input type="checkbox"/> Child under 2 is sick <input type="checkbox"/> Other: Specify _____	
Note to interviewer: Ask service specific questions based on their response to this question. If respondent selects "Other", ask if they received any of the listed services. If they did not, please end the interview.		
113. How much money did you spend on health services at the facility today?	Rupees: _____	
114. What provider did you see during this visit?	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse/midwife <input type="checkbox"/> Auxiliary nurse	
Multiple responses possible		

	<input type="checkbox"/>	Traditional birth attendant	
	<input type="checkbox"/>	Community health worker	
	<input type="checkbox"/>	Other (Specify) _____	
115. If the client saw more than one provider, who was the main care provider?			
116. Did you request to be seen by a female provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
117. Were you seen by a female provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
118. Have you ever given birth to a child?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No (skip to 121)
119. How many sons and daughters do you have living?	Sons _____		Daughters _____
120. How many sons and daughters have died?	Sons _____		Daughters _____
121. Are you currently pregnant?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

2. Experience at the Health Facility

For the following questions, think specifically about your experience at the health facility today.

201.	When you arrived at the health facility, did you have to wait on queue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
202.	How many minutes did you wait from the time you arrived at the health facility to the time the main provider met with you today?	Number of minutes: _____	
203.	Was your wait today:	<input type="checkbox"/> Shorter than usual <input type="checkbox"/> About usual <input type="checkbox"/> Longer than usual <input type="checkbox"/> This is my first visit <input type="checkbox"/> Don't know/Unsure	
204.	Did you find the wait time acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
205.	Once you met with the provider, how long did s/he visit with you?	Number of minutes: _____	
206.	Did the provider talk to you in your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
207.	How well did you understand what the provider discussed with you today?	<input type="checkbox"/> I understood everything the provider told me. <input type="checkbox"/> I understood most of what the provider told me. <input type="checkbox"/> I understood only some of what the provider told me. <input type="checkbox"/> I did not understand what the provider told me.	

Please tell me whether you agree or disagree with the statements below, with 1 being strongly disagree and 5 being strongly agree.	Strongly disagree	Somewh at disagree	Neither agree nor	Somewh at agree	Strongly Agree
208. You felt comfortable asking your provider questions.	1	2	3	4	5
209. Your provider was attentive to your needs.	1	2	3	4	5
210. Your provider took your concerns seriously.	1	2	3	4	5
211. You believe that your provider made decisions in your best interest.	1	2	3	4	5
212. Your provider was friendly.	1	2	3	4	5
213. Your provider was respectful.	1	2	3	4	5
214. You believe that your provider treated you fairly.	1	2	3	4	5
215. You felt your provider treated you without judgment.	1	2	3	4	5
216. You felt the provider explained things well.	1	2	3	4	5
217. You felt welcomed at the health facility.	1	2	3	4	5
218. You felt safe at the health facility.	1	2	3	4	5
219. You feel that the staff worked to protect my privacy.	1	2	3	4	5
220. The room where you received services was clean.	1	2	3	4	5
221. Overall, you were satisfied with the services I received today.	1	2	3	4	5
222. You would recommend this facility to a friend.	1	2	3	4	5

For any questions Q206-Q219 that the respondent answers a 1 or 2, ask the client to elaborate.

For example, if the respondent says they disagree the statement, “Your provider treated you fairly”, ask: **Tell me about how the provider treated you unfairly.**

Q___

Q___

Q___

Q___

Q___

--- END OF HEALTH FACILITY EXPERIENCE QUESTIONS ---

3. Antenatal Care Questions

301. Is this your first antenatal care visit? Yes No

302. How many times, including this visit, have you come to the facility for antenatal care services for this pregnancy? _____ times

303. How many weeks pregnant were you at your first antenatal care visit? _____ weeks

304. Tell me about your antenatal care visit today.
Probe: What did you and your provider talk about? What did you do with your provider?

305. What made you decide to receive antenatal care services?
Probe: Did anyone help make this decision? Who? Tell me more about that.

306. What made you come to this specific health facility for antenatal care services?
Probe: Proximity? Reputation? Did someone else help you decide?

307. Indicate whether the client received the following tests. Weight check
Note to interviewer: If client mentions these in Q304, mark those that she mentioned. Only ask specifically about any that she *did not* already mention. Blood pressure check
 Urine test
 Blood test
 HIV test

308. Did you receive a tetanus shot during this visit? Yes No **If YES, skip to Q310**

309. If no, have you received a tetanus shot during another antenatal care visit during this pregnancy? Yes No

310. What has your provider told you about tetanus shots?
Probe: Importance? Recommendations?

311. Are you currently taking folic acid supplements? Yes No

312. What has your provider told you about folic acid?
Probe: Importance? Complications? Side effects?

313. Tell me about how and where you plan to have your baby.
Probe: Did anyone help make this decision?

314. Did you talk about this birth plan with your provider at your check-up today? Yes No

315. Did you and your provider talk about pregnancy complications today? Yes No **If NO, skip to Q317**

316. Tell me about the complications and/or warning signs for your pregnancy that you have discussed with your provider.
Probe: What types of complications were discussed?

317. How might these complications affect your birth plan?
Probe: Any emergency provisions?

318. Did you and your provider talk about nutrition today? Yes No **If NO, skip to Q320**

319. If yes, tell me about what you have discussed with your provider about nutrition during pregnancy.
Probe: Food diversity? Importance of proper nutrition? Meal plan?

320. Did you and your provider talk about breastfeeding today? Yes No **If NO, skip to Q322**

321. If yes, tell me about the conversation you had with your provider about breastfeeding.
Probe: Benefits? Timing? Challenges?

322. Did you and your provider talk about family planning today? Yes No **If NO, skip to Q324**

323. Tell me about the conversation you had with your provider about family planning methods.
Probe: What methods did you discuss? Side effects? Complications?

324. If your provider did not talk to you about family planning, is this something you are interested in discussing with your provider? Yes No **If NO, skip to Q326**

325. What are some reasons why you have not discussed this with your provider?

326. Since you became pregnant, have you been counseled on HIV? Yes No **If NO, skip to Q328**

327. Tell me what you have discussed with your provider about HIV?

328. Is there anything else you'd like to tell me about your antenatal care visit today?

329. Were there any other topics or issues that you would have liked to discuss with your provider today but did not? If so, what made you decide not to discuss this with your provider?

330. Do you have any other questions you would like to ask?

--- END OF ANTENATAL CARE QUESTIONS ---

4. Postnatal Care Questions

401. Tell me about your postnatal care visit at the health facility today.

Probe: What did you talk about with your provider? What did your provider do?

402. How many days ago did you deliver your child?

_____ days

403. Where did you deliver your child?

Women who *did not* deliver at a health facility, continue to Q404.

Women who *did* deliver at a health facility, SKIP to Q413.

404. Tell me how you decided to deliver at home/not at a health facility.

405. Did someone check on you within 48 hours of your delivery?

Yes

No

If NO, skip to Q407

406. If yes, tell me about that visit.

Probe: Who came to check on you? What did that person do? What did you talk about?

407. Did someone check on the baby within 48 hours of your delivery?

Yes

No

If NO, skip to Q409

If NO to Q405 & Q407, skip to Q410

408. If yes, tell me about that visit.

Probe: Who came to check on the baby? What did that person do? What did you talk about?

409. How satisfied were you with the visits you had immediately following delivery?

Probe: Did that person answer all your questions?

Skip to Q413

For women who did deliver at a health facility:

410. Tell me what made you decide to deliver at the health facility.

Probe: Did anyone help you decide? Did you receive any incentives?

411. Tell me how you decided to deliver at this specific health facility.

Probe: Proximity? Reputation? Costs?

412. How long did you stay at the health facility after you gave birth?

_____ hours

For all women:

413. Is this your first check in with this provider

Yes

No

If YES, skip to Q416

since you had your baby (after the first 24 hours)?			
414.	If no to Q413, how many times has someone checked on you since you had your baby (after the first 24 hours)?	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times	
415.	If no to Q413, how many times has someone checked on your baby since s/he was born (after the first 24 hours)?	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times	
416.	During this visit, did the provider check the following? Note to interviewer: If client mentions these in Q401, mark those that she mentioned. Only ask specifically about any that she <i>did not</i> already mention.	<input type="checkbox"/> Heart rate <input type="checkbox"/> Breathing <input type="checkbox"/> Blood pressure <input type="checkbox"/> Bleeding <input type="checkbox"/> Uterus	
417.	Have you experienced complications since giving birth to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, skip to Q419
418.	Tell me about the conversation you had with your provider about these complications. Probe: What did your provider tell you? Do you have a plan to manage these? Did you receive a referral to another facility?		
419.	Has your child experienced complications since s/he was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, skip to Q421
420.	Tell me about the conversation you had with your provider about your child's complications. Probe: What did your provider tell you? Do you have a plan to manage these? Did you receive a referral to another facility?		
421.	Did you and your provider talk about breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, skip to Q423
422.	Tell me about the discussion you had with your provider about breastfeeding.		
423.	Did you and your provider talk about keeping the baby warm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, skip to Q425
424.	Tell me about the discussion you had with your provider about keeping the baby warm.		
425.	Did you and your provider talk about hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, skip to Q427
426.	Tell me about the discussion you had with your provider about hygiene? Probe: Hand washing? Did you talk about how to clean the baby? Did you talk about umbilical cord care?		
427.	Did your baby receive any immunizations today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, skip to Q429
428.	What has your provider told you about immunizations?		

331. Did you and your provider talk about family planning today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q431
332. Tell me about the conversation you had with your provider about family planning methods. Probe: What methods did you discuss? Side effects? Complications?			Skip to Q433
333. If your provider did not talk to you about family planning, is this something you are interested in discussing with your provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q433
334. What are some reasons why you have not discussed this with your provider?			
335. Has your provider said anything to you about warning signs regarding your baby's health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q435
336. Tell me about the conversation you had with your provider about warning signs for your baby. Probe: What are the warning signs? What do you do if your baby experiences these signs/symptoms?			
337. Is there anything else you'd like to tell me about your postnatal care visit today?			
338. Were there any other topics or issues that you would have liked to discuss with your provider today but did not? If so, what made you decide not to discuss this with your provider?			
339. Do you have any other questions you would like to ask?			

--- END OF POSTNATAL CARE QUESTIONS ---

5. Family Planning Questions

501. Tell me what you discussed with your provider today about family planning.

Probe: What did your provider do during today's visit? Did the provider counsel you on various family planning methods? What methods did you talk about?

502. Are you currently doing anything to delay or prevent a pregnancy at this time? Yes No **If YES, skip to Q504**

503. **If no to 502**, tell me about your decision to not use a family planning method at this time. **Skip to Q508**

504. **If yes to 502**, tell me what your provider has told you about the method you are using.

Probe: How does that work? What are the pros and cons?

505. What has your provider told you about side effects or complications from using this method?

506. How did you decide on this particular method?

Probe: Who helped you make this decision? Was this your preferred method? Was another method you wanted unavailable?

507. How happy are you using this particular method?

Probe: If they note concerns or unhappiness, ask whether they shared this with their provider, and if not, why not?

508. How comfortable do you feel talking to your provider about family planning?

Probe: How comfortable do you feel asking questions?

509. Is there anything else you'd like to tell me about your family planning visit today?

510. Were there any other topics or issues that you would have liked to discuss with your provider today but did not? If so, what made you decide not to discuss this with your provider?

511. Do you have any other questions you would like to ask at this time?

--- END OF FAMILY PLANNING QUESTIONS ---

6. Under 2 Child Questions

601. How many months old is your child? _____ months

602. Tell me why you brought your child to the health facility today.
Probe: Check-up? Immunizations? Is the child sick?

603. How would you compare your child's health to other children of his/her age?
Probe: In what way is s/he healthier/sicker than the other children?

604. Tell me about your child's visit with the health provider today.
Probe: What did the provider do? What questions did the provider ask you about your child?

605. Indicate whether the child received the following tests.

<input type="checkbox"/>	Provider weighed the child
<input type="checkbox"/>	Provider measured the child's height
<input type="checkbox"/>	Provider took the child's temperature
<input type="checkbox"/>	Provider did a physical exam of the child
<input type="checkbox"/>	Child received immunizations

Note to interviewer: If client mentions these in Q606, mark those that she mentioned. Only ask specifically about any that she *did not* already mention.

606. Did the provider ask about any of the following symptoms?

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Difficulty breathing
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fever
<input type="checkbox"/>	Ear problems

Note to interviewer: If client already mentioned that the provider asked her about these symptoms, mark those she mentioned. Only ask specifically about any that she *did not* already mention.

Danger signs:

<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Inability to drink or breastfeed
<input type="checkbox"/>	Convulsions
<input type="checkbox"/>	Lethargy
<input type="checkbox"/>	Other (Specify)

607. What has your provider said to you about immunizations for your child?
Probe: Has your provider explained why your child needs immunizations? If so, what did he/she explain?

608. How do you keep track of the immunizations your child has received?
Probe: Do you have a chart? Did you bring it to your check-up?

609. Did your provider speak with you today about proper nutrition for your child? Yes No **If NO, skip to Q611**

610. What has your provider told you about proper nutrition?

If the child is less than 6 months, continue to Q611. If the child is older than six months, SKIP to Q613.

611. Note to interviewer: ask only if child is less than 6 months old.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q613
Have you been counseled on introducing complementary foods for your child?			
612. What did your provider tell you about complementary foods?			
613. Did you talk to your provider about your child's growth progress today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q615
614. What did your provider say to you about your child's growth?			
615. Have you expressed any concerns to your provider about your child's growth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q617
616. Tell me about the conversation you had with your provider about your concerns for your child's growth. Probe: How did your provider address your concerns?			
617. If the child is sick, did the provider tell you to come back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q619
618. What instructions did the provider give you about coming back? Probe: When do you need to come back? Do you need to bring the child back if s/he gets better?			
619. If the child is sick, did your provider tell you to take the child to another facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, skip to Q621
620. What instructions did the provider give you about taking your child to another facility? Probe: Where do you need to go? Do you plan on bringing your child to the other facility?			
621. Is there anything else you'd like to tell me about your child's visit today?			
622. Were there any other topics or issues that you would have liked to discuss with your provider today but did? If so, what made you decide not to discuss this with your provider?			
623. Do you have any other questions you would like to ask?			

--- END OF INTERVIEW. THANK YOU! ---

MEASURE Evaluation

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