Quality of Reproductive Health Services at Primary Health Care Level with Special Reference to Client's Satisfaction in Nepal

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
CBS	Central Bureau of Statistics
CPR	Contraceptive Prevalence Rate
CREHPA	Center for Research on Health Environment and Population Activities
FP	Family Planning
FPAN	Family Planning Association of Nepal
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
MoH	Ministry of Health
NHRC	Nepal Health Research Council
PHCs	Primary Health Centres
PNC	Postnatal care
STDs	Sexual Transmitted Diseases
STIs	Sexually transmitted infections
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

CHAPTER-1

INTRODUCTION AND METHOD OF STUDY

1.1 Background of Study

Sexual and reproductive rights are recognized as the basic human rights. Many organisations including UN are working to ensure that these rights are achieved by all the male and female in all countries. Sexual and reproductive rights have very close and important association with development. The term "reproductive health" in a broad sense refers to the health and well-being of women and men in terms of sexuality, pregnancy, birth, and related conditions, infections and illnesses. Married and unmarried youths have common biological characteristics that affect reproductive health. Women also have a common need for accurate information about their bodies, sexuality and communication in relationships, contraceptives, pregnancy and other issues. Correct and adequate information about pregnancy, maternal and child health, family planning and other aspects of family health are milestones of improvement in community health.

The Alma Ata Declaration 1978 defined Primary Health Care as "…. essential care based on practical scientifically sound and socially acceptable methods and technology and universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in their spirit of self determination." Represented and affirmed by 134 countries, the conference urged the national government to establish infrastructure in order to support the declaration "Health for all by the year 2000" by United Nations in 1978. Primary Health Care, in fact, is package of basic medical and non-medical services that is aim to promote overall basic health of community. In includes, at least, the following:

- education concerning prevailing health problems and the methods of preventing and controlling them;
- promotion of food supply and proper nutrition;
- an adequate supply of safe water and basic sanitation;
- maternal and child health care, including family planning;
- immunization against the major infectious diseases;
- prevention and control of locally endemic diseases;
- appropriate treatment of common diseases and injuries; and
- Provision of essential drugs

Issues of reproductive health services have been comprehensively discussed, perhaps for the first time integrated with social approaches, after the International Conference on Population and Development held in Cairo in 1994. The conference gave a new approach on reproductive health. Reproductive health care was accepted as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases (ICPD, 1994). The need of reproductive health services is addressed by Millennium Development Goals (MDGs) set by United Nations in the year 2000 to be met by 2015, setting target to reduce maternal and child mortality half as of 2000. Reducing maternal and child mortality is a major development goal to be addressed by the world, especially by countries where maternal and child mortality rates are exceptionally high. Such reduction is not possible unless we start from community with both medical and non-medical interventions. Primary Health Care services are the right options to contribute for reducing this unwanted tragedy.

Several studies have shown that particularly young people of both sexes are vulnerable to sexual and reproductive problems, due to a widespread lack of information and limited access to services. Many adolescents, who are sexually active, do not use contraception. Many existing programs are information-based and focus on framework, the biology of reproduction and symptoms of STDs. This information alone rarely equips young people with the resources they require to lead healthy sexual lives. Lack of access to health care especially in the rural areas of Nepal has resulted in a maternal mortality ratio that is highest in South Asia. Public health services are constrained by resource and staff, particularly in rural areas, where 84 percent of the populations live, and 44 percent of households are below the poverty line (CBS, 1996 & 2001). In many remote areas, government health services are almost non-existent, with health posts infrequently staffed and medicines unavailable or out of date. In such circumstances, rural people continue to use traditional healers and remedies, and many do not have access to or knowledge about modern health care system.

Government of Nepal is committed to improving the health status of the people of Nepal through provision of an equitable and quality health care delivery service. Despite addressing health policies and programmes in various documents; maternal and infant mortality rates continue to be the highest in the world. This tragedy envisages a missing-gap somewhere in the policy formulation and implementation. The situation of rural health services deterioration was attributed by the decade long insurgency prevailing in the state.

Nepal has experienced significant development in health services in the last decade which is justified by the increased numbers of health service provides. But the important and missing link is that those services centres are almost located in the district headquarters of limited districts. People living in rural parts are sill beyond the access of basic health facilities. Primary Health Care centres, by

principle, have to provide services in rural areas. However, poor physical facilities, insufficient and poor staffing and unavailability of medicines people are not benefited from those service centres; meanwhile they are also compelled to visit district hospitals and/or other private health service centres carrying economic burden. This trend has pushed a large number of populations into vicious circle of poverty.

The study is an attempt to explore whether clients are satisfied with the services provided by PHCs and also identify the obstacles for providing regular and quality health services. In addition, the present study has explored additional expectations of clients on reproductive health services from the PHCs.

1.2 Objectives

The overall objective of the study is to explore the opinions of clients on services provided by primary health care centres (PHCs).

Specific objectives of the study include:

1. To assess the knowledge of clients on the services provided by PHCs
2. To identify the satisfaction of clients from the services from the PHCs
3. To assess the physical facilities available at the PHCs
4. To collect expectations of clients on additional services to be provided by PHCs

1.3 Research Questions

In order to meet research objectives following research questions have been formulated:

1. What types of reproductive health services are providing by PHCs?
2. What are the obstacles of clients for receiving the various services provided by the PHCs?

3. What types of additional physical facilities are essential in every PHCs?
4. What is the opinion of clients on skill, competencies and behaviours of the service provider?
5. What are the additional reproductive health services should provide by the PHCs?

1.4 Methodology

1.4.1 Study area

The study was conducted in the Kathmandu valley, two *Tarai* districts namely Chitwan and Kanchanpur and one hill district Kavre. A total of 6 districts and 16 PHCs are covered in this study.

1.4.2 Sample and Sampling procedure

The present study has covered 231 married women of reproductive age (15-49) from six districts who received reproductive health services from PHCs. Previous studies have shown that there is large section of women suffering from reproductive health problems compared to male counterpart. Therefore, in the present study we interviewed the women of reproductive age who received reproductive health services from PHCs.

Due to difficulties in obtaining sampling frame, the study team (two field researchers) stayed two days in each PHC in order to cover maximum number of respondents. The team consulted the PHC staffs and interviewed all the female clients who visited PHCs for receiving reproductive health services. During the visit, the team interviewed highest number of female (N=27) in Mulpani PHC and lowest number in Ramkot and Khopasi PHC (N=6 in each). In order to reduce biasness, the study team did not use judgment to select respondents and interviewed all those visiting PHCs for services during those two-days of stay and was careful in maintaining the confidentiality of information.

1.4.3 Data Processing and Analysis

Completed questionnaires were manually edited and coded by the study team before entering it into the computer. DBase IV and SPSS software were used to computerize the data. Before transferring to the SPSS software for analysis, dBase IV software was used to eliminate all inconsistencies. Frequency, percentage and cross tables were generated as needed and support the objectives of study.

1.5 Significant of the Study

This study is helpful in disclosing the client's satisfaction to services provided by PHCs. PHCs play significant roles in enhancing community health, especially in those places where people are deprived from basic health facilities. Health is one of the fundamental rights of people. The principal of PHC focuses on the community participation in health services. Community participation is ensured if when the services are reliable and client oriented. This study will be of great use for planners, policy makers and those who are responsible for enhancing the health services. Besides, this study has tried to expose the expectations of clients and rooms for improvement of PHCs. If paid attention on the findings of this study, several improvements can be made to increase clients' satisfaction.

1.6 Limitation of the Study

The present study has covered 231 married women of reproductive age from 16 PHCs who visited PHCs for receiving reproductive health services. The number of respondents participated in the study from each PHC is not equal. This however, is not an indicator of clients flow in PHCs. Respondents were interviewed at PHCs which may produce bias result in some of the research questions, however the team has tried to eliminate biasness creating a confidential environment.

CHAPTER-2

BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

2.1 Distribution of the respondents by district

Information gathered for this study is quantitative in nature and collected through direct interview held with 231 women in 16 PHCs of six districts. Of the total 231 women, about two-fifths (40%) were from Kathmandu district followed by over one-fourths (25.5%) from Lalitpur and 11.7 percent from Chitwan district. Kanchanpur and Bhaktapur districts contributed about 20 percent respondents, 10 percent each. The contribution of Kavre is about 3 percent (Table 2.1).

Table 2.1: Distribution of the respondents by districts

Name of the districts	Number	Percentage
Kathmandu	92	39.8
Lalitpur	59	25.5
Chitwan	27	11.7
Kanchanpur	24	10.4
Bhaktapur	23	10.0
Kavre	6	2.6
Total	**231**	**100.0**

2.2 Distribution of the respondents by PHCs

During one-month period, the study team has visited 16 PHCs and interviewed 231 married women aged 15 to 49 visiting PHCs to receive reproductive health services. Within this period the research team had spent two days in each PHCs. Of those 16 PHCs, 6 were from Kathmandu, 3 from Lalitpur and 2 from Bhaktapur, Kanchanpur and Chitawan each and 1 from Kavre district. Altogether, 11 PHCs were covered from Kathmandu valley and remaining five PHCs from out of valley.

It is evident from Table 2.2 that most of the respondents were from the PHCs located in the Kathmandu valley. The highest number of the respondents were

from Mulpani PHC (11.7%) followed by Sanga PHC (9.5%) and each 8.7 percent from Tokha Chandeshwori, Lubu and Chapagaon PHCs.

Table 2.2: Distribution of the respondents by PHCs

Name of the PHCs	Number	Percentage
Kathmandu district		
Mulpani	27	11.7
Sangla	22	9.5
Tokha Chandeswari	20	8.7
Chalnakhel	8	3.5
Gokarna	8	3.5
Ramkot	6	2.6
Subtotal	**91**	**39.6**
Lalitpur district		
Lubhu	20	8.7
Chapagaon	20	8.7
Bode	19	8.2
Subtotal	**59**	**25.6**
Bhaktapur district		
Chagunarayan	12	5.2
Dadhikot	11	4.8
Subtotal	**23**	**10.0**
Chitwan district		
Khairahani	14	6.1
Shivanagar	14	6.1
Subtotal	**28**	**12.2**
Kanchanpur district		
Shripur	14	6.1
Dhodhara	10	4.3
Subtotal	**24**	**10.4**
Kavre district		
Khopasi	6	2.6
Subtotal	**6**	**2.6**
Total	**231**	**100.0**

2.3. Socio demographic characteristics of the respondents

The purpose of this section is to provide a short description of the demographic and socio-economic characteristics of the respondents of this study. Information on the basic characteristics is essential for the interpretation of the research findings.

2.3.1 Age

Relatively large proportion of the respondents were from younger age group, with nearly three-fourths (72%) representing under age 30. The percentage of the adolescents (under the age of 20) comprises approximately 7 percent in the present sample. Roughly one-third (31%) of the respondents were from late adolescents group i. e., age 20 to 24. The median age of the respondents was 26.0 years (Table 2.3).

2.3.2 Caste/Ethnicity

Over one-third (34%) of the respondents were from *Newar* community. Reason behind large proportion of respondents from Newar community may be because the larger contribution of Kathmandu valley in total number of respondents. Similarly, *Brahmin* and *Chhetri* together comprised over two-fifths (42%). One in seven (15%) of the respondents was from *Mangolian* caste and 4.3 percent from *Dalits - Kami/Damai* (Table 4).

2.3.3 Level of education

Most of the respondents were having low level of education. About one-third (30%) of the respondents were illiterate. One in six (16.5%) of the respondents was having non-formal education. About a quarter of respondents were having secondary and above level of education. (Table 2.3).

Table 2.3: Socio-demographic characteristics

Age group	Number	Percentage
15-19	16	6.9
20-24	72	31.2
25-29	77	33.3
30-34	33	14.3
35+	33	14.3
Median Age	26.0 years	
Caste/Ethnicity		
Newar	79	34.2
Chhetri	50	21.6
Brahmin	46	19.9
Gurung/Magar/Tamang/Rai	34	14.7
Damai/Kami	10	4.3
Tharu/Chaudhary	8	3.5
Others*	4	1.7
Level of education		
Illiterate	69	29.9
Non-formal education	38	16.5
Primary level	35	15.2
Lower secondary level	30	13.0
Secondary and above	59	25.6
Total	**231**	**100.0**

**Mandal/Musalman/Darai/Praj*

2.3.4 Sources of family income

About half of the respondents (45.5%) reported agriculture as main source of family income whereas for nearly one-fifth (17.3%) of the respondents service (Government, private and army/police. Business was main source of family income for 14.3 percent respondents. The percentage of respondents reporting daily wages as source of family income was 10 percent (Table 2.4).

Table 2.4: Economic characteristics of respondents

Sources of family income	Number	Percentage
Agriculture	105	45.5
Business	33	14.3
Skilled labor	29	12.6
Unskilled labor	24	10.4
Pvt. service	19	8.2
Govt. service	14	6.1
Army/police	7	3.0
Total	**231**	**100.0**

CHAPTER-3

KNOWLEDGE AND PERCEPTION ON SERVICES PROVIDED BY PHCs

3.1 Services to be provided by PHCs

According to the PHCs services protocol, PHCs provide wide range of basic services. The International Conference on Primary Health Care held in Alma-Ata of then USSR in 6-12 1978 made declaration regarding Primary Health Care services to be provided to all people. Nepal being a co-signatory of the declaration has accepted the principles of the declaration and hereby, has developed a protocol to provide following services through PHCs (MoH, 2004).

Table 3.1 Services to be provided by PHCs according to PHCs directive of Government of Nepal

S.N.	Services to be provided by PHCs
1.	Family Planning services - permanent/Temporary
2.	Safe motherhood - Antenatal, delivery and postnatal services
3.	Immunization
4.	Nutrition programme - for children below three years of age
5.	Diarrhea control and treatment
6.	Respiratory disease control and treatment
7.	Tuberculosis control and treatment
8.	Malaria and *Kala-jaar* control and treatment
9.	Leprosy control and treatment
10.	AIDS/STDs control and treatment
11.	Environment and sanitation
12.	Epidemic and disaster control and management
13.	Health education
14.	Mobile clinic
15.	FCHVs services
16.	Trained Birth Attainment (*Sudeni*) services
17.	First aid services
18.	Community medicine program
19.	Basic laboratory service

Despite the services enlisted in the PHCs protocol to be provided by PHCs, all services are not delivered by all PHCs. Services delivered by PHCs are dependent to the availability of physical facilities. PHCs equipped with the sufficient logistics

and human resources are providing more services compared to those with poor logistics and human resources. Some of the PHCs are really well-equipped and better institutionalized, they also provide quality services. This study has tried to collected information the services that are currently provided by the sample PHCs as reported by respondents.

3.2 Knowledge of service provided by the PHC

Table 3.2 shows the respondent's knowledge on services provided by PHCs. All services listed in the table 3.1 were not available in all PHCs. Some PHCs used to provide more services while others do not. Clients were better informed on some of the services provided by PHCs. Immunization, general health check-up, iron tablets, TT injection, family planning services, pregnancy test/care are some of the popular services that clients knew. Knowledge of immunization, general health check-up and iron tablets distribution services was universal with the gradual decrease in the knowledge of other services.

Table 3.2: Knowledge of services provided by PHCs (%)

Services provided by PHCs	Yes	No	Don't Know	Number	Total
Immunization	99.6	-	0.4	231	100.0
General health check-up	99.1	0.4	0.4	231	100.0
Iron tablets	98.7	-	1.3	231	100.0
TT injection	95.7	0.4	3.9	231	100.0
Family planning services	94.8	2.6	2.6	231	100.0
Pregnancy care	94.8	0.4	4.8	231	100.0
Urine test	73.6	18.2	8.2	231	100.0
Blood test	64.9	27.3	7.8	231	100.0
Delivery services	60.2	35.1	4.8	231	100.0
Infertility counselling	27.7	39.4	32.9	231	100.0
Blood transfusions	27.3	62.3	10.4	231	100.0
STIs check-up	20.8	63.8	42.4	231	100.0
Post abortion complication	16.0	58.9	25.1	231	100.0
HIV test	9.1	43.7	47.2	231	100.0
X-Ray	2.6	77.9	19.5	231	100.0

3.3 Days in a week PHCs are operated

Being government owned service centres, PHCs have to provide services at least six days a week and the other times as possible and convenient. But important to note that about 2 percent respondents reported that PHCs provide services less than six days a week, the percentage has been increased to 5.3 for out of Kathmandu valley respondents. Positively, about 13 percent respondents reported that PHCs provide services around the week and interestingly the about 33 respondents from out of valley reported that PHCs are provide services all the days of week (Table 3.3).

Table 3.3: Days in a week PHCs are operated (%)

Days in a week the PHCs provide services	Kathmandu valley	Out of valley	Total
Less than six days	0.6	5.3	1.7
Six days	93.7	61.4	85.7
Seven days	5.7	33.3	12.6
Total (%)	**100.0**	**100.0**	**100.0**
(N)	**174**	**57**	**231**

3.4 Availability of service provider at PHCs

Despite the general comments on irregularity of service providers at PHCs, an overwhelmingly large majority (89%) of the respondents reported that health professionals working at PHCs were available regularly at the time of their visit. Health services being crucial and related to the lives of people, about 10 percent respondents reported irregularity of health professionals at PHCs. Though the proportion is small, but this cannot be neglected. The proportion is favourable on behalf of service providers to the PHCs located at Lalitpur, Kavre and Chitawan whereas Kanchanpur reported poorest. Being capital city some 10 percent respondents reported irregular presence of service providers at PHCs whereas the percentage is 21.7 for Bhaktapur. Irregularity of service providers demands an immediate intervention to ensure the trust of clients and meet expectations.

Table 3.4 Availability of service providers at PHCs (%)

Regular presence of service providers	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	88.0	78.3	92.6	66.7	100.0	100.0	88.7
No	9.8	21.7	7.4	33.3	-	-	10.4
Don't know	2.2	-	-	-	-	-	.9
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**27**	**24**	**59**	**6**	**231**

3.5 Usually visited places for the treatment of health problems

About two-third (66.7%) of the respondents who were visiting PHCs for health services also reported PHCs as the preferred place for receiving general health services. Compared to other districts PHCs were more popular for clients of Kanchanpur (87.5%) and Kavre (83.3%). However, more than majority of respondents from each Kathmandu, Lalitpur, Bhaktapur and Chitawan reported PCHs as preferred place for receiving general health services, because of availability of other health facilities; their preference was gradually higher for hospital. Government hospitals were the preferred by the second largest percentage (21.6%) of respondents (Table 3.5).

Table 3.5: Usually visited place of the treatment for health problems

Usually visited place of treatment for health problems	Kathmandu	Lalitpur	Bhaktapur	Chitwan	Kanchanpur	Kavre	Total
Primary health Care Centre	57.6	72.9	60.9	66.7	87.5	83.3	66.7
Government hospital	27.2	20.3	30.4	18.5	-	16.7	21.6
Pharmacy	6.5	5.1	4.3	7.4	4.2	-	5.6
Private hospital/Nursing	8.7	-	4.3	-	-	-	3.9
home	-	1.7	-	7.4	8.3	-	2.2
Health post/Sub health post							
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**59**	**23**	**27**	**24**	**6**	**231**

3.6 Time (Hours) queued to receive services

Convenient and faster services increase the clients' satisfaction level. Waiting for long time to receive services increases frustration in clients. However, there could

have two major reasons for delayed services - i) if the queue of clients is longer and ii) if the service providers are not punctual. Nevertheless, this study failed to capture the reason delayed services.

Table 3.6 shows that more than half (54.8%) respondents reported that they received services within 15 minutes of their arrival to PHCs followed by within 16-30 minutes (27.7%) whereas 17.5 percent respondents reported they waited for more than half hour. The proportion of respondents reporting to wait for more than half hour was high for Kavre (50.0%), Lalitpur (41.8%) and Chitawan (22.3%). In conclusion, services at PHCs are not exceptionally delayed.

Table 3.6: Time (hours) queued to receive services (%)

Time waited to receive service	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Up to 15 minutes	64.2	64.3	50.0	52.4	48.8	16.7	54.8
16-30 minutes	34.0	35.7	27.8	42.9	9.3	33.3	27.7
More than half hour	1.9	-	22.3	4.8	41.8	50.0	17.5
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**53**	**14**	**18**	**21**	**43**	**6**	**155***

**Information for this section has been derived from 155 respondents who reported PHCs as their usually visited place of treatment for health problems. (See table 3.5).*

3.7 Physical facilities and supplies

Availability of physical facilities and supplies at PHC are discussed in this sub-section. Facilities include availability of waiting room, toilet and safe drinking water. About a quarter of respondents complained against inadequacy of waiting. The percentage complaining against waiting room was the highest (62.3%) from Kathmandu whereas none from Lalitpur and Kavre complained so.

Regarding the facility of toilet, 17.4 respondents gave a negative response. A large proportion of respondents (41.5%) from Kathmandu district complained against toilet facility and a few from Kanchanpur (9.5%) and Lalitpur (7.5%) did so whereas none from Bhaktapur, Chitawan and Kavre had a complaint. When

further asked about the condition of toilet an overwhelmingly majority (89.9%) respondents were positive. However, nearly 23 percent respondents from Kathmandu valley expressed poor condition of toilet facility at PHCs. Regarding availability of water in toilet, nearly 2 in 10 respondents turned to negative. The percentage was the highest (57.9%) for the respondents from Kanchanpur district. In conclusion, Lalitpur district reported better facilities of waiting room and toilet contrasting to poor condition of Kathmandu district (Table 3.7).

Table 3.7: Provision of waiting room and toilet (%)

Provision of sufficient waiting room	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	37.7	71.4	83.3	95.2	100.0	100.0	73.5
No	62.3	28.6	16.7	4.8	-	-	26.5
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**53**	**14**	**18**	**21**	**43**	**6**	**155**
Provision of toilet facility							
Yes	58.5	100.0	100.0	90.5	93.0	100.0	82.6
No	41.5	-	-	9.5	7.0	-	17.4
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**53**	**14**	**18**	**21**	**43**	**6**	**155**
Condition of toilet							
Good	74.2	92.9	100.0	78.9	100.0	100.0	89.8
Poor	22.6	7.1	-	21.1	-	-	9.4
Don't know	3.2	-	-	-	-	-	.8
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**31**	**14**	**18**	**19**	**40**	**6**	**128**
Provision of water in toilet							
Yes	67.7	71.4	100.0	42.1	100.0	83.3	79.7
No	29.0	28.6	-	57.9	-	16.7	19.5
Don't know	3.2	-	-	-	-	-	.8
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**31**	**14**	**18**	**19**	**40**	**6**	**128**

**Information for this section has been derived from 155 respondents who reported PHCs as their usually visited place of treatment for health problems. (See table 3.5).*

3.8 Provision of drinking water

Drinking water has become a problem for Nepal. Health facilities, which should stand as an example for people regarding health and hygiene, the poor condition

they have, is an irony. About a quarter (25.8%) respondents reported poor provision of drinking water at PHCs. Again Kathmandu recording the poorest condition as over half (56.6%) of the respondents reported poor condition of drinking water facility at PHCs followed by Bhaktapur district (50.0%). Contrasting to these two districts, Chitawan and Kavre reported better drinking water facilities (Table 3.8).

Table 3.8: Provision of drinking water at PHCs (%)

Provision of drinking water at PHCs	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	43.4	50.0	100.0	90.5	97.7	100.0	74.2
No	56.6	50.0	-	9.5	2.3	-	25.8
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Sanitation of the PHC							
Good	39.6	71.4	72.2	23.8	76.7	50.0	54.8
Satisfactory	17.0	28.6	27.8	38.1	23.3	16.7	23.9
Not satisfactory	43.4			38.1		33.3	21.3
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**53**	**14**	**18**	**21**	**43**	**6**	**155**

**Information for this section has been derived from 155 respondents who reported PHCs as their usually visited place of treatment for health problems. (See table 3.5).*

In addition to the facility of drinking water, respondents were asked about the sanitation provision in the respective PHCs. About four-fifths of respondents were positive on the sanitation condition of the PHCs. Important to note, a large proportion of respondents from Kathmandu district (43.4%) were worried about sanitation condition of PHCs. The proportions of respondents reporting poor sanitation were remarkably high in Kanchanpur (38.1%) and Kavre (33.3%) whereas none of the respondents from three districts - Bhaktapur, Lalitpur and Chitawan had negative experience on sanitation of PHCs. It is not surprising to see poor sanitation in government owned health facilities. Most of the health services have problems of cleanliness including poor toilet facilities, lack of drinking water, mismanaged services delivery, carelessness of administration are some of the characteristics observed during the visit.

3.9 Privacy and confidentiality of services

Privacy and confidentiality are rights of people. Maintenance of privacy during health check up and counselling has an impact on clients' satisfaction. In an insecure and open environment clients hesitate to disclose the problems to health professionals. Clients feel more embarrassed if this is the issue of reproductive health. A large majority of respondents (88.0%) reported to have separate room for service delivery at PHCs.

In order to explore additional information on maintenance privacy and confidentiality during check-up, additional questions were asked to respondents. About 30 percent respondents complained that other people easily heard the conversation between clients and service providers and about 17 percent respondents had a complaint that the check-up was not confidential to others.

Despite having separate room for check-up, clients were not satisfied to the management of service delivery. Dissatisfaction of clients indicates presence of other persons, perhaps clients, during the time of health check-up and counselling. Clients feel uncomfortable to discuss and share problems to health professionals. Therefore, especial attention should be paid to maintain privacy and confidentiality of the services.

Table 3.9: Privacy and confidentiality of services (%)

Provision of separate room for check up	Kathmandu	Bhaktapur	Chitawan	Kanchanpur	Lalitpur	Kavre	Total
Yes	84.9	78.6	100.0	95.2	88.4	83.3	88.4
No	15.1	21.4	-	4.8	11.6	16.7	11.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Can anyone hear of your conversation with service provider?							
No	77.4	42.9	66.7	47.6	81.4	83.3	70.3
Yes	22.6	57.1	33.3	52.4	18.6	16.7	29.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Can anybody see you during your check up?							
No	88.7	71.4	77.8	71.4	86.0	100.0	83.2
Yes	11.3	28.6	22.2	28.6	14.0	-	16.8
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**53**	**14**	**18**	**21**	**43**	**6**	**155**

**Information for this section has been derived from 155 respondents who reported PHCs as their usually visited place of treatment for health problems. (See table 3.5).*

3.10 Perception on services provided by PHCs

Despite some negative experiences of the respondents on physical facilities and other logistics, an overwhelmingly large proportion of respondents (91.0%) were found positive to the services provided by PHCs. When disintegrated the quality of services into two categories - 'good' and 'satisfactory', almost half of the respondents (49.7%) reported 'good' and other 41 percent reported 'satisfactory'. Still some 9 percent respondents gave a negative response to the services provided by PHCs.

Lalitpur is credited by highest percentage of respondents for better services as 65.1 percent reported the services were 'good' whereas Kavre accounts the highest percentage of respondents (16.7%) who reported services were not satisfactory, followed by PHCs located in Kathmandu districts (15.1%). It is interesting to note down that none of the respondents from Chitawan expressed dissatisfaction on services provided by PHCs.

A follow-up question was asked to the respondents who expressed their dissatisfaction about the services provided by the PHCs. Highest percentage of respondents (50.0%) reported unavailability of medicine as the major reason for dissatisfaction. Though the figures are relatively smaller, a total of nine reasons were identified.

Table 3.10: Quality of services provided by PHCs (%)

Quality of services provided b PHCs	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Good	56.6	28.6	44.4	33.3	65.1	-	49.7
Satisfactory	28.3	57.1	55.6	57.1	32.6	83.3	41.3
Not satisfactory	15.1	14.3	-	9.5	2.3	16.7	9.0
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**53**	**14**	**18**	**21**	**43**	**6**	**155**
Reasons for not visiting PHC							
Lack of good medicine	62.5	-	-	50.0	100.0		50.0
No all services available	37.5	-	-	-	-	100.0	28.6
Invest money like private hospital	-	100.0		100.0			28.6
No satisfactory service	25.0	50.0	-	-	-	-	21.4
Dirty toilet/lack of toilet facility	25.0	-	-	-	-	-	14.3
Lack of separate room for check-up	25.0	-	-	-	-	-	14.3
No doctor available	25.0	-	-	-	-	-	14.3
Service providers bad behaviour	12.5	-	-		-	-	7.1
Lack of drinking water	12.5	-	-	-	-	-	7.1
N	**8**	**2**	**-**	**2**	**1**	**1**	**14**

Percentage total may exceed 100 due to multiple responses
**Information for this section has been derived from 155 respondents who reported PHCs as their usually visited place of treatment for health problems. (See table 3.5).*

3.11 Skills, competencies and behaviour of service provider's

In order to further investigation quality of services and experiences of respondents regarding the skills, competencies and behavirous of service providers some questions were asked. An overwhelmingly large majority of respondents (94.5%) were found positive regarding the skills of services providers. Important to note, about one-fifth respondents from Bhaktapur district expressed dissatisfaction

regarding skills and competencies of service providers whereas none of the respondents from PHCs of Chitawan, Lalitpur and Kavre turned to negative. A few respondents from Kathamndu (9.4%) and Kanchanpur (9.5%) also expressed dissatisfaction regarding the skills and competencies of service providers (Table 3.11). Incompetent service providers and unavailability of health professional were the major reasons, as reported by respondents, for dissatisfaction.

An equal proportion of respondents (94.5%) compared to those who were satisfied to the skills and competencies of service providers were also satisfied to the behaviours of service providers. However, some differences were observed in inter-district analysis. Compared to other districts highest percent of respondents (16.7%) from Kavre district were dissatisfied with the behaviours of service providers whereas none of the respondents from Chitawan district complained dissatisfaction. Respondents were further asked regarding the reasons of dissatisfaction. Some reasons as reported by the respondents were impolite behaviours, biasness in services and inadequate counselling and suggestions.

Table 3.11: Perception on skills, competencies and behavior of service providers (%)

Skill and competencies of service provider	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Good	67.9	42.9	72.2	42.9	58.1	50.0	59.4
Satisfactory	22.6	35.7	27.8	47.6	41.9	50.0	34.2
Not satisfactory	9.4	21.4		9.5			6.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Behaviour of service provider							
Good	77.4	78.6	72.2	47.6	55.8	50.0	65.8
Satisfactory	17.0	14.3	27.8	38.1	39.5	33.3	27.7
Not satisfactory	5.7	7.1		14.3	4.7	16.7	6.5
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Behaviour of staffs							
Good	75.5	78.6	77.8	28.6	58.1	66.7	64.5
Satisfactory	15.1	7.1	22.2	52.4	39.5	16.7	27.1
Not satisfactory	9.4	14.3	-	19.0	2.3	16.7	8.4
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**53**	**14**	**18**	**21**	**43**	**6**	**155**

**Information for this section has been derived from 155 respondents who reported PHCs as their usually visited place of treatment for health problems. (See table 3.5).*

In addition to the behaviour of service providers, respondents were asked about the behaviours of other supporting staffs. The roles of supporting staffs in delivering quality and efficient services are obviously important. Clients' first approach is with the supporting staffs and than only with the service providers. Except some 8.4 percent respondents, all were positive to the behaviours of staffs. However, nearly one-fifth respondents from Kanchanpur expressed dissatisfaction on this matter followed by respondents from Kavre (16.7%). Interestingly, none of the respondents from Chitawan district was dissatisfied with the behaviours of staffs of PHCs. Despite dissatisfactions reported by some of the respondents from some districts, overall satisfaction level as reported by respondents is encouraging.

3.12 Recommendation for anyone to visit PHCs

In this section, a final question whether they would recommend and encourage other clients to visit PHCs was asked to the respondents to verify whether they were really positive to the PHCs. It is however, worthwhile to notice that almost all respondents (96.8%) were positive and said they would recommend other for visiting PHCs for services. Compared to other districts, respondents from Bhaktapur district (7.1%) were found negative to recommend other clients for visiting PHCs for receiving services. If the dissatisfactions expressed by respondents were improved, clients would turn to more positive.

Table 3.12: Recommendation for other clients to PHCs for receiving services (%)

Recommendation for other clients to PHCs for receiving services	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	96.2	92.9	100.0	100.0	95.3	100.0	96.8
No	3.8	7.1	-	-	4.7	-	3.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N	**53**	**14**	**18**	**21**	**43**	**6**	**155**

**Information for this section has been derived from 155 respondents who reported PHCs as their usually visited place of treatment for health problems. (See table 3.5).*

CHAPTER -4

COVERAGE OF REPRODUCTIVE HEALTH SERVICES AT PHCs

This chapter discusses about the reproductive health services that are available and used by respondents. Despite several services on reproductive health, major three services - family planning, STDs and maternal health care. Opinions of respondents on services on these three components of reproductive health has been tried to explore from different perspectives.

4.1 Family Planning

Family planning service delivery in Nepal began in 1959 with the establishment of a first non-governmental organization working in the sector of family planning - Family Planning Association of Nepal (FPAN). Need of family planning has been addressed since the first five years plan (1956-61). In the early 1970's, the Ministry of Health (MoH) started to providing family planning services throughout the country. In 1976, the percentage of currently married women using any modern method of family planning was just three, which gradually increased to 39 by the year 2001. It has been estimated that the contraceptive prevalence rate (CPR) has been increased to around 46 by the year 2006 (MoH, 2006). In the other hand, knowledge of at least a type of FP method is universal in Nepal.

4.1.1 Ever use of Family Planning

Table 4.1 shows percentage distribution of currently married women who have ever used family planning by specific method and district. This study has been conducted in specific population- currently married women visiting PHCs for receiving reproductive health services. An overwhelmingly large majority of women (80%) reported to have ever used any modern method of family planning.

Kathmandu district recorded the highest percentage (98%) whereas Chitawan the least (44.4%).

Table 4.1: Family planning using behaviour (%)

Ever use of FP method	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	97.8	91.3	44.4	75.0	69.5	50.0	80.1
No	2.2	8.7	55.6	25.0	30.5	50.0	19.9
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**27**	**24**	**59**	**6**	**231**
Specific method*							
Depo-Provera	88.9	90.5	66.7	50.0	85.4	33.3	82.2
Norplant	18.9	9.5	8.3	11.1	4.9	-	13.0
Pills	11.1	4.8	8.3	-	9.8	33.3	9.2
Female sterilization	10.0	14.3		22.2	-	-	8.6
Condom	4.4	4.8	16.7	22.2	-	33.3	6.5
Copper T	1.1	-	8.3	5.6	-	-	1.6
N	**90**	**21**	**12**	**18**	**41**	**3**	**185**

** Overlapping has occurred in counting of respondents so the percentage total may exceed 100. For example respondents who reported to have used more than one method at different time-period, irrespective of first and/or last method used, all methods were counted. This has been done so simply to know the popularity of FP method.*

When analyzing data by specific method, Depo-Provera was the most popular method, which was reported to be used by 82 percent women followed by Norplant (13.0%). Reasons for using Depo-Provera by large number of women were not identified. However, it may be because it is quarterly injection, if used once works for three months and also easily available whereas pills and condoms require everyday and every intercourse attention respectively.

4.1.2 Counselling on Family Planning

Informed choice of family planning method marks the quality of service. Clients must be well informed about specific method including merits and demerits of the method. Additionally, they must be well informed about alternative methods. In order to measure the quality of services, respondents reporting to have used family planning method were asked whether they were well-informed about family planning method.

Table 4.2 shows the percentage distribution of currently married women who received counselling before adopting family planning method. Despite the principle of compulsory counselling to all clients of family planning, about 83 percent respondents reported to receive counselling before adopting family planning method. Bhaktapur gave a positive response as all respondents from the district reported that they were counselled whereas Kavre produced the poorest result as 66.7 percent respondents had a positive response on counselling experiences.

Table 4.2: Counselling before adopting FP method (%)

Counselling before adopting any method	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	83.0	100.0	75.0	86.7	73.5	66.7	82.5
No	17.0	-	25.0	13.3	26.5	33.3	17.5
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**88**	**18**	**8**	**15**	**34**	**3**	**166***

** Total number of respondents varies because this table is based on those respondents who received FP services from PHCs.*

4.1.3 Knowledge of FP methods available at PHCs

PHCs are responsible to provide all types of family services. However, during the study, all of the PHCs acknowledged to provide services on temporary methods of family planning. Services on male and female sterilization were not available at the PHCs, but they could arrange mobile camps for such services based on the request.

Table 4.3 shows that clients were not informed on all alternatives available in the PHCs. Though the reasons were not explored for not being informed about different methods, it may be because of the pre-determination of specific methods by clients. A large majority of clients (94%) reported to have been informed about Injectables (Depo-Provera), followed by Pills (86.7%). Information on other methods has been gradually decreased, sterilization being the least informed as 2.4

percent clients reported so. Compared to other districts, respondents from Kavre reported to have better information on different methods of family planning available at the PHCs.

Table 4.3: Knowledge of family planning methods available at PHCs (%)

FP methods available at PHCs	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Injectable (Depo-Provera)	100.0	100.0	100.0	93.3	73.5	100.0	94.0
Pills	92.0	72.2	87.5	86.7	79.4	100.0	86.7
Condom	72.7	22.2	50.0	86.7	47.1	66.7	62.0
Cupper T	39.8	16.7	75.0	60.0	23.5	100.0	38.6
Norplant	40.9	38.9	50.0	33.3	20.6	66.7	36.7
Female sterilization	-	-	-	6.7	8.8	-	2.4
Don't know	-	-	-	6.7	11.8	-	3.0
Total (N)	**88**	**18**	**8**	**15**	**34**	**3**	**166**
Regular availability of FP services at PHCs							
Yes	88.6	94.4	50.0	73.3	82.4	100.0	84.9
No	11.4	5.6	50.0	26.7	17.6	-	15.1
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**88**	**18**	**8**	**15**	**34**	**3**	**166**

Percentage total may exceed 100 due to multiple responses

4.1.4 Follow-up visit and side-effects of FP methods

None of family planning method is without side-effect. Appearance of side-effect depends on the physiology of clients. Therefore, quality of services is dependent whether clients are provided services in post family planning complications. Studies have shown that there is high dropout rate of contraception mainly because whether clients were not informed on the side effects of specific method or they were not provide essential treatment for post family planning complications.

In order to increase confidence on clients, the service providers should ask clients for follow-up visit whether or not any complication develops. Respondents during the study were asked whether services providers asked them for follow-up visit. A remarkably positive response was obtained from 93 percent respondents. The

response rate was recommendable as all respondents from Lalitpur and Kavre gave a positive answer whereas Kanchanpur reported a poor response as 60 percent respondents reported to have called for follow-up visit.

Nearly half of the respondents reported to experience side-effects of family planning method they used. The percentage of respondents experiencing side-effects varies between districts. More than 6 in 10 respondents from Bhaktapur districts reported to have experienced side-effects, followed by Kathmandu (54.0%). Contrast to this, none of the respondents from Kavre district reported to have experienced side-effects, followed by Lalitpur (17.6%).

Table 4.4: Follow-up visit and side-effects (%)

Informed for follow-up visit	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	95.5	94.4	87.5	60.0	100.0	100.0	92.8
No	4.5	5.6	12.5	40.0			7.2
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**88**	**18**	**8**	**15**	**34**	**3**	**166**
Experience of side effect							
Yes	54.0	61.1	37.5	46.7	17.6	-	44.8
No	46.0	38.9	62.5	53.3	82.4	100.0	55.2
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**88**	**18**	**8**	**15**	**34**	**3**	**166**

4.2 Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) are responsible for a considerable burden of reproductive health illness worldwide, both directly through their ability to enhance the risk of transmission or acquisition of the human immunodeficiency virus (HIV). According to the World Health Organization (WHO), some 340 million curable STIs are estimated to occur worldwide each year and other millions of incurable viral STIs occur annually. The section deals with the experience of sexually transmitted infections (STIs) and treatment seeking behaviour of currently married women of reproductive age.

4.2.1 Exposure to STIs

Information relating to STIs is difficult to capture because STIs are viewed in relation to the morality of person. All respondents were asked whether they had experienced any STIs or symptoms of STIs. Nearly 1 in 10 of the sampled women reported that they had experienced at least a STI or symptom of STIs.

Though the figures are relatively smaller to compare, about one-third of the respondents from Kavre district reported to having symptoms of STIs. Similarly, about a quarter of respondents from Kanchanpur and nearly one-fifth from Chitawan district reported to experience STIs symptoms whereas none of respondents from Bhaktapur and Lalitpur reported to have experienced any symptoms of STIs.

Respondents reporting to have experienced whether STIs or any symptoms were further asked the symptoms they experienced. Though the figures were relatively smaller to compare, highest percent of them reported to have experienced itching, followed by genital ulcers/sores. A total of major seven symptoms were reported by respondents.

Table 4.5: Experience of STIs or symptoms (%)

Ever experience of STIs or symptoms	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavare	Total
Yes	5.4	-	18.5	25.0	-	33.3	7.8
No	94.6	100.0	81.5	75.0	100.0	66.7	92.2
Total (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	92	23	27	24	59	6	231
Symptoms experienced							
Itching	100.0		60.0	50.0		50.0	66.7
Genital ulcers/sore	80.0		-	66.7		-	44.4
Foul smelling discharge	40.0		60.0	16.7		-	33.3
Genital\pus discharge	80.0			33.3		-	33.3
Lower abdominal pain	-		40.0	33.3		50.0	27.8
Burring pain on urination	-		-	50.0		-	16.7
Bleeding	40.0		-	-		-	11.1
Others	20.0		20.0	16.7		-	16.7
N	**5**		**5**	**6**		**2**	**18**

4.2.2 Place of treatment for STIs

Those respondents who had experienced STIs symptoms were further asked about place of treatment. As evident from Table 4.6, more than two-third (66.7%) of the respondents had sought treatment from PHCs and one in six (16.7%) had visited pharmacy. Similarly, one in ten (11.1%) said that they did not seek any treatment

Table 4.6: Place of treatment for STIs (%)

Place of treatment	Kathmandu	Chitwan	Kanchanpur	Kavare	Total
PHCs	40.0	60.0	83.3	100.0	66.7
Pharmacy	40.0	-	16.7	-	16.7
Hospital	20.0	20.0	-	-	11.1
Nothing	20.0	20.0	-	-	11.1
Nursing home	-	-	16.7	-	5.6
Traditional faith healer	-	-	16.7	-	5.6
(N)	**5**	**5**	**6**	**2**	**18**

Percentage total may exceed 100 due to multiple responses

4.3 Antenatal, Delivery and Postnatal care

The safe motherhood program in Nepal has adopted two major strategies to improve maternal health - provide around the clock essential obstetric and ensure the presence of skilled attendants at delivery especially at home deliveries (MoH, 2001). Every year hundreds of thousand mother die because of childbearing complications, which is almost preventable. Access to safe motherhood programmes prevents almost all such tragedies. Statistics are evident that still majority of the women do not have access to antenatal and delivery care services due to unfavourable socio-cultural and economic conditions. The maternal health care services that a mother receives are important for the well-being of the mother and child.

Table 4.7 Ever experience of pregnancy (%)

Ever been pregnant	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	100.0	100.0	85.2	66.7	96.6	100.0	93.9
No	-	-	14.8	33.3	3.4	-	6.1
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**27**	**24**	**59**	**6**	**231**
Frequencies of pregnancy							
Once	29.3	34.8	65.2	18.8	50.9	16.7	38.2
Twice	39.1	43.5	17.4	25.0	40.4	50.0	36.9
3 to 5 times	27.2	21.7	17.4	56.3	8.8	33.3	23.0
More than 5 times	4.3	-	-	-	-	-	1.8
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**23**	**16**	**57**	**6**	**217**

Table 4.7 shows that more than 9 in 10 women who visited PHCs had ever been pregnant. Of those, more than one-fifth had experienced 3 to 5 pregnancies. The percentage of women experiencing 3 to 5 pregnancies is more than half (56.3%) in Kanchanpur and the least in Lalitpur. Interestingly, some 4.3 percent women from Kathmandu district reported to have experienced more than five pregnancies.

4.3.1 Antenatal care

The WHO has recommended at least four antenatal check-up visits are required to make pregnancy and delivery safer. Check-up during pregnancy is very important aspects of ensuring motherhood safer. This study has tried to assess coverage and quality of antenatal service based on the lifespan of pregnancy at the time of first ANC visit, type of ANC service provider, number of ANC visits, vaccination of mother, experience of complication during pregnancy, place of delivery, assistance during delivery, place of delivery, delivery assistance and use of home delivery kits.

Nepal Demographic and Health Survey (2001) shows that one in two pregnant women receives antenatal care in Nepal, with 28 percent receiving care from doctor or nurse, midwife, or auxiliary nurse midwife.

This study is positive in terms of antenatal services as more than 8 in 10 women reported to have received antenatal check up during their last pregnancy. There are slight variations among the districts in trend of receiving the services. Kanchanpur district reported the best ANC coverage as all respondents from the district has received ANC services for their last pregnancy. The indicator is slightly poor for the respondents from Chitawan district. When asked the frequency of ANC visit, more than 7 in 10 women reported to have received ANC services 4 and more times whereas some 23 percent women reported less than 3 times. PHCs were the service centres visited by 66 percent by respondents for ANC services, followed by hospitals (54.5%). Compared to PHCs located out of valley, higher proportion respondents from the PHCs of Kathmandu valley reported hospitals were their preferred places for receiving ANC services (Table 4.8).

Table 4.8: Antenatal check-up practices and places (%)

ANC services for last pregnancy	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Yes	88.0	82.6	78.3	100.0	91.2	83.3	88.0
No	12.0	17.4	21.7	-	8.8	16.7	12.0
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**23**	**16**	**57**	**6**	**217**
Frequency of ANC visits							
1-3 times	19.8	10.5	27.8	37.5	26.9	20.0	23.0
4 and above	80.2	89.5	72.2	62.5	69.2	80.0	76.0
Can't remember	-	-	-	-	3.8	-	1.0
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**81**	**19**	**18**	**16**	**52**	**5**	**191**
Service centres for ANC visit							
PHC	65.4	42.1	94.4	87.5	57.7	80.0	66.0
Hospital	72.8	78.9	16.7	6.3	46.2	40.0	54.5
Nursing home	11.1	5.3	-	-	-	-	5.2
Health post/Sub health post	-	10.5	5.6	18.8	-	-	3.1
Others*	1.2	5.3	-	-	3.8	-	2.2
N	**81**	**19**	**18**	**16**	**52**	**5**	**191**

**Pharmacy/Traditional faith healer*

Percentage total may exceed 100 due to multiple responses

4.3.2 Place of delivery and delivery care

The objective of providing safe delivery services is to protect the life and health of the mother and her newborn child by ensuring the safe delivery services. An important component to reduce the health risks of mothers and children is to increase the proportion of babies delivered under the supervision of health professionals.

Traditionally, births in Nepal are delivered at home either with or without assistance of TBAs, relatives and friends. Nepal Demographic and Health Survey (2001) shows that only 9 percent of births are delivered at health facilities, compared with 89 percent at home. This is a slight improvement since 1996, when 8 percent of births were delivered in health facilities. This suggests that despite an increase in the number of health facilities offering delivery services, use of health facilities during deliveries has not been improved significantly. However, this study shows that except some 33 percent women, all reported to have delivered their last birth at health facilities. Among those delivering at health facilities, more than two-fifths (42%) of the women had delivered their last birth at hospitals, followed by PHCs (12.0%). However, some 29 percent women reported to have delivered their births at home. Compared to other districts, respondents from Kathmandu and Bhaktapur districts were found inclined to hospitals for delivery services.

Table 4.9 Place of delivery (%)

Place of delivery for last birth	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
Hospital	56.5	56.5	21.7	6.3	36.8	-	42.4
At home	39.1	43.5	17.4	12.5	19.3	-	29.0
PHC	3.3	-	17.4	43.8	17.5	33.3	12.0
Health post	-	-	4.3	25.0	19.3	66.7	9.2
Traditional faith healer	1.1	-	21.7	12.5	-	-	3.7
Nursing home	-	-	8.7	-	7.0	-	2.8
Currently pregnant	-	-	8.7	-	-	-	.9
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**23**	**16**	**57**	**6**	**217**

The main interest of this study is to explore the quality of reproductive health services provided by PHCs. For this purpose, respondents reporting not delivering births at PHCs were asked a follow-up question on the reasons for not delivering at PHCs. Most of the respondents were dissatisfied with quality of services. They stated whether there was no service available or services were not reliable (Table 4.10). The dissatisfaction of respondents from Kathmandu was found higher compared to respondents from other districts as 61.8 percent respondents complained of not provisioning delivering services at PHCs.

Table 4.10: Reasons for not visiting PHCs for delivery services (%)

Reason for not visiting PHCs for delivery	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavre	Total
No delivery service at PHC	61.8	17.4	23.5	-	4.3	-	34.4
Able to deliver at home	15.7	30.4	41.2	44.4	29.8	75.0	25.9
No satisfactory service at PHC	13.5	39.1	5.9	22.2	10.6	-	15.3
Hospitals provide better service	1.1	13.0	-	11.1	19.1	-	7.4
No 24 hour delivery services at PHC	13.5	4.3	-	-	-	-	6.9
PHCs were in distance	-	-	23.5	22.2	6.4	-	4.8
No information about delivery services at PHCs	1.1	-	5.9	-	4.3	-	2.1
Others	2.2	-	-	-	21.3	-	6.3
Don't know	6.7	-	5.9	-	6.4	25.0	5.8
N	**89**	**23**	**17**	**9**	**47**	**4**	**189**

Percentage total may exceed 100 due to multiple responses

4.3.3 Postnatal care (PNC)

Compared to ANC, PNC services are less popular in Nepalese community Previous studies have shown that seventy-nine percent of mothers who delivered outside a health facility do not receive any postnatal check-up. Less than one in five mothers, receive postnatal care within the first two days after delivery (MoH, 2001).

Similar trend has been identified by this study, low PNC practices compared to ANC. Nearly 4 folds (49%) respondents of this study reported to receive PNC

services compared to 13 percent national average (CBS, 2004). When observed variation among the districts, more than half of the respondents from Kathmandu, Kanchapur and Lalitpur districts reported receive PNC services. Of those, 50.5 percent visited PHCs and 42.9 percent hospitals and rest other health facilities (Table 4.11).

Table 4.11 Places for receiving PNC services (%)

Receive PNC service	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavare	Total
Yes	50.0	30.4	28.6	50.0	64.9	16.7	48.8
No	50.0	69.6	71.4	50.0	35.1	83.3	51.2
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**21**	**16**	**57**	**6**	**215**
Place of PNC services							
Primary health care centre	39.1	42.9	50.0	87.5	59.5	-	50.5
Hospital	52.2	57.1	33.3	-	37.8	100.0	42.9
Private hospital/Nursing home	6.5	-	-	-	-	-	2.9
Health post/sub health post	-	-	-	12.5	2.7	-	1.9
Pharmacy	2.2	-	16.7	-	-	-	1.9
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**46**	**7**	**6**	**8**	**37**	**1**	**105**

Respondents were further asked the reasons for not visiting PHCs for PNC services. Some 6 reasons were reported by respondents - inability to visit PHCs, lack of experienced health professionals, not satisfactory services were the majors.

4.4 Suggestions for the Improvement PHCs

This section deals about the suggestions provided by respondents for the improvement of physical facilities and services in the PHCs. All respondents were asked to record their suggestions for the improvement of physical facilities and services delivery system of PHCs.

Table 4.12 shows that nearly three-fifths (58%) of the respondents were concerned about the improvements of physical facilities of PHCs. Compared to other

districts, large number of respondents from Kathmandu and Bhaktapur districts put suggestions for improvement of physical facilities. Respondents were more concerned about the condition of waiting room, toilet facility and chairs in waiting room. Respondents were also found concerned about number of beds, drinking water facility, appearance of building and repair and maintenance of windows/doors and other infrastructures.

Table 4.12 Suggestion for the improvement of physical facilities at PHCs

Suggestions to improve the physical facility of the PHC	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavare	Total
Yes	80.4	73.9	44.4	25.0	40.7	33.3	58.4
No	19.6	26.1	55.6	75.0	59.3	66.7	41.6
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**27**	**24**	**59**	**6**	**231**
Suggestion for improvement							
Waiting room	66.2	64.7	83.3	16.7	75.0	50.0	66.7
Toilet facility	70.3	-	-	-	-	-	38.5
Chair in waiting room	35.1	52.9	8.3	66.7	12.5	50.0	32.6
Increase in beds	16.2	29.4	8.3		16.7		16.3
Drinking water	23.0	5.9	-	33.3	-	-	14.8
Building must be like hospital	14.9	29.4	-	-	8.3	-	13.3
Windows/doors	9.5	-	8.3	-	-	-	5.9
Others	14.9	11.8	-	-	-	-	9.6
N	**74**	**17**	**12**	**6**	**24**	**2**	**135**

Percentage total exceed 100 due to multiple responses

4.4.1 Services to be added in the PHC

Respondents were also asked whether the services available at PHCs were sufficient or they needed additional services. More than three quarter respondents were convinced that there should be some improvements and addition in the services available at PHCs.

As anticipated, respondents were concerned about the experienced and qualified human resources followed by other infrastructures and services. Major concerns

were about the qualified doctors/nurses (37.1%), X-ray/USG service (23.6%), provision of medicines (20.2%) provision of as many services (19.7%), and pathology services (19.1%).

Table 4.13 Suggestions on services to be added and quality of services at in the PHCs

Services to be added in the PHC?	Kathmandu	Bhaktapur	Chitwan	Kanchanpur	Lalitpur	Kavare	Total
Yes	96.7	82.6	77.8	66.7	52.5	33.3	77.1
No	3.3	17.4	22.2	33.3	47.5	66.7	22.9
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
(N)	**92**	**23**	**27**	**24**	**59**	**6**	**231**
Services to be added and improved							
Skilled doctors/Nurse	49.4	47.4	42.9	25.0	-	-	37.1
X-ray/Video X-ray	9.0	5.3	14.3	56.3	67.7	-	23.6
All medicines	28.1	42.1	-	6.3	6.5	-	20.2
As many services	12.4	10.5	28.6	31.3	29.0	100.0	19.7
Pathology services	28.1	5.3	23.8	12.5	3.2		19.1
Delivery service	16.9	10.5	19.0	-	-	-	11.8
Free medicine	16.9	21.1	4.8	-	-	-	11.2
Ambulance service	1.1	5.3	47.6	37.5	3.2	-	10.7
Emergency service should provide in 24 hours	11.2	21.1	4.8	-	6.5	-	9.6
All staff should presence at time	2.2	-	-	-	16.1	-	3.9
Others*	15.7	10.5	-	-	3.2	-	9.6
N	**89**	**19**	**21**	**16**	**31**	**2**	**178**

Percentage total exceed 100 due to multiple responses

** PHCs should be clean/PHCs should open at 10-4 o'clock/Security person*

CHAPTER - 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study is to evaluate quality and coverage of reproductive health services provided by PHCs at some selected PHCs. In order to capture more comprehensive and comparable information, 16 PHCs from 6 districts were covered from which 231 currently married women aged 15-49 who visited PHCs for receiving services were canvassed for quantitative information. Responses of the respondents were collected in order to give present shape of the research report, which focused on coverage of services, physical facilities clients' satisfaction level and recommendations for further improvements of the PHCs.

5.1 Summary and Conclusions

All PHCs were not providing all services to be provided as mentioned in the protocol. Despite the limited services available in the PHCs, clients were informed only some selected services. Immunization, general health-check-up, distribution of iron tablets and TT injections, for example, were the most popular services among the clients. The limited knowledge of clients on services available at PHCs can be attributed, may be because, that they were concerned only those services needed to them.

A few respondents (1.7%) filed complained that PHCs were not open all office days (6 days a week) but exceeding to proportion complaining by some 7 folds gave an extremely positive response that PHCs used to provide services all-round the weeks. There were also complains on irregularity of services providers at PHCs. Though, the proportion having complained on irregularity of services providers, it is necessary to address such complaints to generate faith towards PHCs and maintain quality of services. PHCs are preferred place of treatment for

more large population in the buffer zone of PHCs. Therefore, attention should be paid for improving quality of services. There are positive remarks on the service delivery timing. Most of the clients agreed prompt service delivery was their need. Some of the clients had complaints on the accessories of the PHCs. For example, they wanted the waiting rooms be furnished well, toilets be maintained hygienic and provision of drinking. These demands are not exceptional and unwanted; however, it is basic liability of the service providers to arrange.

Despite having separate rooms for health check-up, there appeared to be some mismanagement in service delivery as some clients complained that they could seen and heard by other unwanted persons during check-up. This could possibly increase embarrassment in clients while discussing with service providers. However, remarkably a large proportion of clients had no complaint against the privacy and confidentiality of service delivery systems, attentions are needed for addressing the needs of minority. Except a few, almost all clients turned to be positive for the services provided by PHCs. This could be encouraging for the service providers and administration. Some complaints were traced regarding the services. Most of the complaints were for provision of qualified service providers and other logistics including medicines and quality of services.

Inter-district variations in responses show the unequal service delivery systems. Some of the PHCs were providing exceptionally better services. Most of the clients representing Chitawan, Lalipur and Kavre were satisfied to the services provided by PHCs of their areas. Some clients were anxious with the behaviours of services providers and PHCs staffs. Despite the general beliefs of inefficient service deliveries at health facilities, this study concludes a satisfactory result on behalf of PHCs.

When discussed on the utilization of reproductive health services with especial reference to family planning, antenatal, delivery, postnatal services and exposure to STIs , differences were observed in responses of clients. Compared to national average of 44 percent CPR, about 80 percent respondents reported to have ever used any modern method of contraceptives. Proportion of women using Injectables (Depo-Provera) was the highest, which shows the popularity of the specific method for birth spacing. Of those who received family planning services from PHCs, about one-fifth had complains that they were not counselled before adopting contraceptive method. Injectables (Depo-Provera) tops among the temporary female contraceptives in the popularity, pills and condom follow injectables. More than four-fifths of clients had positive response on regularity of the family planning services at PHCs. Side effects of contraceptive were experienced by more than two-fifths of respondents. Somewhere inadequate counselling on family planning services discredits the quality services.

STIs symptoms were experienced by a few respondents. Those experiencing STIs, more than three-fifths visited PHCs. The cases of STIs may be less traced, because the issue was related to the morality.

Respondent reporting to receive ANC services is remarkably higher compared to national average. The better statistics on ANC services may be reflected because the respondents were those visiting PHCs for receiving reproductive health services. Compared to respondents reporting receiving ANC services from PHCs a very few reported to deliver births at PHCs. The reason behind a few women delivering births at PHCs, as reported, was unavailability of reliable delivery services at PHCs. Coverage of PNC services compared to ANC was noticed to be poor. Those receiving PNC services, more than three-thirds visited PHCs.

More than half of the respondents were interested to file suggestions for improvement of the physical facilities and services provided by PHCs. Major concerns of clients for improving physical facilities were identified in waiting room, toilet facility and drinking water provision. More than 7 in 10 respondents wanted improvement in services. They also wanted services to be added in PHCs. Their major demand was on the skilled and qualified human resources at the PHCs.

Commitments for enhancing reproductive health services are made by governments. Polices emphasizing accessibility of reproductive health services are documented in national health strategies. Following the International Conference on Primary Health Care (1978), ICPD (1994) and Fourth World Conference on Women (1995), Government of Nepal reshaped its national health strategies. The Tenth Plan of Nepal (2002-2007) envisioned a long term health policy "…is to support poverty eradication by improving the health status of the Nepalese people and providing equal access of health services to them through effective management system; by creating attraction towards small family by way of establishing balance between economic, social and environmental aspects; and by developing healthy, strong workforce." This long-term vision can be a practical if and only if, the health institutions play positive and pro-poor roles. The roles of PHCs are especial valuable as they are, by principle, structured provide health services at rural communities. In its objective of health services, the Tenth Plan has documented the need of spreading reproductive health services and family planning services in consideration of maternal health services (NPC, 2002).

Despite some drawbacks in the service delivery systems, physical facilities and quality of services, the findings of this study are positive certifications for the government and service providers. If paid attention to the reported dissatisfactions of clients, the services can be made more effective, comprehensive and acceptable.

5.2 Recommendations

The researchers table the following recommendations for the Government of Nepal, Planning Commission, Research Organizations and Health Professionals:

- Impart reliable and adequate information to clients on services available at the PHCs.
- Improve physical facilities such as - waiting room, toilet facility, provision of drinking water, sanitation.
- Increase accountability in service providers and PHCs staff towards clients.
- Arrange especial provision for ensuring privacy and confidentiality of service delivery.
- Quality of services, for example - provision of skilled and qualified human resources, informed choices of family planning, availability of medical equipments and medicines, should be ensured in order to increase beliefs in community.
- Organize community campaign and awareness programmes to build positive attitudes towards PHCs.

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Individual questionnaire for quality of reproductive health services at primary health care level, with special reference to client's satisfaction

1. Name of the district……

2. Name of the VDCs ……

3. Name of the PHC……

4. Name of the interviewer……..

Section 1: Background Information

Q.N.	Questions	Coding Categories	Code	Go to
Q101	How old are you?	Complete age…….		
Q102	What is your highest level of educational attainment?	Classes completed…… Write '0' for illiterate…… Write '77' for informal education…		
Q103	What is your caste/ethnicity?	Brahmin/Chhetri…… Gurung……. Magar……. Newar…… Other (specify)……..	1 2 3 4	
Q104	What is your marital status?	Unmarried…….. Married……. Separated……. Divorced …….. Widow/widower……..	1 2 3 4 5	
Q105	What is your family's source of income?	Business…… Craftsmanship…….. Govt. service……. Pvt. Service……. Uniform Service (army/police)…… Daily wages…….. Other (specify)……	1 2 3 4 5 6	

Section 2: Knowledge about the Services provided by PHC

Q.N.	Questions	Coding Categories	Code
Q201	How far is PHC from your home?	Minute.....	Yes No
Q202	Do you have any ideas about which of the following services are available in this PHC? **(please read all the answers)**	General Health Checkup……. Family planning services……. Infertility counseling…….. Blood test……. Urine test…… Stool test……. X-ray…… STIs treatment…….. HIV test……. **ANC** Pregnancy care……. Injection…… Iron tablets…….. Access to cesarean section…… **Delivery** Delivery service……. Blood transfusions…… **PNC** Post-abortion complication …….. Immunization …… Other (specify)…….	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Q203	How many days do this PHC provide health services in a week?	Days……	
Q204	Are all service providers available everyday?	Yes……. No……	1 2
Q205	If not, why?	…… ……	

Section 3: Service received from PHC

Q.N.	Questions	Coding Categories	Code	Go to
Q301	Where do you usually go for the treatment of general health problems?	PHC……. Health post……. Hospital……. Pharmacy…… Nursing home……. Traditional faith healer…… Other (specify)……	1 2 3 4 5 6	Q303 Q401
Q302	If respondent does not mention PHC, ask reason for not visiting PHC?	…… …… ……		
Q303	If visited PHC, how long have you waited before your check up?	Waited minutes…….		
Q304	Is there sufficient place for waiting?	Yes……	1	

		No…….. 2	
Q305	Is there toilet facility in the PHC?	Yes…… 1 No…….. 2	
Q306	Is the toilet usable?	Yes…… 1 No…….. 2	
Q307	Is there water in toilet?	Yes…… 1 No…….. 2	
Q308	Is there drinking water facility in the PHC?	Yes…… 1 No…….. 2	
Q309	Is there confidential room for check up?	Yes…… 1 No…….. 2	
Q310	Can any one hear of your conversation with service provider?	Yes…… 1 No …… 2	
Q311	Can anybody see you during your check up?	Yes…… 1 No…….. 2	
Q312	How do you evaluate the service provided by PHC?	Good…….. 1 Satisfactory…… 2 Not Satisfactory…… 3	
Q313	If not good or not satisfactory, why?	…….. …….. ……..	
Q314	How do you evaluate the skill and competencies of the service provider?	Good…….. 1 Satisfactory…… 2 Not Satisfactory…… 3	
Q115	If not good, or not satisfactory, why?	…….. …….. ……..	
Q316	How do you evaluate the behavior of the service provider?	Good…….. 1 Satisfactory…… 2 Not Satisfactory…… 3	
Q317	If not good or not satisfactory, why?	…….. …….. ……..	
Q318	How do you evaluate the behavior of other staffs of the PHC?	Good…….. 1 Satisfactory…… 2 Not Satisfactory…… 3	
Q319	If not good or not satisfactory, why?	…….. …….. ……..	
Q320	How do you evaluate the sanitation of the PHC?	Good…….. 1 Satisfactory…… 2 Not Satisfactory…… 3	
Q321	If not good or not satisfactory, why?	…….. …….. ……..	
Q322	Do you recommend anyone to visit to this PHC?	Yes……. 1 No…… 2	
Q323	If no, why?	…….. ……	

Section 4: Family planning services

Q.N.	Questions	Coding Categories	Code	Go to
Q401	Have you ever used FP method?	Yes……..	1	
		No……..	2	
Q402	If yes, which method?	……..		
		……		
Q403	From where did you get FP service?	……		
		…….		
Q404	If mentioned PHC, did you receive counseling before choosing any method?	Yes……..	1	
		No……	2	
Q405	Which methods were available in that PHC?	…….		
		…….		
		……		
Q406	Which method did you choose?	……..		
		……		
Q407	Does anyone get FP services every day from PHC?	Yes…….	1	
		No……	2	
Q408	Did the service provider ask you for follow up visit?	Yes…….	1	
		No……	2	
Q409	Did you experience any side effect after PF use?	Yes……	1	
		No…….	2	
Q410	If yes, have you visited for follow up checkup?	Yes……..	1	
		No……	2	

Section 5: Sexually Transmitted Infection

Q.N.	Questions	Coding Categories	Code	Go to
Q501	Have you ever experienced STIs symptoms?	Yes……	1	
		No……	2	
Q502	If yes, Which STIs symptoms?	……		
		……		
		……		
Q503	When have you experienced?	Mention '0' if less than one month		
		Months……		
Q504	Where did you visit for treatment?	PHC…….	1	
		Health post…….	2	
		Hospital…….	3	
		Pharmacy……	4	
		Nursing home…….	5	
		Traditional faith healer……	6	
		Other (specify)……		
Q505	Why you did not visit PHC for the treatment of STS,	…….		
		……..		

Q506	Did you experience any shyness or fear when you visit PHC for the treatment of STI?	Yes…… 1 No…… 2	
Q507	If yes, type of shyness or fear	…….. …….	

Section 6: Neonatal care (Only for Married, women aged 15-49)

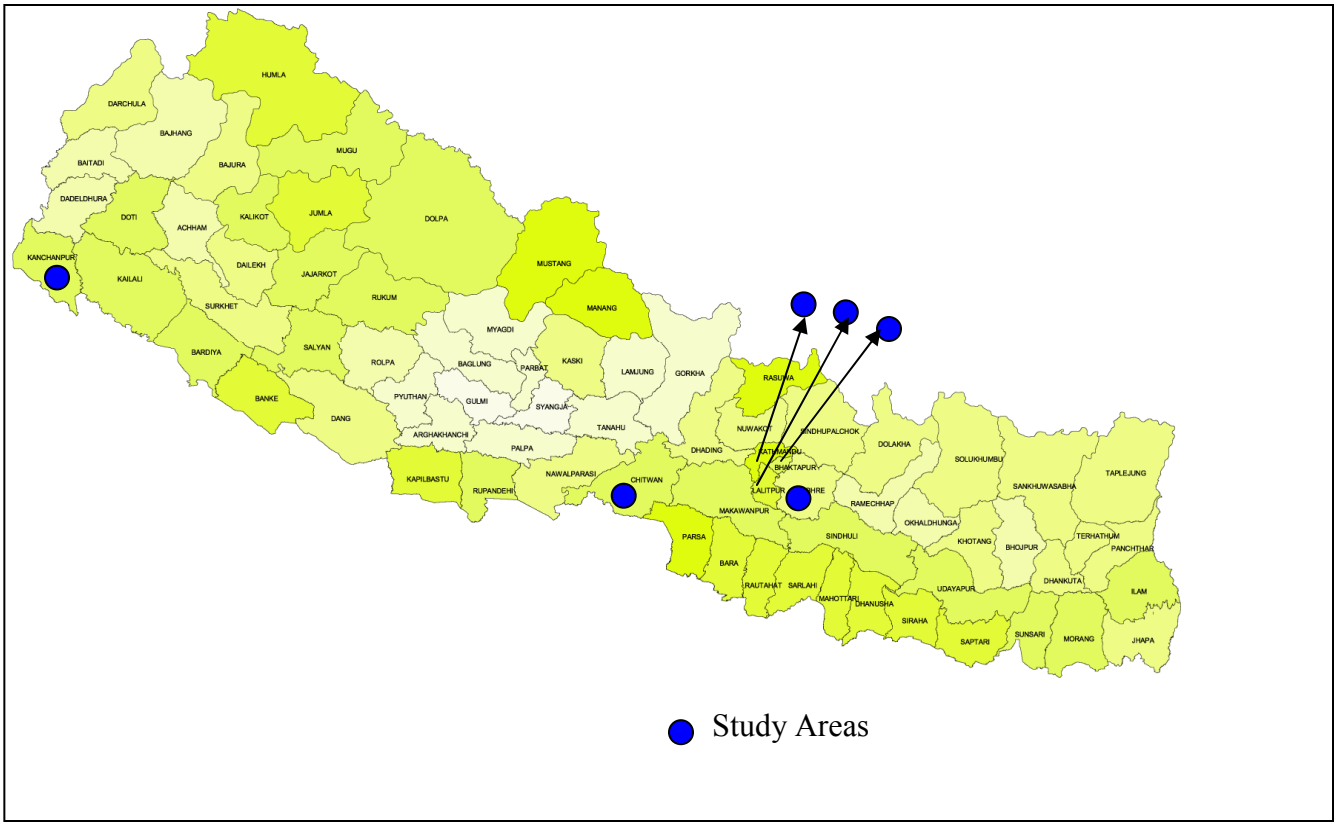
Q.N.	Questions	Coding Categories	Code	Go to
Q601	Have you ever got pregnant?	Yes……. 1 No…… 2		
Q602	If yes, how many times?	……		
Q603	Did you receive antenatal check up during your last pregnancy?	Yes……. 1 No…… 2		
Q604	How many times did you receive antenatal check up, during the last pregnancy?	Times ……		
Q605	Where did you visit for antenatal check up? **(Multiple response)**	PHC……. 1 Health post…… 2 Hospital……. 3 Pharmacy…… 4 Nursing home……. 5 Traditional faith healer…… 6 Other (specify)……		
Q606	Where did you give birth of your last pregnancy?	PHC……. 1 Health post…… 2 Hospital……. 3 Pharmacy…… 4 Nursing home……. 5 Home…… 6 Other (specify)……		
Q607	If not mentioned PHC why?	…….		
Q608	Did you visit for post delivery checkup?	Yes……. 1 No…… 2		
Q609	If yes, where?	PHC……. 1 Health post…… 2 Hospital……. 3 Pharmacy…… 4 Nursing home……. 5 Other (specify)……		
Q610	Why you did visit PHC?	…….. …….		

Section 7: Suggestions

Q701	Do you have any suggestions to improve the physical facility of the PHC?	Yes……. 1 No…… 2	
Q702	If yes, Please tell us your suggestion.		
Q703	What types of additional services should this PHC provide in your view?	…….. ……...	
Q704	Do you have any other suggestions about service provided by PHC?	…….. ……...	
Q705	Do you have any suggestion to us as well?	…….. ……...	

Thank you

STUDY AREA


HUMLA
DARCHULA
BAJHANG
BAITADI
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DOTI
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KALIKOT
JUMLA
DOLPA
KANCHANPUR
KAILALI
DAILEKH
JAJARKOT
MUSTANG
SURKHET
RUKUM
MANANG
MYAGDI
BARDIYA
SALYAN
ROLPA
BAGLUNG
PARBAT
KASKI
LAMJUNG
GORKHA
RASUWA
BANKE
PYUTHAN
GULMI
SYANGJA
DANG
ARGHAKHANCHI
TANAHU
NUWAKOT
SINDHUPALCHOK
DOLAKHA
PALPA
DHADING
KATHMANDU
SOLUKHUMBU
KAPILBASTU
NAWALPARASI
CHITWAN
BHAKTAPUR
TAPLEJUNG
RUPANDEHI
LALITPUR
SANKHUWASABHA
MAKAWANPUR
RAMECHHAP
OKHALDHUNGA
PARSA
SINDHULI
KHOTANG
BHOJPUR
TERHATHUM
PANCHTHAR
BARA
RAUTAHAT
SARLAHI
MAHOTTARI
DHANKUTA
UDAYAPUR
ILAM
DHANUSHA
SIRAHA
SUNSARI
MORANG
SAPTARI
JHAPA
Study Areas