

**Situational Assessment Report**  
**on**  
**Enhancing Availability and Women's Access to**  
**Integrated SRH-HIV Services in Earthquake Affected**  
**Districts: Kathmandu Valley, Kavre and Makwanpur**

**Japanese Trust Fund**



**December 2020**



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**From  
the People of Japan**



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December 2020

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**Ms. Sirjana Shah**  
**Team Leader of the Study**  
**Executive Chair of HCR**

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## ACRONYMS

ANC	Antenatal care
ANMs	Auxiliary nurse midwives
CBS	Central Bureau of Statistics
CPR	Contraceptive prevalence rate
DK/CS	Don't know/cannot say
FCHV	Female community health volunteer
FP	Family planning
FPAN	Family Planning Association of Nepal
HCR	Himalaya Comprehensive Research Pvt. Ltd.
KIIs	Key informant interviews
MISP	Minimum initial service package
MMR	Maternal mortality ratio
MNCH	Maternal, new born and child health
MOH	Ministry of Health
MOHP	Ministry of Health and Population
N	Number of respondents
NDHS	Nepal Demographic and Health Survey
NMICS	Nepal Multiple Indicator Cluster Survey
NPC	National Planning Commission
PE	Peer educator
PMTCT	Prevention of mother to child transmission
PNC	Postnatal care
RHFV	Reproductive health female volunteer
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
STIs	Sexually transmitted infections
WRA	Women of reproductive age
WRC	Women's Refugee Commission



# Executive Summary

## About the Situation Assessment Study

Family Planning Association of Nepal (FPAN) assigned a Lalitpur based consulting firm, Himalaya Comprehensive Research Private Limited (HCR), in September 2020 for conducting a situation assessment study of its project “Enhancing Availability and Women’s Access to Integrated SRH-HIV Services in Earthquake Affected Districts of Nepal”. The main objective of the study was to contribute to improved health outcomes for sexual and reproductive health rights (SRHR) and HIV of vulnerable communities particularly women and adolescent girls in three target areas: the Kathmandu Valley, Kavre and Makwanpur. The study has included 45 WRA of 15-49 years (who are pregnant or have delivered recently; who have abortion in recent days; and who have HIV/AIDS) from the target areas. Interviews were conducted with them on their convenience and with their consent through telephone. In addition to it, six KIIs were conducted with staff working in district branches of FPAN (Kathmandu Valley Branch, Kavre Branch and Makwanpur Branch). HCR completed the study in six weeks (from 1 September 2020 to 15 October 2020).

## Findings

### Sexual and Reproductive Health Services

The study reveals that health service centres are largely visited for general check-up, MNCH services (including vaccination), FP services and abortion services respectively. But, FPAN service centres are specially visited for FP services and abortion services while government hospitals and private hospitals/ clinics are mostly visited for MNCH services. Health posts are also quite popular for FP services while NGO-run clinics are widely visited for FP services and abortion services. Almost all of the visitors think that they get the required SRH and FP services from all the service providers including FPAN service centres. Visitors are informed about the services they are looking for through compulsory counselling in FPAN service centres. Female visitors feel very comfortable there because women doctors and/or nurses care them.

### Family Planning and Use of Contraception

The study reveals that about two-thirds of the respondents have recently used modern methods of contraception. The most common contraception used is Sangini injection followed by condoms (actually their spouses use it), Norplant, Pills and Copper-T. Most of them say that they get or purchase the contraception at FPAN service centres followed by private hospitals/ clinics, health posts and government hospitals. Majority of the respondents mention that they suggest themselves for the family planning services followed by health workers, friends and husbands. All of them are either fully satisfied or satisfied with the FP services. The study also shows that level of satisfaction is relatively higher among those who have visited private hospitals/ clinics than among those who have visited FPAN service centres, health posts and

government hospitals. Mostly pronounced reasons behind their satisfaction are good counselling they get there about FP contraception, friendly behaviour of service providers, good treatments and the availability of female doctors. However, though in small numbers, some visitors have faced some difficulties to get FP services during the disaster/ epidemic/ pandemic. Also, a few of them mention that they or anyone in their family have unintended pregnancies due to lack of FP services.

### Abortion Related Services

A large number of those who have used abortion services mention that they received the abortion services from FPAN service centres while only a few of them mention private hospitals/ clinics. Majority of them say that both husband and oneself decided to go for abortion. More than half of the respondents mention that they did abortions because they already had two or more than two babies. About one-third mention that they did not need any babies. Some mention that they did abortion because their last baby was still infant. A few of them mention the undevelopment of embryo as the reason behind the abortion. The study reveals that more than two in five were aware of risks of an abortion. Excessive bleeding followed by infection of the womb, having dizziness and some of the pregnancy remaining in the womb were identified as the risk of an abortion. The study finds that about one-third of those who have gone through an abortion suffered a complication after the abortion. Most of those who have used abortion services are either fully satisfied or somewhat satisfied with the services. Level of satisfaction with regard to the abortion services in FPAN service centres is quite good. Most of them identify the good services and counselling as the main reason to be satisfied followed by friendly behaviour of the service providers, availability of female doctors and fast service.

Though in a small number, the study reveals that some have faced some difficulties to get the abortion related services in this time of disaster, epidemic or pandemic. Even though most of those who have visited FPAN service centres mention that they did not face any difficulties to get the abortion related services in the time of disaster/ epidemic/ pandemic, some mention that they did. However, proportion of those who say that they will recommend others to FPAN service centres for abortion related services is quite high.

### Maternal, New Born and Child Health (MNCH) Services

The study reveals that pregnancy tests, safe delivery, immunization, ANC/ PNC, neonatal care and emergency obstetric care are the most common reasons to visit MNCH service providers respectively. All of them who born a baby delivered it with the assistance of doctors, nurses or midwives. So, it provides a strong evidence that safe delivery is established in the study area. Government hospitals are the most common for the delivery followed by private hospitals and health posts. All of them are either fully satisfied or satisfied with the delivery related services. However, level of satisfaction is higher in private hospitals than government hospitals. Getting good treatment is the mostly pronounced reasons to be satisfied followed by very quick service,

good counselling and good management. But, few of them faced difficulties to get MNCH services in this time of disaster, epidemic or pandemic.

### HIV Counselling and Services

The study reveals that only one-third of the respondents have received the HIV counselling. Among those who have received the HIV counselling, most of them received it from FPAN service centres followed by NGO-run clinics, government hospitals, municipalities and family members. In FPAN district branches, they provide clients HIV counselling in a separate room and keep their records very confidential. Among those who have done the HIV testing, majority of them have tested in FPAN service centres followed by government hospitals, private hospitals/ clinics and NGO-run clinics. The study reveals that two-thirds of them who have visited FPAN service centres for HIV counselling services like to recommend others while only half of those who have visited NGO-run clinics will do so. People with the positive test result are receiving ARV drugs from a FPAN service centre and a government hospital. They are not facing any difficulties to get HIV services in this time of Covid-19 pandemic. FPAN service centres are providing them every kind of HIV services.

### **Conclusions**

The assessment study shows that most of WRA prefer to visit FPAN service centres than private and government hospitals to receive the SRH services. FPAN service centres are widely popular specially for FP and abortion services. However, people's level of satisfaction is relatively higher in private hospitals/ clinics than FPAN service centres with regard to FP. A significant increase has been observed between 2016 and 2020 in the use of any modern methods of contraception in the study area. All of the WRA who recently born a baby delivered it with the assistance of doctors, nurses or midwives indicating a huge leap in the safe deliveries with the assistance of skilled birth attendants. It is also found that people either go to private hospitals or government hospitals for delivery services with level of satisfaction higher in private hospitals than government hospitals. FPAN service centres have a good referral system for complicated delivery cases to government hospitals. FPAN service centres are popular destination for HIV counselling and HIV related services compared to other institutions like NGO-run clinics, government hospitals and municipality offices. There is also a remarkable increase in the percentage of WRA who received counselling on HIV between 2016 and 2020. WRA with HIV positive are regularly receiving ARV drugs and any other HIV related services in FPAN service centres even in this time of Covid-19 pandemic. But, there are still places to improve in their services, particularly in FP services because public's level of satisfaction is lower compared to services provided by private hospitals or clinics. In addition to it, local people are facing problems in the case of delivery because FPAN district branches do not provide this service. Despite these weaknesses, it is quite appreciating that FPAN is providing services at its best either by counselling through telephones or by mobilizing its volunteers and youth groups even in this time of Covid-19 pandemic.

# CHAPTER 1

## INTRODUCTION

### 1.1 About the Report

Family Planning Association of Nepal (FPAN) has been implementing a project titled “Enhancing Availability and Women’s Access to Integrated SRH-HIV Services in Earthquake Affected Districts of Nepal”. The project is being implemented through the three branches of FPAN: Kathmandu Valley, Kavre and Makwanpur. The project’s overall goal is to contribute to improved health outcomes for sexual and reproductive health rights (SRHR) and HIV of vulnerable communities particularly women and adolescent girls in these three target areas. The project is initiated to enhance access to integrated SRHR including HIV services to 37,530 women from vulnerable communities affected by the earthquake by end of the project. The project also aims to improve disaster preparedness to respond to SRHR through Minimum Initial Service Package (MISP) by the end of the project. Also, strengthening partnership with concerned agencies is one of the objectives of the project. In line with these objectives, FPAN commissioned an independent consulting firm – Himalaya Comprehensive Research Pvt. Ltd. (HCR) - to conduct a situation assessment study to understand the current situation of SRH-HIV services in these target areas.

This report presents the findings of the situation assessment study conducted in September 2020. The main objective of the study is to understand women’s accessibility to sexual and reproductive health (SRH) services including family planning (FP); abortion; maternal, new born and child health (MNCH); and HIV counselling and services. The specific objective is to know about the quality of services in this time of disaster and pandemic.

### 1.2 Literature Review

In spite of the government’s commitments and efforts, people’s accessibility to SRH and FP services is not sufficient. The Nepal Demographic and Health Survey (NDHS 2016) shows the insufficient progress toward achieving SDGs of Nepal. The unmet need for FP was 27 percent and 24 percent as of 2011 and 2016 respectively which is supposed to be 20 percent by 2020 (MoHP, New Era and ICF 2012; MOH, New Era and ICF 2017; NPC 2015). Since it has been stagnated over the last decade, it seems very difficult to achieve this target by that expected given time. In order to address this lack of reduction in the unmet need, it is very necessary to include marginalized and vulnerable groups that have not been included in SRH and other health programmes. It is even more essential in the current time of pandemic. Maternal mortality ratio (MMR) has declined from 281 deaths per 100,000 live births in 2006 to 239 in 2016 (MoHP, New Era and ICF 2012; MOH, New Era and ICF 2017). The SDGs have set a target to reduce it to 127 by 2020 (NPC 2015). The trend shows that it will not be possible to achieve the target of reducing MMR to the target value by 2020. Therefore, proper actions need to be

taken to reduce it in the upcoming days. Percentage of births taken place with the assistance of skilled birth attendants (which include doctors, nurses, or midwives) has increased from 36 percent in 2011 to 58 percent in 2016 (MoHP, New Era and ICF 2012; MOH, New Era and ICF 2017). The 2019 Nepal Multiple Indicator Survey (NMICS 2019) shows that it has already reached to 79 percent (CBS and UNICEF 2019). The target set for 2020 is 69 percent (NPC 2015). So, the target has already been met for this indicator.

Level of current use of contraception is the most widely employed and valuable measures of the success of family planning programmes. The contraceptive prevalence rate (CPR) is usually defined as the percentage of currently married women who are currently using a method of contraception. The CPR among currently married women of age 15-49 was 53 percent, with 43 percent of them using modern methods in 2016. Although there has been a steady increase in overall contraceptive use since 1996, there has been no significant change in the CPR for modern methods since 2006 (MOH, New Era and ICF 2017). This implies that Nepal needs to strengthen its family planning programmes if it has to achieve the target of the CPR for modern methods of 59 percent by 2020.

Adolescent birth rate (births per 1,000 women aged 15-19 years) has grown from 81 births in 2011 to 88 births in 2016 in Nepal (MoHP, New Era and ICF 2012; MOH, New Era and ICF 2017). Now, it has declined to 63 births in 2019 (CBS and UNICEF 2019). But, it is still alarming that the trend is not sufficient to meet the 2020 target of 56 births. Nepal must take efficient actions to accelerate efforts to reduce adolescent pregnancies in the coming days.

Under-five mortality rate has been reduced to 28 per 1,000 live births in 2019 from 54 in 2011. The target is set to 23 for 2020. Infant mortality rate has been reduced to 25 per 1,000 live births in 2019 from 46 in 2011. Similarly, neonatal mortality rate has been reduced to 16 per 1,000 live births in 2019 from 33 in 2011. It is supposed to be reduced to 14 by 2020 (MoHP, New Era and ICF 2012; NPC 2015; CBS and UNICEF 2019). Even though these indicators have been improving, there should be effective interventions to achieve their targets.

The NDHS 2016 showed that 9 percent were induced abortions of the total pregnancies. Overall, about two out of five women aged 15-49 were aware that abortion is legal in Nepal (MOH, New Era and ICF 2017). Despite the impressive progress in the safe abortion service, unsafe abortions continue to occur in the country. Several studies have revealed that due to lack of knowledge about the abortion law and safe abortion services, most of the women from socially marginalized communities of Nepal such as Dalits, disadvantaged Janajatis and Muslims have low scale of utilization of safe abortion services as compared to other women from mainstream communities. The NDHS 2016 showed that only 51 percent of women (aged 15-49 years) who had an abortion in the 5 years preceding the survey said that they received services from an authorized abortion facility (MOH, New Era and ICF 2017). This means that many women still continue to depend on unauthorized and unskilled providers for abortion, making them vulnerable to maternal mortality.

### **1.3 Methodology of the Study**

The situation assessment study employed mixed-methods approach – both quantitative and qualitative. A quantitative method consist of a perception survey with women of reproductive age (WRA) of 15-49 years of the target locations. A qualitative method include key informant interviews (KIIs) with staffs of FPAN service centres in the target locations. They are explained in details in the respective sections below.

#### **1.3.1 Quantitative Method: A Perception Survey**

##### **1.3.1.1 Respondents of the Survey**

The perception survey of 45 WRA of 15-49 years from the target locations has been conducted. Three categories of respondents were included in the survey. They are as follows:

- WRA of 15-49 years who were are pregnant or had ve delivered recently,
- WRA of 15-49 years who had abortion in recent days, and
- WRA of 15-49 years who had HIV/AIDS.

Contact lists of clients of these three categories were obtained from respective district branches of FPAN (i.e. Kathmandu Valley Branch, Kavre Branch and Makwanpur Branch). Based on these contact lists, HCR's enumerators interviewed them through mobile phones. The mode of telephone interview was adopted due to the COVID-19 pandemic. Otherwise, face-to-face interviews at respondents' homes were originally planned.

##### **1.3.1.2 Formulation of a Questionnaire**

A pre-coded structured questionnaire was drafted in consultation with the with FPAN. However, some of the questions were deliberately made open-ended to collect qualitative information. The questionnaire was used as a tool to interview the selected respondents. The questionnaire was formulated in viewing to capture the objectives and indicators of the project. The questionnaire was formulated first in English language. Once the English version was finalized, it was translated into Nepali language. The Nepali version was used for administering in the field.

A consent form was attached with the questionnaire. In the consent form, it was clearly mentioned why and on the behalf of whom enumerators were interviewing them. As per their consent and convenient time, interviews were taken from the respondents.

##### **1.3.1.3 Training of Enumerators**

A one-day intensive training provided by a core research team of HCR. The training was conducted at the office of HCR, Dhobighat, Lalitpur. They were first briefed about the project, and acquainted with the objectives of the assessment study, research methodology and their responsibilities. Then, they were oriented in each and every question of the survey questionnaire. If they had any questions, the trainers clarified them. During the orientation, they were also be instructed on how to clarify a question.

After the questionnaire orientation, they were briefed about the contact lists of potential respondents of all the three categories obtained from the respective branches of FPAN. Towards the end of the day, the ethical aspect of the study was explained to the enumerators. They were instructed to follow the norms and values of the research, and to respect the respondents. They were instructed to present themselves politely and not to offend the respondents in any way. They were educated how to talk and behave with respondents with HIV positive while interviewing them.

#### **1.3.1.4 Data Collection**

Interviews were conducted through telephone. Hardcopy questionnaires were administered during the telephonic conversations. Two enumerators (both female) took interviews of the eligible respondents. They completed interviewing 45 respondents in 7 days.

#### **1.3.1.5 Data Processing**

Once the enumerators completed interviews, they scrutinized the filled-up questionnaires later in the same day. They went through the questionnaires manually and edited them (for example, checking for consistencies, filters, wild codes, extreme cases etc.). After they completed all the interviews, they coded and grouped responses recorded under 'other' categories. Also, the responses of the open ended questions (which were not have been pre-coded at the outset) were coded. Then, the data entry was done in an Excel file. After data entry was completed, the Excel database was imported in the SPSS software where the data were cleaned by running frequencies and cross-tabulations, and then data analysis was performed.

#### **1.3.2 Qualitative Method: Key Informant Interviews (KIIs)**

In this study, 6 KIIs were conducted in the three target branches with branch managers, staff nurses and ANMs. The breakdown of the KIIs by target group is given in the following table.

Table 1.1: Breakdown of Informants for KIIs

<b>Informants</b>	<b>Number</b>
District branch managers	3 (1 per district)
Health workers of FPAN community clinics	3 (1 per district)
<b>Total</b>	<b>6 (2 per district)</b>

#### Method Overview

The KIIs were conducted by a senior researcher. She was very experienced in the field of family planning and reproductive health. At first, she established a rapport with the key informants to make them acquainted with the objectives of the study so that they could feel more comfortable and give insightful responses. She asked follow-up questions, probed for additional information and circled back to key questions during the interview to generate a rich understanding of their perceptions, problems and challenges etc. The KIIs were conducted through telephone.

## 1.4 Timeline

Table 1.2: Timeline of the Situation Assessment Study

Activity	Sep				Oct	
	1	2	3	4	1	2
1. Review of relevant documents	■					
2. Finalizing the tools	■					
3. Data collection		■				
4. Data entry, cleaning and processing			■			
5. Transcribing and summarizing KIIs				■		
6. Writing and submitting the draft report					■	■

## 1.5 Structure of the Report

Chapter-1 provides a brief introduction of the project; the project's geographical coverage; literature review on SRH, FP and maternal health; and objectives and methodology of the situation assessment study. Chapter-2 describes the respondents' demographic profile. Chapter-3 discusses the findings of the study as per the indicators of the study. Finally, the report ends with conclusions in Chapter-4.

## 1.6 Limitation of the Survey

The study has some limitations, but these limitations are within the boundary of scientific research exercise. First, the study includes the clients of the three FPAN branches only in its sample. Therefore, findings of this study cannot be generalized for the entire country. The findings are generalizable only for the geographical area of these three branches. Second, the respondents of this study are only those who have recently visited in these three branches. Therefore, their experiences and perceptions cannot be generalized for all people. However, the study highlights on the situation of women's accessibility to integrated SRH-HIV services in these earthquake-affected areas.



## CHAPTER 2

### RESPONDENTS' PROFILE

#### 2.1 Demographic Composition

Of the 45 WRA included in the study, 47 percent are from Kavre and 31 percent from Makwanpur. Another 22 percent are from the Kathmandu Valley.

Table 2.1: Composition of the Sample by District

	Frequency	Percent
Kavre	21	46.7
Makwanpur	14	31.1
Kathmandu Valley	10	22.2
Total	45	100.0

Out of them, 78 percent are from urban areas while another 22 percent from rural areas.

Table 2.2: Composition of the Sample by Rural-Urban Settlement

	Frequency	Percent
Rural	10	22.2
Urban	35	77.8
Total	45	100.0

About 27 percent of the respondents are aged between 19 and 25 while another 73 percent belong to the age group of 26 – 43.

Table 2.3: Age Group Composition of the Sampled Respondents

	Frequency	Percent
19 – 25	12	26.7
26 – 43	33	73.3
Total	45	100.0

About 93 percent of the respondents interviewed are married while 4 percent are widowers. Another 2 percent are unmarried.

Table 2.4: Marital Status of the Sampled Respondents

	Frequency	Percent
Unmarried	1	2.2
Married	42	93.3
Widower	2	4.4
Total	45	100.0

## 2.2 Social Composition

Most of the respondents included in the study are Bahun-Chhetri-Thakuri, collectively known as Khas-Arya (38 percent) and hill janajati (38 percent) while another 13 percent are Newars. Hill Dalits and Madhesi Dalits constitute about 7 percent and 4 percent respectively.

Table 2.5: Caste Composition of the Sample

	Frequency	Percent
Khas-Arya	17	37.8
Hill Janajati	17	37.8
Newar	6	13.3
Hill Dalit	3	6.7
MadhesiDalit	2	4.4
Total	45	100.0

## 2.3 Educational Status

In terms of educational status, proportion of those who are illiterate is 7 percent. About 4 percent are literate with no formal education. Proportion of those who have studied some primary level education (Grade between 1 and 5) is 13 percent. About 11 percent of the respondents mentioned that they have studied some basic level education (Grade between 6 and 8) while another 24 percent mentioned that they have studied some secondary level education (Grade between 9 and 10). Proportions of those who have completed higher secondary level (Grade 11 and 12) and college education (Bachelor's level and above) are 22 percent and 18 percent respectively.

Table 2.6: Educational Status of the Sampled Respondents

	Frequency	Percent
Illiterate	3	6.7
Literate (informal education)	2	4.4
Primary level (up to grade 5)	6	13.3
Basic education (grade 6-8)	5	11.1
Secondary (grade 9-10)	11	24.4
Higher secondary (grade 11-12)	10	22.2
College education (Bachelor and above)	8	17.8
Total	45	100.0

## CHAPTER 3

### FINDINGS OF THE STUDY

#### 3.1 Sexual and Reproductive Health Services

The study reveals that all the respondents have heard about the sexual and reproductive health (SRH) rights, and almost all of them have visited a service centre for SRH services. Most of them have visited FPAN service centres (75 percent) to receive the SRH services followed by private hospitals or clinics (27 percent) and government hospitals (25 percent). Visiting FPAN service centres to receive the SRH services is even higher in the Kathmandu Valley (90 percent) and Makwanpur (79 percent).

Table 3.1: Where did you visit to receive the SRH services? By District (Base = Only those who have ever visited any service centre for SRH services, Q203) (Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley
FPAN service centres	75.0%	65.0%	78.6%	90.0%
Private hospitals/clinics	27.3%	35.0%	21.4%	20.0%
Government hospitals	25.0%	50.0%	7.1%	0.0%
Health posts	9.1%	10.0%	14.3%	0.0%
NGO-run clinics	4.5%	10.0%	0.0%	0.0%
Total	140.9%	170.0%	121.4%	110.0%

More than half of the respondents mention that they visited there for general check-up (52 percent) while 46 percent mention that they visited for MNCH services (including vaccination). Some 39 percent and 34 percent visited for FP services and abortion services respectively. Visiting services centres for general check-up and MNCH services is quite higher in Kavre (65 percent and 60 percent respectively) while it is quite higher for FP services in Makwanpur (50 percent). Almost all of them say that they got the required SRH and FP services there.

Table 3.2: For what type of services did you visit there? By District (Base = Only those who have ever visited any service centre for SRH services, Q204) (Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley
General check-up	52.3%	65.0%	42.9%	40.0%
MNCH services (including vaccination)	45.5%	60.0%	28.6%	40.0%
FP services	38.6%	30.0%	50.0%	40.0%
Abortion services	34.1%	40.0%	28.6%	30.0%
STIs services	13.6%	5.0%	28.6%	10.0%
Total	184.1%	200.0%	178.6%	160.0%

The study reveals that all the service centres are largely visited for general check-up. However, FPAN service centres are specially visited for FP services (42 percent) and abortion services (42 percent) while government hospitals and private hospitals/ clinics are mostly visited for MNCH services (82 percent and 58 percent respectively). Health posts are also quite popular for FP services (50 percent) while NGO-run clinics are widely visited for FP services (100 percent) and abortion services (100 percent).

Table 3.3: Types of services visited for By SRH service provider (Base = Only those who have ever visited any service centre for SRH services, Q204) (Percentages based on multiple responses)

	FPAN Service centres	Private hospitals/ clinics	Government hospitals	Health posts	NGO-run clinics
General check-up	48.5%	66.7%	81.8%	75.0%	100.0%
MNCH (including vaccination)	39.4%	58.3%	81.8%	25.0%	0.0%
FP services	42.4%	25.0%	18.2%	50.0%	100.0%
Abortion services	42.4%	8.3%	18.2%	25.0%	100.0%
STIs services	12.1%	25.0%	0.0%	0.0%	50.0%
Total	184.8%	183.3%	200.0%	175.0%	350.0%

The study shows that almost all of the visitors think that they get the required SRH and FP services from all the service providers including FPAN service centres. In the KIIs, all the three branch managers of FPAN district branches also mention that visitors are informed about the services they are looking for through compulsory counselling. Female visitors feel very comfortable because women doctors and/or nurses care them.

Table 3.4: Did you get your required SRH and FP services? By Service provider (Base = Only those who have ever visited any service centre for SRH services, Q205)

	FPAN	Government hospital	Health post	Private hospital/clinic	NGO-run clinic
Yes	97.0%	100.0%	100.0%	100.0%	100.0%
DK/CS	3.0%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

### 3.2 Family Planning and Use of Contraception

The study reveals that about two-thirds of the respondents (64 percent) have used modern methods of contraception. Proportions of saying so are significantly higher in Makwanpur (79 percent) and the Kathmandu Valley (70 percent). Proportion of those who use modern methods of contraception is higher among those who are aged 26-43 (70 percent) than those who are aged 19-25 years (50 percent).

Table 3.5: Have you used any modern methods of contraception? By District and Age group  
(Base = All, Q301)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Yes	64.4%	52.4%	78.6%	70.0%	50.0%	69.7%
No	35.6%	47.6%	21.4%	30.0%	50.0%	30.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The NDHS 2016 reveals that 49 percent of currently married women aged 15-49 years use any modern method of family planning contraception in Province-3 (MOH, New Era and ICF 2017). The trend shows that there is a significant increase in the use of any modern methods of contraception between 2016 and 2020.

Table 3.6: Comparison of use of any modern methods of contraception between 2016 and 2020

	NDHS 2016	FPAN 2020
Yes	49.2%	64.4%
No	50.8%	35.6%
Total	100.0%	100.0%

The most common contraception used is Sangini injection. About 48 percent mention that they use it generally. Some 35 percent mention that they (actually their spouses) use condoms. Other remarkable methods are Norplant (17 percent), Pills (14 percent) and Copper-T (10 percent). Usage of Sangini injection is even higher in the Kathmandu Valley (57 percent) and Kavre (55 percent) while condom is quite common in Makwanpur (46 percent). Usage of Norplant is quite noticeable in Kavre (36 percent). Across the age groups, Sangini injection is quite popular among those who are 26 years and above (57 percent) than the younger cohort (17 percent). Condoms are more popular among those who are aged 19-25 years (67 percent) than the older cohort (26 percent).

Table 3.7: Which method(s) of contraception do you use generally? By District and Age group  
(Base = Only those who say they have used any modern methods of contraception, Q302)  
(Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Sangini injection	48.3%	54.5%	36.4%	57.1%	16.7%	56.5%
Condoms	34.5%	36.4%	45.5%	14.3%	66.7%	26.1%
Norplant	17.2%	36.4%	0.0%	14.3%	16.7%	17.4%
Pills	13.8%	9.1%	27.3%	0.0%	16.7%	13.0%
Copper-T	10.3%	9.1%	0.0%	28.6%	0.0%	13.0%
Nilocon White	6.9%	9.1%	9.1%	0.0%	0.0%	8.7%
I-pill	6.9%	0.0%	18.2%	0.0%	0.0%	8.7%
Fevidom	3.4%	9.1%	0.0%	0.0%	0.0%	4.3%
Econe	3.4%	0.0%	9.1%	0.0%	0.0%	4.3%
Total	144.8%	163.6%	145.5%	114.3%	116.7%	152.2%

Most of them say that they get or purchase the contraception at FPAN service centres (69 percent) followed by private hospitals/clinics (24 percent), health posts (17 percent) and government hospitals (3 percent). Proportion of those who say that they get or purchase at FPAN service centres is significantly higher in Kavre (82 percent) and the Kathmandu Valley (71 percent). Proportion of those who get or purchase it at private hospitals or clinics is remarkable in Makwanpur (36 percent).

Table 3.8: Where do you get or purchase it generally? By District (Base = Only those who say they have used any modern methods of contraception, Q303) (Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley
FPAN service centres	69.0%	81.8%	54.5%	71.4%
Private hospitals/clinics	24.1%	18.2%	36.4%	14.3%
Health posts	17.2%	9.1%	27.3%	14.3%
Government hospitals	3.4%	9.1%	0.0%	0.0%
Total	113.8%	118.2%	118.2%	100.0%

Majority of the respondents (45 percent) mention that they suggest themselves for the family planning services. About 28 percent mention that health workers suggest them for it followed by friends (14 percent) and husbands (10 percent). Proportion of those who mention that they suggest themselves is significantly higher in Makwanpur (64 percent). Proportion of those who mention that health workers suggest them in this regard is remarkable in the Kathmandu Valley (43 percent). The study also reveals that the higher the age, the higher the proportion saying that they suggest themselves for the family planning services (17 percent vs. 52 percent).

Table 3.9: Who suggest you for the family planning services? By District and Age group (Base = Only those who say they have used any modern methods of contraception, Q304) (Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Myself	44.8%	36.4%	63.6%	28.6%	16.7%	52.2%
Health worker	27.6%	9.1%	36.4%	42.9%	33.3%	26.1%
Friends	13.8%	18.2%	0.0%	28.6%	33.3%	8.7%
Husband	10.3%	27.3%	0.0%	0.0%	16.7%	8.7%
FCHV/RHFV/PE	6.9%	0.0%	18.2%	0.0%	0.0%	8.7%
Neighbours	6.9%	18.2%	0.0%	0.0%	16.7%	4.3%
Sisters	6.9%	9.1%	0.0%	14.3%	16.7%	4.3%
Total	117.2%	118.2%	118.2%	114.3%	133.3%	113.0%

About 55 percent of the respondents are fully satisfied with the FP services while another 45 percent are satisfied. Nobody says that they are dissatisfied. Proportion of saying fully satisfied

is significantly higher in Makwanpur (64 percent) than other two locations. The study also finds that the higher the age, the higher the probability of saying fully satisfied.

Table 3.10: How much are you satisfied with the services? By District and Age group (Base = Only those who say they have used any modern methods of contraception, Q305)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Fully satisfied	55.2%	45.5%	63.6%	57.1%	16.7%	42.4%
Satisfied	44.8%	54.5%	36.4%	42.9%	33.3%	27.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The study shows that level of satisfaction is relatively higher among those who have visited private hospitals/ clinics. About 71 percent of those who have visited there say that they are fully satisfied with the services. The respondents who have visited FPAN service centres show a moderate level of satisfaction. Fifty-five percent of them mention that they are fully satisfied with the services they got there. Only 40 percent mention that they are fully satisfied with the services in health posts while nobody mention that they are fully satisfied with the services in government hospitals.

Table 3.11: Level of satisfaction with the services By FP service providers (Base = Only those who say they have used any modern methods of contraception, Q305)

	FPAN service centres	Private hospitals/ clinics	Health posts	Govt. hospitals
Fully satisfied	55.0%	71.4%	40.0%	0.0%
Satisfied	45.0%	28.6%	60.0%	100.0%
Total	100.0%	100.0%	100.0%	100.0%

Most of the respondents (72 percent) mention that they are satisfied or very satisfied because they got good counselling about FP contraception. Some 24 percent mention that they are satisfied or very satisfied because service providers behaved them very friendly. Some 21 percent think so because they got good treatments there. Proportion of those who are satisfied due to the availability of female doctors is 14 percent. Being satisfied due to getting good counselling about FP contraception is significantly higher in Makwanpur (91 percent). Friendly behaviour is remarkably identified as one of the reasons to be satisfied in Kavre (46 percent).

Table 3.12: What are the main reasons to be satisfied? By District (Base = Only those who say they have used any modern methods of contraception, Q306) (Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley
I got good counselling about FP contraception	72.4%	54.5%	90.9%	71.4%
They behaved very friendly	24.1%	45.5%	9.1%	14.3%
I got good treatment	20.7%	18.2%	18.2%	28.6%
There was a female doctor	13.8%	18.2%	9.1%	14.3%
They kept my treatment confidential	6.9%	9.1%	9.1%	0.0%
There were all health facilities	3.4%	9.1%	0.0%	0.0%
I got services free of cost	3.4%	9.1%	0.0%	0.0%
Total	144.8%	163.6%	136.4%	128.6%

The KIIs conducted with branch managers of all the three branches also reveal that visitors feel comfortable in the FPAN service centres because they are informed about the services they are looking for (including FP services) through compulsory counselling, and women doctors and/or nurses treat female visitors. In the KIIs, staff nurses and ANMs in these branches mention that they always ensure the confidentiality of the visitors by following the service protocol. They provide the visitors counselling in isolation.

Only 7 percent say that they faced some difficulties to get FP services during the disaster/ epidemic/ pandemic. Proportion of saying so is remarkably higher in Kavre (18 percent) while none of the respondents from Makwanpur and the Kathmandu Valley say that they faced difficulties. Difficulties they faced in Makwanpur were basically unavailability of FP contraceptives. An evaluation study conducted soon after the 2015 earthquake also showed that all the MISP services were largely available in Kathmandu and Sindhupalchowk districts (WRC 2016).

Table 3.13: Did you face any difficulty to get FP services during disaster/ epidemic/ pandemic? By District (Base = Only those who say they have used any modern methods of contraception, Q307)

	All	Kavre	Makwanpur	Kathmandu Valley
Yes	6.9%	18.2%	0.0%	0.0%
No	89.7%	72.7%	100.0%	100.0%
DK/CS	3.4%	9.1%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

Only 3 percent of the respondents mention that they or anyone in their family have unintended pregnancies due to lack of FP services. They all are from Kavre. Nobody mentions such things in Makwanpur and the Kathmandu Valley.



Table 3.14: During disaster/ epidemic/ pandemic, you or anyone in your family have unintended pregnancies due to lack of FP services? By District (Base = Only those who say they have used any modern methods of contraception, Q309)

	All	Kavre	Makwanpur	Kathmandu Valley
Yes	3.4%	9.1%	0.0%	0.0%
No	96.6%	90.9%	100.0%	100.0%
Total	100.0%	100.0%	100.0%	100.0%

### 3.3 Abortion Related Services

About 42 percent of the respondents included in the study mention that they have ever used abortion services. This proportion is even higher in Makwanpur (57 percent) than Kavre (38 percent) and the Kathmandu Valley (30 percent).

Table 3.15: Have you ever used abortion services? By District (Base = All, Q401)

	All	Kavre	Makwanpur	Kathmandu Valley
Yes	42.2%	38.1%	57.1%	30.0%
No	57.8%	61.9%	42.9%	70.0%
Total	100.0%	100.0%	100.0%	100.0%

Overwhelming majority (95 percent) of those who have used abortion services mention that they received the abortion services from FPAN service centres while only 5 percent mention private hospitals/ clinics. Proportion of those who mention FPAN service centres in this regard is 100 percent in Kavre and the Kathmandu Valley.

Table 3.16: From where did you use the abortiion services? By District (Base = Only those who have used abortion services, Q402)

	All	Kavre	Makwanpur	Kathmandu Valley
FPAN service centres	94.7%	100.0%	87.5%	100.0%
Private hospitals/clinics	5.3%	0.0%	12.5%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

The NDHS 2016 reveals that 33 percent of married women aged 15-49 years of Province-3 who had an abortion in the 5 years before the survey mentioned that they aborted in private health facilities, followed by government health facilities (29 percent) and non-government health facilities (14 percent) (MOH, New Era and ICF 2017). So, the findings do not match in this regard as this assessment study shows the FPAN service centres (an NGO-run health facility) as the most common place of abortion. It is worthwhile to mention here that the respondents of this study are selected from the lists of the FPAN clients.

Majority of the respondents (79 percent) say that both husband and oneself decided to go for abortion while only 21 percent mention that they decided on their own. All the respondents in Kavre mention that they jointly decided to go for abortion while 67 percent in the Kathmandu Valley and 63 percent in Makwanpur did so. The respondents at higher age are more likely to say that they decided for abortion on their own.

Table 3.17: Who decided to go for abortion? By District and Age group (Base = Only those who have used abortion services, Q404)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Myself	21.1%	0.0%	37.5%	33.3%	0.0%	25.0%
Both husband and me	78.9%	100.0%	62.5%	66.7%	100.0%	75.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

More than half of the respondents (53 percent) mention that they did abortions because they already had two or more than two babies. About 32 percent mention that they did not need any babies. Some 26 percent mention that they did abortion because their last baby was still infant. About 11 percent mention the undevelopment of embryo as the reason behind the abortion. Proportion of mentioning two or more than two babies as the reason of abortion is higher in the Kathmandu Valley (67 percent) than other two locations. Proportions of those who say that they do not need babies (67 percent) and their baby is still infant (67 percent) are higher among those who are aged 19-25 years than their older cohort.

Table 3.18: What were the reasons behind abortion? By District and Age group (Base = Only those who have used abortion services, Q405) (Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
I already have 2 or more than 2 babies	52.6%	50.0%	50.0%	66.7%	0.0%	62.5%
I do not need babies	31.6%	37.5%	25.0%	33.3%	66.7%	25.0%
My last baby is still infant	26.3%	12.5%	50.0%	0.0%	66.7%	18.8%
Embryo was not well developed	10.5%	12.5%	12.5%	0.0%	0.0%	12.5%
I cannot raise any more babies	5.3%	12.5%	0.0%	0.0%	0.0%	6.3%
My education is not completed	5.3%	12.5%	0.0%	0.0%	33.3%	0.0%
Total	131.6%	137.5%	137.5%	100.0%	166.7%	125.0%

A research conducted by using registered cases of abortions between March 2006 and March 2015 in the Family Planning and Comprehensive Abortion Care Centre of Tribhuvan University Teaching Hospital shows that the main reason behind abortions was unwanted pregnancy or no desire for more children (Sayami 2019). The NDHS 2016 also shows that 50 percent of married women aged 15-49 years who had an abortion in the 5 years before the survey mentioned that they aborted because they did not want more children (MOH, New Era and ICF 2017). So, the findings of this assessment study resemble with these surveys.

The study reveals that 84 percent of the respondents were aware of risks of an abortion while 16 percent were not. Comparatively, the respondents from the Kathmandu (67 percent) are less aware of it than those from Kavre (88 percent) and Makwanpur (88 percent). The more respondents belonging to younger age cohort (100 percent) are aware of it than those belonging to older age cohort (81 percent).

Table 3.19: Were you aware of risks of an abortion? By District and Age group (Base = Only those who have used abortion services, Q406)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Yes	84.2%	87.5%	87.5%	66.7%	100.0%	81.3%
No	15.8%	12.5%	12.5%	33.3%	0.0%	18.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Educational status of the respondents exerts a significant bearing in this regard. The higher the educational status, the higher proportion of the respondents are more likely to say that they were aware of it.

Table 3.20: Were you aware of risks of an abortion? By Education (Base = Only those who have used abortion services, Q406)

	Illiterate/ Informal Education	Primary/ Basic	Secondary	Higher Sec. +
Yes	66.7%	66.7%	100.0%	100.0%
No	33.3%	33.3%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

An overwhelming majority (94 percent) says excessive bleeding as the risk of an abortion followed by infection of the womb (38 percent), having dizziness (25 percent) and some of the pregnancy remaining in the womb (19 percent). Excessive bleeding is identified as the main risk of an abortion in all the three locations. Possibility of having dizziness is exclusively pronounced in Makwanpur (57 percent). Possibility of remaining some of the pregnancy in the womb is exclusively mentioned in Kavre (43 percent). Possibility of losing the life is exclusively recorded in the Kathmandu Valley (50 percent).

Table 3.21: What are the risks of an abortion? By District (Base = Only those who say that they were aware of the risks of an abortion, Q407) (Percentages based on multiple responses)

	All	Kavre	Makwanpur	Kathmandu Valley
Excessive bleeding	93.8%	100.0%	85.7%	100.0%
Infection of the womb	37.5%	42.9%	42.9%	0.0%
I can have dizziness	25.0%	0.0%	57.1%	0.0%
Some of the pregnancy remaining in the womb	18.8%	42.9%	0.0%	0.0%
I can have stomachache	12.5%	0.0%	28.6%	0.0%
I can have an allergy	12.5%	14.3%	14.3%	0.0%
Damage to the entrance of the womb (cervix)	6.3%	14.3%	0.0%	0.0%
I can get fever	6.3%	0.0%	14.3%	0.0%
I may have to feel weaknesses	6.3%	0.0%	14.3%	0.0%
I can lose my life	6.3%	0.0%	0.0%	50.0%
I can have a body ache	6.3%	14.3%	0.0%	0.0%
Total	231.3%	228.6%	257.1%	150.0%

The study finds that about 32 percent of them who have gone through an abortion suffered a complication after the abortion while 68 percent did not. Proportion of suffering a complication after the abortion is highest in Kavre (63 percent) whereas there was no one in the Kathmandu Valley who suffered from it.

Table 3.22: Did you suffer any complication after the abortion? By District (Base = Only those who have used abortion services, Q408)

	All	Kavre	Makwanpur	Kathmandu Valley
Yes	31.6%	62.5%	12.5%	0.0%
No	68.4%	37.5%	87.5%	100.0%
Total	100.0%	100.0%	100.0%	100.0%

More than half (53 percent) of those who have used abortion services are fully satisfied with the services while 37 percent are satisfied. Remaining 10 percent profess ignorance in this regard. No one mention 'dissatisfaction'. Level of satisfaction is quite lower in the Kathmandu Valley than other two locations since no one mention that they are fully satisfied there. Level of satisfaction is remarkably higher among younger age cohort than older one with 67 percent saying fully satisfied in 19-25 years age group and only 50 percent in 26-43 years age group.

Table 3.23: How much are you satisfied with the abortion services? By District and Age group (Base = Only those who have used abortion services, Q409)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Fully satisfied	52.6%	62.5%	62.5%	0.0%	66.7%	50.0%
Satisfied	36.8%	37.5%	25.0%	66.7%	33.3%	37.5%
DK/CS	10.5%	0.0%	12.5%	33.3%	0.0%	12.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Level of satisfaction with regard to the abortion services in FPAN service centres is quite good. Fifty percent of those who have visited FPAN service centres mention that they are fully satisfied while another 39 percent mention that they are satisfied.

Table 3.24: Level of satisfaction with the abortion services provided by FPAN service centres (Base = Only those who have used abortion services, Q409)

	FPAN service centres
Fully satisfied	50.0%
Satisfied	38.9%
DK/CS	11.1%
Total	100.0%

N for private hospitals is only 1. So, we removed it from the analysis

Most of the respondents (82 percent) identify the good services and counselling as the main reason to be satisfied followed by friendly behaviour of the service providers (41 percent), availability of female doctors (29 percent) and fast service (6 percent). Good services and counselling are highly pronounced in the Kathmandu Valley (100 percent) followed by Kavre (88 percent) and Makwanpur (71 percent). The respondents of 26-43 years age group are more likely to identify 'good service and counselling' as the main reason to satisfied than their younger counterpart (86 percent vs. 67 percent).

Table 3.25: What are the main reasons to be satisfied? By District and Age group (Base = Only those who have used abortion services, Q410) (Percentages based on multiple responses)

	Total	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
I got good service and counselling	82.4%	87.5%	71.4%	100.0%	66.7%	85.7%
They behaved very friendly	41.2%	50.0%	42.9%	0.0%	33.3%	42.9%
There was a female doctor	29.4%	25.0%	42.9%	0.0%	33.3%	28.6%
Service was very fast	5.9%	12.5%	0.0%	0.0%	0.0%	7.1%
Total	158.8%	175.0%	157.1%	100.0%	133.3%	164.3%

Though in a small number, the study reveals that about 11 percent of those who have used the abortion services say that they faces some difficulties to get the abortion related services in this time of disaster, epidemic or pandemic while another 89 percent did not. Proportion of facing difficulties is exclusively higher in Kavre (25 percent). Similarly, about 13 percent of the respondents belonging to 26-43 years age group say that they faced some difficulties. These difficulties are basically associated with inefficient services due the fear of Corona virus transmission.

Table 3.26: Did you face any difficulty to get the abortion related services in this time of disaster/ epidemic/ pandemic? By District and Age group (Base = Only those who have used abortion services, Q411)

	Total	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Yes	10.5%	25.0%	0.0%	0.0%	0.0%	12.5%
No	89.5%	75.0%	100.0%	100.0%	100.0%	87.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Even though a big majority (89 percent) of those who have visited FPAN service centres mention that they did not face any difficulties to get the abortion related services in the time of disaster/ epidemic/ pandemic, 11 percent mention that they did. So, though in small number, facing difficulties are quite noticeable in FPAN service centres.

Table 3.27: Facing difficulties to get the abortion related services in the time of disaster/ epidemic/ pandemic in FPAN service centres (Base = Only those who have used abortion services, Q411)

	FPAN service centres
Yes	11.1%
No	88.9%
Total	100.0%

N for private hospitals is only 1. So, we removed it from the analysis

About eight in ten (79 percent) say that they will recommend others for abortion related services there where they received the service. All of the respondents in Kavre say that they will do so. All of the respondents belonging to 19-25 years age group also mention the same against 75 percent of the respondents belonging to 26-43 years age group.

Table 3.28: Will you recommend others for abortion related services there? By District and Age group (Base = Only those who have used abortion services, Q413)

	Total	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Yes	78.9%	100.0%	62.5%	66.7%	100.0%	75.0%
No	10.5%	0.0%	25.0%	0.0%	0.0%	12.5%
DK/CS	10.5%	0.0%	12.5%	33.3%	0.0%	12.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Proportion of those who say that they will recommend others to FPAN service centres for abortion related services is quite high (83 percent). Another 6 percent say that they will not recommend.

Table 3.29: Recommendation for abortion related services to FPAN service centres (Base = Only those who have used abortion services, Q413)

	FPAN service centres
Yes	83.3%
No	5.6%
DK/CS	11.1%
Total	100.0%

N for private hospitals is only 1. So, we removed it from the analysis

### 3.4 Maternal, New Born and Child Health (MNCH) Services

The study reveals that 31 percent of the respondents have used MNCH services in the recent days. Out of them, all went to MNCH service providers for pregnancy tests. About 86 percent went there for safe delivery followed by immunization (79 percent), ANC/PNC (64 percent), neonatal care (43 percent) and emergency obstetric care 29 percent.

Table 3.30: Which MNCH services did you use? By District (Base = Only those who used any type of MNCH services, Q502) (Percentages based on multiple responses)

	All	Kavre	Kathmandu Valley
Pregnancy test	100.0%	100.0%	100.0%
Safe delivery	85.7%	83.3%	100.0%
Immunization	78.6%	75.0%	100.0%
ANC/PNC	64.3%	66.7%	50.0%
Neonatal care	42.9%	33.3%	100.0%
Emergency obstetric care	28.6%	16.7%	100.0%
Total	400.0%	375.0%	550.0%

Note: The study did not document any case of MNCH services in the recent days in Makwanpur.

All of the respondents who born a baby delivered it with the assistance of doctors, nurses or midwives. The finding is very encouraging. The NDHS 2016 reveals that only 70 percent of deliveries were conducted by skilled birth attendants in Province-3 (MOH, New Era and ICF 2017). So, it provides a strong evidence that safe delivery is quite established in the study area.

Table 3.31: Comparison of Delivery by Skilled Birth Attendance between 2016 and 2020

	NDHS 2016	FPAN 2020
By skilled birth attendance	69.9%	100.0%

Fifty percent of them delivered the birth in government hospitals while another 42 percent did it in private hospitals. About 8 percent did so in health posts. In Kavre, 50 percent delivered in private hospitals while 40 percent in government hospitals. All of the deliveries were done in government hospitals in the Kathmandu Valley. The study discloses that FPAN service centres (specially district branches) do not provide the delivery services in these three locations. Even

though there is a birthing centre in Kavre, the branch manager of that district told during the KII that they refer to nearby community hospitals, government hospitals and mission hospitals, not to the birthing centre due to being far away and fear of Corona virus. He further said that they recently took a pregnant women with a complicated case for the safe delivery to the Paropakar Maternity and Women’s Hospital at Thapathali, Kathmandu after a local hospital refused her to admit due to the Covid-19 threat. The branch managers of other districts, too, mentioned that they generally refer to government hospitals if delivery cases come to them. The staff nurse of the Kathmandu Valley branch said that they have a memorandum of understanding with the Thapathali Maternity Hospital and the Patan Hospital for taking care of referral cases. So, they generally refer delivery cases there with detailed descriptions of pregnant women written in referral cards.

Table 3.32: Where did you deliver the birth? By District (Base = Only those who delivered the birth with the assistance of doctors, nurses or midwives, Q505)

	All	Kavre	Kathmandu Valley
Government hospitals	50.0%	40.0%	100.0%
Private hospitals	41.7%	50.0%	0.0%
Health posts	8.3%	10.0%	0.0%
Total	100.0%	100.0%	100.0%

Note: The study did not document any case of delivery in the recent days in Makwanpur.

The NDHS 2016 reveals that 56 percent of live births in the 5 years preceding the survey took place in government health facilities in Province-3 (MOH, New Era and ICF 2017). This study shows that 58 percent of deliveries took place in government health facilities (including government hospitals and health posts). This shows the similar situation between 2016 and 2020. However, giving births in private health facilities is quite higher in this study compared to the NDHS 2016.

Table 3.33 Comparison of the place of delivery between 2016 and 2020

	NDHS 2016	FPAN 2020
Government health facilities	56.2%	58.3%
Private health facilities	13.6%	41.7%
Home	28.5%	0.0%
Other	1.7%	0.0%
Total	100.0%	100.0%

All of them are either fully satisfied (42 percent) or satisfied (58 percent) with the delivery related services. Nobody mentions that they are dissatisfied with the services. In Kavre, half of them are fully satisfied while another half satisfied. All of them from the Kathmandu Valley are satisfied. The respondents at 26-43 years age group are more likely to say that they are fully satisfied than their younger counterparts (57 percent vs. 20 percent).



Table 3.34: How much are you satisfied with the services? By District and Age group (Base = Only those who delivered the birth with the assistance of doctors, nurses or midwives, Q506)

	All	Kavre	Kathmandu Valley	19-25	26-43
Fully satisfied	41.7%	50.0%	0.0%	20.0%	57.1%
Satisfied	58.3%	50.0%	100.0%	80.0%	42.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Note: The study did not document any case of delivery in the recent days in Makwanpur.

Level of satisfaction is higher in private hospitals than government hospitals. No one who have visited government hospitals for MNCH services says that they are fully satisfied while proportion of saying so is 80 percent in private hospitals.

Table 3.35: Level of satisfaction with MNCH services By Service provider (Base = Only those who delivered the birth with the assistance of doctors, nurses or midwives, Q506)

	Govt. hospitals	Private hospitals
Fully satisfied	0.0%	80.0%
Satisfied	100.0%	20.0%
Total	100.0%	100.0%

N for health posts is only 1. So, we removed it from the analysis

Getting good treatment is the mostly pronounced reasons to be satisfied followed by very quick service (42 percent), good counselling (42 percent) and good management (33 percent).

Table 3.36: What are the main reasons to be satisfied? By District (Base = Only those who delivered the birth with the assistance of doctors, nurses or midwives, Q507) (Percentages based on multiple responses)

	All	Kavre	Kathmandu Valley
I got good treatment	50.0%	50.0%	50.0%
I got the service very quickly	41.7%	50.0%	0.0%
I got good counselling	41.7%	50.0%	0.0%
There was good management	33.3%	30.0%	50.0%
Total	166.7%	180.0%	100.0%

Note: The study did not document any case of delivery in the recent days in Makwanpur.

Forteen percent mention that they faced difficulties to get MNCH services in this time of disaster, epidemic or pandemic while another 86 percent mention that they did not. Proportion of saying so is higher in Kavre (17 percent) while nobody says so in the Kathmandu Valley. Difficulties to get MNCH services were due to inefficient services caused by Corona virus pandemic.

Table 3.37: Did you face any difficulty to get MNCH services in this time of disaster/ epidemic/ pandemic? By District (Base = Only those who have used MNCH services, Q508)

	Total	Kavre	Kathmandu Valley
Yes	14.3%	16.7%	0.0%
No	85.7%	83.3%	100.0%
Total	100.0%	100.0%	100.0%

Note: The study did not document any case of using MNCH services in the recent days in Makwanpur.

### 3.5 HIV Counselling and Services

Among those who have sexual intercourses in the last 12 months, about 18 percent say that their partner used a condom during the last sexual intercourse while another 82 percent say that they did not. Usage of condoms is higher in Makwanpur (30 percent) than Kavre (15 percent) and the Kathmandu Valley (10 percent). Going by age, the higher the age, the higher the likelihood of saying that their partner used a condom (18 percent vs. 8 percent).

Table 3.38: Did your partner use a condom during the last sexual intercourse? By District and Age group (Base = Only those who have sexual intercourses in the last 12 months, Q602)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Yes	17.5%	15.0%	30.0%	10.0%	8.3%	18.2%
No	82.5%	85.0%	70.0%	90.0%	83.3%	69.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The study reveals that only 31 percent of the respondents have received the HIV counselling while another 69 percent have not. But nobody has received the counselling in the Kathmandu Valley. Proportion of those who have received the counselling is higher in Kavre (43 percent) than Makwanpur (36 percent). The respondents of 26-43 years age group have received the counselling more than those of 19-25 years age group.

Table 3.39: Have you received any HIV counselling? By District and Age group (Base = All, Q603)

	All	Kavre	Makwanpur	Kathmandu Valley	19-25	26-43
Yes	31.1%	42.9%	35.7%	0.0%	25.0%	33.3%
No	68.9%	57.1%	64.3%	100.0%	75.0%	66.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The NDHS 2016 shows that proportion of women aged 15-49, who gave births in the 2 years preceding the survey and received counselling on HIV during the antenatal care, was 23 percent in Province-3 (MOH, New Era and ICF 2017) while this assessment study reveals that 31 percent of such women received the counselling on HIV. This indicates that there is a remarkable increase in this service.

Table 3.40: Comparison of percentage who received counselling on HIV between 2016 and 2020

	NDHS 2016	FPAN 2020
% receiving counselling on HIV	23.1%	31.1%

Among those who have received the HIV counselling, 64 percent received it from FPAN service centres followed by NGO-run clinics (14 percent), government hospitals (7 percent), municipalities (7 percent) and family members (7 percent). Receiving the HIV counselling from FPAN service centres is more pronounced in Makwanpur (80 percent) than Kavre (56 percent). The study also shows that some respondents received the counselling from NGO-run clinics and government hospitals in Kavre, which is not the case in the Kathmandu Valley. But some respondents in the Kathmandu Valley received the counselling from respective municipalities, which is not the case in Kavre.

Table 3.41: From where did you receive the HIV counselling? By District (Base = Only those who have received the HIV counselling, Q604)

	All	Kavre	Makwanpur
FPAN service centres	64.3%	55.6%	80.0%
NGO-run clinics	14.3%	22.2%	0.0%
Government hospitals	7.1%	11.1%	0.0%
Municipalities	7.1%	0.0%	20.0%
Family members	7.1%	11.1%	0.0%
Total	100.0%	100.0%	100.0%

Note: The study did not document any case of receiving the HIV counselling in the recent days in the Kathmandu Valley.

During the KIIs, FPAN branch managers of all the three branches mention that female clients are provided HIV counselling by female staff because of which they feel very comfortable. Staff nurses and ANMs working in these branches also say that they provide clients HIV counselling in a separate room and keep their records very confidential. Thus, confidentiality of the clients is their prime concern and they maintain it by following the service protocol.

Among those who received the HIV counselling from FPAN service centres, most of them (67 percent) received the counselling from family health clinics (district branches) followed by community clinics (22 percent) and mobile outreach clinics (doctor based) (11 percent). Receiving the counselling from family health clinics is higher in Kavre (80 percent) than Makwanpur (50 percent).

Table 3.42: If you received from FPAN service centres, which service delivery point did you receive the HIV counselling from? By District (Base = Only those who have received the HIV counselling from FPAN service centres, Q605)

	All	Kavre	Makwanpur
Family health clinics (district branches)	66.7%	80.0%	50.0%
Community clinics	22.2%	20.0%	25.0%
Mobile outreach clinics (doctor based)	11.1%	0.0%	25.0%
Total	100.0%	100.0%	100.0%

Note: The study did not document any case of receiving the HIV counselling in the recent days in the Kathmandu Valley.

Forty-four percent have done HIV testing while another 44 percent have not. About 11 percent mention that they have no idea of it. Proportion of the respondents who have done the HIV testing is slightly higher in the Kathmandu Valley (50 percent) than Kavre (43 percent) and Makwanpur (43 percent).

Table 3.43: Have you done HIV testing? By District (Base = All, Q606)

	All	Kavre	Makwanpur	Kathmandu Valley
Yes	44.4%	42.9%	42.9%	50.0%
No	44.4%	33.3%	57.1%	50.0%
DK/CS	11.1%	23.8%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

Among those who have done the HIV testing, 55 percent have tested in FPAN service centres followed by government hospitals (20 percent), private hospitals/ clinics (15 percent) and NGO-run clinics (5 percent). Another 5 percent could not say definitive in this regard. Proportions of those who have tested in FPAN service centres are higher in Kavre (67 percent) and Makwanpur (67 percent) than the Kathmandu Valley (20 percent). On the other hand, proportion of those who have done so in government hospitals is higher in the Kathmandu Valley (60 percent) than Makwanpur (17 percent) and Kavre (0 percent).

Table 3.44: Where did you do the HIV testing? By District (Base = Only those who have done the HIV testing, Q607)

	All	Kavre	Makwanpur	Kathmandu Valley
FPAN service centres	55.0%	66.7%	66.7%	20.0%
Government hospitals	20.0%	0.0%	16.7%	60.0%
Private hospital/clinics	15.0%	22.2%	16.7%	0.0%
NGO-run clinics	5.0%	11.1%	0.0%	0.0%
DK/CS	5.0%	0.0%	0.0%	20.0%
Total	100.0%	100.0%	100.0%	100.0%

Among those who have done the HIV testing in FPAN service centres, about 64 percent have done the testing in family health clinics followed by community clinics (27 percent) and mobile outreach clinics (doctor based) (9 percent). All of the respondents from the Kathmandu Valley did the testing in family health clinics while 83 percent of them in Kavre did so. In Makwanpur, half of the respondents did that in community clinics.

Table 3.45: If you tested in FPAN, which service delivery point did you do the HIV testing from? By District (Base = Only those who have done the HIV testing in FPAN service centres, Q608)

	Total	Kavre	Makwanpur	Kathmandu Valley
Family health clinics (district branches)	63.6%	83.3%	25.0%	100.0%
Community clinics	27.3%	16.7%	50.0%	0.0%
Mobile outreach clinics (doctor based)	9.1%	0.0%	25.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

Among those who have received the HIV counselling, 71 percent say that they will recommend others for the counselling services there while 7 percent will not. A remarkable proportion of them (21 percent) could not give any definitive opinion in this regard. Proportion of those who will recommend is significantly higher in Kavre (78 percent) than Makwanpur (60 percent).

Table 3.46: Will you recommend others for HIV counselling services there? By District (Base = Only those who have received the HIV counselling, Q610)

	All	Kavre	Makwanpur
Yes	71.4%	77.8%	60.0%
No	7.1%	0.0%	20.0%
DK/CS	21.4%	22.2%	20.0%
Total	100.0%	100.0%	100.0%

Note: The study did not document any case of receiving the HIV counselling in the recent days in the Kathmandu Valley.

The study reveals that 67 percent of the respondents who have visited FPAN service centres for HIV counselling services like to recommend others while only 50 percent of those who have visited NGO-run clinics think so.

Table 3.47: Recommendation for HIV counselling services By Service provider (Base = Only those who have received the HIV counselling, Q610)

	FPAN service centres	NGO-run clinics
Yes	66.7%	50.0%
No	11.1%	0.0%
DK/CS	22.2%	50.0%
Total	100.0%	100.0%

N for govt. hospitals, municipality offices and family members are only 1 in each. So, we removed them from the analysis

Among those who have done the HIV testing, 10 percent have the positive test result i.e. two persons). Both of them are receiving ARV drugs: one from FPAN service centre and another from a government hospital. The HIV positive who is receiving ARV drugs from a government hospital has got the referral from a FPAN service centre. None of them are pregnant now. So, prevention of mother to child transmission (PMTCT) service is not relevant to them. The study shows that both of them are not facing any difficulties to get HIV services in this time of Covid-19 pandemic. They are getting the services like any other days. The HIV related services are easily accessible to them and their communities even during the pandemic. FPAN service centres are providing them every kind of HIV services. They also mention that they recommend other for the service there.

## **CHAPTER 4**

### **CONCLUSIONS**

The study shows that most of WRA prefer to visit FPAN service centres than private and government hospitals to receive the SRH services. FPAN service centres are widely popular specially for FP and abortion services. However, people's level of satisfaction is relatively higher in private hospitals/ clinics than FPAN service centres with regard to FP. But, level of satisfaction with regard to the abortion services in FPAN service centres is quite good. Few visitors have faced difficulties to some extent while visiting FPAN service centres to get FP and abortion services in the time of Covid-19 pandemic because some staff are afraid of Corona virus transmission. There is a significant increase in the use of any modern methods of contraception from 49 percent to 64 percent between 2016 and 2020 in the study area.

It is very encouraging that all of the WRA who recently born a baby delivered it with the assistance of doctors, nurses or midwives. It shows a significant achievement in this matter. Percentage of safe deliveries with the assistance of skilled birth attendants has increased from 70 percent in 2016 to 100 percent in 2020. It is found that people either go to private hospitals or government hospitals for delivery services. People's level of satisfaction is higher in private hospitals than government hospitals. However, it is worthwhile to mention that there is a good referral system for complicated delivery cases to government hospitals like Thapathali Maternity Hospital and Patan Hospital from FPAN service centres.

The study also reveals that FPAN service centres are quite popular destination for HIV counselling and HIV related services than other institutions like NGO-run clinics, government hospitals and municipality offices. Comparative analysis shows that there is a remarkable increase in the percentage of WRA who received counselling on HIV from 23 percent in 2016 to 31 percent in 2020. WRA with HIV positive are regularly receiving ARV drugs and any other HIV related services in FPAN service centres even in this time of Covid-19 pandemic. There is also a good referral system to government hospitals from FPAN service centres.

Overall, FPAN service centres are efficiently providing the services of FP, abortion and HIV to the people. However, there is still places to improve in its services, particularly in FP services because public's level of satisfaction is lower in FPAN services compared to services provided by private hospitals or clinics. There are also few cases of unintended pregnancies due to lack of FP services on time. Some cases of complication are documented after the abortion. Most remarkably, local people are facing problems in the case of delivery because FPAN district branches do not provide this service. Though the study shows that MISP training is given to almost all the staff of FPAN, there is still some lackings in the services that should be provided in the time of disaster or pandemic. However, it is appreciating that FPAN is providing services at its best either by counselling through telephones or by mobilizing its volunteers and youth groups even in this time of Covid-19 pandemic.

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## Annex-1: The Questionnaire of the Assessment Study

<p><b>SITUATION ASSESSMENT STUDY 2020</b></p> <p><b>QUESTIONNAIRE FOR THE CLIENTS</b></p> <p><b>Enhancing Availability and Women's Access to Integrated SRH-HIV Services in Earthquake Affected Districts of Nepal</b></p> <p><b>Survey Conducted by Himalaya Comprehensive Research (HCR)</b></p> <p><b>For</b></p> <p><b>Family Planning Association of Nepal (FPAN)</b></p>
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Questionnaire No.: \_\_\_\_\_

Time the Interview Started:

Name of the Interviewer:

Date:

### SECTION 1: DEMOGRAPHIC AND SOCIO-ECONOMIC BACKGROUND

Q.N.	QUESTION
Q101	<b>District:</b> 1. Kavrepalanchowk    2. Makwanpur    3. Kathmandu    4. Lalitpur    5. Bhaktapur
Q102	<b>Name of Palika:</b> _____
Q103	<b>Ward No.:</b> _____
Q104	<b>Residence:</b> 1. Rural                      2. Urban
Q105	<b>Sex of the respondent: (Do not read answer category)</b> 1. Female                  2. Male                  3. Third gender
Q106	<b>Age: (Write down the completed years)</b> Years: _____
Q107	<b>Highest level of education completed: (Do not read answer category)</b> 1. Illiterate 2. Literate (Informal education) 3. Primary (up to grade 5) 4. Basic education (grade 6-8) 5. Secondary (grade 9-10) 6. Higher Secondary (grade 11-12) 7. Higher Education (Bachelor and above)

<b>Q108</b>	<b>What is your main occupation? (Do not read answer category)</b>
	<ul style="list-style-type: none"> <li>1. Agriculture</li> <li>2. Daily wages</li> <li>3. Large industry/business</li> <li>4. Small industry/business</li> <li>5. Job (government, private, non-government)</li> <li>6. Student</li> <li>7. Professional work</li> <li>8. Traditional profession</li> <li>9. Home maker (Housewife)</li> <li>x. Others (specify) _____</li> </ul>
<b>Q109</b>	<b>What is the main source of income in your family? (Do not read answer category)</b>
	<ul style="list-style-type: none"> <li>1. Agriculture</li> <li>2. Daily wages</li> <li>3. Large industry/business</li> <li>4. Small industry/business</li> <li>5. Employed/Salary</li> <li>6. Professional work</li> <li>7. Remittance</li> <li>8. Traditional profession</li> <li>x. Others (specify)</li> </ul>
<b>Q110</b>	<b>What is your caste/ethnicity?</b>
<b>Q111</b>	<b>What is your marital status? (Do not read answer category)</b>
	<ul style="list-style-type: none"> <li>1. Unmarried</li> <li>2. Married</li> <li>3. Widow/widower</li> <li>4. Divorced</li> <li>5. Not married but living with a partner</li> <li>6. Married but separated</li> <li>x. Other (specify)</li> </ul>

**SECTION 2: GENERAL INFORMATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH SERVICES**

**Respondents: WRA 15-49**

**Q201. Have you heard about Sexual & Reproductive Health Right (including family planning)?**

1. Yes                      2. No                      99. DK/CS

**Q202. Have you ever visited any service centre for SRH services (including family planning)?**

1. Yes (continue)                      2. No (go to Q301)                      99. DK/CS (go to Q301)

**Q203. If yes, where did you visit to receive the services?**

- |   |                        |
|---|------------------------|
| 1. Family Planning Association of Nepal | 2. Government hospital |
| 3. Primary health centre                | 4. Health post         |
| 5. Private hospital/clinic              | 6. Community clinic    |
| x. Other (specify) _____                |                        |

**Q204. For what type of services did you visit there? [Multiple answers possible]**

1. General check-up
2. Maternal, newborn and child health (including vaccination)
3. Family planning services
3. HIV services
4. STIs services
5. Abortion services
- x. Other (specify) \_\_\_\_\_

**Q205. Did you get your required SRH and FP services?**

1. Yes                      2. No                      99. DK/CS

**SECTION 3: FAMILY PLANNING AND USE OF CONTRACEPTION**

**Respondents: All WRA 15-49**

**Q301. Have you used any modern methods of contraception?**

1. Yes (continue)                      2. No (go to Q401)                      99. DK/CS (go to Q401)

**Q302. If yes, which method(s) of contraception do you use generally? [Multiple answers possible]**

- |                      |                           |
|----------------------|---------------------------|
| 1. Condoms           | 2. Pills                  |
| 3. Sangini injection | 4. Nilocon White          |
| 5. Fevidom           | 6. Norplant               |
| 7. Copper-T          | 8. Vasectomy (for male)   |
| 9. Laparoscopy       | 10. I-pill                |
| 11. Econe            | xx. Other (specify) _____ |

**Q303. Where do you get or purchase it generally? [Multiple answers possible]**

- |                        |                            |
|------------------------|----------------------------|
| 1. Health post         | 2. Primary health centre   |
| 3. District hospital   | 4. Private hospital/clinic |
| 5. FPAN service centre | x. Other (specify) _____   |

**Q304. Who suggest you for the FP services?**

- 1. Myself
- 2. Health worker
- 3. Doctor
- 4. FCHV/RHFV/PE
- x. Other (specify) \_\_\_\_\_

**Q305. How much are you satisfied with the services?**

- 1. Fully satisfied
- 2. Satisfied
- 3. Unsatisfied
- 4. Totally unsatisfied
- 99. DK/CS (go to Q307)

**Q306. What are the main reasons to be satisfied or unsatisfied?**

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**Q307. Did you face any difficulty to get FP services during disaster/epidemic/pandemic?**

- 1. Yes (continue)
- 2. No (go to Q309)
- 99. DK/CS (go to Q309)

**Q308. If yes, what are the types of difficulties you faced when receiving FP services? [Multiple answers possible]**

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**Q309. During disaster/epidemic/pandemic, did you or anyone have unintended pregnancies due to lack of FP services?**

- 1. Yes
- 2. No
- 99. DK/CS

**SECTION 4: ABORTION RETALED SERVICES**

**Respondents: WRA 15-49 who have an abortion in recent days**

**Q401. Have you ever use abortion services?**

- 1. Yes (continue)
- 2. No (go to Q501)
- 99. DK/CS (go to Q501)

**Q402. If yes, from where did you use the services?**

- 1. FPAN service centre
- 2. Government hospital
- 3. Primary health centre
- 4. Health post
- 5. Private hospital/clinic
- x. Other (specify) \_\_\_\_\_

**Q403. Did you have the abortion under the government listed site?**

- 1. Yes
- 2. No
- 3. DK/CS

**Q404. Who decided to go for abortion? [Multiple responses possible]**

- 1. Myself
- 2. Husband
- 3. Both husband and me
- 4. In-laws
- 5. Other members of the family
- x. Other (specify) \_\_\_\_\_

**Q405. What were the reasons behind abortion services?**

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**Q406. Were you aware of risks of an abortion?**

- 1. Yes (continue)
- 2. No (go to Q408)

**Q407. If yes, what are the risks of an abortion? [Multiple responses possible]**

- 1. Infection of the womb
- 2. Some of the pregnancy remaining in the womb
- 3. Excessive bleeding
- 4. Damage to the entrance of the womb (cervix)
- x. Other (specify) \_\_\_\_\_

**Q408. Did you suffer any complication after doing the abortion?**

- 1. Yes
- 2. No

**Q409. How much are you satisfied with the abortion services?**

- 1. Fully satisfied
- 2. Satisfied
- 3. Unsatisfied
- 4. Totally unsatisfied
- 99. DK/CS (go to Q411)

**Q410. What are the main reasons to be satisfied or unsatisfied?**

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**Q411. Did you face any difficulty to get the abortion related services in this time of disaster/epidemic/pandemic?**

- 1. Yes (continue)
- 2. No (go to Q413)
- 99. DK/CS (go to Q413)

**Q412. If yes, what are the types of difficulties you faced when receiving the abortion related services? [Multiple answers possible]**

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**Q413. Will you recommend others for abortion related services there?**

1. Yes                                      2. No                                      99. DK/CS

**SECTION 5: MATERNAL, NEW BORN AND CHILD HEALTH SERVICES**

**Respondents: WRA 15-49 who have delivered recently**

**Q501. Have you used any type of maternal, new born and child health (MNCH) services?**

1. Yes (continue)                      2. No (go to Q601)

**Q502. If yes, which services do you use? [Multiple responses possible]**

- |                             |                          |
|-----------------------------|--------------------------|
| 1. Pregnancy test           | 2. ANC/PNC               |
| 3. Neonatal care            | 4. Safe delivery         |
| 5. Emergency obstetric care | 6. Immunization          |
| 7. Referral service         | x. Other (specify) _____ |

**Q503. Did you give a live birth in the last 12 months?**

1. Yes (continue)                      2. No (go to Q508)

**Q504. If yes, did you deliver the birth with the assistance of doctors, nurses or midwives?**

1. Yes (continue)                      2. No (go to Q508)

**Q505. If yes, where did you deliver the birth?**

- |                        |                          |
|------------------------|--------------------------|
| 1. Health post         | 2. Primary health centre |
| 3. District hospital   | 4. Private hospital      |
| 5. FPAN service centre | x. Other (specify) _____ |

**Q506. How much are you satisfied with the services?**

- |                        |                        |
|------------------------|------------------------|
| 1. Fully satisfied     | 2. Satisfied           |
| 3. Unsatisfied         | 4. Totally unsatisfied |
| 99. DK/CS (go to Q508) |                        |

**Q507. What are the main reasons to be satisfied or unsatisfied?**

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**Q508. Did you face any difficulty to get MNCH services in this time of disaster/epidemic/pandemic?**

1. Yes (continue)                      2. No (go to Q601)                      99. DK/CS (go to Q601)

**Q509. If yes, what are the types of difficulties you faced when receiving MNCH services?  
[Multiple answers possible]**

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**Q510. Will you recommend others for MNCH services there?**

1. Yes                      2. No                      99. DK/CS

**SECTION 6: HIV COUNSELING AND TESTING**

**Respondents: WRA 15-49**

**Q601. Did you have sexual intercourses in the past 12 months?**

1. Yes (continue)      2. No (go to Q603)      99. Don't want to disclose (go to Q603)

**Q602. If yes, did your partner use a condom during the last sexual intercourse?**

1. Yes                      2. No                      99. Don't want to disclose

**Q603. Have you received any HIV counselling?**

1. Yes (continue)                      2. No (go to Q606)                      99. DK/CS (go to Q606)

**Q604. From where did you receive the HIV counselling?**

1. FPAN service centre (continue)  
2. Government hospital (go to Q606)  
3. Primary health centre (go to Q606)  
4. Health post (go to Q606)  
5. Private hospital/clinic (go to Q606)  
x. Other (specify) \_\_\_\_\_ (go to Q606)

**Q605. If you received from FPAN, which service delivery point (SDP) did you receive the HIV counselling from?**

1. Family health clinic (district branch)  
2. Community clinic  
3. Mobile outreach clinic (doctor based)  
4. Mobile outreach clinic (paramedic/nurse based)  
5. Associated clinic  
x. Other (specify) \_\_\_\_\_

**Q606. Have you done HIV testing?**

1. Yes (continue)                      2. No (go to Q610)                      99. DK/CS (go to Q610)

**Q607. If yes, where did you do the HIV testing?**

1. FPAN service centre (continue)
2. Government hospital (go to Q609)
3. Primary health centre (go to Q609)
4. Health post (go to Q609)
5. Private hospital/clinic (go to Q609)
- x. Other (specify) \_\_\_\_\_ (go to Q609)

**Q608. If you tested in FPAN, which service delivery point (SDP) did you do the HIV testing from?**

1. Family health clinic (district branch)
2. Community clinic
3. Mobile outreach clinic (doctor based)
4. Mobile outreach clinic (paramedic/nurse based)
5. Associated clinic
- x. Other (specify) \_\_\_\_\_

**Q609. What was your test result?**

1. Positive
2. Negative

**Q610. Will you recommend others for HIV counselling services there?**

1. Yes
2. No
99. DK/CS

**SECTION 7: HIV SERVICES**

**Respondents: WRA 15-49 who are HIV positive**

**Q701. Are you receiving antiretroviral (ARV) drugs?**

1. Yes (continue)
2. No (go to Q703)

**Q702. If yes, which centre are you receiving the drugs from?**

1. Government hospital (go to Q704)
2. Primary health centre (go to Q704)
3. Health post (go to Q704)
4. Private hospital/clinic (go to Q704)
- x. Other (specify) \_\_\_\_\_ (go to Q704)

**Q703. What are the reasons behind not using the ARV drugs?**

1. I do not know where I can get the drugs
2. Nobody suggested me to take the ARV drugs
3. The clinic I visited suggested me not to take the drugs
4. The clinic I visited did not provide me the drugs
- x. Other (specify) \_\_\_\_\_



**Q704. Did you get a referral from FPAN for ARV drugs?**

1. Yes                      2. No                      3. Did not need it                      99. DK/CS

**Q705. Are you pregnant now?**

1. Yes (continue)                      2. No (go to Q712)

**Q706. Have you ever heard about Prevention of Mother to Child Transmission (PMTCT) services?**

1. Yes (continue)                      2. No (go to Q709)

**Q707. Have you received the PMTCT services?**

1. Yes (go to Q709)                      2. No (continue)

**Q708. If no, why are you not receiving the PMTCT services?**

1. I do not know where I can get the PMTCT services  
2. Nobody suggested me to take the PMTCT services  
3. The clinic I visited suggested me not to take PMTCT services  
4. The clinic I visited did not provide me PMTCT services  
x. Other (specify) \_\_\_\_\_

**Q709. Did you get HIV services as per your need?**

1. Yes (continue)                      2. No (go to Q712)                      99. DK/CS (go to Q712)

**Q710. If yes, how much satisfied are you with their services?**

1. Fully satisfied                      2. Satisfied  
3. Unsatisfied                      4. Totally unsatisfied  
99. DK/CS (go to Q712)

**Q711. What are the main reasons to be satisfied or unsatisfied?**

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**Q712. Did you face any difficulty to get the HIV services in this time of COVID-19 pandemic?**

1. Yes (continue)                      2. No (go to Q714)                      99. DK/CS (go to Q714)

**Q713. If yes, what are the types of difficulties you faced when receiving the HIV services?  
[Multiple answers possible]**

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**Q714. Will you recommend others for HIV services there?**

1. Yes                      2. No                      99. DK/CS

**Q715. During disaster/epidemic/pandemic, did you get the HIV services from the FPAN service centre like other days? (Please answer this question by remembering situation in the earthquake of 2072 and the present COVID-19 pandemic.)**

1. Yes (go to Q717)                      2. No (continue)                      99. DK/CS (go to Q717)

**Q716. If no, why do you think so?**

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**Q717. During disaster/epidemic/pandemic, do HIV services easily accessible to you and your community? (Please answer this question by remembering the situations in the earthquake of 2072 and the present COVID-19 pandemic.)**

1. Yes, easily accessible (continue)                      2. Yes, but with some difficulties  
3. No                      99. DK/CS

**Q718. If yes, where did you go for HIV services?**

1. FPAN service centre                      2. Government hospital  
3. Primary health centre                      4. Health post  
5. Private hospital/clinic                      x. Other (specify) \_\_\_\_\_

**THANK YOU !**

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## Family Planning Association of Nepal (FPAN)

Established in 1959, the Family Planning Association of Nepal (FPAN), a member association of the International Planned Parenthood Federation (IPPF), a major partner of the Government of Nepal's national family planning program, contributing larger number of all FP services in Nepal annually, is Nepal's first national sexual and reproductive health service delivery and advocacy organization. FPAN works across 37 districts to provide critical health services to poor, marginalized, socially excluded, and underserved (PMSEU) communities, including sex workers, people living with HIV (PLHIV), LGBTI people, injecting drug users, men who have sex with men, migrant workers, and survivors of gender-based violence (GBV).

## Himalaya Comprehensive Research (HCR)

Himalaya Comprehensive Research Pvt. Limited (HCR) is a Lalitpur-based research and consulting firm founded with the prime objective of providing technical services to conduct socio-economic researches, impact assessments and M&E studies in all social and developmental fields. HCR works in the areas of social inclusion, socio-economic, health, education, gender, justice, local governance, agriculture, labour and migration using both quantitative and qualitative approaches. It rigorously employs scientific research techniques in its works. It has a capacity to conduct nationwide citizen perception and household surveys based on representative random sampling in all the 77 districts of the country at a time. Its experts are capable of conducting advance-level statistical analyses to investigate underlying relationships among variables. HCR believes that data and information generated through rigorous methods help in right decision-makings.



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