

Nepal - Health Facility Survey 2015

**Ministry of Health (MoH) - Government of Nepal, Health Development Partners
(HDPs) - Government of Nepal**

Report generated on: February 24, 2017

Visit our data catalog at: <http://microdata.worldbank.org>

Sampling

Sampling Procedure

Sampling

A master list of 4,719 formal-sector health facilities in Nepal was obtained from the MoH and used as the sampling frame for the survey. The majority of the facilities in the sampling frame were health posts (80 percent). For private hospitals, only those having 15 beds or more were included in the master list.

Sample of Facilities

A total of 1,000 facilities were selected for the survey. By design, the sample included all nonspecialized government hospitals, all private hospitals with 100 or more inpatient beds, and all PHCCs. The remainder of the sample consisted of sampled health posts, private hospitals with at least 15 beds but fewer than 100 beds, stand-alone HTC sites, and UHCs. Eight sampled facilities turned out to be duplicates, resulting in an effective sample size of 992 facilities.

Questionnaires

Overview

The 2015 NHFS used five main types of data collection tools/ questionnaires:

- Facility Inventory Questionnaire.
- Health Provider Questionnaire.
- Observation protocols for antenatal care (ANC), family planning (FP), and services for sick children (SC).
- Exit Interview Questionnaires for ANC and family planning clients and for caretakers of sick children whose consultations were observed. Also, postpartum clients were interviewed as they were discharged from facilities; these interviews took place only in facilities that offered delivery services. Unlike antenatal care, family planning, and curative care for sick children, the survey did not involve observations of delivery services.
- Health Facility Operation and Management Committee (HFOMC)/Hospital Development Committee (HDC) Member Questionnaire for the chairperson or other committee members in public facilities (except the committee secretary). Members were interviewed based on their availability in the facility on the day of the survey.

Data Collection

Data Collection Dates

Start	End	Cycle
2015-04	2015-11	N/A

Data Collection Mode

Face-to-face [f2f]

DATA COLLECTION NOTES

Main Training

The main interviewer training for the 2015 NHFS took place March 22 through April 17, 2015, in Godavari. New ERA staff conducted the training in Nepali, with DHS staff providing technical support. Eighty-nine interviewer candidates (68 women and 21 men) participated. Almost all of the female trainees were nursing graduates (bachelor of science in nursing or bachelor of nursing), while the male candidates were mainly public health graduates with experience as health assistants. The NHFS training included classroom lectures and discussions, practical demonstrations, mock interviews, role plays, and field practices. Video clips of mock interviews as well as actual family planning, ANC, and sick child consultations were prepared and used to train the trainees.

The first two weeks of training were dedicated exclusively to training interviewers on the use of paper questionnaires and to a two-day field practice session. The third and fourth weeks of training, interviewer trainees were introduced to tablet computers and how to use them for data collection (CAPI) and for data entry and editing (CAFE).

Data Collection

As a result of the earthquake that occurred on April 25, 2015, NHFS data were collected in two phases. Phase 1 took place April 20 through 25, 2015, with all 20 teams collecting data in the Sunsari, Jhapa, and Morang districts. Following the earthquake, fieldwork was halted for more than one month while the situation was assessed. After it was determined that it was feasible for the survey to continue, data collection resumed on June 4 and continued through November 5, 2015. As a result of staff turnover due to the earthquake, only 18 teams participated in the second data collection phase. The teams resumed work in the far western development region of Nepal, and data collection in the 14 districts most affected by the earthquake took place in October and November 2015.

Data Collectors

Name	Abbreviation	Affiliation
New ERA		Private research firm

Data Processing

Data Editing

All of the paper questionnaires used for recording information from the observation protocols and the exit interviews were sent to the NHFS central office in Kathmandu via courier services. Once the paper questionnaires arrived at the central office, they were sorted to ensure that they were in the correct order and none were missing. The office editor then edited the questionnaires to eliminate any mistakes that would prevent the computer from accepting information during data entry. When there was a problem with the questionnaires from a facility, the data collection team was consulted so that the problem could be rectified. Once data editing was completed, two data operators under the supervision of a data entry supervisor entered the paper questionnaires, allowing 100 percent verification. A data entry program developed by ICF International using CSPro software was employed during the entry of the questionnaires. Data entry began on April 20, 2015, when fieldwork commenced, and ended in November 2015, two weeks after the completion of fieldwork.

Data Appraisal

No content available

Related Materials

Questionnaires

Nepal Health Facility Survey 2015, Questionnaire

Title Nepal Health Facility Survey 2015, Questionnaire
 Country Nepal
 Language English
 Filename Nepal_2015_SPA_questionnaire.pdf

Reports

Nepal Health Facility Survey 2015, Final Report

Title	Nepal Health Facility Survey 2015, Final Report
Author(s)	Ministry of Health, Ramshah Path, Kathmandu New ERA, Kathmandu, Nepal NHSSP, Kathmandu, Nepal ICF, Rockville, Maryland USA
Date	2017-01-01
Country	Nepal
Language	English

TABLES AND FIGURES	ix
PREFACE	xv
FOREWORD	xvii
ACKNOWLEDGMENTS	xix
ACRONYMS AND ABBREVIATIONS	xxiii
KEY FINDINGS	xxvii
MAP OF NEPAL	xxxi
1 OVERVIEW OF THE HEALTH SYSTEM IN NEPAL	1
1.1 Health Status in Nepal	1
1.2 Enabling Policies and Strategies to Improve Health Status	2
1.2.1 Constitution of Nepal	2
1.2.2 National Health Policy 2014	2
1.2.3 Nepal Health Sector Program	4
1.2.4 MDGs and Sustainable Development Goals	5
1.3 The Health Care System	6
1.3.1 Overview	6
1.3.2 Governance Structure at the National Level	6
1.3.3 Decentralized Governance Structure at the District Level	9
1.4 Health Financing	9
1.4.1 Overview	9
1.4.2 Goal	10
1.4.3 Donor Project Funding	10
2 METHODOLOGY	13
2.1 Overview	13
2.2 Institutional Framework and Objectives of the 2015 NHFS	13
2.2.1 Institutional Framework	13
2.2.2 Objectives of the 2015 NHFS	14
2.3 Data Collection Methods	14
2.4 Implementation	16
2.4.1 Survey Oversight	16
2.4.2 Questionnaire Adaptation	16
2.4.3 Pre-test	16
2.4.4 Main Training	17
2.4.5 Data Collection	17
2.4.6 Data Management and Report Writing	18
2.4.7 Special Conventions during Data Analysis	19
2.5 Sampling	20
2.5.1 Sample of Facilities	20
2.5.2 Sample of Health Service Providers	22
2.5.3 Sample for Observations and Exit Interviews	25
3 FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, GENERAL SERVICE READINESS, AND QUALITY OF CARE	29
3.1 Background	29
3.2 Availability of Services	30
3.2.1 Overall Availability of Specific Client Services	30
3.2.2 Availability of Basic Client Services	30
3.3 Service Readiness: Basic Facility Infrastructure to Support Quality Service Provision and Client Utilization	34
3.3.1 Basic Amenities	34
3.3.2 Basic Equipment to Support Quality Health Services	35
3.3.3 Standard Precautions for Infection Control in Service Delivery Area	37
3.3.4 Waste Segregation	39
3.3.5 Safe Disposal of Health Care Waste	39
3.3.6 Capacity for Adherence to Standards for Quality Sterilization or High-Level Disinfection Processes	40
3.3.7 Diagnostic Capacity	41
3.3.8 Availability of Essential Medicines	44
3.4 Management Systems to Support and Maintain Quality Services and Appropriate Client Utilization	46
3.4.1 Management Meetings, Quality Assurance, and Client Opinions	46
3.4.2 Supportive Management for Providers	49
3.5 Availability of Human Resources for Health	51
3.6 Health Management Information System (HMIS)	52
3.7 Logistics Management System	54
3.7.1 Storage Practices for Medicines	54
3.7.2 Logistics Management Information System (LMIS)	54
3.7.3 Timely Supply of Family Planning Commodities	56
3.8 Health Facility Development and Management Committee	57
3.9 Case Load Situation	58
3.10 Quality of Care	59
3.10.1 Minimum quality of care standards	59
3.10.2 Compliance with service standards	60
3.10.3 Provision of quality services	63
3.11 Financial Audit and Disaster Preparedness	66
3.11.1 Financial Audit	66
3.11.2 Disaster Preparedness	67
3.12 Free Health Care	68
4 CHILD HEALTH SERVICES	69
4.1 Background	69
4.1.1 Health Situation of Children in Nepal	70
4.2 Availability of Child Health Services	73
4.2.1 Outpatient Curative Care, Child Growth Monitoring, and Child Vaccination	73
4.2.2 Vitamin A Supplementation	75
4.2.3 Frequency of Availability	75
4.3 Service Readiness	77
4.3.1 Guidelines, Trained Staff, and Equipment for Sick Child Care	77
4.3.2 Infection Control in Sick Child Services	79
4.3.3 Laboratory Diagnostic Capacity	80
4.3.4 Medicines and Commodities for Sick Child Care	81
4.3.5 Guidelines, Trained Staff, and Equipment for Vaccination Services	82
4.3.6 Availability of Vaccines	83
4.3.7 Infection Prevention in Vaccination Services	84
4.4 Sick Child Care Practices	85
4.4.1 Full Assessment	88
4.4.2 Diagnosis-Specific Assessments and Treatment	88
4.5 Client Opinions	90
4.6 Basic Management and Administrative Systems	91
4.6.1 Supervision	91
4.6.2 Training	91
5 FAMILY PLANNING SERVICES	93
5.1 Background	93
5.1.1 NHFS Approach to Collection of Family Planning Service Information	93
5.2 Family Planning Services in Nepal	94
5.2.1 Availability of Family Planning Services	95
5.2.2 Contraceptive Method Mix and Method Availability	95
5.2.3 Frequency of availability of Family Planning Services	96
5.2.3.1 Specific Methods Offered	97
5.2.3.2 Availability of Family Planning Methods on the Day of the Assessment	100
5.3 Service Readiness	102
5.3.1 Service Guidelines, Trained Staff, and Equipment	102
5.3.2 Infection Control	103
5.4 Adherence to Standards for Quality Service Provision	105
5.4.1 Counseling and Client Assessment at First Family Planning Visits	105
5.4.2 Counseling at All Family Planning Visits	109
5.5 Client Opinion and Knowledge	111
5.5.1 Major Problems	111
5.5.2 Clients' Knowledge about Methods	112
5.6 Basic Management and Administrative Systems	113
5.6.1 Supervision	113
5.6.2 Training	114
6 ANTENATAL CARE	117
6.1 Background	118
6.2 Availability of ANC Services	118
6.3 Service Readiness	119
6.3.1 Service Guidelines, Trained Staff, and Equipment	119
6.3.2 Infection Control	120
6.3.3 Laboratory Tests	122
6.3.4 Medicines	123
6.4 Adherence to Standards	123
6.4.1 Characteristics of ANC Clients	123
6.4.2 Components of ANC Consultations	124
6.5 Client Knowledge and Opinions	136
6.5.1 Client Knowledge	137
6.5.2 Client Complaints	138
6.6 Provider Training and Supervision	139
6.7 Prevention of Mother-to-Child Transmission of HIV	141
6.7.1 Availability of PMTCT Services	141
6.7.2 Availability of Guidelines, Trained Staff, Medicines, and Diagnostics	142
6.8 Malaria in Pregnancy	143
7 DELIVERY AND NEWBORN CARE	147
7.1 Background	147
7.1.1 Maternal and Newborn Health Status and Health Care Utilization	146
7.2 Availability of Delivery and Other Maternal Health Services	146
7.3 Service Readiness	149
7.3.1 Service Guidelines, Trained Staff, and Equipment for Delivery Services	149
7.3.2 Medicines and Commodities for Delivery and Newborn Care	151
7.3.3 Infection Control	153
7.4 Signal Functions for Emergency Obstetric and Newborn Care (EmONC)	155
7.5 Newborn Care Practices	159
7.6 Basic Management and Administrative Systems	161
7.6.1 Supervision	161
7.6.2 Training	161
7.7 Client Experience	163
8 HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS	171
8.1 Background	169
8.1.1 The HIV/AIDS Situation in Nepal	169
8.1.2 Definitions of HIV/AIDS Services	170
8.2 HIV Testing and Counseling	171
8.2.1 Service Availability	171
8.2.2 Service Readiness	173
8.2.3 Infection Control	173
8.2.4 Basic Management and Administrative Systems for HIV Testing and Counseling	174
8.3 HIV Care and Support Services	175
8.4 Antiretroviral Therapy	177
8.4.1 Service Availability	178
8.4.2 Service Readiness	178
8.5 Services for Sexually Transmitted Infections	179
8.5.1 NHFS Approach to Collection of Information on Sexually Transmitted Infections	179
8.5.2 Health Situation Regarding STIs in Nepal	180
8.5.3 Service Availability	180
8.5.4 Service Readiness	180
9 NON-COMMUNICABLE DISEASES	185
9.1 Major Non-communicable Diseases in Nepal	184
9.1.1 Diabetes	184
9.1.2 Cardiovascular Diseases	185
9.1.3 Chronic Respiratory Diseases	185
9.2 Diabetes: Service Availability and Readiness	185
9.2.1 Availability of Services for Diabetes	185
9.2.2 Service Readiness for Diabetes	186
9.3 Cardiovascular Diseases: Service Availability and Readiness	188
9.3.1 Service Availability for Cardiovascular Diseases	188
9.3.2 Service Readiness for Cardiovascular Diseases	189
9.4 Chronic Respiratory Diseases: Service Availability and Readiness	191
9.4.1 Service Availability for Chronic Respiratory Diseases	191
9.4.2 Service Readiness for Chronic Respiratory Diseases	191
10 TUBERCULOSIS	197
10.1 Background	195
10.1.1 Global Burden of Tuberculosis	195
10.1.2 Health Situation Regarding Tuberculosis in Nepal	196
10.1.3 Response of the Nepal National Tuberculosis Control Programme (NTP)	196
10.2 Availability of TB Services	197
10.3 Service Readiness	198
10.3.1 Guidelines and Trained Staff	198
10.3.2 Diagnostic Capacity	199
10.3.3 Treatment and Availability of Medicines	200
11 MALARIA	205
11.1 Background	203
11.1.1 Health Situation Regarding Malaria in Nepal	203
11.2 Availability of Services for Malaria	205
11.3 Service Readiness	205
11.3.1 Guidelines, Trained Staff, and Diagnostics	206
11.3.2 Medicines and Commodities for Malaria Services	206
11.4 Malaria Services in Facilities Offering Curative Care for Sick Children	208
11.4.1 Readiness for Diagnosis	208
11.4.2 Treatment	209
REFERENCES	211
APPENDIX A 2014 - 2021 NHFS RF INDICATORS MATRIX	215
APPENDIX B PERSONS INVOLVED IN THE 2015 NHFS	217
APPENDIX C QUESTIONNAIRES	221

Nepal 2015 Health Facility Survey (NHFS), Key Findings

Title Nepal 2015 Health Facility Survey (NHFS), Key Findings
 Author(s) The DHS Program
 Date 2017-01-01
 Country Nepal
 Language English
 Filename <http://dhsprogram.com/pubs/pdf/SR232/SR232.pdf>

Nepal 2015 Health Facility Survey (NHFS), Key Findings (in Nepali)

Title Nepal 2015 Health Facility Survey (NHFS), Key Findings (in Nepali)
 Author(s) The DHS Program
 Date 2017-01-01
 Country Nepal
 Language Nepali
 Filename <http://dhsprogram.com/pubs/pdf/SR232/SR232N.pdf>

2015 Nepal Health Facility Survey (NHFS), Flyer

Title 2015 Nepal Health Facility Survey (NHFS), Flyer
 Author(s) The DHS Program
 Date 2017-01-01
 Country Nepal
 Language English
 Filename <http://dhsprogram.com/pubs/pdf/DM98/DM98.pdf>

Other materials

Reading and Understanding NHFS Tables: 2015 Nepal Health Facility Survey (NHFS)

Title Reading and Understanding NHFS Tables: 2015 Nepal Health Facility Survey (NHFS)
 Author(s) The DHS Program
 Date 2017-01-01
 Country Nepal
 Language English
 Filename <http://dhsprogram.com/pubs/pdf/DM97/DM97.pdf>
