

Changes in Service Availability, Readiness, Process of Care, and Caregiver Satisfaction with Child Curative Services: A Comparison between the 2015 and 2021 Nepal Health Facility Surveys (FA146)

An Analysis Brief from The DHS Program

Why conduct a comparison analysis of two health facility surveys?

Childhood mortality in Nepal has significantly decreased since 1996. To reduce mortality further, health systems and services need to be strengthened. The main objective of this comparison analysis is to assess the changes made in the child curative services sector in health facilities in Nepal between 2015 and 2021.

What methods were used to conduct this analysis?

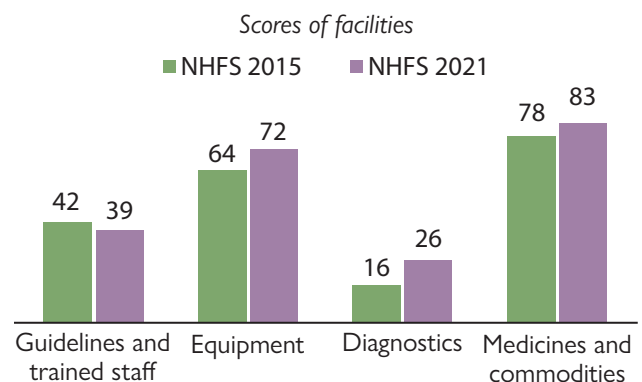
The data in this analysis were drawn from the two nationally representative Nepal Health Facility Surveys of 2015 and 2021. A simple additive index was used that produced scores by adding binary variables. The scores for service readiness, adherence to the process of care, infection prevention and control, and caregiver satisfaction were compared to determine any notable differences.

What are the key results?

Almost all (99%) facilities provided child curative care, and improvements were observed over the time span between the two surveys.

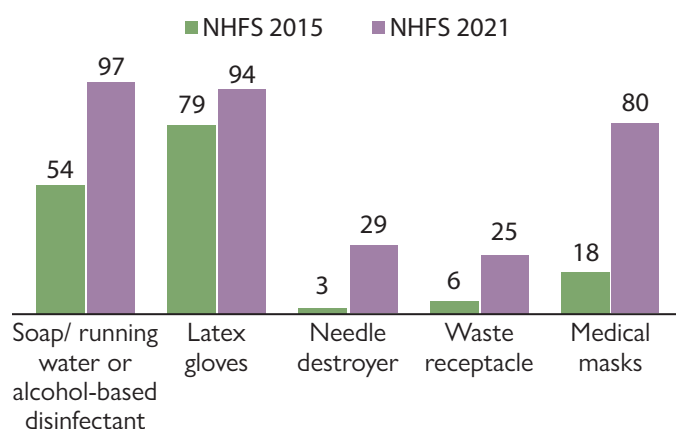
Service Availability and Readiness. While availability of services remained unchanged in most areas, service readiness increased significantly. Readiness was measured with a simple index that incorporated staff training and guidelines, equipment, diagnostics, and medicines and commodities.

Change in child curative care service readiness score



Change in availability for infection prevention for child curative care services

Scores of availability in the following categories:



Infection Prevention and Control. Despite variations in specific background characteristics, overall infection prevention and control vastly improved. The change in availability of five instruments of infection prevention and control were compared and analyzed: soap and running water or alcohol-based hand disinfectants, latex gloves, needle destroyers, waste receptacles, and medical masks. Availability increased significantly for all of them.

Adherence to the Process of Care. Overall, the adherence to the process of care for children under age 5 increased significantly from 29% in 2015 to 34% in 2021.

Caregiver Satisfaction. Overall caregiver satisfaction improved substantially between 2015 and 2021. Conducted as exit interviews as caregivers left the facility, interviewers read a list of common reasons for caregiver dissatisfaction and asked them to rate if each posted a major issue, minor issue, or not an issue at all. Significant improvements were observed in 6 of the 11 indicators.

What does this mean?

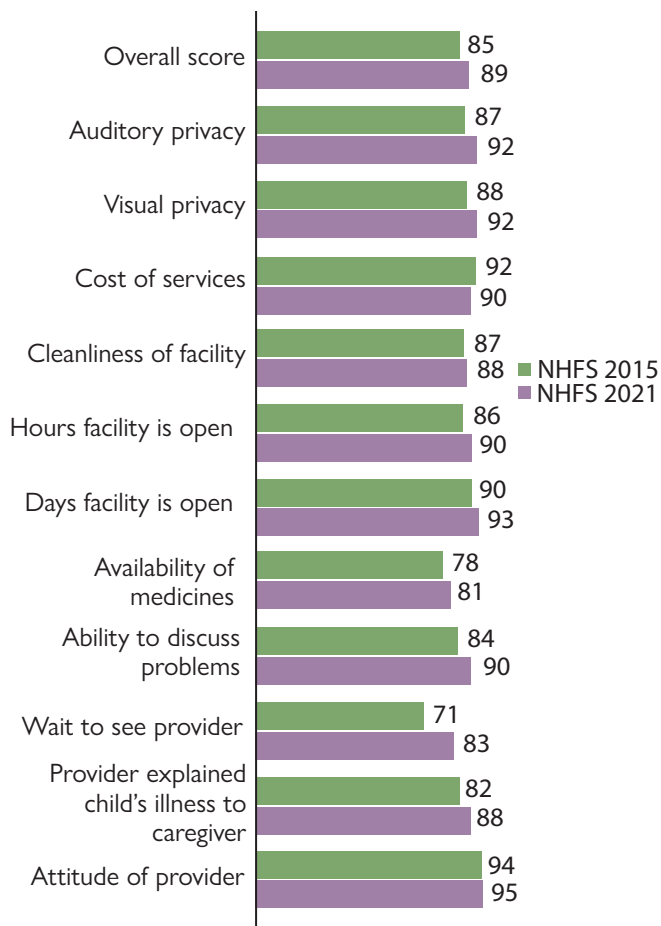
The results of this comparison analysis have several policy implications for Nepal to improve healthcare delivery and outcomes.

Further improvement of service readiness must continue, supporting the goal of providing targeted child health services to 90% of the estimated population by 2030. Essential factors include: trained staff and guidelines, decentralization of healthcare, private sector involvement, procurement and supply chain management strengthening, and responsibility and accountability at the local, provincial, and national levels.

Finally, improving overall caregiver satisfaction requires a multi-faceted approach that addresses the process of care, quality assurance, monitoring and evaluation, and health worker training and resources.

Change in caregiver satisfaction

Scores of satisfaction in 11 indicators:



This brief summarizes The DHS Program's Further Analysis Report 146, by Kiran Acharya and Shireen Assaf with funding from The United States Agency for International Development through The DHS Program, implemented by ICF. For more information about The DHS Program, please visit www.dhsprogram.com. For more information, visit www.mohp.gov.np. The full report is available at: <https://dhsprogram.com/publications/publication-FA146-Further-Analysis.cfm>

