

Changes in Service Availability, Readiness, Process of Care, and Client Satisfaction with Family Planning Services: A Comparison between the 2015 and 2021 Nepal Health Facility Surveys (FA147)

An Analysis Brief from The DHS Program

Why conduct a comparison analysis of two health facility surveys?

The government of Nepal is committed to providing equitable access to voluntary family planning (FP) services to its entire population. In this comparative analysis, seven broad domains of FP services are assessed and compared between 2015 and 2021: service availability, infection prevention and control, family planning commodity management, management meetings and quality assurance monitoring, basic equipment and items for family planning service delivery/service readiness, provider's adherence to provision of family planning service standards of quality care, and clients' opinions of the family planning service.

What methods were used to conduct this analysis?

The data in this analysis were drawn from the two nationally representative Nepal Health Facility Surveys (NHFS) of 2015 and 2021. A simple additive index was used that produced scores by adding binary variables. The scores for numerous indicators were compared to determine any notable differences.

What are the key results?

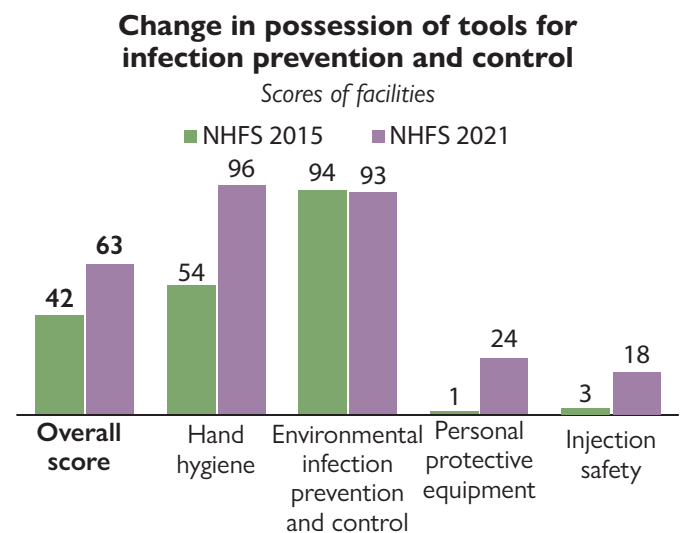
Service Availability and Method Offered. Almost all health facilities in both 2015 and 2021 offered at least one modern method of FP, with little difference between the two surveys. However, the proportion of facilities that offer 7 modern methods increased from 28% in 2015 to 37% in 2021.

Infection Prevention and Control. The overall capacity for preventing and controlling infection in health facilities that offer at least one modern method of family planning increased from 42% in 2015 to 63% in 2021.

Family Planning Commodity Management. Trends in commodity management are mixed. There was an increase in stockouts of contraceptive pills, for example, (16% in 2015 to 23% in 2021), while commodities received within 2 weeks of order improved (71% in 2015 to 81% in 2021).

Management Meetings and Quality Assurance

Monitoring. The analysis shows that conducting routine meetings improved from 38% in 2015 to 51% in 2021.



FP Service Readiness. The overall index of availability of basic equipment and tools for FP service delivery shows an improvement from 2015 (54%) to 2021 (61%). However, important tools are still lacking.

Provider’s Adherence to Provision Standards of Quality FP Service Provisions. The analysis shows that adherence to most domains of quality FP service delivery improved between 2015 (27%) and 2021 (36%).

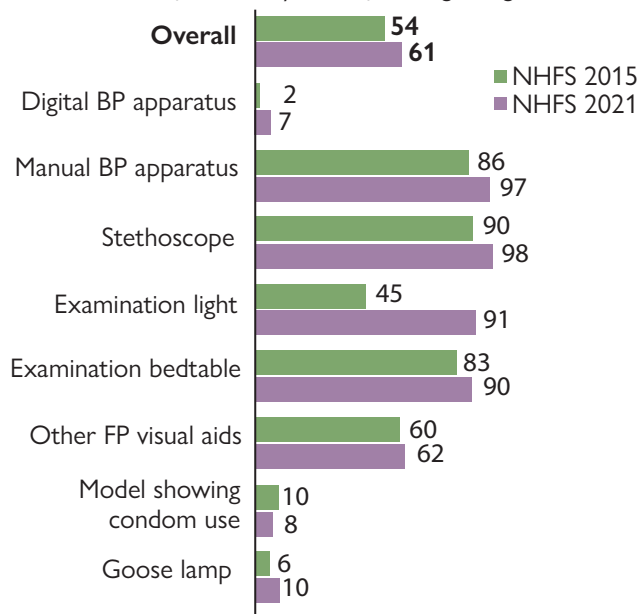
Clients’ Opinions of FP Services. Clients’ exit interview data reveal that complaints about common problems declined between 2015 (12%) and 2021 (7%), indicating an improvement in client satisfaction.

What does this mean?

The results from this study point to several implications for improving FP healthcare delivery. While method choice in the facilities improved from 2015 to 2021, it is still limited and there is room to improve coverage. Similarly, while there was improvement in measures of infection prevention and control, there are still large proportions of facilities without essential infection prevention and control equipment/items. There were few improvements observed in the area of FP commodity management, especially with the issue of stockouts. There is an immediate need to provide facilities with lacking equipment. Although improvements in the health worker’s compliance with selected items of quality FP service was observed, the proportion of clients receiving all items in both 2015 and 2021 is very low.

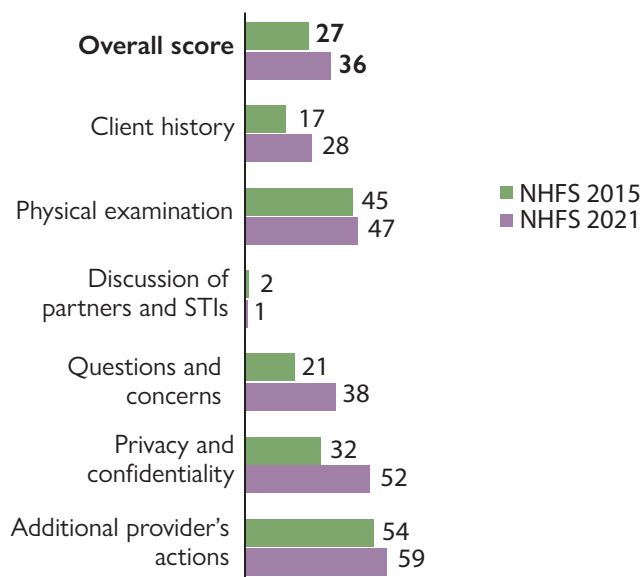
Change in availability of basic equipment and tools for FP service delivery

Scores of availability in the following categories:



Change in providers’ compliance with standards of quality service delivery

Mean index by client exit interview questions



This brief summarizes The DHS Program’s Further Analysis Report 147, by Prakash Dev Pant and Sara Riese 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-FA147-Further-Analysis.cfm>

