Baseline Status of Basic Health Service Delivery, 2022 Nepal DHS and 2021 Nepal HFS

DHS Further Analysis Reports No. 157

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September 2024

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This is one of 11 reports from a further analysis activity undertaken as part of the follow-up to the 2022 Nepal Demographic and Health Survey (NDHS). ICF provided technical assistance for the activity while USAID Learning for Development coordinated the activity. USAID Learning for Development also provided quality assurance and led the analysis of eight of the 11 reports, coordination with government stakeholders, and dissemination. ICF led the analysis of three of the reports.

This report is a publication of The Demographic and Health Surveys (DHS) Program, which is designed to collect, analyze, and disseminate data on fertility, family planning, maternal and child health, nutrition, and HIV/AIDS. Funding was provided by USAID through The DHS Program (#720-OAA-18C-00083). The opinions expressed here are those of the authors and do not necessarily reflect the views of USAID or other cooperating agencies.

The 2022 NDHS was implemented by New ERA under the aegis of the Ministry of Health and Population of Nepal from January 5, 2022, to June 22, 2022. The funding for the NDHS was provided by USAID. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

The DHS Program assists countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programs. Additional information about The DHS Program can be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1 301-407-6500; fax: +1 301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

Editor: Kerry Aradhya
Document Production: Natalie Shattuck, Joan Wardell

Poudel, P., R. Khatri, L. Bhatt, P. Thapa, R. K. Mishra, S. Tuladhar, and E. Panahi. 2024. *Baseline Status of Basic Health Service Delivery, 2022 Nepal DHS and 2021 Nepal HFS.* DHS Further Analysis Reports No. 157. Rockville, Maryland, USA: ICF; and Kathmandu, Nepal: MoHP.

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PREFACE

The 2022 Nepal Demographic and Health Survey (2022 NDHS) is the sixth survey of its kind implemented in the country as part of the worldwide Demographic and Health Surveys (DHS) Program. It was implemented under the aegis of the Ministry of Health and Population (MoHP) of the Government of Nepal with the objective of providing reliable, accurate, and up-to-date data for the country. The survey received funding from the United States Agency for International Development (USAID). 2022 NDHS information has assisted policymakers and program managers in policy formulation, monitoring, and designing programs and strategies for improving health services in Nepal. The 2022 NDHS is a key data source for tracking the progress of the Nepal Health Sector Strategic Plan 2023–2030 and the Sustainable Development Goal indicators.

The 2022 NDHS further analysis reports provide additional in-depth knowledge and insights into key issues that emerged from the 2022 NDHS. This information provides guidance for planning, implementing, refocusing, monitoring, and evaluating health programs in Nepal. This further analysis is also an important initiative to strengthen the technical capacity of Nepali professionals for analyzing and using large-scale data to better understand specific issues related to the country's needs. We are glad that in the sixth round of the NDHS, we were able to produce 11 further analysis reports. We urge that all policymakers, program administrators, program managers, health workers, and other key stakeholders optimally use the information from these reports in program planning and management. High-quality evidence should be the basis of our health programs planning, implementation, monitoring, and evaluation.

Finally, we would like to appreciate the leadership of the Policy Planning and Monitoring Division, and the efforts of the different individuals of the MOHP, and the Department of Health Services in generating these reports. We are thankful to USAID Nepal for their continued support in implementing the NDHS and further analysis studies in Nepal.

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FOREWORD

The 2022 Nepal Demographic and Health Survey (2022 NDHS) is the sixth nationally representative comprehensive survey conducted as part of the worldwide Demographic and Health Surveys (DHS) Program in the country. The survey was implemented by New ERA under the aegis of the Ministry of Health and Population (MoHP). Technical support for this survey was provided by ICF, with financial support from the United States Agency for International Development (USAID) through its mission in Nepal.

The standard format of the survey's final report included descriptive presentations of findings and trends but not of analytical methods that could ascertain the significance of differences and associations among variables. Thus, although largely sufficient, the final report is limited, particularly in providing answers to "why" questions-answers those are essential for reshaping important policies and programs. After the dissemination of the 2022 NDHS, the MoHP, USAID, and other health development partners convened and agreed on key areas that are necessary for assessing progress, gaps, and determinants in high-priority public health programs being implemented by the MoHP. In this context, 11 further analysis studies have been conducted by Nepali consultants under the direct leadership of the MoHP. The consultants were supported by USAID through the Leaming for Development Activity in Nepal and through The DHS Program.

The primary objective of the analysis studies was to provide more in-depth knowledge and insights into key issues that emerged from the 2022 NDHS. This information provides guidance for planning, implementing, refocusing, monitoring, and evaluating health programs in Nepal. One of the learning objectives is to strengthen the technical capacity of Nepali professionals for analyzing and using data from complex national population and health surveys to better understand specific issues related to country needs.

The further analysis of the 2022 NDHS was the concerted effort of many individuals and institutions, and it is with the great pleasure that we acknowledge the work involved in producing this useful document. The participation and cooperation of the officials of the MoHP and the Department of Health Services are highly valued. We would like to extend our appreciation to USAID Nepal for providing financial support for the further analysis. We would also like to acknowledge The DHS Program for its technical assistance at all stages. Our sincere thanks also goes to the USAID Learning for Development Activity team for the overall management and coordination of the entire process. Our special appreciation goes to the Policy Planning and Monitoring Division, MoHP, for their efforts and dedication to the completion of the further analysis of the 2022 NDHS.

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ACKNOWLEDGMENTS

The further analysis of the 2022 Nepal Demographic and Health Survey (2022 NDHS) was conducted under the aegis of the Policy Planning and Monitoring Division of the Ministry of Health and Population (MoHP). The United States Agency for International Development (USAID) provided financial support, with technical assistance provided by the Demographic and Health Surveys (DHS) Program. Overall coordination, recruitment of local consultants, facilitation, administration, and logistic support were provided by the USAID Learning for Development Activity.

I am indebted to Dr. Bikash Devkota, Additional Secretary of the MoHP, for his unwavering guidance throughout the analysis process. I would like to acknowledge the efforts of Dr. Push pa Raj Poudel, Mr. Ravi Kanta Mishra, Mr. Manoj Tamrakar from the Policy Planning and Monitoring Division/MoHP. My special gratitude goes to all the co-authors for their input, coordination, data analysis, and writing of reports. My special thanks go to the co-authors from the MoHP and the Department of Health Services (DoHS) who provided significant contribution to ensure that the analysis aligned with our data needs and to improve the quality of the reports. My sincere appreciation goes to the peer reviewers: Dr. Gunanidhi Sharma from MoHP, Kabita Aryal, Sagar Dahal, Dr. Abhiyan Gautam, Dr. Uttam Pachya, Dr. Poma Thapa, and Dr. Bibek Lal from the DoHS; Pradeep Poudel from USAID Learning for Development; Tirtha Tamang from the United Nations Population Fund; Milima Dangol; Bidur Bastola from the USAID Adolescent Reproductive Health project; Dr. Rahul Pradhan from the World Health Organization; Abhilasha Gurung, and Naveen Poudyal from the United Nations Children's Fund; and Dr. Saroj Dhakal, Dr. Jaganath Sharma, and Sabita Tuladhar from USAID for reviewing the reports.

Special thanks to Sabita Tuladhar from USAID for her continuous support of this process. My sincere appreciation to Dr. Kerry L. D. MacQuarrie from The DHS Program, Jade Lamb, Tarun Adhikari, Sagar Neupane, Lokesh Bhatta, and Alexandra Cervini from USAID Learning for Development for their hard work in supporting the completion of these 11 further analysis reports.

12.07.2024

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ABSTRACT

Basic health services (BHS) constitute a minimum set of health services that the Government of Nepal, through its constitution, pledges to offer free of charge to all Nepali citizens, regardless of demographic, geographic, or socioeconomic status. This package encompasses various services targeting disease burdens and the country's health system capacity, serving as the primary level of care for individuals, families, and communities. By bringing free BHS closer to the community, the national health system endeavors to realize universal health coverage and health-related Sustainable Development Goals by 2030. The Public Health Service Regulation 2020 provides further details on the 10 categories of BHS defined by the Public Health Service Act 2018. The Basic Health Service Standard Treatment Protocol was developed in 2021, and the Basic Health Service Operation Guidelines in 2022.

To address gaps in the baseline status of BHS in Nepal, we assessed the availability of 41 selected services in public health facilities (HFs), as well as quality of care in terms of HF readiness, the care process, and client experience. The population's access to and use of 21 selected services, including out-of-pocket payments, were also examined. The data analyzed were from the 2022 Nepal Demographic and Health Survey and the 2021 Nepal Health Facility Survey.

The availability of BHS varied across different levels of designated HFs, with federal and provincial HFs offering more services than those at the local level. Inadequate HF readiness in terms of basic amenities, equipment, infection control items, medicines, and human resources, combined with inconsistent adherence to service delivery standards, resulted in compromised quality of care. Results also highlighted inadequate accessibility of public HFs and some respondents making out-of-pocket payments for BHS at public HFs.

Achieving universal coverage of quality BHS requires comprehensive health system efforts. Strategies include strengthening legal compliance across all levels of government, promoting accountability, and ensuring the provision of all listed services at all designated HFs. Health systems should invest in developing an integrated infrastructure that includes all basic amenities, equipment, and human resources. Additionally, a transparent monitoring system needs to be established to track performance, financing, and expenditures at various levels to ensure evidence-informed and tailored financing mechanisms. Moreover, expanding the scope of national surveys to include a wider range of services listed in the BHS package, including Ayurveda and other alternative medicines, is crucial.

Key words: basic health service, service availability, facility readiness, utilization, payment for services

ACRONYMS AND ABBREVIATIONS

ANC	antenatal care
ARI	acute respiratory infection
BCG	Bacille Calmette-Guerin
BHS	basic health services
CHU	community health unit
COPD	chronic obstructive pulmonary disease
DHS	Demographic and Health Surveys
DoHS	Department of Health Services
DPT	diphtheria, pertussis, and tetanus
fIPV	fractional inactivated polio virus
GoN	Government of Nepal
HF	health facility
Hib	Haemophilus influenzae type B
HPV	human papillomavirus
IPV	inactivated polio virus
MoHP	Ministry of Health and Population
MR	measles-rubella
NCD	noncommunicable disease
NDHS	Nepal Demographic and Health Survey
NHFS	Nepal Health Facility Survey
OPV	oral polio vaccine
PCV	pneumococcal conjugate vaccine
QoC	quality of care
SARA	service availability and readiness assessment
STI	sexually transmitted infection
Td	tetanus-diphtheria
TT	tetanus toxoid

UHC	urban health center
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1 INTRODUCTION

Constitutionally, Nepali citizens have the fundamental right to receive basic health services (BHS) free of cost, and delivery of BHS is an exclusive function of local governments.[1] The Government of Nepal (GoN) has formulated legal and policy frameworks and instituted service delivery mechanisms to translate constitutional mandates into actions. The concept of BHS was designed to tailor health services toward universal health coverage within the framework of comprehensive primary health care (incepted in the 1978 Alma-Ata Declaration).[2] Categorically, BHS are a minimum set of health services that the GoN commits to provide free of cost to all Nepali citizens, irrespective of their demographic, geographic, or socioeconomic statuses. The BHS package covers a range of services focused on reducing the burden of disease and improving the health system capacity of the country. Therefore, BHS are the first level of care for individuals, families, and communities. The national health system's strategy of bringing health care close to its population through BHS is a pathway for achieving universal health coverage and health-related Sustainable Development Goals by 2030.[3]

The Public Health Service Act 2018 defines BHS as free and accessible promotional, preventive, diagnostic, curative, and rehabilitative health services divided into 10 components (Box 1).[4] The Act specifies that provincial and local governments have the authority to add to the BHS defined by the GoN as required, with any ensuing financial obligations falling on the respective government. Local governments may also deliver BHS in partnership with federal and provincial health institutions. In addition, the Act authorizes all three levels of government to deliver health services in partnership with private or nongovernmental health institutions, and provides provisions for fines and compensation for noncompliance with the delivery of BHS. Although the overall health care delivery system comprises a blend of public and private HFs, at present the GoN has only specified that public HFs should provide BHS free of charge.

Box 1 Components of basic health services as defined by the Public Health Service Act 2018

- Immunization services
- Integrated management of newborn and childhood illnesses; nutrition services; pregnancy, labor, and delivery services; maternal, newborn, and child health services (for example, family planning, abortion, reproductive health)
- Services related to infectious diseases
- Services related to noncommunicable diseases and physical disability
- Services related to mental health conditions
- Services related to the health of elderly citizens
- General emergency services
- Health promotion services
- Ayurveda and other accredited alternative health services
- Other services prescribed by the Government of Nepal through a notification in the Nepal Gazette

In accordance with the Public Health Service Act 2018, the Ministry of Health and Population (MoHP) has formulated Public Health Service Regulations 2020, defining specific health services within the BHS, hereafter referred to as the BHS package, and delineating the public HFs that need to offer free BHS (see Table A1).[5] According to the regulation, the service delivery outlets for BHS include BHS centers comprising community health units, urban health centers, health posts, primary health care centers, basic hospitals (with 5, 10, or 15 beds), general hospitals, specialized hospitals, and teaching hospitals under the health academies.

To deliver BHS free of cost, the National Health Policy (2019) envisions establishing BHS centers at the ward level (the lowest administrative unit) and at primary hospitals at the local level.[6] Existing plans and strategies, such as the Nepal Health Sector Strategic Plan (2023–2030)[7] and the National Health Sector Financing Strategy (2023–2030),[8] aim to expand BHS to all HFs to address persistent equity gaps by reaching the unreached, decentralizing resources, and mobilizing local resources. The existing plans and strategies also call for harmonizing social health protection schemes, including BHS, social health insurance, and other free services under vertical programs.[9] The Operational Guidelines for Implementation of Basic Health Services (2023) include provisions for service delivery, health infrastructure, basic medicines and equipment, safe workplaces, improvement of service quality, waste management, and dignified service.

1.1 Study Rationale

Despite the policy and institutional arrangements that are in place for BHS, implementing the BHS package is challenging due to the lack of a comprehensive framework for monitoring availability, accessibility, costs of care (free), and quality of services. Despite the constitutional provision of free BHS to all citizens, the population level coverage, irrespective of payment to the service, is not universal.

The BHS package includes full vaccination coverage of children age 12–23 months (52%)—one dose of the Bacille Calmette-Guerin (BCG) vaccine, three doses of the oral polio vaccine (OPV), three doses of a vaccine containing diphtheria, pertussis, and tetanus (DPT), one dose of the measles-rubella (MR) vaccine, two doses of the inactivated poliovirus vaccine (IPV), three doses of the pneumococcal conjugate vaccine (PCV), two doses of the rotavirus vaccine, and one dose of the Japanese encephalitis vaccine—plus at least four antenatal care visits (81%), institutional delivery (79%), postnatal care visits within 48 hours of birth (63%), growth monitoring of children under age 5 (9%), and cancer screening (4% for breast and 6% for cervical).[10] Furthermore, the 2021 Nepal Health Facility Survey (NHFS) reported that the proportions of HFs providing the services listed in the BHS package were limited (14% of federal/provincial hospitals, less than 2% of local level hospitals, and 1% primary health care centers).

The MoHP has prioritized monitoring the translation of BHS policy provisions into service delivery and use. Tracking the implementation of BHS is vital for informing policymakers and program managers to improve coverage and quality of health services. The MoHP has developed the Basic Health Service Monitoring Framework along with a Basic Health Service Monitoring System (BHSMS) encompassing four domains: availability, accessibility, use, and quality of services. The Nepal Demographic and Health Survey (NDHS) and the NHFS are among the main sources of information that feed into the BHS monitoring system. Previous further analyses of NDHS and NHFS data covered specific health services, such as maternal and child health, family planning, and disease burden, as well as their determinants. However, no comprehensive analysis has been conducted on the availability, accessibility, use, and quality of BHS to establish baseline levels of these domains during the BHS package rollout.

1.2 Objectives

The primary aim of this study was to examine the actual implementation of policy provisions related to BHS. Based on the data available in the 2022 NDHS and 2021 NHFS, we assessed the status of BHS delivery to serve as a baseline for assessing implementation. The specific objectives were:

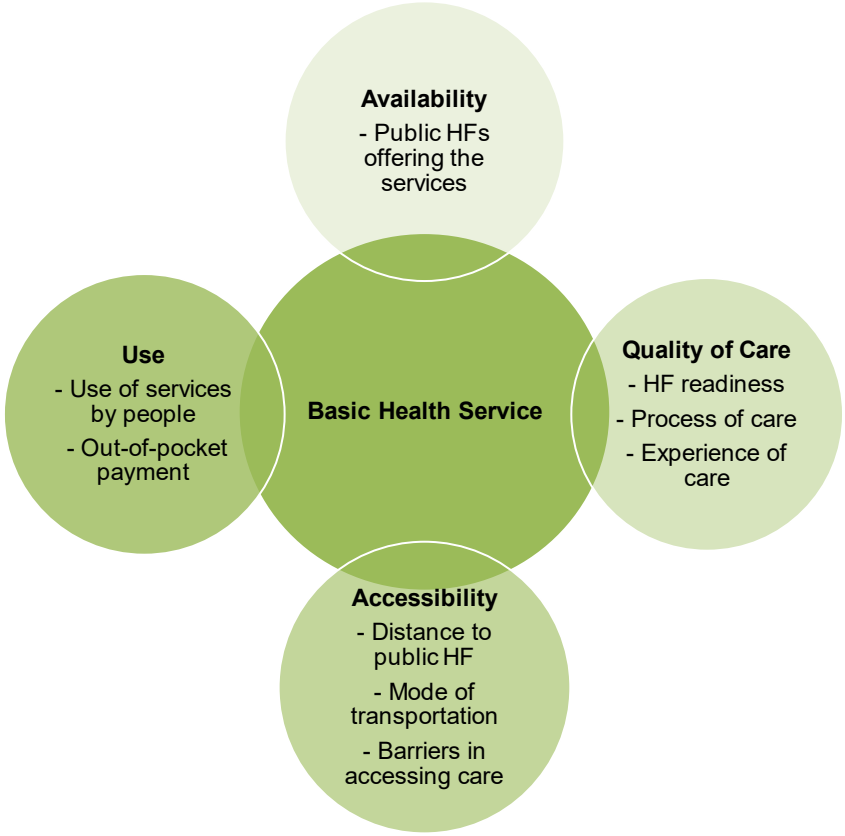
- To determine the availability of BHS in public HFs
- To determine the quality of care of BHS in public HFs
- To determine the accessibility of BHS to people at public HFs
- To determine the use of BHS and the status of out-of-pocket payments for these services in public HFs

2 METHODS

2.1 Conceptual Framework

Conceptually, this study was designed to assess four aspects of basic health services (BHS): availability, quality of care (QoC), accessibility, and use (Figure 1). Analysis of availability focused on public health facilities (HFs) since they are required by the Government of Nepal to provide BHS free of charge. QoC encompassed the readiness of HFs to provide services, the care process, and respondents' experience of care. Accessibility considered respondents' proximity, transportation options, and barriers encountered in seeking health services. Use of BHS also included any out-of-pocket payments associated with the services used.

Figure 1 Conceptual framework for analysis of basic health services



2.1 Data Sources

This study was a further analysis of data derived from the 2022 Nepal Demographic and Health Survey (NDHS)[3] and the 2021 Nepal Health Facility Survey (NHFS).[11] The 2022 NDHS was a nationally representative household survey that collected health and nutrition information through interviews of 14,845 women age 15–49 and 4,913 men age 15–49 from 13,786 households. The 2021 NHFS was an HF survey that collected information on the availability of health services, readiness of HFs, and QoC at the point of service delivery from 1,576 HFs (1,448 public and 128 private). The 2021 NHFS included all

public HFs managed by federal and province governments (excluding stand-alone specialized hospitals) as well as hospitals and primary health care centers managed by local governments. Other public HFs managed by local governments, such as health posts, community health units, and urban health centers, were also sampled in the survey. The 2022 NDHS and 2021 NHFS final reports explain the sampling design, sampling frame, sample size, and questionnaires in detail.[3,11] Our findings depict the baseline status of BHS as of 2021–2022, shortly after the endorsement and rollout of the BHS package in 2020.

2.3 Study Variables

The BHS package defined in the Public Health Service Regulations 2020 includes a wide range of services, and the surveys referenced in this analysis did not capture all those services. Therefore, this study focused only on the services for which data were available in the 2022 NDHS and 2021 NHFS 2021 datasets.

Outcome variables were indicators of BHS available in the 2022 NDHS and 2021 NHFS datasets: service availability, QoC, accessibility of services, use of services, and out-of-pocket payment for services All units of analyses and definitions of indicators are presented in Table A2 (for data from the 2022 NDHS) and Table A3 (for data from the 2021 NHFS).

Independent background variables were unique to each dataset. In the analysis of the NDHS dataset, we considered province as a background variable. For the analysis of the NHFS dataset, the background variables were both province and the type of public HF (federal, provincial, and local). Because BHS are delivered only through public HFs, only public HFs were considered for all analyses.

2.3.1 Service availability

The availability of BHS at public HFs was assessed across all levels of government using data from 2021 NHFS. The availability of a service was measured as the HF reporting that it offered the service to clients visiting the HF. A total of 41 selected services listed in the BHS package were available in the 2021 NHFS dataset.

2.3.2 Quality of care

Both the 2022 NDHS and 2021 NHFS datasets were used to assess the quality of BHS at public HFs. The QoC analysis covered HF readiness, process of care, and experience of care. In the 2021 NHFS, information on readiness was collected using the World Health Organization's (WHO's) service availability and readiness assessment framework.[12] We adapted this framework for our readiness assessment. The HF readiness domain covered five subdomains: basic amenities, basic equipment, basic items for infection prevention, basic medicines, and availability of human resources for basic delivery of services. Unless stated otherwise, the 2021 NHFS only considered items that the interviewers directly observed as available. Items that were reported as accessible by HF staff but were not witnessed by the interviewer were not deemed available. The 2021 NHFS collected information through HF inventories, interviews with health workers, client-provider interactions during service delivery, and client exit interviews.[11]

We analyzed observational data from the 2021 NHFS to evaluate the process of care for four key services: antenatal care (ANC), normal delivery, treatment for sick children, and family planning. Our assessment focused on health workers' adherence to national standards while delivering these services. We examined

client-provider consultations involving 1,519 women receiving ANC, 105 women having initial client assessments for vaginal deliveries, 1,954 sick children, and 846 women seeking family planning services.

We analyzed various indicators of experience of care from both the 2021 NHFS and the 2022 NDHS. Our analysis focused on evaluating the extent of respectful care provided by health workers to women age 15–49 who had institutional deliveries at public HFs for their most recent live birth or stillbirth in the 2 years preceding the survey.

2.3.3 Accessibility of services

Data from the 2022 NDHS was used to assess the accessibility of public HFs for the population. The accessibility of public HFs was considered as a proxy for access to BHS. The analysis focused on factors such as proximity to the nearest public HF, means of transport, and barriers to seeking health care.

2.3.4 Use of services

Data from the 2022 NDHS were used to assess the service contact coverage of selected BHS included in the BHS package defined in the Public Health Service Regulation 2020, Schedule 1. Constitutionally, clients have the right to receive BHS free of cost. The free BHS package is exclusively delivered from designated public HFs.[5] The 2022 NDHS collected data on service use regardless of any client payments for using the services.

2.3.5 Out-of-pocket payment for services

We examined out-of-pocket payments incurred by clients when using the listed BHS, despite the mandatory provision of free BHS to the clients. For this analysis, we used the data collected in the 2021 NHFS through client exit interviews with individuals visiting HFs for ANC, childbirth, family planning, or treatment of sick children. We then presented the findings by level of HFs in each province.

2.4 Data Analyses

We conducted quantitative data analysis using both 2022 NDHS and 2021 NHFS datasets. We used de-identified publicly available information from the 2022 NDHS and 2021 NHFS datasets downloaded from The Demographic and Health Surveys Program website (www.dhsprogram.com). The weighted and unweighted counts of public HFs surveyed for 2021 NHFS, which were included in our analysis, are detailed in Table A4 and Table A5. All data presented in this report were weighted, unless specified otherwise. Notably, the weighted counts of HFs in this report were rounded up, except in cases where the weighted counts were less than one.

3 AVAILABILITY OF BASIC HEALTH SERVICES

3.1 Immunization Services

3.1.1 Child immunization

Child immunization services were available in 95% of public health facilities (HFs) in Nepal (Figure 2). HFs managed by local governments had a high availability of child immunization services (95%), surpassing those managed by provincial (76%) and federal levels of government (67%). None of the federal-level hospitals in Madhesh province, and only about 50% of the provincial HFs in Madhesh and Bagmati provinces, reported offering child immunization services (see Table A6).

Figure 2 Proportions of public health facilities offering child immunization services, 2021 Nepal HFS

3.1.2 Tetanus-diphtheria vaccination

Tetanus-diphtheria (Td) vaccination services were available in 87% of public HFs in Nepal. A lower proportion of federal-level HFs (72%) than of provincial- and local-level HFs (87% each) offered Td vaccinations. Madhesh province had the lowest proportion (81%) of HFs offering these services, whereas 90% of the HFs in Koshi province offered them (see Table A6).

3.2 Maternal, Newborn, and Child Health Services

3.2.1 Newborn and child health services

Child curative care services were nearly universally available at public HFs in Nepal (99.9%). Few local-level HFs in Koshi and Bagmati provinces and 9% of federal hospitals in Bagmati reported not offering the services (Figure 3 and Table A7).

Figure 3 Proportions of public health facilities offering child curative care services, 2021 Nepal HFS

Postnatal newborn care services were available in 78% of public HFs throughout Nepal, with higher proportions of provincial HFs (99%) and federal HFs (91%) than of local-level HFs (77%) offering these services. Notably, in Madhesh province, only 57% of local-level HFs reported availability of postnatal newborn care services (see Table A7).

3.2.2 Nutrition services

Child growth monitoring services were available in more than 96% of public HFs, with the lowest availability (81%) in federal HFs (see Table A7). Around 50% of federal HFs in Madhesh and Lumbini provinces and of provincial HFs in Madhesh province reported offering child growth monitoring services.

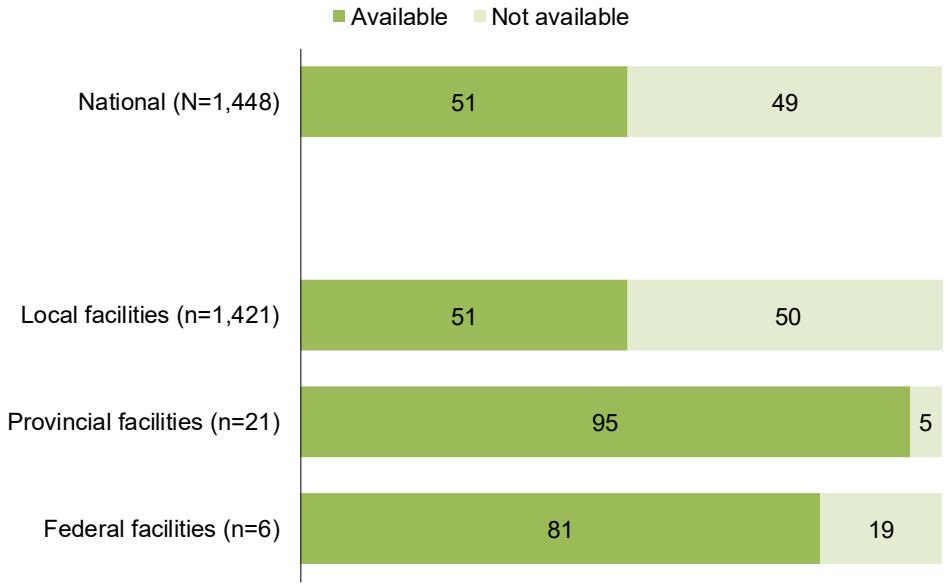
3.2.3 Pregnancy, labor, and delivery services

Antenatal care services were widely available in public HFs throughout Nepal, with a staggering 99% of all public HFs and 91% of federal HFs reporting to have these services (see Table A8). In Bagmati province, only 82% of federal HFs reported providing antenatal care services.

Delivery and newborn care services were available in 51% of public HFs nationwide, with a notably higher availability in provincial HFs (95%) and federal HFs (81%) than in local-level HFs, where only 50% offered

these services (Figure 4). Approximately four-fifths of local-level HFs in Madhesh and Bagmati provinces did not provide these services (see Table A8).

Figure 4 Proportions of public health facilities offering delivery and newborn services, 2021 Nepal HFS



Abortion care services were available in only 16% of public HFs across Nepal (see Table A8). Higher proportions of provincial HFs (96%) and federal HFs (81%) than of local HFs (15%) offered these services.

3.2.4 Family planning, reproductive health, and women's cancer services

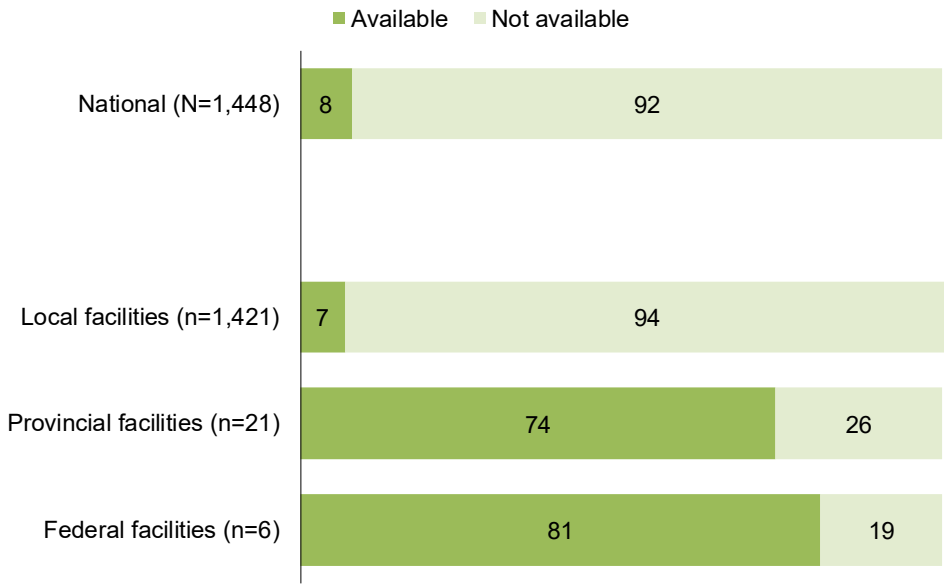
Family planning services within the basic health services (BHS) package comprise male condoms, oral contraceptive pills, injectables, and counseling. Nearly all public HFs in Nepal (96%) provided male condoms, oral contraceptive pills, and injectables, with the lowest availability observed in federal HFs (72%) (see Table A9). Local-level HFs exhibited higher availability of family planning services (96%) than did provincial (93%) and federal HFs (72%). In Bagmati province, only 78% of provincial HFs provided family planning services.

Uterovaginal prolapse screening services were available in fewer than half of the public HFs in Nepal (48%), while 96% of provincial and 91% of federal HFs provided the services (see Table A9). Only 30% of local-level HFs in Madhesh province offered these services.

Obstetric fistula screening services were available in only 17% of public HFs nationwide. A higher proportion of federal HFs (91%) than provincial (71%) or local-level (16%) HFs offered them (see Table A9). Only 10% of public HFs in Koshi province reported offering these services, whereas 26% of HFs in Sudurpaschim province offered them.

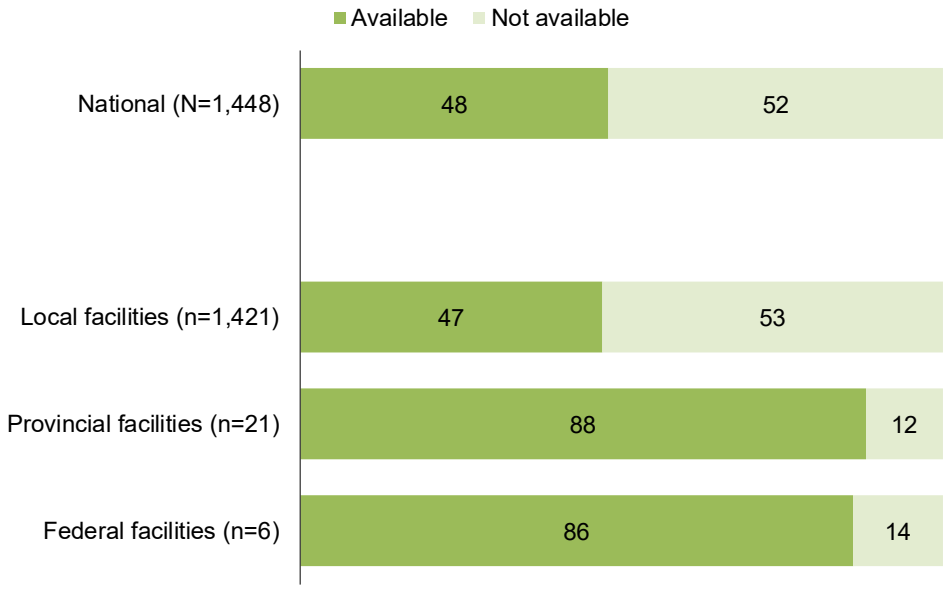
Cervical cancer screening services were available in only 8% of public HFs nationwide (Figure 5). However, more than four-fifths (81%) of federal HFs and approximately three-fourths (74%) of provincial HFs offered these services, while only 7% of local HFs provided them. Notably, in terms of province, the highest proportion of public HFs providing these screening services was in Sudurpaschim (14%), whereas only about 1 in every 100 HFs in Madhesh provided them (see Table A9).

Figure 5 Proportions of public health facilities offering cervical cancer screening services, 2021 Nepal HFS



Breast cancer screening services were available in 48% of public HFs in Nepal, with 86% of federal, 88% of provincial, and 47% of local HFs offering these services (Figure 6). In Madhesh province, fewer than one-fourth (24%) of local-level HFs offered these services. The province with the highest proportion of public HFs offering the services (83%) was Sudurpaschim (see Table A9).

Figure 6 Proportion of public health facilities offering breast cancer screening services, 2021 Nepal HFS



Adolescent-friendly services were available in 47% of public HFs across Nepal, with 43% of federal, 58% of provincial, and 47% of local HFs offering the services (see Table A9). Karnali (38%) and Koshi (42%) provinces exhibited the lowest proportions of HFs offering these services.

3.3 Infectious Diseases

In general, services related to infectious diseases were more readily available in federal and provincial public HFs than in local-level public HFs. Services related to sexually transmitted infections, malaria, HIV, gastrointestinal infections, respiratory tract infections, eruptive diseases, skin and soft tissue infections, and genitourinary infections were available in all federal-level HFs across the country (see Table A10). However, fewer than 50% of the local-level HFs nationwide provided malaria, leprosy, dengue, and filariasis services. Notably, Kala-azar/Leishmaniasis services were available in only 8% of public HFs throughout Nepal; high proportions of federal HFs (91%) and provincial HFs (80%) but only 7% of local-level HFs offered these services.

3.4 Noncommunicable Diseases and Physical Disabilities

This analysis included services for selected noncommunicable diseases (diabetes, chronic respiratory diseases, cardiovascular diseases, musculoskeletal pain, and acid peptic diseases) from the BHS package. Overall, these services were available in more than two-thirds of public HFs in Nepal (see Table A11). Most services were available in all federal HFs, except for musculoskeletal pain and acid peptic disease services, which were available in 95% of federal HFs. However, only 72% of public HFs across the country (and a mere 53% of HFs in Karnali province) reported offering services related to diabetes.

Disability-related services were available in less than two-thirds of public HFs (62%), with availability of 100% at the federal level, 95% at the provincial level, and 62% at the local level (see Table A11). In Bagmati province, with 43% of local-level HFs offering these services, only 44% of all public HFs could provide them.

3.5 Mental Illnesses, Geriatric Health, and Health Promotion

Mental health services were available in 22% of public HFs, with availability of 100% in federal HFs, 89% in provincial HFs, and 20% in local HFs (see Table A12). HFs in Madhesh and Gandaki provinces showed lower availability of mental health services (17% and 18%, respectively) than other provinces.

Geriatric health promotion services were available in more than two-thirds (68%) of public HFs, with higher availability in provincial (83%) and federal (76%) HFs than in local ones (see Table A12). HFs in Bagmati and Karnali provinces reported lower availability of services, at 57% each.

In total, 82% of public HFs in Nepal provided health promotion services for existing and emergency health conditions, with a mere 63% of provincial-level HFs in Madhesh province offering these services (see Table A12).

3.6 Basic Emergency Services

Basic emergency services in the BHS package include first aid, counseling, and referral for snake bites. Approximately four-fifths of public HFs offered these services, with higher availability in provincial (96%) and federal (91%) HFs than in local HFs (78%) (see Table A13). Notably, only 55% of HFs in Madhesh province, including 54% of local-level HFs, offered these services.

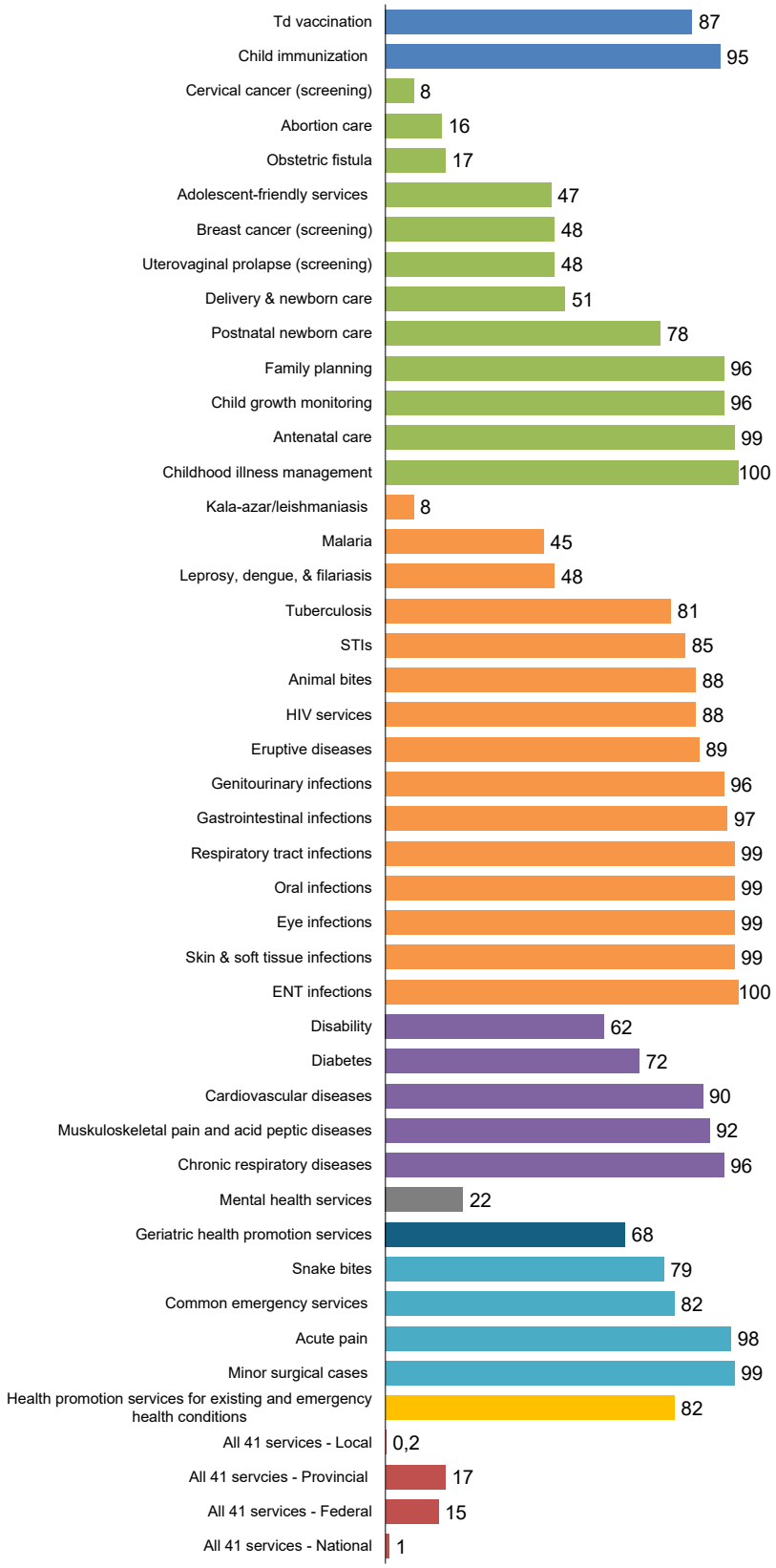
Common emergency services were available in all federal and provincial public HFs across the country, and 81% of local-level HFs offered them (see Table A13). However, in Karnali province, only 57% of local-level HFs provided these services, resulting in only 58% of public HFs in the province offering them.

Services for minor surgical cases and acute pain were available in nearly all public HFs (99%), with only a few local-level HFs in Koshi and Madhesh provinces lacking them (see Table A13).

3.7 Availability of 41 Selected Services

Many public HFs claimed to provide BHS. However, only a small minority of the HFs offered a complete set of tracer services, as outlined in the BHS package. Specifically, fewer than 1% of public HFs (comprising 15% of federal HFs, 17% of provincial HFs, and 0.2% of local HFs) offered the full set of 41 tracer service components within the BHS package (Figure 7 and Table A14).

Figure 7 Proportions of public health facilities offering all 41 selected basic health services, 2021 Nepal HFS



4 QUALITY OF CARE

4.1 Health Facility Readiness to Provide Basic Health Services

Health facility (HF) readiness was assessed in terms of availability of basic amenities, basic equipment, basic infection control items, and basic tracer medicines.

4.1.1 Basic amenities

HFs need six basic amenities to deliver basic health services (BHS) effectively (Box 2). A larger proportion of public HFs reported possessing an improved water supply (94%) than reported visual and auditory privacy (89%), client latrines (89%), a power supply (76%), or emergency transport (79%) (see Table A15). However, communication equipment was the least available amenity, possessed by only 19% of all public HFs (18% of local HFs and 95% of both federal and provincial HFs).

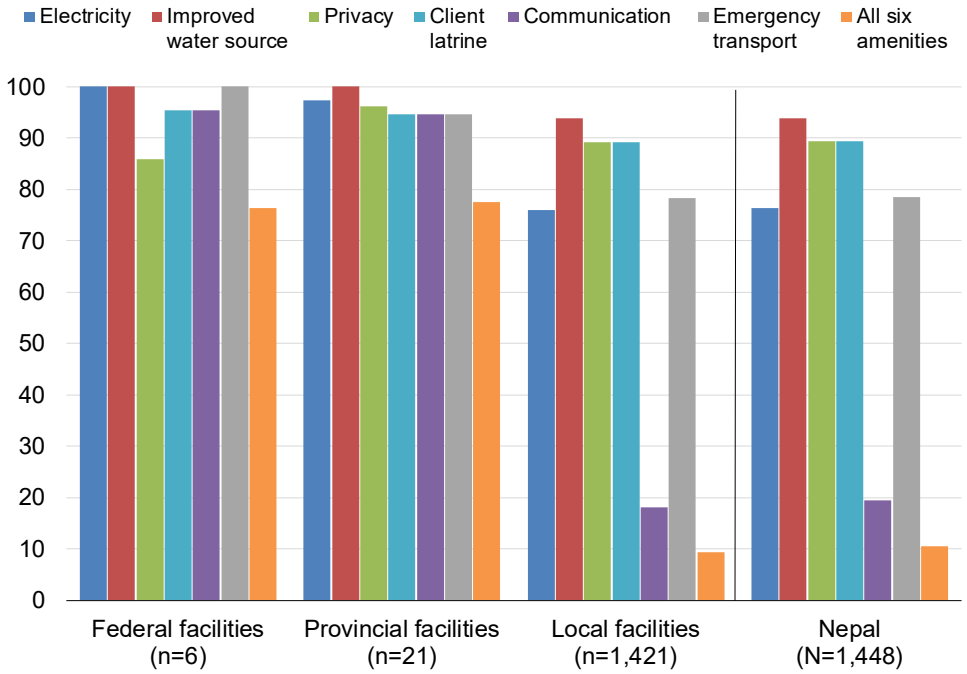
When assessing the availability of basic amenities in public HFs across Nepal, we found that only 11% of the HFs had all six amenities, leaving 89% of the HFs lacking at least one of these necessities (Figure 8). Of note, the vast majority (91%) of local-level HFs, which serve as the primary contact point for a large proportion of the population, lacked basic amenities. Comparatively, a higher proportion of federal (76%) and provincial (78%) HFs had all six basic amenities. Although only one in four provincial HFs in Bagmati province (44.4%) possessed all six basic amenities, 90% of provincial HFs in Gandaki province had them (see Table A15). Notably, 17% of local-level HFs in Bagmati province possessed all six basic amenities, versus only 2% in Madhesh province.

Box 2 Operational definitions of basic amenities

- **Electricity:** HF was connected to a central power grid and there had not been an interruption in the power supply lasting longer than 2 hours during normal working hours in the 7 days before the survey, HF had a functioning generator with fuel available on the day of the survey, or HF had back-up solar power
- **Improved water supply:** Water was piped into the HF or piped onto HF grounds, or HF had bottled water, water from a public tap or standpipe, a tube well or borehole, a protected dug well, a protected spring, or rainwater, and the outlet from this source was within 500 meters of the HF
- **Visual and auditory privacy:** HF had a private room or screened-off space, available in the general outpatient service area, a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others
- **Client latrine:** HF had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet
- **Communication equipment:** HF had a functioning landline, a functioning HF-owned cellular phone, a private cellular phone supported by the HF, or a functioning radio available
- **Emergency transport:** HF had a functioning ambulance or other vehicle for emergency transport stationed at the HF and had fuel available on the day of the survey, or HF had access to an ambulance or other vehicle for emergency transport stationed at another HF or operated from another HF

Source: 2021 Nepal Health Facility Survey

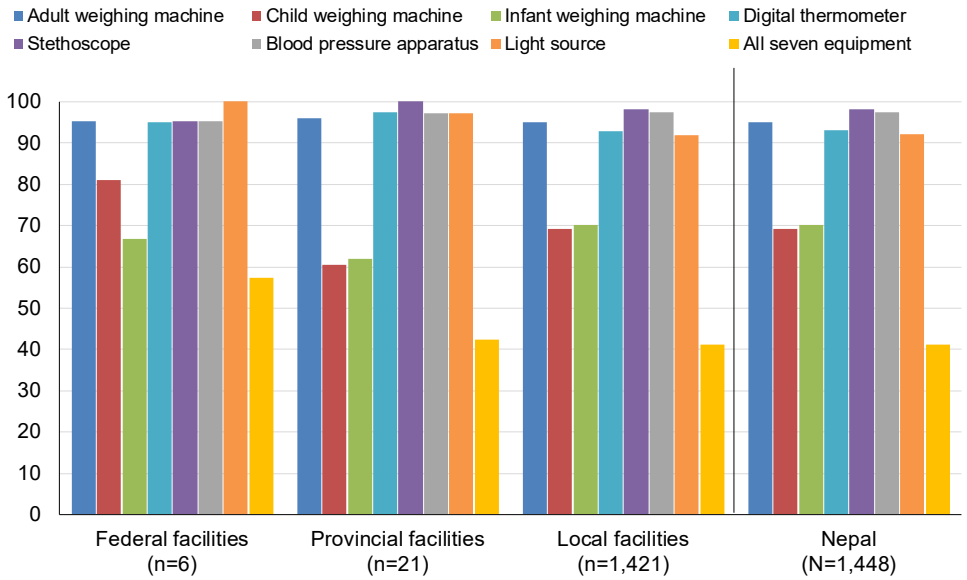
Figure 8 Proportions of public health facilities with basic amenities, 2021 Nepal HFS



4.1.2 Basic equipment

The Basic Health Service Implementation Guidelines 2022 list 18 types of medical equipment and goods that are essential for delivery of BHS (see Table A16). However, the 2021 NHFS did not report on these 18 items. We therefore assessed the availability of seven alternative forms of basic equipment necessary for providing BHS that were available in the 2021 NHFS dataset: adult weighing scale, child weighing scale, infant weighing scale/pan scale, digital thermometer, stethoscope, blood pressure apparatus, and light source. Most HFs reported having a stethoscope (98%), blood pressure apparatus (97%), adult weighing scale (95%), digital thermometer (93%), and light source (92%) (Figure 9 and Table A17). However, child weighing scales and infant weighing scales/pan scales were available in a lower proportion of HFs (69% and 70%, respectively). Across the public HFs assessed in Nepal, only 41% of the local-level HFs and slightly higher proportions of federal HFs (57%) and provincial HFs (42%) had all seven pieces of equipment (Figure 9). This indicated that three-fourths of public HFs lack the basic equipment necessary for delivering BHS.

Figure 9 Proportions of public health facilities with basic equipment, 2021 Nepal HFS



Notably, only one in five provincial HFs in Gandaki province possessed all seven pieces of basic equipment, while 62% of provincial HFs in Lumbini province had them. Furthermore, more local-level HFs in Sudurpaschim province (62%) than in Madhesh province (25%) had all seven pieces of basic equipment.

4.1.3 Basic infection control items

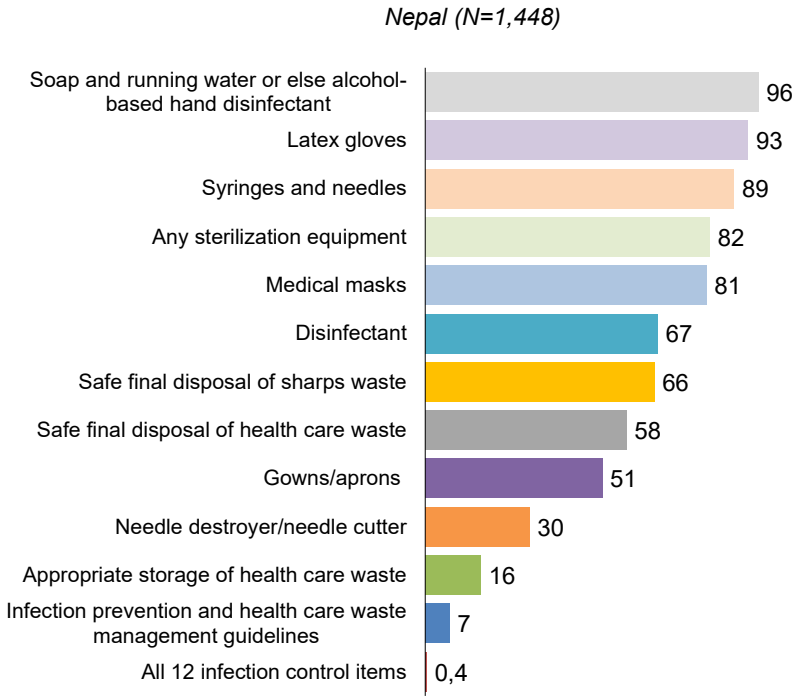
HFs require basic infection control items in service delivery areas. We assessed the availability of 12 of these items in public HFs (Box 3). Most HFs reported having soap and running water or alcohol-based hand disinfectant (96%), latex gloves (93%), and syringes and needles (89%) (see Table A18). However, needle destroyers/needle cutters, appropriate storage of health care waste, and infection prevention and health care waste management guidelines were available in 30% or fewer HFs (Figure 10).

Box 3 Basic infection control items

- Any sterilization equipment
- Safe final disposal of sharps waste
- Safe final disposal of health care waste
- Appropriate storage of health care waste
- Disinfectant
- Syringes and needles
- Soap and running water or alcohol-based hand disinfectant
- Latex gloves
- Medical masks
- Gowns/aprons
- Needle destroyer/needle cutter
- Infection prevention and health care waste management guidelines

Only 0.4% of public HFs across Nepal reported availability of all 12 basic infection control items. Further emphasizing this scarcity, only 1 in 10 federal HFs and 1.3% of provincial HFs reported possessing these basic items (see Table A18). The situation was even more dire in local-level HFs, with only 0.3% reporting availability of all 12 essential items. None of the HFs in Koshi, Lumbini, and Sudurpaschim provinces reported having all 12 items.

Figure 10 Proportions of public health facilities with basic infection control items, 2021 Nepal HFS



4.1.4 Basic medicines

Consistent availability of basic medicines is crucial for delivery of quality BHS. The Government of Nepal has specified 98 medicines for free distribution, as needed, to clients seeking BHS from designated HFs (see Table A19). We assessed the availability of 20 tracer medications from this list (Table 1). Only HFs providing vaginal delivery services were considered when assessing the availability of oxytocin or other uterotonics.

The vast majority of public HFs had albendazole (99%), paracetamol (99%), oral rehydration salts (97%), ferrous sulphate and folic acid (96%), combined oral contraceptives (96%), amoxicillin (94%), and zinc sulphate (94%) (Table 1). Meanwhile, metformin, misoprostol, folic acid, and tetanus-diphtheria (Td) booster doses were available in fewer than 50% of the HFs. Albendazole and paracetamol were available in all provincial HFs, whereas combined oral contraceptives and ranitidine were available in all federal HFs. Folic acid, misoprostol, and Td booster doses were available in fewer than one-third of local-level HFs.

Table 1 Proportions of public health facilities with tracer medicines for basic health services, 2021 Nepal HFS

Tracer medicine	Type of basic health service	Federal (n=6)	Provincial (n=21)	Local (n=1,421)	National (N=1,448)
1. Albendazole	Infectious diseases	95.3	100.0	98.8	98.8
2. Aluminum hydroxide gel (dried) + magnesium hydroxide	NCD, disability	85.8	80.2	720.0	72.2
3. Amlodipine	NCD, disability	90.5	92.1	59.2	59.8
4. Amoxicillin (tablet/ capsule)	Infectious diseases	85.8	97.3	94.2	94.2
5. Calamine	Infectious diseases	76.3	81.6	79.5	79.5
6. Ciprofloxacin infusion/ ear/eye drop	Infectious diseases	81.0	84.1	78.3	78.4
7. Combined oral contraceptives	Family planning	100.0	95.9	96.2	96.2
8. Doxycycline	Infectious diseases	90.5	89.4	74.3	74.6
9. Ferrous sulphate + folic acid	Maternal health	81.0	94.7	96.4	96.4
10. Folic acid	Maternal health	90.5	77.4	24.8	25.8
11. Ibuprofen	NCD, disability	76.0	86.8	76.0.	76.2
12. Metformin	NCD, disability	90.5	92.1	48.5	49.3
13. Misoprostol	Maternal health	76.3	63.1	28.0	28.7
14. Oral rehydration salts	Child health	90.5	97.3	96.6	96.6
15. Oxytocin	Maternal health	85.8	81.4	52.1	52.7
16. Paracetamol	NCD, disability	95.3	100.0	98.5	98.5
17. Ranitidine	NCD, disability	100.0	98.7	85.9	86.2
18. Tetanus-diphtheria (Td) booster dose	Maternal health	62.0	65.6	23.0	23.8
19. Vitamin A	Nutrition	33.5	72.3	87.0	86.5
20. Zinc sulphate	Child health	85.8	81.3	93.8	93.6
All 20 tracer medicines		**4.7**	**15.7**	**1.0**	**1.2**

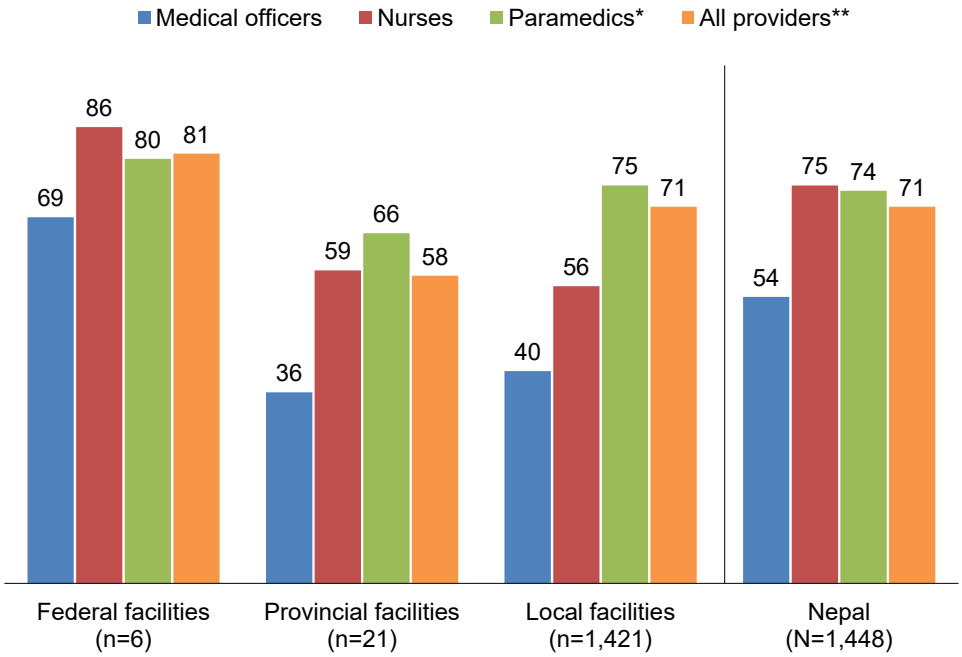
NCD = noncommunicable disease

Notably, only 8% of federal HFs, 16% of provincial HFs, and 1% of local-level HFs reported having all 20 selected medicines at the time of the survey. Overall, only 1% of public HFs had all 20 selected medicines.

4.1.5 Availability of human resources for delivery of basic health services

The availability of human resources at public HFs was assessed in terms of fulfillment of specific categories of provider positions sanctioned by the Ministry of Health and Population. The level of fulfillment was higher at federal-level HFs (81%) than at provincial (58%) or local-level HFs (71%) (Figure 11). Staffing shortages were particularly severe in provincial-level HFs. Gandaki province reported the lowest level of staff fulfillment (54%), and Bagmati province the highest (83%) (see Table A20). In federal-level HFs, the level of fulfillment lower for medical doctor positions (69%) than for nurse (86%) or paramedic (80%) positions. In provincial HFs, the highest level of fulfillment was for paramedic positions (66%) and the lowest level was for doctor positions (36%). In local-level HFs, 40% of positions for medical officers, 56% of positions for nurses, and 75% of positions for paramedics were filled.

Figure 11 Proportions of sanctioned positions filled in public health facilities, 2021 Nepal HFS



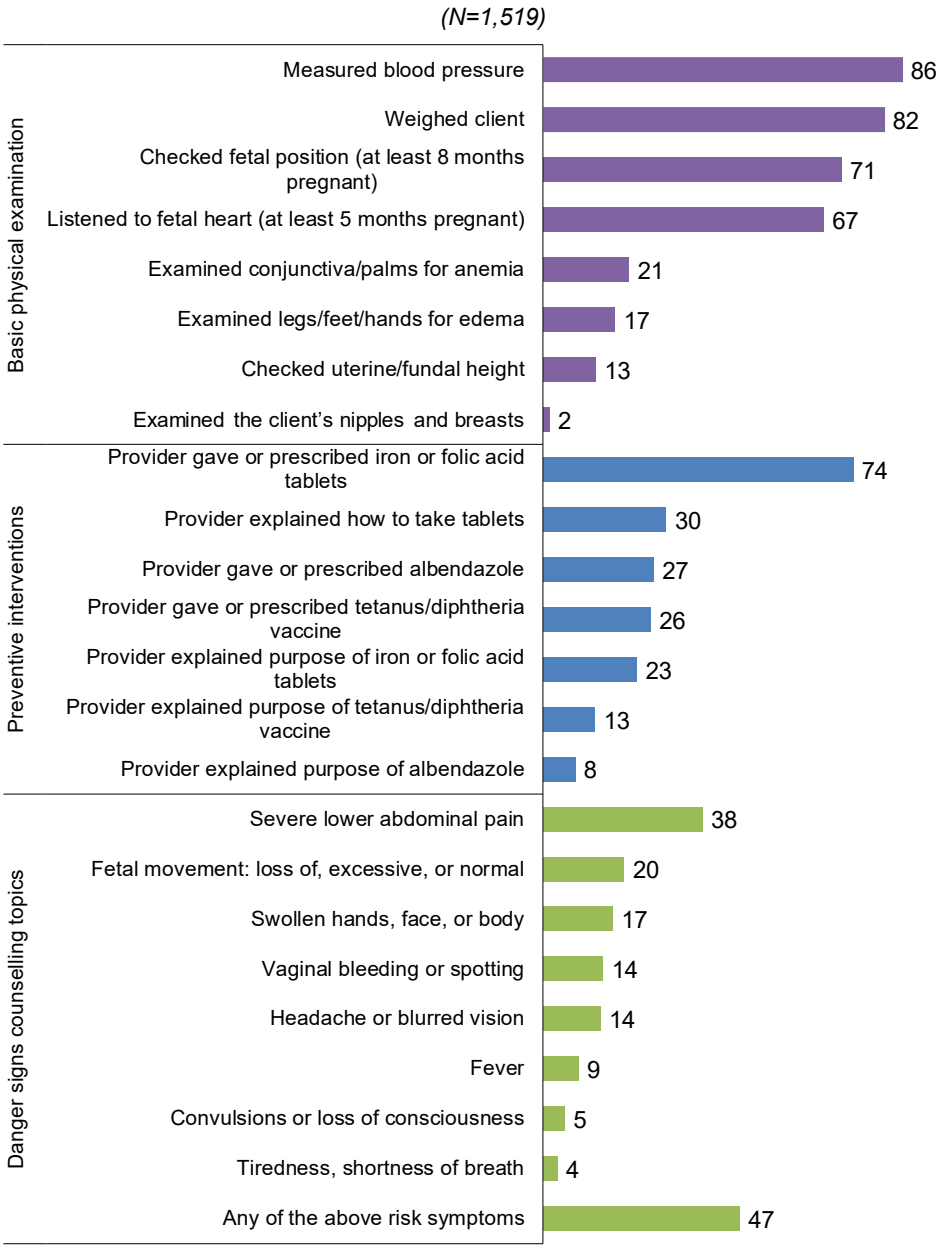
*Includes health assistants, auxiliary health workers, senior auxiliary health workers, public health inspectors, public health officers, and auxiliary nurse midwives
**Includes medical officers, nurses, and paramedics

4.2 Process of Care

4.2.1 Antenatal care

A total of 1,519 antenatal care client consultations were observed in the 2021 NHFS. The results highlighted uneven compliance with the various standards of care (Figure 12 and Table A21). Assessment of basic physical examinations showed that blood pressure measurements and body weights were taken for nearly 9 out of 10 women, whereas nipples and breasts were examined for fewer than 2% of clients. Preventive interventions, such as providing or prescribing folic acid tablets, were performed for nearly three-quarters of clients; however, very few women received information from providers on the purpose of taking folic acid tablets and the appropriate method of taking them. The proportion of clients counseled on danger signs was low, ranging from 4% for tiredness and shortness of breath to 38% for severe lower abdominal pain. See Table A21 for data on antenatal care disaggregated by HF level.

Figure 12 Proportions of antenatal care consultations that included basic physical examinations, preventive interventions, and counseling, 2021 Nepal HFS

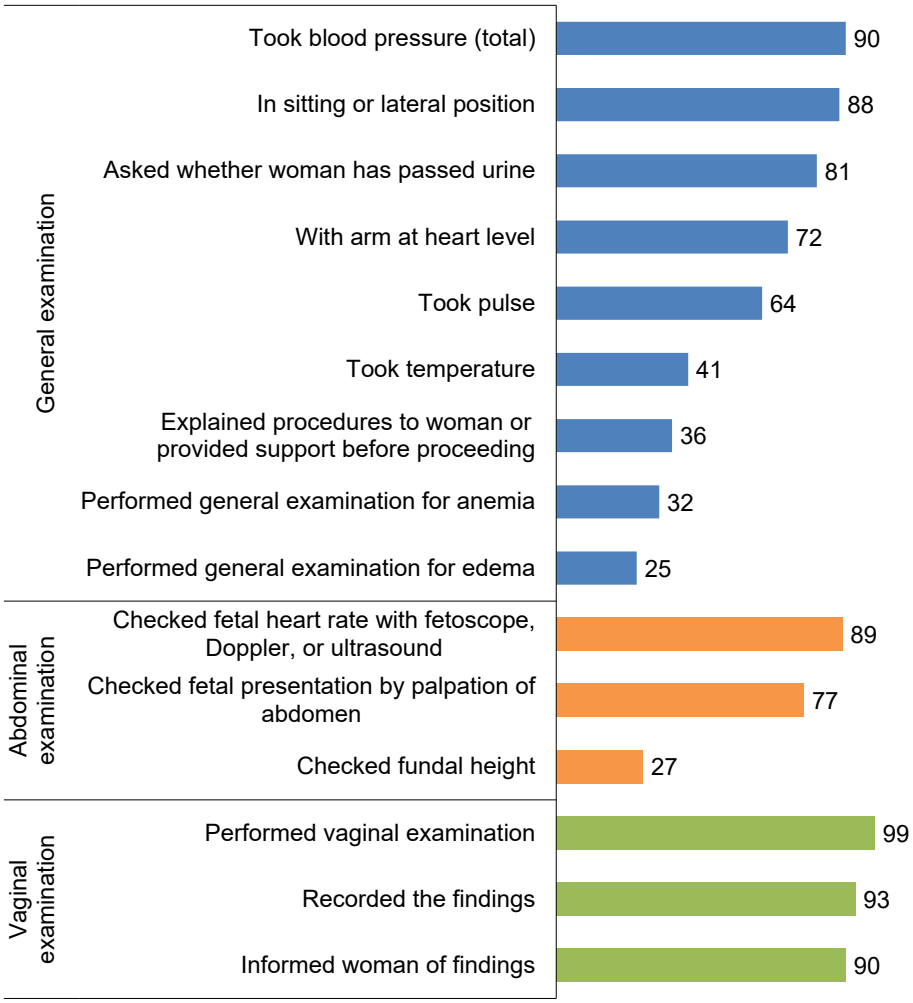


4.2.2 Normal delivery

In the 2021 NHFS, 105 initial client assessments of normal delivery procedures were observed to assess compliance with the standards of care. Most (90%) of the women had their blood pressure checked (88% in a sitting or lateral position and 77% with the arm at heart level), but much smaller proportions of women had a general examination for edema (25%) or anemia (32%) (Figure 13 and Table A22). In 36% of the consultations, health workers explained the procedures or provided support before proceeding.

Vaginal examinations were performed for almost all women (99%), findings were recorded in a register for 93% of the women, and 90% of the women were informed of the findings. Fetal heart rate was checked with a fetoscope, Doppler, or ultrasound for almost 9 in every 10 mothers, while fetal presentation was checked by palpation of the abdomen for 77% of women. See Table A22 for data related to delivery care disaggregated by HF level.

Figure 13 Proportions of women who had general examinations, abdominal examinations, and vaginal examinations among mothers who gave birth through normal delivery, 2021 Nepal HFS



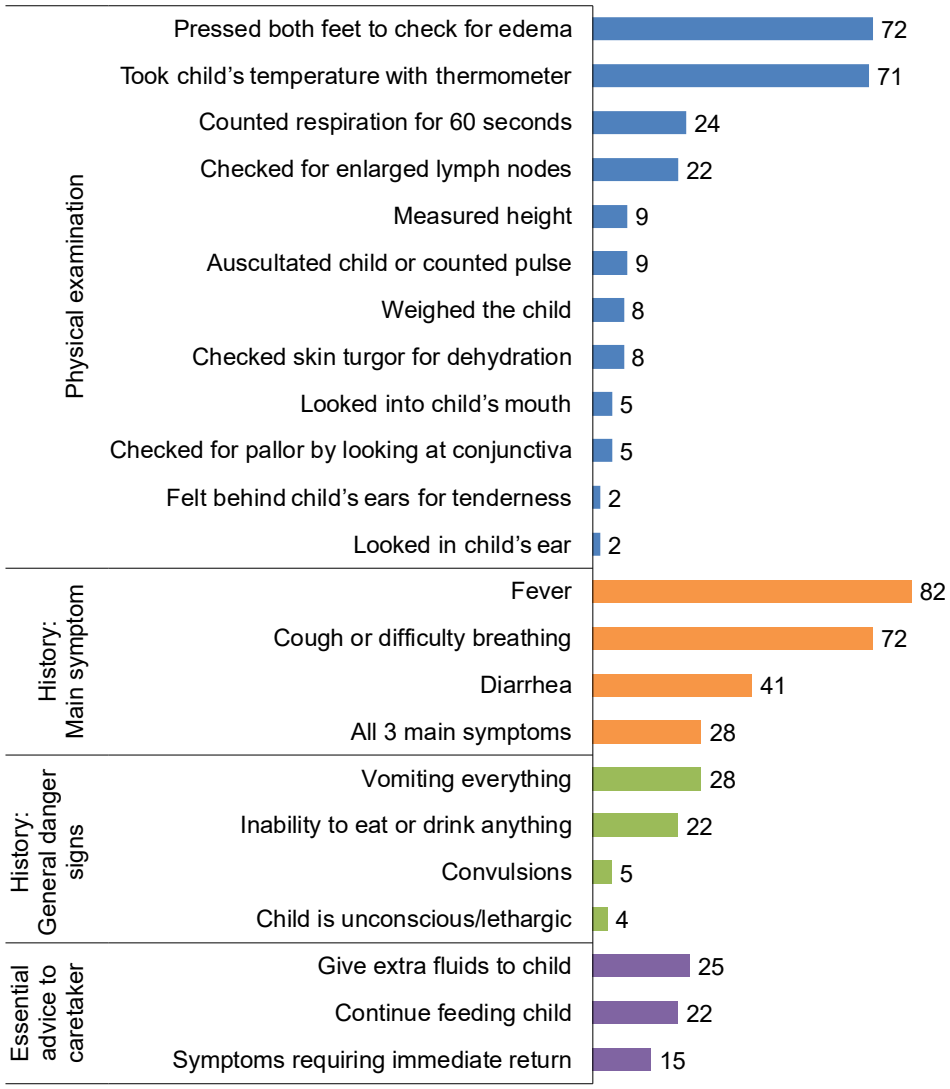
Providers asked 8 out of 10 women (81%) about at least one danger sign they experienced during their pregnancies, while only about 3 in 10 women (31%) were asked about previous abortions and miscarriages (see Table A22). Similarly, in 69% of consultations, providers either checked charts or asked the women directly about their HIV status. Providers wore high-level disinfected or sterile gloves before performing vaginal examinations for almost all women (99%).

4.2.3 Sick child care

In the 2021 NHFS 1,954 sick child care consultations were observed in public HFs to assess compliance with the integrated management of neonatal and childhood illness protocol. During physical examination,

71% of the children had their temperatures measured, and fewer than 10% had their weights and heights measured (Figure 14 and Table A23). While histories were being taken, 28% of caregivers asked about all three main symptoms: cough or difficulty breathing, diarrhea, and fever. Vomiting was the danger sign discussed by the largest proportion of providers (28%). Only 15% of caretakers were told by providers what symptoms would require immediate return to the facility. See Table A23 for data on sick child treatment disaggregated by HF level.

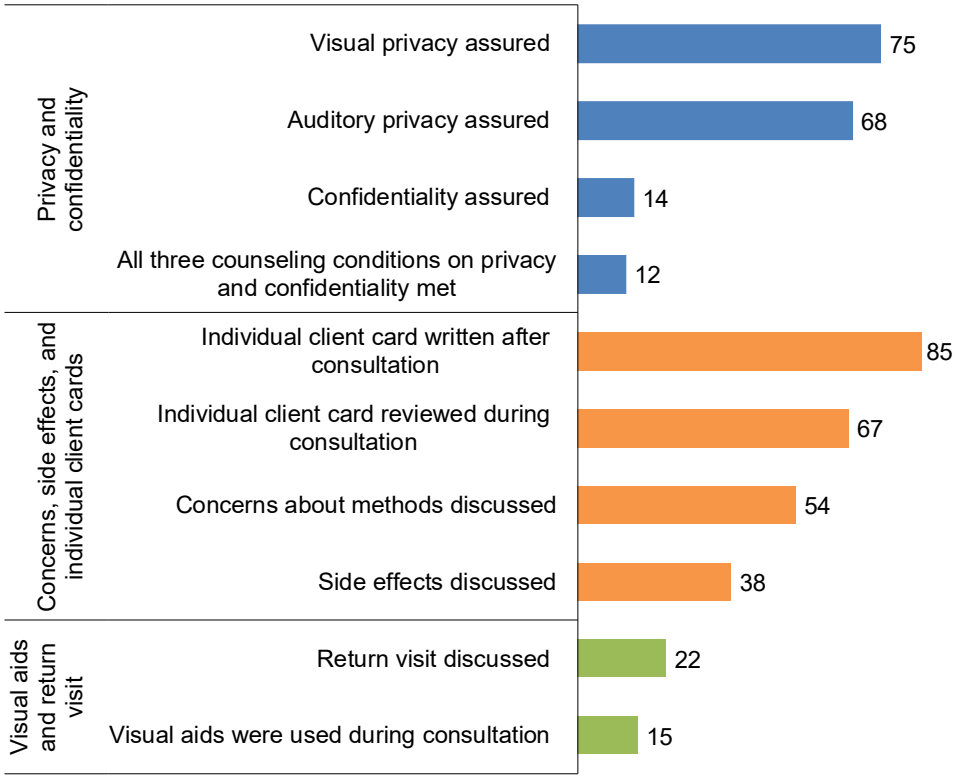
Figure 14 Proportions of sick child consultations that complied with the integrated management of neonatal and childhood illness protocol, 2021 Nepal HFS



4.2.4 Family planning

The 2021 NHFS included observations of 846 consultations with female clients (both new and follow-up clients) attending surveyed public HFs for family planning services. Visual privacy was maintained in 75% of the consultations and audio privacy maintained in slightly more than 69% (Figure 15 and Table A24). The side effects of family planning methods were discussed during 38% of the consultations; visual aids were used in only 15% of the consultations, and 22% of the women had a return visit discussed with them. See Table A24 for data on family planning disaggregated by HF level.

Figure 15 Proportions of consultations with female family planning clients that complied with the recommended components of counseling and discussion, 2021 Nepal HFS



4.3 Experience of Care

In the 2021 NHFS, client exit interviews were held with women who had delivered at public HFs. During the interviews, clients were asked about their level of satisfaction with various components of the care they had received at the HFs: waiting time, information received from the provider, the provider's level of skill in delivering the baby, politeness and empathy of the staff, cleanliness of the HF, level of audio/visual privacy, and care received. The majority of postpartum mothers expressed satisfaction with each care component, for example the provider's level of skill in delivering the baby (88%), the politeness and empathy of the staff (86%), care received (85%), waiting time (82%), and information received from the provider (82%) (Figure 16)). Larger proportion of postpartum mothers attending local-level HFs than those attending federal or provincial HFs reported satisfaction with waiting time and information from providers. The proportion of women who were satisfied with care received was higher in local and federal HFs (90% for both) than in provincial HFs (81%). See Table A25 for data on experience of care by province.

Figure 16 Proportions of postpartum women satisfied with care, by level of health facility, 2021 Nepal HFS

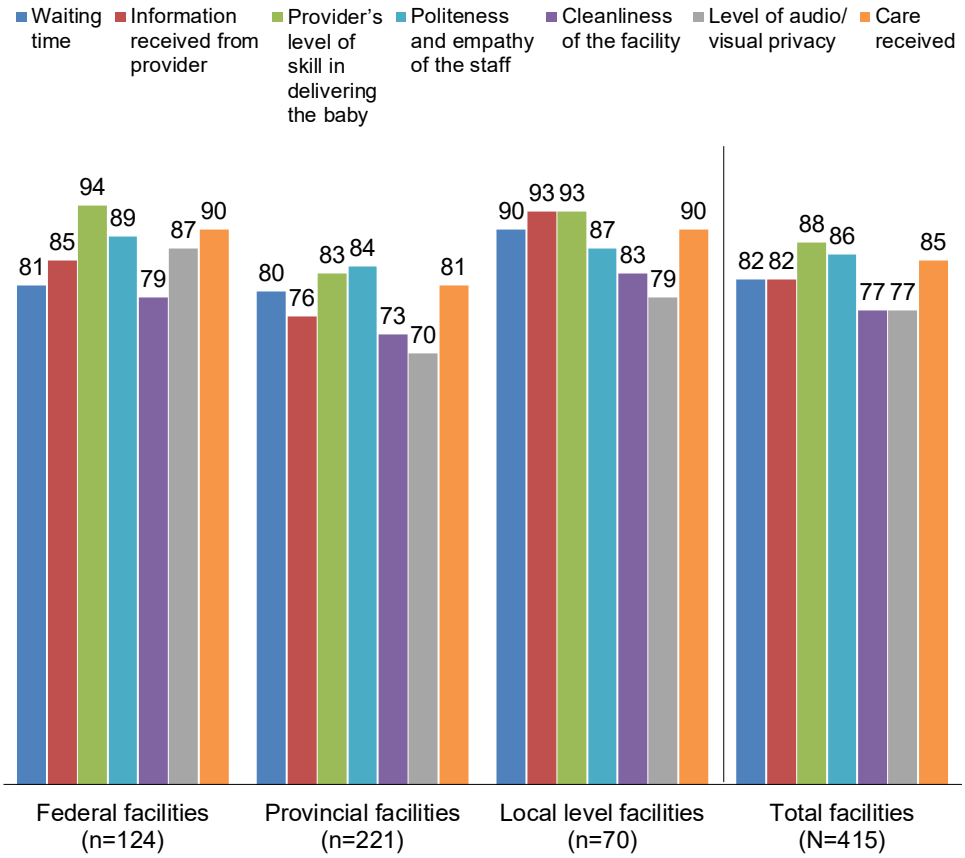


Table 2 presents data from the 2022 NDHS on respectful maternity care from health workers. The majority (85%) of mothers who had delivered in public HFs in the 2 years prior to the survey reported that they were always treated with respect, 78% reported that they always received the best care, and 61% said they always received an explanation on why examinations and procedures were done. In terms of province, the highest proportion of clients reporting always treated with respect was in Gandaki (93%) and the lowest was in Bagmati (79%).

Table 2 Respectful maternity care from health workers among women age 15–49 years who had institutional deliveries at public health facilities for their most recent live birth or stillbirth in the 2 years preceding the survey, 2022 Nepal DHS

Province	Always treated with respect (%)	Always given explanations why examinations and procedures were done (%)	Always received the best care (%)	Number of women with a live birth or stillbirth in the past 2 years
Koshi	91.6	66.9	85.5	139
Madhesh	84.5	58.6	78.6	215
Bagmati	78.9	55.2	70.0	142
Gandaki	93.2	73.2	88.2	68
Lumbini	81.3	58.6	72.6	210
Karnali	81.9	60.3	75.7	100
Sudurpaschim	88.0	65.8	78.6	139
National	**84.8**	**61.4**	**77.5**	**1,013**

Among the same group of women, 13% reported experiencing at least one type of verbal abuse from health workers in the HFs, while 4% reported experiencing at least one type of physical abuse (Table 3). Higher proportions of women from Madhesh province encountered at least one type of verbal abuse or encountered at least one type of physical abuse when compared with women from other provinces. Additionally, fewer than 2% of mothers reported having to share a bed with another patient or having to rest or sleep on the floor without any mattress, with women from Madhesh province reporting these challenges least often.

Table 3 Respectful treatment at health facilities during maternity care among women age 15–49 years who had institutional deliveries for their most recent live birth or stillbirth in the 2 years preceding the survey, 2022 Nepal DHS

Province	Had to share a bed with another patient (%)	Had to rest or sleep on the floor without any mattress (%)	Experienced at least one type of physical abuse (%)	Experienced at least one type of verbal abuse (%)	Number of women with a live birth or stillbirth in the past 2 years
Koshi	1.0	0.9	5.0	12.7	139
Madhesh	0.7	0.0	8.0	20.0	215
Bagmati	0.4	6.3	1.9	11.4	142
Gandaki	2.8	4.4	2.8	8.1	68
Lumbini	2.7	1.5	3.9	13.9	210
Karnali	1.5	0.2	1.1	4.8	100
Sudurpaschim	0.8	2.8	1.7	11.4	139
National	**1.3**	**2.0**	**4.1**	**13.3**	**1,013**

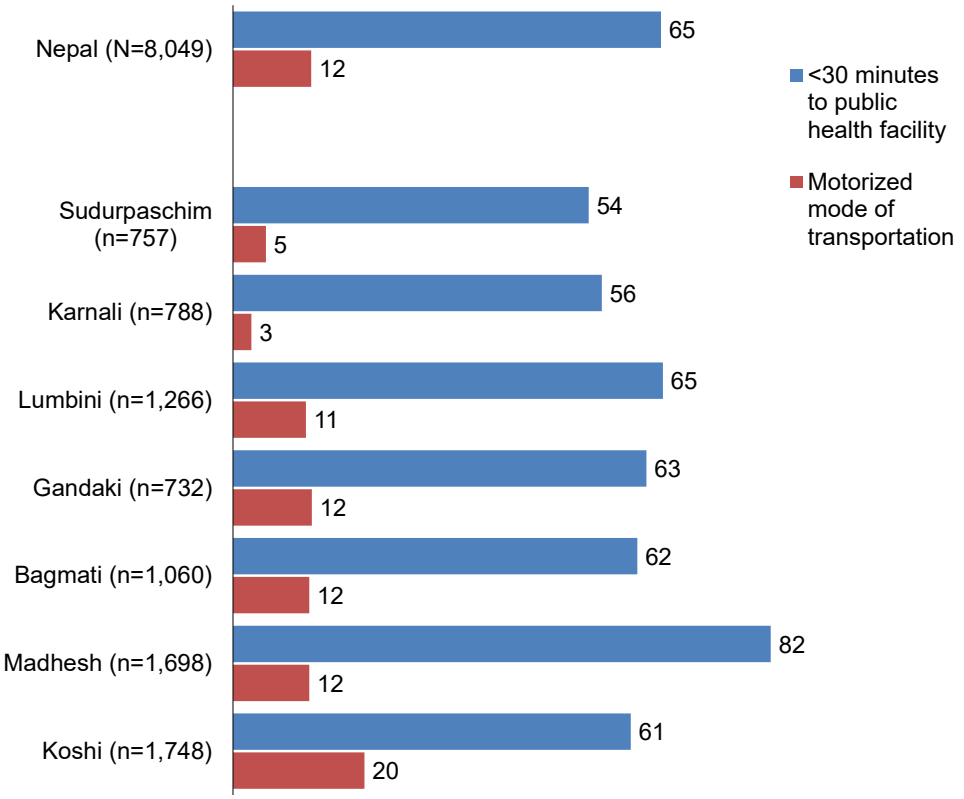
5 ACCESSIBILITY OF BASIC HEALTH SERVICES

5.1 Proximity to the Nearest Public Health Facility

The 2022 Nepal Demographic and Health Survey (NDHS) collected data from 14,845 women age 15–49 on travel time to reach the nearest health facility (HF), mode of transportation used, and type of nearest HF (public, private medical sector, or nongovernmental medical sector).

More than half (54%) of the women reported that the nearest HF was a public HF. Among these women, approximately two-thirds reported that it was reachable from their residence within 30 minutes (Figure 17 and Table A26). The proportion reporting 30-minute or shorter travel times was lowest in Sudurpaschim province (54%), only slightly higher in Karnali province (56%), and highest in Madhesh province (82%). For 4% of women, reaching the nearest public HF took more than 2 hours (Table A26). For a large majority (82%) of women overall, walking was the primary mode of transportation to reach the nearest public HF. This figure rose to 97% in Karnali province, while it was 70% in Koshi province (Table A27).

Figure 17 Proportions of women within 30 minutes of a public health facility and proportions with motorized modes of transportation, 2022 Nepal DHS



5.2 Mode of Transportation

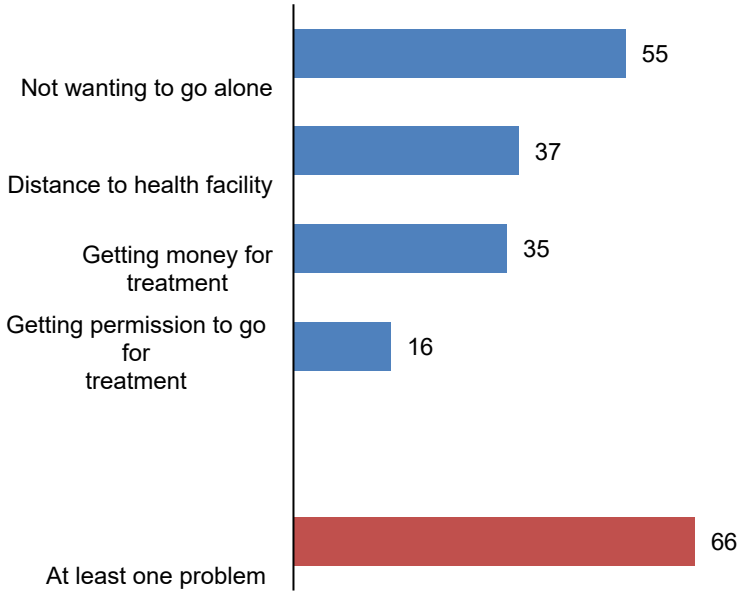
For 12% of women, the primary mode of transportation to reach the nearest public HF within 30 minutes was a motorized vehicle, such as car/truck, public bus, motorcycle/scooter, or three-wheeler (Figure 17). In Koshi province, 20% of women had access to motorized modes of transportation to reach the closest public HFs, whereas in Karnali province, only 3% had such access (Table A27).

5.3 Barriers in Accessing Health Care

Even when HFs are a reasonable distance way and people have access to appropriate modes of transportation, they still often face barriers when accessing health care. In the 2022 NDHS, women age 15–49 were asked whether the following factors posed significant challenges when seeking medical advice or treatment when they are sick: getting permission to go to the doctor, getting money for advice or treatment, distance to an HF, and not wanting to go to an HF alone.

Two-thirds of women reported having at least one problem accessing health care. More than half of the women (55%) reported reluctance to go alone, while more than one-third (37%) reported distance to a HF as a problem (Figure 18). Getting money for treatment was an issue for 35% of women, and 16% mentioned difficulty in getting permission to go for treatment.

Figure 18 Proportions of women with barriers in accessing health care, 2022 Nepal DHS



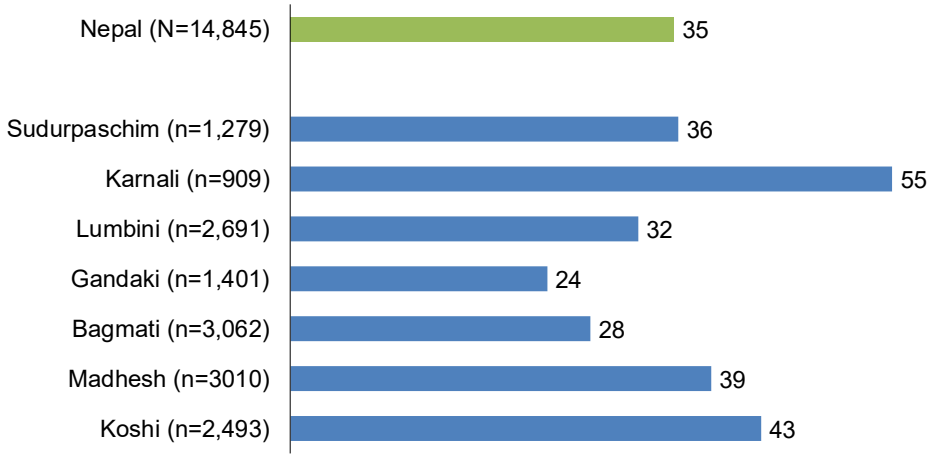
The highest proportion of women reporting at least one problem in accessing health care was in Karnali province (83%), and the lowest was in Bagmati province (57%) (Table 4). Each of the four problems was reported by a higher proportion of women in Karnali province than by women in any other province. While getting permission to go for treatment posed a problem for women in Karnali (38%), only 11% of women in Sudurpaschim reported this issue.

Table 4 Problems accessing health care among women age 15–49, by province, 2022 Nepal DHS

Province	Getting permission to go for treatment (%)	Getting money for treatment (%)	Distance to health facility (%)	Not wanting to go alone (%)	At least one problem accessing care (%)	Number of women
Koshi	21.2	43.3	46.4	60.8	74.2	2,493
Madhesh	14.3	38.7	44.4	63.3	72.9	3,010
Bagmati	12.8	27.6	26.0	45.1	56.8	3,062
Gandaki	11.5	23.6	30.8	51.5	61.6	1,401
Lumbini	14.6	32.0	31.0	50.4	60.3	2,691
Karnali	37.6	55.4	61.4	70.7	82.6	909
Sudurpaschim	11.2	35.7	31.8	48.6	64.5	1,279
National	**16.1**	**35.3**	**37.2**	**54.9**	**66.3**	**14,845**

Overall, more than one-third (35%) of women in Nepal reported "getting money for treatment" as one of the barriers to accessing health care. The highest proportion of women reporting this financial barrier was in Karnali province (55%), and the lowest proportion was in Gandaki province (24%) (Figure 19).

Figure 19 Proportions of women facing financial barriers accessing health care, by province, 2022 Nepal DHS



6 USE OF BASIC HEALTH SERVICES

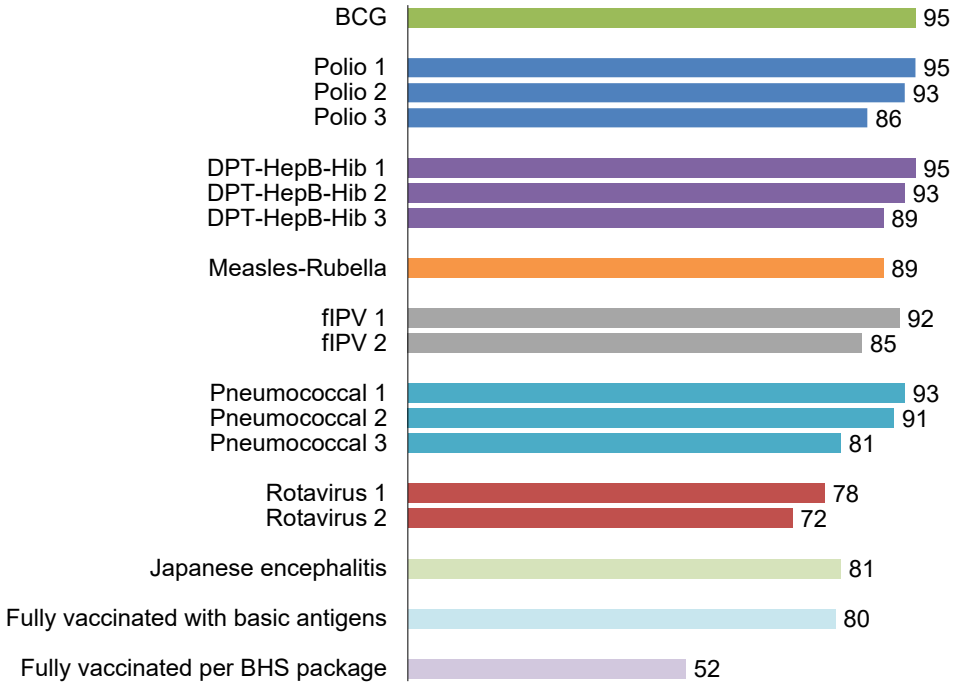
6.1 Immunization Services

6.1.1 Child immunization

A child fully vaccinated against all basic antigens (not all antigens included in the BHS package) has received at least one dose of the Bacille Calmette-Guerin (BCG) vaccine, three doses of the oral polio vaccine (OPV), three doses of a vaccine containing diphtheria, pertussis, and tetanus (DPT), and one dose of the measles-rubella (MR) vaccine. For children to be fully vaccinated according to the national schedule, per the BHS package and beyond the basic antigens, children should also receive at least two doses of the inactivated poliovirus vaccine (IPV), three doses of the pneumococcal conjugate vaccine (PCV), two doses of the rotavirus vaccine, and one dose of the Japanese encephalitis vaccine. In Nepal, the BCG vaccine is usually given at birth or at first clinic contact, while the OPV and DPT-containing vaccines are given at age 6, 10, and 14 weeks. A first MR dose is given at or soon after age 9 months. The rotavirus vaccine is given at ages 6 and 10 weeks, and the Japanese encephalitis vaccine at age 12 months.

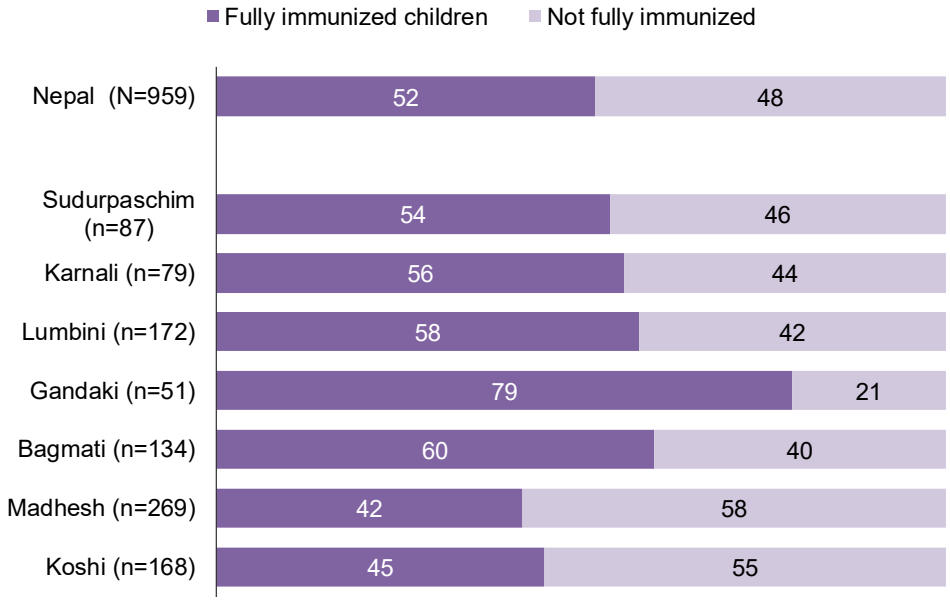
The 2022 Nepal Demographic and Health Survey (NDHS) collected information on whether children received all antigens per the national vaccination schedule. The survey revealed that coverage was highest for the BCG vaccine, with 95% of children receiving it, while 72% of children received the second dose of rotavirus vaccine (Figure 20). Although 80% of children age 12–23 months were fully vaccinated against all basic antigens, only 52% were fully vaccinated according to the national schedule (with the antigens included in the BHS package).

Figure 20 Proportions of children age 12–23 months vaccinated at any time before the survey, 2022 Nepal DHS



In Gandaki province, 79% of children had received all vaccinations; only 42% of children in Madhesh province had (Figure 21).

Figure 21 Proportions of fully immunized children per the basic health services package, 2022 Nepal DHS



Results of the 2022 NDHS also revealed that 4% of children had not received any vaccines, including BCG, which is typically given to a child soon after birth, often before the infant leaves the HF. Out of all children born in HFs, 3.6% of those age 12–23 months had not received the BCG vaccine (2.6% of those born in public HFs and 6.5% of those born in other HFs) (Table 5).

Table 5 Children age 12–23 months who did not receive the Bacille Calmette-Guerin vaccine, by place of delivery, 2022 Nepal DHS

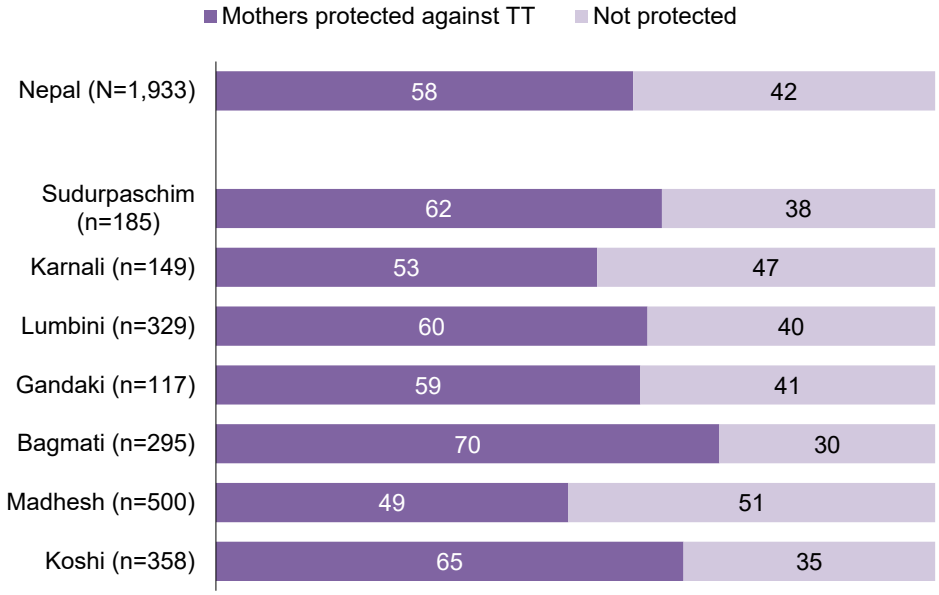
Place of birth	Total births in the 2 years preceding the survey (N=1,977)	Number of children not receiving BCG	% of children not receiving BCG	Number of children age 12–23 months (N=959)
HFs (all)	1,607	27	3.6	759
Public HFs	1,219	15	2.6	571
Other HFs	388	12	6.5	188
Home deliveries	370	19	9.6	200

BCG = Bacille Calmette-Guerin; HF = health facility

6.1.2 Mothers' protection against tetanus

A pregnant woman should receive at least two tetanus toxoid (TT) injections to protect her against tetanus, as per the antenatal care protocol. Fifty-eight percent of women age 15–49 with a live birth in the past 2 years had received two or more TT injections during the pregnancy for their most recent live birth (Figure 22). This indicated that 48% of the women were deprived of the constitutional right to be protected against both tetanus and diphtheria. The proportion of women exercising their constitutional right to be protected against TT ranged from 49% in Madhesh province to 70% in Bagmati province.

Figure 22 Proportions of mothers protected against tetanus toxoid, by province, 2022 Nepal DHS



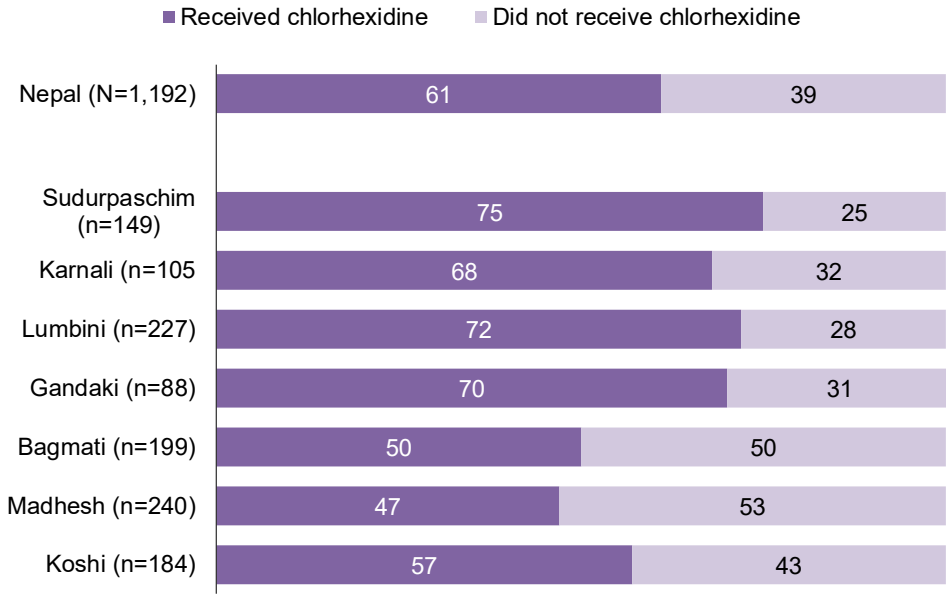
6.1.3 Use of chlorhexidine

Infections of the umbilical cord contribute to morbidity and mortality among newborns. Particularly for home births, cord infections pose a heightened risk.[13] In 2011, the Government of Nepal implemented chlorhexidine, known as Navi Malam, as a preventive measure against umbilical cord infections. The BHS package includes care for treating newborns against umbilical cord disorders. Furthermore, chlorhexidine is one of the 98 BHS medicines that the government provides free to clients through the BHS program.

The 2022 NDHS revealed that chlorhexidine was applied to the umbilical cords of 51% of infants born in the 2 years preceding the survey. Chlorhexidine was applied within 24 hours after birth in 43% of the most recent live births, and more than two-thirds (69%) of newborns received chlorhexidine application for only one day. Among the institutional births, 58% of the infants received chlorhexidine, while 61% of infants born in public HFs and 48% born in private HFs received it.

Use of chlorhexidine varied by province, with Madhesh province exhibiting the lowest rate of use at 47% and Sudurpaschim province reporting the highest at 75%, followed by Lumbini province at 72% (Figure 23). Notably, only 50% of infants born in public HFs in Bagmati province received chlorhexidine.

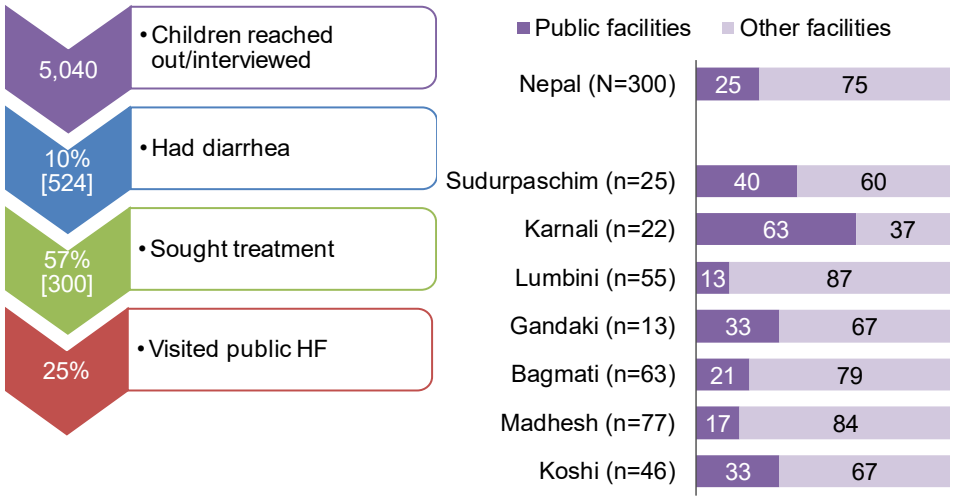
Figure 23 Proportions of newborns receiving chlorhexidine in public health facilities, 2022 Nepal DHS



6.1.4 Diarrhea

The 2022 NDHS dataset revealed that 10% of children under age 5 experienced diarrhea in the 2 weeks preceding the survey, and 57% sought treatment. Among those seeking treatment, 25% were taken to public HFs (Figure 24). A larger proportion (63%) of children experiencing diarrhea in Karnali province were taken to public HFs, while only 13% of children in Lumbini province and 17% in Madhesh province were taken to public HFs.

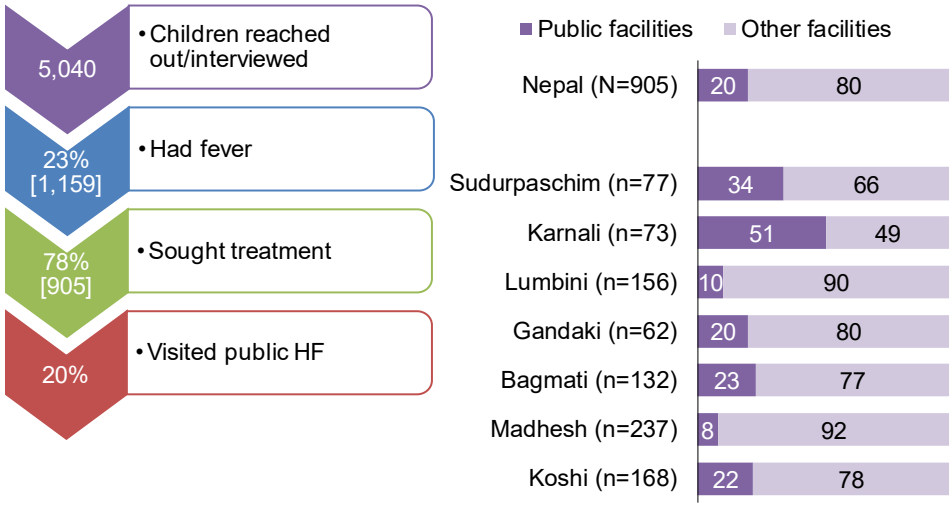
Figure 24 Children who sought treatment for diarrhea, including proportions by type of health facility visited, 2022 Nepal DHS



6.1.5 Fever

Approximately one-fourth (23%) of children under age 5 reported having a fever in the 2 weeks preceding the survey, and 78% sought treatment. Among those who sought treatment, only 20% were taken to public HFs, whereas a large majority (80%) sought treatment from other places. A larger proportion (51%) of children with a fever in Karnali province were taken to public HFs, while only 8% in Madhesh and 10% in Lumbini were taken to public HFs (Figure 25).

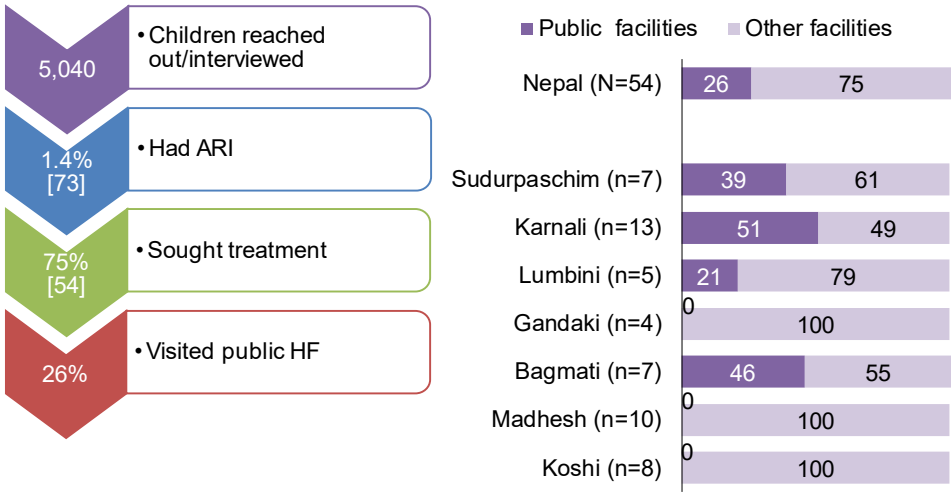
Figure 25 Children who sought treatment for fever, including proportions by type of health facility visited, 2022 Nepal DHS



6.1.6 Acute respiratory infection

About 1 in 10 (1.4%) of children under age 5 reported having an acute respiratory infection (ARI) in the 2 weeks preceding the survey, and 78% sought treatment. Among those who sought treatment, 26% were taken to public HFs. A larger proportion (51%) of children with ARIs in Karnali province were taken to public HFs, while none were taken to public HFs in Gandaki, Madhesh, and Koshi provinces (Figure 26).

Figure 26 Children who sought treatment for acute respiratory infection, including proportions by type of health facility visited, 2022 Nepal DHS



6.2 Family Planning Services

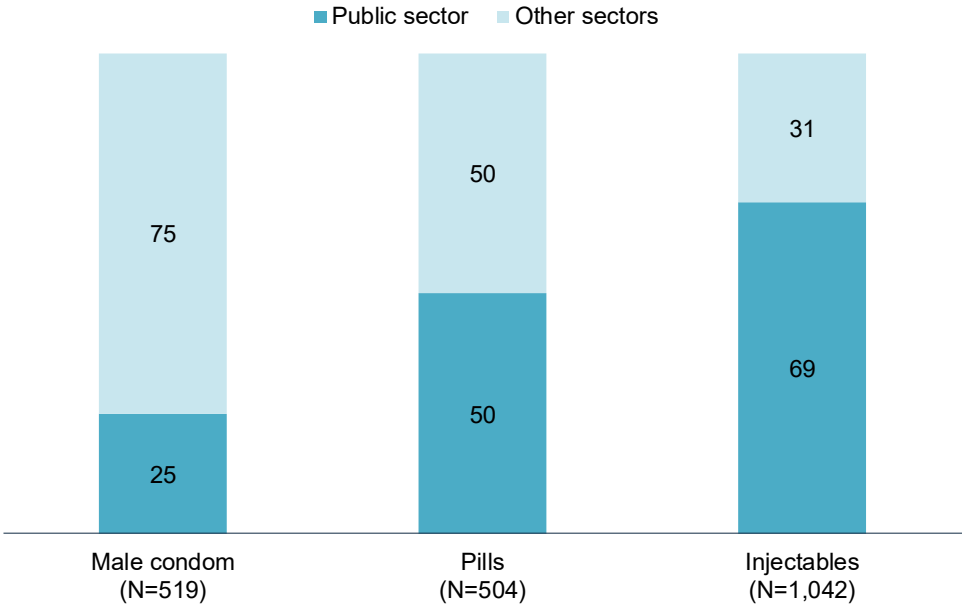
The BHS package provides free male condoms, pills, and injectables as part of the family planning program. Among currently married women age 15–49 years, only 5% reported using male condoms, 5% reported using pills, and 9% reported using injectables (Table 6). Use of injectables was highest among women in Karnali province (15%) and lowest among those in Madhesh province (5%).

Table 6 Use of male condom, pills, and injectables among currently married women age 15–49, by province, 2022 Nepal DHS

Province	Male condom (%)	Pills (%)	Injectables (%)	Number of women
Koshi	3.6	5.6	12.1	1,887
Madhesh	1.7	2.6	4.8	2,419
Bagmati	6.7	5.0	12.3	2,156
Gandaki	4.7	5.0	6.2	1,046
Lumbini	5.8	5.5	8.2	2,020
Karnali	3.3	4.1	15.4	691
Sudurpaschim	6.0	3.6	9.7	960
National	**4.5**	**4.5**	**9.3**	**11,180**

Free condoms, pills, and injectables are distributed by public HFs as well as through other sources such as female community health volunteers and mobile clinics. Our results showed that the public sector was the predominant source for injectables (69%), but a less predominant source for pills (50%) and male condoms (25%) (Figure 27).

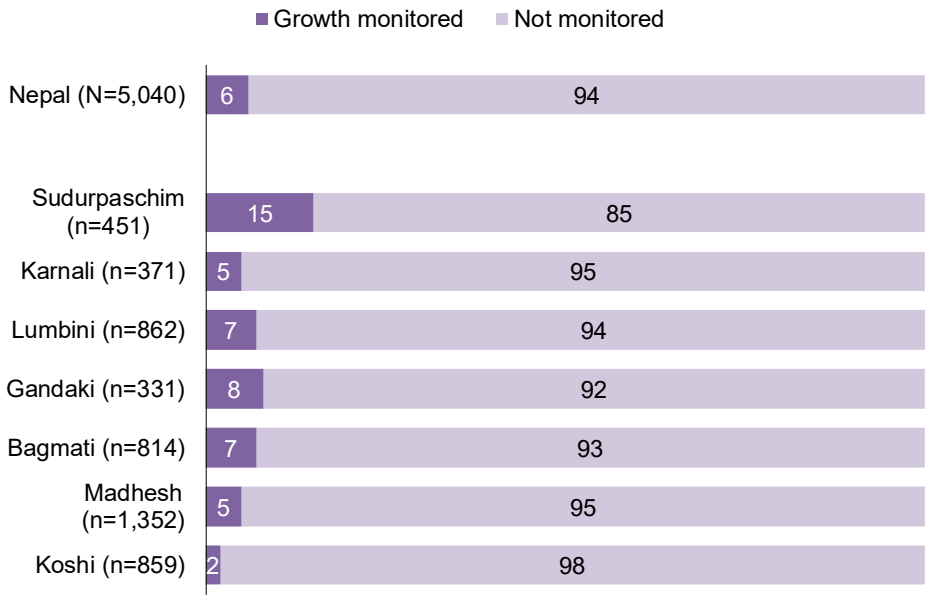
Figure 27 Proportions of women accessing contraceptive methods from different sources, 2022 Nepal DHS



6.3 Nutrition Services

The BHS package includes growth monitoring and counseling for children under age 2. Analysis of the 2022 NDHS dataset revealed that only 6% of children under age 5 had their weights, heights, and mid-upper arm circumferences measured by health workers or female community health volunteers in the 3 months preceding the survey (Figure 28). Growth was monitored in a higher proportion (15%) of children in Sudurpaschim province but in only 2% of children in Koshi and 5% of children in Madhesh and Karnali provinces.

Figure 28 Proportions of children under age 5 who had their weights, heights, and mid-upper arm circumferences monitored, 2022 Nepal DHS

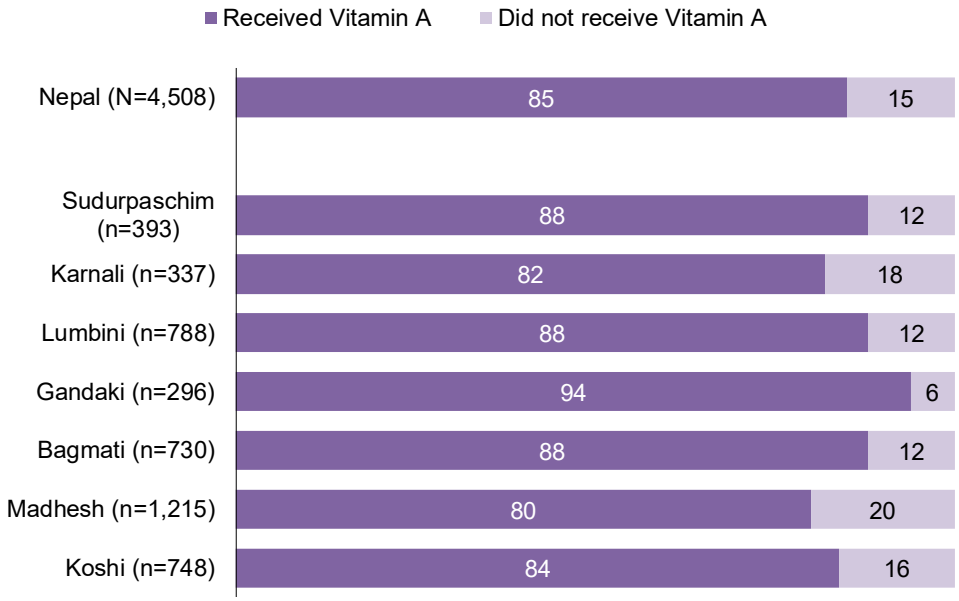


6.3.1 Vitamin A for children

The BHS package includes vitamin A for children under age 5. Analysis of the 2022 NDHS dataset revealed that 84% of children age 6–59 months had received vitamin A supplements in the 6 months preceding the survey (Figure 29).* Gandaki province recorded the highest coverage at 94%, and Madhesh province had the lowest coverage at 80%.

* Based on both mother's recall and the vaccination card (where available)

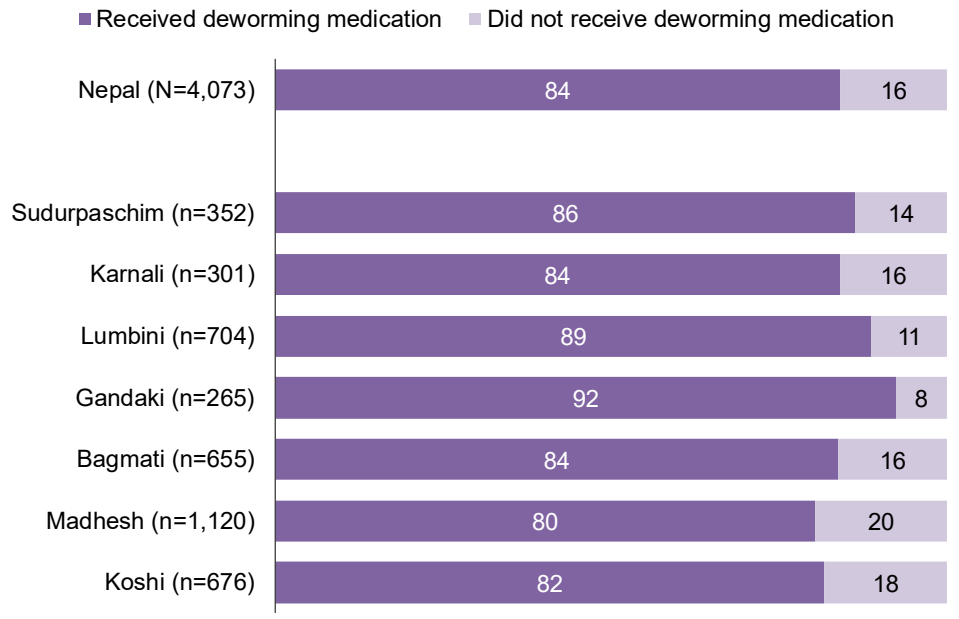
Figure 29 Proportions of children age 6–59 months who received vitamin A supplements, 2022 Nepal DHS



6.3.2 Deworming medication for children

The BHS package includes deworming medication for children age 12–59 months and children in school (through the schools). Analysis of the 2022 NDHS dataset revealed that 84% of children age 12–59 months had received deworming medication in the 6 months preceding the survey (Figure 30).** Gandaki province recorded the highest coverage at 92%, while Madhesh province had the lowest coverage at 80%.

Figure 30 Proportions of children age 12–59 months who received deworming medication, 2022 Nepal DHS



** Based on mother's recall

6.3.3 Breastfeeding counseling, deworming medication, and iron-containing supplements for pregnant women

The BHS package includes counseling about breastfeeding, deworming medication, and iron-containing supplements for pregnant women. Analysis of the 2022 NDHS dataset revealed that an overwhelming majority (96%) of women age 15–49 years with a live birth or stillbirth in the 2 years preceding the survey received iron-containing supplements. However, during their most recent pregnancy, only 50% of the women received counseling about breastfeeding, and 76% received deworming medication (Table 7). This suggested that 50% of women were deprived of their right to be counseled on breastfeeding, and one-fourth of women were deprived of their right to receive deworming medication. Sudurpaschim province recorded the highest rates of use of all three services, while Madhesh province recorded the lowest.

Table 7 Use of breastfeeding counseling, deworming medication, and iron-containing supplements during most recent pregnancy, among women age 15–49 years with live births or stillbirths in the 2 years preceding the survey, 2022 Nepal DHS

Province	Counseled about breastfeeding (%)	Took any iron-containing supplements (%)	Took deworming medication (%)	Number of women with a live birth or stillbirth in the past 2 years
Koshi	39.6	96.7	78.5	358
Madhesh	39.6	93.5	65.6	500
Bagmati	40.9	96.3	69.8	295
Gandaki	59.6	97.5	76.6	117
Lumbini	62.2	97.0	79.7	329
Karnali	60.0	95.4	86.7	149
Sudurpaschim	79.2	99.1	90.9	185
National	**50.2**	**96.1**	**75.8**	**1,933**

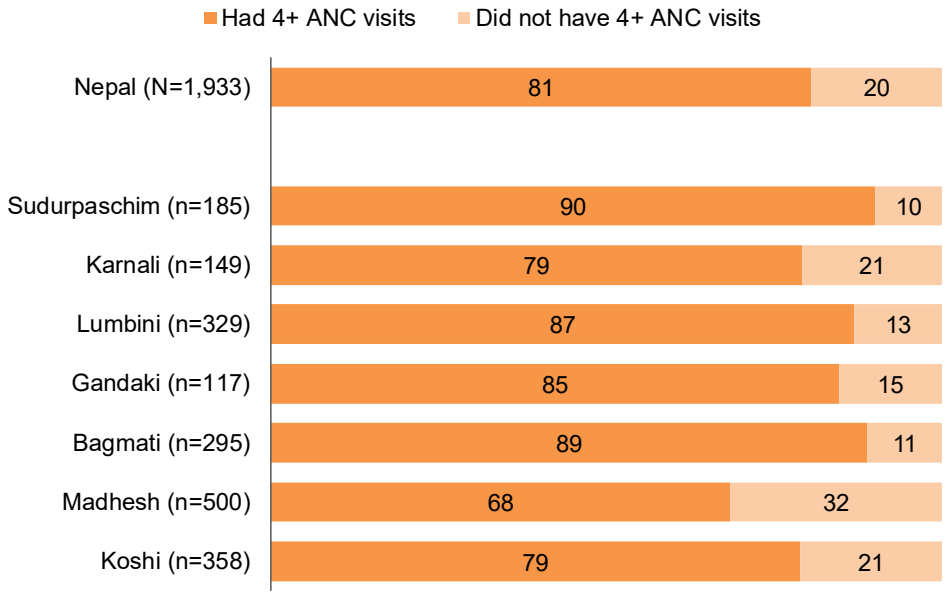
6.4 Pregnancy, Labor, and Delivery Services

The BHS package incorporates antenatal care (ANC) and delivery services within its maternity service component. ANC services within BHS encompass the diagnosis of normal and high-risk pregnancies, counseling, management, and referral as per prevailing treatment protocols. Similarly, delivery services within BHS include normal delivery services, counseling, diagnosis, management, and referral for complex deliveries.

6.4.1 Antenatal care

The study examined the 2022 NDHS dataset to analyze the proportion of women age 15–49 who had a live birth or stillbirth in the 2 years preceding the survey and had at least four ANC visits during pregnancy for the most recent birth. More than four-fifths (81%) of women had at least four ANC visits (Figure 31). Sudurpaschim province achieved the highest coverage at 90%, Madhesh province had the lowest coverage at 68%, and both Koshi and Karnali provinces recorded coverage of 79%.

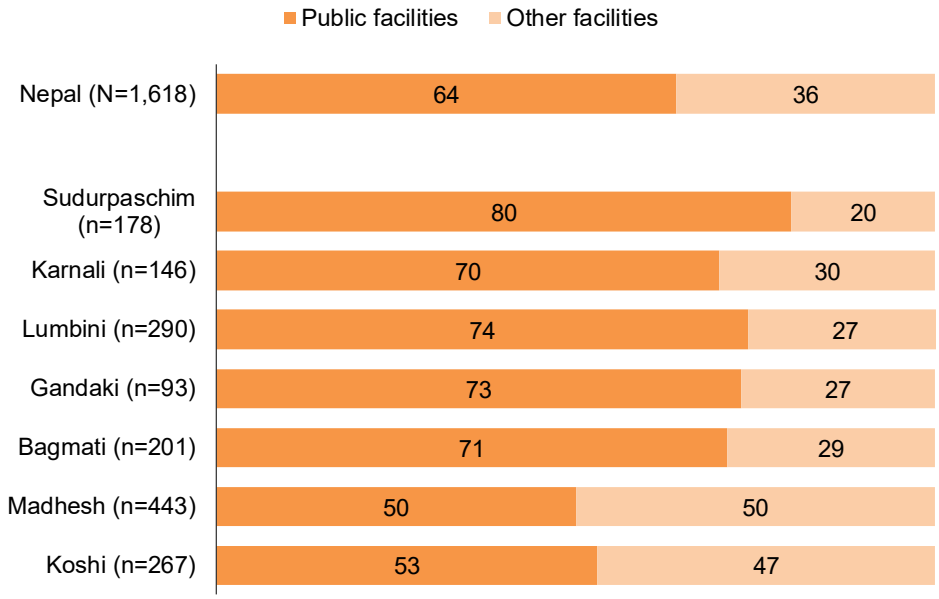
Figure 31 Proportions of women with at least four antenatal care visits, 2022 Nepal DHS



6.4.2 Normal delivery

The BHS package includes normal delivery services as well as counseling, diagnosis, management, and referral of complex deliveries to higher-level facilities. Among all normal deliveries (1,618) among women age 15–49 who had live births or stillbirths in the 2 years preceding the 2022 NDHS, 64% were conducted in public HFs. Sudurpaschim province reported the highest proportion of mothers delivering at public HFs (80%), while Madhesh (50%) and Koshi (53%) reported the lowest (Figure 32).

Figure 32 Proportions of women with normal deliveries in public health facilities, 2022 Nepal DHS



6.5 Cancer Screening Services

The BHS package includes general checkups, counseling, and referrals for cervical cancer, and initial screenings, counseling, and referrals for breast cancer. In the 2022 NDHS, only 4% of women age 15–49 reported having ever been examined by a doctor or health worker for breast cancer. The lowest proportion was recorded in Madhesh province (2.6%) and the highest in Gandaki province (6.4%) (Table 8). Similarly, 6% of women were ever tested for cervical cancer by a doctor or health worker. The proportion was highest in Bagmati province (12.1%) and lowest in Madhesh province (3.4%).

Table 8 Proportions of women age 15–49 who were ever examined by a doctor or health worker for breast cancer and who were ever tested by a doctor or health worker for cervical cancer, 2022 Nepal DHS

Province	Screened for breast cancer (%)	Tested for cervical cancer (%)	Number of women
Koshi	3.7	4.2	2,493
Madhesh	2.6	3.4	3,020
Bagmati	7.3	12.1	3,062
Gandaki	6.4	9.6	1,401
Lumbini	3.8	5.2	2,691
Karnali	3.0	4.9	909
Sudurpaschim	2.7	4.4	1,279
National	**4.4**	**6.4**	**14,845**

6.6 Noncommunicable Disease and Physical Disability Services

The BHS package for noncommunicable diseases delineates initial screenings and risk assessments, emergency treatment, counseling, referrals, and continuation of treatment for hypertension. The 2022 NDHS considered individuals to have hypertension (also referred to as high blood pressure) if, during the survey, their average systolic blood pressure was 140 mmHg or higher, or their average diastolic blood pressure was 90 mmHg or higher. Additionally, individuals with normal blood pressure who were currently taking antihypertensive medication were classified as having hypertension. Controlled hypertension was defined as having a systolic blood pressure below 140 mmHg and a diastolic blood pressure below 90 mmHg while being on antihypertensive medication. For each eligible respondent, three blood pressure measurements were taken, and the survey used the average of the second and third readings to determine the respondent's hypertension status. Of note, the term "hypertension" in this report does not signify a clinical diagnosis; rather, it serves as a statistical descriptor of the survey population at the time of the survey.

Eighty percent of women and 72% of men age 15 and older had ever had their blood pressure measured by a doctor or other health worker (Table 9). Among those who had been told by a doctor or health worker that they had hypertension, 47% of women and 43% of men were taking medication. In Bagmati province, higher proportions of women (56%) and men (54%) reported taking medication after being told they had hypertension. In contrast, only 19% of women and 25% of men in Karnali province reported the same.

Table 9 Proportions of women and men age 15 and older who had ever had their blood pressure measured by a doctor or health worker and proportions who had been told by a doctor or health worker they had hypertension and were taking medication to control it, 2022 Nepal DHS

	Women				Men			
Province	Had blood pressure measured by a doctor or health worker	Number of women	Had been told they had hyperten-sion and were taking medication	Number of women	Had blood pressure measured by a doctor or health worker	Number of men	Had been told they had hyperten-sion and were taking medication	Number of men
Koshi	77.6	1,038	45.4	159	66.3	808	35.4	126
Madhesh	74.5	1,122	48.4	121	65.4	781	50.3	98
Bagmati	85.1	1,203	56.3	213	78.1	1,005	54.2	176
Gandaki	90.3	562	50.1	78	85.1	412	36.8	80
Lumbini	81.2	1,008	44.6	141	71.5	765	43.9	99
Karnali	70.5	336	18.5	27	66.5	223	24.8	31
Sudurpaschim	76.6	494	19.1	35	70.7	340	28.4	34
National	**79.9**	**5,763**	**47.1**	**773**	**71.9**	**4,334**	**43.4**	**643**

6.7 Mental Health Services

The BHS package includes provisional diagnosis, symptomatic treatment, counseling, and referral services within mental health. The 2022 NDHS implemented the mental health module in a subsample of the households selected for the men's survey. All women and men age 15–49 were eligible for the module in these households. The survey revealed that 23% of women and 12% of men were suffering from anxiety/depression and receiving medicine (Table 10). In Karnali province, a higher proportion of both women (29%) and men (18%) were experiencing anxiety/depression, surpassing rates in other provinces. Conversely, Gandaki province exhibited the lowest prevalence of anxiety/depression among women (18%), while Madhesh province reported the lowest prevalence among men (7%).

Table 10 Proportions of women and men age 15–49 years with symptoms of anxiety and/or depression and proportions with symptoms who were receiving treatment, 2022 Nepal DHS

	Women			Men		
Province	Experiencing symptoms of anxiety and/or depression*	Receiving treatment for symptoms**	Number of women	Experiencing symptoms of anxiety and/or depression*	Receiving treatment for symptoms**	Number of men
Koshi	24.6	25.1	1,241	13.9	14.4	882
Madhesh	22.5	22.9	1,512	6.6	6.7	997
Bagmati	19.5	20.2	1,493	13.8	13.8	1,214
Gandaki	17.8	17.9	704	8.5	8.9	387
Lumbini	22.3	23.0	1,360	12.1	12.2	812
Karnali	28.5	28.9	4,581	18.2	18.3	266
Sudurpaschim	24.6	25.0	641	8.5	8.5	355
National	**22.3**	**22.8**	**7,410**	**11.5**	**11.7**	**4,913**

* Respondents with a score of 6 or higher on the Generalized Anxiety Disorder (GAD)-7 or a score of 10 or higher on the Patient Health Questionnaire (PHQ)-9

** Respondents with a score of 6 or higher on the GAD-7 or a score of 10 or higher on the PHQ-9 who reported taking medicine prescribed by a doctor or other health worker for depression and/or anxiety during the 2 weeks preceding the survey

7 OUT-OF-POCKET PAYMENT FOR SERVICES

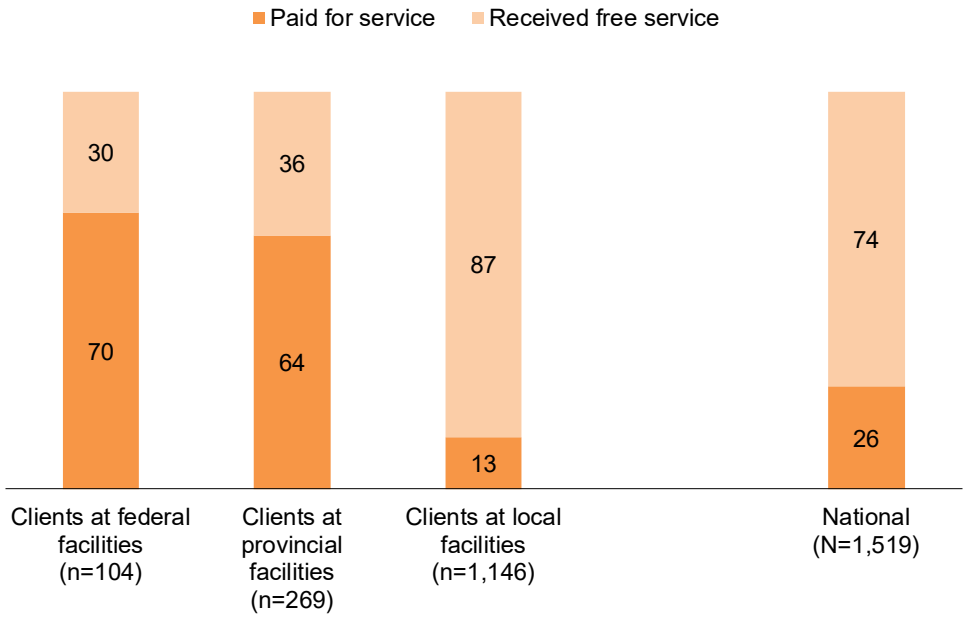
Antenatal care (ANC), normal delivery (childbirth), sick child care, and family planning services all constitute basic health services. Public Health Service Regulation 2078 mandates that all public health facilities (HFs) managed at the local level, provincial hospitals, and federal-level general and specialized hospitals offer basic health services, including these four services, free of charge to all Nepali citizens. We examined the extent to which clients had used these services free of charge from public HFs.

As part of the 2021 Nepal Health Facility Survey, exit interviews were conducted with ANC clients, family planning clients, and caretakers of sick children whose consultations with health workers had been observed. Postpartum clients whose labors and deliveries had been observed, as well as some whose labors and deliveries had not been observed, were also interviewed as they were discharged from HFs providing delivery services. All clients were asked whether they had made any out-of-pocket payments for the services they received on that day.

7.1 Antenatal Care Services

Overall, approximately one-fourth of mothers reported paying for ANC services, with a higher proportion of them paying at federal (70%) and provincial (64%) HFs than at local-level HFs (13%) (Figure 33). A higher proportion of ANC clients visiting provincial HFs in Madhesh (79%) and Gandaki provinces (74%) reported paying for ANC services at provincial HFs in other provinces (see Table A28). Among clients seeking services from local-level HFs, Sudurpaschim province recorded the lowest proportion (7%) of clients paying for ANC services and Lumbini province the highest (20%).

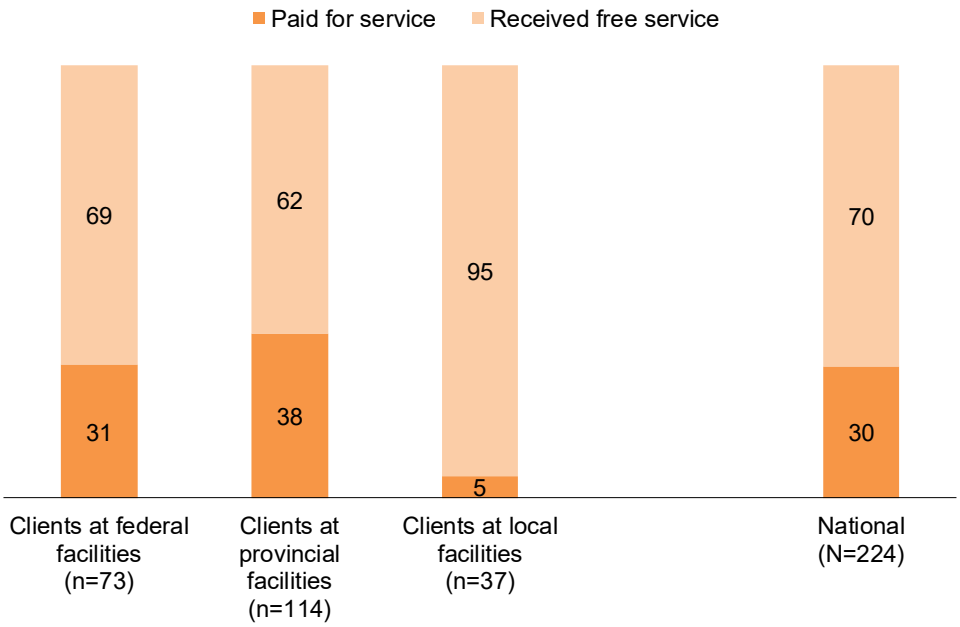
Figure 33 Out-of-pocket payment for antenatal care services, 2021 Nepal HFS



7.2 Normal Delivery Services

Women visiting federal and provincial HFs are more likely to pay for normal delivery service than those visiting local HFs. Overall, about one-third (30%) of mothers reported paying for normal delivery services, with a higher proportion of them paying at provincial (38%) and federal (31%) HFs than at local-level HFs (5%) (Figure 34). Notably, none of the mothers seeking normal delivery services in Karnali province reported paying for the services. A higher proportion of clients visiting provincial HFs reported paying for normal delivery services in Madhesh (41%) and Lumbini provinces (52%) than in other provinces (Table A28). For clients seeking services from local-level HFs, none of the clients from Sudurpaschim province reported paying for normal delivery services.

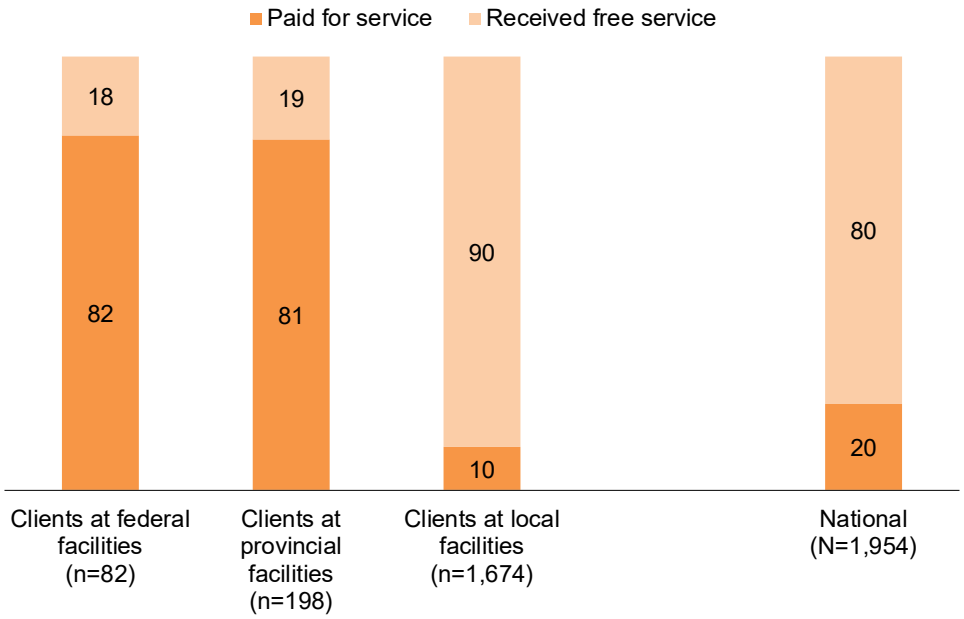
Figure 34 Out-of-pocket payment for normal delivery services, 2021 Nepal HFS



7.3 Sick Child Care Services

Overall, about one-fifth (20%) of clients reported paying for sick child care services at public HFs, with a higher proportion paying at federal (82%) and provincial-level (81%) HFs than at local-level HFs (10%) (Figure 35). Notably, none of the caretakers seeking sick child care services in Karnali province reported to have paid for the services. Higher proportions of clients visiting provincial HFs in Lumbini (56%) and Madhesh provinces (44%) than in other provinces reported paying for the services (see Table A28). For clients seeking sick child care services from local-level HFs, none of the clients from Sudurpaschim province reported paying.

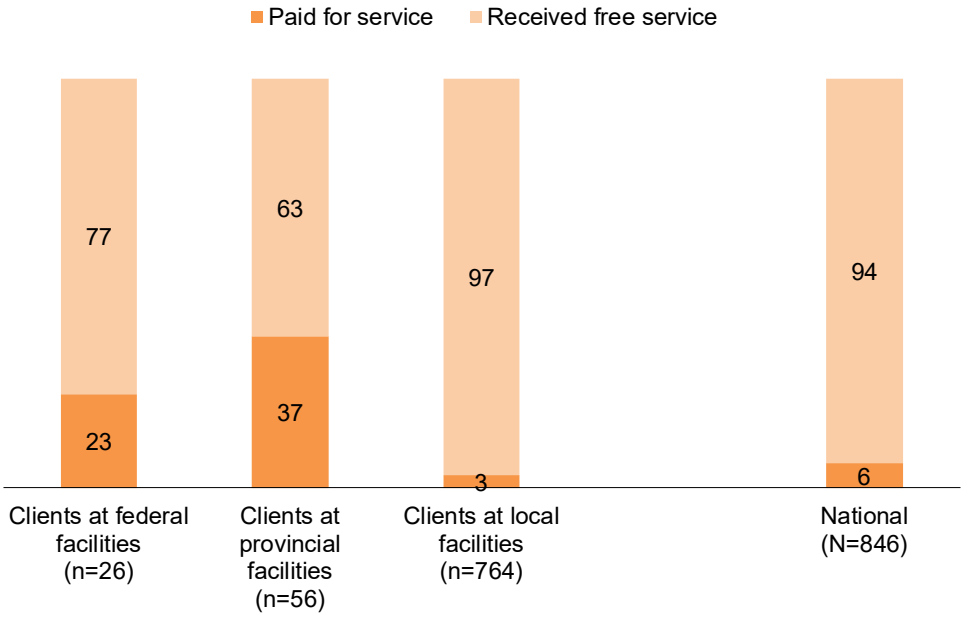
Figure 35 Out-of-pocket payment for sick child care services, 2021 Nepal HFS



7.4 Family Planning Services

Overall, 6% of family planning clients visiting public HFs reported paying for services, with higher proportions paying at provincial- (37%) and federal-level (23%) HFs than at local-level HFs (3%) (Figure 36). Higher proportions of clients visiting provincial HFs in Lumbini province (53%) and Sudurpaschim province (45%) reported paying for these services when compared with clients visiting provincial HFs in other provinces (see Table A28). For clients seeking family planning services from local-level HFs, none of the clients from Gandaki province reported paying for them.

Figure 36 Out-of-pocket payment for family planning services, 2021 Nepal HFS



8 DISCUSSION

8.1 Striving for Enhanced Compliance with Constitutional Spirit and Legal Provisions

The Government of Nepal (GoN) has established comprehensive legal, policy, programmatic, and institutional frameworks for basic health services (BHS) delivery. However, an opportunity remains to implement these frameworks fully on both the supply and demand sides. This was evident from our findings, as not all designated public health facilities (HFs) offered all the services listed in the BHS package, nor were they adequately equipped to provide these services. A high proportion of HFs lacked basic amenities, equipment, infection control items, medicines, and human resources. Conversely, although access to free BHS is defined as a fundamental right and public HFs offer free services, many people sought these services from non-public HFs.

The Constitution of Nepal (2015) defines free BHS as a fundamental right of all citizens and mandates local governments to deliver the services.[1] The Public Health Service Act 2018 defines BHS as free and accessible health services, covering promotional, preventive, diagnostic, curative, and rehabilitative aspects.[4] The Act grants provincial and local governments the authority to supplement BHS defined by the GoN, with associated financial responsibilities falling on the respective governments. Additionally, the Act mentions that local governments may collaborate with federal and provincial health institutions to deliver BHS, and all levels of government are authorized to partner with private or nongovernmental health institutions for service delivery. The Act also outlines provisions for fines and compensation for noncompliance with BHS delivery. The Public Health Service Regulations 2020 defines the BHS package and lists federal hospitals, provincial hospitals, and local-level HFs as BHS delivery units.[5] The Ministry of Health and Population (MoHP) has developed and rolled out the Basic Health Service Operation Guidelines, 2079,[14] to effectively implement BHS nationwide. Additionally, the MoHP has developed and enacted the Standard Treatment Protocol for Basic Health Services Package 2078.[15] Orientation sessions for health managers and health workers on the guidelines and standard treatment protocol are currently underway.

Nepal's BHS package is noncontributory, financed by general government taxation.[8] Local governments are accountable for delivery of BHS[1] with funding primarily sourced through conditional grants from the federal level. However, studies have identified challenges associated with these grants; challenges include delays in the issuance of guidance and funds from federal to local levels, which hinder planning and use of the budget, and a lack alignment of many of the grants with local needs. There is limited local authority to adapt accordingly.[16–18] Legal frameworks demand coordination and collaboration between local governments and federal and provincial HFs to deliver free BHS.[4] However, local governments cannot independently take full charge of the implementation of BHS.16 The absence of a robust coordination and collaboration mechanism among different spheres of government has hindered effective provision of BHS. Consequently, these funding issues have impeded the successful delivery of free BHS at the local level.

BHS delivery encounters both opportunities and challenges amid the federalization process. A recent study highlighted opportunities, such as enhanced health governance at the municipality level, improved health infrastructure and service capacity, extended outreach services, and increased resources (including health

budgets, staffing, and supplies).[19] Challenges to the implementation of federal health programs included inadequate coordination among government tiers, delays in fund disbursement, uneven staff distribution, procurement issues, and limited monitoring and supervision of service quality.[19] Studies conducted in Pakistan and Indonesia have also suggested that a decentralized health system is linked to increased health expenditures and less effective mechanisms for resource management at the lower level.[20,21]

As envisioned by the constitution, the effective delivery of BHS necessitates the complete realization of "health in all policies," multisectoral engagement, strong political commitment across all levels of government, and a shared understanding among stakeholders regarding the spirit, challenges, and opportunities involved. All these elements demand that the public be educated about their rights and responsibilities in accessing free BHS and that managers and service providers be informed about their roles, including the punitive measures for failing to deliver free BHS. These initiatives will enhance a sense of accountability among all stakeholders, on both the demand and supply sides.

Recommendations: Federal, provincial, and local governments—including HFs on the supply side and including the public on the demand side—must be informed and empowered to uphold their rights and fulfill their responsibilities concerning BHS. Initiatives could include public awareness campaigns leveraging information communication technology and social media platforms, training and workshops for health managers and service providers, and the integration of BHS-related information into school/college curricula. In addition to these measures, designated HFs need to be sufficiently equipped to deliver free BHS. The conditional grant provided by the federal government to local-level governments must be evidence-based and tailored to the local context to effectively address the specific needs.

8.2 Addressing Discrepancies Across Facilities

This study revealed that public HFs across all levels, including hospitals managed by federal and provincial governments, listed as BHS delivery sites in the Public Health Service Regulations 2020 were not providing all the services listed in the BHS package. Despite many public HFs claiming to offer BHS, very few provided a complete set of tracer services, as analyzed in this study. Fewer than 1% of public HFs (15% of federal HFs, 17% of provincial HFs, and 0.2% of local HFs) offered the 41 tracer service components within the BHS package, contradicting this assertation.

In general, the BHS package includes services that can be delivered through the smallest unit of a public HF, such as the community health unit (CHU), even in the most remote areas of the country. All health services listed in the BHS package are free for citizens, but not all health services provided free of charge to citizens are part of the BHS package. For example, male condoms, pills, and injectables are within the BHS package and are provided free of charge to citizens. However, contraceptive devices like implants, which are not part of the BHS package, are also provided free of charge to clients at selected public HFs, contingent upon the capacity of the facilities to offer the service. However, it is important to note that certain services, such as human papillomavirus and cancer screening services were unavailable in most HFs when the BHS package was initially defined. This can be seen as a testament to a people-centered approach and ambitious goals.

The BHS package was developed and rolled out in 2020. Some services, such as cervical cancer screening and breast cancer screening, have recently been introduced, with only a few HFs adequately prepared in terms of training human resources and supplying necessary equipment. The government's plan to establish

one basic hospital (5–15 beds) at each local level, as well as CHUs and urban health centers (UHCs) in each ward, is still in progress, with a large proportion of these HFs under construction. Lower-level HFs, such as CHUs and UHCs, primarily prioritize maternal and child health services, with less emphasis on other services. Local governments' emphasis on establishing HFs without prioritizing an integrated and sustainable approach to ensuring adequate human resources, amenities, equipment, medicines, and funding has resulted in these HFs being unable to offer all the services listed within the BHS package. Furthermore, although the BHS package lists various services, there are constraints in providing certain services. For instance, to provide maternity services, a health post must be listed as a "birthing center," and abortion services are exclusively provided through the listed health posts.

Looking at BHS from the rights-based approach, designated HFs providing an incomplete set of services indicate a deprivation of a citizen's fundamental right to access BHS free of charge from the state. This discrepancy is particularly noticeable in federal- and provincial-level HFs compared with local ones. Immunization, child curative care, and maternal and newborn services are predominantly available at public HFs. However, services related to certain obstetric morbidities, such as screenings for uterovaginal prolapse, obstetric fistula, cervical cancer, and breast cancer, are less common. Given the escalating burden of these diseases, additional efforts are necessary to ensure the availability of these basic services at all BHS delivery facilities. Services related to infectious diseases, noncommunicable diseases, disability, mental illness, and geriatric health services are more readily available at federal and provincial HFs than at local ones.

Recommendations: Each sphere of government should bear the primary responsibility for ensuring that all designated public HFs under their management provide all service components listed in the BHS package. Local governments should develop a mechanism to collaborate with federal and provincial governments to ensure that all BHS components are available in hospitals managed by the respective governments. The federal and provincial governments need to support local governments in strengthening their capacity to deliver BHS by providing financial and technical assistance and ensuring that all designated HFs offer all the services listed in the BHS package. Each level of government should prioritize an integrated approach to establishing HFs that encompasses all necessary aspects, including trained human resources, amenities, equipment, medicines, and financing.

8.3 Enhancing Health Facility Readiness to Ensure Optimal Quality of Care

The quality of BHS offered is compromised due to insufficient preparedness of public HFs, marked by limited availability of essential amenities, equipment, infection control items, medicines, human resources, and adherence to standard protocols. Regarding basic amenities, communication equipment was available at the smallest proportion of HFs, at 19% overall,18% at the local level, and 95% in both federal- and provincial-level HFs. Regarding basic equipment, 57% of federal, 42% of provincial, and 41% of local HFs had all seven of the selected items of equipment. Infant- and child-weighing machines were the least across all levels of HFs. Among the 12 selected basic infection control items, all 12 items were available in only 0.4% of HFs. This scarcity was further emphasized with only 1 in 10 federal and 1.3% of provincial-level HFs reporting that they possessed these basic items. Likewise, only 8% of federal, 16% of provincial, and 1% of local HFs reported having 20 tracer medicines at the time of the survey.

The readiness of HFs to provide quality health services depends on the availability of basic amenities, equipment, infection control measures, medicines, and trained staff.[22,23] Despite HFs offering a comprehensive range of BHS, many lack preparedness in these areas, compromising quality of care (QoC). To prevent redundancy in procurement, the 98 medicines listed in the BHS package are categorized, with specific medicines assigned to be procured by different levels of government. Although local autonomy and purchasing power have minimized stockouts, this approach may result in compromised quality due to the inability to leverage economies of scale. Simultaneous procurement by multiple levels of government, coupled with inadequate communication and coordination, leads to a lack of clarity regarding which medicines are being procured by whom and the current stock status at HFs.[18]

Effective workforce management is critical for the effective delivery of BHS. This study revealed a staff shortage in delivering BHS at HFs managed by all three spheres of government. Human resources for health were a concern before federalization, but it has not yet been adequately addressed.[24] Delays in establishing province-level public service commissions are impeding the recruitment of permanent staff.

The process of care—assessed in terms of providers' compliance with national standards while providing services to antenatal care (ANC), normal delivery, newborn, sick child care, and family planning clients—revealed variations in specific indicators associated with each service. The providers' performance in conducting physical examinations, taking histories, and counseling clients was not fully in compliance with national standards. Service use data specifically pertain to service contact coverage. Existing literature highlights a significant distinction between contact coverage and effective coverage of services, encompassing the QoC provided. The findings of a study on effective coverage of HF delivery in six countries, including Nepal, indicated that in 2016, 64% of births in Nepal were delivered in an HF, and the country's effective coverage was 42%.[25] The study also highlighted provincial variations regarding effective coverage of HF delivery. Bagmati, Gandaki, and Sudupaschim provinces had higher effective coverage than other provinces, at about 50%; Karnali and Madhesh provinces had the lowest effective coverages, at 27% and 34%, respectively. Such gaps between contact coverage and effective coverage suggest that women who delivered in HFs did not necessarily receive adequate QoC.

A study assessing changes in HF readiness for obstetric and neonatal care services in Nepal showed improvement in the HF readiness index for normal, low-risk delivery services, from 38% in 2015 to 44% in 2021.[23] However, this is still suboptimal. Other studies have also shown that fewer than 2% of HFs meet minimum standards of care for ANC, family planning, and sick child care services.

The BHS package includes provider counseling for many services, including ANC, family planning, and sick child care. A study has been conducted to assess the levels and quality of provider counseling in HFs in Nepal during ANC, family planning, and sick child care visits, using the 2021 Nepal Health Facility Survey (NHFS) dataset; results revealed low levels of counseling when observed, and even lower levels of agreement that the counseling had occurred when the clients were asked about it.[26] The study also revealed that counseling was more prevalent among clients with higher education levels or clients who had multiple visits. Nurses, midwives, and trained staff were found to provide the most effective counseling overall.

The results of our study revealed that despite the limited availability of services and compromised QoC, a significant proportion of clients visiting public HFs appear satisfied with the services received. Encouragingly, postpartum mothers expressed satisfaction with specific care components, including the

provider's level of skill in delivering the baby (88%), the politeness and empathy of the staff (86%), the care received (85%), waiting times (82%), and information received from providers (82%). Additionally, an overwhelming majority of mothers (85%) reported always being treated with respect, 76% reported always receiving the best care, and 61% reported always receiving an explanation of the examination and procedures.

Recommendations: The findings of this and other studies related to QoC should be integrated into preservice training, in-service training, and induction programs. Furthermore, these should be adequately incorporated into medical education curricula. To help local HFs improve readiness for BHS in terms of basic amenities, the federal government could play a pivotal role in coordinating and collaborating with National Telecom and the Nepal Electricity Authority. This collaboration would accelerate the expansion of telephone and electricity services nationwide to all local public HFs. Training providers in client-centered counseling techniques is needed to ensure that effective, high-quality counseling is consistently provided to all clients during each visit. This will assist in retaining clients for a continuum of care and fostering trust in the public health care system. Effectively implementing minimum service standards would enhance provider readiness.

8.4 Ensuring Better Access to Public Health Facilities

One-third of women reported that they could travel from their residence to the nearest public HF in 30 minutes or less. Notably, this was reported by nearly half of the women (49%) in Karnali province compared with 21% in Bagmati province. Overall, only 12% of women had access to a motorized vehicle to reach the HF, indicating ongoing challenges in HF accessibility. Moreover, more than one-third of the women encountered problems in obtaining money for treatment, further impeding access to HFs.

Accessibility to public HFs, considering both distance and mode of transportation, influences both supply and demand sides of health care services. On the supply side, the ability to transport medicines and deploy human resources is substantially influenced by accessibility. Similarly, individuals are directly affected by these factors, as they impact their ability to access health care services when needed.

BHS are the primary point of contact for citizens within the national health system. National health policies and strategies prioritize expanding public HFs to the ward level to bring services closer to citizens. The government is working on establishing one basic hospital (5–15 beds) at each local level, and establishing CHUs/UHCs in each ward. Many of these HFs are currently under construction. Upon completion and commencement of operations, accessibility to HFs is expected to improve. Enhancing access to health care services necessitates the involvement of sectors beyond health care, particularly in improving road networks and transportation infrastructure.

Recommendations: All spheres of government must adopt the "health in all policies" approach. When planning infrastructure development projects, such as road construction or transportation services, health considerations should be integrated to ensure improved accessibility to HFs. All levels of government should expedite the completion of both ongoing and planned health infrastructure construction projects.

8.5 Optimizing Use of Available Services

There is a discrepancy between the reported availability of BHS in public HFs and the use of these services by citizens. For instance, although 95% of public HFs in our study reported offering immunization services, only 52% of children were fully immunized with all the antigens included in BHS. Similarly, although child curative care was available in all HFs, only small proportions of children with diarrhea (25%), fever (20%), and acute respiratory infections (26%) visited public HFs for treatment. Moreover, although family planning services were available in 96% of HFs, usage rates varied widely, with only 25% of clients visiting public HFs for male condoms, 50% for pills, and 69% for injectables. Furthermore, although child growth monitoring services were available in 96% of HFs, only 6% of children underwent weight, height, and mid-upper circumference monitoring. The evidence indicates that public HFs are not being used to their optimal level, largely due to the inadequate readiness of HFs to provide services, as previously discussed.

A recent study has shown high catchup but low continuation of maternity care visits along the maternal continuum of care pathway.[27] This highlights a missed opportunity to foster citizens' trust in the national (including provincial and local) health system when encountering a public HF. Additionally, it indicates the need to improve QoC.

Recommendations: Public HFs need to be equipped with all essential resources, such as basic amenities, equipment, human resources, and financing, to ensure the provision of quality health services. A population-based study could be conducted to better understand why individuals choose nongovernment HFs over public HFs for specific services.

8.6 Out-of-Pocket Payment for Services

This study found that 26% of ANC clients, 30% of mothers who had a normal delivery, 20% of sick children, and 6% of family planning clients visiting public HFs (BHS delivery sites) paid for the services received. The results also showed that many clients sought these services from non-public HFs, leading to increased out-of-pocket payments for BHS.

Constitutionally, BHS is a fundamental right of citizens, unequivocally intended to be provided free of charge. This objective aims to safeguard individuals from bearing out-of-pocket payments for health services. However, our results suggest that both supply- and demand-side actors are not fully grasping the notion of "free of charge." There have been instances in which public HFs that are designated to provide free BHS have levied fees on citizens. This practice is more common in higher-level HFs managed by federal and provincial governments. A high number of clients paying at federal and provincial hospitals could suggest that they are paying for services beyond BHS. However, this study could not delve deeper into this aspect due to limitations in the available data sources. Nevertheless, clients paying for BHS goes against the fundamental principle of BHS. It appears that governments, especially local governments, prioritize enhancing service coverage and use over ensuring the provision of free BHS to clients.

Studies have shown an increasing trend of using private HFs to treat childhood illnesses.[11,28] Nearly two-thirds (73%) of children with diarrhea and 80% of children with a fever were observed seeking care in private HFs. Using private HFs for BHS has financial implications for citizens. Studies have pointed out that communities have low trust in public HFs and care providers, face limited availability of essential

medicines, and experience suboptimal QoC.[29,30] Most concerning is when people lose trust in public HFs and seek BHS from private HFs.

The GoN has launched social health protection schemes, such as the National Health Insurance Program, program-specific free services such as tuberculosis and HIV services, and the Aama program, which go beyond the scope of BHS. However, reports on program implementation have indicated potential resource duplication across these services.[9]

Recommendations: A balanced approach is imperative for ensuring the full realization of free BHS (aligned with the constitutional spirit) while also expanding service coverage. The BHS package needs to move from its traditional role of providing basic, disease-based care to being the first point of contact in an integrated, coordinated, community-oriented, and person-focused care system, for which the national health budget should be prioritized. A comprehensive review is needed to identify areas of resource duplication across the National Health Insurance Program and other free health protection schemes. Establishing clear guidelines and mechanisms to streamline resource allocation and prevent redundancy would improve the efficient use of resources and optimize the impact of health care programs.

8.7 Enhancing Monitoring of Basic Health Services

The Nepal Demographic and Health Survey (NDHS) and NHFS serve as the primary and most reliable key sources of information for monitoring the impact of investments in the health sector. Although these surveys provide the status of important BHS indicators, as analyzed in this study, they are not designed to monitor BHS comprehensively. The MoHP has prepared the Basic Health Service Monitoring Framework 2023. The NDHS and NHFS could serve as significant data sources for monitoring the status of BHS every 5 years. Such monitoring is very crucial for ensuring the effective implementation of BHS. A comprehensive assessment of BHS was not conducted after its rollout in 2020. Therefore, the results of this study serve as a BHS baseline to be used for future monitoring.

Sufficient and timely financing of BHS is essential to effectively fulfill the constitutional mandate of providing BHS free of charge to all citizens. The BHS package is mainly financed through fiscal transfers from the federal government, with provincial and local governments also allocating budgets for its implementation. However, no concrete mechanism is in place to monitor BHS financing from all three spheres of government and the corresponding expenditures at each level.

Recommendations: It is crucial to ensure that upcoming rounds of the NDHS and NHFS are updated to encompass the maximum range of services in the BHS package, including that of Ayurveda and homeopathy services, to uphold the quality of the surveys and preserve international comparability. The Basic Health Service Monitoring Framework needs to be rolled out soon. The federal MoHP needs to establish a robust monitoring mechanism to track BHS financing from all three government levels and monitor expenditures at each level. This includes developing transparent reporting systems and accountability measures to ensure that allocated funds are effectively used for BHS implementation. Additionally, performance-based financing mechanisms should be considered to incentivize efficient resource allocation and improve the effectiveness of BHS delivery across all spheres of government.

9 CONCLUSION

9.1 Key Findings

This study was a secondary analysis of two nationally representative surveys: the 2022 Nepal Demographic and Health Survey (NDHS) and the 2021 Nepal Health Facility Survey (NHFS). Of note, not all services included in the basic health services (BHS) package were available in the NDHS and NHFS datasets. As a result, our findings may not provide a comprehensive overview and should be interpreted as indicative rather than definitive:

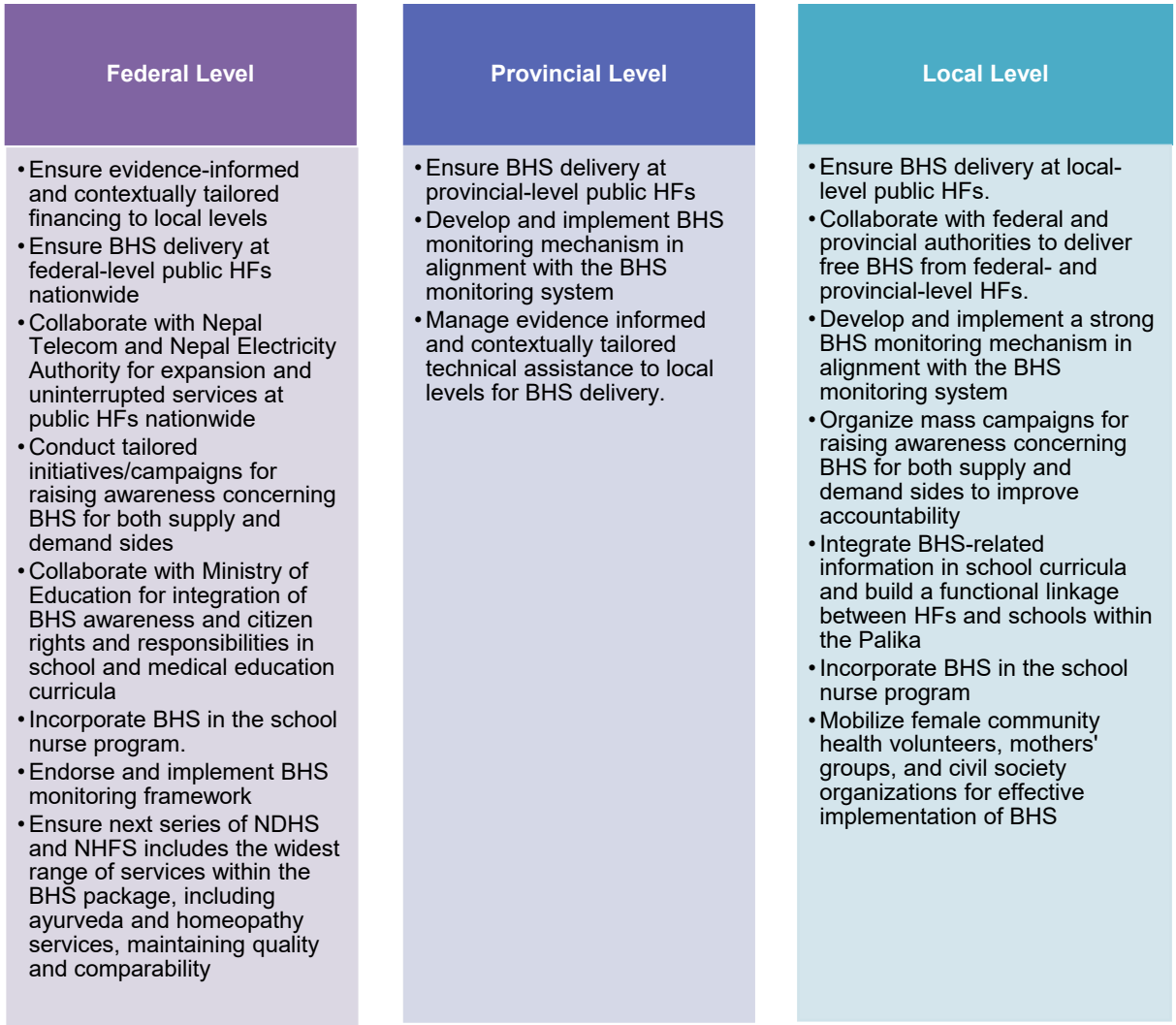
- Results of the analyses of BHS availability, health facility (HF) readiness, and service use suggest that despite existing legal, policy, programmatic, and institutional frameworks for the delivery of BHS, the services have not been fully implemented on supply and demand sides.
- HFs designated for the delivery of BHS offer a variety of service components outlined in the BHS package. However, only a few HFs in our study provided all the tracer medicines and service areas/components: 15% of federal, 17% of provincial, and fewer than 1% of local HFs offered all 41 selected services.
- The quality of available BHS is compromised due to the inadequate preparedness of public HFs, characterized by low availability of basic amenities, equipment, infection control items, medicines, human resources, and adherence to standard protocols. Despite these findings, a large proportion of clients reported being satisfied with the services received.
- One-third of women have access to a public HF, which serves as the initial contact point for BHS, within 30 minutes of their residence. However, very few have access to motorized means of transportation.
- The contact coverage of maternal and child health services is higher than the contact coverage for other services listed in the BHS package, although the availability of services does not necessarily result in higher rates of use.
- One-fourth of antenatal clients, 30% of mothers who delivered normally, one-fifth of sick children, and 6% of family planning clients visiting public HFs reported paying for the services. The issue of out-of-pocket payment for BHS designated public HFs is a serious concern, particularly regarding the constitutional provision of free BHS for all citizens. Overall, out-of-pocket payment was observed less in local HFs than in provincial and federal HFs. Additionally, individuals seeking BHS at non-public HFs indicate heightened out-of-pocket payment for BHS.
- The results of this study serve as a baseline status for BHS. The NDHS and NHFS, the largest national-level surveys, do not encompass all services listed in the BHS package. It is essential to ensure that upcoming rounds of NDHS and NHFS surveys are revised to include the widest range of services, including Ayurveda and homeopathy services, within the BHS package.

9.2 Key Recommendations

Despite enduring three major upheavals impacting the national health system since the promulgation of the constitution in 2015—the earthquake in 2015, a political transformation from a unitary to federalized system, and the COVID-19 pandemic—progress has been achieved in the implementation of BHS. Yet, further advancement is imperative to fulfill the constitutional spirit of providing free BHS to all citizens.

Legal, policy, programmatic, and institutional frameworks are established for the delivery of BHS. However, adherence to these provisions is inadequate at all levels, both on the supply side and on the demand side. Many public HFs claim to offer a wide range of BHS, yet discrepancies exist in service provision across BHS facilities. Insufficient HF readiness, characterized by limited basic amenities, equipment, infection control items, medicines, and human resources, has compromised the quality of care. Despite the government's commitment to expanding BHS outlets to the community level, people still face inadequate access to public HFs. Discrepancies are observed between BHS availability and BHS use. In many instances, people are required to make out-of-pocket payments for using BHS, both at public and non-public HFs. Despite the myriad deficiencies, most service users express contentment with the services received, underscoring the significance of sustaining and further enhancing these services. The Basic Health Service Monitoring Framework aims to effectively monitor BHS, but this has yet to be rolled out. Key recommendations, by level of government, are summarized in Figure 37.

Figure 37 Key recommendations for basic health services by levels of government



BHS = basic health services; HF = health facility; NDHS = Nepal Demographic and Health Survey; NHFS = Nepal Health Facility Survey

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APPENDIX

Table A1a Basic health services package defined in Public Health Service Regulations 2020 schedule 1C

Services	Descriptions
1. Immunization services	
Immunization services for children	Bacille Calmette-Guerin; oral and injectable polio; pneumococcal; diphtheria, pertussis, and tetanus; Haemophilus influenza type B; hepatitis B; measles-rubella; Japanese encephalitis rotavirus
Vaccination for pregnant women and women of reproductive age	• Tetanus-diphtheria • Human papillomavirus
2. Integrated management of newborn and childhood illnesses; nutrition services; pregnancy, labor, and delivery services; maternal, newborn, and child health services, such as family planning, abortion, and reproductive health services	
A. Management of newborn and childhood illnesses	
Care and treatment of infants of up to age 2 months	Basic services as per the standard treatment system to be provided to newborn infants with the following conditions: • Neonatal sepsis • Birth asphyxia • Hypothermia • Jaundice • Low birth weight • Premature birth • Feeding problems • Umbilical disorders • Hypoglycemia • Birth defect
Care and treatment of children age 2 months to 5 years	Basic services as per the prevailing treatment system to be provided to children with the following conditions: • Acute respiratory infection • Pneumonia • Malaria • Diarrhea • Measles • Malnutrition • Ear infection
B. Nutrition services	
Nutrition counseling and malnutrition management	• Counseling services for pregnant women, child nutrition counseling, including on breastfeeding • Counseling and demonstration services on dietary diversification • Diagnosis and management of acute malnutrition as per prevailing treatment system • Diagnosis and referral services for severe acute malnutrition as per prevailing treatment system
Micronutrient supplementation	• For children under age 5: Vitamin A capsule • For pregnant women: Iron tablets • For postnatal mothers: Iron tablets • For children age 12–59 months and school-going children (through schools): Deworming tablets • For pregnant women: Deworming tablets • For children under age 2: Growth monitoring and counseling • Measurement of body mass index and counseling
C. Pregnancy, labor, and delivery services	
Antenatal services	• Diagnosis of normal pregnancy, counseling, management, and referral as per prevailing treatment protocol • Diagnosis of high-risk pregnancy, counseling, management, and referral as per prevailing treatment protocol
Delivery services	• Normal delivery services and counseling, diagnosis, management, and referral for complex delivery • Management, family planning services, and counseling after delivery as per prevailing treatment protocol • Immediate and essential newborn care as per prevailing treatment protocol

Continued…

Table A1a—*Continued*

Services	Descriptions
D. Family planning, abortion, reproductive health services and women's cancer services	
Family planning	Family planning counseling and services: • Male condoms • Oral contraceptive pills • Contraceptive injections
Abortion-related services	• Safe abortion services through enlisted health institutions, counseling, and referral • Post-abortion and necessary counseling services, including family planning services
Reproductive health morbidities	• Uterovaginal prolapse: Early screening and counseling • Obstetric fistula: Early screening, counseling, and referral
Women's cancers	• Cervical cancer: General checkup, counseling, and referral • Breast cancer: Initial screening, counseling, and referral
Adolescent-friendly services	• Adolescent-friendly information, counseling, and health services
3. Services related to infectious diseases	
HIV/AIDS counseling	• Counseling • Management of opportunistic infections
Tuberculosis	• Diagnosis and treatment (firstline drugs)
Malaria	• Diagnosis and treatment (in affected areas only)
Animal bites	• Risk assessment, symptomatic treatment, counseling, and referral
Leprosy	• Diagnosis, treatment, and referral
Kala-azar	• Counseling and referral
Dengue	• Counseling and referral
Filariasis	• Counseling and referral
Gastrointestinal infections	• Acute diarrhea: Assessment of and treatment for dehydration • Dysentery: Provisional diagnosis, treatment, and referral • Typhoid: Provisional diagnosis, symptomatic treatment, and referral • Intestinal worms and other parasitic infestation: Provisional diagnosis and treatment
Respiratory tract infection	• Seasonal influenza: Provisional diagnosis, symptomatic treatment, and referral • Sinusitis, pharyngitis, tonsillitis, bronchitis, pneumonia: Provisional diagnosis, symptomatic treatment, and referral
Eruptive diseases	• Measles: Provisional diagnosis, symptomatic treatment, and referral • Rubella: Provisional diagnosis, symptomatic treatment, and referral
Mumps	• Provisional diagnosis, symptomatic treatment, and referral
Skin and soft tissue infections	• Scabies: Diagnosis and treatment • Pediculosis: Diagnosis and treatment • Cellulitis, abscess, boil, furunculosis: Diagnosis, treatment, and referral • Ringworm, other bacterial and fungal skin infections: Diagnosis, treatment, and referral
Eye infections	• Eye infections: Provisional diagnosis, symptomatic treatment, and referral • Ophthalmia neonatorum: Provisional diagnosis and symptomatic treatment
Nose and ear infections	• Ear infections: Provisional diagnosis, symptomatic treatment, and referral • Nose infections: Provisional diagnosis, symptomatic treatment, and referral
Oral infections	• Oral infections: Provisional diagnosis, symptomatic treatment, and referral • Mouth ulcers: Provisional diagnosis, symptomatic treatment, and referral

Continued…

Table A1a—*Continued*

Services	Descriptions
Reproductive and sexually transmitted diseases	• Lower abdominal pain syndrome: Provisional diagnosis, symptomatic treatment, and referral • Urethral discharge syndrome: Provisional diagnosis, symptomatic treatment, and referral • Vaginal discharge syndrome: Provisional diagnosis, symptomatic treatment, and referral • Genital ulcer syndrome: Provisional diagnosis, symptomatic treatment, counseling, and referral • Scrotal swelling syndrome: Provisional diagnosis, symptomatic treatment, counseling, and referral • Inguinal bubo syndrome: Provisional diagnosis, symptomatic treatment, counseling, and referral • Urinary tract infection: Provisional diagnosis, symptomatic treatment, counseling, and referral
4. Services related to noncommunicable diseases and physical disabilities	
Hypertension	• Initial screening and risk assessment, emergency treatment, counseling, and referral • Continuation of treatment
Diabetes mellitus	• Initial screening and risk assessment, counseling, and referral • Continuation of treatment
Chronic obstructive pulmonary disease and asthma	• Provisional diagnosis, symptomatic treatment, counseling, and referral • Emergency treatment
Musculoskeletal pain	• Provisional diagnosis, symptomatic treatment, counseling, and referral
Acid peptic disease	• Provisional diagnosis, symptomatic treatment, counseling, and referral
Eye problems	• Provisional diagnosis, symptomatic treatment, counseling, and referral
Ear problems	• Provisional diagnosis, symptomatic treatment, counseling, and referral
Oral health problems	• Provisional diagnosis, symptomatic treatment, counseling, and referral
Disability	• Provisional diagnosis, counseling, and referral
5. Mental illness services	
Common mental health problems	• Provisional diagnosis, symptomatic treatment, counseling, and referral
Alcohol and substance abuse	• Drug addiction: Provisional diagnosis, symptomatic treatment, counseling, and referral • Screening of alcoholism/dependency, initial management, motivational interviewing, referral, and counseling
6. Geriatric health services	
Geriatric health problems	• Provisional diagnosis, symptomatic treatment, counseling, and referral • Health promotion services • Physiotherapy and rehabilitation • Nutrition
7. General emergency services	
Injuries and wounds	• Dressing for injuries and wounds, necessary referral, and counseling • Stitching in cuts, necessary referral, and counseling • Treatment for abscesses and boils, necessary referral, and counseling
Management of common emergency conditions	• Shock: Management and necessary referral services • Assessment of unconsciousness: Preliminary management, necessary treatment, and referral • Convulsion: Management and necessary referral services • Serious injuries from accidents: Stabilization, necessary management, and referral services • Fracture, joint subluxation, dislocation: Stabilization, diagnosis, management of pain, referral, and counseling • Burns and scalds: Provisional diagnosis, symptomatic treatment, counseling, and referral • Poisoning: Preliminary management including gastric lavage, use of antidote, and necessary referral services • Drowning: Preliminary management and necessary referral services
Common emergencies related to eye, ear, nose, and throat	• Foreign body in the throat: Primary treatment, counseling, and referral • Foreign body in the eye: Primary treatment, counseling, and referral • Foreign body in the ear: Primary treatment, counseling, and referral • Epistaxis: Primary treatment, counseling, and referral
Snake bites	• Primary treatment, counseling, and referral

Continued…

Table A1a—*Continued*

Services	Descriptions
8. Promotional health services	
Health promotion services	• Information, education, and communication materials for public awareness/behavior change communication and counseling services
9. Ayurveda and other traditional health services	
Ayurveda	• Purva-pancha karma services • Yoga services • Asparagus (for breastfeeding mothers)
Homeopathic	• Diagnosis and treatment of wart (thuja) • Diagnosis and treatment of skin allergy • Diagnosis and treatment of tonsillitis • Diagnosis and treatment of acidity • Diagnosis and treatment of vitiligo • Arthritis

Table A1b Public health facilities delivering free basic health services, by type of facility and managing authority

Type of health facility	Managing authority
• Basic health service centers (primary health care centers, HPs, CHUs, UHCs) • Basic hospitals (5–15 beds)	Local level
• General hospitals (25–50 beds)	Provincial government
• General hospitals (100–300 beds) • Specialized hospitals (minimum 100 beds) • Teaching hospitals under health science academies (minimum 300 beds)	Federal government
Standard treatment protocol to be followed for treatment	**All**

CHU = community health unit; HP = health post; UHC = urban health center

Table A2 Units of analysis and indicator definitions for basic health service data included in the 2022 Nepal DHS

Unit of analysis	Indicator definition with N value
Service use	
BHS component 1: Immunization (children and women)	
1. Fully immunized children	Children age 12–23 months who received all vaccinations according to the national schedule (BHS package) (N=959)
2. Tetanus for pregnant women	Women age 15–49 with a live birth in the 2 years preceding the survey who received two or more tetanus toxoid injections during their most recent pregnancy (N=1,933)
BHS component 2: Maternal, newborn, and child health services	
A. Newborn and child health services	
3. Children treated for ARI	• Children under age 5 with symptoms of ARI in the 2 weeks preceding the survey who sought treatment (N=73) • Children under aged 5 with symptoms of ARI in the 2 weeks preceding the survey who sought treatment from public HFs (N=54)
4. Children treated for fever	• Children under age 5 with fever in the 2 weeks preceding the survey who sought treatment (N=1,159) • Children under age 5 with fever in the 2 weeks preceding the survey who sought treatment from public HFs (N=905)
5. Children treated for diarrhea	• Children under age 5 who had diarrhea in the 2 weeks preceding the survey and sought treatment (N=524) • Children under age 5 with symptoms of ARI in the 2 weeks preceding the survey who sought treatment from public HFs (N=300)
6. Use of chlorhexidine	• Most recent live births in the 2 years preceding the survey, for whom chlorhexidine was applied to the umbilical cord stump (N=1,933) • Most recent live births in public HFs in the 2 years preceding the survey, for whom chlorhexidine was applied to the umbilical cord stump (N=1,191)
B. Nutrition services	
7. Pregnant women counseled about breastfeeding	Women age 15–49 who had a live birth or stillbirth in the 2 years preceding the survey and were counseled about breastfeeding (N=1,881)
8. Vitamin A for children	Children age 6–59 months who were given vitamin A supplements in the past 6 months (N=4,508)
9. Iron tablets for pregnant women	Women age 15–49 who had a live birth or stillbirth in the 2 years preceding the survey and took any iron containing supplements during the most recent pregnancy (N=1,933)
10. Deworming medication for children	Children age 6–59 months who were given deworming medication in the past 6 months (N=4,073)
11. Deworming medication for pregnant women	Women age 15–49 who had a live birth or stillbirth in the 2 years preceding the survey and took deworming medication during their most recent pregnancy (N=1,933)
12. Child growth monitoring	Children under age 5 who had selected measurements performed by a health care provider or female community health volunteer in the 3 months preceding the survey (N=5,040)
C. Pregnancy, labor, and delivery services	
13. Antenatal care	Women age 15–49 who had a live birth and/or stillbirth in the 2 years preceding the survey who had at least four antenatal care visits during pregnancy for the most recent birth (N=1,933)
14. Normal childbirth	Live births and/or stillbirths in the 2 years preceding the survey that occurred through normal delivery in a public HF (N=1,618)

Continued…

Table A2—*Continued*

Unit of analysis	Indicator definition with N value
D. Family planning, abortion, reproductive health services, and women's cancer services	
15. Family planning: Condoms, pills, and injectables	• Women age 15–49 currently using male condoms, pills, or injectables (N=11,180) • Women age 15–49 currently using male condoms who sought them from public sector (N=519) • Women age 15–49 currently using pills, those who sought them from public sector (N=504) • Women age 15–49 currently using injectables who sought them from public sector (N=1,042)
16. Women tested for cervical cancer	Women age 15–49 ever tested by a doctor or health worker for cervical cancer (N=14,845)
17. Women screened for breast cancer	Women age 15–49 ever examined by a doctor or health worker for breast cancer (N=14,845)
BHS component 3: Services related to infectious diseases	
Not collected in 2022 NDHS	
BHS component 4: Services related to noncommunicable diseases and physical disabilities	
18. Women and men screened for hypertension	• Women age 15 and older who had ever had their blood pressure measured by a doctor or other health worker (N=5,763) • Men age 15 and older who had ever had their blood pressure measured by a doctor or other health worker (N=4,334)
BHS component 5: Mental illness services	
19. Women and men with symptoms of anxiety or depression and receiving treatment	• Women age 15–49 with symptoms of anxiety and/or depression, and those who were receiving treatment (N=7,410) • Women age 15–49 with symptoms of anxiety and/or depression, and those who were receiving treatment (N=4,913)
BHS component 6: Geriatric health services	
Not collected in 2022 NDHS	
BHS component 7: General emergency services	
Not collected in 2022 NDHS	
BHS component 8: Promotional health services	
Not analyzed in this report	
BHS component 9: Ayurveda and other traditional health services	
Not collected in 2022 NDHS	
Accessibility to HF	
20. Distance to nearest HF	Women age 15–49 by type of nearest HF from their residence (N=14,845)
21. Means of transport to nearest HF	Women age 15–49 by means of transport to nearest public HF (N=14,845)
22. Barriers in accessing health care	Women age 15–49 years by problems accessing health care (N=14,845)
Quality of care	
23. Respectful care from health care providers	Women age 15–49 who had an institutional delivery in public HF for their most recent live birth or stillbirth in the 2 years preceding the survey and always received respectful care from health care providers (N=1,536)
24. Respectful treatment at the HF during maternity care	Women age 15–49 who had an institutional delivery in public HF for their most recent live birth or stillbirth in the 2 years preceding the survey and experienced limited HF conditions and privacy, or experienced physical or verbal abuse from health care providers in the HF (N=1,536)

ARI = acute respiratory infection; BHS = basic health services; HF = health facility; NDHS = Nepal Demographic and Health Survey

Table A3 Units of analysis and indicator definitions for basic health service data included in the 2021 Nepal HFS

Unit of analysis	Indicator definition
BHS component 1: Immunization (children and women)	
1. Child immunization	Child immunization services encompassing all the antigens listed in BHS package, either at the HF or as outreach
2. Tetanus/diphtheria vaccination	Tetanus/diphtheria vaccination for pregnant women
BHS component 2: Maternal, newborn, and child health services	
A. Newborn and child health services	
3. Child curative care	Child curative care services for children under age 5, either at the HF or as outreach
4. Postnatal/newborn care	Postnatal/newborn care services like diagnosis, early management, and referral
B. Nutrition services	
5. Child growth monitoring	Child growth monitoring services, either at the HF or as an outreach
C. Pregnancy, labor, and delivery services	
6. Antenatal care	Antenatal care services
7. Delivery	Delivery and newborn care
D. Family planning, abortion, reproductive health services, and women's cancer services	
8. Family planning	Provision of male condoms, pills, and injectables
9. Abortion care	Abortion-related services
10. Cervical cancer	Screening for cervical cancer
11. Breast cancer	Screening for breast cancer
12. Uterovaginal prolapse	Screening for uterovaginal prolapse
13. Obstetric fistula	Screening for obstetric fistula
14. Adolescent-friendly services	Availability of sexual and reproductive health services (for example, FP services, counseling in HFs)
BHS component 3: Services related to infectious diseases	
15. Services for STIs	Diagnosis and treatment of STIs, excluding HIV
16. Malaria	Diagnosis and treatment of malaria
17. Tuberculosis	Diagnosis, treatment prescription, or treatment follow-up for tuberculosis
18. HIV	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care
19. Leprosy	Diagnosis and treatment of leprosy/filariasis
20. Gastrointestinal infections	Diagnosis and treatment of gastrointestinal infection
21. Respiratory tract infections	Diagnosis and treatment of respiratory tract infection
22. Eruptive diseases	Management of eruptive diseases (measles, chicken pox, rubella, mumps)
23. Skin and soft tissue infections	Diagnosis and treatment of skin and soft tissue infection
24. Eye infections	Diagnosis, first aid, and referral for eye infection
25. Ears, nose, and throat issues	Diagnosis, first aid, and referral for conditions related to the ears, nose, and throat
26. Oral infections	Diagnosis, first aid, and referral for oral infection
27. Genitourinary infections	Diagnosis and treatment of genitourinary infection
28. Animal bites	Management of animal bite
29. Kala-azar/leishmaniasis	Diagnosis and treatment of Kala-azar/leishmaniasis

Continued…

Table A3—*Continued*

Unit of analysis	Indicator definition
BHS component 4: Services related to noncommunicable diseases and physical disability	
30. Diabetes	Diagnosis and treatment of diabetes
31. Chronic respiratory diseases such as COPD	Diagnosis and treatment of chronic respiratory diseases such as COPD
32. Cardiovascular disease	Diagnosis and treatment of cardiovascular disease
33. Musculoskeletal pain and acid peptic disease	Treatment and referral of musculoskeletal pain and acid-peptic disease
34. Disability	Identification, counseling, and referral of differently abled clients
BHS component 5: Mental illness services	
35. Mental health problems	Diagnosis and management of mental health problems
BHS component 6: Geriatric health services	
36. Geriatric health promotion services	Health care services for older populations including health promotion services
BHS component 7: General emergency services	
37. Snake bites	Management of snake bites
38. Common emergency services	Management and referral of common emergency services
39. Minor surgical services	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of an operation theater
40. Acute pain	Management and referral of acute pain
BHS component 8: Promotional health services	
41. Health promotion	Health promotion for existing and emergency health conditions
BHS component 9: Ayurveda and other traditional health services	
Not collected in 2021 NHFS or 2022 NDHS	
Quality of care	
A. HF readiness	
1. Basic amenities	Public HFs that have a specified set of six amenities
2. Basic equipment	Public HFs that have a specified set of seven pieces of equipment
3. Basic items of infection prevention	Public HFs that have a specified set of 12 infection-prevention items
4. Basic medicines	Public HFs that have a specified set of 24 medicines
B. Process of care	
HF compliance with national standards	HFs complying with national standards when delivering antenatal care, childbirth, sick child care, and family planning services
C. Experience of care	
Respectful treatment at the HF during maternity care	Postpartum women interviewed after delivering at public HFs reporting satisfaction with waiting time, information received from provider, provider's level of skill in delivering the baby, politeness and empathy of the staff with whom client consulted, cleanliness of the HF, level of privacy, and care received (N=392)
Out-of-pocket payment for BHS	
Out-of-pocket payment for BHS	Clients who made out-of-pocket payment at public HFs for using: • Antenatal care services (N=1,250) • Sick child care services (N=1,756) • Family planning services (N=789)

BHS = basic health services; COPD = chronic obstructive pulmonary disease; HF = health facility; NHFS = Nepal Health Facility Survey; STI = sexually transmitted infection

Table A4 Weighted and unweighted counts of public health facilities surveyed in the 2021 Nepal HFS

		Weighted			Unweighted	
Province	Level of HFs	Number (with decimals)	Number (rounded)[a]	%	Number	%
Koshi	Federal	0.56	1	0.07	2	0.16
	Province	3.92	4	0.28	14	1.10
	Local	238.23	238	16.44	189	14.80
	Total	242.71	243	16.78	205	16.05
Madhesh	Federal	0.56	1	0.07	2	0.16
	Province	2.24	2	0.14	8	0.63
	Local	228.42	228	15.75	124	9.71
	Total	231.22	231	15.95	134	10.49
Bagmati	Federal	3.08	3	0.21	11	0.86
	Province	2.52	3	0.21	9	0.70
	Local	265.69	266	18.37	205	16.05
	Total	271.30	271	18.72	225	17.62
Gandaki	Federal	0.56	1	0.07	2	0.16
	Province	2.80	3	0.21	10	0.78
	Local	183.33	183	12.64	175	13.70
	Total	186.70	187	12.91	187	14.64
Lumbini	Federal	0.58	1	0.07	2	0.16
	Province	3.84	4	0.28	13	1.02
	Local	220.04	220	15.19	181	14.17
	Total	224.45	224	15.47	196	15.35
Karnali	Federal	0.28	0.3[a]	0.00	1	0.08
	Province	2.80	3	0.21	10	0.78
	Local	123.32	123	8.49	139	10.88
	Total	126.40	126	8.70	150	11.75
Sudurpaschim	Federal	0.28	0.3[a]	0.00	1	0.08
	Province	3.36	3	0.21	12	0.94
	Local	161.71	162	11.19	167	13.08
	Total	165.36	165	11.4	180	14.10
National	Federal	5.90	6	0.41	21	1.64
	Province	21.49	21	1.45	76	5.95
	Local	1,420.75	1,421	98.14	1,180	92.40
	Total	1,448.14	1,448	100.00	1,277	100.00

HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded to the nearest whole integer, these values became become 0. Hence, the decimal notation was retained.

Table A5 Distribution of all surveyed health facilities by province, 2021 Nepal HFS

	Unweighted		Weighted	
Province	Number	%	Number	%
Koshi	258	16.37	264	16.72
Madhesh	177	11.23	247	15.68
Bagmati	311	19.73	325	20.61
Gandaki	223	14.15	198	12.59
Lumbini	251	15.93	243	15.42
Karnali	158	10.03	129	8.16
Sudurpaschim	198	12.56	170	10.81
Total	**1,576**	**100**	**1,576**	**100**

Table A6 Percentages of public health facilities providing immunization services by province and level of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-paschim	National
Child immunization								
Federal	100.0	0.0	72.7	50.0	51.3	100.0	100.0	66.8
Provincial	92.9	50.0	55.6	80.0	76.9	80.0	83.3	76.3
Local	93.2	99.0	95.5	93.9	94.5	94.9	92.5	94.9
Total	93.2	98.3	94.9	93.6	94.1	94.6	92.4	94.5
Tetanus/diphtheria vaccination								
Federal	100.0	50.0	63.6	50.0	100.0	100.0	100.0	71.5
Provincial	92.9	75.0	77.8	90.0	92.3	90.0	83.3	86.9
Local	90.3	81.5	88.2	86.0	89.0	84.3	87.9	87.0
Total	90.4	81.3	87.9	86.0	89.1	84.5	87.9	86.9
Number of public HFs surveyed								
Federal	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial	4	2	3	3	4	3	3	21
Local	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A7 Percentages of public health facilities providing newborn and child health services by province and level of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-paschim	National
Childhood illness management								
Federal	100.0	100.0	90.9	100.0	100.0	100.0	100.0	95.3
Provincial	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Local	99.9	100.0	99.5	100.0	100.0	100.0	100.0	99.9
Total	99.9	100.0	99.4	100.0	100.0	100.0	100.0	99.9
Postnatal newborn care								
Federal	100.0	100.0	81.8	100.0	100.0	100.0	100.0	90.5
Provincial	100.0	100.0	100.0	100.0	92.3	100.0	100.0	98.6
Local	75.0	56.8	71.8	83.5	88.1	86.8	89.3	77.3
Total	75.5	57.3	72.2	83.8	88.2	87.1	89.5	77.6
Nutrition: Child-growth monitoring								
Federal	100.0	50.0	81.8	100.0	51.3	100.0	100.0	81.0
Provincial	100.0	50.0	77.8	100.0	84.6	80.0	80.0	85.5
Local	95.0	98.7	96.7	96.1	99.0	96.7	96.7	96.6
Total	95.1	98.1	96.3	96.1	98.6	96.3	96.3	96.4
Number of public HFs surveyed								
Federal	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial	4	2	3	3	4	3	3	21
Local	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted number of federal health facilities in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A8 Percentages of public health facilities providing pregnancy, labor, and delivery services by province and level of facility, 2021 Nepal HFS

BHS/level of HFs	Province							National
	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-paschim	
Antenatal care								
Federal	100.0	100.0	81.8	100.0	100.0	100.0	100.0	90.5
Provincial	100.0	100.0	100.0	100.0	92.3	100.0	100.0	98.6
Local	99.4	99.9	99.2	97.2	99.3	98.5	99.3	99.1
Total	99.4	99.9	99.1	97.2	99.2	98.6	99.3	99.0
Delivery and newborn care								
Federal	100.0	100.0	100.0	100.0	100.0	100.0	100.0	81.0
Provincial	100.0	100.0	100.0	100.0	84.6	100.0	91.7	94.7
Local	48.5	21.1	21.1	45.9	56.9	78.1	77.2	50.5
Total	49.4	22.1	22.1	46.9	57.4	78.6	77.5	51.3
Abortion care								
Federal	100.0	100.0	63.6	100.0	100.0	100.0	100.0	81.0
Provincial	100.0	100.0	88.9	100.0	84.6	100.0	100.0	96.0
Local	14.1	14.4	10.9	18.6	17.2	7.2	19.7	14.7
Total	15.7	15.5	12.2	20.1	18.6	9.5	21.5	16.1
Number of public HFs surveyed								
Federal level	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial level	4	2	3	3	4	3	3	21
Local level	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A9 Percentages of public health facilities providing family planning, reproductive health, and women's cancer services by province and level of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	**Koshi**	**Madhesh**	**Bagmati**	**Gandaki**	**Lumbini**	**Karnali**	**Sudur-paschim**	**National**
Family planning (male condoms, pills, injectables)								
Federal	100.0	100.0	63.6	50.0	100.0	100.0	0.0	71.5
Provincial	100.0	87.5	77.8	100.0	92.3	100.0	91.7	93.4
Local	93.6	89.0	99.0	93.8	99.8	98.0	98.4	95.8
Total	93.7	89.0	98.4	93.8	99.6	98.1	98.1	95.7
Uterovaginal prolapse (screening)								
Federal	100.0	100.0	81.8	100.0	100.0	100.0	100.0	90.5
Provincial	92.9	100.0	100.0	100.0	92.3	90.0	100.0	96.0
Local	40.6	29.7	55.5	48.0	52.1	46.4	55.9	46.6
Total	41.6	30.5	56.2	48.9	52.9	47.5	56.8	47.5
Obstetric fistula (screening)								
Federal	100.0	100.0	81.8	100.0	100.0	100.0	100.0	90.5
Provincial	64.3	87.5	88.9	50.0	53.9	90.0	75.0	70.9
Local	9.1	11.5	18.4	15.9	16.1	19.3	25.3	15.9
Total	10.2	12.5	19.8	16.6	17.0	21.0	26.4	17.1
Cervical cancer (screening)								
Federal	100.0	100.0	81.8	50.0	51.3	100.0	100.0	81.0
Provincial	78.6	50.0	88.9	80.0	69.2	70.0	75.0	73.6
Local	7.7	0.9	8.8	10.1	2.5	3.2	12.6	6.5
Total	9.1	1.6	10.4	11.3	3.8	4.9	14.0	7.8
Breast cancer (screening)								
Federal	100.0	100.0	81.8	50.0	100.0	100.0	100.0	85.8
Provincial	71.4	100.0	100.0	100.0	84.6	80.0	91.7	88.1
Local	37.6	23.3	43.1	47.6	52.7	59.9	82.2	47.0
Total	38.3	24.2	44.1	48.4	53.3	60.5	82.5	47.7
Adolescent-friendly services								
Federal	50.0	100.0	36.4	50.0	51.3	0.0	0.0	43.0
Provincial	35.7	62.5	66.7	50.0	84.6	40.0	66.7	58.1
Local	41.8	43.5	43.6	49.3	59.0	38.1	50.9	46.8
Total	41.8	43.8	43.7	49.3	59.4	38.1	51.1	46.9
Number of public HFs surveyed								
Federal	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial	4	2	3	3	4	3	3	21
Local	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A10 Percentages of public health facilities providing services related to infectious diseases by province and level of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-paschim	National
Sexually transmitted infections								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	74.4	81.2	78.4	89.5	94.8	87.5	94.7	84.8
Total	74.9	81.5	78.8	89.7	94.9	87.8	94.8	85.1
Malaria								
Federal	100	100	100	100	100	100	100	100
Provincial	85.7	100	88.9	100	100	100	100	96.1
Local	30.4	62.3	28.3	54.6	60.9	16.8	51.3	44.2
Total	31.5	62.8	29.7	55.4	61.6	18.8	52.4	45.2
Tuberculosis								
Federal	100	100	90.9	100	100	100	100	95.3
Provincial	92.9	100	100	100	100	100	100	98.7
Local	77.0	95.4	73.5	79.4	86.7	71.4	76.7	80.6
Total	77.3	95.4	74.0	79.8	87.0	72.1	77.2	80.9
HIV								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	72.9	85.0	89.8	89.1	93.8	85.3	98.0	87.3
Total	73.4	85.2	90.0	89.3	93.9	85.7	98.1	87.5
Leprosy, dengue, and filariasis								
Federal	100	100	81.8	50	100	100	100	85.8
Provincial	92.9	100	100	100	76.9	100	100	94.6
Local	36.2	84.5	26.5	16.4	59.1	44.9	63.2	46.9
Total	37.3	84.7	27.8	17.7	59.5	46.2	64.0	47.8
Gastrointestinal infections								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	97.2	99.9	99.7	91.7	100	98.6	86.2	96.7
Total	97.3	99.9	99.7	91.9	100	98.6	86.5	96.8
Respiratory tract infections								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	98.0	99.8	98.4	100	100	98.3	100	99.2
Total	98.1	99.8	98.5	100	100	98.3	100	99.2
Eruptive diseases								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	90.0	100	98.7
Local	81.0	91.9	90.2	87.8	92.2	92.3	86.1	88.7
Total	81.3	92.0	90.4	88.0	92.4	92.3	86.4	88.9
Skin and soft tissue infection								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	91.7	98.7
Local	98.3	96.1	99.7	98.6	100	100	99.7	98.8
Total	98.4	96.2	99.7	98.6	100	100	99.5	98.8
Eye infections								
Federal	100	100	81.8	100	100	100	100	90.5
Provincial	92.9	75.0	100	100	100	100	100	96.1
Local	97.7	96.1	99.7	100	100	100	100	98.9
Total	97.7	95.9	99.5	100	100	100	100	98.9
Ear, nose, and throat issues								
Federal	100	100	90.9	100	100	100	100	95.3
Provincial	100	100	100	100	100	100	100	100
Local	98.8	99.3	99.9	100	100	100	100	99.7
Total	98.9	99.3	99.8	100	100	100	100	99.7

Continued…

Table A10—*Continued*

BHS/level of HFs	Province							National
	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-paschim	
Oral infections								
Federal	100	100	90.9	100	100	100	100	95.3
Provincial	100	100	100	100	100	100	91.7	98.7
Local	98.8	97.8	99.7	100	100	99.7	100	99.4
Total	98.9	97.8	99.6	100	100	99.7	99.8	99.3
Genitourinary infections								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	91.3	87.2	98.7	99.2	98.8	100	98.7	95.8
Total	91.5	87.3	98.7	99.2	98.8	100	98.7	95.9
Animal bites								
Federal	100	100	81.8	100	100	100	100	90.5
Provincial	100	100	100	100	92.3	100	100	98.6
Local	76.8	77.5	91.2	98.2	85.6	95.5	96.7	87.6
Total	77.3	77.8	91.2	98.3	85.8	95.7	96.8	87.8
Kala-azar/leishmaniasis								
Federal	100	100	90.9	50	100	100	100	90.5
Provincial	64.3	100	88.9	50	69.2	100	100	80.2
Local	22.0	6.1	3.3	0.8	4.4	2.7	5.1	6.9
Total	22.8	7.2	5.1	1.7	5.8	5.0	7.2	8.3
Number of public HFs surveyed								
Federal	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial	4	2	3	3	4	3	3	21
Local	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted figure for federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became “0.” Hence, the decimal notation was retained.

Table A11 Percentages of public health facilities providing services related to noncommunicable diseases and physical disabilities by province and level of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-paschim	National
Diabetes								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	68.5	75.8	65.6	75.6	81.6	51.5	71.8	71.0
Total	69.1	76.1	66.3	76.0	82.0	52.7	72.4	71.5
Chronic respiratory diseases								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	87.7	99.5	96.6	99.5	97.8	92.6	100	96.2
Total	87.9	99.5	96.7	99.5	97.9	92.7	100	96.3
Cardiovascular diseases								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	80.3	95.5	83.2	94.8	95.7	85.9	93.8	89.6
Total	80.6	95.6	83.5	94.9	95.7	86.3	94.0	89.8
Musculoskeletal pain and acid-peptic diseases								
Federal	100	100	90.9	100	100	100	100	95.3
Provincial	100	100	100	100	100	100	100	100
Local	81.5	85.6	96.8	96.5	98.4	89.1	97.4	92.0
Total	81.8	85.8	96.8	96.6	98.5	89.3	97.4	92.2
Disability								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	88.9	100	84.6	90	100	94.7
Local	66.5	76.5	43.4	56.0	67.1	56.6	66.3	61.6
Total	67.1	76.8	44.4	56.8	67.5	57.5	67.0	62.3
Number of public HFs surveyed								
Federal	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial	4	2	3	3	4	3	3	21
Local	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A12 Percentages of public health facilities providing services related to mental illness, geriatric health, and health promotion by province and level of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	**Koshi**	**Madhesh**	**Bagmati**	**Gandaki**	**Lumbini**	**Karnali**	**Sudur-pashchim**	**National**
Mental health services								
Federal	100	100	100	100	100	100	100	100
Provincial	100	75.0	77.8	100	84.6	80.0	100	89.4
Local	16.5	16.2	20.7	16.8	26.2	25.8	23.3	20.3
Total	18.0	17.0	22.1	18.3	27.3	27.2	25.0	21.7
Geriatric health promotion services								
Federal	100	100	72.7	0.0	100	100	100	76.3
Provincial	85.7	62.5	88.9	100	84.6	80.0	75.0	82.9
Local	69.1	64.8	57.0	65.1	83.9	56.5	79.7	68.0
Total	69.4	64.8	57.5	65.5	84.0	57.1	79.6	68.3
Health promotion services for existing and emergency health conditions								
Federal	100	100	90.9	100	100	100	100	95.3
Provincial	78.6	62.5	100	100	100	100	100	92.2
Local	81.5	73.9	79.2	83.0	90.5	80.3	89.2	82.2
Total	81.5	73.8	79.5	83.3	90.7	80.8	89.4	82.4
Number of public HFs surveyed								
Federal	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial	4	2	3	3	4	3	3	21
Local	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became “0.” Hence, the decimal notation was retained.

Table A13 Percentages of public health facilities providing basic emergency services by province and type of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-paschim	National
Snake bites								
Federal	100	100	81.8	100	100	100	100	90.5
Provincial	92.9	100	100	100	92.3	90.0	100	96.0
Local	68.0	54.1	82.2	91.0	83.0	94.3	89.1	78.4
Total	68.5	54.7	82.4	91.1	83.2	94.3	89.3	78.7
Common emergency services								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	83.7	80.5	88.1	98.9	82.0	57.1	65.9	81.4
Total	84.0	80.8	88.3	99.0	82.3	58.2	66.6	81.7
Minor surgical services								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	98.0	99.8	99.8	99.7	98.2	99.0	97.3	98.9
Total	98.1	99.8	99.8	99.7	98.3	99.0	97.4	98.9
Acute pain								
Federal	100	100	100	100	100	100	100	100
Provincial	100	100	100	100	100	100	100	100
Local	95.4	94.6	99.4	100	100	99.0	99.7	98.1
Total	95.5	94.6	99.4	100	100	99.0	99.7	98.2
Number of public HFs surveyed								
Federal	1	1	3	1	1	0.3[a]	0.3[a]	6
Provincial	4	2	3	3	4	3	3	21
Local	238	228	266	183	220	123	162	1,421
Total	243	231	271	187	224	126	165	1,448

BHS = basic health services; HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A14 Percentages of public health facilities providing all 41 selected services by province and level of facility, 2021 Nepal HFS

	Province							
BHS/level of HFs	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur-pashchim	National
All 41 selected BHS								
Federal	50.0	0.0	9.1	0.0	51.3	0.0	0.0	14.5
Provincial	7.1	12.5	22.2	10.0	23.1	10.0	33.3	17.2
Local	0.1	0.0	0.3	0.3	0.3	0.0	0.0	0.2
Total	0.4	0.1	0.6	0.5	0.8	0.2	0.7	0.5
Number of public HFs surveyed								
Federal	1.0	1.0	3.0	1.0	1.0	0.3[a]	0.3[a]	6.0
Provincial	4.0	2.0	3.0	3.0	4.0	3.0	3.0	21.0
Local	238.0	228.0	266.0	183.0	220.0	123.0	162.0	1,421.0
Total	243.0	231.0	271.0	187.0	224.0	126.0	165.0	1,448.0

BHS = basic health services; HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A15 Percentages of public health facilities with basic amenities for delivering basic health services, by province and level of facility, 2021 Nepal HFS

Province	Level of HFs	Regular electricity	Improved water source	Visual and auditory privacy	Client latrine	Communication equipment	Emergency transport	All six amenities	Number of HFs surveyed
Koshi	Federal	100	100	100	100	100	100	100	1
	Provincial	100	100	92.9	92.9	100	92.9	78.6	4
	Local	82.8	92.0	84.2	90.3	20.8	69.7	10.8	238
	Total	83.1	92.1	84.3	90.4	22.3	70.2	12.1	243
Madhesh	Federal	100	100	100	100	100	100	100	1
	Provincial	100	100	100	100	87.5	100	87.5	2
	Local	72.8	88.6	81.1	72.3	9.5	76.5	2.2	228
	Total	73.1	88.8	81.3	72.6	10.4	76.8	3.3	231
Bagmati	Federal	100	100	72.7	100	100	100	72.7	3
	Provincial	88.9	100	100	88.9	77.8	88.9	44.4	3
	Local	76.6	95.8	90.0	93.6	27.3	90.3	16.7	266
	Total	76.9	95.9	89.9	93.7	28.6	90.4	17.6	271
Gandaki	Federal	100	100	100	100	50.0	100	50.0	1
	Provincial	100	100	100	100	100	90.0	90.0	3
	Local	71.6	99.0	92.6	99.0	23.4	74.8	12.9	183
	Total	72.2	99.0	92.7	99.0	24.6	75.1	14.2	187
Lumbini	Federal	100	100	100	100	100	100	100	1
	Provincial	100	100	100	92.3	92.3	92.3	76.9	4
	Local	66.0	95.2	97.4	88.3	15.4	87.1	8.4	220
	Total	66.7	95.3	97.4	88.4	16.9	87.2	9.8	224
Karnali	Federal	100	100	100	100	100	100	100	0.3[a]
	Provincial	100	100	90	90	100	100	80.0	3
	Local	88.4	95.1	91.4	92.9	6.7	64.6	3.1	123
	Total	88.6	95.2	91.4	92.9	9.0	65.4	5.0	126
Sudurpaschim	Federal	100	100	100	0.0	100	100	0.0	0.3[a]
	Provincial	91.7	100	91.7	100	100	100	83.3	3
	Local	77.6	91.4	90.4	91.4	16.5	75.0	7.2	162
	Total	78.0	91.6	90.4	91.4	18.3	75.5	8.7	165
National	Federal	100	100	85.8	95.3	95.3	100	76.3	6
	Provincial	97.4	100	96.1	94.7	94.7	94.7	77.6	21
	Local	75.9	93.8	89.2	89.2	18.0	78.2	9.3	1,421
	Total	76.3	93.9	89.3	89.3	19.4	78.5	10.6	1,448

HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became "0." Hence, the decimal notation was retained.

Table A16 Medical equipment and goods included in the basic health services package

Serial number	Equipment	Unit	Specification
1	Absorbent cotton	Roll	Net 400g
2	Adhesive tape	Rolls	4”
3	Bandage	Than	18m*90cm
4	Catgut	Packet and Pieces	Catgut 2.0
5	Chlorine powder	Packet	200g/sachet
6	Condom (male)	Packet	
7	Disposable syringes	Pieces	3ml, 5ml
8	Gauze	Than	18m*90cm
9	I and D set	Packet	
10	IV cannula	Pieces	18/20/24 gauze
11	IV set	Pieces	Different sizes
12	Phenol	Bottles	500ml
13	Rectified spirit	Bottle	500ml
14	Rubber catheter	Pueces	Different sizes
15	Silk	Packet	Silk 2.0
16	Surgical blade	Pieces	Different sizes
17	Surgical gloves (disposable)	Pairs	6.5/7
18	Suture set	Packet	

Source: Operating Procedure for Basic Health Services, 2079. Curative Service Division, Department of Health Services, Ministry of Health and Population.

Table A17 Percentages of public health facilities with basic equipment essential for delivering basic health services, by province and level of facility, 2021 Nepal HFS

Province	Level of HFs	Adult weighing scale	Child weighing scale	Infant weighing scale/ pan scale	Digital thermo-meter	Stetho-scope	Blood pressure apparatus	Light source	All seven equip-ment	Number of HFs surveyed
Koshi	Federal	50.0	50.0	50.0	100	100	100	100	50.0	1
	Provincial	92.9	35.7	71.4	92.9	100	100	92.9	28.6	4
	Local	95.4	63.7	60.9	90.1	96.7	96.8	89.0	32.1	238
	Total	95.3	63.2	61.1	90.2	96.7	96.8	89.1	32.1	243
Madhesh	Federal	100	100	100	100	100	100	100	100	1
	Provincial	100	75.0	75.0	100	100	100	100	50.0	2
	Local	90.7	62.8	53.6	88.9	98.1	94.6	87.5	24.7	228
	Total	90.8	63.0	54.0	89.0	98.1	94.6	87.7	25.1	231
Bagmati	Federal	100	81.8	72.7	90.0	90.9	90.9	100	54.6	3
	Provincial	100	77.8	44.4	100	100	100	100	44.4	3
	Local	98.3	72.3	69.0	96.4	97.2	98.2	93.6	42.4	266
	Total	98.3	72.5	68.8	96.4	97.1	98.2	93.7	42.6	271
Gandaki	Federal	100	100	50.0	100	100	100	100	50.0	1
	Provincial	90.0	50.0	50.0	90.0	100	100	100	20.0	3
	Local	97.0	56.3	81.8	97.4	100	98.6	92.2	36.0	183
	Total	96.9	56.3	81.2	97.3	100	98.6	92.3	35.8	187
Lumbini	Federal	100	100	100	100	100	100	100	100	1
	Provincial	92.3	61.5	69.2	100	100	92.3	92.3	61.5	4
	Local	96.5	79.3	80.1	95.2	99.6	98.4	93.8	54.7	220
	Total	96.5	79.1	79.9	95.3	99.6	98.3	93.8	54.9	224
Karnali	Federal	100	0.0	0.0	100	100	100	100	0.0	0.3[a]
	Provincial	100	70.0	60.0	100	100	100	100	50.0	3
	Local	88.8	68.0	73.2	90.2	96.6	97.7	90.6	42.8	123
	Total	89.1	67.9	72.8	90.4	96.7	97.8	90.8	42.9	126
Sudurpaschim	Federal	100	100	0.0	100	100	100	100	0.0	0.3[a]
	Provincial	100	66.7	58.3	100	100	91.7	100	41.7	3
	Local	95.9	82.4	80.4	91.0	99.7	98.3	98.3	61.4	162
	Total	96.0	82.1	79.8	91.2	99.7	98.2	98.4	60.9	165
National	Federal	95.3	81.0	66.8	95.0	95.3	95.3	100	57.3	6
	Provincial	96.0	60.5	61.9	97.4	100	97.3	97.3	42.3	21
	Local	95.0	69.1	70.2	92.9	98.2	97.4	92.0	41.1	1,421
	Total	95.1	69.1	70.1	93.0	98.2	97.4	92.1	41.2	1,448

HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces is 0.28. When rounded, this value becomes “0.” Hence, the decimal notion is retained.

Table A18 Percentages of public health facilities with standard infection control items for delivering basic health services, by province and level of health facility, 2021 Nepal HFS

Province	Level of HFs	Any sterilization equipment	Safe final disposal of sharps waste	Safe final disposal of health care waste	Appropriate storage of health care waste	Disinfectant	Syringes and needles	Soap and running water or else alcohol-based hand disinfectant	Latex gloves	Medical masks	Gowns/ aprons	Needle destroyer/ needle cutter	Infection prevention and health care waste management guidelines	All 12 items	Number of HFs surveyed
Koshi	Federal	100	50.0	50.0	0.0	50.0	50.0	100	100	100	100	0.0	0.0	0.0	1
	Province	92.9	57.1	71.4	28.6	78.6	85.7	100	92.9	92.9	64.3	50.0	14.3	0.0	4
	Local	79.9	61.4	56.0	11.3	59.1	78.3	90.9	84.7	73.6	44.3	14.0	6.6	0.0	238
	Total	80.2	61.3	56.2	11.6	59.4	78.3	91.1	84.8	74.0	44.7	14.6	6.7	0.0	243
Madhesh	Federal	100	50.0	100	0.0	100	100	100	100	50.0	50.0	50.0	0.0	0.0	1
	Province	100	75.0	62.5	12.5	87.5	87.5	100	100	100	100	75.0	0.0	0.0	2
	Local	69.9	58.6	46.7	9.3	58.8	82.9	94.9	96.3	70.2	31.1	25.1	3.9	0.1	228
	Total	70.3	58.7	47.0	9.3	59.2	83.0	95.0	96.4	70.5	31.9	25.6	3.8	0.1	231
Bagmati	Federal	100	63.6	90.9	36.4	81.8	90.9	100	100	100	90.9	45.5	45.5	18.2	3
	Province	100	77.8	88.9	22.2	88.9	77.8	100	100	100	100	77.8	44.4	0.0	3
	Local	86.9	65.5	58.5	27.6	73.2	96.6	97.1	95.3	89.3	63.3	46.0	4.1	0.0	266
	Total	87.2	65.6	59.2	27.6	73.5	96.4	97.2	95.4	89.5	63.9	46.3	4.9	0.2	271
Gandaki	Federal	100	100	100	0.0	100	100	100	100	100	50.0	50.0	0.0	0.0	1
	Province	100	40.0	70.0	30.0	70.0	80.0	100	90.0	90.0	50.0	40.0	40.0	10.0	3
	Local	91.9	76.7	72.8	16.4	60.8	90.8	96.4	96.6	87.9	47.3	45.6	6.1	0.3	183
	Total	92.1	76.2	72.9	16.5	61.1	90.7	96.5	96.5	88.0	47.3	45.5	6.5	0.4	187
Lumbini	Federal	100	48.7	48.7	51.3	100	100	100	100	100	100	100	0.0	0.0	1
	Province	100	53.9	46.2	15.4	76.9	92.3	92.3	84.6	84.6	84.6	61.5	15.4	0.0	4
	Local	78.0	72.3	57.7	8.5	77.8	92.2	99.2	92.4	79.5	55.7	29.9	8.3	0.0	220
	Total	78.4	72.0	57.5	8.7	77.8	92.3	99.0	92.3	79.6	56.3	30.6	8.4	0.0	224
Karnali	Federal	100	0.0	100	0.0	100	100	100	100	100	0.0	0.0	0.0	0.0	0.3[a]
	Province	100	70.0	70.0	10.0	70.0	80.0	90.0	100	100	70.0	60.0	10.0	0.0	3
	Local	82.2	68.7	63.5	24.1	71.4	93.4	96.4	94.6	83.5	63.9	28.3	15.3	2.8	123
	Total	82.7	68.6	63.8	23.7	71.4	93.1	96.3	94.7	83.9	63.9	28.9	15.2	2.8	126
Sudurpaschim	Federal	100	100	0.0	0.0	100	100	100	100	100	100	100	100	0.0	0.3[a]
	Province	100	50.0	58.3	33.3	75.0	91.7	100	100	100	41.7	91.7	8.3	0.0	3
	Local	82.6	59.5	49.1	14.0	65.7	95.2	98.7	95.0	81.5	50.7	10.9	4.0	0.0	162
	Total	83.0	59.3	49.2	14.3	65.9	95.2	98.7	95.2	81.9	50.6	12.7	4.2	0.0	165
National	Federal	100	61.8	80.8	24.0	85.8	90.5	100	100	95.3	81.0	47.8	28.5	9.5	6
	Province	98.7	59.2	65.6	22.3	77.6	85.6	97.3	94.7	94.7	71.2	64.5	18.4	1.3	21
	Local	81.5	65.8	57.3	15.7	66.6	89.5	96.1	93.3	80.5	50.3	29.2	6.3	0.3	1,421
	Total	81.9	65.7	57.5	15.8	66.9	89.4	96.1	93.4	80.8	50.7	29.8	6.6	0.4	1,448

HF = health facility

[a] The weighted number of federal HFs in Karnali and Sudurpaschim provinces was 0.28. When rounded, this value became “0.” Hence, the decimal notation was retained.

Table A19 Medicines listed in the basic health services package

Serial number	Medicine	Dosage form	Remarks
1	Acetylsalicylic acid (aspirin)	Tablet	
2	Adrenaline (epinephrine)	Injection	
3	Albendazole	Tablets, suspension	
4	Aluminum hydroxide gel (dried) + magnesium hydroxide	Tablet	
5	Amitriptyline	Tablet	
6	Amlodipine	Tablet	
7	Amoxicillin	Capsule, tablet, powder	
8	Ampicillin	Powder for IV/IM injection	
9	Artemether + lumefantrine (artemisinin-based combination therapy)	Tablet	
10	Artesunate	Injection	Not mandated for BHS center/HP
11	Atropine	Injection	
12	Azithromycin	Tablets	
13	BCG vaccine	Injection	
14	Benzathine benzylpenicillin	Powder for injection	Not mandated for BHS center/HP
15	Calamine	Lotion	
16	Calcium gluconate	Injection	For HP with birthing centers
17	Carbamazepine	Tablet, oral liquid	
18	Cefixime	Tablets	Not mandated for BHS center/HP
19	Ceftriaxone	Dry powder for dilution injection	Not mandated for BHS center/HP
20	Cetirizine	Tablet, syrup	
21	Charcoal, activated	Powder in sachet	
22	Chlorhexidine	Solution, ointment	
23	Chloroquine	Tablet	
24	Ciprofloxacin	Tablet, eye/ear drop, injection	
25	Clotrimazole	Skin cream, vaginal tablet, Mouth paint	
26	Clove oil	Liquid	
27	Cloxacillin	Capsule, powder	
28	Combined oral contraceptives	Tablet	
29	Cotrimoxazole	Tablet, syrup	
30	Dapsone, clofazimine, rifampicin (MDT combi pack)	Tablet	
31	Dexamethasone	Injection	Not mandated for BHS center/HP
32	Dextrose (glucose)	Infusion	Not mandated for BHS center/HP
33	Diazepam	Injection, tablet	
34	Diclofenac sodium	Injection, tablet	
35	Doxycycline	Capsule	
36	Ferrous sulphate and folic acid	Tablet	
37	fIPV vaccine	Injection	
38	Fluconazole	Capsule	
39	Fluoxetine	Capsule	
40	Folic acid	Tablets	

Continued…

Table A19—*Continued*

Serial number	Medicine	Dosage form	Remarks
41	Furosemide	Tablet	
42	Gentamicin	Injection	
43	Gentian violet	Aqueous solution	
44	Glimepiride	Tablet	
45	HPV vaccine	Injection	
46	Isoniazid, rifampin, pyrazinamide, and ethambutol	Tablet	
47	Hydrocortisone	Powder for injection	Not mandated for BHS center/HP
48	Hyoscine butyl bromide	Injection, tablet	Not mandated for BHS center/HP
49	Ibuprofen	Tablet, syrup	
50	Japanese encephalitis vaccine	Injection	
51	Levonorgestrel	Implant	
52	Lignocaine	Injection	
53	Lignocaine with adrenaline 1:10,000	Injection	Not mandated for BHS center/HP
54	Losartan	Tablets	
55	Magnesium sulphate	Injection	For HP with birthing centers
56	Measles-rubella vaccine	Injection	
57	Medroxyprogesterone	Injection	
58	Metformin	Tablets	
59	Methyldopa	Tablets	Not mandated for BHS center/HP
60	Metoclopramide	Tablet, solution, injection	
61	Metronidazole	Tablet, oral liquid, injection	
62	Mifepristone	Tablet	
63	Misoprostol	Tablets	
64	Neomycin	Skin ointment	
65	Nifedipine	Tablet	
66	Nitrofurantoin	Tablet	
67	Normal saline (0.9%)	Solution	
68	Oral polio vaccine	Oral	
69	Oral rehydration salts	Powder	
70	Oxygen	Inhalation	
71	Oxymetazoline	Nasal drops	
72	Oxytocin	Injection	For HP with birthing centers
73	Paracetamol	Injection, tablet, syrup	Not mandated for BHS center/HP
74	PCV	Injection	
75	Pentavalent vaccine (DPT, hepatitis B, and Hemophilus influenza B)	Injection	
76	Permethrin	Lotion, cream	
77	Pheniramine	Injection	
78	Phenobarbital	Tablet, injection	Not mandated for BHS center/HP
79	Povidone iodine	Solution	
80	Pralidoxime sodium	Injection	
81	Prednisolone	Tablet	
82	Primaquine	Tablet	
83	Pyridoxine	Tablet	

Continued…

Table A19—*Continued*

Serial number	Medicine	Dosage form	Remarks
84	Ranitidine	Tablet, injection	
85	Ringer's lactate	Injectable solution	
86	Risperidone	Tablet	
87	Rotavirus vaccine	Injection	
88	Salbutamol	Solution, oral liquid, metered dose inhaler	
89	Silver sulfadiazine	Cream	
90	Sodium valproate	Tablet	
91	Td booster dose	Injection	
92	Tetanus toxoid vaccine	Injection	
93	Tetracycline	Eye ointment	
94	Tinidazole	Tablet	
95	Vitamin A	Capsule	
96	Vitamin B complex	Tablet	
97	Vitamin K1	Injection	
98	Zinc sulphate	Dispersible tablet	

BCG = Bacille Calmette-Guerin; BHS = basic health services; DPT = diphtheria, pertussis, and tenatun; fIPV = fractionated inactivated polio virus; HP = health post; HPV = human papillomavirus; IM = intramuscular; IV = intravenous; MDT = multidrug therapy; PCV = pneumococcal conjugate vaccine; Td = tetanus-diphtheria

Source: Operating Procedure for Basic Health Services, 2079. Curative Service Division, Department of Health Services, Ministry of Health and Population.

Table A20 Number of sanctioned and filled positions and percentages of sanctioned positions filled for different provider categories, by province and level of health facility, 2021 Nepal HFS

Province	Level of HFs	Provider category											
		Medical officers			Nurses			Paramedics[a]			All providers[b]		
		S	F	%	S	F	%	S	F	%	S	F	%
Koshi	Federal	23	9	39.1	67	66	98.5	16	16	100.0	106	91	85.8
	Provincial	14	7	50.0	26	20	76.9	40	30	75.0	80	57	71.3
	Local	33	11	33.3	42	21	50.0	355	243	68.5	430	275	64.0
	Total	70	27	38.6	135	107	79.3	411	289	70.3	616	423	68.7
Madhesh	Federal	19	15	78.9	60	46	76.7	42	35	83.3	121	96	79.3
	Provincial	25	18	72.0	54	27	50.0	49	30	61.2	128	75	58.6
	Local	38	21	55.3	44	25	56.8	484	413	85.3	566	459	81.1
	Total	82	54	65.9	158	98	62.0	575	478	83.1	815	630	77.3
Bagmati	Federal	268	208	77.6	611	558	91.3	170	141	82.9	1,049	907	86.5
	Provincial	12	4	33.3	30	23	76.7	28	18	64.3	70	45	64.3
	Local	39	17	43.6	52	33	63.5	268	228	85.1	359	278	77.4
	Total	319	229	71.8	693	614	88.6	466	387	83.0	1,478	1,230	83.2
Gandaki	Federal	48	16	33.3	110	63	57.3	31	13	41.9	189	92	48.7
	Provincial	4	2	50.0	8	8	100.0	17	7	41.2	29	17	58.6
	Local	19	8	42.1	24	10	41.7	199	123	61.8	242	141	58.3
	Total	71	26	36.6	142	81	57.0	247	143	57.9	460	250	54.3
Lumbini	Federal	6	6	100.0	24	24	100.0	14	14	100.0	44	44	100.0
	Provincial	66	16	24.2	137	57	41.6	100	69	69.0	303	142	46.9
	Local	32	12	37.5	40	26	65.0	342	252	73.7	414	290	70.0
	Total	104	34	32.7	201	107	53.2	456	335	73.5	761	476	62.5
Karnali	Federal	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
	Provincial	12	2	16.7	18	12	66.7	34	17	50.0	64	31	48.4
	Local	9	3	33.3	11	5	45.5	184	137	74.5	204	145	71.1
	Total	21	5	23.8	29	17	58.6	218	154	70.6	268	176	65.7
Sudurpaschim	Federal	18	8	44.4	32	19	59.4	6	4	66.7	56	31	55.4
	Provincial	33	11	33.3	81	63	77.8	93	67	72.0	207	141	68.1
	Local	13	2	15.4	10	4	40.0	254	165	65.0	277	171	61.7
	Total	64	21	32.8	123	86	69.9	353	236	66.9	540	343	63.5
National	Federal	382	262	68.6	904	776	85.8	279	223	79.9	1,565	1,261	80.6
	Provincial	166	60	36.1	354	210	59.3	361	238	65.9	881	508	57.7
	Local	183	74	40.4	223	124	55.6	2,086	1,561	74.8	2,492	1,759	70.6
	Total	731	396	54.2	1,481	1,110	74.9	2,726	2,022	74.2	4,938	3,528	71.4

F = number of filled positions; S = number of sanctioned positions

[a] Includes health assistants, auxiliary health workers, senior auxiliary health workers, public health inspectors, public health officers, and auxiliary nurse midwives.

[b] Includes medical officers, nurses, and paramedics

Table A21 Percentages of antenatal clients for whom observed consultations included basic physical examinations, preventive interventions, and counseling on danger signs, by level of health facility, 2021 Nepal HFS

	Federal HFs	Provincial HFs	Local HFs	All public HFs
Basic physical examination				
Measured blood pressure	88.8	86.7	85.3	85.8
Weighed client	84.1	77.3	82.3	81.5
Checked fetal position (at least 8 months pregnant)	71.7	55.2	75.2	71.3
Checked uterine/fundal height[a]	18.1	16.9	11.3	12.7
Listened to fetal heart (at least 5 months pregnant)[b]	58.7	46.3	72.5	67.1
Examined conjunctiva/palms for anemia	14.1	18.4	21.7	20.6
Examined legs/feet/hands for edema	21.8	10.2	18.5	17.3
Examined the client's nipples and breasts	1.4	2.7	1.6	1.8
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	70.7	71.0	75.2	74.1
Provider explained purpose of iron or folic acid tablets	11.6	17.1	24.8	22.5
Provider explained how to take tablets	12.6	23.5	32.4	29.5
Provider gave or prescribed tetanus/diphtheria vaccine	28.4	33.2	23.8	25.8
Provider explained purpose of tetanus/diphtheria vaccine	5.4	9.1	13.9	12.5
Provider gave or prescribed albendazole	13.5	25.7	27.9	26.5
Provider explained purpose of albendazole	1.3	6.3	8.9	7.9
Danger signs in counseling				
Vaginal bleeding or spotting	23.2	22.6	11.7	14.4
Fever	13.0	6.1	9.0	8.7
Headache or blurred vision	11.1	13.3	14.1	13.8
Swollen hands, face, or body	14.8	15.6	17.2	16.7
Tiredness, shortness of breath	4.7	2.8	3.8	3.7
Fetal movement: Loss of, excessive, or normal	30.3	19.4	18.5	19.5
Convulsions or loss of consciousness	5.2	3.8	5.9	5.4
Severe lower abdominal pain	31.7	27.0	28.7	28.6
Any of the above danger signs	55.3	48.0	46.0	47.0
Number of antenatal care clients	**104**	**269**	**1,146**	**1,519**

HF = health facility

[a] By palpating the client's abdomen, using an ultrasound device to assess the gestational age of the fetus, or using a tape measure to measure fundal height

[b] Either with a fetal stethoscope or by using an ultrasound device

Table A22 Percentages of observed deliveries for which information was collected and standard precautions and physical examinations were performed during initial client assessment, by level of health facility, 2021 Nepal HFS

Information collected/precautions/examinations	Federal HFs	Provincial HFs	Local HFs	All public HFs
Provider asked about danger signs the pregnant woman experienced				
Vaginal bleeding	37.2	41.4	78.1	47.5
Fever	33.8	9.0	7.5	13.8
Severe headaches or blurred vision	17.3	6.8	0.0	7.7
Swollen face or hands	11.0	20.9	4.4	15.7
Convulsions or loss of consciousness	6.9	4.1	0.0	3.9
Severe difficulty breathing	6.9	11.8	4.3	9.4
Persistent cough for 2 weeks or longer	4.1	1.4	0.0	1.7
Severe abdominal pain	53.1	54.6	62.9	55.9
Foul-smelling vaginal discharge	33.8	27.7	18.0	27.1
Frequent or painful urination	21.2	17.2	16.0	17.8
Decrease or stop in fetal movement	69.6	48.5	67.4	56.4
At least one danger sign (any of above)	92.0	75.8	87.5	81.3
Other problems the client is concerned about	15.8	18.4	8.0	15.9
Experience of complications during previous pregnancies				
Heavy bleeding during or after delivery	28.2	4.8	6.4	9.9
Anemia	13.2	2.7	6.4	5.6
High blood pressure	28.2	8.3	6.4	12.0
Convulsions	6.9	0.0	0.0	1.4
Multiple pregnancies	15.8	6.9	6.4	8.6
Prolonged labor	26.1	2.7	10.0	8.9
Prior neonatal deaths	29.4	13.2	6.4	15.2
Prior stillbirths	22.0	13.8	0.0	12.8
Prior abortion/miscarriage	37.0	35.1	9.4	30.6
Preterm delivery	15.8	9.8	6.4	10.4
Laboratory test: HIV status				
Checked woman's HIV status (checked chart or asked woman)	92	71.3	35.5	68.7
Standard precautions for infection control				
Washed hands with soap and water before any initial examination	63.6	49.8	73.6	57.1
Wore high-level disinfected or sterile gloves before performing vaginal examination	100.0	98.6	96.9	98.6
General examination				
Took temperature	75.2	37.5	15.0	40.9
Took pulse	96.0	63.6	28.0	63.5
Took blood pressure (total)	96.0	90.4	82.4	90.0
In sitting or lateral position	96.0	86.9	82.4	87.9
With arm at heart level	65.8	77.6	61.2	72.0
Asked whether woman had passed urine	83.5	81.0	79.8	81.3
Performed general examination for anemia	39.7	38.2	3.1	31.9
Performed general examination for edema	19.5	30.8	13.9	25.3
Explained procedures or provided support before proceeding	23.0	44.0	25.0	36.1

Continued…

Table A22—*Continued*

Information collected/precautions/examinations	Federal HFs	Provincial HFs	Local HFs	All public HFs
Abdominal examination				
Checked fundal height	36.8	21.8	30.7	26.6
Checked fetal presentation by palpation of abdomen	92.0	70.1	83.0	77.0
Checked fetal heart rate with fetoscope	45.3	30.1	20.6	31.4
Checked fetal heart rate with Doppler	91.9	92.6	72.5	88.6
Checked fetal heart rate with ultrasound	4.0	5.1	3.1	4.5
Checked fetal heart rate with any of the above (fetoscope, Doppler, or ultrasound)	100.0	98.6	90.0	97.3
Vaginal examination				
Performed vaginal examination	100.0	98.6	100.0	99.2
Informed woman of findings	85.8	88.4	96.9	89.5
Recorded the findings	100.0	91.1	93.7	93.4
Number of observed deliveries	**21**	**64**	**20**	**105**

HF = health facility

Table A23 Percentages of sick children whose observed consultations with providers included indicated components, by level of health facility, 2021 Nepal HFS

Components of consultation	Federal HFs	Provincial HFs	Local HFs	All public HFs
History: General danger signs				
Inability to eat or drink anything	20.9	27.4	21.1	21.7
Vomiting everything	31.0	33.0	27.3	28.0
Convulsions	2.8	6.2	5.0	5.0
Child is unconscious/lethargic	2.7	5.1	3.5	3.7
All general danger signs	0.0	0.3	0.8	0.7
History: Main symptom				
Cough or difficulty breathing	72.3	76.7	71.7	72.2
Diarrhea	28.6	38.0	42	41.1
Fever	74.9	81.8	82.5	82.1
All three main symptoms[a]	16.0	26.3	28.5	27.8
Ear pain or discharge from ear	6.6	8.3	19.2	17.6
All three main symptoms plus ear pain/discharge	2.6	3.8	12.3	11.0
Physical examination				
Took child's temperature with thermometer[b]	65.8	74.0	70.9	71.0
Counted respiration (breaths) for 60 seconds	25.2	25.9	23.4	23.8
Counted pulse	0.8	5.3	2.0	2.3
Auscultated child (listened to the chest with a stethoscope) or counted pulse[c]	78.7	73.6	59.8	67.8
Checked skin turgor for dehydration	9.6	13.0	7.8	8.4
Checked for pallor by looking at palms	2.8	5.6	2.8	3.1
Checked for pallor by looking at conjunctiva	16.7	11.6	8.2	8.9
Looked into child's mouth	15.3	17.1	7.0	8.4
Checked for neck stiffness	0.8	1.7	0.4	0.6
Looked in child's ear	5.3	4.0	4.6	4.6
Felt behind child's ears for tenderness	1.1	4.2	4.9	4.7
Pressed both feet to check for edema	0.8	1.6	1.5	1.4
Checked for enlarged lymph nodes	1.1	3.1	1.4	1.6
Measured height	3.6	4.8	1.7	2.1
Weighed the child	83.2	80.4	70.8	72.3
Plotted weight on growth chart	8.2	30.3	22.2	22.4
Essential advice to caretaker				
Give extra fluids to child	17.3	19.5	25.9	24.9
Continue feeding child	25.3	18.4	21.8	21.6
Symptoms requiring immediate return	25.0	23.1	13.1	14.6
Number of sick child observations	**82**	**198**	**1,674**	**1,954**

HF = health facility

[a] Cough or difficulty breathing, diarrhea
[b] Either the provider or another health worker in the HF was observed measuring the child's temperature, or the HF had a system whereby all sick children have their temperatures measured before being seen
[c] Not applicable below the primary health care center level

Table A24 Percentages of female family planning clients whose observed consultations included indicated components, by level of health facility, 2021 Nepal HFS

Components of consultation	Federal HFs	Provincial HFs	Local HFs	All public HFs
Privacy and confidentiality				
Visual privacy assured	73.7	84.5	74.6	75.2
Auditory privacy assured	69.5	76.6	67.6	68.2
Confidentiality assured	17.2	14.5	13.2	13.4
All three counseling conditions on privacy and confidentiality met[a]	17.2	14.5	11.5	11.9
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	0.0	0.0	1.2	1.1
Use of condoms as dual method[b]	1.1	0.0	0.4	0.4
Any discussion related to STIs[c]	1.1	1.3	1.3	1.3
Concerns, side effects, and individual client cards				
Concerns about methods discussed[d]	57.7	40.3	37.6	38.4
Side effects discussed[e]	43.1	47.1	36.7	37.6
Individual client card reviewed during consultation	43.1	66.5	67.4	66.6
Individual client card written on after consultation	91.2	89.6	84.3	84.9
Visual aids and return visit				
Visual aids used during consultation	27.2	17.4	5.1	6.6
Return visit discussed	70.8	66.0	77.3	76.4
Number of female family planning clients observed	**26**	**56**	**764**	**846**

HF = health facility; STI = sexually transmitted infection

Note: This table includes results for clients from three private hospitals that are not shown separately.

[a] Visual and auditory privacy and confidentiality assured during consultation
[b] Use of condoms to prevent both pregnancy and STIs
[c] Discussed risks of contracting STIs, using condoms to prevent STIs, or using condoms as dual method
[d] Provider asked client about concerns with family planning method
[e] Method-specific side effects discussed with client, if client was provided or prescribed a method

Table A25 Percentages of postpartum women satisfied with different aspects of services received, by province and level of health facility, 2021 Nepal HFS

Province	Level of public HFs	Waiting time	Information received from provider	Provider's level of skill in delivering the baby	Politeness and empathy of the staff with whom client consulted	Cleanliness of the HF	Level of privacy	Care received	Number of interviewed clients
Koshi	Federal	65.0	95.0	95.0	95.0	85.0	90.0	95.0	20
	Provincial	95.7	91.3	91.3	100	91.3	95.7	95.7	23
	Local	90.9	90.9	90.9	90.9	72.7	72.7	63.6	11
	Total	83.3	92.6	92.6	96.3	85.2	88.9	88.9	54
Madhesh	Federal	84.9	75.8	87.9	81.8	72.7	84.9	75.8	33
	Provincial	84.1	70.5	72.7	79.6	68.2	56.8	77.3	44
	Local	88.9	88.9	88.9	77.8	88.9	94.4	94.4	18
	Total	85.3	75.8	81.1	80.0	73.7	73.7	80.0	95
Bagmati	Federal	85.3	85.3	91.2	85.3	70.6	82.4	94.1	34
	Provincial	87.5	87.5	93.8	87.5	81.3	93.8	87.5	16
	Local	100	100	100	100	92.9	85.7	100	14
	Total	89.1	89.1	93.8	89.1	78.1	85.9	93.8	64
Gandaki	Federal	50.0	100	100	100	70.0	80.0	100	10
	Provincial	100	71.4	85.7	100	71.4	85.7	71.4	7
	Local	100	100	100	100	50.0	50.0	100	2
	Total	73.7	89.5	94.7	100	68.4	79.0	89.5	19
Lumbini	Federal	100	94.7	100	100	94.7	100	100	19
	Provincial	74.0	71.2	79.5	79.5	71.2	61.6	78.1	73
	Local	62.5	100	100	100	87.5	62.5	87.5	8
	Total	78.0	78.0	85.0	85.0	77.0	69.0	83.0	100
Karnali	Federal	100	100	100	100	100	100	100	2
	Provincial	73.9	87.0	91.3	91.3	82.6	73.9	87.0	23
	Local	83.3	66.7	66.7	50.0	83.3	33.3	83.3	6
	Total	77.4	83.9	87.1	83.9	83.9	67.7	87.1	31
Sudurpaschim	Federal	66.7	50.0	100	66.7	100	83.3	83.3	6
	Provincial	74.3	68.6	85.7	77.1	62.9	71.4	77.1	35
	Local	100	100	100	90.9	72.7	90.9	100	11
	Total	78.9	73.1	90.4	78.9	69.2	76.9	82.7	52
National	Federal	80.7	85.5	93.6	88.7	79.0	87.1	90.3	9
	Provincial	80.1	75.6	82.8	83.7	73.3	70.1	81.0	221
	Local	90.0	92.9	92.9	87.1	82.9	78.6	90.0	70
	Total	81.9	81.5	87.7	85.8	76.6	76.6	85.3	415

HF = health facility

Table A26 Distance to the nearest public health facility, by province, 2022 Nepal DHS

Province	Percentages of women with a public HF as the nearest HF, categorized by distance to the HF				Number of women with a public HF as the nearest HF
	<30 minutes	30–59 minutes	60–119 minutes	≥2 hours	
Koshi	60.5	21.9	10.8	6.9	1,748
Madhesh	81.8	16.1	2.1	0.1	1,698
Bagmati	61.5	19.4	12.3	6.8	1,060
Gandaki	62.9	22.3	12.3	2.4	732
Lumbini	65.4	19.7	12.4	2.5	1,266
Karnali	56.1	19.7	16.8	7.3	788
Sudurpaschim	54.1	26.1	16.5	3.3	757
National	65.1	20.2	10.6	4.0	8,049

HF = health facility

Table A27 Means of transportation to the nearest public health facility, by province, 2022 Nepal DHS

Province	Percentages of women with a public HF as the nearest HF, categorized by means of transportation to the HF				Number of women with a public HF as the nearest HF
	Motorized	Non-motorized	Walking	Other	
Koshi	20.0	9.9	70.0	0.1	1,748
Madhesh	11.6	3.4	84.8	0.2	1,698
Bagmati	11.6	5.4	82.7	0.3	1,060
Gandaki	12.0	2.2	85.5	0.3	732
Lumbini	11.1	5.3	83.4	0.1	1,266
Karnali	2.8	0.2	96.9	0.2	788
Sudurpaschim	5.0	10.6	84.2	0.1	757
National	11.9	5.6	82.3	0.2	8,049

HF = health facility

Table A28 Out-of-pocket payment for basic health services received at public health facilities, by province and level of facility, 2021 Nepal HFS

		Percentages of clients who paid for specific services							
Province	Level of HFs	ANC	Number	Normal childbirth	Number	Sick child care	Number	Family planning	Number
Koshi	Federal	62.7	8	71.4	10	93.2	7	100	2
	Provincial	51.5	33	12.5	11	83.0	31	31.3	11
	Local	13.7	162	0.0	8	13.1	211	2.2	156
	Total	21.7	203	28.9	29	24.1	249	5.3	169
Madhesh	Federal	91.3	10	58.1	10	71.3	13	13.2	10
	Provincial	78.6	29	41.2	11	91.8	22	17.7	6
	Local	11.2	302	12.5	8	9.8	525	4.2	169
	Total	19.3	341	43.9	29	14.3	560	5.1	185
Bagmati	Federal	63.0	51	5.0	21	88.2	42	35.3	6
	Provincial	65.2	32	33.3	17	86.4	24	42.9	2
	Local	13.6	112	0.0	8	17.1	170	3.1	111
	Total	35.1	196	12.1	47	36.8	237	5.4	119
Gandaki	Federal	93.3	11	0.0	16	76.8	5	33.3	1
	Provincial	74.0	27	25.0	7	81.9	19	18.0	6
	Local	12.7	56	0.0	3	9.0	116	0.0	74
	Total	39.8	95	9.3	27	21.3	140	1.6	80
Lumbini	Federal	73.3	15	11.4	5	79.2	9	0.0	4
	Provincial	64.0	63	52.1	3	74.3	43	52.5	14
	Local	20.2	261	9.8	0.4	5.5	336	1.7	128
	Total	30.7	338	36.5	8	14.8	388	6.6	146
Karnali	Federal	0.0	3	0.0	14	50.0	4	25.0	1
	Provincial	57.9	34	0.0	37	79.1	24	28.6	6
	Local	10.2	62	0.0	9	10.9	111	5.9	40
	Total	26.2	99	0.0	60	23.8	139	9.4	48
Sudurpaschim	Federal	80.0	6	20.0	2	60.0	3	0.0	1
	Provincial	60.3	50	34.8	12	77.8	35	44.8	11
	Local	6.7	191	0.0	3	9.2	205	2.4	87
	Total	19.4	248	27.0	17	19.7	243	7.0	99
National	Federal	69.6	104	31.3	6	81.6	82	23.4	26
	Provincial	63.8	269	35.1	26	81.0	198	36.7	56
	Local	13.1	1,146	5.1	6	10.0	1,674	2.7	764
	Total	25.9	1,519	28.9	37	20.2	1,954	5.6	846

ANC = antenatal care; HF = health facility