



Improving clients' satisfaction with antenatal care services in Nepal

Assessing the satisfaction of clients (women) with antenatal services provided by health facilities can help inform plans to increase service utilization and improve quality

Pregnancy and childbirth are considered to be particularly vulnerable periods in a woman's life, exerting long-term impact on the health of both mother and child. Availability of and access to quality antenatal care (ANC) services is therefore a crucial component of any well-functioning health system.

The Nepal Health Sector Strategy (NHSS) 2015-2020—in its bid to accelerate progress towards universal health coverage—has committed to improving quality of care in health facilities as one of its four strategic pillars¹. It defines quality of care as effective, safe, client-centered, timely, equitable, efficient and reliable provision of service. Within this framework, health facility's readiness—namely, the capacity of a given health facility to deliver the given service—is also one of the prerequisites of quality. This includes the presence of trained staff, guidelines, and necessary infrastructure, equipment, medicines and diagnostic tests.

However, quality and readiness mean little unless they translate into satisfaction of clients, which must also therefore be assessed alongside other factors, and the response incorporated into efforts to enhance the service in question. This applies just as well to ANC provisions, where examination of women's satisfaction with the available

Figure 1: Level of satisfaction with ANC service among exit clients

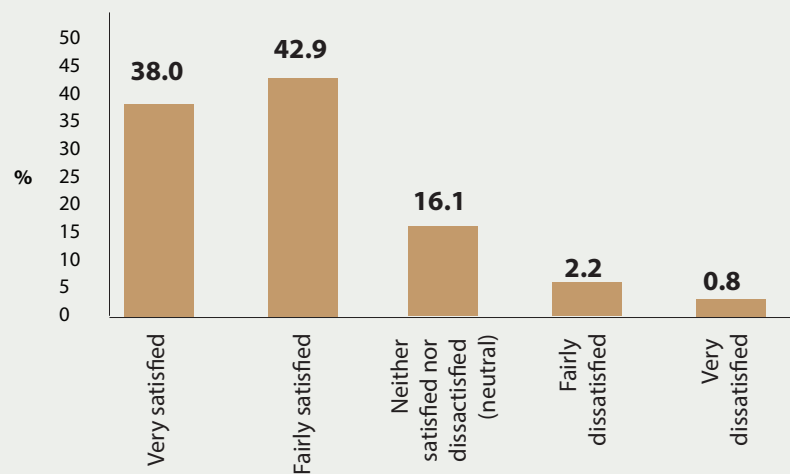
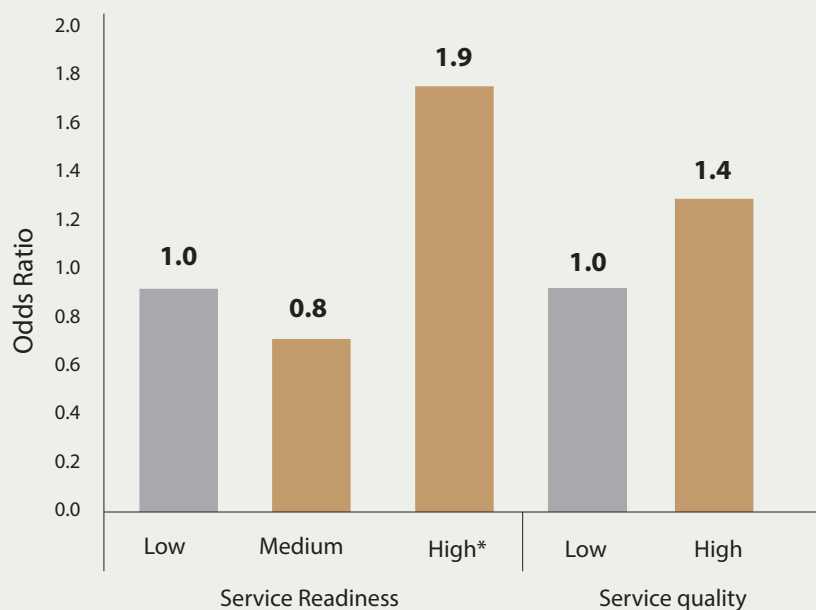


Figure 2: Association of clients' satisfaction with readiness and quality of ANC services, measured by odds ratio

(* $p < 0.05$) (1.0=reference category)



Analysis: Using data from the Nepal Health Facility Survey (NHFS) 2015, this analysis examined information from 569 clients who came for their first ANC visit. Client related results were analyzed but facility related results were adopted from the published report². Logistic regression analysis was performed to examine the association of service readiness and service quality with clients' satisfaction as outcome. Individual/client, health facility and other influential factors were controlled.

Service readiness of a given health facility was categorized into high, medium and low depending on availability of service delivery guideline and job-aid; equipment; availability of diagnostic tests (hemoglobin and urine dipstick-protein) and medicine and commodities. Similarly, service quality was categorized into high and low based on patient safety; service effectiveness; timeliness/timely manner; and patient-centeredness³.

facilities can be made to inform plans to increase service utilization and improve outcomes. This policy brief assesses service readiness and quality as factors of clients' satisfaction with ANC services in Nepal, so as to provide recommendations on how that satisfaction can be improved in the future.

Results show

- Ninety nine percent of the government health facilities in Nepal offer ANC services².
- One in every four health facilities has guidelines on ANC, although in the case of private facilities, this holds true for only a small minority (4 percent). (Table 1A)
- One in five first ANC visit clients were counseled on at least three danger signs of pregnancy (Table 1B)
- Thirty eight percent of clients were very satisfied with the services received (Figure 1).
- Client satisfaction was significantly associated with service readiness

at facilities and not with service quality (Figure 2).

- The perception of quality might be highly subjective, impacting how a given client assesses her own satisfaction—this could be a potential reason for the above mentioned absence of association between quality and satisfaction.

What should be done?

- Prioritize improvements in the key components of the minimum standards for ANC service readiness in health facilities—both public and private—in all ecological zones.
- Plan and allocate resources to improve service readiness of health facilities to ensure satisfaction of ANC service-seekers at the local level.
- Raise awareness among clients about their right to receive good quality services, as well as helping them understand what comprises good quality in the first place.

Table 1A. Percentage of health facilities with provision of service readiness and service quality status

	Managing authority		Ecological zone			National
	Public	Private	Mountain	Hill	Terai	
Components of ANC service readiness*						
Facilities that offer ANC	98.7	86.4	100	99.4	94.7	97.8
Guidelines on ANC	26.4	4.3	17.5	25.8	26.5	25.0
Staff trained for ANC	27.9	11.5	24.2	25.0	30.6	26.9
Functioning blood pressure apparatus	85.3	94.8	88.8	83.9	87.8	85.9
Stethoscope	88.4	95.2	92.4	86.4	91.2	88.9
Capacity to conduct any hemoglobin test	9.3	93.7	10.3	12.5	19.9	14.8
Dip sticks for urine protein	9.9	91.7	8.7	15.3	17.6	15.2
All essential medicines	91.8	69.7	94.9	95.1	81.7	90.4

Table 1B. Percentage of clients reporting on service quality components (N=569)

Components of quality ANC services						
Client received ANC services from an SBA	48.5	20.5	42.6	33.9	51.2	43.0
Being counseled on at least three danger signs	18.2	23.3	27.5	23.2	15.1	19.2
Client recommended facility to others	97.0	96.3	98.6	97.5	96.1	96.8
Client reported no problems regarding waiting time	69.0	60.7	74.9	68.6	65.9	67.4

Source: *Facility related results - Nepal Health Facility Survey, 2015

The contents of this brief do not necessarily reflect the official views of the Government of Nepal, Ministry of Health and Population and the UK aid.

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