

**Czech University of Life Science Prague
Faculty of Economics and Management**

Department of Management



Development of Health Services Management in Nepal

Bachelor Thesis

Srijana Karki

Supervisor

Ing. Richard Selby, Ph.D. (Management)

Prague 2016

BACHELOR THESIS ASSIGNMENT

Srijana Karki

Economics and Management

Thesis title

Development of Health Services Management in Nepal

Objectives of thesis

The aim of the thesis is to find out the current situation of health sector in Nepal and the hindrance in the proper management of health care services and to figure out the issues affecting rural health services, for the purpose of improvement in health standards of rural community in Nepal.

Methodology

The proposed methodology to be used will be

1. Comparative analysis of health services
2. Survey method of Questionnaire.
3. SWOT analysis of health sector in rural areas of Nepal.

The proposed extent of the thesis

Approx 40-50 pages

Keywords

Nepal, Health service, Management

Recommended information sources

<http://asia.isp.msu.edu/nepal/Nepal%20Study%20Guide/Unit10.pdf>

<https://www.giz.de/en/downloads/giz2011-en-assessment-government-health-financing-nepal.pdf>

http://www.gripweb.org/gripweb/sites/default/files/Nepal_-_EPR_Publications_Final_Report_Hospital_assessment_.pdf

Expected date of thesis defence

2015/16 SS – FEM

The Bachelor Thesis Supervisor

Ing. Richard Selby, Ph.D.

Supervising department

Department of Management

Electronic approval: 3. 3. 2016

prof. Ing. Ivana Tichá, Ph.D.

Head of department

Electronic approval: 3. 3. 2016

Ing. Martin Pelikán, Ph.D.

Dean

Prague on 08. 03. 2016

Declaration

I declare that I have worked on my bachelor thesis titled "Development of health services Management in Nepal" by myself and I have used only the sources mentioned at the end of the thesis. As the author of the diploma thesis, I declare that the thesis does not violate copyrights of any third person.

Srijana Karki

Prague 14th March 2016

Acknowledgement

First, I would like to extend my sincere gratitude to my supervisor Selby Richard, Ph.D for his valuable guidance, suggestions, inspiration as well as co-operation in completing thesis. Without his valuable suggestions and time, I would not have been able to complete it in this form.

Furthermore, I would like to extend my thanks to especially Saurav Pokhrel, Bijay Gurung, Suraj Ghimire, Rojina Shrestha and many others seen and unseen involved during the entire period for the completion of the project and hence I would like to thanks from the bottom of my heart.

Lastly, I am grateful to Mr. Ujwal AC and my family for their love, support and encouragement throughout the years of my undergraduate studies.

Development of health services Management in Nepal

Abstract

The last two decades which has witnessed a global transformation in the health of the human and has led people to live healthier and longer life. Health care delivery in Nepal is unable to meet the health care need of the general public. It needs proper discussion, revision and training. The primary objectives of this thesis is to find out the current situation of health sector in Nepal and the hindrance in the proper management of health care services. The partial objective is to figure out the issues affecting rural health services, for the purpose of improvement in health standards of rural community in Nepal. The methodology of the research was done by collecting secondary information from the webpages such as Google Scholar and some other online resources.

After analyzing the survey result it has shown that most of the people were satisfied with the services provided in the hospitals but not satisfied with the cost associated with it. The results obtained from chi square shows that the people living in urban area have more access to the medical insurance than rural areas although there is very less population who have access to the medical insurance in overall Nepal. The project verified that the present situation of health care services in Nepal was satisfactory but the cost were not affordable for the most of the citizen.

Keywords: Health Service, Rural, Development, Nepal, Financing

Rozvoj systému řízení zdravotnických služeb v Nepálu

Abstrakt

V posledních dvou desetiletích jsme svědky celkové transformace lidského zdraví, během které začali lidé žít zdravější a delší životy. Zdravotnictví v Nepálu není schopno zajistit široké veřejnosti potřebnou péči o zdraví. Je třeba skutečné debaty, změn a vzdělávání. Prvořadými cíli této diplomové práce je zjištění stávající situace nepálského zdravotnictví a nalezení překážek, které brání řádnému řízení poskytování zdravotnických služeb. Dílčím cílem je nalezení problémů, které ovlivňují zdravotnictví na venkově a tím umožnit zlepšení zdravotních standardů venkovské komunity v Nepálu. Průzkum probíhal metodou shromažďování druhotných informací z internetových stránek jako je Google Scholar a z jiných online zdrojů.

Analýzou výsledků průzkumu bylo zjištěno, že většina obyvatelstva je spokojena s úrovní služeb poskytovaných v nemocnicích, ale není spokojena s výší výdajů za tyto služby. Výsledky získané z testu dobré shody (chí kvadrát) dokládají, že lidé žijící v městských oblastech mají lepší přístup ke zdravotnímu pojištění, než lidé z venkovských oblastí, i když je v celém Nepálu celkově nízký počet obyvatelstva, který má přístup k lékařskému pojištění. Projekt přinesl informaci, že stávající situace v poskytování zdravotnických služeb v Nepálu je uspokojivá, nicméně si je pro jejich cenu většina občanů nemůže dovolit.

Klíčová slova: zdravotnictví, venkov, rozvoj, Nepál, financování

Table of Contents

Table of Figures	x
List of Tables	x
1. Introduction.....	1
2. Objectives and Methodology	2
3. Literature Review	3
3.1 Situation Analysis of Health Service	3
3.2 Factors affecting health	5
3.2.1 Human biology (Biological determinants)	5
3.2.2 Behavioral conditions and ways of living	5
3.2.3 Environment	6
3.2.4 Economic status	6
3.2.5 Education	7
3.2.6 Occupation	7
3.2.7 Political system.....	7
3.2.8 Other factors	8
3.3 Organizations involved in health sector in Nepal	8
3.3.1 Nepal public health network (NPHN)	8
3.3.2 Nepal Red Cross Society	9
3.3.3 Nurse Practitioner Healthcare Foundation (NPHF).....	10
3.3.4 World Health Organization.....	10
3.4 Health services and facilities.....	11
3.4.1 Primary Health Centers.....	12
3.4.2 Health Posts	12
3.4.3 Hospitals	12
3.5 Issues affecting health services in rural areas of Nepal	13
3.5.1 Transportation.....	13
3.5.2 Faith healing Treatment	13
3.5.3 Poverty	14
3.5.4 Lack of education	14
3.5.5 Lack of health personnel and equipment	14
3.6 Health care services	16
3.7 Nepal health sector program implementation plan II (NHSP 2-IP).....	17

3.8	Developmental plan of health services	19
3.9	Health financing system in Nepal	21
4.	Practical part	24
4.1	Survey Method	24
4.1.1	Google Forms	24
4.1.2	Data analysis methods for survey data	25
4.2	Comparison of medical insurance in Urban and Rural area.....	30
4.2.1	Chi-square.....	31
5.	Result and discussion.....	32
6.	Conclusion and Recommendation	33
7.	References.....	34
8.	Abbreviations.....	36
9.	Appendix.....	37

Table of Figures

Table 1: Number of health facilities and hospital beds in Nepal..... 11
Table 2: Human Resources department of health..... 15
Table 3:Chi-square..... 31

List of Tables

Figure 1: Types of Hospitals..... 12
Figure 2: Types of Health Care Services 16
Figure 3: Conceptual Framework 22

1. Introduction

The last two decades which has witnessed a global transformation in the health of the human and has led people to live healthier and longer life. If consequences for population size and structure are observed and studied, better health always helps to boost in the rates of economic growth worldwide (International Monetary Fund, 2004). As we are the citizens of 21st century, we are living in amazing times.

Society is not only a combination of people but also made from various system that makes the part of different structures or the social system. Health system is also one of the important part of the social system. The interaction and influence of different factors like political, economic, educational and health system can be found in many ways. Health care system is affected by the external factors that is why health care system is called open system (International Monetary Fund, 2004).

It is important in health sector to maintain high quality of health services compared to others both for the society that is responsible to keep every individual healthy and to those individuals who always depends on the health care providers. Illness and its treatment is one of the problematic condition that affects all level of patient to work and socialize in the normal life.

Nepal is a poor and undeveloped country which is now focusing on the issues that arise in health sector to improve the living standard of each and every citizen. But Nepal is still facing the problems like lack of trained doctors and health workers, machines and devices for the treatment in the rural part of the country. The government and non-governmental organizations are not able to provide proper health quality services to the people living in the rural area (Magar, 2011).

Health care delivery in Nepal is unable to meet the health care need of the general public. It needs proper discussion, revision and training. Although the main issue of the poor quality health service is displayed as infrastructure and health delivery system, it is not only factor. The main factor of the backwardness in the health sector in the present situation is politicization and lack of bureaucratic commitment. The instable government condition of the country is causing the health system in the deteriorating level (Magar, 2011).

2. Objectives and Methodology

The primary objectives of this thesis to find out the current situation of health sector in Nepal and the hindrance in the proper management of health care services. The partial objective is to figure out the issues affecting rural health services, for the purpose of improvement in health standards of rural community in Nepal.

The methodology of the research was based on the study of the articles, journal, relevant books and some other information collected from the local people using health services. Study was also done by collecting secondary information from the webpages such as Google Scholar and some other online resources.

Firstly, the research tried to understand Nepalese people perception about the health services that are used by them in daily, weekly monthly or yearly basis. For this purpose, questionnaires survey method is used via forms.google.com. More than 40 responses from respondents residing in Nepal without restriction of age and sex were collected and analyzed. Descriptive analysis method was used in order to analyze the data from survey. The data has been displayed in pie chart for the description.

Secondly chi square method is used to compare the users among urban and rural areas. For this purpose the question were asked in the survey if they belongs to urban or rural areas and if they have medical insurance? Hypothesis was created from responses of the respondents to make statistical analysis. Chi-square method was used to compare the population who have more access to the medical insurance among rural and urban areas

3. Literature Review

This chapter focuses on the relevant literature review regarding the health services and its facilities in the context of Nepal in general. Emphasis has been given to review the previous articles, journals, books, and online materials relevant to services, facilities, and financing of health thereafter, provide broad explanation of terms and important topics related to it.

3.1 Situation Analysis of Health Service

Nepal is one of the undeveloped countries with an annual per capita income of approximately \$235 per year. Population growth in Nepal is high at 2.3 percent per year. The current population of approximately 23 million people is projected to increase by about 60 percent over the next 20 years. The number of women of reproductive age is expected to increase by 71 percent with a resulting increase in demand for reproductive health services. Life expectancy is at 59 years but there are considerable regional disparities. It is 74.4 years in the Kathmandu valley and the elderly population in urban areas is rising more than three times of increasing demand for treatment of non-communicable diseases. In addition, the disease caused from tobacco and alcohol is being a major problem. The estimation was made that, 60-85 percent of the population over 19 years smoke with the highest number in the mountain areas and more than 50 percent of the population drink alcohol (World Bank, 2016).

Although officially Nepal is a Hindu country, Nepal is rich in religious diversity with substantial Buddhist and a small Muslim and Christian in minorities. The Mountainous land structure and geographic conditions separate the primarily rural population, many living at or below poverty level. The health indicators are very poor in Nepal due to which health services in Nepal are also in bad condition. The well health service facility are not provided to Nepali people mostly in the rural areas. The bed facilities per thousand population is 4.26 (2001/02). Physician per thousand population is just 2 and the nurse per thousand population is also just 2 as per the data of 2004.

Although there is no changes on the public expenditure on health, both in terms of percentage of total budget and GDP, the results in terms of under-five mortality and infant rates have been quite impressive. According to the report of Nepal Millennium Development Goals (MDG), infant mortality rate and under-five mortality rate have reduced from 108 and 162

per 1,000 live births in the base year 1990 respectively and in 2010 it was reduced to 41 and 50 respectively. Similarly, maternal mortality ratio has been decreased from 850 deaths per 100,000 live births in 1990 to 229 in 2010, and the percentage of births attended by skilled birth attendants has been increased from 7 percent to 28.8 percent(SACEPS, 2011).

Health services in Nepal are mostly provided by the public and private sectors as well as non-profit nongovernmental organizations (NGOs) such as Lions clubs, missions and other different associations. Health service providers of public sectors have a hierarchical structure under the Department of Health Services. Even if in reality, the first door for basic health services is the sub health posts, they also serve as referral centers for, traditional birth attendants (TBAs), primary health centers (PHCs) and female community health volunteers (FCHVs).

There are different types of hospitals under the Department of Health services like as targeted/specialty hospitals, teaching hospitals, eye hospitals and other hospitals in which some of them are run by the public sector and some by the private sector and some by both sectors. Hence, the most of the health care system is run by the government. However, private hospitals and nursing homes are far ahead better and effective than the ones run by the government.

Apart from the modern health system, there is also a tradition system of medication. Ayurveda is one of the examples of traditional health systems in Nepal. The Department of Ayurveda runs just one central level hospital with particular services with a capacity of 100 beds. Similarly, there are 30-bed regional hospitals, 14 zonal Ayurveda dispensaries, 59 district Ayurveda health centers and 214 rural dispensaries. There are 239 Ayurveda Doctors with graduates and postgraduates, 754 Ayurveda Health Assistants and 308 Ayurveda Health Workers.

In a very smaller scale, Homeopathic and Unani medicines are also practiced in the country. Previously only government hospitals and health facilities used to be there, but now the private health sector is growing much more than government health sectors. The opening of the door to the private health sector was introduced by government named as National Health Policy. But easy access to private health services is oriented mainly in urban areas. Rural areas were not able to get the benefits and facilities. Also the private sector health services is much more costly than public sector. The good point is that private sector has helped share the burden of the government in providing health services(SACEPS, 2011)

3.2 Factors affecting health

A person's health is determined by the large group of different social, economic and cultural factors. The people living in the same society, or the people having same age, can have vastly different chances of health conditions.

Usually most of the people think that health services is one of the biggest factor in determining health. But some of the other things significantly can affect our possibility of good health. It depends on the individual to have good or bad health, so far in reality there are lots of the determinants of health which are not in own personal control.

If these broad factors are underlined, it is a much deeper level of structural causes and are more difficult to change. These can be summarized as the circulation of money as well as power and resources at global, national and local levels.

3.2.1 Human biology (Biological determinants)

Human biology is one of the major health influence factor in Nepal. At the time of the conception, the gene is the main element that determines the physical and mental location of an individual. The biological factor of an individual is depends on the age and sex as different persons might have different biological factors. It can be altered or changed after conception, the genetic make-up is unique.eg mental retardation, error of metabolism, some kinds of diabetes. Therefore somehow the health of persons depends upon the genetic composition of an individual.

3.2.2 Behavioral conditions and ways of living

Nepal is multicultural nations. There are lots of different tradition, beliefs and values. People don't want to change their beliefs and tradition. They are satisfied with what they are doing even though it is not giving good result. Most of the Nepali from the rural areas they don't go

to hospital when they have health problems. They go to their tradition shamanic healer which is called *Jhankri*. For the Nepali people illness is caused by malevolent powers externally that make an unwelcome entry into the body and disturbs the normal balance creating a host of sicknesses. They believed that the body has been captured by some power causing disease, destruction, and often, death and it can be only treated by *Jhankri* (Khatry, 2011)

3.2.3 Environment

A clean environment is required for an individual to be healthy. The environment of the capital city of Nepal is declining day by day due to the overpopulation. One of the reason of causing health problem is environment. Large number of communicable diseases caused by polluted water, food and air for like eyes infection, ear infection, viral fever etc. are common in Nepal. About 80% communicable disease is caused by drinking polluted water in Nepal. Water that are available is not enough and poor in quality. In most of the rural areas people directly drinks water from ponds, lakes and river. Few people in urban areas are using tube well which is one of the good source of water. Nepal is not well managed for industrialization so the infectious gas from the industry and factory is causing serious problem in health (Nepal, 2005).

3.2.4 Economic status

Economic status of Nepal is very poor. Problems in health sector are increasing not only because of lack in health services and infrastructure but it is because of the lack of food and water. In rural areas because of the poverty, people are eating potatoes and very less amount of green vegetables. They are not able to eat well amount of nutritious food and adequate amount of drinks. There are lots of infants suffering from malnutrition because of just breast feeding without good amount of food. People cannot afford to go to hospital and medicine when they are sick (Deslich).

3.2.5 Education

Education is the one of the important factor for the health care management. It plays direct role in the health. Now a days Nepal government is focusing on women education. Health with education can also lead to good financial condition. Education leads every individual to understand about the way of healthy leaving. Literacy rate of male ages from 15-24 is 89.2 and literacy rate of female ages from 15-24 is 77.5 (Unicef, 2013). Now a day people are being more conscious about health. Government is also paying more attention to the education. Government is providing free education to the individual and providing some rewards like money to the family member for sending their children to the school. Not only that, the young women are also participating in the education called as *praud shikshya* where they can learn about the health education.

3.2.6 Occupation

Work is essential for life and to fulfil the personal needs. Nepal is Agricultural country. About 80% people are engaged in agriculture. New technology are not yet introduced in Nepal for farming. Everything that are required for agriculture are done by the people themselves. People needs to work hard even in the rain or in the sun. These kinds of overworking activities leads people unhealthy. Rest of the people works in Industry and mining, public utility, Construction, transport and communication and very less people works as officer or service. Involving in this type of indispensable activities because of the excessive work can create hazardous to the health. The harmful agents in the work environment can cause serious problem in the health of every individual worker. If this harmful agent is eliminated from a working environment, it will neither affect the worker nor pollute the environment (Vaidhya).

3.2.7 Political system

Political system is also regarded as the major influencing factors for health and economy of the country. Health and health services are directly linked to the political system and the policy of the country. The decision like choice of technology, availability and accessibility of service, resource allocation all these are determined by the political system. The present political situation of the country is not satisfactory due to which the development plan are implementing slower.

3.2.8 Other factors

There are some other factors that influences health in Nepal. The use of advanced technology in information and communication should be developed to provide easy access to the health care. The factor like low quality drinking, epidemic diseases, safe motherhood should be checked and control.

3.3 Organizations involved in health sector in Nepal

There are a large number of organizations of different sizes that provides international health aid. These organizations plays different roles but the aim is similar even if the work is carried out in the different ways. The function of these types of organization or agency is to deliver the basic public health services to most of the cities in the country.

3.3.1 Nepal public health network(NPHN)

Established on: 2011

Mission

- Is to improve the future of public health in Nepal which helps to promote excellence and skill development of students and professionals in public health.

Aim and Objectives

- Aim is to gather and make group of all students and professionals of public health and other related field in Nepal and engage foreign country in raising awareness about the problems and issues of public health faced by people in Nepal.
- Will help the government with various non-governmental organizations in Nepal via providing input in the process of public health policy and program development, improvement of the health status by implementation and evaluation of the people of Nepal (Nepal Public Health Network, 2016).

3.3.2 Nepal Red Cross Society

Established on: 1919

Mission

- To inspire, encourage, facilitate and promote all the human activities at all times by National Societies, for the prevention and mitigation of human suffering, and also provides contribution to the maintenance and promotion of human dignity and peace in the world.

Aim and Objective

- To serve war-victims, both civilians army at the time of battle and the workers working in the fields that are identified by the Geneva Conventions, as well as Tracing, for peace.
- To contribute promoting and improving health condition, reducing suffering and prevention of the diseases.
- To arrange emergency relief services for the victims suffering from disaster.
- To establish Youth and Junior Red Cross as fundamental part of Nepal Red Cross Society and conducts the activities for the promotion of their participation.
- To encourage the fundamental Principles of the Red Cross Movement and International Humanitarian Law using the objective for the development of humanitarian ideas.
- To insure respect for the international Humanitarian Law and protection of the Red Cross symbol and its prestige.

- To perform other functions of community development and public welfare (International Federation of Red Cross Societies, 2016).

3.3.3 Nurse Practitioner Healthcare Foundation (NPHF)

Established on: April 2010

Mission/Vision

- to have determined public health action, health development research and policy dialogue, especially for the socio-economically affected population
- to ensure right and responsibility of the health of Nepalese with its focus on major public health issues such as Communicable Disease, Non-communicable, Health policy and Systems and Human Resource.

Aim and Objective

- Reinforce of the health system using different methods for effectively solving the problems of public health
- Support to establish new community based public health training institutions or improve in the existing one
- Make sure to provide latest useful materials and information for the development of continued public health education.
- Provide fund for those deserving researchers and public health institutions, with providing priority given to community-based institutions (Nepal Public health Foundation, 2016).

3.3.4 World Health Organization

Established on: 7th April 1948

Mission

- To direct and coordinate international health with in the united nation system
- Main areas of work: health system

- ❖ Promoting health through the life course
- ❖ Non communicable diseases
- ❖ Communicable diseases
- ❖ Corporate services

Aim and Objective

- Support countries as they coordinate the efforts of multiple sectors of the government and the partners including bi- and multilateral, funds and foundation, private sector and public organizations.
- To achieve their objectives about health and support their national health policies and strategies (World Health Organisation, 2016).

3.4 Health services and facilities

The table below shows the distribution of health facilities and hospital beds from the year 2006/07 to the year 2012/13. Below table shows that the health facilities of Nepal has just slightly changed. There is not satisfactory result from 2006 till 2013. The health system of Nepal is not much improving.

Number of health facilities and hospital beds in Nepal							
Facility type	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Hospitals	87	94	102	102	102	105	107
Health Centers	6	5	5	0	0	0	0
Health Posts	676	699	676	1176	1698	2175	2175
Ayurveda service center	293	293	293	291	291	293	293
Sub Health Posts	3129	3104	3114	2617	2095	1615	1615
Primary health centers	205	201	202	207	208	205	204
Hospitals Beds	6944	6944	6944	6944	7049	7035	7285

Table 1: Number of health facilities and hospital beds in Nepal

(CENTRAL BUREAU OF STATISTICS, 2013)

3.4.1 Primary Health Centers

Health centers are provided in such area where hospitals are not yet been made. Health centers are mostly located in rural areas. Health centers have mostly low number of staffs and very less equipment and devices. Mostly there will be midwives or nurse, clinical officers and occasionally doctors. They provides health services especially for children and reproductive health services (US Library of Congress)

3.4.2 Health Posts

Health Posts are also available in rural area or villages and are smaller than health centers in comparison. In health post only one doctor and very few staffs are available. Health posts are provided antenatal care and the simple medical problems during the pregnancy and delivery. They mostly takes care about the nutritious and medication of the woman at the time of pregnancy (US Library of Congress).

3.4.3 Hospitals

Though there are some hospitals run by NGOs and some private hospitals, the main responsibilities of health care belongs to government. The function of the hospital is divided into 4 parts. Patient care, training, medical research and health education.

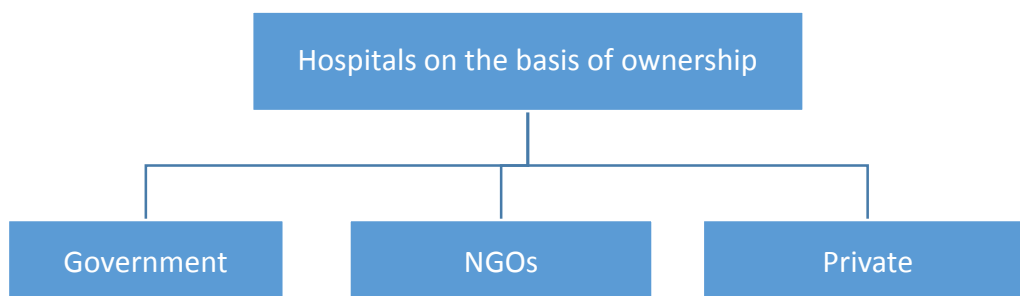


Figure 1: Types of Hospitals

On the basis of ownership hospitals are categorized in three parts. Government hospitals are those hospitals which is functioned and implemented by just government. In most of the countries the government hospitals are for free but in Nepal still the people are supposed to pay some amount of money as charges and full amount for medicines. There are some hospitals made by Non-governmental organization. One of them is the hospital located at Tansen, it was started by Dr. Carl Friedericks and his helpers on 15th 1954. Because of the todays increasing population and demanding of the better health care and facilities number of private hospitals were started in capital city and other urban cities. People are mostly like to go to the private hospitals than government because of the availability of better health care and facilities (Ministry of Health, 2003).

3.5 Issues affecting health services in rural areas of Nepal

There are some major indicators that reflects the health of the nation, they are life expectancy, infant mortality, maternal mortality and the under 5 mortality. Nepal is undeveloped country. There are lots of issues that needs to be sort out to develop the health situation of the rural area of the country as in comparison urban cities are much more progressing. Following issues are the major factors that comes on the way of progress and development of the rural area.

3.5.1 Transportation

The main issue of the health services in rural areas of Nepal is Transportation and the key factor of poor transportation is land structure. Nepal is a country of hills, mountains and low lands but more areas covered by mountains and hills than low land due to which it is very hard to construct roads. Lots of villages are still there where transportation facilities are not available. As the vehicles are not available in rural areas people uses stretcher to take patient to nearby hospitals or clinics. Lots of people are dying every year on the trail while being carried on a stretcher by the family long away to the nearby clinics or hospitals.

3.5.2 Faith healing Treatment

Traditional treatment system has become a serious issue in Nepal. Faith healing is the method of treatment by prayer and exercise of faith in god. In Nepal still there are some people who

believes that disease and illness is caused by the curse of the gods as well as caused by the witches and demons. When people are attacked by disease instead of going to the hospital, they go to their tradition shamanic healer. They think that women especially who is widow or single women are witches and are responsible for cause of the diseases. Family member of patient sacrifices number of goats and chickens to shamans instead of taking him to the hospitals or giving him medicines (Harper, 2014).

3.5.3 Poverty

Poverty is both a causes and a consequences of poor health. Nepal is poor country and most of the families lives below national poverty line. About 1.5 million youths are unemployed in Nepal. Most of the family depends on the earning of one member. People in the rural areas are not able to get the proper food. There are a lots of families that are struggling for the food two times per day. Children are most affected by nutritional deficiencies due to which they become victim of non-communicable diseases. Children are suffering from malnutrition as a result they are underweight or not active enough as they are supposed to be. Not only this, if the child or any other member are attacked by any kind of disease, victim cannot go to the hospitals or clinics because they cannot pay afford the fees of the hospitals.

3.5.4 Lack of education

It is true that education is the strong preventive measures for health. Education teaches parents about the reproductive and sexual health. They will be aware about the right time to give birth to the babies which helps to have healthy baby. In the rural areas of Nepal people does not send their daughter to the school, only the sons go to the school.

3.5.5 Lack of health personnel and equipment

People living in the rural area of Nepal is facing not only fewer or low quality services but also with the issue of limited number or less number of practitioners who provides health services. Generally rural communities of Nepal face a higher number of problems of health care staff including nurses, physicians, dentists and others. The reason behind having less number of health personnel is low motivation and less salary. Most of the health server does not like to go to the rural areas. There is no availability of the health care equipment in the rural areas. Good health services and equipment are available only in urban or city areas. So

the patient are referred to the city hospitals and clinics if there is any major cases occurs(Devkota, 2005)

Human Resources department of health						
Health Personnel	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Doctors (only government sector)	1457	1627	1798	1798	1654	1954
Nurse & ANM	11637	11637	11637	12681	11756	12550
Kaviraj	394	394	394	407	394	394
Vaidya	360	360	360	360	360	360
Health Assistants	7491	7491	7491	8013	8013	8563
Health Workers	3190	3190	3190	3190	3190	3190
Village Level Health Workers	3985	3985	3985	3985	3985	3985

Table 2: Human Resources department of health

(CENTRAL BUREAU OF STATISTICS, 2013)

3.6 Health care services

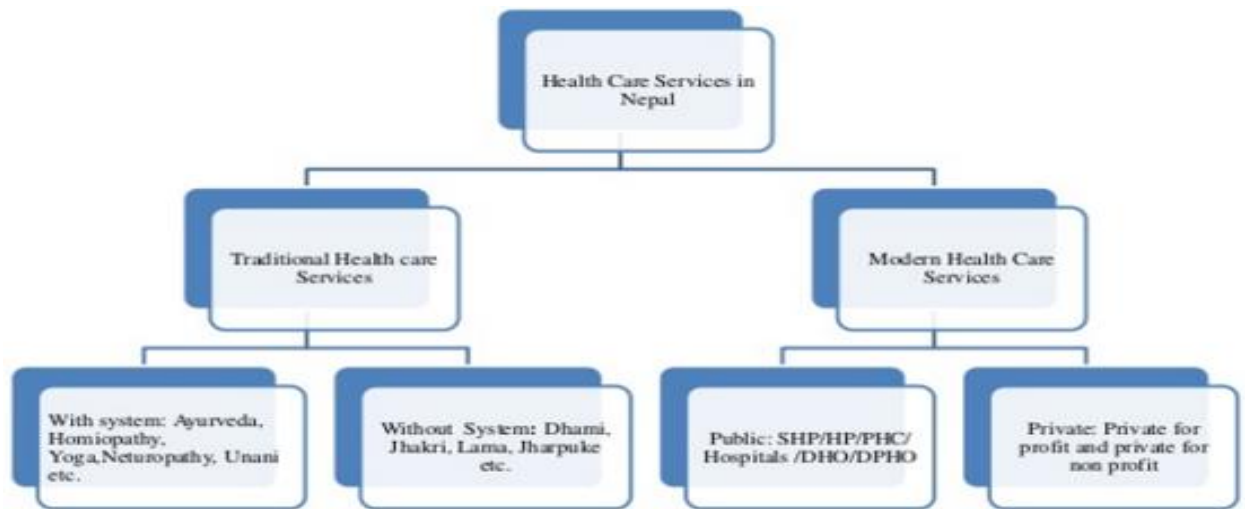


Figure 2: Types of Health Care Services

Health care services are provided for better condition of health sector in the country. There is a saying ‘health is wealth’, the health sector is improving means the country is moving towards development. Nepal being a poor country, health has become the major issue which comes across the way of the development. Every year some epidemic diseases occur with high rate of morbidity and mortality. In Nepal people uses two types of treatment method. As the people are being more educated and well informed they uses modern health services but still there are some families who believes in traditional health care services.

Traditional health services means the use of practices and knowledge based on the beliefs and experiences especially used for the maintenance of health and better treatment. Traditional method has been used for thousands of years in Nepal with great contributors. Two ways of traditional method is used in Nepal, with system and without system. With system which includes, Ayurveda, homeopathy, yoga, Neuroopathy are good practices and does not have bad effects. Without system like Dhami, Jhankri, Lama, Jharpuke are just belief and does have a lots of bad effects in the society.

Modern health care services are the services provided by using new techniques and devices. Lots of research has been done about the diseases and the agents that transfer this diseases. Modern health service is effective for not only providing quality health care but also provides training for the health working staffs and convey health information to the people (Ministry of Health and Population, 2010).

3.7 Nepal health sector program implementation plan II (NHSP 2-IP)

The government of Nepal is concentrating on bring some changes in the access of utilization of essential health care services to improve the health status of the Nepalese population through the health sector development process. The aim of the health sector reform of 2003 was to develop impartial high quality health care system of Nepal. The basis for second Nepal health service program implementation plan of 2010-2015 are developmental goals, the health sector strategy: an agenda for reform 2003 as well as the first Nepal health sector program implementation plan of 2004-2009. The best practices and lessons of Sector wide approach (SWAp) were capitalized and used in NHSP-2. There was a joint financial arrangement advanced partnerships including developed mutual accountability between the Ministry of Health and Population (MoHP) and the External Development Partners (EDPs). They also have shared vision and agreed priorities.

NHSP-2 is the basis of the foundation of NHSP-1, Health Sector Strategy, and the Three-year Interim Plan.

The EHCS package was expanded to address Nepal's health care needs during NHSP-2. Some new programs were added at the time of NHSP-2 like mental health, environmental health, newborn care, oral health and nutrient care and support. Likewise to address demographics and disease transition a Non-communicable Disease (NCD) control component was included in EHCS. In addition few new strategies was added to the program such as Public-private Partnerships, governance and accountability, inter sectoral collaboration and coordination, as well as sustainability.

Different types of new activities are needed to achieve the program objectives. There was impressive progress during the first one and half years of NHSP-2 in expanding the coverage of essential services even though access and utilization are far from universal. Substantially some people were not covered by the most cost-effective life-saving interventions, i.e. the Community-based Newborn Care Program. Agreement was made that the new EHCS elements will not be encouraged at the cost of existing program.

When the resources that are available and the costs of the new program are evaluated as well as planned and to be scaled up aspects of existing program needs more work. Doubts and difficulties occur when translating NHSP-2 into the Annual Work Plan and Budget (AWPB)

without an IP. The NHSP-2 IP helps to make health institution and their official's accountability, guides program managers and five years activity plan and ultimately contributes to achieving the results defined in NHSP-2.(Ministry of Health and Population(MoHP), 2015)

Mission

The mission of NHSP-2 is to facilitate access to and utilization of the available resources in the optimum level emphasizing services to women, children, and the poor and changing the lifestyles and behavior of the Most-at-risk Populations (MARPs) through Behavior Change Communication (BCC) interventions. (Ministry of Health and Population(MoHP), 2015)

Vision

The vision of NHSP-2 is to make the improvement on the physical, mental, social and psychological condition of the Nepali population with equal opportunity for all to receive quality health care services with the affordable amount.(Ministry of Health and Population(MoHP), 2015)

Objectives

- To provide free access to and utilization of quality health care services.
- To minimize cultural and economic problems of the health care services and harmful traditional beliefs.
- To improve in the system of health sector to achieve the goal of essential health services.

(Ministry of Health and Population(MoHP), 2015)

Ministry believes in

- Quality health care services without biases.
- Health services centered to patient/client.
- Approach of health planning and programming based on the rights of citizens.
- Sensitive health services, of culture and conflict.
- Socially inclusive health services without discrimination of gender.

(Ministry of Health and Population(MoHP), 2015)

Strategic Directions

- Reduce poverty
- Achieve the agenda of health MDGs by 2015
 - Provide free essential health care system to the people and protect them against unnecessary health care expenditure.
 - Provide equality of gender and social inclusion.
 - Remove problems to access and use and provide access to facilities.
 - Human resource development
 - Use of contraceptive devices and safe abortion
 - Control and elimination of vaccine preventable disease.
 - Improvement in the health and finance

(Ministry of Health and Population(MoHP), 2015)

3.8 Developmental plan of health services

The present health status of the people is the result of efforts and contribution of a democratic government which was formed after the ending of the 104 years of Rana feudal rule in February of 1951. The pre plan period was made at the time of first election and the installation of government. The system of panchayat rule has been ended up in 1960 and new system of government was introduced with the conditions existing in the country which has total of six plans over the course of three decades.

In the year 1990 there was movement named as Jana Andolan and was expected to bring major changes in the governance and benefits to the people. The new health policy was put forward by the Nepali Congress with more focus on rural health care. Later on there were introduced of the Ninth and Tenth plans and the second Long Term Health plan. Despite of the hard efforts, the plans were not properly implemented and there was much to be achieved

and progress. Various modification has been done with the changes of government. In the 20th century, large number of medical colleges has been built up. Different types of private hospitals and clinics were introduced with the hope that Nepal will turned into a country with the developed health education and services.

Eighth Plan Period, 1992-97

- Hospitals: 96, health posts: 816, health centers: 18, Primary health care centers:100 and Sub health posts: 3187
- Infant Mortality Rate: 50/1000live births
- Supposed to start in 1990 but delayed because of Jana Andolan
- New health system and services were carried out by the newly elected government to reduce population growth

Ninth Plan Period, 1997-2002

- This Plan, was made to focused to poverty alleviation
- The objectives were made for providing essential health services to women and children, people living in rural and affected area.
- Different policies were identified for implementation

Tenth Plan Period, 2002-2007

- The life expectancy: 62 yrs.
- This plan too was made for poverty alleviation
- Expected poverty reduction was 38 to 30 percent and literacy raised to 70 percent

(Dixit)

3.9 Health financing system in Nepal

Health financing plays an important role in the development of the country as well as provides efficient and effective health care to the poor and affected people. It is all about the generation, allocation and used of health system of financial resources. It focuses on how to move closer to universal coverage with issues related to,

- ❖ How and from where funds can be raise sufficiently for health
- ❖ How to provide an equitable and efficient mix of health services
- ❖ How to overcome with the financial obstacles that exclude many poor from accessing quality health services

(Ministry of Health and Population, 2010)

Conceptual Framework

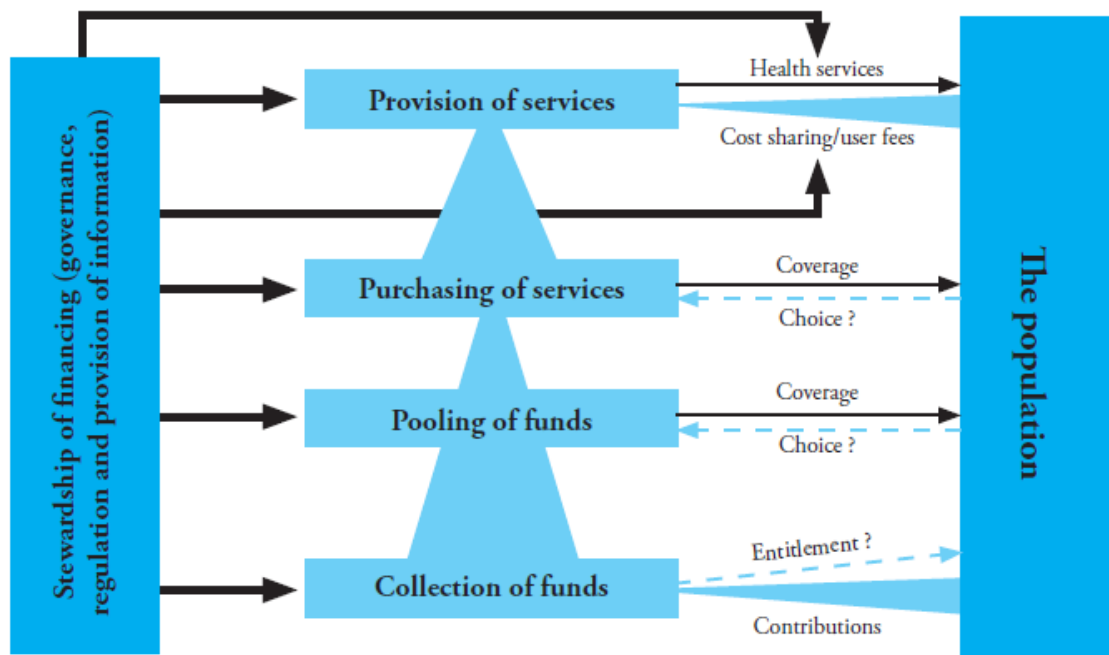


Figure 3: Conceptual Framework

(Department of Health Services)

Collection of funds

Collection of funds deals with the ways of collection of financial contribution from different source to the health system. It can be the taxes that are collected by the government or insurance policy from insured member. The methods of collecting the funds removes biasness of the citizens in the health financing system. Collection of funds has been divided into two parts, domestic source and external source. Collection of contribution and taxes is considered as domestic sources. External sources includes private spending on health from households and companies. The collection of funds will considered more fairness when rich pays more than that of poor people. For ex direct tax is more fairness than paid for service based use (Department of health Services, 2011).

Pooling of funds

Pooling of fund deals with the ways of funds is pooled so that, only individuals is not responsible for paying the health care. The benefits of pooling is that will be cross subsidization between rich and poor, healthy and sick, young and elderly as well as single and families. In general meaning, there is a huge pool of money available in a single fund that helps to increase government capacity to negotiate with providers and review their performance as a result more output from the same resources (Department of health Services, 2011).

Purchasing arrangements

Purchasing is the way in which funds are used for the purchase of purchasing effective health services from public and private providers. Purchasing is performed either passively or strategically. Strategic purchasing includes the ways in a continuous search to maximize health system performance and determines which interventions and in what amount should be purchased, how it should be purchased, for what price should be purchased and from whom should be purchased. It guarantees a coherent set of encouragements for providers to offer priority interventions efficiently. Integral part of strategic purchasing is to review the performance of contracted providers against predefined financial and medical measures. Purchasing is the main function which play the important role in determining the overall performance of health system (Department of health Services, 2011).

4. Practical part

Document is one of the principle sources of data in qualitative parts of the research. Similarly, quantitative research will be operated through interviews with representatives. This method is conducted in order to fulfill the aim of the thesis. The practical part in this thesis is carried out through the quantitative method and is divided into two parts. Survey method using questionnaire collecting answer from the local people of Nepal and second is comparative analysis of health services.

4.1 Survey Method

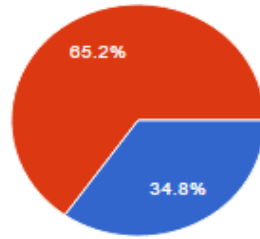
For the purpose of the practical part a questionnaire was collected and was distributed to the people living in Nepal and using health services and infrastructure in Nepal. The respondents were presented with list of 13 questions from very general questions of health services in Nepal, the answer choice are in multiple choice formats, so they have the option to choose the best result among multiple choice, from where it's easy to analyze their perception regarding current overall development and management of health services in Nepal. The research is made in order to fulfill the main goal of the thesis which is to find out the issues affecting rural health services, for the purpose of improvement in health standards of rural community in Nepal.

4.1.1 Google Forms

Google Forms has been used to collect responses from all respondents including health service user of Nepal living outside Nepal since some years. It is a web-based survey tool for conducting market research, gathering customer feedbacks, evaluating educational offerings and other information in an easy and streamlined way. Responds are presented with questionnaires, survey or poll. The result can be viewed in the Google Spreadsheet which is connected to the Google Forms (Create google form, 2016).

4.1.2 Data analysis methods for survey data

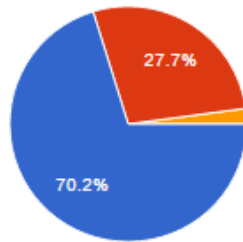
Which part of Nepal are you from?



Rural	16	34.8%
Urban	30	65.2%

Above figure shows that in Nepal majority of the people lives in urban area which occupies 65.2%. The remaining 34.8% of people are living in rural areas. The reason that pull citizens towards urban area is the more facilities, services, education and job offers. The difference that can be seen is almost about double.

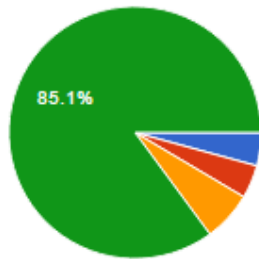
How far is the hospitals available for you?



Walking distance	33	70.2%
1 hour- 5 hour	13	27.7%
Within one day	1	2.1%
More than one day	0	0%

Above figure shows that the availability of hospitals are not too far from the residence area. 70.2% people can reach hospitals by walking. They don't require vehicles to go to the hospitals. But still there are 27.7% people from rural areas who need to travel 1-5 hours to go to hospital for health treatment. Only 2.1% people of the rural area need to travel whole one day to reach the hospital.

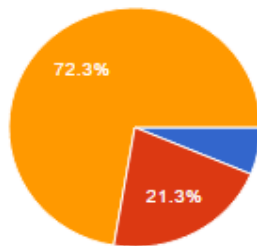
How often you go to hospitals?



Once in a month	2	4.3%
Once in a six month	2	4.3%
Once in a year	3	6.4%
When I am sick	40	85.1%

The system of regular check up every month is not yet popular in Nepal. More than 85 % people go to the hospitals when they are sick. The graph shows that people living in Nepal is not much health conscious. 4.3 % of the people go to the hospitals once in a month and once in a six month. 6.4% of people goes to the hospital once in a year.

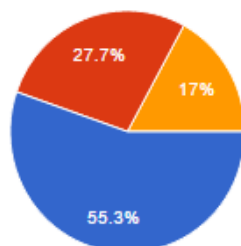
What type of hospitals do you have in your locality?



Private	3	6.4%
Public	10	21.3%
Both	34	72.3%

There are two types of hospitals found in Nepal. Public hospitals are less equipped and has less facilities in comparison. But it is really cheaper than private hospitals. So people are likely to ho to public hospitals as they cannot afford private hospitals. Survey results shows that 72.3 % of the people could take the benefits of both type of hospitals. Public hospitals are available for 21.3% who lives in rural area. And only 6.4 % of the people have private hospitals nearby.

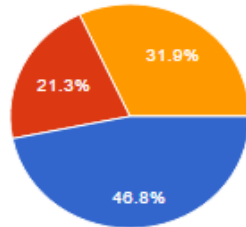
Are you satisfied with the services of the health care in your locality?



Yes	26	55.3%
No	13	27.7%
Not sure	8	17%

From the following figure, it is evident that 17% from chosen group are not sure about the services. The biggest part of respondent's falls in group with satisfied condition of health services with 55.3%, 27.7% of people are not satisfied with the services provided.

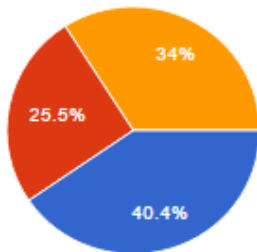
Does the hospital have equipment for modern diagnosis and treatment?



Yes	22	46.8%
No	10	21.3%
Not sure	15	31.9%

From the survey result it can be concluded that almost half of the people with 46.8% of Nepal are satisfied with the equipment for modern diagnosis and treatment. 21.3% of people think that the provided equipment are not enough for the treatment. And there are 31.9 % who are not sure about the equipment for the health services that are used for the treatment of patient.

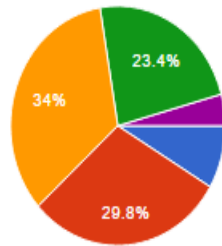
Does the hospital have modern operating room facilities?



Yes	19	40.4%
No	12	25.5%
Not sure	16	34%

From the survey result, we can find that 40.4 % of people said that hospitals do have modern operating rooms while 25.5 % expressed that hospitals do not have adequate modern operating room facilities. 34% of people said that they were not sure about the condition of the operation rooms in hospitals.

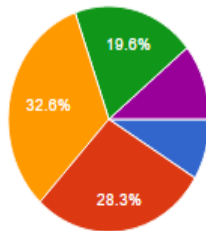
Are you satisfied with the overall cleanliness of the hospital?



Very satisfied	4	8.5%
Somewhat satisfied	14	29.8%
Neutral	16	34%
Somewhat dissatisfied	11	23.4%
Very dissatisfied	2	4.3%

When it comes to overall cleanliness of the Hospitals in Nepal, there is no clear opinion among surveyed peoples as can be seen in the pie chart above. Just 8.5% were completely satisfied with the cleanliness of the hospitals whereas 29.8 % said that they were somewhat satisfied. Almost 5 % were not satisfied at all while 11 % were somewhat dissatisfied. Most of the people (34%) were neutral about the condition of cleanliness of the hospitals in Nepal.

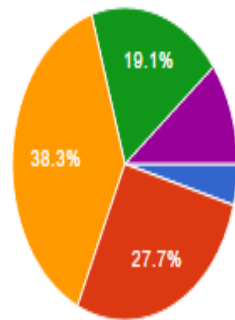
Are you satisfied with the efficiency of nursing care?



Very satisfied	4	8.7%
Somewhat satisfied	13	28.3%
Neutral	15	32.6%
Somewhat dissatisfied	9	19.6%
Very dissatisfied	5	10.9%

According to the survey, only 4% were completely satisfied by effective nursing care provided by the Hospitals in Nepal while 28.3% of them were only somewhat satisfied by the nursing care. 10% of the people were complete unsatisfied by the nursing care provided in the Hospitals. About 19.6 percent of them said they were mostly dissatisfied with the service and 32.6% were neither satisfied nor dissatisfied with the service

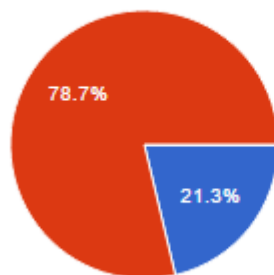
Are you satisfied with the other health workers of the hospitals?



Very satisfied	2	4.3%
Somewhat satisfied	13	27.7%
Neutral	18	38.3%
Somewhat dissatisfied	9	19.1%
Very dissatisfied	5	10.6%

When it comes to the health workers in the hospitals, majority of the people were neutral about the quality of health workers in hospitals. Only 4.3 % were very satisfied by the quality while 27.7 % were only somewhat satisfied with the quality of health workers. 10.6 % were not satisfied at all by the quality of health workers while 19.1% were mostly dissatisfied by the service. Majority of them (about 38%) were neither satisfied nor dissatisfied by the quality of the health workers.

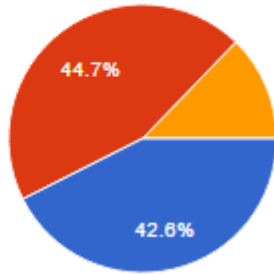
Do you have medical Insurance?



Yes	10	21.3%
No	37	78.7%
Not sure	0	0%

According to the survey, an overwhelming number of people i.e., almost 78.7% responded with negative response when asked if they have a medical insurance or not. Only 21.3 % said that they have a medical insurance with them.

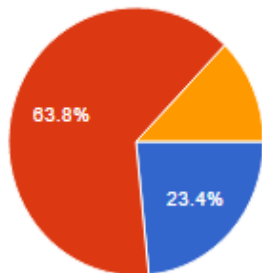
Is it easy to get doctors when you visit hospitals?



Yes	20	42.6%
No	21	44.7%
Not sure	6	12.8%

When asked about the availability of doctors in the hospitals, 42.6% said it was easy to find doctors while 44.7 % said that it was so easy to pay a visit to the doctors. 12.8 % of them were not sure about the condition.

Are you satisfied with the cost of the hospital where you visit?



Yes	11	23.4%
No	30	63.8%
Not sure	6	12.8%

According to the survey results, majority of the people (63.8%) said that the cost of hospital visit was not satisfactory while only 23.4% said that they were satisfied with the hospital charges. Around 12.8% of them were not sure about the situation regarding the cost of hospital visits.

4.2 Comparison of medical insurance in Urban and Rural area

4.2.1 Chi-square

Chi-square is a statistical test that is used to compare observed data with data we would expect to obtain according to a specific hypothesis. Chi-square is the sum of the squared difference between observed (O) and the expected (E) data divided by the expected data in all possible categories.

The formula for calculating chi-square test is: $\chi^2 = \sum \frac{(O-E)^2}{E}$ but the test was made possible for online calculator <http://www.socscistatistics.com/tests/chisquare2/Default2.aspx>

	Health Services		
	Yes	No	Total
Urban	7	23	30
Rural	3	13	16
Total	10	36	46

Table 3: Chi-square

Hypothesis test

H₀ = Urban population have more number of medical insurance than that of rural areas.

H₁ = Urban population does not have more number of medical insurance than that of rural areas.

Level of significance = 5%

The chi-square statistic is 0.1288. The p-value is 0.719635.

Conclusion

P value is > alpha value therefore H₀ is accepted which means urban population have more number of medical insurance than that of rural areas.

5. Result and discussion

The research examines the situation of health services in Nepal during last some years and the techniques of development that can be made to increase the efficiency of the health services. Firstly the survey was made among health services users among different people in Nepal. The survey was made without any restriction of age, sex or occupation. Secondly comparison has been done in urban and rural areas using chi square method. The variation of the sample may not be representative as the data might be biased. Since the data collected may not cover all the attributes of the research topic, it can be considered as a mini version of a full scale study that is can be crucial for a decent study result.

The survey was conducted among the people who are using health services in Nepal presently or used some years before and now living in abroad. The people were asked some questions, if they are satisfied with the available human resource, device or instrument of the hospitals, overall cleanliness of the hospitals and cost of the hospitals. They were asked how often they visit hospitals and if they easily can see the doctors.

The survey has shown that most of the people were satisfied with the services provided in the hospitals. They didn't have much more complaints with the services like cleanliness, equipment, health workers, and nurses but the problems with visiting a doctor was still there. People were required to be in a long queue to see the doctor when they are sick. The survey has also shown that people were not happy with the cost of the hospitals. The government should make the cost of hospitals and services affordable to everyone so that the people visit frequently to the hospitals not only when they are sick.

For the comparison of medical insurance uses among urban and rural areas, statistical analysis has been done with the assumption that. "H₀= Urban population have more number of medical insurance than that of rural areas." The data has been extracted from the survey result. The result shows that null hypothesis is accepted and alternate hypothesis is rejected. The results obtained from chi square shows that the people living in urban area have more access to the medical insurance than rural areas although there is very less population who have access to the medical insurance in overall Nepal.

6. Conclusion and Recommendation

With the increasing population and improving technologies, system of health services and facilities have improved too. In past people used to believe in the traditional treatment but nowadays people are more educated and well known about the hospitals, health services and facilities and started to believe on medical sciences rather than god.

The survey and its analysis, it was known that people were not dissatisfied with the services and facilities provided in the private and public hospitals. The project verified that the present situation of health care services in Nepal was satisfactory but the cost were not affordable for the most of the citizen. The government should keep an eye on this issue and make policy to reduce the cost. The survey result also concluded that people are likely to go to hospitals only when they are sick. They are not concerned to go to hospitals for monthly or yearly checkup. The reason behind it is the expensive services and lack of awareness.

The result of chi square showed that the people living in urban area have more access to the medical insurance than rural areas although there is very less population who have access to the medical insurance in overall Nepal. One of the factor that can balance the cost of health care services of rural and urban population is medical insurance.

As there is policy from the government to have the mandatory medical insurance for each and every citizen, same can be done in Nepal. It is recommended that each and every person should have medical insurance so that they don't have to scare about the cost when they have serious problem about health. Also, government should focus on the medical insurance of each citizens and allocate more budget on health expenditure. As there is policy from the government to have the mandatory medical insurance for each and every citizen, same can be done in Nepal.

7. References

- (2016). Retrieved from Create google form:
<https://support.google.com/docs/answer/87809?hl=en&rd=1>.
- (2016). Retrieved from Nepal Public Health Network: <http://orgs.tigweb.org/nepal-public-health-organization>
- (2016). Retrieved from International Federation of Red Cross Societies:
<http://www.ifrc.org/en/what-we-do/>
- (2016). Retrieved from Nepal Public health Foundation:
<http://www.nphfoundation.org/activities>
- (2016). Retrieved from World Health Organisation: <http://www.who.int/about/en/>
- CENTRAL BUREAU OF STATISTICS. (2013). *STATISTICAL YEAR BOOK OF NEPAL - 2013*. CENTRAL BUREAU OF STATISTICS. Retrieved from
http://cbs.gov.np/image/data/Publication/Statistical%20Year%20book%202013_SS/Statistical-Year-book-2013_SS.pdf
- Department of health Services. (2011). *Assessment of the Government Health Financing System in Nepal*.
- Department of Health Services. (n.d.). *Assessment of the Government Health Financing System in Nepal: Suggestions for Reform*. Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. Retrieved from
<https://www.giz.de/en/downloads/giz2011-en-assessment-government-health-financing-nepal.pdf>
- Deslich, B. J. (n.d.). Health Issues in Nepal. Retrieved from
<http://asia.isp.msu.edu/nepal/Nepal%20Study%20Guide/Unit10.pdf>
- Devkota, D. M. (2005). An Assessment on Impact of Conflict on Delivery of Health Services. Retrieved from
http://www.who.int/hac/crises/npl/sitreps/Nepal_public_health_program_8_july05.pdf
- Dixit, D. H. (n.d.). *DEVELOPMENT OF HEALTH*. Retrieved from <http://www.hdixit.org.np/>
- Harper, I. (2014). *Development and public health in Himalaya*. New York: Routledge.
- International Monetary Fund. (2004). Health and Development. Retrieved from
<https://www.imf.org/external/pubs/ft/health/eng/hdwi/hdwi.pdf>
- Khatry, P. K. (2011). The Nepalese Traditional Concepts of Illness and Treatment. Retrieved from <http://www.dadarivista.com/Singoli-articoli/2011-dicembre/pa3.pdf>
- Magar, A. (2011). Health System through the Eyes of a Doctor from Rural Nepal. Retrieved from

- http://www.academia.edu/1163786/Health_System_through_the_Eyes_of_a_Doctor_from_Rural_Nepal
- Ministry of Health. (2003). *Non-Structural Vulnerability*. Retrieved from http://www.gripweb.org/gripweb/sites/default/files/Nepal_-_EPR_Publications_Final_Report_Hospital_assessment_.pdf
- Ministry of Health and Population. (2010). *Health Care Financing in Nepal*.
- Ministry of Health and Population. (2010). *HSRSP Report No. 2.21-5-10*. Retrieved from http://www.ministerial-leadership.org/sites/default/files/resources_and_tools/Health_Care_Financing_in_Nepal1.pdf
- Ministry of Health and Population. (2010). *Overview of Public-Private Mix in*. Retrieved from https://www.rti.org/pubs/42_nepal_overviewpublicprivate.pdf
- Ministry of Health and Population(MoHP). (2015). *Nepal Health Sector Programme-2 IMPLEMENTATION PLAN 2010-2015*. Retrieved from http://www.nhssp.org.np/health_policy/Consolidated%20NHSP-2%20IP%20092812%20QA.pdf
- Nepal, P. (2005). Status of Environmental Health in Nepal. *CNAS Journal*. Retrieved from http://himalaya.socanth.cam.ac.uk/collections/journals/contributions/pdf/CNAS_33_01_04.pdf
- SACEPS. (2011). *Liberalising Health Services under SAARC Agreement on Trade in Services (SATIS): Implications for South Asian Countries*. Kathmandu: South Asia Centre for Policy Studies. Retrieved from http://www.saceps.org/upload_file/papers_pdf/Paper%20No%2024.pdf
- Unicef. (2013). *Unicef Statistics*. Retrieved from http://www.unicef.org/infobycountry/nepal_nepal_statistics.html
- US Library of Congress. (n.d.). *Nepal*. Retrieved from Country Studies: <http://countrystudies.us/nepal/35.htm>
- Vaidhya, S. (n.d.). Occupational safety and health situation in Nepal. Retrieved from http://www.ttl.fi/en/publications/Electronic_publications/Challenges_to_occupational_health_services/Documents/Nepal.pdf
- World Bank. (2016). *World DataBank*. Retrieved from <http://databank.worldbank.org/data/home.aspx>

Abbreviations

GDP: Gross Domestic Product

MDG: Millennium Development Goals

NGOs: nongovernmental organizations

TBAs: traditional birth attendants

PHCs: primary health centers

FCHVs: female community health volunteers

NPHN: Nepal public health network

NPHF: Nurse Practitioner Healthcare Foundation

WHO: World Health Organization

NHSP 2-IP: Nepal health sector program implementation plan II

SWAp: Sector wide approach

MoHP: Ministry of Health and Population

EDPs: External Development Partners

Appendix

Health Survey

For the purpose of collecting data related to Development of health service management in Nepal
(Thesis methodology)

Which part of Nepal are you from?

- Rural
- Urban

How far is the hospitals available for you?

- Walking distance
- 1 hour- 5 hour
- Within one day
- More than one day

How often you go to hospitals?

- Once in a month
- Once in a six month
- Once in a year
- When I am sick

What type of hospitals do you have in your locality?

- Private
- Public
- Both

Are you satisfied with the services of the health care in your locality?

- Yes
- No
- Not sure

Does the hospital have equipment for modern diagnosis and treatment?

- Yes
- No
- Not sure

Does the hospital have modern operating room facilities?

- Yes
- No
- Not sure

Are you satisfied with the overall cleanliness of the hospital?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Are you satisfied with the efficiency of nursing care?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Are you satisfied with the other health workers of the hospitals?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Do you have medical Insurance?

- Yes
- No
- Not sure

Is it easy to get doctors when you visit hospitals?

- Yes
- No
- Not sure

Are you satisfied with the cost of the hospital where you visit?

- Yes
- No
- Not sure

Submit