

People's Voice Survey in Nepal: *Service users' satisfaction and trust in the health system*

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Background

- There has been limited comprehensive research exploring public perspectives on health care and many low- and middle-income countries lack comprehensive information on the population's experiences and perspectives.
- Understanding citizens' interactions with primary care services, coverage of essential services, and trust in health system is vital.
- Insights into how people use (or do not use) the primary care system, the coverage of critical primary care services, and the population's trust and confidence in the system are crucial for guiding health system improvements.
- Low perceived quality and satisfaction with healthcare can lead to limited use of health services.

About PVS

Developed by the Quality Evidence for Health System Transformation (QuEST) Network.

A phone-based survey designed to incorporate people's voices into the measurement of primary care performance.

Allows for cost effective and rapid assessment of primary care from the population's perspective.

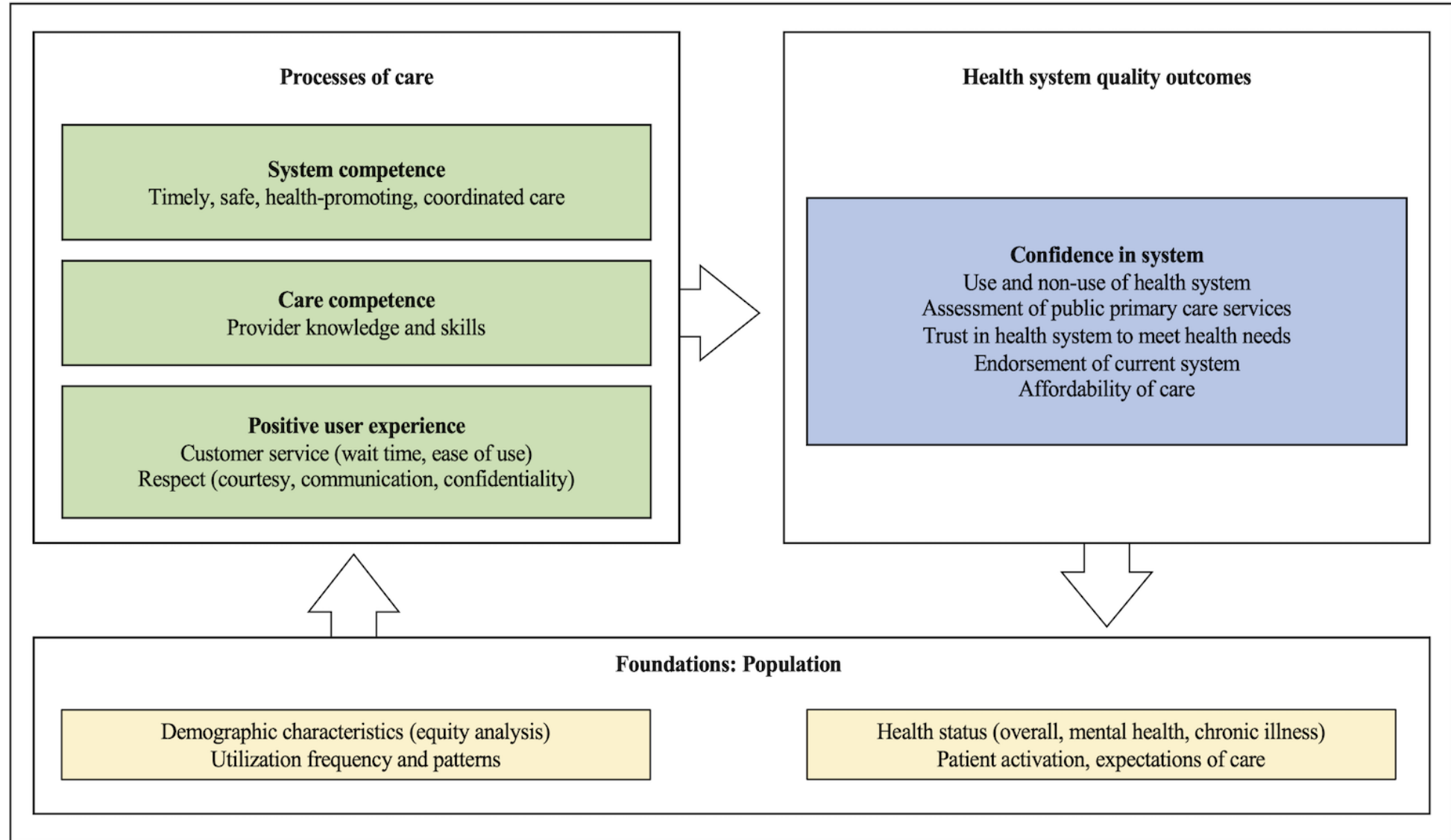
Gathers information on service utilization patterns, the coverage of primary care services, perceptions of health system quality (such as user experience and perceived competence of care), and overall trust in the health system.

Evaluates health system performance from the perspective of potential service users and to understand disparities in healthcare perspectives.

Already done innumber of... countries!



PVS Framework



Methodology

Qualitative Component Cognitive Interview

Objective:

Assess participants' comprehension of PVS survey items through **concurrent think-aloud (CTA) interviews**.

Participants:

10 purposively selected individuals representing **diverse socio-demographic backgrounds** (age, gender, ethnicity, education, occupation, residential setting, mother tongue).

Process

Participants **verbalized their thoughts** while answering survey items.

Identified **misinterpretations** and **adjusted** questions accordingly.

Quantitative Component Cross Sectional Survey

The study targeted adults **aged 18 years** and above and have **been residing in Nepal for at least 6 months** prior to the survey.

Probability sampling method to reach 2,100 participants (with at least 2,000 complete interviews)

We adopted the **standard data collection tool** for the PVS, translating it into two most spoken languages in Nepal: **Nepali** (spoken by roughly 78%) and **Maithili** (spoken by roughly 12%)

The sampling process for the survey involved **Random Digit Dialing (RDD)**.

Composition of Cognitive Interview Participants

S.No	Age	Gender	Education	Ethnicity	Occupation	Mother Tongue	Residential Setting
1	39	Female	Secondary level	Madhesi	Sales and Services	Nepali	Urban
2	24	Male	Basic Education	Dalit	Unemployed	Maithili	Urban
3	20	Male	Higher Secondary	Chhetri	Student	Nepali	Urban
4	49	Male	Secondary level	Brahmin	Clerical	Nepali	Rural
5	46	Male	Primary Level	Janajati	Agriculture	Maithili	Rural
6	38	Female	Secondary level	Muslim	Housewife	Maithili	Urban
7	25	Female	Bachelor or above	Madhesi	Student	Maithili	Urban
8	52	Male	Primary Level	Janajati	Agriculture	Nepali	Rural
9	27	Female	Basic Education	Dalit	Housewife	Maithili	Urban
10	61	Male	Bachelor or above	Brahmin	Engineer	Nepali	Urban

Random Digit Dialing

- A comprehensive sampling frame was developed using the prefixes of mobile numbers from Nepal's three primary telecommunication providers: NTC, Ncell, and Smart Cell.
- Mobile numbers in Nepal consisted of 10 digits, with the prefix (the first 3 to 5 digits) varying depending on the location of SIM distribution.
- The remaining digits formed a range from the lowest to the highest possible number, resulting in approximately 123 million potential phone numbers from which the required sample was drawn.
- Following the development of the sampling frame, the selection of phone numbers was conducted.
- From the 123 million possible numbers, a random selection of 49,331 phone numbers was made, aligning with the market share [NTC (50.9%), NCell (43.1%) and Smart cell (6.0%)].

Required Sample Size Per Telecom Companies

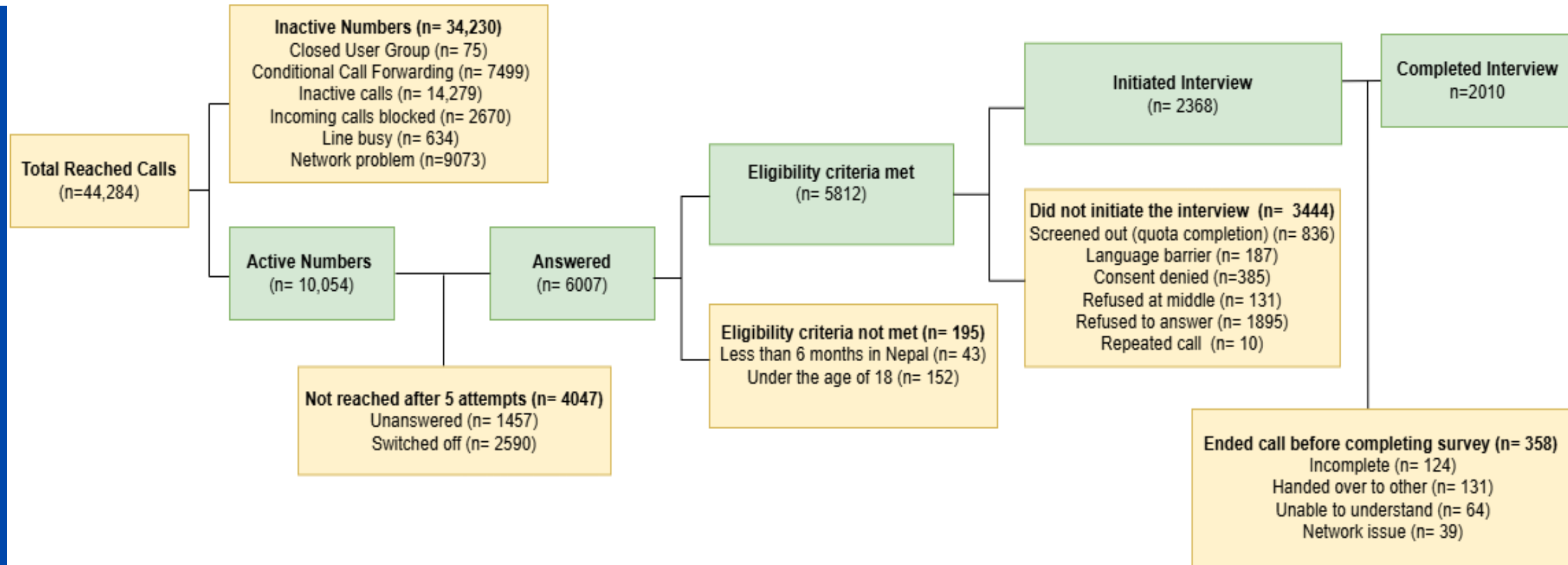
Telecommunication companies	Possible phone numbers	Currently distributed phone numbers	Inactive numbers	Inactive percent (q%)	Market share (l%)	Total sample size to select (n) after adjusting for 85% non-response rate (k)	Total phone numbers needed ($N=k*100/(100-q\%)$)
NTC	38,529,631	19,652,285	18,877,346	48.99	51.62	6,882	13,492
Ncell	24,204,789	16,291,997	7,912,792	32.69	42.79	5,705	8,476
Smart cell	59,999,994	2,130,008	57,869,986	96.45	5.59	746	21,014
Total	122,734,414	38,074,290	84,660,124	68.98	100.00	13,333	42,982

Expected number of participants on different strata

Calculation of the expected number of participants on different socio-demographic strata to ensure that our sample reflects the population composition according as per the Housing and Population Census 2021

Characteristic	Rural	Urban
Hill: Female	157	285
Hill: Male	135	259
Mountain: Female	38	22
Mountain: Male	36	20
Terai: Female	150	401
Terai: Male	138	358

Sample Flow Chart



Control Over One's Health

Overall, 69.2% reported to be very confident, 25.7% reported to be somewhat confident, 4.3% reported to be not too confident and less than one percent reported to be not at all confident over controlling their own health. Males reported higher confidence over managing their own health, with 75.3% stating they were "very confident" compared to 64.4% of females.

85.6% of participants with a bachelor's degree or higher reported feeling "very confident" about their health control. in higher quintiles reported greater confidence over the fact that they are responsible for managing their own health.

Characteristics	N=2002	Very confident (n=1386)	Somewhat confident (n=516)	Not too confident (n=86)	Not at all confident (n=14)
Gender					
Female	1,116	64.4	29.4	5.1	1.1
Male	881	75.3	21.2	3.3	0.2
Age					
18-44	1,194	71.3	23.7	4.3	0.6
44+	808	66.2	28.7	4.3	0.8
Setting					
Rural	837	67	28.3	3.6	1.1
Urban	1,165	70.9	23.9	4.8	0.4
Ecological belt					
Mountain	110	63.8	27.7	5.6	2.9
Hill	818	70.4	24	5.1	0.5
Terai	1,075	69	26.8	3.6	0.6
Education level					
Never attended school	362	60.9	31.1	7.2	0.9
Primary level	784	68.4	26.9	3.9	0.7
Secondary and Higher Secondary	622	75.4	20.4	3.6	0.6
Bachelor or above	111	85.6	13.3	0.6	0.5
Informal Education	113	52.7	41.7	4.5	1.1
Refused	11	63	25.4	11.6	0
Wealth quintile					
Poorest	495	64	29.9	5.3	0.8
Poorer	446	65.1	28.4	4.8	1.7
Middle	380	69.4	26.5	3.9	0.2
Richer	366	72.5	23.6	3.6	0.3
Richest	315	79.4	17.1	3.6	0
Overall		69.2	25.7	4.3	0.7

Confidence in Ability to Communicate With the Provider

85.2% reported to be very confident, 13.3% reported to be somewhat confident, 1.2 reported to be not too confident and, less than one percent reported to be not at all confident in communicating their problems with the provider even when not asked. Among females, 83.8% reported being "very confident," slightly lower than males at 87% while younger participants (18-44) and those living in urban areas reported greater confidence in communication.

Education and wealth were also associated with higher confidence in communicating with the service provider

Characteristics	n=2003*	Very confident (n=1707) %	Somewhat confident (n=266) %	Not too confident (n=24) %	Not at all confident (n=6) %
Gender					
Female	1,121	83.8	14.1	1.6	0.4
Male	877	87	12.3	0.7	0.1
Age					
18-44	1,199	84.6	13.7	1.5	0.2
44+	805	86.1	12.6	0.8	0.4
Setting					
Rural	839	84	14.1	1.6	0.3
Urban	1,165	86.1	12.7	0.9	0.2
Ecological belt					
Mountain	110	75.4	14.7	9.9	0
Hill	818	85	13.5	0.8	0.7
Terai	1,075	86.4	13	0.6	0
Education level					
Never attended school	363	79.2	17.4	2	1.3
Primary level	781	86.1	12.6	1.2	0.1
Secondary and Higher Secondary	624	87.6	11.6	0.8	0
Bachelor or above	111	91.6	8.4	0	0
Informal Education	113	81.7	16.2	2.1	0
Wealth quintile					
Poorest	495	79.8	17.3	1.9	1
Poorer	445	86.2	11.9	1.9	0
Middle	380	86.8	12.8	0.1	0.2
Richer	366	85.2	13.5	1.3	0
Richest	317	90.4	9.4	0.2	0
Overall		85.2	13.3	1.2	0.3

Usual Place for Health Care

Overall, the top most visited usual place for care was Basic Health Service Centers (30.26%), followed by Federal/Provincial/District hospitals (21.7%) and Polyclinics/Clinics/Medical Halls (17.8%).

Among rural participants, the majority relied on Basic Health Service Centers (45.5%), while urban participants were more likely to seek care at private hospitals (21.7%), federal/provincial/district hospitals (25.5%), followed by Basic Health Service Centers (18.8%) and polyclinics/clinics/medical halls (13.4%).

Characteristics	n=993*	Federal/Provincial/District Hospital, n = 215 %	Autonomous Hospital n = 49 %	Basic Health Service Center, n = 298 %	Local Hospital/PHCCs, n= 100 %	Faith / Mission /NGO/ INGO HF's, n = 12 %	Polyclinic/Clinic/Medical Hall, n = 133 %	Private Hospital, n = 176 %	Other, n = 10 %
Gender									
Female	569	20.1	5.2	30.9	11.1	1.6	12	17.3	1.7
Male	423	23.8	4.5	28.8	8.4	0.7	15.3	18.5	0.1
Age									
18-44	539	18.4	5	29.9	8.6	0.6	18.7	17.8	1
44+	453	25.6	4.8	30.1	11.8	1.9	7	17.8	1.1
Setting									
Rural	416	16.4	2.2	45.5	8.6	0.9	13.3	12.3	0.8
Urban	577	25.5	6.9	18.8	11.1	1.4	13.4	21.7	1.2
Ecological belt									
Mountain	67	23.2	2.8	48.3	11.5	0.4	5.9	7.8	0
Hill	423	19.6	6.3	34.1	7.9	2	10.9	17.9	1.3
Terai	502	23.2	4	24.1	11.6	0.7	16.4	19	0.9
Education level									
Never attended school	176	18.7	4.2	38.6	13.1	2.7	7.4	14.4	1
Primary level	387	17.6	3.9	33.4	11.1	1	14.6	16.9	1.4
Secondary and Higher Secondary	299	24.7	6.9	25.3	8.8	0.9	14.6	18.6	0.1
Bachelor or above	53	28.3	6.6	12.2	4.9	1.1	15.2	31.7	0
Informal Education	73	35	2.9	24.2	6.7	0	11.8	15.8	3.6
Wealth quintile									
Poorest	246	17.9	3.1	50.6	7.6	0.7	11.1	8.2	0.7
Poorer	221	19.2	2.2	36.1	10.8	0.8	14.4	14.7	1.6
Middle	183	23.8	4.3	23.8	13.5	2.6	12.6	18.4	0.9
Richer	175	24.7	10.1	13.5	5.7	0.9	19.7	25.1	0.2
Richest	167	24.9	6.3	15.7	13.4	1.2	9.4	27.5	1.6
Overall		21.7	4.9	30	10.1	1.2	13.4	17.8	1

*Includes refused and other cases

Quality Rating of Usual Place for Health Care

39.4% rated the care as excellent, very good, or good, reflecting a generally positive perception. However, 18.6% rated it as fair, and only 2.8% considered it poor, indicating that negative evaluations were minimal.

Older individuals (44+) had provided more positive ratings (44.4%) than younger ones (35.2%) but also reported more poor ratings (4.6% vs. 1.2%).

Urban residents (40%) slightly bettered rural ones (38.6%) in positive ratings, while the Mountain region showed the highest positive ratings (51.9%) compared to Hill (38.4%) and Terai (38.5%).

Characteristics	n=998*	Excellent, Very Good, or Good (n=393) %	Fair (n=186) %	Poor (n=28) %	Did not Receive Service (n=391) %
Gender					
Female	574	41.4	19.4	2.2	37
Male	423	36.5	17.6	3.6	42.2
Age					
18-44	544	35.2	17.4	1.2	46.2
44+	454	44.4	20.1	4.6	30.9
Setting					
Rural	421	38.6	19.2	1.7	40.5
Urban	577	40	18.2	3.6	38.3
Ecological belt					
Mountain	67	51.9	21.4	0.2	26.5
Hill	426	38.4	22.2	2.7	36.7
Terai	505	38.5	15.3	3.2	43
Education level					
Never attended school	177	44.5	19.6	2.1	33.7
Primary level	391	37	20.6	3.2	39.3
Secondary and Higher Secondary	298	36.1	16.4	2	45.6
Bachelor or above	53	46.1	23.7	0.2	30
Informal Education	73	47.7	11.3	7.3	33.7
Wealth quintile					
Poorest	248	41.7	19.3	0.9	38.1
Poorer	221	36.9	22.9	1.1	39.1
Middle	186	40.1	18.8	4.2	36.8
Richer	175	40.4	16.4	2.5	40.7
Richest	167	37.3	14.3	6.4	42
Overall		39.4	18.6	2.8	39.2

Experienced Medical Error During Treatment in the Previous 12 months

Individuals with a bachelor's degree or higher had the highest reported rate (5.7%), followed by those with secondary and higher secondary education (4.2%). Interestingly, those with informal education had a notably high error rate of 8.5%. Wealth also played a role, with those in the richest quintile reporting the highest error rates (5.3%), followed closely by the richer quintile (5.2%). The poorest and poorer quintiles had lower rates, at 2.2% and 2%, respectively.

Experienced medical error (n=43)	
Characteristics	%
Gender	
Female	3.5
Male	4.2
Age	
18- 44	4.2
44+	3.2
Setting	
Rural	2.4
Urban	4.7
Region	
Mountain	1.4
Hill	3.5
Teari	4.2
Educational achievement	
Never attended school	3
Primary (up to 8)	2.7
Secondary and Higher Secondary	4.2
Bachelor and above	5.7
Informal Education	8.5
Wealth quintile	
Poorest	2.2
Poorer	2
Middle	4.6
Richer	5.2
Richest	5.3
Overall	3.7

Reason for Non-Use of Care

Only 10.1% (204 of 2010) participants reported instances of not receiving medical care/attention when they needed it. Among them, high cost (35.7%) was most common, followed by illness not serious enough (16.5%), far distance (11.7%), and lack of medicines/equipment (8.6%). Other factors like long waits (5.9%), poor provider skills (6.5%), and disrespect by staff (1.5%) were less frequently reported.

Characteristics	n=204*	High cost (n=73) %	Far distance (n=24) %	Long waiting time (n=12) %	Poor provider's skill (n=13) %	Staffs don't show respect (n=3) %	Medicines/equipment not available (n=18) %	Illness not serious enough (n=34) %	Others (n=28) %
Gender									
Female	122	43.5	12.6	5	5.8	1.8	4	14.6	12.7
Male	82	24	10.5	7.1	7.5	1.1	15.4	19.4	15
Age									
18-44	95	30.5	9	9.7	7.7	3.2	8.5	14.4	17
44+	109	40.2	14.1	2.5	5.4	0	8.7	18.4	10.6
Setting									
Rural	94	34	18.6	6.9	2.3	2.4	8.2	17.4	10.3
Urban	110	37.2	5.9	4.9	10.1	0.8	8.9	15.8	16.4
Ecological belt									
Mountain	16	34.9	55.2	0	0	0	0	9.9	0
Hill	100	37.4	10	6.4	6.5	1.8	9.9	15.6	12.4
Terai	88	33.9	6	6.3	7.6	1.4	8.6	18.8	17.3
Education level									
Never attended school	54	50.9	13.2	2.2	6.9	2.5	8.7	5.6	10
Primary level	80	41.2	9.4	3.3	5.2	0	7.9	18.5	14.5
Secondary and Higher Secondary	38	22.5	5	14.3	9	4.6	8.6	14.4	21.5
Bachelor or above	16	0	15.6	16.6	12	0	9.5	30.3	16.1
Informal Education	14	26.7	34.3	0	0	0	11.8	27.2	0
Wealth quintile									
Poorest	73	37.9	19.7	6.2	3	0	8.2	12.6	12.3
Poorer	29	30.7	12.4	1.7	1	1.7	17.9	27.7	6.8
Middle	41	22.6	7.7	6.9	16.8	3.3	7.9	11.3	23.6
Richer	34	52.3	8.2	5	4.7	3.7	8.1	8	10
Richest	27	34	0	9	8.2	0	1	33.7	14
Overall		35.7	11.7	5.9	6.5	1.5	8.6	16.5	13.6

Quality rating for most recent health facility visit

Overall, provider knowledge of previous visits (80%) and respect shown by the provider (76%) received the highest positive ratings, followed by provider explanations (71.8%) and knowledge/skill of the provider (71.6%). Ratings for equipment and supplies (68.7%), involvement in decisions (68.5%), and staff respectfulness (62.1%) were moderate. Time spent by the provider (51.9%) and waiting time (58.7%) were less positively rated, while time to get an appointment (31%) had the lowest ratings.

	Quality of care (n=746) %	Knowledge and skill of provider (n=801) %	Equipment and supplies (n=743) %	Respect shown by provider- (n=856) %	Provider knowledge about previous visit (n=902) %	Provider explanations (n=787) %	Involvement in decisions by provider (n=770) %	Time spent by provider (n=581) %	Staff respectfulness other than provider (n=682) %	Time taken to get the appointment (n=342) %
Gender										
Female	8.8	12.2	7.9	11.7	10.7	10.1	10	9.9	10.7	5.8
Male	12.5	17.3	12.1	16.5	17	13.1	14	11.8	12.1	6.7
Age										
18-44	12.1	16	10.7	13.8	15.5	13.6	13.3	12.3	13.4	6
44+	8.1	12.1	8.1	13.2	10.4	8.4	9.5	8.7	8.6	6.4
Setting										
Rural	10.4	12.8	11.1	11.6	11.2	11.7	10	9.9	10.5	5.1
Urban	10.2	15.2	8.4	14.8	14.6	11	12.6	11.2	11.7	6.9
Education level										
Never attended school	7.6	14	9	12.6	5.9	5.5	8.4	8.9	9.6	7.5
Primary level	6.7	11.5	8.9	11.8	11.2	7.8	9.2	8.2	11.6	5.4
Secondary and Higher Secondary	15	15.5	11.4	15.7	19	17.7	14.3	13.4	12.3	5.8
Bachelor or above	24.8	35.5	12.3	23.4	32.9	25.8	23.2	19.2	15.2	11
Informal Education	5.2	7	1.8	7.8	1.8	3.6	12.6	10.4	5.1	4.8
Wealth quintile										
Poorest	7.4	8.8	8.3	10.3	11	8.6	8.1	7.3	6.7	6.7
Poorer	9.5	12.7	10.4	10.8	8.5	10.9	10.9	10.2	9.9	4
Middle	7.7	10.8	6.1	10.9	11.9	9.4	9.4	7.1	13.6	6.2
Richer	15.6	20.4	11.3	18.1	18.9	15.6	13.8	16.3	16	8.6
Richest	12.2	20.1	11.7	19	17.2	12.8	16.7	13.5	11	5.5
Overall	66.2	71.6	68.7	76	80	71.8	68.5	51.9	62.1	31

Likelihood of recommending the health facility

(1=definitely would not and 10=definitely would)

Overall, out of 980 participants, 47.9% provided a rating of 9-10, 34.3% provided a rating of 6-8, and only 17.9% provided a rating of 1-5.

A larger proportion of females (53.2%) compared to males (39.7%) gave a rating of 9-10, indicating they would definitely recommend the facility to others.

Both younger and older individuals gave a rating of 9-10, however those aged 44 and above had slightly higher rating of (52.3%) as compared to those aged 18-44 (44.9%).

Similarly, rural residents were slightly more likely to recommend the facility (50.8%) than urban residents (46%).

Characteristics	n= 980*	0-5 rating (n=175) %	6-8 rating (n=336) %	9-10 rating (n=469) %
Gender				
Female	589	15.1	31.7	53.2
Male	389	22.1	38.1	39.7
Age				
18-44	587	17.1	38	44.9
44+	392	19	28.7	52.3
Setting				
Rural	382	16	33.2	50.8
Urban	598	19	35	46
Ecological belt				
Mountain	53	22.5	35.4	42.1
Hill	412	17.6	35.6	46.8
Terai	515	17.6	33.1	49.3
Education level				
Never attended school	138	19.4	25.2	55.4
Primary level	387	19.2	28	52.8
Secondary and Higher Secondary	334	16.6	43	40.3
Bachelor or above	62	18.9	56.8	24.4
Informal Education	56	12.1	22.2	65.7
Wealth quintile				
Poorest	185	21.8	29.1	49.1
Poorer	212	22	32.9	45.1
Middle	198	20.8	34.8	44.4
Richer	199	11.6	35.7	52.7
Richest	186	12.8	39	48.2
Overall		17.9	34.3	47.9

Quality rating for public health services

(proportion choosing excellent or very good or good)

Overall, 54.6 % participants rated excellent or very good or good for pregnancy/post-partum care, 53.2% participants rated excellent or very good or good for care for children, 40.2% rated excellent or very good or good for care for chronic diseases, and only 25% rated excellent or very good or good for mental health care. For pregnancy/post-partum care, females (58.6%) rated it higher than males (49.7%), with rural residents (58.2%) showing more satisfaction than urban residents (52.1%). Also, for children's care, females (58.3%) provided higher ratings than males (46.8%). Chronic care received the lowest rating from those with a bachelor's degree or above as compared to those who were less educated.

Characteristics	Pregnancy/ Post-partum care (n=1091) %	Children (well or sick) (n=1063) %	Chronic care (n=803) %	Mental health care (n=563) %
Gender				
Female	58.6	58.3	41.8	30.3
Male	49.7	46.8	38.4	26.3
Age				
18-44	49.5	50.1	36.3	26.1
44+	62.3	57.8	46.2	31.9
Setting				
Rural	58.2	57.3	41.9	30.8
Urban	52.1	50.3	39	26.8
Ecological belt				
Mountain	77.5	67.7	37.8	38.4
Hill	57	55.7	42.6	27.6
Terai	50.5	49.8	38.7	28.1
Education level				
Never attended school	60.8	57.8	39.7	29.7
Primary level	56.5	56.1	40.9	31.3
Secondary and Higher Secondary	51.1	48.9	37.9	25.9
Bachelor or above	39.6	39.7	32.7	16.4
Informal Education	57.7	55.7	56.7	32.8
Wealth quintile				
Poorest	59.6	59.3	41.8	30.9
Poorer	53.2	52.3	39.9	29.2
Middle	53.7	53.4	42	29.7
Richer	52.2	47.6	38.6	27.8
Richest	52.9	51.3	38.1	22.8
Overall	54.6	53.2	40.2	28.5

Quality rating of public and private health care

(Proportion choosing excellent or very good or good)

Overall, 40.3% percent of participants rated excellent or very good or good for government facilities, 57.6% rated excellent or very good or good for private facilities and 44.3% rated excellent or very good or good for NGO/faith-based facilities.

Both male and female participants rated private healthcare facilities higher (59.3% for females, 55.4% for males) than government facilities (42.4% for females, 37.9% for males).

Rural residents (60.1%) were more likely to report higher satisfaction than urban residents (55.9%), for private healthcare facilities.

Characteristics	Government facilities	Private facilities	NGO/faith based
	(n=791) %	(n=1116) %	(n=582) %
Gender			
Female	42.4	59.3	47.8
Male	37.9	55.4	40
Age			
18-44	40.1	56.5	42
44+	40.7	59.3	47.9
Setting			
Rural	44.8	60.1	43.5
Urban	37.1	55.9	44.9
Ecological belt			
Mountain	49.2	63.6	49.9
Hill	40.9	56.9	45.9
Terai	39	57.6	42.4
Education level			
Never attended school	46.5	64	52
Primary level	42.2	56.6	44.2
Secondary and Higher Secondary	35.2	55.9	41
Bachelor or above	32.8	54.4	42.9
Informal Education	43.5	54.6	47.2
Wealth quintile			
Poorest	46.1	55.6	49.4
Poorer	39.3	55.5	41.1
Middle	43.6	57.7	46.8
Richer	32.4	58.7	45.3
Richest	38	62.3	36.5
Overall	40.3	57.6	44.3

Confidence rating (proportion choosing very confident or somewhat confident)

Overall, most participants were confident in receiving good quality care when very sick (84.3%). Confidence in affording care was lower (67.8%), while the lowest confidence was in the government considering public opinion in decision-making (53.1%). Both male (84.8%) and female (84%) participants expressed confidence in receiving good quality healthcare when very sick. Confidence in affordability was also high with 71.3 % of males and 65.1% of females expressing confidence in ability to afford health care when very sick.

Characteristics	Confidence in receiving good quality health care when very sick (n=1656) %	Confidence in ability to afford health care when very sick (n=1313) %	Confidence that the government considers the public's opinion when making health care decisions (n=990) %
Gender			
Female	84	65.1	55.7
Male	84.8	71.3	50.1
Age			
18-44	83.9	69.1	54.1
44+	85	65.8	51.6
Setting			
Rural	83.6	69.4	58.2
Urban	84.8	66.6	49.5
Ecological belt			
Mountain	86.8	68.7	63.9
Hill	83.6	64.2	51.3
Terai	84.6	70.4	53.3
Education level			
Never attended school	84.7	58.9	57.7
Primary level	85.6	69.5	55.6
Secondary and Higher Secondary	83.7	73.3	50.4
Bachelor or above	74.4	65.3	34.9
Informal Education	87.2	56.4	58.6
Wealth quintile			
Poorest	83.7	59.3	58.5
Poorer	84.8	64.4	54.6
Middle	84.4	70.1	51.4
Richer	82.8	71.8	48
Richest	86.3	78.6	50.9
Overall	84.3	67.8	53.1

People's perception of health system trends over time

74.4% believe that the health system is getting better, 17.6% believe that the health system has been the same and a small proportion (7.7%) believe that the health system is getting worse. Among females, 75.4% believe the system is getting better, 18.4% think it is staying the same, and 7.2% feel it is worsening. For males, 74.9% perceive improvement in the system, 16.6% think it is unchanged, and 8.4% report deterioration. In terms of age, 75.8% of individuals aged 18-44 think the system is improving, compared to 73% of those aged 44 and above.

Characteristics	n= 1909*	Getting better	Staying same	Getting worse
		(n=1426)	(n=336)	(n=147)
Gender				
Female	1045	74.5	18.4	7.2
Male	859	74.9	16.6	8.4
Age				
18-44	1148	75.8	17.9	6.3
44+	761	73	17.2	9.8
Setting				
Rural	799	78.2	14.8	7
Urban	1111	72.2	19.7	8.2
Ecological belt				
Mountain	105	81.5	12.1	6.4
Hill	781	73.4	19.2	7.4
Teraï	1023	75	16.9	8.1
Education level				
Never attended school	326	77.2	12.4	10.4
Primary level	747	76.1	17	6.9
Secondary and Higher Secondary	612	73.4	20	6.6
Bachelor or above	109	68.8	20.6	10.6
Informal Education	105	67.9	23.1	9.1
Wealth quintile				
Poorest	459	75.5	17.9	6.6
Poorer	423	77.1	15.6	7.3
Middle	357	73.8	16.6	9.6
Richer	358	72.5	19.1	8.4
Richest	313	73.8	19.3	6.9
Overall		74.7	17.6	7.7

People's evaluation of overall health system performance

Only a small proportion, 14.6%, felt that the system needs a complete rebuild. The majority, 61.6%, believed that while there are some positives, major changes are needed for improvement. Only 23.8% thought the system works well with only minor changes required. Gender-wise, 59.8% of females and 63.7% of males feel that here are some good things in our healthcare system, but major changes are needed to make it work better. Age-wise, 63.8% of individuals aged 18-44 and 57.9% of those aged 44+ had similar views. Rural and urban populations show nearly identical responses, with 60.6% and 62.3% respectively stating major changes are needed to make the health system work.

Characteristics	n	Our healthcare system has so much wrong with it that we need to completely rebuild it. (n=265) %	There are some good things about our healthcare system, but major changes are needed to make it work better. (n=433) %	Overall, the system works pretty well, and only minor changes are necessary to make it work better (n=1120) %
Gender				
Female	991	15.9	59.8	24.3
Male	822	13	63.7	23.3
Age				
18-44	1134	13.2	63.8	22.9
44+	684	16.9	57.9	25.3
Setting				
Rural	753	14.9	60.6	24.5
Urban	1065	14.4	62.3	23.3
Ecological belt				
Mountain	95	17.9	66.2	15.9
Hill	748	15.7	58.5	25.8
Terai	975	13.4	63.5	23.1
Education level				
Never attended school	264	20.2	52.1	27.7
Primary level	724	15.4	57.8	26.8
Secondary and Higher Secondary	609	10.9	70.1	18.9
Bachelor or above	108	15.3	70.2	14.5
Informal Education	103	15.5	52.9	31.6
Wealth quintile				
Poorest	410	16.2	55.3	28.5
Poorer	402	19	56.8	24.2
Middle	358	14.2	62.7	23.1
Richer	351	11.8	64.9	23.3
Richest	297	10.1	71.5	18.4
Overall		14.6	61.6	23.8

Conclusion

- A phone-based survey utilizing random number generation was conducted to evaluate healthcare utilization and perceptions in Nepal, providing a practical alternative in resource-constrained settings where in-person surveys may be unfeasible due to limited resources.
- Approximately 10% of participants did not utilize healthcare services when needed over the past 12 months, primarily due to high costs, the perception that the illness was not serious, distance to facilities, long waiting times, and poor provider skills.
- Less than half of respondents rated the quality of care in government facilities as excellent, very good, or good, whereas private and NGO/faith-based facilities were perceived as offering superior quality of care.
- To support Nepal's goal of achieving Universal Health Coverage by 2030, strategies to enhance quality of care and foster trust in the health system are essential, potentially leading to increased utilization of healthcare services.

THANK YOU!

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I am a public health professional with expertise in generating and utilizing data to inform programs, policies, and decisions. My areas of interest include Health Policy and Systems Research, Antimicrobial Resistance, Sexual and Reproductive Health, Nutrition, Maternal and Neonatal Health, Immunization, and disaster management among others.