



Implementation and Assessment of Facilitation Support for Improving Health Insurance Coverage in Achham



Presented by:
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Background and Objective

1. Health insurance enhances **universal coverage**, reduces **out-of-pocket (OOP) costs**, and improves **healthcare access**.
2. NHIP enrollment and renewal rates remain low, especially in Achham.
3. The objective of this study is to assess **facilitation support** (patient navigators, enrollment assistants, CHWs) in improving coverage.

Methodology

1. A mixed-methods approach was employed
2. Conducted in 5 rural/municipalities of Achham
3. Study population:

For the Rapid Assessment Phase

- ✓ Enrollment Assistants, Patient Navigators, Community Health Workers, Patients attending at Bayalpata Hospital, Enrollment Officers, Mayors, Chairpersons, or Health Coordinators at the municipalities

For the Assessment of the Implementation Strategy

- ✓ Enrollment Assistants, Patient Navigators, Community Health Workers and People enrolled and non-enrolled in insurance

Methodology...

4. Sampling Method

- *Adaptive sampling* used for quantitative data collection
- *Convenience sampling* used for qualitative data collection

5. Sample Size

- *Quantitative Data:* Sample meeting criteria during study period (Feb-April, 2024)
- *Qualitative Data:* Determined using *saturation technique*.
 - *Rapid Assessment Phase:* 8 interviews, 3 FGDs.
 - *Implementation Assessment Phase:* 20 interviews, 5 FGDs.

6. Study duration: December 24, 2023 to December 23, 2024

Methodology...

7. Data Collection Methods

- *Qualitative:* KIIs and FGDs during both research stages.
- *Quantitative:* Semi structure questionnaire (Data collection tool: CommCare, Open IMIS, and Nepal EHR).

8. Data Management & Analysis

- *Quantitative:* Descriptive data analysis in SPSS.
- *Qualitative:* Thematic data analysis using NVivo.

9. Ethical Considerations

- *Written informed consent* was obtained from participants.
- *Secure data storage* with restricted access.
- Ethical approval was obtained from the *Nepal Health Research Council*.

Results

Percent of People's Enrollment in Health Insurance (HI) by Counselling

Characteristics	Number (n)	Percentage (%)	Characteristics	Number (n)	Percentage (%)
Poorest identification (N=1797)			How many members (N=678)		
Yes	141	7.8	All member	350	51.6
No	1656	92.2	Some members	328	48.4
Heard about insurance (N=1797)			Condition of Health Insurance (N=678)		
Yes	1126	62.7	Active	386	56.9
No	671	37.3	De-active	292	43.1
Provide Information (N=671)			Counsel for the renewal (N=292)		
Yes	599	89.3	Yes	253	86.6
No	72	10.7	No	39	13.4
Family Enrolled in HI (N=1797)			Agree to enroll or renew (N=253)		
Yes	678	37.7	Yes	193	76.3
No	1119	62.3	No	60	23.7

Results...

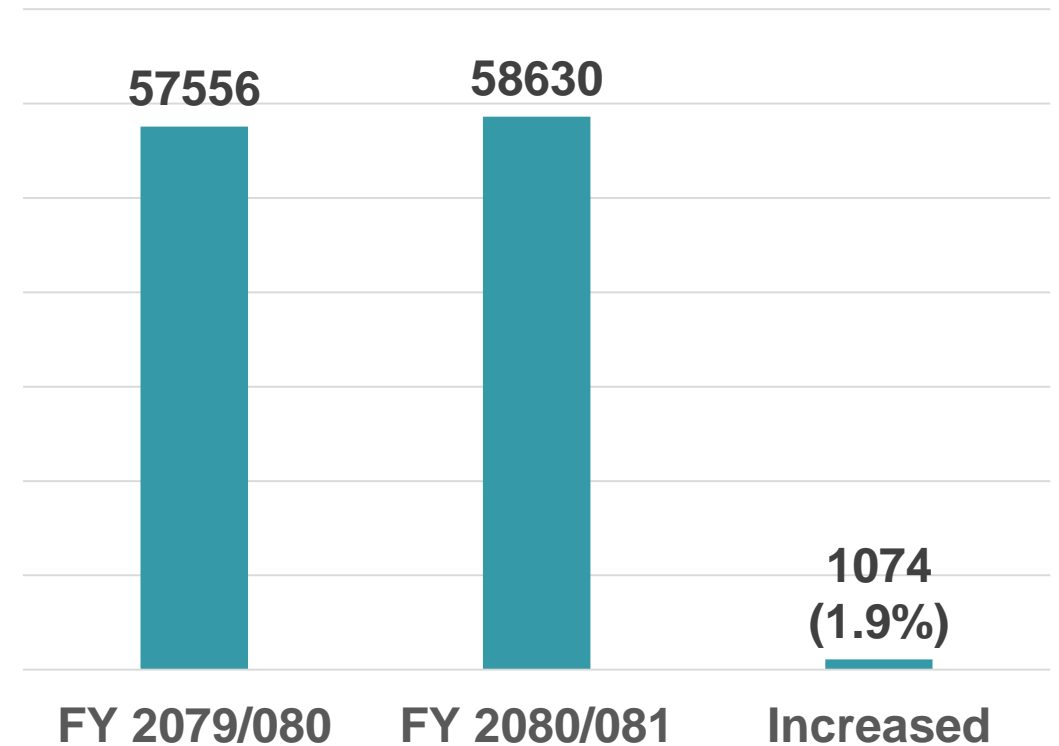
Characteristics	Number (n)	Percentage (%)
Sent to enrollment assistant (193)		
Yes	139	72
No	54	28
Ensure enrollment Assistant (N=139)		
Yes	80	57.6
No	59	42.4
Ensure enroll in HI (N=80)		
Yes	57	71.3
No	23	28.8

Total non-insured=1119 (62%)

Ensure enroll in HI after counselling = 57

Total insures increased within three months= $57/1119 \times 100 = 5.1\%$

Health Insurance Coverage



Source: Health Insurance office, Achham, Nepal (2081 BS)

Results...

Acceptability:

- Initial enthusiasm due to free insurance cards for marginalized groups and community awareness campaigns.
- Decreased satisfaction over time due to ***long waiting times*** and lack of priority for insured patients.
- Poor understanding of the ***referral process*** reduced perceived benefits.
- CHWs and local leaders still advocate for the program despite challenges.

Results...

Adoption:

- ***High initial enrollment*** due to proactive community engagement and awareness efforts.
- Decline in adoption due to ***financial burden*** (NRS 3,500 annual fee) and ***low perceived need*** for insurance when healthy.
- ***Lack of renewal reminders*** and limited availability of enrollment assistants affected re-enrollment.

Results...

Feasibility:

- ***Financial strain*** on vulnerable groups, limiting sustained enrollment.
- ***Lack of trained enrollment assistants*** causing service gaps.
- ***Inefficient claims process*** and referral system confusion discouraged participation.
- ***Inconsistent integration*** between insurance and healthcare facilities reduced perceived usefulness.

Results...

Systemic Barriers:

- ***Health facilities do not prioritize insured patients***, leading to frustration.
- ***High turnover of enrollment assistants*** reduced community engagement and continuity.
- ***Weak coordination*** between stakeholders (CHWs, hospitals, insurance offices) affected program efficiency.
- ***Limited awareness and understanding*** of insurance benefits among the community led to underutilization.

Conclusion

- The Health Insurance program in Achham has shown early success but faces significant challenges.
- Strengthening logistical support, including trained Enrollment Assistants and better communication, is crucial for sustainability.
- Reducing financial barriers can encourage broader participation.
- Key improvements should focus on minimizing Enrollment Assistant turnover, streamlining the referral process, and enhancing healthcare service delivery.
- Addressing these challenges can help expand coverage and ensure timely, accessible healthcare for vulnerable populations.

About Presenter



Dr. Pratiksha Dhungana is a dedicated public health professional with a background in dentistry and a passion for global health equity. She holds MPH in Global Health from Thammasat University, Thailand, and has completed a fellowship in Health Equity at The George Washington University, USA. With extensive clinical experience in Nepal and international training in Austria and Malaysia, she is currently contributing to public health initiatives at Nyaya Health Nepal while engaging in research on health systems and community health interventions.

Thank you