Report

Study on Status of Free Health Services at Primary Health Care Centers and District Hospitals in selected districts of Nepal

Submitted to

Nepal Health Research Council

Submitted by:

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Executive Summary

INTRODUCTION

Human Right has been accepted in principle by many countries including Nepal since 1948, the Interim Constitution of Nepal 2063 (2007) has enshrined and declared the state's commitment and responsibility to people's health for the first time in the history of Nepal. Cost sharing policies of past had silently pushed away the poor, helpless, disable, vulnerable and aged people from essential health care services which comprised of specific health programs such as safe motherhood and family planning, child health, control of communicable diseases and strengthened outpatient services etc. To increase the access and utilization of health care services the policy of free essential health services is in practice since one year. Ministry of Health & Population (MOHP) is in operation with frequent monitoring and supervision to free health service sites. However, there is lack of evaluation studies to guide policy makers in identifying the status of free essential health services and accessibility of poor people, and to assess the extent and intensity of the use of free essential health services in Nepal.

General Objective

To describe the status of targeted free essential health services for poor, helpless, disable, vulnerable and elderly people with special emphasis on preparing reference documents for policy makers.

Specific Objectives

(1) To describe the process of specified free service program implementation in PHCC and District hospitals of study districts

(2) To find out the extent of use of free health services by target groups

(3) To find out the status of use of free health services as per the criteria of the target group.

(4) To find out the service utilization of District hospital and PHCC by gender and ethnic group in study districts

(5) To assess the management of FHS program including financial, management of the free health services, recording system of such services, drug supplies, human resource, supervision/monitoring and coordination.

(6) To describe the relevancy of policy as per status of availability of specified free essential health services and user fee policy of DH and PHCC to poor, helpless, disabled, vulnerable and elderly people,

Methodology

The study opts to know the status of the situation, thus; the descriptive study design is the choice of research study. The study was applied in both quantitative and qualitative methodologies at district hospital and PHCC including D/PHO of six districts- Sunsari, Taplejung, Dolakha, Chitwan, Bajhang and Dang. The study focused to review and describe the situation on FHS policy guideline review, implementation process, status of FHS management (logistic, information, human resource and financial) , availability of identified health services in study districts and health service utilization in District hospitals and PHCC of study districts as per the criteria of the target groups. The study focused to analyze the main outcome on FHS policy guideline and its issues of implementation, management (logistic, information, human resource and financial) of FHS as per policy guideline, issues of identified health service availability as FHS policy in study districts and utilization of FHS on identified health care target groups as per policy guideline.

Main findings

1. FHS policy guideline (operational)

Policy clearly states the definition of the target groups and specific essential health services. The processes of policy implementation inclusion criteria, managerial guideline are mentioned in the guideline. The policy states the additional work to maintain all types or record and reporting, communication, coordination, ID card preparation etc.

The policy guideline does not identify the responsible staff to coordinate all these activities and the policy guideline does not state clearly on BCC and IEC strategy to raise awareness among the service providers and service users.

2. Preparation to launch the policy at district level

Program introduced within 3 months period time frame after preparation of policy guideline. Therefore there was insufficient time for orientation of the district stakeholders and service providers in mass scale. The district stakeholders from local development, health sector did get opportunity to participate in central level preparation before launching the program in district. Most of the district stakeholders were not taking ownership on the policy.

3. Status of free service implemented in study districts

The status of implementation of free service policy is not of consistent manner as per the policy guideline. In Dang and Dolakha most of the process and procedures are implemented in district hospital and PHCC as per the policy guideline. In Chitwan and Sunsari the process partially implemented as per free policy guideline and in Bajhang and Taplejung the more patients are getting free services but not following the policy guidline. The service utilization and management of policy is better in Dang and Dolakha compared to Chitwan and Sunsari. In Taplejung poor patients, elderly and disabled patients are getting free service as per support of Women Development Office and district hospital fund as per patient's verbal request and doctor's personal discretion. In Bajhang most of the patients are getting free services as per their demand and they mentioned that the target approach is not appropriate in this district because most of the patients are from poor family.

The pattern of free service utilization in study districts varies as per awareness program, location, and infrastructure and service availability in the health facility. The service utilization and management of policy is better in Dang and Dolakha compared to other study districts. It could be due to *frequent monitoring from MoHP, involvement of the key person from Ministry of health who actually participated in policy formulation and Orientation on policy launching process in the districts.*

4. Implementation process at health facility level

Most of the free service users are 100% poor according to the self declaration of the patient. Health workers mentioned that they cannot manage time to assess the economic status of the patient. Some health workers mentioned- *we are not appropriate faculty in recognizing the patients who really are poor. This should be done by local authority and also expert faculty who are involved in social security program*

5. Relevance due to service availability (HR/drug/other supply)

The policy is not relevant in all district hospitals of the country. The specified free services are mostly available in accessible districts (with transportation facilities
In remote districts (Bajhang/ Taplejung), the policy seems to be not relevant due to distance there were *no adequate orientation program, no regular supervision and monitoring. The*

target group approach policy is not relevant in remote districts because most of the patients claim that they from poor community.

In most of the PHCC the policy is not relevant because the specified services such as indoor and emergency are not available. However, In some PHCC (Sunsari and Chitwan) the infrastructure and staff are available. But in remote district (Bajhang/ Taplejung), the OPD /indoor and emergency free policy for target groups is not relevant unless the service is available and the sanctioned health workers manned (filled).

6. Fee policy in DH and PHCC and relevancy of FHS policy

The user fees policy of the district hospitals and PHCC are not consistent. Most of the district hospital user fees policy is comparatively high and the poor patients can not afford most of the services.

The user fees policy of PHCC also is not affordable for poor patients where the services are available.

The MIS is complementing the FHS policy for target groups of low HDI districts.

7. Management of FHS policy/program

Financial, Drug Management

Most of the districts are not maintaining financial records as per the operational guideline. In most of the districts, the PHCC and FHS fund is used to procure drug and reimburse CDP as per the prescription, however the policy is not clear with process of adaptation with CDP, Hill Drug Scheme, and Health Insurance Program.

Community Awareness program

Most of the PHCC except Dang and Bajhang, did not take initiative to provide information (notice board/citizen charter) to the target group regarding availability of free policy.

Supervision and Monitoring

The existing Hospital Management Board and PHCC Management Committee is functioning as monitoring committee of FHS program (Dolakha, Dang, Sunsari).

ID card introduction

In most of the study districts ID card preparation process was not initiated. The concerned authorities think that the local development sector should take initiative to produce ID card of target group.

Recording system and pattern of free service user's profile

It is too early to analyze the impact of the policy immediately after the policy implementation. Thus, the aim of the study is to assess the recording and reporting system. However, there is no consistency in recording system of the free service. The medical recorder is not clear about the reporting format.

Recommendations

FHS policy operational guideline

The operational policy guideline should state: The responsible staff to carry out the activities: coordinate all activities, technical and managerial aspects of District hospital and PHCC; Mobilize the local development bodies to facilitate the policy implementation such as DDC, women development, media and community based health workers regarding targeted

FHCP; Mobilize the NGO and Government social welfare (women development, welfare for disabled, Pro-poor program.

Preparation to launch the policy at district level

Adequate time for planning and preparation to launch the policy at both central and district level should be allocated. The district level stakeholders including local development sectors should be involved in the process of policy drafting and development of plan of action. There should be strategic planning to cover all districts located in remote areas. The mass media could be mobilized to raise awareness on the policy, targeting both service providers and service users.

Implementation process at health facility level

The FHS policy implementation should not be introduced in blanket approach. To make policy relevant, some criteria should be considered- the geography, HDI, and availability of specified essential services.

Social service unit should be organized with coordination of focal point and the member of health facility management committee with representative of social welfare stakeholder of the district.

Relevance due to service availability (HR/drug/other supply)

The specified free services as per policy guideline should be available in all districts in order to make the policy relevant. The sanction post of district hospital and PHCC should be manned (filled) to provide regular services for relevancy of the free health care policy.

Fee policy in DH and PHCC and relevancy of FHS policy

The free health care service for target groups should be promoted at district and PHCC. The Maternal Incentive Scheme should be promoted for institutional delivery.

Management of FHS policy/program

Financial, Drug and Information Management: The orientation program should be organized to focus on financial management including recording, reporting of financial and, use of fund and service users profile in District hospital, DHO and PHCC. The guideline should be updated for clarity regarding use of CDP, Hill Drug Scheme and Health Insurance and FHS fund.

Awareness and motivation to implement the program: The policy guideline should clearly mention the IEC and BCC strategy to communicate the FHS policy and the district concerned authority/staff should be motivated to implement the policy.

Supervision and Monitoring: In each health facility the FHS monitoring committee should be established and strengthened as per policy guideline and the central level monitoring committee should conduct regular supervision in district.

ID card introduction: The regular meeting of District Coordination Committee (DDC) should be used to decide on process of ID card preparation for specific target group in order to facilitate FHS policy implementation at district hospital and PHCC

Need further study: Further study should be conducted after strengthening the identified problems to review on impact of the policy.

Table of Content

Abbreviations and acronyms

AHW	:	Auxiliary Health Workers
ANM	:	Auxiliary Nurse Midwife
CBO	:	Community Based Organization
CDP	:	Community Drug Program
CDR	:	Crude Death Rate
DHOr	:	District Health Officer
DOTS	:	Direct Observation Treatment Short course
DP/HO	:	District Public / Health Office
DPHOr	:	District Public health Officer
EHCS	:	Essential Health Care services
EPI	:	Expanded Program of Immunization
FCHV	:	Female Community Health Volunteer
FGD	:	Focus Group Discussion
HA	:	Health Assistant
HF	:	Health Facility
HMIS	:	Health Management Information System
HP	:	Health Post
HSP	:	Health Sector Program
INGO	:	International Non Governmental Organization
JICA	:	Japanese International Cooperation Agency
LHMC	:	Local Health Management Committees
LMD	:	Logistic Management Division
LMIS	:	Logistic Management Information System
MCHW	:	Maternal & Child Health Worker
MoHP	:	Ministry of Health and Population
NDHS	:	Nepal Demographic and Health Survey
NFHP	:	Nepal Family Health Program
NGO	:	Non Governmental Organization
NID	:	National Immunization Days
PHC ORC	:	Primary Health Care Out Reach Clinic
PHCC	:	Primary Health Care Center
RHD	:	Regional Health Directorate
SHP	:	Sub-health Posts
VDC	:	Village Development Committee
VHW	:	Village Health Worker

Chapter 1

INTRODUCTION

1.1 Context

Human Right has been accepted in principle by many countries including Nepal since 1948, the Interim Constitution of Nepal 2063 (2007) has enshrined and declared the state's commitment and responsibility to people's health for the first time in the history of Nepal. The Government of Nepal (GoN) has been in service for the citizens through more than four thousand health facilities spread across the country providing preventive, promotive and curative health services. The out patient health services are accessible at District Hospital and Primary Health Care centre in each electoral constituency. Cost sharing policies of past had silently pushed away the poor, helpless, disable, vulnerable and aged people from essential health care services which comprised of specific health programs such as safe motherhood and family planning, child health, control of communicable diseases and strengthened outpatient services etc..

Poor, helpless, disabled, vulnerable and aged people faced the challenge of ill health just because they could not afford the health services and not because of lack of education. There are numerous anecdotes where illness of poor people progress from one stage to another, that is, from sickness to acute to severe and death before the age of 60 years, just because of unaffordable health services. It is, therefore, to address this situation; Government of Nepal immediately after Jana Andolan-2 prepared the policy 2063/64 and put it in immediate action to make free essential health services from district hospitals (15-25 bed capacity) and primary health care centers with regards of poor, helpless, disabled, vulnerable and elderly people. It was envisioned that the free health service would guarantee health rights of the people, make health services accessible to the poor, contribute in decreasing the morbidity and mortality rates and provide quality essential health services which includes registration cost, in-patient bed cost, all health services available at health facilities and essential drugs (as per essential drugs list for required health facility)

Based on people’s household’s income, assets, business and employment, ill people are categorized into three groups namely (1) Ultra poor (food available less than six months), (2) Poor (food available more than six months but less than 12 months), and (3) Well-off (food available more than 12 months).

The policy of free essential health service was envisioned to put in action in all districts in phase wise manner. In first phase, the policy was implemented in 35 district hospitals comprising of 15-25 in-patient beds and PHCC at individual district, and in second phase, it was expanded to other 40 district hospitals and PHCCs.

To increase the access and utilization of health care services the policy of free essential health services is in practice since one year. Ministry of Health & Population (MOHP) is in operation with frequent monitoring and supervision to free health service sites. However,

there is lack of evaluation studies to guide policy makers in identifying the status of free essential health services and accessibility of poor people, and to assess the extent and intensity of the use of free essential health services in Nepal.

Objectives of the study

General objective

To describe the status of targeted free essential health services for poor, helpless, disable vulnerable and elderly people with special emphasis on preparing reference documents for policy makers.

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- Financial management of the free health services
- Recording system of such services
- Drug supplies
- Human resource
- Supervision/monitoring
- Coordination

(6) To describe the relevancy of policy as per the status of availability of specified free essential health services and user fee policy of DH and PHCC to poor, helpless, disabled, vulnerable and elderly people

Chapter 2

Methodology

The study opts to know the status of the situation, thus; the descriptive study design is the choice of research study. The study was applied in both quantitative and qualitative methodologies at district hospital and PHCC including D/PHO of six districts- Sunsari, Taplejung, Dolakha, Chitwan, Bajhang and Dang. The study focused to review and describe the s*ituation on* FHS policy guideline review, implementation process, status of FHS management (logistic, information, human resource and financial) , availability of identified health services in study districts and health service utilization in District hospitals and PHCC of study districts as per the criteria of the target groups. The study focused to analyze the main outcome on FHS policy guideline and its issues of implementation, management (logistic, information, human resource and financial) of FHS as per policy guideline, issues of identified health service availability as FHS policy in study districts and utilization of FHS on identified health care target groups as per policy guideline.

2.1 Selection of districts

Six districts were purposively selected; based on all eco-development regions (Terai, Hill and Mountain) of the country.

Region/Ecology	District	Health facility	Priority
Eastern Mountain	Taplejung	Taplejung DH One PHCC	MIS (out of 35)
Eastern Terai	Sunsari	Inaruwa hospital One PHCC	None (out of 40)
Western valley	Dang	District hospital one PHCC	Low HDI (out of 35)
Central Terai	Chitwan	Two PHCC	None (out of 40)
Central mountain	Dolakha	Dolakha DH Charikot PHCC	MIS (out of 35)
Far western hill	Bajhang	Bajhang DH One PHCC	MIS/PAF/Low HDI (out of 35)

2.2 Data collection tools and technique

The study adapted mixed approaches to collect the data. The matrix with details of data collection technique and the tools *is given in annex 3 and 4*. The key areas of data were collected using following techniques.

1. *Document review (FHS policy guideline):* All the documents related to free health care will be assessed and reviewed. Mixed method approach will be applied.
2. *Key informant interview (individual or and group):* process of policy implementation, status FHS management, plan and progress of the policy implementation.
3. In-depth interview: to explore the perception on process, effect and sustainability of policy, motivation to implement the policy effectively.

4. *Observation of basic health infrastructure (rooms, staff, key equipments, drugs):* to provide identified health services to ensure the availability and accessibility as per the policy guideline.
5. *Case Studies patient of indoor or emergency who used free service:* to explore the patient's perspectives to identify the strength, weakness and opportunities regarding the policy guideline.

The **informants of the study** were all staff working in the study health offices and the health facilities including non health sectors of the districts. The details of the participants of the study are *given in annex 5*. The categories of informants are as follows:

1. Key persons involved in policy formulation and implementation of FHC policy from MOHP, DoHS.
2. Health professionals (clinical, public health, nursing, lab, pharmacy, radiography etc)
3. District Health Managers (DHO/DPHO)
4. Health facility chief/in-charges (Medical superintendents of district hospital and in-charges of PHCC)
5. Administrative staff of DHO and study health facilities (accountant, store keeper, medical record keeper)
6. Unit in-charges of indoor and outdoor services (ward, lab, radiology, emergency, dispensary etc).
7. Chief of other development sector of study district (DDC, Audit office, Women development)
8. Free health care service users in study health facilities.

Study duration: January to June 2008

2.3 Data management

The main steps in analysis of qualitative data included- transcription of the interviews, typing of the transcriptions, color coding and grouping in matrices with main domains for analysis and summarization. Similarly, the quantitative data was coded for computer entry and processed in Excel software program.

2.4 Quality assurance of data

Several approaches were adopted to assure the quality of data collection, compilation and analysis.

- Orientation to the field researchers
- Pre-testing of the questionnaires and interview guidelines followed by appropriate modifications.
- Data checking and computer entry
- Validation by summarizing and sharing of the key findings of the interview/discussion with the respondents and field researcher to verify with their first impressions.

2.5 Limitations

1. The data is not representative, it gives only an idea on FHS program implementation process and service availability as per the policy in district hospital and PHCC.

2. The financial information is mostly based on interview with DHO and accountant since that financial records were in the process of auditing.
3. The records of the users profile could not specify the category of the target group (poor, ultra poor, helpless disabled, elderly) due to lack of records in all study districts.

Chapter 3

FINDINGS

3.1 FHS policy document review: Contents (relevance, completeness),

Title of the FHS guideline is *Operational Guideline of Free health care on essential health services targeted to poor and ultra poor in District Hospital and Primary Health Care Centre -2063 (जिल्ला अस्पताल र प्राथमिक स्वास्थ्य केन्द्रहरुमा गरीव तथा असहाय विरामीहरुलाई निःशुल्क अत्यावश्यक स्वास्थ्य सेवा प्रदान गर्ने सम्बन्धि कार्यविधी निर्देशिका- २०६३)* . The contents of the guideline are introduction on the policy with context and rationale; Definition/description of policy; Description of target group; Policy of FHS- *Type of services (Diagnostic services Essential Drugs, Treatment (Surgical), Obstetric Emergency if available, General Bed;* Management of FHS- *Budget system (Drug and equipment purchasing, Drug management, Budget for monitoring)*; Monitoring/supervision and evaluation; List of districts with and without hospital development committee; Application form for free/subsidy policy (indoor and emergency); Process of implementation: First step and Second step and Sample identity card.

Policy (objective, strategy)

The policy guideline describes the provision of free service available in 25 bed District hospitals and Primary Health Care Centre for specific category of the community which includes poor, ultra poor, helpless, elderly, disable, Female community Health volunteer(FCHV). The type of free services for those specified target groups are emergency services and indoor services. The policy defines the 1. Poor: family which can afford food for 6 months in a year) and 2. Ultra poor: Family who cannot afford the food for 6 months but not sufficient for one year). 3. Not poor: The third category is family which can afford food for more than one year.

The poor and ultra poor group will get free indoor and emergency health service in 25 bed District hospital and PHCC. The poor and ultra poor patient should purchase identity card. The price of identity card for ultra poor patient will be Rs 100 and Rs 50 for poor patient. The Government of Nepal will bear this fee. This identity card will be valid only for one year from the date of the ID card endorsed.

The poor and ultra poor should fill the free application form as per format developed in the FHS guideline *refer Annex 8*.

The processes of the identification of the poor and ultra poor patients in two steps are described in the guideline.

First step

- Identification of target group: poor, ultra poor, helpless, elderly, disabled, FCHV should request for free service filling the form *in Annex 8*.

- The on duty staff should recommend the identified target group or person and forward to Medical superintendent of district hospital for final approval
- In CDP implemented district, if the patient has poor identity card that can be accepted for free policy, it will be valid until first step only.

Second step

The identification of poor and ultra poor in the community is a complex process in which various sectors should be involved. Therefore, local development sectors, political parties, other concerned offices, administration, NGOs, social service and ward level health workers and FCHV including civil society should be mobilised and the decision should be made jointly in a coordinated manner. The main responsible stakeholder should be VDC/ municipality. The team should identify various level of economic status of the community and provide certificate to be eligible for free health service, subsidised fee, partial fees and full payment of the health service. The policy will be implemented for indoor and emergency service.

Type of services included in free and subsidised policy

I. Emergency

Diagnostic services

1. Blood Test
    a. Blood Grouping, Rh Typing
    b. Total Count/Differential Count/Hemoglobin/ESR
    c. Sugar test
    d. Blood Urea
2. Stool Test/RE/ME
3. Urine Test/RE/ME
4. Plane x-rays

Treatment services

a. Essential Drugs
b. Dressing, Suturing and Plastering

II. Indoor service

General Bed only accessible for free and subsidised target group

Diagnostic services as per availability of services

Treatment services

Essential Drugs (as per DDA list)

Surgery: Minor Surgery as per availability

Obstetric Emergency if available: CEOC/BEOC

Additional initiatives of free health service

Alternative modality

Maternity Incentive Scheme (MIS) is implemented in Taplejung, Bajhang and Dolakha.

However, in Bajhang, the fund for the elderly is used to conduct health camp for the elderly people. *Apart from the free service budget, Bajhang hospital has received one lakh rupees for*

elderly and poor people from MOHP. The storekeeper and accountant said that as it was difficult to provide service one by one the management committee decided to organize camp in coordination with WDO, using the budget in their program for elderly. In the camp, medicine was purchased and distributed. The DDC helped in collection of resources for the camp. The camp was organized in Kattel SHP in 7th Ashar 2064. Total 185 people were provided with health service in the camp.

In Jiri hospital, the HMC has established a fund of Rs. 25,000 for the poor. From this fund, poor people can borrow money when they are referred to higher centres from the hospital at 0% interest. From the fund, 3 to 5 thousand rupees per patient is provided which the patients are supposed to refund within three months of borrowing. However, there is not much money n the fund because people do not return the borrowed money. Therefore, the hospital is having problem to run this program.

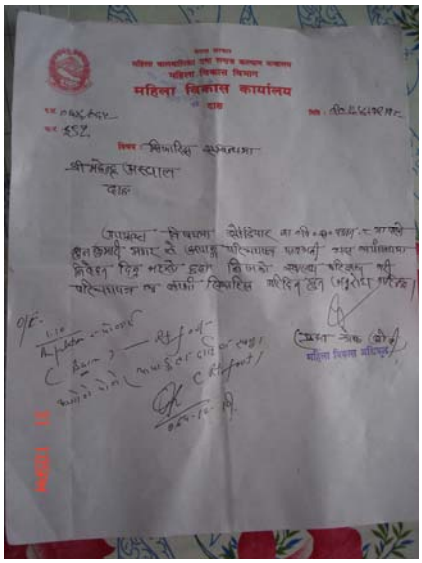
Jirel are getting free health care in Jiri since 2063

In Jiri, 52% of the total residents are of Jirel ethnic group which fall under disadvantaged janajatis. For them, services inside the hospital are 50% free since 2063.

Around 10,000 patients visit the Jiri hospital per year, which is not much. Therefore, it is easier to manage the free service program. However, the patient flow may increase and in such case this program is likely to be difficult to manage.

Other sectors support *(Medical superintendent of Jiri hospital)*

Women Development Office is supporting free service to the elderly patients in Taplejung, Bajhang and Dang districts. One patient can have maximum support to health service of RS. 2000 per year (only pay the cost of drugs). Women development office has regular budget of 2 lakhs per year to support health of elderly patients. The health facility could be primary to tertiary level as decided by the WDO. The program is being monitored by a committee including the CDO, WDO, DHO and organization working for the elderly to approve the reimbursement of the treatment and medical cost to the elderly people.



In Taplejung district, the modality of payment is as per the prescription of district hospital doctor. The patient should follow the process of requisition and claiming for the payment of the drugs as per their prescription.

In Dang hospital, the elderly get free medicine and service in OPD only with the support from WDO.

3.2 Process of Launching of FHS policy

Central level

The free health policy was drafted by core team of Ministry of health and population. The minister of health and population presented the proposal of policy in ministerial council .The core team again developed the operational guideline to implement the FHS package as per the policy decision (see operational guideline in annex). The core team then shared the policy to all stakeholders of Ministry, Department of health service and planned to implement the policy in district. According to the plan, team of ministry and department of health service visited to district from Marga 2063 to Poush 2063 to conduct orientation program to launch the FHS using the operational guideline. Within 2 month the team managed to go to Argakhachi, Dang, Salyan, Nawalparasi, Rupandehi, Kapilbastu, Rolpa, Dailekh, Surkhet, Banke Bardia, districts for orientation. The ministry released letter of authorization and policy guideline to all the districts and instructed to implement the policy from 1st Magh 2063.

Process of implementation in District level

The one day district stakeholder meeting was organised by DHO in Dolakha, Dang and Bajhang district. The representative of Ministry of Health and Population introduced in some districts, the policy guideline and described the context and process of implementation of policy as per the operational guideline. However, in Chitwan, Taplejung and Sunsari districts, the DHO organised district stakeholder meeting and introduced the operational guideline. In the orientation program, DHO shared the policy and sought cooperation from the district stakeholders including DDC staff, political parties, and chairperson of Health Management committee members and in-charges of all PHCCs of the district.

The district hospital and hospital board implemented the program as per the instruction provided during the first orientation program using the FHS operational guideline. There was no representatives from MoHP and no official authorised letter in the beginning of the program (Sunsari).

3.3 Status of FHS policy implementation at District level

The status of implementation of free service policy is not consistent manner as per the policy guideline. In Dang and Dolakha most of the process and procedures are implemented in district hospital and PHCC as per the policy guideline. In Chitwan and Sunsari the process partially implemented as per free policy guideline and in Bajhang and Taplejung the policy was not implemented at all. The service utilization and management of policy is better in Dang and Dolakha compared to Chitwan and Sunsari. In Taplejung poor patients, elderly and disabled patients are getting free service as per support of Women Development Office and district hospital fund as per patient's verbal request and doctor's personal discretion. In Bajhang most of the patients are getting free services as per their demand and they mentioned that the target approach is not appropriate in this district because most of the patients are from poor family.

The pattern of free service utilization in study districts varies as per awareness program, location, and infrastructure and service availability in the health facility. The service utilization and management of policy is better in Dang and Dolakha compared to other study

districts. It could be due to *frequent monitoring from MoHP, involvement of the key person from Ministry of health who actually participated in policy formulation and Orientation on policy launching process in the districts.*

Chitwan District

First instalment Rs. 2 lakh of free fund could not used

Chitwan district is devolved district and the money comes through the DDC. The DPHO staff visited to DDC and came to know about authority letter of free health service and Maoist camp budget Rs 2 lakh 50000 on 2063/12/08 in the heading of program conduction (70-3770). Out of the total amount, 50000 were specified for Maoist cantonment and 2 laks for PHCC free service. There was a clear instruction on the use of budget by the end of Ashadh 2064. Maoists wanted the total budget to be used for their camp. In this context DPHO clarified the issue with series of communication with ministry and only at the beginning of Ashadh 2064, the DPHO took initiative to start the free health service at PHCC. It was already late since the budget had to be used within fiscal year Ashadh 2064. DPHO then realized that it was impossible to use the budget as per guideline within one month. Therefore, they made a decision not to implement the program that year. In this way the budget freezes. (KI with DPHO and other staff).

In summary the way budget was disbursed for free health service in the fiscal year 2063/64 did not allow the launching of the program. One letter released for two different programs for free service and for the Maoist to be used in their army camp created confusion and dispute between Maoist and DPHO. The DPHO was confused about program implementation since they did not get specific directions in the authorization letter about the use of budget. There was delay in the release and arrival of the authorization letter as it got trapped in the beurocratic hurdle

Districts	Health Facility	Total patients	Free patients	% of free service users
Chitwan	PHCC	6000	445	7.41
	Kairahani PHCC	9000 one year	51 (two month)	
	Shivanagar PHCC	8500 one year	39 (one month)	

Source of data for PHCC- main register, for DH- indoor register

Taplejung District

Why policy could not be implemented in Taplejung

The Taplejung hospital received a letter along with money for free health care policy. The letter was discussed in the hospital helping committee for discussion. However, the letter was not accompanied by necessary guidelines and so the program could not be implemented there. Development of ID cards and forming monitoring team in the district to strengthen the program as mentioned in the guidelines was out of question in the district. ***Issues of confusion:*** *When the letter and money reached the district, there was no complete and clear instruction on how to use it. There was no focal person to instruct or look into the program. The former DHO was not interested to stay in Taplejung, and the MS was busy with the clinical duties as he was the only doctor there. This was the main reason why the program could not be implemented in the district.* ***H****owever, free service is occasionally sanctioned from the health facility after the recommendation from the staff and approval from the doctor. This is often done when the patients claim that they do not have any money to pay. There was no any system of recording free service provided in this manner.*

Sustainability: *After implementation of free service for OPD cases, everything including OPD is free to all the patients at present so we can foresee that there will be acute shortage of drugs in the district if they do not receive enough funds right away from the centre.*

Districts	Health Facility	Total patients	Free patients	% of free service users
Taplejung FHS *noted from main register (social security policy for elderly)*	District hospital	1401	187	13.34
	PHCC	1748	9	0.50
Bajhang *noted from main register(other policy)(decided on own discretion: policy FHS not followed)*	District hospital	910	33	3.62
	PHCC	5202	199	3.82

Source of data for PHCC- main register, for DH- indoor register

Free Health Care Service Utilization in Dang, Dolakha and Sunsari

The free service utilization data was collected with review of various types of registers in the recording system of the district hospital and PHCC. The details on the district wise registers used to collect data on service utilization free service is available in *annex 6.*

Total patient and proportion of free service users in DH and PHCC

The data reviewed and analyzed recorded from Magh 2063 to Poush 2064. In district hospital, all indoor patients and emergency cases were included. The data of emergency unit from Dang district could access the register. The data of PHCC is collected from main register of OPD because there is no in-door and emergency service in all study PHCC. The profile of free service users could analyze only in four districts- Sunsari, Dang, Dolakha and Chitwan. In Chitwan, the data retrieved was of a few months only because the free health care program was started in Shrawan 2064 only.

The table below illustrates the details on utilization of free health care service.

Districts	Health Facility	Total patients	Free patients	% of free service users
Sunsari (one year)	District hospital	3000	187	6.23
	PHCC	5000 (7 month)	300	6
Dolakha (one year)	District hospital	1500	206	13.7
	PHCC	1980	314	15.85
Dang (one year)	District hospital *indoor patient only*	3000	616	20.50
	PHCC	6000	445	7.41
	PHCC	5202	199	3.82

Source of data for PHCC- main register, for DH- indoor register

Note: in Dang DH the emergency free service users not included due to unavailability of record

The pattern of free service utilization in study districts varies according to the location, infrastructure and service availability in the health facility. The maximum service users as inpatient is highest in Dang DH (N: 3000 *only indoor patient*) and the lowest is in Bajhang DH (N: 910).

The free health care service users are not recorded as target group. Most of the free service users are ultra poor (100% free) as declared by the patient. The highest percentage (20.50 %) of free health care service users is in Dang DH and lowest in Bajhang.

Socio demographic characteristics of free service users

The socioeconomic characteristics of the free service users are analyzed as per the availability of data. The district wise findings on free service users profile is *given in Annex 9.* Among the total free service users in six districts, 49.12% are female and 19.71% are elderly. Most of the free service users (41.22%) are from advanced group (Brahmin, Chetri, Newar) and 39% are from disadvantaged group (Dalits: 16%) and religious minorities about 2 %. Most of the service users are from nearby villages and districts. The highest number of VDC coverage is in Dang.

Gender	**Number**	**%**
Male	1106	36.21
Female	1500	49.12
Age		
Children/Adolescents	658	21.55
Adult	1210	39.62
Elderly	602	19.71
Caste ethnicity		
Advanced group	1259	41.22
Disadvantage group (Dalit – N: 351/16.3%)	1189	38.93
Religious minorities	57	1.87
VDC coverage		
Dolakha DH	8/52	15.38
Dolakha Charikot PHCC	34/52	65.38
Dang DH	39/41	95.12
Dang Tulsipur PHCC	18/41	43.90
Sunsari DH	19/52	36.54
Sunsari ItahariPHCC	11/52	21.15

** six month implementation*

The distribution is more illustrative in map

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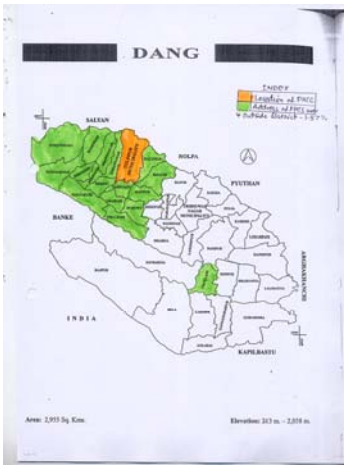
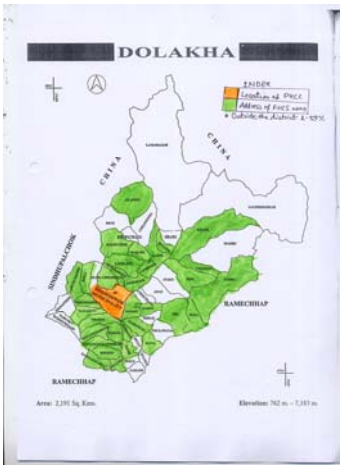
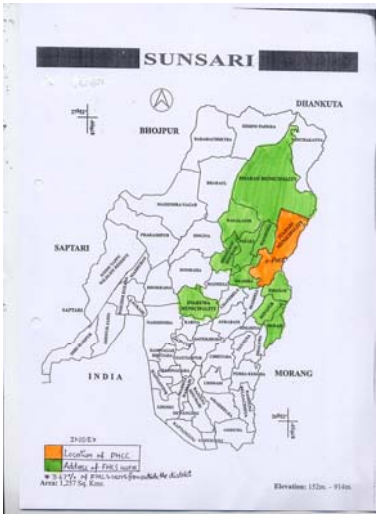
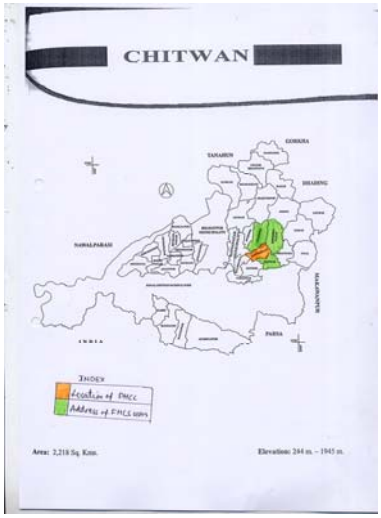








3.4 Process of FHS policy implementation at District hospital

Date of program implementation

FHS policy was started in Magh 2063 in Sunsari, Dang and Dolakha district. In Chitwan, the DHO received guideline on Jestha of 2064, and the program started from Shrawan 2064. In Bajhang, the free health care budget received on 3 Magh 2063 then as per the decision of hospital management committee the fund was used only to purchase drugs for free distribution as per prescription.

Availability of FHS operational guideline

In Dolakha, the guideline was received on time. In Sunsari, Dang and Bajhang districts there were not sufficient copies of guidelines for all the program implementers. Though there was budget to make copies, sufficient copies were not available for the key service users (Indoor in charge, emergency in charge, medical superintendent, pharmacist, accountant etc). In Bajhang, the guideline of free service was brought to the hospital by the doctor from Nepalgung after returning from review meeting in Jestha 2063. In Taplejung, there was no guideline and so the program could not be started.

In Dolakha, where the hospital has tried to use the guideline fully, they commented that poor identification by self declaration as mentioned in the guideline is not easy. The doctor in Jiri hospital said that *the staff can not assess whether the patient actually is poor or not. ID card preparation is not an easy process because the patients are required to bring a photo but they do not return and so the ID card cannot be made. It is becoming very difficult to coordinate with DDC for monitoring activities and establish the ID card system.* Similar complains were also raised in other districts like Bajhang, Dang and Chitwan.

Staff involvement in process of policy implementation

There is no special social service unit established in hospitals. The medical superintendent or medical officer, staff on-duty in emergency, nurse on-duty are all involved in the process of decision making for free service policy for poor patients and other target groups. The on duty staff can recommend but the final decision to provide free service is carried out by the Doctor in all districts. In Bajhang, committee of three members was formed for recommendation but it was not effectively functioning and so the office head himself recommended for free service.

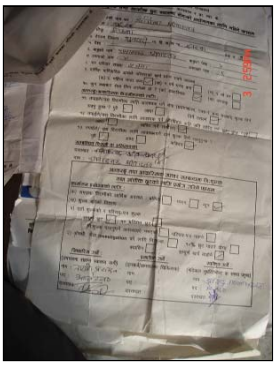
Awareness of free policy among hospital staff

In Sunsari and Bajhang some of the staffs are aware about the program initiation but they are not much sensitive to free service program. In Taplejung very few staff in the hospital had heard about the targeted free service program and no one was fully aware of its target, process and objective. The MS in Taplejung had heard about the free service policy in review meeting in Biratnagar.

The present MS of Bajhang who also worked as DHO for some months when the DHO was in leave said *When I was in Nawalparasi I heard about Free Health care service from a team who came from the centre. I again heard about it later, in Bhadra 2064, when I attended a workshop in Dhangadi.*

Practices of staff to increase access to policy for target group

The staffs in Bajhang and Sunsari were not proactive to provide policy. However, they recognised the patients who cannot afford the cost of health service.



However, the staffs of Dang district hospital are proactive to provide the policy to the targeted patients.

When patients come to the indoor for free service, we inform them that it is up to them to decide whether they want free service or not. At first in rush the patients may have to pay if they do not say that they need free service but when in ward, we give them choice of taking free service or not. (Indoor incharge in Dang district hospital)

The patients who can not afford registration fee of OPD mostly referred to emergency to request for free policy (Sunsari, Chitwan and Dang).

Identification of poor patient: In all six study districts, free service users are identified on the basis of self declaration. The patient claim for free service saying *"I don't have money to pay for health service, I am poor".* The patients fill the form requesting for 100 percent free service claiming that they are from ultra poor group. The un-duty staffs do not argue on what the patient's claim. There is no specific unit/ section to give time and assess who is poor and coordinate with concerned sectors to proceed for identity card. Once the on-duty staffs receive filled application form requesting for free service, they recommended to chief of hospital who gives final approval for free service. The disadvantaged group, elderly, disabled and the self declared poor patients are the group mostly using the policy.

We are providing free service for the disadvantaged ethnic group and elderly patients. Two target groups among five to whom free service is to be provided need identification card. The most difficult target group is poor because we don't have staff/unit to assess the poor patients and we don't have time to coordinate with DDC, VDC to advocate for delivery of identity card for poor families (DHO, Sunsari, Dang, Dolakha).

Regarding assessment of the poor patient using the criteria of sufficiency of income for 6 month or more that, the Medical Superintendent in Sunsari said, *why get involved in controversy? We use the easiest criteria of self declaration as poor patients. We don't bother whether the patient is actually poor or not. Rich, poor, staffs, relatives of the staffs and people who are aware about the free policy are receiving the service free of cost in the hospital*.

Some patients come with recommendation for free service from the VDC. (Chitwan)

Processing for free request for identity card

Every patient in Chitwan, Sunsari and Dang of emergency and indoor who used free policy, filled the free request form.

However in Bajhang, this was not practiced provided those forms were available in the hospital.

Problem faced for ID card introduction: Most of the study district tried to introduce ID card processing the free request forms. The District level managers were found reluctant to begin the ID card use. In Dolakha, the filled free form are complied and processed for ID card preparation. Most difficult part faced by the managers in implementation of the policy guideline is ID card introduction. They tried to introduce ID card .The ID cards were printed by the DHO Chitwan, Dang, Dolakha and Bajhang in Shrawan to Kartik 2064. Jiri hospital started to use ID card but it could not get continuity for more than one month due to requirement of patients' photo.

In Jiri hospital, cards were provided to patients who are identified as poor from the OPD or emergency and to those who bring recommendation from the VDC according to the list made by the VDC for the CDP purpose. But card distribution was carried out only for one month. The MS in Jiri hospital and Bajhang said that *they were not able to distribute the cards because it required photo.* (not practical in rural community)

The DHO in Sunsari, Bajhang and Dang said that card could not be distributed for identified target patients as per guideline because coordination with municipality, DDC and VDC was not possible due to political instability and lack of elected leaders in local authority. In Dang, the DHO also added that *the health workers are not appropriate authority to introduce ID card.* The store keeper in Bajhang said *the cards could not be distributed because the staffs were not keen to distribute the cards and they anticipated that everyone would claim to be poor and cards would not be enough. He also added that those who took free service are not necessarily poor.*

*Also in **Rayal PHCC Bajhang,** the management committee said, "why waste money in preparing ID because it is not possible to provide it to everyone. If we start printing ID cards all money will be spent on it. The ID card needs a photo for which people have to go to Chainpur. It takes around five hours bus ride and three hours of walking to reach there. Therefore, it is practically not possible to give ID card to everyone and so, the PHCC has not started distributing the cards."*

Compilation of free requesting form and ID card preparation Dolakha case

In Dolakha these forms are compiled, verified and approved by the health management committee. While doing so, the whole compiled forms fall into three categories; true poor, whom the committee verifies as poor and considers them eligible to get free service and also ID cards. Next group is rejected by the committee although they have already got free service. The third group is 'the don't know group'. In this group most of the slips fall. The reason for large bulk in 'don't know' category is that the catchments area of the hospital is beyond the district. People from Ramechhap, Okhaldunga and Solukhumbu also come to receive the services, which creates a problem in identification of the poor people. Medicines are provided completely free for those who have cards but for those who do not have it, they get medicine in the essential drug list for free but they have to buy the rest from CDP.

3.4.1 Community awareness regarding free service

There is no notice on hospital areas regarding provision of free service with target group definition in any of the study districts.

The *DHO in Sunsari* said that *it is not mentioned in the guideline.* No public enquiry section was found in the districts regarding the program. In Chitwan, Dang and Dolakha, focal persons were appointed for free service for the targeted population.

Citizen charter

In *Jiri hospital* there was no citizen charter posted in the hospital for free service or for other services. When asked why there is no citizen charter, the MS responded by saying *Patients cannot read, so why do they need it? For our purpose we have it in our room and in the dispensary.*

In *Bajhang hospital,* there is price list posted in front of emergency section which was not updated, *but important thing that the team noticed was below the price list it was mentioned that poor and displaced people get free service.*

In Chitwan and Sunsari district, VDC level orientations were carried out to health workers, community stakeholders and journalists to communicate the information which was shared in several political meetings and in occasions. This was organized jointly for HP/SHP free service policy and PHCC target based free service program. However, the message has not *reached* the *targeted* community adequately. The MS in Sunsari said that patients who come, do not know the policy so *Few poor communities benefit from the free health services.*

In Sunsari most of the poor patients are not aware about the free policy. *The case study illustrate the real situation*

Case study 1

Date 2064/10/20

A 20 year old Laxmi Devi Yadav from Marsing 5admitted Inaruwa Hospital for delivery. Laxmi had suffered prolonged labor from four days. On the fourth day she gave birth to a dead baby at home, but she still suffered so she was bought to the hospital on that day with the assistant of neighbour. She was admitted immediately and able to deliver another baby girl safely. The On-duty nurse prescribes some medicine to be bought for immediate service to Laxmi. Her husband, Bishwanath Yadav hotel servant (dish cleaner) was not at home. Later he was informed by neighbour and he came to hospital to look after his wife. The irony of the situation is that, Biswanath did not have any money to pay for the drugs and other supplies that were needed. This shows his family had no means to prepare for the birth of the child in case of emergency. He had no option but to request the local drug retailer to give the drug on credit. Somehow he manages to take loan for other additional cost of his wife treatment and food.

While this was going on the research team were observing the situation, so the team asked the on duty staff nurse on possibilities of providing free service to Laxmi. The nurse responded that the provision of free service to the patient depended only on the assessment and decision of duty medical officer.

The research team felt that in this situation of crisis, Laxmi deserved to get free service benefit so we request the duty nurse to allow her to have free service. The nurse promptly proceeded to provide the benefit to Laxmi. She instructed to Bishwonath to bring drugs from the retailer from where the hospital was managing free patient's supplies.

After wards the team asked to Biswanath regarding the free policy process and why he was asked to get drugs from that medical store. Even after he has received free service he was not sure that he had not got free service nor was he aware why he was able to get free service.

In Rolpa some patient are aware about the free policy. The case study 2 illustrates the status.

Case study 2

Kaman Singh with his wife

Few days ago 52 years Kaman Singh (male) suffered from high fever and consulted Jhakri, brought medicine from local store but it couldn't help to cure him. Then he visited to Dang hospital from Rolpa. It was is just two hours by bus and the bus fare was around Rs.125 per person. The district hospital Rolpa is far and route was also difficult comparatively. His wife had visited with him. They were staying at with their relative who had line hotel at Dang where they had to pay Rs.50 for a full plate of rice and it had became 5 days Kaman Singh was admitted in the hospital and diagnosed malaria with fever. Now he is satisfied with Dang hospital care and he will tell about the facility to his friends in Rolpa He was aware about free service provided by the hospital for poor patients. He received the information regarding free service policy from his friend in the village just 15 days back.

3.4.2 Management of FHS

Logistic management

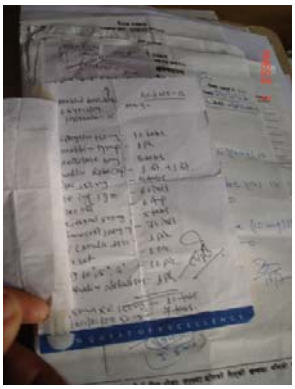
The policy guideline clearly describes the procurement process of drugs and necessary equipment. The DHO/ DPHO can purchase the drugs as per budget following the existing financial rules and regulations. The type and quantity of drugs should be decided as per need of the facility. The final procurement decision should be made with the consultation of hospital development/helping/management committee.

Book keeping: The guideline also clearly mentioned the records of expenses of drug should be maintained separately for OPD, emergency and indoor services. The stock, expenses and

the amount of drug used should match as per the total budget used for drug, regent, x ray film etc.

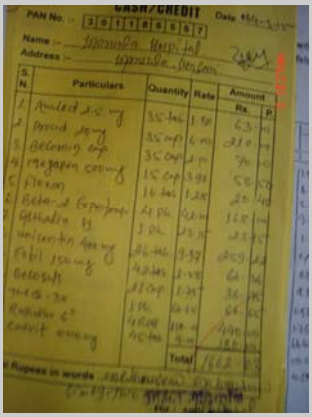
Drug management

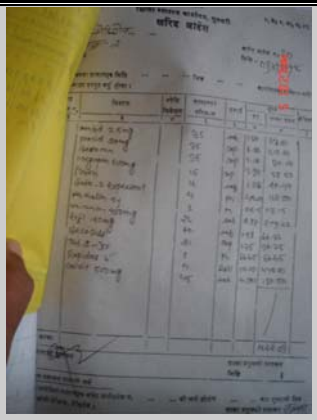
The study DHO/DPHO of the study district purchasing drugs for free target patients using the additional budget of the FHS. The modality of drug purchasing system varies in each district.

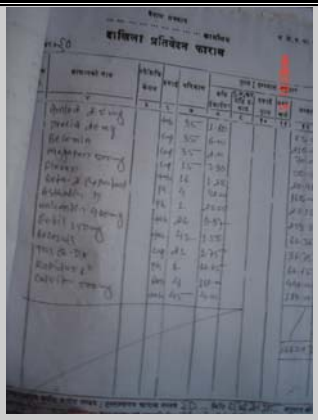


Sunsari case: Once the patient gets approval for free service then the on-duty doctor, nurse or AHW prescribe drugs or any material from specific drug retailer near the hospital. The patient receives medicine/supplies free of cost as per prescription of the doctor even drugs not in the essential drug list. The drug retailer maintains the record of each free patient and request to account section for reimbursement. The DHO reimburses the cost of drugs used by free patient as per the drug retailer's claim.

Book keeping: On observation of the book keeping of the free service expenses, this was not maintained as per guideline. The cash payment voucher observed with supportive complied prescriptions in Sunsari DHO(photo).







Prescription/ Drug purchase order as per prescription and Drug entry record Sunsari DHO: Drug and financial recording formats

Taplejung case: The Hill drug scheme is selling drugs as per prescription in 50 % subsidy. Last year Rs 1 lakh was supported by DDC to the Hill drug scheme. Apart from the drug scheme, there is a regular supply from the regional drug store and from KFW. This has helped to maintain a regular supply of drugs to the hospital. The budget of FHS is not used in Taplejung yet. *Refer the Taplejung case report.*

Dang case: In Dang, drugs within the essential drug distributed separately to indoor, emergency and OPD. They maintain their own store and from there, drugs are distributed free to the poor patients. Records of distribution are kept in each department. Those who can pay, buy from Sajha. If the patients claim they are very poor, they are given free medicine from the Sajha which is later reimbursed by the management committee.

Dolakha case: In Jiri hospital, free drugs was provided from the CDP and later the money was reimbursed to the CDP from the free service fund.

Bajhang Case: CDP had just begun in Bajhang district, when free health care service was initiated. In the PHCC, it was started earlier whereas in the hospital it was started only in Shrawan 2064. Essential drugs were not available before CDP in the hospital. In Bajhang hospital, during the free service program, all the drugs in the EDL was not available. The patient had to buy from outside. When the money for free service was received, drugs and other logistics were purchased. But there is no information as to how the drugs were used. Recording and monitoring system was not established. Now since Magh 2064, CDP has been halted in the hospital as well as in other facilities. Currently, all the health facilities are providing free drugs from CDP program. According to the store keeper, for now, there are plenty of drugs in the health facilities for free distribution due to CDP but soon there will be crisis.

Monitoring and supervision

Policy analysis:

Policy guideline mentioned the strategy for monitoring and supervision to evaluate the FHS policy implementation. The strategy is formation of high level monitoring and supervision committee in Ministry of Health and Population. The committee will be formed in each Region and District, to evaluate and support the program. The terms of reference of the committee will organise the supervision and monitoring activities as identified scope planned by ministry, region and district health facility management committee. The additional budget for drug will be released to health facilities as per the recommendation of the Monitoring and supervision committee of ministry, region and district. The members of the monitoring committee are authorised to recommend the punishment or reward for identified staff on the basis of field level supervision and report to the minister of health and population. Besides FHS program, the committee can submit the report on other health service delivery issues to concerned authority. Each health facility who are implementing the FHS policy should compulsorily submit the report to monitoring committee with details of free service users identification, drug procurement, financial balance in monthly basis. Evaluation: the FHS program will be evaluated as other regular health program. The program will be evaluated and supported as per need. The evaluation program will be conducted after few months of policy implementation. The budget for evaluation program will be managed by Ministry of Health and Population.

In practice the Supervision Monitoring on policy implementation

Central level monitoring committee

The high level monitoring and supervision committee is already formed. The chairperson of the committee is minister of health and population. The members of the committee are.....Till date, the members of the high level committee conducted field observation and collected reports from selected districts. At present, the monitoring is being done by Health Management division with identification of focal person.

District Level Monitoring Committee

In some study districts such as Chitwan and Dang, the District monitoring committee is formed and functioning as per the guideline.

There is mixed findings regarding the structure and functional status of the monitoring committee at district level.

The districts monitoring committees have been formed in Dang , Dolakha and Chitwan.

In Dolakha, MS in Jiri hospital said that the *FHS is the most supervised program in the district because there is frequent supervision from centre as well as regional office.*

In Chitwan, the health facility management committee is functioning as monitoring committee in PHCC. They are functional to manage infrastructure development and other issues of health management not focusing on FHS.

...this monitoring committee are not for free service but rather for monitoring the construction of building which was being carried out. A focal person is appointed in Chitwan to manage the program. In Chitwan, the program is reviewed in the monthly and quarterly meetings. (PHCC, Chitwan)

The DHO in Sunsari said that *"There is no monitoring in Sunsari district health office. We did whatever we understood. It might have been wrong or we might have misused the funds. We can feel that poor have been benefited, though we cannot give you any specific case study".*

Recording and reporting of frees service users profile

The policy has clearly indicated that there should be separate registers to be used for the recording and reporting the free health care services users' record. But it was not maintained in all study districts. The separate recording of free service users were maintained in Dang, Dolakha with specific register for indoor, emergency, lab and x-ray service. *Please review District wise recording status in matrix given in annex 7.8.*

Availability of data on demographic and social background of free service users

More than 90% recording of details of free service user's personal profile is completed. However, the address of the users was not consistently recorded in terms of VDC. The recording of name of patient has helped in indicating the gender of the data. The detail is given in table below.

Variables	Data available %	NA in %
Age	92.73	7.27
Gender	97.25	2.75
Caste/ethnicity	94.34	5.66
Address	92.83	7.17

Availability of data on type of service used by free service users

The recording system is not maintained in one specific register as per the policy guideline. However, the data regarding diagnosis, type of drug used, and type of service used, registration fee, bed charge etc could be accessed using various sources such as citizen charter, key informant interview and review of specific register. The status of availability of type of data is not consistent in all study district hospital and PHCC. The table below illustrates the details on the availability of data for monitoring the free health care service program.

Type of data	Sunsari		Chitwan		Dolakha		Dang	
	DH	PHCC	DH	PHCC	DH	PHCC	DH	PHCC
Diagnosis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Drug used	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lab	Yes	No	Yes	Yes	Yes	No	Yes	No
X ray	No	No	No	No	Yes	No	Yes	No
Delivery	No	No	No	No	Yes	No	Yes	No
Minor surgery	No	No	No	No	Yes	No	Yes	No
Registration	No	No	No	No	Yes	No	Yes	No
Bed	No	No	No	No	Yes	No	Yes	No
Cost of service	No	Yes	No	No	Yes	Yes	Yes	Yes

In *Sunsari district* all the requisition forms of free patients were compiled and registered. In indoor register, there is one column to mention free patient. Separate recording of free lab service was found Sunsari hospital.

S*ince 1st Magh 2064 after orientation program on free service program of HP and SHP, the recording system of emergency and indoor also modified in Sunsari hospital.* New register with separate ethnic coding is also used in all hospital except in Bajhang.

In *Chitwan,* the DPHO has printed registers for recording the free service and sent to PHCCs so they have started recording. Reports from the PHCC are sent to the DPHO. The focal person compiles them and sends the report to the regional health directorate and to MOHP.

In *Jiri hospital* there is good register maintained for free service in the hospital. To strengthen the reporting and recording system, it has developed forms and bills for free service. To reimburse the money to the management committee for providing free service, the bill of free medicine provided, bill of admission, bed, lab and X-ray charge, and the free service form which the patient filled is attached. In x ray also, there is recording of free service provided but there the data is missing from 2063/6 to 2064/6. Either there is no record or the old register is lost.

In *Bajhang,* there is no register for free services users. Some patients received free service using the poor and elderly policy but it is not mentioned in indoor or emergency register. The reason behind this is less monitoring and supervision from higher authority and they are producing the report on their own estimation.

Coordination

The policy guideline has not clearly mentioned the approaches and responsible stakeholder for coordination with district stakeholders. However the DDC's and DHO/DPHO are frequently meeting for district development agenda. DHO never requested me regarding ID card preparation for poor patients as required by FHS policy guideline (LDO, Sunsari DDC).

In this regard DHO mentioned that there is a local elected member and the DDC Government officials do not have capacity and time to assess the poor patients of the district. One more thing is, during the Terai conflict situation nobody wants to get involved in the process of poor patient assessment task. This will create one more conflict in criteria of assessment of the poor and non poor group. In VDC level also, the PHCC in-charge identified same problem and so in most of the PHCC, the ID card preparation is not in progress as per the policy guidelines.

Financial management

Policy analysis

The policy guideline mentioned the process of budget release for district FHS program. The budget will be released from DoHS to DHP/DPHO account (in decentralized district through DDC, Chitwan). The DHO/DPHO then transferred to hospital helping/ board/management committee and PHCC management committee according to the progress report with balance sheet received from those health facilities in instalment basis.

Additional budget will be released to districts through DoHS as per the report of the monitoring committee. This will be based on the increased number of patients and amount of drug requirement.

The District hospital and PHCC should report the financial statement of FCHS regularly to DHO/DPHO in monthly/bimonthly basis. The DHO/DPHO also should report the same balance to regional health office, DoHS and Ministry of Health and Population in same manner.

The Hospital management committee and the PHCC management committee should open separate special bank account to deposit the budget release to compensate the registration fees and service user fees for target group (FHS budget).

The FHS budget can be used the health facility development/management committee as per need.

Book keeping and reporting: The DH and PHCC (FHS policy implemented) should maintain with separate book keeping of the special account of FHS budget. The financial balance should be reported to concerned financial offices, DoHS and ministry of health and population.

The recording headings of the FHS should be *Drug/ Equipment, Hazard allowances, stationary and printing material to manage FHS policy, lines, apron towel for free patients and food for indoor patients.*

Practices on financial management

The availability of budget and utilization matrix is given in annex 7.5.

In **Sunsari district** the hospital received one lakh for free service in the first year on 2063 Magh to 2064 Ashar. *We did not have budget to conduct orientation program for all level of stakeholders of district and hospital, PHCC. Because of strict instruction from ministry the program launched using local budget for orientation program. We received second instalment budget released letter but the budget is not deposited in account yet.* (DHO, Sunsari).

Taplejung district received 1 lakh rupees last year which was not used it was deposited in bank account of hospital helping committee. They did not have any idea about the process of budget utilization, because they did not received the policy guideline in time.
In this fiscal year (2064/65) Taplejung has received money 11 lakh for free service program and 30 lakh for outreach program which is going to be used for purchasing medicine and logistic from free service.

In ***Chitwan*** budget for the first year was freeze. In this fiscal year 2064/65 Chitwan has received 28.5 lakh rupees for the free service to the targeted group. 24 lakh was used to purchase medicine and rest of the money was spent on orientation and publishing formats.
In ***Bajhang district hospital*** one lakh rupees received by the hospital 70 thousand was used to purchase medicine from Nepalgung.

DHO ***Bajhang*** received 2 lakh rupees for the **2 PHCC** and one hospital in the district on 3 Magh 2063. From that 50 thousand was transferred in the account of the PHCCs in 13 Ashar 2064.

Dang case report on budget status

According to **DHO of Dang,** Rs. 2 lakhs **budget** was released to hospital management committee for free service. For the four PHCC in Dang Rs.1.25 lakh was released for each PHCC. This year, a total of Rs. 45 lakh budget was available for district (District hospital not included). Out of that only Rs. 8 lakh can be used for 40 health facilities including PHCC, whereas a*ctually 1.2 lakh is needed to mange each health facility because there is no other source of income for them.* 1.5 lakh was received for DH. Later 10 lakh additional budget was received for other facilities. Financial report could not be accessed from DHO.

Budget not sufficient in Tulsipur PHCC

The DPHO Dang said that patient flow is very high in Tulsipur PHCC because it is located near to the junction to many hilly districts. Many patients claim for free service and so there is no income from patient. The budget is not sufficient to manage PHCC like Tulsipur, especially when expense of house rent, electricity, water etc is 60000/year.

The budget received by **Jiri hospital** was 1.5 lakh rupees it was enough for 6 months. Last year Jiri hospital did not received authorization letter in time. *For this year we received 2 lakh rupees and also received direct authorization letter of budget. Jiri hospital will be ideal for estimating the cost of providing free service as we have record of costing of free medicine and service provided.* (MS Jiri hospital)

Case report: *Recording of fund used for free service used*

***In** Dang and Dolakha the cost of the drug supply for free patients are maintained in various formats. The table illustrates the case report of Dang and Dolakha:*

Fund used for Medicine Distributed for FHS in one year

Month	Cost of Medicine distributed free	Charikot PHCC Dolakha
	Tulsipur PHCC Dang	
Magh 2063	*9148*	*8051.64*
Falgun 2063	*10978.5*	
Chaitra 2063	*2546.5*	
Baisak 2064	*586.5*	
Jestha 2064	*53*	
Total	***23,312.5***	***8,051.64***
Ashar 2064	*2752*	*1804.96*
Shrawan 2064	*3473*	*2848.33*
Bhadra 2064	*4610.5*	*3514.25*
Asoj 2064	*5442.5*	*2342.35*
Kartik 2064	*1578*	*1205.71*
Mangsir 2064	*2647*	*5534.28*
Poush 2064	*5923*	*11491.42*
Total	***26,426***	***28,741.3***

Source: Free service registers

3.4.3 Relevance of FHS policy and availability of identified health services

Building and rooms

Taplejung, Bajhang, Dang and Dolakha district hospitals have its own building and the rooms are enough for the facilities that are being provided currently. In Sunsari the services in the hospital are run in a demolished part of the old hospital building since new hospital is under construction. Therefore, during the period when free health care service was provided, there was no proper infra structure. In hospitals in Sunsari the beds were not enough in accordance with the client flow. In **Sunsari and Dang** there are four rooms in the emergency section which is enough to provide service. All hospitals except Sunsari hospital have enough rooms for lab, indoor and dispensary.

X-ray services

There is no X ray service available in **Sunsari hospital**; patients get the x-ray facility from a private x ray clinic outside the hospital. In Taplejung, x ray service in the hospital was available for first 9 months of the year but the x-ray machine broke two months ago so there is no x-ray service in the hospital. The hospital management has requested higher authorities for the maintenance of the machine.

In **Jiri hospital, Dolakha** the x-ray machine had broken down 2 months ago but it has already been repaired and is working.

In **Dang and Bajhang** hospital there is x-ray service through out the period, but the x-ray machine in Bajhang is 20 mm which has the Department of Health Service has sent letter

asking to stop using it as it has radiation hazard. But the hospital had no option so it is still using it.

In **Bajhang and Taplejung** there are no trained staffs to provide X-ray service.

Delivery service

In **Sunsari hospital** even though there are senior doctors, only normal delivery services are provided. There used to be a vacuum assisted delivery but now the vacuum is not working and thus, the service is not provided. There is no OT to provide other services.

In **Taplejung** there was BEOC service. In **Bajhang** there was only normal delivery, BEOC service was available when the doctor was present but the doctor was not available in the hospital throughout the period. Even though there was no OT and back up service, one case of CS was conducted in Bajhang hospital. In **Dang hospital** there was BEOC service but CEOC service was available only when obstetric doctor was available.

Emergency services

In **Bajhang and Jiri hospital,** there are no separate emergency sections but the patients who come for emergency service get the service either from indoor or from the OPD.

Drug supply

In **Bajhang,** in either case they have to buy medicines as most of the medicines are not available in the hospital. In rest of the study districts the drugs will be supplied usinf free fund.

Lab service

All the hospitals had lab services to be provided for free as in the guideline, but not all hospitals were providing free service. Only in **Sunsari, Dang and Jiri** hospital lab service were provided for free. In **Bajhang,** there was no lab service throughout the period due to lack of reagents but it was available most of the period. *For detail review of district wise matrix of infrastructure and service availability refer in annex 7.1& 7.2.*

Staff availability in District Hospital

In all the hospitals there was not enough staffs to provide service. *The status of staff availability in study district is given in annex 7.3.* The sanctioned posts were not filled; there were less number of doctors than sanctioned in Sunsari, and Dang hospital. There was less number of paramedic staff to provide service in all the hospitals. Some of the hospitals were fulfilling their need by hiring staff and volunteers from the management committee. In Jiri hospital there was no administrative staff which has added work load to the technical staff.

Staff and Work load in Bajhang Hospital

In Bajhang district, there is free service provision but there is neither enough drugs nor recording and reporting system of the program. The hospital has limited number of paramedic and nursing staff to work in indoor and emergency section. There is just one staff nurse and two ANM in the hospital. Though evening and morning duties are managed by OJT nurses and the nursing staff during the night it is always the same AHW who is on duty. It is important to notice that he is also working in the daytime in the X-ray department. He is also medical recorder and responsible for emergency. There is a big workload in the X-ray department. The person providing this service has not taken any darkroom training but learned from the darkroom assistant who had worked there earlier. He later learned by practice.

User fees policy

The user fees policy of similar service did not vary much in the district hospital. However, a striking difference in fees for normal delivery was found in Sunsari and Dang. In Sunsari, the fee is Rs100 and in Dang it is Rs 500. The user fee for delivery service within the district also varied in district hospital and PHCC. The registration fee is not more than Rs. 5 in any of the facility. *The details please review the table in annex 7.6.*

Inaruwa Hospital (Sunsari),Bajhang DH

3.5 Policy implementation process and management in PHCC

FHS program launching

The Tulsipur PHCC Dang and Charikot PHCC Dolakha began free service at in Magh 2063. Other PHCCs like Sunsari, though the orientation was conducted free service began only in Shrawan 2064 as they did not receive any format. IN Chitwan Free service only began in Mangsir 2064. There is different time for the beginning of the program the program has intensified in fiscal year 2064/65.

Process of FHS implementation in PHCC

The in charge of PHCC attended the orientation on FHS in district and the incharge discussed with management committee to organise the program. The meeting discussed on the new policy and decided the process t implement in PHCC.

The processes to identify the target group for free health care in study PHCC was varied as per district and PHCC located in remote and more accessible geography of the study district.

Guideline availability in PHCC

The FHS policy guideline was not available in district like **Bajhang and Taplejung**. In remaining study district the guideline was available in time. There were not sufficient copies of guideline in most of the health facilities.

Staff involvement in process of policy implementation

Decision on providing free service is made by the head of the facility in all the PHCC but other staff can also recommend for free service. But the staffs are not proactive to identify poor patient, most have not fully internalized the program well to recommend the patient for free service. In Itahari PHCC the nurse there said *that we do not take any initiative to*

recommend patient to take free service. So here there is no direct influence of free service we have continued as it was earlier.

Awareness of free policy among PHCC staff

Most of the staffs in the PHCC were aware about the guideline and the free service policy except those in Taplejung PHCC did not know about it.

3.5.1 Management of free Health care policy

Budget availability and utilization

In **CDP** implemented district such as **Sunsari** and **Bajhang** , **Dolakha, Dang and Chitwan** the fund used to distribute drug as per prescription using the CDP drugs. Later the money reimbursed from PHCC management committee in CDP account as per the cost of actual drug used from CDP. In But in **Chitwan** this is not happening. They halted the CDP account. They can use CDP drug but they are not sure whether the cost of drug will be reimbursed or not.

In all study PHCC of districts the poor patient declares that they are poor and filled the free requesting form. But this not practiced in **Bajhang**. Because the DHO mentioned that most of the patients are poor and there is no need to fill the form.

In all the PHCC the patient has to pay the registration fee, it is only when they come in contact with the service provider that they are considered poor and provided free service. In some rare cases when the patient comes with prior information of free service is there weaving of registration fees for the poor patient. In Charikot PHCC the policy is implemented as per the guideline. Now the target patients are benefited with policy.

Rayal PHCC and Itahari PHCC *received 50000 thousand rupees for providing free service at the end of the fiscal year 2063/64. The money was used to buy medicines after the decision of the management committee.*

PHCs in ***Chitwan*** *received budget for fiscal year 2064/65 .*

Charikot PHCC *has received 80 thousand in advance wile reimbursing it was found that 86 thousand was spent so later district had provided 15 thousand again.*

In ***Tulsipur PHCC*** *in the fiscal year 2063/64 eighty five thousand rupees was reimbursed to the CDP from the district. This year till Chaitra 75 thousand has been received for medicine and 38 thousand for reimbursement for ticket. Reimbursement of lab service, medicine and even cost for printing and publishing stationary for free service is done from the district for free service. Last year district directly paid to the management committee but this year PHCC has received money but it has not made payment to the management committee.*

Drug management

As all the PHCC have CDP program running they have used it in some way or other to provide free service and there has been no scarcity of drugs for free service. *The PHCC has not received medicine for free distribution so we have distributed drugs from CDP. CDP:* Drugs for free service have been managed from the CDP program in all the PHCC. Some PHCC like Itahari and Rayal PHCc have received funds for free service have bought

medicine for free distribution and distributed through CDP. Other PHCCs like Tulsipur and Charikot have provided medicine through CDP and later the money is reimbursed to the CDP fund. In Chitwan the PHCC have started providing free drugs from the CDP which they later expect to reimburse.

EDL: Drugs outside the EDL are also provided free in Tulsipur PHCC But since Falgun 2064 drugs within EDL are only provided free as the PHCC felt it was *becoming very expensive so it needed to control, but to very poor free medicine beyond EDL is still provided.*

S*upply of drug and availability in Bajhang PHCC*

Drug supply

The drugs in the CDP were enough for free distribution till Magh and Falgun 2064 only

- Medicine worth 46,955 rupees was received on 20 Kartik 2064 from the regional medical store.
- On 16 Bhadra 2064 DHO sent drugs but it was about to expire within 6 months

The PHCC now has Rs. 93239 in its account. They tried to use the money to procure drugs and asked for permission from the DHO. The DHO instructed to wait for some time.

Meanwhile the study team observed the arrival of drugs on 13 Chaitra 2064. The medicine boxes have not been opened. In the list of drugs, 48 items were mentioned. The store keeper said that the amount of drugs is not sufficient to distribute in accordance with the fee service policy. The PHCC staffs were expecting larger quantity of medicine so they were worried about as program implementation.

Sufficiency of drugs

There is already a shortage of drugs and all the patients are buying medicines from private drug retailers near PHCC.

It is noticed that delivery of drugs from government regular supply or through the tender within the district takes longer to reach the health facility. The private drug stores around the facility have all the necessary medicines.

The **PHCCs in Chitwan** have not received medicine for free distribution, currently drugs within the EDL are available but it is about to finish. In **Charikot PHCC** before Shrawan the medicine which are distributed free were the medicine that were sent from the government supply only which meant they did not cover all the essential drugs.

PHCC Community awareness regarding the free service

When the program was first launched there was not much awareness of free service among the community. So there was no demand for free service. Most of the PHCC have tried to inform the public about the policy through their management committee and FCHV network. Despite these efforts all the community are not aware about the targeted free service policy. In Kairahani PHCC informed about the policy to all party representative. In Chitwan and Dolakha IEC materials are developed for the free service. None of the PHCC visited had any

information posted within the PHCC premises to inform the public on availability of free service for the target population.

There is no board or citizen charter posted regarding the free service. In Itahari PHCC while the research team was there they hanged the banner with the information on free service which they had developed but not hanged before but later when we visited the PHCC again the banner was not there. In Rayal PHCC Bajhang they did not make because they feel that they can not meet the demand of people due to lack of drug /reagent supply and irregularity of health worker.

Supervision monitoring committee

Chitwan and Dang PHCCs organised monitoring committees. But the committees were not functional. Once a month meeting is also held. There was no specific supervision for the program conducted in most of the districts. Only in Chitwan there was regular monitoring and supervision form the DPHO and the data on free service were also reviewed in the monthly review meetings.

Recording and reporting of frees service users profile

Among all six PHCC Charikot PHCC and Tulsipur PHCC only were maintaining records of FHS from the beginning of the program.

PHCC	Program started	Recording started
Chitwan	Kartik	Mangsir/Poush 2064
Sunsari	Magh	Shrawan
Bajhang	No separate register maintained only the bills of free drug distribution are kept.	

The Rayal PHCC staff in Bajhang complained that they were not briefed about the recording and reporting needs of the program in the beginning only at the end report was asked from them.

In Itahari PHCC the incharge complained of adding work load to the staff. There is only record of free drug distribution in the PHCC there is no record of free lab service and free delivery service.

The reporting of the free service in Chitwan there is regular reporting of the program to the higher level facility every month otherwise in rest of the PHCC the reporting system is not regular.

In Dolakha when ever the DPHO needs to report to the centre the information is collected from the PHCC but they do not keep official copy of the report or record in the DPHO. The reason for not keeping the record is there is no format developed in the computer to store it. Reporting of the free service is not regular and not included in the existing HMIS system so it is reported whenever information is asked for from the higher authority.

Infrastructure and service availability in PHCC

i. Buildings and rooms

The **Itahari PHCC in Sunsari**, **Shivanagar PHCC in Chitwan, Carikot PHCC** in **Dolakha and Rayal PHCC in Bajhang** have their own building whereas **Dungesaghu PHCC in Taplejung** and **Tulsipur PHCC in Dang** do not have their own building.

In **Kairahani PHCC Chitwan,** new building for the PHCC is under construction. In **Charikot, and Tulsipur PHCCs,** there are not enough rooms for providing services.
A separate room for delivery is available in **Shivanagar PHCC, Rayal, Tulsipur and Itahari PHCC.**

*In **Dungesaghu PHCC (taplejung), rooms** are not enough. It has five rooms in a rented house and an infrastructure like that of an SHP, as it was upgraded into PHCC without providing matching infrastructure.* (PHCC in charge)

ii. X-ray service and BEOC

None of the PHCCs have x-ray service and only normal delivery is conducted in the PHCC. In Tulsipur PHCC, in some rare cases the PHCC has also refunded for x-ray that has been performed in private clinic.

iii. Indoor service

Though the **PHCCs in Shivanagar, Itahatri, Rayal** have rooms for providing indoor service, there are not enough beds and staff to provide full fledged indoor service so this facility is not available. *The reason for not beginning full fledged indoor service in **Shivanagar PHCC** is that there is no functional management committee to decide the charge for admission so the patients are not admitted in the PHCC. Also, the existing human resource is not enough to provide indoor service.*

Infrastructure of PHCC Dang case

PHCC	Service availability	Doctor
Lamahi	Indoor, X-ray, lab	Yes
Tulsipur	Emergency , lab,	Yes
Siriya	Indoor, lab	Yes
Shrigaun (recently upgraded one month ago)	Emergency and Lab	Yes

Re: DHO, Dang

iv. Emergency service

In **Itahari, Shivanagar and Rayal** there is staff quarter facility for providing 24 hour emergency service. In **Tulsipur PHCC** also, 24 hour emergency service is available. All the PHCC except the **Dungesaghu PHCC in Taplejung** have emergency services. Lab services are not available in PHCC.

In **Shivanagar PHCC,** there were no reagents to provide service and in **Rayal and Dungesaghu PHCC** there was no lab assistant and no reagents during the period.

v. Dispensary

Medicine supply for free service is available through CDP in **Tulsipur, Itahari, Charikot, Shivanagar and Kairahani PHCC.** However, in **Rayal and Dungesangu PHCC** there was no medicine for free distribution.

vi. Availability of staff

All the sanctioned posts are occupied in the PHCCs in Itahari, Charikot and Kairahani PHCC. *The status of staff availability in study PHCC is given in annex 7.4.* In Rayal PHCC there is no doctor and staff nurse. One AHW from Bajhang and one staff nurse from the Tulsipur PHCC have gone for further study so they are not in duty. Bajhang is remote district where the PHCC staff are often called home to look at patients as the patients cannot be carried to the PHCC , it takes more than one day to reach there so at such times the PHCC staffs are not enough to provide services to the people and they are overburdened with responsibilities. Whereas in Dungesaghu PHCC the only staff present are MCHW and AHW. In Shivnagar PHCC, there is one vacant post of AHW.

3.6 Policy implementer's perspectives

Perception of the implementers on FHS policy

1. *Service utilization*
   - There is increase in trend of health service utilization in DH and PHCC.
2. *Less income effect in quality of care*
   - The DHO of Dang said that the implementation of FHS program has caused decline in income of health management committee. This made difficulty to manage additional staff for hospital, PHCC, HP. Without these additional staffs, the hospital cannot provide service effectively.
3. *Inadequate copies of policy guideline*
   - Unavailability of sufficient copies of guideline in most of the study districts is also one of the major problems faced by the staffs who are involved in the process.
4. *Less income effect in Health Insurance Scheme*
   - The free policy affected *Health Insurance Scheme* of Lamahi PHCC Dang. The PHCC had been collecting Rs. 800 annually which is not available now.
5. *Problem in ID distribution*
   - The managers in all districts found identity card distribution difficult. There is a need of photo for the identity card but when patients come to the hospital they do not bring photo. When they are asked to bring photo in their next visit they do not do so. *So distribution of identity card is tedious for the hospital staff and management.*

Summary of the problems stated by the policy implementers

1. In Remote district the policy could not implemented (Taplejung and Bajhang)
2. Confusion on use of fund and delay in authorization
3. Communication gap among DDC, MOHP and DPHO (Chitwan)

4. The policy affects the CDP and Health Insurance Scheme but there is no clear guideline to cope with the situation
5. Lack of sufficient policy guideline
6. Relevancy of policy as per service availability and user fees at DH and PHCC
7. Insufficiency of income affects the quality of care adversely due to inadequate staff, infrastructure, drug etc.
8. Problem regarding staff for policy management

Suggestions /Opportunity to improve the process (District Implementers perspectives)

1. *Need matching fund at local level*

   Provision of matching fund in VDC/DDC in Chitwan case because it is completely a devolved district. The DPHO should only be facilitator.

2. *Upgrade service*
   - PHCC should be pushed to update their services which did not have 24 hours emergency and indoor service.
3. *Orientation program*
   - Need planned orientation program for all members of Health Management Committee at all levels of health facilities.
4. *Management committee*

   The HFMC should have authority to manage local level health workers.
5. *Drug management*

   To ensure the quality of drug and simplify the drug purchasing process DDA/ LMD must provide clear guideline with the list of drugs and qualified Drug Company and price at national level.
6. *Need additional human resource*

   District level implementers in all districts suggested that one full- time staff is required to keep record, make reports, coordinate with DDC, introduce ID card and drug purchasing.

   Districts like *Sunsari, Dolakha, Bajhang and Dang* mentioned that certain need of the program like implementation, recording and reporting has created additional workload since there are no adequate staffs in the facility.

   The *Jiri Hospital, Dolakha* MS also mentioned that there are no administrative staffs and no medical recorder. There is no one to manage the information, supplies and the other additional work related to free health care service. That is why the study team could not access the updated records and reports regarding the policy implementation as per the guideline.
7. *Monitoring and supervision*

   The MS in Jiri said that the government should pay the final bill of patients who take free service from the hospital. In order to control the over billing, there should be functional and strict monitoring and supervision of the program at all levels.

8. *Need additional budget*

   The HA from the DHO Bajhang added that if we really want to provide free service to the people then we will need drugs worth two crore rupees. It was doctor's opinion that drugs beyond EDL should be provided for free. The LDO said that in Bajhang almost all are poor so there should be no poor identification process to provide free health services.

Chapter 4

ANALYSIS OF FINDINGS

4.1 Positive findings

FHS policy analysis

The free health service policy clearly specified the services for target groups as per the provision of services in district hospitals and PHCC. Most of the issues of process of implementation, inclusive criteria of target group and managerial guideline are mentioned in policy guideline.

Preparation to launch the policy at district level

The operational policy guideline drafted, printed and distributed before launching the program. Definition of elderly, disabled, FCHV is simple way to define the target group.

Relevance due to service availability (HR/drug/other supply)

The availability of specified services in district hospital and PHCC will determine the relevancy of the free policy. The policy is relevant in Dang, Dolakha, Sunsari (only X ray service is not available) due to availability of specified services in districts. Like wise in PHCC such as Shivanagar (Chitwan), Rayal (Bajhang), Charikot (Dolakha), Itahari (Sunsari), Tulsipur (Dang) can be promoted to establish indoor and emergency service because the infrastructure is avalaible.

User Fee (service charge)in DH and PHCC and relevancy of FHS policy

The service charge of the district hospital PHCC is directly linked with the relevancy of the policy. In district hospital and some PHCC (Itahari, Tulsinagar, Chitwan) the FHS policy is relevant to the target group because service charge are comparatively high and poor patients can not afford in most of the specified services. The policy is relevant in Maternal incentive scheme is complementing the FHS policy for target groups of low HDI districts

Management of FHS policy/program

Financial management

The guideline clearly states the approaches and tools to manage the budget allocated for FHS Dolakha and Dang districts are maintaining the records as per the guideline. The budget is using for the specified services especially to procure drugs and reimburse CDP in study PHCCs as per the prescription (Dang, Dolakha and Chitwan).

Drug management

The policy guideline mentioned clearly on the process of drug procurement, storage and recording/ reporting. In Dang the process is well implemented as per guideline. The fund is using to procure drug and made store in Indoor for free patient.

In most of the PHCC the drugs are distributing to free patient as per prescription using CDP. The CDP is getting reimbursement from the additional budget for free patient.

The recording and findings of Free service users

The policy guideline clearly mentioned the recording and reporting system to maintain the records of the free service users profile in each service delivery units such as indoor, emergency, lab, X-ray etc. Some districts (Dang, Inaruwa and Dolakha) maintained the free service users register. In Inaruwa hospital, the emergency records are available as carbon copy of prescription of all type of patients indicating free service users stating "FREE". The percentage of recording with desegregation with gender, caste/ethnic group, age and address is about 90% in Dang, Dolakha, Chitwan, Sunsari.

Community Awareness program organization

In the beginning of the program launching, the multi sectoral stakeholders were involved to share the policy and program including local media in some districts like Dang and Dolakha, Dang hospital posted notice on availability of free health service mentioning criteria of target group in admission room of the hospital.

Supervision and Monitoring

The policy guideline clearly mentioned the organization, process and terms of reference of the supervision and monitoring team in central, regional and district level. The central level team is organized with Health and Population minister as the chairperson.

ID card introduction

The policy guideline clearly mentions the process of ID card preparation as per the patient's claim at health facility. ID card preparation process was initiated in Dolakha only.

4.2 Findings on GAPS

FHS policy guideline

The policy states the additional work to maintain all types of recording and reporting, communication, coordination, ID card preparation etc. But the guideline has not specified the responsible focal person to coordinate all these activities. The guideline has not provided the recording format to record the details of the user's profile and type of service used as per the policy.

Policy implementation process

The policy was introduced within limited time frame. Adequate planning could not be conducted to orient the district stakeholder. The district stakeholders from local development, health sector did get opportunity to participate central level preparation before launching the program in district. The orientation program could not be conducted in all districts with participation of central level facilitator. Especially in remote district, the program could not be implemented as per the policy guideline due to lack of communication facilities and sufficient copies of the guideline.

Process of target group identification

The definition of target groups such as poor and ultra poor patient is not simple way to assess the economic condition of the patient. Therefore most of the free service users were from ultra poor and it was based on self declaration process. The health workers are busy and they

think they are not capable of recognizing the patients who really are poor. There was no coordination among local development stakeholders: DDC, Women development, media and community based health workers regarding targeted FHSP. The health authority did not take the policy as part of the system and it has to incorporate regular activities. They take this as special program and expected additional budget for incentive or additional staff for management of FHS program

Specified service availability

The free policy is not relevent in Bajhang and Taplejung district hospitals, some of the services such as Emergency obstetric care, X- ray services are not available. Most of the PHCC (like Chitwan and Sunsari) are not providing emergency and indoor service. However, the infrastructure is in place. The PHCC located in remote VDCs are functioning as Health posts. The infrastructure of PHCC in Chitwan can be used to provide indoor and emergency services but the. However, the doctor is not motivated to give more time in the PHCC. In low HDI districts, the OPD fee policy is free but this is not effective unless the specified service is made available and the sanctioned health workers manned (filled).

Management of FHS policy/program

Financial management

Most of the study districts are not maintaining financial records as per the operational guideline. The registration fees are not exempted in most of the health facilities. The record of free users is not being maintained in lab, x-ray and other minor services.

Drug management

The policy is not clear with process of adaptation with CDP, Hill Drug Scheme, and Health Insurance Program. The drug purchasing and distribution to the free patient are managing in their own local situation. The prescription of essential drug is not restricted in District hospital and using private drug retailers (Sunsari).

Recording and findings of free service users

In Dang district hospital the register of indoor and emergency is maintaining a separate register of free service users. But the register of emergency was not stored properly *(the study team could not access the register because it was misplaced during room change).* The address of the free service users is not maintained consistently in study hospitals. The category of free service users such as poor, ultra poor, FCHV, elderly and disabled is not recorded in all study health facilities.

The records of the free service users are not maintained in districts like Bajhang and Taplejung. When free service is provided it is indicated as ‘FREE’ in last column of the main register of indoor and emergency.

Supervision and Monitoring

The district level monitoring team is not organized in most of the study districts. In PHCC, the management committee is working as monitoring team in Chitwan.

ID card introduction

ID card preparation process is not initiated in most of the districts. There are no clear directions in taking initiatives for ID card preparation. They think that the local development sector should take initiative to produce ID card for the poor and other category of the target group to include in policy. The requirement of photo became barrier to give continuity on ID card introduction in Dolakha. Local development bodies could not be mobilized to facilitate the policy implementation

4.3 Bottleneck of the FHS policy implementation process

Policy implementation process

The elected members are not present in the VDC/DDC. Policy expected that the DHO/DPHO will incorporate the additional work of FHS in regular work

The policy expected that the DHO/DPHO easily understands the guideline and implement it accordingly if budget is placed for the policy. But actually the expectation could not meet in the districts where the orientation program was not conducted in districts such as Chitwan, Talpejung and Bajhang.

Coordination with local development sector

The policy expected to assess the economic condition of the patient and coordinate with local development sector to validate the economic status and provide the ID card within one year period. But in practical situation this could not happened due to the workload of the health workers. There is no provision of social service unit in district hospital who can assess the target group to validate the self declaration of poor and ultra poor. The policy is not specified the focal person to organize all these additional work to manage the FHSP.

Service availability

The policy expected that the budget will be adequate to mitigate all cost of the management but this was did not match with the need of Charikot and Tulsipur PHCC due to patient load and scarce infrastructure.

Community Awareness program organization

The policy guideline is silent on community awareness strategy on specific free health service policy. Most of the study districts and PHCC did not take initiative to provide information to the target group regarding availability of free policy. They mentioned that *mass media will increase demand and the available resource can not manage the increase workload, fund etc.*

Chapter 5

CONCLUSIONS

5.1 FHS policy operational guideline

Policy clearly states the definition of the target groups and specific essential health services. The processes of policy implementation inclusion criteria, managerial guideline are mentioned in the guideline. The policy states the additional work to maintain all types or record and reporting, communication, coordination, ID card preparation etc.

The policy guideline does not identify the responsible staff to coordinate all these activities and the policy guideline does not state clearly on BCC and IEC strategy to raise awareness among the service providers and service users.

5.2 Preparation to launch the policy at district level

Program introduced within 3 months period time frame after preparation of policy guideline. Therefore there was no adequate time for planning and could not orient the district stakeholders and service providers in mass scale. The district stakeholders from local development, health sector did get opportunity to participate in central level preparation before launching the program in district. Most of the district stakeholders were not taking ownership on the policy.

5.3 Status of free service implemented in study districts

The status of implementation of free service policy is not consistent manner as per the policy guideline. In Dang and Dolakha most of the process and procedures are implemented in district hospital and PHCC as per the policy guideline. In Chitwan and Sunsari the process partially implemented as per free policy guideline and in Bajhang and Taplejung the policy was not implemented at all. The service utilization and management of policy is better in Dang and Dolakha compared to Chitwan and Sunsari. In Taplejung poor patients, elderly and disabled patients are getting free service as per support of Women Development Office and district hospital fund as per patient's verbal request and doctor's personal discretion. In Bajhang most of the patients are getting free services as per their demand and they mentioned that the target approach is not appropriate in this district because most of the patients are from poor family.

The pattern of free service utilization in study districts varies as per awareness program, location, and infrastructure and service availability in the health facility. The service utilization and management of policy is better in Dang and Dolakha compared to other study districts. It could be due to *frequent monitoring from MoHP, involvement of the key person from Ministry of health who actually participated in policy formulation and Orientation on policy launching process in the districts.*

5.4 Implementation process at health facility level

Most of the free service users are 100% poor according to the self declaration of the patient. Health workers mentioned that they cannot manage time to assess the economic status of the patient. Some health workers mentioned- *we are not appropriate faculty in recognizing the patients who really are poor. This should be done by local authority and also expert faculty who are involved in social security program*

5.5 Relevance due to service availability

The policy is not relevant in all district hospitals of the country. The specified free services are mostly available in accessible districts (with transportation facilities in remote districts (Bajhang/Taplejung), the policy seems to be not relevant due to distance there were *no adequate orientation program, no regular supervision and monitoring. The target group approach policy is not relevant in remote districts because most of the patients claim that they from poor community.*

In most of the PHCC the policy is not relevant because the specified services such as indoor and emergency are not available. However, In some PHCC (Sunsari and Chitwan) the infrastructure and staff are available. But in remote district (Bajhang/ Taplejung), the OPD /indoor and emergency free policy for target groups is not relevant unless the service is available and the sanctioned health workers manned (filled).

5.6 Fee policy in DH and PHCC and relevancy of FHS policy

The user fees policy of the district hospitals and PHCC are not consistent .Most of the district hospital user fees policy is comparatively high and the poor patient can not afford the most of services.

The user fees policy of PHCC is not affordable for poor patients where the services are available.

MIS is complementing the FHS policy for target groups of low HDI districts.

5.7 Management of FHS policy/program

Financial, Drug Management

Most of the districts are not maintaining financial records as per the operational guideline.

In most of study districts, the PHCC, FHS fund is used to procure drugs and reimburse CDP as per the prescription.

However, the policy is not clear with the process of adaptation with CDP, Hill Drug Scheme, and Health Insurance Program.

Community Awareness program

Most of the PHCC except Dang and Bajhang, did not take initiative to provide information (notice board/citizen charter) to the target group regarding availability of free policy.

Supervision and Monitoring

The existing Hospital Management Board and PHCC Management Committee is functioning as monitoring committee of FHS program (Dolakha, Dang, Sunsari).

ID card introduction

In most of the study districts, ID card preparation process was not initiated. The concerned authorities think that the local development sector should take initiative to produce ID card of target group.

Recording system and pattern of free service user's profile

It is too early to analyze the impact of the policy, immediately after the policy implementation. Thus the aim of the study is to assess the recording and reporting system. There is no consistency in recording system of the free service.

RECOMMENDATIONS

1. **FHS policy operational guideline**

   The operational policy guideline should state

   - The responsible staff to coordinate all activities of District hospital and PHCC both, technical and managerial aspects.
   - To mobilize the local development bodies to facilitate the policy implementation such as DDC, Women development, media and community based health workers regarding targeted FHCP.
   - To mobilize the NGO and Government social welfare (women development, welfare for disabled, Pro-poor program: such as
     - *poverty alleviation fund,*
     - *Women development* etc sector to facilitate the policy implementation

2. **Preparation to launch the policy at district level**
   - Adequate time for planning and preparation to launch the policy at both central and district levels should be allocated.
   - The district level stakeholders including local development sectors should be involved in the process of policy drafting and development of plan of action.
   - There should be strategic planning to cover all districts located in remote areas.
   - The mass media could be mobilized to raise awareness on policy, targeting both service providers and service users.

3. **Implementation process at health facility level**
   - The FHS policy implementation should not be introduced in blanket approach. To make policy relevant, some criteria should be considered- the geography, HDI, and availability of specified essential services.
   - Social service unit should be organized with coordination of focal point and the member of health facility management committee with representative of social welfare stakeholder of the district.

4. **Relevance due to service availability**
   - The specified free services as per policy guideline should be available in all districts in order to make policy relevant.
   - The sanction post of district hospital and PHCC should be manned (filled) to provide regular service for relevancy of the free health care policy.

5. Fee policy in DH and PHCC and relevancy of FHS policy

- The free health care service for target groups should be promoted at district and PHCC.
- The Maternal incentive scheme program should be promoted to institutional delivery.

6. Management of FHS policy/program

Financial, Drug and Information Management

- The orientation program should organize to focus on financial management including recording, reporting of financial and, use of fund and service users profile in District hospital, DHO and PHCC including key decision maker of policy.
- The guideline should be updated to make clarity on use of CDP, Hill Drug Scheme and Health Insurance and FHS fund.

Community Awareness program organization

- The policy guideline should clearly mention the IEC and BCC strategy to communicate the FHSP.
- The district concerned authority/staff should be oriented to motivate in implementation of the policy.

Supervision and Monitoring

- In each health facility the FHS monitoring committee should be established and strengthened as per policy guideline and the central level monitoring committee should conduct regular supervision in district.

ID card introduction

- The regular meeting of District Coordination Committee (DDC) should be used to decide the process of ID card preparation for specific target group in order to facilitate FHS policy implementation at district hospital and PHCC

Recording of Free service Utilization

- The recording and reporting system should be strengthened as per the personal profile: Age, Caste/ethnicity, Gender, Address (by VDC) and status of service users according to the definition of target group.
- The recording system should be included according to the cost waved as per the FHS policy including,
  - Type of service used
  - Type and amount of drug used
  - registration fees
  - Fees of bed and other indoor services

7. Need further study

Further study should be conducted after strengthening the identified problems to review on impact of the policy

- Facility based study: Policy implementer's perspectives to assess the status of policy management, pattern of service utilization etc.
- Community based study: Service user's perspectives to assess the awareness, capacity to demand on policy and coverage of policy to target group.

Terms of Reference

Study on Status of Free Health Services at Primary Health Care Centers and District Hospitals of Nepal

INTRODUCTION

Health is the human rights and it is the state to guarantee the essential health care services (EHCS) for citizens around the clock and equitably accessible. The Government of Nepal (GoN) has been in service for the citizens through more than four thousands health facilities spread across the country providing preventive, promotive and curative health services. Health services specifically curative health service, quality and equitable accessibility is assured to citizen by availing out-patient health services from health post and sub-health post, whereas both out and in-patient health services are in place at one per electoral constituency level primary health care center (PHCC) with three in-patient beds and in district hospitals with 15-25 in-patient beds. Government of Nepal has been facing challenge of inadequate drug supply to these health facilities that conversely make the people aside from no essential drugs at service whereas, people might have to expend some saving for other health services. On top of that, people have to buy medicines from private sector. This situation silently pushes poor, helpless, disable, vulnerable and aged people away from essential health care services which comprised of specific health programs such as safe motherhood and family planning, child health, control of communicable diseases and strengthened outpatient services etc.

Poor, helpless, disable, vulnerable and aged people faced the challenge of ill health just because of low capacity to afford the health services not because of education. There are numerous anecdotes where poor people illness progress from one stage from another just because of unaffordable health services from sickness, acute to severe and die before the age of 60 years. It is, therefore, to address this situation; Government of Nepal immediate after Jana Andolan-2 prepared the policy 2063/64 and put in immediate action to make free essential health services from district hospitals (15-25 bed capacity) and primary health care centers with regards of poor, helpless, disable, vulnerable and aged people. It was envisioned that the free health service would guarantee health rights of the people, make health services accessible to poor people, contribute in decreasing the morbidity and mortality rates and provide quality essential health services which includes registration cost, in-patient bed cost, all health services available at health facilities and essential drugs (as per essential drugs list for required health facility)

Based on people's household's income, assets, business and employment, ill people are categorized into three groups namely (1) Ultra poor (food available less than six months), (2) Poor (food available more than six months but less than 12 months), and (3) Well-off (food available more than 12 months).

The policy of free essential health service was envisioned to put in action in all districts in phase wise manner. In first phase, the policy was implemented in 35 district hospitals comprising of 15-25 in-patient beds and PHCC at individual district, and in second phase, it was expanded to other 40 district hospitals and PHCCs.

The policy of free essential health services is in practice since one year. Obviously, Ministry of Health & Population (MOHP) is in operation with frequent monitoring and supervision to the free health service sites. However, there is no such studies yet made that guide policy makers to identify the status of free essential health services and accessibility of poor people, and to assess the extent and intensity of the use of free essential health services in Nepal.

Objectives of the study

General Objective

To describe the status of targeted free essential health services for poor, helpless, disable, vulnerable and aged people with special emphasis on preparing reference document for policy makers to judge whether the process of providing free health services is in line as expected or not.

Specific Objectives

1. To describe the status of accessibility of targeted free essential health services to poor, helpless, disable, vulnerable and aged people,
2. To find out the extent of use of free health services by such people,
3. To find out the intensity of use of free health services by such people,
4. To assess the quality of recording system of such services, and
5. To assess the financial situation of the health facility this provided the free health services.

Methodology

Study design: The study opts to know the status of the situation thus; the descriptive study design is the choice of research study. Both quantitative and qualitative data will be collected to describe the status of free essential health services.

Study population: (1) District hospital and PHC centers, which undergone for providing free essential health services in Nepal, (2) Poor, helpless, disable, vulnerable and aged people, (3) Policy Makers, Directors and Officers from MOHP, DHS, DHOs and DPHOs.

Sampling: Appropriate number of district hospitals and PHCCs will randomly be selected representing all eco-development regions (Terai, Hill and Mountain) of the country. In each selected regions, appropriate number of poor, helpless, disable, vulnerable and aged people will be selected by following probability proportionate to size sampling technique. Certain number of policy makers, directors and officers from MOHP, DHS, DHOs and DPHOs will also be selected. Required numbers of samples in each case will be decided after consultation with the consultant.

Method of data collection: All the documents related to free health care will be assessed and reviewed. Mixed method approach will be applied. Consultant will develop the data collection method including its tools.

Annex 2: Schedule of field work

Nepal Health Research Council

Study on Status of Free Health Services at Primary Health Care Centers and District Hospitals of Nepal

Field Work Plan

2008

Date	District
1-5 Feb Sat	Sunsari
6-13 Feb	Taplejung
25 -29 Feb	Chitwan
30 Feb-5 March	Dolakha
20 March to 29 March	Bajhang
30 March- 4 April Fri	Dang

Annex 3: Matrix of data collection technique and tools

Method of data collection	Respondent/source of data	Organization	Tool (Given in Annex)
Key informant interview	LDO	DDC	**Tool 1** Interview guideline
Key informant interview Record review	In charge	District Audit office	**Tool 2** Interview guideline
Key informant interview	DHOr /DPHOr	DHO/DPHO	**Tool 3** Interview guideline
In-depth interview	Medical Superintendent/In charge	District Hospital/PHCC	**Tool 4** Interview guideline
In-depth interview Record review	In charge	*Emergency*	**Tool 5** Semi structured interview **Tool 6** Format for Service users profile (6.1, 6.2, 6.3)
	In charge	*Ward*	
	In charge	*OT*	
	In charge	*Maternity/Obstetric*	
	Lab technician	*Medical Lab*	
	Radiology in charge	*X-ray unit*	
	Assistant Pharmacy	*Dispensary*	
Key informant interview Record review	Store keeper	Store	**Tool 7** 7.1 Interview guideline 7.2 Checklist
Key informant interview	Accountant	Finance section	**Tool 8** Interview guideline Format
Key informant interview Observation	Medical recorder Registers	Main registration unit, emergency, Maternity , Lab, X-ray, OT, pharmacy, Store, Account section	**Tool 9** 9.1 Interview guideline 9.2 Format
Observation	Health Facility	District hospital/PHCC	**Tool 10** Checklist
Case Study	Free service users	District hospital/PHCC	**Tool 11** Interview guideline case study

Tool 1. In-depth interview guidelines

DDC representatives

1. Are you aware about the free health service implemented in this district? If yes since when was the program implemented in the district?
2. What is the objective of the program? In your opinion is the community aware about this program?
3. Have you any role in facilitating this program and the process of the program? e.g. recommend for the poor
4. Do you receive any pressure from the well to do community to certify them as poor?
5. In your opinion is the budget properly used for the benefit of the target group?
6. Is there any allocation of budget from the DDC to the DHO and DPHO to support this program?
7. What is your opinion on the program? Is it a good program? Is it going to be sustainable?
8. Do you have any suggestion to make this program more effective?

Tool 2. In-depth interview guidelines

District Auditor's Office

1. Are you aware about the free health service implemented in this district? If yes since when was the program implemented in the district?
2. What is the objective of the program? In your opinion is the community aware about this program?
3. Have you any role in facilitating this program and the process of the program?
4. What is the budget disbursement system for the free health service?
5. Are the authorizations of responsibility clear and efficient?
6. How frequently do the DHO report on the expenditure? Is it timely and regularly?
7. Is there any problem in release of funds for the program?
8. If late release of fund what is the reason for the late release of fund for the program?
9. Is the budget provided properly used to meet the objective of the program?
10. What is your opinion on the program? Is it a good program? Is it going to be sustainable?

Tool 3 In-depth Interview Guideline DPHO

Objective: To assess the overall Management for free service delivery

Guiding questions for KI (write responses in separate note book)

1. Is there free health service implemented in this district? Since when was the program implemented in the facility?
2. How it was first implemented in the beginning? What was the process? Who were involved? Did anyone from center come to orient you, was it a formal orientation or informal? Did you receive any guidelines?
3. What has been your role in implementing this program?
4. Is there any mechanism to inform the public about the availability of Free Health Care Service? Is there any IEC materials developed for this purpose?
5. Do you or your staff feel this program has created additional work burden? If yes how are you managing?
6. In your perception is there increase in utilization of service by the target group. On an average haw many free services are sanctioned by you per week / month.
7. Is there referral linkage with higher facility in case of complication, and do the poor identified by this facility get free service in the referral facility? (in case of referral from the peripheral health facility to district hospital)
8. Who supervises and monitors the program do you have any supervision and monitoring system for this program?
9. What have been your challenges/problems in implementing the program? (policy insufficiency or ambiguousness, Poor identification, not enough orientation, demand high from community so resource insufficient)
10. How can these challenges be overcome?
11. What are the strength and weakness of the program?
12. Do you think this program is good? Is it going to be sustainable?
13. Do you have any suggestion to make this program better from central and district level?

Tool 4 In-depth Interview Guideline MS of DH / DHO/ PHCC In charge

Objective: To assess the overall Management for free service delivery

Guiding questions *(write responses in separate note book)*

1. Free service related questions

Process Free service

1. Is there free health service implemented in this district? Since when was the program implemented in the facility?
2. How it was first implemented in the beginning? What was the process? Who were involved? Did anyone from center come to orient you, was it a formal orientation or informal? Did you receive any guidelines?
3. What has been your role in implementing this program?
4. How are the poor identified? Who are involved in the process?
5. Have you initiated any special recording and reporting system for this program? Do you keep details of the expenses (who got how much of free service)?
6. What is the process for making the card? How is the free service forms managed?

Perception on free service program

1. What do you think about the free service program regarding process, policy guideline for identification of the target group and sustainability? (policy insufficiency or ambiguousness, Poor identification, not enough orientation, demand high from community so resource insufficient)
2. In your perception is there increase in utilization of service by the target group. On an average haw many free services are sanctioned by you per week / month.
3. What have been your challenges/problems in implementing the program?
4. Are you getting cooperation from your staff to facilitate the program? If not what are their concerns and how are you coping with the situation?
5. How can these challenges be overcome?
6. Do you have any suggestion to make this program better from central and district level?

Communication of the program

1. Is there any mechanism to inform the public about the availability of Free Health Care Service? Is there any IEC materials developed for this purpose?
2. Is there a citizen charter in the facility? If yes, is free service information included in it.
3. Is there any notice posted in the ward and in the emergency?
4. Is there a stock of emergency medications?

2. Referral

- Is there referral linkage with higher facility in case of complication, and do the poor identified by this facility get free service in the referral facility? (in case of referral from the peripheral health facility to district hospital)

3. Supervision

- Who supervises and monitors the program from the centre and do you have any supervision and monitoring system for free service program?

4. Drug management

1. How are you managing this fund? Is the demand for the free service met?
2. Does the district have CDP program? How is it affecting or complementing this program?
3. Do you have enough supply of medicine and other logistical support for the program? If not how you manage to give free service.
4. What is the drugs/logistic purchasing process?

5. Financial aspects

- Have you received funds for this program? What are the sources of Budget for the program?

6. Service availability (Format need to fill)

1. What are the services available in this facility? Which are provided free? If the basic service are not provided why?
2. Are laboratory services available for 24 hours?
3. Is the operating theatre available at this facility for 24 hours?
4. Are medications available?
5. Are supplies easily accessible?
6. Is there blood supply available for transfusion for 24 hrs a day every day

7. Human resource (format need to fill)

- How many and which category of human resources are sanctioned for this facility and why are not filled and manned. If not manned and vacant, how do you manage?

To assess the Curative and Diagnostic Service and Human Resources availability in health facility

Curative and Diagnostic Service

Type of services	Staff
24 hr emergency service	Doctor
BEOC	Health Assistant (HA)
Essential Drugs	Auxiliary Nurse Midwife (ANM)
CEOC	Staff nurse
Minor surgery	Radiological assistant
X-ray	AHW
Dressing Suturing Plastering	Administrative Assistant
Laboratory	Lab Assistant/ Lab technician

Tool 5. Semi-structure Questionnaire Interview with in-charge of service delivery

Objective: To assess the free service availability and the process during free service program implementation

Department / Unit:

Adequacy of beds as per the patient load

Drugs

Equipments

Total staff working in indoor service

Patient load Total patient admitted per day in average/ Total patient discharge per day in average

Participation in orientation program

Practices to provide free service

Patient identification process

Who else involve in the process of decision

Do you feel this program has created additional work burden? If yes how are you managing?

Tool 6 Record Review Form

Source of data: Register of various department including accounts, quarterly form filled by the facility

Objective: ***To assess the utilization of services during free service program implementation***

Type of services	Total service first trimester	Total service second trimester	Total service third trimester	Total service fourth trimester	Total free service users in a year	Source of data (name of register/unit)
Ward						
Emergency						

6.1: General health service user's profile

Objective: To assess the profile of service users during free service program implementation

Name of Researcher:

Period: From..... To.....

SN	Caste/ethic group	Age	Sex	Address (distance)

6.2: Free service users profile

Objective: To assess the profile of free service users during free service program implementation

Patient no.	Name	Caste/ethnicity	Age	Sex	Address (distance)
	Type of problem	Service taken	Full cost of service	Free service category	Social status

6.3. Availability of Service and user fees policy by district/DH/PHCC

Type of service	User fees policy of those service
Registration fees emergency/OPD	
Bed fees	
Maternity Service Normal delivery	
BEOC	
CAC	
PAC	
CEOC	
Indoor	
Minor surgery	
Dressing , Suturing	
Plastering	
Lab facilities	
Blood Total count / Differential count / Hemoglobin / ESR	
Blood Grouping, RH typing	
Blood Urea	
Urine Test / RE/ME	
Stool test / RE/ME	
X- ray service	

Tool 7 Key informant Guideline for Storekeeper

Objective: To assess the Stock of Essential Drugs at health facility

a. Guiding questions for KI (responses in separate note book)

1. Is there recording of free drug supply?
2. (Check to see and also ask if buffer stock of supplies e.g. reagents/plates for x ray is maintained) If not maintained than ask how the supplies are managed?
3. Are the drugs adequate to distribute round the year? If not specify until when the drugs are enough.
4. If Shortage of drugs what are the alternative ways to manage the shortage of drug supply
5. What are the drugs/logistic purchasing process?
6. Has it created any problem for you?

b. Stock review format

Tool 8 Key informant Guideline Accountant

Objective: To assess the Financial Management for free service delivery

a. Financial record format

Total budget allocated for free service for one year	Total budget used	Budget not used

b. Guiding questions for KI (write responses in separate note book)

1. Do you know who are eligible to get free service?
2. What is the mechanism and decision making process for providing free service in the facility?
3. Have you received funds for this program? What are the sources of Budget for the program?
4. Is the demand for the free service met? If not how are you managing?
5. Is the fund properly being used for the benefit of the target group? If not why?
6. Is there separate books kept to record the free service provided by the facility. Do you keep details of the expenses (who get how much of free for which service)? Can you provide a copy of the record?
7. Do you feel this program has created additional work burden? If yes how are you managing?
8. What is the budget disbursement system by the district or center? Is there any problem in release of funds for the program?
9. If late release of fund what is the reason for the late release of fund for the program? *delay, if delay why probe*
10. Do you have to report on the expenditure? If yes how frequently?
11. Is your budget for free service used if not used?
12. How are you planning for the budget you need in the future
13. Adequacy of budget
14. If not adequate specify other source of budget
15. Have you faced any problem to manage financial record of the free patient?
16. How can we improve the process?

Tool 9. Observation Checklist DH/PHCC

Objective: To assess availability of basic infrastructure and facility during free health service implementation period

Section Unit	Observation
Indoor section Emergency unit Medical lab X –ray Dispensary	Rooms Equipments Staff Registers drug

Tool 11. Interview Guideline for Case study user of free service

Objective: To explore the process to assess the free service from District Hospital /PHCC and perception of service users

Respondent: Case study of users in facility; Case study of poor user in home visit

Name of ……. Age: …….

Ethnicity (Caste): ……. Family Occupation ……

1. Why did you come to the hospital today?
2. How long did it take you to reach this facility today?
3. How far is your home from this health facility?
4. How many members are there in your family?
5. What is the source of income in your family? If any what is your monthly income?
6. At this health facility what services are offered?
7. If most of the services that you need are not offered at this facility where do you go?
8. What service did you take from the facility?
9. How much did it cost you?
10. How did you learn that there were free health services in the facility? Did you have any trouble for you to get the free service?
11. Do you have the free service card? How did you get it?
12. On the whole were you satisfied or dissatisfied with the services? Give reasons for your response?
13. How do you think these services can be improved?
14. Is this a good program government has brought forward? Do you think it will be sustainable in the long run?

Annex 5: List of participants

Key informant interview /Group interview

Sunsari DHO/DH	Sunsari PHCC	Taplejung DHO/DH	Taplejung PHCC	Chitwan DPHO	Chitwan Kahirahini PHCC	Chitwan Shivanagar PHCC 2	Dolakha DH	Dolakha Charikot PHCC	Bajhang DHO/DH	Bajhang Rayal PHCC	Dang DHO/DH	Dang Tulsipur PHCC
Mr. Ramdhan Mehata DHO	Ram Charan Chaudhary Health Assistant:	Mr. Madhu Sudan Koirala DHO	Bramha Dev Yadav PHCC incharge	Ram Chandra Pathak Acting Public Health Administrator	Baburam Koirala HA	Pancha Bahadur Gurung HA	Dr. Ram Hari, Chapagain Medical superintendent	Dr. Santosh Sapkota Medical Officer	Mr. Rajendra Khatri, DHO	Geeta Ghimiree, Sn. AHW	Mr. Keshav Raj Pandit DHO	Mr. Chirinjeevi Sharma Public Health Inspector
Dr. Daynanda Lal Karna ,Medical superintendent	Sapana Pokhrel ANM	Dr Suresh Nepal Medical superintendent		Auditor DDC	Tulsi Adhikari ANM	Nar Maya Pokhrel ANM	Nanimaiya Shrestha, Indoor Incharge	Statician in the DHO	Dr. Narul Huda, Medical superintendent	Deepak Malla, AHW Storekeeper	Dr. Bikash Devkota, Medical superintendent	Khum Prasad Neupane AHW
Mr. Keshav Sharma, Hospital board chairman	Archana Gupta Lab assistant	Arjun Kumar Thapa Local development Officer		Kesab Chapagain District focal person FHS	Shiva Chandra Prasad Gupta Lab assistant	Sabina Ghimire ANM	Birendra Yadav, Lab service provider	Shivahari Upreti DHO accountant	Shyam Raj Adhikari Local development Officer	Radha Poudel, ANM	Mr. Dev Raj Pokhrel, part time accountant from KOLENIKA	Maya Bhandari ANM
Ram Charitra Mehata, Free service focal person of DHO		Sabitri Timilsina Women Development Officer		Ganesh Pokherel Accountant	Raj Kumari Pun ANM		D B Gurung, X ray service provider	Dilli Bahadur Adhikari PHCC AHW from Management committee	Haripriya Bam, Women Development Officer	Rana magar ,ANM	Abdul Marut Khan, Medical recorder	CDP staff
Bindu		Bisham			Dev		Birendra	Nirmala	Indoor	Joshi, Lab		Nim

Sunsari DHO/DH	Sunsari PHCC	Taplejung DHO/DH	Taplejung PHCC	Chitwan DPHO	Chitwan Kahirahini PHCC	Chitwan Shivanagar PHCC 2	Dolakha DH	Dolakha Charikot PHCC	Bajhang DHO/DH	Bajhang Rayal PHCC	Dang DHO/DH	Dang Tulsipur PHCC
Dahal ANM on duty in the Indoor		Chaudhary Medical Recorder			Kumari Rana AHW		yadav, Store keeper	Khati Lab assistant	Service Provider	assistant		Prasad Giri Lab incharge
Dr. Daya Shankar Karna, Medical Superintendent		Uday Narayan Dulal Lab service provider					Bhumi Raj khadka, Health Management committee Member focal person free service		Janak Raj Joshi, Lab service provider			Rewat Bhandari store keeper
Dr. Jagadish Jha, Medical Officer		X ray service provider					Shiva Hari Lamichhannee, Health Management committee member (JTS principal)		Dharmendra Khadka, X ray service provider			
Dinesh Kumar Yadav, Emergency In-charge		Dinesh Karna Emergency In-charge /Indoor Incharge							Dharmendra Khadka, Emergency In-charge			
Shyam Pokharel OPD		Accountant							Khagendra Raj Pandit,			

Sunsari DHO/DH	Sunsari PHCC	Taplejung DHO/DH	Taplejung PHCC	Chitwan DPHO	Chitwan Kahirahini PHCC	Chitwan Shivanagar PHCC 2	Dolakha DH	Dolakha Charikot PHCC	Bajhang DHO/DH	Bajhang Rayal PHCC	Dang DHO/DH	Dang Tulsipur PHCC
Registration and enquiry section									Accountant			
Tej Prasad Ghimire Accountant		Agni Ghimire Store keeper							Dal bahadur Budamagar ,Store keeper			
Janardan Nepal Store keeper		Bisham Chaudhary Medical Recorder							Dharmendra Khadka, Medical Recorder			
Nagendra Poudel In-charge of SHP		Bramha Dev Yadav PHCC Incharge							Bhanu Bhakta Joshi, Immunization Supervisor			
Staff and chief KOLENIKA									Krishna Pokhrel, Health Assistant			
Guru Subedi LDO, DDC												

Annex 6. List of registers / records used to collect quantitative data

	Sunsari		Taplejung		Dolakha		Chitwan		Bajhang		Dang	
	DH	PHCC	DH	PHCC	DH	PHCC	PHCC	PHCC	DH	PHCC	DH	PHCC
Service utilization	1. Discharge register 2. Free service register 3. Emergency CCPP	1. Main registration register 2. CDP register 3. Free medicine register	1. Discharge register 2. Emergency register	1. Main registration register	1. Discharge register 2. Free service register	1. Main registration register 2. Free medicine register		1. Main registration register 2. Free medicine register	1. Discharge register	1. Main registration register 2. Free medicine distribution bills	1. Discharge register 2. Free service register	1. Main registration register 2. Free medicine register
User Fees	Citizen charter	Key informant interview with incharge	Key informant interview with incharge	Key informant interview with incharge	Key informant interview with incharge	Key informant interview with incharge (citizen charter but not updated)						
Staff availability	Record of DHO.DH	Key informant interview with incharge										
Budget	Financial records	Key informant interview with incharge										

Annex 7: Matrixes of findings of Facility Assessment

7.1. Infrastructure availability in study districts

District	Health facility	Rooms	equipment	Drugs	Staff
Sunsari	DH	not adequate	no x-ray, beds not enough	Some EDL has supplied by DHO but not enough Pat buy from private retailers Free health service mostly paid from poor fund	Lack of paramedical staff
	PHCC	adequate		available through CDP	enough
Taplejung	DH	adequate	x ray not working since last 2 months	available through hill drug scheme	Lack of nursing staff; x ray run by peon
	PHCC	not available	non of the equipment available	Not available	Only two staff (MCHW and AHW)
Chitwan	PHCC 1	not adequate		Available from CDP	more than sanctioned
	PHCC 2	adequate	no reagents for lab services	available but not adequate	all post filled
Dolakha	DH	adequate	x ray was not working so for two months service was not there	available through CDP	no administrative staff
	PHCC	not adequate		available through CDP	all post filled
Bajhang	DH	adequate	X ray available used though the DHS has asked not to use because of health hazard	not available people buy from medical shop	Not enough nursing staff and doctors not always present during the period
	PHCC	adequate		available from CDP during the period Started CDP in Falgun 2063	No doctor and staff nurse, and lab assistant during the period
Dang	DH	adequate	No problem	Available (use poor fund)	nursing staff shortage

7.2. Service availability in study districts

District	Health facility	Emergency	Indoor	X ray	Lab	Minor surgery	Maternal care
Sunsari	DH	yes	Yes	No	yes	yes	Normal delivery
	PHCC	Yes	No	No	Yes	No	Normal delivery
Taplejung	DH	yes	Yes	X-ray machine is not functioning since 2 months	Yes	Yes	BEOC
	PHCC	Yes	No	No	No	No	No
Chitwan	PHCC Kairahani	No	No	No	Yes	No	No
	PHCC 2	Yes	No	No	No	No	Normal delivery
Dolakha	DH	Yes	Yes	Yes or no 2 month during last year X ray machine was not functioning	Yes	yes	BEOC
	PHCC	Yes	No	No	Yes	No	Normal delivery
Bajhang	DH	Yes	Yes	Yes	Yes	Yes but occasional	BEOC not always as per staff availability
	PHCC	Yes	No	No	No	No	Normal delivery
Dang	DH	Yes	Yes	Yes	Yes	Yes	BEOC always/ CEOC as per availability of trained doctor
	PHCC	Yes	No	No	Yes	No	Normal delivery, Epi delivery and PAC not now as the SN has gone to study

7.3. Staff availability in District hospital

Post	Inaruwa DH		Taplejung DH		Dolakha DH		Bajhang DH		Dang DH	
	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
Doctor	5	3	2	3	2	3	2	3 but not regular	21	6
Lab technician	2		1		1		1		1	1
Lab assistant	3	3	1	1	1	1	1	1	1	1
dark room assistant	1	1 X-ray is not functioning			0	2 now 1 last year	1		1	1
Radiographer	1	1	1		1		1		1	
Health Assistant (HA)	2	1	1	1	1	1	2	2	2	2
Staff Nurse	??	??	3		3	1 (2 this year)	2	2 one gone to study	18	9
Auxiliary Nurse Midwife (ANM)	??	??	2	2	2	2 +3	2	2	3	3
AHW	2 *Sanctioned post are not enough at least 6 AHW needed for DH*	2	2	2	2	2+1	3	3	4	4

7.4. PHCC staff availability

Post	Itahari PHCC Sunsari		Taplejung PHCC		Chitwan PHCC Kairahani		Chitwan PHCC 2		Dolakha PHCC		Bajhang PHCC		Dang PHCC	
	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
Doctor	1	1	1	1 stays in District	1	1	1	1	1	2	1		1	1
Health Assistant (HA)/ SN AHW	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Staff Nurse	1	1	1		1	1	1	1	1	1	1		1	1
Lab assistant	1	1	1		1	1	1	1	1	1	1	1	1	2
AHW	2	2	2		2	2	2	1	2	3	2	2	2	2
ANM	3	3	3		3	4	3	3	3	3	3	3	3	3

Annex 7.5. Budget availability and utilization

Total Amount of Budget to different district
2063/64 (Magh to Ashar) First instalment
2064/65 (Shrwan to Ashar) second instalment

District/ Facility		Total budget allocated for free service for one year	Total budget used (Record review)	Mode of budget utilization
Sunsari	*District Hospital*			
	First instalment	100000	100000	reimbursed to medical shop
	Second instalment	Letter received but budget was not transfer	NA	Planned to distribute to HF and purchase drugs
	PHCC			
	First instalment	50000	50000	purchased drugs
Taplejung	*District Hospital*			
	First instalment	100000	100000	not used transferred to HMC account
	Second instalment	11 lakh in integrated supervision 30 lakh from joint donar fund (both the fund the DHO has planned to use for free service)	NA	Planned to purchase drugs and distribute to all HF in district
	PHCC			
	First instalment	none	none	did not receive any
Chitwan	*PHCC/ HP/SHP*			
	First instalment	100000	Budget freeze	Budget was freeze from the district
	Second instalment	28.5 lakh	NA	Planned to distribute to HF and purchase drugs
Dolakha	*District Hospital*			
	First instalment	150000	150000	used
	Second instalment	2 lakh	NA	In process
	PHCC	NA*	NA*	
Bajhang	*District Hospital*			
	First instalment	100000	100000	purchased drugs/reagent
	Second instalment	11 lakhs		The DHO has processed to procure drugs to be distributed to all the facilities.
	PHCC			
	First instalment	2 lakhs	50000/PHCC	purchased drugs
Dang	***District Hospital***			
	First instalment	2 lakhs		
	Second instalment	Later 1.5 lakh	NA	Part time accountant (KOLENIKA) is managing the balance could not access due to continuity of the program.
	PHCC			
	First instalment	Rs.1.25 Lakh/PHCC Later10 lakh additional budget received for other facilities	85000	The fund for free service is released to four PHCC with equal amount, to manage indoor and emergency targeted free services
	Second instalment	45 lakhs received for all HF (excluding DH) but only 8 lakhs could be used for management of PHCC/SHP/HP	NA	Drug procurement Distribution of management budget to HFs

**DHO and Focal person absent in district during study period*

7.6. User fee policy in District hospital

Service	User fees for service in the facility				
	Sunsari DH	**Taplejung DH**	**Dolakha DH**	**Bajhang DH**	**Dang DH**
Registration	20	10 now 3 after Magh 2064	5 for new 3 for old	5 now 3 after Magh 2064	5
Emergency	10	25	25	10	10
Admission charge	NA	NA	50	NA	**NA**
Normal delivery	100	free	free	free	500
BEOC	200	NA	NA	free	500 CS 2500
PAC	300	free	free	free	500
Major operation	500	NA	NA	300	500
CAC	NA	NA	1000	1000	999
Intermediate Operation	400	NA	NA	200	**NA**
Minor operation	300	NA	50-100	50	**NA**
General bed	15	10	15	10 free from Magh 2064	10
Insized Dressing	50	10	10	free	50-200
Suturing	10	10	25-100	free	25-50
Plastering	200	100 (local) GA (200)	50-200	50- 200 free from Magh 2064 but have to buy materials	**NA**
Blood Total count / Differential count / Haemoglobin / ESR	15 for each	15 each	15 for each	20/20/10 free from Magh 2064	15 for each
Blood Grouping, RH typing	40 for each	20 each	25	60 free from Magh 2064	50 for each
Blood Urea	40	50	60	120 free from 30Magh 2064	60
Urine Test / RE/ME	15	30	15	free from Magh 2064	20
Stool test / RE/ME	15	10	15	30 free from Magh 2064	20
X- ray service Radiology unit charge	Not applicable	120 now no service	85- 125	100 free from Magh 2064	100

7.7. User fee policy in PHCC

Service	User fees service in the facility						
	Sunsari PHCC	**Taplejung PHCC**	**Chitwan PHCC 1(Kairahani)**	**Chitwan PHCC Shivanagar**	**Dolakha PHCC**	**Bajhang PHCC**	**Dang PHCC**
Registration	5 new	NA	5	**5**	**2**	5 now since Magh 2064	
Emergency	NA	NA	NA			10	
Normal delivery	400	NA	NA	100	free	150 free from Magh 2064	250
EPI delivery	NA	NA	NA	NA	NA	NA	500
General bed	25	NA	NA	15	3	15 free from magh 2064	
Admission Charge	NA	NA	NA	15	NA	NA	NA
Dressing	20	NA	NA	50	*free*	free	free
Plastering	NA	NA	NA	200	*free*	NA	100
Blood Total count / Differential count / Haemoglobin / ESR	20 each	NA	15 for each	NA	free	NA	20/20/25/20
Blood Grouping, RH typing	40	NA	30	NA	free	NA	40
Blood Urea	70	NA	50	NA	free	NA	100
Urine Test / RE/ME	20	NA	15	NA	free	NA	30
Stool test / RE/ME	20	NA	15	NA	free	NA	20

7.8. Study of recording system in Study districts

District	Health facility	Emergency Register	Indoor Register		X ray register	Lab register	Free Health Care service register
			Admission	Discharge			
Sunsari	DH	Yes/ccpp	Yes	Yes	NA	Yes	Yes
	PHCC	Yes	No	No	NA	No	Yes
Taplejung	DH	Yes	Yes	Yes	Yes	Yes	No
	PHCC	No	No	No	NA	NA	No
Chitwan	PHCC Kairahani	No	No	No	NA	Yes	Yes recently
	PHCC 2	No	No	No	NA	No	Yes recently
Dolakha	DH	Yes	Yes	Yes	Yes incomplete	Yes	Yes
	PHCC	No	No	No	NA	Yes	Yes
Bajhang	DH	Yes incomplete (OPD register used for emergency)	Yes	Yes	Yes incomplete	Yes	No
	PHCC	No	No	No	NA	No	No
Dang	DH	Yes	Yes	Yes	Yes	Yes	Yes
	PHCC	Yes	No	No	NA	Yes	Yes

Annex 8: Free application form as in the FHS guideline

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
..... अस्पताल र प्रा. स्वा. के.

निःशुल्क तथा आंशीक छुट स्वास्थ्य सेवाको प्रयोजनका लागि भरिने फाराम

१. विरामीको नाम थर : .....

२. उमेर : .....

३. लिंग : .....

४. ठेगाना : जिल्ला..... गा.वि.स./न.पा..... वडा नं.....

५. पेशा : .....

६. बाबुको नाम : ..... बाबुको पेशा .....

७. आमाको नाम : ..... आमाको पेशा : .....

८. घर परिवार संख्या : .....

९. वार्षिक पारिवारिक आयले परिवारको खर्च धान्न सक्ने अवस्था

(क) ६ महिना भन्दा कम ☐ (ख) १ वर्ष भन्दा कम ☐ (ग) १ वर्ष भर ☐

१०. कुन कक्षबाट सेवा लिन लागेको हो ? (क) आकस्मिक ☐ (ख) अन्तरङ्ग ☐

अन्तरङ्ग/आकस्मिक विरामीहरुको लागि :

११. तपाइले/यस विरामीका लागि आवश्यक पर्ने सेवा (प्रयोगशाला, एक्स-रे अन्य सेवाको) शुल्क तिर्न सक्नु हुन्छ ? पुरै ☐ आधा ☐ तिर्नै नसक्ने ☐

१२. तपाईले/यस विरामीका लागि आवश्यक पर्ने औषधिहरु कति जति खरिद गर्न सक्नु हुन्छ ?

पुरै ☐ आधा ☐ खरिद गर्न सक्दैनन् ☐

१३. तपाईले/यस विरामीका लागि आवश्यक पर्ने दर्ता शुल्क तिर्न सक्नुहुन्छ ?

पुरै ☐ आधा ☐ सक्दिन ☐

सम्वन्धित विरामी वा अभिभावकको

दस्तखत :

नाम :

अन्तरङ्ग तथा आकस्मिक उपचार सम्वन्धमा निःशुल्क तथा आंशीक छुटको लागि प्रयोग गरिने फारम

कार्यालय प्रयोजनको लागि:

क) समग्रमा विरामीको आर्थिक अवस्था: बलियो ☐ मध्यम ☐ न्यून ☐

ख) शुल्क वारेको विवरण:

(१) दर्ता शुल्कको र परिचय पत्र शुल्क:

सम्पूर्ण छुट ☐ ५० प्रतिशत छुट ☐

निःशुल्क पाउनुपर्ने अवस्थाको नभएको ☐ परिचय पत्र नवन्ने ☐

(२) औषधी, सेवा, क्लब्धभकतप्नबतप्यल को लागि: निःशुल्क ☐, १०% छुट पाउने योग्य ☐

क्यावीन ☐ सम्पूर्ण खर्च व्यहोर्ने ☐

सिफारिस गर्ने:	प्रमाणित गर्ने:	स्वीकृत गर्ने:
(उपचारमा संलग्न स्वास्थ्यकर्मी)	(इन्चार्ज/अनकलका चिकित्सक)	(मेडिकल सुपरिटेण्डेण्ट वा संस्था प्रमुख)
नाम:	नाम:	नाम:
पद:	पद:	पद:
दस्तखत:	दस्तखत:	दस्तखत:

Annex 9.

District wise socioeconomic characteristics of free health care service users in District hospitals

Socioeconomic characteristics		Sunsari (one year)		Dolakha (one year)		Dang (one year)		Taplejung* (one year)		Bajhang * (one year)	
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Gender	Male	102	54.55	91	44.17	286	46.43	35	18.72	11	33.33
	Female	81	43.32	115	55.83	326	52.92	150	80.21	22	66.67
	NA	4	2.14	0	0	4	0.65	2	1.07	0	0
Age	Children/Adolescents	59	31.55	83	40.29	204	33.11	19	10.16	14	42.42
	Adult	79	42.24	82	39.8	281	45.61	122	65.24	18	54.55
	Elderly	21	11.23	41	19.90	123	19.97	46	24.60	1	3.03
	NA	28	14.97	0	0	8	1.30	0	0	0	0
Caste/ethnicity	Dalit	43	25.6	21	10.19	88	14.29	19	10.16	8	24.24
	Disadvantaged Janajatis	45	24.06	111	53.88	185	30.03	99	52.94	0	0
	Disadvantaged non Dalit Terai caste groups	18	9.63	0	0	7	1.14	1	0.53	0	0
	Religious minorities	47	25.13	0	0	3	0.49	0	0	0	0
	Relatively advantaged Janjatis	14	7.49	8	3.88	9	1.46	23	12.30	0	0
	upper caste group	5	2.67	65	31.55	251	40.75	45	24.06	24	72.73
	NA	12	6.42	1	0.49	73	11.85	0	0	0	0
	NL	1	0.53	0	0	0	0	0	0	1	3.03
Address	Ratio of total no VDC/NP using free service/total no of VDC/NP in district	19/52		8/52		39/41		/50		14/47	

** Record not maintained free patient recorded in main register*

Socioeconomic characteristics of free health care service users in PHCC

Socioeconomic characteristics		Sunsari (one year)		Dolakha (one year)		Dang (one year)		Shivnagar PHCC (Chitwan 2 month record)		Kairahni PHCC Chitwan (1 month record)		Taplejung(one year) *		Bajhang (one year) *	
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Gender	Male	127	42.33	136	43.31	179	40.22	12	30.77	24	47.06	2	22.22	101	41.06
	Female	171	57	175	55.73	264	59.33	27	69.23	27	52.94	7	77.78	135	54.88
	NA	2	0.67	3	0.96	2	0.45	0	0	0	0	0	0	10	4.07
Age	Children/Adolescents	66	22	66	21.02	102	22.92	7	17.94	6	11.76	2	22.22	30	12.20
	Adult	156	52	142	45.22	237	53.26	4	10.25	8	15.68	3	33.33	78	31.71
	Elderly	76	25.33	105	33.44	102	22.92	19	48.72	37	72.55	4	44.44	27	10.98
	NA	2	0.67	1	0.32	4	0.90	9	23.08	0	0	0	0	111	45.12
Caste / ethnicity	Dalit	72	24.00	16	5.10	97	21.80	11	28.21	4	7.84	0	0	64	26.02
	Disadvantaged Janajatis	43	14.33	66	21.02	77	17.30	3	7.69	1	1.96	8	88.89	12	4.88
	Disadvantaged non dalit terai caste groups	41	13.67	8	2.55	12	2.70	0	0	9	17.65	0	0	0	0
	Religious minorities	6	2.00	0	0	1	0.22	0	0	0	0	0	0	0	0
	Relatively advantaged Janjatis	6	2.00	31	9.87	3	0.67	3	7.69	2	3.92	1	11.11	1	0.41
	upper caste group	114	38.00	191	60.83	250	56.18	22	56.41	32	62.75			159	64.63
	NA	14	4.67	2	0.64	4	0.90	0	0	4	7.84	0	0	10	4.07
	NL	4	1.33	0	0	1	0.22	0	0	0	0	0	0	0	0
Address	Ratio of total no VDC/NP using free service/total no of VDC/NP in district	11/52		34/52		18/41		6/38		4/38		1/50		7/47	