**Comprehensive District Assessment (CDA) Kailali District**

Health Research and Social Development Forum (HERD), Thapathali, Kathmandu, Nepal.

Date: 2014

**Background**

Health system in Nepal has gone through various phases of development with the introduction of General Health Plan 1956 to the recently developed National Health Insurance Policy in 2013. With the constitutional provision of right to basic health care services free of cost as mentioned in article 16 (2) of the Interim Constitution of Nepal 2007. There has also been an attempt to strengthening the health system through other policies such as Interim Health Policy (2007-2010), Second Long Term Health Plan (1997-2017) and Second Nepal Health Sector Programme (NHSP - 2). Health insurance, in principle, is also a strategy to raise more money for health domestically. An early initiative to health insurance in Nepal began from 1976 through United Mission to Nepal (UMN) as Lalitpur Medical Insurance Scheme in Ashrang, which was later expanded to other facilities. As a part of alternative health financing strategy, the government implemented pilot programme on Community-based health insurance (CBHI) since 2003/04. Similarly, Korean International Cooperation Agency (KOICA) had also developed a pilot health insurance programme to support GoN initiative in Community Based Health Insurance (CBHI) in 2010. The aim of this study was to have a comprehensive and detailed assessment of health care programmes in Kailali district with the individuals at the household and health facility level.

**Methods**

This was a cross-sectional study conducted in Kaliali district. The sampling strategy used for this study was two stages cluster-sampling where Probability Proportionate to Size (PPS) method was applied to identify 27 clusters as well as 810 households. A total of 30 health facilities were visited and their information was sought during the survey. The health facilities include all government hospitals, PHCCs and Community Health Centre while in case of HPs/SHPs and community health units/urban health clinics; half of the total was taken for the study purpose. Similarly, 39 Key Informant Interviews (KIIs) were conducted to understand their perception and understanding towards health related issues and health insurance programme. The study uses blend of both qualitative and quantitative methods for data collection. Household questionnaire and facility questionnaire were used for quantitative information and a key informant interview guide was used for qualitative information. The duration of the study was of 4 months from January to April, 2014. The data were coded manually and were double entered into Census and Survey Processing System (CSPro). The entered data were then cleaned and was analyzed in SPSS.

**Results**

Underprivileged people and people earning minimum money find difficult to bear the cost of insurance premiums. Only 11% heard the term "health insurance" and a mere 2% had good knowledge about health insurance (6% in rural and 32% in urban). Heath facilities had a number of problems: stock out of essential drugs, vacant specialized posts with nominal having electricity 24/7 (10%), clean toilet (33%) functional ambulance service 24/7 (10%) and a computer for recording data (20%). As well, due to the lack of skilled health workers, most common services such as operating X-ray machines, mental services in hospitals, dental service in Primary Health Care Centers (PHCCs), delivery services in Health Post (HP) /Sub Health Post (SHP), and Community Based Integrated Management of Childhood Illness (CB-IMCI) services in UHC/CHUs were unavailable. Only 28% of the surveyed population was satisfied with the government health facilities compared to 56% private health facilities.

**Conclusions**

It is an encouraging sign that the government has also prioritized health insurance with the development of national health insurance policy. A consolidated effort is required from here on to institutionalize health insurance programmes with support from multiple stakeholders from government agencies, private health facilities, health workers, community based organizations and development agencies.

**Keywords:** assessment; health care programmes; health insurance; health system; Kailali district.