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Ministry of Health & Population

NHSSP

# Progress Review of Pilot Hospital Social Service Units (SSUs)

## Review Report

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Strengthening Health Systems-Improving Services

*EXECUTIVE SUMMARY*

## A. Background

Since 2009/10 the Government of Nepal has funded central, regional, sub-regional and zonal hospitals to provide fully or partially free of cost health care services to target group patients. In 2012/2013 social service units (SSUs) were established in four hospitals to improve the management and flow of these subsidies. The targeted patients are poor and ultra-poor patients, 'helpless' patients, patients with disabilities, senior citizens, female community health volunteers and survivors survivors of gender-based violence.

NGOs are being contracted to help run these SSUs which are to be operated in accordance with the Ministry of Health and Population's (MoHP's) SSU guidelines, 2012. Based on the performance of these pilot SSUs, MoHP plans to roll out the initiative to all secondary and tertiary level hospitals.

In June and July 2013 a consultant reviewed progress made in the pilot SSUs, developed a suitable monitoring framework, collected baseline data, identified capacity building needs and collected feedback on the usefulness of the SSU guidelines. The objective was to learn early lessons, identify issues and put in place a system for monitoring the success of the initiative in order to inform scaling up.

## B. Progress

The central task was to review the progress of establishing and making the pilot SSUs functional at five hospitals. However the SSUs had only recently been established in four of the five hospitals and so were still largely in their establishment phase with systems and processes still being developed. Nontheless, the following progress is reported:

*Bharatpur Hospital* — The SSU at this hospital was established in mid-May 2013. In its first two months it served 791 target group patients. The main challenges facing the SSU were as follows:

- The authority for dispensing free medicines lies with the medical superintendent while, according to the guidelines, it should lie with the SSU chief. Similarly, authority for approving X-rays, blood transfusions and surgery rests with the SSU chief who is located some distance from the SSU in another building. Both of these factors affect the speed at which services can be provided.
- The forms used for medical investigations are different for each type of investigation and can only be filled in by trained health personnel (the SSU deputy chief) once the doctor on duty has recommended that an investigation is needed.
- The distribution of free medicines from the hospital store is not yet under the control of the SSU despite the guidelines stating that it should be.
- The names of target group patients who receive free and partially free services are not being displayed in public each month as required by the guidelines.

*Bheri Zonal Hospital* — The SSU at this hospital was established in mid-June 2013. During its first three and a half weeks it served 379 patient-visits. The main issues facing this SSU were as follows:

- Every Friday the hospital issues large quantities of medicine to its wards and the emergency department for dispensing. There is no system to account for these medicines and some are reportedly wasted.
- The supply of medicines from the Sajha medical store to the hospital store can only be approved by the medical superintendent while the SSU can only supply medicines received from the hospital store. Differences in opening hours between the Sajha store and hospital store can result in stockouts at the SSU – particularly outside of official government working hours.
- It has been difficult for the SSU to find out the prices of medicines from the hospital store and so calculate the costs for providing services as required by the SSU guidelines.
- If a patient requires more than one type of service he/she will be recorded as having used the SSU multiple times, even in a single day. This can lead to double, or greater, patient counting.
- The purpose of posting the names of beneficiaries regularly on the SSU noticeboard was not clear to SSU staff and facilitators.
- There was confusion about the age for qualifying as a senior citizen.

*Seti Zonal Hospital* — The SSU at this hospital was established in April 2013 and served more than 600 patients in its first month. The main issues and challenges identified were as follows:

- The SSU should collect the costs of medicines daily, but the costs are only collected monthly from the Sajha-run medical store. This makes it difficult to accurately calculate the costs of services provided.
- The current SSU room is too small and more space is needed.
- The number of facilitators (seven) appears high for the number of patients served (around 20 per day).
- The facilitators' contracts do not entitle them to any leave.

*Western Regional Hospital* — Since early 2012 a Social Care Unit (SCU) has managed the provision of free and partially free services at this hospital. This unit provided 4,271 patients with services in Nepali fiscal year 2069/70 (2012/13). A SSU was established here and took over the work of the SCU at the end of July 2013 – too late for meaningful conclusions on its functioning to be drawn.

*Bir Hospital* — The inception of a SSU at Bir Hospital has been delayed for various. Needy patients continue to be supported by a NGO that has helped poor and helpless people access care at this hospital for decades.

**C. Monitoring framework**

The consultant developed a monitoring and evaluation (M&E) framework for assessing the performance of the pilot SSUs. The framework has the following components:

- Twenty-six indicators to assess SSU performance across four categories: capacity, process, results and outcomes. The outcome indicators are intended for final performance assessments of the pilot SSUs in 2015.

- A simple SSU management information system (MIS) developed in Microsoft Excel, which four of the reviewed SSUs have now begun to use for data recording. This MIS automatically generates the quantitative sections of monthly, trimesterly and annual SSU reports.
- The other components of the monitoring framework include regular reporting by SSUs and their sub-committees, monitoring visits by MoHP's SSU Management and Monitoring Unit (MMU), six monthly review and sharing workshops and final evaluations of the pilot SSUs.

**D. Baseline data**

The consultant collected baseline data to guage the current status of the provision of free and partially free care and the functioning of the SSUs shortly following their establishment. Information from Bharatpur, Bheri and Seti hospitals was collected on their capacities and the processes followed:

- Seti Zonal Hospital returned the highest baseline performance scores with 22/24 (92%) for capacity and 21/28 (75%) for processes followed.
- Bheri Zonal Hospital scored 21/24 (88%) for capacity and 18/28 (64%) for processes with several processes stipulated in the guidelines not being properly followed.
- Bharatpur Hospital returned the lowest scores. It scored 15/24 (63%) for the six capacity indicators with the lowest score being for team working, leadership and communication. It scored only 14/28 (50%) for the seven process indicators, with lack of coordination with the SSU sub-committee and failure to display beneficiaries being the main concerns.

**E. Capacity building needs**

The consultant identified three kinds of capacity enhancement needs:

- *Systems and forms* — It was found that key data related to free or partially free services were either not recorded or else recorded incorrectly and  and incompletely. The adoption of the Excel based MIS system from mid-July 2013 is expected to improve data recording. Other areas flagged for systems improvement are coordination of processes and collation of forms used for delivering free and partially free services across different hospital departments. The consultant has developed several more user-friendly forms for (i) identifying target group patients, (ii) regular reporting and (iii) compiling the daily patient register for consideration by MoHP.
- *Decision making structures* — A multitude of hospital personnel is involved in decision making around the approval of free and partially free care. This is inefficient and warrents review.
- *Skills and knowledge* — The consultant identified seven capacity building needs of SSU and NGO personnel including training on the MIS framework, Microsoft Excel, counselling and health related skills and knowledge.

**F. Feedback on SSU guidelines**

Feedback collected on the SSU Guidelines, 2012 from stakeholders at the five hospitals suggested that the following revisions were required:

- Make the definitions of 'poor' and 'ultra-poor' clearer.

- Revise the relevant clauses so that the SSU facilitation role goes to non-governmental organisations and not to staff already employed by government.
- Change SSU meetings to monthly from the current twice a month.
- Introduce guidelines to regulate salaries and benefits to facilitators and ensure they are in line with standard rates and norms.
- Clarify the process of hiring office assistants.
- Shorten and make more user-friendly the form used to identify target group patients (see Appendix 2).
- Revise the rules concerning per-patient cost limits to enable the regular treatment of needy target group patients.
- Harmonise the emergency register and in-patient register forms and make this the main register of SSUs (see Appendix 3).

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*ACRONYMS*

| | |
|---|---|
| AusAID | Australian Agency for International Development |
| BS | Bikram Sambat (Official Nepali date system) |
| DDC | district development committee |
| DFID | Department for International Development |
| FCHV | female community health volunteer |
| FY | fiscal year |
| GESI | gender equality and social inclusion |
| HDC | hospital development committee |
| ICU | intensive care unit |
| ID | identity card |
| INF | International Nepal Fellowship |
| M&E | monitoring and evaluation |
| MIS | management information system |
| MoHP | Ministry of Health and Population |
| MS | medical superintendent |
| NHSP | Nepal Health Sector Programme |
| NHSSP | Nepal Health Sector Support Programme |
| NPR | Nepali rupee |
| OPD | outpatient department |
| PLHIV | people living with HIV |
| SSU MMU | SSU Management and Monitoring Unit (MoHP) |
| SSU | social service unit |
| ToR | terms of reference |
| VDC | village development committee |

# *1 INTRODUCTION*

## 1.1 BACKGROUND

The Government of Nepal is committed to improving the health status of its citizens. The Nepal Health Sector Programme-1 (NHSP-1), the first health sector-wide approach (SWAp) in Nepal, ran from July 2004 to mid-July 2010. It was very successful and brought about many health improvements. Building on these successes, the Ministry of Health and Population (MoHP) and its external development partners designed a second phase of the programme (NHSP-2, 2010-2015), which began in mid-July 2010. NHSP-2's goal is to improve the health status of the people of Nepal. Its purpose is to improve the utilisation of essential health care and other services, especially by women and poor and excluded people.

Technical assistance to NHSP-2 is being provided from pooled external development partner support (DFID, World Bank, AusAID) through the Nepal Health Sector Support Programme (NHSSP). NHSSP is a five-year programme (2010–2015) funded by the Department for International Development (DFID) and managed and implemented by Options Consultancy Services Ltd and partners. NHSSP is providing technical assistance and capacity building support to help MoHP deliver against the NHSP-2 Results Framework.

## 1.2 SOCIAL SERVICE UNITS

The Interim Constitution of Nepal, 2063 (2007) states that "Every citizen shall have the right to basic health care services free of cost from the State as provided by law." In order to meet this goal, the MoHP has, since 2009/10, provided grants to central, regional, sub-regional and zonal hospitals to provide fully or partially free of cost health care services to particular target group patients. These funds are in addition to those made available for the provision of free essential health care services free at district level health facilities and below. This particular scheme targets poor and ultra-poor patients, 'helpless' patients, those with disabilities, senior citizens, female community health volunteers and survivors of gender based violence.

Over the past year MoHP has sought to formalise the provision of these services through the establishment of pilot Social Service Units (SSUs) in eight hospitals. These SSUs are intended to facilitate the easy and prompt access to free or subsidised services to targeted patients.

NGOs are being contracted to run these SSUs, promote awareness of their existence, facilitate service delivery to targeted patients and support SSU government staff to meet their recording and reporting responsibilities.

The SSU Management and Monitoring Unit (SSU MMU) of MoHP's Population Division is responsible for overseeing SSUs, while individual SSUs function under hospital SSU sub-committees. The guidelines that specify how SSUs should be run (the SSU guidelines) were revised in 2069 (2012). The old guidelines had not been fully implemented and an assessment of the provision of free health care services and subsidies[1] being operated under them identified a need for revision to make them more practical and workable.

[1] Kumar Upadhyaya (August 2012) Study Report of Free Health Care Services and Subsidy Provisions in Koshi, Bheri and Bharatpur Hospitals.

By the end of July 2013, four out of the eight planned SSUs had been established and preparatory work was underway to establish the others. Based on the performance of these pilot SSUs, MoHP plans to roll out the initiative to all secondary and tertiary level hospitals.

## 1.3 OBJECTIVES

This assignment had the following objectives:

- Review progress on establishing and making the pilot SSUs functional.
- Develop a monitoring and evaluation (M&E) framework for assessing the performance of the pilot SSUs.
- Collect baseline data to show the current situation of the provision of free and partially free care.
- Identify the capacity building needs of those involved in running and managing the SSUs.

MoHP and NHSSP assigned Kumar Upadhyaya, a development management consultant, to carry out the above tasks between June and July 2013.

## 1.4 TASKS CARRIED OUT BY THE CONSULTANT

In line with the assignment's ToR the consultant carried out the following tasks:

- Consulted with NHSSP's GESI advisor and the SSU MMU.
- Reviewed relevant documents[2] as specified in the ToR.
- Designed and finalised tools for the study in consultation with the SSU MMU.
- Visited five hospitals (Bharatpur Hospital, Bheri Zonal Hospital, Western Region Hospital, Seti Zonal Hospital, and Bir Hospital); interviewed SSU sub-committee members, SSU personnel, facilitating NGOs, relevant sections (record, finance, and administration), medical staff, the chairpersons of hospital development committees (where available) and some target group patients; observed the functioning of the SSUs; and provided feedback and suggestions for improving SSU performance to SSU staff and SSU sub-committees at the conclusion of hospital visits.
- Shared preliminary findings and observations from the study with the Population Division Chief and NHSSP staff.
- Drafted and developed an M&E framework for assessing SSU performance and a Microsoft Excel-based management information system (MIS) for recording and reporting purposes[3]; oriented SSU personnel on the MIS, and determined baselines for the SSUs.

[2] Reviewed reports include the 'Social Service Unit Establishment and Operational Guidelines, 2012'; the 'Free Health Care Services and Subsidy Provisions' study, 2012, and the 'Roadmap for Establishing and Strengthening Social Service Units, 2012.'

[3] This task was not part of the original ToR. However, NHSSP's GESI advisor requested its inclusion considering its urgency particularly in three of the hospitals (Seti, Bharatpur and Bheri hospitals) where local NGOs and SSU facilitators had already started working. Naturally, the facilitators in these hospitals were under pressure to keep proper records of all SSU-related transactions and report to their SSU sub-committees and the SSU MMU. Further fine-tuning of the new MIS and field level coaching will be required once the draft MIS is finalised.

## 2 PROGRESS ESTABLISHING AND MAKING PILOT SSUS FUNCTIONAL

This chapter describes progress made in establishing and making the pilot SSUs functional in the five selected hospitals (Bharatpur Hospital, Bheri Zonal Hospital, Western Regional Hospital, Seti Zonal Hospital and Bir Hospital) as of the end of July 2013. The hospital-wise progress is described below under the following headings:

- Staff, skills and structure.
- Office space, visibility and accessibility.
- Coordination and communication.
- Recording and reporting.
- Progress in service provision.
- Issues facing the SSU.

See the results in Chapter 4 tables 7 to 12 for detailed findings.

### 2.1 BHARATPUR HOSPITAL

Bharatpur Hospital is located in Nepal's Central Development Region. Besides catering to the population of Chitwan district, its catchment covers Makwanpur, Dhading and Gorkha districts. The annual patient load is over 150,000 patient visits. A SSU was established in the hospital in mid-May 2013 and has been functional since then.

#### Staff, skills and structure

The administrative officer of this hospital was appointed as the SSU chief. However, he was too busy with his regular work and could not give much time to the SSU. He sits in the hospital's administrative building and not in the SSU office. He was appointed as unit chief because the SSU guidelines require an officer level person in this post. Another non-officer level medical staff member was appointed as deputy unit chief, and serves as de facto chief. He is based in the SSU office. A local NGO (Sahabhagi) has provided four facilitators (including three women), one of whom is from the Tharu community. The hospital has also appointed one woman as a support staff member for the SSU.

The SSU personnel, medical superintendent (MS) and other relevant staff had received orientation on the SSU guidelines, 2012 and the outsourcing of facilitation services to local NGOs. The deputy unit chief and one facilitator have basic Microsoft Excel skills and had kept records on a spreadsheet for the last two months. Despite the orientation provided to SSU related personnel on the guidelines, their understanding of them, including their individual roles and responsibilities, was found to be inadequate. Additional orientation is clearly needed.

According to the SSU guidelines, the chief of the SSU should have the authority to approve free and partially free services up to a specified cost limit. The current system of authority delegation described below is only partly in line with the guidelines in this respect and is judged to have hampered the smooth functioning of this SSU.

As per the guidelines, the medical superintendent has delegated the authority for approving free or partially free investigation and operation services to the SSU chief. But the deputy chief, who is de facto chief, cannot, for example, approve X-rays. Further, and more seriously, as it affects so many

cases, the medical superintendent has retained approval over the issuing of free medicines contrary to the SSU guidelines which assert that this should rest with the SSU chief.

This SSU's staff do not appear to be acting as an effective team. Communication gaps related to guidelines, roles and responsibilities, hospital systems and rules were apparent and no regular meetings had been organised despite a guideline requirement that these take place twice a month.

Office space, visibility and accessibility

One office room, adjacent to the emergency registration room, had been provided by the hospital for the SSU. However, the room is not easily visible to patients as they enter the hospital. A help desk in the main out-patients department (OPD) building is run by the SSU and the staff member manning the desk directs patients to the SSU office. It was noted that the SSU office does not currently have a telephone line.

The target groups for free and partially free service were listed on the wall besides the help desk. Uniforms (blue jackets) have been provided to the SSU facilitators to enhance their identity and visibility.

Two of the facilitators work from 8 am to 1 pm and two from 1 pm to 7 pm. The SSU deputy chief's duty hours are 8 am to 2 pm. The working time of the (*de jure*) SSU chief and the office assistant is 10 am to 5 pm.

Press briefings were held after the SSU's opening to inform the general public about the availability of free and partially free services for certain patient groups. Most of the target group patients consulted during this assignment appeared aware of the availability of these services, although only a few were interviewed. A systematic survey is needed to identify and rank the sources through which target group patients come to know about the availability of free and partially free services.

Coordination and communication

Coordination and communication by the SSU with the SSU sub-committee and hospital departments is reported to have been very poor. As noted, the medical superintendent has retained authority for the dispensing of free of cost medicines to himself, irrespective of their cost. The hospital's X-ray unit and surgical department insist on the signature of the medical superintendent or the de jure SSU chief before providing free or partially free services. Though an acting medical superintendent can approve free medicines in this hospital in the absence of the superintendent, some poor patients suffer unnecessarily when the acting superintendent cannot be found. Coordination with different hospital wards for round-the-clock free or partially free service was found to be very weak. The facilitators had just started visiting the wards to improve coordination. The forms and processes used by this SSU require standardising as these were outdated.

Recording and reporting

This SSU had recorded all daily transactions in a register as well as on a Microsoft Excel spreadsheet. This SSU was found to be recording and reporting to a higher standard than the other four SSUs primarily as a result of its use of spreadsheets. However, since the recording format was not developed according to the principles of information management, the retrieval of information and reporting proved time consuming and sometimes impossible. The adoption of the new Microsoft

Excel-based MIS is expected to improve standards of recording and reporting. During the assignment the consultant initiated an interaction between the record keeping officer and the SSU. The records section was updated on the newly developed MIS and an understanding on the need for cooperation between the two entities was reached.[4]

Based on a decision of the hospital development committee (HDC), the hospital was providing free services to patients from four ethnic groups (Chepang, Majhi, Bote and Musahar) as a result of their generally poor socioeconomic status. However, the SSU sub-committee noted that it intended to change this earlier HDC decision and serve these groups only if they remained eligible under the 2012 guidelines.[5] It was noted that arrangements for hospital staff to receive free medical services were also being discussed[6] and that the MIS has the capability to include additional targeted groups as required.

Service provision

A total of 791 target group patients were provided with services by Bharatpur SSU in Jesth and Ashadh 2070 (mid-May to mid-July 2013) (see Table 1). The cost of the services provided and the breakdown of cases by department are presented in Table 2. No cases were reported of referrals from other health facilities.

**Table 1: No. target group patients served by Bharatpur Hospital SSU (mid-May to mid-July 2013)**

| Target group | Fully free | | Partially free[7] | | | | |
|---|---|---|---|---|---|---|---|
| | Female | Male | Female | Male | Female | Male | Total |
| Ultra-poor | 268 | 226 | 0 | 0 | 268 | 226 | |
| Poor | 49 | 47 | 32 | 24 | 81 | 71 | |
| Disabled | 6 | 24 | 0 | 1 | 6 | 25 | |
| Senior citizens | 53 | 48 | 1 | 2 | 54 | 50 | |
| FCHV | 10 | | | | 10 | 0 | |
| 'Helpless' | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total | **386** | **345** | **33** | **27** | **419** | **372** | **791** |

*Source: Bharatpur Hospital SSU*

**Table 2: No. patients served by Bharatpur Hospital SSU by department and cost (mid-May to mid-July 2013)**

| | No. patient visits | Cost of services (NPR) | | |
|---|---|---|---|---|
| Department | | Jesth 2017 (May/June 2013) | Ashadh 2070 (June/July 2013) | 2 month's total |

[4] In all five hospitals, the records section is mandated to keep records and prepare reports on all hospital functions and is expected to eventually take on responsibility for SSU-related record keeping and reporting.
[5] Only a very small number of patients from these ethnic groups would qualify as non-poor.
[6] All the hospitals had been providing free or partially free health services to their staff from the same budget heading.
[7] There are no specific rules to decide whether to provide fully free or partially free service. Persons with disability of category--D and-C are generally provided with partially free services and those with category-A disability are provided with free treatment. The ultra-poor are also provided fully free services but many 'poor' also receive fully free services.

| | | | | |
|---|---|---|---|---|
| Emergency | 118 | | | |
| OPD | 386 | | | |
| In-patient | 383 | | | |
| **Total** | **887** | **544,539** | **480,797** | **1,025,336** |

*Source: Bharatpur Hospital SSU. Note: There is some double counting in patient visit figures.*

Issues facing this SSU

The following challenges need to be addressed to improve the performance of Bharatpur Hospital's SSU:

- The authority for approving free medicines (irrespective of their price) currently lies with the medical superintendent. In his/her absence, any senior doctor acting as medical superintendent should be able to approve their supply. The non-availability of doctors and the superintendent occasionally affects services. In the case of X-rays, blood transfusions and operations, the recommendation of the SSU Chief is needed. The fact that he is located in another building slows the provision of these services[8].
- The forms used for medical investigations are different for each type of investigation and can only be filled in by trained medical personnel (the SSU deputy chief) once the doctor on duty has recommended that an investigation is needed. Other SSU staff and facilitators usually do not understand the medical terms used for tests, nor the doctors' handwriting. The absence of a doctor causes delays in serving patients. The forms for medical investigations need to be standardised and processes regulating their use revised. This will require significant efforts from hospital staff and inputs from specialised technical assistance.
- As noted, the distribution of free medicines from the hospital store has yet to be brought under the SSU. However, discussions are underway to address this issue. Currently, free medicines recommended by the SSU are provided only through the Sajha-run medical store (semi-government owned cooperative store).
- The names of target group patients who receive free and partially free services are not currently being displayed in public on a monthly basis as required by the guidelines. The best way to display these names remains to be understood.

## 2.2 BHERI ZONAL HOSPITAL

Bheri Zonal Hospital is located in Banke District of the Mid-Western Development Region. The monthly patient load is nearly 10,000. Besides Banke District, it also serves patients from Rukum, Rolpa, Kanchanpur, Dadeldhura, Surkhet, Dang and Bardiya districts. The SSU was established in mid-June 2013 and has been functioning ever since.

Staff, skills and structure

The hospital's housekeeping officer had been appointed as SSU chief in addition to her other responsibilities. The facilitating NGO (UNESCO Club Banke) had provided four facilitators (all female) and the hospital plans to hire an office assistant soon. One facilitator has a health background and

[8] There is hesitation to delegate this authority to the deputy as he is not an officer level staff member.

another is from a Tharu community. Two facilitators understand and speak the local language (Awadhi).

The SSU personnel, the medical superintendent and other relevant staff had received orientation on the SSU guidelines, 2012 and the outsourcing of facilitation services to local NGOs. One facilitator had some knowledge of Microsoft Excel and will be responsible for record keeping using the new MIS. However, her skills need enhancing. The SSU facilitators had attended an 11-day on-the-job training course.

This SSU had been working well as a team with good leadership from its chief and good communications among the facilitators and with the chief. However, regular meetings had not been held despite the guidelines saying they should take place twice a month.

The authority for approving free or partially free services had been delegated to the SSU by the hospital medical superintendent. However, the SSU chief did not feel comfortable approving subsidies for CT scans and operations because of their relatively high costs and he therefore tended to forward the forms to the medical superintendent for final approval.

Office space, visibility and accessibility

The SSU is based in two rooms and has a desk in an open area in front of the OPD. A computer and printer were installed at the time of the assessment and the hospital was said to be considering installing a telephone line. The location of the SSU is visible to patients and easily accessible.

The wall besides the SSU desk had a list of target groups eligible for free and partially free services posted on it. The facilitators were wearing blue jackets provided to them to enhance their visibility.

The SSU's working time was from 8 am to 2 pm, Sunday to Friday. Outside these times, free and partially free services were managed by the duty medical staff. The hospital laboratory and X-ray facilities closed at 2 pm. However, it was reported that there are plans to open these facilities until 7 pm in the near future and the SSU is considering extending its hours accordingly.

The SSU had held press briefings to inform the local media about the availability of free and partially free services. The facilitating NGO was said to be planning to undertake an information campaign to inform target groups about available services and the procedures for accessing them. A few target group patients were interviewed on how they came to know about free care and the SSU. However, a systematic survey is needed to identify and rank the sources of this knowledge.

Coordination and communication

This unit's coordination and communication with other relevant units and sections in the hospital requires improving. As noted, the provision of services outside of SSU working hours is managed by duty medical staff. The facilitators need to take a more proactive approach to coordination and should visit the wards regularly. However since all four facilitators only work from 8 am to 2 pm and are usually very busy, communication with wards and the emergency department is difficult. Further, the forms and processes used by this SSU were outdated.

Recording and reporting

This SSU was recording daily transactions using an old version of the SSU daily register format. This was missing patient–wise information as required in the Annex 2 forms of the updated guidelines

which give all patient-wise information (see Appendix 2).[9] The hospital was also using outdated forms to recommend free services (one for investigations and another for medicines) and the target groups listed on these forms were not in line with the six specified target groups identified in the 2012 guidelines. A serious drawback found was the time needed to retrieve information and reports. The new MIS promises to improve recording and reporting accuracy and timeliness.

The SSU needs to keep the hospital's record keeping section informed of the provision of free and partially free services. During the assignment the consultant initiated an interaction between the records officer and SSU staff. The records officer was informed about the new MIS system and an understanding reached for cooperation between the SSU and the records section.

The hospital had been providing free services to freed Kamalaris (girls from the Tharu communities who worked as bonded domestic workers), and intends to continue this practice. It is also considering a separate budget heading when providing its staff and their dependents with free and partially free treatment.

Service provision

The SSU served a total of 379 patient-visits in its first few weeks of operation (20 June 2013 [6 Ashadh 2070] to 15 July 2013 [31 Ashadh 2070]) (see Table 3). During the Nepali month of Asadh 2070 (mid-June to mid-July 2013), the total new patient-visits load on the hospital was 7,264 persons and the old patient load was 2,037 persons.

**Table 3: No. target group patients served by Bheri Zonal Hospital SSU (20 June to 15 July 2013)**

| Target group | Fully free | | Partially free | | Total | | Referred cases |
|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | |
| Ultra-poor | 34 | 39 | 0 | 0 | 34 | 39 | |
| Poor | 91 | 86 | 5 | 7 | 96 | 91 | |
| Disabled | 22 | 11 | 0 | 0 | 22 | 11 | |
| Senior citizen | 26 | 29 | 2 | 1 | 28 | 30 | |
| FHV | 0 | 10 | 0 | 0 | 0 | 10 | |
| Helpless | 8 | 7 | | 1 | 8 | 8 | |
| Total | **181** | **182** | **7** | **9** | **188** | **191** | **379** |

*Source: SSU Bheri Zonal Hospital*

Issues facing this SSU

The following challenges were identified in relation to the operation of this SSU:

- Each Friday the hospital issues large quantities of medicines to its wards and emergency department to distribute free of cost. These medicines are intended for the target group and emergency patients. The quantity and value of these medicines reportedly far exceeds the quantity and cost of medicines so far provided through the SSU. There is no system in the hospital store, departments and wards to track the distribution of these medicines and some are reportedly wasted. The store needs to institute a simple system - similar to that used by the laboratory and investigation units - for recording the

[9] Note: This report refers to two kinds of annexes — the annexes of the SSU guidelines and the annexes of the current report. To avoid confusion the annexes of the current report are referred to as 'Appendix'; e.g. Appendix 1.

distribution of these medicines. Moreover, the flow of free medicines should ideally only be through the SSU to avoid duplication.

- The supply of medicines from the Sajha-run medical store (which is open 24 hours) can be approved only by the medical superintendent while the SSU can only approve medicines from the hospital store, which opens only between 10 am and 5 pm. This limits the SSU's ability to provide services outside of government working hours.
- It has been difficult for the SSU to find out the prices of medicines from the store. (The consultant initiated joint meetings of store and accounts section staff with SSU staff to address this problem and there are indications that levels of cooperation have improved.)
- The same patient is recorded as having used SSU services repeatedly when they require more than one type of service (e.g. investigation, medicines, operations) thus leading to double, or greater, counting in the records.
- The names of beneficiaries are displayed regularly on the SSU's noticeboard, but without understanding the purpose of this which is to discourage non-poor people from claiming subsidised treatment. More discussions are needed on the best way to display patient names. There was some confusion within the SSU about the minimum age for qualifying as a senior citizen, and whether free and partially free treatment can be provided to people with minor disabilities.

## 2.3 WESTERN REGIONAL HOSPITAL

The Western Regional Hospital is located in Kaski District and also serves the surrounding districts of Mustang, Manang, Tanahun, Syangja, Baglung, Parbat and Myagdi. The hospital has a total annual patient load of over 165,000. The government recently approved an increase in the capacity of this hospital to 500 beds, which means it will soon become one of the largest government hospitals in Nepal.

An INGO, the International Nepal Fellowship (INF), has been operating a Social Care Unit (SCU) in the hospital since early 2012 as part of its capacity building support. Two full time staff run the unit between 10 am and 5 pm six days a week. The SCU has been providing free and partially free services to target groups for more than a year. The process of establishing a SSU in accordance with the official guidelines began with the signing of a contract with INF in July 2013 for the supply of six SSU facilitators. The SSU took over the work of the SCU at the end of July 2013.

### Staff, skills and structure

The hospital appointed an officer from its records section as SSU chief and an office assistant is expected to join soon. The six facilitators, five of whom are female, assumed responsibility for the SSU upon its establishment at the end of July 2013.

The newly appointed SSU chief and facilitators have been oriented on the SSU guidelines and provided with preliminary training on the new MIS. Two facilitators have basic knowledge of medicines and were familiar with the hospital's systems as they had previously worked in the INF-run SCU. This could however prove disadvantageous unless they adapt to working under the new system under the SSU guidelines. One of them has a working knowledge of Microsoft Excel.

Since this SSU had only just begun work at the time of the assessment, it was too early to assess levels of team working and how far authority for providing free and partially free services had been delegated.

Office space, visibility and accessibility

An office room outside the OPD building had been provided and equipped with the necessary furniture and a computer. The SSU chief, however, was sitting at his records section desk and indicated that he would continue to work from there. The facilitators were using the newly allocated room in addition to the rooms that had housed the SCU.

Basic information on free and partially free services, a listing of target groups and processes and supporting documents needed to access services were not displayed on the hospital's citizen's charter or on other display boards at the time of the consultant's visit. The unit was expecting to acquire uniforms for its facilitators and staff in the near future. A front desk for service provision was also expected to be in place in the near future.

Staff working in hospitals, primary health care centres, health posts and sub-health posts in the region had been informed about the availability of free and partially free services for target group patients. Interviews with selected patients revealed that the single most important source of information was regional hospital staff and health facilities in the surrounding districts. In some cases, the information on free and partially free services was said to have come from patients who had already accessed this service. Most patients interviewed knew about free or partially free service before coming to the hospital.

Coordination and communication

It was too early to assess the extent to which the unit was coordinating and communicating with other departments and units for the provision of free or subsidised services. The INF-run SCU depended on departments and units to provide these services outside of office hours (10 am to 5 pm). It was noted that the required SSU forms were not being completed correctly by the various departments and units.

Recording and reporting

Different departments of the hospital (intensive care unit [ICU], OPD, inpatient and emergency) were using different forms for recording the provision of free and partially free services. The compilation of these forms required considerable effort and coordination. The ICU and emergency department were using the old version of Annex 2 of the guidelines while the OPD and hospital wards were using the outdated version of Annex 3. None of the forms seen had been fully filled in fully making their usefulness questionable. None of the new forms recommended in the SSU guidelines were in use.

The use of a separate budget heading for hospital staff's free medical treatment was being discussed but had not yet been finalised. No separate budget provision had been made for free services to prisoners. Among the patients served by the SCU, people living with HIV (PLHIV) formed a significant proportion and it is probable that this will under the SSU. It was noted that PLHIV are not a target group under the SSU guidelines.

Service provision

As the SSU had only just started operations, this assessment only collected data on the number of patients served by the SCU between mid-July 2012 to mid-July 2013 (BS 2069) (Table 4). Within this period the SCU provided 4,271 patient-visits with free or partially free services. It was noted that the SCU categorised this data in accordance with SCU guidelines and HMIS groupings. Other details of patient-visits data for BS 2069 are given in Table 5.

**Table 4: No. target group patients served by Western Regional Hospital SCU by social grouping (Mid-July 2012 to mid-July 2013)**

| Guidelines target groups | Number served | HMIS group | Number served |
|---|---|---|---|
| Poor | 3,094 | Dalit | 1,436 |
| Ultra poor | 408 | Disadvantaged Janajati (ethnic group) | 548 |
| Helpless | 121 | Terai disadvantaged groups | 69 |
| Persons with disability | 131 | Religious minorities | 21 |
| Senior citizen | 502 | Relatively advantaged Janajati | 514 |
| Female Health Volunteer | 15 | Upper caste groups | 1,683 |
| **Total** | **4,271** | **Total** | **4,271** |

*Source: Data collected by Dr Giridhari Poudel, Regional Coordinator, NHSSP*

**Table 5: Other details on no. target group patients served by Western Regional Hospital SCU (Mid-July 2012 to mid-July 2013)**

| Other details | Number served |
|---|---|
| **Department used** | |
| Emergency | 295 |
| Outpatient | 1,252 |
| In-patient | 2,724 |
| **Patients' gender** | |
| Male | 1,911 |
| Female | 2,360 |
| **Patients' place of residence** | |
| Rural (VDC) | 2,657 |
| Outside Kaski district | 2,234 |

*Source: Data collected by Dr Giridhari Poudel, Regional Coordinator, NHSSP*

Issues facing this SSU

The SSU had just been established, with an officer from the hospital's records section appointed as unit chief, two senior facilitators from the INF-run SCU and four new facilitators. The INF-trained senior facilitators expressed dissatisfaction with the space provided to them (only one room). They also shared their doubts as to whether they would be able to function effectively as a team under the newly designated chief.

Based on preliminary meetings with the facilitators and hospital officials, the SSU appears likely to face the following challenges:

- Developing effective leadership, teamwork, communication and coordination within the SSU.
- Coordination with departments and units for providing 24 hour services.
- The standardisation of processes and forms used in service provision.
- Arranging realistic workloads and schedules for the facilitators. There is currently no provision for leave for the facilitators. An understanding needs to be reached in this area.

## 2.4 SETI ZONAL HOSPITAL

Seti Zonal Hospital is located in Kailali District of the Far Western Development Region. In addition to Kailali District the hospital serves patients from all other districts of the Far West. The patient load varies from 250 to 300 per day. The SSU was established in the first week of April 2013 and has been functional since that time.

### Staff, skills and structure

An officer-level medical staff member was appointed as the SSU chief. He was dedicating most of his time to the SSU, but also had several other responsibilities. A local NGO working in the health sector (Nepal Health Vision Care) had been contracted to provide facilitation services. This NGO had assigned seven facilitators (one more than agreed in the contract) with four providing services in the morning (8 am-1 pm) and three covering the afternoon shift (1 pm-7 pm). The team of facilitators was well balanced in terms of gender and ethnic diversity including four women, three Tharus, (including Dangaura and Rana Tharus) and one other Janajati.

The medical superintendent and other relevant staff had been oriented on the SSU guidelines and the outsourcing of facilitation services to NGOs. SSU members had also received orientation on these guidelines, including their specific roles and responsibilities, and were demonstrating good commitment to their work.

They had also received basic instruction and coaching on the use of medicines. A few had developed skills in using Microsoft Word and one had been made responsible for documenting daily SSU activities using this software.

The SSU was working well as a team with very good leadership and internal communications and high levels of motivation. The unit was holding meetings every two to three weeks.

### Office space, visibility and accessibility

A 50 $ft^2$ room had been allocated for the SSU and equipped with essential furniture and equipment. However, this room is much too small for its intended purposes and hospital management was considering how best to address the issue. The room adjoins the registration room and is highly visible to patients. Each facilitator had been provided with a uniform with ‘SSU facilitator’ printed on it.

The six target groups eligible for free or partially free services were listed on the wall by the side of the SSU service window — clearly visible to patients – and immediately adjacent to the patient registration window.

The hospital's management had organised and supported a number of events to inform the general public about the free and partially free services. Almost all the patients interviewed were aware of the availability of free services. Many patients from neighbouring districts said they had learned about the free services in their villages. The hospital staff reported an increase in target group patient numbers in the last few years and attributed this to various information campaigns. A systematic study needs to be carried out to ascertain where patients find out about free and partially free services.

Coordination and communication

This SSU had been coordinating and communicating with all hospital departments and units concerning free and partially free services. Hospital departments and wards had also cooperated well with the SSU. The SSU sub-committee was seen as helpful and supportive.

The unit had done a remarkable job of preventing wastage of medicines. A doctor generally prescribes medicines to patients for a week or several days. However, many patients either do not need the full prescription (excepting antibiotics and some other drugs) or another doctor on duty changes the medicines, thus removing the need for the earlier-prescribed drugs. Potentially this can lead to large quantities of medicines going to waste, but the SSU has taken responsibility to prevent such wastage. To this end, SSU members regularly visit all wards to ensure that surplus medicines are collected and stored for later distribution. This requires good coordination with the Sajha-run medicine store. Frequently, and in consultation with doctors, SSU facilitators rework prescribed doses in order to reduce wastage – but without compromising the quality of treatment - and they routinely monitor whether doctors have changed prescriptions or dosages for individual patients.

Recording and reporting

This SSU had recorded details of each patient receiving free or partially free services in a Microsoft Word document but without much understanding of information management and SSU reporting requirements. It was therefore difficult to extract meaningful information from these records. The adoption of the new SSU MIS should facilitate improved recording and reporting for Nepalese fiscal year 2070/71 (2013/14).

The hospital had earlier provided free services to freed Kamaiyas, single women, landless squatters (sukumbasis) and people living with HIV/AIDS. These groups are not specifically targeted under the SSU guidelines. However an understanding was reached to provide free or partially free services to patients from these groups, so long as they also qualified as poor or ultra-poor.

It was found that the hospital's record keeping section needed to be kept better informed of SSU activities. In order to facilitate this, the consultant initiated an interaction between the records officer and the SSU. The records officer was updated on the new MIS and an agreement was reached to coordinate and cooperate on a regular basis.

Service provision

The target patients interviewed said they appreciated the new developments and support provided by the SSU. The hospital's doctors, nurses and other medical staff expressed relief that they no longer had to manage the burdensome task of administering free and partially free care. As of June 15, 2013 (nearly two months after establishment) the SSU had served more than 600 patients (see

Table 6 for breakdown) and spent more than NPR 500,000 on medicines and NPR 60,000 on investigative tests.

**Table 6: No. target group patients served by Seti Zonal Hospital SSU by social grouping (Mid-May to 15 June 2013)**

| Target groups | Approximate no. served | Target groups | Approximate no. served |
|---|---|---|---|
| Poor | 330 | Ultra poor | 50 |
| Helpless | 35 | Persons with disability | 35 |
| Senior citizen | 150 | Female health volunteers | 20 |
| Single women | 5 | Survivors of gender based violence (GBV) | 0 |

Issues facing this SSU

- Recording the cost of medicines requires good coordination with the hospital's Sajha-run medical store. Currently, the costs of medicines distributed are collected every month. However, the newly installed MIS will require their daily recording.
- The current SSU room is too small and more space is needed.
- The number of facilitators (seven) appears high for the number of patients who are served daily (around 20) and compared to the number of facilitators in other hospitals with higher patient loads such as Bheri Zonal Hospital, Western Regional Hospital and Bharatpur Hospital.
- These facilitators are not entitled to leave and some arrangement needs to be made to address this issue.

### 2.5 BIR HOSPITAL

MoHP officials and NHSSP staff met with key Bir Hospital personnel in March 2013 to discuss the establishment of a SSU and in June 2013 to orientate hospital staff on the SSU guidelines. However, a SSU has yet to be established at the hospital. The consultant's discussions with the hospital director, the under-secretary responsible for free and partially free services at MoHP and the chairperson and volunteers of Sanjivani Sewa Sangh (the NGO that has supported poor and helpless people to access care in this hospital for decades) indicated that the process of initiating a SSU had stalled due to differences of understanding and opinions among key actors. It was not therefore possible to collect any baseline information.

This hospital has been spending social protection budget in accordance with its existing system as follows:

- the doctors on duty initially recommend individual patients for free and partially free services;
- the concerned department head endorses each doctor's recommendation; and
- depending on the type of target group, final approval is granted by either the under-secretary or hospital director.

All cases related to 'helpless' and ultra-poor and poor patients were approved by the director with other cases being delegated to the under-secretary.

The form in Annex 2 of the SSU guidelines is used to identify target group patients. In some cases, Sanjivani Sewa Sangh volunteers fill out this form. However, even in such instances, the majority of information required tends not to be provided. Recording and reporting appear to be major challenges in the provision of subsidised care at Bir Hospital.

# 3 M&E FRAMEWORK FOR ASSESSING SSU PERFORMANCE

As a part of this assignment, the consultant developed an M&E framework for SSUs including indicators for monitoring and evaluation, a management information system (MIS) and other components of a M&E system.

## 3.1 MONITORING AND EVALUATION INDICATORS

Twenty-six indicators have been developed to guide and inform the monitoring, recording and reporting of SSU performance (see Appendix 1). These indicators relate to capacity, processes, results and outcomes. The outcome indicators (Appendix 1, Format 4) are for final performance assessments of pilot SSUs planned for the second trimester of fiscal year (FY) 2071/2072 in early 2015. The indicators related to capacity, processes and results are intended to be monitored, recorded and reported against regularly by the SSU MMU (MoHP) during six-monthly monitoring visits.

The indicators have been designed to capture SSU performance using a scoring system as envisaged in the guidelines. Thus:

- If progress against an indicator is fully in line with the expected or prescribed ideal, then the evaluator records 'very good' and gives a score of 4.
- Intermediate results are scored as good (3) or poor (2).
- If progress is not at all as expected or prescribed, then the evaluator records 'very poor' and gives a score of 1

The four standard formats covering the 26 indicators are given in Appendix 1 of this report.

## 3.2 SSU MANAGEMENT INFORMATION SYSTEM

Information management has been one of the weakest aspects of the provision of free and partially free health services. Unless a suitable system is in place it will not be possible to monitor and report on SSU performance. As noted above, a simple MIS has been developed and reporting forms prepared.

The MIS starts with a patient assessment form, which is a modified version of the current Annex 2 of the SSU guidelines (see Appendix 2). Once a decision is taken to provide free or partially free services, the patient's particulars are entered into the daily transaction register (see Appendix 3). These records are then entered into the Excel application which automatically generates quantitative monthly, trimester and annual reports (see Appendix 4). The reporting unit (the SSU or SSU sub-committee) then adds relevant qualitative data (e.g. issues faced, steps taken, requests for support).

All this information can be extracted readily by any person competent in Excel using the sorting and filtering tool. Most SSU staff are reported to lack this competency at the moment, although those met during the assignment were provided with basic orientation and guidance.

## 3.3 MONITORING, EVALUATION AND REPORTING

The proposed monitoring and evaluation system for SSUs is as follows:

- monthly meetings and monthly report preparation by SSU staff and facilitators;

- trimesterly (4 monthly) and annual meetings and reports by SSU sub-committees;
- six monthly monitoring visits to all the hospital SSUs by the SSU MMU;
- six monthly workshops attended by medical superintendents and chiefs of all SSUs; and
- final evaluations of the pilot SSUs towards the end of 2014 or beginning of 2015.

Monthly meetings and reporting

The SSU guidelines advise that each SSU should meet twice a month to discuss progress made and problems faced. However, the consultant recommends holding these meetings once a month so as not to overload staff. These meetings should involve all facilitators and staff with the day and time of meetings decided by SSU chiefs so as not to affect regular service provision to target group patients. These meetings should be held immediately prior to submitting monthly reports to the SSU sub-committee. Since the quantitative part of the report (Appendix 4) will be automatically generated, these meetings will mostly involve completion of the qualitative section of the report. Once completed the full report should be submitted to the sub-committee, which should then verify the information and take any necessary action within its control.

Trimester and annual reporting

The SSU guidelines recommend that SSU sub-committees should review progress made and problems faced each trimester (4 months) so as to coincide with trimesterly reporting requirements. In addition to addressing local concerns, these meetings should aim to identify any support required from the central level SSU MMU. Given the ready availability of computer generated quantitative data, these meetings should also address qualitative aspects of SSU functioning and performance. The complete reports should then be sent by the SSU sub-committee to the SSU MMU.

SSU sub-committees should also submit an annual report by the first week of Shrawan (around 22 July). After studying these reports, the SSU MMU should take necessary actions and inform the SSU sub-committee accordingly.

Six monthly monitoring visits

Representative(s) from the SSU MMU should visit all SSU pilot hospitals twice a year, interview SSU and SSU sub-committee members, the chairpersons of hospital development committees, other medical and non-medical staff, and the facilitating NGOs' staff and take any necessary action. During these visits, the MMU representatives should assess the SSUs based on their capacity, processes followed and progress made against standard indicators (see Appendix 1).

The 26 indicators identified have been framed so as to remove the need for additional checklists. However, if SSU MMU staff prefer, a checklist (as suggested at Appendix 5, or a modified version of it) can be used during monitoring visits. Extracting information for some of the indicators, from the new MIS will, as noted above, require Microsoft Excel competency. An arrangement may be needed in the short term to involve other personnel in extracting this information until SSU staff can be capacitated in this area.

At the end of each monitoring visit, the SSU MMU team should provide the SSU sub-committee with feedback on their findings and recommendations.

Six monthly workshops

The SSU MMU is advised to organise two-day workshops for medical superintendents and SSU chiefs at convenient locations twice a year. The MMU should select one or two major issues facing SSUs to head up the agenda. Besides working on these issues and deciding on strategies to address them, these workshops will also allow participants to share progress and problems and learn from one another. The outcome of these workshops should be summarised in brief reports and disseminated to all SSUs.

Final evaluation of pilot SSUs

A comprehensive evaluation of the pilot SSUs will be undertaken during the second trimester of FY BS 2071/72 (in early 2015). Besides verifying the information generated by the MIS and other regular reports, this evaluation should assess achievements against outcome indicators (see Appendix 1, format 4). A survey of target group patients in both pilot and non-pilot hospitals should be included in the evaluation. The results of this assessment will be used to guide the future course of action regarding the pilot SSUs and the establishment of additional SSUs.

The evaluation could be outsourced to an independent external agency. If so, MoHP and NHSSP will need to prepare detailed terms of reference for the assignment.

## *4 BASELINE SITUATION TO MONITOR SSU PERFORMANCE*

This section presents the baseline status of SSUs in three of the five selected hospitals using the capacity and process indicators listed in Tables 7 to 12 below. Baseline data were not collected at Bir Hospital, which has yet to establish an SSU, nor at Western Regional Hospital which had only just created a SSU by the time of the assessment.

It should be noted that it was not possible to establish baselines for results indicators. The SSU MMU needs to do this in the next few months using data from the new MIS following which targets for the two year pilot can be set with respect to capacity, process and results. Six monthly monitoring visits by the SSU MMU will then compare the performance of the SSUs with baselines and targets.

4.1 BHARATPUR HOSPITAL

**Table 7: Capacity of Bharatpur Hospital SSU**

| | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU is adequately and appropriately staffed (one officer level full-time unit chief, one office assistant, an adequate number of facilitators, with good balance in terms of gender and local ethnic diversity) | One SSU officer level chief (de jure chief) and one SSU non-officer level deputy chief (de facto chief). One female support staff. Four facilitators (three women) from local NGO. Number of facilitators is inadequate during peak times | 4 |
| 2 | All SSU staff fully understand the guidelines, their roles and responsibilities and hospital systems | Confusion regarding guidelines, roles and hospital systems among facilitators and staff | 2 |
| 3 | SSU has capacity to use recording and reporting formats and Microsoft Excel based MIS | SSU deputy chief and one facilitator have some skills in the use of the Excel based MIS, but they are insufficient | 3 |
| 4 | SSU works as a team with demonstrated leadership, good communications and high motivation to achieve the unit's mission | SSU is yet to develop into a fully functional team. There are serious communication and leadership gaps that affect facilitator motivation | 1 |
| 5 | SSU is well equipped with necessary space, furniture, computers, and supplies | The SSU has enough space, equipment and furniture but needs a landline phone connection | 3 |
| 6 | SSU is well supported by the SSU sub-committee and hospital units/departments | SSU sub-committee needs to delegate increased authority and improve guidance and supervision | 2 |
| | **Total score** | | **15** |
| | **Percentage (out of 24 full score)** | | **63%** |

**Table 8: Process: Bharatpur Hospital SSU**

| | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU working and reporting schedules are followed strictly | SSU deputy chief is not available after 2pm and facilitators need to go to the administrative building for approvals thus affecting services | 2 |
| 2 | Patient-wise documentation is kept well, prescribed forms and records filled in appropriately and reports prepared on time | The form used to identify poor patients is not kept at the SSU and patient-wise filing of forms has yet to be introduced | 2 |
| 3 | Prescribed authorities for fully free and partially free service are fully delegated to SSU | Authority for approving free medicines lies with the medical superintendent. This often delays the timely provision of services to target groups. Problems evident in gaining approvals for X-rays and operations | 2 |
| 4 | Expenditure per patient is regularly recorded and budget ceiling is strictly followed | Expenditure per patient is recorded about once a month and budget ceilings are usually followed | 3 |
| 5 | Target group patients unaccompanied by informed family members or acquaintances are well supported and facilitated | Unaccompanied target group patients are often helped but sometimes during peak times it is difficult for facilitators to do this | 3 |
| 6 | Effective coordination and communication is maintained with SSU sub-committee and other departments, including the one-stop crisis centre, where applicable, and for round-the-clock service provision to the target groups | Poor coordination and communication even between SSU staff and facilitators. A proactive approach for better coordination and communication with wards and other departments has just been initiated | 1 |
| 7 | The names of persons receiving partial or full free service are displayed in a public place to discourage the use of the service by well-off persons | Public display of beneficiaries not done. Purpose of this not understood and internalised | 1 |
| | **Total score** | | **14** |
| | **Percentage (out of 28 full score)** | | **50%** |

## 4.2 BHERI ZONAL HOSPITAL

**Table 9: Capacity of Bheri Zonal Hospital SSU**

| | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU is adequately and appropriately staffed (one officer level full-time unit chief, one office assistant, adequate number of facilitators with balance of gender and local ethnic diversity) | A female officer level SSU chief and four female facilitators (one with medical background, one from Tharu community, two with knowledge of Awadhi language). Currently hiring an office assistant. | 4 |
| 2 | All SSU staff fully understand the guidelines, their roles and responsibilities and hospital systems | SSU staff demonstrated good understanding of guidelines, responsibilities and hospital systems, but greater clarity is still required | 3 |
| 3 | SSU has capacity to use recording and reporting formats and Microsoft Excel based MIS | One facilitator can use Microsoft Excel based MIS for recording and reporting and her spouse supports her in this task | 3 |
| 4 | SSU works as a team with demonstrated leadership, good communication and high motivation to achieve the unit's mission | SSU chief provides good leadership. Communication among facilitators and the chief is good and all show good job motivation | 4 |
| 5 | SSU is well equipped with necessary space, furniture, computers, and supplies | Except for a phone landline, the SSU is fully equipped and has a good working space | 3 |
| 6 | SSU is well supported by the SSU sub-committee and hospital units/departments | The medical superintendent has delegated all necessary authorities and is ready to support the SSU | 3 |
| | **Total score** | | **21** |
| | **Percentage (out of 24 full score)** | | **88%** |

**Table 10: Process: Bheri Zonal Hospital SSU**

| | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU working and reporting schedules are followed strictly | SSU working only one shift from 8 am to 2 pm. Reporting is a concern | 2 |
| 2 | Patient-wise documentation is kept well, prescribed forms and records filled in appropriately | SSU instructed to do patient-wise documentation. Staff have been filling in old forms and creating daily records and reports | 2 |
| 3 | Prescribed authorities for fully free and partially free service are fully delegated to SSU | Full authority delegated to the SSU which attempts to comlly with budget ceilings. However, lack of cost calculations makes it difficult to monitor compliance with budget ceilings | 4 |
| 4 | Expenditure per patient is regularly recorded and budget ceiling is strictly followed | Recording of expenditure per patient is yet to begin, but budget ceilings are usually followed | 2 |
| 5 | Target groups unaccompanied by informed family members or acquaintances are well supported and facilitated | Facilitators support unaccompanied patients as required | 3 |
| 6 | Effective coordination and communication is maintained with SSU sub-committee and other departments, including with the one-stop crisis centre, where applicable, and for round-the-clock service provision to the target groups | Good coordination, but SSU facilitators need more proactive coordination and communication with different wards and departments | 3 |
| 7 | The names of persons receiving partial or full free service are displayed in a public place to discourage the use of the service by well-off persons | The display of beneficiaries is done daily on a whiteboard, but without fully understanding its purpose. There are signs that this has not discouraged well-offs from accessing free and partially free treatment | 2 |

| | | | |
|---|---|---|---|
| | **Total score** | | **18** |
| | **Percentage (out of 28 full score)** | | **64%** |

4.3 SETI ZONAL HOSPITAL

**Table 11: Capacity of Seti Zonal Hospital SSU**

| | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU is adequately and appropriately staffed (one officer level full-time unit chief, one office assistant, adequate number of facilitators with balance of gender and local ethnic diversity) | Officer-level unit chief with medical background. Seven facilitators (four female) representative of local ethnic diversity and good backgrounds in basic health. No office assistant. | 4 |
| 2 | All SSU staff fully understand the guidelines, their roles and responsibilities and hospital systems | All staff and facilitators have a good working understanding of guidelines, their roles and hospital systems. | 4 |
| 3 | SSU has capacity to use recording and reporting formats and Microsoft Excel based MIS | One facilitator has some skills in Microsoft Excel and can do recording and reporting. | 3 |
| 4 | SSU works as a team with demonstrated leadership, good communication and high motivation to achieve the unit's mission | Good leadership of SSU chief and leader of facilitators. All working as team with good motivation. | 4 |
| 5 | SSU is well equipped with necessary space, furniture, computers, and supplies | The space currently provided is insufficient but the office is well furnished and equipped. | 3 |
| 6 | SSU is well supported by the SSU sub-committee and hospital units/departments | The sub-committee and other departments have supported the SSU and its facilitators well. | 4 |
| | **Total score** | | **22** |
| | **Percentage (out of 24 full score)** | | **92%** |

**Table 12: Process: Seti Zonal Hospital SSU**

| | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU working and reporting schedules are followed strictly | Working schedules are followed strictly but reporting needs improving. | 3 |
| 2 | Patient-wise documentation is kept well, prescribed forms and records filled in appropriately and reports are prepared on time | Documentation is generally good with information kept in Word documents. | 3 |
| 3 | Prescribed authorities for fully free and partially free services are fully delegated to the SSU | Medical superintendent has delegated all necessary authority to the SSU whose chief has made good arrangements with the medical store, departments and units and facilitators for uninterrupted services to targeted patients even in his absence. | 4 |
| 4 | Expenditure per patient is regularly recorded and budget ceiling is strictly followed | Just started to record expenditure per patient. Have generally followed budget ceilings well. | 2 |
| 5 | Target groups unaccompanied by informed family members or acquaintances are well supported and facilitated | Have demonstrated high sensitivity to unaccompanied target group patients. | 4 |
| 6 | Effective coordination and communication is maintained with SSU sub-committee and other departments, including with the one-stop crisis centre, where applicable, and for round-the-clock service provision to target groups | Have taken a proactive stand on coordination and communication and have coordinated very well. Have done a remarkable job of preventing wastage of medicines by departments, units and patients through better coordination. | 4 |
| 7 | The names of persons receiving partial or fully free services are displayed in a public place to discourage the use of the service by well-off persons | Display of beneficiaries not done. Some guidance on the whys and hows of this is needed. | 1 |

| | | | |
|---|---|---|---|
| | **Total score** | | **21** |
| | **Percentage (out of 28 full score)** | | **75%** |

# *5 CAPACITY BUILDING NEEDS OF SSUS*

The capacity of SSUs can be enhanced through improvements in systems, decision making structures, and job related knowledge and skills. This chapter describes the capacity building needs of the SSUs as identified by the consultant.

## 5.1 IMPROVING SYSTEMS AND FORMS

Ideally, hospitals should operate a comprehensive MIS able to track key performance indicators across the full range of services offered, including those by SSUs. A number of the hospitals assessed during the assignment had adapted generic software for selected purposes but were unable to track SSU performance. In general, information related to free or partially free services was not recorded or recorded improperly and incompletely. Improving hospitals' overall MIS – to include fully integrated SSU monitoring – will require substantial resource inputs and time, and could be considered as a longer term goal for MoHP.

As noted, staff at newly established SSUs have started recording data in the dedicated SSU-MIS developed as a part of this assignment. Preliminary orientation and training of staff met have been carried out and data entry began at the start of Nepali fiscal year BS 2070/71 (mid-July 2013). However SSU staff still need improved skills in the use of Microsoft Excel and better understanding of the MIS and M&E framework. Capacity building in these areas is recommended in the short term.

Another area requiring improvement is the coordination of processes and compilation and synthesis of forms used during the provision of free and partially free services. Hospitals visited were found to be using different processes and forms leading to significant inefficiencies, duplication of efforts and resources. Improving levels of coordination of processes and compilation and synthesis of reports will require significant effort, time and resources but is recommended for action in the medium term.

## 5.2 IMPROVING DECISION MAKING STRUCTURES

There is clear scope for improving decision making for the dispensing of free and partially free services. Current structures involve inputs from multiple personnel: medical superintendents, SSU staff (facilitators, SSU chiefs and deputy chiefs), medical staff and personnel from medical stores, laboratories, wards and departments. There is an urgent need to design a more effective and efficient decision making and approvals mechanism.

By way of example, the lack of delegation for approving free or partially free medicines by the medical superintendent at one hospital had clearly hampered timely service delivery to patients. The posting of a de facto SSU chief lacking the requisite level of authority in the same hospital also impacted on SSU functioning.

Any improvements in decision making structures should be made in full cogniscence of proposed revisions to SSU processes and forms as described in section 5.1 and should be implemented concurrently.

## 5.3 IMPROVING SKILLS AND KNOWLEDGE

The consultant’s interviews with hospital staff, SSU facilitators, hospital development committee chairpersons and facilitating NGOs identified a number of gaps in requisite knowledge and skills that require attention. In general, personnel involved in running and managing SSUs need to be trained on:

- the proper use of the new MIS and the M&E framework;
- the use of Microsoft Excel spreadsheets;
- advanced Microsoft Excel spreadsheet skills;
- basic counselling skills (for survivors of gender based violence and patients in critical condition);
- interpersonal skills, especially focusing on how to handle 'difficult' patients;
- basic awareness on medicines (names, uses, doses) and hospital systems; and
- concepts and practices of gender and social inclusion (including the HMIS disaggregated classifications of beneficiaries) to enable them to better understand the broader context and importance of the work they are undertaking.

It is further recommended that exchange visits be organised to other hospitals to facilitate peer centred learning.

In the case of Bharatpur Hospital, additional orientation on the guidelines is needed for SSU staff, facilitators and other relevant staff.

## 6 FEEDBACK ON SSU GUIDELINES, 2012

Direct feedback on the SSU Guidelines, 2012 was gathered from stakeholders in the five hospitals visited with a particular focus on their practicality and applicability. This feedback is laid out chronologically below in accordance with the clauses in the guidelines:

### 6.1 INSTITUTIONAL MECHANISM

**Definition of poor and ultra-poor** — The definition of poor and ultra-poor (Clause 1.3b) is not very clear. Measuring the nutrition level of a patient is impractical.

**Facilitators** — Some hospital managements have resisted the hiring of a facilitating NGO in favour of appointing government staff. This could be because of the following clauses:

- Clause 1.3 (k):"Facilitators are persons appointed by the government, NGOs and the private sector to facilitate and support promotional activities and documentation at social service units. These persons shall be primarily accountable to patients."
- Clause 2.1.1 (b) 2 says that facilitators can be persons who have worked with governmental, non-governmental and social agencies.

Given that the guidelines place a strong emphasis on involving locally active and appropriate NGOs in facilitating SSUs, it is recommended that the above clauses be revised to rule out the possibility of appointing government staff to this role.

**SSU meetings**: Clause 2.1.7 calls for twice monthly staff-facilitator meetings. The study found that the convening of so many meetings is not realistic and was not being practiced. It is recommended that meetings be held monthly and that this clause be revised accordingly.

**Facilitator salaries** — A note under clause 2.1.2 authorises hospital development committees to decide on the salaries and benefits for facilitators provided by the collaborating NGO. Based on this, the regional hospital in Pokhara was proposing to pay salaries and benefits more than twice those in Dhangadhi, Nepalgunj and Bharatpur. It took intensive intervention and facilitation by NHSSP's GESI advisor and a MoHP officer to reduce the salary and benefits to a more realistic level. Considering the likelihood of this clause being interpreted differently in different places, additional qualifying statements are recommended to guide the SSU sub-committees. The practices and employment packages followed by district development committees when recruiting facilitators could be used as a model here.

**Hiring office assistants** — Another point under clause 2.1.2 relates to the hiring of office assistants. In Seti Hospital, there was confusion over whether the person was to be hired using MoHP grant funding or hospital development committee funding. This point should be clarified.

### 6.2 IDENTIFYING TARGET GROUP PATIENTS

**Identifying target group patients** — The form used to identify target group patients (Annex 2 of the guidelines, referred to in clause 3.1.5) is too long (2 pages) and not very useful. Filling in the form completely and accurately does not automatically lead to an accurate economic classification of the patient. Even when the form is filled out fully and correctly, facilitators must still use their subjective judgment to classify a patient.

Among the four SSUs in operation, only Seti Zonal Hospital was using the form but, even here, the reliability of information seemed questionable. Bir Hospital had adopted the form but most fields were left blank. In Western Regional Hospital, only the surgical department was using it. It is recommended that an improved and simplified version of the form be adopted (see Appendix 2).

**Per patient costs** — The rules for controlling per patient costs at Clause 2.1.7 (5) were seen as largely impractical and occasionally harsh. For example, it is known that some patients will require a blood transfusion once a month, but according to the applicable rule, they may only receive free services twice in a year. This rule will therefore inevitably result in a number of patient deaths.

It was also noted that if a poor patient comes to the hospital twice a year and is prescribed medicines worth only a few hundred rupees, he/she will be prevented from accessing free services again in the same year, even if they require only minor and low cost treatment. The approach adopted to control access to services from two fronts (total cost and frequency of support) is not seen as particularly practical.

Another difficulty is that the prescribed subsidy limit per patient is calculated only after deducting the cost of free services provided at district hospitals. It is recommended that this clause be reviewed in the light of such experience and reformulated to better meet its intended purposes of protecting the poorest and marginalised.

### 6.3 MONITORING AND EVALUATION

**M&E clauses** — Clauses 5.1, 5.2 and 5.3 as well as their related annexes, need to be modified in line with the proposed M&E framework outlined in Chapter 3 of this report. In particular, Annexes 6, 7 and 8 of the guidelines need to be revised to be more practical and workable.

**Emergency register format** —It was noted that the emergency register format (Annex 7 of the SSU guidelines) was not being used in any of the five hospitals. From an MIS perspective it will be preferable for both emergency and in-patient departments to use the same form which should be the basis of the main SSU register (see Annex 8 of the guidelines).

**Patient register** — Appendix 3 of this report is a modified version of the main register which is recommended for use by SSUs. Appendix 4 is the proposed format for regular reporting by SSUs and SSU sub-committees.

*APPENDIX 1: INDICATORS FOR MONITORING THE PERFORMANCE OF HOSPITAL-BASED SSUS*

*Note: These indicators are only for monitoring the performance of pilot SSUs, but provide a basis for the future monitoring of SSUs countrywide. Score formats 1–3* from 4 (very good) to 1 (very poor).

## *SSU Monitoring Format 1: Capacity*

| No. | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU is adequately and appropriately staffed (one officer level full-time unit chief, one office assistant, adequate number of facilitators with balance of gender and local ethnic diversity) | | |
| 2 | All SSU staff fully understand the guidelines, their roles and responsibilities and hospital systems | | |
| 3 | SSU has capacity to use recording and reporting formats and Microsoft Excel based MIS | | |
| 4 | SSU works as a team with demonstrated leadership, good communication and high motivation to achieve the unit's mission | | |
| 5 | SSU is well equipped with necessary space, furniture, computers, and supplies | | |
| 6 | SSU is well owned and supported by the SSU sub-committee and hospital units/departments | | |
| | **Total score** | | |
| | **Percentage (out of 24 full score)** | | **%** |

## *SSU Monitoring Format 2: Adherence to Rules (Process)*

| No. | Indicator | Current status | Score |
|---|---|---|---|
| 1 | SSU working and reporting schedules are followed strictly | | |
| 2 | Patient-wise documentation is kept well, prescribed forms and records filled in appropriately | | |
| 3 | Prescribed authorities for fully free and partially free service are fully delegated to SSU | | |
| 4 | Expenditure per patient is regularly recorded and budget ceiling is strictly followed | | |
| 5 | Target groups unaccompanied by informed family members or acquaintances are well supported and facilitated | | |
| 6 | Effective coordination and communication is maintained with SSU sub-committee and other departments, including with the one-stop crisis centre, where applicable, and for round-the-clock service provision to the target groups | | |
| 7 | The names of persons receiving partial or full free services are displayed in a public place to discourage the use of the service by well-off persons | | |
| | **Total score** | | |
| | **Percentage (out of 28 full score)** | | **%** |

## *SSU Monitoring Format 3: Results*

*Note: The target percentages are yet to be fixed in formats 3 and 4.*

| | Indicator | Current status | Score |
|---|---|---|---|
| 1 | The specified target groups consist ....% of patients benefiting from free or partially free services and consume ….% of total hospital budget | | |
| 2 | The proportion of beneficiaries with valid ID cards or letters from appropriate institutions confirming their beneficiary identity is ....% | | |
| 3 | The proportion of beneficiaries referred from other health facilities is .....% | | |
| 4 | The proportion of beneficiaries from adjoining districts is .....% | | |
| 5 | The proportion of beneficiaries from rural areas is .....% | | |
| 6 | The proportion of beneficiaries from disadvantaged groups according to MoHP's HMIS classification is similar to their proportion in the population of the districts currently served by the hospital. (Write this down separately) | | |
| | **Total score** | | |
| | **Percentage (out of 24 full score)** | | **%** |

## *SSU Monitoring Format 4: Outcomes*

| | Indicator | Status | Comments |
|---|---|---|---|
| 1 | Percentage of target group patients satisfied with free or partially free service provided by the SSU at the hospital. | ….% | |
| 2 | Percentage of target group patients reporting no delays in accessing services/medicines linked to receipt of free or partially free care. | ….% | |
| 3 | Percentage of target group patients aware about their rights to free service provision. | ….% | |
| 4 | Percentage of target group patients who knew about the free service before coming to the hospital. | ….% | |
| 5 | Percentage of patients who came to know about free service through sources other than hospital staff. | ….% | |
| 6 | Amount of funds for free and partially free services from sources other than MoHP in last fiscal year. | NPR… | |
| 7 | The hospital has fully owned the SSU. | Y/N/ partially | |

*APPENDIX 2: FORM FOR ASSESSING TARGET GROUP PATIENTS*

*Note: This is a more user-friendly version of the assessment form at Annex 2 of the SSU guidelines. It is recommended that this form comes into official use.*

Government of Nepal, Ministry of Health and Population

.....Hospital

## 1. Patient's personal details

a. Full name: b. Age: c. Sex: d. Parent's name:

e. Patient's address (i) District: ..... (ii) VDC/municipality.....(iii) Ward no.:

f. Contact phone, if available: g. HMIS ethnic group:

## 2. Other details about the patient

a. Referred from other health facilities? .....Yes/No b. Has used free service this fiscal year?...Yes/No

c. For which category does the patient want free service? (i) Ultra-poor/poor, (ii) helpless, (iii) person with disability, (iv) senior citizen, (v) survivor of gender-based violence (vi) FCHV volunteer

d. Has a valid ID or letter to justify his/her belonging to above category? .....Yes/No

## 3. Patient's economic condition

If the patient wants free service for being poor or helpless, then complete the following assessment:

**a) Sources of income of the patient and her/his family:** (i) agriculture and non-agriculture *unskilled* wage labour in Nepal and India, (ii) agriculture and non-agriculture *skilled* wage labour in Nepal and India (iii) regular job in public or private agency in Nepal or India, (iv) remittance from Middle East or Malaysia, (v) agriculture (vi) trade or business (vii) other (specify) (Note: circle applicable categories).

b) If the patient has only one source of income from unskilled wage labour, the patient is probably ultra-poor. Assess clothing, shoes or ornaments of the patient/guardian and the physical condition of the patient (very weak, weak and healthy). In case of contrast between answers provided by the patient and your observation of their conditions, ask further probing questions as appropriate. Based on your overall impression, tick appropriate option below.

c. The patient is: ultra-poor poor ☐ non-poor ☐

I am unable to afford my treatment from my/my family's income I request free/partially free health services from the hospital. The above detail is true and if proved otherwise I agree to face the court as per the law.

Patient's or his/her caretaker's signature

Date:

| Prepared by: | Approved by: |
|---|---|
| Name | Name |
| Position | Position |
| Signature | Signature |

*APPENDIX 3: DAILY REGISTER OF SOCIAL SERVICE UNIT Patients*

*Note: This new version of the daily register has been developed by the consultant based on Annex 8 of the SSU guidelines. An initial screen of the new Excel-SSU MIS system is an expanded version of this form (with more columns).*

.....Hospital
Social Service Unit
FY.....
Date……

| Serial number | Registration number | Name | Age | Sex | Old or new | Address (district, municipality/VDC, ward and phone) | Target group | Has valid ID or letter (Yes, No) | Ethnic, caste group (HMIS) | Referral (Yes, No) | Department: Emergency, OPD, In-patient | Subsidy/total cost (in NPR) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | Medicine | Investigation | Operation | Other costs |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |

*APPENDIX 4: MONTHLY, TRIMESTERLY AND ANNUAL REPORTING FORMATS*

*Note: This format was developed based on Annex 6 of the SSU guidelines to match the new MIS system. The new MIS generates these reports automatically.*

**Fiscal year** **Month/Trimester**

| **Number of patients served (target group category and other details)** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Ultra poor and poor | 2. Helpless | 3. Persons with disabilities | 4. Survivors of GBV | 5. Senior citizens | 6. Female health volunteers | 7. Others | Patients with valid ID or letter | Repeated (old) patients | Men | Women | Total patients served |
| | | | | | | | | | | | |
| **Number of patients served (HMIS category and other details)** | | | | | | | | | | | |
| 1. Dalits | 2. Disadvantaged Janajatis | 3. Disadvantaged Terai caste groups | 4. Religious minorities | 5. Relatively advantaged Janajatis | 6. Upper caste groups | Referred patients | Patients from other districts | Patients from rural area (VDC) | Emergency patients | Out-patients patients | In-patient patients |
| | | | | | | | | | | | |
| **Cost of health service and subsidy provided in NPR and other details** | | | | | | | | | | | |
| Medicines | Subsidies provided | Investigations | Subsidies provided | Operations | Subsidies provided | Other costs (blood, bed, transport) | Subsidies provided | Total costs | Total subsidies | Average cost per patient | Average subsidy per patient |
| | | | | | | | | | | | |

| **Issues faced by SSU/sub-committee** [1] | **Steps taken by SSU/sub-committee**[1] **on issue** | **Action requested from sub-committee/SSU MMU** [2] |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

[1]. Put 'SSU' for monthly reports and 'SSU sub-committee' for trimesterly and annual reporting.

[2.] Put SSU sub-committee on monthly report and SSU MMU on trimesterly and annual reports.

*APPENDIX 5: CHECKLISTS FOR SSU MMU HALF YEARLY MONITORING VISITS*

*Note: This checklist was prepared by the consultant based on guideline specifications.*

| | | Checklist |
|---|---|---|
| **SSU staff and facilitators** | | |
| 1 | State of staffing (unit chief fully deployed to SSU, facilitators, and assistant): number, qualification, competence, job motivation and incentives, gender/ethnic profile and future capacity building needs. | |
| 2 | State of space allocated for SSU: front desk, information board, room and visibility to target groups and patient-friendly layout for service delivery | |
| 3 | Measures taken, if any, to inform target groups and hospital staff in catchment districts and health facilities about free services (at the hospital and outside) by the SSU | |
| **Assessing adherence to the SSU guidelines and capacity building** | | |
| 4 | Frequency and effectiveness of internal meetings | |
| 5 | SSU operation schedule (8am to 1 pm and 1 pm to 7 pm) and round the clock service | |
| 6 | Target group identification (evidences and filling in of the prescribed forms — Annexes 3 & 4 of guidelines) | |
| 7 | Specific support/facilitation to target groups (particularly those unaccompanied by well-informed family members or acquaintances) | |
| 8 | Target group patients who visit the hospital referred and assisted in getting expert services, where such services are not available within the hospital (including providing ambulance service to referral hospital) | |
| 9 | Prescribed budget ceiling (of NPR 5,000) and frequency (maximum twice a year for a patient) for ambulance service | |
| 10 | Prescribed budget ceiling (NPR 10,000 for in-patients and NPR 2,500 for outpatients and emergency patients) | |
| 11 | Cases where above prescribed amounts were insufficient and SSU sub-committee had to make decision to provide additional amount | |
| 12 | Needy patients, who become out of pocket during treatment, provided with financial support through SSU sub-committee | |
| 13 | Coordination and communication within the SSU, SSU sub-committee and the hospital (including with one-stop crisis management centres, where applicable) | |
| 14 | Timely production of prescribed records and reports | |
| 15 | Monthly publication of names of persons receiving subsidised or free treatment | |
| 16 | Separate records related to SSU income and expenses | |
| 17 | Expense on non-target group groups receiving free or partially free service managed from sources other than one meant for target groups | |
| **SSU sub-committee members** | | |
| 18 | Initiatives taken by the sub-committee, if any, for better coordination of SSU with other departments and units | |
| 19 | Initiatives undertaken by the sub-committee, if any, for getting funds from other sources | |
| 20 | Any SSU related rules formulated by the sub-committee for smooth functioning of the unit? | |

| | | |
|---|---|---|
| 21 | Problems faced during establishment and operationalisation of the SSU | |
| 22 | Future plans/ideas for further strengthening the SSU | |
| 23 | Capacity building needs for staff at different levels involved in SSU activity | |
| 24 | Measures taken, if any, to inform target groups about free services in catchment districts and health facilities? | |
| 25 | Have SSU services been integrated in hospital's citizen charter properly? | |
| **NGO partners, where applicable** | | |
| 26 | What is your understanding about the mission of the SSU in the hospital? | |
| 27 | What are your observations on the partnership with the hospital so far? | |
| 28 | How often do you interact with the facilitators in the SSU? | |
| 29 | What needs to be done to enhance the effectiveness of the facilitators? | |
| 30 | Initiatives undertaken by the NGO, if any, for getting funds from other sources | |
| 31 | Measures taken, if any, to inform target groups about free services in catchment districts and health facilities? | |
| 32 | Any suggestions for making the SSU more effective in its mission? | |
| **Chairperson, hospital management committee** | | |
| 33 | How do you assess the work of the SSU? | |
| 34 | What has gone well and what needs to be improved in the future? | |
| 35 | Any areas of capacity building for the staff involved in free health service provision? | |