

Road map for Establishing and Strengthening Social Service Units

1. CONTEXT

The Interim Constitution of Nepal 2006 declared free basic health care services as a basic right of all citizens. In order to implement this declaration the Ministry of Health and Population (MoHP) introduced free essential health care services for all citizens at the Primary Health Care level and below.

The Ministry also provisioned free and subsidised health services to certain target groups at district hospitals and provided grants to central, regional and sub-regional and zonal hospitals for free, or partially free, health care services to the disabled, vulnerable, ultra-poor, those without homes and incomes, abandoned women and street children. However, as noted in the “Report on Free Health Care Services and the Provision of Subsidies in Koshi, Bheri and Bharatpur Hospitals” (Upadhyaya, 2012), a system for identification, facilitation, promotion, documentation and reporting of these concessionary schemes has yet to be established.

MoHP’s GESI Strategy 2010 includes the establishment of Social Service Units (SSUs) to help address these concerns while its Social Service Unit Establishment and Implementation Guidelines, 2010, (hereafter SSU guidelines) specifically seek to systematise the provision of subsidies to target groups in hospitals. However, while the costs of establishing and operationalising SSUs in eight hospitals were included in MoHP’s Annual Work Plan and Budget for both 2011/12 and 2012/13, these activities have yet to be taken forward.

Given the findings of the 2012 study, MoHP has identified a need to revise the SSU guidelines and apply them to the start-up of the eight SSU pilot. It is in this context that a consultative meeting was held on August 26, 2012 ***to develop a road map for the revision of the social service guidelines and the strengthening of SSUs.***

2. OBJECTIVES OF THE CONSULTATIVE MEETING

The meeting had the following objectives:

- To share the findings and recommendations of the 2012 study report on the provision of free health care services and subsidies in Koshi, Bheri and Bharatpur Hospitals¹.
- To identify gaps and areas of the SSU guidelines, 2010, requiring amendment.
- Develop a roadmap for the revision of the guidelines and strengthening of SSUs.

3. ISSUES RAISED

There was general agreement with the findings of the free health care and subsidy provisions study and the gaps identified in the SSU guidelines. The following main points were made:

¹ This included a rapid study of approaches to providing subsidies at Patan and Bir hospitals.

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3.1 MANAGEMENT AND OWNERSHIP OF SSUs

- Since the Hospital Development Committee needs to own the SSU, the SSU should be managed by one of its sub-committees.
- The D(P)HO should be one of the members of this sub-committee, so that health facilities including district hospitals can be effectively mobilised for the promotion of, and to build effective linkages with, the SSU.

3.2 PILOTING OF SSUs

- SSUs will be piloted in 8 hospitals for a two year period following which the guidelines will be updated and the model scaled up in an additional 10 hospitals.

3.3 PROVISION OF FREE AND PARTIALLY FREE CARE

- Special focus should be given to emergency and in-patients for free health care and subsidised services. Qualifying OPD patients should have their registration fees waived, and provided with access to the free drugs available at district hospitals.
- The present subsidy provisioned in the SSU guidelines is too low (out-patient: NPR 1,000 and in-patient: NPR 2,500). While the subsidy amount should be sustainable in relation to the hospital's income, including grants received by MoHP, it needs to be sufficient to cover the treatment of common diseases.
- Further work needs to be carried out to decide the level and focus of free and subsidised services for target groups in secondary and tertiary level facilities. This analysis should factor in the resource base of the hospital and the adequacy of government block grants.
- Participating hospitals should contribute a certain percentage of their income to a social service fund to add to the grants provided by government: the value of the hospital contribution remains to be decided. The hospital administration and finance unit will handle administrative and monetary matters related to the SSU.

3.4 TARGET GROUPS FOR SOCIAL SERVICES

Free health care services and subsidy provisions need to be strictly targeted towards poor and excluded groups. If required, a separate budget heading should be created for free or subsidised services for hospital staff and their dependants.

- The terminology used in the guidelines should be defined clearly. For example, the target group described as "poor and helpless" is vague and open to subjective interpretation. Similarly, the age bar and basis for qualification as a senior citizen, and the income status of a qualifying widow need to be spelled out more clearly. Further, the Hospital Development Committee's authority to define its own target groups needs to be clarified.
- The SSU should coordinate with One-stop Crisis Management Centres and Gender Based Violence (GBV) survivors should be one of the target groups for SSUs.

3.5 SSU MANAGEMENT APPROACH

- SSUs should be operationalised under a public private partnership model. Process facilitation and promotional activities will be contracted out to district NGOs and other agencies. Functional linkages should be explored and forged with different academic, religious, charitable, voluntary organisations, etc. for the supply of blood, wheelchairs, attendants and emergency support.
- The SSU guidelines should provide for the establishment of a trust fund for raising funds from local organisations including local government bodies (DDCs, VDCs and Municipalities), charitable organisations, individuals and NGOs.
- In small hospitals, discrete units should be established for SSUs, while in large hospitals a separate SSU department should be established.
- The SSU should provide 24 hour services, and duty nurses and doctors will need to facilitate the subsidy process accordingly.

3.6 RECORDING, REPORTING AND MONITORING

- Currently the forms/formats used by different hospitals to establish eligibility and administer subsidies vary widely, and this needs to be corrected.
- Recording and reporting of who receives benefits is generally weak, and records of beneficiaries of free health care services are not available. This needs to be improved so that records are available, disaggregated, and up to date.
- Population Division will lead in establishing and strengthening SSUs for the first 2 years of trials.
- The Population and Curative Division will be responsible for the regular monitoring of SSUs.

3.7 CONTENT AND LANGUAGE OF GUIDELINES

- The current SSU guidelines include many reference materials. Since this is a government document, it should be slim and smart and give clear directions to the concerned hospitals and SSU teams.
- Official Ministry documents such as policies, guidelines and strategies need to be prepared initially in Nepali and then translated into English. The practice of translating the English version into Nepali frequently creates distortions in meanings in many cases.

4.0 DECISIONS OF THE MEETING

Three major decisions were taken at the meeting:

a) A task force was formed for revising the guidelines.

The task force will consider the study report findings and recommendations, presentation of gaps and discussion points from the consultative meeting. Updated draft guidelines will be prepared by September 26, 2012.

Members of the Task Force

1. Mr. Kusumakar Dhakal – Coordinator

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2. Mr. Dinesh Chapagain – Member
3. Dr. Bhuwan Poudel – Member
4. Mr. Lila Poudel – Member
5. Ms. Januka Subedi – Member
6. Mr. Prakash Ghimire – Member
7. Mr. Yamnarayan Sharma – Member
8. Mr. Sitaram Prasai – Member
9. Mr. Hom Nath Subedi – Member

b) Social Service Unit Establishment and Implementation Guidelines, 2010 to be revised.

The main responsibility for revising the SSU guidelines is given to GESI Advisors Mr. Sitaram Prasai and Mr. Hom Nath Subedi. Regular advice and suggestions will be provided by the task force and concerned officials of MOHP.

c) SSUs will be piloted in 8 hospitals in the first two years and subsequently scaled-up in other hospitals. The **road map** which was presented and discussed in the meeting (below) will be followed during the SSU pilot phase.

4. ROAD MAP FOR THE ESTABLISHMENT AND STRENGTHENING OF SOCIAL SERVICE UNITS

1. The draft revised guidelines will be prepared by September 26, 2012 based on the recommendations of the aforementioned study on free services, issues identified and suggestions made during the consultative meeting of 26th August, 2012. Task force members will also consult further with concerned MoHP and DoHS officials for revision of the guidelines.
2. A consultative workshop will be organised to solicit comments on the revised guidelines and a final draft prepared by October 15, 2012, following incorporation of appropriate feedback.
3. The final draft will be submitted to MoHP for approval.
4. Consultations (e.g. with National Planning Commission, NHSSP, International Nepal Fellowship, academic institutions, etc.) to identify suitable implementing partners under a public private partnership (PPP) arrangement will take place from September 2012. The Population Division will facilitate the identification and exploration process; NHSSP's GESI advisor Mr. Sitaram Prasai will support the process.
5. A concept paper for PPP will be developed by October 2012. The Population Division will be responsible for its drafting supported by NHSSP's GESI Advisor Mr. Sitaram Prasai.
6. Orientation will be organised in each hospital piloting a SSU following approval of the guidelines.
7. Hospital specific strategies will be developed for the promotion of each SSU and to develop an effective system for referring qualifying patients for subsidies to the SSU.
8. Software will be designed in 2013/14 to document and update records of SSU beneficiaries.
9. An assessment of the SSU pilot phase will take place at the end of the 2nd year and the SSU guidelines revised accordingly.
10. MoHP will allocate a budget to implement the activities described above.