

# **Social Service Unit Establishment and Operational Guidelines, 2069 (2012)**



Government of Nepal  
Ministry of Health and Population  
Ram Shah Path, Kathmandu

2069 (2012 AD)

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# **1 INTRODUCTION**

## **1.1 BACKGROUND**

The Interim Constitution of Nepal 2063 (2007) says: "Every citizen shall have the right to basic health care services free of cost from the State as provided for in law". The Ministry of Health and Population (MoHP) is implementing programmes to implement this constitutional right. Efforts are being made to provide quality services for all. Different programmes are being implemented as per the Guidelines of the National Health Policy 2048 (1991), the Second Long Term Health Plan 2054-2074 (1997-2017), the Second Health Sector Programme (2010-2015) and for attaining the Millennium Development Goals.

In the past many poor people, senior citizens, helpless people and people with disabilities had difficulties accessing health services due to a lack of medicines, the inability to pay service charges and other reasons. In the spirit of the Interim Constitution, and recognizing the State's responsibility to provide health care services and to make its health policies and programmes more effective, MoHP is implementing a national free of cost health care service programme.

All types of available health care services and specified essential medicines have been provided free of cost throughout the nation at all health posts and sub-health posts since fiscal year 2064/065 (2007/08) and at all primary health care centres since fiscal year 2065/066 (2008/09). Since 1 Magh 2065 (January 2008) the general public have also been provided with the listed essential medicines free of cost at 25-bed hospitals. Likewise, programmes have been initiated to provide in-patient, out-patient and emergency services and highly essential medicines free of cost to patients from the specified target group. (The target groups are explained in section 3.1 of these guidelines).

The Ministry of Health and Population is providing grants to central, regional, sub regional and zonal hospitals to provide either full or partially free of cost services to all patients from the target groups.

The National Free Health Service Programme Implementation Guidelines, 2065 (2008) (MoHP) provides for free of cost health services and free essential medicines to all citizens at sub-health posts, health posts, and primary health care centres. In district hospitals the 2065 guidelines provide essential medicines free of cost to all citizens and free of cost services only to target group patients.

In line with the new right to health care of the Interim Constitution, social service units are being established in eight hospitals (from among central, regional, sub regional and zonal hospitals) to facilitate the provision of free and partially free of cost health care services to target group patients. Hospitals where social service units are being established are listed in Annex 1. MoHP has decided that these units will run on a pilot basis for the two year period of fiscal years 2069/70–2070/71 to test the concept and collect experiences and learning. The guidelines will be improved based on the pilot period findings, following which social service units will gradually be established in all central, regional, sub-regional, and zonal hospitals.

These 'Social Service Unit Establishment and Operational Guidelines, 2069' are enacted to facilitate the above tasks and to update the 'Social Service Unit Establishment and Implementation Guidelines, 2067 for the poor, helpless and the target group in the central,

regional, sub-regional and zonal hospitals.’ The 2067 guidelines were prepared by MoHP’s Policy, Planning and International Cooperation Division.

The current 2069 (2012) guidelines are based on strategy 3 ka of the Gender Equality and Social Inclusion Strategy, 2010, which is being implemented under the leadership of MoHP’s Population Division. This strategy calls for social service units to be established.

The main objective of these guidelines is to guide the provision of full and partially free health services to target groups through social service units. These guidelines specifically aim to facilitate access to free and partially free basic health services and secondary and tertiary level health care services by target group patients at central, regional, sub-regional, zonal and other specified hospitals. These guidelines facilitate the provision of treatment to the target groups in the hospitals listed in Annex 1.

These guidelines specify the roles of the social service units and the procedures for their establishment and management. They also provide guidance on identifying target groups, the basis for free of cost and partial cost health service delivery, capacity building of these units, reporting and other matters.

## 1.2 BRIEF NAME AND COMMENCEMENT

(a) These guidelines shall be called the ‘Social Service Unit Establishment and Operational Guidelines 2069 (2012)’.

(b) These guidelines shall be enforced after approval by the government of Nepal.

(c) The establishment, operation, monitoring, documentation and reporting of hospital social service units shall be in accordance with these guidelines.

## 1.3 DEFINITIONS

The following definitions shall apply unless the subject or context otherwise requires:

- a) **The target groups** of these guidelines are ultra-poor people; poor people; helpless people; people with disabilities; senior citizens; women, men and children victims of gender violence and female community health volunteers, as defined by these guidelines, who are entitled to fully and partially free of cost services at central, regional, sub-regional and zonal hospitals.
- b) **Poor and ultra-poor people:** The definition of poor people is taken from the Nepal Living Standard Survey 2009/10 according to their ability to satisfy their basic needs. Poor families or poor persons are those whose income is not sufficient to acquire the daily minimum calorific need of 2,220 calories or who spend less than NPR 11,929 on foodstuffs and NPR 7,332 annually on non-food items. A person is considered poor whose own farm production or income supports them for more than six months but less than 12 months in a year. The ultra-poor are defined as those people or families who have less than six months food sufficiency from their own farm production and sources of income.
- c) **Helpless people** are needy people who have no guardians, family or other caretakers to look after them.
- d) **Persons with disability** are persons who cannot participate in society as other persons do due to barriers caused by their physical, mental, intellectual or emotional weaknesses they

have had for a sustained period of time. A person with disabilities is a person who has to seek assistance from others to perform daily routine tasks. These people include blind, hearing impaired, physical movement impaired, and persons who have been provided identity cards for the disabled persons monthly social security allowance from the Government of Nepal.

- e) **Senior citizens** are person who has been provided the identity card for senior citizens social security allowance by the Government of Nepal.
- f) **Gender-based violence** is physical, mental, sexual and social abuse based on sexual discrimination and all activities prescribed by the law of Nepal as gender violence.
- g) **Female health volunteers** are those persons who work in each ward of village development committees supporting public health activities implemented by district health offices and/or local health facilities.
- h) **The Gender Equality and Social Inclusion Strategy (GESI strategy) 2066 (2009)** was prepared by MoHP to mainstream GESI in the health sector.
- i) **Social service units** are an institutional mechanism established at zonal, sub-regional, regional and central hospitals to facilitate free and partially free health service delivery to patients from targeted population groups.
- j) **The sub-committees** are committees formed under clause 2.2 of these guidelines to guide and strengthen the social service units.
- 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.
- l) **Partially free services** are different to fully free services. The health care services mentioned in section 3.2.2 and the essential medicines listed in Annex 4 are provided free of cost to target group patients. Besides this social service units may subsidise other treatment costs within the maximum ceiling amounts stated in section 2.1.7 (5). If the needed amount is above these ceilings then the unit may make a recommendation to the sub-committee for an extra subsidy to be provided.
- m) **The central level** refers to the Management and Monitoring Unit of MoHP's Population Division.
- n) **The local level** refers to the social service unit established at the central, regional, sub-regional, zonal and other designated hospitals.
- o) **Partner organizations** are international, national and local NGOs that support the work of the social service units.

#### 1.4 OBJECTIVES OF SOCIAL SERVICE UNITS

The main objective of the social service units is to assist in the delivery of free and partially free of cost health care service to targeted group patients.

Social service units shall carry out the following tasks:

1. Increase the provision of equitable access and use of health services for target group patients.

2. Help to ensure free and partially free regular or specialized health services to target group patients in central, regional, sub-regional, zonal and other specified hospitals.
3. Help to effectively implement referral services for target group patients between local health facilities and central, regional, sub-regional, zonal and other specified hospitals.

These guidelines are designed to assist the units to fulfil these objectives.

## **2 INSTITUTIONAL MECHANISM**

### **2.1 STRUCTURE AND WORKING ARRANGEMENT OF SOCIAL SERVICE UNITS**

#### **2.1.1 Structure of social service units**

Pilot social service units shall be established in the designated hospitals as per the following implementation arrangements:

- a) **Central level** — A Management and Monitoring Unit shall be established at MoHP under the leadership of the chief of the Population Division comprising one under-secretary or equivalent and one section officer or equivalent as members.
- b) **Local level** — The following institutional arrangements shall be made at the local level:
  1. Unit chiefs: Officer or equivalent level staff shall be designated as chiefs of social service in the designated hospitals.
  2. Facilitators: Depending on the number and flow of patients in the hospitals, between 4 and 6 facilitators shall be appointed with an equal number of men and women facilitators. Persons who have worked in the government, NGO or social development sectors and are committed and willing to serve as facilitators of a social service unit shall be appointed as facilitators.
  3. Office assistant: One person who can read and write.

#### **2.1.2 Meetings of social service units**

Meetings of unit staff and facilitators shall be held every two months to review and discuss problems and opportunities faced by the unit.

**Note:** Hospital development committees shall nominate a unit chief from among hospital staff in accordance with the nature and responsibilities of the social service unit. But this shall not entail giving the person a double responsibility by them also having to serve in another section of the hospital. Hospital development committees shall decide on the incentives to be provided to unit chiefs. An NGO or the private sector shall be responsible for hiring and managing facilitators. Hospital development committees shall arrange the hiring of office assistants.

#### **2.1.3 Social service unit operation modalities**

Hospital development committees can contract out the responsibilities for facilitation, service promotion and documentation at social service units to government organisations, social organizations and the private sector. Bachelor degree or above level students studying sociology or social services in colleges or universities may be appointed as volunteer interns alongside facilitators.

Hospital development committee must record their decisions on the contracting out of services. These committees can continue the contracts of organizations that are already facilitating social service units. The number of facilitators should be decided in accordance with the number and flow of patients in the hospital.



#### **2.1.4 Office space for social service units**

A separate office and front desk shall be arranged for social service units. The front desk shall be located at a place that is easily accessible for unit staff and patients to contact each other. The desk should be located at a place that enables unit staff to identify target group patients when they register at the hospital and enables target group patients to contact the unit for assistance. The hospital management shall make office space available to the units.

#### **2.1.5 Social service unit operation schedules**

Social service units shall keep the same hours as their hospital's daily schedule. Unit facilitators shall provide their services from 8 am to 7 pm every day. Individual facilitators shall work for one of two slots (8 am to 1 pm and 1 pm to 7 pm). Besides the above schedule the sub-committee shall arrange for 24 hours service to target groups.

#### **2.1.6 Roles, responsibility and rights of Management and Monitoring Unit**

The roles, responsibilities and rights of the Management and Monitoring Unit of MoHP's Population Division shall be as follows:

- a) Arrange necessary budget for the social service units.
- b) Maintain records of activities and budget under 'Deprived Citizen Subsidized Medical Treatment Guidelines, 2067' and 'Deprived Citizen Subsidized Medical Treatment Fund Guidelines, 2069' by coordinating with the concerned divisions.
- c) Regularly monitor the work of social service units.
- d) Analyse and evaluate the effectiveness of social service units and provide feedback to units.
- e) Coordinate with government and non-government partner organizations for the effective operation of social service units.
- f) Initiate improvements and the expansion of social service units after the pilot phase by analysing experiences and learning.
- g) Conduct action research on services provided by social service units and setting the ceiling for free services as per the nature of illnesses and medical conditions.

#### **2.1.7 Roles, responsibility and rights of social service units**

The social service units are to identify patients who are members of at least one of the specified target groups. They should also ensure that health workers keep in mind patients' gender, linguistic and cultural needs when making services available to target group patients. Services should be made available in an equal and equitable manner. The following procedures shall be followed to achieve this:

1. Identify target group patients by coordinating with doctors and health workers involved in the treatment and identifying:
  - a) those eligible for free and partially free services from among referred patients; and
  - b) those eligible for free or partially free service from among patients directly approaching the hospital.

2. Inform all officer holders of the unit, hospital staff and stakeholders about the objectives, responsibilities, progress and plan of action of the unit, and about the provision of free and partially free services to target group patients.
3. Coordinate with the departments in their hospital to make health care services conveniently available to target group patients.
4. Assist in making expert services available from within the hospital. If such services are not available in the hospital, then refer patients to a nearby hospital as per the provisions of MoHP. In this case, ambulance services costing up to NPR 5,000 shall be made available up to twice annually as necessary depending on the distance to the referred hospital.
5. The management of the hospitals where social service units are located shall provide free services to patients from the target groups automatically as happens in district hospitals. If such free services do not meet the treatment needs of the patient, the unit shall a maximum of twice annually subsidise the cost of medicines and other treatments up to a cost of NPR 2,500 for outpatients and emergency patients and up to NPR 10,000 for inpatients. The amount of free services will be determined under the above specified ceilings on the basis of the recommendation made by health workers involved in the treatment and on the information in the Annex 2 form as completed by unit staff.
6. In cases where financial support beyond the ceilings mentioned in section 2.1.7 (5) (the above point) of these guidelines is deemed necessary then necessary documents with a justification for support beyond the ceiling shall be submitted to the sub-committee.
7. Recommend to the sub-committee for supporting the living and travel expenses of needy patients who become out of pocket during their treatment.
8. Record information on free and partially free service recipients on the formats at Annexes 7 and 8 of these guidelines and submit completed formats to the records section of the concerned hospital.
9. Prepare trimester (4 monthly) unit review reports that detail the home district, VDC/municipality, type of illness, sex, age, caste/ethnicity of patients receiving free and partially free services. It shall also report any obstacles or challenges faced to effectively provide services to the target group, and review lessons learned and possible solutions and give a plan of action for the next trimester.
10. The units shall be primarily responsible towards their patients and accountable to the chiefs of the concerned hospitals.
11. Submit monthly, trimester and annual progress report to their hospital development committees and MoHP's Population Division.
12. Coordinate with one-stop crisis management centres where they exist in the same hospital.
13. Facilitate the support for treatment provided under the 'Deprived Citizen Subsidized Medical Treatment Guidelines 2067 and the 'Deprived Citizen Subsidized Medical Treatment Fund Guidelines, 2069'.
14. Hold staff and facilitator meetings twice a month to discuss obstacles faced and to identify measures to overcome obstacles.
15. Every month make public the names of persons receiving free and partially free services from the unit.

### **2.1.8 Roles, responsibility and rights of social service unit chiefs**

In addition to the above mentioned tasks and duties under sub-section 2.1.7 unit chiefs shall be responsible for the following tasks:

1. Coordinate and lead the social service unit.
2. Coordinate with the sub-committee established to govern the social service unit.
3. Regularly provide information to their hospital's medical superintendent.
4. Coordinate and collaborate with the agencies that manage service contracts and as directed by the sub-committee.
5. Arrange for regular office operations, effective facilitation and regular documentation.
6. Take decisions to provide free or partially free services to target group patients within the specified ceilings and make recommendations to the sub-committee for necessary amounts above these ceilings.
7. Work as member-secretary of the sub-committee.

### **2.1.9 Roles, responsibility and rights of unit facilitators**

As well as the tasks and duties mentioned in section 2.1.7 unit facilitators shall do the following:

1. Work in accordance with unit work plans under the supervision of the unit chief.
2. Make contact and facilitate patients from target groups who come to the hospital to obtain services.
3. Inform patients from the target groups about available services.
4. Identify members of the target group from among patients referred by other hospitals and health institutes, and those who directly approach the hospital for services.
5. Ensure that the necessary services are provided to patients who are eligible for free treatment by evaluating services provision.
6. Assist in keeping records and preparing reports about patients receiving free and partially free services.

## **2.2 SUB-COMMITTEES**

### **2.2.1 Formation**

A sub-committee shall be formed to provide guidance to the social service unit in matters related to free and partially free health services, and to assist in making decisions in matters that the unit cannot decide by itself. The sub-committee shall be accountable to the hospital development committee. The sub-committee shall have the following four members:

1. Medical superintendent, coordinator (1)
2. Matron/nursing chief, member (1)
3. Accountant chief, member (1)
4. Chief of social service unit, member secretary (1)

The division chief and the doctor involved in the treatment shall be invited to meetings of the sub-committee as necessary.

### **2.2.2 Meetings and decisions**

1. The chairperson of the sub-committee shall chair meetings. The members shall nominate an acting chairperson in the absence of the chairperson.
2. Majority decision making will prevail and in case of tied voting the chairperson shall give the deciding vote.
3. The sub-committee can decide on its other procedures.
4. The sub-committee shall meet at least once a month and may convene as and when needed.

### **2.2.3 Roles, responsibilities and rights**

1. To take decisions on providing free of cost and subsidised services to target group patients above the ceilings specified in sub-section 2.1.7 clause 5 of these guidelines.
2. To arrange for the regular and effective delivery of free and partially free health services to target group people as per these guidelines and other government policies and directives.
3. Make arrangements and procedures for coordinating with departments of the hospital for prompt service delivery to target group patients.
4. Mobilise more resources by coordinating with concerned agencies and persons to fund free and partially free health care services.
5. Coordinate with social organizations, local government agencies, donor agencies, NGOs and individuals to assist patients who become out of pocket during the treatment and cannot bear lodging and food costs during treatment and costs to return home.
6. Collaborate and coordinate with NGOs, social organizations, local bodies, private sector organizations and other agencies working under service contracts.
7. Monitor and evaluate the activities of their social service unit.
8. Publicize the availability of free and partially free services and the procedures for availing of them to target groups and integrate the services available from the social service unit and its procedure in the hospital's citizens' charter.
9. Formulate operational procedures for the unit within the authority provided by these guidelines as per the services available at their hospital.
10. The sub-committee shall make recommendations to the hospital development committee on the human resources and partner organization assistance needed to run the social service unit.

**Note:** The social services unit at the Paropakar Maternity and Gynaecology hospital (Thapathali, Kathmandu) shall make the following health services and other related services available free or partially free of cost:

- Other reproductive health services (as well as delivery services, which are already provided free of cost at this hospital).

- Where target group patients need blood and cannot arrange it because of financial constraints or absence of guardians who can provide blood.
- To facilitate short-term support and rehabilitation for children abandoned by their mothers in the hospital after delivery.
- To coordinate with one-stop crisis management centres during treatment where target group patients need shelter due to financial constraint or in the absence of a guardian.

### **3 IDENTIFICATION OF TARGET GROUP AND SUBSIDIZED HEALTH SERVICES**

#### **3.1 BASIS FOR IDENTIFYING TARGET GROUP PATIENTS**

The six target groups to be provided with free or partially free health services are (1) ultra-poor and poor, (2) helpless, (3) persons with disabilities, (4) senior citizens, (5) victims of gender-based violence (including children) and (6) female health volunteers.

The following types of patients (or their guardian) shall be referred to social service units:

- any patient with a target group identification card; and
- any patient who comes to the emergency ward or outpatient department and the health staff involved in their treatment believe that they are unable to pay the treatment charges.

If a patient is not able to attend the unit due to a physical or mental constraint and they have no guardian capable of attending the unit, then unit staff shall be called to the treatment room to initiate the process of providing assistance.

The six target groups are to be identified based on the following criteria:

1. **Ultra poor and poor** patients are patients holding ultra-poor or poor official identification cards issued by the Government of Nepal. If a patient who appears to be or claims to be poor or ultra-poor does not have such a card then the health staff can determine qualification on the basis of their own observations and information on the form at Annex 2 of these guidelines completed by unit staff.
2. **Helpless** patients are patients without a guardian or without a family to look after them; who are physically incapable without a guardian; who have a relevant identification card or recommendation letter issued by an authorized government agency; or as determined on the basis of observations by health staff involved in the treatment and information given on the form at Annex 2 filled out by unit staff.
3. **Person with disabilities:** Persons who possess an identification card for getting a disabled persons' monthly social security allowance from the Government of Nepal.
4. **Senior citizens:** Persons with an identification card that entitles them to the monthly senior citizen social security allowance from the Government of Nepal.
5. **Victim of gender-based violence:** Women and men (and children) who are referred or accredited as victims of this type of violence by a hospital-based one-stop crisis management centre, district women and children office, district administration office or district police office.
6. **Female health volunteers** are patients who possess a FCHV identification card and are working in the public health programmes run by MoHP in every ward of VDCs plus those who have retired from this job.

## 3.2 SELECTION OF TARGET GROUP PATIENTS AND PROCEDURES TO DETERMINE SUBSIDIES

### 3.2.1 Procedures to select target group patients

Patients who are members of the target groups shall be selected impartially in the following ways:

1. A social service unit help desk shall be setup at hospitals to inform patients who belong to the target groups about the subsidies and services managed by the unit.
2. Patients (or their guardian) shall be referred to the social service unit if the patient possesses a relevant identification card, or if they have been referred from another hospital as being from a target group, or if health personnel in the emergency room or outpatient department involved in the treatment believe that the patient cannot afford to pay the costs of treatment.
3. If the person seeking a health service is helpless or immobile the unit's staff shall be called to the treatment room to initiate the process.
4. If a person with a disability, or a senior citizen or female health volunteers does not bring their identify card but request free service and brings their identity card later during the treatment, they will be eligible for the free services but the expenses they have already incurred shall not be reimbursed.
5. In order to identify target group patients unit staff will assist patients to fill out the form at Annex 2. The information given on the form will provide the basis for deciding on a patient's eligibility for free or partially free services.
6. Unit staff shall fill out the form at Annex 3 for free or partially free service, once target group patients have been identified.

### 3.2.2 Services available free of cost to target group patients

1. Services which are free of cost in district hospitals to target group patients shall also be made available free of cost at zonal and higher level hospitals to target group patients who have been referred to or who approach the hospital directly.
2. Victims of gender-based violence as defined at sub-section 3.1 (5) shall be provided all available services of the respective hospitals free of cost. In cases of shortage of budget for such services, the social service unit shall write to MoHP to request funding, and the ministry shall provide funding for this purpose.
3. Only general beds will be made available to patients who get free or partially free health services.
4. The following services, which are provided free of cost at district hospitals, shall also be provided free of cost at central, regional, sub-regional, zonal and other designated hospitals.

#### **a) Emergency services:**

Investigation:

- Blood tests: Blood for TC, DC, Hb, blood sugar, blood urea.
- Urine test: RE/ME.

- X-ray: plain.

Treatment:

- The 40 types of government specified free essential drugs (see Annex 4).
- All necessary drugs and materials for dressing, suturing and plastering.

#### **b) In-patient care/services**

Investigation:

- TC, DC, Hb, ESR, platelets count, BT, CT, blood grouping and RH type.
- MP, MF, VDRL, Rh factor, pregnancy tests.
- Aldehyde test, Gram's stain, creatinine, LFT, AFB stain, blood sugar, blood urea, uric acid.
- Stool for RE/ME, stool for occult blood.
- Urine for RE/ME, urine for bile salts, bile pigments, acetone.
- Semen analysis.
- Plain x-ray.

Treatment:

- Government specified free essential drugs.
- General surgery that is available in the hospital.
- Comprehensive emergency obstetric care (CEOC).
- Basic emergency obstetric care (BEOC).
- General beds shall be used by patients obtaining services free of cost.

#### **c) Out-patient services**

Investigation

- TC, DC, Hb, ESR, platelets count, BT, CT, blood grouping and RH type.
- MP, MF, VDRL, Rh factor, pregnancy test.
- Aldehyde test, Gram's stain, creatinine, LFT, AFB stain, blood sugar, blood urea, uric acid.
- Stool for RE/ME, stool for occult blood.
- Urine for RE/ME, urine for bile salts, bile pigments, acetone.
- Semen analysis.
- Plain x-rays.

Treatment:

- All types of free essential drugs required for treatment.
- General surgery available in the hospital.
- All necessary drugs and materials for dressing, suturing and plastering.
- Services for normal and complicated deliveries (services to delivery cases even in health institutes with no emergency and in-patient services).

### **3.2.3 Services with additional subsidy for target group patients**



Target group patients who come to zonal and above level hospitals for treatment, when necessary shall be provided with an additional subsidy for services as well as those listed in section 3.2.2. Such subsidies shall be provided within the ceiling amounts mentioned at section 2.1.7 (5). In such cases the social service unit shall confirm membership of the target group and recommend for services to be provided with an additional subsidy. If the treatment costs are higher than the ceilings then the social service unit shall submit a recommendation with justification and necessary details to the sub-committee for a higher level of subsidy.

### **3.3 MANAGEMENT OF REFERRALS**

As per the current referral system, patients are referred from sub-health posts and health posts to primary health care centres, and from district hospitals to zonal, regional or central level hospitals. But geographical remoteness and the nature of the treatment may require patients to be directly referred to higher level hospitals. According to this system free or partially free health care shall be made available to target group patients referred from lower to higher level health facilities as mentioned in section 3.2.2 and partially free health services as mentioned in section 3.2.3 of this guideline. When the lower level health institute refers patients to a higher level the standard referral form shall be completed and sent along with the patient.

#### **Documents needed by referral cases:**

1. Target group identification card issued by a government agency (ultra-poor, poor, helpless, person with a disability, senior citizen, victim of gender-based violence, female health volunteer).
2. Referral letter issued by a one-stop crisis management centre.
3. Referral form with justification for referral from a lower level health facility.

On the basis of the identification card and referral form social service units shall identify target group patients and provide necessary assistance to them for free or partially free health services.

## **4 CAPACITY DEVELOPMENT AND BUDGET ADMINISTRATION**

### **4.1 FINANCIAL RESOURCE MANAGEMENT**

MoHP shall allocate an annual grant to hospitals to provide free and partially free of cost health care services to target group patients at central, regional, sub regional and zonal hospitals. In advance of this hospital development committees shall each year prepare and submit an estimated annual budget to MoHP on the format at Annex 5. The allocated grants will be based on this estimate and other factors.

This grant shall only be used for the health care of target group patients as mentioned in these guidelines. The concerned hospital shall maintain separate accounts for the income and expenditure of their social service units and the amounts allocated to target groups. If a hospital deems it necessary to support target group besides those identified in this guidelines, it shall manage a separate source of funding and keep separate accounts for this.

The resources required for staff salary and allowances, office management, orientations and staff capacity development shall be made available by MoHP.

### **4.2 CAPACITY DEVELOPMENT**

Members of the sub-committee, social service unit staff, one-stop crisis management centre staff and medical workers and management staff of the central, regional, sub-regional, zonal and other designated hospitals shall be informed about the objectives of social service units, their operation modality, roles and responsibilities, and the identification of target group patients before they are involved in providing free services to target group patients.

Orientation programmes shall be organized to provide information about the availability of free or partially free of cost health services and the role, operational processes of social service units. These programmes shall be attended by the staff of district hospitals, district public health offices, primary health care centres, health posts, sub-health posts, district ayurvedic health centres, ayurveda medical centres and the media.

### **4.3 COORDINATION AND COLLABORATION**

Social service units, through their sub-committees, shall work in coordination with MoHP's Population Division, regional health directorates, their district health office, their hospital development committee and other sections within their hospital. The units, through their sub-committees, shall coordinate with local government, donor agencies, NGOs, social organizations and other stakeholder organizations for mobilizing resources and other support.

## **5 MONITORING AND EVALUATION**

### **5.1 DOCUMENTATION**

Social service units shall regularly maintain a record of patients provided with free and partially free health care services using the formats in Annexes 7 and 8. Units shall maintain the records on computer software. Side-by-side the unit shall maintain records as per the Deprived Citizen Subsidized Medical Treatment Guidelines, 2067 and the Deprived Citizen Subsidized Medical Treatment Fund Guidelines, 2069.

A copy of these records shall be submitted to the medical record section of their hospital and one copy shall be submitted to MoHP's Population Division on a monthly basis.

### **5.2 REVIEWING AND REPORTING**

Each sub-committee shall review the progress of its social service unit every trimester. The Population Division shall review progress, good practices, learning and obstacles faced by units on a semi-annual and annual basis.

Social service units shall complete the Annex 6 reporting format and submit it to the sub-committee and to MoHP's Population Division on a monthly, trimester and annual basis.

Progress made under the "Deprived Citizen Subsidized Medical Treatment Guideline 2067" and "Deprived Citizen Subsidized Medical Treatment Fund Guideline 2069" shall be entered on to the format provided in the annex of these guidelines on a monthly, trimesterly and annual basis. All these reports shall be submitted to MoHP's Population Division.

For both of the above sets of reports, trimesterly and annual reports should also contain brief write-ups on good practices, learning, obstacles and challenges faced by the unit and possible solutions to overcome obstacles and challenges.

### **5.3 MONITORING AND EVALUATION**

The sub-committees shall regularly conduct internal evaluations and provide guidance to the units. Additionally, hospital development committees shall once a month monitor the levels of expenditure and the identification of and services provided to target group patients. Units shall prepare monthly reports for discussion by the sub-committee. Hospital development committees shall be informed of any problems encountered by units.

The Social Service Management and Monitoring Unit at MoHP's Population Division shall monitor and evaluate the delivery of services by social service units and provide necessary directives. The regional health directorates and the concerned divisions of MoHP may monitor the activities of the unit.

## **6 MISCELLANEOUS**

### **6.1 ADDENDUM AND CHANGES OR ALTERATIONS**

MoHP can make any necessary elaborations or changes to sort out any barriers, obstacles or confusion encountered in implementing these guidelines. MoHP may amend these guidelines on the basis of experiences acquired during the operation of social service units.

### **6.2 REVOCATION AND SAFEGUARD**

After the coming into effect of these 2069 guidelines the 'Guidelines for the establishment and operation of Social Service Unit at central, regional, sub regional, and zonal hospitals to operate free health care service to poor, helpless, and other target groups, 2067' will be automatically revoked. All activities under the 2067 guidelines will now be conducted as per the provisions of these new 2069 guidelines.

# Annexes

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## ANNEX 1: HOSPITALS WHERE SOCIAL SERVICE UNITS ARE BEING PILOTED

S.N.	Hospital	Address
1	National Medical Science Foundation, Bir Hospital	Kathmandu
2	Kanti Children's Hospital	Maharajgunj, Kathmandu
3	Paropakar Maternity and Gynaecology Hospital	Thapathali, Kathmandu
4	Koshi Zonal Hospital	Biratnagar
5	Bharatpur Hospital	Chitwan
6	Bheri Zonal Hospital	Nepalgunj
7	Paschimanchal (Western) Regional Hospital	Pokhara
8	Seti Zonal Hospital	Dhangadhi

## ANNEX 2: FORM FOR FREE AND PARTIALLY FREE HEALTH CARE SERVICES

Government of Nepal  
Ministry of Health and Population  
.....Hospital

Personal details of the patient:

1. Name and surname of the patient:
2. Age:
3. Sex:
4. Address      District:      VDC/Municipality:      Ward:
5. Father's name:      Mother's name:
- Tel. landline no:      Mobile no:
6. a) Able to read and write      b) Not able to read and write
7. Occupation: a) Wage labour    b) Agriculture labour      c) Job holder  
                        d) Business/trade      e) Other
8. Referral (having referral card)  
8.1 From where:  
a) Health post/sub-health post    b) primary health centre    c) district hospital  
d) above district hospital
- 8.2 Target group category:  
a) ultra-poor/poor, b) helpless, c) person with disability, d) senior citizen, e) victim of gender-based violence, f) female health worker
- 8.3 Which type of target group if person holds identification card?  
a) Card no. and name of issuing authority:
9. Target group category if not from referral (direct approach):  
a) Ultra-poor/poor, b) helpless, c) person with disability, d) senior citizen, e) victim of gender-based violence f) female health worker

### **Economic condition of the patient**

A. To be completed by questioning the patient or guardian

1. Fixed assets:
  - Owns a house (brick or mud)
  - Size of land
  - Size of kitchen garden
  - Size of commercial land (location)
  - Number of cattle and livestock
  - Amount of cash and ornaments
2. What is the monthly income of the patient or family members (from employment, occupation)?
3. How long is the family income sufficient to fulfil household expenditure for:
  - less than six months
  - more than six month but less than one year
  - all round the year

B. To be completed by social service unit staff from observation (indirect indicators)

Is there someone to look after the patient or are they helpless?

1) Yes

2) No

Appearance (clothing, shoes or without shoes) and ornaments of the patient/guardian

a) Cheap      b) general      c) expensive

Physical condition of the patient:

Very weak                      Weak                      Healthy

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

Signature

Date:

Decision of social service unit staff

1. Based on questioning the patient and the guardian, referral sheet and observations the patient fall under the following category

i) helpless ii) ultra-poor, iii) poor, iv) not in poor category

2. Which service category: fully free or partially free service

Prepared by:

Name

Position

Signature

Date

Approved by:

Name

Position

Signature

Date

**ANNEX 3: FORM FOR PROVIDING FREE AND PARTIALLY FREE SERVICES TO TARGET GROUP PATIENTS**

..... Hospital

Registration no:

Date:

Name and surname:

Address:

Age: Sex:

Fully free/partially free:

Type of target group:

Type of illness or medical condition:

S. no.	Date of services	Type of services	Cost of services (NPR)	Total amount (NPR)	Signature of service provider

Signature of patient/guardian:

Name:

Signature:

Date:

Approved by:

Name:

Signature:

Date:



## ANNEX 4: LIST OF FREE ESSENTIAL DRUGS

	Name of the drug	Dosage form
1	Lignocaine	Injection 2% ml (hydrochloride) in vial
2	Paracetamol	Tablet, 500 mg, Injection, 150mg/ml, Syrup 125 mg/5ml
3	Chlorpheniramine	Tablet 4mg, (maleate)
4	Pheniramine	Injection 22.75 mg (maleate) ml
5	Albendazole	Chewable tablet, 400mg
6	Metronidazole	Tablet, 200mg, 400mg, oral suspension, 100mg or 200mg (as benzoate)/5ml
7	Amoxyciline	Capsule- 250mg, 500mg, dispersable tablet- 125 mg, 250 mg
8	Sulfamethoxazole + Trimethoprim	Tablet 100mg+20mg, 400mg+80mg, 800mg+160mg, oral suspension 200mg+40mg/5ml
9	Ferrous salt + folic acid	Tablet, 60mg + 250mg
10	Calamine lotion	Lotion, 1%
11	Gamma benzene hexachloride	Cream or lotion, 1%
12	Povidine iodine	Solution 5%, 450 ml
13	Aluminium hydroxide + Magnesium hydroxide	Tablet, 250 mg, 250 mg
14	Hyoscine butylbromide	Tablet, 10 mg, 20mg
15	Oral rehydration solution (ORS)	Powder, 27.5g /litre
16	Ciprofloxacin	Eye and ear drops 0.3 % W/V
17	Ciprofloxacin	Eye ointment, 0.3 % W/W
18	Chloramphenicol	Eye applicaps, 1%
19	Clove oil	Oil
20	Vitamin B complex	Tablets
21	Metoclorpropamide	Injection, 5 mg/ml in 2 ml ampoule
22	Compound solution of sodium lactate (Ringers' lactate)	Injection solution
23	Sodium chloride	Injection solution, 0.9% isotonic (154 mmol/litre of sodium & chloride ions each)
24	Charcoal activated	Powder 10 gm in sachet
25	Atropine	Injection 1mg (sulphate) of 60.5 mg in 1 ml ampule
26	Ciprofloxacin	Tablet, 250mg
27	Benzoic acid + Salicylic acid	Ointment of cream, 6% + 3%
28	Atenolol	Tablet, 50 mg
29	Frusamide	Tablet, 40mg
30	Promethazine	Tablet, 25mg (hydrochloride)
31	Dexamethasone	Injection 4mg/1-ml ampoule

	<b>Name of the drug</b>	<b>Dosage form</b>
32	Salbutamol	Tablet, 4 mg
33	Oxytocin	Injection, 10 IU in 1 ml ampoule
34	Magnesium Sulphate	Injection, 1 gm/2ml (50 % W/V)
35	Gentamycin	Injection, 80 mg/2 ml vial
36	Aspirin	Tablet, 300 mg
37	Phenobarbitone	Tablet, 30 mg
38	Chloramphenicol	Capsule, 250mg, 500mg (Anhydrous) powder for oral suspension, 125 mg (anhydrous) 5ml
39	Alprazolam	Tablet, 0.25 mg
40	Dextrose Solution	Injection, 5% dextrose solution

**ANNEX 5: BUDGET ESTIMATES**

.....Hospital Development Committee  
 FY.....

Type of free/ partially free services	Unit	No. of patients in current FY	Estimated additional eligible patients in next FY	Total (3+4)	Unit cost (NPR)	Estimated total budget (NPR)(5X6)
1	2	3	4	5	6	7

Hospital Development Committees' own sources of funding: NPR.....  
 Government Grant: NPR.....  
 Other sources (specify source and amount) .....  
 Total NPR.....

Prepared by:  
 Name  
 Position  
 Signature  
 Date

Approved by:  
 Name  
 Position  
 Signature  
 Date

**ANNEX 6: SOCIAL SERVICE UNIT REPORTING FORMAT**

FY..... Month ..... Monthly/Trimester/Annual Progress Report

..... Hospital Development Committee

Social Service Unit

S. No.	Target groups	Free services No. of Patients						Referral patients among the total		Expenses (NPR)	Remarks
		Totally free		Partially free		Total		Women	Men		
		Women	Men	Women	Men	Women	Men				
1	Ultra poor and poor										
2	Helpless										
3	Disabled										
4	Senior citizen										
5	Gender-based violence victims										
6	Female health workers										
Total											

Prepared by:

Name

Position

Signature

Approved by:

Name

Position

Signature

## ANNEX 7: EMERGENCY SERVICE REGISTER

..... Hospital Development Committee

Social Service Unit

FY: .....

Date: .....

Date	Reg. no.	Name and caste	Ethnic code	Age in yrs		Address: District, VDC/ mun., ward no.	Category of target group <sup>1</sup>	Main symptom	Test examination	Investigation	ICD code	Treatment	Quantity	Remarks
				W	M									

1 a) Ultra-poor/poor, b) helpless, c) person with disability, d) senior citizen, e) victim of gender-based violence, f) female health worker.  
 Note: Please use this format for free services in order to bring uniformity with emergency service register.

**ANNEX 8: MAIN REGISTER OF SOCIAL SERVICE UNIT**

.....Hospital Development Committee  
 Social Service Unit  
 FY.....

Date:

S. N.	Registration No		Name	Age	Sex	Address	Type of illness	Type of services	Total subsidy amount (NPR)	Target group	Type of subsidy Full or partial	Referral	Department: emergency, outpatient, inpatient
	New patient	Old patient											