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"Study on Free Health Care Implementation Program"

(Interaction between Service Providers and Recipients with regard to Free Health Services at community Level)

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Report on

"Study on Free Health Care Implementation Program"

(Interaction between Service Providers and Users with regard to Free Health Services at community Level)

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Abbreviations and Acronyms

PHC	Primary Health Care
PHCC	Primary Health Care Centre
HP	Health Post
SHP	Sub-Health Post
DA	Daily Allowances
DH	District Hospital
EHCS	Essential Health Care Services
FCHV's	Female Community Health Volunteers
GoN	Government of Nepal
HDI	Human Development Index
HF	Health Facility
ID	Identification card
MDG	Millennium Development Goals
QoL	Quality of Life
TA	Transportation Allowances
TB	Tuberculosis
VDC	Village Development Committee
ASL	Authorized Stock Level
COFP	Counseling on Family Planning
EDL	Essential Drug List
EOP	Emergency Order Point
FP	Family Planning
HI	Health Institutions

HFMC	Health Facility Management Committee
HW	Health Workers
EPI	Expanded Program on Immunization

Chapter 1
Introduction

1.1 Background of the study

The free health care policy of the Government of Nepal (GoN) targets the poor, marginalized and destitute, with the goal of increasing their access to a utilization of free health care services, with an emphasis on essential curative care. Adopted on December 15, 2006(2063-8-29), the policy was introduced in two phases, to correct related deficiencies, problems and issues. In the first phase, free emergency, inpatient, and outpatient services were offered to the underserved, the elderly, people living with physical and psychological disabilities and to Female community Health Volunteers (FCHVs) at district hospitals and primary health care centers (PHCCs) with fewer than 25 beds that had existing hospital development committees. In the second phase, this policy was expanded to include free essential health care services at heath and sub- health posts in districts without hospital development committees.

The poor who qualify free services are defined as families who would be deprived of adequate food in less than six months. Furthermore, families who would have insufficient food within six months qualify for a 50 percent reduction in fees (Ministry of Health and population, 2006a). The free care policy covers consultation and treatment, minor surgeries, emergency obstetric care where available (either comprehensive or basic), x-ray, laboratory services, essential drugs (for one week), and medical supplies. In addition, later in 2007 the GoN announced free outpatient services for the poor and destitute in district hospitals, PHCCs, health and sub-health posts in the 25 districts with the lowest Human Development Index (HDI). Further, in January 2009, the GON expanded universal free care to PHCCs and free outpatient care at DHs to the targeted population national wide, including 40 free essential drugs for all.

The targeted programs in the DH have been implemented. However, we did not have information on the use of DHs by the poor and disadvantaged group and how much they

have been benefited from the current policy. Without this information, it would be difficult and worthless to design and implement any new program.

In this regard, interaction program helps to promote shared understanding and feeling of the ownership of free health care services among the people and service providers. It also motivates people to utilize available services in government health institutions. Feeling of ownership can really contribute to program sustainability. It is completely a new concept in health sector.

Lack of awareness about availability of free health care services, unavailability of motivation among health workers, ownership of program among service providers and consumers, advocacy of policy through public mass media, political instability, unavailability of transportation, lack of regular supervision and monitoring were the barriers of the free health care program. These barriers were raising the gap between service providers and consumers. To make solidarity and mutual understanding between service providers and consumers, interaction is one of the effective approaches. Two way communication and interaction would help to find real problem and genuine solution. It will help to explore perception and attitude towards free health care services.

1.2 Free Health Service Policy

The government of Nepal, through the interim constitution, has embraced the concept of "health for all" as a fundamental human right. To realize this vision, the Ministry of Health and Population has committed itself to providing free health services.

In Magh 2063, GoN introduced the targeted Free Health Service (FHS) Policy to the poor, vulnerable and marginalized in twenty five-bed hospital and primary health care center (PHCC) in the district. The policy provides free services for inpatient and emergency care for the poorest families (families who would be deprived of adequate food in less than 6 months) the destitute, elderly, disabled, and female community health volunteers (FCHVs)

provision was also made to exempt 50 percent of user fees for inpatient and emergency care for families who would be deprived of adequate food within 6 to 12 months (MOHP, 2006a). The free care policy covers consultation and treatment, minor surgeries, emergency obstetric care, either comprehensive or basic, where available, X-rays laboratory services, essential drugs and medical supplies. MOHP has also made commitment to increasing the health budget to ensure provision of resources required for the people's need (MOHP, 2066). The following year Poush 2064 the policy was expanded further to, include free outpatient services for the poor and destitute in district hospitals, PHCCs in low – Human Development Indicator (HDI) and Sub Health Posts, Primary Health Care Center (PHC) Health Posts (HP) and Sub Health Posts (SHP) in the country. The ambitious goal of the policy is to increase access to and utilization of basic health care services, particularly by poor and excluded groups. Officially, the policy has been in operation since Magh 2063, with the issuance of FHS policy guidelines to all districts by the Government of Nepal.

1.3 Rational of the Interaction Program

Periodical interaction and discussion between Community, Service Providers and Health Facility Management Committee can play a vital role to create common understanding and shared responsibility for implementing effective health services. The government should initiate such interaction program before and during the process of implementing new health policy and program with a view to increase community participation in health service delivery. However, such interaction was neither initiated by the government nor organized by the community and concerned stakeholders. Therefore, it is essential to understand how community people utilize free health services. Are these services really for targeted people? Is there sufficient work force, and logistics? Is there any barrier free health services utilization? We should know how to remove all obstacles and help to promote the program. To identify the core problem and to find the solution, two-way communication is very important. Therefore, it is essential to conduct this interaction program, which enables us to understand root cause of problems with solution. The main aim of this study was to reduce the gap and to promote understanding between service providers and service users. It also helps to increase service utilization by the community people.

1.4 Objectives

General Objectives

The objective of the interaction program is to promote understanding between service providers and service users and to provide recommendations for policy improvement.

Specific objectives

- To document the interactive process of Health Care Utilization from the prospective of health care providers and recipients.
- To provide recommendations for the implementation in health care delivery at the local level.

Chapter 2

Methodology

2.1 Selection of Districts

Two districts, one from Terai belt and another from hill were purposively selected for conducting interaction program. Morang was selected from Terai belt and Kavre from hill regions.

2.1.1 Morang District

Morang, one of the Terai districts in Eastern Development Region (EDR), is comprised of 65 VDCs where 2 government hospitals (Koshi Zonal, Rangeli Hospital), 6 PHCC/HC, (Jhorahat, Haraicha, Mangalbare, Letang, Bahuni, Jhurkia), 11 HPs (Babiyabirta, Bayarban, Rani, Ranjani, Budhnagar, Dadarbairiya, Hasandaha, Kerabari, Madhumalla, Majhare, Tankisinwari), 49 SHPs, 282 PHCs Outreach clinic, 328 EPI Clinic and 655 FCHV are providing primary health care services.

The district, with Biratnager as its district headquarters covers an area of1, 855 km^2 and has a population (2001) of 843,220 (Male 422,895 and Female 420,325) and population projection for the year 2009 is 1005,930 (Male 504,498 and Female 501432). The population density is 455 per sq km. According to national census 2001, there were 167,857 households with an average household size of five persons. Of the total population, only 56.74 percent were literate in the district.

2.1.2 Kavrepalanchowk District

Kavrepalanchok is one of the hill districts lying in Bagmati zone of central region of Nepal. It lies between 27015' - 270 45' North latitude and 850 20' - 850 55' East. Kavre is one of the Hill districts in Central Nepal located in the east of Kathmandu valley. Its altitude varies

from 200 m to 3018 m above sea level. It is surrounded by eight districts Dolkha and Ramechhap in eastern part, Bhaktapur and Lalitpur in western side, Makawanpur and Sindhuli in southern range, Sindhupalchok and Kathmandu in northern part. Although it is lying nearby the nation's capital, due to rugged and fragile topography, transportation facility is poor leading to poor health services.

At present, the total population of the district is 374,956, among which 188,947 are males and 196,725 females. The average household and household size is 56,633 and 5.7 respectively. Kavre is divided into three electoral constituencies, 15 *Ilakas*, 87 VDCs and 3 municipalities. Banepa, Panauti and Dhulikhel municipalities are the main urban areas and are attraction to the people of the districts. In Kavre, there are 4 PHCs, 10 HPs and 80 SHPs providing basic health services to the rural people including people of the above-mentioned three municipalities. There is one mission hospital and Dhulikhel community cum teaching hospital of Kathmandu University Medical School, which have been providing curative services in the district and because of this reason; no government hospital has been established. The main occupation of the people residing in this district is agriculture. The literacy rate is much lower among women than men. Poverty and ignorance are the main social problem. Different caste and ethnic groups inhabit the district. The dominant ethnic groups are Tamang, Brahmin, Newar and Chhetri.

2.2 Selection of interaction sites

For the interaction program from Morang District three health facilities (one PHCC and two SHPs) were purposively selected. Likewise, from Kavrepalanchock district one PHCC and three SHPs were purposively selected.

District	***Health Facility***
Morang	One PHCC (Haraicha), Two SHPs (Kaseni, Mirgauliya)
Kavrepalanchok	One PHC (Sunthan), 3 SHPs (Panauti, Taukhal, Kushadevi)

2.3 Selection of participants

The participants of the interaction program were the health service providers from the health facilities, members of HFMCs, FHCVs, schoolteachers, local leaders and service users. The participants were selected and invited in consultation with the selected health facilities in-charge.

2.4 Number of participants

Interaction was conducted between service providers (Health Management Community, and Health workers) and recipients (Community People), to know the status of free health care services of the selected PHCs, HPs and SHPs. Numbers of participants listed below: (see in annex)

S. N.	Date	Time	Place	Number of Participants			Moderators
				Male	Female	Total	
1	*2066-04-02*	01.30 pm	Haricha, PHC	30	11	41	Dr. C. B. Budhathoki
2	2066-04-03	11.00 am	Kaseni, SHP	18	36	54	Dr. C. B. Budhathoki
3	2066-04-04	08.00 am	Mirgauliya, SHP	28	33	61	Dr. C. B. Budhathoki
4	2066-04-25	02.00 pm	Sunthan, PHC	19	19	38	Dr. C. B. Budhathoki
5	2066-04-26	01.00 pm	Panauti, HP	14	16	30	Ms. Namita Ghimire
6	2066-04-27	11.00 pm	Taukhal, SHP	21	19	40	Dr. C. B. Budhathoki
7	2066-04-28	08.00 am	Kushadevi, SHP	18	13	31	Dr. C. B. Budhathoki
			Total	148	147	295	

2.5 Methods and approaches of interaction

Participatory approaches & techniques including brainstorming and question-answer were employed to conduct interaction program. Besides these, participants were divided into two groups (service providers and users) for group discussion on issues related to free health services. Dr. C. B.

Budhathoki moderated the interaction with assistance of project staffs (Ms. Pearl Banmali, Ms. Namita Ghimire and Mr. Bijay Kumar Jha). Voices of the interaction were tape-recorded with consent of the participants. Notes of the entire discussion were noted.

2.6 Material used in interaction program

Meta-cards, board markers, paper, pencil, notebooks and tape-recorders were used while conducting the interaction program.

2.7 Collection and processing of information

Voices of the interaction were tap-recorded and the main points of the discussions were noted down. The recorded audiotapes were transcribed and combined with the scratch notes taken from the interaction and further expanded the notes to prepare a detail transcripts of the interactions. Expanded notes were translated into English. Detail transcripts of the interaction program were the main source of information for writing report. However, background and policy/program information related to free health services were obtained through review of the relevant documents and literature. Qualitative information obtained from the interaction program were manually processed and analyzed. Thematic approach was used to analyze the qualitative information.

Chapter 3
Result and discussion of the interaction program

3.1 Understanding of free health care services

There was no established mechanism for communication/interaction between health service providers and recipients about existing health care facility and services at the health facility. Female Community Health Volunteers, MCHWs and VHWs informed local people when they organized EPI and Outreach Clinics. Many people learned about free health services when they visited health post and Primary Health Care Centre.

"Though FCHV are disseminating information about free health among local people through mothers' group meetings and home visits. However, not all people may not be aware of free health services and existing health care services at SHP. " Interaction, Panauti SHP

"About one third of the people still seek medical help from drug retailers and private clinics. People living away from health facility rarely visit the SHP. It may be due to lack of information about availability of medicines and treatment of free of cost. Some people thought that SHP provides low quality of drugs that may not cure illness properly. "Interaction Program, Kaseni SHP

"Tamang community including other ethnic groups, residing far from the SHP have poor access to health service. Besides, they were not properly informed about the free health services. Because of this cause, they don't come here for treatment." Interaction, Kusadevi SHP

During the interaction, FHCVs of Panauti said that they informed on free health services through meeting with mothers' groups. After they knew about free health care services, they encouraged local people to utilize free health services. Accordingly, similar views

were expressed by the FCHVs in Morang. In Morang, there was confusion about the role and responsibility of the FCHVs and other health workers. One of the participants in Mirgaulia SHP raised the issue about the duty and responsibility of the FCHVs. Some people said that, the FCHVs were paid staff of the government and they should visit door to door to provide health information and services to the community people.

Discussions and interactions revealed that some of the villagers did not have clear idea about services, roles and responsibility of SHP staffs and FCHVs. Some participants suggested that health workers should visit each village and organize such interaction with villagers to make them aware of the free health services and its limitation.

Health service providers claimed that almost all villages should be aware of free health care services. During the interaction programs, both Terai and Hill people revealed that those people who lived far from the health facility had not been informed of free health services. Group interaction also indicated that many people had poor understanding about issues related to free health care services. The poor and marginalized people were reported to be less aware of free health care services. A considerable number of the poor and marginalized people are still deprived of free health care services. The service providers had not taken any initiative to increase the access of health services by poor and marginalized people.

Regarding the free health services, the participants attending the program in Panauti and Haraicha said that the government initiated the free health services with a view to increase access in receiving health care services to all people so that no one will be deprived of basic health care services at government health facility.

"The government has been implementing the free health care services since last two years in order to ensure the basic health services for all people and promote the utilization of the

government health facility by the people. Poor and disadvantage people are benefitted to some extent from the free health services." Interaction at Panauti SHP

Health service providers were found to be aware of mission of the free health care services. Health service providers at Haraicha PHC said that FHCS has revived the concept of health for all to motivate the poor, marginalized and disadvantaged people who were rarely seen in the health facility before implementation of the free services. Both service providers and local people agreed that purposes of the free health services are very good. The government should make substantial efforts to extend the free health services to all people living in each corner of the country.

3.2 Implementing procedure

Free Health Care policy was started in 2063 Magh 1, in all SHPs and HPs of the country as per guide of free health care services but the PHCCs started to deliver free services only in Magh 2064.

Before implementation of free health care services, all the health facilities used to charge some rupees (Rs 2-5) as entry fee with each patient. All the selected health facility had CDP program except Sunthan PHC, Panauti. In CDP program, drugs were bought by the health facilities in reduced price. The meeting of the Health Management Committee of CDP program decided about the drugs and selling prices of each item. Members of Health Management Committee were actively involved in CDP program. After the collapse of the CDP program, they were not actively engaged in management of free health care services because service providers thought that the government would supply medicines when they send drug demand form. Therefore, there was an irregular meeting of HFMC.

"Free Health service was implemented from 2064 Magh 1. Before Free Health Service, there was CDP Program. After this program, the government issued directives to all peripheral

health facilities to provide free service. Then, we begin to provide free service." Interaction at Taukhal SHP, Panauti

Health service providers organized the meeting of HFMCs in order to inform the members of the Committee about free health care services policy and guidelines. They also informed the FCHVs who have the responsibility to circulate information about health services among the local people. However, they did not organize interaction and communication program between health service providers and local people. The participants of the interaction program in Hill and Terai said that this was the first interaction program ever conducted. The participants realized that such interaction program should be conducted before implementation of the free health care services. The interaction program had sensitized both service providers and communities for proper management and implementation of free health care services. After the implementation of the FHCS, there was no regular meeting of HFMCs because they did not have to buy and manage drugs as like CDP program.

Health service providers in Terai and Hill stated that they held meeting with the HFMCs to implement free health services as per health policy of the government. The service providers claimed that FHCSs have been implemented as per guidelines provided by the MOHP.

3.3 Achievements of Free Health Care Services

One of the purposes of the free health care services is to increase the utilization of health services through peripheral health facilities among local people. Interactions with the service providers and users indicate that utilization of health services have been gradually increased after implementation of the free health services. It was expressed that the number of patient in the health institutions has increased.

"Before implementation of the free health services, 10-15 patients used to visit Sub-Health Post per day. These days, more than 30 people seek medical help from this SHP. The

number of users is in increasing trend. Besides this, amount and frequency of drug supply have been increased." Interaction Program, Kaseni SHP

"Before introducing free health care services, entry fee was charged to the users and drugs were sold in subsidized rates under CDP program. During CDP program, only 20 to 30 patients used to visit the health facility, but now a day, 60 to 70 patients come daily. One of the reasons for increasing patient flow is the provision of free health care services. "Panauti and Kusadevi SHPs, Kavre

Following points expressed in interaction program at Haraicha PHC also confirmed that FHCS has been successful in increasing utilization of health services by the local people.

- Before Free Health Care Services policy, 15-20 patients used to come daily but these days, more than 65 patients were visiting this Health Facility daily.
- Women delivering 2-3 children at home are also visiting this facility for delivery now in Health Centre.
- Trend of visiting health centers has been also increased among marginalized, disadvantaged and Dalit people.
- Community participation in immunization program used to be only 25 % but now it has reached up to 100%.
- People, who have never been to PHC, have also started to use the service after implementation of this policy.

Story of Sunthan PHC in Panauti, is slightly different from other health facility. Sunthan PHC was upgraded from HP to PHC without improvement of basic infrastructure. It is still running in small building. Since, its establishment, all medicines and services have been provided, free of cost except entry fee (Rs. 5 per user). People are not experiencing much difference even after introducing free health care services. Regarding patients flow, there is not much difference between before and after the program launch, though almost all people are aware of free health care services. Because, medicines were free in earlier days too. Only difference is in registration fee (Rs 5). However, number of poor people has

increased after waiving entry fee. It was also mentioned that infrastructure, availability of all kinds of services and staff are essential to render free services effectively.

Interactions with service providers and local people revealed that utilization of health service has been increased in terms of number of users. A considerable number of people still bypass the health services. Many of poor and marginalized people were main target of the free care services. But, some difficulties in getting the services because most of them are away from the health facility and they may not have to attend the facility at daytime most of them are engaged in some works in day time. Some people who seek treatment in morning and evening usually consult with drug retailers and private clinics. The participants of the program suggested that opening hours need to increase and 24 hours services should be available at PHC.

3.4 Service providers and HFMCs views towards implementation of free health care services

Free health care service has been implemented with the objective of making health services accessible to poor and disadvantaged community people. Because of free services, patient flow and people demand for health services has been increased. But, supply of drugs and number of staffs are inadequate to meet the demand of patients flow. Some people attempt to get some drugs for future use pretending of some symptoms or saying that some of their family members are ill at home and unable to come to get the drug. Some people forced the providers to provide drugs without obvious reasons. The service providers had realized that they should provide a clear message on the existing services and availability of drugs through regular interaction between service providers and service users.

Most of the health facilities displayed citizen charter, including list of essential drugs available at the health facilities, but nobody cares about it. It was expressed that there should be proper understanding and cooperation between service providers and local people in order to implement of the health program as per the policy guidelines.

Members of HFMCs have felt that their role in managing drugs and other activities have been reduced after implementing the free services because the health facility in charges do not require decisions from the HFMCs for demanding drugs. During the time of CDP, there was regular meeting about purchasing drugs and maintaining funds to run CDP. Most members of HFMCs were unaware of current available drugs due to the irregularity meetings and discussions among the members of HFMCs. Some members of HFMCs from the SHPs of Mirgaulia and Kaseni of Morang and Kusadevi of Kavre said that the users should be charged minimum fee; so that the provided drugs are utilized in a proper manner.

Health service providers of Hill and Terai realized that they should make effort to work long hours for improving quality of services, increasing client's satisfaction and making drugs available at health institutions for the successful implementation of FHCS. They also agreed that their burden of work induced due to the increased number of users could be managed by extending working hours from morning to evening and recruiting additional staff. For this, existing staff can work longer and be paid additionally. Health Facilities do not have local resource for recruiting additional staff and provide the payment for overtime work. There were discussion about how to generate local resource and fund for improving the services including infrastructure.

3.5 Socio-cultural and behavior issues of service users/local people

During interaction programs, there were some discussions on social cultural issues of local people. The ethnic groups residing in area of Haricha PHC are Tharu, Khabas, Bater, Mushar (indigenous people of Terai) and Bahun, Chhetri, Rai, Limbu, Gurung and Newar, (migrant hill people). Most of the people can understand Nepali language. However, a considerable number of the Tharu and Khabas who are indigenous people of Terai cannot communicate well in Nepali. Most of the service providers were from hill origin and some were madhesi community. Sometimes, service providers were facing language barriers while providing services. However, service providers and recipients were agreed that language issue is not a major problem in delivering health service. Newar, Brahmin, Chhetri, and Tamang were mainly inhabits in Panauti. Newar and Tamang used to speak

their own language with their communities. However, they also can communicate and understand Nepali language. Therefore, there is no language problem in Panauti.

Local people in Terai and Hill had their own traditional beliefs and practice related to illness and cure. In Morang, many indigenous people were still consulting their traditional healers before going health facilities. In Hill, some people initially consult traditional healers and then they used to visit the health facilities. The practice of seeking help from traditional healers at first can hinder the prompt treatment seeking behavior of people.

"The Day before yesterday we took our mother-in-law to hospital. She was kept there in ICU. Doctor told us to take away our patient since she was not cured there. Therefore, she was discharged from there. Later on, we took her to Dhami where she was cured. Now, she can eat, speak and even walk slowly." One of the participants at interaction program, Taukhal SHP, Panauti

The participants expressed that most villagers did not relied on traditional healers for treatment. Most traditional healers suggested their clients to visit the health facilities for treatment when the condition of the patient did not improve. Those marginalized and poor people who had not easy access to health facility, they used to visit traditional healers. Such practices might be delaying in seeking medical help from the government health facilities. However, participants of the interaction programs agreed that cultures of seeking help from traditional healers were not a barrier for the people in getting free health care services from health facilities.

Terai and Hill Women expressed that they felt shy to share their sexual and reproductive health problems and were not agreed to show their private parts to the male service providers. In Interaction, women's demanded that delivery cases need to be handled by female service providers and there should be ANM/Nurse even at SHP in order to increase the utilization of health services by women.

Interaction program also indicated that some people had doubt about the quality of drugs. So they used to compare the drugs receive from health facilities and drug retailers. Drug retailers often provided powerful and third generation of antibiotics to cure illness soon. The government health facilities still used simple antibiotics that might cure illness slowly as compared to new generation of drugs.

"There are some people who don't believe on reliability of free drugs. They said that Clinics give fast acting powerful drugs but SHP givers mild drugs that take time to cure illness. Therefore, some people who have doubt about quality of drugs do not like to visit the SHP. Rather, they go to private clinics or drug retailers." Interaction Program at Taukhal SHP, Panauti

Similar views were expressed in other interaction programs of Panauti and Haraicha. Some well off and educated people did not believe on the quality of drugs and capacity of the staffs of the health post. Therefore, these people often bypass the Government health facility.

"Rich people directly go to private clinics or hospital of Biratnagar. In severe illness, people who have cash and manage transportation cost often go to Biratnagar hospital or clinics. Sometimes when people need medical help at evening or morning, they have compulsion to consult drug retailers/local private practitioners because SHP opens only from 10 A.M to 3 P.M. People don't hesitate to spend on health that's why also they go to clinic." Interaction Program at Kaseni SHP,Morang

Due to lack of communication and interaction between health service providers and local people, many people living in catchment area of Haraicha PHC also were not aware of 24-hour services. Some people had no faith on quality of drugs and staff at PHC. Participants of the interaction program said that there should be regular interaction between health post staffs, management committees and local people. For improving the service quality, the social cultural barriers should be reduced and there should be a mutual understanding among the local people.

3.6 Issues related to management of drugs and staff

The government has been increased the supply of drugs though the provided drugs by the government is still insufficient to meet the demands of the people. In Terai, pediatric liquid drugs such as paracetamol and anti-biotic syrup are grossly inadequate. The supply is hardly sufficient for a week.

"Some items of drugs such as anti-biotic and paracetamol syrups finish quickly because children suffer more frequently than adult people. Most mothers prefer syrup for their children. Supply of liquid drugs required for children is inadequate. DPHO supply drugs after several days of submitting drug demand form. It is very difficult to manage such drugs and items of drugs, which finish quickly. Therefore, they often forced to prescribe tablets for children or suggest them to buy some drugs from drug retailers. "- Interaction at Kaseni and Mirgaulia SHPs.

"PHC is rendering 24 hours service but it is bounded only 32 item drugs. Sometimes we, (the staffs of PHC) required additional drugs, which are not included in the list of essential drugs in case of emergency. But we can't use the drug more than 32 items so; it is been very difficult to us." Haraicha PHC interaction

During interaction, Villagers of Mirgaulai also raised similar issues and said that only simple drugs were available in SHP. Sometime health staff often prescribed some other drugs, which were not available in SHP; SHP can prescribe only 22 items of drugs, which were not adequate to meet the demand of patients. People were compulsion to buy drops, syrup, and other drugs from drug retailers. Drug retailers and health staffs have similar qualification but one can sell several powerful and fast acting drugs and other cannot do. They also stressed that the government must supply more than 22 items drugs because SHP in-charge can use more than recommended drugs.

Panauti and Kusadevi HP, health service providers did not have to face acute shortage of drugs. However, some items of drugs obtained from centre, which were finished soon. They were able to manage shortage of drugs in time. They usually received drugs from the DHO on time because they used to send drug demand form to DHO before few days of running some items out. Another cause is, health facility located in Panauti area, which is easily accessed from road and nearby Dhulikhel DHO. However, the items of essential drugs were not adequate to meet the demand of people. Health service providers, community people and HFMCs stressed that government should increase the items of drugs as per need of the community.

People from, Terai raised the issues, the government should supply the drugs considering the health problems and prevalence of diseases in the local context. "The government has maintained uniformity declaring certain items of essential drugs for SHP, HP and PHC irrespective of mountain, Hill and Terai. The prevalence of certain diseases in hill and Terai is not same. In Terai, people often suffer from diarrhea, kalaazar, malaria, ARI and other fever more frequently in summer and rainy season. There is seasonal variation of diseases such as ARI, diarrhea, malaria and eye infection. Eye drop should be supplied in season of eye infection. The government should supply the drugs considering seasonal and regional variation of diseases and health problem. Otherwise, health facilities always have to face shortage of drugs required for treatment of certain diseases."

Interactions also indicated that health facilities had problem in drugs management because local people had one tendency to obtain more drugs, pretending that they will suffer from several health problems or family members will be sick. Such a tendency leads to over use or misuse of drugs. Community people must be informed, "Drugs shouldn't be taken without presenting and checking patient." Therefore, community people need to be made aware of proper use of freely available drugs.

Many people had no idea about types of drugs were available in SHP. However, the essential drugs were listed in citizen charter. But, they cannot understand and remember names of drugs. It is obvious that the people want to have all drugs required for treatment

of their illness because the government is providing free heath care services. But, some cases, SHP/HP staff prescribe some drugs that should be obtained from the drug retailers.

"Qualification of drug retailers/local private practitioners and SHP in-charge is same but SHP staffs can use only 22 drug items but the private practitioners use powerful drugs. Local private practitioners use recent generation of powerful antibiotics, so patient is cured soon. But, SHP can't do this and use simple antibiotics that may take time to cure illness. Such anomaly and irregularity may create confusion among people. Therefore, the government should monitor and supervise the qualification and activities of local private practitioners" Mirgaulia SHP, Morang

The service users often raised questions of free health care service if they had to buy some medicines from outside. Interaction programs concluded that local people should be made of aware of availability of essential drugs at health facilities through interaction and communication program. Otherwise, it may create misunderstanding among service providers and users.

Regarding availability and adequacy of staff at health facilities, existing number of health staff at peripheral health facilities are inadequate as patients load has been increasing after implementation of free health care services. In Haraicha PHC, participants of the interaction programs strongly raised the issue of ever-vacant post of medical doctor. First, the government did not send doctor till date in Haraicha PHC. Even if the doctor is appointed, he or she did not want to work more than two weeks. There was the chronic problem of PHC. Haraicha PHC is able to provide 24 hours service using available staff and mobilizing local resource, even in holidays. They were also able to manage additional drugs for running emergency services.

A Medical Doctor was found to be working in Sunthan PHC, Panauti, but due to lack of staff quarter and adequate infrastructure, PHC was unable to provide 24 hours services.

The doctor also irregularly attends the PHC because there was no sufficient infrastructure, and, Health Assistant used to provide most of the service.

Kusadevi VDC is one of the densely populated VDCs in Kavre District. AHW is working hard from morning to evening (5 PM) to render services to the community people. MCHW and VHW were busy to outreach and EPI clinics. These staffs were grossly inadequate to run free health service effectively. The participants of the interaction program demanded that the SHP should be promoted into HP then need to provide additional staff including an ANM. Members of HFMC were planning to establish birthing centre and regular outreach clinics in the village, which is located away from the health facility. In order to make the health facility more functional and reliable the government should address the issue of inadequate staff.

Group interactions at Kaseni, Mirgaulia and Panauti strongly raised the issue related to existing staff pattern.SHP should have at least two medical persons (AHW, HA) who can diagnose and provide curative service to the patients. SHP facilities required additional staff to run health institution from morning to evening.

3.7 Financial issues

Most of health facilities wanted to extend their services from morning to evening or 24 hours services including birthing centre. They were adding some items of drugs from their own resources. So that community needs should be addressed. But, they did not have regular source of income and community people are not in such a position to generate fund for additional staffs and drugs.

"We are facing financial problem because the service itself is free and DHO also doesn't send money in time. Only the flow of patients has been increased. Fund hasn't been increased sufficiently." Haraicha PHC

"We are in dire need of PHC building and staff quarter to run 24 hours service including birthing centre. We can collect fund for constructing building because several NGOs and INGOs are showing their interest to provide the financial and technical support for the building SHP. But, we have no land for building construction. Panauti Municipality office has promised to provide land for building construction. However, it is difficult to obtain land from the municipality office due to bureaucratic process and legal issues. We community people and HFMC should be aware of this issue." Interaction Program, Sunthan PHC, Panauti

During the interaction program, there was discussion about how to generate local resource for implementing free health care services. VDC office could be one of the sources for fund for health service. The participants of Mirgaulia said that every year, some pieces of lands were purchased and sold in the village. VDC can collect some money from landlord as health tax. Voluntary donation could be another source of income. Some of the participants in Panauti and Haraicha, Kaseni and Mirgaulia said that minimum registration fee is to be charged for service users except the very poor people though it is against the principles of free health care.

3.8 Ownership and sustainability of the free care services

Due to lack of regular interaction between service providers and recipients, there was lack of feeling ownership among the local people. Some members of the HFMCs also expressed that their roles in managing drugs has been reduced because health post in-change alone can make decision about forwarding demands of the medicines. It was also expressed that services providers should be responsible for managing drugs required for the people.

There were also discussions that, only government support is not sufficient to manage free health care services effectively and in sustainable manner. The local people should be involved in the management of the services and help to generation of additional resource required for the service implementation. Most of the participants in interaction program, mentioned that free health care services were being implemented for the benefits of all

people but due to lack of awareness and interaction between service providers and service users, health service is being very low. People thought that the government should be responsible for every aspect of the services. The interaction programs revealed that it might not be effective and sustainable if the concerned stakeholders including service users are not involved in the process and execution of free health services. People are found to be enthusiastic and optimistic in gradual extension and improvement of free health care services. But, roles of the local people were not clear in management of the service after termination of the CDP program. Therefore, ownership of community should be created through regular interaction program and involvement of local people in management of health services and collecting resources required for the health facilities.

3.9 Key issues emerged from interaction

Interaction program held at selected health facilities of Kavre and Morang district explored following issues relating to the free health services.

All the people in Terai and Hill were not well informed of free health care services though messages were claimed to be circulated among the local people. The poor and marginalized people living away from health facilities were reported to be less aware of free health care services.

Not even all the members of HFMCs were informed about management of drugs and implementing procedure of free health care service. Members of HFMCs and health service providers did not meet regularly after the implementation of free health care services the health service providers did not see the significant roles of HFMCS in management of drugs under free health care service scheme.

Although number of patients/clients at health facilities have been substantially increased after implementation of free health care services, a considerable number of the population

mainly from the marginalized and poor sections of the community were still deprived of free health care services.

Some people who had no faith on treatment and medicines of health facilities were likely to bypass the government health facility and rich people often seek medical help from private clinics or hospital. Certain number of the community including rich and poor people still did not like to visit health facilities due to various reasons.

However, supply of drugs had been increased after implementation of free health care service, health service providers in Terai frequently facing the problem of shortage of some drugs including more drugs that are common and syrups. In health facilities of Panauti area, there were no problems of drug management because they were getting drugs as per their demands.

Only 22 items at SHP and 32 items of drugs at PHC were not adequate to meet demand of local people. Some members of the HFMCs stressed that the government should provide budget to buy drugs as per need of the health facility. If it is not possible, the government should visit the local health facility and assessed the actual need of drugs and population coverage, and then drugs should be supplied as per the local needs and population.

Existing pattern of health staff is inadequate to meet workload induced by the increased patient flow. The government should promote the SHP into HP and HP into PHC and PHC into community hospital .So that number of health staff could be increased as per requirement of health facilities.

Health service providers and users were interested to increase the working hours and extend their health service, but they had no regular sources of funds to appoint additional health staff at local level.

There was some misunderstanding and lack of ownership over free health care services among local people, due to lack of communication and interaction. After interaction program, they realized that there should be regular interaction/communication and involvement of local people in management of free health care services for developing feeling of ownership and implementing services effectively and sustainable manner.

There were no major socio-cultural barriers to utilization the free health services. However, some people particularly poor and marginalized sections of the community prefer to consult traditional healers at first when they suffered from some illness. Women suffering from sexual and reproductive health problems did not like to consult the male service providers.

Utilization of health services whether they were free or not were to influence by the various factors including the behavior of service providers, quality of services, accessibility and acceptability of services. Quality and acceptability of health service depended on mainly technical capacity, attitude and behavior of the service providers.

Chapter 4
Conclusion and recommendations

4.1 Conclusion

Free health care services were found to be implemented according to the guidelines developed by the government. It is noted that after implementing this services, flow of patients have been increased in each government health facility. This indicates that people were getting service at a regular basis and their level of satisfaction has been increased. Viewing this, one could say that most people have been benefitted by these services. However, most marginalized and poor living far from the health facilities is still seen deprived from such services. One of the reasons was the lack of information regarding the services. There was no discussion/ interaction held between the health service providers and communities on strengthening free health care services and making services accessible to the poor and marginalized people. The interaction program conducted in the selected health facilities of Kavre and Morang have sensitized both the service providers and the community level people that in order to strengthen the free services there is the need of the joint effort from both the sides of services providers and receivers.

Although most of the people agreed that the supply of drugs in health facilities is irregular and insufficient for the year, they all agreed that this was not a major issue of the free health care program. Liquid drugs required for children and some items of drugs, which are not always available at health facility, have led to the negative impact on mothers' health seeking behavior for their children. Many people agreed that the listed items of essential drugs are not sufficient to meet the demand of people. Thus, these issues might have impact on the free health care service program. During the interaction program, one of the issues raised was that certain amounts of budget should be allocated to the health facility, so that they could purchase additional drugs as per their needs.

There is lack of medical doctors at PHC and one of the reasons is most of the doctors disliked working in rural areas. PHC has been mainly managed by HA, ANM and CMA,

which is similar to health post. Most of the service providers showed concern regarding their workload. The workload of the service providers have increased due the increased number of patient flow. They wanted to extend the working hours, which are not possible without recruiting the additional staff, and said that due to lack of fund unable to make provision of payment for overtime.

The HFMCs, service providers, local people and the governments have no clear vision and plan regarding the issues. Due to the lack of community ownership, people feel that it is only the government responsible for everything required for implementing free health services. It could be concluded that without the involvement of the community people and their feeling of ownership, collaborative partnership between service providers, users and other stakeholders, free health care service cannot be sustainable and effective. The interaction program was successful to sensitize the need of collaborative interactions between health service providers and users.

4.2 Recommendations

At the community Level

All the people were not well informed about the free health care services. Therefore, people must be made aware of the free health care services available at peripheral health facilities through campaigns from various level of people such as FCHV, schoolteachers, local leaders, community based organization and mobile clinics especially for communities residing far from the health facilities.

At health facility level

Health facility should procure drugs timely from the centre and district health offices so that all listed drugs were always available at the health facility.

References

Alban, A., Sharma, T.M.(200). Reaching the MDGs in Nepal: Costs of up-scaling Essential

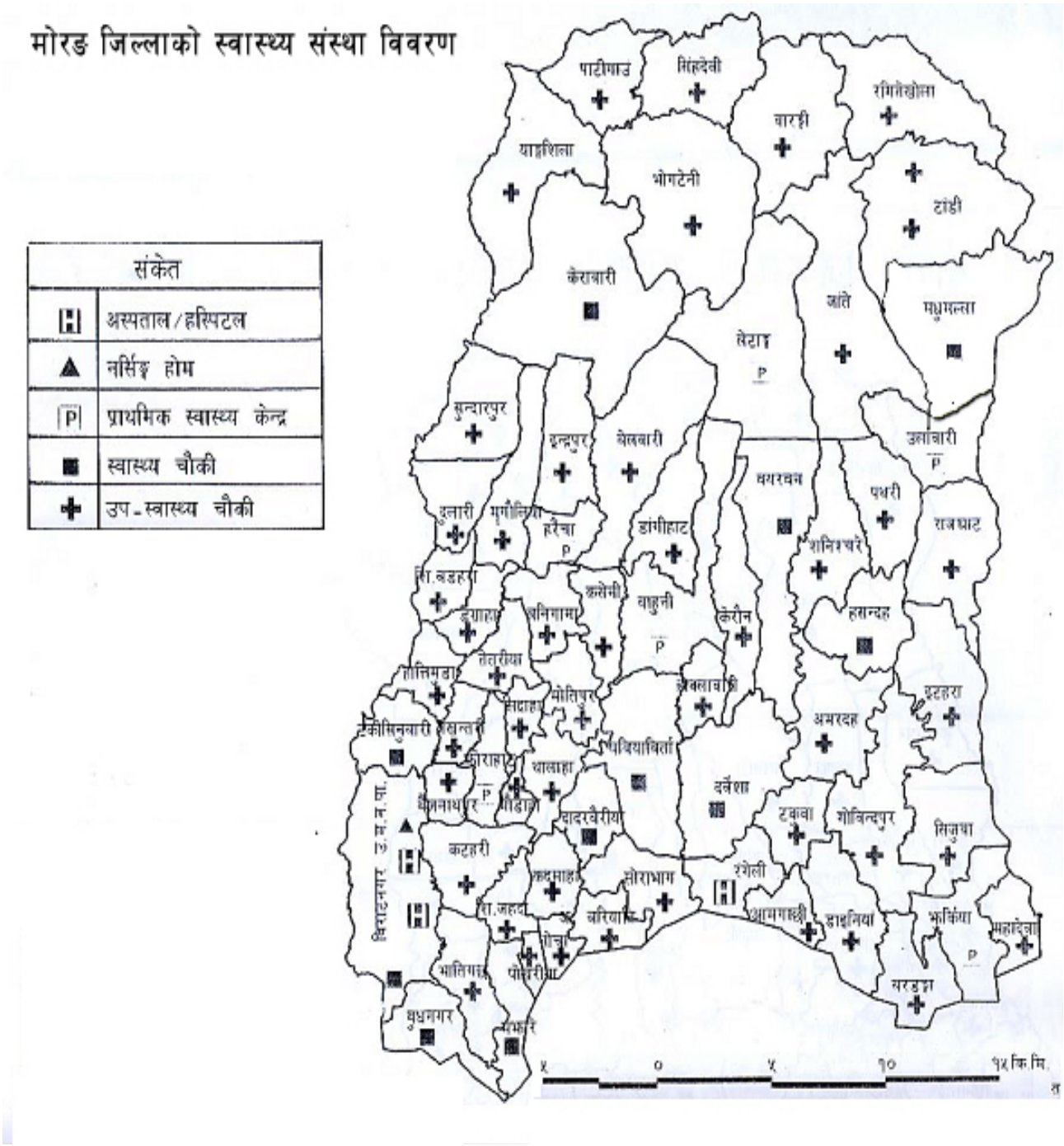
Department of Health Services (2006a). Annual Report 2062/63 (2005/6). Department of Health services, Kathmandu.

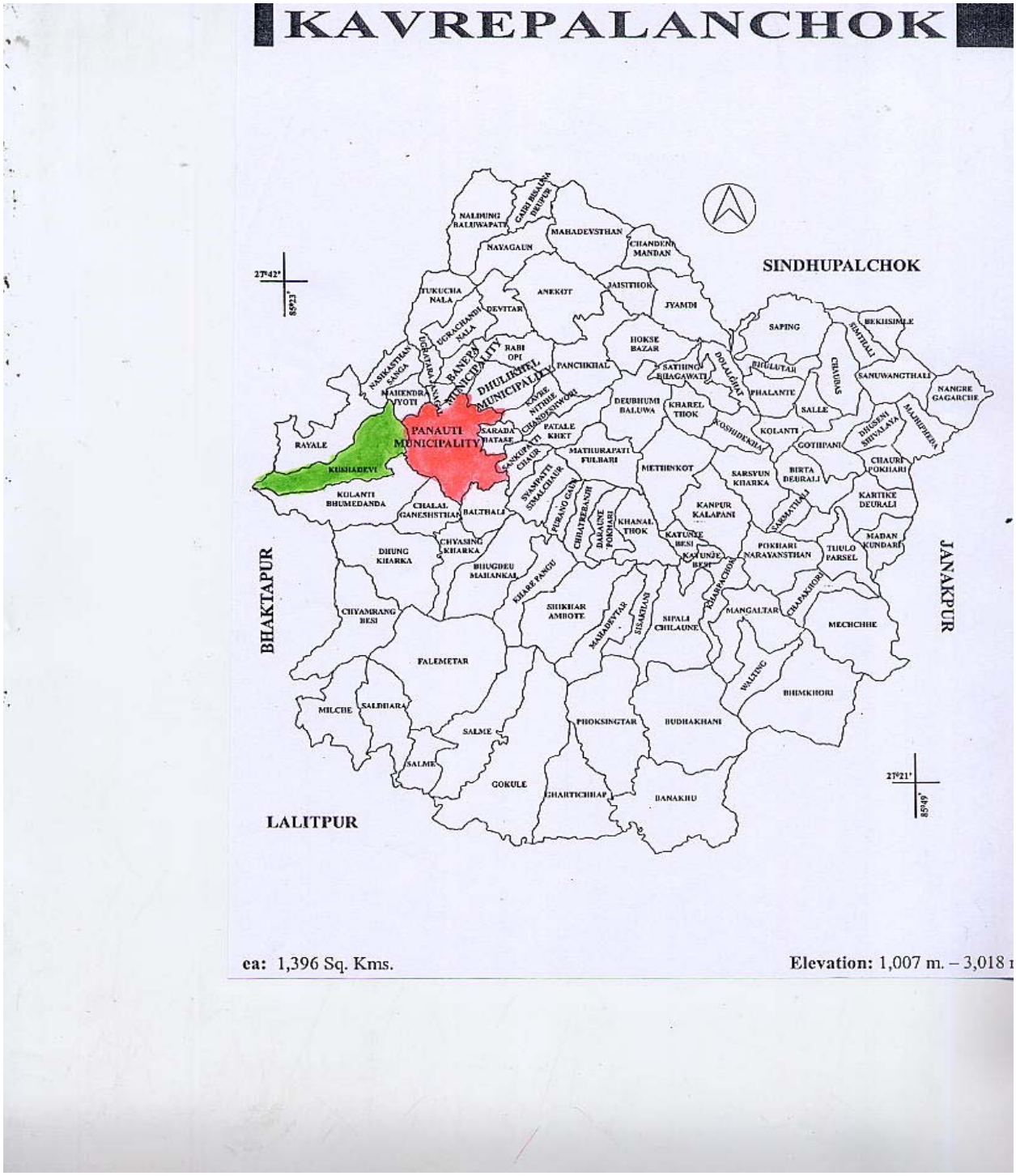
Sector reform- Support Program (HSR-SP/RTI international) Ministry of Health and Population.

Prasai, D.P.(200). Implications of Free health Care Policy of Government of Nepal.

Annex – 1

Map of Selected Districts





ea: 1,396 Sq. Kms. Elevation: 1,007 m. – 3,018 m

Annex – 2

Number of Participants

Haraicha PHC, Morang – Participants List **(17.07.2009)**

Total Participants – 41 (Male – 30 & Female – 11)

S. N.	Name	Address	Gender	
			Male (M)	Female (F)
1.	Mr. Indra Bhattarai	Haraicha – 4	M	
2.	Mr. Uchit Narayan Khawas	Haraicha – 7	M	
3.	Mr. Agendra raj Phuyal	Haraicha – 7	M	
4.	Mr. Krishna Dev Tiwari	CDS, Biratnagar	M	
5.	Mr. Rajeshwor Prasad Yadav	CDS, Biratnagar	M	
6.	Dr. C. B. Budhathoki	NHRC	M	
7.	Ms. Pearl Banmali	NHRC		F
8.	Dr. Kedar Prasad Baral	PAHS	M	
9.	Dr. Nilambar Jha	BPKIHS, Dharan	M	
10.	Dr. Mahesh Kumar Maskey	NHRC	M	
11.	Mr. Shekhar Kumar Yadav	Haraicha PHC	M	
12.	Ms. Namita Ghimire	NHRC		F
13.	Ms. Ganga Rijal	Haraicha – 5		F
14.	Mr. Purna Maskey	Haraicha – 9	M	

15.	Mr. Nanda Kumar Mishra	S. P. School, Haraicha	M	
16.	Ms. Rashami Siral	Haraicha – 3		F
17.	Ms. Anita Siral	Haraicha – 3		F
18.	Mr. Manoj Khatri	Haraicha PHC	M	
19.	Mr. Ekraj Prasai	Damak, Jhapa	M	
20.	Ms. Mina Chaudhary	Haraicha – 4		F
21.	Mr. Mukti Chaudhary	Haraicha – 3	M	
22.	Mr. Devendra Karki	Haraicha – 3	M	
23.	Mr. Bachan Siral	Haraicha – 1	M	
24.	Mr. Madhav Prasad Regmi	Haraicha PHC	M	
25.	Ms. Asmita	Haraicha – 1		F
26.	Ms. Mamata Thapa	Haraicha PHC		F
27.	Ms. Durga Mainali	Haraicha PHC		F
28.	Mr. Bal Krishna Rai	Haraicha School	M	
29.	Mr. Shiv Kumar Rai	Haraicha – 1	M	
30.	Ms. Digamta Paudyal	Haraicha – 1		F
31.	Mr. Anan Kumar Mandal	Haraicha PHC	M	
32.	Ms. Jahari	Haraicha – 5		F
33.	Mr. Hari Prasad Regmi	Haraicha – 4	M	
34.	Mr. Rajendra Kumar Khabas	Haraicha – 1	M	
35.	Mr. Man Bahadur Katuwal	Haraicha – 8	M	

36.	Mr. Ran Bahadur Adhikari	Haraicha – 9	M	
37.	Mr. Netra Prasad Luitel	Haraicha – 1	M	
38.	Mr. Ashok Kumar Khabas	Haraicha – 1	M	
39.	Mr. Manoj Ghale	Haraicha – 4	M	
40.	Mr. Ram Krishna Giri	Haraicha – 4	M	
41.	Mr. Bijay Kumar Jha	NHRC	M	

Kaseni SHP, Morang – Participants List **(18.07.2009)**

Total Participants – 54 (Male – 18 & Female – 36)

S. N.	Name	Address	Gender	
			Male (M)	Female (F)
1.	Ms. Lila B. K.	Kaseni – 2		F
2.	Ms. Ganga Thanar	Kaseni – 2		F
3.	Mr. Kul Bahadur Biswas	Kaseni – 2	M	
4.	Ms. Huma Ghimire	Kaseni – 9		F
5.	Ms. Asha Magar	Kaseni – 9		F
6.	Ms. Tej Kumari Basnet	Kaseni – 9		F
7.	Ms. Lok Kumari Dagi	Kaseni – 9		F
8.	Mr. Yashodhan Rai	Kaseni – 6	M	
9.	Mr. Gopal Katuwal	Kaseni – 4	M	
10.	Mr. Budhi Binod Giri	Kaseni – 8	M	

11.	Mr. Bhadra Bahadur Ghale	Kaseni – 2	M	
12.	Ms. Ganga Thanar	Kaseni – 4		F
13.	Ms. Manju Adhikari	Kaseni – 2		F
14.	Ms. Huma Ghimire	Kaseni – 9		F
15.	Ms. Tej Kumari Basnet	Kaseni – 2		F
16.	Ms. Devi Maya Basnet	Kaseni – 7		F
17.	Ms. Maiya Devi Giri	Kaseni – 9		F
18.	Ms. Kamala Siba	Kaseni – 9		F
19.	Ms. Amita Bogati	Kaseni – 1		F
20.	Ms. Asha Chaudhary	Kaseni – 8		F
21.	Mr. Shekhar Kumar Yadav	Haraicha PHC	M	
22.	Ms. Yum Kumari Bhushal	Kaseni – 2		F
23.	Ms. Menuka Majhi	Kaseni – 1		F
24.	Ms. Mangali Nepali	Kaseni – 7		F
25.	Ms. Mati Kala Rai	Kaseni – 6		F
26.	Ms. Radha Giri	Kaseni – 6		F
27.	Mr. Dukha Ram Bhagat	Kaseni – 5	M	
28.	Mr. Muna Hang Rai	SHP Kaseni	M	
29.	Mr. Netra Prasad Luitel	Kaseni – 5	M	
30.	Mr. Bhanu Giri	Kaseni – 5	M	
31.	Mr. Tej Narayan Chaudhary	Kaseni – 4	M	

32.	Ms. Sabita Khawas	Kaseni – 4		F
33.	Ms. Sharita Chaudhary	Kaseni – 4		F
34.	Mr. Kamal Khawas	Kaseni – 4	M	
35.	Mr. Mahesh Rai	Kaseni – 4	M	
36.	Ms. Lila Chaudhary	Kaseni – 4		F
37.	Ms. Shushma Rai	Kaseni – 4		F
38.	Ms. Sabina Basnet	Kaseni – 4		F
39.	Ms. Gita Katuwal	Kaseni – 4		F
40.	Ms. Ayusha Adhikari	Kaseni – 4		F
41.	Ms. Asha Gajurel	Kaseni – 3		F
42.	Ms. Anju Ghimire	Kaseni – 3		F
43.	Ms. Ganga Chaudhary	Kaseni – 3		F
44.	Mr. Ramesh Khawas	Kaseni – 3	M	
45.	Ms. Kamala Basnet	Kaseni – 4		F
46.	Ms. Ramita Giri	Kaseni – 4		F
47.	Ms. Sani Chaudhary	Kaseni – 4		F
48.	Mr. Ram Bahadur Biswas	Kaseni – 9	M	
49.	Mr. Hari Rai	Kaseni – 9	M	
50.	Ms. Sarada Magar	Kaseni – 9		F
51.	Ms. Pearl Banmali	NHRC		F
52.	Dr. C. B. Budhathoki	NHRC	M	

53.	Ms. Namita Ghimire	NHRC		F
54.	Mr. Bijay Kumar Jha	NHRC	M	

Mirgauliya SHP, Morang – Participants List (19.07.2009)

Total Participants – 61 (Male – 28 & Female – 33)

S. N.	Name	Address	Gender	
			Male (M)	Female (F)
1.	Mr. Kali Das Bhattarai	VDC Secretary, Mirgauliya	M	
2.	Ms. Sakuntala Yadav	SHP In Charge		F
3.	Mr. Shekhar Kumar Yadav	Haraicha PHC	M	
4.	Ms. Gyani Maskey	Haraicha – 9		F
5.	Mr. Munahang Rai	Kasheni SHP	M	
6.	Ms. Mamata Thapa	Haraicha PHC		F
7.	Mr. Madhav Prasad Regmi	Haraicha PHC	M	
8.	Mr. Tekendra Karki	Haraicha PHC	M	
9.	Ms. Pearl Banmali	NHRC		F
10.	Dr. C. B. Budhathoki	NHRC	M	
11.	Ms. Namita Ghimire	NHRC		F
12.	Mr. Bijay Kumar Jha	NHRC	M	
13.	Mr. Kunta Lal Dulal	Mirgauliya – 4	M	
14.	Mr. Gambhir Koirala	Mirgauliya – 2	M	

15.	Mr. Kabiraj Ghimire	Mirgauliya – 2	M	
16.	Ms. Kalkatu Majhi	Mirgauliya – 5		F
17.	Ms. Manju Adhikari	Mirgauliya – 2		F
18.	Ms. Gudka Urab	Mirgauliya – 5		F
19.	Ms. Ambika Urab	Mirgauliya – 3		F
20.	Ms. Devi Maya Chaudhary	Mirgauliya – 2		F
21.	Ms. Bhagwati Dahal	Mirgauliya – 2		F
22.	Mr. Surendra Modi	Mirgauliya – 1	M	
23.	Mr, Dhan Bahadur Kedem	Mirgauliya – 3	M	
24.	Ms. Rita Dhakal	Mirgauliya – 9		F
25.	Mr. Hari Prasad Guragain	Mirgauliya – 5	M	
26.	Mr. Bishnu Guragain	Mirgauliya – 5	M	
27.	Mr. Bhanu Bhakta Phuyal	Mirgauliya – 5	M	
28.	Mr. Prakash Narayan Barnwal	Mirgauliya – 5	M	
29.	Mr. Madhav Prasad Ghimire	Mirgauliya – 2	M	
30.	Ms. Gita Gautam	Mirgauliya – 8		F
31.	Mr. Ashaman Limbu	Mirgauliya – 2	M	
32.	Mr. Pravin Mohara	Mirgauliya – 2	M	
33.	Ms. Samjhana Mohara	Mirgauliya – 2		F
34.	Mr. Durga Prasad Chaulagain	Mirgauliya – 5	M	
35.	Ms. Maiya Devi Shrestha	Mirgauliya – 6		F

36.	Mr. Bhakta Bahadur Rai	Mirgauliya – 6	M	
37.	Mr. Krishna Prasad Gautam	Mirgauliya – 4	M	
38.	Ms. Kuma Devi Luitel	Mirgauliya – 4		F
39.	Ms. Sakuntala Yadav	Mirgauliya – 4		F
40.	Ms. Chitra Rekha Ghimire	Mirgauliya – 2		F
41.	Mr. Gyanendra Bahadur Thapa	Mirgauliya – 2	M	
42.	Mr. Netra Prasad Luitel	Mirgauliya – 3	M	
43.	Ms. Phuli Chaudhary	Mirgauliya – 4		F
44.	Ms. Purna Kumari Shrestha	Mirgauliya – 6		F
45.	Ms. Manju Kumari Pradhan	Mirgauliya – 7		F
46.	Mr. Binod Kumar Urab	Mirgauliya – 2	M	
47.	Ms. Sancha Maya Limbu	Mirgauliya – 5		F
48.	Ms. Deu Maya Gatraj	Mirgauliya – 3		F
49.	Ms. Gyan Maya B. K.	Mirgauliya – 2		F
50.	Ms. Phul Maya B. K.	Mirgauliya – 2		F
51.	Ms. Bishnu Maya B. K.	Mirgauliya – 4		F
52.	Ms. Man Kumari Rai	Mirgauliya – 4		F
53.	Mr. Bindu Mahara	Mirgauliya – 3	M	
54.	Ms. Pravindevi Chaudhary	Mirgauliya – 3		F
55.	Ms. Rina Chaudhary	Mirgauliya – 5		F
56.	Mr. Ram Kumar Urab	Mirgauliya – 5	M	

57.	Ms. Lali Urab	Mirgauliya – 2		F
58.	Ms. Jali B. K.	Mirgauliya – 2		F
59.	Ms. Til Maya Sunwar	Mirgauliya – 1		F
60.	Ms. Phul Maya B. K.	Mirgauliya – 8		F
61.	Mr. Shyam Katuwal	Mirgauliya – 9	M	

Sunthan PHC, Kavrepalanchok – Participants List **(09.08.2009)**

Total Participants – 38 (Male – 19 & Female – 19)

S. N.	Name	Address	Gender	
			Male (M)	Female (F)
1.	Mr. Pipal Bahadur Chetry	PHI, Sunthan PHC	M	
2.	Ms. Godawari Khadka	Sunthan – 10		F
3.	Ms. Bapi B. K.	Sunthan – 10		F
4.	Mr. Gune Sharki Ramtel	Sunthan – 10	M	
5.	Ms. Parbati Karmacharya	Sunthan – 10		F
6.	Ms. Apsara B. K.	Sunthan – 10		F
7.	Ms. Bisuka B. K.	Sunthan – 10		F
8.	Mr. Kalu B. K.	Sunthan – 10	M	
9.	Mr. Raj Kumar Pariyar	Sunthan – 10	M	
10.	Ms. Laxmi Timalsina	Sunthan – 10		F
11.	Ms. Sushila Rai	Sunthan – 10		F

12.	Ms. Nirmala Ramtel	Sunthan – 10		F
13.	Ms. Maina Nepali	Sunthan – 10		F
14.	Mr. Nanda Lal Kyastha	Banepa – 3	M	
15.	Ms. Mohan Devi Karmacharya	Banepa – 3		F
16.	Mr. Ram Kumar Pandit	Panauti – 10	M	
17.	Mr. Madhav Raj Dahal	Panauti – 11	M	
18.	Mr. Pushkar Nepal	HA, Sunthan PHC	M	
19.	Dr. Prashar Koirala	Sunthan PHC In Charge	M	
20.	Ms. Ambika Pariyar	Sunthan – 10		F
21.	Ms. Subhadra Ramtel	Sunthan – 10		F
22.	Ms. Rekha Shrestha	Sunthan – 10		F
23.	Mr. Ramesh Thapa	Sunthan – 10	M	
24.	Mr. Bishnu Prasad Timalsina	Sunthan – 10	M	
25.	Ms. Maiya Thapa	Sunthan – 10		F
26.	Ms. Rama Karmacharya	Sunthan – 10		F
27.	Dr. Diwas Bam	Khopashi PHC In Charge	M	
28.	Mr. Ram Hari Khatri	Sharada H. S. School	M	
29.	Ms. Indra Kumari Khadka	Sunthan – 10		F
30.	Ms. Reshama Karmacharya	Sunthan – 10		F
31.	Mr. Sanokaji Khatri	Sunthan – 10	M	
32.	Mr. Mohan Khadka	Panauti N. P.	M	

33.	Mr. Upendra Humagain	PHC M. C., Member	M	
34.	Mr. Dhurba Ramtel	PHC M. C., Member	M	
35.	Ms. Pearl Banmali	NHRC		F
36.	Dr. C. B. Budhathoki	NHRC	M	
37.	Ms. Namita Ghimire	NHRC		F
38.	Mr. Bijay Kumar Jha	NHRC	M	

Panauti SHP, Kavrepalanchok – Participants List (10.08.2009)

Total Participants – 30 (Male – 14 & Female – 16)

S. N.	Name	Address	Gender	
			Male (M)	Female (F)
1.	Mr. Prem Bahadur Pradhan	Punya Ma. Vi. Panauti	M	
2.	Mr. Hari Krishna Shrestha	Panauti – 5	M	
3.	Ms. Ganga Tamrakar	Panauti – 7		F
4.	Ms. Bina Tamrakar	Panauti – 7		F
5.	Ms. Saraswati Shrestha	Panauti – 5		F
6.	Ms. Sarada Shrestha	Panauti – 5		F
7.	Ms. Kanchi Ghullu	Panauti – 6		F
8.	Ms. Rita Tamang	Panauti – 5		F
9.	Ms. Santi Tamrakar	Ni. Ma. Vi., Panauti		F
10.	Mr. Gopal Krishna Tamrakar	Panauti – 6	M	

11.	Mr. Pushpa Ranjan Newa	Panauti – 11	M	
12.	Mr. Pipal Bahadur Chetry	PHC, Sunthan	M	
13.	Mr. Bishnu Dhakal	SHP, Panauti	M	
14.	Ms. Anju Koirala Kanal	SHP, Panauti		F
15.	Ms. Asha Maya Tamrakar	SHP, Panauti		F
16.	Mr. Punya Lal Duwal	Secretary 6 & 7, Panauti	M	
17.	Mr. Ram Das Suwal	Panauti – 6	M	
18.	Ms. Pun Keshari Kutuwa	Panauti – 2		F
19.	Ms. Pratima Tamrakar	Panauti – 6		F
20.	Ms. Chandra Laxmi Tamrakar	Panauti – 7		F
21.	Mr. Indra Prasad Adhikari	Panauti Municipality	M	
22.	Mr. Srijan Bashachhe	Panauti Municipality	M	
23.	Mr. Kamal Prasad Khadgi	Panauti – 6	M	
24.	Mr. Purushottam Timilsina	Panauti SHP	M	
25.	Ms. Srijana Baral	Panauti – 6		F
26.	Ms. Ramila Shrestha	Panauti – 6		F
27.	Ms. Pearl Banmali	NHRC		F
28.	Dr. C. B. Budhathoki	NHRC	M	
29.	Ms. Namita Ghimire	NHRC		F
30.	Mr. Bijay Kumar Jha	NHRC	M	

Taukhal SHP, Kavrepalanchok – Participants List **(11.08.2009)**

Total Participants – 40 (Male – 21 & Female – 19)

S. N.	Name	Address	Gender	
			Male (M)	Female (F)
1.	Mr. Pipal Bahadur Chetry	PHI, Sunthan PHC	M	
2.	Mr. Ram Bahadur Pariyar	Taukhal – 4	M	
3.	Mr. Subash Thapa	Taukhal – 4	M	
4.	Mr. Netra Bahadur Thapa	Taukhal – 4	M	
5.	Mr. Ratna Bahadur Thapa	Taukhal – 4	M	
6.	Mr. Drub Pariyar	Taukhal – 4	M	
7.	Mr. Madhav Prasad Sapkota	Taukhal – 4	M	
8.	Mr. Krishna Kaji Shrestha	Taukhal – 3	M	
9.	Mr. Shekhar Man Shrestha	Taukhal – 4	M	
10.	Mr. Prem Kumar Shrestha	Taukhal – 3	M	
11.	Ms. Kanchi Maiya Thapa	Taukhal – 4		F
12.	Ms. Radhika Biswakarma	Taukhal – 3		F
13.	Ms. Binda Pariyar	Taukhal – 4		F
14.	Ms. Samjhana Banjara	Taukhal – 4		F
15.	Ms. Bishnu Kumari Basnet	Taukhal – 3		F
16.	Ms. Anjana Basnet	Taukhal – 3		F
17.	Ms. Khil Kumari Banjara	Taukhal – 4		F

18.	Ms. Sita Shrestha	Taukhal – 4		F
19.	Ms. Renu Shrestha	Taukhal – 4		F
20.	Ms. Kamala Shrestha	Taukhal – 4		F
21.	Ms. Chandika Tamang	Taukhal – 4		F
22.	Ms. Ranju Tamang	Taukhal – 4		F
23.	Ms. Sapana Shrestha	Taukhal – 4		F
24.	Mr. Radheshyam Karmacharya	SHP, Taukhal	M	
25.	Mr. Budha Singh Thapa	Taukhal – 4	M	
26.	Mr. Raj Kumar Shrestha	Ward Secretary – 4	M	
27.	Mr. Purushottam Kuikel	Taukhal – 4	M	
28.	Mr. Krishna Hari Dahal	Taukhal – 4	M	
29.	Ms. Subhadra Raymajhi	Taukhal – 3		F
30.	Ms. Debaki Thapa	Taukhal – 12		F
31.	Mr. Laxman Adhikari	Taukhal – 4	M	
32.	Ms. Bhagbati K. C.	Taukhal – 4		F
33.	Mr. Indra Prasad Adhikari	Panauti Municipality	M	
34.	Mr. Ganga Prasad Sapkota	Taukhal – 4	M	
35.	Mr. Radhe Shyam Shrestha	Taukhal – 3	M	
36.	Ms. Ganga Maya Chetry	Taukhal – 4		F
37.	Ms. Pearl Banmali	NHRC		F
38.	Dr. C. B. Budhathoki	NHRC	M	

39.	Ms. Namita Ghimire	NHRC		F
40.	Mr. Bijay Kumar Jha	NHRC	M	

Kushadevi SHP, Kavrepalanchok – Participants List (12.08.2009)

Total Participants – 31 (Male – 18 & Female – 13)

S. N.	Name	Address	Gender	
			Male (M)	Female (F)
1.	Mr. Bhim Neupane	Kushadevi – 2	M	
2.	Mr. Laxman Humagain	Kushadevi – 7	M	
3.	Mr. Bal Chandra Acharya	Kushadevi – 7	M	
4.	Ms. Sangita Lama	Kushadevi – 7		F
5.	Mr. Subarna B. K.	Kushadevi – 7	M	
6.	Mr. Jayman Tamang	Kushadevi – 8	M	
7.	Ms. Rampyari Adhikary	Kushadevi – 4		F
8.	Ms. Goma Sapkota	Kushadevi – 2		F
9.	Ms. Saraswati Sundas	Kushadevi – 2		F
10.	Ms. Sarada Adhikari	Kushadevi – 7		F
11.	Ms. Sobita Sapkota	Kushadevi – 2		F
12.	Ms. Parbati Khadka	SHP, Kushadevi		F
13.	Ms. Rama Thapa	SHP, Kushadevi		F
14.	Mr. Prabhu Narayan Shah	SHP In Charge	M	

15.	Ms. Sita B. K.	Kushadevi – 2		F
16.	Mr. Madhav Prasad Humagain	Kushadevi – 2	M	
17.	Mr. Ram Krishna Ghimire	Member, M. C.	M	
18.	Mr. Dhrub Prasad Sapkota	Member, M. C.	M	
19.	Mr. Sudarshan Sapkota	Member, M. C.	M	
20.	Mr. Ram Chandra Shrestha	Member, M. C.	M	
21.	Mr. Devi Prasad Lamichhane	Ni. Ma. Vi., Kushadevi	M	
22.	Mr. Udhab Prasad Bolakhe	Member, M. C.	M	
23.	Mr. Dhrub Prasad Humagain	Member, M. C.	M	
24.	Mr. Pipal Bahadur Chetry	Sunthan PHC	M	
25.	Mr. Ram Prasad Adhikari	Kushadevi Ucha Ma. Vi.	M	
26.	Ms. Nitu Shrestha	Kushadevi – 2		F
27.	Ms. Pushpa Adhikari	Kushadevi – 4		F
28.	Ms. Pearl Banmali	NHRC		F
29.	Dr. C. B. Budhathoki	NHRC	M	
30.	Ms. Namita Ghimire	NHRC		F
31.	Mr. Bijay Kumar Jha	NHRC	M	

Annex – 3

Guidelines for Interaction Program

अन्तरक्रिया कार्यक्रमको निर्देशिका

स्वास्थ्य जनताको मौलिक अधिकार हो । यसमा राज्यकै दायित्व हुनुपर्छ भन्ने कुरालाई २०६२/०६३ को ऐतिहासिक जनआन्दोलनले स्थापित गरिसकेको छ । यसै बमोजिम अन्तरिम संविधान २०६३ ले स्वास्थ्य सेवालाई नागरिकको मौलिक हकको रुपमा निश्चित गरेको छ । यसै परिप्रेक्षमा वि . सं. २०६४ मा राज्यले देशका २५ सैयासम्मको अस्पताल र सो भन्दा तलका स्वास्थ्य संस्थामा आकस्मिक, वाह्य र अन्तरङ्ग सेवा निःशुल्क गर्ने नीति लिएको छ । निःशुल्क स्वास्थ्य सेवा प्रदान गर्ने सिलसिलामा मूलुकका सम्पूर्ण स्वास्थ्य चौकी र उपस्वास्थ्य चौकी मार्फत वि. सं. २०६४ सालदेखि नै आमनागरिकलाई निःशुल्क स्वास्थ्य कार्यक्रम शुभारम्भ गरेको थियो भने देशका सम्पूर्ण प्राथमिक स्वास्थ्य केन्द्र मार्फत गत २०६५ साल मंसीर १ गते देखि आम नागरिकलाई निशुल्क स्वास्थ्य सेवा प्रदान गर्ने नीति लागु गेरेको छ । यसै परिप्रेक्षमा निःशुल्क स्वास्थ्य सेवा कार्यक्रमको प्रभावकारिता अध्ययन गर्नको लागि अन्तरक्रिया कार्यक्रम महत्वपूर्ण हुने र स्वयमा व्यक्तीबाट दुई तर्फी कुरा एक्कै ठाऊमा सुन्न र बुझ्न पाईने भएकोले यस कार्यक्रमबाट महत्वपूर्ण परिणम आउने अपेक्षा राख्न सकिन्छ ।

कार्यक्रमको प्रमुख उद्देश्यः

१ निःशुल्क स्वास्थ्य सेवा कार्यक्रमको प्रभावकारीताको अध्ययन गर्ने ।

२ सेवा प्रदायक र सेवाग्राहीबीच भएको सवल र कमजोर पक्ष पहिचान गरी विध्यमान नीति तथा कार्यक्रमहरुलाई संशोधन गर्न सहयोग पुऱ्याउने ।

छलफलका विषयहरुः

- दर्ता शुल्क
- औषधीको उपलब्धता
- दक्ष चिकित्सकको उपलब्धता
- सेवा प्रदायकहरुको व्यवहार

- गरीब, अति गरीब, अपाङ्ग, जेष्ठ नागरिक, महिला स्वास्थ्य स्वयंसेविकालाई समेट्न सकेको छ, छैन (पहिचान को आधार)
- बजेटको अन्य स्रोतहरु के के छन् ।
- लक्षीत समूहले यसको उपयोग गर्न पाएका छन्, छैन
- निशुल्क स्वास्थ्य सेवाको रेकर्ड राख्ने प्रणाली
- यस कार्यक्रमले स्वास्थ्यकर्मीहरुमा कार्यभार थपिएको छ, छ भने कसरी व्यवस्थापन गरिरहनु भएको छ ?
- सेवाको प्रभावकारीता र चूनौतीहरु
- निशुल्क सेवा कार्यक्रम पछि सेवा लिनेहरुको संख्या
- निशुल्क सेवा प्रति उनीहरुको अवधारणा
- निशुल्क सेवा प्रदान गर्न थालेपछि तपाईं आफ्नो भूमिका कस्तो पाउनु भएको छ

अर्न्तक्रिया कार्यक्रममा पालन गर्नुपर्ने नियमहरुः

१ यस कार्यक्रममा सबै सहभागीहरुले आफूलाई अनुभव भएको कुराहरु भन्न पाउँनेछन् तर व्यक्तिगत विषयलाई लिएर एक अर्कामा आक्षेप लगाउन पाउने छैनन् । एक अर्काको कार्यको समालोचना गर्न पाउनेछ तर व्यक्तिगत रुपमा आलोचना गर्न पाउने छैनन् ।

२ राजनीतिक पुर्वाग्रहलाई आधार बनाएर बहस, छलफल र घोचपेचगर्न पाउने छैन ।

३ भाषिक, लैङ्गीक, धार्मिक, जातिय, क्षेत्रिय आधारमा कसैलाई होच्याउने आक्षेप लगाउन पाउने छैन ।

४ अप्रासाङ्गिक विषय झिकी अनावश्यक वहस गर्न पाईने छैन ।

५ कार्यक्रममा एक मध्यस्थकर्ता हुनेछ ।

६ दुवै समूह सेवा प्रदान गर्ने र सेवा लिने बीचमा समन्वयता ल्याउने काम मध्यस्थकर्ताले गर्नेछ ।

७ कार्यक्रममा निशुल्क स्वास्थ्य सेवा कार्यक्रमको बारेमा छलफल गरिनेछ ।

Annex – 4

Interaction Program Schedule

निःशुल्क स्वास्थ्य सेवा कार्यक्रम बारे अर्न्तक्रिया कार्यक्रम

स्थान :

समय :

मिति :

क्रियाकलाप

- सहभागी नाम दर्ता
- उद्घाटन
- परिचय कार्यक्रम
- कार्यक्रमको बारेमा जानकारी
- अर्न्तक्रिया
- निःशुल्क स्वास्थ्य सेवालाई प्रभावकारी गराउन सल्लाह र सुझावको लागि समुह विभाजन
- सल्लाह र सुझावको प्रस्तुतीकरण
- समापन

5nkmnsf ljifox?

- निःशुल्क स्वास्थ्य सेवाको बारेमा के के कुरा सुन्नुभएको छ ?
- कहिलेदेखि तपाईको जिल्लामा यो कार्यक्रम लागु भयो ?
- कस्तो प्रकारको निःशुल्क स्वास्थ्य सेवा लागु भयो ?
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- पर्याप्त मात्रामा औषधी र अन्य सामग्रीहरुको आपूर्ति
- स्वास्थ्य संस्थाको लागि आवश्यक जनशक्तिहरु
- कामको चाप

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- औषधीको Aoj:yfkg
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- l/kf]l6¨ tyf /]sl8¨ k|0ffnL
- निःशुल्क स्वास्थ्य सेवा प्रति :jf:Yo sld{x?sf] cjwf/0ff
- sl7gfO{, ;xh / cK7fof/f klfx?
- यस निःशुल्क स्वास्थ्य सेवालाई अझ प्रभावकारी गराउन के सुझाब दिनहुन्छ ?

Annex – 5

Photographs

Dr. Mahesh Maskey addressing the Interaction Program in Haraicha, Morang District

Participants of Interaction Program in Haraicha, Morang

Executive Chairman Dr. Maskey, Board Members Dr. Nilambar Jha, Dr. Kedar Prasad Baral & NHRC Officials in Haraicha, Morang Interaction Program

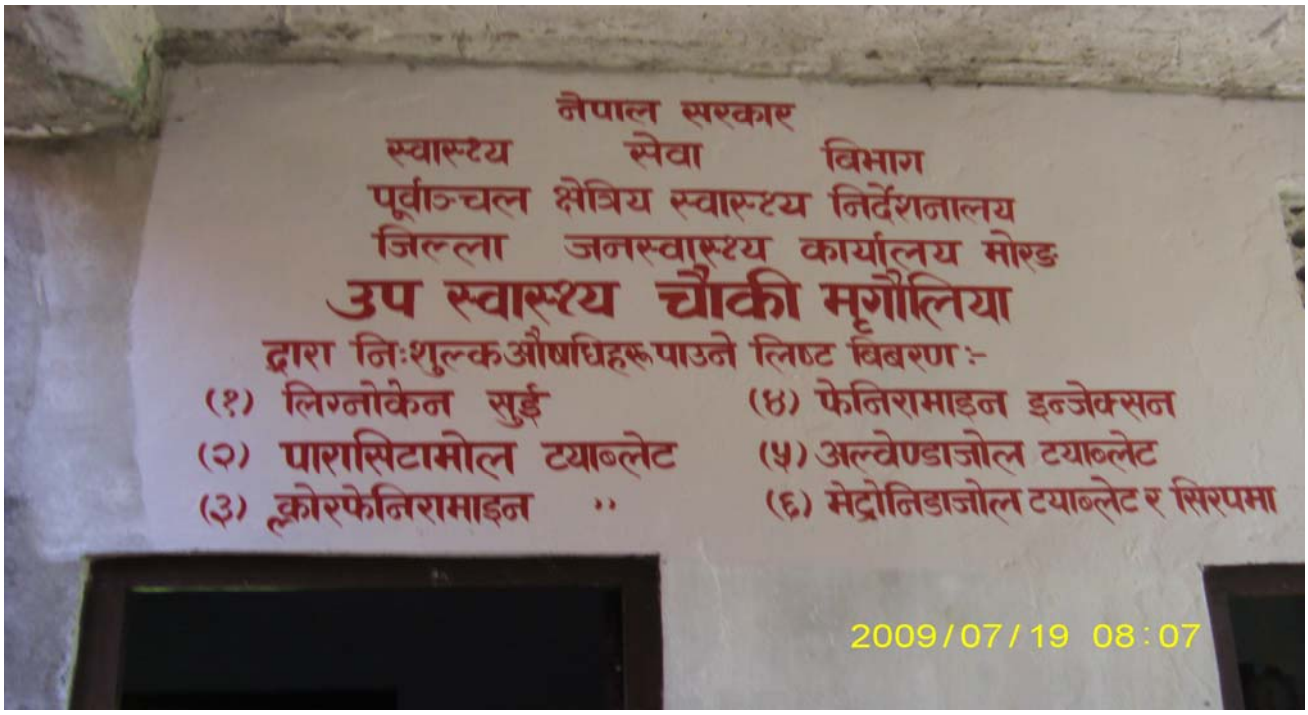
Group Discussion Program in Haraicha, Morang

Kaseni SHP, Morang

Participants attending Interaction Program in Kaseni SHP, Morang

Participants attending Group Discussion Program in Kaseni SHP, Morang

Participants & NHRC Officials attending Interaction Program in Kaseni, Morang



Mirgauliya SHP, Morang

NHRC Officials in Mirgauliya SHP, Morang

Participants attending Interaction Program in Mirgauliya, Morang

Participants & NHRC Officials attending Interaction Program in Mirgauliya, Morang

Participants & NHRC Officials attending Interaction Program in Sunthan PHC, Kavre

Mr. Pipal Brd. Chetry answering the queries in Interaction Program in Sunthan PHC, Kavre

Participants attending Interaction Program in Sunthan PHC, Kavre

Participants asking the question in Interaction Program in Sunthan PHC, Kavre

Participants attending in Interaction Program in Panauti SHP, Kavre

Participants attending in Group Discussion Program in Panauti SHP, Kavre

Ms. Namita Ghimire, Ms. Pearl Banmali & Others in Panauti SHP, Kavre

Participants of Interaction Program in Panauti SHP, Kavre

Participants of Taukhal SHP, Kavre attending Interaction Program

SHP Management Committee Members attending in Interaction Program in Taukhal SHP, Kavre

Mr. Pipal Bahadur Chhetry, Ms. Pearl Banmali & Ms. Namita Ghimire in Taukhal SHP, Kavre

Participants of Taukhal Interaction Program in Kavre District

Kusadevi SHP in Kavre District

Mr. Pipal Brd. Chhetry addressing Interaction Program in Kusadevi SHP in Kavre

Participants & SHP In Charge in Kusadevi SHP, Kavre District

Local Leader addressing Kusadevi SHP Interaction Program in Kavre District

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