

Implementing innovation in the health service through the Social Service Unit to Leave No One Behind

The Constitution of Nepal says: “Every citizen shall have the right to basic health services free of cost and no one shall be deprived of emergency health services.” Since 2009, the Ministry of Health and Population (MoHP) has provided grants to central, regional, sub-regional and zonal hospitals to provide free or subsidised health care services to vulnerable populations. This includes the poor, destitute, gender-based violence (GBV) survivors, people with disabilities, senior citizens, Female Community Health Volunteers, disaster victims, martyrs’ family, and people from highly vulnerable indigenous groups.

Yet, a review in 2012 on the effectiveness of free and subsidised health care at three hospitals (Koshi, Bheri and Bharatpur) found gaps in the system; criteria were not consistently followed; target groups were unaware of the provision of subsidies; and hospital staff had to complete lengthy and time-consuming administrative tasks to approve subsidies for patients. The findings from the assessment convinced the MoHP to establish Social Service Units (SSU).

The MoHP piloted SSUs in referral hospitals and produced operational guidelines to support SSU facilitators and health workers to jointly identify target group patients. The UKAid-funded Nepal Health Sector Support Programme (NHSSP) has supported

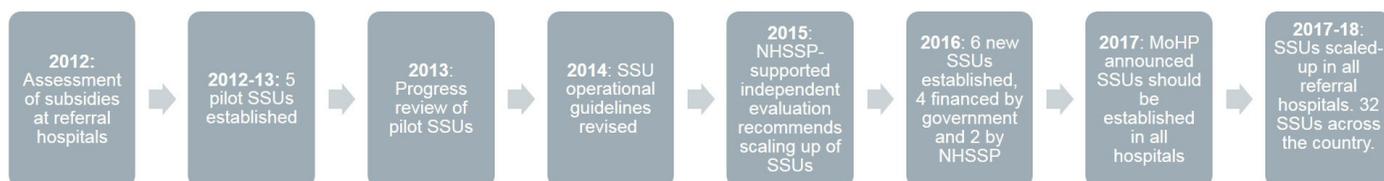
A Public Private Partnership approach to healthcare provision

A Social Service Unit is a unit within the hospital that supports vulnerable patients to access free or subsidised health services. Functioning under the hospital management committee, each SSU appoints a local social service NGO to facilitate and support service delivery to targeted patients. Through this public private partnership (PPP) approach, SSUs identify target group patients and those eligible for subsidised healthcare, promote awareness of subsidies, guide patients, facilitate drug collection, prevent false claims, and records who receives benefits. Partner NGOs and facilitators work in a spirit of volunteerism to help their communities and those in need of assistance.

this important initiative since 2011. During the pilot, NHSSP provided technical assistance to Ministry officials and individual SSUs and funded the initial operating costs of the first three SSUs, as well as training and technical support.

SSU facilitators at Western Region Hospital, Pokhara.





Achievements

Clients served

Hospitals reported that more than 425,000 patients have received free and subsidised services from SSUs since they were established. In 2017/18, there were 125,000 patients, 51% of which were female. The largest group of beneficiaries were classified as poor (47.7%) and senior citizens (36.4%) with smaller numbers of people classified as persons with disabilities (4%), destitute (3.25%), and GBV survivors (0.7%).

Performance

Evidence from selected pilot hospitals showed a significant improvement in the capacity of SSUs and the SSUs' compliance with correct procedures after two years of functioning. Capacity to identify and serve target groups increased significantly (79% in 2013 to 98% in 2018) as did compliance with operational guidelines (63% in 2013 to 92% 2018). Facilitators also reported that their capacity to identify and serve their target groups had increased.

"I was struck across my legs by a falling ladder as I ran outside. Both legs were badly damaged. I stayed in the hospital for three months and was taken good care of by the SSU staff. I received everything I needed free of cost including food for the relatives who stayed with me. I feel a deep sense of satisfaction for the services and support I received from the SSU."

Mr N, Nuwakot (Earthquake survivor)

Targeting of beneficiaries

Independent validation of SSU clients in 2015 found that 80% of patients across the target groups who had accessed free and subsidised services were poor.

Management and efficiency

"SSU establishment has significantly reduced the time I had to spend identifying target groups and deciding on free exemptions. Now, I spend more time with my patients as I do not have to undertake all kinds of paper work and related process."

Dr. Chand, Bheri Zonal Hospital

Partnerships with local NGOs

Facilitators from local NGOs have helped to provide a high level of service to poor and other targeted patients, despite the fact that they do not gain significant financial advantage from the partnership. Partnerships with local NGOs have helped raise awareness of the availability of free and subsidised services through different media channels to the general public, beyond hospital staff and their acquaintances.

Transparency and accountability

Good governance principles have enabled SSUs to prevent false claims (up to 12% in one hospital) which saves the hospital money.

The government's anti-corruption watchdog, the Commission for the Investigation of the Abuse of Authority praised SSU for their integrity and sent a formal note to the hospital management of Bheri Zonal Hospital, Nepalgunj that the whole hospital should run like the SSU.

Challenges

Despite significant achievements, SSUs are a part of the wider health system and face systemic challenges that affect their performance. This includes insufficient budget to meet the large demand for free services at hospitals, a high turnover of hospital and SSU level leadership, and political issues such as conflict over hospital staff entitlements to subsidised care.

Looking forward

SSUs are clearly improving the access of poor and disadvantaged people to health services – a core aim of the Nepal Health Sector Strategy (2015 – 2020). The partnership arrangements with local NGOs, the dedication of NGO facilitators, and the leadership of the SSU chiefs and medical superintendents have played a key role in the good progress made during such a short time. In recognition of the contribution SSUs are making to leaving no one behind in accessing hospital services, the MoHP roadmap for SSUs includes:

- scaling up SSUs at all public, community, private referral hospitals and teaching hospitals
- allocating budget for SSUs based on patient load and benefit packages provided by the hospital
- continuing PPP modality and strengthen the capacity of partner NGOs
- harmonising delivery of all social protection policies and programmes for hospital services through the SSU
- extending SSU target groups to include ethnic groups and marginalised caste/ethnic groups.

NHSSP 3 technical advisors will continue to support the MoHP to monitor and provide supportive supervision to SSUs and to apply evidence to the scaling-up and strengthening of SSUs and related policy development to enable access to hospital services to those who need it most, to ensure no one is left behind.

Aside from its regular work, SSUs played a crucial role in managing health care for persons injured during the 2015 earthquakes.

The day after the 2015 earthquake, the SSU facilitator at Western Region Hospital accompanied the first regional administration rescue team to Barpak in Gorkha district, the epicenter of the earthquake which was badly affected. The SSU facilitators helped coordinate support for victims, organised referrals and counselled people who had lost relatives. Back at Western Region Hospital, the SSU set up a help desk to serve injured persons who had been referred to the hospital from surrounding districts. SSU staff worked round-the-clock, facilitating free treatment for 1,572 injured persons of whom 294 were severe cases.



SSU facilitators providing services to earthquake survivors.

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