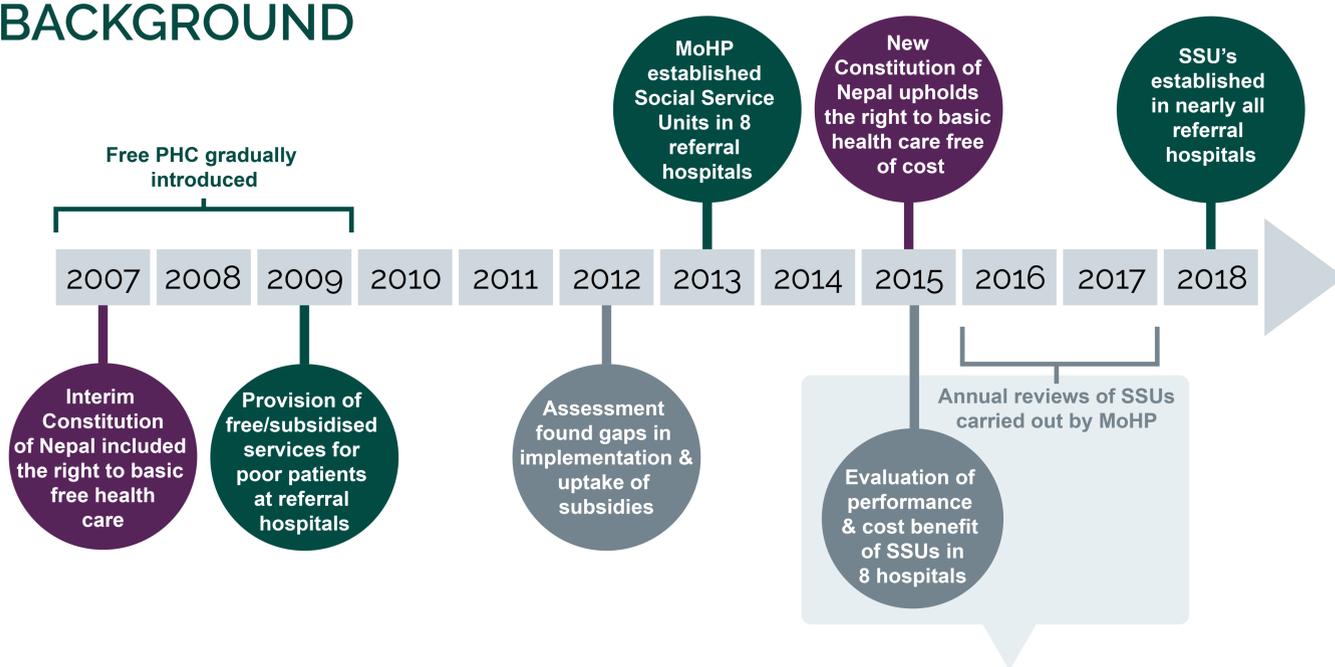


INSTITUTIONALISING LEAVING NO ONE BEHIND THROUGH THE PLATFORM OF HOSPITAL BASED SOCIAL SERVICE UNITS (SSUs) IN NEPAL

Sitaram Prasai, Arun Gautam, Rekha Rana, Deborah Thomas

BACKGROUND



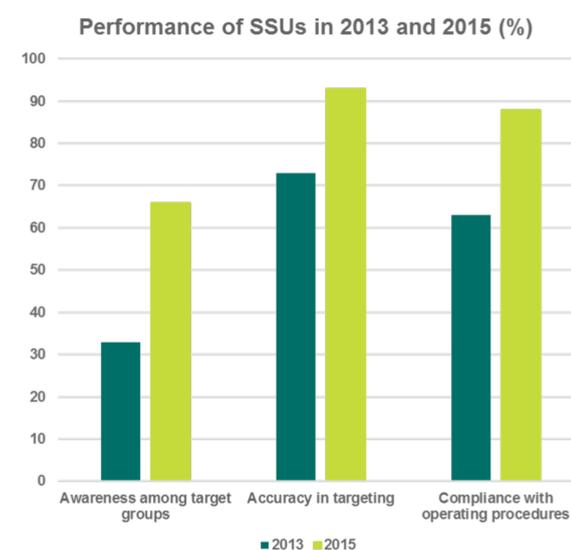
SSU APPROACH

✓ Facilitate access to subsidised services at referral hospitals for targeted groups: poor, helpless, GBV survivors, disabled, senior citizens, FCHVs, disaster victims

✓ Implemented through PPP approach

✓ Local NGOs are contracted by the referral hospital to:

- Promote awareness of subsidies
- Identify target group
- Facilitate access to services
- Keep records of services provided



ENABLING FACTORS

- Constitutional right to free care
- TA to enhance organisational capacity
- Hospital management created conducive environment for NGOs
- NGOs brought spirit of volunteer-ism

METHODS

Our results draw on the findings of these studies. Data collection methods include interviews with:

- MOHP Sector managers
- Management and health providers at selected referral hospitals
- NGO implementing partners
- SSU client beneficiaries

FINDINGS

- >400,000 clients received free/subsidized services from 2013 to January 2018
- The majority of clients are classified as either poor(47%) or senior citizens (42%)
- Significant increase in awareness; improved capacity to identify target groups and improved compliance with guidelines (see graph)
- High client satisfaction: 95% of clients reported that SSU services are good
- Significant time-savings and high cost-benefit ratio (1.41)
- More efficient delivery of SSU service, more systematic recording of data and oversight
- SSU has evolved into a single door for all targeted programmes in some hospitals.

CHALLENGES

- The allocated budget is inadequate for the actual client load
- Frequent change of leadership affected the capacity of SSUs
- Public awareness of free/subsidised services
- Public dissemination of free and partially free service provision is inadequate in some areas

NEXT STEPS

The model is now being scaled up to teaching, private and community hospitals to support them achieve their own social responsibility targets. The government also plans to take the model down to district hospitals.

CONCLUSION & RECOMMENDATIONS

Political change forced the MoHP to address stark health inequalities. Government ownership of SSUs, and their saving of hospital staff and management time has enabled SSU adaptation and institutionalisation.

The move to federalism will now restructure authority over hospitals however the political appeal of SSUs may work in their favour.

References:

MoHP Population Division and NHSSP (2015). Social Service Unit Pilot Initiative in Eight Hospitals in Nepal (2013-2015). Evaluation Report. Kathmandu
MoHP (2017) Annual Review of SSUs. Kathmandu, Nepal

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