Assessment of Social Health Insurance Scheme in Selected Districts of Nepal

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Nepal Health Research Council

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Prof. Dr. Anjani Kumar Jha
Executive Chairman
Nepal Health Research Council

EXECUTIVE SUMMARY

In past decades, Nepal has made notable progress in improving the overall health status of the population. However, the overall progress in health outcomes masks the significant equity gap that continues to persist. Many citizens still face several barriers – financial, socio-cultural, geographical, and institutional – in accessing quality health care services. Protecting people from catastrophic health care spending, thereby preventing people from falling into poverty trap, the government has rolled out the Social Health Security scheme in February 2015, to increase the financial protection by promoting pre-payment and risk pooling in the health sector. Before social health insurance scheme, a different health insurance scheme was implemented in Nepal, but none of them succeed. On the basis of evidence from the previous insurance scheme, social health insurance is implemented with the aim of universal coverage and with the plan for subsidizing premium for poor population who are not able to pay for the insurance package. However plan with universal coverage considering the present poverty level, awareness regarding need and working modality of health insurance among the general population and availability and access to quality health care services seems challenging. Furthermore, subsidizing premium for the poor population tends to incur significant financial expenses to the government of Nepal besides the administrative cost of implementation of the package. In this context, the experiences in implementing health insurance need to be regularly reviewed considering the coverage, inclusiveness of a vulnerable population, financial viability of the scheme for the improving efficiency and effectiveness of the insurance.

In this context, this study has been planned to assess the performance of social health insurance scheme in terms of patient satisfaction, impact on service utilization, coverage, and financial viability and to document the experience and challenges in implementation of social health insurance in Nepal. The study covered three districts namely, Kailali, Baglung and Ilam, where the health insurance scheme has been rolled out in the first phase. The study was a mixed method study. In the process of documenting experiences and identifying key challenges in implementation of health insurance, a qualitative study was undertaken among health personnel. Purposive sampling of health personnel was considered in qualitative component of the study. Qualitative data were analyzed through thematic analysis technique. Quantitative assessment of service quality satisfaction was done through exit client interviews in health facilities implementing health insurance. Total of 338 participants were enrolled for exit client intervieew. The key informant interview was used to collect data on experiences and identifying key challenges in implementing health insurance in selected districts. Quantitative data were entered in epi-data and analysis was done in SPSS version 20. Ethical clearance was obtained from an Ethical Review Board of Nepal Health Research Council.

Quantitative study found that in both insured groups and non-insured groups found that 9 out of 10 participants heard about SHI scheme and opined that their enrollment in SHI is an appropriate option to reduce the financial burden. Similarly, more than 90 % of insured groups were willing to renew membership and recommend a friend about SHI. The study found 61% had not sought any health services from health facilities outside the SHI among insured groups. Radio/newspaper/TV was the most common source of information about the SHI. Most of the participants were positive towards the enrollment assistant and other service provided by SHI scheme. Participants were more than 90% satisfied with nature of changes in different aspect of health services after SHI scheme. Similarly, qualitative study among health personnel involved in the delivery of health services found different

experiences and challenges in implementation of SHI in Nepal. The study reported that people were much interested in the insurance scheme initially, however it was declined in forthcoming years because due to unavailability of drugs, adequate laboratory services inadequate human resource, awareness and interaction among people. They opined that health insurance policy came as an effort to reduce impoverishment and catastrophic health expenditure, and it is critical to ensure easy enrollment of the poor and marginalized population into the SHS scheme. Service utilized by participants engaged in SHI scheme were due to communicable disease, however, visits with chronic diseases like diabetes and hypertension was increasing after inception of SHI in the district. Some changes were also seen in service utilization pattern. Service providers had noted that participant with health insurance scheme visit health facilities in earlier stages of disease compared to those who do not have health insurance.

Thus, our study finds that health personnel bear numerous problems and challenges regarding the implementing SHI scheme, however, improving and implementing a suggestion given by health personnel for every shot of the problem and challenge seems to be a milestone for better implementation and development of the social health insurance scheme in Nepal. Despite the problems and challenges in SHI program, the utilization of services has gradually increased in all health facilities. Participants also shared that it can ultimately have a positive impact on the overall economy of the country as healthy people tend to be more productive.

ACRONYMS

EA	Enrollment Assistants
HI	Health Insurance
HP	Health Post
PHCC	Primary Health Care Centre
PHO	Public Health Officer
SHI	Social Health Insurance
SHI	Key Informant Interview
SHSDC	Social Health Security Development Committee
TV	Television

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CHAPTER 1

INTRODUCTION

1.1 Background

In past decades, Nepal has made notable progress in improving the overall health status of the population. However, the overall progress in health outcomes masks the significant equity gap that continues to persist. Many citizens still face several barriers – financial, socio-cultural, geographical, and institutional – in accessing quality health care services. Healthcare costs pose a barrier to seeking healthcare, and can be one of the major causes of indebtedness and impoverishment, particularly among the poor population. An individual with a low income may be unable to afford preventive or curative care in different disease condition, which may result in the worsening of his or her state of health (1). Most health care in Nepal is paid out-of-pocket often incurring significant portion of the income of individual household leading to catastrophic health expenditure. Previous studies have shown that, 13.8% of the study households had experienced catastrophic expenditure on health in the 30 days before interview in Nepal (2).

Protecting people from catastrophic health care spending thereby preventing people from falling into poverty trap has been a topic of intense discussion in Nepal in recent times(1). As a new reform agenda, the government has rolled out Social Health Security scheme in February 2015, to increase the financial protection by promoting pre-payment and risk pooling in the health sector(3). The recently endorsed National Health Insurance Policy foresees the integration of all social health protection schemes thereby ultimately achieving universal coverage. For services that are beyond the package of basic health services, the government has plan to ensure their equitable access in an affordable cost through other social health protection arrangements(4).Government has also planned to roll out the insurance scheme throughout country in phase-wise manner.

1.2 Rationale of the study

Insurance has received huge political commitments and has emerged as a reform strategy in recent years. Although the concept of health insurance (HI) is not new in Nepal, social health insurance with universal coverage seem challenging considering the present poverty level, awareness regarding need and working modality of health insurance among the general population and availability and access to quality health care services. Furthermore, government has the plan for subsidizing premium for poor population who are not able to pay for the insurance package. This tends to incur significant financial expenses to the government of Nepal besides the administrative cost of implementation of the package. In this context, the experiences in implementing health insurance need to be regularly reviewed considering the coverage, inclusiveness of a vulnerable population, financial viability of the scheme for the improving efficiency and effectiveness of the insurance. In this context, this study has been planned to document to experiences while implementing insurance, identify key challenges faced and assess the financial of the insurance scheme in selected districts of Nepal.

1.3 Objectives of the study

General Objective

- To assess the performance of SHI in terms of patient satisfaction, and to document the experience and challenges in implementation of SHI in Nepal.

Specific objectives

- To assess the experiences of health personnel involved in delivering health services through a social health insurance scheme in selected districts of Nepal.
- To assess the key challenges in implementation of health
- To assess the satisfaction of the member of insurance scheme in Nepal

CHAPTER 2

METHODOLOGY

2.1 Design

The study was a mixed method study. In the process of documenting experiences and identifying key challenges in implementation of health insurance, a qualitative study was undertaken.

Assessing the service quality satisfaction was done through exit client interviews in health facilities implementing health insurance. Renewal of membership was also considered as one of the indicators for assessing the service quality satisfaction.

2.2 Study area

The study covered three districts namely, Kailali, Baglung and Ilam, where the health insurance scheme has been rolled out in the first phase.

2.3 Sample size

In documenting experiences of health personnel and identifying key challenges in delivering health insurance services, diversity of setting and level of health facilities was taken into consideration. District Public Health Officer, designated person handling health insurance in district hospitals, primary health care center, health post, private hospital or medical college in the district and referral centers were interviewed based on the theory of saturation ensuring that health personnel from each level of health facilities was represented in the study from all three districts.

Total of 54 KII were conducted. KII participants comprised of 9 enrollment assistants, 15 service providers. 14 health facility incharge, 10 data verification officer, 3 public health officers and 3 SHSDC district managers. Total numbr of KII conducted was of 16 KII were in Baglung, 20 in Ilam and 18 in Kailali.

For exit client interview, total number of participants was 338. Among 338 participants, 169 were members of SHI while other 169 were not the member of SHI. Number of participants enrolled was 106 from Baglung, 120 from Ilam and 112 from Kailali.

2.4 Sampling technique

Purposive sampling of health personnel was considered in qualitative component of the study in documenting experiences and identifying key challenges in implementation of health insurance.

Consecutive sampling was done for exit client interview of the service users. All service users covered by health insurance visiting health facilities were sampled till the allocated quota for each health facility was completed.

2.5 Data collection technique

The key informant interview was used to collect data on experiences and identifying key challenges in implementing health insurance in selected districts. Exit client interview was conducted to assess the satisfaction level among the clients of insurance.

2.6 Data collection tools

Interview guideline was used for Key informant interview health personnel. Structured questionnaire was used for an exit client to assess the satisfaction level among the clients of insurance.

2.7 Data management and analysis

Qualitative data were analyzed through thematic analysis technique. The interview was audio recorded, transcribed, coded, and analyzed to identify major themes. Quantitative data were entered

in epi-data. The data was checked for completeness and accuracy before analysis. Analysis was done in SPSS version 20.

2.8 Ethical consideration

Ethical clearance was obtained from an Ethical Review Board (ERB) of Nepal Health Research Council. Written informed consent was obtained from each research participant. Confidentiality and privacy of the individual research participants was maintained throughout the study. Data was not used for any other purpose than research.

CHAPTER 3

FINDINGS

3.1 Findings from quantitative component of study

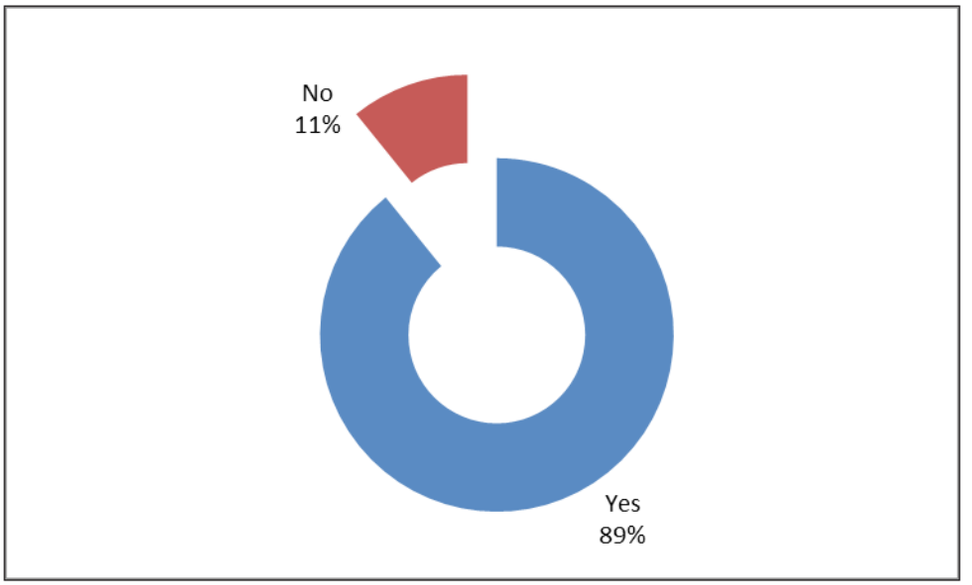


Figure 1: Proportion of participants who have heard of SHI

Nearly 9 out of every 10 research participants had heard of the social health insurance scheme. The percentage of participants who had not heard of the social health insurance scheme was 11%.

Table 1: Membership of Health Insurance

Districts	Member		Non -member		Total	
	n	%	n	%	N	%
Baglung	53	31.40%	53	31.40%	106	31.40%
Ilam	60	35.50%	60	35.50%	120	35.50%
Kailali	56	33.10%	56	33.10%	112	33.10%
Total	169	100.00%	169	100.00%	338	100%

Of the total participants, 31.40% were from Baglung, 35.50% were from Ilam district, and 33.10% were from Kailali district. An equal proportion of insured and non-insured participants was enrolled for the study.

Table 2: Socio-demographic characteristics of research participants

Variable		Member		Non -member		Total	
	Categories	n	%	N	%	N	%
Sex	Male	54	32.00%	65	38.50%	119	35.21%
	Female	115	68.00%	104	61.50%	219	64.79%
Highest level of education	Below primary level	67	39.60%	61	36.10%	128	37.80%
	Primary level	21	12.40%	14	8.30%	35	10.40%
	Secondary level	32	18.90%	55	32.50%	87	25.70%
	Higher secondary level	84	49.70%	57	33.70%	141	41.70%

Variable		Member		Non -member		Total	
	Categories	n	%	N	%	N	%
Monthly family Income	Less than 10000	37	21.90%	51	30.20%	88	26.00%
	10000 to 20000	34	20.10%	45	26.60%	79	23.40%
	20000 to 30000	14	8.30%	16	9.50%	30	8.90%
	More than 30000	84	49.70%	57	33.70%	141	41.70%
Ethnicity	Higher Caste Group	108	63.90%	89	52.70%	197	58.30%
	Advantaged Janajati	6	3.60%	12	7.10%	18	5.30%
	Dalit	7	4.10%	14	8.30%	21	6.20%
	Disadvantaged group (disadvantaged janajati, tarai caste group and religious monitorities)	48	28.40%	54	32.0%	102	30.2%
Marital status	Unmarried	13	7.7%	14	8.30%	27	8.00%
	Married	146	86.40%	143	84.60%	289	85.50%
	Separated, widow and divorced	10	5.90%	12	7.10%	22	6.50%
Age	Less than 30 years	43	25.40%	60	35.50%	103	30.50%
	30 to 40 years	33	19.50%	38	22.50%	71	21.00%
	40 to 50 years	35	20.70%	27	16.00%	62	18.30%
	More than 50 years	58	34.30%	44	26.00%	102	30.20%
Number of family member ≥15 years	Two or less	38	22.50%	33	19.50%	71	21.00%
	3 to 4	72	42.60%	87	51.50%	159	47.00%
	More than 4	59	34.90%	49	29.00%	108	32.00%
Number of family member <15 years	Two or less	99	79.80%	109	85.20%	208	82.50%
	3 to 4	19	15.30%	18	14.10%	37	14.70%
	More than 4	6	4.80%	1	0.80%	7	2.80%
	Total	169	100.00%	169	100.00%	338	100%

Around 65% percentages of the research participants were female. The proportion female and male among the insured participants was 68% and 32% respectively. Similarly, among the participants who had not been enrolled in SHI, 62.5% were female and 38.5% were male. Regarding education status, 42.7% had secondary level or higher level of education while 37.8% had education below primary level. Among the individuals who had a membership, nearly half of the participants (49.70%) had higher secondary level education or more while the highest proportion of participants who did not have membership had an education level below the primary level (36%). Regarding income of the research participants, 41.70% of the research participants had income above 30000 while 26% had income below 10000 per month. The highest proportion of participants in both groups (49.7% of members and 33.7% of non-members) had monthly income more than 30000 rupees per month.

A higher caste group comprised of 58.30% of total research participants in this study followed by disadvantaged groups (disadvantaged janajati, tarai caste group and religious monirities) with 30.2%, Dalit with 6.2% and advantaged janajati with 5.3%. Similarly, the proportion of higher caste group was 63.90% among insured and 52.70% among the non-insured. Regarding marital status, 85.5% of the research participants were married. Around 34% insured were of the age above 50 years while 26% of non insured had age above 50 years.The highest proportion of the research participants had 3 to 4 members 15 years or above years in the family while the highest proportion (82.5%) had family member two or less aged below 15 years.

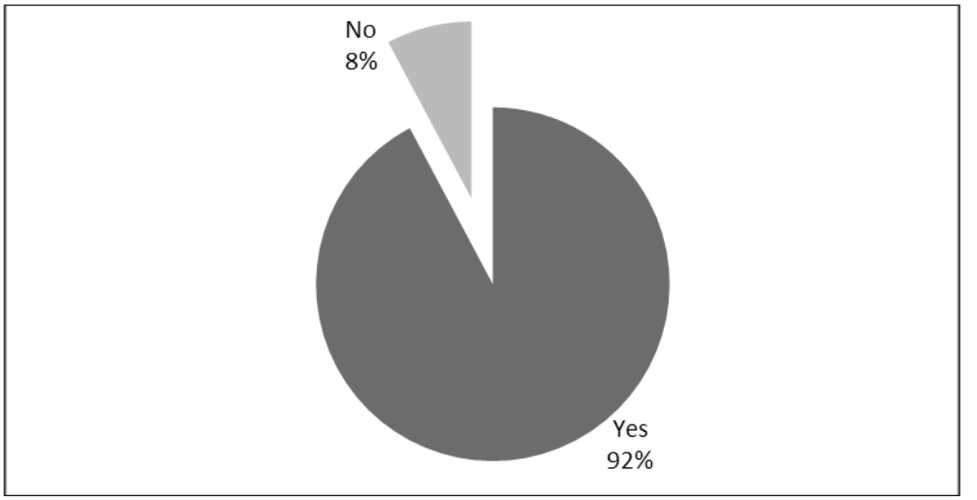
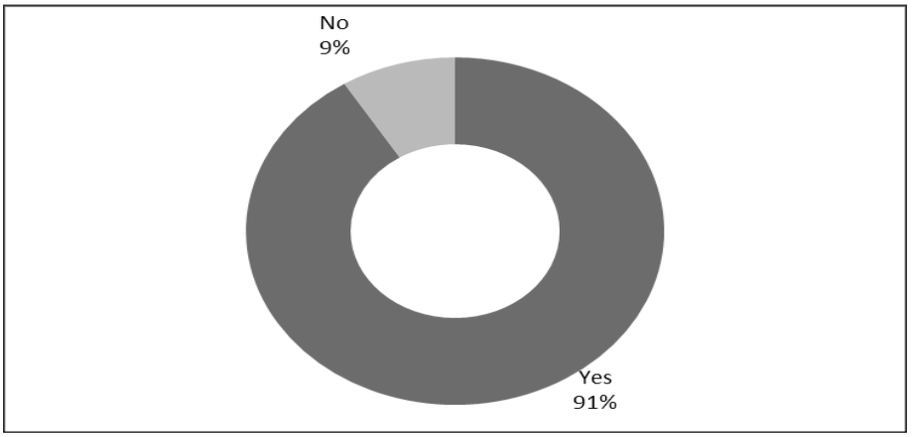


Figure 2: Opinion of participants on whether SHI is appropriate option to reduce financial burden

Almost 9 out of 10 participants opined that their enrollment in SHI is an appropriate option to reduce the financial burden while the remaining shared that SHI is not an appropriate option.

Figure 3: Participants opinion on if the SHI has improved access to health services



Regarding access to health services, 91% of the research participants opined that SHI has improved access to health care.

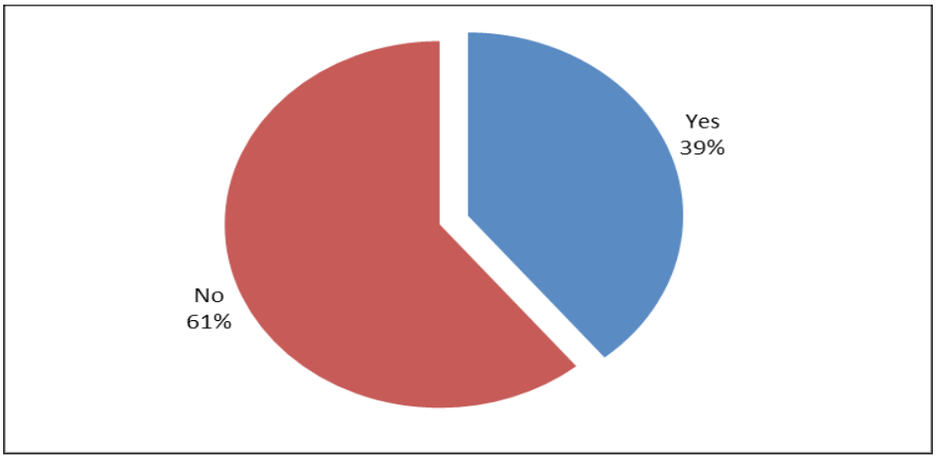


Figure 4: Sought health service from health facilities outside scheme

Among the insured individuals, 61% had not sought any health services from health facilities outside the SHI while 39% had visited health facilities outside the scheme.

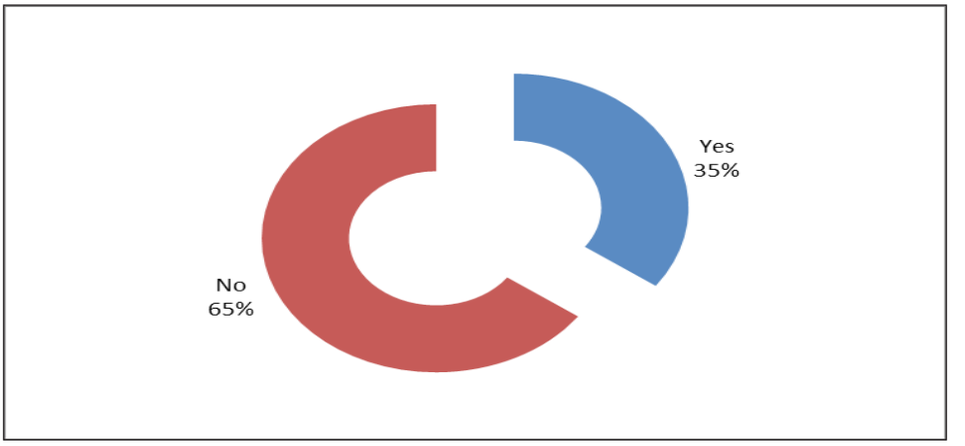


Figure 5: Faced any difficulties during utilization of health service

Regarding the difficulties in utilization of health services, slightly more than one third (35%) had faced some sorts of difficulties during the utilization of health service under SHI.

Table 3: Opinion Insured people about SHI

Opinion	Categories	n	%
Opinion about membership fee	Very Expensive	15	8.90%
	Appropriate	118	69.80%
	Expensive	17	10.10%
	Cheap	17	10.10%
	Very Cheap	2	1.20%
Opinion about benefit package	Very good	37	21.90%
	Good	82	48.50%
	Moderate	43	25.40%
	Bad	4	2.40%
	Very Bad	3	1.80%
Additional benefit due to SHI	Yes	143	84.60%
	No	26	15.40%
Coverage of family health service need	Yes	124	73.40%
	No	45	26.60%
Willingness to renew	Yes	130	94.90%
	No	7	5.10%
Willing to recommend to friends	Yes	164	97.00%
	No	5	3.00%
Experience			
Utilized service outside scheme	Yes	66	39.10%
	No	103	60.90%
Paid for health services	Yes	74	43.80%
	No	95	56.20%
Faced difficulties	Yes	59	35.30%
	No	108	64.70%

The study also attempted to assess the opinion about different aspects of health insurance scheme. Around 69.8% of the research participants shared that the membership fee charged for SHI is

appropriate, while 8.90% shared that it is very expensive. Regarding benefit package, 48.5% opined that the benefit package is good, 21.90% shared that it's very good while 25.40% shared that it's moderate. Almost 84.60% of research participants shared that being enrolled in SHI delivers additional benefits to the members. Around 73.4% of research participants shared that it SHI had covered the health needs of the family members, 94.9% of participants were willing to renew the membership and 97.4% were willing to recommend to friends as well. Among the insured individuals, 61% had not sought any health services from health facilities outside the SHI while 39% had visited health facilities outside the scheme. 43.80% of the research participants had paid for health services despite being a member of SHI. Regarding the difficulties in utilization of health services, slightly more than one third (35%) had faced some sorts of difficulties during the utilization of health service under SHI.

Table 4: Coverage and Effectiveness of SHI awareness programs

Variable	Categories	Member		Non-member		Total	
		N	%	n	%	N	%
Heard about SHI on radio	Yes	125	74.0%	108	63.9%	233	68.9%
	No	44	26.0%	61	36.1%	105	31.1%
Effectiveness of radio program on HI	Very effective	37	29.6%	20	18.5%	57	24.5%
	Effective	66	52.8%	59	54.6%	125	53.6%
	Average	20	16.0%	29	26.9%	49	21.0%
	Not effective	2	1.6%	0	0.0%	2	.9%
Seen television program on SHI	Yes	105	62.1%	74	43.8%	179	53.0%
	No	64	37.9%	95	56.2%	159	47.0%
Effectiveness of Television program on SHI	Very effective	28	26.7%	14	18.9%	42	23.5%
	Effective	59	56.2%	32	43.2%	91	50.8%
	Average	17	16.2%	28	37.8%	45	25.1%
	Not effective	1	1.0%	0	0.0%	1	.6%
Read about the SHI program in the newspaper	Yes	81	47.9%	64	37.9%	145	42.9%
	No	88	52.1%	105	62.1%	193	57.1%
Effectiveness of news about SHI program	Very effective	21	26.9%	11	17.7%	32	22.9%
	Effective	40	51.3%	37	59.7%	77	55.0%
	Average	17	21.8%	14	22.6%	31	22.1%

Around 68.9% of total research participants had heard about SHI on radio while 24.5%. Among those who had heard of SHI on radio, the proportion of participants who found it very effective and effective was 24.5% and 52.8% respectively. Among the members of SHI, almost one in every four research participants (74.0%) had heard about the SHI program on radio and one third (29.6%) of those who had heard about SHI on radio found it very effective and almost half of the participants found it effective (52.8%). Among those who did not have membership of SHI, 63.9% had heard about SHI on radio while 18.5% found it very effective and 54.6% found it effective. Similarly, nearly half of research participants (53.0%) had seen about SHI on television and among those 23.5% found it very effective while 50.8% reported that it was effective. Among the members of SHI, 62.1% had seen about SHI on television of which 26.7% found it very effective while 56.2% found it effective. Among participants who did not have membership of SHI, 43.8% had seen about SHI on television of which 18.9% opined that it is very effective while another 43.2% considered it effective. Regarding SHI message in newspapers, 42.9% had read about SHI in the newspaper. Among those who had read about SHI in newspaper, 22.9% shared that it was very effective while 55% shared that it was effective. The percentage of participants considering SHI message very effective and effective among non-members were 26.9% and 51.3% respectively. None of the participants shared that it was not effective.

Table 5: Other Sources of information regarding health insurance (multiple responses)

Variable	Categories	Member		Non -member		Total	
		N	%	n	%	N	%
Enrolment assistant	Yes	133	78.70%	26	15.40%	159	47.00%
	No	36	21.30%	143	84.60%	179	53.00%
Health personnel	Yes	52	30.80%	41	24.30%	93	27.50%
	No	117	69.20%	128	75.70%	245	72.50%
Friends and relatives	Yes	32	18.90%	29	17.20%	61	18.00%
	No	137	81.10%	140	82.80%	277	82.00%
Total		169	100.00%	169	100.00%	338	100.00%

Besides, radio/newspaper/TV SHI proportion of participants obtaining information from enrollment assistants, health personnel, friends and relatives were 78.11%, 60.9%, 30.8%, and 18.90% respectively among insured groups. Similarly, the highest proportion of non-members also obtained information from radio/newspaper/TV, followed by enrollment assistants (31.40%), health personnel (24.30%) and friends and relatives (17.20%).

Table 6: Participants perception about the Enrollment Assistants (EAs)

Characteristics of EA	Response category	Member		Non-member		Total	
		n	%	n	%	N	%
EA provided adequate information	Strongly agree	22	16.5%	0	0.0%	22	14.0%
	Agree	104	78.2%	23	95.8%	127	80.9%
	Undecided	4	3.0%	1	4.2%	5	3.2%
	Disagree	3	2.3%	0	0.0%	3	1.9%
Information provided by EA was understandable	Strongly agree	17	12.8%	3	11.5%	20	12.6%
	Agree	110	82.7%	21	80.8%	131	82.4%
	Undecided	4	3.0%	2	7.7%	6	3.8%
	Disagree	2	1.5%	0	0.0%	2	1.3%
EA replied to my queries	Strongly agree	12	9.0%	1	3.8%	13	8.2%
	Agree	109	82.0%	23	88.5%	132	83.0%
	Undecided	4	3.0%	2	7.7%	6	3.8%
	Disagree	8	6.0%	0	0.0%	8	5.0%
EA is ready to help	Strongly agree	21	15.8%	4	15.4%	25	15.7%
	Agree	101	75.9%	19	73.1%	120	75.5%
	Undecided	3	2.3%	3	11.5%	6	3.8%
	Disagree	8	6.0%	0	0.0%	8	5.0%
EA deals respectfully	Strongly agree	27	20.3%	1	3.8%	28	17.6%
	Agree	97	72.9%	25	96.2%	122	76.7%
	Undecided	3	2.3%	0	0.0%	3	1.9%
	Disagree	6	4.5%	0	0.0%	6	3.8%
EA gives pressure to get enrolled in HI	Strongly agree	15	11.3%	2	7.7%	17	10.7%
	Agree	40	30.1%	10	38.5%	50	31.4%
	Undecided	10	7.5%	2	7.7%	12	7.5%
	Disagree	55	41.4%	11	42.3%	66	41.5%
	Strongly disagree	13	9.8%	1	3.8%	14	8.8%

Characteristics of EA	Response category	Member		Non-member		Total	
		n	%	n	%	N	%
EA is available when needed	Strongly agree	16	12.0%	1	3.8%	17	10.7%
	Agree	86	64.7%	20	76.9%	106	66.7%
	Undecided	14	10.5%	1	3.8%	15	9.4%
	Disagree	15	11.3%	4	15.4%	19	11.9%
	Strongly disagree	2	1.5%	0	0.0%	2	1.3%
EA is motivated	Strongly agree	20	15.0%	3	11.5%	23	14.5%
	Agree	99	74.4%	20	76.9%	119	74.8%
	Undecided	10	7.5%	1	3.8%	11	6.9%
	Disagree	4	3.0%	2	7.7%	6	3.8%
EA work effectively	Strongly agree	18	13.5%	1	3.8%	19	11.9%
	Agree	102	76.7%	21	80.8%	123	77.4%
	Undecided	7	5.3%	4	15.4%	11	6.9%
	Disagree	6	4.5%	0	0.0%	6	3.8%
EA considers my time availability while scheduling meeting	Strongly agree	22	16.5%	4	15.4%	26	16.4%
	Agree	91	68.4%	14	53.8%	105	66.0%
	Undecided	10	7.5%	4	15.4%	14	8.8%
	Disagree	10	7.5%	4	15.4%	14	8.8%

Study on participant's perception about the enrollment assistants, 80.9% (78.2% among insured groups compared to 95.8% among non-insured groups) of both members agree EA provides adequate information about SHI which was followed by strongly agree, undecided and disagree. Similarly, regarding questions about the information provided by EA were understandable, 82.4% partcipants from both groups agree which was followed by strongly agree, undecided and disagree. Likewise, perception of participants to EA replied to my queries, 82.0% agree among insured groups compared to 88.5 % agree among non-insured groups. Similarly, the question regarding EA is ready to help and EA deals respectfully, participants' perception was 75.5% and 75.7% among insured and non-insured members respectively which was followed by strongly agree, undecided and disagree. However, in question regarding member perception about EA gives pressure to get enrolled in HI we found 41.5% disagreed among both group members which were followed by 31.4% agree among both group members. The study found that in question to EA is available when needed 64.7 % between insured groups agree to the statement compared to 76.9% among non-insured groups which was followed by strongly agree, undecided and disagree. Similarly, in response to question EA is motivated, study found 74.4% member of insured groups agree to the statement compared to 76.9% agree among non-insured groups followed by strongly agree, undecided and disagree. In a question regarding EA work effectively study found 76.7% among insured groups agree to the statement compared to 80.8% non-insured groups agree to the statement followed by strongly agree, undecided and disagree. Similarly, in response to a question that EA consider my time availability study found that 68.4% among insured groups agree to the statement compared to 58.3% among non-insured groups which was followed by strongly agree. The percentage of participants who were undecided and disagree for question regarding EA considers my time availability while scheduling meeting remains same in both groups.

Table 7: Changes in different aspect of health services after Social Health Insurance scheme

Variables		Member		Non-member		Total	
		N	%	n	%	N	%
Availability of medicine	Yes	111	65.7%	70	41.4%	181	53.60%
	No	58	34.3%	99	58.6%	157	46.40%

Variables		Member		Non-member		Total	
		N	%	n	%	N	%
Quality of medicine	Yes	90	53.3%	62	38.0%	152	45.80%
	No	79	46.7%	101	62.0%	180	54.20%
Availability of lab services	Yes	93	55.0%	55	33.7%	148	44.60%
	No	76	45.0%	108	66.3%	184	55.40%
Quality of lab service	Yes	102	60.4%	61	36.5%	163	48.50%
	No	67	39.6%	106	63.5%	173	51.50%
Change in waiting line	Yes	75	44.4%	54	32.0%	129	38.20%
	No	94	55.6%	115	68.0%	209	61.80%
Hygiene and sanitation	Yes	87	51.5%	80	48.5%	167	50.0%
	No	82	48.5%	85	51.5%	167	50.0%
Availability of Ambulance service	Yes	59	34.9%	55	34.2%	114	34.5%
	No	110	65.1%	106	65.8%	216	65.5%
Availability of referral service	Yes	70	41.4%	55	34.0%	125	37.8%
	No	99	58.6%	107	66.0%	206	62.2%
Availability of toilet/water/electricity	Yes	78	46.2%	66	40.0%	144	43.1%
	No	91	53.8%	99	60.0%	190	56.9%
Service accessibility	Yes	102	60.4%	78	47.9%	180	54.2%
	No	67	39.6%	85	52.1%	152	45.8%
Service availability time	Yes	87	51.5%	51	30.9%	138	41.3%
	No	82	48.5%	114	69.1%	196	58.7%

A study regarding participants' perception about changes in different aspect of health services after SHI scheme, we found the availability of medicine was 53.60% (i.e. 65.7% and 41.4% between insured and non-insured groups) compared to 46.40% among both groups after SHI scheme. Similarly, in question regarding changes in the quality of medicine after SHI scheme was lower 45.80% compared to 54.20% among both groups. . However, changes in the quality of medicine after SHI scheme was found higher 53.3% among insured groups compared to 38.0% among non-insured groups. Similarly, in question regarding availability of lab services after SHI scheme was lower 44.60% compared to 55.40% among both group members. However, availability of lab services after SHI scheme was found higher 55.0% among insured groups compared to 33.7% among non-insured groups. Similarly, in question regarding quality of lab service after SHI scheme was lower 48.50% compared to 51.50% among both group members. However, quality of lab service after SHI scheme was found higher 60.4% among insured groups compared to 36.5% among non-insured groups. Likewise, in question regarding change in waiting line after SHI scheme was lower 38.20% compared to 61.80% among both group members. However, change in waiting line after SHI scheme was found higher 44.4% among insured groups compared to 32.0% among non-insured groups. In question regarding changes in hygiene and sanitation after SHI found to be similar (50%) with no big differences between both groups.

Similarly, in question regarding availability of ambulance service after SHI scheme was lower 34.5% compared to 65.5% among both group members. Likewise, in question regarding availability of referral service after SHI scheme was lower 37.8% compared to 62.2% among both group members However, availability of referral service after SHI scheme was found higher 41.4% among insured groups compared to 34.0 % among non-insured groups. Similarly, in question regarding availability of toilet/water/electricity after SHI scheme was lower 43.1% compared to 56.9% among both group members. Likewise, in question regarding service accessibility after SHI scheme was higher 54.2% compared to 45.8% among both group members However, service accessibility after SHI scheme was found higher 60.4% among insured groups compared to 47.9% among non-insured groups. Last question regarding service availability time after SHI scheme was lower 41.3% compared to 58.7% among both group members. However, service availability time after SHI scheme was found higher 51.5% among insured groups compared to 30.9 % among non-insured groups.

Table 8: Nature of change in different aspects of health services after Social Health Insurance scheme

Variables		Member		Non-member		Total	
		n	%	n	%	N	%
Availability of medicines	Better	95	85.6%	68	97.1%	163	90.10%
	Poor	16	14.4%	2	2.9%	18	90.10%
Quality of medicine	Better	75	83.3%	62	93.9%	137	87.80%
	Poor	15	16.7%	4	6.1%	19	12.20%
Availability of lab services	Better	81	87.1%	54	91.5%	135	88.80%
	Poor	12	12.9%	5	8.5%	17	11.20%
Quality of lab service	Better	97	95.1%	60	98.4%	157	96.30%
	Poor	5	4.9%	1	1.6%	6	3.70%
Change in waiting line	Better	62	82.7%	39	72.2%	101	78.30%
	Poor	13	17.3%	15	27.8%	28	21.70%
Hygiene and sanitation	Better	82	87.2%	79	91.9%	161	89.4%
	Poor	12	12.8%	7	8.1%	19	10.6%
Availability of Ambulance service	Better	51	72.9%	57	90.5%	108	81.2%
	Poor	19	27.1%	6	9.5%	25	18.8%
Availability of referral service	Better	69	98.6%	58	98.3%	127	98.4%
	Poor	1	1.4%	1	1.7%	2	1.6%
Availability of toilet/water/electricity	Better	65	83.3%	62	88.6%	127	85.8%
	Poor	13	16.7%	8	11.4%	21	14.2%
Service accessibility	Better	96	94.1%	79	96.3%	175	95.1%
	Poor	6	5.9%	3	3.7%	9	4.9%
Service availability time	Better	81	93.1%	54	98.2%	135	95.1%
	Poor	6	6.9%	1	1.8%	7	1.8%

Similar to question in table 8 we tried to find out the participants' perception towards the nature of changes in different aspects of health services after SHI scheme. Our study found more than 90% change was better compared to less than 10% poor changes in both groups.

3.2 Findings from qualititative component of study

Qualitative data have been organized broadly into 6 themes: information about SHI, coverage and peoples opinion towards SHI, service utilization, impact of SHI, problems and challenges of SHI, suggestions for improvement

Information about SHI

Participants shared that people have gradually started to understand about SHI as the message has been communicated from Radio, TV and newspaper. Furthermore, female community health volunteers, health personnel's and enrollment assistants were found to be engaged in informing people about SHI. In some cases, people still seem unaware of health insurance scheme despite the message being delivered through different channels. Enrollment assistants shared that people still opine that they don't need SHI since they don't have any diseases. Furthermore, people seem to have confused SHI with other insurance scheme where people are offered to double their amount within a certain period of time. Apart from SHI, participants shared that the SHI has also made people more aware about their health.

Community people have confusion regarding other types of insurance and health insurance scheme. People share about other insurance scheme where the amount is doubled in certain years. We have been trying to convince them that it's different than other types of insurance. ..... Some of the

people have reluctance regarding enrollment in the scheme. They want to observe those who are insured for some duration and they make decisions regarding enrollment in health insurance.

Enrollment Assistant, Baglung

Coverage and peoples opinion towards SHI

Participants shared that while the program was initially launched, people were much interested in the insurance scheme and the rate of enrollment in SHI was rapid although it could not be sustained in the years following. Some participants shared that the insurance scheme was rolled out without full preparation. People were found to be reluctant to be a member of the SHI scheme as the medicines, laboratory services and health personnels are often not available in health facilities. Lack of or delay in identification of poor people was reported was, among other challenge in increasing the enrollment rate. In some cases, district manager of SHI had taken initiatives of organizing the interaction program with the participation of local bodies, health facility management committee, and local people with the objective of informing people about SHI and increasing the enrollment rate. Enrollment assistants shared their experience that poor people or relatively less educated people are often interested to obtain the membership, but lack enough amount for the membership while rich and educated people are often reluctant to get enrolled since they opine that they can travel to Kathmandu or other cities when they have some disease and do not need health insurance.

Relatively less educated people show more interest compared to educated ones. It's really difficult to convince educated people to become member of health insurance scheme. Sometimes it takes 3 hours to convince them. They are less willing to listen to us compared to uneducated ones.

Enrollment Assistant, Baglung

However, the participants also shared that there is increasing enrollment of educated and rich people in SHI that has also worked to create trust in the society regarding SHI. Enrollment of educated and rich people who used to visit a private hospital before SHI seem to have worked on improvement of the service as they frequently inform concerned stakeholder about the service and provide necessary suggestions for improvement.

Previously educated and economically stable families around the headquarter of the Baglung district used to book a taxi and visit to private health facilities in Pokhara whenever they have a health problem. However, many of such families have become member of health insurance program now and visit a government hospital whenever they have a problem. They sensitize us, calling us at toll free number if any of the services are not available. Availability of Doctors and other health personnels have improved since the initiation of health insurance program.

-Manager, SHCDC, Baglung District

As per the experience of EA, most of the members of SHI were from middle socioeconomic status. Health personnel had noted that those families having someone who had some type of chronic diseases or need regular services had enrolled more in SHI. It was also supported by the experience of EA that the families with someone with chronic disease are more eager to get enrolled than others in the community. Participants also shared that after initiation of SHI, people have also become more aware and more concerned about health.

Sometimes it's difficult to convince people. They share that health personnel are not available in government health facilities. They also share that laboratory equipment is also not in proper condition in health facilities. These types of problems have created distrust towards health insurance program..... and sometimes people are reluctant to get enrolled in the health insurance scheme because they assume there can be procedural delays. They share that they might need to be transported to some hospital urgently and completing all the procedures might cause them to delay.

Enrollment Assistant, Baglung

Once people get enrolled in health insurance scheme, they think that they get every medicine free of cost from health facilities. Even though they utilize health services with 50, 20 or 30 thousands

and have to pay for medicine of around Rs 200, they come to us and complain that medicines are not available. Sometimes they spread it in the community that medicines are not available.

-Manager, SHCDC, Baglung District

Contradictory opinions were put forward regarding the coverage of SHI by the research participants. Most of the participants shared that the medicines and health services covered by SHI were enough to cater the health need of community while other opined that the services were not enough.

Service Utilization

Most of hospital visits were due to communicable diseases like diarrhea, pneumonia, and other communicable diseases. However, health personnel shared that hospital visits with chronic diseases like diabetes and hypertension was increasing after inception of SHI in the district

Some changes were also seen in service utilization pattern. Service providers had noted that people with health insurance scheme visit health facilities in earlier stages of disease compared to those who do not have health insurance. Furthermore, service providers shared that once people with SHI have been visiting health facilities for screening services like that for chronic diseases. However, participants shared that it might be because aware people are more likely to visit health facilities at an earlier stage of disease because of their concern towards health and get enrolled in SHI. Most of participants opined that there was no unnecessary service utilization due to SHI noted till date, although in some cases providers had contradictory opinion. The number of patients visiting health facilities ranged from as low as 4/5 per day to as high as 30/35 in some health facilities. The number of patients also varied according to season. In some cases, participants opined that an increasing number of health facility visit was mainly due to improvement in quality and availability of services rather than SHI. Regarding the economic status of patients visiting health facilities, service providers shared that there has been significant enhanced in service utilization by economically disadvantaged segment of the population since the initiation of SHI.

There have been some changes in health service utilization. Some people used to be reluctant to visit health facilities with health problems they had. However, after the initiation of health insurance program, people have become more aware about health and are visiting health facilities for check up. It has motivated people to visit health facilities as it does not incur any cost for health check up.

-Manager, SHCDC, Baglung District

Although we have not analyzed the data, the number of patients with chronic diseases like diabetes and hypertension has increased. This might be because of health insurance program or other program that we have on NCD. We also had a conversation with Doctors in different health facilities. They share that the trust towards health facilities has also improved since the initiation of health insurance program.

PHO, ILAM

Impact of SHI

People shared that SHI has positively impacted the quality of services and its availability. Participants also shared that it can ultimately have a positive impact on the overall economy of the country as healthy people tend to be more productive. However, people also acknowledged that overnight changes are not possible and these changes might be difficult to achieve at short run.

Problems and challenges of SHI

Table 10 below shows different opinion regarding problems and challenges in SHI among people who are actively engaged in SHI program. According to our study, service providers think that understanding of health insurance is still poor among insured groups. People among insured people request to prescribe specific medicines or investigation even when not required and also expect costly and complicated treatment, referral service and cost of transportation should be covered by SHI scheme. Similarly, health facility in charge faces the challenge of a fragmented scheme for elderly people, for poor and

ultra-poor people, accommodation cost for people utilizing the service and technical and entry error. They bear the challenges of shortage of manpower for data entry as well as enrollment assistant who are not health personnel.

According to our study public health officer's beliefs that traditional healers can pose challenge in expanding membership and also travel time /cost and roles and responsibilities among DHO/DPHO are not clear in health insurance. Similarly, among SHSDC manager they think that increasing the membership and have good coverage; there will be a problem during the time of renewal if the quality of services is not improved in line with people's expectation. Likewise, they think that majority of enrollment assistants is dropping out because they are mobilized based on incentive and they are not provided any salary. Similarly, in opinion to verification manger challenges they have faced was difficulties in uploading photo and problems with network connections.

Enrollment assistant's face the challenge of complaints about health personnel, medicines, investigation services are often not available in HFs. Similarly, they found the challenge of extremely poor people who cannot afford to pay 2500 per year, and negative response given by insured groups to no-insured groups about SHI scheme. They also bear challenge to convince the educated ones than uneducated.

Table 9: Problems and challenges in Social Health Insurance

Service providers	1.	Understanding about health insurance is still poor among insured. People have been understanding that they have to spend the amount equivalent to 50000 per annum
	2.	Availability of medicine is also issue. Steps to be followed when medicines are not available in health facility are not clear
	3.	People request to prescribe specific medicines or investigation even when not required or request to refer to higher level health facility
	4.	People expect that complicated surgeries, treatment of heart diseases, cancer should be covered by health insurance program.
	5.	When people refer to Kathmandu under health facilities offering health insurance and they need to hire vehicle, the cost of transportation can be higher than the cost of treatment.
	6.	There are difficulties with the referral service because ambulance service is not available
Health Facility In charge	1.	There are fragmented schemes for elderly people, for poor and ultra-poor people
	2.	Technical and entry error are common, often the system displays that “policy is not active"
	3.	People have to travel long for utilization of services, need to bear accommodation cost which increases the personal cost beyond insurance scheme
	4.	People expect to utilize service worth 50000 when people pay premium of 2500. They feel that they are in loss when they don't utilize service worth 50000 rupees
	5.	There are challenges while entering data into computer. Separate manpower are not available
	6.	Enrollment assistant are not health personnel. There is poor linkage between enrolment assistant and health facilities.

Public Health Officers	1. Belief towards traditional healers can pose challenge in expanding membership 2. People need to travel for a longer time to reach health facilities under health insurance scheme. This make people reluctant to get enrolled in insurance scheme 3. Roles and responsibilities are not clear. It seems like DHO/DPHO has no direct role in health insurance
SHSDC manager	1. Even if we increase the membership and have good coverage, there will be a problem during the time of renewal if the quality of services is not improved in line with people's expectation. 2. There can be increased patient load in health facilities with expanding coverage but there is only limited preparations to handle such additional patient load. 3. Since enrollment assistants are mobilized based on incentive and they are not provided any salary, it's difficult to force them or mobilize them effectively. 4. There is high dropp out among enrollment assistants. Larger proportions of enrollment assistants currently are inactive.
Verification officer	1. Difficulties in uploading photo in the system. 2. Frequent problems with network connections. It's not possible to check if the card is active due to poor internet service 3. Sometimes, claims are rejected. In such situation the cost need to be borne through hospital fund.
Enrollment assistant	1. People complain that health personnel, medicines, investigation services are often not available in HFs 2. There are extremely poor people who cannot afford to pay 2500 per year, there has been a delay in identifying poor people 3. Insured people complain that the response that they receive in health facilities is not good 4. Noninsured people ask the insured ones about the quality of service and often receive the negative response. Because of unavailability of services, poor response people opine that it's better to visit private than to get insured 5. It's often difficult to convince the educated ones than uneducated.

Suggestions for improvement

After figuring out the challenges and problems associated with the SHI scheme our study tries to find out opinion regarding suggestions for improvement in the SHI scheme as shown below in table 11. According to our study, service providers suggest to improved service availability and regular monitoring from central and district level to identify problems in implementation of the insurance scheme. Similarly, HF in charge think that fragmented program (for: elderly, poor and ultra poor) should be integrated with health insurance program. As well as they suggest that benefit package should be increased, at least one help desk in each health facility, a, regular meeting with enrollment assistants, focal persons, etc. in hospital as well as some incentives for service providers, regular monitoring, training in the short term should be conducted. Similarly, HF manager suggests adding the remaining sum of service equivalent 50,000 to next year. According to public health officer's suggestion there should be

clearly defined roles and responsibility for DPHO/DHO and also to mobilize the insured and satisfied people as change agents. Similarly, they suggest for distribution of card for population to bring them within the coverage and translate the program in federalism system. According to SHSDC manager's suggestion high speed internet service is essential followed by specialized hospital like eye hospital and pharmacy of the hospital should be emphasized together with prescriptions should be made on generic name rather than trade name. Similarly to SHSDC manger, the verification officer also suggest for high internet service together with additional staffs for data entry and verification. According to the enrollment assistant suggestion, availability of health personnel, medicines and other services should be improved as well as initiatives should be taken immediately to bring poor people under coverage.

Table 10: Suggestions for improvement

Service providers	1.	The service availability should be improved that can increase service utilization and motivate service providers
	2.	Regular monitoring from central and district level is necessary to identify the problem and find solutions
HF in charge	1.	Fragmented programs like that for elderly people, for poor and ultra-poor people should be integrated with health insurance program.
	2.	Benefit package should be increased. In most of cases, the cost of surgery exceeds 50,000 and it requires people to wait for 1 year to utilize other services once the benefit package is exceeded.
	3.	There should be help desk in health facilities. People feel irritated when they have to go several places for the service. It needs to be improved.
	4.	Awareness program should be intensified.
	5.	In the short term, some incentives for service providers, regular monitoring, training and visit opportunities could be beneficial to improve performance of the program.
	6.	For better coordination, there should be regular meeting in a hospital with enrollment assistants, focal persons etc.
	7.	It would be better to add up the remaining amount of this year in amount for next years benefit package as people have the feeling that the money would be wasted if they don't utilize the service equivalent to NRs.50,000.
Public Health Officers	1.	There should be clearly defined roles and responsibility as role of DHO/DPHO is not clear in present scenario.
	2.	It would be good to mobilize the insured and satisfied people as change agents
	3.	Also identity card for the population should be distributed as soon as possible to bring them within coverage.
	4.	We are also moving towards federalism. It is an opportunity to reform the Organogram of Ministry of Health.

SHSDC Manager	1. High speed internet service is essential because most of services are internet based. 2. Need to bring specialized hospitals like eye hospitals under the scheme 3. Hospital pharmacy should be emphasized. It improves the availability of medicines 4. Prescriptions also should be made on generic name rather than trade name.
Verification officer	1. Continuous and uninterrupted internet service should be available 2. Additional staffs are needed for data entry and verification
Enrollment assistant	1. Availability of health personnel, medicines and other services should be improved 2. Initiatives should be taken immediately to bring poor people under coverage

CHAPTER 4

LIMITATIONS OF THE STUDY

The study is not able to make inference on financial viability through cost calculations as health facilities delivering health services were not able to produce the exact financial report as they were yet to settle the claims from central level. Furthermore, in absence of appropriate identification of the poor population, insurance scheme had not yet enrolled the poor population through subsidy making it difficult to estimate the real expenditure and premium collected to assess the financial viability of the program.

Patients had no idea of the amount that had been deduced from their benefit package as the mobile notification system that was supposed to be functional was not yet initiated. Patients also could not exactly recall the amount that had been spent outside of health insurance scheme. Thus, the financial protection offered by SHI package is also based on their subjective experience.

CHAPTER 5

CONCLUSIONS

This study has given valuable insights in identifying key challenges in implementation of health insurance as well as document useful experiences of health personnel involved in the delivery of health services. Quantitative study in both insured groups and non-insured groups found that 9 out of 10 participants heard about SHI scheme and opined that their enrollment in SHI is an appropriate option to reduce the financial burden. Similarly, more than 90 % of insured groups were willing to renew membership and recommend a friend about SHI. The study found 61% had not sought any health services from health facilities outside the SHI among insured groups. Radio/newspaper/TV were the most common source of information about the SHI. Most of the participants were positive towards the enrollment assistant and other service provided by SHI scheme. Participants were more than 90% satisfied with nature of changes in different aspect of health services after SHI scheme.

A qualitative study among health personnel involved in the delivery of health services found different experiences and challenges in implementation of SHI in Nepal. The study reported that participant were much interested in the insurance scheme initially, however, it was declined in forthcoming years because due to unavailability of drugs, adequate laboratory services inadequate human resource, awareness and interaction among people. They opined that health insurance policy came as an effort to reduce impoverishment and catastrophic health expenditure, and it is critical to ensure easy enrollment of the poor and marginalized population into the SHS scheme. Service utilized by participants engaged in SHI scheme were due to communicable disease, however, visits with chronic diseases like diabetes and hypertension was increasing after inception of SHI in the district. Some changes were also seen in service utilization pattern. Service providers had noted that people with health insurance scheme visit health facilities in earlier stages of disease compared to those who do not have health insurance.

Health personnel bear numerous problems and challenges regarding the implementing SHI scheme, however, improving and implementing a suggestion given by health personnel for every shot of the problem and challenge seems to be a milestone for better implementation and development of the social health insurance scheme in Nepal. Despite the problems and challenges in SHI program, the utilization of services has gradually increased in all health facilities. Participants also shared that it can ultimately have a positive impact on the overall economy of the country as healthy people tend to be more productive.

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ANNEXURE

Annex 1

प्राथमिक स्वास्थ्य केन्, स्वास्थ्य वीमा अन्तर्गत का निजि अस्पताल र जिल्ला अस्पतालमा डाक्टरहरुलाई सोधिने प्रश्नहरु

१ के स्वास्थ्य वीमा कार्यक्रमले स्वास्थ्य सेवा लिन आउन व्यक्तिहरुका स्वास्थ्य समस्यालाई पर्याप्त मात्रामा समेटेको छ ?

- कति जति मानिसहरु स्वास्थ्य वीमा भन्दा बाहिरबाट सेवा उपयोग गर्नुपर्ने किसिमका हुन्छन ?
- स्वास्थ्य वीमा अन्तर्गतको स्वास्थ्य सेवाहरुप्रति जनताको धारणा कस्तो पाउनुभएको छ ?

२ स्वास्थ्य वीमा लागू भइसकेपछि स्वास्थ्य संस्थाबाट सेवा लिने व्यक्तिहरुको संख्यामा केही परिवर्तन देख्नुभएको छ ?

- स्वास्थ्य वीमा कार्यक्रम लागू हुनुभन्दा पहिला र पछि सेवा उपयोग गर्ने गरिब परिवारको संख्यामा केहि परिवर्तन छ ?
- स्वास्थ्य वीमा अन्तर्गत कस्ता किसिमका रोग वा स्वास्थ्य समस्याको लागि सेवा लिन धेरै मान्छेहरु आउने गर्छन?
- स्वास्थ्य वीमा गरेका र नगरेका मनिसहरुले लिने सेवामा केहि भिन्नता देख्नु भएको छ ?

३ स्वास्थ्य वीमा अन्तर्गतका सबै सेवा तपाइको स्वास्थ्य संस्थामा उपलब्ध छन् ?

- यदि छैनन् भने कुन कुन स्वास्थ्य सेवा तपाइको स्वास्थ्य संस्था मा उपलब्ध छैनन् ?
- सो सेवा लिनु पर्ने बिरामी आएको अवस्थामा के गर्ने गर्नु भएको छ ?
- स्वास्थ्य सेवाका लागि अन्य संस्थामा प्रेषण ९चभाभचचबि० गर्नुपर्ने सेवाग्राहीको संख्यामा कति जति हुनेगरेको छ ?
- अन्य संस्थामा बिरामी पठाउनु पर्दा एम्बुलेन्स सुबिधा छ कि छैन ?
- स्वास्थ्य वीमाले अयखभच नगर्ने औषधि अथवा अन्य सेवा लिनु पर्दाको अवस्था मा विरामीहरुको प्रतिक्रिया कस्तो पाउनु भएको छ ?

४ स्वास्थ्य वीमा कार्यक्रम लागू भएपछिसेवा शुल्कमा कुनै परिवर्तन महसुस गर्नुभएको छ ?

५ आवश्यक नहुादा नहुादै पनि स्वास्थ्य सेवा लिने व्यक्तिको संख्यामा केही परिवर्तन महशुस गर्नुभएको छ ?

६ आगामी दिनहरुमा स्वास्थ्य वीमा कार्यक्रमलाई थप प्रभावकारी बनाउनको लागि के कस्ता सुधारहरु गर्नु पर्ला ?

Annex 2

सामाजिक स्वास्थ्य सुरक्षा बिकास समितिका सम्बन्धित व्यक्तिलाई सोधिने

१ जिल्लामा स्वास्थ्य वीमा कार्यक्रमको अवस्था कस्तो छ ?

२ स्वास्थ्य वीमा कार्यक्रम लागू भएपछि मासिक रुपमा कति थप खर्चहुने गरेको छ ?

- स्वास्थ्य वीमा कार्यक्रमबाट मासिक कति आर्थिक स्रोत जुट्ने गरेको छ ?
- स्वास्थ्य वीमा कार्यक्रम लागू भएपछि नीजि स्वास्थ्य संस्थाको सेवा शुल्कमा कुनै परिवर्तन महसुस गर्नुभएको छ ?
- आवश्यक नहुादा नहुादैपनि स्वास्थ्य सेवा लिने व्यक्तिको संख्यामा केही परिवर्तन महशुस गर्नुभएको छ ?
- स्वास्थ्य सेवाका लागि अन्य संस्थामा चभाभचचबि गर्नुपर्ने सेवाग्राहीको संख्यामा कति जति हुनेगरेको छ ?

३ नीजि स्वास्थ्य संस्थाहरु वीमा कार्यक्रम अन्तर्गत आउन कत्तिको इच्छुक छन् ?

४ स्वास्थ्य वीमा कार्यक्रम अन्तर्गत आइसकेका नीजि स्वास्थ्य संस्थाहरुको प्रतिक्रिया कस्तो पाउनु भएको छन ?

५ सरकारी स्वास्थ्य संस्थाहरु को प्रतिक्रिया कस्तो पाउनु भएको छन ?

६ सेवा प्रदायकसंग जिल्ला जनस्वास्थ्य कार्यालय, जिल्ला स्वास्थ्य कार्यालय, जिल्ला अस्पताल, अंचल अस्पताल तथा निजि अस्पताल (DPHO/DHO, District/Zonal hospital, Provate hospital) तथा उपल्लो निकाय संग समन्वय कस्तो छ?

७ जिल्ला तहमा स्वास्थ्य वीमा कार्यक्रम लागु गर्ने क्रममा केहि चुनौतिहरु महसुस गर्नु भएको छ ? यदि छ भने के कस्ता चुनौतिहरु महसुस गर्नु भएको छ ?

- समन्वयमा हुने समस्याहरु

- आर्थिक पक्ष
- अन्य प्राबिधिक पक्षहरु

८) स्वास्थ्य वीमामा कुनै किसिमका परिवर्तनहरु आवश्यक छन् ? छन् भने स्वास्थ्य वीमामा के कस्ता परिवर्तनहरु/सुधारहरु गर्नुपर्ला ?

- तत्कालिन रुपमा गर्नु पर्ने सुधारहरु
- दिर्घकालिन रुपमा गर्नु पर्ने सुधारहरु

Annex 3

जनस्वास्थ्य कार्यालयमा स्वास्थ्य वीमा कार्यक्रम हेर्ने व्यक्ति वा जनस्वास्थ्य अधिकृतलाइ सोधिने प्रश्नहरु

१. तपाईको अनुभवमा तपाईले सेवा दिइरहनुभएको समुदायमा स्वास्थ्य वीमा कार्यक्रम लागू हुनुभन्दा पहिला मानिसहरुको स्वास्थ्य सेवा उपयोग गर्न सक्ने क्षमता कस्तो थियो ?

- आर्थिक कारणले कति प्रतिशत मानिस सेवा लिन नसक्ने अवस्थामा थिए ?
- अन्य कारणले स्वास्थ्य सेवा लिन नसक्नेहरु कति प्रतिशत जति थिए ?
- स्वास्थ्य वीमा कार्यक्रमा लागु भएपछी त्यसमा केहि परिवर्तन देख्नु भएको छ ?

२. स्वास्थ्य वीमा कार्यक्रम लागू भइसकेपछिको तपाईको अनुभव कस्तो छ ?

- प्रति दिन कति जना व्यक्तिहरु सेवा लिन आउाछन् ?
- कस्ता किसिमका स्वास्थ्य सेवा लिन मानिसहरु बढी मात्रामा आउाछन् ?
- विना कुनै समस्या सेवा लिने मानिसहरुको संख्यामा केही परिवर्तन भएको छ कि ?
- स्वास्थ्य वीमा लागू भइसकेपछि स्वास्थ्य संस्थाबाट सेवा लिने व्यक्तिहरुको संख्यामा केही परिवर्तन देख्नुभएको छ ?
- स्वास्थ्य वीमा कार्यक्रम लागू हुनुभन्दा पहिला र पछि सेवा उपयोग गर्ने गरिब परिवारको संख्यामा केहि परिवर्तन छ ?

३. के स्वास्थ्य वीमा कार्यक्रमले समुदायमा रहेका सबै अथवा अधिकांश स्वास्थ्य समस्याहरुलाई पर्याप्त मात्रामा समेटेको छ ?

- कति जति मानिसहरु स्वास्थ्य वीमा भन्दा बाहिरबाट सेवा उपयोग गर्नुपर्ने किसिमका हुन्छन ?
- स्वास्थ्य वीमा अन्तर्गतको स्वास्थ्य सेवाहरुप्रति जनताको धारण कस्तो पाउनुभएको छ ?

४. स्वास्थ्य वीमा लागू भइसकेपछि स्वास्थ्य संस्थाबाट सेवा लिने व्यक्तिहरुको संख्यामा केही परिवर्तन देख्नुभएको छ ?

५. स्वास्थ्य वीमा कार्यक्रम अन्तर्गतका सेवाहरुको उपलब्धतामा केही असर गरेको छ ?

६. दिर्घकालिन रुपमा स्वास्थ्य वीमा कार्यक्रमले स्वास्थ्य क्षेत्रमा के परिवर्तन गर्ला ? कस्ता कस्ता असरहरु देखिएलान् ?

- देशको अर्थ व्यवस्था
- स्वास्थ्य सेवाको गुणस्तर
- जनताको स्वास्थ्य स्थिती
- स्वास्थ्य क्षेत्रको आर्थिक भार

७. स्वास्थ्य वीमा कार्यक्रमा लागु गर्ने क्रममा जिल्ला जनस्वास्थ्य कार्यालय अन्तर्गतका स्वास्थ्य संस्थाहारुमा थप जनशक्ति वा साधना श्रोतहरु आवश्यक परेको छ कि छैन ?

- छ भने कसरि व्यवस्थापान गरिरहनु भएको छ ?
- भविष्यमा थप साधन श्रोतहरु को आवश्यक पर्ला कि नपर्ला ? यदि पर्छ भने कस्तो किसिमको जनशक्ति वा साधना श्रोतहरुको आवश्यकता पर्ने देख्नु भएको छ

८ स्वास्थ्य वीमा लागू गर्दा कति आर्थिक भार पर्ला ? के देशले त्यस आर्थिक भारलाई थेग्न सक्ला ?

- स्वास्थ्य वीमा कार्यक्रमको भविष्य कस्तो देख्नुभएको छ ? के यसलाई निरन्तरता दिन सकिएला ? नसकिए अन्य बैकल्पिक उपाय के हुन सक्ला ?

९ दिर्घकालिन रुपमा गर्नु पर्ने सुधारहरुके स्वास्थ्य वीमा कार्यक्रमले समुदायको अधिकतम व्यक्तिहरुलाई समेट्न सक्ला ? त्यसका लागि के कस्ता कार्यक्रमहरु उपयुक्त हनु सक्छन् ?

१० स्वास्थ्य वीमा कार्यक्रमा लागु गर्ने क्रममा जिल्ला जनस्वास्थ्य कार्यालय संग कत्तिको समन्वय भइरहेको छ ?

- कस्ता क्षेत्रहरु वा विषयहरुमा थप समन्वय आवश्यक देख्नु भएको छ?
- सामान्यतया वीमा कार्यक्रमा लागु गर्ने क्रममा स्वास्थ्य कार्यालय को भूमिका के हुने गरेको छ ? त्यो पर्याप्त छ कि छैन ?
- स्वास्थ्य वीमा कार्यक्रम लागु गर्ने क्रममा कुनै क्षेत्रमा स्वास्थ्य कार्यालयको भूमिका वढाउन पर्ने देख्नु भएको छ ?

११ स्वास्थ्य वीमामा कुनै किसिमका परिवर्तनहरु आवश्यक छन् ? छन् भने स्वास्थ्य वीमामा के कस्ता परिवर्तनहरु/सुधारहरु गर्नुपर्ला ?

- तत्कालिन रुपमा गर्नु पर्ने सुधारहरु
- दिर्घकालिन रुपमा गर्नु पर्ने सुधारहरु

Annex 4

स्वास्थ्य बिमा कार्यक्रमअन्तर्गतका स्वास्थ्य सेवा प्रदान गर्ने स्वास्थ्य संस्था प्रमुख संग सोधिने

प्रश्नहरु

१. तपाईको अनुभवमा तपाईले सेवा दिइरहनुभएको समुदायमा स्वास्थ्य वीमा कार्यक्रम लागू हुनुभन्दा पहिला मानिसहरुको स्वास्थ्य सेवा उपयोग गर्न सक्ने क्षमता कस्तो थियो ?

- आर्थिक कारणले कति प्रतिशत मानिस सेवा लिन नसक्ने अवश्थामा थिए ?
- अन्य कारणले स्वास्थ्य सेवा लिन नसक्नेहरु कति प्रतिशत जति थिए ?
- स्वास्थ्य वीमा कार्यक्रम लागु भएपछी त्यसमा केहि परिवर्तन देख्नु भएको छ ?

२. स्वास्थ्य वीमा कार्यक्रम लागू भइसकेपछिको तपाईको अनुभव कस्तो छ ?

- प्रति दिन कति जना व्यक्तिहरु सेवा लिन आउाछन् ?
- बीमा गरिएका कति जना आउछन्?
- बीमा नगरिएका कति जना आउछन्?
- कस्ता किसिमका स्वास्थ्य सेवा लिन मानिसहरु बढी मात्रामा आउाछन् ?
- विना कुनै समस्या सेवा लिने मानिसहरुको संख्यामा केही परिवर्तन भएको छ कि ?

३. के स्वास्थ्य वीमा कार्यक्रमले समुदायमा रहेका सबै अथवा अधिकांश स्वास्थ्य समस्याहरुलाई पर्याप्त मात्रामा समेटेको छ ?

- कति जति मानिसहरु स्वास्थ्य वीमा भन्दा बाहिरबाट सेवा उपयोग गर्नुपर्ने किसिमका हुन्छ ?
- स्वास्थ्य वीमा अन्तर्गतको स्वास्थ्य सेवाहरुप्रति जनताको धारण कस्तो पाउनुभएको छ ?

४ स्वास्थ्य वीमा अन्तर्गतका सबै सेवा तपाइको स्वास्थ्य संस्था मा उपलब्ध छन् ?

- यदि छैनन् भने कुन कुन स्वास्थ्य सेवा तपाइको स्वास्थ्य संस्था मा उपलब्ध छैनन् ?
- सो सेवा लिनु पर्ने बिरामी आएको अवस्था मा के गर्ने गर्नु भएको छ ?
- स्वास्थ्य सेवाको लागि अन्य संस्थामा गर्नुपर्ने सेवाग्राहीको संख्या कति जति पाउनु भएको छ ?
- अन्य संस्था मा बिरामी पठाउनु पर्दा एम्बुलेन्स सुबिधा छ कि छैन ?
- स्वास्थ्य सेवाको लागि अन्य संस्थामा गर्नुपर्ने सेवाग्राहीको संख्या कति जति पाउनु भएको छ ?
- स्वास्थ्य विमाले ऋयखभच नगर्ने औषधी वा अन्य सेवा लिनुपर्दाको अवस्थामा विरामीहरुको प्रतिक्रिया कस्तो पाउनु भएको छ ?

५. स्वास्थ्य वीमा लागू भइसकेपछि स्वास्थ्य संस्थाबाट सेवा लिने व्यक्तिहरुको संख्यामा केही परिवर्तन देख्नुभएको छ ?

- स्वास्थ्य वीमा कार्यक्रम लागू हुनुभन्दा पहिला र पछि सेवा उपयोग गर्ने गरिब परिवारको संख्यामा केहि परिवर्तन छ ?
- गरिब परिवार कसरि पहिचान गर्नु हुन्छ?स्वास्थ्य वीमा कार्यक्रमको सेवाको उपलब्धतामा केही असर गरेको छ ?

६. स्वास्थ्य वीमा कार्यक्रम लागू भएपछि मासिक रुपमा कति थप खर्चहुने गरेको छ ?

- स्वास्थ्य वीमा कार्यक्रमबाट मासिक कति आर्थिक स्रोत जुट्ने गरेको छ ?
- भरपाई प्रक्रिया कसरि संचालित छ? कुनै बाधा अप्ठ्यारा परिस्थिति छन् ?

७ स्वास्थ्य वीमा कार्यक्रम लागू भएपछिसेवा शुल्कमा कुनै परिवर्तन महसुस गर्नुभएको छ ?

- आवश्यक नहुादा नहुादैपनि स्वास्थ्य सेवा लिने व्यक्तिको संख्यामा केही परिवर्तन महशुस गर्नुभएको छ ?
- स्वास्थ्य सेवाका लागि अन्य संस्थामा चभाभचचबा गर्नुपर्ने सेवाग्राहीको संख्याममा कति जति हुनेगरेको छ ?

८. दिर्घकालिन रुपमा स्वास्थ्य वीमा कार्यक्रमले स्वास्थ्य क्षेत्रमा के परिवर्तन तर्ला ? कस्ता कस्ता असरहरु देखिएलान् ?

- देशको अर्थ व्यवस्था
- स्वास्थ्य सेवाको गुणस्तर
- जनताको स्वास्थ्य स्थिती
- स्वास्थ्य क्षेत्रको आर्थिक भार

९. स्वास्थ्य बिमा कार्यक्रम अन्तर्गत रहेर स्वास्थ्य सेवा दिने क्रममा केहि चुनौतिहरु महसुस गर्नु भएको छ ? यदि छ भने के कस्ता चुनौतिहरु महसुस गर्नु भएको छ ?

- समन्वयमा हुने समस्याहरु
- आर्थिक पक्ष
- अन्य प्राबिधिक पक्षहरु

१०. स्वास्थ्य वीमा कार्यक्रमको भविष्य कस्तो देख्नुभएको छ ? के यसलाई निरन्तरता दिन सकिएला ? नसकिए अन्य बैकल्पिक उपाय के हुन सक्ला?

११. स्वास्थ्य वीमामा कुनै किसिमका परिवर्तनहरु आवश्यक छन् ? छन भने स्वास्थ्य वीमामा के कस्ता परिवर्तनहरु/सुधारहरु गर्नुपर्ला ?

तत्कालिन रुपमा गर्नु पर्ने सुधारहरु

दिर्घकालिन रुपमा गर्नु पर्ने सुधारहरु

१२. के स्वास्थ्य वीमा कार्यक्रमले समुदायको अधिकतम व्यक्तिहरुलाई समेट्न सक्ला ? त्यसका लागि के कस्ता कार्यक्रमहरु उपयुक्त हनु सक्छन् ?

१३. आगामी दिनहरुमा स्वास्थ्य बिमा अन्तर्गत रहेर सेवा प्रदान चाहनुहुन्छ? किन ?

Annex 5

~~वीमा सहायकसाग सोध्नुपर्ने प्रश्नहरु~~

१. स्वास्य वीमा कार्यक्रमलाई तपाई कसरी हेर्नुभएको छ ?

- सदस्यता शुल्कको बारेमा
- उपलब्ध सेवाको बारेमा
- कार्यक्रमको संरचना/मोटामोटी बारेमा
- स्वास्थ्य सेवा प्रदायकको बारेमा

२. स्वास्थ्य वीमामा सदस्यता लिनेक्रममा सेवाग्राहीहरुको के कस्ता कुराहरुमा चासो राख्छन्?

- सदस्यता शुल्क
- पाउने स्वास्थ्य सुबिधा
- स्वास्थ्य सेवाको गुणस्तर
- बीमा गर्दाको फाइदा
- बीमा गर्दाको जोखिम

३. सेवाग्राही तथा समुदायका व्यक्तिहरुको स्वास्थ्य वीमा कार्यक्रम प्रतिको धारणा कस्तो पाउनुभएको छ ?

४. तपाईको अनुभवका आधारमा कस्ता समुदायमा कस्ता व्यक्तिहरु वीमामा सदस्यता लिन चाहन्छन् ?

- शैक्षिक अवस्था
- आर्थिक अवस्था
- स्वास्थ्य अवस्था
- बसोवासको क्षेत्र
- जात/धर्म

५. वीमा कार्यक्रमको सदस्यता लिन नचाहने व्यक्तिहरु मुख्य तथा के कस्ता कारणहरुले सदस्यता लिन चाहदैनन् ?

- आर्थिक कारण
- भौगोलिक विकटता
- स्वास्थ्य अवस्था

६. समुदायमा मानिसहरुलाई वीमा कार्यक्रमको बारेमा जानकारी गराउादा र सदस्यता प्रदान गर्दा के कस्ता चुनौतिहरु महशुस गर्नु भयो वा के कस्ता असजिलाहरु महसुस गर्नु भएको छ ?

- मानिसहरुलाई वीमा सदस्य बन्न उत्प्ररित गर्दा
- मोवाइलमा सदस्यता लिन चाहनेको विवरण भर्ने क्रममा
- वीमासाग सम्वन्धित अन्य काम गर्दा

७. समुदायमा अन्य व्यक्तिहरुलाई पनि कार्यक्रम अन्तर्गत ल्याउन तथा थप प्रभावकारी बनाउने के कस्ता सुधारहरु ल्याउनु पर्ला?

- वीमा शुल्क तथा उपलब्ध सेवा/सुविधा
- अन्य

Annex 6

वीमा सदस्यहरुको परिचय प्रमाणीकरणमा संग्लन व्यक्तिको अन्तरवार्ताको लागि प्रश्नहरु

१. वीमा सदस्यहरुको परिचय प्रमाणीकरणमा कुनै समस्या महसुस गर्नुभएको छ ?

छ छैन

२. यदि छ भने, त्यस्ता समस्याहरु कत्तिको देखिने गरेका छन् ?

- निकै कम,

- कहिलेकाहीं
- धेरै पटक
- निकै धेरै पटक

३. वीमा सदस्यहरु पहिचान गर्ने क्षमता वा परिचय प्रमाणिकरणको क्रममा के कस्ता समस्या देखिने गरेका छन् ?

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४. वीमा सदस्यहरुको परिचय पत्रमा समस्या देखिएमा के गर्ने गर्नु भएको छ ? समस्या हल गर्न औसतमा कति समय लगाउनु हुन्छ?

५. वीमा सदस्यहरुको परिचयपत्रमा देखिएका समस्याहरुको जानकारी राख्ने गर्नुभएको छ ?

छ छैन

छ भने आवश्यक तथ्यात्क टिपेर ल्याउने.....

६. तपाईले समुदायमा वीमा गरेका सदस्यहरुले वीमा सदस्य बन्नुभन्दा पहिला र पछि सेवा उपयोग गर्ने क्रममा केही परिवर्तन पाउनु भएको छ ?

छ छैन

छ भने, के कस्ता परिवर्तन महसुस गर्नुभएको छ ?

Annex 7

स्वास्थ्य बिमा कार्यक्रमको बारेमा विभिन्न स्वास्थ्य संस्थामा सेवा लिन पुग्ने व्यक्तिहरुसंग सोधिने प्रश्नहरु

जिल्ला .....

स्वास्थ्य संस्थाको किसिम .....

सर्वेक्षण सम्बन्धि जानकारी		
स्थान र समय		जवाफहरु
१	गा .वि. स	
२	वार्ड नं:	
३	अन्तरवार्ताकर्ताको परिचय	
४	अन्तरवार्ता पूरा भएको मिति	दिन महिना वर्ष

उत्तरदाताको पहिचान नं		
अन्तरवार्ताको लागि मञ्जुरीनामा, भाषा र नाम		जवाफहरु
५	सुचित मन्जुरी सहभागीले पढी मन्जुरीनामा दिनु भएको छ ?	छ १ छैन २,यदि नदिएमा अन्तरवार्ता नलिने

६	अन्तरवार्ताको भाषा	अंग्रेजी १ नेपाली २
७	अन्तरवार्ताकोसमय(२४घण्टा)	घण्टा मिनेट
८	थर	……..।
९	नाम	……
१०	फोन नं (सम्भव भएसम्म)	……..।

जनसाङ्ख्यिक बिबरण			
	प्रश्नहरु	जवाफहरु	
१२	लिङ्ग	पुरुष	१
		महिला	२
१३	तपाईको जन्म मिति भन्नुहोस् ।	दिन महिना वर्ष जन्म मिति याद नभएमा १४ मा जाने	
१४	पूरा भएको उमेर	वर्ष	
१५	तपाईले समग्रमा औपचारिक शिक्षाका लागी कति वर्ष बिताउनुभयो ? (कक्षा १ भन्दा पहिलाकोलाई गडना नगर्ने)	वर्ष	
१६	तपाईले पूरा गर्नु भएको माथिल्लो तहको शिक्षा कुन हो?	अनौपचारिक शिक्षा	१
		प्राथमिक भन्दा कम	२
		प्राथमिक तह	३
		माध्यमिक तह	४
		उच्च माध्यमिक तह शिक्षा	५
		कलेज वा विश्व विद्यालय पूरा भएको	६
		पोष्ट ग्राजुएट वा सो भन्दा माथि	७
		उत्तर दिन नचाहेको	८८

१७	तपाईको जात कुन हो ? (जातिय बर्गिकरण कार्ड प्रयोग गर्ने)	दलित	१
		पहुाच नभएका जनजाति	२
		पहुाच नभएका गैर दलित तराई जाति समुह	३
		धामिक रुपले अल्पसंख्यक	४
		तुलनात्मक रुपले पहुाच भएका जनजातिहरु	५
		उपल्लो समुह	६
		उत्तर दिन नचाहेको	८८
१८	तपाईको हाल वैवाहिक स्थिति के हो ?	अविवाहित	१
		विवाहित	२
		छुट्टिएको	३
		सम्बन्ध विच्छेद	४
		विदुर वा विधुवा	५
		अविवाहित तर सगै बस्ने	६
		उत्तर दिन नचाहेको	८८
१९	विगत १२ महिना देखि तपाई मुख्य कुन पेशामा संलग्न हुनुहुन्छ?	सरकारी जागिर	१
		गैरसरकारी जागिर	२
		आफ्नै स्वामित्वको	३
		बेतलबी	४
		विद्यार्थी	५
		घरायसी काम	६
		अवकास प्राप्त	७
		वेरोजगार (काम गर्न सक्ने)	८
		वेरोजगार (काम गर्न नसक्ने)	९
		उत्तर दिन नचाहेको	८८
२०	तपाईको घरमा तपाई लगायत १५ वर्ष माथिका कति जना सदस्यहरु हुनुहुन्छ ?	सदस्यहरुको सङ्ख्या	
२१	तपाईको घरमा १ देखि १५ वर्ष मुनिको सदस्य कति जना हुनुहुन्छ ?	सदस्यहरुको सङ्ख्या	

२२	कति जना आयआर्जनमा संलग्न हुनु हुन्छ?	सदस्यहरुको सङ्ख्या	
२३	तपाईको घरको औसत आय कति हुन्छ?	एक हप्तामा एक महिनामा एक बर्षमा उत्तर दिन नचाहेको ८८	
	औसत आय • यदि व्यक्ति ज्यालामा काम गर्ने भए व्यक्तिको प्रति दिन ज्याला लाई ३० ले गुणान गरी महिनाको कमाई निकाल्ने । • यदि व्यक्ति गृहणी भए समुदायमा उक्त काम गर्न अन्य व्यक्तिलाई गर्न लगाउदा तिर्नुपर्ने मासिक खर्चलाई आम्दानिका रुपमा लिने । • यदि व्यक्ति व्यापार व्यवसायमा संलग्न भए, प्रति दिनको नाफालाई ३० ले गुणन गरि मासिक आम्दानी निकाल्ने । • यदि व्यक्ति कृषीमा संलग्न भए, उक्त काम गर्न अन्य व्यक्तिलाई प्रतिदिन ज्यालामा दिदां लाग्ने खर्चलाई ३० ले गुणन गरि मासिक आम्दानी निकाल्ने । • यदि व्यक्ति जागिर गर्ने भए, उसको मासिक तवबलाई आम्दानीका रुपमा लिने ।		

स्वास्थ्य वीमा कार्यक्रम सम्बन्धि प्रश्नहरु

२४	के तपाईले स्वास्थ्य वीमा कार्यक्रमको बारे सुन्नुभएको छ ? यदि छैन भने वाकी प्रश्नहरु नसोध्ने ।	छ	१
		छैन	२
२५	स्वास्थ्य वीमा कार्यक्रमको बारेमा कहाबाट थाह पाउनुभयो ? ९बहु उत्तर०	वीमा सहयोगीबाट	१
		स्वास्थ्य कार्यकर्ताबाट/स्वास्थ्य कर्मीबाट	२
		साथी/आफन्त/छिमेकीबाट	३
		रेडियो/पत्र-पत्रिका/टेलिभिजनबाट	४
२६	के तपाई स्वास्थ्य वीमा कार्यक्रममा सदस्यता लिनुभएको छ यदि छैन भने प्रश्न नं. ४४ मा जाने ।	छ	१
		छैन	२
२७	तपाई कति समयदेखि स्वास्थ्य वीमा कार्यक्रमको सदस्य रहनु भएको छ ?	.....वर्ष .....महिना	
२८	स्वास्थ्य वीमा कार्यक्रमको सदस्यता हुनु लाग्ने शुल्क कसरी तिर्नु भयो ?	वचत/तलवबाट	१
		ऋण खोजेर	२
		सम्पत्ति/सामाग्रीहरु बेचेर	३
		अन्य कुनै निकायले तिरिदिएको छ ।	४

२९	तपाईको अनुभवमा के स्वास्थ्य वीमा कार्यक्रमले तपाईको परिवारमा स्वास्थ्य सेवा उपयोग गर्दा हुने आर्थिक भार कम भएको छ ?	छ	१
		छैन	२
३०	तपाइको बिचारमा स्वास्थ्य वीमा कार्यक्रमको शुल्क अनुसारको सेवा सुविधाहरु उपयुक्त छन् ?	छ	१
		छैन	२
३१	के स्वास्थ्य वीमा कार्यक्रमबाट तपाईलाई कुनै थप फाइदा भएजस्तो लाग्छ ?	लाग्छ	१
		लाग्दैन	२
३२	स्वास्थ्य वीमाकार्यक्रमको सदस्यता लिदाको शुल्क कस्तो लाग्छ ?	निकै धेरै	१
		उपयुक्त	२
		धेरै	३
		कम	४
		निकै कम	५
३३	स्वास्थ्य वीमासदस्य भएवापत उपलब्ध हुने स्वास्थ्य सेवालाई कसरी मूल्यात्कन गर्नुहुन्छ ?	निकै राम्रो	१
		राम्रो	२
		सामान्य	३
		कम	४
		निकै कम	५
३४	के तपाईको परिवारको स्वास्थ्य सेवाको आवश्यकतालाई स्वास्थ्य वीमाले समेटेको छ ?	छ	१
		छैन	२
	यो प्रस्न, प्रश्न २७ मा कम्तिमा एक वर्ष अवधी पुगेकालाई मात्र सोध्ने के तपाई स्वास्थ्य वीमाको सदस्यता नविकरण गर्न गराउनुभयो ?	गराए	१
		गराइन	२
	के तपाई स्वास्थ्य वीमाको सदस्यता नविकरण गर्न चाहनुहुन्न भने त्यसका करानाहरु के होलान ?		
३५	यो प्रस्न, प्रश्न २७ मा कम्तिमा एक वर्ष अवधी नपुगेकालाई मात्र सोध्ने के तपाई स्वास्थ्य वीमाको सदस्यता नविकरण गर्न चाहानुहुन्छ ? यदि वीमा नविकरण गर्न चाहानुहुन्छभने ३५ ख र चाहनुहुन्न भने ३५ प्रश्न ख सोध्ने	चाहन्छु	१
		चाहन्न	२

३५ क	के तपाई स्वास्थ्य वीमाको सदस्यता नविकरण गर्न चाहनुहुन्न भने त्यसका करानाहरु के होलान ?		
३५ ख	के तपाई स्वास्थ्य वीमाको सदस्यता नविकरण गर्न चाहानुहुन्छ भने त्यसका करानाहरु के होलान ?		
३६	के तपाई आ□नो साथी आफन्तहरुलाई स्वास्थ्य वीमाको सदस्यता लिन सुझाव दिनु हुन्छ ?	दिन्छु	१
		दिन्न	२
३७	विगत १ वर्षमा, के तपाईले स्वास्थ्य के□न्द्रबाट उपलब्ध हुने स्वास्थ्य सेवा उपयोग गर्नु भएको छ रु यदि छैन भने, प्रश्न .४४मा जाने	छ	१
		छैन	२
३८	के तपाईले स्वास्थ्य सेवा उपयोग गर्दा स्वास्थ्य वीमा अन्तर्गत नपर्ने स्वास्थ्य सेवा भएका कारण कुनै शुल्क तिर्नु पर्यो ?	पर्थ्यो	१
		परेन	२
३९	स्वास्थ्य वीमा अन्तर्गत भएपनि सेवा उपलब्ध नभएका कारण अन्य स्थानबाट स्वास्थ्य सेवा लिनुपर्ने अवस्था आयो ?	आयो	१
		आएन	२
४०	वीमा अन्तर्गतको स्वास्थ्य सेवा उपयोग गर्दा कुनै कठिनाई महसुस गर्नु भयो ?	भयो	१
		भएन	२
४१	यदि भयो भने के कस्ता कठिनाई महसुस गर्नुभयो ?		
४२	के स्वास्थ्य वीमा कार्यक्रमले स्वास्थ्य सेवा सम्मको पहुचलाई सहज बनाएको छ ?	छ	१
		छैन	२

४३	के तपाईलाई स्वास्थ्य वीमा कार्यक्रम स्वास्थ्य समस्याबाट हुने आर्थिक भार कम गर्ने उपयुक्त विकल्प हो जस्तो लाग्छ ?	लाग्छ	१
		लाग्दैन	२

४४ के तपाईले स्वास्थ्य वीमा कार्यक्रम लागू भएपछि यस स्वास्थ्य संस्थामा तल उल्लेखितस्वास्थ्य सेवाको विशेषताहरुमा कुनै परिवर्तन पाउनु भएको छ ?

	विशेषताहरु	परिवर्तन		यदि परिवर्तन छ भने, कस्तो परिवर्तन पाउनुभयो ?	
		छ	छैन		
क	औषधीको उपलब्धता			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
ख	औषधीको गुणस्तर			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
ग	प्रयोगशाला अन्तर्गतको सेवाको उपलब्धता			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
घ	प्रयोगशाला अन्तर्गतको सेवाको गुणस्तर			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
ङ	सेवा लिनको लागि पर्खनुपर्ने समय – ९ध्बष्तष्लन ीष्लभ)			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
च	स्वास्थ्य संस्था सर–सफाई			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
छ	एम्बुलेन्स सेवाको उपलब्धता			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
ज	प्रेषण सेवाको उपलब्धता			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
झ	शौचालय, विद्यतु, पानी लगाएतका सुविधाहरु			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
ञ	सेवाको सहजता			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२
ट	सेवा उपलब्ध हुने समय			पहिलाभन्दा राम्रो	१
				पहिलाभन्दा नराम्रो	२

४५	के तपाईको वीमा सहायकहरुसाग भेट भएको छ ?	छ	१
		छैन	२
४६	यदि छ भने, वीमा सहायकसाग स्वास्थ्य वीमा कार्यक्रमको बारे छलफल भएको छ ? यदि छैन भने प्रश्न ४८ मा जाने	छ	१
		छैन	२

४७. यदि छ भने, निमित्त सहायकको निम्नलिखित विशेषताहरुसाग तपाई कत्तिको सहमत हुनुहुन्छ ?

	विशेषताहरु (उपयुक्त बक्स भित्र चिन्ह लगाउनुहोस)	अत्यन्त सहमत (१)	सहमत(२)	अनिर्णित (३)	असमहत (४)	अत्यन्त असमहत (५)
क	वीमा सहायकसाग वीमाको बारेमा पर्याप्त जानकारी छ ।					
ख	वीमा सहायकले वीमाको बारेमा बुझिने किसिमले जानकारी दिन्छन् ।					
ग	वीमा सहायकले सोधेको बारेमा प्रश्नहरुको पर्याप्त जानकारी/उत्तर दिन्छन्					
घ	वीमा सहायकहरु सहयोगका लागि तत्पर रहन्छन् ।					
ङ	वीमा सहायकहरु शिष्ट भाषा प्रयोग गर्छन् ।					
च	वीमा सहायकहरु तपाईको चाहना विपरित वीमा सदस्यता लिन दवाव दिन्छन् ।					
छ	वीमा सहायकहरु तपाईलाई आवश्यक पर्दा सहयोगको लागि उपलब्ध हुन्छन् ।					
ज	कामप्रति प्रेरित छन् ।					
झ	काम प्रभावकारी तरिकाले सम्पन्न गर्छन् ।					
ञ	तपाईसाग स्वास्थ्य वीमाको लागि भेट्नु पर्दा तपाईको समयको उपलब्धातालाई ख्याल गर्छन ।					

प्रश्न ४८ देखि ५१ सम्मका प्रश्नहरु वीमा सदस्यता नलिएका व्यक्तिहरुलाई मात्र सोध्ने

४८	के तपाई स्वास्थ्य वीमाकार्यक्रमको सदस्यता लिन चाहनुहुन्छ ?	चाहन्छु	१
		चाहन्न	२

४९	स्वास्थ्य वीमा कार्यक्रमको सदस्यता नलिनुको प्रमुख कारण के थियो /हो? यदि उत्तर ४ र ५ बाहेक अन्यमा आए ,प्रश्न ५० नसोध्ने	धेरै बिरामी नपर्ने भएकाले	१
		उपलब्भ सेवाबाट सन्तुष्ट नभएकाले	२
		उपलब्ध सेवाको गुणस्तरप्रति विश्वास नभएकाल	३
		शुल्क महङ्गो भएकाले	४
		शुल्क तिर्ने पैसा नभएकाले	५
५०	उक्त वीमा कार्यक्रमको लागि अधिकतम कति शुल्क तिर्न तयार हुनुहुन्छ ? संख्यामा सोधेर ल्याउने	.....	
५१	निकट भविष्यमा वीमाको सदस्यता लिने कुनै योजना छ ?	छ	१
		छैन	२

तलका प्रश्नहरु वीमा सदश्य लिएका र नलिएका सबैलाई सोध्ने

५२	के तपाईको परिवारमा नियमित औषधि सेवन गरिरहनु भएको कोहि हुनुहुन्छ?	छ	१
		छैन	२
५३	के तपाइको परिवारमा नियमित स्वास्थ्य सेवा चाहिने दिर्घ रोग लागेको, वृद्ध, अपाङ्ग, असक्त, मानसिक रोग वा अन्य समस्या भएका कोहि हुनुहुन्छ?	छ	१
		छैन	२
५४	विगत १२ महिनामा के तपाईको परिवारमा कुनै सदस्यलाई सर्ने रोग, नसर्ने रोग, अपाङ्गता वा अन्य कुनै स्वास्थ्य समस्यामा देखिएका थिए ?	थियो	१
		थिएन	२

५५ विगत १२ महिनामा के तपाईले वा तपाईको परिवारमा कुनै सदस्यले स्वास्थ्य सेवा लिने क्रममा, एक रात वा सो भन्दा बढी समयकालागि भर्ना हुनुपर्ने अवस्था आयो ?

१. आयो २. आएन

यदि आएन भने प्रश्न ५७ मा जाने

क	ख	ग	घ	ङ	च	छ						ज	झ	ञ	ट	ठ	ड
उत्तरदाता कोड	अस्पतालमा तपाई वा तपाईको परिवारका सदस्य कति पटक भर्ना हुनुभएको थियो ?	स्वास्थ्य संस्थामा जादाको क्रम सङ्ख्या उल्लेख गर्नुहोस् । - जस्तै -पहिलो पटक, दोस्रो पटक)	अस्पतालमा तपाई वा तपाईको परिवारका सदस्य कति दिनकोलागि भर्ना हुनुभएको थियो ?	अस्पताललाई अस्पतालमा भर्ना भएर प्रति दिन कति शुल्क तिर्नुभयो ?	परामर्श (स्वास्थ्यकर्मीलाई दिइने शुल्क वा स्वास्थ्य केन्द्रमा लाग्ने दर्ता शुल्क)	ल्याब परिक्षण खर्च (रोगको पहिचान गर्न गरिने एक्सरे, रगत, दिसा, पिसाब लगायतका परिक्षण)						वाकस भित्र रकम उल्लेख गर्ने					
						एक्सरे	रगत परिक्षण	पिसाब परिक्षण	दिसा परिक्षण	अन्य परिक्षण	जम्मा	औषधी खर्च	पुर्नस्थापना खर्च	सवारी साधन प्रयोग खर्च	स्वास्थ्य सेवा लिन जादाको खाना खर्च	बसाई खर्च	जम्मा खर्च

५६ उक्त रकम कसरी तिर्नु भयो ?(उपयुक्त बाकसभित्र रकम उल्लेख गर्नुहोस्)

क) निशुल्क उपलब्ध भएको ख) बिमाबाट ग) बचतबाट घ) तलबबाट ङ) ऋण खोजेर च) घर/जग्गा/सामाग्री बेचेर

५७ विगत १ महिनामा अस्पताल भर्ना हुनु नपर्ने गरी स्वास्थ्य संस्थाबाट स्वास्थ्य सेवा लिनु भयो?

१. लियो २. लिएन

यदि लिएन भने प्रश्न ५९ मा जाने

क	ख	ग	घ	ङ						च	छ	ज	झ	ञ	ट
उत्तरदाता कोड	कतिपटक स्वास्थ्य संस्थामा जानुभयो?	स्वास्थ्य संस्थामा जादाको कम सङ्ख्या उल्लेख गर्नुहोस् (जस्तै -पहिलो पटक, दोस्रो पटक)	परामर्श शुल्क (स्वास्थ्यकर्मीलाई दिइने शुल्क वा स्वास्थ्य केन्द्रमा लाग्ने दर्ता शुल्क)	ल्याब परिक्षण खर्च (रोगको पहिचान गर्न गरिने एक्सरे, रगत, दिसा, पिसाब लगायतका परिक्षण)						वाकस भित्र रकम उल्लेख गर्ने					
				एक्सरे	रगत परिक्षण	पिसाब परिक्षण	दिसा परिक्षण	अन्य	जम्मा	औषधी खर्च	पुर्नस्थापना खर्च	सवारी साधन प्रयोग खर्च	स्वास्थ्य सेवा लिन जादाको खाना खर्च	बसाई खर्च	जम्मा खर्च

५८ उक्त रकम कसरी तिर्नु भयो ?(उपयुक्त बाकसभित्र रकम उल्लेख गर्नुहोस्)

क) निशुल्क उपलब्ध भएको ख) बिमाबाट ग) बचतबाट घ) तलबबाट ङ) ऋण खोजेर च) घर/जग्गा/सामाग्री बेचेर

स्वास्थ्य वीमा संबंधी सन्देशहरु संग सम्बन्धित प्रश्नहरु

		छ	छैन	यदि छ भने उक्त कार्यक्रमा कत्तिको प्रभावकारी पाउनु भयो ?
५९	के तपाइले स्वास्थ्य कार्यक्रमको बारेमा जनाकारी दिने रेडीयो कार्यक्रम सुन्नु भएको छ ?			१ निकै प्रभावकारी छन २ प्रभावकारी छन ३ सामान्य ४ प्रभावकारी छैन
६०	के तपाइले टेली भिजनमा स्वास्थ्य वीमा सम्बन्धि जानकारी दिने कार्यक्रम देख्नु भएको छ ?			१ निकै प्रभावकारी छन २ प्रभावकारी छन ३ सामान्य ४ प्रभावकारी छैन
६१	के तपाइले पत्र पत्रिकामा स्वास्थ्य वीमा सम्बन्धि जानकारी संदेश देख्नु भएको देख्नु भएको छ ?			१ निकै प्रभावकारी छन २ प्रभावकारी छन ३ सामान्य ४ प्रभावकारी छैन