

From Innovation to Scale-Up: Social Service Units (SSU) in Nepal

Right to health:

The right to health mandated in 2007, was followed by the introduction of free primary health care in 2009 and subsidised health care at the secondary and tertiary level for targeted groups in 2009/10. From an initial pilot in 2012, a new institutional structure, Social Service Unit (SSU) was created at selective public-sector referral hospitals to administer the provision of free and subsidised services to targeted vulnerable populations including the poor, destitute, gender-based violence (GBV) survivors, people with disabilities (PWD), senior citizens, Female Community Health Volunteers, disaster victims, martyrs' family, people from highly vulnerable indigenous groups.

Piloting and expansion of SSUs in Nepal:

In 2012/13, SSUs were established in five referral hospitals as a pilot initiative to facilitate free and partially free services for targeted patients. The 2015 final evaluation of the piloting of eight SSUs concluded that the model should be scaled up to other types of hospitals and expanded to facilitate and harmonise access to all social security programs available at each hospital from various funding sources. Based on the evaluation findings, 58 SSUs had been established up until 2021/22 and an additional 29 will be established in 2022/23, making a total of 87 SSUs across 77 districts funded from the Government budget. Besides government hospitals, the SSU model is also being scaled up to teaching, private and community hospitals to support them achieve their own corporate social responsibility targets.



Objectives of SSU:

The SSU provides a gateway at federal, provincial, specified governmental, private, community and teaching hospitals to facilitate access to free and subsidized services to target group patients. Specifically, the main objective of SSU is to:

- Increase the provision of equitable access and use of health services for target group patients.
- Help to ensure free and partially free regular or specialized health services to target group patients.
- Coordination and facilitation of all social security programs such as health insurance, deprived citizens treatment fund, senior citizen (geriatric) health services, neonatal health, free emergency services for poor and marginalised groups.
- Create an enabling environment so that target group patients can access health services effectively and transparently.

SSU structure:

To provide necessary guidance, to take decisions and to create an enabling environment for SSU, each hospital has an SSU Management Committee under the leadership of hospital chief/director. SSUs are run by hospital employed administrators who serve as chiefs and deputy chiefs, appointed by the SSU Management Committee.

SSU Financing:

FMoHP provides conditional grants to operationalise SSUs. Since 2019/20 some provincial ministries¹ have started providing additional grants to SSUs in their provinces. Alongside, some hospitals also allocate certain budget from their internal income for SSU as instructed by the SSU operational guidelines.

SSU approach:

Functioning under the SSU Management Committee, each SSU appoints a local social service NGO to support the hospital operate the SSU. Through this public private partnership (PPP) approach, the SSU identifies target group patients eligible for subsidized healthcare, promotes awareness of subsidies, guides patients, facilitates drug collection, prevents false claims, and records/reports who receives benefits. Partner NGOs and facilitators work in a spirit of volunteerism to help their communities and those in need of assistance. An important task is the correct identification of target group patients and preventing false claims. The roles, responsibilities and working modalities are laid out in the SSU operational guidelines. The guidelines give SSU facilitators and health workers joint responsibility for identifying target group patients. This has reduced the burden of screening and identifying target group patients on strained hospital workforce and management, who report saving 10-20% of their time each day with the introduction of SSU². Patients also save



¹ Lumbini, Madhesh and Karnali

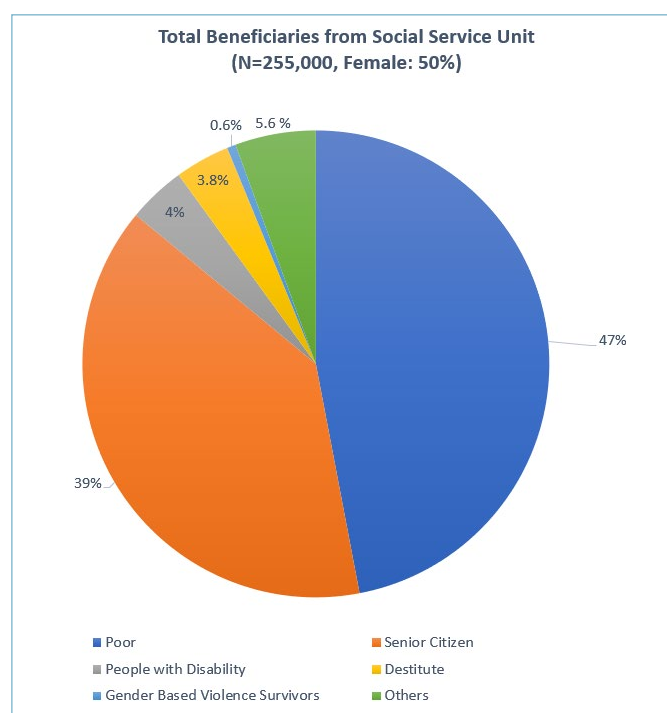
² Nepal Health Sector Support Programm. 2022. Value For Money Case Study: Strengthening and Scaling up of SSUs in Nepal.

time mediating the hospital system to access subsidies and services. Further, 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.

Achievements:

SSU has evolved into a single door for all targeted programs at hospitals. It plays a pivotal role in coordinating, harmonising and facilitating access to all social security related programs/ services such as deprived citizens treatment fund, social health insurance, geriatric health care, neonatal care, regular specialised services and basic health care and emergency services; and cost-efficiencies are being achieved.

More than 2,55,000 beneficiaries received free or partially free service in 2021/22 from 58 SSUs. The digitalization of recording and reporting through the HMIS platform is being rolled out across all SSUs and will further increase efficiency.



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 allocations to meet the large demand for free services at hospitals with a small percentage of the poor and excluded accessing free and subsidized hospital care. A recent case study³ on SSU reflected that in the four hospitals⁴ only 5-13% of total hospital patients access subsidy though the national poverty headcount ratio is 19%. The Nepal Demographic and Health Survey 2022, using the Washington Group questions, found that 29% of people over 5 years surveyed have some difficulty in one or more functional domains. However, only 4% of PWDs receive subsidised services via SSUs. Establishing a strong governance platform for SSUs is critical for their success, and this is affected by a high turnover of hospital and SSU level leadership, and political issues such as conflict over hospital staff entitlements to subsidised care. Turnover of NGO SSU facilitators is also problematic. They receive 46-47% less remuneration compared to government staff working in the hospital and other benefits provided to them are almost non-existent such as annual leave and public holidays; this plays a crucial role in turnover and demotivation.

³ Nepal Health Sector Support program. 2022. Value For Money Case Study: Strengthening and Scaling up of SSUs in Nepal.

⁴ National Trauma Center, Bharatpur Hospital, Pokhara Hospital and Provincial Lumibini Hospital.

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 – 2022). 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 FMoHP roadmap for SSUs includes:

- Strengthening and scaling up SSUs to all public, select community and private referral hospitals above 50 bedded and teaching hospitals by 2023/24.

- Allocating grants from FMoHP and provincial ministry for SSUs based on patient load and benefit packages provided by the hospital.
- Continuing PPP modality and strengthening the capacity of partner NGOs.
- Harmonising delivery of all social protection policies and programmes for hospital services through SSU. Develop integrated social service guidelines covering all social health security programs/services (health insurance, deprived citizen treatment fund, emergency health services, neo-natal free care, geriatric health care, etc.).
- Extending SSU target groups to include marginalised caste and ethnic groups.
- Capacity building of SSU staffs and facilitators.



Disclaimer: This material has been funded by UKaid from the UK Government; however the views expressed do not necessarily reflect the UK government's official policies.