

# **Social Service Unit Establishment and Operational Guidelines, 2078**

*Unofficial Translation*



Government of Nepal  
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## *Table of Contents*

Chapter – 1.....	4
1. Brief name and commencement.....	4
2. Definitions .....	4
3. Social Service Unit Expansion Plan .....	5
4. Objectives.....	5
Chapter - 2.....	6
Institutional Mechanism .....	6
5. Social service Unit Management Committee:.....	6
6. Role, Responsibility and Rights:.....	6
7. Role, Responsibility and Rights:.....	7
8. Structure of SSU: .....	8
9. Roles, responsibility and rights of social service units .....	8
10. Meeting and decision of SSU:.....	9
11. Roles, responsibility and rights of social service unit chiefs.....	10
12. Office space for social service units.....	10
13. Social service unit operation schedules .....	10
14. Selection of partner agency and service contract:.....	10
15. Role and responsibility of partner agency:.....	11
16. Selection of facilitators:.....	11
17. Roles, responsibility and rights of unit facilitators .....	11
18. Salary and benefits of the employee and facilitators:.....	12
19. Services that Maternity hospital should provide: .....	12
Chapter – 3.....	13
Identification of Target Group and Subsidized Health Services.....	13
20. Target groups:.....	13
21. Basis for identification of target group patients: .....	13
22. Procedures to select target group patients.....	15
23. Services available free of cost to target group patients.....	16
24. Management of referrals .....	16
25. Documents needed by referral cases:.....	17
Chapter - 4.....	17
Capacity Development and Budget Administration .....	17
26. Financial resource management: .....	17
27. Capacity development:.....	17
28. Coordination and collaboration.....	18
29. Implementation .....	18
Chapter – 5.....	19

Monitoring and Evaluation .....	19
30. Documentation:.....	19
31. Reviewing and reporting: .....	19
32. Monitoring:.....	19
33. Evaluation: .....	19
Chapter - 6.....	20
Miscellaneous .....	20
34. Addendum and changes or alterations: .....	20
35. Revocation and safeguard: .....	20
Annexes.....	21
Annex - 1: Hospitals Where Social Service Units Are Established by FY 2077/78 .....	21
Annex - 2: Basis for facilitator ENROLMENT .....	23
Annex - 3: Form For Free and Partially Free Health Care Services .....	24
Annex - 4: Form For Providing Free and Partially Free Services to Target Group Patients .....	26
Annex - 5: Budget Estimates .....	27
Annex - 6: Daily service register .....	28
Annex - 7: Social service unit reporting format .....	29
Annex - 8: Indicators .....	30
Annex - 9: checklist for social service unit monitoring .....	32

# Social Service Unit (Establishment and operational) Guidelines, 2078

**Preface:** As per the human rights enshrined in the Public Health Service Act, 2075, Clause number 64, the Ministry of Health and Population (MoHP) has brought into effect the guidelines on Social Service Unit to cater the health service to those who are socio-economically marginalised and have been derailed from the mainstream education, health and employment opportunities. Securing their social security and access to basic health care services including right to receive emergency health services free of cost as provided for in law is must.

## Chapter – 1

### 1. Brief name and commencement

- (1) These guidelines shall be called the ‘Social Service Unit Establishment and Operational Guidelines 2078.
- (2) The guidelines shall be implemented immediately.

### 2. Definitions

The following definitions shall apply unless the subject or context otherwise requires:

- a) **“Ministry”** means the Ministry of Health and Population.
- b) **“The target groups”** means the population/groups - ultra-poor people; poor people; helpless people; people with disabilities (card holders); senior citizens (card holders); survivors of gender violence; female community health volunteers; disaster victims (earthquake, epidemic, flood and landslide); deprived poor patients requiring emergency services); indigenous minorities including marginalised cast-ethnic groups as defined by this manual.
- c) **“Facilitators”** are persons appointed by the government, NGOs and the private sector to facilitate and support promotional activities and documentation at social service units. These persons shall be primarily accountable to patients.
- d) **“Partner organizations”** are international, national and local NGOs that support the work of the social service units.
- e) **“Social service unit”** means a unit within the hospital that supports target group patients to access free or subsidised health services in an equitable manner. SSU plays a pivotal role in coordinating, harmonising and facilitating all social security related programs such as deprived citizens fund, health insurance, neonatal care, regular specialised services including basic health care and emergency services at hospitals. To achieve these objectives, SSU are established in central, federal, provincial, district, community, private and teaching hospitals.
- f) **“Social service unit management committee”** means a committee established as per the section 5 of this guidelines to provide necessary guidance to SSU, so that target group patients receive free and subsidised health services.

- g) “Local level” means the Metropolis, Sub-Metropolis, Municipality and Village Development Committee (VDC) and District Council as enshrined by the Constitution.

### **3. Social Service Unit Expansion Plan**

To further make the health services transparent, manageable and effective for target group patients, the MoHP in FY 2069/70 established SSUs in 8 hospitals. Since then, the MoHP continued the scale up of SSUs by establishing 44 SSUs (annex -1) in 39 districts to date and by year 2079/80, SSUs shall be established in all 77 district hospitals as well as in central level government, private, community and teaching hospitals for the delivery of free and partially free health care service to targeted group patients. To achieve this goal, MoHP has to coordinate with provincial social development ministries and develop an action plan.

### **4. Objectives**

The MoHP and provincial ministry of social development, specified governmental, private, community and teaching hospitals should facilitate in providing the free and subsidized services to the target group patients through social service unit. Specifically, the main objective of the social service units is to:

1. Increase the provision of equitable access and use of health services for target group patients.
2. Help to ensure free and partially free regular or specialized health services to target group patients.
3. 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.
4. Create enabling environment so that target group can access health services effectively and transparently.

## Chapter - 2

### Institutional Mechanism

#### 5. Social service Unit Management Committee:

To provide necessary guidance, to take decisions and to create enabling environment for SSU, hospital has to form SSU management committee. The committee shall have following members:

1. Hospital Chief/Director	Coordinator
2. Emergency Department Chief	Member
3. Medical Department Chief	Member
4. Nursing Chief	Member
5. Account Chief	Member
6. Chief Health Officer	Member
7. Contact Person, Health Insurance	Member
8. SSU Chief	Member Secretary

**Note:** Chief of the hospital development committee must be invited in all the meeting of SSU management committee. The local level chief can be invited as required in the committee meetings. Likewise, doctor/division chief involved in the treatment can be invited as required in the meeting.

#### 6. Role, Responsibility and Rights:

The role, responsibility and rights of the committee shall be as follows:

1. To simplify service delivery and avoid duplication of services, the social security programs such as health insurance, deprived citizens treatment fund, senior citizen (geriatric) health services, neonatal health and other related program at the hospital shall be facilitated and coordinated by SSU from one-door system. The responsibility of this shall be given to SSU Chief in writing by the hospital management.
2. An action plan should be developed to manage the services for an entire year. For this, a basket fund should be created from the grant received for social security programs from federal, provincial and local level and at least 10% fund from internal income of the hospital.
3. Senior citizen is one of the target groups of SSU. Thus, the grant provided by federal MoHP and Provincial MoHP for senior citizen or geriatric health service (if geriatric health service is provided) and operation of SSU should be kept in a same basket for the management of treatment for target group patients.
4. Management of the human resources required for SSU should be done from the existing permanent staff in the hospital. For the management of facilitators required for SSU, an

- I/NGOs working in the district should be contacted for service-contract. For selection of partner agency, the SSU management committee in the hospital and executive committee (karyakari parishad) at academy of health sciences holds the responsibility.
5. Besides the free services provided by the hospital to target group patients, a list- related to free medicines (required as a part of free services) - should be approved by the hospital management for implementation.
  6. Assist in the process required to build coordination between the inter-departments and divisions of the hospital to provide services swiftly to target group patients.
  7. 3Execute the process required to make the free and subsidised services to target group patients effective and regular as provisioned by the guidelines including policies and directions of Nepal government.
  8. Besides the target groups listed in section 10 of the guidelines, decision should be taken as per the necessity to include others as target groups based on the “unique circumstances” they have been living.
  9. As per the SSU establishment and operational guidelines, target groups should receive free or subsidised services at all situations - epidemic, disaster, or lock-down -without any hindrances on a regular basis.
  10. Coordinate with local level, provincial ministry of social development, concerned stakeholders/persons for resource generation to provide free and subsidised services to target group patients.
  11. If the target group patient requires discount further than SSU Chief’s limit, the hospital director or Chief shall decide based on the requirement of the patient.
  12. Coordinate and collaborate with partner agencies in service-contract.
  13. Disseminate information about the free and subsidised services and process. Mention services provided by SSU, and process required in hospital’s citizen charter.
  14. Monitoring and evaluation of the works done by OCMC.
  15. For the operationalisation of SSU, depending upon the nature of the hospital services, committee can develop work procedures based on the SSU guidelines.

## **7. Role, Responsibility and Rights:**

1. The coordinator of the SSU management committee chairs the committee meeting. In his/her absence, the meeting is chaired by the person chosen by the committee members.
2. Committee meeting endorse the decision of majority and if its equal votes, the chair of the meeting will take decisive decision.
3. The committee will decide on the working procedures (karyabidhi) related to committee meetings.

## 8. Structure of SSU:

1. For academy of health and sciences, the executive committee and for hospitals, the hospital management should decide to include SSU in organisational structure of the hospital. Also, during the O &M survey, the structure required for SSU and creation of permanent position to fulfil human resources requirement has to be addressed. For daily functioning and service delivery by SSU, the following human resources are required:
  - a. **SSU Chief:** Depending upon the level of the hospital, hospital management should decide officer level employee either from government or from hospital development committee to be chief of the unit.
  - b. **Deputy Chief:** The hospital management should decide deputy chief for SSU based on the nature of the work that SSU does. The deputy chief should be equivalent to officer level (Nayab-Subba) either from government or from hospital development committee.
  - c. **Facilitators:** Depending upon the volume of patients visiting hospital's OPD, indoor and emergency services including number of operational beds in a month, the facilitators should be enrolled. As per the annex 2, facilitators - minimum 2 and maximum 12 with gender balance should be managed.

## 9. Roles, responsibility and rights of social service units

The following procedures shall be followed to provide services to target group patients by SSU:

1. Identify target group patients by coordinating with doctors and health workers involved in the treatment and identifying: those eligible for free and partially free services from among referred patients.
2. Inform all officer holders of the unit, hospital staff and stakeholders about the objectives, responsibilities, progress and plan of action of the unit, and about the provision of free and partially free services to target group patients.
3. Coordinate with the departments in their hospital to make health care services conveniently available to target group patients.
4. Assist in making expert services available from within the hospital. If such services are not available in the hospital, then refer patients to a nearby hospital as per the provisions made. In this case, ambulance services costing up to NPR 5,000 shall be made available up to twice annually as necessary depending on the distance to the referred hospital. If ambulance service is available at the hospital that shall be used. If not, the ambulance operated by local agencies shall be used. For this, MoU shall be done with the concerned agency to fix the rate and payment procedures.
5. Subsidy provided in medications and treatment for target group patients at central, federal and provincial hospitals up to Rs 2,500/- for OPD and emergency and up to Rs 10,000 for inpatients. For district level hospitals up to Rs 1,200/- for OPD and emergency and up to Rs 400 for inpatients. The number of free services will be determined under the above



- specified ceilings on the basis of the recommendation made by health workers involved in the treatment and on the information in the Annex 2 form as completed by unit staff.
6. In cases where financial support beyond the ceilings mentioned in section 5 (the above point) of these guidelines is deemed necessary then necessary documents with a justification for support beyond the ceiling shall be submitted to the hospital chief and director.
  7. Recommend to the hospital chief and director for supporting the living and travel expenses of needy patients who become out of pocket during their treatment.
  8. Facilitate poor people, people with disabilities who are insured through the health insurance program to get services available at the hospital or if referral is required, facilitate for referral. Record the services provided as per the format and report as needed.
  9. Facilitate for the delivery of senior citizen (Geriatric) health services as per the direction from MoHP and record the services provided and report as needed.
  10. The units shall be primarily responsible towards their patients and accountable to the chiefs of the concerned hospitals.
  11. Every month make public the names of persons receiving free and partially free services from the unit at the hospital. The unit can identify ways to public the name effectively as per the local context.
  12. Coordinate with one-stop crisis management centres where they exist in the same hospital.
  13. Record of the patients receiving free and partially free services should be kept in a register and software provided by the ministry as per the annex 5 and 6 and make it available to the medical record section of the hospital.
  14. Trimester review should be done based on the information (district/VDC/ Municipality of the patient, type of patient, gender/sex, age, cast-ethnicity) of the patients who received free and partially free services. This shall support to identify problems and barriers that restricted in providing effective services to target group patients.
  15. Central and federal hospitals should provide trimester and annual reports to the MoHP (Population management division). Provincial, district level, community, private and teaching hospitals should provide trimester and annual reports to provincial ministry of social development, department of health services (Nursing and social security division) and MoHP (Population management division).

## **10. Meeting and decision of SSU:**

Conduct staff and facilitator meetings once in two-months interval to discuss obstacles faced and to identify measures to overcome obstacles and progress/achievements so far including learning. The details of the discussion in the meeting and if any decision is taken shall be submitted to SSU management committee.

## **11. Roles, responsibility and rights of social service unit chiefs**

In addition to the above-mentioned tasks and duties under sub-section 6 (1) unit chiefs shall be responsible for the following tasks:

1. Coordinate and lead the social service unit.
2. Coordinate with the SSU management committee.
3. Regularly provide information to their hospital's medical superintendent and director.
4. Coordinate and collaborate with the agencies that manage service contracts and as directed by hospital management.
5. Take decisions to provide free or partially free services to target group patients within the specified ceilings and make recommendations to the sub-committee for necessary amounts above these ceilings.
6. Arrange for regular office operations, effective facilitation and regular documentation.
7. Work as member-secretary of the sub-committee.

## **12. Office space for social service units**

A separate office and front desk shall be arranged for social service units at the ground floor. The front desk shall be located at a place that is easily accessible for unit staff and patients to contact each other. The desk should be located at a place that enables unit staff to identify target group patients when they register at the hospital and enables target group patients to contact the unit for assistance. The hospital management shall make office space available to the units.

## **13. Social service unit operation schedules**

Social service units shall keep the same hours as their hospital's daily schedule. Unit facilitators shall provide their services throughout the week in different slots as per the volume of patients at the hospital. The hospital management shall arrange for 24 hours service to target groups. The SSU shall remain open in public holidays also. During the public holidays, the facilitators will not take holidays but take turn and compensate the public holidays with the permission of SSU chief the other days.

## **14. Selection of partner agency and service contract:**

In specified hospitals, based on the volume of the patients there shall be officer level SSU chief with minimum 2 and maximum 12 facilitator (gender balance) in SSU. To support the recording, reporting, service delivery and facilitation, local I/NGO or social organisation shall be selected for service contract. The local agency shall provide the required numbers of qualified facilitators as prescribed by the guidelines to work at SSU. For this, hospital management shall decide for the service-contract with the selected agency.

If the facilitation of works related to social service have been long done by some agency and if the support provided by the agency is satisfactory then for academy of health sciences the executive committee and for hospitals, hospital management committee as per the recommendation of SSU management committee, the service contract can be extended to the same agency for the facilitation of SSU works as per the guidelines. Once the service contract is done and if the SSU management

committee feels that the work of the agency is satisfactory then service contract can be renewed for the next fiscal year.

### **15. Role and responsibility of partner agency:**

The partner agency shall be responsible for the following tasks:

1. Work in close coordination with SSU management committee.
2. Support in identifying the real target group patients through the facilitators to provide services from SSU.
3. Regularly monitor and evaluate the performance of facilitators for the program effectiveness.
4. Organise different training programs for facilitators to enhance their knowledge and skills.
5. Mobilise facilitators to disseminate the information provided by the SSU to target group patients at community level during different programs organised by the agency.
6. Disseminate information on free and partially free services provided by SSU to the district and adjoining districts. Take approval of SSU management committee when developing and designing materials for dissemination including promotional activities.
7. Interact with SSU Chief to review work progress on a monthly basis. Prepare trimester and annual reports and submit them to the SSU management committee.

### **16. Selection of facilitators:**

The partner agency should follow the below criteria when selecting the facilitators:

1. At least SLC or 12 grade completion with Health Assistant, Staff Nurse, ANM, AHW or public health education background.
2. At least a year of experience as social mobilizer or have worked in the area of social development
3. Basic computer skills (MS Excel)

### **17. Roles, responsibility and rights of unit facilitators**

As well as the tasks and duties mentioned in section 15, unit facilitators shall do the following:

1. Work in accordance with unit work plans under the supervision of the unit chief.
2. Make contact and facilitate patients from target groups who come to the hospital to obtain services.
3. Inform patients from the target groups about available services.
4. Identify members of the target group from among patients referred by other hospitals and health institutes, and those who directly approach the hospital for services.
5. Ensure that the necessary services are provided to patients who are eligible for free treatment by evaluating services provision.

6. Assist in keeping records and preparing reports about patients receiving free and partially free services.

### **18. Salary and benefits of the employee and facilitators:**

Salary and benefits of the SSU employee and facilitators shall be as follows:

- a. The SSU chief has to work during the public holidays. Thus, an additional salary or benefits as stated by the Ministry shall be provided to him/her.
- b. For facilitators, the salary shall be as decided by the Ministry.

### **19. Services that Maternity hospital should provide:**

**Services:** The social services unit at the Paropakar Maternity and Gynaecology hospital (Thapathali, Kathmandu) shall make the following health services and other related services available free or partially free of cost:

- Other reproductive health services (as well as delivery services, which are already provided free of cost at this hospital).
- Where target group patients need blood and cannot arrange it because of financial constraints or absence of guardians who can provide blood.
- To facilitate short-term support and rehabilitation for children abandoned by their mothers in the hospital after delivery.
- To coordinate with one-stop crisis management centres during treatment where target group patients need shelter due to financial constraint or in the absence of a guardian.

## Chapter – 3

### Identification of Target Group and Subsidized Health Services

#### 20. Target groups:

SSU shall provide free and partially free services to following target group patients:

- Poor
- Helpless
- People with Disabilities (card holders)
- Senior Citizens (card holders)
- Gender Based Violence Survivors (children also)
- Poor deprived emergency patients
- Disaster victims (disaster such as earthquake, landslide, flood, fire, epidemic etc)
- Marginalised, Indigenous groups
- Female Community Health Volunteers (card holders)
- Malnourished children
- Sick persons at police custody
- Martyrs' family (card holders)
- Any other additional target group as per the local or community context

**Note:** The above stated target group patients are provided free or partially free services available at the hospital based on the evaluation of their financial status, identification card and other observation. But for the survivors of GBV, the hospital should provide all the services available at the hospital for free. Basis for the target group identification and subsidy they are entitled has been stated in the guidelines.

#### 21. Basis for identification of target group patients:

The basis for the identification of target group patients shall be as below:

1. **Poor:** poor patients are patients holding official identification cards issued by the Government of Nepal. If a patient who appears to be or claims to be poor does not have such a card, then the health staff can determine qualification on the basis of their own observations and information on the form at Annex 2 of these guidelines completed by unit staff. As per the evaluation of financial status, ultra-poor and poor shall receive free, and 50% subsidy as stated by the guidelines.
2. **Helpless** patients are patients without a guardian or without a family to look after them; who are physically incapable without a guardian; who have a relevant identification card or recommendation letter issued by an authorized government agency; or as determined on the basis of observations by health staff involved in the treatment and information given on the form at Annex 2 filled out by unit staff.
3. **Person with disabilities:** For the use of this guidelines, the people with disability means people who are physically and mentally incapacitate - requiring support from others to

- perform their daily activities, such as people who are deaf and blind and who cannot move from their place. Persons who possess an identification card - among the four types of card “Ka” type (Red card) shall receive all health services free of cost. Likewise, for “Kha” type (Blue card), shall receive 50% subsidy in all health services.
4. **Senior citizens:** Persons with a senior citizen identification card from the Government of Nepal are entitled to certain subsidy depending upon the age group they belong to. Senior citizen belonging to age 60 -69 shall receive 50% subsidy on designated health services, age 70 -79 shall receive 75% subsidy based on their physical debility, chronic diseases and financial situation and age 80 -84 shall receive designated health services for free. For all those above 85 shall receive all health services available at the hospital for free. If senior citizens have health insurance, the health treatment expenses shall be covered by the insurance. Only if the insurance doesn't cover all the health treatment expenses then hospital shall bear the costs through SSU or other sources.
  5. **Survivor of gender-based violence:** Survivors of GBV means persons (women, men, children, and sexual minorities) requiring and receiving services from OCMC or accredited as victims of this type to receive health treatment, medico-legal, security, protection, psychosocial counselling, safe home, legal support, income generation and rehabilitation support. Women, men, children and sexual minorities referred by local level, district police office, district administration office and OCMC as a victims of violence shall receive all required health services (even the services not available at the hospital if required) shall be provided free of cost.
  6. **Poor deprived emergency patients:** As per the working-procedure, 2077, poor and deprived group shall receive preliminary (first stage) emergency health services from central and provincial hospitals for free. Following the working-procedures for FY 2077/78 the designated hospitals are – Tribhuvan university teaching hospital, Kanti children hospital, National trauma center, Bir hospital, Sahid Gangalal Heart Centre, Manmohan Cardiac Centre, BP Koirala Lions Centre for Ophthalmic Studies, Koshi hospital, Narayani hospital, Bharatpur hospital, Pokhara hospital, Bheri hospital, Surkhet provincial hospital, Mahakali provincial hospital and Dadeldhura hospital. The poor and deprived patients visiting emergency of these hospitals (those brought by others or helpless patients - do not have guardian, do not have money at the time of visit) shall receive preliminary health treatment service for free. Besides the designated hospitals, other hospitals shall also provide free first stage treatment to the poor and deprived patients visiting emergency services.
  7. **Disaster victims (disaster such as earthquake, landslide, flood, fire, epidemic etc):** During the time of epidemic/pandemic, earthquake, fire or any other sort of disasters, emergency and free health treatment should be provided to the disaster survivors for free. The length or limitation of time duration to provide free services to disaster survivors should be decided by the management committee.

8. **Marginalised, indigenous groups:** The groups listed as marginalised indigenous by the government of Nepal and as per the local context based on poverty and social condition, the hospital management shall decide the groups to provide designated health services for free.
9. **Female health volunteers** are patients who possess a FCHV identification card and are working in the public health programmes run by MoHP in every ward of VDCs and Municipalities plus those who have not retired from this job shall receive 50% subsidy.
10. **Malnourished children:** Designated health services for children enrolled at nutrition rehabilitation centre or other malnourished children shall be provided free.
11. **Sick persons at police custody:** Sick person brought to the hospital by police from the custody, prisoners including children at juvenile custody shall receive preliminary free health services.
12. **Martyrs' family (card holders):** Based on the martyrs' family card provided by the government of Nepal, subsidy shall be provided on designated health services.

## 22. Procedures to select target group patients

Patients who are members of the target groups shall be selected impartially in the following ways:

1. A social service unit help desk shall be setup at hospitals to inform patients who belong to the target groups about the subsidies and services managed by the unit.
2. Patients (or their guardian) shall be referred to the social service unit if the patient possesses a relevant identification card, or if they have been referred from another hospital as being from a target group, or if health personnel in the emergency room or outpatient department involved in the treatment believe that the patient cannot afford to pay the costs of treatment.
3. If the person seeking a health service is helpless or immobile the unit's staff shall be called to the treatment room to initiate the process.
4. If a person with a disability, or a senior citizen or female health volunteers does not bring their identify card but request free service and brings their identity card later during the treatment, they will be eligible for the free services but the expenses they have already incurred shall not be reimbursed.
5. In order to identify target group patients unit staff will assist patients to fill out the form at Annex 2. The information given on the form will provide the basis for deciding on a patient's eligibility for free or partially free services.
6. Unit staff shall fill out the form at Annex 3 for free or partially free service, once target group patients have been identified.

## **23. Services available free of cost to target group patients**

Target group patients shall receive services free or partially free as below:

1. Among the target groups, ultra-poor, helpless, disables (category 1), GBV survivors, disaster survivors, malnourished children, poor and deprived emergency patients and marginalised indigenous groups shall receive services free of cost.
2. Based on the financial resources of the hospital, free or partially free services should be provided during the treatment at OPD, emergency and indoor for services related to curative and treatment (medicines, lab, x-ray, ECG, surgery related services).
3. Based on the services hospital provides, the hospital management should approve the list of free medications that can be provided to the target group patients. The free medicines should be made available at the hospital pharmacy. The free-medicines list should be reviewed every year. If medications other than the ones in the list has to be provided than SSU should take approval from the hospital chief or director.
4. Survivors of GBV as defined at section 12 sub-section (5) shall be provided all available services of the respective hospitals free of cost. In cases of shortage of budget for such services, the social service unit shall write to MoHP to request funding, and the ministry shall provide funding for this purpose.
5. If the target group patients receiving services from OPD and emergency have not presented their authorised identity card or recommendation letter, based on the evaluation of SSU, free or partially free services shall be provided to them for this time. They should be informed that they must bring their identity card or recommendation letter in next visit. The target group patients admitted at indoor shall receive subsidy from SSU if they bring identification card or recommendation letter during the treatment at hospital.
6. Only general beds will be made available to patients who get free or partially free health services.

## **24. Management of referrals**

As per the current referral system, patients are referred from health posts and to primary health care centres, and from district hospitals to provincial, regional or central level hospitals. But geographical remoteness and the nature of the treatment may require patients to be directly referred to higher level hospitals. According to this system free or partially free health care shall be made available to target group patients referred from lower to higher level health facilities as mentioned in section 6 (1), 12 and 14 of this guideline. When the lower-level health institute refers patients to a higher level the standard referral form shall be completed and sent along with the patient.



## **25. Documents needed by referral cases:**

1. Target group identification card issued by a government agency (poor, helpless, person with disability, senior citizen, survivor of GBV, martyrs family, indigenous groups and female health volunteer).
2. For GBV survivors, a referral letter issued by district administration office, district police office or one-stop crisis management centre.
3. Referral form with justification for referral from a lower-level health facility.

On the basis of the identification card and referral form social service units shall identify target group patients and provide necessary assistance to them for free or partially free health services.

## **Chapter - 4**

### **Capacity Development and Budget Administration**

#### **26. Financial resource management:**

- To provide free and partially free health services to the target group patients from the central, federal, provincial, district, community, private, teaching hospitals and other designated hospitals, the management committee of the concerned hospitals should estimate required budget for next fiscal year by the 2<sup>nd</sup> trimester (as per annex -4) and submit that to FMoHP and Provincial ministry of social development. Based on the estimate and other factors, the FMoHP and provincial ministry of social development should allocate certain conditional grants. This grant shall only be used for the health care of target group patients as mentioned in these guidelines.
- For the regular functioning of SSUs established at provinces and district hospitals and for the establishment of new SSUs at additional districts and hospitals, provincial ministry of social development must allocate budget annually.
- FMoHP shall facilitate and coordinate with the provincial ministry of social development for the SSU institutional structure development and regular disbursement of necessary budget.
- Concerned hospital shall maintain a separate account for the management of income and expenditure regarding the health services provided to the target group patients from SSU.
- The resources required for staff salary and allowances, office management, orientations and staff capacity development shall be made available by FMoHP and provincial ministry of social development.

#### **27. Capacity development:**

- In all designated hospitals, the employee and facilitators of SSU, management and admin staff should be informed about the objectives of social service units, their operation modality, roles

and responsibilities, and the identification of target group patients before they are involved in providing free services to target group patients.

- Orientation programmes shall be organized to provide information about the availability of free or partially free of cost health services and the role, operational processes of social service units. These programmes shall be attended by the staff of district hospitals, district public health offices, primary health care centres, health posts, sub-health posts, district ayurvedic health centres, ayurveda medical centres and the media. Additionally, orientation of SSU should be included in regular programs of the hospital.

## **28. Coordination and collaboration**

Social service units, through their management committees, shall work in coordination with FMOHP's Population Division, Nursing and Social Security Division, Provincial Ministry of Social Development, regional health directorates, concerned health office, their hospital development committee and other divisions and sections within their hospital. The SSU through their management committees, shall coordinate with local government, donor agencies, NGOs, social organizations and other stakeholder organizations for mobilizing resources and other support.

## **29. Implementation**

For the additional financial liability while implementing this guidelines, approval of the ministry of finance shall be required.

## Chapter – 5

### Monitoring and Evaluation

#### 30. Documentation:

Social service units shall regularly maintain a record of patients provided with free and partially free health care services using the formats in Annexe 5. Units shall maintain the records on computer software. A copy of these records shall be submitted to the medical record section of their hospital.

#### 31. Reviewing and reporting:

- Each management committee at the hospital shall review the work progress of its SSU every trimester and conduct review annually. For annual review, SSU should collect information from the target group patients who have received services from SSU. This is to understand their opinion and suggestion on services and the quality of services as per the indicators stated in “Ka”, “kha” and “Ga” of the annex 7. The FMoHP’s Population Management Division, Nursing and Social Security Division and Provincial Health Directorate of Provincial Ministry of Social Development shall review progress, good practices, learning, and obstacles faced by SSUs on annual basis.
- SSU shall complete the annex 5 (recording) and annex – 6 (reporting) formats and submit it to the SSU management committee at the hospital, FMoHP’s Population Division and Provincial Ministry of Social Development via email on a trimester and annual basis as per the guidelines.

The report should include the analysis of information and contain brief write-ups on good practices, learning, obstacles and challenges faced by the SSU and possible solutions to overcome obstacles and challenges.

- SSU shall send report to FMoHP’s email address: gesimohp@gmail.com, and at DoHS’s Nursing and Social Security Division email address: nursing2075@gmail.com
- Each hospital shall establish their institutional email address of SSU and communicate and share information via that. For example, SSU of Bharatpur hospital’s email address is: ssubharatpur@gmail.com.

#### 32. Monitoring:

The SSU management committees shall regularly conduct internal evaluations and provide guidance to the units. The SSU management committees shall inform hospital development committees for any problems encountered by SSU. The FMoHP’s Population Management Division, Nursing and Social Security Division and Provincial Ministry of Social Development shall review the effectiveness and functionality of SSU through the review of indicators and checklist listed on annex 7 and 8 and provide necessary directions.

#### 33. Evaluation:

FMoHP shall study on the effectiveness of SSU every four years and prepare report on it. SSU should be strengthened based on the suggestions provided by the report.

## **Chapter - 6**

### **Miscellaneous**

#### **34. Addendum and changes or alterations:**

FMoHP can make any necessary elaborations or changes to sort out any barriers, obstacles or confusion encountered in implementing these guidelines. FMoHP may amend these guidelines on the basis of experiences acquired during the operation of social service units.

#### **35. Revocation and safeguard:**

After the approval of this guidelines the 'Guidelines for the establishment and operation of Social Service Unit, 2069 (revision 2071)' shall be automatically revoked. All activities under the section 24 (Ka) will now be conducted as per the provisions of these new guidelines.

# Annexes

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## **Annex - 1: Hospitals Where Social Service Units Are Established by FY 2077/78**

### **Province 1**

- Koshi Provincial Hospital, Biratnagar, Morang
- B.P Koirala Academy of Health and Science, Sunsari
- Mechi Provincial Hospital, Jhapa
- Ilam Hospital, Ilam
- Panchthar Hospital, Panchthar
- Udaypur Hospital, Udaypur

### **Madhesh Province**

- Janakpur Provincial Hospital, Dhanusha
- Narayani Provincial Hospital, Birgunj, Parsa
- Gajendra Narayan Singh Hospital, Rajbiraj
- Gaur Hospital, Rautahat

### **Bagmati Province**

- National Institute of Health Sciences Bir Hospital, Kathmandu
- Kanti Children Hospital, Kathmandu
- Paropakar Maternity Hospital, Thapathali, Kathmandu
- National Trauma Centre, Kathmandu
- Bharatpur Hospital, Bharatpur, Chitwan
- Hetauda Hospital, Hetauda, Makwanpur
- Trishuli Hospital, Nuwakot
- Sindhuli Hospital, Sindhuli
- Bhaktapur Hospital, Bhaktapur
- Gangalal Centre for Heart Diseases, Bansbari, Kathmandu
- Dhulikhel Community Hospital, Kavre
- Patan Hospital, Patan, Lalitpur

- Sahid Sukraraj Tropical Hospital, Kathmandu
- Dhading Hospital, Dhading

### **Gandaki Province**

- Dhaulagari Hospital, Baglung
- Gorkha Hospital, Gorkha
- Pokhara Hospital, Pokhara Academy of Health and Science, Pokhara, Kaski

### **Lumbini Province**

- Gularia Hospital, Bardiya
- Tamghas Hospital, Gulmi
- Tulshipur Hospital, Dang
- Palpa Hospital, Tansen Municipality, Palpa
- Taulihawa Hospital, Kapilvastu Municipality, Kapilvastu
- Sandhikharka Hospital, Sandhikharka Municipality, Arghakhanchi
- Lumbini Hospital, Rupendehi
- Rapti Hospital, Rapti Academy of Health and Sciences, Dang
- Bheri Hospital, Nepalgunj, Banke

### **Karnali Province**

- Provincial Hospital, Birendranagar, Surkhet
- Dailekh Hospital, Dailekh
- Jajarkot Hospital, Jajarkot
- Karnali Academy of Health Sciences, Jumla

### **Sudur Paschim Province**

- Seti Hospital, Dhangadhi, Kailali
- Mahakali Hospital, Kanchanpur
- Dadeldhura Hospital, Dadeldhura
- Darchula Hospital, Darchula

## Annex - 2: Basis for facilitator ENROLMENT

S.N.	Total number of operational beds	Tentative daily patients at OPD, Indoor and emergency	Number of Facilitators
1.	Up to 50	Up to 300	Up to 2 - 4
2.	Up to 100	Up to 600	Up to 6
3.	Up to 300	Up to 1000	Up to 8
4	Above 300	Above 1000	Up to 12

## Annex - 3: Form For Free and Partially Free Health Care Services

Government of Nepal  
Ministry of Health and Population and Ministry of Social Development  
.....Hospital

### 1. Personal details of the patient:

- Name and surname of the patient:
- Age:
- Sex:
- Father/Mother's name:
- Address      District:      VDC/Municipality:      Ward:
- Contact number/Phone/Mobile:
- HMIS cast-ethnicity group:

### 2. Additional details of the patient:

- Is referred from other health facilities or hospital:      Yes:      No:
- Has received free health services within this Fiscal Year:      Yes:      No:
- Tick below the target group category to confirm the patient's wish to receive service:

Target group category:

- a) ultra-poor/poor,      b) helpless,      c) person with disability,
- d) senior citizen,      e) survivors/victims of gender-based violence,
- f) female health worker,      g) disaster survivors,
- h) marginalised//indigenous caste-ethnic groups      i) poor deprived patients in emergency
- j) martyrs' family members      k) malnourished children      l) others (list who they are):

2.1 Does the patient hold an official identification card or recommendation from the concerned bureau/municipality office?

Yes.....

No.....

2.2 If patient wants to obtain free or partially free services under the poor/ultra-poor category, ask them (patient or guardian) to complete the below questions from number 3 (from a to d):

### 3. Economic condition of the patient (tick an appropriate box)

A. Patient or their family's income source:

- Agriculture/farming in Nepal or India
- Daily wage labour/manual labour in Nepal or India
- Skilled labour in agriculture/farming in Nepal or India



- Permanent employment with Government or private agency
- Trading or business
- Foreign employment at Malaysia or Gulf countries
- Others (specify)

B. The social service unit staff/facilitator should observe (indirect indicators) patient and the family members based on the types of clothes, shoes, ornaments (cheap, general, expensive); physical condition (very weak, weak, healthy) including how they responded the above stated question to verify whether they are:

- a) Ultra-poor....                      b) Poor.....                      c) do not belong to poor category....

C. Since I am unable to afford my treatment from my own or my family's income, I request free/partially free health services from the government. The above detail is true and if proved otherwise I agree to face the court as per the law.

.....

Patient or Guardians signature

.....

Prepared by:

Recommended by:

Approved by:

Name:

Name:

Name:

Position:

Position:

Position:

Signature:

Signature:

Signature:

Date:

Date:

Date:

## Annex - 4: Form For Providing Free and Partially Free Services to Target Group Patients

..... Hospital

Registration no:

Date:

Name and surname:

Address:

Age:

Sex:

Fully free/partially free:

Type of target group:

Type of illness or medical condition:

S. No.	Date of services	Type of services	Cost of services (NPR)	Total amount (NPR)	Subsidized amount	Signature of service provider

Signature of patient/guardian:

Approved by:

Name:

Name:

Signature:

Signature:

Date:

Date:

## Annex - 5: Budget Estimates

.....Hospital Development Committee  
 FY.....

Type of free/ partially free services	Unit	No. of patients in current FY	Estimated additional eligible patients in next FY	Total (3+4)	Unit cost (NPR)	Estimated total budget (NPR)(5X6)
1	2	3	4	5	6	7
Total						

**Source:**

Hospital Development Committees' own sources of funding:	NPR.....
Grant from MOHP:	NPR.....
Grant from Provincial Ministry of Social Development	NPR.....
Fund from Local Level	NPR.....
Other sources (specify source)	.....
Total	NPR.....

Prepared by:

Name  
 Position  
 Signature  
 Date

Approved by:

Name  
 Position  
 Signature  
 Date

## Annex - 6: Daily service register

Daily record of the patients received by Social Service Unit

..... Hospital

FY.....

Date.....

S.N	Registration number	Name	Age	Sex	New or Old	Address of the patient District, Village/MC Contact number	Target group	Recommendation or authorised ID Card: Yes or No	HMIS cast-ethnicity group	Referred: Yes or No	Department: Emergency, OPD or In-door	Subsidized /free (NRS)			
												Medication	Examination	Operation	Other expenses

## Annex - 7: Social service unit reporting format

FY..... Month ..... Monthly/Trimester/Annual Progress Report

..... Hospital Development Committee

Number of patients who received services (target group and other information)													
Poor	Helpless	People with disability	GBV Survivor	Senior citizen	Poor/deprived emergency patients	Disaster survivors	Others	Patients with recommendations or ID holders	Repetitive patients	M	F	LGBTIQ or sexual minorities	Total service provides patients

Number of patients who received service (as per the HMIS classification and other information)											
Dalit	Janajati	Madheshi	Muslim	Bahun Chhetri	Others	Referred patients	Patients from other districts	Patients from village	Emergency patients	OPD patients	Indoor patients

Health service expenses and amount discounted and other information											
Medications	Amount discounted	Examination type	Amount discounted	Operation	Amount discounted	Other expenses (blood, Bed, transportation)	Amount discounted	Total expenses	Total discounted amount	Average Per patient cost	Average per patient discount

## Annex - 8: Indicators

S.N.	A) Capacity measurement indicators	Current Status	Score
1	SSU has adequate number of human resources (1 Officer level permanent Unit Chief, gender balanced facilitators as per the need of SSU).		
2	SSU staff and facilitators are well-informed about their role, responsibilities, and hospital system.		
3	SSU staff and facilitators have skill sets for documentation, filling up the progress form including use of software for electronic reporting.		
4	SSU staff and facilitators are working with high morale, effective leadership, and communication in achieving the objectives of SSU.		
5	SSU has required infrastructure, helpdesk, office furniture, computers and other required supplies.		
6	SSU management committee and various divisions and sections of hospital have been providing wide-ranging support to SSU.		
	Full marks - 24		
	% in (24 full marks)		

S.N.	B) Compliance indicators	Current Status	Score
1	SSU has been working as per the workplan and progress review recommendations.		
2	Properly filled-up the personal information and specified form of the clients as per the guidelines.		
3	Authority to delegate subsidized or free services from SSU.		
4	Record the expenditures of each client on a regular basis and sincerely follow the budget limitations.		
5	Provide complete support to helpless clients belonging to target group.		
6	Effective coordination with SSU management committee and various sections and divisions of the hospital.		
7	Regularly public the name of patients receiving services through local news media and other medium/channels to discourage patients who are wealthy to receive subsidized or free services through SSU.		
	Full marks - 28		
	% in (24 full marks)		

<b>S.N.</b>	<b>C) Result indicators</b>	<b>Current Status</b>	<b>Score</b>
1	% of the target group patients receiving free and subsidized services out of total patients. % of budget spent for free services out of total budget of the hospital		
2	% of target group patients with identification card or recommendation		
3	% of patients referred from other health facilities		
4	% of target group patients from other adjoining or neighbouring districts		
5	% of target group patients from rural areas		
6	The vulnerable population of that district matches with the HMIS classification of vulnerable population by the ministry of health and population		
	Full marks - 28		
	% in (24 full marks)		

## Annex - 9: checklist for social service unit monitoring

### SSU monitoring checklist

<b><u>SSU employee and facilitators</u></b>	
1	Status of employee: Number of employee and facilitators at SSU, qualifications, efficiency, devotion for the work, benefits, gender/cast-ethnic distribution including requirement of capacity building in future.
2	Provision of help desk and information board for SSU, SSU office visible to target group patients including smooth service delivery to process.
3	Steps taken by SSU to inform employees of hospitals and health centres about the free services (inside the hospital and outside) to target group patients
<b><u>Efforts made to employ guidelines of SSU and capacity building</u></b>	
4	Regularization and effectiveness of SSU internal meetings
5	Daily workplan and timing of SSU and
6	Evidence related to target group identification and methods followed to fill-up the forms as per the guidelines annex 3 and 4
7	Crucial support that SSU provided to target group patients (those who did not have information about SSU and helpless)
8	Efforts made in providing specialised services to target group patients in absence of required services at the hospital (provided ambulance service when referred to other hospital as an example)
9	Budget allocated for ambulance service limited to (Rs 5000/-) and its utilisation status
10	Relevance of budget allocated for indoor patient limited to Rs 10,000/- and for OPD and emergency patients Rs 25,00/-
11	Examples of the decisions take by SSU management committee if the above stated budget is insufficient for service
12	Examples of the decisions taken by SSU management committee to provide additional financial support to the patients who ran out of the budget during treatment
13	Communication and coordination between SSU, SSU management committee and hospital (harmony with OCMC for service delivery, if OCMC is in the hospital)
14	Timely record preparation and availability of report
15	Publicise the name of patients receiving free services every monthly
16	Preparation of income and expenditure details of SSU separately
17	Information of the expenditure on free services provided to patients other than target group patients from other sources
<b><u>SSU Management Committee Members</u></b>	



18	Measures taken by the SSU management committee to effectively coordinate with the hospital and other divisions and units
19	Measures taken by SSU management committee to generate resources from other sources
20	Policies and rules SSU management committee developed for the effective operation of SSU
21	Plans developed to further strengthen SSU in future
22	Problems faced during the establishment and operation of SSU
23	Capacity enhancement requirement of SSU employees of different levels
24	Efforts done to inform about the free services to neighbouring districts and health centres in those districts
25	Does the hospital citizen charter include the works of SSU? Yes or NO
<b><u>Partner I/NGO</u></b>	
26	What is your understanding on SSU's vision and objectives?
27	What is your opinion on partnership with hospital to this date?
28	When do you meet and consult with facilitators of SSU – interval of the meeting?
29	What should be done to enhance the effectiveness of SSU facilitators?
30	Efforts done by partner organisation to generate financial and other support from other sources
31	Efforts done to inform about the free services to neighbouring districts and health centres in those districts
32	Any suggestion to make SSU further effective in reaching its mission?
<b><u>President, Hospital Management Committee</u></b>	
33	How do you evaluate work of SSU?
34	What good works has happened in the past and what and how to strengthen them in future?
35	In what subject should the capacity building of SSU employee be focused?

Supported by:



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