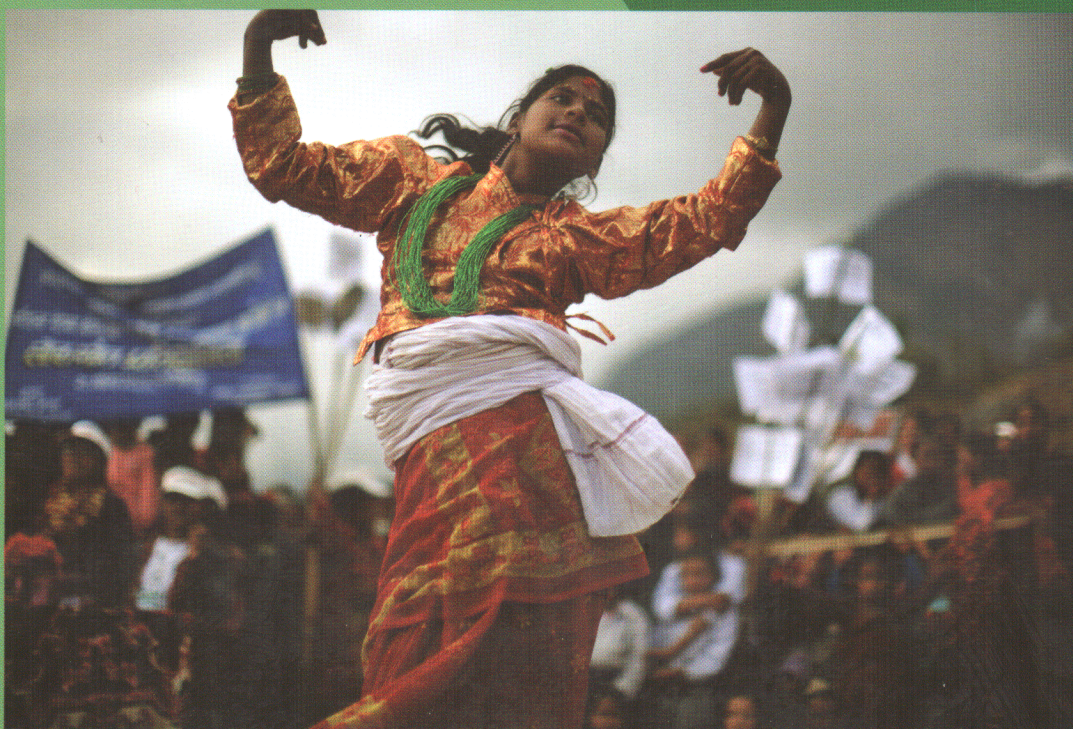


# Social Service Unit Implementation Guidelines

April 2010



Government of Nepal  
Ministry of Health and Population





# **Social Service Unit Implementation Guidelines**

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*Zonal to Central Level Hospitals*



**Ministry of Health and Population**

**Government of Nepal**

with technical assistance from RTI International

**April 2010**

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## I. Introduction

Nepal's interim constitution states that “every citizen will have the right to free basic health care service as provisioned by the State” and has decided to provide free essential/basic health care services (emergency and inpatient services) to the ultra poor, vulnerable, poor, senior citizens, people living with physical and psychological disabilities, and Female Community Health Volunteers (FCHVs) from the sub-health post level to the primary health service centre level, and at district hospitals. Based on this decision, the Ministry of Health and Population (MoHP) has provisioned for free health care services and essential drugs from the sub-health post level to the primary health care centre level, as well as at hospitals with up to 25 beds to all citizens.

In order to fulfil the above mandates, especially in identifying the ultra poor, vulnerable, poor, senior citizens, people living with physical and psychological disabilities and FCHVs, and ensuring their access to and use of said health services, a Gender Equality and Social Inclusion (GESI) strategy has been prepared to develop policies, strategies, plans and programmes. The main goals of the GESI strategy are to create a favourable environment for integrating (mainstreaming) GESI, enhance the capacity of service providers and ensure equitable access to and use of health services by all groups, and improve the health seeking behaviours of marginalized castes and ethnic groups, using a rights-based approach.

This Social Service Unit (SSU) implementation guideline is based on strategy three of the GESI strategy which provisions for the establishment and operationalization of SSUs in central, regional, sub-regional and zonal hospitals, and if necessary, in district hospitals, as decided by the Government of Nepal (GoN) and MoHP for fiscal year 2065/2066. The annual work plan reflects this decision and it has been included in the budget. With these established SSUs, the GoN and MoHP hope to increase access of the target groups to secondary and tertiary health care services, fulfilling the mandates above.

The SSU guidelines are the result of regional and central consultation workshops and discussions with the MoHP, NPC, different levels of health offices, central, regional, zonal and district hospitals, district public health offices, village level health workers, NGOs, the private sector, and other stakeholders working in the health sector. The existing free health care guidelines and free health care implementation working guidelines 2065 (BS), for central, regional, zonal hospitals have also been reviewed. These guidelines explain the establishment, structure, roles and responsibility, and rights of the SSU, and aids in facilitating the implementation of free health care services to the target groups.

## II. The Social Service Unit and its Objectives

### 2.1 Rationale for Creating a Social Service Unit

Nepal's Interim Constitution 2006 (BS 2063) established health as a fundamental right, and the Three Year Interim Plan (TYIP) has accordingly provisioned for social security (service and facility related) programmes. In order to coordinate and effectively implement such services and facilities as required, it is important to create coordination units in hospitals. The SSU is being established for this purpose.

### 2.2 Objectives of the Social Service Unit

The overall objective of the Social Service Unit (SSU) is to effectively facilitate and coordinate with hospital staff to provide free and partially free health care services to the target groups on a daily basis, and to manage their ease of access to such services in zonal, sub-regional, regional, and central hospitals. The major objectives of this unit are to identify the target groups on the basis of equity and equality, to keep records, and to provide the necessary support to the target groups on a daily basis. The services provided by the hospitals will be free (no cost) or partially free (reduced cost) based on the needs and nature of the patients (i.e. their identification as a target group) and the service(s) provided.

#### Specific Objectives

- a) To increase and ensure the target groups' equitable access to and use of essential/basic health services;
- b) To provide the necessary information for free or partially free basic, primary, secondary, and tertiary care services to target groups in zonal, sub-regional, regional and central level government hospitals;
- c) To support and guide hospitals and health care workers in being sensitive to the target groups and to ensure their inclusion during health service treatments;
- d) To assist in making inter-agency coordination effective.

## III. Target Groups and Basis for Identification

### 3.1 Target groups

Target groups are defined in **Annex 1**.

### 3.2 Basis for identifying target groups

- a) Nepali citizens certified by local bodies, government agencies, and committees as belonging to target groups.
- b) Nepali citizens who have obtained from any government agency an identity card identifying them as poor, vulnerable or destitute .
- c) Nepali citizens who have been approved as belonging to a target group by the Hospital Chief following the recommendations by the SSU.
- d) Target groups that have been referred to a SSU by concerned government health institutions.

#### **IV. Provision for a Social Service Sub-Committee**

A Social Service Sub-Committee will be formed to guide the SSU for fully free and partially free services, and support decision making as necessary. The committee will be accountable to the Hospital Development /Management Committee. The Social Service Sub-Committee will be formed as follows:

Hospital Chief	-	Coordinator
Matron	-	Member
Chief Accountant	-	Member
Social Service Unit Chief	-	Member Secretary

The concerned Department Chief and Ward in Charge will be invited as necessary.

#### **V. Social Service Unit: Human Resource Management and Budget Provision**

##### **5.1 Human Resource Management**

In all zonal, sub-regional, regional, and central hospitals there will be a provision for a Social Service Unit. The structure of the Unit will be as follows:

1. Social Service Unit Chief: a woman with a B.A. in sociology or public health.
2. Assistants: two or more, depending on the flow of patients (one to one ratio of women to men; I.A. or equivalent).
3. Volunteers: Hospital Development/Management Committee can mobilize local volunteers as required and will be provided a NRs. 3000 monthly allowance for lodging and food for them. The selection of volunteers will be based on the following criteria:
  - An equal number of men and women
  - A class 10 pass
  - A strong desire to serve and the ability to provide services at any time
  - Strong emotional competency

Staff recruitment will be according to existing law, and priority will be given to Dalit and Janajati women.

## **5.2 Budget Provision**

The MoHP will provide an annual (specific amount) budget as a grant to zonal, sub-regional, regional, central, and other government-specified hospitals, to be used specifically for providing free health care for the target groups through the Social Service Unit. The amount will be based on the hospital's category and the number and flow of patients. Additional provisions will be as mentioned in the National Free Health Care Programme Guidelines to supplement free health care services.

## **VI. Roles, Responsibilities, and Rights of the Social Service Unit and its Sub-Committee**

### **6.1 Roles, Responsibilities, and Rights of the Social Service Unit**

The main task of the SSU is to identify the target groups among all patients seeking health care services, and to ensure that the target groups receive the needed services from the hospital and service providers based on their gender, language and cultural needs. The roles and responsibilities of the Social Service Unit, in broad, will be as follows:

1. Identification of target group: for many of the patients entering a health facility, it may be their first visit, and the SSU will provide a "point of entry" identification process to assess their level of need for SSU services. The identification process consists of completing the SSU form (see Annex 2), resulting in a "target group identification card" which will determine their level of free or partially free services.

The following factors will be used for identification:

- Free or partially free service patients from among the referrals
  - Free or partially free service patients identified from those who have come directly to hospital
  - Patients recommended by a concerned office or committee for free health care
2. Provide information to all officers of the SSU, office bearers, hospital staff and target groups on which services are available at the facility, and which will be free or partially free, depending on patient status as a member of a target group.
  3. Escort and support the target group patient during treatment, ensuring their comfort and receipt of equal and equitable services; observe the treatments provided, and if needed, provide support in getting referrals to other hospitals for additional services.
  4. Confirm the patients' identification as a member of a target group through monitoring during the treatment process.

5. Coordinate between different departments within the hospital for services, as needed by the patient.
6. Keep records and prepare reports of the free and partially free services provided to patients; provide the necessary data to the hospital's medical records section.
7. Conduct a periodic review and evaluation of the free and partially free services provided.
8. Work as hospital's contact for GESI, and when needed, coordinate with the GESI unit of MoHP and the Department of Health (DoH).
9. Conduct orientation and training on GESI for hospital staff and health workers (including doctors), and orient them on the roles, responsibilities, and rights of the SSU and Sub-Committee, as well as the rights of target group patients.
10. Inform target groups which services and at which facilities services are free or partially free for them by mentioning them clearly on Citizen Charter Board.
11. Provide target groups with an identification card and renew the card every year.
12. Assist the Hospital Development/Management Committee to establish additional funds to provide services and facilities to the target groups in a sustainable manner.
13. Organize a monthly meeting of the SSU staff as needed and/or as determined by the Social Service Sub-Committee; discuss the issues, resolve outstanding problems, make necessary decisions.
14. Prepare SSU annual plans and receive approval.
15. Organise meeting of the Social Service Sub-Committee as per its instruction.

## **6.2 Roles, Responsibilities and Rights of the Social Service Sub-Committee**

1. Make decisions for special discounts to target groups, if needed, that are beyond the provisions set forth in the MoHP's free health care service guideline, depending on the availability of funds in the Hospital Development/Management Committee.
2. Ensure the pursuit for more effective services and facilities for target groups.
3. Monitor the Social Service Unit regularly.
4. Organize meetings of the Sub-Committee as needed.
5. The Social Service Sub Committee will have the right to decide its own working procedures.

## **VII. Working Procedure for Providing Social Service**

### **7.1 The Office of Social Service Unit**

As per the decision of the Hospital Development/Management Committee, the office space for the SSU will be in an appropriate place which is easily accessible to all patients for identification as members of the target groups.



## 7.2 Working hours of the Social Service Unit

The Unit will be open 24 hours.

## 7.3 Service delivery process to the target groups

### 1. Fill in the forms for the identification of the target group

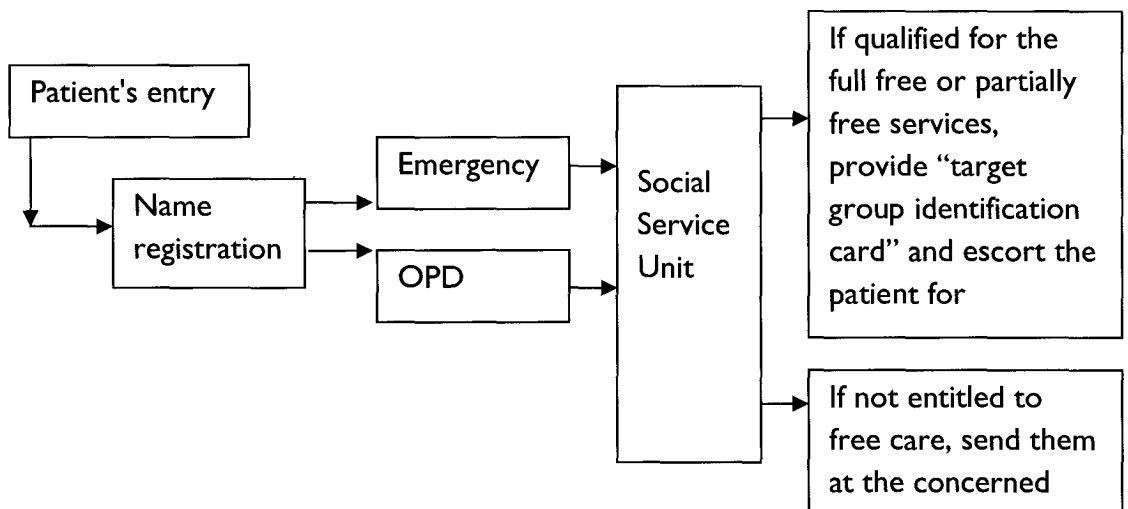
If the concerned officer feels the patient coming in for treatment in emergency or OPD is unable to pay the fee, or if the patient comes with an identity card, the patient or their guardian will be sent to the SSU. If the patient is very sick, the officer of the SSU will be asked to pay a visit to the check-up room for further identification processing.

The SSU will help the patient fill in the form (as in Annex 2) and will identify the patient as member of a target group upon which fully free or partially free service entitlements will be decided. In order to identify the target groups, the staff of the SSU needs to be trained in the following:

- assisting the patient in filling in the form(s)
- identifying the GESI needs of the patient
- behaving respectfully towards the patients

### 2. Provide identification card to the target group

The patient identified through the above process for fully free or partially free services will be provided with a “target group identification card” (as per Annex 3) during registration. This will prevent patients from having to go through the target group identification process during subsequent visits. The target group identification process flow chart is as follows:



### **3. Assist the patient by supporting them during check up/treatment process**

Each SSU patient will have a volunteer (ideally gender and language specific) to escort them during their facility visit. This is to ensure that the patient feels comfortable and is receiving equal and equitable care.

### **4. Process for providing discounts on fees**

#### ***Fully free health care service for target groups***

Target groups are already receiving free health care services up to the district level. Those who are referred to zonal or higher level hospitals, and patients coming directly to higher level hospitals who are identified as members of a target group through the SSU will get all the services that are specified as free up to district hospitals (as in Annex 4).

#### ***Partially free services***

Secondary and tertiary care services, in addition to those mentioned above, will also be provided fully or partially free to members of target groups. For this, the SSU will need to identify the patients and make recommendations. Members of target groups that are referred by district hospitals as vulnerable, ultra poor, disabled, senior citizen, and FCHVs and who come in with an identification card, as well as those who do not have a referral card but are identified by the SSU as belonging to a target groups will get at least a 50 percent discount for secondary and tertiary care services. The abovementioned services are specified in Annex 4.

### **5. Referral management**

According to the existing referral system, there is a process for referral from sub-health post/health post to primary health care centre to district hospitals to zonal, regional and central hospitals, in an incremental manner. But because of geographic difficulties and depending on the nature of treatment needed, it may be necessary to direct referrals /treatment to higher level hospitals (central, etc.) from lower level health institutions. The provisions in this guideline will allow referrals for patients, as needed, directly to upper level hospitals from the lowest level and/or between different levels. While referring from the lowest level to higher level health institutions/hospitals it will be necessary to fill out referral forms.

#### ***Papers needed in the referral process:***

- identification card from government office as ultra poor, poor, vulnerable or free health care service card;
- target group identification card;

Based on the identification card, health care card, or referral card, the SSU will identify the patient as a member of a target group and have them fill out the form (according to Annex 2) and assist them in accessing the health care services and facilities they need.

## **VIII. Monitoring and Reporting**

The hospital's Special Committee will conduct internal monitoring of the SSU and will provide guidance to the Unit. The Hospital Development/Management Committee will monitor the identification process, the services provided, and monthly expenditures. The SSU will prepare a monthly report and present it to the Special Committee for discussion, and in the event of problems/ issues, inform the Hospital Development/ Management Committee for advice and recommendations.

The SSU, within seven days of the end of every month and quarter, will complete reporting forms according to Annex 5 and Annex 6 and send them to the Hospital Development/Management Committee, the MoHP and concerned divisions or departments.

## **IX. Others**

### **9.1 Training/Orientation**

Before providing fully free and partially free health care services in all zonal, sub-regional, regional and central hospitals, the human resource at different health facility levels will be oriented to the GESI strategy, policies and programmes and will be provided with implementation skills. In addition, the Special Committee, office bearers/staff, SSU staff, doctors, nurses, and management staff will also be given training and orientation on the roles, responsibilities, and rights of the Special Committee and SSU staff.

The staff of District Hospitals, District Public Health Offices, Health and Sub Health Posts, Primary Health Care Centres, District Ayurved Health Centres, and Ayurved Hospitals will be properly oriented on free and partially free health care services, the SSU's role, responsibilities, and rights, as well as the process for referring members target groups to higher level health care institutions.

### **9.2 Coordination**

The SSU will work in coordination with the Social Service Sub-Committee, the Hospital Development/Management Committee, and other divisions within the hospital. The SSU will assist the Social Service Sub-Committee and the Hospital Development/Management Committee to coordinate with local bodies, donor agencies, and other support institutions for



## *Annex 1: List of Target Groups*

### a. Target Groups of National Health Programme

- Ultra poor , vulnerable
- Poor
- Disabled
- Senior citizens
- Female Health Volunteers and target groups decided by the hospital development and management committee

### b. Target Groups of National Safer Motherhood Programme

- All women undergoing delivery

### c. Programme for surgical operation on uterus prolepsis

- All women with prolapsed uteri

### d. Programme on economic support for medicinal care to disadvantaged citizens

- For diseases such as cancer, heart disease, kidney disease, Alzheimer's, Parkinson's, - to the target groups recommended by district level programme on Economic Support for Medicinal Care to Disadvantaged Citizens

### e. Citizens over 75 years and below 15 years from endangered indigenous castes for heart disease and kidney diseases (in specified hospitals)

### f. HIV/AIDS/STI

- Patients who need CD4, TEST / OI. Etc.

### g. Patients suffering from tuberculoses, leprosy, kala-azar, filariasis

***Annex 2 : Identification Form*****Government of Nepal****Ministry of Health and Population****..... Hospital/ Health Institution***Form to be filled for free or partial free health service***The Patient's individual information**

1 Patient's name

2. Age

3. Gender

4 Address : District

VDC/Muni .

Ward

5. Occupation : (a) wage labour (b) agriculture (c) service (d) business

6. For referral (having referral card)

6.1 From where

- a) Health Post/Sub Health Post
- b) Primary Health Center
- c) District Hospital
- d) above district hospital
- e) others (mention place or institution)

6.2 Category of the target group

- a) ultra poor/vulnerable
- b) poor
- c) disabled
- d) senior citizen
- e) FCHVs
- f) others

7. If not from reference but comes directly, which category?

- a) ultra poor/vulnerable
- b) poor
- c) disabled
- d) senior citizen

**I. Basis for analysis of the pateint's economic condition**

i. Situation of supporting family expenditure through annual income

- a) less then six months
- b) less than one year
- c) one year

ii. How much can you pay for the treatment?

- a) cannot pay at all
- b) up to Rs 500/-
- c) up to Rs 1000/-
- d) Rs 1000/- and above

**II. Observation of the staff of Social Service Unit (indirect indicators)**

i) Is there someone to look after the patient or is vulnerable?

Yes                      No

ii) Observation on the patient's guardian- dress and styles, personality,etc.

Based on the obove information I apply for free/ partial free (discounted) treatment

Singnature of the Patient

**Verification by staff of Social Service Unit**



1. Based on the question and answers asked to the patient/guardian, identification card as ultrapoor/poor while being referred from lower level health institute and on your own observation, spicify the category?

a) vulnerable    b) ultra poor    c) poor    d) not belonging to any catagory of target group

2. In which category does the patient fall ?

a) Full fee waiver    b) partial fee waiver (at least up to 50%)

Prepared by

Recommended by

Approved by

Unit Chief

Hospital Chief

**Note: The concerned person (patient/guardian) will be made to sign in the application form only after the SSU verifies that the patient falls under the target group.**

***Annex 3: Identity Card***

**Government of Nepal**  
**..... Hospital**

**Ultra poor, vulnerable, poor and other target group**

**Identity Card**

**Photo**

a) Registration

b) Date of Issue:

c) Name.....

d) Age..... (Yrs)

e) Gender:    Male         Female

f) Address: District

VDC/Municipality

Ward No.

Village/Tole

g) Patient or Guardian's Name

Signature

Signature of the recommending officer

(Chief of the Social Service Unit)

**Note: The identity card needs to be renewed every year, or else, it will be invalid automatically. This card is usable only in government health institutions for health care purpose.**

**Renew description**

Date of renewal	Valid until	Signature of the approving officer



**Annex 4: Services to be fully free or partially free**

निःशुल्क तथा आंशिक छुट उपलब्ध हुने सेवाहरु:

**The services that will be provided total free or partial free**

जिल्ला अस्पतालबाट निःशुल्क उपलब्ध गराईने सेवाहरु अञ्चल, उपक्षेत्रीय, क्षेत्रीय तथा केन्द्रीय अस्पतालबाट पनि निःशुल्करूपमा प्रदान गरिनेछन्। यसका अतिरिक्त अञ्चल, उपक्षेत्रीय, क्षेत्रीय तथा केन्द्रीय अस्पतालतहका सेवाहरु भने लक्षित वर्गले निःशुल्क वा आंशिक छुट पाउनेछन्।

The services that will be provided free in district hospitals will also be provided free in zonal, sub-regional, regional and central hospitals. Besides these, secondary and tertiary services will also be provided free or partially free to target groups in zonal, sub-regional, regional and central hospitals.

अ) जिल्ला अस्पतालमा उपलब्ध हुने सेवाहरु: (services provided free in district hospitals)

**१. आकस्मिक र अन्तरङ्ग सेवा ( emergency and inpatient services)**

आकस्मिक सेवा	अन्तरंग सेवा
<p><b>निदानमूलक (Investigation)</b></p> <p>रगत जाँच (Blood Test)</p> <p>TLC, DLC, Hb, Blood Sugar, Blood Urea</p> <p>पिसाब जाँच (Urine Test/R/ME)</p> <p>एक्स-रे (Plain x-rays)</p>	<p><b>निदानमूलक (Investigation)</b></p> <p>अनुसन्धानमा प्रयोग हुने सबै उपलब्ध अत्यावश्यक सेवाहरु</p> <p>TLC, DLC, Hb, ESR, Platelet Count, BT, CT, Aldehyde Test, MP, MF, VDRL (RPR), Rh Factor, Blood Grouping &amp; RH typing, Pregnancy Test, Gram's Stain, Creatinine, LFT, Stool R/M, Stool occult blood, Urine Bile Salts, Urine Bile Salts, Urine Bile Pigments, Urine for acetone, Urine R/M, AFB Stain, Blood Sugar, Blood Urea, Uric Acid, Semen Analysis, X-ray (plain)</p>
<p><b>उपचारमूलक (Treatment)</b></p> <p>(क) उपचारका लागि आवश्यक पर्ने सबै अत्यावश्यक औषधीहरु (Essential Drugs)</p>	<p><b>उपचारमूलक (Treatment)</b></p> <p>अत्यावश्यक औषधीहरु (Essential Drugs)</p> <ul style="list-style-type: none"> <li>सबै प्रकारका अत्यावश्यक औषधीहरु (औषधी व्यवस्था विभाग वा आयुर्वेद विभागले तोकेका)/ all medicines as stated by the hospital dev. management committee and aurvedic department</li> </ul>

<p>तोकेका) / all medicines as stated by the hospital dev. management committee and aurvedic department</p> <p>(ख) ड्रेसिङ्ग, सुचरिङ्ग तथा प्लास्टरिङ्ग (Dressing, Suturing and Plastering related all needed medicine and materials) को लागि आवश्यक पर्ने सम्पूर्ण औषधी/सामाग्रीहरु ।</p>	<p>शल्यचिकित्सा (Surgery)</p> <p>उपलब्ध सबै प्रकारका Minor Surgery हरु</p> <p><b>Obstetric Emergency if available</b> उपलब्ध भएमा</p> <ul style="list-style-type: none"> <li>• CEOC (Comprehensive Emergency Obstet Care)</li> <li>• BEOC (Basic Emergency Obstetric Care)</li> </ul> <p>निःशुल्क स्वास्थ्य सेवा प्राप्त गर्ने बिरामीलाई सामान्य बेड (General Bed) उपलब्ध गराइनेछ। General bed will provided to the patient getting free services</p>
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## २. बहिरङ्ग सेवा

### निदान सेवाहरु: (Investigation)

TLC, DLC, Hb, ESR, Platelet Count, BT, CT, Aldehyde Test, MP, MF, VDRL (RPR), Rh Factor, Blood Gro & RH typing, Pregnancy Test, Gram's Stain, Creatinine, LFT, Stool R/M, Stool occult blood, Urine Bile Salt Urine Bile Salts, Urine Bile Pigments, Urine for acetone, Urine R/M, AFB Stain, Blood Sugar, Blood Urea, U Acid, Semen Analysis, एक्स-रे (Plain x-rays)

### उपचारमूलक / treatment related

(क) उपचारका लागि आवश्यक पर्ने सबै अत्यावश्यक औषधीहरु (Essential Drugs) ./ all essential dru needed for the treatment

(ख) ड्रेसिङ्ग, सुचरिङ्ग तथा प्लास्टरिङ्ग (Dressing, Suturing and Plastering related medicines and materials) को लागि आवश्यक पर्ने सम्पूर्ण औषधी/सामाग्रीहरु ।

(ग) प्रसूति गराउने (Delivery) लगायतका सेवा (Emergency Indoor) नचल्ने स्वास्थ्य संस्थामा)

(आ) माथि उल्लेखित सेवाका अतिरिक्त केन्द्रिय, क्षेत्रीय तथा अञ्चल अस्पतालमा उपलब्ध थप सेवाहरु निम्न बमोजिम छन् ।

**b) Besides the service mentioned above other services to be provided by central, regional, zonal hospitals are as follows:**

## १. आपतकालिन (Emergency services) सेवा :

निदानमूलक (Investigation)

(१) रगत जाँच (Nebuliser Blood Test)

- Blood grouping
- Rh typing
- Cross matching\

(२) ESR

(३) Serum electrolytes

(४) Serum Amylase

(५) CSF Analysis

(६) Urine Culture

(७) Emergency USG scanning

(८) Electrocardiogram

उपचारमूलक (Treatment)

(१) अस्पतालले छनौट गरेको ( Hospital selected Life saving drug)

(२) अस्पतालले तोकेका अन्य अत्यावश्यक औषधी मेडिकल्स/सर्जिकल्स सप्लाई ( other important drugs and medical and surgical supplies as stated by the hospital)

(३) इमर्जेन्सी (emergency ) operations, suturing एवं अन्य जीवनदायी (other life saving) procedures

(४) सुरक्षित मातृत्वसंग सम्बन्धित सबै (Safer motherhood related all) procedures (CAC), Interventions र औषधीहरू (medicines)

(५) अक्सिजन एव Nebuliser सेवा र औषधी (Oxygen and Nebulizer service and medicines)

(६) नवजात शिशुसँग सम्बन्धित उपचार र औषधी (Treatment and medicine related to new born)

(७) मेडिको लिगल सेवा ( medico legal services)

(८) Life Saving सञ्चार सेवा ( life saving information services)

## २. अन्तरंग सेवा (Indoor)

## (क) निदानमूलक (Investigation)

- १) इमर्जेन्सी सेवाबाट प्रदान गरिने सबै अनुसन्धानमूलक सेवाहरू (emergency related all investigation services)
- २) Plural, Peritoneal, Pericardial fluid परीक्षण सेवा (test services) ।
- ३) जनस्वास्थ्यसँग सरोकार राख्ने अनुसन्धानमूलक सेवा जस्तो (Public health related investigative services such as;): DOT Elisa, Aldehyde test
- ४) Audiogram, Upper GI Endoscopy, Colonoscopy
- ५) Organ function test हरू (L.F.T., Renal function test)

उपचारमूलक (Treatment)

- (१) लक्षित समुदायलाई क्याबिन वाहेकको शैया शुल्क (Bed free for target group ( except Cabin)
- (२) अस्पतालले तोकेका औषधी र अन्य सप्लाईहरू (Medicine and other supplies as stated by hospital)
- (३) बेड साईड (Bed side) Procedures, Major, Intermediate वा Minor सर्जिकल अपरेसनहरू (surgical operations)
- (४) सुरक्षित मातृत्वसँग सम्बन्धित सबै (Safer motherhood related all) procedures (CAC), Interventions र औषधीहरू (medicines)
- (५) अक्सिजन एवं Nebuliser सेवा र औषधी
- (६) जीवनदायी रक्तसञ्चार सेवा (Emergency Blood Transfusion)

### ३. बहिरङ्ग सेवा ( OPD services)

#### निदानमूलक -Investigation)

- (१) RFT
- (२) USG
- (३) Endoscopy
- ४) Audioogram

#### उपचारमूलक (Treatment)

- (१) सबै (all) O.P.D. Procedure
- (२) ड्रेसिङ्ग, इन्जेक्सन, प्लास्टरिङ्ग (Dressing, Injection, Plastering) तथा अन्य Procedures-eg (CAC) .
- (३) बहिरङ्ग विभाग मार्फत अस्पतालले लक्षित समुदायलाई प्रदान गर्न तोकिएको औषधीहरू (medicines that are to be provided by OPD department to the target group)

माथी उल्लेखित सेवाहरूको अतिरिक्त अस्पतालले आवश्यक ठानेका अन्य परीक्षणहरू तथा उपचारमूलक सेवा, सुविधाहरू अस्पताल विकास समितिले निर्णय गरी उपलब्ध गराउने व्यवस्था मिलाउन सक्नेछन् ।

Besides the above mentioned services if the hospital thinks it is necessary for other tests, treatment and facilities the Hospital Development/ Management Committee can decide to provide and manage such services.

नोट : कुन कुन उपचार सेवा निःशुल्क गर्न सकिन्छ/ सकिदैन भन्ने बारे अस्पतालका डाक्टरहरूसंग छलफल गर्नु आवश्यक देखिन्छ ।

Note: It is necessary to consult with doctors to find out and state in the guideline which services from the above list can be provided free for the patients within the target groups





**2. No. of patients receiving free services**

Description	Emergency service	Outdoor patient	Inpatient Service	Total
..... Month				
Cumulative up to this month				

**3. The statement of expenditure of the allocated budget on free health care**

**Budget allocated : NRs.....**

S. No	Type of service	No. of service receivers		Expenses NRs.		Remarks
		This month	Up to now	This month	Up to now	
1	Lab. services					
2	Radiology					
3	Medicine					
4	Registration					
5	Operation					
6	Bed charge					
7	Others					
Total						

*Note: This is the monthly reporting format to be followed by the hospital while reporting the ministry, the HMIS section and the management division*

Report prepared by

Approved by

Name

Name

Designation

Designation

Signature

Signature

Date

Date

**Annex 6: Social Service Unit Reporting Format****Description of the services, service receivers and fees**

F.Y. ....Month.....

S.No	Major services provided	No. of service recipient			Total expenses	Remarks
		Full fee waiver ed	Partial fee waiver ed	Total		
१	Free health care programme					
२	Safe motherhood programme					
३	Operation of uterus prolepsis					
४	Treatment for citizens above 75 years and below 15 years- and for endangered indigenous communities/castes regarding heart and kidney ailments					
५	Treatment of cancer, heart and Kidney ailments for patients of disadvantage groups					
६	Patients of HIV/AIDS/STI, CD4, TEST / OI					
७	Patients of Tuberculosis, Leprosy, Kala-azar, Filiriasis, malaria					

Total of this month						
Up to last month						
Cumulative total						

Report prepared by:

Name

Designation

Signature

Date

Approved by:

Name

Designation

Signature

Date



