

CHAPTER V

PRESENTATION

On 1st June 1998, the thesis examination committee was held to evaluate my thesis work. I presented the overall view of my thesis study on the topic, “Community Drug Program (CDP): A Strategy for Increasing Health Post Utilization through the User Fees and Mobilization of Health Post Management Committees in Rural Nepal” to the committee. The presentation was divided into four parts:

- i) Introduction of the overall study proposed for increasing health post utilization in rural Nepal.
- ii) The essay about the problem of the study, reasons and possible strategies for increasing health post utilization in rural Nepal. I presented a glance of low utilization of public health facilities in rural Nepal and clarified the reasons for low utilization of these public health facilities based on the studies done in Nepal. I discussed about the causay'relationship of various factors associated with health service utilization and presented the possible solutions for increasing health facility utilization in Nepal.
- iii) I presented my study proposal, which I proposed to implement in Myagdi District in order to increase health post utilization. I discussed the process that I am going to apply for increasing health post utilization.
- iv) The fourth part of my presentation was about data exercise relating to my proposed study, which was conducted in Nepal during February-March 1998. I presented the objectives of data exercise and explained about the area of my

This data exercise was focused only on consumers of health care. At the beginning there was no plan to include health care providers in the study, but after this data exercise, it is realized that some key informants need to be interviewed in order to get perceptions of health care providers. Therefore, this will be incorporated in the proposal.

The moderator for female group discussion should be a female. Some of the female participants did not feel comfortable to discuss with male moderator. Interviewer for household survey should be in pairs for better performances. It would be better to use computer for analyzing household data thus it could show the relationship of different variables. During the data exercise it was done manually.

Information relating to economic status was the most sensitive. Most of the respondents were found reluctant in providing such information through household interview. Therefore, this will be measured through wealth ranking and included in focus group discussion as a separate activity.

Though the result of this data exercise can not be generalized, it was useful to understand villagers perception about health services and user fees. Results of this data exercise was found helpful in designing appropriate fee mechanism and other activities.

study. Following the introduction of data exercise, I presented findings of my data exercise and discussed about the lesson that I learned through this data exercise.

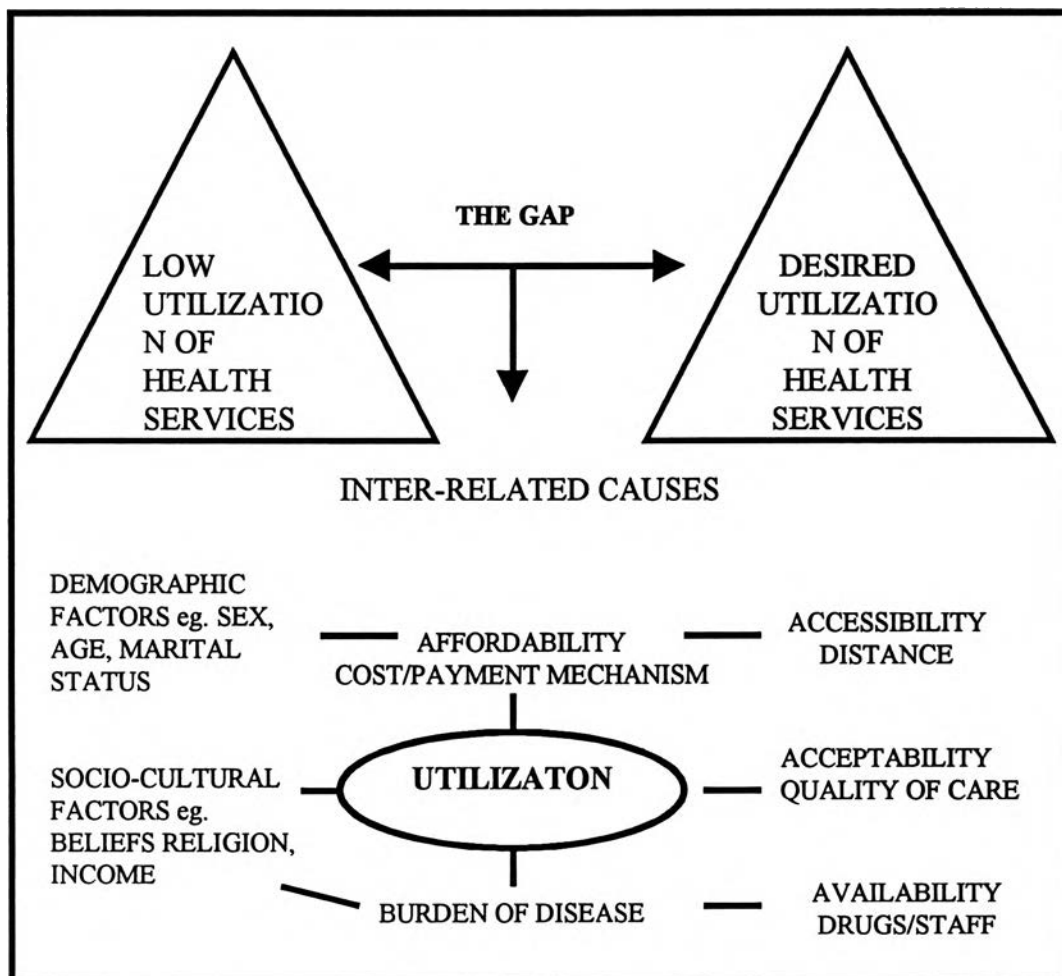
It took about twenty minutes for me to present the overview of my thesis to the examination committee. The policy regarding thesis examination has changed this time and opened to all academic students of the College of Public Health/Following my presentation, the examination committee allowed the floor to ask questions regarding my thesis. Many questions were asked regarding health service utilization, health care financing, supply of essential drugs and community participation. I tried my best to satisfy the audience. At the end of the presentation, Committee member asked me some questions and I replied accordingly. This was the first time that many students from the College of Public Health participated the thesis examination and asked many questions to the examinee. I experienced that this is a good idea and will be continued in future and regarded as learning experience.

The presentation materials, which I used during the presentation are given below sequentially as shown to the examination committee.

TITLE OF THE THESIS

**COMMUNITY DRUG PROGRAM (CDP): A STRATEGY FOR
INCREASING HEALTH POST UTILIZATION THROUGH
THE USER FEES AND MOBILIZATION OF HEALTH
POST MANAGEMENT COMMITTEES
IN RURAL NEPAL**

PROBLEM DEFINITION



**PROBLEM: LOW UTILIZATION OF PUBLIC HEALTH
FACILITIES BY THE RURAL POPULATION IN RURAL NEPAL**

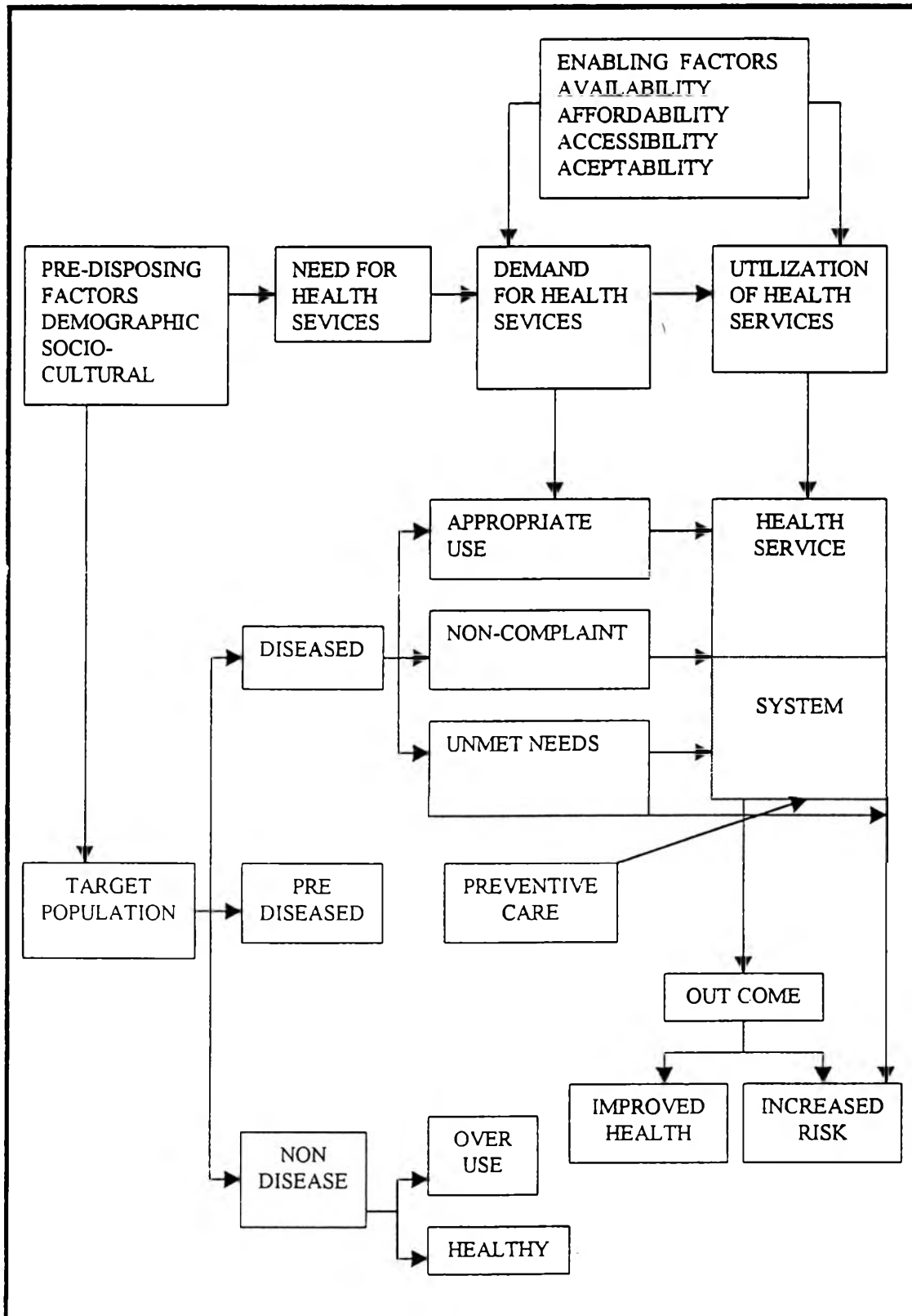
EVIDENCES:

1. **PRESENT UTILIZATION OF PUBLIC HEALTH SERVICES IS 0.2 PER POPULATION PER YEAR.**
(DoHS, 1996)
2. **39 % OF SICK PEOPLE REMAINED UNTREATED.**
(SELLERS AND LETTERHEAD, 1996)
3. **EPI COVERAGE IS BELOW 60 %.**
(UNICEF, 1997)
4. **CONTRACEPTIVE PREVELANCE RATE IS 29 %.**
(DoHS, 1996)

REASONS:

1. **INADEQUATE RESOURCES: a) DRUGS ARE AVAILABLE ONLY FOR 3-5 MONTHS. b) ABSENCE OF HEALTH WORKERS FROM THEIR WORK PLACE.**
(VARG, 1995; CHALKER, 1995; JSI, 1987; BNMT, 1995)
2. **LOW PRIORITY TO CURATIVE SERVICES AND FAILURE OF HEALTH SYSTEM IN MEETING PERCEIVED NEEDS OF THE POPULATION.**
(STONE, 1986)
3. **WIDE SPREAD USE OF TRADITIONAL HEALERS.**
(CHALKEP, 1995)
4. **LACK OF INFORMATION ABOUT HEALTH SERVICES AVAILABLE FROM THE HEALTH FACILITY.**
(INF, 1995)
5. **HEALTH WORKERS BEHAVIOURS.**
(VRG, 1995)

CONCEPTUAL RELATIONSHIP OF TIME FACTORS AFFECTING HEALTH SERVICE UTILIZATION



**POSSIBLE STRATEGIES FOR INCREASING HEALTH
FACILITY UTILIZATION**

1. INCREASING ACCESS.
2. FOCUS ON PREVENTIVE AS WELL AS CURATIVE SERVICES.
3. PROVISION OF ESSENTIAL DRUGS IN ADEQUATE QUANTITY.
4. IMPROVING QUALITY OF CARE.
5. INVOLVING COMMUNITY PEOPLE IN HEALTH FACILITY MANAGEMENT.

APPROACHES TO HEALTH CARE FINANCING

A. PUBLIC FINANCING (INDIRECT THROUGH THE)

1. GENERAL TAXATION.
2. EXTERNAL AID/GRANTS

B. PUBLIC PRIVATE MIX (DIRECT THROUGH THE)

1. COMMUNITY FINANCING INCLUDING USER FEES.
2. HEALTH INSURANCE.

NEED FOR COMMUNITY FINANCING OF DRUG SUPPLY

1. GOVERNMENT ALONE CANT NOT PROVIDE FREE HEALTH CARE TO ALL POPULATION DUE TO LACK OF ADEQUATE PUBLIC FUND.
2. HIGH PREVALENCE OF PRE TRANSITIONAL DISORDERS HAS RESULTED IN INCREASED DEMAND FOR SUPPLY OF ESSENTIAL DRUGS.
3. DRUG INADEQUACY HAS RESULTED IN:
 - a) IRRATIONAL PRESCRIBING.
 - b) IRREGULAR PATIENT LOAD.
 - c) HIGH TREATMENT AND TRAVEL COST TO RURAL POPULATION.
4. LACK OF OTHER MEANS FOR SUPPLYING DRUGS IN RURAL AREA.
5. MAJORITY OF PEOPLE ARE ABLE AND WILLING TO PAY FOR DRUGS.

IMPLICATIONS OF USER FEES

1. NEGATIVE IMPACTS:
 - A) INEQUITY AND WELFARE LOSS.
 - B) POSSIBLE DELAY FOR SEEKING HEALTH SERVICES.
2. POSITIVE IMPACTS;
 - A) USER FEES ADD TO THE FINANCE.
 - B) CREATE COST CONSCIOUSNESS AMONG CLIENTS AND PROVIDERS.
 - C) REDUCE OVER USE OF SERVICES.
 - D) REINVESTMENT AT LOCAL LEVEL REDUCE WELFARE LOSS.

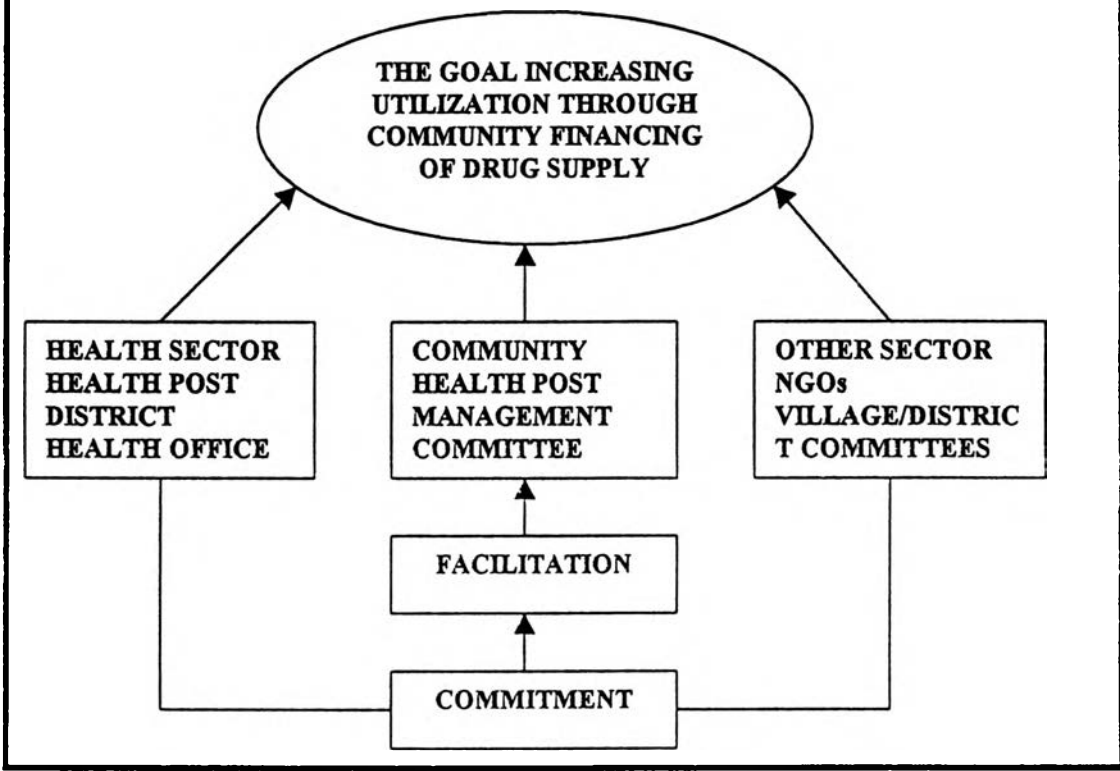
CONCLUSION

UTILIZATION OF PUBLIC HEALTH FACILITIES CAN BE INCREASED THROUGH THE COMMUNITY FINANCING IF THE REVENUE WILL BE USED AT LOCAL LEVEL FOR SUPPLYING THE DRUGS AND IMPROVEMENT OF QUALITY OF SERVICES.

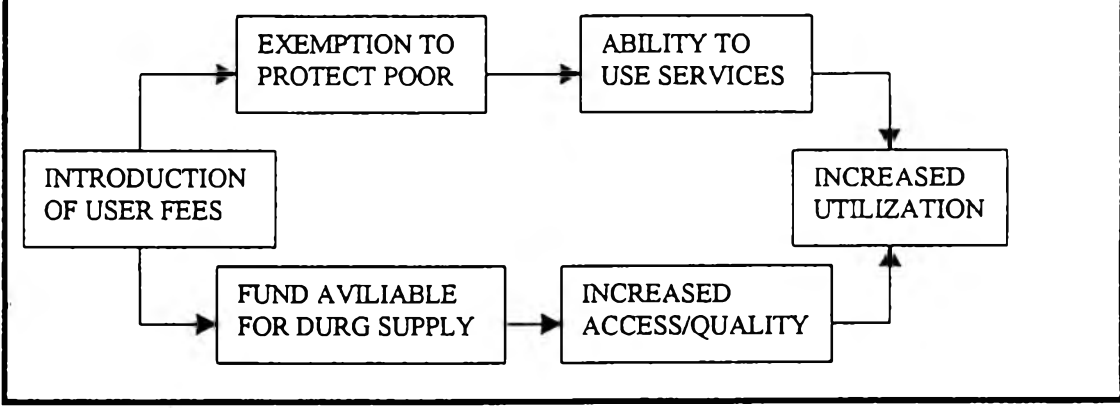
PROJECT PROPOSAL: COMMUNITY DRUG PROGRAM:

COST SHARING COMMUNITY DRUG SCHEME MANAGED BY HEALTH POST MANAGEMENT COMMITTEES AND USER OF HEALTH SERVICES WILL BE CHARGED FOR DRUGS IN ORDER TO GENERATE REVENUE FOR RE-SUPPLY OF ESSENTIAL DRUGS AT LOCAL LEVEL.

THE APPROACH



AN IDEAL MODEL OF PROMOTING EQUITY THROUGH USER FEES AND TARGETING



OBJECTIVES OF THE STUDY

GENERAL OBJECTIVE: TO INCREASE HEALTH POST UTILIZATION THROUGH THE INTRODUCTION OF USER FEES AND REINVESTMENT FOR SUPPLYING THE ESSENTIAL DRUGS BY ACTIVE PARTICIPATION OF HEALTH POST MANAGEMENT COMMITTEES.

SPECIFIC OBJECTIVES:

1. TO DEVELOP CDP PROTOCOL AND USER FEE MECHANISM.
2. TO DEVELOP TRAINING CURRICULUMS.
3. TO PROVIDE ORIENTATION TRAININGS TO HEALTH COMMITTEE OFFICIALS AND HEALTH STAFF.
4. TO IMPLEMENTATION CDP IN THREE HEALTH POSTS OF MYAGDI DISTRICT THROUGH THE TRAINED HEALTH COMMITTEES AND STAFF
5. TO EVALUATE THE EFFECTS OF USER FEES AND DRUG SUPPLY ON HEALTH SERVICE UTILIZATION.

INTRODUCTION TO STUDY AREA

1. STUDY SITE: MYAGDI DISTRICT WESTERN DEVELOPMENT REGION OF NEPAL.
 2. POPULATION:

	112,094
UNDER 1 YEAR	3512
UNDER FIVE	16229
15-44 YEAR	20343
 3. HEALTH FACILITIES:

DISTRICT HOSPITAL:	1
HEALTH POSTS	: 9
SUB HEALTH POSTS:	29
- DRUG SHOPS IN DISTRICT HEADQUARTERS AND IN SOME VDCs.

PROPOSED PROGRAMS

1. DEVELOPING PROGRAM PROTOCOL AND USER FEE MECHANISM
2. DEVELOPING TRAINING CURRICULUMS.
3. CONDUCTING TRAININGS.
4. COLLECTION OF BASELINE INFORMATION.
5. IMPLEMENTATION OF COMMUNITY DRUG PROGRAM.
6. MONITORING AND SUPERVISION OF CDP.
7. IMPACT EVALUATION OF CDP.

RESEARCH QUESTION

“WILL INTRODUCTION OF USER FEES AND REINVESTMENT OF THE REVENUE FOR RESUPPLY OF ESSENTIAL DRUGS INCREASE PATIENT ATTENDANCE BY 25% IN RURAL HEALTH POSTS COMPARED TO CONTROL GROUP IN MYAGDI DISTRICT”

STUDY DESIGN: BEFORE-AFTER RANDOMIZED CONTROL TRIAL.			
COMPONENTS OF MONITORING AND EVALUATION			
SOURCE OF DATA	RECORDS/ REPORTS	CLIENTS	PROVIDERS
INDICATORS			
1.UTILIZATION NO. OF VISIT SATISFACTION	SERVICE DATA	SURVEY FGD	
ECO. STATUS DRUG AVAILABLE QUAALTY OF CARE	SERVICE DATA "	" "	INTERVIEW OBSERVATION "
2.MANAGEMENT			
TRAINING IMPACT	SUPERVISION		OBSERVATION
DRUG SUPPLY COST ANALYSIS	SERVICE DATA SERVICE DATA		

<p>OBJECTIVES OF DATA EXERCISE</p> <ol style="list-style-type: none"> 1.DEVELOP AND PRRE TEST THE DATA COLLECTION TOOLS. 2. REFINE DATA COLLECTION TOOLS AND TECHNIQUES. 3.TO COLLECT INFORMATION FROM THE VILLAGERS ON HEALTH SERVICE UTILIZATION AND USER FEES.
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<p>TECHNIQUES OF DATA COLLECTION:</p> <ol style="list-style-type: none"> 1. FOCUS GROUP DISCUSSIONS :2 2. HOUSEHOLD SUEVEY: 45 3. REVIEW OF HEALTH POST STATISTICS.
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<p>INTRODUCTION TO STUDY AREA:</p> <ol style="list-style-type: none"> 1. PLACE: TA VDC, MYAGDI DISTRICT WEST NEPAL 2. POPULATION: 39980 3. HOUSEHOLDS: 660 4.HEALTH FACILITIES: HEALTH POST: 1

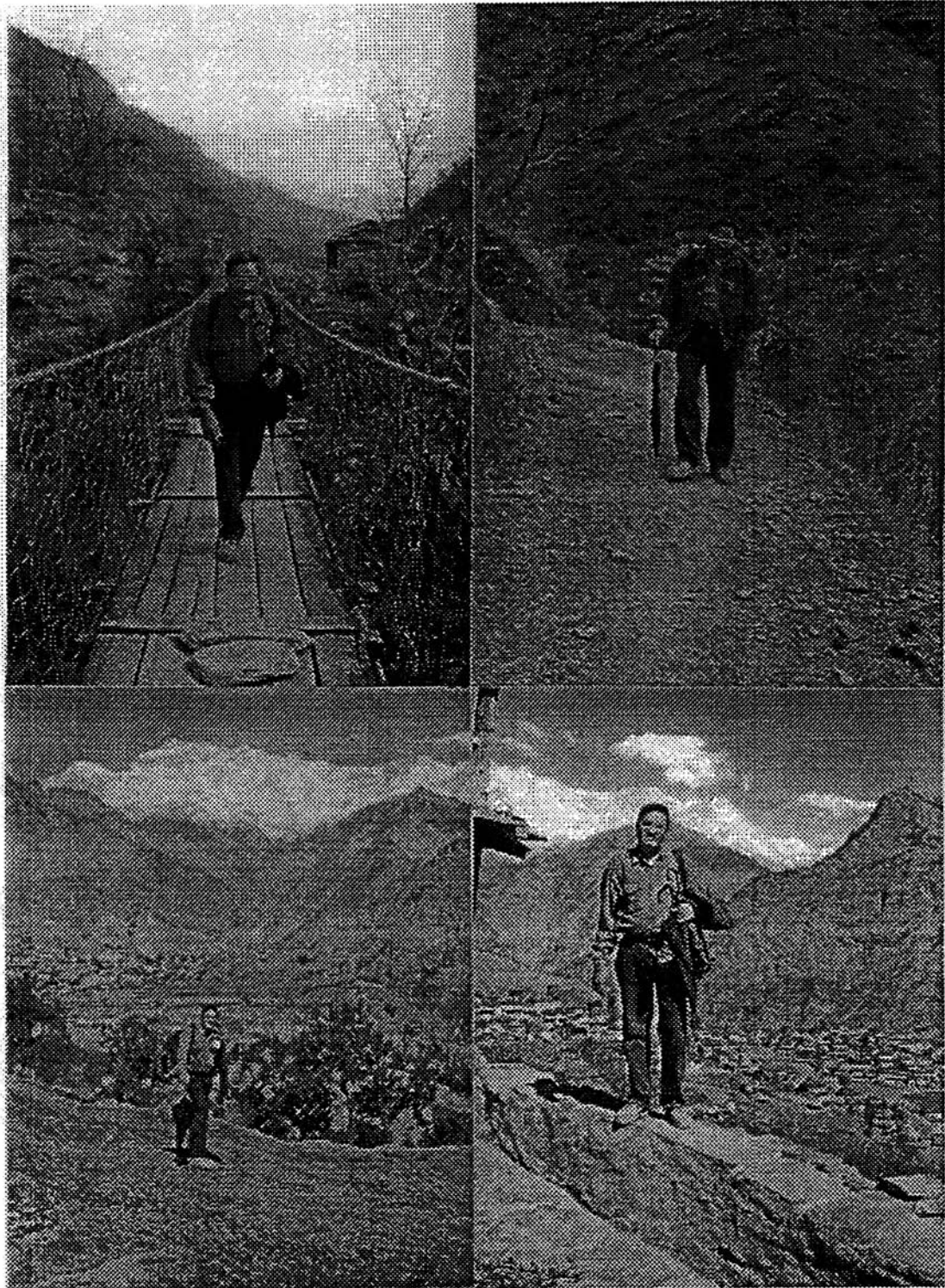
FINDINGS OF THE DATA EXERCISE				
TECHNIQUE	HEALTH PROBLEM	HEALTH CARE PROVIDERS	COST OF TREATMENT SATISFACTION	WILLINGNES TO PAY AND FEE SYSTEM
1. FOCUS GROUP DISCUSSION	DIARRHOEA COUGH AND FEVER MEASLES SKIN INFECTION WORM ABDOMINAL PAIN HEADACHE	1. TRADITION 2. HEALTH POST PRIVATE 3. MEDICAL HALL	1. HEALERS AND MEDICAL HALL FOUND MOST EXPENSIVE (NRs. 300-400) 2. HEALTH POST CHEAPEST BUT DRUGS NOT AVAILABLE	PEOPLE WERE FOUND WILLING TO PAY FOR DRUGS FEE PER ITEM.
2. HOUSE-HOLD SURVEY	COUGH AND FEVER DIARRHOEA ABDOMINAL PAIN, WORM SKIN INFECTIONS SINUSITIS INJURIES	HEALTH POST 31% MEDICAL HALL 25% TRADITIONAL HEALERS 16% 28%	1. HEALTH POST NRs. 2 2. MEDICAL HALL NRs. 175 3. HEALERS NRs. 365. SATISFIED 78% DRUGS NOT AVAILABLE 82%	FLAT FEE PER VISIT 9% HEALTH INSURANCE 4% AVERAGE FEE PER EPISODE OF TREATMENT NRs. 35.

TECHNIQUE	ATTENDANCE AND USE RATE	DRUG SUPPLY AND COST	PRESCRIBING
3. REVIEW OF HEALTH POST STATISTICS	1. AVERAGE PAYIENT ATTENDANCE 273/ MONTH. 2. HIGH ATTENDANCE DURING FEB. TO AUGUST. 3. 3.EPI COVERAGE 62% 4. CONTRACEPTIVE RATE 25%	1. DRUGS WRER SUPPLIED ON 29 JAN. AND 8TH OF MAY 1997 2. AVERAGE DRUG COST PER PRESCRIPTION NRs. 15 3. DRUG COST RECOVERY 13%	1. AVERAGE DRUGS PER PRESCRIPTION 2.23

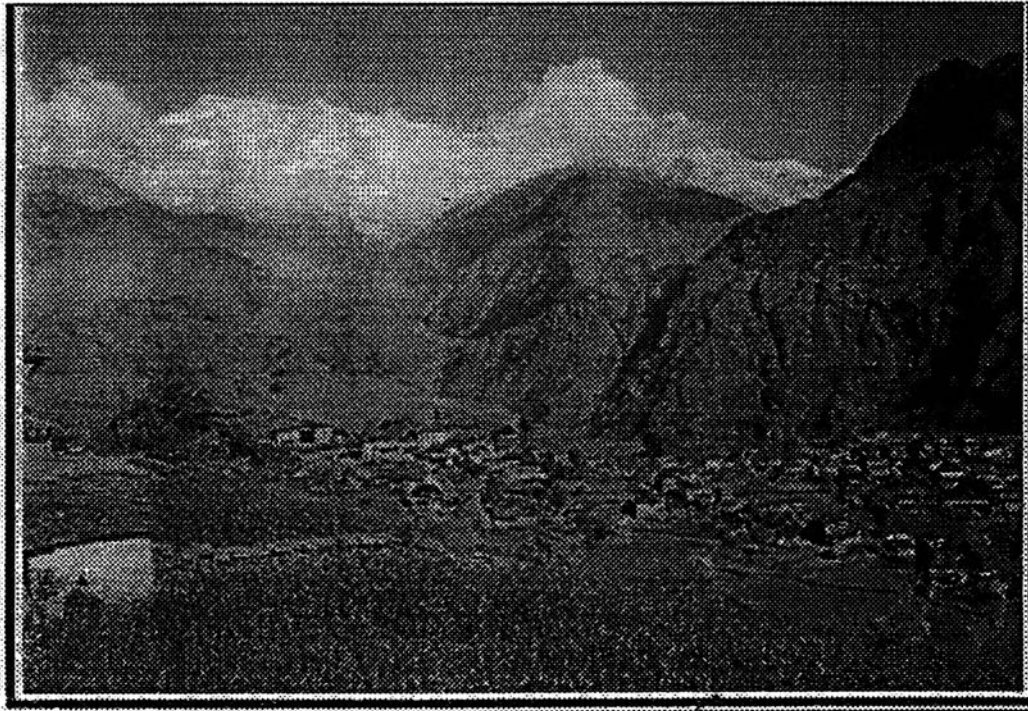
LESSON LEARNED FROM DATA EXERCISE

- 1. THE STUDY WAS FOCUSED ONLY ON CONSUMERS OF HEALTH SERVICES. IT IS REALISED THAT HEALTH CARE PROVIDERS ARE ALSO IMPORTANT FOR THE STUDY. THEREFORE INTERVIEW WITH SOME HEALTH WORKERS WILL BE INCORPORATED IN THE PROPOSED STUDY.**
- 2. MODERATOR FOR FEMALE FOCUS GROUP DISCUSSION SHOULD BE THE FEMALE.**
- 3. THE CRITERIA FOR ASSESSING ECONOMIC STATUS OF THE HOUSEHOLD SHOULD BE DEFINED WILL BEFORE DOING THE STUDY.**
- 4. DATA ANALYSIS SHOULD BE DECIDED PRIOR TO COLLECT THE DATA.**

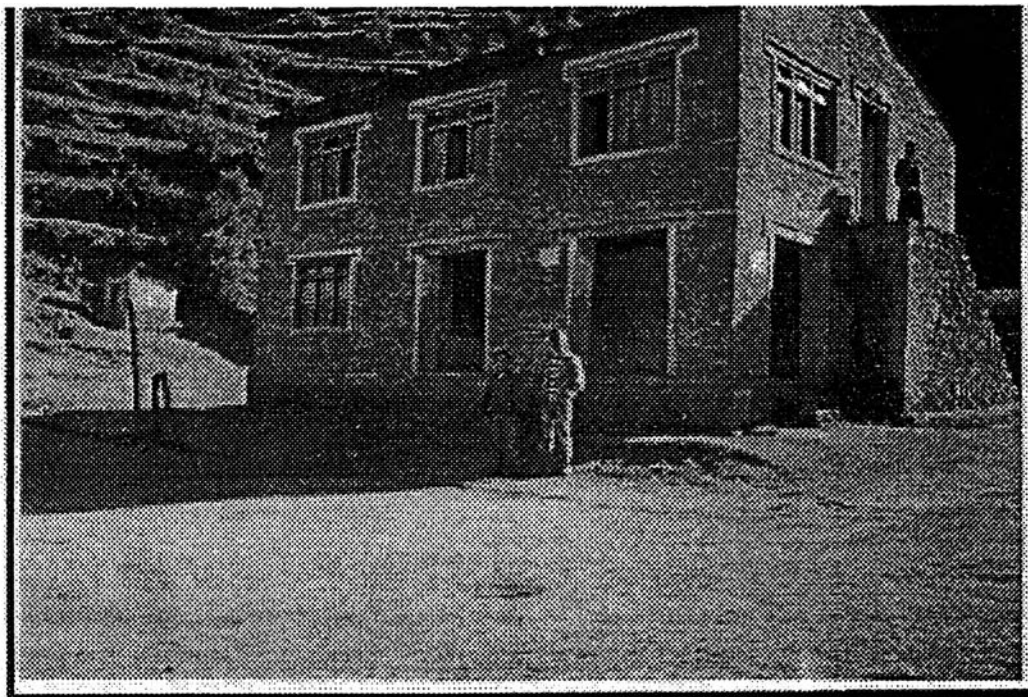
The Scholar on the way to study area for data exercise



Takum Village Development Committee



Takum Health Post

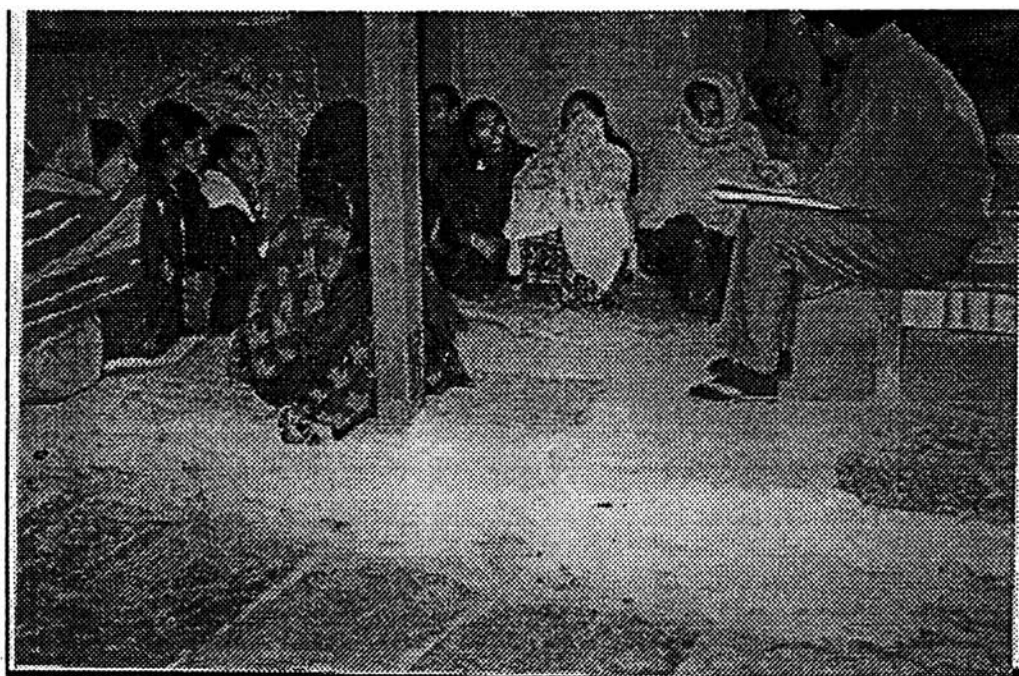


The Scholar collecting data in the field

1. Conducting Focus group Discussion (male)



Focus Group Discussion (Female)



The scholar reviewing health post statistics



Conducting Household survey

