

Assessment of the Amount and Effects of User Fees for Private Medical Services in Sanfe Bagar, Achham

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Introduction and Aims

The purpose of this survey was to develop a preliminary understanding of the personal health economics in the immediate region that will be most served by the Nyaya Health clinic in Sanfe Bagar, Achham. The survey population consisted of a non-random sample of patients' families who were receiving care at one of six local clinics. Survey questions addressed time and money spent on healthcare, reproductive healthcare for women, and the perception of free medical services. There were quantitative and qualitative components of the survey. The aim was not to make a rigorous quantitative assessment of any of the indicators assessed, but rather to develop a semi-quantitative and qualitative sense of community public health. This work builds off our rapid health assessment conducted in April, 2006:
http://nyayahealth.pbwiki.com/f/HA_Achham.pdf.

Methods

Sanfe Bagar contains at least six clinics run by private medical practitioners. We identified three in the section of Sanfe Bagar located in the Masta Mandu VDC and three in the section of Sanfe Bagar located in the Sideswor VDC. We approached the managers of these facilities who, in each case, were the practitioners who provided most of the patient services. We sought permission to interview a member of each family that approached the respective medical facility for care about the type of care they or their relative received at this visit and others, the amount of money they spend for medical care, the effect these payments have on other aspects of their lives, the reproductive health of their family, and their perceptions of hypothetical free medical services. Permission was granted at each facility. We interviewed 49 families at five of the different facilities. Additionally, the family of one patient who sought care at a more remote private medical facility, in the village of Prabha, an approximately 90 minute walk from Sanfe Bagar, was interviewed. When possible, the person seeking care was interviewed. However, it was often the case that the person seeking care was too sick or too young to talk to. In these situations, a family member accompanying them was interviewed.

The survey was written in English over two days and translated into Nepali by a native speaker, a member of Nyaya Health. The English-language version of the survey is presented in the Appendix. Interviews were performed from July 4 to July 7, 2007. The survey was piloted and the format and arrangement of some questions were revised to ease participant comprehension. Interviews were performed by three native Nepali speakers who were either familiar with the dialect of the district or were accompanied by someone familiar with the dialect of the district. All Interviews were either performed or supervised by a member of the Nyaya Health team. Each survey took between 10 to 40 minutes to complete, depending mostly on the extent of past medical visits, pregnancies, and factors associated with paying for services.

Given the unscientific nature of the survey and the fact that it in and of itself was not benefiting the community, we desired to complete data collection and analysis within two weeks and for under \$100. Ultimately, the total cost of the survey including typing, printing, and compensation to interviewers, was under \$70. For ease of discussion, the results and implications of both the qualitative and quantitative aspects of the survey are presented together.

Results and Implications

Population

Sanfe Bagar proper has a large bazaar and is a main transit route for other parts of Achham and neighboring districts. The inhabitants of Sanfe Bagar are relatively less poor than the villagers on the outskirts; they make their living by selling goods, food, and lodging to travellers. The outlying communities are all farmers, and the men do additional work wherever and whenever it can be found. For the fifty families surveyed, the median time traveled to get to this visit was 1 hour (interquartile range, IQR: 0.33 to 2.25 hours). The median household size, which was the unit of the survey, is 5 people (IQR: 4 to 7). Educational level was low among the heads of household, particularly among women: 15 men (31%) and 35 women (71%) were illiterate, and 9 men (18%) and 1 woman (2%) had post-secondary education. Thirty-three (66%) families surveyed had a husband who migrated to find work, either in another part of Nepal, 19 (38%), or in India, 14 (28%) (Table 1).

The median monthly household income was 4500 Nepali Rs (0 to 6000), or approximately \$68 (\$0 to \$91). That this median income was more than double the 2000 NRs a month median income recorded in the RHA performed earlier in the year may indicate the slightly different economic status of the random sample of households surveyed in the RHA and that of the biased sample of patients seeking private medical care who were approached in this survey. This group of families also showed a slightly higher median value for land owned: 8 ropanis (2 to 14.5) than the previous group (6 ropanis) (Table 1).

Barriers to Obtaining Healthcare

Most families surveyed, 30 (60%), acknowledged that paying for medical services hampers their ability to pay for other things. The parts of their life most affected by paying fees at private medical providers were food 15 (30%), education 11 (22%), and housing 10 (20%). Other people surveyed acknowledged more generally that paying for health care services leaves less money for other expenses, and extremely large bills can decrease a family's economic standing in the community (Table 2).

Migration presents practical problems to obtaining healthcare, as described by one woman whose husband is a migrant laborer. Her family owns no land and her husband works in India. He is able to send money to Achham only infrequently when other people are traveling there. In the meantime, she must take out loans to pay for medical care and can only pay them back, with interest, once money has been sent to Achham from India by her husband.

With regards to the first place respondents go for medical care, 30 families (60%) go to private medical providers, 9 (18%) attend public healthposts or subhealthposts, and 9 (18%) frequent traditional healers. Reasons for not going to the government-run healthposts or subhealthposts, mandated to provide treatment and medication at minimal cost at the point of care, included poor perceived quality about the public facilities, excessive distance from home and inconvenience to access, perceived lack of available open hours and staffing, and the perceived expenses (Table 2). Many anecdotal stories were recorded about the unavailability of proper, non-expired medicine at the public facilities. Staff members working at the public facilities are perceived by some as corrupt, only giving medication to people they know or people with influence. Some respondents accused staff members at public facilities of being incompetent, based on the perception that people presenting with different symptoms are often given the same medicines, or patients are given diagnoses without any laboratory tests performed.

Traditional healers are often sought when the problem is not thought to be of a physical nature, but is thought to be caused by spiritual issues. One possible explanation for this is that the majority of people have seen the effectiveness of allopathic medicine in addressing acute problems such as cuts or other injuries, however, with more complex health problems, ones that cannot be tested and diagnosed properly by the current public and private medical facilities, people feel that going to traditional healers is more effective than allopathic treatment. It will be important to further understand the types of diseases that people go to traditional healers for and how they can be encouraged to use the PHC to augment the traditional methods for treating these problems.

The median cost for the 58 visits for health services recorded was 150 NRs (IQR: 52.5 to 300), approximately \$2.27 (\$0.80 to \$4.55). Families indicated that the expected cost of services delayed treatment on 16 (28%) of these occasions. Thirteen (22%) of visits were delayed because of transportation issues. Of these people 11 (83%) feared a loss of work time, 8 (62%) indicated that it was too long of a walk, 5 (38%) did not have enough money to pay for travel, and 2 (15%) said the patient was too sick to travel. When asked to estimate the amount of hours delayed for any reason the median time was 3 days (1 to 7). In 38 (66%) of these cases this delay was thought to cause the patient's symptoms to worsen. When families were asked if they would have sought care immediately if all the medical services were free, they responded that in 34 (59%) of the cases they would have (Table 2).

It should be noted that some families did not see paying for medical care as a dominant or problematic component of their total expenditures. One family noted that they are less affected by health care payments than by the hundreds of rupees they spend on alcohol. Although questions about alcoholism were lacking in our survey, it is certainly a major issue in the region that likely contributes to domestic violence and possibly other health problems. This should be addressed through community-level interventions that are supported by our PHC.

Paying for Health Services

Owing to the lack of any kind of health insurance in the region and the low or non-existent income of most of population, most major medical expenses require some sort of financing other than through personal savings. Examples of this include loans, selling land, and selling other personal property. A large number of families 18 (36%) reported taking out at least one loan at some time or another to pay for medical services. These individuals were frequently treated in Achham, as well as in Dhangadi (no less than 10 hours by vehicle), Nepalgunj (no less than 14 hours), or in India. These loans came in approximately equal numbers from family members, neighbors, and "cooperatives". These cooperatives, sometimes referred to as a "society", are set up as a kind of informal insurance scheme where a group collects funds from families in the community to loan to particular needy patients seeking expensive medical treatment. Most of the loans from family and neighbors were smaller, interest-free and were paid back whenever funds became available, whereas the loans from the cooperative typically were for larger amounts, had an interest rate of 1.5% or 2% per month and were paid back in a more well-defined timeframe (Table 5). The cooperative model would be a potentially productive avenue to pursue in developing a community-based healthcare financing system. One way to introduce a community health insurance program in the future may be to build on the ideas of the cooperative, or at least use them as tools to explain the benefits of an insurance model to the population.

Other methods used by a large number of patients (18; 36%) for financing of medical

expenses involved selling personal property. Land, goats, cows, buffalo, jewelry, and gold were sold mostly to neighbors, but also family members and the bank for a median price of 10000 (3000 to 11250) NRs, or \$151 (\$45.45 to \$170.45) (Table 3). Thus these sales represent a source of financing for more costly medical treatments than those that are paid for by loans, as the median loan was 3250 (500 to 14250) NRs. Not surprisingly these expensive medical treatments paid for by selling personal property usually took place in India (Table 6).

Although many families reported taking out loans or selling personal property in our survey, there were some who indicated that they were discriminated against because of taking out loans from their cooperative society. This fear of discrimination could potentially lead to under-reporting of loans in our survey, and it may also indicate another barrier that compounds the problem of high costs for medical services: seeking out loans to pay for medical care may create social problems in addition to the financial and medical ones.

Perceptions of Free Services

If our Primary Health Center is to provide free services to the public in collaboration with the government of Nepal, it is necessary to understand the way people perceive the current and future state of government-provided free medical care. Our survey addressed this issue by asking people if they thought that medicine and/or other health services should be provided by the government for free. These seemingly simple questions frequently confused people for reasons that were not entirely clear. When the question was further explained by describing their situations as citizens of a country whose government might help them pay for a service that they were having trouble paying for, people often responded that it is not up to them to demand free services and that, if the government were able to provide free services, they would do so. This may indicate a degree of chronic disempowerment most families have experienced when it comes to their ability to exert influence over the quality and extent of public services.

These families were often probed further and most respondents ultimately expressed the idea that the government should provide some level of free services and medications (Table 1). However, the majority of people voiced concerns about the practical problems that might arise from free medicine. People asked frankly, "Where can the government get free medicines from?" Many were also concerned that, if they were provided for free, overuse of medicines and abuse of care would occur. Issues of quality of medicines and quality of care were important. Many people recognized that the healthposts and subhealthposts are currently supposed to be providing care and medicine at minimal costs to the public, however the medicines they have are often insufficient or expired, and the treatment they get is often second rate. Thus more important than providing them for free, it is crucial that the government ensure they receive high quality, non-expired medications and higher levels of treatment. This was highlighted by other comments to the effect that it was very possible to pay a lot of money to private medical practitioners and still receive inappropriate treatment, or insufficient medication.

Presumably because of the range of income levels recorded, respondents had mixed feelings about the idea that economic status or caste should determine the cost of medical care. One person said that some NGOs were providing dalits with free medical services and that this was unfair, as the cost of services should be based on income, not caste. Several people felt that these free government services should be provided only as a safety net to the poor who cannot afford to pay for private medical services. Others argued that patients with money would continue to pay to go to private medical providers, even if government-provided free

services were available to them.

Reproductive Health

Because our Primary Health Center will have an initial focus on addressing maternal and child health problems in the area we were interested in understanding more about reproductive health issues. The families interviewed reported 24 births in the past three years. For 8 (33%) of these births the mother did not visit any formally trained medical personnel during her pregnancy. In 18 (75%) of the births TT vaccines were received, and in 12 (50%) of the births iron tablets were taken. A sodeni was most frequently used to assist the birth, they were present in 10 (42%) of the 24 cases. The most cited reason for not having a trained birth attendant present at the birth was the issue of transportation. Also, people reported that they thought trained medical personnel were not necessary until complications arose. Only 3 (13%) families had been offered money through a current government program to have their birth in a hospital (Table 4). One other woman had heard of the program several weeks after she had given birth. These data highlight the importance of coordinating with community health workers and female community health volunteers (FCHVs) to help women from more remote areas get information about these kinds of programs and available services. Also these personnel should be trained to identify complications of pregnancy as early on as possible and refer patients to the PHC or the district hospital. However, just as important as identifying these problems and providing care at the PHC, will be figuring out a way to facilitate transportation for pregnant women to a facility where a trained birth attendant can help them.

Table 1. Basic Demographics of Study Population

Characteristic	Value
Number of households covered	50
Number of people covered	303
Number of pregnancies in last three years	24
Median Household Size (IQR)	5 (4 to 7)
Median Monthly Household Income (IQR)	4,500Rs (0 to 6000)
Median Monthly Household Income USD (IQR)	\$68 (\$0 to \$91)
Median Household Ropanis (IQR)	8 (2 to 14.5)
Education (father of household)	
Illiterate	15 (31%)
Primary	9 (18%)
Secondary	16 (33%)
Post-Secondary	9 (18%)
Education (mother of household)	
Illiterate	35 (71%)
Primary	5 (10%)
Secondary	8 (16%)
Post-Secondary	1 (2%)
Migration for work	
Husband has worked in India	14 (28%)
Husband worked in India for at least six months	9 (18%)
Husband worked in India for at least one year	5 (10%)
Husband has worked outside of Achham but within Nepal	19 (38%)
Respondent feels that the government should provide all medical services for free	36 (72%)
Respondent feels that the government should provide all medicines for free	38 (76%)

Table 2. Details of Medical Visits/ Barriers to Obtaining Medical Care

Characteristic	Value
Where people seek medical services	50
Private Medical	30 (60%)
Healthpost/ Subhealthpost	9 (18%)
Traditional healer	9 (18%)
Unanswered	2 (4%)
Reasons cited for not going to a healthpost or subhealthpost first*	52
Poor quality	15 (30%)
Other	11 (22%)
Too far from home	10 (20%)
Inconvenient	9 (18%)
Not open or staffed	4 (8%)
Too expensive	3 (6%)
Total medical treatment visits recorded	58
Median number of hours traveled to get to medical care (IQR)	1 (0.33 to 2.25)
Median total cost paid for treatment and medicine Nepali Rupees (IQR)	150 (52.5 to 300)
Median total cost paid for treatment and medicine USD (IQR)	\$2.27 (\$0.80 to \$4.55)
Visits delayed because of cost	16 (28%)
Visits delayed because of transportation*	13 (22%)
Loss of worktime	11 (85%)
Too long of a walk	8 (62%)
Not enough money to pay for travel	5 (38%)
Patient too sick	2 (15%)
Visits delayed because care was expected to be of low quality	10 (17%)
Median hours delayed for any reason (IQR)	72 (24 to 168)
Did the patients condition worsen as a result of the delay?	38 (66%)
Would you have gone to get medical treatment immediately if the care was free?	34 (59%)
Paying for medical services has affected the ability to pay for other things*	30 (60%)
Food	15 (30%)
Education	11 (22%)
Housing	10 (20%)
Other	14 (28%)

*Note: For items marked with a *, participants were allowed to select more than one answer*

Table 3. Summary of Loans Obtained and Lands Sold for Health Services

Loans purchased for health services (in the lifetime of head-of-household)	
Number of families who have taken out at least 1 loan	18 (36%)
Number of families who have taken out 2 loans	5 (10%)
Median value of loan (Nepali Rupees) (IQR)	3,250Rs (500 to 14250)
Median value of loan (USD) (IQR)	\$49 (\$8 to \$216)
Median interest rate per month (IQR)	0 (0.00% to 1.63%)
Number treated in Achham	11 (61%)
Number treated in Nepal outside of Achham	4 (22%)
Number treated in India	5 (28%)
Sales of land and property for health services (in the lifetime of head-of-household)	
Number of families who have sold at least 1 item	18 (36%)
Number of families who have sold 2 items	3 (6%)
Median price of sale (Nepali Rupees)	10,000Rs (3000 to 11250)
Median price of sale (USD)	\$152 (\$45 to \$170)
Average percentage of sale used to pay for health service	77%
Number treated in Achham	3 (0%)
Number treated in Nepal outside of Achham	3 (0%)
Number treated in India	11 (1%)

Table 4. Reproductive Health among Survey Respondents

Characteristic	Value
Number of births within the last 3 years	24
Who was seen prior to delivery?	
Health Assistant	6 (25%)
ANM	3 (13%)
VHW	5 (21%)
Hospital Doctor	2 (8%)
No medical personnel	8 (33%)
TT vaccine received	18 (75%)
Iron tablets received	12 (50%)
Who assisted with birth?	
Sodeni	10 (42%)
ANM	3 (13%)
Hospital Doctor	3 (13%)
Other	6 (25%)
Noone	2 (8%)
If a Sodeni assisted the birth, why not a trained birth assistant?	
Transportation	7 (58%)
Cost	2 (17%)
Not Necessary	2 (17%)
Poor Quality	1 (8%)
Were you offered payment by the government to have this birth at hospital	3 (13%)

Table 5. Loans Purchased for Health Services

Disease	Where Treated	Amount (\$US)	percent of monthly income*	Lender	Interest Rate	Completed	Duration
complicated delivery	achham	500Rs	\$8	11%	Co-op	2.0%	Yes 10 months
gallbladder stone	india	90000Rs	\$1385	1500%	Family Member	1.5%	No 39 months
abdomen pain	india	30000Rs	\$462	500%	Neighbor	0.0%	Yes 4 months
abdomen pain	nepal	20000Rs	\$308	333%	Neighbor	0.0%	Yes 4 months
tuberculosis	india	16000Rs	\$246	356%	Co-op	2.0%	No 25 months
pregnancy problem	india	15000Rs	\$231	188%	Co-op	1.5%	No 72 months
bear attack	achham	14000Rs	\$215	311%	Co-op	2.0%	No When funds available
cancer in the leg	nepal	10000Rs	\$154	222%	Co-op	0.0%	No 17 months
vaginal bleeding	achham	6000Rs	\$92	133%	Family Member	0.0%	No When funds available
stomach disease	india	5000Rs	\$77	91%	Co-op	2.0%	No 18 months
swelling	nepal	4500Rs	\$69	100%	Co-op	3.0%	Yes 6 months
bad appetite, weakness	nepal	2000Rs	\$31	44%	Family Member	0.0%	Yes 12 months
general expenditures	achham	2000Rs	\$31	25%	Co-op	1.5%	Yes 12 months
typhoid	achham	1200Rs	\$18	27%	Neighbor	0.0%	No When funds available
diarrhea	achham	1000Rs	\$15	22%	Neighbor	0.0%	No When funds available
influenza	achham	500Rs	\$8	11%	Family Member	0.0%	No When funds available
reproductive health problem	achham	500Rs	\$8	11%	Neighbor	0.0%	No 1 months
fever and cough	achham	480Rs	\$7	11%	Family Member	0.0%	No When funds available
abdomen/chest pain	achham	350Rs	\$5	8%		0.0%	Yes 1 months
skin disease	achham	85Rs	\$1	2%	Family Member	0.0%	No When funds available

*Note: For those patients not reporting an income, the income was imputed as the median of the sample (4500 Rs.)

Table 6. Land and Property Sold for Health Services

Disease	Where Treated	Property Type	Sale Price (\$US)	percent of monthly income*	Amount Used (\$US)	Buyer	When sold
galbladder stone	india	jewelry	DNR	DNR	DNR	DNR	1 years ago
galbladder stone	india	buffalo	99000Rs \$1523	1800%	5000Rs \$77	Neighbor	2 years ago
unconsciousness	india	land	90000Rs \$1385	7200%	10000Rs \$154	Neighbor	7 years ago
polio	india	land	50000Rs \$769	1111%	30000Rs \$462	Neighbor	10 years ago
appendicitis	india	gold	50000Rs \$769	1111%	12000Rs \$185	Other	1 years ago
swelling	achham	goats	11250Rs \$173	250%	DNR	Neighbor	2 years ago
galbladder stone	india	land	10000Rs \$154	182%	10000Rs \$154	Neighbor	2 years ago
malerial typhoid	india	land	10000Rs \$154	222%	10000Rs \$154	Family Member	4 years ago
histerectomy	india	land	10000Rs \$154	222%	10000Rs \$154	Neighbor	1 years ago
unknown		jewelry	10000Rs \$154	125%	10000Rs \$154	Bank	9 years ago
unconsciousness	india	ornament	9000Rs \$138	720%	9000Rs \$138	Bank	8 years ago
abdomen pain	nepal	cow and goat	8000Rs \$123	133%	8000Rs \$123	Neighbor	5 years ago
swelling	nepal	goats	4500Rs \$69	100%	2500Rs \$38	Neighbor	1 years ago
diarrhea	achham	goat	3000Rs \$46	67%	2000Rs \$31	Family Member	1 years ago
unconsciousness	india	cow	2500Rs \$38	200%	2500Rs \$38	Neighbor	6 years ago
diarrhea	achham	goat	2500Rs \$38	56%	2500Rs \$38	Neighbor	2 years ago
gastritis	nepal		2500Rs \$38	45%	2500Rs \$38	Neighbor	1 years ago
galbladder stone	india	goat	1500Rs \$23	33%	1500Rs \$23	DNR	8 years ago

*Note: For those patients not reporting an income, the income was imputed as the median of the sample (4500 Rs.). DNR, Did not report income

Appendix: English-Language Health Economics Survey

Prelude to Providers

These are some important points to bring up in dialogue/conversation form, not to be read mechanically.

We are working on a project with an international NGO to develop a primary health centre in Sanfe Bagar. At this point, the project is only in the preliminary stages and we are trying to learn more about healthcare in the area. Today, we would like to ask the people who come to your medical clinic some questions about the amount of money and time they spend on receiving healthcare. We are not doing so to find out how much you charge so that we can charge less. And we are not doing so to hurt your practice in any way. Please do not do anything differently from what you normally do. We are not here to judge your medical treatments. We are doing so for the purposes of understanding the difficulties that people face in accessing healthcare in the region.

Prelude to Patients

Again, this is to be presented in a conversational way.

We are working on a project with an international NGO to develop a primary health centre in Sanfe Bagar. At this point, the project is only in the preliminary stages and we are trying to learn more about healthcare in the area. Today, we would like to ask you some questions about the amount of money you spend on healthcare. We are doing so for the purposes of understanding the difficulties that people face in accessing healthcare in the region. We have discussed the survey with the medical provider at this clinic, and they have no problem with you answering these questions. Please only answer those questions that you are comfortable to answer. Do not feel compelled to answer any questions you do not like. You may also stop the survey at any time if you are uncomfortable or otherwise do not want to continue answering questions.

Basic Demographics

Total Number in Household _____

Ages of family members

Husband ____ Wife _____ Sons ____ Daughters _____

Dead family members:

Husband ____ Wife _____ dead Son ____ Daughter _____ Other _____

How much money did the household make last month: _____

How much money did the household make last year: _____

Land (Ropanis): _____ (Anas) _____

How much time has husband spend away from Achham? months ____ years ____ Where?

Country: _____

Husband education Illiterate If literate, which grade? _____

Wife's education Illiterate If literate, which grade? _____

General Family Health Economics

Administered at household level or to customers of private medicals

Have you ever borrowed any money to pay for healthcare needs? Yes/No

If yes, for each loan/instance of past or present borrowing:

Amount: _____

Owed to: Family Member Bank Neighbor Employer Other: _____

Interest Rate: _____

Start date: _____ Anticipated/Actual Due date: _____

Disease/Condition needed for treatment: _____

Amount: _____

Where received treatment: _____

Owed to: Family Member Bank Neighbor Employer Other:
Interest Rate: _____
Start date: _____ Anticipated/Actual Due date: _____
Disease/Condition needed for treatment: _____
Where received treatment: _____

Please write here any notes about the patients' story in borrowing money to pay for medical care:

Have you ever sold land in order to pay for medical care? Yes/No

If yes, for each sale of land:

Amount of land (ropanis):
Sold to: Family Member Bank Neighbor Other:
Amount of money received:
Amount of money used from the sale for medical care:
Date sold:
Disease/Condition needed for treatment: _____
Where received treatment: _____

Please write here any notes about the participant' story in selling land to pay for medical care:

Have you ever sold other personal property in order to pay for medical care? Yes/No

If yes, item sold and quantity:

Sold to: Family Member Bank Neighbor Other:
Amount of money received:
Amount of money used from the sale for medical care:
Date sold:
Disease/Condition needed for treatment: _____
Where received treatment: _____

Please write here any notes about the participant' story in selling other personal property to pay for medical care:

If someone gets sick in your family, whom do you visit first? Healthpost/Subhealth post _____
Private Medical _____ Traditional Healer _____ Other _____

If you do go first to a private medical practitioner, please list all the reasons that you do not go to a healthpost or subhealth post: Too expensive Inconvenient Not open/staffed
Too far from home Poor quality Other _____

In the past six months, has any family member gone for medical treatment anywhere: Yes/No If yes, for each family member:

Is this information for a patient currently receiving treatment (that is, you are interviewing at a clinic site and are asking about the current visit) Yes/No

Age: _____ Sex: Male/Female
Symptoms: Fever Diarrhea Skin Cough Gynecological Other _____
Condition/Diagnosis: _____

Where did the person go? Hospital Healthpost/Sub-healthpost Private Medical
Other _____ Name of facility: _____

How long did s/he travel to get there: Hours _____ Minutes _____

How much did you pay the clinician for evaluation?

How much did you spend on pharmaceuticals?
 How much was the total cost?
 Did you delay going to get treatment because of costs?
 How much should it have cost so that you would have brought the patient right away?
 Did you delay going to get treatment because of transportation issues?
 If transportation was an issue, why? didn't want to lose worktime patient too sick not enough money to pay for travel it was too long of a walk
 As you had to go for treatment and meanwhile could not work, how much money did you lose?
 Did you delay going to get treatment because you felt the care you would get is low quality?
 How much time did you delay for any reason: Days _____ Hours _____
 As a result of the delay, do you feel like the family member's condition worsened?
 Would you have gone to get treatment right away if the evaluation and medicine were free?
 Have payments for medical fees ever affected your ability to pay for other things?
 Food Education Housing Travel Other
 If so, please describe the patient's story regarding how medical fees have affected their life:

Reproductive Health Economics

Within the past three years, was a child born? Yes _____ No _____

If yes, for each birth, ask:

Prior to the birth, who did you see for check-ups (put number of visits next to each):

Village Health Worker _____ ANM _____ TBA _____ HA _____ Hospital Doctor _____

Did the mother receive TT vaccine? Number:

If less than 3, why (can circle more than one)

Transportation Nobody to administer Only needed one/two doses Cost

If transportation was an issue, why? didn't want to lose worktime patient too sick not enough money to pay for travel it was too long of a walk

How much was the cost? _____

How much should it have cost so that the mother would have taken the full dose of TT vaccine?

Did the mother receive iron tablets?

If no, why (can circle more than one):

Transportation Cost Medical Practitioner told me I didn't need them

I was not offered them

If transportation was an issue, why? didn't want to lose worktime patient too sick not enough money to pay for travel

How much was the cost _____

How much should it have cost so that the mother would have taken iron tablets?

At the birth of the child, who assisted? Hospital Doctor _____ Sodeni _____

Other ___ Health post ___ ANM ___

Expense of delivery (rupees) _____

Was a PATH delivery kit used? Yes _____ No _____

If the birth was performed by a sodeni, why did you not have it performed by someone with medical training (can circle more than one)? Cost Transportation Poor Quality

Not necessary

Were you offered payment by the government to have this birth at hospital? Yes/No

If Yes, Amount offered:

Did you accept? Yes/No

If you refused, why (can circle more than one)? Costs Transportation Poor Quality Not Necessary

If transportation was an issue, why? didn't want to lose worktime patient too sick not enough money to pay for travel

If cost was an issue, how much? Cost _____

How much should have cost so that you would have brought the patient right away?

Please write here any notes about the patients' story in poor access to prenatal and perinatal services:

Perception of Free Services

Do you feel that the government should make all medical services free, including laboratory tests, medicines, and evaluations from clinicians?

If it were free, what would be your thoughts (select all that apply)?

Free healthcare is less high quality I don't trust the government I think private medical providers are best Other_____

Do you feel that the government provide free medicines?

If they were provided for free by the government, what would be your thoughts (select all that apply)?

Free medicines are of less high quality I don't trust the government People should take care of their own medicines People will not correctly use free medications Other_____

Please write any notes about patients' perceptions of free health services:

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