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Research Article

# Effectiveness of Health Insurance Program of Urban Health Promotion Center, Pokhara, Kaski

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## ABSTRACT

*Nepal Health Insurance Program (NHIP) has enrolled millions of individuals, but concerns remain for its utilization rates and the factors influencing them. The insurance program aims to fulfill the spirit of universal health coverage by increasing access to and utilization of necessary quality health services. Despite having high enrolment in the NHIP, there is also a high percentage of the dropout rate. Therefore, this study explores the effectiveness of the health insurance program in Nepal. The study applied the cross-sectional exploratory research design. 41 clients were taken conveniently from the Urban Health Promotion Centre (UHPC) who are enrolled in the insurance program. The primary data was collected by using a semi-structured interview schedule. The collected quantitative data variables were defined and entered into SPSS. Descriptive analysis was used to discuss the data, followed by analysis using frequency and percentage. During the study, 26.82 percent of the respondents were willing to drop out of the NHIP. The cause of willingness to drop out of the insurance program is difficulty in utilizing the services, the ignorance of insurers during the time of renewal, and family suggestions. The proportion of willingness to drop out of the insurance program is comparatively less than the Kaski and National rates; hence, it seems that the NHIP is going satisfactory.*

**Keywords:** Health care coverage, health insurance, health scheme, quality health service, urban health promotion

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## INTRODUCTION

Health insurance schemes have emerged as a critical tool for enhancing an access to healthcare services, particularly in developing countries with large populations lacking adequate financial protection against health risks. Nepal, a South Asian nation with a diverse and largely rural population, has implemented the National Health Insurance Program (NHIP) since 2017, aiming to expand healthcare coverage, equally mobilize the financial resources of health, and achieve universal health coverage (UHC) (Health Insurance Board, 2023). While the NHIP has enrolled millions of individuals, the concerns remain for its utilization rates and the factors influencing them. The main objective of the NHIP is “To ensure Universal Health Coverage by increasing access to, and utilization of necessary quality health services.” The main services included in schemes are laboratory services, radiological services, allopathic medicines, ayurveda clinical and medicines, treatment of chronic diseases, and surgical services (Health Insurance Board, GoN, 2074). The insurance program is a social security program of Nepal. Most of the elderly people and patient of chronic diseases are utilizing the insurance schemes (Ghimire et al. 2023). It is helpful to the elderly people who are neglected by the family members (Lena et al. 2009). The Government of Nepal (GoN) has listed the numbers of hospitals and health facilities for the delivery of the health insurance schemes. Though, many of the health service institutions are not providing appropriate services to the clients. Therefore, they are not satisfied with the services.

Understanding the factors affecting the utilization of the NHIP is crucial for optimizing its effectiveness and achieving its intended goals. This research focuses on a case study of Pokhara Municipality, a rapidly urbanizing region in Nepal, to explore the various determinants of NHIP utilization. By examining the specific context of Pokhara, this research aims to contribute valuable insights applicable not only to Nepal but also to other developing countries implementing the similar health insurance programs.

Health insurance is popular in the middle-income countries like Nepal. It contributes to lowering the in-pocket expenditure on health. The GoN aims to promote all households to be enrolled in the health insurance schemes. But, the enrollment in the scheme is not satisfactory. There is a disparity in enrollment and dropout rates indifferent districts. The study from Bhaktapur pointed out that among 422 households only less than half (42.4%) were using the health insurance schemes (Karanjit et al., 2020). Likewise, the explorative study conducted by Ranabhat et al. (2020) explores that there was a high dropout rate in Kailali, having 78.28%, and the lowest in Gorkha with 51.7% that comprises of a total of 67.33%. the nearest to the

Kaski, Baglung District had 58.7 percent of dropouts whereas the enrollment rate is the highest in Palpa District with 17.36%, and the lowest in Achham District (0.53%) rate in the fiscal year 2016/17. In 2017/18, the dropout rate was the highest in Achham District at 95.58%, the lowest in Palpa at 15.22 and Kaski at 45.87 and in total it reached 44.51 percentage of quitting the health insurance scheme services. However, the highest enrollment rate was 39.52 in Palpa and Rhautahat at 0.56% and Kaski have 13.95 % of new enrollment and a total of 9.024 %. The dropout rate was highest in Rukum East at 84.02 %, the lowest in Palpa at 15.33%, in Kaski at 34.01%, and a total in Nepal at 38.37% of dropout rate. Similarly, the enrollment rate in FY 18/19 was 1.79 in Siraha, 50 in Palpa, 17.10 in Kaski and 10.84 percentages in total. It varies in many districts. Likewise, the study from Baglung, Kailali, and Illam shows 9.1% of clients quit the HI (Paneru et al., 2022). In Pokhara Metropolitan City, 28.2% do not renew their agreement to the scheme (Sharma et al., 2022). This shows that there is a gap between the enrollment and dropout rates. There is high percentage of people who are quitting the HIP schemes in comparison to the enrollment

The factors for the low utilization are lack of confidence and high premium costs. In addition, it also indicated that age, occupation, and wealth quintiles are associated with the service utilization, lack of drugs, rental housing, having no chronic health problems, and unfriendly behavior of service providers (Sharma et al., 2022). Similarly, the other research also shows the subsidy, low insurance package, and inappropriate monitoring mechanism, difficult geographical conditions are hampering to utilization of the schemes (Ranabhat et al., 2020). Similarly, a study conducted in Illam shows that gender and the age are the factors associated with the service utilization (Shah et al., 2022). In another research in Pokhara Metropolitan City, the family size and education are also associated with the HI utilization (Ghimire & Wagle, 2021). The knowledge of the clients of health schemes is not studied. Though, it can be one of the contributing factors to terminating the scheme. There are a total of 440 health institutions registered as the health insurance service providers; among them, Kaski holds 12 HFs as the HIS centers among them Gandaki Medical College and Manipal Medical College are private hospitals and they are registered as only referral sites where as other 9 are primary HI service providers. Western Regional Hospital is the first contact site as well as the referral site itself. On average, half of the households enrolled in the NHIP have a high percentage of the dropout rate. In Pokhara Metropolitan City, about one-third of the dropout rate from the NHIP. One of the factors for this dropout is because of the medium and high income; geographical difficulty is another factor for the dropout from the insurance program.

Only people having low income are mostly following the renewal of the insurance program. The information and knowledge of the people are also important factors in the utilization of the schemes.

### **Theoretical Prospective of Health Insurance in Nepal**

The theories behind health insurance programs in Nepal are varied, reflecting the unique social and economic realities of the country. At the core of Nepal's push for universal health coverage is the Social Health Security Program (SHSP). This program, influenced by international health insurance models, highlights the importance of strategic purchasing and governance improvements to enhance the quality and efficiency of healthcare services. However, the program faces significant obstacles, particularly in managing the integration of public and private healthcare providers and overcoming administrative challenges (Sapkota & Bhusal, 2017). The application of the Health Belief Model (HBM) to understand public engagement with SHSP has shown that for public service announcements (PSAs) to be effective, they must go beyond just promoting benefits; they also need to address perceived threats and boost people's confidence in their ability to take action (Acharya, Devkota, & Bhattarai, 2020).

The Health Belief Model (HBM) is a popular psychological approach used to understand and predict how people behave when it comes to their health. It focuses on how individuals perceive the seriousness of health issues, their own vulnerability, the benefits of taking action, and the barriers that might stop them. In Nepal, the HBM has been applied to various health programs, including health insurance, to boost enrollment and participation. National Health Insurance Program (NHIP), the use of HBM has provided valuable insights into what drives people to enroll. A study in the Ilam district found that households' decisions to join the NHIP were significantly shaped by how they viewed the benefits and obstacles, such as financial challenges and a lack of information (Ghimire et al., 2019). The HBM has also helped in creating interventions that improve health insurance uptake by focusing on people's perceptions of health risks and the financial security that insurance offers (Poudel & Sumi, 2021). Integrating the Health Belief Model into health insurance programs in Nepal highlights the need to understand and address people's health beliefs to enhance the enrollment and ensure the program's long-term success. This approach has proven effective in guiding communication and educational efforts, helping Nepal move closer to achieving universal health coverage (Ranabhat et al., 2023). As research continues and the model is further adapted, the HBM could play a key role in the success of health insurance initiatives in Nepal and beyond.

Despite strong theoretical foundations, putting health insurance into practice in Nepal has been difficult. Research shows that enrollment rates vary significantly across districts, with private healthcare providers playing a key role in areas where the program is more successful (Acharya, Wagle, & Bhattarai, 2019). The high dropout rate among those enrolled in the program indicates that it may not be fully meeting the needs and expectations of the population. Several factors contribute to these challenges, including socio-economic barriers, poor information sharing, and a lack of trust in the system. Additionally, the program struggles to adapt to the diverse local contexts across the country (Ranabhat, Subedi, & Karn, 2020). Improving Nepal's health insurance program requires careful consideration of both the helping and hindering factors identified in recent research. The socio-ecological model has been helpful in exploring the various levels of influence on the use of health insurance, such as the importance of community involvement and trust in institutions (Ghimire et al., 2024). Moreover, these point to the need for a more comprehensive approach to health insurance in Nepal, one that addresses both broader systemic issues and individual needs to achieve wider coverage and long-term success.

The study provides valuable insights into the effectiveness of the NHIP program in Pokhara Metropolitan City, helping policymakers and stakeholders make informed decisions regarding program improvement, expansion, or modification. It can contribute to the development of evidence-based policies to enhance the healthcare system or health division of metropolitan cities. It can guide efforts to enhance coverage, affordability, and quality of healthcare services. The study contributes to the existing body of knowledge on insurance programs in urban areas of Nepal, specifically focusing on the localized context of Pokhara Metropolis. It can serve as a foundation for future research and evaluation of health insurance programs in Nepal and similar settings and encourage more empirical studies and evidence-building efforts to continuously improve the effectiveness and sustainability of such programs. Thus, the main objective of this study is to assess the reasons of drop out from health insurance facility.

## **DATA AND METHODS**

Urban Health Promotion Center (UHPC) is the only one health facility that lunches the health insurance scheme of Pokhara metropolitan city. There is a high flow of clients in the UHPC. Approximately 150 clients take health insurance schemes per day. Therefore, it was taken as the study area. The study was based on the quantitative method, it is applied the

cross-sectional exploratory research design. The primary data was collected by using a semi-structured interview schedule. Only the clients enrolled in NHIP was taken as the study sample and the clients who are not enrolled in NHIP were excluded. The sample size includes a total of 41 people, which was taken conveniently. Convenience sampling design is used to collect the data. Data were collect by face to face interview method. The collected quantitative data variables were defined and entered into SPSS. Descriptive analysis was used to discuss the data, followed by analysis, using frequency and percentage. The number of literatures was reviewed to set the variables and based on those variables; the questionnaire was developed. The verbal consent was taken from the respondents, and the information collected from the field was used just for academic purposes. No identification was kept that recognizes the respondent and their rejection of the participation was strictly followed.

## **RESULTS AND DISCUSSION**

The research tends to assess the effectiveness of the health insurance program in Nepal. In this section, the overall data are analyzed qualitatively as well as quantitatively. The analysis was done from the interview schedules, secondary data review available from the website of the NHIS, and data in the field with respondents. The total number of respondents was 41 for the interview. The study was conducted among 41 health insurance Clients at the UHPC, Nayabajar, Pokhara.

### **Health Problems and Health Insurance**

Most of the insurance scheme is utilized by people who have health problems. Mainly the clients who have chronic health problems used to go to health service providers and seek health insurance schemes. In this section, the status of health insurance, health problems, and factors affecting utilizing the health insurance scheme are discussed.

**Figure 1**

*Heard About the Health Insurance*

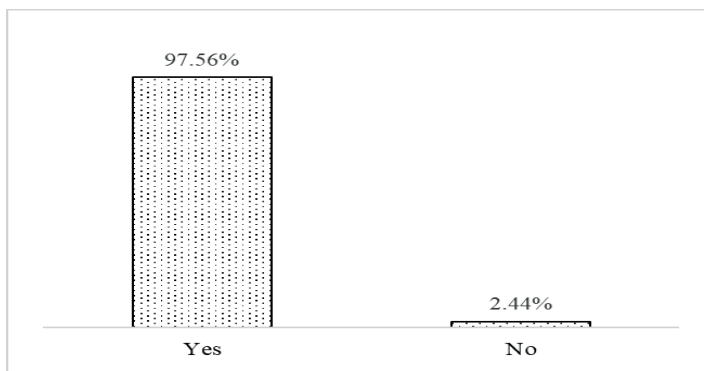


Figure 1 shows whether the respondents heard about health insurance or not. The above figure shows that 97.56% of the respondents have heard about health insurance and only 2.44% of the respondents did not. Non-heard respondents did not utilize the service because they visited the service providers for referrals from their relatives.

**Figure 2**

*Source of Knowledge*

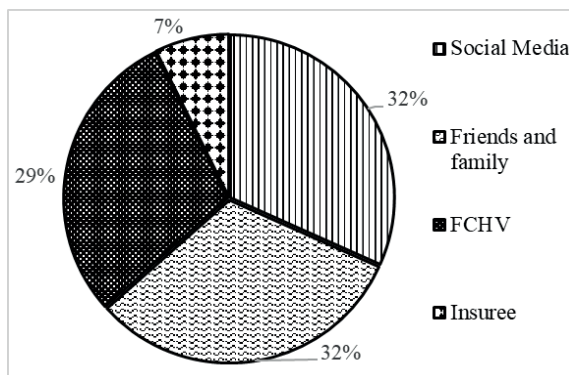


Figure 2 shows the source that the respondents heard about the health insurance. In the figure an equal percentage of the respondents have heard about health insurance through social media, family members, and friends. It accounts for 31.71% of total respondents whereas 29.27% heard through FCHV and only 7.32% heard through clients about health insurance. Many public media, TVs, and newspapers are displaying information about health insurance.



**Table 1***Premium and Number of Members in Health Insurance*

Characteristics	Frequency	Percent
Minimum premium of HI (NRS)		
3500	36	87.8
2500	4	9.8
3000	1	2.4
Extra premium per unit person (NRS)		
700	14	34.1
2500	17	41.5
3000	1	2.4
Don't know	9	22.0
Maximum numbers of family members can enroll in premium		
5	37	90.2
3	3	7.3
Don't Know	1	2.4

Table 1 shows the responses of the participants about the minimum premium for health insurance. The above table has shown that more than one-third of the participants responded that the minimum NRs.3500 is the minimum premium per year. Only 9.8% responded about the NRs. 2500 and only 2.4% responded of NRs. 3000 per year per family. It is of 5 members who can enroll in a single premium per year. If the number of members exceeds more than 5 there is a provision to add an extra NRs 700per person in a premium. In the above table, 34.1% of respondents answered that NRs. 700 is for an extra premium per unit per person, 41.5% responded to NRs. 2500 and even 22.0% of the respondents have no information about the extra payment of the premium. Likewise, in the question of the maximum number of family members who can enroll in the premium, most (90.2%) of the respondents have the information about the number of a family (5 members), 7.3% were even confused they responded to the maximum number3 and even 2.4% do not know the about the numbers.

The GoN has the provision to pay a minimum NRs. 3500 as the minimum premium per year, but some of the respondents replied that they paid NRs. 2500 as a minimum premier per year for their family. It is found that their ward office has paid Nrs.1000 per family to motivate and promotion of health insurance. This shows the good practice of accountability by the local government. Hence the respondents are aware of the HI premium.



**Table 2**  
*Service Benefit of Health Insurance*

Characteristics	Frequency	Percent
Maximum Service Benefit (NRS)		
100000	37	90.2
20000	1	2.4
Don't know	3	7.3
Additional service benefits per unit person (NRS)		
100000	3	7.3
120000	10	24.4
20000	14	34.1
Don't Know	14	34.1

Table 2 shows the service benefits of health insurance. In the table, more than 9 out of 10 respondents are aware of the service benefit of HI, 7.3% do not know about the scheme and 2.4% are still confused. Likewise, 34.1% know the additional service benefit per person benefit scheme and the same proportion do not know about it. NHIS has included NRs. 100000 service benefits within NRs. 3500 premium up to 5 family members. If the family members exceed the minimum number, they should pay an extra NRs. 700 per person and additionally, they get NRs. 20000 benefit services of per person.

The NHIP has included 10 health service packages. Under these packages, almost more than 3500 services are included. It covers the general registration to sophisticated surgery services, laboratory services, and even more than 1100 medicines as well. In this section, this study attempts to explore the services that the respondents have information about the services. The clients respond in a general term, but they do not specify the services. During the study, the respondents can ask only for the laboratory checkup and medicine of the sugar (Diabetes Miletus), and blood pressure (Hypertension). The list of schemes they respond to are OPD, ANC PNC, Blood tests, x- rays, medicine, sugar, pressure, MRI, and Referral.

The perception of the clients is calculated on a scale. The respondents are asked the questions about their perception of the insurance program and its services. The score is given from 1-5. Here, the optimum number 5 means the worst perception of the health insurance scheme. The lowest number indicates the best perception of the clients.

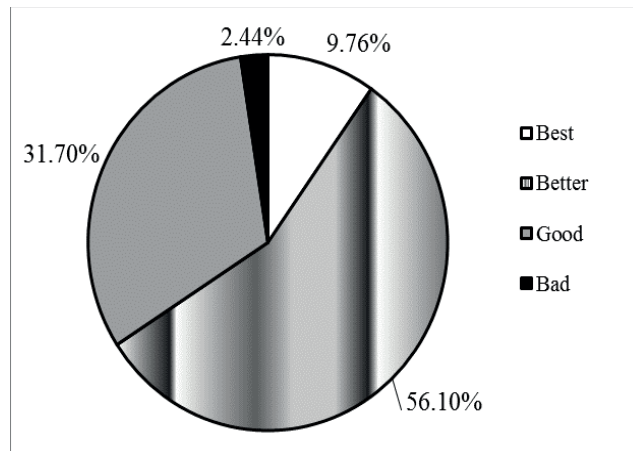
**Figure 3***Perception about HI by Clients (N=41)*

Figure 3 explores the perception of the respondents towards the insurance service and scheme. In the above figure, out of 41 respondents, more than 9% respondents replied that it is 'best', 56.10% respondents replied 'better', 31.7% respondents replied 'good', and only one respondent replied that it is bad. But no one says that it is worse. From the response score, the mean of the score is 2.68. this lies in between the score of 2 and 3. It can be predicted that the insurance service and scheme are good. This demands other improvement activities that should lurch to make the NHIP the best. Meanwhile, they were asked for suggestions to make it more effective. They have pointed out the obstacles and some suggestions

**Table 3***Obstacles and Suggestions Provided by Respondents*

Obstacles	Suggestions
It looks like the business of government	It should be taken as a service, clients should from far should treated differently
It is hard to get service from the hospital	Service should be more effective in-service delivery
The service is Time-consuming due to the queue	It should be managed; the time of the referral should be extended to more than one week and other hospitals too. Some reservations and priority to the elderly people should be reserved during service delivery

**Table 4***Willingness to Drop the Health Insurance Scheme and Its Causes*

Characteristics	Frequency	Percentage
Willing to drop out (N=41)		
Yes	11	26.83
No	30	73.17
Reason to drop out (N=11)		
It is costly	1	9.09
Difficulty in service utilization	7	63.64
Not will to continue	1	9.09
Insure did not pay attention	1	9.09
Advice of family members	1	9.09

Table 4 demonstrates the willingness to drop out of the health insurance program. In the above table, out of 41 respondents, 26.83% respondents were willing to drop out of the scheme and 73.17% does not. Among 11 respondents, 63.64% willing to quit due to the difficulty in the service utilization and replied other reasons that they wanted to quit the service.

**Table 5***Behavior of Health Staff*

Characteristics	Frequency	Percent
Does the behavior of staff make it difficult to take service? (N=41)		
Yes	11	26.8
No	30	73.2
Behavior of health staff (N=41)		
Helpful	28	68.3
Ignorance	2	4.9
Some of them are helpful some ignore	11	26.8
Difficult to take in which service due to staff behavior (N=18)		
Registration	4	9.8
Health check up	4	9.8
Laboratory	2	4.9
Pharmacy	6	14.6
In referral	2	4.9

Table 5 shows the health staff behavior and the service utilization in the UHPC. The table shows that 26.8% of the respondents experienced difficulty. Even 68.3% of them replied that the health staff is helpful. At the same time, 26.8% replied that all staffs are not helpful though some of them also ignored them when they reached to take the service. Among 18

respondents, most of them experienced difficulty at the pharmacy, equal percentage of the respondent experienced registration and health checkups. It accounts for 14.6% and 9.8% respectively. Less 5% of them experience when they take the referring document to the referral site.

The GoN has provisioned to pay 10% of payments by the clients themselves since 15 January 2024. The opinion of the respondents has given a different opinion about it.

**Table 6**

*Copayment of Health Insurance Scheme*

Characteristics	Frequency	Percent
Heard about 10% copayment		
Yes	32	78.0
No	9	22.0
Opinion on the copayment		
Addition of economic burden	9	22.0
To minimize the crowd	19	46.3
Additional difficult	6	14.6
Don't know	4	9.8

Table 6 shows the copayment of the health insurance scheme. It reveals that 78% of the respondents are aware of the copayment and 22% are not. Only 46.3% of the respondents have the opinion that the government has applied the strategy to minimize the crowd, 22% have the opinion that it is an economic burden to the clients and 14.6% have the opinion that it is additional difficulty for the clients. However, 9.8% do not know the causes.

The NHIP has the potential to significantly improve an access to healthcare, financial protection, and health outcomes. However, addressing challenges related to affordability, coverage, quality of care, and program implementation is crucial for maximizing their effectiveness and achieving universal health coverage in the country. The health insurance is the social security program of Nepal. It is popular old people and patient of chronic disease (Ghimire et al., 2023).

Many studies have shown that the NHIP, including the National Health Insurance Program (NHIP), has led to the increased utilization of healthcare services, particularly among the low-income populations who previously faced financial barriers. Some studies have observed positive impacts on health outcomes. Health insurance can protect individuals and families from financial hardship due to unexpected medical bills, especially for chronic or severe illnesses.

The demand for health insurance is increasing day by day. It is becoming more popular among the people. However, people are not fully getting the services. It is the responsibility of the government to minimize the gaps. The government is formulating new strategies with various services. The study attempts to find information about the schemes of the clients and the pattern of the service utilization of the insurance program. The main services included in schemes are laboratory services, radiological services, allopath medicines, ayurveda clinical and medicines, treatment of chronic diseases, and surgical services. Only in medicine, the health insurance scheme covers a total of 1108 kinds of allopath medicines and 25 kinds of ayurveda medicine, (Health Insurance Board, GoN, 2074). It found that the clients in UHPC are very aware of the service schemes. They listed only a few of the services that they are mostly concerned with laboratory testing of diabetes and checkups for hypertension and medicine for those health problems. In UHPC, they usually come for referral services.

The study aimed to find out the willingness to abandon the scheme and the possible cases. In some studies, there is a disparity in dropout rate among the geographical areas Karnali that has more than three-fourth the prevalence of dropout, and Gorkha has more than half of the total clients (Ranabhat et al., 2020). It is found that in Bhaktapur only 42.4% were enrolled in health insurance (Karanjit et al., 2020). In a previous study conducted in Pokhara Metropolitan City, 28.2% did not renew their agreement to the scheme (Sharma et al., 2022). Kaski District has 34.01% in which there is a 38.37% dropout rate in FY2018/19 (Health Insurance Board, 2023) whereas, a similar study in Baglung, Kailali, and Illam shows 9.1% of clients quit the HI (Paneru, et al., 2022). Here, this study also explored the near to that study conducted in Pokhara that 26.83% are willing to drop out of the insurance program.

However, there is a disparity with studies done in Karnali, Gorkha, and Bhaktapur. The main reasons are the cost of the premium, difficulties in service utilization, ignorance of the insured, and some of them getting the family's suggestions to abandon the service. This may be another subject of research. Low income (Karanjit et al., 2020), remoteness, and people in rent are seen as the factors associated with the dropout of the HI program (Sharma et al., 2022). Other factors include gender and the age, which are associated with the health insurance scheme utilization (Shah, et al., 2022). Likewise, insufficient insurance packages and inappropriate monitoring mechanisms are also the contributing factors in the utilization of the schemes (Ranabhat et al., 2020). In Pokhara Metropolitan City, the family size and education are associated with the HIS utilization (Ghimire & Wagle, 2021).

The GoN has provisioned the 10% copayment since 15 January 2024 (Health Insurance

Board, 2023). It seems that there is a lack of information about the newly formulated regulations. The government should disseminate information on social media. One-third of the clients used to get information on health insurance from social media. Most respondents of this study have a positive attitude towards the copayment.

## CONCLUSION

Health insurance is becoming popular among the people. Hence, the effectiveness of the insurance program is based on the scheme, and service-delivering system (such as commodities, health staff behavior, and awareness about service to the client). Here, it is found that even though some of the respondents are not aware of the scheme, there is some lack in the service delivery and lack of enough information delivery. Even one-fourth of the respondents are willing to drop out of the program and the proportion of those willing to drop out of the program is comparatively less than the Kaski and national rates; hence, it seems that the insurance program is running satisfactorily.

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