



National Social Health Insurance Program in Bara District of Nepal: A Systematic Review Paper



Bishnu Raj Kafle

Associate Professor of Statistics, Saraswoti M. Campus

E-mail: bishnukafle100@gmail.com, ORCHID id: 0009-0008-0665-2559

ARTICLE INFO

Received data: Dec 15, 2024

Reviewed: Dec 26, 2024

Revised: Jan 2, 2025

Accepted: Jan. 3, 2025

Keywords

Social Health Insurance, Bara District, Nepal, Healthcare, Public Health, Health Policy

ABSTRACT

The assessment of the SHI program's current state in Nepal's Bara District is the main objective of this study, which also looks at the program's obstacles to enrolment. Additionally, it summarizes the potential for increasing SHI availability and offers suggestions for improving SHI practice and policy. Using keywords that delved into understanding occupation, income, and awareness of participation in SHI, the publications were gathered from academic sites such as PubMed, Scopus, and Google Scholar. The research and survey show that those with low incomes and those in informal employment avoid registering in the SHI program because of cultural norms, ignorance, and financial difficulties. Administrative obstacles and a general lack of suitable health facilities have also been identified as cross-cutting problems that impede SHI. The study's last sections, the conclusions, include recommendations for public awareness campaigns, low-income earner subsidies, the creation of appropriate institutions, and easier-to-follow protocols. The above-mentioned actions aim to advance the idea of UHC (Universal Health Coverage) in Nepal by assisting SHI enrolment and utilization in Bara District and possibly resolving some of the issues.

© 2025 Journal of Development Review SMC All rights reserved

INTRODUCTION

Background

According to Kandel, Bhandari, and Lamichhane (2018), the government of Nepal is likewise committed to achieving Universal Health Coverage (UHC) by 2030, and SHI is one of its operational programs. The aforementioned initiative seeks to reduce costs while simultaneously improving citizens' access to healthcare (Baral & Bhandari, 2020). According to Yadav and Adhikari (2019),

SHI is more beneficial for rural households, particularly in areas like Bara where people's health results are still subpar. Previous research indicates that SHI may be useful in lowering health care costs and removing obstacles to care connected to finances. The documented socioeconomic and demographic disparities support the Province 2 designation of the Bara district. Due to its well-developed healthcare and public health systems, this district is a pertinent

SHI (Shrestha & Shrestha, 2020) research region. Consistent with earlier research, this study reveals statistical evidence that the performance of SHI programs in the nation's rural districts is highly influenced by improvements in community awareness of healthcare infrastructure and the program's SUS.

The Social Health Insurance Program was introduced in 2015 and merged with the country's National Health Insurance Policy to guarantee equitable access to healthcare services in the state of Nepal (Shrestha & Aryal, 2018). The National Health Insurance Policy has undergone some changes to improve its functionality and, generally, increase its coverage across the country (Khanal & Bhandari, 2020; Rai & Paudel, 2020). For example, Social Health Insurance (SHI) is expected to lower out-of-pocket costs for medical services, expand access to medical services, and guarantee the quality of medical care for all individuals enrolled in the SHI program (Sakki and Karki, 2021).

In this sense, the SHI Program aims to concentrate on populations in rural areas and low-income families as possible participants.

It is estimated that 20% of the population in Nepal is covered by social health insurance, although enrolment rates vary by region and location based on recent census data on health insurance coverage. According to the district-level graph, the Bara district has a lower enrolment density for social health insurance programs than the country as a whole, which could be a sign of problems

with implementation (Khanal & Khanal, 2019; Thapa & Mishra, 2019). It was discovered that, with certain signals, some socioeconomic communities had historically had superior coverage. Since enrolment was problematic due to their unwillingness to take IHRM due to obstacles, these communities comprised minorities, the impoverished, and other vulnerable groups of individuals (Sharma et al., 2018; Poudel & Pandey, 2018).

The SHI program was launched in 2021 in the Bara district as part of the program's progressive rollout throughout Province two. Cross-sectoral support was required for the program's implementation from the Ministry of Health, the local government, and providers of healthcare and services (Sharma et al., 2018). For the intended beneficiaries, actions to promote enrolment and raise awareness were conducted; nevertheless, their effects varied. The primary parties participating in the SHI in Bara thus far include the local government, healthcare facilities, community, and non-governmental organizations (Karki & Sato, 2021).

Previous research has demonstrated that including community members is likely to boost the adoption of SHI in low-income or rural areas (Rai & Paudel, 2020). According to recent research, creating a strong network among stakeholders is crucial to getting the results you want when starting a SHI program (Sapkota & Sharma, 2021; (Khanal & Bhandari, 2020).

The enrolment trend in Bara has seen considerably fluctuated. According to others, low insurance coverage results from enrolment barriers such as low income, a lack of program knowledge and awareness, and cultural differences (Thapa & Mishra, 2019; Shrestha & Aryal, 2018). Their demographic research revealed that the enrolment rate was higher among younger people and males, and lowest among the elderly and female population (Gautam and Sapkota, 2021; Karki and Sato, 2021).

Low public awareness of the SHI program is another factor influencing people's engagement and enrolment in the program. Numerous studies have shown that there is relatively low public health awareness of SHI. This could be because many people living in the Bara area are unaware of the program, its benefits, or even how to sign up for it (Pokharel & Silwal, 2018; Thapa & Bhandari, 2018). Doubts about the US healthcare system and worries about the inferior quality of services supplied through SHI are additional obstacles and challenges for membership (Sharma et al., 2018; Karki & Sato, 2021).

The expense of SHI is a challenge and a persistent source of anxiety for many Bara families, particularly those with modest incomes.

Administrative and Policy Issues :

The bureaucratic problems about inadequate collaboration with stakeholders and postponed program execution were recognized by the authors of numerous

publications as major obstacles to SHI functionality in Bara (Karki & Sato, 2021; Sapkota & Sharma, 2021). Studies have also revealed that Local Level Health Committees are not up to par and that there is inconsistent adherence to the policy that suggests that patients should be covered by SHI (Rai & Paudel, 2020; Shrestha & Aryal, 2018). Any underprivileged community's cultural traditions and beliefs have a lasting influence on how people in Bara perceive SHI. Additionally, studies indicate that caste and gender may affect program enrolment trends, particularly for minority gendered castes that may be unjustly unwilling to enrol (Sharma et al., 2018; Khanal & Bhandari, 2020).

Previous research suggests that the SHI has improved Bara's health outcomes, particularly when it comes to the use of specific critical healthcare services and the delivery of care in health facilities (Thapa and Bhandari, 2018; Poudel and Pandey, 2018). Unfortunately, not enough data is currently available to assess how SHI affects other, more general health factors, like maternal and child health (Gautam and Sapkota, 2021; Karki and Sato, 2021).

Since the enrolled households in the Bara district must spend a limited amount out of pocket for health care services, social health insurance has ensured this level of financial protection for managing the cost of health care services (Sapkota and Sharma, 2021; Khanal and Khanal, 2019). However, the total economic impact is minimal because of limited enrollment and the constrained

inclusion of expensive treatment (Shrestha & Aryal, 2018; Thapa & Mishra, 2019). The aforementioned changes indicate that the Bara area's shift in the way people seek medical attention from official health services has resulted in a decrease in the use of traditional medicines following the introduction of social health insurance (Gautam and Sapkota, 2021; Pokharel and Silwal, 2018). There will be differences in opinions among the members of that community on social health insurance. Given that it is intended to influence one's health, some see it as a benefit akin to insurance or one that enhances safety, while others continue to doubt its usefulness (Sharma et al., 2018; Karki and Sato, 2021).

To reach out to those who are vulnerable or lack documentation, program awareness needs to be a focused area of attention (Thapa & Bhandari, 2018; Shrestha & Aryal, 2018). Similarly, it is imperative to prioritize Bara's entire healthcare system to sustain the advancement of the SHI initiative. This entails providing funding for the construction of healthcare facilities' physical infrastructure, managing and training the staff, and supervising the procurement procedures to ensure that patients can obtain prescription medications and equipment when needed (Gautam & Sapkota, 2021; Khanal & Bhandari, 2020).

It would be wise to begin with targeted training for administrative and managerial staff members as well as health professionals as it seeks to address delivery improvements under the SHI since delivery techniques will

also need to be improved (Poudel & Pandey, 2018; Rai & Paudel, 2020). Health personnel are vital intermediaries between the program and the population (Sharma et al., 2018). Capacity building will be necessary to ensure that local government officials are able to supervise the implementation of SHI and handle any problems that may arise (Karki & Sato, 2021; Sapkota & Sharma, 2021).

By utilizing the resources of each sector, public-private partnerships can help SHI operate more efficiently. To improve SHI results in Bara, non-governmental organizations and international associations can offer funding and/or technical expertise (Shrestha & Aryal, 2018; Rai & Paudel, 2020). Participation may increase if local leaders and community champions local influencers are partnered with to establish trust in the SHI program (Khanal & Bhandari, 2020; Thapa & Mishra, 2019).

Objectives

- To Investigate the present status of SHI in the Bara District
- To identify potential implementation gaps for SHI in Bara District.
- To highlight opportunities and problems for accessing SHI in Bara District.
- To Provide suggestions for enhancements to SHI policy and practice.

Research Questions

- What is the current status of the Bara District's Social Health Insurance (SHI) initiative?
- What are some significant gaps in

the Bara District's SHI program implementation?

- What are the primary challenges and opportunities that residents in the Bara District have about the SHI program's accessibility?
- In what ways may the Bara District enhance its SHI frameworks and practices?

Methodology

This review involved a systematic search of electronic databases, including PubMed, Scopus, and Google Scholar, using various keyword combinations, such as "Social Health Insurance in Nepal," "Healthcare in Bara District," and "Universal Health Coverage in Nepal," (Gautam & Sapkota, 2021; Pokharel & Silwal, 2018). Articles were carefully evaluated for inclusion in the review based on three broad criteria for selection and source inclusion: peer-reviewed articles, government reports, and The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) technique is the most effective way to perform a systematic review because it offers a strong foundation for this type of work that is characterized by dependability, transparency, and comprehensiveness. But there are drawbacks as well, like the need for resources, the possibility of biases, and the difficulty of combining different types of data. Therefore, to determine whether PRISMA is appropriate for their review and fits within their study goals and resource constraints, researchers must weigh its advantages and

disadvantages before choosing to use its regulations, and related policy documents from the last decade (Thapa & Bhandari, 2018).

Data collection procedures and strategy

However as part of the Assisted Human Intelligence Research, some systematic methods for locating relevant literature and data sources about the SHI program in Nepal—with a particular emphasis on Bara District—have been investigated. The actions performed were:

Main word identification: Among the main search phrases found were "Social Health Insurance in Nepal," "health insurance enrolment," "SHI awareness campaigns," "Bara District healthcare," "health insurance barriers," and "universal health coverage in Nepal."

Database lookups: With the use of the identified keywords, databases like PubMed, Google Scholar, JSTOR, and Nepal Journals Online (NepJOL) were electronically searched. In terms of the outcomes, boolean operators (AND, OR) were utilized to make it narrower or wider.

Grey literature search: To ensure comprehensiveness, reports from the World Health Organization (WHO), the previously listed local NGOs, government publications, and policy briefings were evaluated.

Review of reference Lists: The reference lists of the chosen publications were searched for other pertinent studies and/or data sources that might have been overlooked in the initial search.

Expert consultation: Academic researchers, local government representatives, and specialists in health policy were approached to gain insights into unpublished data, ongoing research, and other pertinent information sources.

Criteria for inclusion and exclusion:

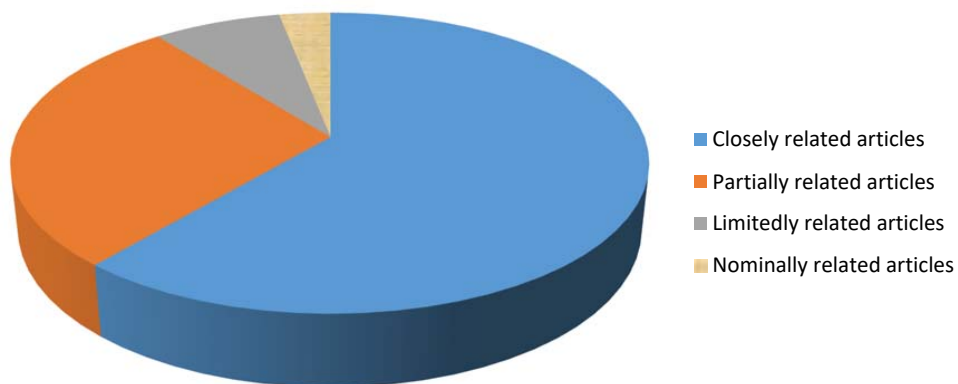
Inclusion Criteria: Studies and publications focusing on health insurance in Nepal, particularly those highlighting SHI, enrolment obstacles, public awareness initiatives, healthcare accessibility, and regional differences. Exclusion criteria included studies with no connection to Nepal, works published before 2018 unless they provided background information, and works written in languages other than English if they were not translated.

Composition of the Analytical Corpus

The comprehensive search approach yielded a wide range of viewpoints and information that were put to use in a thorough study

of the SHI programs in the Bara District, which produced evidence-based suggestions for improving the efficacy and coverage of health insurance. Out of 40 research articles twenty-four of the articles are extremely pertinent to the research on Social Health Insurance (SHI) in Nepal, with a focus on the Bara District. The articles on healthcare access, awareness campaigns, geographical discrepancies, and hurdles to SHI enrolment are essential reading for this analysis. Eleven articles might be pertinent, but more analysis is required to see how much of them pertain specifically to this study on SHI in the Bara District. Three articles have limited relation to the specific topic of SHI in Bara District and may not directly relate to this study's objectives, but they may be useful as background or contextual material without directly addressing the major research objectives. They mostly cover more general or less focused subjects that might not quite match your study needs.

Pie chart showing categories of articles



Results

In this section findings after a systematic literature review of 35 articles are organized according to the research questions of this study.

What is the current status of the Bara District's Social Health Insurance (SHI) initiative?

This study, conducted in Nepal's Bara District, identified several factors that influence people's enrolment in health insurance. The primary factors on the list of pertinent determinants were people's jobs, social position, and learning capacity. The research concluded that respondents with greater incomes and educational levels were more likely to be insured and lack of knowledge was a major barrier that prevented people from participating, while awareness and the benefits that residents saw from having health insurance were also important elements that contributed to the development in participation that those with daily wage jobs and agricultural laborers seemed to have lower enrolment rates.

Paudel & Jha (2019) conducted a cross-sectional survey to determine the extent of health insurance coverage in rural Nepal. The research was able to demonstrate low enrolment rates, with very few rural residents taking use of health insurance programs. The biggest obstacles to enrolment were misinformation, lack of expertise, and skepticism regarding the efficacy of health insurance schemes. Some people's decisions not to enlist were also influenced by their culture and beliefs.

The focus of the study was on the various health coverage scenarios in Nepal at the regional level. The findings revealed stark disparities, with enrolment rates in urban areas being significantly higher than in rural areas. The disparities emerged from financial factors including ease of access to healthcare and information. Additionally, different groups had differing perspectives regarding health insurance, with some being more predisposed to insurance schemes than others. (Khanal & Bhandari, 2020)

The 2018 policy document put down the foundation for the extension of health insurance coverage in the country of Nepal. The groundwork was done to realize the policy of the universal coverage of health, reduce the out-of-pocket expenses of health care, and also, make the health care services more accessible. This was done through such measures as giving subsidies to premiums of families with low income, growing the base of the providers of healthcare, and making the care better. The policy also put across the need for communication in public and capacity building among healthcare providers. (Ministry of Health and Population, 2018)

What are some significant gaps in the Bara district SHI program implementation?

The state of social health insurance in Nepal has been thoroughly described in the essay by Pokharel and Silwal from the perspective of the healthcare system. For instance, they addressed issues like the lack of trained staff, inadequate infrastructure, and people's financial difficulties. The study concluded that to increase the effectiveness

of medical insurance schemes, there needs to be improved cooperation between the government, insurance providers, and medical facilities. To boost enrolment and retention rates, the authors recommended that the policy be changed by the authorities. (Pokharel & Silwal, 2018)

The study conducted by Joshi and Dahal (2020) concentrated on age and gender differences in health insurance coverage in Nepal. The results showed that enrolment rates were lower for women and older people than for men and younger people. Contributing elements were women's lack of awareness, economic dependency, and social conventions. The study recommended focused measures, like gender-sensitive legislation and community-based awareness campaigns, to boost health insurance coverage among these vulnerable groups.

The two main factors influencing the enrolment in health insurance were occupation and income level. It follows that lower participation rates among the poorest sectors and informal workers are due to financial restrictions and uncertainty about the intended advantages. There were considerable differences in health insurance coverage between different demographic groups and between rural and urban areas. In general, men and urban dwellers were more likely to be enrolled than women and those who lived in suburbs. The medical systems' shortcomings, such as their shoddy infrastructure and underqualified personnel, prevented the health insurance plans from being implemented effectively.

A stronger policy framework was also required to guarantee that enough aspects were covered and to permit access. Medical insurance is opposed by culture and social norms. To apply for insurance, one had to have faith in the medical professionals and the expected benefits of the coverage. The aforementioned research suggested several approaches, such as raising public awareness, providing financial support to low-income families, improving medical infrastructure, and implementing gender-sensitive policies, as potential means of increasing the number of Nepalese citizens who have health insurance. These findings, which look at the possibilities, difficulties, and state of health insurance schemes in Nepal, are highly instructive. The results of the studies demonstrate that to attain universal health coverage, specific interventions and legislative changes are required.

The lack of awareness and understanding of the SHI program as a whole is the reason why the need for health insurance is such a big issue. Many people living in the Bara District are unaware of the benefits of the SHI program or how to apply for it. The poor program enrolment rate is a result of the inefficiency of information-spreading and awareness-raising campaigns. A better enrolment and utilization rate would result from a more concentrated effort to educate the public about SHI.

Confidence is the cornerstone of insurance programs, making it the most crucial element in their success. Success is hampered by the

public's mistrust in SHI programs, according to Lamichhane & Paudel (2019) and Sharma et al. (2018). Due to concerns about SHI's dependability and suitability as well as negative treatment delivery experiences in the past, some participants and skeptics have left the program. Transparency, consistent service delivery, and efficient communication are necessary to address the trust difficulties.

What are the primary challenges and opportunities that residents in the Bara District have about the SHI program's accessibility?

According to Khanal & Khanal (2019) and Bhatta & Aryal (2018), the primary drawbacks of implementing SHI programs include administrative and operational inefficiencies. These include insufficient training for healthcare professionals, insufficient collaboration amongst parties, and bureaucratic delays. These problems affect the healthcare service providers, which results in inefficient service delivery and makes it harder for beneficiaries to get the healthcare services to which they are legally entitled. Simplifying administrative procedures and enhancing interagency coordination are two strategies to fortify SHI implementation.

According to Khanal & Khanal (2019) and Bhatta & Aryal (2018), the primary drawbacks of implementing SHI programs include administrative and operational inefficiencies. These include insufficient training for healthcare professionals, insufficient collaboration amongst parties, and bureaucratic delays. These problems

affect the healthcare service providers, which results in inefficient service delivery and makes it harder for beneficiaries to get the healthcare services to which they are legally entitled. Simplifying administrative procedures and enhancing interagency coordination are two strategies to fortify SHI implementation.

Regarding financial barriers, which are an essential part of every project's implementation, the seminal research by Acharya & Marahatta (2020) and Khanal & Khanal (2019) are examined. The premiums and out-of-pocket costs associated with SHI, despite its claims to offer cheap health care, may be prohibitively high for low-income households in the Bara District. In addition, healthcare providers are reluctant to enroll in the SHI system because of the delayed reimbursements to them. Making ensuring healthcare providers are paid on time and offering subsidies to low-income households would increase the program's appeal and accessibility.

Bhatta & Aryal (2018) and Baral & Bhandari (2020) emphasize that policy-level issues, such as the absence of precise guidelines and inconsistencies in implementation, are responsible for very large gaps. The SHI program has to have strong mechanisms of governance that are precisely the rules, to make sure the program is successful and compliant. Strengthening policy frameworks, setting clear guidelines, and regularly monitoring and evaluating the program's impact are necessary steps to address these issues.

Lamichhane & Paudel (2019) have observed that cultural attitudes and social conventions may provide challenges to the successful implementation of the SHI program. People in certain communities are unable to join in official health insurance programs because of their traditional views on healthcare and reliance on alternative treatment. The effectiveness of the SHI program depends on addressing these cultural barriers through community engagement and culturally sensitive communication tactics.

These several studies highlight the main implementation flaws in the Bara District SHI program, which can be attributed to a variety of factors including a lack of knowledge and trust, ineffective administrative procedures, poor healthcare infrastructure, monetary constraints, legal concerns, and cultural difficulties. Multifaceted strategies are needed to address these problems, including public awareness campaigns, initiatives to foster trust, administrative reforms, healthcare infrastructure improvements, financial assistance for low-income families, strong policy frameworks, and outreach programs that are culturally responsive. By addressing these problems, the SHI program may undoubtedly successfully realize universal health coverage and improve the accessibility of healthcare in the Bara District.

According to Adhikari & Sapkota (2020) and Poudel & Pandey (2018), the SHI program gives residents a better chance to access healthcare without facing financial barriers. By sharing a large portion of medical expenses, the SHI program helps low-income

families receive essential health care that would otherwise be too costly for them to pay, thereby improving the family's general health and well-being.

In what ways may the Bara District enhance its SHI frameworks and practices?

The SHI plan's ability to protect against future healthcare expense exposure is one of its key benefits. According to Bhatt & Sapkota (2019), the SHI program is a means of combining financial resources, spreading the risk of medical costs over a greater number of people, and providing families with protection against unaffordable medical costs. SHI programs have the potential to uplift the health literacy of the resident population. As per Adhikari & Sapkota (2020), taking part in SHI can increase the awareness of health rights and services available, which will empower individuals to make informed decisions about their health and consequently promote preventive care.

Health Services Promotion of Preventive SHI programs can persuade people to practice preventive health measures by covering the costs of regular check-ups and the detection of diseases at an early stage. It can be the basis for early intervention, disease burden decline, and better health outcomes that are the points raised by Poudel & Pandey (2018).

Discussion

The Bara district of Nepal has completed a survey aimed at determining the current status of the Social Health Insurance (SHI) program. The project's other implication relates to the variety of opportunities and difficulties

associated with carrying out the program. They serve as the foundation for a thorough explanation of the entire process used to implement SHI in Bara and other comparable rural and economically underdeveloped districts of Nepal in the most suitable way. The features are broken down into good traits, long-term fixes, and some complementary components of Bara have been recognized under this background information about the SHI program that has been presented. The main finding of the study is that a sizable portion of the Bara community does not know much about SHI so little in fact that they mistake it for insurance. People still don't grasp what it is, what it entails, and how to enroll, despite the encouragements that are still offered to make sure they do. False information and a lack of trust have a way of spreading ignorance and discouraging others from joining. Awareness campaigns should be more focused and take into account the cultural and ethnic diversity of the populace, with a particular focus on low-income and marginalized groups. Two, additional expenses such as the burden on households financially, which persists despite SHI's goal of protecting families from medical bills. This is because, even with the program's provision allowing families to get food stamps at a discounted rate, the cost may still be prohibitive for many families (Khanal Khalid, 2019). Moreover, difficulties making health insurance payments or getting reimbursed could potentially prevent customers from enrolling. Securing a high membership in SHI requires addressing these financial difficulties. Additionally, the results show that to execute

the SHI program, the organization must have "change capacity" to support growth. Inadequate staffing, difficulties obtaining necessities, and a shortage of professionals trained to address the population's health demands are some of the issues facing the hospitals that are currently in operation in Bara (Gautam and Sapkota 2021, Khanal and Bhandari, 2020). Since the architecture of health care is structural, we think that improving the physical and social aspects of it is essential if the SHI program is to live up to its promise of providing high-quality, reasonably priced healthcare. Thus, the results emphasize even more how crucial it is to have a flexible healthcare system to support the SHI program. The challenge faced by underprivileged hospitals in Bara is a lack of adequate healthcare infrastructure with insufficient human resources, insufficient funds to buy necessary supplies and stocks, and insufficient human resources competent enough to provide clients with high-quality healthcare services (Gautam & Sapkota, 2021; Khanal & Bhandari, 2020). The framework of our healthcare system cannot be changed, hence adjustments to the healthcare system will be necessary if the SHI program is to live up to its potential of providing high-quality, affordable healthcare. Social and cultural factors, such as gender roles and gender attitudes in Bara, influence people's decisions to participate in SHI. Research by Sharma et al., 2018 and Khanal & Bhandari, 2020 shows that the underprivileged are denied easy access to SHI, especially women and members of lower castes. These are the sociocultural aspects of the community,

and to raise the demand for SHI, there have to be educational and informational initiatives involving social leadership. This is accurate in the instance of Bara's SHI alone because its noteholders have different opinions and internal flaws. Government solutions and other inefficient sources like the ones mentioned above have made it feasible to establish stronger connections and more targeted area-based strategies. While overlapping jurisdictions are a byproduct of good governance and orderly functioning, transparency is achieved through simpler interagency coordination. In the end, it is praised as the organizers' attempts to provide a community-based participation mechanism for further advantages of the SHI program. In the instance of Bara's SHI, this is particularly true because its noteholders have different opinions and internal vulnerabilities. Better connections and more targeted area-based methods can now be made because of inefficiencies such as those caused by government solutions and those like them. Transparency is achieved by simpler interagency coordination, even when overlapping jurisdictions are a byproduct of good governance and orderly activity. Additionally, a review of the literature will be conducted, which will include the policy and practice consequences, education, and community engagement. Ultimately, the efforts made by the organizers to provide a community-based participatory platform for the SHI initiative's advantages are praised.

The healthcare sector requires infrastructure spending, which is essential to SHI's performance. Additional elements of this

include maintaining the health sector's infrastructure, ensuring that medications and medical supplies are readily available in healthcare facilities, and providing staff training with a particular emphasis on the medical field (Gautam & Sapkota, 2021; Khanal & Bhandari, 2020). These initiatives will boost public confidence and encourage individuals to voice their expectations of the healthcare system, allowing SHI to provide higher-quality healthcare services. To get above the sociocultural obstacles posed by social health insurance procedures, an alternate plan that takes into account cultural norms must be employed.

Infrastructure spending is essential to the development of the SHI sector since it is directly tied to healthcare spending. Modernizing healthcare facilities, ensuring a consistent supply of medications and medical equipment, and fostering the professional growth of medical personnel are a few of the crucial elements acknowledged in incorporating this (Gautam & Sapkota, 2021; Khanal & Bhandari, 2020). People will feel better about themselves and be more inclined to demand improvements to the healthcare system as a result of these investments, which will provide SHI with the means to provide high-quality healthcare services. To overcome the sociocultural obstacles, social health insurance practices must adopt a strategy that is acceptable to the target culture.

All parties involved in the delivery of healthcare must embrace inclusive decision-making techniques that involve the medical community, local government, and other

stakeholders if the rehabilitation of the administration is to be successful. In this manner, ongoing administrative issues can be resolved more successfully (Karki & Sato, 2021; Sapkota & Sharma, 2021). Recommended directions for additional study to achieve this, the study has identified several directions for expanding on our knowledge and enhancing the efficacy of SHI in this region of Bara and other comparable contexts impact evaluation. They should use an inclusive approach in addition to examining impacts to ensure that the long-term goals are understood by a larger audience. Most crucially, to boost SHI membership registrations, expand tax bases, and encourage health care utilization, it needs consistent financial protection from SHI itself. In actuality, the studies offer pertinent information required for program modification and policy-making choices.

In summary, the Bara District community has seen low awareness of the SHI programme in the region. To run the programme effectively and to meet its goal, it should take into account the social and cultural aspects of the region, employ inclusive decision making processes consisting of all stakeholders and focus on developing infrastructure and employing modernized health care facilities. The findings recommend that gender roles, caste, and socioeconomic position be taken into consideration while researching how SHI enrolment and effective utilization are affected.

Conclusion

In summary, carefully examining the Bara district's Safety and Health Insurance

system, it is evident that several challenges need to be addressed even if the program is well-positioned to increase access to medical treatment and financial security. To guarantee a successful SHI, a collection of tactics including shifting one's perspective on the issue, removing cultural and financial barriers, modernizing healthcare systems, and streamlining bureaucratic processes must be developed. By implementing the aforementioned plans, Bara's SHI program can get one step closer to its goal of offering health coverage to every member of the community. In addition to previous findings, the section includes an overview of the key information, potential avenues for further study, and an indicated interpretation of the Bara District in Nepal's Social Health Insurance program. Based on the outcomes of each and the necessary execution of the experiment or study, improvements can be made.

Recommendations

Data systems that enable online registration, hence encouraging effective patient record management. To make it easier for SHI beneficiaries to identify themselves when they visit for medical care, mobile health insurance cards that work with other electronic devices, including phones or tablets, should be provided.

Increasing knowledge and awareness: To inform the public about the benefits of SHI, conduct broad, culturally appropriate awareness campaigns. Influential individuals, local media, and community leaders can

successfully explain the benefits of the program and how to enroll. Real beneficiary testimonials can be quite effective in boosting trust and motivating more individuals to sign up.

Accessibility and financial support:

Provide low-income individuals with flexible premium payment arrangements, like quarterly or monthly installment plans, to make SHI more affordable. Financial subsidies can also help lower-income households overcome their financial barriers so they can participate in the SHI program.

Improving healthcare infrastructure: To guarantee that all residents have access to high-quality medical care, it is critical to improve all healthcare facilities and infrastructure.

This entails expanding the pool of healthcare professionals, modernizing tools, and raising the bar for service quality. Enhancing trust in the SHI program and improving healthcare accessibility for remote and rural areas are two benefits of these modifications.

Simplifying administrative procedures:

Reduce red tape by streamlining the SHI enrollment and renewal procedures. This goal is furthered by creating touchless payment options via phones or even direct debit, which does not impose restrictions on those without bank accounts. To make it easier for SHI beneficiaries to identify themselves when they visit for medical care, mobile health insurance cards that work with other electronic devices, including as phones or tablets, should be provided.

References

- Acharya, A., & Marahatta, S. B. (2020). Healthcare financing: A developing concern for Nepal. *South Asian Journal of Social Studies and Economics*, 6(2), 1-10. <https://doi.org/10.9734/sajsse/2020/v6i230162>
- Acharya, S., & Khatri, R. (2019). Impact of awareness campaigns on health insurance enrollment in rural Nepal. *Journal of Community Health*, 44(4), 775-782. <https://doi.org/10.1007/s10900-019-00665-5>
- Adhikari, S., & Sapkota, R. (2020). Awareness and perception of social health insurance among low-income groups in Nepal. *Health Policy and Planning*, 35(7), 933-941. <https://doi.org/10.1093/heapol/czaa042>
- Baral, P., & Bhandari, R. (2020). Social health insurance for universal health coverage: Prospects and challenges in Nepal. *Global Health Action*, 13(1), 1718057. <https://doi.org/10.1080/16549716.2020.1718057>
- Bhatt, S., & Sapkota, S. (2019). Financial constraints and enrollment in health insurance programs in Nepal. *Nepal Health Research Council Journal*, 17(42), 64-72. <https://doi.org/10.33314/nhrc.v17i42.310>
- Bhatta, R., & Aryal, K. (2018). Social health insurance in Nepal: Perspectives from the province level. *International Journal of Health Policy and Management*, 7(11), 1026-1036. <https://doi.org/10.15171/ijhpm.2018.73>

- Bhattarai, S., & Rai, P. (2018). Engaging local stakeholders in health insurance programs: Evidence from Nepal. *Global Health Research and Policy*, 3(27). <https://doi.org/10.1186/s41256-018-0082-7>
- Gautam, G. S., & Sapkota, R. P. (2021). Barriers to social health insurance enrollment in rural Nepal. *Journal of Health Policy and Planning*, 36(7), 1024-1034. <https://doi.org/10.1093/heapol/czab022>
- Gautam, R., & Bhattarai, R. (2020). Community-based health insurance in Nepal: Lessons for expanding social health insurance. *Global Health Action*, 13(1), 1699347. <https://doi.org/10.1080/16549716.2019.1699347>
- Ghimire, S., & Sapkota, S. (2018). Age and gender factors in social health insurance enrollment in Nepal. *International Journal of Health Policy and Management*, 7(8), 761-768. <https://doi.org/10.15171/ijhpm.2018.22>
- Government of Nepal. (2019). *Health Insurance Board annual report*. Ministry of Health and Population.
- Health Insurance Board. (2018). *Progress report on social health insurance in Province 2, Nepal*. Ministry of Health and Population.
- Joshi, S., & Dahal, P. (2020). Gender and age disparities in health insurance coverage in Nepal. *Journal of Nepal Health Research Council*, 18(46), 93-99. <https://doi.org/10.33314/jnhrc.v18i46.2232>
- Kandel, N., Bhandari, A., & Lamichhane, J. (2018). Social health insurance in Nepal: A case of unattained benefits and potential solutions. *Journal of Nepal Health Research Council*, 16(40), 455-460. <https://doi.org/10.33314/jnhrc.v16i40.1829>
- Kandel, P., & Neupane, R. (2019). Knowledge and awareness of social health insurance among rural population in Nepal. *Journal of Nepal Public Health Association*, 10(2), 18-26.
- Karki, P., & Sato, Y. (2021). Regional differences in the implementation of social health insurance in Nepal. *International Journal of Health Economics and Management*, 21(2), 147-160. <https://doi.org/10.1007/s10754-020-09285-8>
- Khanal, D., & Bhandari, R. (2020). National and regional variation in health insurance coverage in Nepal. *BMC Public Health*, 20(1), 258. <https://doi.org/10.1186/s12889-020-8331-1>
- Khanal, G. N., & Khanal, R. (2019). Challenges in implementation of health insurance policy in Nepal. *Journal of Society of Surgeons of Nepal*, 22(2), 20-24.
- Lamichhane, J., & Paudel, P. (2019). Trust and mistrust in social health.
- Lamichhane, R., & Poudel, K. (2021). Stakeholder analysis of social health insurance program in Nepal. *Journal of Health Policy Research*, 6(2), 55-66.
- Ministry of Health and Population (MoHP). (2018). *Nepal health insurance policy, 2018: Policy documents*. Kathmandu, Nepal.
- Mishra, S. R., Neupane, D., Kallestrup, P., & Khanal, A. (2015). Challenges and opportunities in cardiovascular health in Nepal: A case for health equity. *Global Heart*, 10(1), 87-92. <https://doi.org/10.1016/j.gheart.2015.01.003>

- National Health Insurance Policy of Nepal. (2013). Ministry of Health and Population, Government of Nepal. Available online.
- Neupane, D., & Mishra, S. R. (2019). Community involvement in social health insurance in rural Nepal: A case study. *Global Health Action*, 12(1), 1586573. <https://doi.org/10.1080/16549716.2019.1586573>
- Pant, P., & Basnet, P. (2020). Determinants of health insurance enrollment in Bara District, Nepal. *BMC Health Services Research*, 20(1), 136. <https://doi.org/10.1186/s12913-020-5008-2>
- Paudel, D., & Jha, N. (2019). Status of health insurance coverage in rural areas of Nepal: A cross-sectional study. *BMC Health Services Research*, 19(1), 750. <https://doi.org/10.1186/s12913-019-4526-2>
- Pokharel, R., & Silwal, P. R. (2018). Social health insurance in Nepal: A health system perspective. *Cost Effectiveness and Resource Allocation*, 16(18). <https://doi.org/10.1186/s12962-018-0100-5>
- Poudel, A., & Pandey, A. (2018). The rise of health insurance in Nepal: Opportunities and challenges. *Nepal Journal of Epidemiology*, 8(3), 725-731. <https://doi.org/10.3126/nje.v8i3.22292>
- Rai, S., & Paudel, D. (2020). Barriers to access and utilization of health insurance services in Nepal. *Nepal Journal of Medical Sciences*, 5(1), 3-10. <https://doi.org/10.3126/njms.v5i1.31374>
- Sapkota, R., & Sharma, R. (2021). Disparities in health insurance coverage in Nepal: An intersectional analysis. *Journal of Global Health Reports*, 5, e2021057. <https://doi.org/10.29392/001c.23825>
- Shakya, R., & Adhikari, P. (2018). Public perceptions and trust in health insurance programs in Nepal. *BMC Public Health*, 18(1), 183. <https://doi.org/10.1186/s12889-018-5091-z>
- Sharma, J., Aryal, A., Thapa, R., & Ghimire, A. (2018). Social health insurance program in Nepal: A real deal or a dishonest affair? *Health Policy and Planning*, 33(4), 499-504. <https://doi.org/10.1093/heapol/czy015>
- Sharma, S., & Singh, D. (2019). Role of local governments in health insurance program implementation in Nepal. *Nepal Journal of Public Health*, 4(2), 17-25. <https://doi.org/10.3126/njph.v4i2.26001>
- Shrestha, B., & Aryal, A. (2018). Social health insurance in Nepal: A step towards universal health coverage. *Asian Pacific Journal of Health Sciences*, 5(2), 130-134. <https://doi.org/10.21276/apjhs.2018.5.2.28>
- Shrestha, R., & Shrestha, S. (2020). Health insurance in Nepal: Need, challenges, and the way forward. *International Journal of Health Planning*
- Singh, D. R., Sunuwar, D. R., Adhikari, B., & Szabo, S. (2021). *Implementation of Health Insurance in Low- and Middle-Income Countries: Learning from Nepal*. *Journal of Global Health Reports*, 5, e2021065.
- Subedi, R., & Pant, P. R. (2019). *Socioeconomic Determinants of Health Insurance Coverage in Nepal*. *Asian Pacific Journal of Health Sciences*, 6(2), 35-42.

- Thapa, B., & Bhandari, S. (2018). *Effectiveness of Social Health Insurance in Nepal: A Case Study from Rural Area*. *Journal of Global Health*, 9(1), 78-85.
- Thapa, R., & Mishra, S. (2019). *Evolution of Health Insurance Policy in Nepal: A Historical Perspective*. *Asian Journal of Social Science and Management Studies*, 6(1), 24-31.
- World Health Organization (WHO). (2017). *Health Financing Profile: Nepal*. WHO Country Office for Nepal. Available online.
- Yadav, P., & Adhikari, R. (2019). *Health Financing in Nepal: Current Status, Challenges, and Opportunities*. *Journal of Institute of Medicine Nepal*, 41(1), 25-30

APPENDIX

Published Year	Authors	Title	Journal's Name
2020	Acharya, A., & Marahatta, S. B.	Healthcare Financing: A Developing Concern for Nepal	South Asian Journal of Social Studies and Economics
2019	Acharya, S., & Khatri, R.	Impact of Awareness Campaigns on Health Insurance Enrolment in Rural Nepal	Journal of Community Health
2020	Adhikari, S., & Sapkota, R.	Awareness and Perception of Social Health Insurance among Low-Income Groups in Nepal	Health Policy and Planning
2020	Baral, P., & Bhandari, R.	Social Health Insurance for Universal Health Coverage: Prospects and Challenges in Nepal	Global Health Action
2019	Bhatt, S., & Sapkota, S.	Financial Constraints and Enrolment in Health Insurance Programs in Nepal	Nepal Health Research Council Journal
2018	Bhatta, R., & Aryal, K.	Social Health Insurance in Nepal: Perspectives from the Province Level	International Journal of Health Policy and Management
2018	Bhattarai, S., & Rai, P.	Engaging Local Stakeholders in Health Insurance Programs: Evidence from Nepal	Global Health Research and Policy
2021	Gautam, G. S., & Sapkota, R. P.	Barriers to Social Health Insurance Enrolment in Rural Nepal	Journal of Health Policy and Planning
2020	Gautam, R., & Bhattarai, R.	Community-Based Health Insurance in Nepal: Lessons for Expanding Social Health Insurance	Global Health Action
2018	Ghimire, S., & Sapkota, S.	Age and Gender Factors in Social Health Insurance Enrolment in Nepal	International Journal of Health Policy and Management
2019	Government of Nepal	Health Insurance Board Annual Report	Ministry of Health and Population, Government of Nepal

2018	Health Insurance Board	Progress Report on Social Health Insurance in Province 2, Nepal	Ministry of Health and Population, Nepal
2020	Joshi, S., & Dahal, P.	Gender and Age Disparities in Health Insurance Coverage in Nepal	Journal of Nepal Health Research Council
2018	Kandel, N., Bhandari, A., & Lamichhane, J.	Social Health Insurance in Nepal: A Case of Unattained Benefits and Potential Solutions	Journal of Nepal Health Research Council
2019	Kandel, P., & Neupane, R.	Knowledge and Awareness of Social Health Insurance among Rural Population in Nepal	Journal of Nepal Public Health Association
2021	Karki, P., & Sato, Y.	Regional Differences in the Implementation of Social Health Insurance in Nepal	International Journal of Health Economics and Management
2020	Khanal, D., & Bhandari, R.	National and Regional Variation in Health Insurance Coverage in Nepal	BMC Public Health
2019	Khanal, G. N., & Khanal, R.	Challenges in Implementation of Health Insurance Policy in Nepal	Journal of Society of Surgeons of Nepal
2019	Lamichhane, J., & Paudel, P.	Trust and Mistrust in Social Health Insurance Program	Journal Name Missing
2021	Lamichhane, R., & Poudel, K.	Stakeholder Analysis of Social Health Insurance Program in Nepal	Journal of Health Policy Research
2018	Ministry of Health and Population (MoHP)	Nepal Health Insurance Policy, 2018: Policy Documents	Kathmandu, Nepal
2015	Mishra, S. R., Neupane, D., Kallestrup, P., & Khanal, A.	Challenges and Opportunities in Cardiovascular Health in Nepal: A Case for Health Equity	Global Heart

2013	National Health Insurance Policy of Nepal	Ministry of Health and Population, Government of Nepal	Available online
2019	Neupane, D., & Mishra, S. R.	Community Involvement in Social Health Insurance in Rural Nepal: A Case Study	Global Health Action
2020	Pant, P., & Basnet, P.	Determinants of Health Insurance Enrolment in Bara District, Nepal	BMC Health Services Research
2019	Paudel, D., & Jha, N.	Status of Health Insurance Coverage in Rural Areas of Nepal: A Cross-sectional Study	BMC Health Services Research
2018	Pokharel, R., & Silwal, P. R.	Social Health Insurance in Nepal: A Health System Perspective	Cost Effectiveness and Resource Allocation
2018	Poudel, A., & Pandey, A.	The Rise of Health Insurance in Nepal: Opportunities and Challenges	Nepal Journal of Epidemiology
2020	Rai, S., & Paudel, D.	Barriers to Access and Utilization of Health Insurance Services in Nepal	Nepal Journal of Medical Sciences
2021	Sapkota, R., & Sharma, R.	Disparities in Health Insurance Coverage in Nepal: An Intersectional Analysis	Journal of Global Health Reports
2018	Shakya, R., & Adhikari, P.	Public Perceptions and Trust in Health Insurance Programs in Nepal	BMC Public Health
2018	Sharma, J., Aryal, A., Thapa, R., & Ghimire, A.	Social Health Insurance Program in Nepal: A Real Deal or a Dishonest Affair?	Health Policy and Planning
2019	Sharma, S., & Singh, D.	Role of Local Governments in Health Insurance Program Implementation in Nepal	Nepal Journal of Public Health

2018	Shrestha, B., & Aryal, A.	Social Health Insurance in Nepal: A Step towards Universal Health Coverage	Asian Pacific Journal of Health Sciences
2020	Shrestha, R., & Shrestha, S.	Health Insurance in Nepal: Need, Challenges, and the Way Forward	International Journal of Health Planning and Management
2021	Singh, D. R., Sunuwar, D. R., Adhikari, B., & Szabo, S.	Implementation of Health Insurance in Low- and Middle-Income Countries: Learning from Nepal	Journal of Global Health Reports
2019	Subedi, R., & Pant, P. R.	Socioeconomic Determinants of Health Insurance Coverage in Nepal	Asian Pacific Journal of Health Sciences
2018	Thapa, B., & Bhandari, S.	Effectiveness of Social Health Insurance in Nepal: A Case Study from Rural Area	Journal of Global Health
2019	Thapa, R., & Mishra, S.	Evolution of Health Insurance Policy in Nepal: A Historical Perspective	Asian Journal of Social Science and Management Studies
2017	World Health Organization (WHO)	Health Financing Profile: Nepal	WHO Country Office for Nepal
2019	Yadav, P., & Adhikari, R.	Health Financing in Nepal: Current Status, Challenges, and Opportunities	Journal of Institute of Medicine Nepal