Government Health Insurance Services, Its Effectiveness and Covid-19 Impact Assessment in Nepalese Perspectives

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Abstract

The study aims to assess the public perception on the effectiveness of health insurance services provided by the Government of Nepal. This study adopts a descriptive and analytical research design. A sample of usable 135 respondents was collected using purposive sampling method from the respondents in Kathmandu District. The influencing factors of public perception taken were level of awareness, information sources, level of satisfaction and problems faced. The study also examined the public perception influenced on the health insurance service growth in Nepal. The study concluded that for the successful implementation of health insurance coverage, it was found necessary to understand the basic dynamics of consumer preferences, service providers, acceptability, and pricing of health insurance products.

Keywords: *Public Perception; Factors; Awareness; Problems; Satisfaction*

Introduction

Health is the state of complete emotional and physical wellbeing. Health care exists to help people maintain an optimal state of mind. Growing demand for contemporary medical care, owing to a fast growing population, rising literacy levels, and technological innovation, raises health-care service expectations (Priya & Srinivasan, 2015). Health insurance is an insurance contrary to the peril of incurring medical expenses among individuals. A type of insurance coverage that pays for medical, surgical, and sometimes dental expenses experienced by the insured. The main reason for health insurance is that having coverage helps people to get timely medical care and improves their lives and health (Pekerti, 2017). Government health insurance refers to government-subsidized medical health insurance offered to qualified persons. These health insurance coverage may be supplied for free or at a discounted cost to ensure that consumers can afford high-quality health care (Health for California Insurance Center, 2021). An early ingenuity to health insurance in Nepal commenced from 1976 through the United Mission to Nepal (UMN) as Lalitpur Medical Insurance Scheme in Asshrang, which was later expanded to other services(Bhattarai, 2019). Health insurance first came into implementation in 2015 in half of the districts in Nepal although other developed countries have been practicing it for over fifty century. Now, in 2021 health insurance scheme reaches all 77 districts of Nepal. Health Insurance Program of Nepal, under the Insurance Act, was passed by the federal parliament on Tuesday 11th October 2017 and was approved by Honorable President Bidhya

Devi Bhandari on October 18, 2017 (Nepdoc, 2018). Health Insurance Services of Nepal are OPD, IPD, Emergency Services, medicines, preventive services like immunizations, family planning, safe motherhood, nutrition, yoga and psychiatric consultation, diagnostic and rehabilitative services, ambulance services. And the regulator of health insurance is the insurance board of Nepal that systematizes, regularizes, and develops health insurance service providers of Nepal (Nepal, 2018).

The government of Nepal established the scheme, as a household has to pay the premium of rupees 2,500 for up to 5 members and an additional of rupees 425 per member per year to get the services worth maximum up to rupees 50,000 per year for families of up to 5 members with an additional rupees 10,000 covered for each additional member. The maximum amount available per year is rupees 100,000. Because government health organizations account for the bulk of health care providers in Nepal, medicines and consultation fees are either free or significantly subsidized by the government, which has had a good influence (Thapa, et al., 2019). The government health insurance service is not completely provided in Kathmandu Valley so, in this regard, there is a necessity for the application. So, considering the fact this study aims in analyzing the public perception of policyholders and non-policy holders living in Kathmandu Valley. The study assesses the perception of policyholders and non-policyholders to the insurance scheme and evaluate the effectiveness of service provided by Nepal Government.

Literature Review

Many researchers focused on practices of government health insurance services in national and foreign countries. Milne, Piggott, Trivedi, & Cameron (1988) concluded a model for interdependent demand under uncertainty for health insurance and health care to shed light on the issue of distortions in demand for health care services where moral hazard and self-selection found to be significant determinants of the use of medical facilities across a wide variety of health care services. Newhouse (1996) concluded that the rural populations were more vulnerable to risks such as illness, injury, accident, and death because of their social and economic situation. So, there is a need in the expansion of awareness regarding the health insurance program. Glassock (2010) concluded that America's population consumed the large amount for health insurance where employment-based health insurance accounted for over 60 percentages of the health insurance coverage in the USA. Panchal(2011) research concluded with the findings on the reason people were not purchasing health insurance due to low awareness, lack of finance, and high premium charges in India. Ramamoorthy & Senthil Kumar (2013) concluded health insurance as a base for the growth of insurance business, decrease cost, low awareness of health insurance among the customers. The study attempted to explained the tremendous scope and growth opportunity available for health insurance in the future in the Indian insurance market. Chandran & MC (2017) concluded with the finding goodwill and credibility, products and services accessible, accessibility or convenient places, and consumer friendliness of public sector employees and officials and in providing information on the latest programs and incentives to consumers and in promptly issuing renewal policies for higher use of government health insurance.

Awareness Level and Government Health Insurance Program

Desai, Desai, Algotar, & Desai (2013) concluded with the findings awareness of health insurance, the availability and characteristics of health insurance coverage, insurance benefits, costs, their usefulness, problems faced by the general population of Surat city while receiving claims. Eyong, Agada, Asukwo, & Irene (2016) concluded that the awareness of NHIS by civil servants was significantly linked to the quality of the rendering of health care services to them. K, Saba, Gopi, & Subramanian (2016) concluded with the findings that socioeconomic status and literacy were correlated with awareness of health insurance so it needed to be enhanced. Thus awareness of people's understanding of health insurance covering medical costs in rural areas needs to be strengthened. Oni, et al., (2019), was concluded with the suggestions to improve the facilities covered by NHIS it must include major surgical operations and the national government of the two countries must increase the level of exploration of the health sector and the governments of both

countries should work on updating the legislation creating the NHIS.

Source of Awareness and Government Health Insurance Program

Nair, M, & Unnikrishnan (2007) concluded that government should come up with a proposal where it is possible to make the public contribute to a health insurance system to ensure excessive out-of-pocket costs and better use of health care services as well.Latha & R (2007) concluded with the findings of health insurance satisfaction with the services provided by health insurance companies. The study shows that policyholders have greater satisfaction with policy characteristics, policy premium, and policy renewal on time, and policy copy selection. M & Dhanabhakyam (2010) concluded satisfaction of policyholders about service quality in the insurance industry. The research points out those variables such as technological efficiency, price, and picture quality have a major effect on the satisfaction of policyholders. Mini & Arunachalam (2012) concluded firms need to follow a customer-centered approach and that businesses would have to redefine their policies. This should be the key priority for health insurance providers that provide improved service quality and are customer-friendly, not in words but in reality, which is important for policyholders. S & R (2012) study concluded the reason for dissatisfaction with health insurance policies. The study indicated that the customers' criteria are the need for cashless services, the reduction in the number of exclusions, and the inclusion of pre-existing diseases. Oladimeji, Alabi, & Adeniyi's (2017) study was concluded with the suggestion to successfully implement the scheme in the district, both facilities and staff strength require the attention of the health authorities.

Satisfaction level and Government Health Insurance Program

Jutting(2003) concluded that external financial support, such as government subsidies, donor funding, and reinsurance, in promoting social inclusion are base to provide a higher level of benefit to policyholders. Thus, the level of satisfaction of insured people makes a huge impact on the demand and effectiveness of health insurance program. Sarker, Sultana, Ahmed, Mahumud, Morton, & Khan (2018) concluded with the results on creation and development of community-based health care services packages that are in line with Bangladesh's health care funding policy and the World Health for developing social health insurance as part of Universal Health Coverage.

Problem faced and Government Health Insurance Program

Brown (1992) concluded that there is a universal political consensus that the government must provide a far greater proportion of the population with health care than ever before.Obermann, Jowett, O Alcantara, Banzon, & Bodart's (2006) research was concluded on the fact that SHI has so far been a success story in the Philippines and provides lessons for countries in the same common situation. Dalinjong & Laar's (2012) study was concluded with the suggestion, to foster confidence in the NHIS and its viability for the attainment of universal coverage, there is an urgent need to resolve these issues. Mishra, Khanal, Karki, Kallestrup, & Enemark's (2015)study was concluded with the suggestion that the quality of health services can be enhanced by improving hospital efficiency, motivating health workers, and using appropriate technology. Rashidul Hossain & Salman's (2019) study concluded with the suggestion that to ensure the long-term viability of the program, the implementation of the Nirapotta scheme is constrained by many factors that can be easily resolved by involving all the appropriate stakeholders and taking their valuable interest in further developing the scheme.

Review in Nepalese Context

In Nepal, community-based health insurance started in 2003 to access quality health services. In 2014, Nepal's government passed the National Health Insurance Policy. The Government of Nepal passed and published an ordinance for the establishment of a Social Health Security Development Committee in

the Nepal Gazette on February 9, 2015. SHSP was first implemented in three districts in 2016 (Kailali, Baglung, and Illam), and is now being steadily extended to all 72 districts of Nepal in 2021. (Health Insurance Board). Stoermer (2012) concluded with the suggestion viable universal health insurance should aim at achieving a broad population coverage, ensuring equal protection for the poor, creating an effective voice system, and ensuring financial protection for the poor. Gyawali (2015) concluded that the existing government health care system was so weak, and private facilities were so expensive, ordinary Nepal could be pushed into poverty by the single health crisis. In the first phase, the government could bear all the treatment costs. At the same time, regular premiums were charged to people according to their ability to pay, with options offered for varied benefit packages. Khanal, Karki, & Kallestrup (2015) made an empirical study about the quality of health care that could be improved by enhancing hospital performance, empowering health staff, and using effective techniques. NEPDOC (2018) concluded that the providers were public and private based on contribution. It had provided subsidies to the ultra-poor, poor and marginalized people based on the poverty card. Nepal's (2018) concluded with the explanation on universal health, coverage government had adopted the vision of overall health improvement of people through social health security. The health insurance policyholder's enrollments were extended to 24 districts with an overall enrolment of more than three lakh people. Adhikari, Sapkota, Thapa, & Pandey (2018) concluded that the alternative for overcoming the inadequate supply of medicines could be to decentralize the procurement process. Ranabhat, Subedi, & Karn, (2020) concluded that the synthesized and interpreted accordingly from numerical data and focus group discussions. The study had indicated the difference in health insurance enrollment and dropout in the districts.

COVID-19 Impact on Health Care System and Health Insurance

The COVID-19 epidemic has claimed many lives around the world, and it continues to be a concern to public health, food systems, and occupational safety.The COVID-19 pandemic has developed unsafe conditions for health care workers in other countries where assaults on health care have been noticed. Furthermore, accounts of attacks on medical vehicles transporting COVID-19 samples, on-duty COVID-19 drivers, and patients are increasing, causing alarm around the world. During the time, the international community, states, and civil society took the different steps to safeguard health services by discussing both the causes and consequences of attacks on health care.It is reported there are more then 275000 cases of COVID with death more then 3000 in Nepal as per March 10,2021. In Nepal's hard-to-reach rural areas, especially in the hill and mountainous regions, health care services are distributed inequitably. Most private health-care institutions in Nepal are urban-focused, and they seem wary of demonstrating empathy and loyalty to people during this crisis.We encourage the Nepalese government to enact legislation that ensures transparency and responsibility for all parties involved.There are limited service providers hospitals in the scheme in Nepal. So based on the reviews and study, there is still limited research on the study of the perception of the policyholders and non-policyholders regarding the effectiveness of the Government Health Insurance Scheme. Likewise, the key challenges faced by the policyholders and non-policy holders before and after taking the scheme are not studied. There exists a huge gap between the factors that need to be discussed so in this regard the discussion provides a direction in the way future research is to be carried out. So, in short, the reviews show the research on national health insurance is mainly done at is an aggregate level that doesn't draw the factual conclusion at an individual level. And the policies and plans formulated on national health insurance in Nepal are commonly based on foreign perspectives and it doesn't draw the actual conclusion in the Nepalese context.

Research Methods

The study had adopted descriptive and analytical research design. The area of study was Kathmandu district. The study period was nearly six months. The 135 valid respondents were taken based on purposive sampling method. All the respondents were aged above 16 years.The self administered structured

questionnaires had been used to collect the response from the respondents. The necessary secondary information had been obtained from the respective government organizations web portal and also through field visit and unstructured interview. The Statistical Package for Social Science (SPSS) and Microsoft Excel both had been used to code, decode, encode, tabulate and analyze the data. The reliability test, descriptive analysis, correlation analysis and regressions analysis were the major statistical tools used in the study. The prior test of the items reflecting the variables produced Cronbach's Alpha was found to be valid i.e 0.727. The further procedure of analysis had been conducted thenafter. The scope of the study area had been delimitation of the study.

Results

The respondents' demographic profile analysis includes analysis of gender, age, qualification, occupation, and income level of the policyholders and non-policyholders. The majority are males (57%), which implies there are more male policyholders and non-policyholders than female (43%)policyholders and non-policyholders in identifying the perception on the effectiveness of government health insurance programs. The data and information collected through the questionnaire show that out of the total respondents, 14.1 percent of the policyholders and non-policyholders are aged below 25 years,50.1 percent are between 25 years to 34 years, 12.6 percent of the policyholders are aged between 35 years to 44 years, 23 percent of the policyholders and non-policyholders are aged 45y ears and above. The qualification data shows the majority of policyholders and non-policyholders are masters completed and above and least are +2/PCL.Therefore, in Nepal highly qualified people, bachelors, and illiterate are more likely to purchase government health insurance schemes. Occupation data and information collected shows the majority of policyholders and non-policyholders are students for the study. Income level data shows the majority of respondents have income below 20000. The study shows the low-income people prefer and have a government health insurance scheme for mitigating financial health risks.

Demographic Summary

Particular	No. of Respondents	Percentage(%)
Gender		
Male	77	57
Female	58	43
Others	-	-
Total	135	100
Below 25 years	19	14.1
25 years-34 years	68	50.4
35 years-44 years	17	12.6
45 years and Above	31	23
Total	135	100
Qualifications		
Illiterate	22	16.3
+2/PCL	19	14.1
Bachelors	37	27.4
Masters and Above	57	42.2
Total	135	100
Occupation		
Student	39	28.9
Private Employed	35	25.9
Government Employed	17	12.6
Business	13	9.6
Others	31	23
Total	135	100

Particular	No. of Respondents	Percentage(%)
Income		
Below 20000	58	43
20000-40000	39	28.9
40000-60000	23	17
60000 and Above	15	11.1
Total	135	100

Descriptive Statistics of Government Health Insurance

Statement	Mean	SD
Government-based health insurance services are available in my home periphery.	2.68	1.238
Government health insurance services are affordable.	2.30	.933
I prefer a government health insurance scheme to a private medical insurance scheme.	2.14	.955
I have insured myself on a government health insurance scheme.	3.16	1.403
It has helped to reduce the expenses of medical bills and supported the financial health risk.	2.39	1.153
Government Health Insurance	2.534	1.1364

The analysis also shows that the mean value of all the statements is 2.68, 2.30, 2.14,3.16, and 2.39 respectively. Hence, it indicates the consistency in responses of the respondents on the specified Likert scale i.e.Government Health Insurance. The average mean value of all statements for the dimension of government health insurance is 3.534 with a standard deviation of 1.1364.

Descriptive Statistics of Awareness Level

Statement	Mean	SD
I am aware of the government health insurance scheme.	2.44	1.238
I am familiar with operations and services offered by government health insurance programs.	3.01	1.237
I am aware of the premium rates of government health insurance schemes.	2.99	1.307
The government health insurance scheme is popular in my community.	2.95	1.199
I am aware of the documents required to purchase a government health insurance policy.	2.95	1.254
Awareness Level	2.868	1.224

Similarly, the analysis also shows that the mean value of all the statements is 2.44, 3.01, 2.99,2.95, and 2.95 respectively. The average mean value of all statements for the dimension of awareness level is 2.868 with a standard deviation of 1.224.

Descriptive Statistics of Information

Statement	Mean	SD
I heard about the government health insurance program from Television	2.86	1.259
I heard about the government health insurance services from family and friends.	2.38	1.105
I heard about the government health insurance services from the workplace.	3.04	1.416
I heard about the government health insurance service from Radio/FM	3.15	1.279
I heard about the government health insurance service from Social Media.	3.67	1.337
Information	3.02	1.2792

The analysis also shows that the mean value of all the statements is 2.86, 2.38, 3.04, 3.15, and 3.67

respectively. The average mean value of all statements for the dimension of information is 3.02 with a standard deviation of 1.2792.

Descriptive Statistics of Satisfaction Level

Statement	Mean	SD
Premium charges of government insurance schemes are cheaper than private insurers.	2.10	.969
I am satisfied with the health insurance service offered by the Government of Nepal.	2.75	1.084
There is the provision of specialized health care for policyholders.	2.94	1.035
The procedures and time for policy purchase is fast and easily accessible	2.95	1.142
The government officials rendered the guidance while taking up the policy.	2.77	.992
Satisfaction Level	2.702	1.044

The analysis also shows that the mean value of all the statements is 2.10, 2.75, 2.94, 2.95, and 2.77 respectively. The average mean value of all statements for the dimension of satisfaction level is 2.702 with a standard deviation of 1.044.

Descriptive Statistics of Problems Based

Statement	Mean	SD
I prefer buying a health insurance policy to minimize the health-related risk.	2.16	.953
The health insurance service offered by the government is poor and slow.	2.47	.960
There are limited government health insurance service provider's hospitals.	1.95	.875
There is a delay in claim settlement and the expected amount is not sanctioned by government officials.	2.84	1.114
There is no improvement in our quality of health through the Government Health Insurance scheme.	3.18	1.165
Problems Faced	2.52	1.0134

The analysis also shows that the mean value of all the statements is 2.16,2.47, 1.95, 2.84, and 3.18 respectively. The average mean value of all statements for the dimension of problems faced is 2.52 with a standard deviation of 1.0134.

Pearson's Correlation Matrix

Pearson	Government Health Insurance	Awareness level	Information	Satisfaction level	Problems Faced
Government Health Insurance	1				
Awareness Level	0.706**	1			
Information	0.335**	0.389**	1		
Satisfaction Level	0.600**	0.607**	0.344****	1	
Problems Faced	0.123	0.041	0.016	-.005	1

The independent variable awareness level (0.706) have highest correlation value followed by satisfaction level (0.600), information (0.335) and problems faced (0.123).

From the correlation analysis, it can be concluded that all the variables are positively correlated with government health insurance program. Therefore, the policy makers must consider this variable in order to make decision regarding government health insurance program. Thus, to make the effectiveness of government health insurance program the awareness level, satisfaction level, information and problems faced must be considered by the policymakers and government based health insurance service providers.

Collinearity Statistics

Variables	Tolerance	VIF
Awareness Level	.593	1.687
Information	.830	1.205
Satisfaction Level	.617	1.622
Problems Faced	.997	1.003

Source: Field survey, 2021

The results show that the Variance Inflation Factor value for all variables is below 5 and the Tolerance Value for all variables is higher than 0.2. The research standard for tolerance is greater than 0.2 (Tolerance > 0.2) whereas for Variance Inflation Factor it is less than 5 (VIF < 5). Based on the research standard, the multicollinearity problem does not exist in this research because the Tolerance Value and Value of Variance Inflation Factors are well within the standard margin.

Regression Analysis Results

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F-value	Sig
1	0.746	0.557	0.543	0.538	40.81	0.000

In the table, the value of R Square is 0.557. It inferences that 55.7% of the variation in the dependent variable i.e., government health insurance can be explained by the independent variables i.e. awareness level, information, satisfaction level, and problems faced.

The fitness of the model is stated by a F- value of 40.81 at a 1 percent level of significance.

Multiple Regression Analysis

	Unstandardized Coefficients			Standardized Coefficients	
Model	B	Std. Error	Beta	T	Sig
(Constant)	.051	.295		.172	.864
Awareness Level	.436	.063	.524	6.915	.000
Information	.035	.061	.037	.573	.568
Satisfaction Level	.282	.078	.269	3.620	.000
Problems Faced	.146	.084	.102	1.741	.084

Source: Field Survey, 2021

$Y = \beta 0 + 0.436\ \beta 1 + 0.035\ \beta 2 + 0.282\ \beta 3 + 0.146\ \beta 4 + ei$

Government Health Insurance= 0.051 + 0.436 * Awareness level + 0.035*Information +0.282* Satisfaction Level + 0.146*Problems faced.

Based on the linear equation of this study, the public perception variable "awareness level" has the highest impact on the effectiveness of government health insurance programs in Nepal. Hence, by keeping every other independent variable constant, an increase of one unit in awareness level will lead to an increase of 0.436 units in the effectiveness of government health insurance program, followed by satisfaction level with an increase of 0.282 and problems faced with an increase of 0.146.

Summary of Hypotheses

	Hypothesis	Method		Results
H_1	There is a positive relationship between the level of awareness and effectiveness of Government health insurance programs in Kathmandu Valley	Correlation	Regression	Accepted (0.00<0.01) It means awareness level makes a huge impact on the effectiveness of government health insurance programs.
H_2	There is a positive relationship between information sources and the effectiveness of the Government health insurance program in Kathmandu Valley.	Correlation	Regression	Rejected (0.568>0.01) It means the information sources don't make a huge impact on the effectiveness of government health insurance programs.
H_3	There is a significant relationship between the satisfaction level of the insured and the effectiveness of the Government health insurance program in Kathmandu Valley.	Correlation	Regression	Accepted (0.00<0.01) It means the satisfaction level makes an impact on the effectiveness of government health insurance programs.
H_4	There is a significant relationship between problems faced by the insured and effectiveness of government health insurance programs in Kathmandu Valley.	Correlation	Regression	Rejected (0.084>0.01) It means the problems faced doesn't make a huge impact on the effectiveness of government health insurance program or statistically insignificant

The results from open-ended questionnaires show health insurance boards should conduct the awareness program from federal, state, and local levels with proper agendas and policies in schools, and universities, extend service providers hospitals, and also make people clear the difference between private health insurance and government health insurance scheme. They also want the scheme facilities to be expanded and make the policy mandatory in every part of the country. Likewise, the policyholders want the extension or renewal period for more than one year and prior notice regarding the maturity date of the policy. Government should plan for subsidizing premiums for the poor people who are not able to pay the premium rate for the package. The government should employ qualified and well-educated employers or agents to make people aware of the important necessity, advantage, process, and availability of health insurance services more effectively. The HIB should also monitor health care providers on regular basis conduct workshops and seminars for better service. HIB should provide high-level training to the agents regarding the schemes from the international experts. The best way to make people aware of the service is by advertising through locals friend's circles. This finding is consistent with the findings of earlier studies which had positively correlated with the social health insurance scheme in which the health professionals showed inadequate knowledge in various aspects of the scheme. These findings are related to the findings of Panchal, N. 2011 where more than 85 percent believe awareness and confidence are necessary to improve

the healthcare insurance system. The policy takers would not want the program to be discontinued. These findings contradict the findings of Oladimeji, O., Alabi, A., & Adeniyi, O. V. (2017). The reason could be attributed to the user's perception of care generally under NHIS. Similarly, the health insurance board should address other health insurers and the sample size must be larger rural and urban populations to enhance the accuracy of the result. Lastly, future researchers can include other variables which may be the determinants of health insurance program effectiveness to make it more effective and successful. Thus, after the breakdown of the COVID pandemic, we can say the government has to keep the health insurance program as its priority. The policymakers should make the mandatory rules so, that the scheme can be used by every citizen to mitigate financial and health-related risks. Further research is also needed to determine if the findings are transferable to larger audiences or if they are unique.

Discussion and Conclusion

The study concludes majority of the people agrees awarness level and satisfaction level makes huge impact on effectiveness of government health insurance while information and problems faced have minority of impact on effectiveness of government health insurance program. This was achieved by assessing the views of government employees, private employees, students and other clients who are insured and uninsured in Kathmandu.The study provides significant knowledge and information to the public, government. service providers and other who are directly and indirectly involed in the research, use and provide government health insurance service. Hence,there are fewer suggestions for managerial implications based on the findings:

The research limited the current study within some area of Kathmandu. In order to get the precise picture on the public perception on effectiveness of government health, it is suggested to distribute the questionnaire around the country.

Implications

This research applies in the field of the health and insurance sector to Nepalese policyholders and non-policyholders for easy access to basic and high-quality health services to all class people. It provides clear insight, to major stakeholders in health insurance boards and service provider's hospitals regarding policyholder's minds set, service quality and also helps in understanding policyholder's needs and wants in a dynamic environment. This research's result will also facilitate decision-makers namely; the health insurance board, board of directors of health insurance facilitators, service providers hospitals, and companies and managers in deciding that aid in improving their service and guide the formation of effective strategies for the program. The study found that the people are aware of the presence of the Nepalese National Health Insurance Scheme, they however show a lack of understanding of the principles governing the operation of a health-insurance system.

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References

Adhikari, S. R., Sapkota, D., Thapa, A., & Pandey, A. R. (2018, Dec). Evaluation of Nepal's Free Health Care Scheme from Health System Perspective: A Qualitative Analysis. *Nepal Health Research Council, 16*(41).

Brown, R. E. (1992). Problems of Health Insurance Coverage and Health Care in the United States: Public and Private Solution Strategies. 270-286.

Chandran, R., & MC, S. C. (2017, Nov 03). A Study on Customer Satisfaction of Public and Private Sector Health Insurance. *INTERNATIONAL JOURNAL OF SCIENTIFIC PROGRESS AND RESEARCH (IJSPR), 36*(105), 2349-4689.

Dalinjong, P. A., & Laar, A. S. (2012). The national health insurance scheme: perceptions and experiences of health care providers and clients in two districts of Ghana. *Health Economics Review 2012*, 1-13.

Desai, B., Desai, R., Algotar, G., & Desai, K. T. (2013, 09 23). Health Insurance: Effects and Awareness. *Journal of the College of Community Physicians of Srilanka, 18*, 30-32.

Eyong, A. K., Agada, P. O., Asukwo, E. O., & Irene, C. (2016). Awareness of National Health Insurance Scheme (NHIS) and Quality of Health Care Services among Civil Servants in Cross River State, Nigeria. *Research on Humanities and Social Sciences, 6*(13), 2224-5766.

Ghimire, B. (2019). Impact of Covid and Challenges in Academia with the reference to Teachers' Job Satisfaction. *NJMSR Journal, 5*(1), 1-14.

Glassock, R. J. (2010). Health care reforms in America: perspectives. *An International Journal of Medicine, 103*, 709–714. doi:10.1093/qjmed/hcq072

Gyawali, B. (2015). Argument for a national health insurance system. *Development Advocate Nepal*, 28-33.

Jutting, J. P. (2003). Do Community-based Health Insurance Schemes Improve Poor People's Access to Health Care? Evidence From Rural Senegal. *World Development, 32*(2), 273-288.

K, I., Saba, H., Gopi, A., & Subramanian, M. (2016, April). Awareness of health insurance in a rural population of Bangalore, India. *International Journal of Medical Science and Public Health, 5*(10), 2162-2167.

Khanal, P., Karki, D. K., & Kallestrup, P. (2015, August 21). National Health Insurance Policy in Nepal: Challenges for Implementation. *Journal of Pharmacy Practice and Community Practice*, 1-4.

Latha, M. N., & R, A. (2007). *A study on the awareness satisfaction and problems of customers towards health insurance*. Bharathiar University.

M, C., & Dhanabhakyam, M. (2010). *Mediclaim Policy-holder's Satisfaction on Service Quality of Public Insurers in Coimbatore District*. Coimbatore District: Bharathiar University.

Manfred Stoermer, F. F. (2012, December). Review of Community-based Health Insurance Initiatives in Nepal. (S. Sellars-Shrestha, Ed.) *Ministry of Health and Population*, 11-116.

Milne, F., Piggott, J., Trivedi, P., & Cameron, A. (1988, 02 01). A Microeconomic Model of the Demand for Health Care and Health Insurance in Australia. *Review of Economic Studies, 55*, 85-106.

Mini.PP, & Arunachalam. (2012). Health Insurance Sector: Opportunities and Challenges. *M.E.S Journal of Technology and Management*, 67-82.

Mishra, S. R., Khanal, P., Karki, D. K., Kallestrup, P., & Enemark, U. (2015, August 21). National health insurance policy in Nepal: challenges for implementation. *Global Health Action*.

Nair, S., M, S. K., & Unnikrishnan, B. (2007, 11 30). Awareness of health insurance in a South Indian population - A community-based study. *Health Population Perspect Issues, 30*(3), 2-187.

Nepal, S. (2018, May 2). *Health insurance in Nepal*. Retrieved from The Himalayan Times: https://thehimalayantimes.com/opinion/health-insurance-in-nepal/

NEPDOC. (2018, August 28). *Health insurance program of Nepal*. Retrieved December 5, 2019, from NEPDOC: https://nepdoc.com/health-insurance-nepal/

Newhouse, J. P. (1996). *Free for all? Lessons from the rand health insurance experiment*. Harvard: Cambridge, Mass, Harvard University Press.

Obermann, K., Jowett, M. R., O Alcantara, M. O., Banzon, E. P., & Bodart, C. (2006). Social health insurance in a developing country: The case of the Philippines. *Social Science & Medicine*, 1-9.

Oladimeji, O., Alabi, A., & Adeniyi, O. V. (2017, 05 20). Awareness, Knowledge, and Perception of The National Health Insurance Scheme (NHIS) Among Health Professionals in Mthatha General Hospital, Eastern Cape, South Africa. *Open Public Health Journal, 10*, 187-194.

Oni, Abiodun, M., Olayinka, B., Ntiwunka, U, U, G., . . . I, M. (2019, April). Awareness of and Access to

National Health Insurance Scheme in Nigeria and Ghana. *IOSR Journal Of Humanities And Social Science (IOSR-JHSS), 24*(4), 57-69.

Panchal, N. (2011). Customer's perception towards health insurance: An empirical study in Bardoli & Mandvi region. *Indian Journal of Applied Research, III*(4), 62-64. doi:10.15373/2249555X/APR2013/84

Priya, A., & Srinivasan, R. (2015). A study on customer awareness towards health insurance with special reference to Coimbatore City. *IOSR Journal of Business and Management (IOSR-JBM), XVII*(7), 50-54.

Ranabhat, C. L., Subedi, R., & Karn, S. (2020, October 20). Status and determinants of enrollment and drop out of health insurance in Nepal: an explorative study. (a. C. Attribution, Ed.) *Cost-Effectiveness and Resource Allocation BMC*, 1-13.

Rashidul Hossain, S. S., & Salman, S. M. (2019). Implementation challenges of the mandatory health insurance scheme. *Bulletin of the National Research Center*, 43-151.

S, K., & R, G. (2012). *Health Insurance: Identifying Awareness, Preferences and Buying Pattern in Mumbai*. D Y Patil University, Navi, Mumbai.

Sarker, A. R., Sultana, M., Ahmed, S., Mahumud, R. A., Morton, A., & Khan, J. A. (2018, July 31). Clients' Experience and Satisfaction of Utilizing Healthcare Services in a Community Based Health Insurance Program in Bangladesh. *International Journal of Environmental Research and Public Health, 15*, 1637.

Thapa, S., Acharya, P., & Misra, D. K. (2019, Oct 28). Perception Towards National Health Insurance Scheme among Enrollees of Central Terai: A Qualitative Study. *Health Policy Health Economics and Outcomes Research*.