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| **Stakeholder from Central Level (KII)** |
| Program implementation strategy | Hydrocele status |
| * MDA, MMDP
* Health workers, volunteers training
* MMDP advocated since 2003, Hydrocele surgery since 2016
* Surgery available in all govt. hospital
* Financial support to all govt. hospital
* Nepal government, WHO and Liverpool school of tropical medicine major donors for hydrocele surgery camp
* Package cost per patient, gradual increase of support
* 7327 beneficiaries till date out of expected beneficiary of 9000-9500
* FCHVs notify cases, health workers verify cases
* Information dissemination to all health facilities
* Budget allocated for information dissemination
* FCHVs, health workers aware of hydrocele surgery camp
* Press conference, news coverage through national TV, radio prior to surgery camp
* Extension of elimination target beyond 2020 since elimination is not possible
* Morbidity management/hydrocele surgery to be continued post LF elimination
 | * Providing only free surgery more than enough, patients are self-motivated and self-oriented for overcoming shame
* No demand of transportation facilities
* Not witnessed discrimination towards hydrocele patient
* Not associated with mortality
* Self-discrimination by patient
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| **Stakeholders from District Level (Kanchanpur and Dhading), KII** |  |
| Program implementation strategy | Hydrocele status | Recommendation |
| * Budget disseminated by central level
* Free surgery including treatment for any post-surgery complication
* Executive committee formed after receiving budget for organizing camp
* Screening prior to camp
* Workshop and planning meeting with stakeholder
* Free surgery, medicine, lab tests, post-operative care
* Incentive for surgery team
* Package of 6000 rupees
* Insufficient budget for information dissemination
* Most time consumed in planning, hiring surgeon and other health workers and negotiating their fee/charge
* Hiring surgeon lengthy process
* Free surgery only during camp, otherwise surgery not possible in the district hospital
* Not fixed plan until budget disseminated
* Review meeting once a year from central level
 | * Surgery beneficiaries target not achieved
* Camp organized in rice plantation season
* Patients don’t want to risk surgery in plantation season
* Many cases of hydrocele in Dhading
* Delay in case diagnosis
* Lack of awareness
* Sub-optimal information dissemination
* Less focus on preventive aspect
* Fear of surgery among general public and patient
 | * Provide list of surgeon from central level
* More focus on conducting camp and less on awareness raising
* Winter season favourable for surgery
* Conduct mobile camp in remote, inaccessible place
* Awareness education through school
* Proactive involvement of District health office
* Program certainty and provide free hydrocele surgery as mainstream service all the year around
* More focus and incentive to poor people
* Effective information dissemination
 |

**FGD with Female Community Health Volunteers (Kanchanpur and Dhading)**

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| Hydrocele Status | Knowledge and Perceptions | Discrimination/Stigmatization | Recommendation |
| * Old and poor people seem to be affected mostly
* Recurring hydrocele
* Rich people get treatment in private hospital in the cities, so no cases seen in people of good economic background
* Have knowledge of surgery
* Poor people cannot afford to not work and rest after getting surgery
* Ineffective information dissemination
* Deny having hydrocele
* Offended when confronted
* No pain observed
* Loss of daily income during and after surgery
* No emergency and life threatening
 | * Fear of complication after surgery
* Avoid certain foods such as tomato, potato
* Avoid cold and rain
* Hydrocele attributed to col, strenuous physical work
* No significant pain and suffering
* Home remedies to reduce swelling and pain
* Warm with pre-heated bricks/stone
* Hydrocele as weakness
* Associated with sexual disease
* Belief that post-surgery needs lots of rest and nutrition to gain
* Perceived weakness after surgery
* Scared of surgery
 | * Self-stigmatized
* Self-discrimination
* Don’t want to talk about it
* Hesitation to talk with female
* Family members do not hide
* No societal discrimination
* Patient often looked down upon
* Prefer treatment with medicine than surgery
* Prefer private hospital
 | * Mobile camps in remote places
* Counselling training for FCHVs
* More information on hydrocele causation and treatment-Lack of trust towards FCHVs due to poor knowledge of hydrocele
* Regular and frequent camps
* Transportation allowance and other incentive
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**Respondents Interview (IDIs, Kanchanpur and Dhading)**

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| **Personal Challenges** |
| Patients undergone surgery | Patients with no surgery | Family of patient |
| * Teasing and name calling
* Painful and uncomfortable
* Avoid religious ceremonies and family gatherings
* Confined at home
* Embarrassment in front of sisters and family
* Low self-esteem, ashamed of having hydrocele
* Self-conscious
* Clothing restrictions due to pain and appearance
* Conceal having hydrocele during marriage
* Societal scrutiny
* Trouble in walking, moving restrictions
* Unable to work
* Difficulty in doing day to day activities
* Scared of surgery
* Fear of not being able to produce children
* Bad karma
 | * Difficulty in peeing
* No pain and don’t feel uncomfortable
* Pain around the waist
* Shame/embarrassment
* Old age
* Put-off surgery for saving money for having surgery
* Scared of surgery
* Trouble in walking
 | * No pain and not uncomfortable
* Pain and difficulty in urination
* Difficulty to work
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| **Knowledge and Perception** |
| Patient undergone surgery | Patient with no surgery | Family member of patient |
| * Gradual increase in size with age
* Have asthma
* Associated with cold
* Associated with heavy physical work/strain like driving, riding bicycle
* No knowledge of cause
* Scared of surgery
* Knowledge of surgery as treatment
* Mosquito bite
 | * Gradual increase in size with age
* Have diabetes
* Size increase in summer, hot weather
* Doesn’t hurt, why bother to have surgery
* Back pain
* Associated with trauma, accident
* No knowledge of cause
* Scared of losing scrotum, of death
* Recurring hydrocele
* Weakness, leg cramping
 | * Associated with injury
* Recurring hydrocele
* No knowledge of cause
* Gradual swelling
* Mosquito bite
* Not life threatening
* Cannot be treated completely
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| **Patients coping mechanism and home remedies** |
| Patient undergone surgery | Patient with no surgery | Family member of patient |
| * Eat parrot meat, rub crow’s burnt foreskin
* Apply cow’s butter
* Herbal Medicines
* Rub nettle leaves soaked after soaking in water
* Ineffective home remedies
 | * Tightfitting clothes, double underwear for hiding hydrocele
* Medicine for pain relief
* Drink salt and water (ORS)
* Avoid eating potato and meat
* Warm the swollen area with hot ash wrapped in cloth
* Herbal medicine(rub oiled leaf with, warm in heat and rubbing)
 | * Apply crow’s blood on the swollen area
* Not disclosing to wife and family member
* Avoid eating meat, fish
* Rubbing with Imli (kind of herbal plant) leaves and melted butter
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| **Barriers** |
| Stakeholder and FCHVs | Patients undergone surgery | Patient without surgery | Family members of patients |
| * Incomplete MMDP mapping in all endemic districts
* Lack of awareness among patients
* Lengthy process of treatment
* Lack of surgeon and infrastructures in government hospitals
* Change in federal structure
* Power collision between district health office and district hospital due to unclear roles and responsibilities
* Many vacant and unfulfilled post in district hospitals
* Episode, one-time event
* Mistrust in govt. services and doctors
* Expensive for poor people, with transportation and accommodation and food cost combined for at least 3-4 days, not only patient cost but also for care-taker coming along
* Service available only in the district hospital in district headquarter, which makes it difficult for people residing far away to come and receive surgery
* Retention of skilled and qualified human resource in govt. hospital, resulting in constant vacant positions
* Late budget dissemination from central level
* More time consumed in hiring consultant and at planning stage, resulting in haste execution of surgery camp
* Difficulty in coordination between various stakeholders in the district
* Lack of proper information dissemination
* Lack of trust in govt. hospital from general public
* Uncertainty of program and budget dissemination
* Lack of coordination between district health office and district hospital-hospital as a sole entity for carrying out hydrocele surgery
* Recent change in federal structure in the country which resulted in district health office and district hospital under different ministries
 | * No information about free surgery facility
* Lack of money
* Long queue in govt. hospital
* Lack of surgeon in govt. hospital
* Mistrust in govt. services and doctors
* Lack of money
* Complication after surgery
* Avoid risk in govt. hospital
* old age, carelessness
* Shame/embarrassment of coming out and accepting of having hydrocoele
* Scared of being impotent after surgery
 | * No information about free surgery facility
* Lack of money
* Difficulty in accessibility
* Mistrust in govt. services and doctors
* Lack of surgeon in govt. hospital
* Lack of money
* Disrespect and bad treatment by health workers in govt hospital
* Lack of surgery availability while gone for treatment
* Scared of death after surgery
* Surgery considered critical, fear of losing income during resting period, post-surgery weakness
 | * Lack of doctor and facility in govt. hospital
* Belief in home remedies
* No information about free hydrocele surgery
* Afraid of losing job after surgery
* Saving up money for having surgery
* Old age
* Scared of surgery
* Asthma
* Mistrust in government services
* Frustrations with govt. service/health workers
* Hard to convince the husband
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| **Recommendations** |
| Patients undergone surgery | Patient without surgery | Family members of patients |
| * Prompt service, proper counselling
* Proper dissemination of service
* Competent Doctors availability
* Accessibility
* Priority for poor people
* Travel allowance
* Proper information on total cost, treatment procedure, duration
* Information about hydrocele surgery camp
* Awareness raising activities in communities
 | * Prompt service, proper counselling
* Proper dissemination of service
* Competent doctors availability
* Accessibility
* Priority for poor people
* Travel allowance
* Proper information on total cost, treatment procedure, duration
* Information about hydrocele surgery camp
* Awareness raising activities in communities
* Surgery preferable in winter
* Privacy and male doctors
 | * Free and prompt service
* Respect towards patient by health care workers
* Information about free hydrocele surgery through neighbours/friends and public announcement
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**Enablers:**

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| Stakeholders/FCHVs/Patients |
| * Outsourcing and coordination with private hospitals
* Commitment and accountability from stakeholders at all level
* Improvement in budget channel
* Change in federal structure
* Scaling-up of MMDP mapping in rest of the endemic districts
* Commitment from the donors and stakeholders
* Very happy and comfortable after surgery
* Confident and energetic after surgery
* Regret not doing surgery sooner
* Regular and increase in income
* Information regarding the camp through radio, FCHVs, local health facilities
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