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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 |

**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 |

**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 |