

**Background:** Social inclusion, in health sector, means equal and equitable access to basic health services. Nepal's health sector laws, rules, strategies and programmes have given special importance to Gender Equality and Social Inclusion (GESI). Ministry of Health and Population (MoHP) is committed to increasing access and use of quality essential health care services (EHCS) by all citizens, especially to disadvantaged, marginalized and backward target groups.

**Objective:** To study approaches to improve gender equality and social inclusion and to identify barriers to accessing health care service with focus in TB services.

**Methods:** Descriptive study was conducted in Achham, Banke, Dhankuta, Dolakha, Kathmandu, Kaski, Kapilvastu, Morang, Surkhet, and Taplejung districts of Nepal. Both quantitative and qualitative information were collected by means of household survey, KII and FGDs among general people, people living with TB and their families.

**Findings:** All caste group use health services of peripheral institutions however, Dalit tend to be more dependent in local institutions even though the behavior of care provider is not friendly. There is some gender preference for treatment- men visit private pharmacies and hospitals for illness. Availability of low quality of care, ill maintained equipment's and infrastructure, drugs availability, distance to health facility, low decision making power of women, opening hour of facility and irregularity of health service providers are limiting factors to access TB services.

**Conclusion:** To improve quality of care, infrastructure and equipment, adequate supply of drugs, deputation and retention skilled staffs needs to be ensured. To utilize the health service by marginalized, Communication and information is found to be inadequate. Hence, demand creation intervention and Communication materials needs to be considered well.

