Objectives

• Jointly review the annual progress of Health Sector policy, Strategy and Plan

• Build shared understanding among all stakeholders on achievements and challenges

• Identify the strategic priority areas that need to be included in next Health Sector Strategy

• Review COVID-19 pandemic preparedness and response at all spheres of Government

• Agree on the strategic actions to be included in the next year's Annual Work Plan and Budget (AWPB)
National Joint Annual Review 2077/78 (2020/21)

Dr Tara Nath Pokhrel
Chief, Policy, Planning and Monitoring Division
Ministry of Health and Population
Outline of Presentation

- Guiding framework for the health and population sector
- Progress on 15th Plan, NHSS and SDG Indicators
- Progress status on the Policy and Program 2077/78
- Progress on Aide Memoire (NJAR 2076/77)
- Budgetary provisions and achievements FY 2077/78
- NHSS priorities and the areas for improvement
- Highlights of the Budget and Program 2078/79 (2021/22)

Please refer to the ‘National Joint Annual Review Report – 2021’ for the details
Journey from Policy to Implementation

- Constitution
- National Health Policy and Legal Frameworks
- Periodic Plan
- Nepal Health Sector Strategy (NHSS)
- NHSS Implementation Plan
- Annual Policy and Program
- Budget Speech
- AWPB
- Annual Review
Major Guiding Documents

- Constitution (Health related provisions)
- Health Related Acts, Regulations
- National Health Policy, 2019
- 15th Periodic Plan (2019 – 2024)
- Nepal Health Sector Strategy (2016 – 2022)- 1 year extended
- Sustainable Development Goals (2016 – 2030)
- Health Related International Commitments
15th Periodic Plan

Long Term Vision
Prosperous Nepal and Happy Nepali

Vision
Healthy, Productive, Responsible and Happy Citizen

Objectives
- Balanced expansion of health services across the country
- Service-oriented health system for universal access of quality health care services
- Healthy life-style
- Multisectoral cooperation
Game Changer and Major Programs of 15th Periodic Plan
2076/77 - 2080/81 (2019/20 – 2023/24)

Game changer program
1. Expansion of health facilities and services

Major Programs
1. Safe motherhood and reproductive health strengthening program
2. Integrated immunization and nutrition program
3. Integrated disease control and prevention program
4. Integrated health information management and digital health program
5. Health insurance program
6. Migration health program
7. Population management program
Progress on 15th Plan, NHSS and SDG Indicators
**G1: Maternal Mortality Ratio**

MDG 2015 Target was to reduce MMR to 213/100,000 livebirth

Maternal Mortality Study following the National Population and Housing Census 2078 is in progress for estimation of MMR at national and sub-national levels; and exploring the causes of maternal deaths in Nepal

*MMR has been measured using pregnancy related deaths

Source: Data for 1996 from Nepal Health Facility Survey (NHFS), rest of the data from succeeding Nepal Demographic and Health Survey (NDHS)
Deliveries Conducted by Skilled Birth Attendants (%): 2020/21

Targets

<table>
<thead>
<tr>
<th></th>
<th>NHSS: 2020</th>
<th>15th Plan 2024</th>
<th>SDG: 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>58.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province 2</td>
<td>50.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bagmati</td>
<td>60.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gandaki</td>
<td>41.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbini</td>
<td>77.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karnali</td>
<td>69.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>71.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>60.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: HMIS 2020/21
G2, G3: Trends in Childhood Mortality

About 55% of under 5 deaths occur during the neonatal period.

40% of neonatal deaths occur within the first 24 hours.

Source: NDHS 2016
G4: Total Fertility Rate

<table>
<thead>
<tr>
<th>Province</th>
<th>Fertility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>2</td>
</tr>
<tr>
<td>Bagmati</td>
<td>1.6</td>
</tr>
<tr>
<td>Gandaki</td>
<td>1.8</td>
</tr>
<tr>
<td>Lumbini</td>
<td>1.9</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>2.4</td>
</tr>
<tr>
<td>Karnali</td>
<td>2.7</td>
</tr>
<tr>
<td>Province 1</td>
<td>2</td>
</tr>
<tr>
<td>Province 2</td>
<td>2.7</td>
</tr>
<tr>
<td>Province 3</td>
<td>2</td>
</tr>
</tbody>
</table>

Targets

- NHSS: 2020: 2.1
- 15th Plan 2024: 2.1
- SDG: 2030: 2.1

Source: NMICS 2019
G5: Under 5 Children Stunted

<table>
<thead>
<tr>
<th>Province</th>
<th>Stuntage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>31.5%</td>
</tr>
<tr>
<td>Province 1</td>
<td>24.9</td>
</tr>
<tr>
<td>Bagmati</td>
<td>22.9</td>
</tr>
<tr>
<td>Province 2</td>
<td>34.2</td>
</tr>
<tr>
<td>Lumbini</td>
<td>35.5</td>
</tr>
<tr>
<td>Karnali</td>
<td>47.8</td>
</tr>
<tr>
<td>Gandaki</td>
<td>22.6</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>40.9</td>
</tr>
<tr>
<td>Lumbini</td>
<td>35.5</td>
</tr>
<tr>
<td>Karnali</td>
<td>47.8</td>
</tr>
<tr>
<td>Gandaki</td>
<td>22.6</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>40.9</td>
</tr>
</tbody>
</table>

Targets

<table>
<thead>
<tr>
<th></th>
<th>NHSS: 2020</th>
<th>15th Plan 2024</th>
<th>SDG: 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31</td>
<td>20</td>
<td>19</td>
</tr>
</tbody>
</table>

Source: NMICS 2019
G6: Nutritional Status of Women 15-49 Years
[% of women aged 15-49 years with body mass index less than 18.5]
**G7: Life Lost due to Road Traffic Accidents (RTA)**

Life lost due to RTA per 100,000 population

Average daily death due to RTA:
- FY 2075/76: 8
- FY 2076/77: 6
- FY 2077/78: 7

Source: Police Mirrors

<table>
<thead>
<tr>
<th>SDG Targets (per 100,000 pop)</th>
<th>2019</th>
<th>8.93</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>8.94</td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td>7.45</td>
<td></td>
</tr>
<tr>
<td>2030</td>
<td>4.96</td>
<td></td>
</tr>
</tbody>
</table>
G8: Suicide Mortality Rate

Suicide mortality rate per 100,000 population

NHSS 2020 Target: 14.5

Average daily death due to suicide:
- FY 2075/76: 16
- FY 2076/77: 17
- FY 2077/78: 19

SDG Targets (per 100,000 population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>14.5</td>
</tr>
<tr>
<td>2022</td>
<td>9.7</td>
</tr>
<tr>
<td>2025</td>
<td>7.8</td>
</tr>
<tr>
<td>2030</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Source: Nepal Police, 2021
G9: Disability Adjusted Life Years (DALY) Lost

Disability adjusted life years (DALY) lost: Communicable, maternal, neonatal & nutritional disorders; non-communicable diseases; and injuries

Baseline 2013: 8,319,695
Milestone 2016/17: 7,487,726
2018 Status: 9,015,320
2019_NBoD: 9,288,691
Target 2020: 6,738,953

Source: NBoD 2019
## Burden of Disease: Top 10 Causes of Death in 1990 and 2019

<table>
<thead>
<tr>
<th>Rank by cause 1990</th>
<th>Rank by cause 2019</th>
<th>Mortality rate (per 100,000)</th>
<th>% change 1990-2010</th>
<th>% change 2010-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory infections and TB</td>
<td>Cardiovascular diseases</td>
<td>152.88</td>
<td>10.29</td>
<td>24.76</td>
</tr>
<tr>
<td>Maternal and neonatal disorders</td>
<td>Chronic respiratory diseases</td>
<td>134.14</td>
<td>10.33</td>
<td>21.13</td>
</tr>
<tr>
<td>Other infectious diseases</td>
<td>Neoplasms</td>
<td>71.04</td>
<td>12.04</td>
<td>30.57</td>
</tr>
<tr>
<td>Enteric infections</td>
<td>Respiratory infections and TB</td>
<td>55.52</td>
<td>-66.5</td>
<td>-28.99</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td>Digestive diseases</td>
<td>37.23</td>
<td>-20.59</td>
<td>10.67</td>
</tr>
<tr>
<td>Chronic respiratory diseases</td>
<td>Maternal and neonatal disorders</td>
<td>33.24</td>
<td>-61.22</td>
<td>-42.94</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>Diabetes and kidney diseases</td>
<td>28.22</td>
<td>38.87</td>
<td>47.08</td>
</tr>
<tr>
<td>Nutritional deficiencies</td>
<td>Unintentional injuries</td>
<td>25.18</td>
<td>-38.31</td>
<td>-1.95</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>Enteric infections</td>
<td>22.6</td>
<td>-74.08</td>
<td>-32.63</td>
</tr>
<tr>
<td>Digestive diseases</td>
<td>Neurological disorders</td>
<td>14.9</td>
<td>19.58</td>
<td>23.39</td>
</tr>
<tr>
<td>Other NCDs</td>
<td>Self-harm and interpersonal violence</td>
<td>13.44</td>
<td>-11.68</td>
<td>0.66</td>
</tr>
<tr>
<td>Self-harm and interpersonal violence</td>
<td>Other infectious diseases</td>
<td>11.98</td>
<td>-87.55</td>
<td>-33.05</td>
</tr>
<tr>
<td>Diabetes and kidney diseases</td>
<td>Other NCDs</td>
<td>11.47</td>
<td>-51.06</td>
<td>-18.38</td>
</tr>
<tr>
<td>Transport injuries</td>
<td>Transport injuries</td>
<td>9.78</td>
<td>-21.97</td>
<td>5.67</td>
</tr>
<tr>
<td>NTDs and malaria</td>
<td>HIV/AIDS and STIs</td>
<td>6.2</td>
<td>172.36</td>
<td>-39.70</td>
</tr>
<tr>
<td>Neurological disorders</td>
<td>Nutritional deficiencies</td>
<td>4.27</td>
<td>-85.52</td>
<td>-37.54</td>
</tr>
<tr>
<td>HIV/AIDS and STIs</td>
<td>NTDs and malaria</td>
<td>1.96</td>
<td>-68.82</td>
<td>-38.49</td>
</tr>
<tr>
<td>Substance use disorders</td>
<td>Musculoskeletal disorders</td>
<td>1.43</td>
<td>56.04</td>
<td>50.25</td>
</tr>
<tr>
<td>Musculoskeletal disorders</td>
<td>Substance use disorders</td>
<td>0.87</td>
<td>-2.02</td>
<td>16.98</td>
</tr>
<tr>
<td>Skin and subcutaneous diseases</td>
<td>Skin and subcutaneous diseases</td>
<td>0.07</td>
<td>18.26</td>
<td>26.52</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>Mental disorders</td>
<td>0.001</td>
<td>95.66</td>
<td>49.10</td>
</tr>
</tbody>
</table>

*Source: Nepal BoD, 2019*
G10: Incidence of Impoverishment due to OOP Expenditure in Health

2020 Target: Reduce by 20% from baseline (2015)

Out of pocket expenditure (OOPE)

- 2015/16: 55.4%
- 2016/17: 57.4%
- 2017/18: 57.7%

Catastrophic expenditure on health: 10.7% of people spent more than 10% of their household’s total expenditure on health care (2015/16)

Impoverishment: 1.7% of the population are pushed into poverty due to OOP spending on health (2015/16)

Source: NHA

Please refer to the ‘http://nhssrf.mohp.gov.np’ for the details on NHSS RF
Progress Status on the Policy and Program 2077/78
# Key Action Points of the Policy and Program (2077/78) and Status

## Health sector reform/restructuring

<table>
<thead>
<tr>
<th>Key Action Points</th>
<th>Status</th>
</tr>
</thead>
</table>
| 5, 10, 15 bedded hospital in each Local Level | ▪ HF building prototype developed for province and local level facilities  
▪ Monitoring and QA through DUDBC & NHSSP (TA)  
▪ Of the 396 basic hospitals to be constructed:  
  • 205: Tender completed  
  • 129: Agreement completed  
  • 75: Budget disbursed |
| 300 bedded infectious disease hospital at federal level and 50 bedded hospital in each province | The detail plan to construct 300 bedded infectious disease hospital in Teku has been completed. |
| Health sector restructuring: CDC, FDA, NHAB | The CDC and NHAB (National Health Accreditation Board) Bill have been drafted. |
## Key Action Points of the Policy and Program (2077/78) and Status

### Health sector reform/restructuring, Contd...

<table>
<thead>
<tr>
<th>Key Action Points</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upgrade Bir Hospital as Centre of Excellence</td>
<td>▪ Surgical block completed and in operation as COVID Central Hospital</td>
</tr>
<tr>
<td></td>
<td>▪ Project Implementation Unit yet to be established</td>
</tr>
<tr>
<td>Formulation of umbrella Act to oversee health sector entities (Academies, Councils, Research Centres, hospitals)</td>
<td>Concept notes have been endorsed</td>
</tr>
<tr>
<td>Provide specialist services from at least one hospital in each province</td>
<td>Specialist services started</td>
</tr>
<tr>
<td>Upgrade NPHL to National Referral Diagnostic Center (NRDC)</td>
<td>NRDC master plan developed</td>
</tr>
</tbody>
</table>
## Key Action Points of the Policy and Program (2077/78) and Status

**Service delivery**

<table>
<thead>
<tr>
<th>Key Action Points</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free emergency health service to the poor from 15 referral hospitals</td>
<td>Started from all 15 hospitals</td>
</tr>
<tr>
<td>Medical colleges provide surgical service in at least one district level hospital</td>
<td>The draft Procedure is submitted to MoF</td>
</tr>
<tr>
<td>Integrated ambulance service and expansion of trauma services in highways</td>
<td>▪ Integrated ambulance service guideline endorsed and revised;</td>
</tr>
<tr>
<td></td>
<td>▪ Three-digit number (102) has been implemented</td>
</tr>
<tr>
<td></td>
<td>▪ Expanded trauma services in 12 new HFs</td>
</tr>
<tr>
<td>Enroll all citizens in health insurance program</td>
<td>▪ Expanded to 726 local levels of 75 districts</td>
</tr>
<tr>
<td></td>
<td>▪ Around 3 million population enrolled</td>
</tr>
</tbody>
</table>
### Key Action Points of the Policy and Program (2077/78) and Status

#### Health screening and promotion

<table>
<thead>
<tr>
<th>Key Action Points</th>
<th>Status</th>
</tr>
</thead>
</table>
| Blood pressure, Sugar and Albumin check up services for citizens above 40 years of age | - Budget disbursed to Provinces  
- Provinces have already procured Kits  
- Kits delivery to Local levels is in progress |
| Gymnasiums and Yoga Centres at local level                                       | 218 Nagarik Aarogya Kendra established                                |
| Screening for cervical and breast cancer                                         | Cervical cancer screening started in 10 districts                      |
Policy & Program 2077/78: Progress Status at the End of Fiscal Year

Total program activities: 105

- Completed: 65 (62%)
- On-going: 29 (28%)
- Not started: 11 (10%)
Key Achievements of the FY 2077/78

Key Documents Developed and Endorsed

- National Strategy on Human Resource for Health (2021-2030)
- Health Care Waste Management Guidelines
- More than 50 technical documents (policies, plans, guidelines, protocols) related to COVID-19

Draft Documents

- National Health Financing Strategy
- Integrated Health Information Management System (IHIMS) Roadmap
- GESI Strategy
Key Achievements of the FY 2077/78

Key National Level Surveys/Studies
- Nepal Health Facility Survey 2020/21
- Nepal National Health Accounts 2017/18
- Nepal Burden of Disease 2019
- STEPS 2019
- COVID-19 Seroprevalence Surveys (2)

Key National Level Surveys/Studies in Progress
- Nepal Maternal Mortality Study following Census 2021
- Nepal Demographic and Health Survey 2021/22
Progress on Aide Memoire (NJAR 2076/77)
## Progress on Aide Memoire (NJAR 2076/77)

<table>
<thead>
<tr>
<th>Aide Memoire Action Points</th>
<th>Status</th>
</tr>
</thead>
</table>
| Continue priority on prevention and case management of COVID-19 | ▪ On going  
▪ Continuity of routine services ensured                      |
| Prepare an operational plan for the vaccination of COVID-19    | ▪ COVID-19 vaccination is ongoing as per the National Deployment Vaccination Plan 2021 for COVID-19. |
| Initiate the establishment and strengthening of the warehouse  | ▪ 2 warehouses in Teku and Pathalaiya constructed  
▪ Vaccine stores are constructed in seven provinces  
▪ Construction of a vaccine store initiated in Teku |
| Organize bi-annual review meetings between federal and provincial levels governments and partners | ▪ Review and coordination meetings organized regularly for COVID-19 response management  
▪ MoHP had a session in each provincial review |
| Amend the current Joint Financing Arrangement (JFA)            | Completed                                                              |
## Progress on Aide Memoire (NJAR 2076/77)

<table>
<thead>
<tr>
<th>Aide Memoire Action Points</th>
<th>Status</th>
</tr>
</thead>
</table>
| Develop new health sector strategy                              | ▪ Process initiated  
▪ Steering Committee (SC), TWG and Strategic Plan Drafting Teams formed  
▪ SC decided to develop Nepal Health Sector Strategic Plan aligning with the timeframe of SDG (2030) and the costed plan for five years. |
| Develop national health financing strategy                      | Draft version of the strategy has been developed (will be presented in the NJAR) |
| Institute a formal mechanism to deal with the reimbursed expenses, declared other than eligible, during the implementation of NHSS | Process initiated |
| Develop standards to regulate the public and private health facilities for ensuring delivery of quality health services | Completed |
| Roll out MSS across all levels of health facilities             | ▪ Rolled out in 111 hospitals of different levels  
▪ Rolled out in more than 1800 health facilities of the local level |
# Progress on Aide Memoire (NJAR 2076/77)

<table>
<thead>
<tr>
<th>Aide Memoire Action Points</th>
<th>Status</th>
</tr>
</thead>
</table>
| Conduct Maternal Mortality Study following Census 2021 for the country specific latest estimates and causes of maternal death | ▪ Notification of deaths of women of reproductive age completed  
▪ Verbal autopsy of the reported pregnancy related deaths started |
| Nationwide roll-out of DHIS2 and e-LMIS up to the health facilities (4,000); and ensure minimum 400 health facilities conduct routine data quality assessment | ▪ HMIS using DHIS2 and e-LMIS rolled out nationwide - all 753 local levels  
▪ 2164 health facilities reported HMIS data in DHIS2 platform  
▪ 1,153 units are implementing e-LMIS  
▪ 495 health facilities have completed RDQA |
| Redesign organizational structures: CDC, FDA & NHAB | ▪ Draft legislations for CDC and HAA have been prepared and preliminary consultation done at provincial level  
▪ The CDC and NHAB (National Health Accreditation Board) Bill have been drafted |
| Develop human resources for health (HRH) strategic roadmap | Developed, endorsed and disseminated |
| Implementation of Public Financial Management Strategic Framework including the tracking of public spending in health across three levels | On going |
Budgetary Provisions and Achievements
2077/78 (2020/21)
Comparison of National and Health Budget Over Years

Source: Redbook, LMBIS
<table>
<thead>
<tr>
<th>Budget Type</th>
<th>FY 2016/17</th>
<th>FY 2017/18</th>
<th>FY 2018/19</th>
<th>FY 2019/20</th>
<th>FY 2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>% Exp</td>
<td>Budget</td>
<td>% Exp</td>
<td>Budget</td>
</tr>
<tr>
<td>Capital</td>
<td>6.6</td>
<td>88.6</td>
<td>7.4</td>
<td>90.8</td>
<td>8.6</td>
</tr>
<tr>
<td>Recurrent</td>
<td>35.0</td>
<td>94.9</td>
<td>26.0</td>
<td>79.6</td>
<td>20.8</td>
</tr>
<tr>
<td>Total</td>
<td>41.6</td>
<td>93.9</td>
<td>33.3</td>
<td>82.1</td>
<td>29.4</td>
</tr>
</tbody>
</table>
Health Budget Distribution Among Governments

**Fiscal Year 2020/21**
- Federal: 67%
- Province: 5%
- Local: 28%

**Fiscal Year 2021/22**
- Federal: 73.9%
- Province: 5.2%
- Local: 20.9%
NHSS Priorities and the Areas for Improvement
NHSS Priorities and the Areas for Improvement ....

- Reduce the high burden of death and injury through improved road safety
- Health facilities as learning environment for healthy lifestyles
- Plan to alleviate the impact of climate change on public health through effective engagement of MoHP with other ministries/stakeholders
- School and children as change agent: Work with MoEST to develop evidence-based curriculum
NHSS Priorities and the Areas for Improvement

- Integration of training activities – one door system
- Deliver allopathic, Ayurvedic and other allied health services through one-door service outlets
- Integration of health information systems
- Electronic Health Record system at health facilities
Highlights of the Budget and Program 2078/79 (2021/22)
Highlights of Policy and Program 2021/22

Strengthening of Health System

- Maternity and neonatal care services will be introduced in all district hospitals and maternity waiting homes will be operated in 20 districts.

- Operation of telemedicine, mobile health care, maternity services, vaccination services, community-based rehabilitation and palliative care services.

- All medical colleges, health academies and central hospitals operate satellite clinics with specialist services.
Highlights of Policy and Program, 2021/22

Health Infrastructure Expansion and Strengthening

- Establish the National Institute of Cancer Studies
- Modern and well-equipped hospital of international standard will be constructed at Duwakot in Bhaktapur to operate the expanded services of Bir Hospital.
- Establishment of Trauma Centers at Dhalkevar, Bardaghat and Lamki
- Ayurvedic and naturopathic hospitals will be
Highlights of Policy and Program, 2021/22

Health care services delivery and promotion:

- Transportation cost for FCHV have been increased by 100 percent to Rs. 12,000.
- Operation of cervical cancer vaccination program in nine districts of the three Province.
- Provision of minimum ten beds for treatment of mental illness in community and private hospitals with a capacity of more than 200 beds.
Annual Progress by Programs

Dr. Dipendra Raman Singh
Director General
Department of Health Services

Ministry of Health and Population
Department of Health Service
Teku, Kathmandu
22 Mangsir, 2078
Layout of Presentation

• Reporting status

• Annual progress by programs, based on major indicators

• COVID-19 Information Management

• Issues and Challenges
Reporting Status
- Around 90% HFs reported to HMIS.
- 65% HFs reported on time.
- Need to improve reporting from private facilities.
HMIS Reporting Status (%)

- Sudurpaschim province has 100% reporting and more than 90% on time reporting.

- Higher number of private facilities has contributed to low reporting in Bagmati province.
Annual Progress by Programs
Immunization

- 90% coverage of BCG
- Lowest in Bagmati
Immunization

- 81% measles/rubella coverage.
- 9% difference between BCG to measles/rubella2
- Low coverage in Province 1, Bagmati and Gandaki provinces
**Safe motherhood**

- 55% Four ANC coverage as per protocol; lower in Province 1, province 2 and Gandaki
- 65% institutional delivery; lower in Province 1, Province 2, Bagmati and Gandaki
Safe motherhood:
Deliveries Conducted by Skilled Birth Attendants (%): 2077/78 (2020/21)

- 61% SBA deliveries
- 4% institutional deliveries assisted by HWs other than SBA; higher in Karnali (18%) and Sudurpaschim (11%).
IMNCI

Incidence of Pneumonia among children under five years (per 1000)

Number of ARI cases (2-59 Months) with Severe Pneu/Very Severe Disease

Number of ARI Related Deaths (2-59 Months)

- Incidence of pneumonia (per 1000 U5 children) declined from 50.3 to 26.6 in the last 3 yrs.
- Similar pattern in the sever pneumonia related cases.
- ARI related deaths declined except in Province 2, Lumbini and Karnali provinces.
• Diarrhea incidence rate declined by 15 percent point in the last three years.
• Diarrhea related deaths have increased in Bagmati, Lumbini and Sudurpaschim province
Unadjusted Contraceptive Prevalence Rate (%): 2077/78 (2020/21)

- **National**: 39%
- **Province 1**: 41%
- **Province 2**: 44%
- **Bagmati**: 35%
- **Karnali**: 37%
- **Gandaki**: 34%
- **Lumbini**: 40%
- **Sudurpaschim**: 41%

Unadjusted CPR is almost stagnant in the last three years.
Nutrition

LBW is in declining trend; higher in Province 1 and lowest in Karnali
Malaria

- Malaria slide positivity rate is in declining trend; higher in Karnali and Sudurpaschim
- Slide collection is higher in Lumbini and Sudurpaschim provinces.
Tuberculosis

- TB-Case notification rate has slightly increased in FY 2077/78, lower in Province 1, Gandaki, and Karnali
- TB Treatment success rate is increasing in the last three years.
Increasing trend of HIV positive cases; higher in Province 2 and Bagmati
Higher number of leprosy new cases reported in Province 2 and Lumbini
Leprosy

New case detection rate/100000

Districts with <10 New case detection rate/100000

16 districts have >10/100000 pop new leprosy cases
• Declining trend of Hospital Bed occupancy rate; lower in Province 2, Gandaki and Sudurpaschim
• Declining trend of average length of stay in hospital; lower in Province 1, Province 2, Karnali and Sudurpaschim
COVID-19 Information Management (COVID-19 IMU)
COVID-19 IMU Domains

- Hospital Model (Patient tracking system)
- Community test Model (Antigen test)
- Laboratory Model
- POE Model (Point of entries)
- CICT (Case investigation and Contact Tracing) Model
- Vaccination related Model
- QR-Code certification Model
Current Implementation Status of IMU System

• Out of 103 laboratories listed, 91 are currently active in IMU

• 55 laboratories are connected with API

• Out of 386 hospitals, 209 COVID-19 designated hospitals are active

• Out of 445 isolation centers, 109 are active

• All LLGs which have COVID-19 cases found and performing Antigen test are regularly reporting to IMU
Current Implementation Status of IMU System (Cont...)

• Fully pre-registration for COVID-19 vaccination being implemented in 7 Palikas
  • Total pre-registration: 2,419,735
  • Digitization for total vaccinated: 276,100

• 276,102 Requests received for COVID-19 certificate

• 91% (251,106) QR-Code base Certificate verified and issued to public

• Orientation for updated CICT and PoE module completed.
COVID-19 Vaccination

- 61% population aged ≥18 were immunized with at least one dose of COVID-19 vaccination

- 44% population aged ≥18 were fully immunized with COVID-19 vaccination
Issues and Challenges
Program Related Issues

• CDC under MOHP
• Strengthening of surveillance systems
• Referral mechanism in the health system
• Free newborn care guideline
• Plateauing of 4 ANC use and timely first ANC visits
• PNC coverage
• High demand for free surgery for uterine prolapse cases
• Standardization and accreditation of laboratories
Program Related Issues (Cont...)

• Health education, communication and promotion in LLG.
• Community and private sectors engagement in TB diagnosis and management
• Nationwide scale-up of digitized case base surveillance and full integration
• Integration of OCMC, SSU and Geriatric services with HMIS.
• Expansion of geriatric services
• Implementation of electronic health record at health facilities
Program Related Issues (Cont...)

• Procurement, forecasting, quantification and LMIS capacity
• Standardization of waste management system up to local levels
• Telemedicine program in rural areas
• Strengthening of NPHL as referral central
• Low unadjusted CPR, high contraceptive discontinuation and underutilization of post-pregnancy family planning services
• Integrated and comprehensive single/one door health data management system
• Reporting coverage from non-public health facilities
Human Resource Related Issues

- Appropriate health related technical staff at-
  - province and local level.
  - hospital to implement SNCU/NICU

- R/R personnel (MR, statisticians and IT especially at LLG) to implement integrated health information management

- Human Resource in BHSCs, UHCs and CHUs
Finance and Budget Related Issues

• Appropriate financing and allocation of HR to address
  • Non-communicable disease and mental health.
  • managing the point of entry.
  • RTB program.
• Global Fund budget / tripartite agreement
• EDP support to provinces
• Maintenance and/or replacement of medical equipment
Infrastructure Related Issues

- Vaccine storage capacity especially at all levels
- Hospital construction (5, 10, 15 bedded) as per latest decision
- Congested warehouse building for the storage at Provincial level as per standard protocol
- Ensuring compliance to infrastructure development plan
Thank you!
National Joint Annual Review 2077/78

Reflection from Province

Government of Nepal
Ministry of Health and Population
Presentation Outline

1. Annual Work Plan and Budget (AWPB) implementation (Province Level)
2. Annual Work Plan and Budget (AWPB) implementation (Local Level)
3. Coordination and Collaboration
4. Information Management
5. Priority Public Health Program
6. Hospital Management
7. Ayurveda and Alternative Medicine
8. Basic Hospital and Basic Health Service Centers (BHSC)- Status
9. Basic Hospital
10. Basic Health Service Centers
11. Infrastructure Development
12. Human Resource Capacity Development
13. Procurement and Supply Chain Management
14. Organization Structure and HR Management
15. Service Delivery
16. COVID-19
17. Governance and Management
18. New Initiatives
19. Summary

Note: The issues and solutions are reflection from provincial presentations.
Annual Work Plan and Budget (AWPB) implementation (Province Level)

## Issues
- Complicated and **delayed budget release**.
- Delay in receiving **Program and Budget and Implementation Guideline** for Conditional Grant.
- Budget not released in **coordination** with province and local levels.
- Dependency on **conditional grant**.
- Provincial commitments to health are **inadequately reflected** in annual work plan and budget (except Lumbini).

## Expected action to address these issues
- Ensure **timely** availability of Program Implementation Guideline along with program budget (within Shrawan).
- Communicate and share **priorities**.
- Prepare **periodic plan** for all tiers of governments.
- Develop **context specific** programs and allocate adequate budgets from their own resources.
Annual Work Plan and Budget (AWPB) implementation (Local Level)

**Issues**

- **Budgetary constraints:**
  1. Lack of *need-based budget* flow and minor activity and program decided from federal and provincial level.
  2. Low budget allocation for *prioritized health programs* due to political tendency to prioritize other development programs.

- Overshadowed preventive and promotive programs.

- Inadequate program implementation quality (e.g., procurement practices).

**Expected action to address these issues**

- **Prioritize health** during planning and budgeting based on the real needs (micro-planning).
- Ensure **skilled human resource** at local level.
- **Advocacy** and program *orientation* for elected representatives.
- Regular **technical support to Local governments** from province government during AWPB.
- **Additional grant** for best performing institutions/health cadres.
Collaboration and Coordination

Issues
- Irregular **coordination meetings**.
- Inadequate joint planning.
- Intra and inter coordination **gap** between 3 tiers of government.
- Gap in the **linkage** between academy of health sciences and province government.
- Program **overlapping** in 3 tiers of government.
- **Incoherence** in planning, implementation and reporting.
- Federal level **directly implement** activities at district/local level.
- Less **engagement of Health Office** in technically backstopping the local level.

Expected action to address these issues
1. Strengthen coordination and collaboration mechanism among 3 tiers of government through **periodic review**, **joint planning**, and **coordination meeting**.
2. Enhance **joint work planning and co-financing** to develop **clear demarcation** of activities and responsibilities.
3. Health office as a **bridging unit** between provincial and local levels, likewise province between federal and local levels.
4. Develop mechanism to **maintain strong linkage** and collaboration between academy of health sciences and province.
Information Management

Issues

- Irregular **power backup** and **weak internet** facilities in most of the remote and mountainous areas.
- **Delayed reporting** in DHIS-2 and A-HMIS.
- Lack of well-functioning routine data quality assurance (**RDQA**) mechanism.
- Under/over reporting and data **discrepancy**.
- Multiple software with **interoperability issues** and inactive HIIS, Training Information Management System (TIMS), Human Resource Information System (HuRIS) users.
- Difficulties in implementation of electronic Logistic Management Information System (**eLMIS**) and Electronic Health Record (**EHR**) system.
- Inadequate data analysis and use of **evidences for planning**.
- Weak mechanism to include the **private sector reporting**.

Expected action to address these issues

- Strengthen mechanism for timely reporting in **DHIS-2**.
- **Mainstreaming** the regularization of private sector reporting.
- Harmonize **interoperability** all the information systems.
- Strengthen and regularize **RDQA**.
- Provision of regular **data analysis**, public health analysis, and use of **evidence** for planning.
Priority Public Health Program

Issues

- Impact of COVID-19 has resulted in decreasing coverage of priority public health programs.
- Less priority to public health programs due to emphasis on curative health programs.
- Issues with coverage (immunization), drop out (immunization, ANC), compliance to protocol (ANC, PNC, Institutional delivery), case detection (TB, Malaria, Kalazar, Leprosy, HIV AIDS).
- Increasing Non-Communicable Disease (NCD) problem including mental health and road accident.

Expected action to address these issues

- Strengthen advocacy roles of MoHP and provincial ministries on prioritizing issues.
- Different approach in remote/mountain areas for vaccine sub centers and supply.
- Scale up Package of Essential Non-communicable diseases (PEN) in all districts.
- Increase program for psychosocial counselling and health worker training for suicide prevention.
Hospital Management

Issues

- Inadequate physical assets and no physical asset audit.
- Inadequate intervention to address the gaps identified by Minimum Service Standard (MSS).
- Hospital waste management including disposal of expired supplies.
- Delay in Health Insurance reimbursement.

Expected action to address these issues

- Conduct infrastructure and equipment audit in Provincial hospitals.
- Develop equipment maintenance mechanism at province level.
- Develop Provincial Hospital Development Plan.
- MSS specific intervention for quality of care.
- Strengthen hospital waste management system.
- Regularize hospital development committee (HDC) meetings.
Ayurveda and Alternative Medicine

Issues

1. Insufficient HR, **infrastructure**, and **career development** opportunities.
2. **Unclear roadmap** of Ayurveda and Alternative medicine.
3. Ayurveda hospital and alternative health services **unavailable** at province level.
4. **Absence of dedicated** collection, processing, production, and distribution centers of medicinal plants.
5. Lack of access to **A-HMIS** at province and local level.
6. Unavailability of Ayurveda **MSS** and **quality assurance** tools.
7. Inadequate **monitoring and supervision**.

**Expected action to address these issues**

1. Proper infrastructure and trained HR.
2. Develop **Provincial Ayurveda Roadmap**, province level Ayurveda hospital and pharmacy.
3. **GMP certificate** of Ayurvedic medicines.
4. Include **Health Insurance** in Ayurveda and Alternative medicine.
5. **A-HMIS roll out** to all ayurvedic health institutions.
6. Create **opportunities for career development** within the system.
7. **Organization & Management (O & M)** and **MSS** for Ayurveda.

12/27/2021
## Basic Hospital and Basic Health Service Centers (BHSC)- Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Basic Hospital</th>
<th>Basic Health Service Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of local level</td>
<td>753</td>
<td>5618</td>
</tr>
<tr>
<td>Total number under construction (Province 1, Bagmati and Gandaki have not reported for both)</td>
<td>90</td>
<td>339</td>
</tr>
<tr>
<td>Providing services (Far western, Bagmati and Gandaki have not reported for Basic Hospital)</td>
<td>58</td>
<td>1506</td>
</tr>
</tbody>
</table>
Basic Hospital

Issues
- **No coordination** from local level with province about basic hospital establishment.
- **Capacity** of Rural Municipalities to run the Basic Hospitals
- **Retaining** of Medical officers.

Expected action to address these issues
- Strengthen **coordination** with province level for basic hospital operation.
- **Standardize** infrastructure criteria and design, and HR needs.
- **Standard procedure** to run basic hospital with specified ToR.
Basic Health Service Center (BHSC)

Issues

- No sanctioned positions and budget in BHSCs, Urban Health Centers (UHC), & Community Health Units (CHU).
- No uniformity in structure and functions of BHSC and CHUs.
- Improper and irregular recording and reporting system.

Expected action to address these issues

- Coordination with Province while establishing BHSCs.
- Infrastructure and HR as per standard.
- Timely budget provision for BHSCs.
- Standard name for health institutions. (Health Post to BHSC).
- Strengthen recording and reporting systems.
Infrastructure Development

Issues

1. Lack of provincial and local level comprehensive multiyear infrastructure development master plan.
2. Inadequate infrastructure. (MoHP, Health directorate, and Provincial logistic management center of Gandaki Province).
3. Inadequate basic amenities in most of the health facilities (district and below).
4. Inadequate physical infrastructure for upgraded hospitals.
5. Renovation/retrofitting.

Expected action to address these issues

1. **Revise criteria** of land space, IEE/EIA for Government owned health institutions.
2. Develop comprehensive multiyear health infrastructure development plan (including the regular maintenance plan).
4. Allocate budget for **reconstruction, renovation and retrofitting**.
Human Resource Capacity Development

**Issues**

- Lack of Human Resource for Health (HRH) provincial roadmap.
- Inadequate **technical backstopping**, mentoring and onsite coaching to subnational level.
- Insufficient **skilled human resources** (health section of Palika), lack of focal persons, and demotivated health workers at local level.
- Higher **workload**, lower capacity to execute AWPB at local level.
- **Technical Capacity (Skills) gap** to develop policy/regulatory frameworks at Provincial level.
- **Training:**
  - Insufficient Training Need Assessment
  - Lack of specialized trainings (critical care/hospital-based services)
  - Lack of Training follow-up and competency retention plan.

**Expected action to address these issues**

- Develop **provincial HRH roadmap**.
- Adequate technical support from **Federal level** to province and local level.
- Strengthening of **Provincial Health Training Center**.
- **Training:**
  - Develop and roll out comprehensive training package
  - Need based trainings (pandemic, province specific)
  - Orientation and update on policies, guideline, SDGs, 15th five-year plan, international commitment at province and municipality level.
  - Capacity building workshops on program management to provincial officials.
  - Develop and roll out comprehensive modular training package for supervisors and health coordinators.
Procurement and Supply Chain Management

**Issues**

- Lack **coordination and harmony** among 3 tiers of Govt for purchasing of drugs and commodities (**procurement at multiple levels: price, duplication, quality, quantity**)
- Inadequate **skills and knowledge** for quantification, forecasting of drugs/medicine and procurement process at local levels
- Insufficient **space for storage** at local.
- **Interoperability issue** (Dilemma in using eLMIS and PAMS).
- No **dedicated department** for Procurement and supply in **Karnali Province**.

**Expected action to address these issues**

- **Timely and adequate** supply of medicine and other logistics.
- Capacity expansion of **warehouse** at all level.
- Strengthening **eLMIS system**.
- Proper **monitoring and supervision** to ensure adequate supply of medicine and logistics.
- **Capacity building** of local level on good procurement practices.
- Need for **dedicated department** for procurement and supply chain in **Karnali**.
Organization Structure and HR Management

**Issues**
- Insufficient human resources and irregular O&M survey.
- Complex organization linkage and connection.
- Regulation and feedback mechanism implementation.
- Monitoring and evaluation
- Motivation and risk allowances.
- About 50% sanction post vacant (province level including district health office and hospitals)
- Retention of specialist doctor in remote area

**Expected action to address these issues**
- Clear organizational structure and linkage between province and local level.
- Conduct effective and result oriented O&M survey
- HR roster development for essential and specialized services.
- Develop mechanism to deploy HRH from one door system.
- Facilitate contract recruitment.
- HR recruitment from province public service commission for Basic Hospitals.
- Enabling environment and motivation for retention of the HR.
- Standard organogram.
Service Delivery

Issues

- Unable to deploy skilled staffs at service points. (SBA at CHU/UHC, Anesthesia Assistant at Health offices)
- Quality health services at rural/remote/hard to reach areas.
- Limited secondary and tertiary health services.
- Lack of specialized services at strategic hospitals.
- Inadequate functional referral mechanisms.

Expected action to address these issues

1. Roll out Safe Motherhood and Newborn Health roadmap.
2. Develop district hospitals as secondary level health service center.
3. Follow up of action plans of minimum service standard.
4. Strengthen of timely referral mechanism. (Air Ambulance for complicated cases)
COVID-19

Issues

- Inadequate skilled HR for **equipment operation** (especially in ICU, ventilators)
- Insufficient functional equipment, biomedical lab, and cold chain.
- Inadequate **reporting** by local level (Antigen testing, CICT, immunization etc.)
- Inadequate **holding/ screening center** and testing mechanism at point of entries. (Low COVID-19 screening at point of entry)
- The role of **private hospitals** in case managements is **limited**.

Expected action to address these issues

- Establishment of **biomedical warehouse** for repairing and maintenance of equipment at province.
- Trained and skilled **HR for operation** of specialized equipment.
- Proper **management** of isolation and quarantine centers at local level.
- Leadership of **vaccination campaign** at local level.
- Focus vaccination campaigns at those **municipalities** with less **coverage**.
- Enhance **public private partnership**.
Governance and Management

**Issues**
- Poor use of governance tools (social audit, public hearing, client feedback mechanisms etc.)
- Lack of financial management improvement plan.
- Translating federal policy/protocol and guideline into local context.
- Lack of health leadership at local level.
- No internal control guideline developed at Provincial level.
- Weak monitoring, evaluation and feedback mechanism.

**Expected action to address these issues**
- Plan and conduct social audit, public hearing of health institutions of all spheres
- Develop Provincial Financial Management Improvement Plan and Internal Control Guideline
- Support to develop health policy, guideline, protocol and standard at province and local level
- Develop provincial and local level health governance framework.
- Periodic review (Annual Report publication), supportive supervision, and monitoring
New Initiatives

Provincial

Karnali Province:
- Expansion of physiotherapy, dental and eye unit in all district hospitals.
- Sutkeri Poshan Koseli, FCHV Motivation, Karnali Motivation Allowance program.

Far-Western Province:
- Expansion of Rural Ultrasound Program at municipality level.
- Chief Minister senior citizen health program.
New Initiatives

Provincial

Lumbini Province:
- 10.24% budget allocated in Health
- Free home delivery Palika”- Palpa
- Relief amount for COVID-19 deaths

Province 2:
- Digital Family Health Folder (DFHF) under operation
- Establish Health & Well-being Centers at ward level specially to prevent & control life-style diseases/NCDs through Primordial prevention
New Initiatives

Local

1. Province 1:
   - Additional incentive/Free ambulance service from local level for institutional delivery.

2. Karnali Province:
   - “Nyano Dhoti” distribution program for 3 PNC visits
   - Filter for golden thousand days mother
   - Upamayor/ Upadachya sanga koseli karyakram
Special Agendas

• Uniformity in allowance and incentives for health workers working at same geographical areas.

• Functionality and relocation of birthing centers.
Thank you
Narayan Prasad Dhakal
Director General
Pharma Sector – Current Situation

- Affordable access to quality medicines is critical to reach UHC and realize the health-related aspirations of Nepal’s Constitution
- Access to quality-assured medicines is a pivotal determinant for addressing public health challenges (MNCH, NCDs, etc.)
- Total registered market size of approximately NPR 60 billion (USD 501 million) - the actual market size could be 2 to 3 times larger.
- 45% of the country’s market demands are met by domestic manufacturers (UNESCAP Report, 2020)
- Potential to meet 70% of essential medicines need by the local manufacturers
Pharma Sector – Current Situation..

- More than 20,000 brands of medicines registered with DDA
- 72 allopathic and 48 Ayurvedic local manufacturers
- 400 foreign companies registered to import medicines
- Around 15,000 registered pharma professionals
- Multisectoral Responsibility - DDA is the national regulatory authority but 19 key legal provisions are spread across 5 different government line agencies
Distribution of Service outlets & HR

DDA Branch Office, Biratnagar (9)

DDA, Kathmandu (49)

National Medicines Laboratory, Kathmandu (40)

DDA Branch Office, Birgunj (9)

DDA Branch Office, Nepalgunj (8)

Fulfilled: 76
Vacant 39 (33.91%) (via PSC)
## FY 2077/78 Budget and Expenditure – Capital

<table>
<thead>
<tr>
<th>Office</th>
<th>Total Budget (Lakh)</th>
<th>Expenditure (Lakh)</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>DDA</td>
<td>104</td>
<td>59.67</td>
<td>57.38</td>
</tr>
<tr>
<td>Laboratory</td>
<td>103</td>
<td>65.96</td>
<td>64.04</td>
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<tr>
<td>Nepalganj</td>
<td>3</td>
<td>2.97</td>
<td>99</td>
</tr>
<tr>
<td>Birgunj</td>
<td>3</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Biratnagar</td>
<td>33</td>
<td>30.91</td>
<td>93.69</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>246</strong></td>
<td><strong>162.51</strong></td>
<td><strong>82.82</strong></td>
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## FY 2077/78 Budget and Expenditure – Current

### Budget & Expenditure (Current)

<table>
<thead>
<tr>
<th>Office</th>
<th>Total Budget (Lakh)</th>
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<tr>
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<td>408.86</td>
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<tr>
<td>Laboratory</td>
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<td>278.94</td>
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<tr>
<td>Nepalganj</td>
<td>89.47</td>
<td>65.63</td>
<td>73.35</td>
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<tr>
<td>Birgunj</td>
<td>99.19</td>
<td>63.37</td>
<td>63.89</td>
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<tr>
<td>Biratnagar</td>
<td>104</td>
<td>94.51</td>
<td>90.875</td>
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<tr>
<td>Total</td>
<td>1408</td>
<td>911.31</td>
<td>70.44</td>
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## FY 2077/78 – Revenue Collection

<table>
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<th>Office</th>
<th>Revenue Rs. (in Lakh)</th>
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<tbody>
<tr>
<td>DDA</td>
<td>1179.32</td>
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<tr>
<td>Laboratory</td>
<td>7.52</td>
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<tr>
<td>Nepalgunj</td>
<td>65.58</td>
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<tr>
<td>Birgunj</td>
<td>50.94</td>
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<tr>
<td>Biratnagar</td>
<td>89.75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1393.11</strong></td>
</tr>
</tbody>
</table>
FY 2077/78 Key Progress

- Domestic Pharmaceutical Industry Registration: 16
- Foreign Pharmaceutical Industry Registration: 21
- New Drug Registration: 188
- New Pharmacy Registration: 1662
- Sample Analysis: 739
- Drug Bulletin Publication: 3
- Industry Inspection: 99
- Pharmacy Inspection: 1928
- Pharmacy Suspension: 119
- Filing of case: 45
- NLEM 2021 Sixth Revision: 1
- Emergency, Life saving & Critical care Medicine List: 1
- Orphan & Neglected Disease Drug List: 1
- Analytical Method Validation: 14
- GLP Audit: 5
FY 2077/78 Key Progress

• Amendment of Drugs Act, 2035 (ongoing)
• Procedure for Amendment of National Drug Policy (ongoing)
• Code of Emergency Use of Drugs or Vaccines, 2077
• Emergency Use Authorization of Covid 19 Vaccines after Approval Special Permission of Drugs (First Amendment) Guidance, 2077
• In coordination with Customs Department for National Single Window System
• Permission of clinical trial of Remdesivir has been given
• Recalling substandard and methanol mixed sanitizers
• WHO GBT Assessment Completed
• SATTA Assessment of NML Completed
• Establish Annual Antimicrobial Consumption monitoring system (DDA as focal point) in aligned with NAP-AMR

• Key Partners: USAID (MTaPS, PQM+), WHO
Key Issues and Challenges

● COVID-19 has exposed the vulnerability of the pharmaceutical sector, underscoring the need for self-reliance and resilience
● Despite the market size and existing technological potential, we continue to face persistence shortages of medicines and are reliant on foreign imports
● Domestic industry faces competition from international markets
● Ambiguous positioning of pharmaceutical sector in NHSS
● Need for an umbrella act/policy to streamline different legal and regulatory provisions while maintaining the sanctity of multisectoral approach
Key Issues and Challenges

- Restructuring of DDA in the context of federalism
- The number and skill-mix of human resources is not proportional to the size and potential of the sector
- Quality Assurance of pharmaceutical products and capacity of analytical laboratories
- Health technology products, neutraceuticals, and cosmetics are not under the purview of the government regulations
Key Issues and Challenges

• Not enough discourse on pharmaceutical sector’s contribution to the UHC agenda.

Ensuring affordable access to medicines has remained a persistent challenge for us.
WAY FORWARD
(Key reform priorities for one-year)

● Policy paper to inform the key stakeholders on reform options and advocate for increased partnerships and cooperation in the pharmaceutical sector
● Endorse Drug and Medical Products Law
● Endorse National Medicine Policy
● Prominently featuring pharmaceutical sector in the next health sector strategy and underpinning the sector in UHC and SDG discourse
● Initiate functional analysis and restructuring of DDA by maintaining a balance between devolution and deconcentration of existing roles and functions
  ○ Institutional strengthening of DDA as a regulator and steward of the pharmaceutical sector
  ○ NML with multifunctional testing capabilities
● Policy dialogue on incentivizing domestic industry and implementing protective tariff on finished products to promote local manufacturers
Thank you
National Joint Annual Review
2077/078

Dr. Vasudev Upadhyay
Director General,
Department of Ayurveda and Alternative Medicine
Ministry of Health and Population
Presentation Contents

• Existing situation of Ayurveda and Alternative Medicine in Nepal.
• Key interventions and initiatives
• Key issues and challenges
• Way forward
• Role of Ayurveda in Covid-19 management.
## Distribution of service outlets by Province

<table>
<thead>
<tr>
<th>Province</th>
<th>Total Outlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>64 (Federal level 0, Provincial level 14, Local level 50)</td>
</tr>
<tr>
<td>Province 2</td>
<td>61 (Federal level 0, Provincial level 8, Local level 53)</td>
</tr>
<tr>
<td>Bagmati Province</td>
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## Service statistics by Province

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Province Health Directorate (Ayurveda & Alternative Medicine Section)

Provincial Ayurveda Hospital, Lumbini province, Dang,

Provincial Ayurveda Hospital, Lakhanpur, Jhapa

Under Construction:

Anchal Ayurveda Aushadhalaya - 14

District Ayurveda Health Center – 61
Local Level

Ayurveda Aushadhalaya – 305
Key Interventions and Initiatives

• Healthy lifestyle management program (Nagarik aarogya Karyakram) at provincial level service outlets including 9 PHCs.
• Ayurvedic lifestyle & Yoga education through School.
• Establishment of Open Yoga & Vya yamshal(Gym center).
• Development of Health App. “My Health my responsibility”
• 218 Citizen wellbeing center at local level has been established.
• Citizen wellbeing Implementation plan has developed and approved.
Key Interventions and Initiatives

• Covid Management Protocol,
• Implementation of Guideline for Storage of Medicinal Herbs”
• Ayurveda Health Management Information System (AHMIS) is being implemented.
• Study on effect of climate change on medicinal plants is continued.
Key Issues & Challenges

✓ Co-ordination between three tiers of Government and health institutions.
✓ Inadequate skilled human resource and research.
✓ Insufficient infrastructure
✓ Management of Traditional healers and their knowledge (TMK) & preservation of IPR and patent of TMK
✓ Establishment of Provincial Ayurveda Hospitals in all provinces
✓ Expansion of Ayurveda institutions in remaining local levels.
✓ To control unethical practice and advertisement
✓ Quality of Ayurveda Medicines.
Key Issues & Challenges ...

• Management of Traditional healers and their knowledge (TMK) & preservation of IPR and patent of TMK
• Establishment of Provincial Ayurveda Hospitals in all provinces
• Expansion of Ayurveda institutions in remaining local levels.
Way Forward

• Expansion of School Yoga and Ayurveda Health Programs to promote healthy lifestyle.
• Expansion of Ayurveda service through basic health service hospitals.
• Establishment of Provincial referral Ayurveda Hospitals.
• Extension of Ayurveda Section in DDA with adequate HR.
• Establishment of Medicinal Herbs Collection and Processing Centers.
• Development of rural Ayurveda medicine manufacturing unit (pharmacy) in each province.
• Link Ayurveda Health services to Health Tourism.
Pictures Related to covid-19 management by Ayurveda Health institutions
Pictures Related to covid-19 management by Ayurveda Health institutions
प्रदेश आयुर्वेद Isolation केन्द्र सुर्खेत मा रहेका COVID-19 positive विरामीहरु
Isolations मा प्रात कालिन योग, ध्यान, Breathing Exercise र मनोसामाजिक परामर्श (सुर्खेत)
Pictures Related to Nagrik Arogya pragram
Pictures Related to Nagrik Arogya pragram
विद्यालय आयुर्वेद तथा योग शिक्षा

प्रस्तीता

डा. सरोज कुमार राय

आयुर्वेद तथा योग चिकित्सक

प्रमख, धौलागिरी आयुर्वेद औषधालय, बागलुरु

"विद्यालय आयुर्वेद तथा योग शिक्षा कार्यक्रम" अभारी परिसंचरण समारोह

"आयुर्वेदीय जीवनशैली र योगको उपयोगिता विषयक बृहत्तर्कुण्या कार्यक्रम"

योग शिक्षा
- पालिकासाधु र पालिका शिक्षा शास्त्रीय
- विद्यासाधन र स्वस्थ्य शिक्षक
- विद्यालयका विषयमहर
- विद्यालयका नैसिंग कर्मचारी

आयोजक:
शिक्षा विकास तथा समन्वय डिपार्टमेंट र धौलागिरी आयुर्वेद औषधालय, बागलुरु

विद्यालयमा योग र आयुर्वेद किन?

- व्यायाम

- योग
Cont...
Thank you
नेपाल सरकार
शहरी विकास मन्त्रालय
शहरी विकास तथा भवन निर्माण विभाग

स्वास्थ्य भवन निर्माण
राष्ट्रिय संयुक्त वार्षिक समीक्षा गोष्टी २०७७/०७८
(National Joint Annual Review 2020/021)
मिति : २०७८ मासिक २२ - २३ गते

प्रस्तुतकर्ता :
दिलीप भण्डारी
उप-महानिर्देशक, भवन महाशाखा
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### सम्पूर्ण आयोजनाहरुको सारांश - समूहगत कार्यक्रम संख्या तथा अवस्था

ब.उ. षी नं. ३७००००१२६
(२०६१/०६२ देखि २०७७/०७८ सम्म)

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आ.व. २०७७/०७८ मा बजेट विनियोजन भएका (ब.उ.शी.नं. ३७००००१६ का)
समूहगत कार्यक्रम संख्या तथा अवस्था

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सम्पन्न आयोजनाहरुको विवरण

क्रमागत तर्फ फरकारक सहित सम्पन्न : १२८
क्रमागत तर्फ सम्पन्न फरकारक बाँकी : ३२
रेट्रोफिटेड तर्फ फरकारक सहित सम्पन्न : १
आ.व. २०७७/०७८ को वार्षिक प्रगति एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रमको सम्मिति

वार्षिक कुल बजेट विनियोजन :
3 अर्थ ४१ करोड १६ लाख २० हजार

वार्षिक खर्च :
2 अर्थ ७१ करोड २२ लाख ५० हजार

वित्तीय प्रगति प्रतिशत :
७९.५०%

भौतिक प्रगति प्रतिशत :
९२.५५%

सम्पन्न आयोजना संख्या :
१६९ (भुक्तानी बॉक्स आयोजना ३२)
आ. व. २०७७/०७८ को वार्षिक प्रगति
एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम र आयुर्वेद सेवा कार्यक्रम अन्तर्गत क्रमागत भवन निर्माण

वार्षिक कुल बजेट विनियोजन:
3 अर्थ ७५ लाख ८५ हजार

वार्षिक खर्च:
2 अर्थ ४२ करोड २३ लाख ५० हजार

वित्तीय प्रगति प्रतिशत:
८०.५४%

भौतिक प्रगति प्रतिशत:
९२.६५%

सम्पन्न आयोजना संख्या:
१६९ (भुक्तानी बाँकी आयोजना ३२)
आ.व. २०७७/०७८ को वार्षिक प्रगति
रेट्रोफिटिड गर्ने दुई ठूला अस्पतालहरूको भवन निर्माण निरन्तरता

वार्षिक कुल बजेट विनियोजन:
१५ करोड ४० लाख

वार्षिक खर्च:
१५ करोड ९ लाख २२ हजार

वित्तीय प्रगति प्रतिशत:
९८.००%

भौतिक प्रगति प्रतिशत:
८५.९०%

सम्पन्न आयोजना संख्या:
१
आ.व. २०७७/०७८ को वार्षिक प्रगति कोभिड-१९ विरुद्धको खोप भण्डारण गृह निर्माण

वार्षिक कुल बजेट विनियोजन:
6 करोड़ ९३ लाख ५३ हजार

वार्षिक खर्च:
6 करोड़ ३० लाख २ हजार

वित्तीय प्रगति प्रतिशत:
९०.८४%

भौतिक प्रगति प्रतिशत:
१००%

सम्पन्न आयोजना संख्या:
8
आ.व. २०७७/०७८ को वार्षिक प्रगति
प्रादेशिक जनस्वास्थ्य प्रयोगशाला

वार्षिक कुल बजेट विनियोजन :
4 करोड 12 लाख

वार्षिक खर्च :
3 लाख 53 हजार

वित्तीय प्रगति प्रतिशत :
0.86%

भौतिक प्रगति प्रतिशत :
73.33%

सम्पन्न आयोजना संख्या :

![Diagram showing vitals and health progressions]
आ.व. २०७७/०७८ को वार्षिक प्रगति
क्षेत्रीय मेडिकल स्टोर

वार्षिक कुल बजेट विनियोजन :
२ करोड १२ लाख

वार्षिक खर्च :
X

वित्तीय प्रगति प्रतिशत :
०.००%

भौतिक प्रगति प्रतिशत :
६९.९५%

सम्पन्न आयोजना संख्या :
आ.व. २०७७/०७८ को वार्षिक प्रगति
राष्ट्रीय आयुर्वेद पत्रकर्म तथा योग सेवा केन्द्र, बुढानिलकण्ठ

वार्षिक कुल बजेट विनियोजन : ९ करोड
वार्षिक खर्च : ७ करोड १३ लाख ४६ हजार
वित्तीय प्रगति प्रतिशत : ७९.२९%
भौतिक प्रगति प्रतिशत : ८५.००%
सम्पन्न आयोजना संख्या :
आ.व. २०७७/०७८ को वार्षिक प्रगति
शिवसतासी न.प. मंगलबारे स्वास्थ्य चौकी

वार्षिक कुल बजेट विनियोजन :
1 करोड ५० लाख

वार्षिक खर्च :
4२ लाख ७५ हजार

वित्तीय प्रगति प्रतिशत :
२८.५०%

भौतिक प्रगति प्रतिशत :
९०.००%

सम्पन्न आयोजना संख्या :
आ.व. २०७७/०७८ को वार्षिक प्रगति
केन्द्रीय सरुवा रोग अस्पताल ३०० शैय्या

वार्षिक कुल बजट विनियोजन:
१ करोड ३२ लाख ८२ हजार

वार्षिक खर्च:
१

वित्तीय प्रगति प्रतिशत:
०.००%

भौतिक प्रगति प्रतिशत:
०.००%

केन्द्रीय सरुवा रोग अस्पतालको लागि
उपयुक्त जगा प्राप्त हुन नसकेको।
आ.व. २०७७/०७८ मा कार्यलयगत सम्पन्न आयोजनाहरु
ब.उ.शी.नं. ३७०००११६ (एकीकृत स्वास्थ्य पूर्वधार विकास कार्यक्रम)

मासामा 
रु 
कपिल नेपाल 
कार्यालय 
आयोजनाका सम्पन्नता : २८
कार्यालय बाँकका आयोजनाका सम्पन्नता : १६४

cकम
आयोजनासम्पन्न गरेका आयोजना 
कार्यालयहरु 
सूचित : १६
डोटी : १५
कास्की : १२

कार्यालयहरु 
मोरङ : २
बाँकेका : २
कैलालिका : २

सम्पन्न गर्ने लक्ष्य : १५६+८ = १६४
कार्य सम्पन्न तथा फरफारक भएका आयोजनाहरु : १३७

कार्य सम्पन्न फरफारक बाँकी आयोजनाहरु : ३२
जममा प्रगति : १६९
आ.व. २०७७/०७८ को वार्षिक प्रगति (प्रदेशगत)

शहरी विकास तथा भवन निर्माण विभाग
स्वास्थ्य भवन शाखा
तेस्रो चौमासिकको (वार्षिक) प्रगतिको सारांश
आ.व. २०७७/०७८

ब.उ.शी.ल. ३७०००१६ (पुंजीगत खर्च) एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम

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आ.व. २०७७/०७८ को वार्षिक प्रगति (प्रदेशगत)
विभिन्न आ.व. मा प्राप्त तथा सम्पन्न कार्यक्रम संख्या
विगत छ आ.व. को खर्चको अवस्था

ब.उ.शी.नं. ३७०००११६ (एकृकीत स्वास्थ्य पूर्वधार विकास कार्यक्रम)
### समस्याग्रस्त आयोजनाहरु

आ.व. २०७५/७६ मा सूचीकृत २२१ रुग्ण आयोजनाहरु मध्ये आ.व. २०७७/७८ मा बाँकी रहेका ६६ रुग्ण आयोजनाहरुको अवस्था

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### ृ ढी बढी रुग्ण आयोजना

सम्पत्ति गरेका आयोजना कार्यालयहरू

- कालिखी: ५
- सुईला: ४
- पसी: ३
समस्याग्रस्त आयोजनाहरूको हालको अवस्था
आ.व. २०७५/७६ मा सूचीकृत २२१ रुग्ण आयोजनाहरू मध्ये आ.व. २०७७/७८ मा बाँकी रहेका ६६ रुग्ण आयोजनाहरूको अवस्था
विभागको Norms & Specification Review गरी अपडेट गर्ने कार्य।
क. अन्तरनिकायगत अन्तरणिका, समन्वय, देखा पर्न सक्ने दुविधामा छलफल गरी समाधान निकालन Review Committee गठन र तिर्थिब चरणमा Meeting।
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<td>स्वास्थ्य भवन निर्माणमा Pilot Project खानी BIM Implementation अधि बढाइएको।</td>
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**BIM IMPLEMENTATION**

15 Bed Ayurvedic Hospital, Surkhet

Architectural Modeling
Architectural Sectional Modeling
3. **PMIS मा नयाँ features थप गरी**

Check-list अनुसार Documentation प्रमाणित गरिएका हुनुहो। म्याद थप सम्बन्धी सम्पूर्ण कार्य सिताराम रामबाबु जी का खानापर्ने सुनस्नि बाटै गर्न सकिने बनाईएको ।

- Checklist auto filled
- x- sign indicated documents not attached
A. Power of attorney Name check from PMIS database
B. Various Date checks from PMIS database base
   1. APG date
   2. PB date
   3. Insurance date
   4. EOT application date
   5. प्राविधिक प्रतिवेदन मिति
C. Eot History (timeline) can be easily extracted from PMIS database
D. Physical progress, financial progress and related details can also be easily extracted from PMIS Database
### क्र.सं. | क्रियाकलाप
--- | ---
1 | स्वास्थ्य भवन शाखाको Software and Data Management र Project Management मा IT को उपयोगिता बढाउँदै लैजन प्रयोगमा रहेका विभिन्न systems जस्तै: PMIS, Mobile App, File Tracking System लाई Project Management मा उपयोग गर्न आवश्यकता अनुसार Features थप गर्न।
2 | स्वास्थ्य भवन निर्माण सम्बन्धी विविध विषयमा आयोजना विशेषका केन्द्रित भई अन्तर्क्रिया र समीक्षा गरी प्राप्त भएका सुझावलाई कार्यान्वयन गर्दै लाई।
3 | कोभिड-१९ को प्रभाव कम भई अनुकूल वातावरण भएमा BIM based Pilot Project मा BIM Implementation को सिकाईलाई उपयोग गरी अर्को हुलो आयोजनामा कार्यान्वयनमा लैजने।
4 | नयाँ प्रबिधि र निर्माण सामग्री अनुरूप अपडेट भएको Norms र Specification क्याविनेटबाट स्वीकृत गराउने तथा Rate Analysis को software मा आवद्ध गराई कार्यान्वयनमा ल्याउने।
आ.व. २०७८/०७९ को वार्षिक विकास कार्यक्रम
ब.उ.शी.नं. ३७०००११६ (पूँजीगत खर्च) एकीकृत स्वास्थ्य पूर्वधार विकास कार्यक्रम

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<td>९९४२२२९४ लेखाविद्वानी न.पा.विभागको स्वास्थ्य चौकी</td>
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<td>९९४२२२५९ इलाजल्लोष्ट भवन नियम, सेनी प्रदेशाधीन अस्पताल, कौलाली</td>
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<td>९९४२२२१० वरियर डॉक्टर क्वार्टर तथा २ वरियर स्टाफ क्वार्टर भवन नियमकार्य, जिल्ला अस्पताल, कालिकोट</td>
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<td>९९४२२२७३ न.पा.विभागको स्वास्थ्य भवन कोषी अस्पताल</td>
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<td>१४</td>
<td>स्वास्थ्य संस्थाहरूको Topographical Survey, माटी परिक्षण, Geotechnical अध्ययन, Masterplan, अभिलुक्तिक, Structural, Sanitary साधन र Electrical Design Drawing को प्रविधान कार्य</td>
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<td>स्वास्थ्य भवन संचालन र प्रशिक्षण तथा प्राथमिक प्लान तयार गर्ने कार्य</td>
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जन्मा: ७७३६७००
आ.व. २०७८-०७९ को प्रथम त्रैमासिक सम्मको प्रगति
आ.व. २०७८/०७९ मा बजेट विनियोजन भएका समूहगत कार्यक्रम संख्या तथा अवस्था

आ.व. २०७८-०७९ को प्रथम त्रैमासिक पश्चात एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम

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<th>Tendering / Evaluation</th>
<th>Under Construction</th>
<th>Near to Completion</th>
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<td>Provincial Public Health Laboratory</td>
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<td>2</td>
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सम्पूर्ण २२ मध्य २२ प्रकार आयोजनाहरू पाइएका खामास्थितिमा सम्पूर्ण भएका र बाकी २२ प्रकार आयोजनाहरू अधिकै आ.व. मा सम्पन्न भएको तर भुक्तानी बालीको कारण यस आ.व. को कार्यक्रममा भुक्तानी प्रयोजनाथ समवेश गरिएको।
आ.व. २०७८/७९ मा बजेट विनियोजन भएका १८७ आयोजनाहरुको अवस्था
आ.व. २०७८/७९ को प्रथम त्रैमासिकमा कार्यलयगत सम्पन्न आयोजनाहरू एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम

जम्मा सम्पन्न आयोजनाहरू = ११
आ.व. २०७८/०७९ को प्रथम त्रैमासिकको प्रगति
एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम

बजेट शीर्षक नं. ३७०००१६ (एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम)
एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम तर्फको समस्ती: १८७ वटा

वार्षिक बजेट : रु. ४ अर्ब ४१ करोड २४ लाख
पहिलो त्रैमासिक बजेट : रु. ९८ करोड २२ लाख
पहिलो त्रैमासिक खर्च : रु. ४१ करोड १९ लाख (४१.९८%)
हालसम्मको खर्च : रु. ४१ करोड १९ लाख (४१.९८%)
भौतिक प्रगति प्रतिशत (पहिलो त्रैमासिक लक्ष्यको आधारमा) : ५५.६९%
भौतिक प्रगति प्रतिशत (वार्षिक लक्ष्यमा हालसम्मको) : १४.४४%
पहिलो त्रैमासिकमा सम्पन्न आयोजना संख्या : ११
आ.व. २०७७-०७८ को वार्षिक कार्यक्रम संख्या तथा बजेट (प्रदेशगत)

शहरी विकास तथा भवन निर्माण विभाग
स्वास्थ्य भवन शाखा
आ.व. २०७८/०७९ को क्रमागत आयोजना संख्या तथा बजेट

ब.उ.शी.नं. ३७०००१९६ (पूजीगत खर्च) एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम

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आ.व. २०७८/०७९ को प्रथम त्रैमासिकको प्रगति
एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम

आ.व. २०७८/०७९ मा चालू रहेका आयोजना संख्या, वार्षिक बजेट तथा प्रगतिको अवस्था:

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<td>१६३</td>
<td>२,७३३,७६,५३</td>
<td>१६३ क्रमागत (अस्पताल, स्वास्थ्य चौकी, प्राथमिक स्वास्थ्य केन्द्र, काठाड, आयुर्विद अस्पताल, आयुर्विद स्वास्थ्य केन्द्र, आयुर्विद औषधालय लगायत) मध्ये ३० आयोजनाहरूको कार्य सम्पन्न भई फर्फरकात मात्र बॉक्सी रहेको। अन्य आयोजनाहरू चालू अवस्थमा रहेको।</td>
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<td>१</td>
<td>९,००,००</td>
<td>डिजाइन र डुइड कार्य सम्पन्न भई लागत अनुमान विभागमा पेश भएको।</td>
</tr>
<tr>
<td>११.</td>
<td>इमर्जेंसी भवन निर्माण सेती प्रादेशिक अस्पताल, केलाली</td>
<td>१</td>
<td>१,००,००</td>
<td>तला धप वा नयाँ भवन निर्माणको कार्य भई चेनलको विषयमा निर्णय हुन बॉक्सी।</td>
</tr>
<tr>
<td>१२.</td>
<td>शिवाजी न पा मंगलबाटर स्वास्थ्य चौकी निर्माण</td>
<td>१</td>
<td>२०,००,००</td>
<td>निर्माण कार्य चालू रहेको।</td>
</tr>
<tr>
<td>१३.</td>
<td>नेपाल स्वास्थ्य अनुसंधान परिषदको भवन निर्माण कार्य</td>
<td>१</td>
<td>४७</td>
<td>डिजाइन र लागत अनुमान भइरहेको।</td>
</tr>
</tbody>
</table>

जम्मा १८७ ४,४१,२५,००
समस्याग्रस्त आयोजनाहरू सम्बन्धमा

• मिति २०७८-०५-१० मा रुग्ण आयोजनाहरूको पुन: वर्गीकरण गरी सूचीकृत गरिएका ११० आयोजनाहरू मिति २०७८-०५-१३ मा "रुग्ण आयोजना व्यवस्थापन समिति" को बैठक बसी भएका निर्णयका आधारमा तयार गरिएको प्रतिवेदन विभागबाट मिति २०७८-०६-११ मा स्वीकृत भएको।

<table>
<thead>
<tr>
<th>जम्मा सूचीकृत रुग्ण आयोजना संख्या</th>
<th>११०</th>
</tr>
</thead>
<tbody>
<tr>
<td>निर्माण कार्य सम्पन्न (फरफारक बाँकी)</td>
<td>३०</td>
</tr>
<tr>
<td>कार्य सम्पन्न हुन बाँकी</td>
<td>८०</td>
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</table>

<table>
<thead>
<tr>
<th>जम्मा सूचीकृत रुग्ण आयोजना संख्या</th>
<th>११०</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red वर्गीकरणमा परेका आयोजना संख्या</td>
<td>३०</td>
</tr>
<tr>
<td>Yellow वर्गीकरणमा परेका आयोजना संख्या</td>
<td>६८</td>
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<tr>
<td>Green वर्गीकरणमा परेका आयोजना संख्या</td>
<td>१२</td>
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</tbody>
</table>
समस्याग्रस्त योजनाहरुको हालको अवस्था
आ.व. २०७८-०७९ को प्रथम त्रैमासिक पश्चात
पुन: वर्गीकरणमा परेका ११० रुग्ण आयोजनाहरुको हालको अवस्था
समस्याग्रस्त आयोजनाहरु सम्पन्न गर्न गरिएका प्रयासहरु

Project Specific Action Plan पेश गर्न गरिएको पत्राचार

शहरी विकास तथा आवास निर्माण विभाग

Project Specific Action Plan

- निर्माण आवश्यकता एक्सिस वर्चस्व राख्न सामाजिक सुरक्षा एवं आवास हामी, लगभग, नेपाल र आयोजनाहरु सम्पन्न गरिएको प्रयासहरु
- प्रयासहरु
- Project Specific Action Plan रेखा मा सम्पन्न गरिएको प्रयासहरु
- Green सम्पन्न हरू
- Yellow सम्पन्न हरू

- निर्माण आवश्यकता एक्सिस दु:ख र गरीबीको वर्चस्व प्राप्त गर्न सामाजिक सुरक्षा एवं आवास हामी, लगभग, नेपाल र आयोजनाहरु सम्पन्न गरिएको प्रयासहरु
समस्याग्रस्त आयोजनाहरू सम्पन्न गर्न गरिएका प्रयासहरू

Project Specific Action Plan को ढाँचा
### Project Specific Action Plan

<table>
<thead>
<tr>
<th>क्रमांक</th>
<th>विषय</th>
<th>तर्कित (Time Line)</th>
<th>निर्देशन</th>
<th>लागि उपकरण</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>निर्माण व्यवस्थापनका उल्लेखन</td>
<td>दृष्टिकोणको लागि, विशेषतः समस्त प्रयासहरुको विवरण</td>
<td>तार्कित (Time Line)</td>
<td>निर्देशन</td>
</tr>
<tr>
<td>2</td>
<td>सूची र को-कार्ययोजना अनुसार स्टंप अग्रिम बँकेहरुको लागि यस्ता मुद्दाको समाधान</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>स्थायी संस्था संबंध वालोको सम्पन्न कार्योक्षेत्र बगैर दुर्बलतालाई चलाएको कार्य</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

निर्माण कार्य सम्बन्धी विभागका साथी कार्ययोजना (Action Plan)
<table>
<thead>
<tr>
<th>नं.</th>
<th>शीर्षक</th>
<th>विभाग</th>
<th>संख्या</th>
<th>तारिख</th>
<th>ठिकान</th>
<th>मेला</th>
<th>फोन</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>तालिकामा उल्लेखित निगम</td>
<td>शहरी जनसंख्या</td>
<td>प्रथम</td>
<td>२०७८/०५/०६</td>
<td>प्रेस हाउस, बिहार</td>
<td>[email protected]</td>
<td>०३०३-०६४३५४५</td>
</tr>
<tr>
<td>2</td>
<td>तालिकामा उल्लेखित निगम</td>
<td>शहरी जनसंख्या</td>
<td>द्वितीय</td>
<td>२०७८/०५/०६</td>
<td>प्रेस हाउस, बिहार</td>
<td>[email protected]</td>
<td>०३०३-०६४३५४५</td>
</tr>
<tr>
<td>3</td>
<td>तालिकामा उल्लेखित निगम</td>
<td>शहरी जनसंख्या</td>
<td>तीसरा</td>
<td>२०७८/०५/०६</td>
<td>प्रेस हाउस, बिहार</td>
<td>[email protected]</td>
<td>०३०३-०६४३५४५</td>
</tr>
</tbody>
</table>

अन्य विवरण: समस्याग्रस्त आयोजनाहरू सम्पन्न गर्न गरिएका प्रयासहरू
ARCHITECTURAL DESIGN PROJECTS
Koshi ICU Block
Morang
CARDIAC CENTER
NARAYANI HOSPITAL AND
G.N. SINGH HOSPITAL, RAJBIRAJ
PROVINCE MEDICAL STORE- TYPE I
DHA NUSHA AND SURKHET
PROVINCE MEDICAL STORE- TYPE II
KASKI
PROVINCIAL PUBLIC HEALTH LABORATORY (PPHL)
DISTRICT HOSPITAL (50 BED)
DARCHULA
DISTRICT HOSPITAL (50 BED)
KHORTANG
• आ.व. २०७७/०७८ मा सम्पन्न भएका स्वास्थ्य भवनहरूका केही झलकहरू
भेरी अञ्चल अस्पतालमा हालको प्रसूति सेवा भवन माध्यमको तला थप, बैंक
गजेन्द्र नारायण सिंह अस्पतालमा प्रसूति गृह भवन निर्माण,
पूर्वज्ञल क्षेत्रीय आयुर्वेद चिकित्सालय, लखनपुर, झापा
पश्चिमाञ्चल क्षेत्रीय अस्पताल, पोखरामा डिक्यान्टिंडको लागि अस्थायी संरचना निर्माण कार्य, कास्की
प्राथमिक स्वास्थ्य केन्द्र, पशुपतिनगर, इलाम

कोल्बी प्राथमिक स्वास्थ्य केन्द्र, बारा

लाम्पानटार प्राथमिक स्वास्थ्य केन्द्र, सिन्धुली

थुम्सिकोट प्राथमिक स्वास्थ्य केन्द्र, कास्की
जनस्वास्थ्य कार्यालय, तनहुं

लुड़रुपा स्वास्थ्य चौकी, पांचधर

जनस्वास्थ्य कार्यालय, खोटाड

सीतागञ्ज स्वास्थ्य चौकी, सुनसरी
नटकुलिया “ए” स्वास्थ्य चौकी, सप्तरी
ववरगंज स्वास्थ्य चौकी (१५ शैयाको), सर्लाही
मुक्सार स्वास्थ्य चौकी, सिराहा
इश्वरपुर स्वास्थ्य चौकी (१५ शैयाको), सर्लाही
पोखरर्भिण्डा संग्रामपुर स्वास्थ्य चौकी, महोत्तरी

मधुवि गोठ स्वास्थ्य चौकी, सर्लाही

नोकेल्वा स्वास्थ्य चौकी, सर्लाही

देउरवाना स्वास्थ्य चौकी, पर्सा
लौकाहा स्वास्थ्य चौकी, रौतहट

तिलकपुर स्वास्थ्य चौकी, नवलपारसी

पक्तिहवा स्वास्थ्य चौकी, नवलपारसी

बोर्द झर्ना चौकी, गोरखा
थुमपोखरा स्वास्थ्य चौकी, स्याङ्जा

जुकेना स्वास्थ्य चौकी, अर्धाङ्गी

मिजुरे स्वास्थ्य चौकी, कास्की
दोहोली स्वास्थ्य चौकी, गुल्मी

जयखानी स्वास्थ्य चौकी, गुल्मी

कांडा स्वास्थ्य चौकी, रुकुम
उदयपुरकोट स्वास्थ्य चौकी, प्यूठान
हलवार स्वास्थ्य चौकी, दाड़
लालमटिया स्वास्थ्य चौकी, दाड़
शम्सेगञ्ज स्वास्थ्य चौकी, बाङ्के
काफलकोट स्वास्थ्य चौकी, सुखेत
भलाक्चा स्वास्थ्य चौकी, रुङ्गम
दल्ली स्वास्थ्य चौकी, जाजरकोट
घोरेटा स्वास्थ्य चौकी, सुखेत

सिम्ली स्वास्थ्य चौकी, रुकुम
याङपाङ स्वास्थ्य चौकी, भोजपुर
नेपालेङ्गाङा स्वास्थ्य चौकी, भोजपुर
चैनपुर (सालवास) स्वास्थ्य चौकी, धादिङ
सेतुङ्ग स्वास्थ्य चौकी, धादिङ
बारला स्वास्थ्य चौकी, अछाम
कलागाउं स्वास्थ्य चौकी, अछाम
रोडिदेवल स्वास्थ्य चौकी, वैतडी
आंटीचौर स्वास्थ्य चौकी, बाजुरा
जुगाड स्वास्थ्य चौकी, बाजुरा
कांडा स्वास्थ्य चौकी, बाजुरा
रामपुर स्वास्थ्य चौकी, ओखलदुङ्गा
दुर्लभ स्वास्थ्य चौकीको नयां भवन निर्माण, खोटाड
खोटाडबजार आयुर्वेद औषधालय, खोटाड

बिरकोट आयुर्वेद औषधालय, पाल्पा

नवराजपुर प्र.स्व.केन्द्रमा ४ परिवार नर्सिंग कार्टर, सिराहा

सालकोट प्र.स्व.केन्द्रमा ४ परिवार नर्सिंग कार्टर, सिराहा
४ परिवार डाक्टर कार्टर, धादिङ्दु अस्पताल, धादिङ्दु

४ परिवार डाक्टर कार्टर, भोजपुर अस्पताल, भोजपुर

८ परिवार नर्सिंड कार्टर, धादिङ्दु अस्पताल, धादिङ्दु
कोविड-१९ विरुद्धको खोप भण्डारण गृह निर्माण, हेटोंडा, मकवतिपुर

कोविड-१९ विरुद्धको खोप भण्डारण गृह निर्माण, सुखेत, कतस्की

कोविड भ्याक्सिन स्टोर्ज, सुखेत

कोविड-१९ विरुद्धको खोप भण्डारण गृह निर्माण, धनगढी, कैलतली
National Joint Annual Review
2078 BS (2021)

Health Insurance Program

Dr. Damodar Basaula
Executive Director
Health Insurance Board
Teku, Kathmandu, Nepal
Outline of Presentation

- Introduction
- Policy achievement
- Milestone and major achievement in FY 2077/78
- Major Problem/challenges
- Recommendations for improvement
- Way Forward ..next steps
Introduction

1. Objectives of Health Insurance Program:
   - To ensure access to health service,
   - To ensure quality health service,
   - To protect from financial hardship and reduce out-of-pocket expenditure,
   - Capacity and ownership building of Health service provider.
2. Features of Health Insurance in Nepal

Contributory/Family Based

- Cash-less (Upper Cap)
- IT based (IMIS)

Subsidy to Poor and Targeted Population

Purchaser and Provider Split

Public and Private Providers
3. Organizational Structure

- Coordination
- Ministry of Health
- Health Insurance Board
- Central Office
- Provincial Health Insurance Board
- Provincial Office
- Enrollment Officer
- Enrollment Assistants
- Local Level Health Insurance Coordination Committee
- District - 77
- Local Level 753
- Provence Level 7
- Federal Level

Introduction Cont.....
4. Regulating/Coordinating Mechanism

- **Health Insurance Board**
- **Provincial Health Insurance Coordination Committee**
- **Local Level Health Insurance Coordination Committee**

**Coordinating role:**
1) promotion of health services quality and access.
2) promotion of Enrollment (membership) in Health insurance.

- **President:** Dr. Senendra Raj Uperati
- **Member:** Dr. Gunaraj Lohani, (Joint secretary)
  (Representative from Ministry of Health & Population)
- **Member:** Mr. Mahesh Acharya (joint secretary)
  (Representative from Ministry of Finance)
- **Member:** Dr. Suresh Tiwari
- **Member:** Dr. Tara Shah
- **Member:** Mr. Chandra Thapa
- **Member:** Ms. Indrakala Rai
- **Member:** Ms. Tika Chapagain Bhattrai
- **Member Secretary:** Dr. Damodar Basaula
Policy Achievement In FY 2077/78

- Claim Review and Evaluation Procedure 2078,
- Procedure for Listing of Service Providers 2078,
- Health Insurance Fund Operation and Management Procedure 2078,
- Province level / Local level “Health Insurance Coordinating Committee” Formation / Operation Model Procedure 2078,
- Health Insurance Model Local Level Declaration Procedure 2078,
- Procedure to Enroll the family of the foreign employees in health insurance 2078,
- Procedure of treatment expenditure of chronic diseases for ultra poor will be gradually included in health insurance 2078.
## Milestone Vs Achievement in FY 2077/78

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Major Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Health insurance program to be expanded to 753 local levels</td>
<td>1) Currently operating at 736 local levels from 551 local levels.</td>
</tr>
<tr>
<td>2) To increase the health insurance coverage to 40 percent of total</td>
<td>2) 18.87% Covered from 10%.</td>
</tr>
<tr>
<td>population.</td>
<td>3) Prepared the Procedure and submitted to the ministry of health and population</td>
</tr>
<tr>
<td>3) Treatment expenditure of chronic diseases for ultra poor will be</td>
<td>for approval</td>
</tr>
<tr>
<td>gradually included in health insurance.</td>
<td></td>
</tr>
</tbody>
</table>
Annual Financial Statement : Fiscal Year 2077/078.

Total Insured : 45,83,907

- Total budget: 7,50,00,00,000
- Contribution Amount: RS. 6,54,80,08,961
- Reimburse Amount: 4,82,88,66,630
- Total Expenditure Amount: 7,36,13,00,000.
- Financial achievement: 98.15%
- Physical achievement: 98.22%

Source: IMIS
Annual Statement: Fiscal Year 2077/078.

- Total Insured Families: 13,91,969
- Service Utilizations: 16,30,386 (38.68%)
- Total District covered: 75
- Total No. of Service Provider: 428
- Renewal Rate: 75%

Source: MIS
## Province Wise Ensured Detail 077/78

<table>
<thead>
<tr>
<th>Provence</th>
<th>Total Population</th>
<th>Total Insured</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provence 1</td>
<td>45,35,943</td>
<td>15,10,788</td>
<td>33.30%</td>
</tr>
<tr>
<td>Provence 2</td>
<td>54,04,145</td>
<td>2,14,632</td>
<td>3.97%</td>
</tr>
<tr>
<td>Bagmati</td>
<td>55,29,452</td>
<td>9,19,616</td>
<td>16.63%</td>
</tr>
<tr>
<td>Gandaki</td>
<td>24,03,757</td>
<td>5,67,541</td>
<td>23.61%</td>
</tr>
<tr>
<td>Lumbani</td>
<td>44,99,272</td>
<td>7,19,490</td>
<td>15.99%</td>
</tr>
<tr>
<td>Karnali</td>
<td>15,70,418</td>
<td>2,71,237</td>
<td>17.27%</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>25,52,517</td>
<td>3,80,603</td>
<td>15.07%</td>
</tr>
</tbody>
</table>

Total insured 45,83,907  percentage 17.30 %
Coverage out of Kathmandu and Lalitpur districts 18.87%

Source: IMIS
Enrollment of Target Group 077/78

- Senior citizen: 5,35,819
- HIV Infected: 19,855
- MDR TB: 1,906
- Leprosy: 2,321
- Null disability: 75,012
- FCHVs: 70,004 (With family numbers)
- Ultra poor: 4,76,775

Source: IMIS FY 2077/078
Total Male & Female Enrolment and Service Utilization
077/78

Percentage of Insurees

Service Utilization Percentage

Female %: 53
Male %: 47

Female %: 58
Male %: 42
Major Problem/challenges

- Inadequate of relevant policies
- Lack of physical resources
- Limited Primary service sites
- Scarcity of trained HR
- No hospital Pharmacy at all hospitals and Drug related problems
- Lack of complete monitoring system
- Lack of easy access of health services in remote area.
- Lack of common understanding about health insurance
- Lack of taking ownership of the health Insurance Program by province and local level.
Major Problem/challenges cont...

- Increasing trend of unnecessary service utilization
- Ensure quality Health Service.
- Enrollment, Renewal and Dropout
- Legal provision for making health insurance mandatory to all citizen
- Policy gaps for the fulfillment of basic requirement
- Integration of vertically scattered organizations of same nature of Health Insurance
- Sustainability of the program.
Recommendations for the improvement

Following things need to be addressed for the promotion and advancement of Health Insurance Programme:-

- Permanent O and M of Health Insurance Board.
- Mandatory legal provision for all citizens to be enrolled in Health Insurance Program.
- Strict pharmacy and drug availability management and monitoring system by ministry.
- Province and local level ownership building for Health Insurance.
- Health service providers and health workers as per need in remote area.
WAY FORWARD- next steps

- Expansion of program in 77 Districts and 753 Local Levels with 50% Enrollment of total Household by FY 2078/79
  - Formation of health insurance coordination committee at province and local level,
  - Automatic registration through electronic application/Self-registration system,
  - Mandatory enrollment of the families of foreign employees in Health Insurance
- Less paper /Paper less System :
  - Online Enrollment
  - Online Renewal,
  - Online Payment,
  - Insuree Profile Mobile App,
- Co-ordination with Province, Local level and stake holders (EDPs) as well.
- Health Insurance Promotional Activities and Awareness campaign.
- Regular Claim Settlement Mechanism, Control of fraud claim and monitoring,
- HR Management through permanent organization structure,
Way Forward cont.....

- Coordination for mandatory provision of Health Insurance.

- Necessary coordination for enrolling formal sector in health insurance program.

- Necessary coordination and role play for the integration of vertically scattered social health security programs to make one door system through health insurance.

- Update of IMIS.

- Amendment of Health Insurance Regulation as per requirement.
Reflection from Joint Pre-NJAR field visit

Government of Nepal
Ministry of Health and Population
# Field Visit Team

### Province 1
1. Dr. Madan K Upadhyaya, MoHP
2. Yeshoda Aryal, MoHP
3. Dr. Amrit Pokhrel, EDCD/DoHS
4. Ravi Kanta Mishra, MoHP

### Province 2
1. Dr. Anuj Bhattachan, MoHP
2. Laxmi Prasad Joshi, MoHP
3. Dr. Baburaja Amatya, MoHP
4. Deepak Dahal, MoHP
5. Chitra Khanal, MoHP
6. Rajan Adhikari, NHSSP

### Bagmati Province
1. Dr. Radhika Thapaliya, MoHP
2. Dr. Gunanidhi Sharma, MoHP
3. Bala Rai, NSSD/DoHS
4. Shivalal Sharma, MD/DoHS
5. GiriRaj Subedi, WHO
6. DiliRaman Adhikari, USAID

12/27/2021
## Field Visit Team...

<table>
<thead>
<tr>
<th>Gandaki Province</th>
<th>Lumbini Province</th>
<th>Karnali Province</th>
<th>Sudur Pashchim Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr Prakash Shah, NTCC/DoHS</td>
<td>1. Dr Vasudev Upadhdhyay, DoAAM</td>
<td>1. Shailaja Regmi, MoHP</td>
<td>1. Dr Pawan J Rayamajhi, CSD/DoHS</td>
</tr>
<tr>
<td>2. Dr Hemant C Ojha, EDCD/DoHS</td>
<td>2. Shambhu P Jnawali, MoHP</td>
<td>2. Dr Poma Thapa, CSD/DoHS</td>
<td>2. Dr Narendra Khanal, CSD/DoHS</td>
</tr>
</tbody>
</table>
Institutions covered during field visit

1. Ministry of Social Development/MoH/MoHP/MoHPFW
2. Health Directorate
3. Provincial Health Logistic Management Centre
4. Provincial Health Training Centre
5. Provincial Reference Lab
6. Provincial Health Offices
7. Provincial Hospitals
8. Local Level: Metropolitan, Sub Metropolitan, Municipality and Rural Municipality
9. Primary Hospitals/Primary Health Care Center
10. Health Post/ Basic Health care service
Planning and Budgeting

Key Observations

• Health sector is a priority- reflected by budget allocation.
• Allocation of health-related budget according to internal revenue collection at province and local levels.
• Adequate program has been provided from MoHP as conditional activities.
• Regular annual review and planning workshop at provincial and local levels.
• Initiatives to strengthen Public Health Priority Program (Safe Motherhood, FCHVs) and hospital strengthening.
Planning and Budgeting…

Issues:

• Evidence-based planning and programming.
• Blanket, top-down approach - which caused duplication of programs.
• More priority on specialized health services than strengthening of basic health services.
• Delayed federal ensured budget (Oxygen plant, Basic health centre construction, IMU budget)
• Salary provided to temporary staffs from vacant sanction post without legal provision.
Expectations/ Way forward

• Effective communication and coordination in planning phase.
• Need coherence in program planning and budgeting to avoid duplication and miss-out.
• Clear and on-time Guideline for Federal Conditional Grant.
• Capacity building and regular orientation to health coordinators and health workers on updated guidelines, protocols, planning and budgeting process.
Governance

Key Observations

• Many acts, regulations, guidelines, protocols developed and endorsed in provinces and municipalities. (स्वास्थ्य तथा सशस्त्र ऐन, स्वास्थ्य संस्थास्थापना, निबंधन, स्तरउन्नति मापदंड, संक्षिप्त संगठन तथा ब्यवस्थापन सर्वेक्षण)

• Risk Coverage approach for achieving Universal Health Coverage (Treatment support for eight plus diseases; SHI premium support to family who cannot afford; Free services for elderly population).

• Provision of citizen charter, spokesman and inquiry box within the organization.

• Regular dissemination of service-related information to the stakeholder and general people.
Issues:

• Private institution registration and renewal is poor.
• Delay in receiving program operational guideline from MoHP.
• Unavailability of all drugs for insured people.
• Hospital has benefitted from insurance, but insured patient has to pay higher amount from their benefit package
• Social audit and public hearing of the services are not practiced
• Improper management of overcrowded clients at hospital
• Unavailability of certain Guidelines, protocols, standards
• Budget problem to BHCS
Governance...

Expectations/ Way forward:

• Clear guidance on private institutions registration and renewal with orientation
• Orientation of important Guidelines (Basic health centre operation guideline, Ward level HF establishment guideline, Procurement guideline, One health facility- One health worker);
• Adopt the Social audit and public hearing as regular activity
• EHS need to be endorsed
• Grant should be ensured to local level for BHCS
Key Observations:

- Continue essential service delivery during Covid 19 and other outbreak situations.
- Expansion additional health care services at province hospitals (ENT, Eye care, Dental, Geriatric, Physiotherapy services, Dialysis, ECG, X-ray, USG)
- Extended health services (EHS) initiated at limited hospitals
- Expansion of laboratory services at Ayurveda centers, Primary Health Care Centres and Health posts and strengthen of Lab. Services at province hospitals-automatic analyzers, TFT etc
Key Observations

- Home visits service to elder people (> 70 years), PNC 2\textsuperscript{nd} and 3\textsuperscript{rd} visit
- Different initiatives to increase institutional delivery and to promote postnatal services (घर घरमा झन्डा गर्भवतीलाई अण्डा, आमा संग उपमेयर, बाल बचत कोष, सुकेरीलाई कोसेली कार्यक्रम आदि)
- Some municipalities are paying premium for Social health insurance for those who cannot afford (मध्यम परिवार).
- Initiation of zero home delivery campaign in many municipalities
Key Observations

- Initiated NCD screening services (NCD clinic) by provinces / municipalities-home and facility based.
- Blanket, materes, calcium, neonatal kits provided after delivery for mother and neonatal.
- Additional incentive for women with ANC 4 visits and institutional delivery to mother.
- Additional responsibility provided to FCHV and for this they have benefitted extra financial support.
Issues:

• Limited HR for service delivery (35-83% vacant of doctor in sanctioned post)-many on contracts
• Poor coordination and communication to manage service delivery (५० शैयाको प्रदेश अस्पताल भएको नजिक नगर अस्पताल स्थापना)
• Patient load of referral hospital is high and service utilization of local health facility is decreasing.
• Social Health Insurance : drop out, pricing of services and commodities, reimbursement of insurance claim
Issues...

• Not feasible of “ka” and “kha” class ambulance in rural areas
• No proper implementation plan to address MSS gaps
• Unavailability of 5 key FP devices at peripheral HFs and VSC at province hospitals
• Increasing trend of NCD cases
• Decreasing trend of tracer indicators
• Not paid the maternity incentive during discharge of mother after delivery
Service delivery...

Expectations/ Way forward:

• The guidelines (conditional grant) should be available within the first month of new FY
• Referral and satellite clinic policy of tertiary level hospitals should be defined
• Clear instruction/guiding policy of coordination/cooperation of provincial hospital and Municipality
• Revise policy to support ‘Ga’ category ambulance in certain specific districts
Expectations/ Way forward...

- EHS guidelines should be specific
- Social health insurance prog. must need revolutionary reform – renewal, reimbursement, services, pricing, packaging.
- Suggests to set the range of cost from private health facilities
- Tele-Medicine should be institutionalized
- OPD time should be made 9AM- 3PM
Key Observations

- Fourth and Fifth level staff fulfilled by Public Service Commission in certain province
- Health workers mostly through on contract and scholarships bonding
- O & M at local level for local planning in some municipalities
- Some provinces / municipalities have initiated motivational package of incentives for health workers
- Case base and service frequency base incentive to staffs
- Budget allocation for hire of temporary staffs
Issues:

- Overstaff deputed in municipalities
- No strategic direction of Health Workforce management and deployment
- Staff turnover high
- No permanent staffs fulfilled
- Most of the Nagar hospitals and PHCC have no permanent doctor
  (हामीलाई संघ र प्रदेशबाट वास्ता भएन र स्थानीयले हाम्रा कुरा सुन्दैनन्, हामी कसका कर्मचारी हो ??)
Expectations / Way forward

- Need base O& M survey
- Deputation policy need to be clear for the fulfillment of sanction post
- Deployment of MDGP scholarships for the continuation of CS services, SAS and special medical services
- Capacity building and regular orientation to health coordinators and health workers on updated guidelines, protocols, planning and budgeting
- Urgent need of Federal civil service Act.
Key Observations

• Local Government has initiated to establish timely procurement of drugs through conditional grant and their own budget.
• Budget allocation for the hospital equipment, drugs and ambulance procurement.
• More priority given to hospital construction (Rolpa, Kapilvastu).
Infrastructure, Procurement, and Supply Management...

**Issues**

- Insufficient budget for building construction and renovation (Primary, basic health centres)
- Inadequate budget for drug and commodities procurement
- Low quality of drugs in bidding process
- Over or under stock of drug and commodities due to push system
- Poor Management of hospital pharmacy and store
- Land to establish new HFs.
- Mental Health related medicine- *nor center, neither province*
Infrastructure and Procurement, Supply management...

**Expectations/ Way forward**

- Resources allocation for Basic hospital and basic health service centers
- Clear demarcation on multiple responsibility of drug and commodities procurement
- Capacity enhance to local level HRs for forecasting and quantification of medicine and key commodities
- Budget allocation for buffer stocks at health office
- Need to adopt CBLP system
- New provision should need for land
Health Information Management

Key Observations

- Partially initiated EMR from province hospital
- Online reporting initiated at local level (manage internet services)
- Regular reporting of HMIS/eLMIS
- Health Facility Registry updated
Issues

• DHIS-2 and e-LMIS training at local level
• Different software is used by different health institutions with interoperability issues
• Use of different EHR system in different hospitals which are not compatible with HMIS
• Ayurveda services not capturing in HMIS
• Inadequate HMIS tools in Hospitals
• Data mismatch among in various recording and reporting tools
Health Information Management...

**Expectations/ Way forward**

- DHIS-2 training for all staffs
- Developing complete EMR software and establishing interoperability with HMIS
- AHMIS should be included in IHMIS
- Plan programs for data quality- RDQA, regular verification
- Print and supply HMIS tools as required
# Health Care Waste management

## Key Observations

- Segregation process was adopted from almost of all hospitals
- Municipalities help to manage the medical waste in few hospitals

## Issues

<table>
<thead>
<tr>
<th>Issues</th>
<th>Expectations/ Way forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Most Hospitals and Health Facilities do not practice waste management as per guideline – burning and burial are common practice, no practice of treatment</td>
<td>- Training, and resource allocation for waste management as per approved guideline</td>
</tr>
<tr>
<td>- No practiced about sewerage management</td>
<td></td>
</tr>
<tr>
<td>- Hospitals were not used autoclaves for medical waste management</td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 management

Key Observations

• Good response from provincial ministry and local municipality during outbreak.
• Opportunity to build infrastructure, procure medical equipment and capacitate Human Resource (established oxygen plant, isolation wards, Laboratories, ICU, HDU in all provincial hospitals).
• Guidelines develop for Covid 19 preparedness, response and management.
• Financial support to family of Covid 19 deaths.
• Vaccination program smoothly running for define target group.
• Ayurveda and Yoga services for Covid 19 case management as per guideline.
• Free ambulance service for COVID 19 case.
• Create COVID 19 management fund.
## COVID-19 management...

<table>
<thead>
<tr>
<th>Issues</th>
<th>Expectations/ Way forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Covid 19 case management reimbursement</td>
<td>• Following guidelines for Covid case reimbursement</td>
</tr>
<tr>
<td>• Risk allowance distribution to staffs</td>
<td>• Regular monitoring and follow up in vaccination sites</td>
</tr>
<tr>
<td>• Difficult to follow the COVID-19 related Guideline, protocol etc</td>
<td>• Clear instruction for the Post Covid clinic operation.</td>
</tr>
</tbody>
</table>
Key Observations

• Variety of services been provided,
• Chronic Patients Treatment is more satisfying (panchakarma, smell swedan, xar sutra etc)
• Provided services for COVID-19 patients (medicines and yoga)
• Lab. Services initiated from District Ayurved center
• Extended community level services (Camp, health promotion activities)
## Ayurvedic Services...

<table>
<thead>
<tr>
<th>Issues</th>
<th>Expectations/ Way forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Very less budget to procure medicine as compared to the increasing demand</td>
<td>• Preventive and Promotional activities should have more focus with more budget</td>
</tr>
<tr>
<td>• Ayurveda reporting system</td>
<td>• Sharing of programs tot COVID-19 vaccine campaigns with Ayurveda</td>
</tr>
<tr>
<td>• No Ayurveda referral center at province level</td>
<td>• Specialist Ayurveda hospital should establish at province</td>
</tr>
<tr>
<td>• More Ayurveda services provided with contract staffs</td>
<td>• Ayurveda services link with PEN package</td>
</tr>
<tr>
<td></td>
<td>• O&amp;M and defined TOR.</td>
</tr>
</tbody>
</table>
Reflections from the Pre-NJAR team

- Building culture of sharing and documenting of good practices across municipalities and across provinces to promote cross-cross learning

- Shifting of Priority: **who will deliver and focus Basic health services** – all enthusiasm for construction, bed expansion and specialized clinical services (Use of ToR of Basic health service centre, Primary hospital, Secondary, Tertiary)

- No concrete plan for recognition and orientation of Basic health services as responsibility of local government – it needs regular advocacy, lobby, monitoring and support (Not only Pre NJAR-visit but, periodic Joint monitoring visits and support)
Reflections from the Pre-NJAR team...

- Support in Procurement and Supply Chain management – it needs frequent orientation, trainings, monitoring and onsite support.
- Well defined HR strategic action is must for HRH governance, management, deployment and HRH information system.
- Periodic O&M survey and provincial PSC should be functional
- Provision of salary should be same to government and HFOMC staffs.
Reflections from the Pre-NJAR team...

- Implementation of MSS – it needs timely review, ensuring ownership and resources, engagement of health care workers and management committee
- Innovative shift in Health Insurance modality to review and improve enrollment, renew, pricing, services package and reimbursement system eg. Peski
- Master plan to improve of Medical waste/ sewage management with defined interventions, targets and indicators
- Revitalize role of Health Office, engagement and facilitation with local level “not just participation in review meetings but meaningful engagement and support in local level planning and budgeting
Reflections from the Pre-NJAR team...

- Mechanism to receive maternity incentive during discharge at point of service delivery
- Re-thinking on continuity of financial schemes initiated by municipalities and their impact in accelerating Universal health service coverage
- Clear instruction/guiding policy of coordination/cooperation of provincial hospital (located geographically at that municipality) and other adjoining municipalities
- Clear coordination and collaboration between province government and Health science of Academy
Shivaraj Hospital, Bahadurgunj, Kapilvastu
Ministry of Health, Population and Family Welfare, Lumbini Province
With Minister, Ministry of Health, Population and Family Welfare, Lumbini Province

With Chief Administrative Officer, Baadganga, Municipality
Health Directorate, Surkhet
Health Office, Kalikot
Taplejung
Fidim Hospital, Panchthar
• Team -Sudurpaschim
15-bedded Primary Hospital under construction- Shikhar municipality
Health Sector Response to COVID-19 Pandemic
<table>
<thead>
<tr>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Epidemiology</td>
</tr>
<tr>
<td>COVID-19 Variants of Concern</td>
</tr>
<tr>
<td>COVID-19 Laboratory Network of Nepal</td>
</tr>
<tr>
<td>Case Investigation and Contact Tracing</td>
</tr>
<tr>
<td>Health systems strengthened</td>
</tr>
<tr>
<td>Quarantine and Isolation</td>
</tr>
<tr>
<td>Hospitalization rate</td>
</tr>
<tr>
<td>Vaccination</td>
</tr>
<tr>
<td>Information Management</td>
</tr>
<tr>
<td>Lesson Learned</td>
</tr>
<tr>
<td>Issues/ Challenges</td>
</tr>
<tr>
<td>Future Action Points</td>
</tr>
</tbody>
</table>
COVID-19 Epidemiology

- **Nov. 2019**
  - Index case in Wuhan, China

- **30 Jan. 2020**
  - Declaration of nCoV as a Public Health Emergency of International Concern

- **11 Mar. 2020**
  - Declaration of COVID-19 as pandemic

- **13 Jan. 2020**
  - First imported case in Nepal

- **17 May 2020**
  - First death case of COVID-19 in Nepal
COVID-19 Variants of Concern

18 Dec. 2020
Alpha and Beta variant identified circulating in UK and South Africa respectively

18 Jan. 2021
Alpha variant detected in Nepal

11 Jan. 2021
Gamma variant circulating in Brazil

11 May 2021
Delta variant circulating in India

27 July 2021
Beta and Delta detected in Nepal

26 Nov. 2021
Omicron variant circulating in multiple countries
Death Trend (16 July 2020 to 15 July 2021)

Missed death cases, reported from CCMC
Deaths in different age groups (16 July 2020 to 15 July 2021)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>35</td>
</tr>
<tr>
<td>10-11</td>
<td>49</td>
</tr>
<tr>
<td>20-29</td>
<td>275</td>
</tr>
<tr>
<td>30-39</td>
<td>781</td>
</tr>
<tr>
<td>40-49</td>
<td>1359</td>
</tr>
<tr>
<td>50-59</td>
<td>1856</td>
</tr>
<tr>
<td>60-69</td>
<td>2047</td>
</tr>
<tr>
<td>70-79</td>
<td>1819</td>
</tr>
<tr>
<td>80-89</td>
<td>987</td>
</tr>
<tr>
<td>90-99</td>
<td>208</td>
</tr>
<tr>
<td>100-109</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9424</strong></td>
</tr>
<tr>
<td>Province</td>
<td>Doctor</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------</td>
</tr>
<tr>
<td>Province 1</td>
<td>3</td>
</tr>
<tr>
<td>Province 2</td>
<td>4</td>
</tr>
<tr>
<td>Bagmati</td>
<td>8</td>
</tr>
<tr>
<td>Lumbini</td>
<td>1</td>
</tr>
<tr>
<td>Karnali</td>
<td>1</td>
</tr>
<tr>
<td>Sudur Paschim</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14</td>
</tr>
</tbody>
</table>
COVID-19 Laboratory Network of Nepal

Timeline

• The first SARS-CoV-2 case for Nepal; January 2020

Lab-Expert from GOARN

National Quality Assurance Program

WHO External Quality Assurance Program (first round)

Seroprevalence Sample testing (first round)

WHO External Quality Assurance Program (second round)

Gene sequencing HK, IGIB

Country’s capacity to do sequencing

Note: Number signifies the total no. of designated COVID-19 laboratories in the respective month
Case Investigation and Contact Tracing

• Development and distribution of Contact Tracing Form
• Formation of ‘Tole Facilitator Team’
• Call for volunteer
• Use of Call Center for Case follow up and contact tracing
Health systems strengthened (16 July 2020 to 15 July 2021)

• Logistics
  • PPEs, mask, sanitizers
  • Antigen kits
  • Oxygen Cylinder and concentrators
  • ICU beds, ventilators
  • IEC materials etc.

• Strengthened Ambulance services
  • National Ambulance Guideline 2078 endorsed

• Call center
  • Case follow up
  • Contact Tracing
  • Oxygen and hospital bed management
  • Grievance reporting
  • Information sharing

• Involvement of private institutions
  • MoU with different private hospitals and medical colleges

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Isolation beds</th>
<th>HDU beds</th>
<th>ICU beds</th>
<th>Ventilators</th>
<th>Oxygen plants</th>
<th>Oxygen Capacity</th>
<th>Concentrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>1647</td>
<td>469</td>
<td>313</td>
<td>166</td>
<td>10</td>
<td>702</td>
<td>66</td>
</tr>
<tr>
<td>Province 2</td>
<td>1493</td>
<td>635</td>
<td>398</td>
<td>124</td>
<td>3</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>Bagmati Province</td>
<td>2051</td>
<td>936</td>
<td>1366</td>
<td>543</td>
<td>21</td>
<td>2164</td>
<td>158</td>
</tr>
<tr>
<td>Gandaki Province</td>
<td>1022</td>
<td>272</td>
<td>245</td>
<td>84</td>
<td>12</td>
<td>152</td>
<td>85</td>
</tr>
<tr>
<td>Lumbini Province</td>
<td>429</td>
<td>630</td>
<td>268</td>
<td>66</td>
<td>6</td>
<td>346</td>
<td>69</td>
</tr>
<tr>
<td>Karnali Province</td>
<td>607</td>
<td>96</td>
<td>97</td>
<td>35</td>
<td>6</td>
<td>101</td>
<td>80</td>
</tr>
<tr>
<td>Sudurpaschim Province</td>
<td>735</td>
<td>196</td>
<td>78</td>
<td>29</td>
<td>4</td>
<td>109</td>
<td>199</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,984</strong></td>
<td><strong>3,234</strong></td>
<td><strong>2,765</strong></td>
<td><strong>1,047</strong></td>
<td><strong>62</strong></td>
<td><strong>3638</strong></td>
<td><strong>693</strong></td>
</tr>
</tbody>
</table>
Quarantine and Isolation

People in Quarantine

Active Cases, Home and Institutional Isolation
Mean percentage of active case in institutional isolation: **29.8%**
Mean percentage of case in institutional isolation in ICU: **11.5%**
Mean percentage of ICU cases in ventilator: **21.7%**
Vaccination (till 15 July 2021)

- Vaccination campaign was focused

- Activities performed to secure vaccines
  - Legal arrangements (National Deployment and Vaccination Plan and Emergency Use Authorization)
  - Diplomatic negotiations

- Resource mobilization for vaccination campaign
  - Vaccination sites established: 2989
  - Human resources mobilized

- Operationalization
  - 24,48,000 COVISHIELD and 18 lakhs VeroCell doses procured
  - 22,89,218 COVISHIELD and 14,25,719 VeroCell doses administered
### COVID-19 Vaccination Coverage, Nepal

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Priority-dose</th>
<th>Date</th>
<th>Target</th>
<th>Achievement</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVSHIELD</td>
<td>First Priority-</td>
<td>27 Jan - 22 Feb 2021</td>
<td>507,606</td>
<td>458,962</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>First dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Second Priority-</td>
<td>07-23 Mar 2021</td>
<td>1,782,469</td>
<td>1,369,522</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>First dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subtotal-first dose</td>
<td>2,290,075</td>
<td>1,828,488</td>
<td></td>
<td>80</td>
</tr>
<tr>
<td>COVSHIELD</td>
<td>First Priority-</td>
<td>20-28 Apr 2021,</td>
<td>458,962</td>
<td>454,870</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>Second dose</td>
<td>25 May 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source: IHME/IMU as of 9 July 2021, 00:00 pm.

### COVID-19 Vaccination Coverage, Nepal

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Priority-dose</th>
<th>Date</th>
<th>Target</th>
<th>Achievement</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2 Vaccine (Vero Cell)</td>
<td>First dose</td>
<td>07 - 28 Apr 2021</td>
<td>-</td>
<td>301,317</td>
<td>-</td>
</tr>
</tbody>
</table>

7 Districts of Bagmati Province: Bhaktapur, Kathmandu, Lalitpur, Kavre, Sindupalchowk, Rasuwa, and Nuwakot

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Priority-dose</th>
<th>Date</th>
<th>Target</th>
<th>Achievement</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2 Vaccine (Vero Cell)</td>
<td>First dose</td>
<td>08 Jun 2021</td>
<td>662,367</td>
<td>458,072</td>
<td>69</td>
</tr>
<tr>
<td>SARS-CoV-2 Vaccine (Vero Cell)</td>
<td>Second dose*</td>
<td>6 July 2021 onward</td>
<td>458,072</td>
<td>250,464</td>
<td>55</td>
</tr>
</tbody>
</table>

Vero Cell First dose: 60 to 64 years of age population for Kathmandu, Bhaktapur and Lalitpur; and 62-64 years of age population for remaining districts.
Information Management

• Digital Health initiatives were undertaken to channel information to the public.
  ▪ COVID-19 Dashboard and Hamro Swasthya app
  ▪ EDCD Portal
  ▪ IMU Nepal
  ▪ Vaccination Registration System
  ▪ Daily Situation Report - Bilingual
Epidemiological status (8 Dec 2021)
Government of Nepal
Ministry of Health and Population

VACCINATION MILESTONE
as of 9 December 2021

3,03,78,055
Total Population (CSE)
At least one dose: 35.2%
Full Dose: 29.2%

1,99,22,164
Target Population (≥18 Years)
At least one dose: 53.7%
Full Dose: 44.5%

Total vaccine doses administered: 1,95,68,329
(At least one dose: 1,06,99,262) Full Dose: 88,69,067

*Vaccines: SARS-CoV-2, COVID-19, AstraZeneca and Covishield AstraZeneca

For additional information, kindly do not use web portals and social media pages.
@minhpnep @mohpnep @MVHPNepalCOVID19

ongoing vaccination campaign
<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Vaccine</th>
<th>Source</th>
<th>Doses</th>
<th>Date of received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AstraZeneca</td>
<td>Govt. of India donation</td>
<td>1000000</td>
<td>22-Dec-21</td>
</tr>
<tr>
<td>2</td>
<td>AstraZeneca</td>
<td>Bilateral deals</td>
<td>1000000</td>
<td>22-Dec-21</td>
</tr>
<tr>
<td>3</td>
<td>AstraZeneca</td>
<td>COVAX submission</td>
<td>340000</td>
<td>7-Mar-21</td>
</tr>
<tr>
<td>4</td>
<td>AstraZeneca</td>
<td>Indian Army to Nepal Army</td>
<td>100000</td>
<td>26-Mar-21</td>
</tr>
<tr>
<td>5</td>
<td>Sinopharm</td>
<td>Govt. of China donation</td>
<td>2000000</td>
<td>18-Mar-21</td>
</tr>
<tr>
<td>6</td>
<td>Sinopharm</td>
<td>Govt. of China donation</td>
<td>1000000</td>
<td>1-Jun-21</td>
</tr>
<tr>
<td>7</td>
<td>Sinopharm</td>
<td>Bilateral deals</td>
<td>4000000</td>
<td>5,10,12,21,23,30 Jun 2021</td>
</tr>
<tr>
<td>8</td>
<td>Janssen</td>
<td>COVAX/AE Assistance</td>
<td>1534800</td>
<td>12-Aug-21</td>
</tr>
<tr>
<td>9</td>
<td>AstraZeneca</td>
<td>Govt. of Indian donation</td>
<td>220000</td>
<td>7-Aug-21</td>
</tr>
<tr>
<td>10</td>
<td>AstraZeneca</td>
<td>COVAX/Lotus donation</td>
<td>1614740</td>
<td>7,18,31,10 Aug 2021</td>
</tr>
<tr>
<td>11</td>
<td>Sinopharm</td>
<td>Bilateral deals</td>
<td>1600000</td>
<td>18-19 Aug-21</td>
</tr>
<tr>
<td>12</td>
<td>AstraZeneca</td>
<td>Govt. of India donation</td>
<td>1311200</td>
<td>18-Aug-21</td>
</tr>
<tr>
<td>13</td>
<td>Sinopharm</td>
<td>Bilateral deals</td>
<td>1400000</td>
<td>17-Sep-21</td>
</tr>
<tr>
<td>14</td>
<td>Sinopharm</td>
<td>Donation China Red Cross to NOR</td>
<td>1000000</td>
<td>15-Oct-21</td>
</tr>
<tr>
<td>15</td>
<td>COVAX/Pfizer</td>
<td>Govt Procurement</td>
<td>1000000</td>
<td>9-Oct-2021</td>
</tr>
<tr>
<td>16</td>
<td>Pfizer/BioNTech</td>
<td>COVAX/AE donation</td>
<td>150000</td>
<td>15-Oct-21</td>
</tr>
<tr>
<td>17</td>
<td>Moderna</td>
<td>COVAX/AE- Cost Sharing</td>
<td>1020000</td>
<td>3-Mar-21</td>
</tr>
<tr>
<td>18</td>
<td>Novavax</td>
<td>Allied Vaccine Donation</td>
<td>2223000</td>
<td>1-Oct-21</td>
</tr>
<tr>
<td>19</td>
<td>Moderna</td>
<td>PCR Grant</td>
<td>1600000</td>
<td>3-Mar-21</td>
</tr>
<tr>
<td>20</td>
<td>Janssen</td>
<td>Place Trial Army/State</td>
<td>300000</td>
<td>5-Apr-21</td>
</tr>
<tr>
<td>21</td>
<td>AstraZeneca</td>
<td>COVAX/Facility procurement</td>
<td>3400000</td>
<td>10-May-21</td>
</tr>
<tr>
<td>22</td>
<td>AstraZeneca</td>
<td>COVAX/Governt Govt donation</td>
<td>1400000</td>
<td>10-May-2021</td>
</tr>
<tr>
<td>23</td>
<td>Sinopharm</td>
<td>COVAX/AE- Cost Sharing</td>
<td>1068800</td>
<td>11-May-2021</td>
</tr>
<tr>
<td>24</td>
<td>Sinopharm</td>
<td>COVAX/AE- Cost Sharing</td>
<td>437680</td>
<td>18-Nov-2021</td>
</tr>
<tr>
<td>25</td>
<td>Sinopharm</td>
<td>COVAX/AE- Cost Sharing</td>
<td>1050000</td>
<td>15-Feb-2021</td>
</tr>
<tr>
<td>26</td>
<td>AstraZeneca</td>
<td>COVAX/AE- Donations</td>
<td>961480</td>
<td>16-Nov-2021</td>
</tr>
<tr>
<td>27</td>
<td>Oxford/AstraZeneca</td>
<td>COVAX/AE- Facility</td>
<td>370000</td>
<td>20-Jan-2021</td>
</tr>
<tr>
<td>28</td>
<td>GlaxoSmithKline</td>
<td>COVAX/AE- Facility</td>
<td>370000</td>
<td>1-Dec-2021</td>
</tr>
<tr>
<td>29</td>
<td>Moderna</td>
<td>COVAX/AE- Facility</td>
<td>1084000</td>
<td>3-Dec-2021</td>
</tr>
</tbody>
</table>

| Total | 27735150 |
### COVID-19 Vaccination Coverage (December 8, 2021) (Mansir 22, 1978)

<table>
<thead>
<tr>
<th>Vaccine - Antigen</th>
<th>Vaccine received (Dose)</th>
<th>Vaccination Coverage</th>
<th>Total coverage</th>
<th>Vaccine Stock (Dose)</th>
<th>Gap in Vaccine (Dose)</th>
<th>Vaccine Gap in Dose (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>First dose</td>
<td>Second Dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covishield</td>
<td>5,145,500</td>
<td>1,942,898</td>
<td>525,318</td>
<td>2,468,226</td>
<td>1,750,740</td>
<td>926,584</td>
</tr>
<tr>
<td>AstraZeneca</td>
<td>3,037,560</td>
<td>1,540,140</td>
<td>1,606,354</td>
<td>3,146,494</td>
<td>69,050</td>
<td>(177,984)</td>
</tr>
<tr>
<td>Vero Cell</td>
<td>17,349,600</td>
<td>7,142,315</td>
<td>5,132,933</td>
<td>12,275,268</td>
<td>2,470,293</td>
<td>2,604,039</td>
</tr>
<tr>
<td>Janssen</td>
<td>1,534,850</td>
<td>1,588,027</td>
<td>-</td>
<td>1,588,027</td>
<td>-</td>
<td>[53,177]</td>
</tr>
<tr>
<td>Pfizer BioNTech</td>
<td>100,620</td>
<td>53,836</td>
<td>-</td>
<td>53,836</td>
<td>50,442</td>
<td>[3,658]</td>
</tr>
<tr>
<td>Moderna</td>
<td>188,400</td>
<td>-</td>
<td>-</td>
<td>188,400</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27,356,530</td>
<td>10,679,189</td>
<td>8,852,662</td>
<td>19,531,851</td>
<td>4,528,925</td>
<td>3,295,754</td>
</tr>
</tbody>
</table>

*Source: CVS COVID-19 vaccine stock as of December 7, 2021 (Mansir 21, 1978)*

### Last 24 Hour COVID-19 Vaccination Coverage Progress

<table>
<thead>
<tr>
<th>Vaccination (Dose)</th>
<th>Last 24 hr</th>
<th>Cumulative Coverage</th>
<th>Achievement (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Population (CBS)</td>
<td>Target Population (≥18 years)</td>
</tr>
<tr>
<td>First Dose</td>
<td>174,425</td>
<td>10,679,189</td>
<td>35%</td>
</tr>
<tr>
<td>At Least First Dose (incl. J&amp;J)</td>
<td>12,267,216</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Second Dose/Fully Coverage</td>
<td>72,229</td>
<td>8,852,662</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>246,654</td>
<td><strong>19,531,851</strong></td>
<td><strong>62%</strong></td>
</tr>
<tr>
<td><em>Pfizer BioNTech</em></td>
<td>53,836</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: IHIS/IMU DHICS as of December 8, 2021 (Mansir 22, 2020) Time: 03:20 AM*
Lesson Learnt

• **Fueling conditions** for COVID-19
  
  • Non-adherence to PHSM
  
  • New variant
  
  • Porous border and inadequate screening, testing and tracing of entrants
  
  • Lack of strict adherence to quarantine and isolation

• **Robust, real-time and integrated information management platform** required for rapid planning and operational decision making
Issues/Challenges

• Mutation leading to new variants
• Inadequate coordination among three-tier of government
• Limited Human Resource for health
• Abundance of rumors and misinformation
• Ineffective Case Investigation and Contact Tracing
• Nonadherence to Public Health Measures (SMS) and other public health related instructions
• Non uniformity in perception and decision taking, data recording and reporting
Future Action Points

• Vaccination management for the unvaccinated population

• Advocating responsibility, coordination and accountability across all levels of government

• Strengthening screening at entry points and high-risk areas

• Strict quarantine of suspected persons and entrants

• Intensive COVID-19 testing and tracing

• Strict isolation of positive cases

• Intensive case investigation and contact tracing

• Rumor monitoring and addressal

• One door information system
Reflection from Federal Hospitals

Dr. Chuman Lal Das
Chief Medical Superintendent, Koshi Hospital

Government of Nepal
Ministry of Health and Population
Outline of presentation

• Key service status
• Human resources
• COVID-19 management
• Budget
• MSS and RDQA
• Other services
• Way forward
# Federal Hospitals

## Presented

1. Bhaktapur Cancer Hospital  
2. Bharatpur Hospital  
3. Bheri Hospital  
4. Kanti Children’s Hospital  
5. Koshi Hospital  
6. Manmohan Cardiothoracic Vascular and transplant center  
7. Narayani Hospital  
8. Paropakar Maternity and Women’s Hospital  
9. Shahid Dharmabhakta National Transplant Center  
10. Sukraraj Tropical and Infectious disease Hospital  
11. National Trauma Center  
12. TU Teaching Hospital  
13. S. Gangalal Cardiac Center  
14. B P Koirala Memorial Cancer Hospital  
15. Sushil Koirala Prakhar Cancer Hospital

## Not Presented

16. GP Koirala Pulmonary Treatment Center  
17. Mental Hospital  
18. Dadeldhura Hospital  
19. Shree Birendra Hospital  
20. Police hospital  
21. APF Hospital  
22. Civil Hospital
Status of Outdoor and Indoor Services from Hospital

Average # of outdoor patient per hospital
Average # of Indoor patient per hospital

141647
123053
101445

2075.76
2076.77
2077.78

12/27/2021
307
Bed Occupancy and Hospital Stay

**Bed occupancy rate (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2075.76</th>
<th>2076.77</th>
<th>2077.78</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy Rate (%)</td>
<td>76.8</td>
<td>66.3</td>
<td>65.2</td>
</tr>
</tbody>
</table>

**Average length of hospital stay (days)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2075.76</th>
<th>2076.77</th>
<th>2077.78</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay (days)</td>
<td>6.5</td>
<td>6.6</td>
<td>7.2</td>
</tr>
</tbody>
</table>
Hospital Death Rate (%)

- Hospital death rate
- Surgery related death rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital Death Rate (%)</th>
<th>Surgery Related Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2075.76</td>
<td>4.9</td>
<td>0.5</td>
</tr>
<tr>
<td>2076.77</td>
<td>4.6</td>
<td>0.7</td>
</tr>
<tr>
<td>2077.78</td>
<td>7.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

12/27/2021
# Incomplete Reporting in HMIS from Hospitals: Misleading the Trend

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2075.76</th>
<th>2076.77</th>
<th>2077.78</th>
<th>Reported # of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of OPD clients</td>
<td>5879</td>
<td>10620</td>
<td>6639</td>
<td>2 3 4</td>
</tr>
<tr>
<td>Average # of inpatients</td>
<td>6050</td>
<td>7394</td>
<td>6491</td>
<td>6 7 8</td>
</tr>
<tr>
<td>Average Bed occupancy rate (%)</td>
<td>73</td>
<td>48</td>
<td>46</td>
<td>12 12 12</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>10 11 12</td>
</tr>
</tbody>
</table>
Human Resources

% of sanctioned position full fill

<table>
<thead>
<tr>
<th>Position</th>
<th>% Full Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Doctors</td>
<td>62.0</td>
</tr>
<tr>
<td>MO</td>
<td>97.6</td>
</tr>
<tr>
<td>Lab staff</td>
<td>98.8</td>
</tr>
<tr>
<td>Radiology</td>
<td>83.3</td>
</tr>
<tr>
<td>Paramedics</td>
<td>45.7</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>79.8</td>
</tr>
<tr>
<td>Medical recorders</td>
<td>38.9</td>
</tr>
</tbody>
</table>

12/27/2021
COVID-19 Management

**Hospital Capacity**

<table>
<thead>
<tr>
<th>Bed Type</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>2946</td>
</tr>
<tr>
<td>Isolation</td>
<td>843</td>
</tr>
<tr>
<td>HDU</td>
<td>405</td>
</tr>
<tr>
<td>ICU</td>
<td>396</td>
</tr>
<tr>
<td>Ventilator</td>
<td>216</td>
</tr>
</tbody>
</table>

**COVID-19 Cases**

<table>
<thead>
<tr>
<th>Category</th>
<th>Camping</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Patient</td>
<td>12768</td>
</tr>
<tr>
<td>HDU</td>
<td>4328</td>
</tr>
<tr>
<td>ICU</td>
<td>1186</td>
</tr>
<tr>
<td>Ventilator</td>
<td>344</td>
</tr>
</tbody>
</table>

12/27/2021
Oxygen Supply

P=Oxygen Plant; L=Oxygen Liquid Tank, U=Total hospitals
<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Allocated Budget</th>
<th>Budget Released</th>
<th>Budget Expenditure</th>
<th>Beruju Amount</th>
<th>Beruju Clearences</th>
<th>Beruju % Clearences</th>
</tr>
</thead>
<tbody>
<tr>
<td>APF Hospital</td>
<td>937,856,297</td>
<td>723,019,996</td>
<td>723,019,996</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Bharatpur Hospital</td>
<td>653,292,000</td>
<td>386,611,596</td>
<td>386,611,596</td>
<td>282,989,000</td>
<td>35,470,204</td>
<td>12.5</td>
</tr>
<tr>
<td>Bheri Hospital</td>
<td>141,666,000</td>
<td>130,627,950</td>
<td>130,627,950</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>GP Koirala Hospital</td>
<td>133,005,000</td>
<td>98,074,979</td>
<td>98,074,979</td>
<td>7,798,246</td>
<td>5,963,400</td>
<td>76.0</td>
</tr>
<tr>
<td>Kanti Hospital</td>
<td>484,370,000</td>
<td>257,824,444</td>
<td>257,824,444</td>
<td>55,000,000</td>
<td>8,800,000</td>
<td>16.0</td>
</tr>
<tr>
<td>Koshi Hospital</td>
<td>582,828,000</td>
<td>449,927,623</td>
<td>449,927,623</td>
<td>6,122,475</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Manmohan Hospital</td>
<td>179,856,000</td>
<td>179,856,000</td>
<td>179,856,000</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Narayani Hospital</td>
<td>763,937</td>
<td>763,937,000</td>
<td>333,797,649</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Paropakar Hospital</td>
<td>4,058,757</td>
<td>4,058,757</td>
<td>538,102</td>
<td>171,476</td>
<td>27,606</td>
<td>16.1</td>
</tr>
<tr>
<td>Sahid Dharmaabhakti</td>
<td>444,311,000</td>
<td>287,169,944</td>
<td>287,169,944</td>
<td>119,806,000</td>
<td>40,640,000</td>
<td>34.0</td>
</tr>
<tr>
<td>Sukraraj TIDH</td>
<td>728,666,000</td>
<td>676,818,038</td>
<td>733,444,168</td>
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<td>Trauma</td>
<td>590,909,000</td>
<td>590,909,000</td>
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<td>-</td>
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<tr>
<td>TUTH</td>
<td>318,000,000</td>
<td>318,000,000</td>
<td>185,650,000</td>
<td>-</td>
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<td>682,509,000</td>
<td>682,509,000</td>
<td>682,509,000</td>
<td>378,311</td>
<td>217,870</td>
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<td><strong>472,265,508</strong></td>
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<tr>
<td>All vs Rel = 94.3%</td>
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<tr>
<td>Rel vs exp = 90.4%</td>
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</table>
**Minimum Service standard (MSS)**

Out of total 16 hospitals, MSS score is available from 5 hospitals

<table>
<thead>
<tr>
<th>MSS Score</th>
<th>Name of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50 %</td>
<td>• Narayani Hospital</td>
</tr>
<tr>
<td>50-70 %</td>
<td>• Bharatpur Hospital</td>
</tr>
<tr>
<td></td>
<td>• Bheri Hospital</td>
</tr>
<tr>
<td></td>
<td>• Koshi Hospital</td>
</tr>
<tr>
<td>70-85%</td>
<td>• Paropakar Maternity Hospital</td>
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</table>
Routine Data Quality Assessment (RDQA) Status

[Analysis based on the four federal hospital data]

<table>
<thead>
<tr>
<th>Name of the Hospital</th>
<th>System Assessment Score</th>
<th>Data Quality Assessment Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gajendra Narayan Singh Hospital</td>
<td>1.8</td>
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</tr>
<tr>
<td>Bheri Hospital</td>
<td>1.6</td>
<td>75.0</td>
</tr>
<tr>
<td>Narayani Hospital</td>
<td>1.7</td>
<td>75.0</td>
</tr>
<tr>
<td>Koshi Hospital</td>
<td>1.9</td>
<td>100.0</td>
</tr>
</tbody>
</table>

All hospitals has no monthly monitoring sheet, three out of four hospitals are not using tally sheet
**Hospital Pharmacy Management**

- **Operational status:**
  - Present in all reported Hospitals.

- **HR issues**
  - Inadequate Human Resource for Pharmacy.
  - Shortage of some insurance drugs due to lack of supply by suppliers.

- **Recommendation:**
  - Training need on inventory management system, reduction of medication errors, adverse drug reaction, good pharmacy practice etc.
Extended Health Services

- **Hospitals with EHS: 4 Hospitals**

- **Operational issues/Challenges:**
  - In some of the hospitals, EHS was initiated before COVID-19 but it is interrupted due to Covid 19 pandemic.

- **Recommendation:**
  - Separate EHS block is required for effective functionalization of EHS.
  - EHS guideline should be revised.
  - EHS charges for services should be standardized across hospitals.
Satellite Health Service

Operational status: 9 Hospitals

Challenges:
  • COVID pandemic led to stopping or delay in initiation of satellite clinics.

Recommendation:
  • Expedite the process of approval of guideline on satellite clinics needed.
### Telemedicine Services

#### Operational Status
- 4 hospitals have ongoing telemedicine services at various scales.
- For rest of the hospitals, the service is indeterminate as information isn’t available.

#### Issues:
- Some of the hospitals despite starting the services, have problem with making it fully functional due to issues with internet connectivity.

#### Recommendation:
- Need to ensure implementation of telemedicine services as per National Standard.
Free Emergency Service

- **Operational Status:**
  - 5 hospitals are providing free emergency services.
  - However, status of other hospitals is indeterminate as information isn’t available.

- **Issues:**
  - Some hospitals continue to provide free services. However, there is no budget allocated.

- **Recommendation:**
  - There is a need to streamline the financing mechanisms for social protection programs to avoid duplication of funding and maximizing utilization of resources.
Electronic Medical Record

- Hospitals implementing EMR: 7 hospitals.

- Recommendation:
  - Need to develop standard for integrated software to meet the needs of hospitals to maintain uniformity and interoperability with DHIS2.
Hospital Waste and Sewage Management

- Compliance of the guidelines:
  - Different hospitals are following different methodologies for hospital waste management.

- Recommendation:
  - Assess hospitals as per the National Healthcare waste management guideline
  - Develop plan as per gaps identified.
Health Insurance Implementation: Status

- 16 Hospitals have reported health insurance program to be ongoing.

- **Issues with Health Insurance:**
  - Delay in reimbursement leads to problem in service delivery
  - The claim time is very short.
  - HR shortages despite increase in demand of services.
  - Frequent problem with IMIS

- **Recommendation:**
  - All social security programs should be under the umbrella of health insurance.
  - Health insurance should be implemented similar to Aama program.
• Most of the hospitals have appreciated the concept of the program, however, majority of the hospitals haven’t implemented the program.

- **Recommendation:**
  • In-depth analysis is required to implement this program.
Innovation

• NAMS- Provision of separate OPD for referral patients and senior citizens.

• Gangalal Cardiac Center- Live angioplasty in Int. conference

• Sushil Koirala Cancer Hospital- Late arrival and Early departure card

• Kanti Hospital- profit sharing with public
  • Concept of National Institute of Child Health.
Infrastructure and Logistic Issues

• Management of quarter/residence for staffs.
• Hospital Infrastructure (Limited beds/wards/space) for increasing number of patients leading to overcrowding of patients
• Most of the existing equipment are outdated and challenges in its regular maintenance.
• Lack of fully equipped ambulances.
• Procurement process of pharmaceutical products is complex because of multiple brands of same generic product name is different.
Service delivery related issues

• Identification of the ultra poor and poor citizens for free health services.

• Enrollment in Bipanna Nagarik Kosh after diagnosis has to go with local level recommendation. Time gap between diagnosis and recommendation is concerned issue.

• OCMC guideline dictates 24 hr services but budget is allocated for salary of only one staff nurse.

• Capacity enhancement of HR for critical care services.
Financial issues

- Delay in releasing the budget
- Significant reduction in internal income of Hospital to sustain salary of Hospital Development Committee Staffs
- Difficulty in meeting operating cost of the hospital during COVID-19 Pandemic due to reduced number of non-COVID-19 patients
- Adequate and timely allocation of budget for infrastructures, logistics and other hospital programs is required
Way Forward

- O& M survey should be done
- Umbrella act for HDC
- Master plan for federal hospitals
- Financial support to recover the deficit in operating cost during Pandemic
- Availability of advanced medical equipment/Laboratory services
- Standard platform for EMR decided by MOHP for uniformity
National Joint Annual Review 2077/78

Academies

Government of Nepal
Ministry of Health and Population
Meeting attended by

- NAMS
- PAHS
- Pokhara
- KAHS
- RRPASAHS
Progress in key indicators (3 years trend)

• OPD Clients: Declining during the pandemic phase
  • Example: 50% decline in NAMS

• Bed Occupancy: Declining in all

• CS rate (out of total delivery): Increasing in all (upto 56%)

• Number of Clients served by OCMC: Increasing in all
Human Resource

• Sanctioned post fulfilled in Patan Academy of Health Sciences

• Lack of human resource as per new sanctioned positions in NAMS, Pokhara Academy of HS

• Organization and Management survey – required in RRPSAHS and Pokhara
Financial resources

• Decline in internal revenue due to reduced number of non-covid patients

• Allocated budget not disbursed – RRPSAHS

• Timely disbursement of budget
Infrastructure

• Inadequate infrastructure : KAHS, NAMS, PAHS, Rapti

• New infrastructure for MBBS course Pokhara Academy of Health Sciences, KAHS

• New Infrastructure- RRPSAHS,
Pharmacy

• Unavailability and shortage of medicines due to Public Procurement Act and Regulation

• Decentralization within the institution for procurement process of pharmaceutical products

• Quality compromised due to acceptance of low bid

• Procure as per DDA recommendations

• Promote in-country production of medical goods
Minimum Service Standards: Status

• Implemented except in KAHS, PAHS
• Score is around 50%

Routine Data Quality Assessment (RDQA): Status

• Implemented only in RRPSAHS
Extended Health Services: Status

• Extended Health Services: Status
  - Implemented by KAHS and PAHS
  - Implementation stopped in Pokhara after COVID
  - Not implemented in NAMS and RRPSAHS

Satellite Health Service

• Implemented in all except Rapti and RRPSAHS

Tele-medicine Services

• Implemented in all except RRPSAHS, interconnectivity is a problem in KAHS
Health Insurance

- Being implemented in all
- Reimbursement on time is an issue
- Daily claiming and sending the necessary documents by Pokhara
- Paper card without photo (Digital card is the need)

One Health Worker one Health Facility: Status

- Implemented only in KAHS and Rapti
- No strong rules and regulation as well as monitoring
- Associated factors should be addressed for the implementation.
- Doctors/Staffs are working by their duty basis.

Electronic Medical Record : Status

- Implemented in all except RRPSAHS
- Online OPD ticketing and token system for OPD, Lab test, and billing- NAMS
Hospital waste and Sewage management: Status
Other issues

• Bir as COVID-19 designated hospital – review the nomenclature and strategy based on the need

• Contribution of total cost received from EHS services (OPD Vs top up services)
Innovations

• Morning standing meeting and DHSS: KAHS

• Community based palliative and care of elderly in Makwanpur District- PAHS
Opportunities

• Service, education and research

• DHSS: availability of specialist in rural/district level hospital
Way forwards

Coordination, Collaboration and Coexistence between academies and MOHP is the key.
Combined Presentation of Councils

On behalf of all councils

BK
National Joint Annual Review, 2078/79

Nepal Health Research Council

Government of Nepal
Ministry of Health and Population
Scope of Nepal Health Research Council

- Health Research Regulation
- Capacity Building in Health Research
- Promoting High Quality Health Research for Improving Health of People
- Evidence Generation for Health
- Promoting Use of Evidence
Major Achievements in FY 2077/78

- Number of health research proposals registered 879, approved 706 and report submitted 185 to NHRC
- Number of trainings conducted: 7
- Number of participants trained: 3500
- Number of dissemination workshop conducted (province and national) = 15
- Organized Virtual national summit of health and population scientists with participation of more than 2000
Major Achievements in FY 2077/78

- **Successful completion of following research projects**
  - NCD Risk factors STEPS survey 2019
  - National Mental Health Survey 2020
  - Population based cancer registry
  - Population based screening of Sickle cell anemia among Tharu Population of Barbardiya Municipality
  - Situational Assessment of Antibiotic Resistance in Kathmandu Valley – A Pilot Study
  - Effectiveness of an Educational Intervention on Knowledge, Attitude and Practice regarding Pharmacovigilance among Healthcare Professionals of Nepal: A baseline survey
  - Verification of Disbursement Linked Results: Disbursement Linked Indicator (DLI) (Since 5 years continuously done by NHRC)
Major Achievements in FY 2077/78

• **Successful completion of following research projects**
  • Situation assessment of Bipanna Programme of Government of Nepal
  • Epidemiological audit of COVID-19 data in Nepal
  • Policy audit of COVID-19 response in Nepal
  • Laboratory audit of COVID-19 in Nepal
  • COVID-19 mortality survey in Nepal
  • Polit study of use of smart VA tools in Nepal for burden of disease study
  • Assessment of impact of COVID-19 on psycho-social status of cancer patients in Nepal
  • Evaluation of OST programme in Nepal
Major Achievements in FY 2077/78

• **Successful completion of following research projects**
  • Situation assessment of Bipanna Programme of Government of Nepal
  • Epidemiological audit of COVID-19 data in Nepal
  • Policy audit of COVID-19 response in Nepal
  • Laboratory audit of COVID-19 in Nepal
  • COVID-19 mortality survey in Nepal
  • Polit study of use of smart VA tools in Nepal for burden of disease study
  • Assessment of impact of COVID-19 on psycho-social status of cancer patients in Nepal
  • Evaluation of OST programme in Nepal
40 Research Projects on SARS-CoV-2/COVID-19

Recently completed national projects
- Population based prevalence of major NCDs in Nepal 2019
- NCD Risk Factors STEPS survey 2020
- National mental health survey 2020
- Population based cancer registry 2018
- Population based prevalence of Sickle cell disorder 2019

Non-COVID Research Projects:
- OST program
- Economic analysis of Air Pollution
- Evaluation of Policy landscape on Transfat and dietary intake
- Estimation salt content

Guideline development:
- National Guideline for strengthening evidence generation on COVID-19
- "औषधी तथागृहको विविधता र योग्यता: नीतिमूलक पर्याय प्रनाली" - 2019
NHRC Projects:

COVID-19 Clinical Research in Nepal

Randomized evaluation of COVID-19 therapy

An international randomized trial of additional treatments for COVID-19 in hospitalized patients who are all receiving the local standard of care: WHO solidarity Plus


Clinical evaluation of YASH-T decoction in management of mild to moderate COVID-19 cases: Open label controlled trial

Australasian COVID-19 Trial (ASCOT) ADAPTive Platform Trial

NHRC approved COVID-19 therapeutic trial

COVID-19 vaccine trials approved by NHRC

Phase III efficacy trial of COVID-19 recombinant vaccine developed by Sanofi Pateur and GSK Bio

Phase III efficacy trial of COVID-19 mRNA vaccine developed by Walvax Biotechnology

NHRC as a consortium member

Epidemic Intelligence: Coronavirus sequencing surveillance in Nepal
Overall Mortality in Nepal

NCDs: 137,553 deaths (71% of total)

CMNN diseases: 40,691 deaths (21% of total)

Injuries: 15,087 deaths (8% of total)
Way forward: NHRC

• Continue and improve upon national level operational research
• Facilitate Research capacity building of national institutions
• Increase funding for research in national/provincial institutions
• Strengthen research in ID and basic science (molecular biology), through national and international partnerships
Professional Councils

• **Major Tasks:**
  • Check and certify pre-practice competence (exams)
  • Ensure ethical practice, actions against non-compliant
  • Introduce and implement CPD
  • Facilitate and regulate specialization in practice
  • Enable team building in medical practice
नेपाल मेडिकल काउन्सिल

प्रगति विवरण

२०७८ मासिक

• मेडिकल काउन्सिल एन २०२० अनुसार चिकित्सक तथा शिक्षण संस्थाको नियमन गर्ने व्यवस्था भएकोमा राष्ट्रिय चिकित्सा शिक्षा एन, २०७५ बाट स्थापित चिकित्सा शिक्षा आयोगको गठन पश्चात काउन्सिलको कार्यक्षेत्र चिकित्सकको दर्ता, दर्ता परीक्षा, व्यवसायिक आचरण तथा चिकित्सकहरुको उन्नयनमा सीमित भएको छ ।

• व्यवसायिक आचरण तथा स्वास्थ्य समिति
• चिकित्सक दर्ता समिति
• विदेशी चिकित्सक दर्ता समिति
• दन्तचिकित्सा समिति
• परीक्षा समिति
Major tasks of NMC

- सन २०२० नोभेम्बर २७ (२०७७ मासिक १२) देखि इन्जिनियरिंग अध्ययन संस्थानमा कम्प्युटरमा आधारित लाइसेंसस र विशेष परीक्षा
- व्यक्तिगत विवरण फाइल अध्यावधिक (digital)
- पहिलो वर्षबाट नै रजिस्ट्रेशन गारी फाइल खडा गारी राखे
- कोभिड निर्देशिकाहरू
- चिकित्सक नाम दर्ता तथा विशेष परीक्षा सञ्चालन कार्यविधि २०७७
- काउन्सिल समितिहरूको कार्यविधि
- काउन्सिलको संगठन तथा व्यवस्थापन सर्बेक्षण
- सेवाग्राही चिकित्सकहरुका लागि प्रतिक्षालय, परिसरमा राष्ट्रिय बाणिज्य बैंकको काउन्टर
- अन्तर्राष्ट्रिय काउन्सिल समन्बय कार्यविधि, मन्त्रालय र औषधि व्यवस्था विभाग समेतको सहभागितामा अनुगमन
- सी. पी. डी.
- परीक्षा : Skill/Competency based licensing exams (MoU with RCPSC)
Major tasks of NMC in Pipeline

- Nepal Medical Council and Health Interlink with various committees and bodies and their procedural proposal.
- Nepal, the legal system and Health Interlink with other bodies 2072 (in process).
- Indian National Medical Commission (national medical commission) with Nepal with reciprocal recognition.
- Non-recognizable Internship in Nepal for Nepali Interlink with various authorities.
- Decisions taken with the Health Interlink and others as per the provisions of the internship in Nepal.
### लाईसेन्स परीक्षा

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### स्नातक तहको दर्ताप्रमाणपत्र परीक्षा

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<td>Dental</td>
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आचारसंहिता कारवाही

२०७७/७८ मा व्यावसायिक आचारसंहिता अन्तर्गत ५० वटा उजुरी परेकोमा २१ वटा निर्णय भएको, २० वटा प्रक्रियामा रहेको र ८ वटा कारवाही गरिरहेको नपर्ने देखिएको। त्यसैगरि १० जना पुरुष तथा ३ जना महिला चिकित्सकहरुलाई व्यावसायिक आचारसंहिता अनुसार कारवाही गरिएको र सात वटा संस्थालाई निर्देशन सहित सचेत गराईएको।
Joint monitoring team to be reactivated

दर्ता प्रमाणपत्र परीक्षाहल
National Joint Annual Review
2077/78

Nepal Nursing Council

Government of Nepal
Ministry of Health and Population
Success Rates of Council Examinations in First Attempt
[% of students who passed the council examinations in their first attempt]

<table>
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<tr>
<th>Programs</th>
<th>Type of Institutions</th>
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<tr>
<td>PCL Level</td>
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<tr>
<td>Bachelor Level</td>
<td>99%</td>
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<tr>
<td>Masters &amp; Above</td>
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### Number of Health Professionals

<table>
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<tr>
<th>Professionals by Level</th>
<th>Registered number of professionals</th>
<th>No. of professionals per 10,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below PCL Level (ANM)</td>
<td>35493</td>
<td>11.88</td>
</tr>
<tr>
<td>Registrar nurse (PCL+ bachelor)</td>
<td>67509</td>
<td>22.6</td>
</tr>
<tr>
<td>Masters &amp; Above nurse</td>
<td>586</td>
<td>0.2</td>
</tr>
<tr>
<td>Bachelor midwife</td>
<td>25</td>
<td>0.0083</td>
</tr>
</tbody>
</table>

*Note: Please write ‘NA’ if not applicable*
Regulatory Activities

- Registration of midwives (also others) by licensing Exam (practical exam was also included) Develop the code of conduct for nurses and midwives
- Specialized registration for master level of nursing
- Development of scope of practice for midwives/nurses
- Develop the guidelines for continue professional development (CPD) to renewal of License.
Key Opportunities

• Initiation of Continue professional development (CPD) Program for renewal of License.
• Computer based licensees examination system
Key Challenges

• Amendment of NNC Act and regulation
• Implementation of CPD program
• Extension of NNC at provincial level
• Address the moral and ethical issues of nurses
• Maintain the online and up to date information of previously registered nurses
Way Forward

• Plan to Held Specialized license exam for Master nursing
• Amendment of NNC act as per federal system
• Plan to maintain the online and up to date information of previously registered nurses
• Separate the licensing system for PCL and bachelor level nursing program
• Formation of ethical committee to address the ethical problems
• Formation of CPD committee to implement the CPD program
• Planning for Computer based licensees examination for nurses and midwives
<table>
<thead>
<tr>
<th>Programs by Level</th>
<th>Type of Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public</td>
</tr>
<tr>
<td>Diploma Level</td>
<td>70%</td>
</tr>
<tr>
<td>Bachelor Level</td>
<td>59%</td>
</tr>
<tr>
<td>Master</td>
<td>NA</td>
</tr>
</tbody>
</table>
# Registration Update

<table>
<thead>
<tr>
<th>Professionals by Level</th>
<th>Registered number of Professionals (as of Mangsir 2078/79)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nepal’s Institutions</td>
</tr>
<tr>
<td>Diploma Level</td>
<td>NA</td>
</tr>
<tr>
<td>Bachelor Level</td>
<td>NA</td>
</tr>
<tr>
<td>Masters Level</td>
<td>NA</td>
</tr>
</tbody>
</table>
Major Achievements in FY 2078/79

• Academic Calendar for Name Registration Exam.
• Conducted 15th Name Registration Exam at province level during Covid-19 pandemic as per the decision of Government of Nepal. Conducted 16th and 17th name Registration during this pandemic.
• Improvement in documentation
• New up date name application form with the detail of last 3 yrs professional activities.
• Registered Pharmacist, Pharmacy Assistant name up to date.
Program 2079/80

- Regular Conduct Licensure exam
- Upgradation of system (Update, Good Standing letter, Verification ) online was the tool we adopted.
- Pharmacist Code of conduct ,
- Good pharmacy practices
- CPD( cotinous Professional development program )
National Joint Annual Review 2077/78

Nepal Health Professional Council

Government of Nepal
Ministry of Health and Population
## Number of Health Professionals

<table>
<thead>
<tr>
<th>Professionals by Level</th>
<th>Registered number of Professionals (as of 2077/78)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National trained</td>
</tr>
<tr>
<td>TSLC</td>
<td>3995</td>
</tr>
<tr>
<td>PCL</td>
<td>1834</td>
</tr>
<tr>
<td>Bachelor</td>
<td>1049</td>
</tr>
<tr>
<td>Master</td>
<td>251</td>
</tr>
</tbody>
</table>
1. Started licensing exam. Made ready all require legal documents to conduct examination.
2. Minimized maintenance of very old vehicle by managing new vehicle.
3. Started bank counter at office premises.
4. Furnished office rooms & Meeting hall.
5. Upgraded web site & shifted all data to Govt data storage center from unknown storage center.
National Joint Annual Review 2077/78 (2020/21)
Sharing of
Nepal National Health Accounts 2017/18 -

Dr Guna Nidhi Sharma
Senior Health Administrator
Policy, Planning and Monitoring Division
Ministry of Health and Population
Introduction - What is Health Accounts?

- Provides ESTIMATES of health expenditure incurred in the entire health sector of a country
- Tracks the overall expenditure on health –
  - Where health resources come from, under what scheme, and how they are used
- Compare the health expenditures from various sectors –
  - Public, Private, Geopolitical Regions etc.
- Yearly production of NHA support to inform –
  - Policy and Planning, M&E of policy changes based on health expenditure estimates
Dimensions of Classifications

Health Accounts Address THREE BASIC QUESTIONS:

What kinds of health care goods and services are consumed? *(Functions)*

Which health care providers deliver those goods and services? *(Provisions/Providers)*

Which financing scheme pays for these goods and services? *(Financing)*

Current Health Expenditure (CHE) and Capital Expenditure are Separately Analyzed
Findings
Household OOP Spending by Types of Healthcare Services and Goods

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Curative Care</th>
<th>Ancillary Services (non-specified by function)</th>
<th>Medical Goods (Non-specified by Function)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>9.2%</td>
<td>67.3%</td>
<td>19.4%</td>
</tr>
<tr>
<td>2013/14</td>
<td>9.0%</td>
<td>64.3%</td>
<td>23.6%</td>
</tr>
<tr>
<td>2014/15</td>
<td>9.0%</td>
<td>63.4%</td>
<td>26.7%</td>
</tr>
<tr>
<td>2015/16</td>
<td>10.6%</td>
<td>63.4%</td>
<td>26.1%</td>
</tr>
<tr>
<td>2016/17</td>
<td>8.1%</td>
<td>65.6%</td>
<td>26.3%</td>
</tr>
<tr>
<td>2017/18</td>
<td>8.1%</td>
<td>65.6%</td>
<td>26.3%</td>
</tr>
</tbody>
</table>

Total OOP (in Millions):
- 2012/13: 57,342
- 2013/14: 68,041
- 2014/15: 78,740
- 2015/16: 78,427
- 2016/17: 83,364
- 2017/18: 90,340
Province Wise Distribution of Health Care Financing Sources FY 2017/18

<table>
<thead>
<tr>
<th>Province</th>
<th>Direct Foreign Financial Transfers</th>
<th>NPISHs</th>
<th>Corporations</th>
<th>Households</th>
<th>Voluntary Prepayment from Employers</th>
<th>Social Insurance Contributions</th>
<th>Foreign Funds Distributed through Government</th>
<th>Government Domestic Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>10.3%</td>
<td>0.5%</td>
<td>2.4%</td>
<td>67.0%</td>
<td>12.0%</td>
<td>0.7%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Province 2</td>
<td>5.9%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>67.6%</td>
<td>11.8%</td>
<td>0.5%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Bagmati</td>
<td>9.5%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>59.7%</td>
<td>11.8%</td>
<td>0.5%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Gandaki</td>
<td>9.1%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>68.5%</td>
<td>11.8%</td>
<td>0.5%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lumbini</td>
<td>8.1%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>72.6%</td>
<td>11.8%</td>
<td>0.5%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Karnali</td>
<td>12.0%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>55.6%</td>
<td>11.8%</td>
<td>0.5%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sudur Paschim</td>
<td>9.5%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>64.5%</td>
<td>11.8%</td>
<td>0.5%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>National</td>
<td>11.8%</td>
<td>0.4%</td>
<td>2.4%</td>
<td>57.7%</td>
<td>11.8%</td>
<td>0.5%</td>
<td>2.7%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
• Government expenditure on health is increasing in absolute terms however almost constant in relative terms (proportion), requires more domestic funding for health (increase fiscal space)

• There is still gap for financial and risk pooling across the population resulting consistently high OOP expenditure burden

• Share of health insurance in the overall health care financing is very low

• Pharmaceuticals and medical goods has high expenditure has been one of the major driver of OOP spending on health care

• More sustainable financing source is required for the prevention and treatment of NCDs
राष्ट्रीय स्वास्थ्य वित्त रणनीति (२०७८-२०८८)
मस्यौदा
दूर दृष्टि
स्वस्थ नेपाली, समुन्नत नेपाल
लक्ष्य
स्वास्थ्यमा सर्वव्यापी पहुँचका लागि वित्त व्यवस्थापन गर्न।
उद्देश्य
१. स्वास्थ्य सेवाको लागि वित्तीय श्रोत सुनिश्चित गरी कुशल वित्त व्यवस्थापन गर्नु,
२. नागरिकको वित्तीय जोखिम कम गरी गुणस्तरीय स्वास्थ्य सेवामा सहज पहुँच सुनिश्चित गर्नु,
रणनीतिहरू(५)

१. स्वास्थ्य क्षेत्रको वित्तीय दायरा (Fiscal Space for Health) विस्तार गर्न।

२. स्वास्थ्यमा गरिने लगानीलाई जन-उत्तरदायी, जवाफदेही र पारदर्शी बनाउँदै कुशल व्यवस्थापनमार्फत स्वास्थ्य वित्त सुशासन सुदृढ गर्न।

३. सामाजिक स्वास्थ्य सुरक्षाको अवधारणा अनुसूच गुणस्तरीय स्वास्थ्य सेवा प्रवाहका लागि स्रोतको संकलन र सेवा खरिद स्वास्थ्य बीमामार्फत सुनिश्चित गर्न।

४. जनसहकृया, भूगोल, र रोगभारको आधारमा प्रति इकाईका दरले आधारभूत स्वास्थ्य सेवाको लागि स्रोत व्यवस्थापन गर्न।

५. आपत्कालिन तथा आक्रमिक स्वास्थ्य सेवा प्रणाली सुदृढीकरण गर्न वित्तीय स्रोतको व्यवस्था गर्न।
रणनीति अन्तर्गतका कार्यनीतिहरू
१. स्वास्थ्य क्षेत्रको वित्तीय दायरा (Fiscal Space for Health) विस्तार गर्नेको लागि देखि नै राष्ट्रिय लगानीको मुख्य स्रोत राजस्व हुनेछ। स्वास्थ्यविभागको नकारात्मक प्रभाव पाने वस्तुहरूमा स्वास्थ्यको जैसमति करको व्यवस्था गरिएको छ। यसका अतिरिक्त थप स्रोत देखि यहाँ बमोजिम हुनेछः

• स्वास्थ्य बीमा शूलकबाट प्राप्त हुने रकम,
• आन्तरिक तथा वैदेशिक सहयोग,
• व्यवसायिक सामाजिक उत्तरदायित्वबाट प्राप्त हुने रकम,
• स्वास्थ्य पर्यटनमार्फत प्राप्त हुने आय स्रोत,
• कुशल वित्तीय व्यवस्थापनबाट बचत हुने रकम,
• अन्य स्रोत।

२. सङ्घीय प्रदेश र स्थानीय तहको बजेटमा कम्तीमा १० प्रतिशत रकम स्वास्थ्य क्षेत्रमा लगानी गरिएको हो।
१. स्वास्थ्य क्षेत्रको वित्तीय दायरा (Fiscal Space for Health) विस्तार गर्ने।

३. सङ्घ, प्रदेश र स्थानीय तहको लागत सहभागितामा स्वास्थ्यसम्बन्धी रूपान्तरणकारी र नवीनतम कार्यक्रममा लगानी गरिनेछ।

४. स्वास्थ्यमा “स्वास्थ्यमा सार्वजनिक-निजी साझेदारी” अवधारणालाई प्रभावकारी कार्यान्वयन गरिनेछ।

५. औषधि, औजार, उपकरण र औषधिजन्य सामग्री तथा स्वास्थ्य सेवा शुल्कलाई वैज्ञानिक, एकरूप र पारदर्शी बनाइनेछ।
२. स्वास्थ्यमा गरिने लगानीलाई जन-उत्तरदायी, जवाफदेही र पारदर्शी बनाउँदै कुशल व्यवस्थापनमार्फत स्वास्थ्य वित्त सुशासन सुदृढ गर्न।

१. सङ्घ, प्रदेश र स्थानीय तहको बजेट तथा कार्यक्रम कार्य योजना (माइलस्टोन प्रणाली) लागू गरिनेछ।

२. प्रवर्द्धनात्मक र प्रतिकारात्मक सेवालाई प्रमुख प्राथमिकतामा राखी लगानी गरिनेछ। साथै, उपचारात्मक, पुनस्थापनात्मक र प्रशासन (palliative) सेवालाई जनसद्ध्वा, भूगोल तथा रोगभारको आधारमा लगानी गरिनेछ।

३. आयुर्वेद र वैकल्पिक चिकित्सा प्रणालीमा पर्याप्त लगानी गरिनेछ।
२. स्वास्थ्यमा गरिने लगानीलाई जन-उत्तरदायी, जवाफदेही र पारदर्शी बनाउँदै कुशल व्यवस्थापनमार्फत स्वास्थ्य वित्त सुशासन सुदृढ गर्न।

४. स्वास्थ्यका कार्यक्रमहरूमा आवश्यक लागत प्रभावकारिता विश्लेषण (Cost effectiveness analysis) तथा लागत प्रतिफल विश्लेषण (Cost benefit analysis) का आधारमा पुन: प्राथमिकीकरण गरी लगानी गरिनेछ।

५. कार्यसम्पादनमा आधारित अनुदान सम्झौता (Performance-based grant agreement) गरी स्वास्थ्य संस्थाहरूलाई अनुदान उपलब्ध गराइनेछ।

६. सङ्घ, प्रदेश र स्थानीय तहले औजार, उपकरण, औषधि र औषधिजन्य मालसमानहरूको खरिद गर्दा "केन्द्रीय बोलपत्र स्थानीय खरिद" को अवधारणालाई लागू गरिने�।
२. स्वास्थ्यमा गरिने लगानीलाई जन-उत्तरदायी, जवाफदेखि र पारदर्शी बनाउँदै कुशल व्यवस्थापनमाफत स्वास्थ्य वित्त सुशासन सुदृढ गर्न।

७. भूगोल, जनसङ्ख्या र रोगभारका आधारमा दोहरो नपर्ने गरी स्वास्थ्य संस्थाहरूको पुनः वितरण, स्थापना र सञ्चालन गरिनेछ।

८. स्वास्थ्य क्षेत्रमा गरिने सम्पूणर लगानी पारदर्शी र जन-उत्तरदायी बनाउन प्रतिवेदन तथा तथ्याङ्कलाई डिजीटलाइज गरिनेछ।

९. स्वास्थ्य कार्यक्रम र क्रियाकलापहरूलाई समूहीकृत गर्दै कार्यक्रमगत बजेटिङ गरिनेछ।

१०. स्वास्थ्य संस्थाहरूको कार्यसंपादन परीक्षण (Performance Audit) र सार्वजनिक सम्पत्ति लेखाजोखा (Public Assets Assessment) प्रतिवेदनको आधारमा बजेट विनियोजन गरिनेछ।
२. स्वास्थ्यमा गरिने लगानीलाई जन-उत्तरदायी, जवाफदेही र पारदर्शी बनाउँदै कुशल व्यवस्थापनमा फर्ता स्वास्थ्य वित्त सुशासन सुदृढ गर्न।

११. अस्पतालहरूमा नगदमा आधारित लेखा प्रणालीलाई क्रमशः प्रोद्भावी (Accrual) लेखा प्रणालीमा रूपान्तरण गर्दै लगिनेछ।

१२. स्वास्थ्यकर्मीहरूको तलबमान एवं अन्य सुविधालाई सेवाग्राहीको सेवा सन्तुष्टिको मूल्याङ्कन र क्लिनिकल अडिटिङ्कर र जोखिमका आधारमा समयानुकूल परिमार्जन गर्दै लगिनेछ।

१३. स्तरीय उपचार पद्धति एवं मापदंडको तर्जुमा तथा समयानुकूल परिमार्जन गरी संदर्भ, प्रदेश र स्थानीय तहको सहकार्यमा सोको कार्यान्वयन गरी स्वास्थ्य सेवाको गुणस्तर क्रमिक रूपमा अभिवृद्धि गर्दै लगिनेछ।
3. सामाजिक स्वास्थ्य सुरक्षाको अवधारणा अनुरूप गुणस्तरीय स्वास्थ्य सेवा प्रवाहका लागि स्रोतको सञ्चलन र सेवा खरिद स्वास्थ्य बीमामार्फत सुनिश्चित गर्न।

1. स्वास्थ्य बीमासम्बन्धी विद्यमान नीति, ऐन, नियम र अन्य व्यवस्थालाई समयबद्ध कार्य योजना बनाइ सम्पूर्ण नागरिकलाई स्वास्थ्य बीमामा आबद्ध गरिनेछ।

2. स्वास्थ्य बीमासम्बन्धी समयबद्ध कार्य योजनाको नियममत अनुगमन तथा मूल्याङ्कन गरिनेछ।

3. स्वास्थ्य बीमाको दायरा विस्तार हुँदै जाँदा स्वास्थ्य बीमा बोर्डको संस्थागत क्षमता अभिवृद्धि गर्दै बोर्डलाई वित्तीय रूपमा आत्मनिर्भर बनाउँदै लगिनेछ।

12/27/2021
MoHP, PPMD
3. सामाजिक स्वास्थ्य सुरक्षाको अवधारणा अनुसार गुणस्तरीय स्वास्थ्य सेवा प्रदानका लागि स्रोतको सदृश्यन र सेवा खरीद स्वास्थ्य बीमामार्फत सुनिश्चित गर्न।

4. व्यक्तिको स्वास्थ्य तथा सेवा उपयोगको विवरण अनुमान गर्न मिल्ने गरी राष्ट्रिय परिचयपत्रसङ्गीतको साम्राज्यमा प्रत्येक नागरिकलाई स्वास्थ्य सज्जनको स्वरूप स्वास्थ्य गरी व्यक्तिगत स्वास्थ्य सूचना एक द्वार प्रणालीबाट व्यवस्थापन गरिनेछ।

5. सेवाको भुक्तानीका लागि सम्भाव्यताका आधारमा प्रति व्यक्ति/सेवामूली (Capitation Based), केसमा आधारित (Case Based), निदानमा आधारित (Diagnostic Related Groupings) भुक्तानी पद्धति लगायतका नवीनतम विधिहरू अवलम्बन गर्दै लगिनेछ।

6. आमा सुरक्षा कार्यक्रम, विपन्न नागरिक स्वास्थ्य उपचार कार्यक्रम लगायतका रुजिज्ञात सञ्चालित सम्पूर्ण सामाजिक स्वास्थ्य सुरक्षाका कार्यक्रमहरूको भुक्तानी एकद्वार प्रणालीबाट व्यवस्थापन गरिनेछ।
४. जनसदृश्य, भूगोल, र रोगभारको आधारमा प्रति इकाईका दरले आधारभूत स्वास्थ्य सेवाको लागि स्रोत व्यवस्थापन गरनै।

१. आधारभूत स्वास्थ्य सेवा प्रवाहको लागि आवश्यक बजेट एकमुख अनुदानका रूपमा नेपाल सरकारका व्यवस्था गरिनेछ।
२. आधारभूत स्वास्थ्य सेवा प्रवाह अनुगमनको मुख्य जिम्मेवारी प्रदेश सरकारको हुनेछ।
३. आधारभूत स्वास्थ्य सेवा सुनिश्चित गर्ने जिम्मेवारी स्थानीय तहको हुनेछ।
५. आपत्कालिन तथा आकस्मिक स्वास्थ्य सेवा प्रणाली सुदृढीकरण गर्न वित्तीय स्रोतको व्यवस्था गर्न।

१. लक्षित वर्गका लागि निःशुल्क आकस्मिक स्वास्थ्य सेवा प्रदान गर्न लागि खर्च अस्पतालको आय र प्राप्त अनुदानबाट बेहोरिनेछ।

२. पूर्व अस्पताल आकस्मिक सेवा प्रणाली सुदृढीकरण गर्न आवश्यक पर्न स्रोत सहू, प्रदेश र स्थानीय तहले संयुक्त रूपमा सरोकारवालासँग समन्वय गरी व्यवस्थापन गरिनेछ र सोको कार्यनिष्ठको मुख्य जिम्मेवारी स्थानीय तहको हुनेछ।

३. आकस्मिक तथा आपत्कालीन स्वास्थ्य सेवाका लागि छुट्टै कोष स्थापना गरी सञ्चालन गरिनेछ।
Preliminary Findings:
Nepal Health Facility Survey 2021

Preliminary Data Tables

National Joint Annual Review
December 09, 2021
The second comprehensive sample survey of formal sector health facilities in Nepal. The first NHFS completed in 2015

**Objective:**
- To provide information on the availability of essential health services in Nepal, the readiness of health facilities to provide those services, and the quality of client services.

**Scope:**
- NHFS 2021 provides estimates for the whole country, ecological regions, facility types, managing authorities, residence and each of the seven provinces.

**Data Source:**
- Health Facility Inventory
- Health Worker Interview
- Observations of ANC, FP, sick child and Normal delivery services
- Exit Interview of Clients/Care takers of ANC, FP, sick child and postpartum women

**Data collection:**
- January 2021 thru September 2021 with 3 months break during the lockdowns
## Facilities by Type

<table>
<thead>
<tr>
<th>HF types</th>
<th>Sampled</th>
<th>Surveyed</th>
<th>% of survey completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal/provincial level hospitals</td>
<td>102</td>
<td>97</td>
<td>95.1</td>
</tr>
<tr>
<td>Local-level hospitals</td>
<td>46</td>
<td>45</td>
<td>97.8</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>279</td>
<td>258</td>
<td>92.5</td>
</tr>
<tr>
<td>Primary Health Care Centers (PHCC)</td>
<td>183</td>
<td>183</td>
<td>100</td>
</tr>
<tr>
<td>Basic health care centers</td>
<td>955</td>
<td>952</td>
<td>99.7</td>
</tr>
<tr>
<td>- Health posts (HPs)</td>
<td>380</td>
<td>380</td>
<td>100</td>
</tr>
<tr>
<td>- Urban health centers (UHCs)</td>
<td>286</td>
<td>284</td>
<td>99.3</td>
</tr>
<tr>
<td>- Community Health Unit (CHUs)</td>
<td>289</td>
<td>288</td>
<td>99.7</td>
</tr>
<tr>
<td>Stand-alone HIV testing and counseling sites</td>
<td>61</td>
<td>41</td>
<td>67.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,626</td>
<td>1,576</td>
<td><strong>96.9</strong></td>
</tr>
<tr>
<td>Service</td>
<td>NHFS 2015</td>
<td>NHFS 2021</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Child Curative Care</td>
<td>99</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Antenatal Care</td>
<td>98</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>Any Modern FP Service</td>
<td>98</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>Child Growth Monitoring</td>
<td>Not comparable</td>
<td>Not comparable</td>
<td></td>
</tr>
<tr>
<td>Child Vaccination</td>
<td>93</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>STI Services</td>
<td>89</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>TB Diagnosis or Treatment</td>
<td>91</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Delivery and Newborn Care</td>
<td>48</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Malaria Diagnosis or Treatment</td>
<td>51</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>HIV Testing</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>HIV Treatment (ART)</td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Availability of Selected Basic Health Services (as % of all facilities surveyed)
Availability of Tracer Medicines (as % of surveyed facilities)

National
- Oxytocin injection (or other...)
- Albendazole
- Paracetamol tablet/injection
- ORS
- Povidone iodine solution
- Ciprofloxacin infusion/ear/eye drop
- Iron + folic acid combination tablet
- Metronidazole tablet/syrup
- Amoxicillin tab/cap
- Zinc sulphate tablet
- Salbutamol tab or inhaler
- Ringers Lactate
- Vitamin A
- Gentamycin injection
- Benzoic acid compound ointment
- Amoxicillin syrup – paediatric
- Chloramphenicol caps/application
- Isoniazid + rifampicin +...

Public

Private
Standard precautions for infection control (% of facilities)

- Soap and running water or else alcohol-based hand disinfectant: 97%
- Alcohol-based hand disinfectant: 94%
- Latex gloves: 94%
- Syringes and needles: 89%
- Any sterilization equipment: 82%
- Medical masks, surgical mask or N95: 82%
- Safe final disposal of sharps waste: 73%
- Disinfectant: 68%
- Soap: 68%
- Safe final disposal of infectious waste: 65%
- Running water: 65%
- Soap and running water: 61%
- Gowns/apron: 53%
- Eye protection: 35%
- Needle destroyer/needle cutter: 32%
- Appropriate storage of infectious waste: 16%

Specific basic supplies and services (% of facilities)

- Referral capacity emergency transport: 80%
- Pulse oximeter: 42%
- Self-inflating bag and mask (adult): 32%
- Referral capacity communication equipment: 26%
- Oxygen-Filled oxygen cylinders: 23%
- Overnight observation beds: 20%
- Inpatient care: 13%
### Availability of Basic Amenities and Equipment (% of all facilities)

#### Facilities

- **Client latrine**: 2015 NHFS: 82, 2021 NHFS: 89
- **Improved water source**: 2015 NHFS: 81, 2021 NHFS: 94
- **Emergency transport**: 2015 NHFS: 59, 2021 NHFS: 80
- **Communication equipment**: 2015 NHFS: 20, 2021 NHFS: 26
- **Computer with internet**: 2015 NHFS: 11, 2021 NHFS: 55

#### Equipment

- **Adult weighing scale**: 2015 NHFS: 89, 2021 NHFS: 95
- **Child weighing scale**: 2015 NHFS: 39, 2021 NHFS: 67
- **Infant weighing scale**: 2015 NHFS: 55, 2021 NHFS: 68
- **Thermometer**: 2015 NHFS: 93, 2021 NHFS: 94
- **Stethoscope**: 2015 NHFS: 98, 2021 NHFS: 98
- **Light source**: 2015 NHFS: 51, 2021 NHFS: 93
- **All basic equipment**: 2015 NHFS: 13, 2021 NHFS: 41
Child health services includes: i) outpatient curative care for sick children, ii) growth monitoring, and iii) child vaccination services.
Availability of Antenatal Care Services (% of facilities surveyed)

Among facilities offering ANC, percent where ANC services are offered the indicated number of days per week

- Federal/provincial level hospitals
- Local-level hospitals
- Private hospitals
- PHCC
- HP
- UHC
- CHU
- National Average

1-4 days per week
5+ days per week

Percentages:

- Federal/provincial level hospitals: 79% (20% 1-4 days, 86% 5+ days)
- Local-level hospitals: 86% (12% 1-4 days, 74% 5+ days)
- Private hospitals: 98% (2% 1-4 days, 96% 5+ days)
- PHCC: 94% (3% 1-4 days, 91% 5+ days)
- HP: 97% (3% 1-4 days, 94% 5+ days)
- UHC: 96% (2% 1-4 days, 94% 5+ days)
- CHU: 98% (1% 1-4 days, 97% 5+ days)
- National Average: 97% (3% 1-4 days, 94% 5+ days)
Availability of Normal Vaginal Delivery Services

Percent of all facilities (excluding HTC and 2 federal-level hospitals) that offer normal vaginal delivery services

- **CHUs**: 23.8%
- **UHCs**: 7%
- **HPs**: 57.2%
- **Basic Health Care Centres**: 48.2%
- **PHCCs**: 97.3%
- **Private hospitals**: 52.8%
- **Local-level hospitals**: 93.8%
- **Federal/provincial level hospitals**: 94.6%
Availability of Cesarean Delivery

Availability of Medical Abortion

Percent of all facilities (excluding HTC)

Federal/ provincial-level hospitals: 82%
Local-level hospitals: 24%
Private hospitals: 48%
PHCCs: 1%
CHU: 0%
UHC: 0%
HP: 0%

Percent of all facilities offering normal delivery (excluding HTC)

Federal/ provincial-level hospitals: 96%
Local-level hospitals: 54%
Private hospitals: 75%
PHCCs: 65%
CHU: 2%
UHC: 0%
HP: 20%
<table>
<thead>
<tr>
<th>Method</th>
<th>2015 NHFS</th>
<th>2021 NHFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condoms</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Injectables</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>Implants</td>
<td>91</td>
<td>97</td>
</tr>
<tr>
<td>Pills</td>
<td>99</td>
<td>97</td>
</tr>
<tr>
<td>IUCD</td>
<td>90</td>
<td>95</td>
</tr>
<tr>
<td>Every method provided was available</td>
<td>95</td>
<td>92</td>
</tr>
<tr>
<td>ECP</td>
<td>88</td>
<td>89</td>
</tr>
<tr>
<td>3 temporary modern methods</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>5 temporary modern methods</td>
<td>44</td>
<td>58</td>
</tr>
<tr>
<td>7 modern methods</td>
<td>28</td>
<td>37</td>
</tr>
</tbody>
</table>

Availability of Family Planning Services

Percent of all facilities that provide, prescribe, or counsel clients on modern methods of family planning.
Availability of HIV Testing Services

Percent of all facilities with an HIV testing system

Federal/provincial-level hospitals: 67%
Local-level hospitals: 10%
Private hospitals: 29%
PHCCs: 8%
HP: 2%
UHC: 1%
CHU: 0%
Stand-alone HTC: 34%
# Availability of TB Services

<table>
<thead>
<tr>
<th></th>
<th>Percent of all facilities excluding stand-alone HTC that offer any TB diagnostic and treatment and/or treatment follow-up services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudurpashchim</td>
<td>75%</td>
</tr>
<tr>
<td>Karnali</td>
<td>71%</td>
</tr>
<tr>
<td>Gandaki</td>
<td>81%</td>
</tr>
<tr>
<td>Lumbini</td>
<td>85%</td>
</tr>
<tr>
<td>Bagmati</td>
<td>76%</td>
</tr>
<tr>
<td>Province 1</td>
<td>77%</td>
</tr>
<tr>
<td>Province 2</td>
<td>92%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal/provincial-level hospitals</td>
<td>&gt;99%</td>
</tr>
<tr>
<td>Local-level hospitals</td>
<td>98%</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>94%</td>
</tr>
<tr>
<td>PHCCs</td>
<td>&gt;99%</td>
</tr>
<tr>
<td>HP</td>
<td>89%</td>
</tr>
<tr>
<td>UHC</td>
<td>43%</td>
</tr>
<tr>
<td>CHU</td>
<td>23%</td>
</tr>
</tbody>
</table>
Availability of services for Non-Communicable Diseases

Percent of all facilities excluding HTC that diagnose, prescribe treatment for, or manage patients with diabetes and Cardio-vascular disease

Diabetes

Cardio-vascular disease

Nepal

Sudurpashchim
Karnali
Lumbini
Gandaki
Bagmati
Province 1
Province 2

Diabetes

Nepal

Sudurpashchim
Karnali
Lumbini
Gandaki
Bagmati
Province 1
Province 2

Cardio-vascular disease
Final Report of NHFS 2021 will be available in April 2022.

Thank You!!
Health Development Partners

9 December 2021
• Reflections on development partners' support and alignment to the sector priorities:
  • Key areas of sector support, funding modalities in changed context
  • Commitment for the current fiscal year (budget support, TA/TC and project support)
  • Opportunities, challenges, lessons learned and way forward
<table>
<thead>
<tr>
<th>Key Areas</th>
<th>Level</th>
<th>Key Areas</th>
<th>EDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1: Rebuilt and strengthened health systems</strong></td>
<td>Federal</td>
<td>Support pharmaceutical regulatory systems &amp; drug quality; COVID-19 equipment including LUX oxygen tank and cylinder; Supply chain management/eLMIS and procurement; Production of professional midwife cadres (first batch of 26 cadres produced in 2020/21) Support in ensuring continuity RMNCAH (Reproductive, Maternal, Neonatal, Child and Adolescent Health Services in COVID-19’s context. COVID Emergency AID – Financial grant for COVID and emergencies related investment and expenditures; Sector Budget Support Reconstruction of Gorkha, Ramechhap and Jiri Hospitals; Reconstruction of other facilities including Sankhu, Melbesaune, Bhimeshwor and Jhaukhel TA for finalization of HRH Strategic Roadmap 2030 Policies, standards, tools and guidelines to support health infrastructure planning and delivery: Standard designs and costs for 14 health facility types; land selection criteria; HI repair and maintenance strategy. Building MoHP capacity for HI policy making and DUDBC to improve HI construction; Retrofitting two priority hospitals (Pokhara; Bhaktapur) to required standards. Global Fund funding cycle 2021-2023: HIV, TB and malaria grants: Addressing COVID–related disruption in HIV, tuberculosis and malaria 2021-2023 • IHMIS section strengthening on data management and dashboard management. • Strengthening cold chain management by increasing the cold chain capacity • Support in MMR study through 2021 census Workload Indicators and Staffing Norms (WISN) piloting has been completed for HFIs in nine districts from Bagmati, Gandaki and Sudur Pachhim province Incentivized (i) strengthening contract management through online e-procurement system; (ii) improvement in redressal of procurement related grievances; (iii) procurement of health commodities and equipment as per standard specifications; (iv) use of e-LMIS at central and provincial stores; (iv) improved management of stocks of tracer commodities; (v) effective vaccine management; (vi) evidence-based annual work planning and budgeting using eWAPB/LMBIS; (vi) expenditure tracking using TABUCS/CGAS; (vii) addressing OAG’s primary audit queries in a timebound manner; (viii) timely updation of HMIS/DHIS2 from health facilities; (ix) strengthening of social accountability mechanisms in provinces/LGs HRH Strategic Roadmap &amp; Health Workforce Registry, Strengthening preservice education (WHO), Support DDA for pharmaceutical regulatory system &amp; drug quality (USAID, WHO). Vaccine support (Gavi, UNICEF, WHO), cold chain (Gavi, UNICEF). • Support to improve waste management (KfW, GIZ, WHO, UNICEF, UNDP), including sharp waste from COVID-19 vaccination</td>
<td>USAID</td>
</tr>
<tr>
<td>Key Areas</td>
<td>Level</td>
<td>Key Areas</td>
<td>EDPs</td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
<td>-----------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Outcome 1: Rebuilt and strengthened health systems</strong></td>
<td>Local</td>
<td>Vaccine readiness, cold chain and TA; Health desk support and waste management</td>
<td>USAID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>POEs support: Vaccination, Health Desk Strengthening, IPC, Capacity building of health professionals including border security officials on COVID. Isolation centers strengthening. Migration Data Management, Population Mobility Mapping (PMM) Operational Research on newer TB screening technology in Tuberculosis Construction and refurbishment of healthcare waste treatment center and hospital laundry building including all support services at 13 COVID 19 designated hospitals, incl. procurement of autoclaves, industrial washing machines with accessories</td>
<td>IOM</td>
</tr>
<tr>
<td></td>
<td>TA to MOSD in province-1 for diagnostic assessment of HCWM, engineering design and cost estimation of healthcare waste treatment center including equipment. HCWM Implementation Plan of 12 provincial hospitals</td>
<td>GDC/GIZ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cold Chain and Vaccine Management TA in four provinces. Strengthening cold chain and vaccine management at Provincial and Local level Support for increasing access to treatment of child wasting – 3 additional districts providing treatment for wasting from 58 in 2020 to 61 in 2021 Advocacy for 3 additional Nutrition Rehabilitation Homes Biannual Vitamin A and deworming campaigns conducted, achieving 85% coverage for vitamin A among children 6-59months and 74% for deworming (children 12-59m) 15 districts completed Comprehensive Nutrition Specific Intervention (CNSI) package training to health workers Health care waste management support in 14 hospitals (Autoclave and washing machine)</td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td>Key Areas</td>
<td>Level</td>
<td>Key Areas</td>
<td>EDPs</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
</tbody>
</table>
| **Outcome 2: Improved QOC** | All levels  | Minimum service standards, standard treatment protocols, Ensuring qualified HRH FP & RMNCH, SRHR and adolescent health; NTDs, other communicable diseases; Antimicrobial resistance  
Developed standard orientation package for the COVID-19 screening and management, directed for health professional and border officials.  
Support/TA for FP & MCH, SRHR including safe abortion services (BEK, USAID UNFPA, WHO); adolescent health (GIZ, BEK, UNICEF, UNFPA, WHO); surveillance, immunization, NCDs, NTDs, other communicable diseases (WHO, USAID, BEK).  
MPDSR program strengthening  
Child and adolescent mental health (CAMH) services in Province 2 and Karnali Province and development of CAMH national trainers, and establishment of telemedicine on mental health in Kanti Children’s Hospital.  
EVM Assessment and comprehensive improvement plan (c-IP); Cold chain capacity analysis for COVID-19 vaccination  
Family planning; strengthening referral system; Hospital quality improvement, CEONC expansion and functionality; AWBPB process. | USAID/WHO/BEK  
IOM  
UNFPA, BEK  
WHO  
UNICEF  
BEK                                      |
| Local     |             | Integrated Healthcare Waste Management in coordination with local government in two sub-metropolitan cities, Nepalgunj and Dhangadhi  
Strengthening Institutional capacity (KMC service in tow hospitals in Province 2)  
Simulation Based Education to improve quality care in MNH in high volume hospitals in province 2  
Strengthening oxygen therapy for hypoxia management in Province 2  
Safe Motherhood and newborn health roadmap planning at provincial level; FP/EPI, MSS at HP level; mHealth for FCHV, Physiotherapy skills transfer. Evidence-based planning, implementation and monitoring | GDC/GIZ  
UNICEF  
BEK                                      |
<table>
<thead>
<tr>
<th>Key Areas</th>
<th>Level</th>
<th>Key Areas</th>
<th>EDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2: Improved QOC</td>
<td>Federal</td>
<td>Learning resource package (LRP) for Integrated training on HCWM/ IPC, WASH and Environmental Health by NHTC</td>
<td>BEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy shift in treatment of child wasting to use Simplified Approaches for treatment of severe and moderate acute malnutrition; Family MUAC pilot endorsed by MoHP; MBFHI Review conducted in 5 hospitals (TUTH, Maternity, Patan, Koshi Hospital Biratnagar, Hetauda Hospital); MBFHI scaled up in 5 hospitals (Mecho hospital, Bhaktapur hospital, Pokhara Academy of Health Science, Bheri hospital and Seti Hospital) to improve the breastfeeding practices; Development of comprehensive lactation management centre at Maternity Hospital</td>
<td>GDC/GIZ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Federal and Provincial level: Training sites development and quality improvement/Clinical mentors: SBA/SHP and FP. Robson’s classification for monitoring institutional CS; Strengthening MPDSR.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provincial</td>
<td>Improvement of Mother and Child Care in Rural areas (IMCCR) by strengthening referral systems in Province 7</td>
<td>GDC/KfW</td>
</tr>
<tr>
<td>Key Areas</td>
<td>Level</td>
<td>Key Areas</td>
<td>EDPs</td>
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</tr>
<tr>
<td><strong>Outcome 3: Equitable distribution &amp; use of health services</strong></td>
<td>All levels</td>
<td>Basic health services package; Support to improve FP/RH &amp; MNCHN care and availability of commodities in remote areas; Facility based IMNCI, comprehensive nutrition; Support for policy development and provision of disability friendly health service.</td>
<td>USAID/WHO BEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STPs/BHS package roll out; Roving Auxiliary Nurse Midwives; PNC home visit; Visiting Service Providers; GESI strategy and plan; strengthening GESI institutional mechanism (select provinces): training package; Code of conduct against GBV in workplace at federal and select provincial and local level; GRB and LNOB in select provinces.</td>
<td>IOM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health desk setup at Province-7 (Sudurpaschim), Province-5 (Lumbini), Province 1 and 2. Advocacy and improving access to COVID-19 vaccination among marginalized and vulnerable population specially focusing on Migrants. Support in the Health desk and Isolation Center strengthening through medical and non-medical equipment, capacity building trainings.</td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>Support to National Health Insurance Board to implement health insurance scheme as per SOP. Almost 3.3 million people have enrolled in the national health insurance scheme Support to NHEICC for production and dissemination of IEC material like Menstrual Health Product Video; TA for NHTC to develop MHM training package Integrated Gender Responsive Budgeting, LNOB budget marker through TABUCS at MOHP</td>
<td>GDC/GIZ BEK</td>
</tr>
<tr>
<td>Provincial</td>
<td></td>
<td>Social marketing of sanitary pads targeted for rural school-girls in Province 6 and 7. Support the provincial government in developing contingency plan for public health emergencies</td>
<td>GDC/KfW IOM</td>
</tr>
<tr>
<td>Key Areas</td>
<td>Level</td>
<td>Key Areas</td>
<td>EDPs</td>
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<tr>
<td>**Outcome 4: Strengthened</td>
<td>Various levels</td>
<td>Support over 460 municipalities and all provinces for health planning, budgeting, &amp; implementation</td>
<td>USAID</td>
</tr>
<tr>
<td>Decentralized Planning and</td>
<td></td>
<td>Support to 5 municipalities for health sector planning and budgeting with focus on COVID 19 response, public health measures and expansion of curative services</td>
<td>GDC/GIZ</td>
</tr>
<tr>
<td>Budgeting</td>
<td></td>
<td>Technical assistance to Provinces (WHO) for health system strengthening, SRHR, WHO emergency and immunization and federal government (jointly with UNICEF) for securing &amp; planning resources.</td>
<td>WHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support to 720 municipalities for inclusion of Multi-sector nutrition plan interventions into local level annual work plans and budgets</td>
<td>UNICEF</td>
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<tr>
<td></td>
<td></td>
<td>Support in annual planning and budgeting in 42 municipalities.</td>
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<td></td>
<td>Support to 38 municipalities and three provinces (Prov 2, Lumbi, Sudarpashchim) for AWPB preparation and implementation</td>
<td>BEK</td>
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<tr>
<td>Key Areas</td>
<td>Level</td>
<td>Key Areas</td>
<td>EDPs</td>
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</tbody>
</table>
| **Outcome 5: Improved Sector Management and Governance** | Various levels | Public procurement and financial management; Support strengthening health governance at all levels; Support provinces to revitalize HFOMCs  
Supported in the establishment of health desks at Province (1, 2, 5 and 7) and facilitated the COVID-19 screening; Supported in the provincial government in improving the access to COVID-19 vaccination at Point of Entries (PoE); Support in the provincial government in improving the access to COVID-19 services including protection and WASH at Point of Entries (PoE).  
Embedded TA to strengthen the policy environment and capacity, including in health policy and planning  
AWPB guidelines; Support to NJAR and JCMs; Capacity Enhancement at sub-national level in accordance with priority standards, tools and evidence-based planning; Update Technical Specifications Bank (TSB) contents; upload to eTSB; Support to e-CAPP (piloting e-CAPP in Provinces); PPSF 2020-2025; support Provincial level PIP; Provinces and Palikas to use eGP  
Strengthened PFM: internal Control System Guidelines; Financial Management training manual; progress report of Improved Internal Control through audit; Facilitate FMR, NPSAS and DLI reporting; Budget Analysis, Provincial and local governments to prepare FMIP, Rapid Assessment of Aama | USAID  
IOM  
WHO/GI  
Z/BEK  
BEK |
<table>
<thead>
<tr>
<th>Key Areas</th>
<th>Level</th>
<th>Key Areas</th>
<th>EDPs</th>
</tr>
</thead>
</table>
| **Outcome 6: Improved Sustainability of Healthcare Financing** | Federal (field office HIB, SSF)   | Support Family Planning Sustainability Roadmap  
                                               Support decentralized planning  
                                               Support to develop National Health Financing Strategy (NFHS);  
                                               Support for establishment of health insurance fund in as stipulated in the Health Insurance Act 2017  
                                               Support for preparing organization and management (O&M) survey report of the Health Insurance Board  
                                               Technical Assistance in the Development and Costing of National Health Financing Strategy  
                                               Production of National Health Accounts with sub-national level health expenditure estimation and Health Accounts National Guideline | UNFPA  
                                               USAID  
                                               L4UHC partners: WB, WHO, GDC/GIZ  
                                               World Bank/ BEK/GIZ  
                                               WHO                                      |
<table>
<thead>
<tr>
<th>Key Areas</th>
<th>Level</th>
<th>Key Areas</th>
<th>EDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 7: Improved Healthy Lifestyles &amp; Environment</strong></td>
<td>Federal</td>
<td>Urban health initiative &amp; air pollution; WASH and nutrition</td>
<td>USAID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TB and COVID-19 related integrated message dissemination.</td>
<td>IOM</td>
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<tr>
<td></td>
<td></td>
<td>Promoting vaccination related messages and information on vaccine deployment sites.</td>
<td>GDC/GIZ</td>
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<tr>
<td></td>
<td></td>
<td>Support to occupational health and safety measures for waste workers during COVID 19 pandemic through training measures and provisioning of PPE</td>
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<td></td>
<td>Urban health initiative on air pollution (jointly with UN-Habitat, ICIMOD &amp; USAID); Climate change disease surveillance, capacity building, awareness (jointly with FCDO &amp; UNDP); Road safety- coordination, emergency/trauma care, mass casualty management; WASH in HCFs standards, Health-care waste management; chemical safety; and Healthy city initiative</td>
<td>WHO</td>
</tr>
<tr>
<td>Key Areas</td>
<td>Level</td>
<td>Key Areas</td>
<td>EDPs</td>
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<tr>
<td><strong>Outcome 8: Strengthened Management of Public Health Emergencies</strong></td>
<td>All levels</td>
<td>Preparedness and response on COVID-19 pandemic; Support on surveillance</td>
<td>USAID, BEK, WHO</td>
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<td></td>
<td></td>
<td>Support EWARS and other digital tools &amp; systems</td>
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<td></td>
<td></td>
<td>COVID Emergency AID – Financial grant for COVID and emergencies related investment and expenditures</td>
<td>GDC/KfW</td>
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<tr>
<td></td>
<td></td>
<td>Provision of medical equipment, drugs, consumables, test kits, PPE, oxygen concentrators and oxygen plants for testing and treatment of COVID-19</td>
<td>UNFPA</td>
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<tr>
<td></td>
<td></td>
<td>Support for prevention and control of COVID-19 including vaccination; Call center, surveillance, Clinical training, testing and genome sequencing, operational support HEOC/PHEOC, Risk communication, CICT, Information management (IMU), Emergency Medical Deployment Team initiative, Lab strengthening and lab quality, PHEOCs established and functional; support in Hospital and Lab Preparedness for COVID-19 response (jointly with other partners)</td>
<td>The World Bank, WHO, BEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improving standards for health infrastructure resilient to environmental shocks and natural disasters</td>
<td>BEK</td>
</tr>
<tr>
<td>Key Areas: Improved availability &amp; use of evidence in decision-making at all levels</td>
<td>Level</td>
<td>Key Areas</td>
<td>EDPs</td>
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<tr>
<td></td>
<td>All levels</td>
<td>Nepal Health Facility Survey; Demographic and Health Survey; Nepal maternal mortality study</td>
<td>USAID, UNFPA, BEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feasibility study on the design, development and use of Migration Health Management Information System (MHMIS)</td>
<td>UNICEF/BEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introduction of Artificial Intelligence technology in the screening of Tuberculosis and operational research incorporating the new technology. KAP survey in COVID-19 vaccination among the migrants at PoEs.</td>
<td>IOM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Technical support for DHIS2 for Routine Health Information System managed by IHIMS, data exchange and Interoperability among different Health Information Systems, National Health Facility Registry, support to develop e-health roadmap, implementation of integrated health information management; MPDSR, Birth defects surveillance</td>
<td>GDC/GIZ, WHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Integrated HMIS; functionality of existing MIS, Interoperability, BHCS monitoring. On-time electronic reporting: use of quality data; electronic health record system</td>
<td>BEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy and programme briefs to maximize evidence use in planning eHealth initiatives aligned with Digital Nepal Framework, 15th Periodic Plan, eHealth Strategy</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Strengthen bod data (sub national) Maternal Mortality Study (Census 2021) Equity monitoring through digital dashboards and data analysis to inform planning and decision-making at all level. Health Infrastructure Information System maps locations, connectivity, road access, catchment, referral populations</td>
<td></td>
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</tbody>
</table>
In the last two COVID-19 pandemic fiscal years, donor’s share in financing the public health budget hit historic highs of 63% (FY 2020/21) and 55% (FY 2021/22). Large part of the split between sources of financing is driven by the COVID-19 Prevention and Control programme – which is allocated a significant share of the health budget and funded primarily through loans. The major programmes for which foreign financing is important are:

- COVID-19 prevention and control: 28% to be financed by GoN, 3% through foreign grants and 68% through foreign loans.
- Integrated health infrastructure development programme: 14% to be financed by GoN, 16% through foreign grants and 69% through foreign loans.
- Family Welfare Programme: 100% financing through foreign grants
Funding modality and DP Engagement with the three levels of government (current and future course)

- **Federal**: a range of modalities including on-budget on-treasury (including pooled funds); on-budget off-treasury; off-budget TA.

- **Federal (MoHP) on budget/on-treasury**: BEK, USAID, GDC/KfW, GF, World Bank (IDA, red book) (pool fund)

- **Federal (MoHP) on-budget/off-treasury**: UNICEF, WHO (Lab), GDC/KfW

- **Federal (MoHP)- off-budget TA**: USAID, BEK, IOM, GF, UNFPA, World Bank, IOM, KOICA
Funding modality and DP Engagement with the three levels of government

• Provincial:
  • Provincial on budget/on-treasury- USAID
  • Provincial on budget/off-treasury-UNICEF
  • Off-budget TA- UKaid, USAID, UNFPA, UNICEF, WHO, GDC/GIZ, IOM

• Municipal:
  • On budget/off-treasury – UNICEF; GDC/KfW
  • Off-budget TA- UKaid, USAID, UNFPA, UNICEF
  • Direct project agreements- GDC/GIZ
  • Project staff placed at local level- USAID, GDC/GIZ, IOM
## Financial and Technical Assistance FY 2021/22

<table>
<thead>
<tr>
<th>Agency</th>
<th>On budget (Red Book)</th>
<th>On Budget Pool</th>
<th>On Budget DLI</th>
<th>Off Budget (TA/TC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEK</td>
<td>£3m</td>
<td></td>
<td></td>
<td>£5.3m</td>
</tr>
<tr>
<td>German Dev. Cooperation (FC) KFW</td>
<td>EUR 8,000,000</td>
<td></td>
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</tr>
<tr>
<td>GAVI</td>
<td>US$ 8,203,000 (HSS + TCV intro)</td>
<td>US$ 3,450,000 Y5 core tranche</td>
<td>US$ 3,450,000 Y4 DLI EVM</td>
<td>US$ 2,159,909 (CDS)</td>
</tr>
<tr>
<td>Global Fund</td>
<td>USD 2,853,340</td>
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<td></td>
<td>USD 6,057,652</td>
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<tr>
<td>KOICA</td>
<td></td>
<td></td>
<td></td>
<td>USD 1.54 Million for COVID Response &amp; USD 1,900,000 for Health service facilitation for ERCN project</td>
</tr>
<tr>
<td>UNFPA</td>
<td>USD 13,000</td>
<td></td>
<td></td>
<td>USD 3 million (1.5 mn for FP/RH commodities &amp; 1.5 mn SRHR program)</td>
</tr>
<tr>
<td>UNICEF</td>
<td>USD 3,629,000</td>
<td></td>
<td></td>
<td>USD 18,876,960</td>
</tr>
<tr>
<td>USAID</td>
<td>USD 2,870,000</td>
<td></td>
<td></td>
<td>USD 60,000,000</td>
</tr>
<tr>
<td>World Bank</td>
<td>USD 99 million for COVID-19 response</td>
<td>USD 66 million on Health PforR</td>
<td></td>
<td>USD 14.7 million</td>
</tr>
<tr>
<td>WHO</td>
<td>USD 1.9 million</td>
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</table>
Learning & challenges

• COVID-19 eruption and its associated effects transpired various difficulties and hampered smooth program implementation. However, the need for an adequate preparedness and response plan and contingency measures should be integral to project development and project management.

• Integrated planning and program management with government and non-government counterparts is essential in the larger imperatives of COVID-19 response and management.

• Robust Infrastructural management at Isolation Centres and Ground Crossing Points and standard operating procedures dedicated for screening, contact tracing should be strictly followed to prevent the community transmission of COVID-19 and source control. The need to develop RCCE messages in mediums understandable by the locals and disseminate through the media accessible to larger audience is learnt.-IOM

• Challenges have included coordination between various Departments, Divisions and Centers for evidence-based and informed annual work plan and budgeting for programs; periodic and meaningful review of implementation progress at appropriate management levels; timely and transparent sharing of program data to support tracking of implementation progress (World Bank)
Learning & challenges

- Donor commitments and sustainability remain an issue as some of the largest programmes such as the health sector reform programme, integrated national health infrastructure programme and the COVID-19 Prevention and Control programme which together are allocated nearly 70% of the public health budget are heavily reliant on external funding.

- Resilient health systems are crucial for responding public health emergencies and also to ensure continuity of essential health services amidst emergencies.

- Local level capacity needs to be further improved to ensure public health investments go to the public health priorities and proven interventions.

- Policy and legal framework: development process sensitizes stakeholders on crucial aspects of the sector and builds ownership.

- Planning and budgeting:
  - Add-on budget for similar activities duplicates funding
  - Limited attention to MTEF
  - Organisational approach to capacity enhancement useful to assess situation and also to sensitise key officials/ HFOMC members to key sector issues.

- Procurement and supply chain: drugs and supplies availability improving at local level but ensuring uninterrupted supply is a challenge; supply chain from province and local procurement not yet well aligned.

- RDQA is an effective tool for improving quality and use of data.

- Online health facility reporting enables timely and quality data.

- Service Delivery: focus has been on expanding service outlets, more attention needed on service quality (MSS useful tool).

- Challenges in ensuring effective referral mechanism.
Future Course of Support

• IOM: Improved and dedicated efforts in Health desk strengthening, Isolation centers strengthening including infrastructural support, WASH facilities strengthening, Risk Communication and Community Engagement Activities. Psychosocial First Aid Counselling, and COVID-19 Vaccination. IOM will post dedicated staffs at health desks for the operational support of the health desk activities.

• GDC/KfW: Decongestion of Paropakar Maternity and Women’s Hospital (PMWH) by creating Satellite Hospitals in partnership with MoHP, PMWH, Tarakeshwor Municipality, and Chandragiri Municipality.

• World Bank: Financial support for procurement and deployment of COVID-19 vaccines; and follow-on support to key aspects of new health sector program for 2022-2027.

• JICA: Supporting for the improvement of medical equipment in eight advanced hospitals in the Kathmandu valley.

• GF: HIV, TB and malaria funding by end 2023; C19 RM funding by end 2023.

• KOICA: Supporting "Scaling up of Nepal Korea Friendship Municipality Hospital -Phase 2" (2022 – 2027).

• UNICEF-GoN new Country Programme 2023-2027 and UN Sustainable Development Cooperation Framework 2023-2030 which will support NHSS.
New sector strategy and focus:

• Strengthen public health emergency preparedness and response with a particular focus on strengthening existing health systems and ensuring proper linkage.

• Capacity enhancement of the local health system: Leadership & governance, data for decision making, improving quality of care.

• Efficient use of domestic resources & and broaden financing resources

• Expand of health insurance addressing exiting policy and system bottlenecks ...
Association of International NGOs in Nepal

Joint Annual Review Meeting

9 December 2021
AIN in Brief

AIN was established in September 1996 and celebrates **25 years of partnership** for humanity and development. 121 INGOs are associated within AIN, with 13 Working Groups

**Mission:**

AIN aims to support the development efforts in Nepal by promoting an enabling environment for its members to fulfill their mission and providing policy feedback to the government

**Objectives:**

- Engage and coordinate with other development and humanitarian actors, including government bodies, NGOs, NGO associations, and funding partners;
- Continue to improve systems towards increased accountability, transparency and diversity;
- Have access to guidance and resources; and
- Collaborate in areas of common interest
AIN in Health

- 41 INGOs contribute to health sector development
- AIN works very closely with Ministry of Health and Population at Federal Level, Ministry of Social Development at Provincial Level and with Local Government in all 77 districts
- Guided by SDGs, National Health Policy, Nepal Health Sector Strategy and related policies and strategies
AIN contribution in health
FY 2077/78
Key areas of support

Maternal, newborn and child health

- Strengthening systems through training, material and technical assistance
- SBA Training
- Behavior change at community level
- Expanding Neonatal and Ophthalmic Care to Prevent and Treat ROP (retinopathy of prematurity)
- Support for establishment of a Special Neonate Care Unit (SNCU)

Key supporting agencies:
ADRA Nepal, AMDA MINDS, CARE, FairMed, CARE, OHW, PSI, Tdh, UMN, WVIN
Key areas of support

Family Planning, Adolescent Sexual and Reproductive health
- Engagement with civil society and community and agency building
- Technical assistance for policy and advocacy
- Strengthen abortion and post abortion services
- Family planning for adolescent and youth
- Private sector engagement
- Ending child marriage campaign

Key supporting agencies:
ADRA, IPAS, PSI, WVIN
Key areas of support

Nutrition

- Integrated Nutrition Program including Health, WASH, Governance and Agriculture (MIYCN, IMAM, CB-IMNCI, Routine Data Quality Assessment (RDQA) on Nutrition and support on Vitamin A supplementation, Adolescent girls weekly Iron Folic Acid (WIFA) Supplementation Program, Health service utilization, FP&RH, Drinking water treatment, Hand washing, Menstrual hygiene, food diversity, Nutrition Governance including MSNP

- Community based rehabilitation of underweight children through PD (positive deviance) hearth

Key supporting agencies

ACF, HKI, WVIN
Key areas of support

**Early childhood development**
- Early Childhood Development targeting to children under 3 years of age
- Parenting Education sessions for pregnant women & parents of children under 3 years of age
- Capacity building training for HWs and FCHVs
- Support to regularize HMGs

**Key supporting agency**
PLAN
Key areas of support

Rehabilitation and Disability Management

- Technical support in developing rehabilitation guidance/protocol Advocacy with provincial health authorities in establishment of physiotherapy units in Karnali province.
- Facilitate access of Women and Children with Disabilities/Impairments to Healthcare and Social Protection
- Strengthen the capacity of local government, public hospitals in inclusive health sector preparedness and response
- Strengthen health service providers to promote appropriate health services for children and women with disabilities
- Provide opportunities to government physiotherapists for continuous professional development (CPD).
- Technical support to develop rehabilitation module and integrated into DHIS2 software in the leadership of EDCD/LCDMS and IHIMS.
- Strengthen sustainability of the Physical Rehabilitation Centers.

Key supporting agency

HI
Key areas of support

**Tuberculosis, HIV/AIDS and STI**
- Support government in strengthening HIV/AIDS program

**Curative service support program**
- Hospital strengthening program
- Training
- Research and advocacy

**Key supporting agency**
AIDS Healthcare Foundation, FHI 360, NSFI
Key areas of support

Research

- Assessment and Research on Child Feeding (ARCH): Government collaboration on BMS Act amendment and monitoring
- Improved methods and research for understanding costs, benefits and sustainability of multisectoral and food systems strategies.
- Generate evidence how to leverage agriculture for improved nutrition, scaling up multi sector interventions and policy (PoSHAN Study)

Key supporting agency

- HKI, ADRA
Response to COVID-19 pandemic

Medical supplies
- Oxygen plant
- Oxygen cylinders
- Oxygen concentrators
- Pulse oximeter
- IR thermometers
- Home isolation kits
- Antigen test kits
- Case management drugs
- PPE
- Masks
- Gloves
- Sanitizers

Key supporting agency
All
Response to COVID-19 pandemic

Support to COVID-19 testing and vaccination

- Digital health system support in hospitals
- Vaccination awareness campaign
- Cold chain maintenance (solar system, ultra freezer, ice box etc)
- Case identification and contact tracing
- COVID-19 testing, initiation of genome sequencing
Response to COVID-19 pandemic

Resumption of basic health services

- Support continuation of RMNCAH services
- Training to HWs on mental health & GBV response
- Provision of essential rehabilitation services through Physical Rehabilitation Centres (PRC).
- Support in utilizing “Interim Guideline for disability inclusive health & rehabilitation” and “Interim Guideline for the Health-related Rehabilitation and Physiotherapy of Person with COVID-19 in Acute Care Settings”
## Total budget

<table>
<thead>
<tr>
<th></th>
<th>Total budget</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Regular program</td>
<td>NPR 2,935,001,233 (USD 25 mil)</td>
<td>AIN members internal funds</td>
</tr>
<tr>
<td></td>
<td>NPR 2,811,128,943 (USD 24 mil)</td>
<td>funding received from bilateral and multilateral agreement</td>
</tr>
<tr>
<td>COVID-19 response</td>
<td>NPR 3,012,584,291 (USD 25 mil)</td>
<td>AIN members internal funds</td>
</tr>
<tr>
<td></td>
<td>NPR 1,752,825,748 (USD 15 mil)</td>
<td>funding received from bilateral and multilateral agreement</td>
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<tr>
<td>TOTAL</td>
<td>NPR 10,511,540,215 (USD 90 mil)</td>
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</table>
Future course

- Strengthen alignment with government policies and strategies
- Strengthen partnership with government at all levels
- Continuation of ongoing approved programs
- Support COVID-19 response with particular focus on vaccination uptake
- Explore funding opportunities for emerging/re-emerging issues in health and nutrition
AIN Health Working Group members
Major Issues and Priority Action Points

Dr Taranath Pokharel
Chief, Policy, Planning and Monitoring Division
Ministry of Health and Population
Presentation Focus

- Key Issues and Action Points summarized based on presentations and discussions during NJAR
- Indicative Action Points, and Key Responsible Authority and Target dates to accomplish identified for clarity. Responsible authority will coordinate with other concerned stakeholders
- Detailed action plan for each action point will be prepared after further discussions with stakeholders
Key Success Factors

- **Dedication**: Dedication and commitment especially of front-liners during COVID-19 pandemic and to scale-up of COVID-19 vaccination

- **Service continuity**: Continuity of essential services during COVID-19

- **Improved reporting**: Improvement of reporting from peripheral health facilities

- **Contribution**: Engagement of and contribution of different stakeholders (development partners, INGOs, private hospitals, volunteers) to address health sector needs (e.g. vaccines, critical care equipment, community engagement etc)

- **Exemplary initiatives**: Exemplary initiatives by different local levels, hospitals and academia during pandemic
Key Issues

- **Coordination**: gaps between three tiers of government for planning and health service delivery, poor linkages with academia and insurance authority
- **HRH**: Insufficient HRH due to vacant positions, lack of updated organizational structure and skills gap in context of federalism
- **Information Systems**: Integration and interoperability issues between MIS and fragmented EHR, untimely and incomplete reporting from federal hospitals and private sector
- **Procurement and Supply Chain**: Logistics management capacity, Functionalization and maintenance of medical equipment, stock-out of drugs and supplies, duplication in procurement process, quality and cost concerns, role and functions at different levels
- **Hospital services**: Unstandardized and inadequate health care waste management
- **Service delivery**: Unclear modality for ensuring delivery of BHS, Delayed reimbursement of insurance claims, service quality concerns
- **Governance**: Inadequate use of governance mechanisms and tools
- **COVID-19**: Risk posed by new variant, vaccine coverage, POE management
Governance and Management

Priority action points

• Prepare a concept note/guideline for the organizational harmonization and facilitate O&M survey of the health sector institutions/hospitals (HCD and AD, by March 2022)

• Strengthening mechanism for collaboration between academy of health sciences and provincial governments for service expansion and delivery (PPMD, by April 2022)

• Regularize technical interaction, cross learning, periodic review, joint planning, and coordination meetings between federal, provincial and local level (HCD and PPMD, by March 2022)

• Finalize Acts/Bills for CDC, FDA, NHAB, Umbrella Act for Academics and Federal Hospital (PPMD, by April 2022)
Coordination/Collaboration

**Priority action points**

- Coordinate with Ministry of Education to review and revise the school and university level *health related curriculum* (HCD/NHEICC, March 2022)

- Collaborate with Medical Education Commission and Councils to develop a detail workplan to *realign the seats and curriculum* in line with the HRH Strategy 2078 (HCD by March 2022)
**Priority action points**

- Develop a guideline to define clear scopes and functions of federal, provincial and local level for procurement of medicines, supplies, equipment and commodities (MD/DoHS, by March 2022)

- Advocate to revise Public Procurement Act and Regulation to address issues and challenges faced by health sector and facilitate process for (PPMD, by March 2022)

- Proceed to endorse Public Procurement Framework to facilitate Central Bidding and Local Purchasing (PPMD, by March 2022)

- Establish mechanism and regularize technical backstopping to province and local level to ensure quality and appropriate supply of medicine and commodities (MD, by May 2022)
Information Management

Priority action points

- Develop standards of integrated Electronic Health/Medical Record System and facilitate roll out and adaptation (PPMD by Feb 2022)
- Facilitate mechanisms to regularize on-time and complete reporting from low-reporting health institutions (both public and private) (MD by Feb 2022)
- Create inter-operability between HF registry and HMIS and facilitate harmonization of interoperability between different health related information systems (PPMD, June 2022)
- Strengthen nation-wide community and facility based Maternal and Perinatal Death Surveillance and Response in the post-Maternal Mortality Study following Census 2021 (FWD, by July 2022)
- Regularize Trimester Knowledge Sharing Forums to share key findings from research and program review to guide policy and program planning (PPMD/NHRC, March 2022)
Priority action points

- Conduct **infrastructure and equipment audit** on a regular basis in all Federal and Provincial hospitals (QSRD by June 2022)
- Develop SOP for equipment **repair and maintenance** in each province and implement (MD by June 2022)
- Develop **Provincial Hospital Development Plan** to guide service expansion, infrastructural development, referral mechanism and to capacitate Hospital Development Committees (CSD by June 2022)
- **Strengthen interventions** for improving quality of care (including waste management) based on the findings of half-yearly MSS and other reviews (QSRD, June 2022)
Peripheral Health Facilities

Priority action points

- **Standardize profile** (name, infrastructure design and criteria, human resource needs, services to deliver, budgetary provisions) of all peripheral level facilities (e.g. BHSCs, UHC, CHU) (PPMD, March 2022)

- Establish mechanism and strengthen **coordination** between three tiers of government for operation of basic hospitals (CSD, June 2022)
Infrastructure Development

Priority action points

• Review and update infrastructure related criteria for government owned health institutions (PPMD, by June 2022)

• Develop comprehensive multi-year Health Institution Development Plan (including infrastructure development and maintenance plan, service delivery plan)
Ayurveda and Alternative Medicine

Priority action points

• Develop **Roadmap for Ayurveda and Alternative Medicines** (DoAAM, April 2022)

• Scale-up Citizen Wellbeing Program (e.g. Nagarik Aaryogya Karyakarma) throughout all local levels (DoAAM, June 2022)

• Include **Health Insurance** in Ayurveda and Alternative medicine

• **Rollout A-HMIS** to all ayurvedic health institutions.
Drug and Medical Products

Priority action points

• Extend institutional arrangement for drug regulation at each province through O&M (DDA/MoHP, June 2022)

• Ensure requirements of GMP certification and quality assurance of Ayurvedic medicines (DDA, June 2022)

• Develop new legal provisions for Emergency use authorization of drugs and vaccines (DDA, July 2022)

• Revise drug act including its scope of regulation to cover health products (DDA, July 2022)

• Conduct policy dialogue to increase domestic manufacturing of drugs (DDA, July 2022)

• Strengthen Health Informatics/technology Assessment Team (QSRD, June 2022)
Service Delivery

Priority action points

• Develop a **mechanism to monitor** availability and utilization of Basic Health Services (CSD, June 2022)

• Prepare mechanism and modalities to **integrate Ayurveda services** through existing health facilities through single outlet (PPMD, March 2022)

• Initiate **online enrollment and improve drug availability** to improve coverage for health insurance (HIB, June 2022)
Priority action points

- Develop mechanism to deploy and mobilize specialized cadre from federal level and advocate with concerned ministries (AD, June 2022)
- **Facilitate cross-learning** for recruitment, retention, motivation of critical human resources in coordination with Provincial Public Service Commission (AD/HCD by Feb 2022)
  - Develop **Human Resource Capacity Building Plan** at Federal and Provincial Level based on training needs (NHTC, June 2022)
  - **Build capacity** of local and provincial level health officials through modular training packages, coaching and mentoring (NHTC, June 2022)
COVID-19 / Health Emergency Preparedness & Response

Priority action points

• **Finalize the Health Emergency Preparedness and Response Plan** at federal and Provincial level based on mapping of needs, scope, resource (PPMD by April 2022)

• Review and **finalize scope** of COVID-19 designated hospitals (PPMD, by Feb 2022)

• **Update COVID-19 protocols**, standards and guidelines based on the needs and lessons learned (QSRD, Feb 2022)

• Review and update **National Vaccination Deployment Plan** (DoHS, by Feb 2022)

• **Review vaccination coverage**, post-vaccination surveillance and facilitate approaches to improve coverage in low coverage areas (DoHS, Feb 2022)
Thank you