



Nepal Health Sector Support Programme III (NHSSP – III)

**Joint Hospital Assessment Report – Karnali Province
Jajarkot District Hospital, Khalanga, Bheri Nagarpalika**

Final Draft

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Disclaimer: -

This material has been funded by UKaid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies"

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2 Introduction

2.1 Background

The Nepal Health Sector Support Programme 3 (NHSSP) is a four-year programme designed to support the Government of Nepal (GoN) in implementing the Nepal Health Sector Strategy (2015-2020). The NHSSP is funded by UK Aid / UK Department for International Development (DFID) and aims to enhance the capacity of the Ministry of Health and Population (MoHP) and Department of Urban Development and Building Construction (DUDBC) to build a resilient health system providing quality health services for all.

The health systems component of NHSSP provides support to the MoHP to improve health policy-making and planning, procurement and financial management, health services, and the use of evidence for planning and management. The NHSSP's infrastructure component focuses on strengthening the capacity of government to develop resilient health infrastructure able to withstand natural disasters and climate change-induced hazard. The NHSSP Health Infrastructure team comprises architects, engineers, and Geographical Information System (GIS) experts, operating in the following work areas:

- development/improvement of national and provincial health infrastructure policy
- promoting the use of a planned integrated approach to health infrastructure development
- development of appropriate standards and codes, including the national standards for health infrastructure, and codes for seismic retrofitting of health infrastructure
- building the capacity of MoHP in evidence-based health infrastructure policy-making and managing an integrated, resilient health service
- building the capacity of the DUDBC to develop, manage and maintain health infrastructure works more effectively and efficiently, and to build technical skills in specialist aspects of health infrastructure development including utility services, healthcare waste management, seismic retrofitting and procurement procedures
- providing technical support for the seismic and functional retrofitting of two major hospitals at Bhaktapur and Pokhara

In the context of the Nepal federal administrative structure, the NHSSP Health Infrastructure team is providing technical assistance to sub-national governments. It is assisting municipalities to develop short-, medium- and long-term interventions to improve health facilities.

Currently, the NHSSP health infrastructure team working with five Provincial Ministries of Social Development, primarily providing technical, design and planning support for improving health facilities. In Karnali Province the team is working jointly with USAID's Strengthening Systems for Better Health and Saving Newborn Lives (SSBHSNL). The SSBHSNL programme is supporting the assessment of human resources and service delivery in selected hospitals across the province, the NHSSP team is carrying out assessments on health infrastructure, connectivity and utilities.

2.2 Assessment Methodology and Process

The NHSSP team is guided by the following key principles in making assessments and recommendations for development of health infrastructure:

- Promoting integrated and efficient use of health infrastructure to provide better services to users
- Maximizing the use of existing facilities, and extending their operational life span where feasible and economic
- Improving operational efficiency and connectivity within the health facilities network, and promoting referrals to relevant facilities
- Promoting the use of and compliance with the Nepal Health Infrastructure Development standards 2017 (NHIDS) and the Standard Guidelines for the Development of Health Infrastructure 2017

A technical team from the Nepal Health Sector Support Programme 3 (NHSSP) carried out a field assessment at Jajarkot District Hospital in November 2018, responding to a request from the Department of Health Services (DoHS). The team carried out building assessments and problem analysis and proposed a range of design and service improvements.

The general methodology can be summarised as:

2.2.1 Collection of data and information: Collection of secondary data on the hospital from sources including DoHS, Department of Urban Development & Building Construction (DUDBC) records, Provincial Ministry of Social Development (MoSD) – Divisional Offices and Provincial Project Implementation Units, hospital records, reports from previous project consultants.

2.2.2 Field assessment tools: The NHSSP team used its standard checklist and needs assessment tool to gather information on buildings on the site.

2.2.3 Field assessment exercise: The NHSSP technical experts have carried out a number of field assessments, including November 2018, facilitated by the hospital management.

2.2.4 Consultation meetings: The NHSSP team have engaged closely with the Provincial Minister, representatives of the MoSD, hospital management, staff, the local authority and other relevant stakeholders to secure information on proposed developments, operational requirements, catchment areas, road networks, and future plans.

2.2.5 Analysis of data and information: The NHSSP team analysed the primary and secondary data against a range of factors, including Health Infrastructure Information System (HIIS) data, Geographical Information System (GIS) maps, existing drawings, health facility standards and categories drawn from Nepal Health Infrastructure Development Standards (NHIDS). This analysis identified infrastructure and service delivery gaps, problems and key issues.

4 Infrastructure

4.1 Site and buildings

Jajarkot District Hospital is located in Khalanga, Bheri Nagarpalika, Jajarkot (see Figure 1) Originally a 15-bed hospital, it has been subsequently upgraded to accommodate 50 beds. The hospital site contains 36 building blocks. In line with national policy, it is planned to bring the hospital up to Primary A3 Hospital level of service.



Figure 1: Jajarkot District Hospital location.

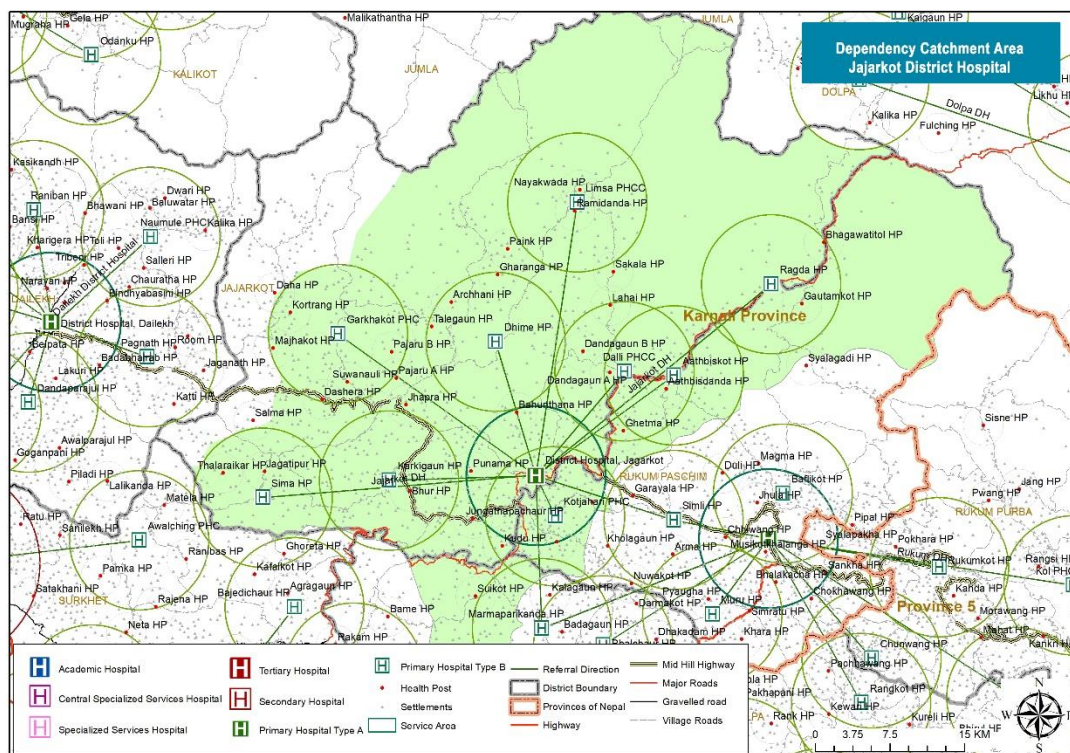


Figure 2: Jajarkot Hospital Dependency Catchment

SN	Hospital	Dependent Population	Catchment Population (within 7kms radius)	Categorised Status
1	Jajarkot Hospital	223,432	31,080	Primary Hospital Type A 3

Table 1: Jajarkot Hospital Dependency Catchment

The hospital has an immediate catchment serving 31,080 people within a 7km radius (2-3 hour walking distance), and a dependency catchment population of 223,432 (see Figure 2 and Table 1). It is a very important facility, with a dependent population over times larger than the immediate catchment.

4.2 Existing Situation and Services

Improvement works at Jajarkot are already highly advanced. The Ministry of Health and Population (MoHP) previously commissioned detailed architectural and engineering designs and estimates under the Town Development Fund (part of KfW support to the MoHP) but these were not finalized. The NHSSP Health Infrastructure team subsequently provided support to the Federal Project Implementation Unit (FPIU) of the Department of Urban Development and Building Construction (DUDBC) to revise and finalize the designs for a new Hospital block and In-patient block. These designs and estimates respond to the site terrain, current local needs and standard requirements (see Figure 3). At the time of writing, the construction contract for these facilities is in the tender evaluation stage.

4.3 Assessment Findings

The NHSSP team assessment found that that most of the existing hospital structures are built in stone masonry with mud mortar – this is vulnerable to future seismic shocks. These services will eventually be housed in the new Hospital block and In-patient block, which be built to stronger seismic resilience levels.

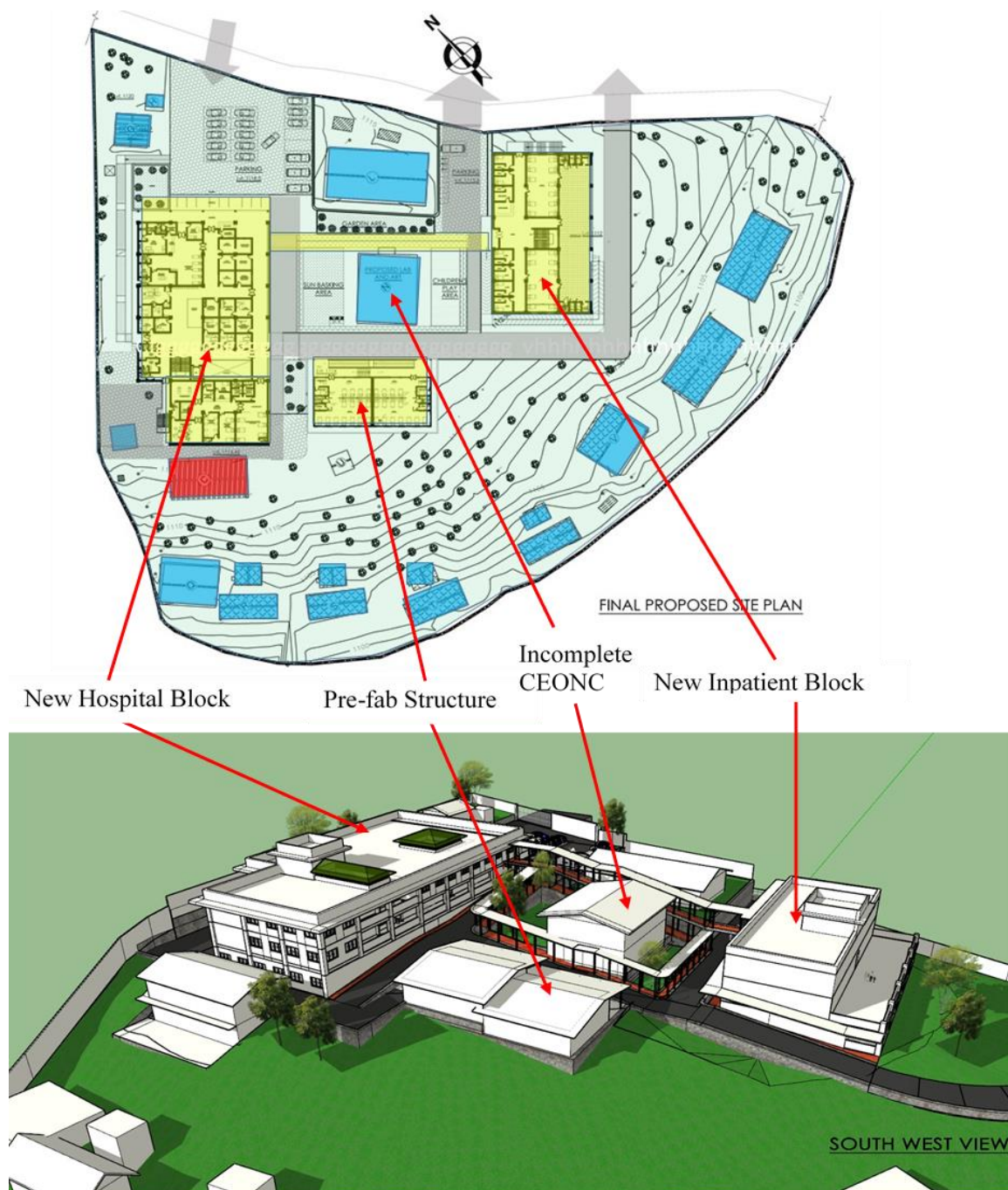
In addition, there has been delayed construction and neglect of the Comprehensive Emergency Obstetric and Neo-natal Care unit (CEONC). Planned in 2068/69 BS (2011/2012) with a contract amount of NPR 88,58,000, the contractor has been negligent and construction work has been halted. The Department of Urban Development and Building Construction (DUDBC) is taking action to bring the project to completion.

4.4 Gap Analysis

Service gaps will be addressed with the completion of the new facilities and the CEONC, bring the Hospital status up to Primary A3 status.

However, a significant gap exists in the upgrading process, where it is very important to ensure the provision of extra space and flexibility as buildings are demolished and replaced. The NHSSP Health Infrastructure team proposed the provision of a dedicated decanting facility. This structure fell outside the DUDBC brief (which stemmed from the original KfW / MoHP development approach) and the responsibility passed to the Provincial MSD.

Figure 3: High-level design for upgrading Jajarkot Hospital



4.5 Interventions

4.5.1 Provision of pre-fab decanting structure

The NHSSP team has proposed to the FPIU and Provincial MSD that an additional pre-fab decanting structure be provided to facilitate construction of the In-patient block. The NHSSP

team has proposed a 3D panel system for this building as it is lightweight, durable, has good thermal insulation properties and is relatively quick to construct (see Figure 3).

4.5.2 Completing the CEONC

The process of completing the CEONC should be kept under review and monitored to avoid slippage.

4.6 Conclusion

Jajarkot District Hospital is a very important facility in health facility network existing in the SE region of Karnali province, as shown by the size of its dependency population compared to the immediate catchment. A substantial amount of assessment, design and cost estimation has already been carried, and the tender process for the new Hospital block is moving rapidly to a conclusion. The provision of a decanting facility is very important to ensure that the construction phase of the development process moves smoothly. Progress on the CEONC completion process needs to be monitored.