

# Electronic Consolidated Annual Procurement Plan (e-CAPP)

2021/22



Ministry of Health and Population

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## ABBREVIATIONS

AD	Administrative Division
ADP	Annual Development Programme
APP	Annual Procurement Plan
AWPB	Annual Work Plan and Budget
CAPP	Consolidated Annual Procurement Plan
CGAS	Computerized Government Accounting System
CMC (CAPP-MC)	CAPP Monitoring Committee
DoAA	Department of Ayurveda and Alternative Medicine
DoDA	Department of Drug Administration
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
e-AWPB	Electronic Annual Work Plan and Budget
e-CAPP	Electronic CAPP
e-GP	Electronic Government Procurement
e-LMIS	Electronic Logistics Management Information System
FMoHP	Federal Ministry of Health and Population
FPA	Financial Procedures and Accountability Act
FPR	Financial Procedure Regulation
FY	Fiscal Year
GHRM	Grievance Handling and Redressal Mechanism
IMS	Inventory Management System
LMD	Logistics Management Division
LMBIS	Line Ministry Budget Information System
LNOB	leaving no one behind
MD	Management Division
MoF	Ministry of Finance
MoSD	Ministry of Social Development
MPP	Master Procurement Plan
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Program
NPC	National Planning Commission
NPR	Nepalese Rupees
OAG	Office of the Auditor General
PEs	Procuring Entities
PFM	Public Financial Management
PHLMC	Provincial Health Logistics Management Center
PIP	Procurement Improvement Plan
PLMBIS	Provincial Line Ministry Budget Information System
PPA	Public Procurement Act
PPMO	Public Procurement Monitoring Office
PPMD	Policy Planning and Monitoring Division
PPR	Public Procurement Regulation
PPSF	Public Procurement Strategic Framework
SNGs	Sub-National Governments
SOP	Standard Operating Procedure
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TSB	Technical Specifications Bank
VfM	Value for Money

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## CHAPTER 1 INTRODUCTION

### 1.1 Background

The Government of Nepal is committed to providing quality basic health services to the people, which includes procurement of quality medicines and equipment. The Nepal Health Sector Strategy (NHSS, 2015/16–20/21, extended to Mid July 2022) addresses the health challenges of Nepal to ensure access to free basic health care services. To implement this strategy, the Federal Ministry of Health and Population (FMoHP) will develop the capacity of its Departments, Centers, Councils, Hospitals, Academies, and other entities involved in procurement and distribution of quality medicines and equipment; and has mandated its Departments, Centers, Councils, Hospitals, Academies, and other key entities to be involved in several procurement proceedings.

The UK funded Nepal Health Sector Programme 3 (NHSP3) is designed to support the NHSS goals. NHSP3 focuses on enhancing FMoHP capacity to build a resilient health system that leaves no one behind (LNOB) in service delivery and emphasizes value for money (VfM). Public Financial Management (PFM) supports MoHP to, develop a more streamlined, efficient, accountable, and transparent procurement system to establish good procurement management practices by government procuring entities (PEs). Realizing the importance of strengthening the procurement system, FMoHP developed and endorsed the Procurement Improvement Plan (PIP, 2017-2022). This has now been updated as the health sector “Public Procurement Strategic Framework (PPSF, 2020-2025)”. This framework focuses on improving the pre-bid information system, efficient procurement planning, strengthening standard procurement processes, and enhancing the capacity of federal and sub-national governments (SNGs).

### 1.2 Rationale

The Annual Procurement Plan (APP) is the first tool by which all procurement activities can be better forecasted, managed, and monitored to ensure VfM. It is needed to procure quality medical goods, services and works in time, and within the estimated budgets. A Procurement Plan sets out what is expected to be bought, how, where, when, and at what price. It allows procurement functions of Economy, Efficiency, Competition, Transparency and Accountability to be translated into VfM outcomes.

APPs for all health sector PEs have been prepared since the inception of the Public Procurement Act (PPA) and Public Procurement Regulations (PPR) in 2007. Evolution of Consolidated Annual Procurement Plans (CAPP) of various divisions functioning under DoHS has been monitored from FY 2014-15 by the then Logistics Management Division (LMD) of DoHS as part of NHSP-1 and NHSP-2. Significant effort has been made to consolidate these APPs at DoHS. The CAPP Monitoring Committee (CMC) established in FY 2017/18 with technical support from NHSSP, monitors the implementation.

The CAPP shall include all goods, works, consultancy and other services, to be procured under FMoHP each fiscal year. All APPs of FMoHP PEs are consolidated into a single document since 2018/19.

Manual drafting of the CAPP was time-consuming and cumbersome. As a result, FMoHP has used an electronic (e-CAPP) module in the Transaction Accounting and Budget Control System (TABUCS) since 2019/20. The current CAPP 2021/22 has been prepared accordingly. It incorporates all FMoHP PEs

allowing all procurement disbursements from the FMoHP to federal PEs to be tracked and monitored effectively.

The legal rationale for preparing the CAPP in this way is as mandated by the Financial Procedures and Accountability Act (FPAA) 2019, the PPA, and the PPR. The PPSF also states that all FMoHP PEs must prepare APPs using the e-CAPP module.

### 1.3 Legal Framework

The provision of preparing the APP is in Article 4-6 of the PPA and Rule 3-8 of the PPR. As per Rule 20 of the Financial Procedure Rules (FPR), 2007, APP shall be prepared as part of the Annual Work Plan and Budget (AWPB) at the time of budget preparation. In the case of multi-year procurement, the budget must be incorporated as per the Master Procurement Plan (MPP). Similarly, the provision for preparing the APP is found in Article 9(3) of the FPAA. The legal mandates for CAPP preparation are as follows:

- A PE must prepare an MPP in a situation when the project period is more than one year, or the value is more than NPR 100 million in a year. **(PPR, 2007: Rule 7(1))**
- The package of proposed bid shall not be different from the MPP. The slicing and packaging of bids should not limit competition. Large packaging that limits competition shall not be allowed until and unless the interrelated nature of procurements requires it. **(Rule 3A added by the 6<sup>th</sup> Amendment of PPR in FY 2019)**
- A PE planning to procure more than NPR 1 million in a year needs to prepare an APP. **(PPR, 2007: Rule 8(1))**
- The APP shall be prepared as part of the estimated AWPB of the forthcoming fiscal year. **(Article 9(3) of the FPAA, 2019 and Rule 20(1) of the FPR 2007)**
- The chief of the public entity shall send a copy of the APP, accompanied by the estimated AWPB for the forthcoming fiscal year, to the FMoHP and the Ministry of Finance (MoF). **(PPR, 2007: Rule 8(4))**
- The chief of the PE, upon receipt of the approved AWPB for the current fiscal year, shall revise the APP accordingly, approve it, and send a copy of such plan to the (F)MoHP. **(PPR, 2007: Rule 8(5))**
- The competent authority shall monitor the completion of procurement proceedings as per the APP. **PPR, 2007: (Rule 8(6))**

### 1.4 Objectives

The purpose of this task is to prepare and finalize a comprehensive federal e-CAPP covering all procurement activities under FMoHP for FY 2021/22. The e-CAPP helps to:

- ensure goods, works and services are procured and delivered in a timely manner;
- manage the workload of the procurement officers over the year;
- set plan activity milestones for which the evaluation committee will be responsible;
- support the PFM and CAPP Monitoring committees to monitor procurement; and
- provide information to the finance section to prepare a cash flow plan and payment schedules.



## 1.5 Methodology

This section highlights the methodology used while developing and finalising the CAPP. The federal PEs as listed in **Annex 1** have prepared their APPs, which are now available at [tabucs.gov.np](http://tabucs.gov.np). The bottom-up and participatory approach has been adapted to consolidate the APPs of all FMOHP PEs into a single and comprehensive platform to produce the e-CAPP. The federal AWPB of the FMOHP entered in the Line Ministry Budget Information System (LMBIS) is used as a *prima facie* Annual Development Programme (ADP) for the preparation of the APP for FY 2021/22.

Individual APPs of PEs are prepared as part of the estimated ADPs of the forthcoming FY in the format prescribed by National Planning Commission (NPC) Form No.1 and Budget Form No. 6.4.1. The ADPs of all departments and FMOHP PEs are collected and compiled by the Administrative Division (AD) and the Policy Planning and Monitoring Division (PPMD) of the FMOHP in due process of budget preparation. The electronic Annual Work Plan and Budget (e-AWPB) is prepared based on the ADPs proposed by individual PEs. The e-CAPP module included in TABUCS supports in preparing, updating, and consolidating APPs based on the e-AWPB. Orientation and data entry workshops in several batches were organized for officials of all federal PEs in August 2021. [**Annex 2**: list of participants]. The online system of data entry, linking AWPBs with APPs, analytical tables for the CAPP, and a real-time tracking system were included in the system. The output e-CAPP is aligned with the format of OAG Form Nos. 311 and 312.

Each PE under the FMOHP has been given an individual username to gain password-protected access to the e-CAPP module. Thirty-three PEs participated in the workshop physically; 11 PEs outside the Kathmandu Valley used the Zoom platform to participate. At another circle the five Divisions of DoHS sat together in another workshop to finalise their CAPP and enter the data into e-CAPP. Thus, a final CAPP report for FY 2021/22 was prepared. The NHSSP Technical Assistance (TA) team provided support in shaping the CAPP and other relevant documents required to organise the workshops. FMOHP will use the e-CAPP system as a live document for online APP-updates. The figures and amounts included in this report may differ from those on the online system as a result. To ensure financial discipline and allow tracking of CAPP implementation, the FMOHP will lock the final version of CAPP by 15 September 2021.

## 1.6 Sub-national Practice

Learning lessons from the past years' experiences of CAPP development, Province No. 2, Lumbini Province, and Sudur Pashchim Province started to prepare their APPs and CAPPs this year following the process, methods, formats, and guidelines, included in this report. NHSSP provided TA to the Ministry of Social Development (MoSD) and Provincial Ministry of Health and Population (PMoHP) of the provinces and their respective PEs for preparing the APPs and finally consolidating to respective CAPPs.

## CHAPTER 2 CAPP PREPARATION PROCESS

### 2.1 Current Status

The preparation of CAPPs in the health sector is a decade-long story. The first CAPP in the health sector was prepared by the then LMD in 2011/12 incorporating the APPs of the seven Divisions under DoHS. The preparation and monitoring of CAPPs at DoHS was further enhanced from 2017/18 with the establishment of the CMC, which reviews the progress made in the implementation of CAPPs. The practice of CAPP preparation further expanded in FY 2018/19 by preparing the federal-level CAPP of FMoHP. The existing PIP (2017/18–2021/22) includes the CAPP reform agenda of FMoHP's implementation of e-CAPP by linking it to the eAWPB, TABUCS and Technical Specifications Bank (TSB). To strengthen CAPP implementation, the Management Division (MD), DoHS is taking the lead role by preparing, endorsing, and disseminating several SOPs on Procurement and Supply Chain Management of Health Sector Goods, Electronic Government Procurement (e-GP) manual for Health Sector, and TSB manuals applicable to all stakeholders. These initiatives strengthen the capacity of federal PEs and also facilitate the process of strengthening procurement functions at provincial and local levels.

Procurement progress assessed by the MD, DoHS shows significant improvement. In 2020/21, 96% of CAPP value moved into the procurement process, and 74% ended with contract awards. It is an improvement from 89% moved in procurement process ending with only 70% contract awards in 2019/20. The use of online e-GP exceeded 99% in 2020/21. The use of TSB is also satisfactorily monitored. A total of 1,401 users are registered in the TSB system, and 38,883 Technical Specification (TS) downloads and 25,931 searches had been made by 15<sup>th</sup> July 2021. It is important to note that various SNG officials, EDPs, Suppliers and individuals have logged into and used the system. The TSB is included on the website of MD, <http://www.dohslmd.gov.np>. Other systems also available are web-based Grievance Handling and Redressal Mechanism (GHRM), Inventory Management System (IMS), and Electronic Logistics Management Information System (e-LMIS).

FMoHP currently has 48 federal PEs, including several cost centres. The DoHS has six cost centers consolidated into one PE and the Department of Ayurveda and Alternative Medicine (DoAA) has two cost centers consolidated into one PE. The Department of Drug Administration (DoDA) has five separate cost centres.

### 2.2 Preparation of online APP

The first step is to decide on the items to be procured in the coming year. For this, a list of drugs, vaccines, contraceptives, and medical equipment to be procured and distributed to health facilities needs to be prepared and finalised. After finalisation of procurement needs, each PE shall prepare its AWPB for budget process along with its APP as a supporting document. For instance, at the DoHS level, MD takes the lead role in ensuring the procurement of drugs, equipment, and other supplies using the TSB appropriately. Likewise, DoDA, DoAA, and all federal level PEs shall follow the same procedure. The list of procurement items will be based on actual indents from health facilities, which should be consolidated every year before bids are invited. Upon receipt of the approved AWPB for the forthcoming FY, the concerned PEs shall revise their individual APPs and send the same to the respective approval authority. The e-CAPP module consolidates, analyses, updates, and keeps record of the implementation.

## 2.3 Consolidation of APPs

Consolidation of APPs is done at the FMOHP where it includes all the procurement items of forthcoming FY of all the federal PEs including all the processes with given timetable. As a federal ministry, FMOHP has one Ministerial procuring entity itself, three federal departments, and 44 other PEs such as Centres, Councils, Academies, Boards, and Hospitals. Upon receipt of the approved e-AWPB for FY 2021/22, FMOHP started the consolidation into a comprehensive CAPP document, using the e-CAPP module included in TABUCS. One orientation session for DoHS including the five divisions was conducted on 16 – 17 July 2021, and an orientation cum data entry training to all other remaining PEs was conducted from 18 – 27 August 2021, to familiarise the 48 PEs with the system. However, 11 PEs could not participate on-site for data entry and they were orientated virtually via Zoom. The list of PEs and modes of orientation is placed in **Annex 1**. **Annex 2** lists the participants in CAPP preparation workshops of DoHS Divisions. E-CAPP data entry for the DoHS was done with on-site coaching by NHSSP TA, and one PE (Health Insurance Board) does not have procurement this year.

The CAPP development was first initiated by FMOHP in 2018/19 with manual consolidation of APPs in Excel sheets. FMOHP designed, piloted, and initiated e-CAPP module in TABUCS from 2019/20 as a reform initiative and executing each year including this year. A summary of CAPP budget data for four years is given in **Table 1**. Two PEs (Kanti Children Hospital and Sukraraj Tropical and Infectious Diseases Hospital) cannot yet enter their data into the e-CAPP system. So, this report covers only the procurement budget of 46 out of 48 PEs.

**Table 1: Summary of Procurement Budget from CAPP data, FY 2018/19 to 2021/22**

Figures are in NPR Million

Group of PEs	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
FMOHP & Hospitals	1,084.60	1,029.78	1,566.10	3,912.72
DoHS & Programs	1,992.02	2,536.12	2,665.57	2,063.39
DoDA & Programs	79.00	81.52	40.80	45.20
DoAA & Programs	11.59	6.30	49.98	43.13
Board & Academies	2,827.27	1,779.71	1,998.86	933.40
<b>Grand Total</b>	<b>5,994.48</b>	<b>5,433.43</b>	<b>6,321.31</b>	<b>6,997.84</b>
<b>Number of PEs</b>	<b>28/41</b>	<b>47/48</b>	<b>49/49</b>	<b>46/48</b>
<b>Consolidation of APPs</b>	<b>Offline/Manual</b>	<b>Online/Offline</b>	<b>Online</b>	<b>Online</b>

Source: CAAP Reports of four fiscal Years of FMOHP Generated through: [https://tabucs.gov.np/summary\\_reports](https://tabucs.gov.np/summary_reports)

The procurement budget in FY 2019/20 was reduced in comparison to FY 2018/19 at the federal level entities, including FMOHP/Hospitals, and Boards/Academies. In FY 2020/21 and 2021/22 it was increased due to the allocation of additional budget for COVID-19 response and management. There remains NPR 36,575.50 million budget kept at FMOHP for fiscal transfer to PEs under COVID-19 prevention and control program. Most of this will be expended in vaccine procurement and logistics.

More reports can be retrieved from the following syntax in e-CAPP system, <https://tabucs.gov.np>:

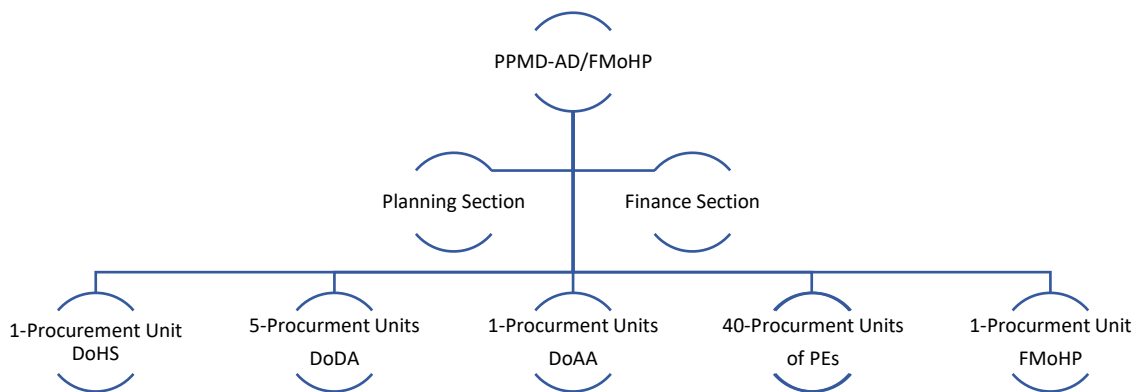
- Summary report of total procurement by the PEs: [tabucs.gov.np/<Summary>/<Show>](https://tabucs.gov.np/<Summary>/<Show>)
- Report of Goods and Works: <http://tabucs.gov.np/<Procurement Plan>/<Goods/Works>/<Show>>
- Report of consulting and other services: <http://tabucs.gov.np/<Procurement Plan>/<Consulting/Non Consulting Services>/<Show>>

## 2.4 Comprehensive Process of CAPP

The bottom-up approach is adapted to consolidate the APPs of all federal FMOHP PEs into a single and comprehensive CAPP document through the online e-CAPP system. PPMD and AD, FMOHP, are jointly responsible for AWPB and procurement planning like CAPP and compilation of APPs. CAPP preparation is the joint responsibility of all PEs. Federal PEs prepared individual APPs as a part of the AWPB FY 2021/22, using the online platform in TABUCS. Each APP can only be finalised when the respective AWPB is finalised in LMBIS. In this fiscal year the GoN has made a slight change in the LMBIS form as the target and reporting was made quarterly instead of by trimester.

The estimated AWPB, along with the APP of FMOHP and its PEs, are prepared, collected, and entered into the LMBIS of MoF and is used as a prima-facie plan document (NPC Form No.1) for the initial draft preparation of CAPP for 2021/22. The following diagram shows the approach adapted to collect and consolidate all the APPs from the concerned departments and PEs.

**Figure 1: Comprehensive CAPP Preparation of PEs**



As figure 1 depicts, there are 48 federal level PEs that are incorporated into this CAPP report. It should be noted that six cost centres within the DoHS are consolidated into one DoHS APP; and two DoAA cost centers are consolidated into one APP. The following procedural step and methodology is adapted to consolidate all the APPs from those PEs.

1. The PEs prepare draft MPP and APP as a part of the AWPB and send it to FMOHP. Upon receipt of the approved program and budget (as per Red Book), the respective PEs revise their individual MPP and APP.
2. Once the activities of each PE have been compiled, PEs identify points where consolidation is possible. Discussions are carried out to update eventual changes in procurement initiation time, solicitation time, delivery schedule, and contract completion period.
3. FMOHP conducts a workshop/meeting inviting all the federal PEs, each with their draft individual APP, and facilitates group discussions. This workshop/meeting clarifies any issues identified and finalises the individual APPs. The finalised APPs are then compiled into a single document by the system as e-CAPP. The NHSSP TA team provides support in shaping the e-CAPP and other relevant documents required to organise the workshop.
4. Incorporating the feedback from the workshop and concerned authorities, FMOHP prepares a final draft for approval. Verification is done with LMBIS and AWPB.

5. Upon receipt of CAPP approval, the procurement process starts accordingly, and the system will be updated periodically, which will give the actual picture of the procurement plan, its implementation, and any changes made.
6. The PEs can adjust their individual APPs as the procurement practice moves on and enter any revisions in the e-CAPP system. A copy of such plans will also be sent to the Treasury and Accounts Comptroller Office and the Public Procurement Monitoring Office after approval.

FMoHP officials have been involved in the entire CAPP development process. The e-CAPP summary report for FY 2021/22 is included in **Table 4** of this chapter. The detailed report can be accessed and retrieved from the report section at [tabucs.gov.np](http://tabucs.gov.np).

## 2.5 COVID-19 Impact on Consolidation Process

The COVID-19 pandemic has continued since March 2020. In April 2021, the second wave of COVID-19 plateaued in Nepal. The major cities including Kathmandu Valley endured full lockdown. It was the pre-budget time and the access to federal PEs was limited to virtual access. Despite restrictions on physical gathering, DoHS organized a two-day workshop on CAPP preparation and finalization of DoHS Divisions on 16 – 17 July 2021, with a limited number of staff. NHSSP provided technical and logistic support for the workshop. Thus, only the DoHS-level CAPP was finalized in the first step.

Due to COVID-19 infection of several staff and their family members, importing of LMBIS data into e-CAPP system was delayed, and also FMoHP could not decide on the modality of APP data entry cum orientation on e-CAPP in time. Finally, the second step of data entry and orientation started from 18 to 27 August 2021. Thirty-three PEs attended in several batches at the Meeting Hall of SAIPAL Technologies and compilation of APPs started. The 11 PEs outside Kathmandu Valley entered the APPs remotely with orientation through Zoom. All the tasks were done with collaboration of SAIPAL Technologies, NHSSP, and FMoHP. In this manner the consolidation task took a long time to complete. Two PEs could not yet participate in the data entry process due to sickness from COVID-19.

## 2.6 Comprehensive CAPP Budget Analysis

The National Budget of FY 2021/22 is NPR 1,647.58 billion comprising the national health account budget of NPR 141.55 billion. It is around 8.59 % of national budget. Out of the Health Sectoral Budget of NPR 122.79 billion; 73.91% (NPR 90.75 billion) is allocated for FMoHP, 5.16% for provinces, and 20.93% for local levels. The FMoHP budget, NPR 90.75 billion, comes to 5.51% of national budget and it is distributed to the Departments, Centers, Boards, Councils, Hospitals and Academies. They are categories as per the budget codes; 37000: FMoHP and Hospitals; 37001: DoHS and Programs; 37002: DoDA and Programs; 37003: DoAA and Programs; and 37031–37061: Board & Academies in this report. Over the last four years, the national health account budget grew incrementally (See **Table 2**).

**Table 2: National Budget Scenario, FY 2018/19 to 2021/22**

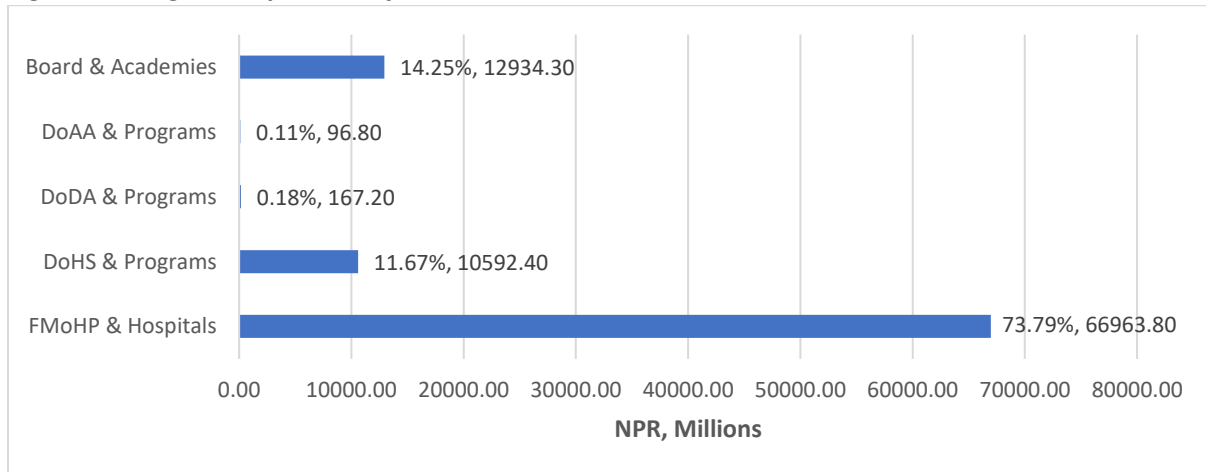
Figures are in NPR Billion

Budget Structure	FY 2018/19		FY 2019/20		FY 2020/21		FY 2021/22	
	Budget	%	Budget	%	Budget	%	Budget	%
<b>National Budget</b>	1,315.17		1,532.97		1,474.64		1,647.58	
<b>National Health Account</b> (% National Budget)	65.34	4.97	78.40	5.11	115.06	7.80	141.55	8.59
<b>Federal Health Budget</b> (% National Budget)	56.41	4.29	68.78	4.49	90.69	6.15	122.79	7.45
<b>FMoHP Budget</b> (% Federal Health Budget)	34.08	60.41	42.67	62.04	60.68	66.91	90.75	73.91
<b>Provincial Budget</b> (% Federal Health Budget)	4.18	7.41	4.88	7.10	4.60	5.07	6.34	5.16
<b>Local Budget</b> (% Federal Health Budget)	18.15	32.18	21.23	30.87	25.41	28.02	25.70	20.93
<b>EDPs Budget</b> (% FMoHP Budget)	11.83	34.71	8.79	20.60	38.31	63.13	49.55	54.60
<b>Procurement Budget</b> (% FMoHP Budget)	5.94	17.43	5.43	12.73	6.32	10.42	7.00	7.71

Source: Budget Speech/Red Book, MoF and e-CAPP Summary Report 2021/22

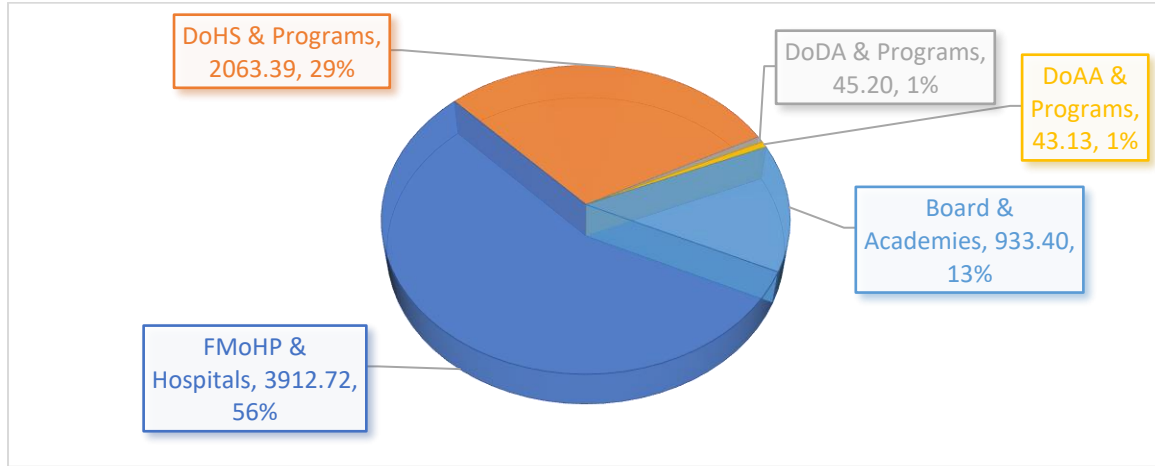
There are 48 PEs with 54 cost centers associated with procurement functions under the FMoHP. Out of this total budget, FMoHP allocated NPR 66.96 billion (73.79%) for the FMoHP and central-level tertiary hospitals. A total of NPR 12.93 billion (14.25%) is for Boards, Councils, and Academies. The DoHS received NPR 10.59 billion (11.67%) for its federal programs, with the remaining less than one per cent of the budget allocated to DoAA and DoDA (See **Figure 2**).

**Figure 2: Budget Composition of FMoHP, FY 2021/22**



Out of the total FMoHP budget of NPR 90.75 billion almost NPR 7 billion (7.71%) is for the federal health sector procurement budget. This comprises institutional programs of 56% for FMoHP and central hospitals, 29% for DoHS and its programs, 13% for Board and Academies, and the rest 2% for DoAA and DoDA programs. This procurement budget of NPR 7 billion does not include fiscal transfers and grants to hospitals or civil works budget through Department of Urban Development and Building Construction (DUDBC). So, excluding these external items, **Figure 3** and **Table 3** show the summary picture of total budget with procurement budget by group of institution, programs, and by their procurement types:

**Figure 3: Procurement Budget by Institutional Programs**



**Table 3: Total FMOHP Budget and Procurement Budget for FY 2021/22**

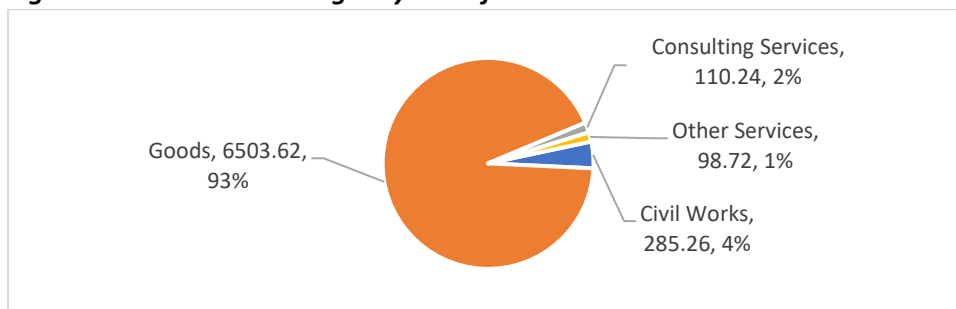
Figures are in NPR Million

Active Budget Code	Budget Center	Total Budget	Procurement Budget (PB)	PB %	Distribution of Procurement Budget						
					Civil Works	Goods			Consulting Services	Other Services	
						Total Goods	Drugs	Medical Equipment			Other Goods
			A+B+C+D	A	B=B1+B2+B3	B1	B2	B3	C	D	
370	FMOHP Grand Total	90754.50	6997.84	7.71	285.26	6503.62	2902.75	2873.88	726.99	110.24	98.72
37000	FMOHP & Hospitals	66963.80	3912.72	5.84	65.16	3808.20	1502.00	1926.20	380.00	39.36	0.00
37001	DoHS & Programs	10592.40	2063.39	19.48	11.90	1930.66	1311.09	405.91	213.66	42.01	78.82
37002	DoDA & Programs	167.20	45.20	27.03	7.60	37.60	4.50	20.50	12.60	0.00	0.00
37003	DoAA & Programs	96.80	43.13	44.56	0.00	43.13	0.00	0.00	43.13	0.00	0.00
37031-61	Board & Academies	12934.30	933.40	7.22	200.60	684.03	85.16	521.27	77.60	28.87	19.90
	% of Total Budget		7.71		0.31	7.17	3.20	3.17	0.80	0.12	0.11
	% of Proc. Budget				4.08	92.94	41.48	41.07	10.39	1.58	1.41
	% of Goods Budget						44.63	44.19	11.18		

Source: Appropriation Bill of FY 2021/22 (Budget Speech and Red Book)/MoF & FMOHP's Federal Procurement Budget Summary Report through <http://www.tabucs.gov.np>

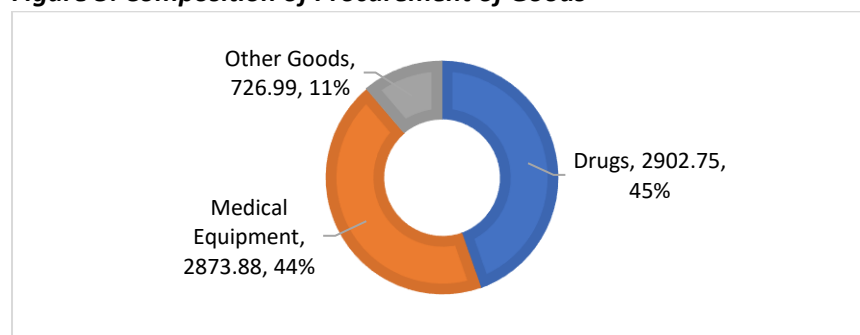
A large volume of procurement of medical goods remains at the FMOHP and its hospitals followed by the DoHS and programs. 93% of the total procurement budget is for procurement of medical goods and equipment; 4% for civil works; 2% for consulting services; and 1% for other services (Figure 4).

**Figure 4: Procurement Budget by Classification**



Out of the total Goods procurement, about 45% is for procurement of drugs, 44% is for medical equipment and remaining 11% is allocated for other goods procurement (**Figure 5**).

**Figure 5: Composition of Procurement of Goods**



As seen in **Table 3** above, there is a large composition of budget in FMoHP and its hospitals followed by Boards and Academies (73.79% and 14.25% of total FMoHP budget, respectively). Hospitals and FMoHP cover large amount of procurement budget as well (56%), followed by the DoHS (29%). DoAA and DoDA have a higher percentage of procurement budget (44.56% and 27.03%, respectively) out of their total health sector budget; DoHS has a moderate percentage (19.48%) of procurement budget from its total budget. It should be noted that these budgets are only the budgets from FMoHP allocation, which excludes the budget from the internal revenue generation of the PEs.

**Annex 4** summarises the CAPP under FMoHP generated from the e-CAPP system.

Note that a significant value of procurements is not covered in this e-CAPP including: a large allocation of NPR 36.58 billion for COVID-19 Prevention and Control Program including vaccine procurement (the major portion of this budget is earmarked for transfer to DoHS and other PEs later: NPR 9.65 billion allocated to health infrastructure development for construction works and equipment procurement which will be spent by fiscal transfer to DUDBC for civil works and to hospitals for other infrastructure.

## 2.7 CAPP Composition of Procurement Contracts Modality

Procurement budget of NPR 7 billion is planned for 348 contracts. Four types of procurement and five common procurement modalities are used in this FY. These planned number of contracts modality are shown in **Table 4**.

**Table 4: Planned Procurement Type and Contract Modality, FY 2021/22**

Figures are in Number

SN	Procurement Modality	Procurement Type				Total No. of Contracts	Planned %age of Modality
		Goods	Civil Works	Consulting Services	Other Services		
1	Open Bid Method (ICB)	17	0	0	-	17	5%
2	Open Bid Method (NCB)	130	16	15	18	179	51%
3	Sealed Quotation Method (SQ)	33	6	0	2	41	12%
4	Catalogue Shopping (CS)	4	-	-	-	4	1%
5	Direct Purchase (DP)	36	6	5	60	107	31%
	<b>Total</b>	<b>220</b>	<b>28</b>	<b>20</b>	<b>80</b>	<b>348</b>	<b>100%</b>
	<b>Planned % of Type used</b>	<b>63%</b>	<b>8%</b>	<b>6%</b>	<b>23%</b>	<b>100%</b>	

Source: e-CAPP System Report 2021/22 generated through [http://www.tabucs.gov.np/capp\\_report](http://www.tabucs.gov.np/capp_report)



## 2.8 Sub-national CAPP

The CAPP preparation process has been rolled out to three provinces from this fiscal year: Lumbini Province, Sudur Paschim Province, and Province No. 2. After finalization of the Provincial AWPB in PLMBIS and allocation of respective budgets at the Provincial MoHP and MoSDs including their PEs, the consolidation of APPs is done with the support of NHSSP-3. As this is the first time the CAPP rolled out to the provinces, and there is restriction in mass gathering due to the COVID-19 pandemic, limited numbers of PEs of the respective PMoHP/MoSDs could be involved in the CAPP preparation process.

Lumbini Province has established a Provincial Ministry of Health and Population (PmoHP) separate to the Ministry of Social Development; the other two provinces only have MoSDs. The CAPP of six PEs including PMoHP, Provincial Health Logistics Management Center (PHLMC) were prepared at Lumbini Province. Likewise, each of seven PEs consolidated their APPs in Sudur Paschim Province and in Province No. 2. **Tables 5, 6, and 7** depict the summary of Sub-national CAPPs. The preparation of APPs and their consolidation are done manually in Excel sheets.

**Table 5: CAPP Summary Report of MoHP Lumbini Province, FY 2021/22**

Figures are in NPR Million

S.N.	Procuring Entity	Procurement Categories				Total
		Goods	Civil Works	Consulting Services	Other Services	
1	Ministry of Health and Population	22.00	-	-	-	22.00
2	Province Health Directorate	6.51	-	-	3.00	9.51
3	Province Health Logistics Management Center	310.48	-	-	9.00	319.48
4	Province Public Health Laboratory	22.50	-	-	-	22.50
5	Provincial Health Training Center	6.75	39.50	-	-	46.25
6	Lumbini Provincial Hospital	34.70	-	-	-	34.70
<b>Total</b>		<b>402.94</b>	<b>39.50</b>	<b>-</b>	<b>12.00</b>	<b>454.44</b>

Workshop Date: August 3 - 4, 2021

**Table 6: CAPP Summary Report of MoSD Sudur Paschim Province, FY 2021/22**

Figures are in NPR Million

S.N.	Procuring Entity	Procurement Categories				Total
		Goods	Civil Works	Consulting Services	Other Services	
1	Province Health Directorate	306.64	-	-	0.50	307.14
2	Province Health Logistics Management Center	66.00	0.90	-	4.50	71.40
3	Province Health Training Center	1.20	-	-	-	1.20
4	Health Office Kailali	0.80	7.50	-	-	8.30
5	Province Public Health Laboratory	20.75	2.00	-	-	22.75
6	Seti Provincial Hospital	36.80	18.00	-	-	54.80
7	Dhangadhi Sub-metropolitan City	9.30	-	-	-	9.30
<b>Total</b>		<b>441.49</b>	<b>28.40</b>	<b>-</b>	<b>5.00</b>	<b>474.89</b>

Workshop Date: August 7 - 8, 2021

**Table 7: CAPP Summary Report of MoSD Province No. 2, FY 2021/22**

Figures are in NPR Million

S.N.	Procuring Entity	Procurement Categories				Total
		Goods	Civil Works	Consulting Services	Other Services	
1	Ministry of Social Development	23.75	-	-	-	<b>23.75</b>
2	Province Health Directorate	1.34	2.00	-	-	<b>3.34</b>
3	Province Health Logistics Management Center	421.00	-	-	1.00	<b>422.00</b>
4	Province Public Health Laboratory	20.03	1.00	-	-	<b>21.03</b>
5	Province Health Training Center	1.70	-	-	0.70	<b>2.40</b>
6	Provincial Hospital, Janakpur	200.00	1.00	-	-	<b>201.00</b>
7	Health Office, Dhanusha	0.14	6.00	-	-	<b>6.14</b>
	<b>Total</b>	<b>667.96</b>	<b>10.00</b>	-	<b>1.70</b>	<b>679.66</b>

**Workshop Date: August 12 - 13, 2021**

In Lumbini Province and Province No. 2, the major procurements remained in PHLMCs, whereas in Sudur Paschim Province the major procurement budget is with the Provincial Health Directorate. There is no procurement for health activities in MoSD of Sudur Paschim Province.

## CHAPTER 3 CONCLUSION AND WAY FORWARD

### 3.1 Conclusion

The e-CAPP is prepared in compliance with the existing procurement acts, regulations and procedures prescribed by the Public Procurement Monitoring Office (PPMO). The APP and CAPP templates are designed to fulfil the requirements to be followed by PEs. The OAG Form No. 311 and 312 are used as the template format. Production of an e-CAPP report is mandated by the PIP. A well-prepared CAPP and its timely endorsement ensure economy, efficiency, transparency, quality assurance, confirming effective procurement management functions. The other components of the procurement cycle are crucial to the preparation, update, and revision of the APP and CAPP. Preparation of e-CAPP and its monitoring is a continuous process, which requires an institutional home with a clear Terms of Reference. For the time being, the PFM Committee of FMOHP is responsible to monitor the progress made in the implementation of CAPP. The FMOHP requires resources to establish a monitoring and periodic updating of the CAPP implementation through e-CAPP/TABUCS in order to provide VfM and quality assurance through cross-verification. This e-CAPP provides comprehensive information on the annual procurement activities of the PEs functioning under the FMOHP. However, it does not include the APP of the direct grants provided and does not include procurement from PEs' internal resources. The present CAPP is the plan for procuring NPR 6,997.84 million in health sector, which is only 7.71% of total FMOHP budget and 4.95% of National Health sectoral budget. This does not include the budget provisioned for fiscal transfers, which will incur in future procurements. However, the additional procurement plans to be prepared in future can be updated in the e-CAPP system. Provinces also began to prepare their health sector CAPP from this year capturing the procurement budget of a few PEs under each province. It is a breakthrough in scaling up the CAPP process in the health sector.

### 3.2 Challenges

#### 3.2.1 Delays in preparing APP and CAPP

CAPP preparation at DoHS was done in time and the DoHS CAPP was approved on 4<sup>th</sup> August 2021. However, the FMOHP experienced a significant delay in consolidating APPs and in preparing e-CAPP mainly due to the spread of COVID-19 and not having AWPB data in TABUCS from LMBIS in time. Although the individual PEs have prepared their APP manually, they were not entered in the e-CAPP system. The FMOHP was not able to organize meetings for orienting the PEs to enter data into the TABUCS and finalising CAPP within the first month of this FY 2021/22.

#### 3.2.2 Use of CGAS instead of TABUCS

The Government has implemented a uniform accounting system from FY 2020/21, the Computerized Government Accounting System (CGAS). Many FMOHP PEs now use CGAS instead of TABUCS to report budget and expenditure. The current e-CAPP has been developed as an integral module in TABUCS. FMOHP could not decide how best to proceed but eventually instructed PEs to continue to use TABUCS. This resulted in delay of data entry in the e-CAPP system by the PEs.

#### 3.2.3 Inconsistent CAPP Execution

FMOHP PEs are not homogeneous. The Departments, Boards, Councils, Hospitals, and Academies have different natures of operation. Some of them enjoy independence in decision making through their

Boards, Development Committees and Management Committees. These types of PEs make their own income apart from FMoHP disbursement, and procure drugs and equipment that are not included in the present e-CAPP. In addition, some PEs procure through their program budget which is appropriated in separate activity budget code other than procurement budget code; most of the hospitals procure drugs for resale from the circulation fund. These procurements are not included in this e-CAPP.

### **3.2.4 Institutional Ownership**

CAPP preparation under federal level was initiated in health sector, realizing the comprehensive CAPP under FMoHP to monitor and standardize APPs prepared by individual PEs. The CAPP evolved as e-CAPP in the later years. It includes all modalities of procurement, such as goods, civil works, consulting services and other services to be procured. It is realized that there needs to be a proper institutional home that takes ownership inside the FMoHP. In the absence of this institutional home, it has been difficult to monitor progress made in the implementation of e-CAPP by the FMoHP and its PEs.

### **3.2.5 Support to SNGs**

Preparation of CAPP in the health sector was launched by MD. It has brought efficiency, transparency, and quality assurance in procurement of medicines and equipment. MD used to procure and manage the supply chain of essential medicines and medical equipment required by various divisions under the DoHS. But the trend of CAPP budget of MD in recent years is to transfer the budget for basic health medicines and equipment to Provinces and Local Levels. As a result, large procurements are being done by the SNGs. This raises an important question regarding coordination within DoHS and outside DoHS to provide technical support to SNGs. In this scenario it is imperative that the FMoHP supports SNGs in preparing the CAPP and improving overall procurement functions of SNGs.

## **3.3 Way Forward**

### **3.3.1 CAPP Implementation Timeline**

The timeline for completion of APP and the CAPP must be followed as per the PPA and PPR. FMoHP needs to formulate a guideline for this. A functional linkage between AWPBs and APPs harmonized with LMBIS can achieve the timelines of preparation of APPs and CAPP including implementation of procurement process as per the CAPP. The e-CAPP module included in TABUCS can line up the quarterly expenditure targets in LMBIS. Similarly, following the CAPP procurement timeline will balance budget release and expenditures.

### **3.3.2 Make TABUCS Functional**

TABUCS is the only suitable financial management system in health sector. The CGAS does not include all the features necessary for the health sector. Procurement planning and consolidation by the e-CAPP module is an important example of this. The module can consolidate, analyse, update, and record procurement implementation; and can track and monitor procurement activities and their timely execution by FMoHP. It also provides cash flow forecasting and disbursement information enabling improved financial management in FMoHP. In addition, TABUCS is essential to track the records of deposit (Dharauti), audit queries, income and expenditures of internal sources of hospitals.

### **3.3.3 Institutional Capacity Development**

After the merger of LMD into MD, procurement functions have been significantly devolved to SNG. This has increased challenges in PE institutional capacity. It is also important to note that large quantities of vaccines, medicines and equipment are still procured and supplied by External Development Partners. Securing budget and sustaining procurement capacity especially in decision making capacity is a growing concern for PEs. An independent national procurement agency is now needed to address the many procurement-related difficulties. Such agency in the health sector could develop and retain professional capacity and expertise, enabling staff to develop careers in procurement and to ensure institutional capacity in efficient procurement.

### **3.3.4 Establishment of an Institutional Home**

FMoHP needs to monitor and review progress made in implementation of e-CAPP. DoHS has a CAPP-MC, which is active in monitoring CAPP progress and implementation. CAPP-MCs need to be established in other departments and PEs where collective procurement activities are performed. The PFM Committee of FMoHP should monitor the meeting of CAPP-MCs every three months. FMoHP should update the TOR of PFM Committee and establish an institutional home within FMoHP to regularly monitor the progress made in the implementation of e-CAPP.

### **3.3.5 Linking of e-CAPP with e-GP**

FMoHP PEs should use the e-GP-II portal for procurement, thus improving overall procurement functions; and should prepare APPs inside the e-GP portal of PPMO before executing any procurement. Linking the e-CAPP to the e-GP will make it easier for PEs to import their respective APPs from the e-CAPP system. In line with this, FMoHP should support PPMO to make the APPs accessible from e-CAPP.

### **3.3.6 Use of Contract Management Module**

Contract management is a crucial part of procurement management. FMoHP and DoHS need to improve the contract management processes. Current problems in tracking contracted goods, delays by the suppliers and delays in payment must be improved by use of an integrated Contract Management System. There is a Contract Management Module within e-CAPP, which is linked to the e-AWPB and TABUCS. Contract information ledgers are created using OAG forms and formats. In this way, information on each contract can be established within the electronic system. The CMC and PFM committee at FMoHP should enforce use of the Contract Management Module and it should monitor the contractors' ledgers regularly.

### **3.3.7 Scaling up e-CAPP in SNGs**

A large volume of health sector procurement has been devolved to the Provinces and Local Levels. Implementing procurement planning by SNGs is essential to strengthen and monitor their procurement activities. FMoHP and DoHS must take a lead to strengthen SNG's procurement capacity including by scaling up and rolling out CAPP preparation and the use of e-CAPP.

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## Annex 1: List of Federal Procuring Entities of FMOHP

S.N.	Office Code	Name of Procuring Entity	Address	Spending Unit
1	370616201	Karnali Academy of Health Sciences	Jumla	1
2	370615601	Rapti Academy of Health Sciences	Dang	1
3	370613901	Pokhara Academy of Health Sciences	Kaski	1
4	370613501	National Academy of Medical Sciences	Kathmandu	1
5	370613401	Pathan Academy of Health Sciences	Lalitpur	1
6	370613301	Bhaktapur Cancer Hospital	Bhaktapur	1
7	370611401	BP Koirala Institute of Health Sciences	Sunsari	1
8	370413501	Nepal Health Research Council	Kathmandu	1
9	370313501	Health Insurance Board	Kathmandu	1
10	370033501	Department of Ayurveda & Alternative Medicine	Kathmandu	2
11	370025701	DoDA Regional Office	Nepalgunj	1
12	370023502	National Medicine Laboratory	Kathmandu	1
13	370023501	Department of Drug Administration	Kathmandu	1
14	370022201	DoDA Regional Office	Parsa	1
15	370021301	DoDA Regional Office	Morang	1
16	370013506	Sukraraj Tropical and Infectious Disease Hospital	Kathmandu	1
17	370013505	National Health Education Information & Communication Center	Kathmandu	1
18	370013504	National Public Health Laboratory	Kathmandu	1
19	370013502	National Center for AIDS and STD Control	Kathmandu	1
20	370013501	Department of Health Services	Kathmandu	6
21	370013301	National Tuberculosis Center	Bhaktapur	1
22	370013201	Vector Borne Disease Research and Training Center	Makwanpur	1
23	370007501	Dadeldhura Hospital	Dadeldhura	1
24	370005702	Bheri Hospital	Nepalgunj	1
25	370005701	Sushil Koirala Prakhar Cancer Hospital	Banke	1
26	370003801	G.P. Koirala National Center for Respiratory Diseases	Tanahun	1
27	370003515	National Ayurveda Research and Training Center	Kathmandu	1
28	370003514	Singha Durbar Vaidyakhana Vikas Samiti	Kathmandu	1
29	370003513	TU Teaching Hospital, Suresh Wagle Memorial Cancer Center	Kathmandu	1
30	370003512	Saheed Gangalal National Heart Center	Kathmandu	1
31	370003511	National Health Training Center	Kathmandu	1
32	370003510	National Trauma Center	Kathmandu	1
33	370003509	Manmohan Cardiothoracic Vascular and Transplant Center	Kathmandu	1
34	370003508	B.P. Koirala Lions Center for Ophthalmic Studies	Kathmandu	1
35	370003507	Paropakar Maternity Hospital	Kathmandu	1
36	370003506	Nepal Netra Jyoti Sangh	Kathmandu	1
37	370003505	Nepal Eye Hospital	Kathmandu	1
38	370003503	Kanti Children's Hospital	Kathmandu	1
39	370003502	Ayurveda Clinic	Kathmandu	1
40	370003501	Ministry of Health and Population	Kathmandu	1
41	370003402	Mental Hospital	Lalitpur	1
42	370003401	Pashupati Homoeopathic Hospital	Lalitpur	1
43	370003301	Shahid Dharmabhakta National Transplant Center	Bhaktapur	1
44	370003102	Bharatpur Hospital	Chitwan	1
45	370003101	BP Koirala Memorial Cancer Hospital	Chitwan	1
46	370002201	Narayani Hospital	Parsa	1
47	370001502	Gajendranarayan Singh Hospital	Saptari	1
48	370001301	Koshi Hospital	Morang	1
<b>Total Spending Units</b>				<b>54</b>

## Annex 2: List of Participants in e-CAPP Data Entry Workshop (August 18 – 27, 2021)

SN	Name of Participants	Designation	Organization	Date		Batch
				From	To	
01	Ramesh Prasad Adhikari	Administrative Officer	Nepal Eye Hospital	8/18/2021	8/19/2021	1
02	Bharat Bahadur Kuwar	Health Education Officer	National Health Education Information Communication Centre	8/18/2021	8/19/2021	1
03	Hassm Raja kadri	Assistant Computer Operator	National Health Education Information Communication Centre	8/18/2021	8/19/2021	1
04	Shiva Bhattarai	Sr. Planning Officer	Department of Drug Administration	8/18/2021	8/19/2021	1
05	Arjun Adhikari	Section Officer	Department of Drug Administration, Regional Office	8/18/2021	8/19/2021	1
06	Janak Raj Ghimire	Sub Accountant	Paropakar Maternity Hospital	8/18/2021	8/19/2021	1
07	Bharat Rijal	Sub Accountant	Paropakar Maternity Hospital	8/18/2021	8/19/2021	1
08	Kamal Kuwar Chhetri	Q.C. Inspector	National Medicine Laboratory	8/18/2021	8/19/2021	1
09	Sagar Dhakal	Pharmacy Officer	National Medicine Laboratory	8/18/2021	8/19/2021	1
10	Lok Bahadur Shrestha	Accountant	Singh Durbar Baidyakhana	8/19/2021	8/20/2021	2
11	Dr. Prakash Gyawali	Ayu Physician	Department of Ayurveda	8/19/2021	8/20/2021	2
12	Bishna Raj Nepal	Under Secretary	Department of Ayurveda	8/19/2021	8/20/2021	2
13	Prakash Bikram GC	Head Assistant	Manmohan Cardiothoracic Vascular and Transplant Center	8/19/2021	8/20/2021	2
14	Raju Shrestha	Administration	TU Teaching Hospital, Suresh Wagle Memorial Cancer Center	8/19/2021	8/20/2021	2
15	Shudasi Ojha	Administration	TU Teaching Hospital, Suresh Wagle Memorial Cancer Center	8/19/2021	8/20/2021	2
16	Bibek Thapa	Accountant	Shahid Gangalal National Heart Center	8/20/2021	8/21/2021	3
17	Chunam Lama	Admin Officer	Shahid Gangalal National Heart Center	8/20/2021	8/21/2021	3
18	Harihar Pokhrel	Section Officer	Shahid Dharmabhakta National Transplant Center	8/20/2021	8/21/2021	3
19	Bishwo Nath Poudel	Nasu	Shahid Dharmabhakta National Transplant Center	8/20/2021	8/21/2021	3
20	Saroj Kumar Deo	IT Officer	National Health Training Centre	8/20/2021	8/21/2021	3
21	Madhur Pokhrel	CO	National Health Training Centre	8/20/2021	8/21/2021	3
22	Amrit Bhandari	Admin Officer	Karnali Academy of Health Sciences	8/20/2021	8/21/2021	3
23	Sameer Neupane	Accountant	Karnali Academy of Health Sciences	8/20/2021	8/21/2021	3
24	Hima Adhikari	Computer Operator	National Public Health Laboratory	8/20/2021	8/21/2021	3
25	Dhruba Prasad Gautam	Account Officer	Mental Hospital Lalitpur	8/23/2021	8/24/2021	4
26	Bishal Paudel	Computer Operator	Mental Hospital Lalitpur	8/23/2021	8/24/2021	4
27	Roshan Shrestha	Program Officer	Ministry of Health and Population	8/23/2021	8/24/2021	4
28	Sudip Thapa	Computer Operator	Ministry of Health and Population	8/23/2021	8/24/2021	4
29	Niranjan Maharjan	Account Officer	Ministry of Health and Population	8/23/2021	8/24/2021	4
30	Sunita Khadka	Officer	Ministry of Health and Population	8/23/2021	8/24/2021	4
31	Shiba Hari Acharya	Officer	Ministry of Health and Population	8/23/2021	8/24/2021	4
32	Pitambar Upadhyaya	Account Officer	B.P Koirala Memorial Cancer Hospital	8/23/2021	8/24/2021	5 (Virtual)
33	Kumar Pokharel	Account Officer	Vector Borne Disease Research and Training Center	8/23/2021	8/24/2021	5 (Virtual)
34	Rudra Subedi	Account Officer	Koshi Hospital	8/23/2021	8/24/2021	5 (Virtual)
35	Manadev Thakur	Account Officer	Gajendra Nayaran Singh Hospital	8/23/2021	8/24/2021	5 (Virtual)



SN	Name of Participants	Designation	Organization	Date		Batch
				From	To	
36	Sudip Kumar Majhi	Account Officer	Narayani Hospital	8/23/2021	8/24/2021	5 (Virtual)
37	Hari Prasad Lamsal	Account Officer	Bharatpur Hospital	8/23/2021	8/24/2021	5 (Virtual)
38	Khadak Shahi	Account Officer	Sushil Koirala Prakhar Cancer Hospital	8/23/2021	8/24/2021	5 (Virtual)
39	Padam Bahadur Buda	Account Officer	Bheri Hospital	8/23/2021	8/24/2021	5 (Virtual)
40	Chakra Bista	Account Officer	Dadeldhura Hospital	8/23/2021	8/24/2021	5 (Virtual)
41	Suman Dahal	Account Officer	BP Koirala Institute of Health Sciences	8/23/2021	8/24/2021	5 (Virtual)
42	Chandra Subedi	Account Officer	Pokhara Academy of Health Sciences	8/23/2021	8/24/2021	5 (Virtual)
43	Puka Lal Ghising	A. Account Officer	Nepal Health Research Council	8/24/2021	8/25/2021	6
44	Sunita Dhakal	Account Assistant	Nepal Health Research Council	8/24/2021	8/25/2021	6
45	Bijayata Singh	Section Officer	Rapti Academy of Health Sciences	8/24/2021	8/25/2021	6
46	Atmaram Basnet	Deputy Manager	Rapti Academy of Health Sciences	8/24/2021	8/25/2021	6
47	Kabul Singh Baniya	Account Officer	Patan Academy of Health Sciences	8/24/2021	8/25/2021	6
48	Uma Bhandari	Sub Accountant	G.P. Koirala National Center for Respiratory Diseases	8/24/2021	8/25/2021	6
49	Hari Prasad Lawaju	Account Officer	Bhaktapur Cancer Hospital	8/25/2021	8/26/2021	7
50	Jaganath Bhurtel	Admin/Finance Controller	Bhaktapur Cancer Hospital	8/25/2021	8/26/2021	7
51	Manish Sharma	Account Officer	Nepal Netrajyoti Sangh	8/25/2021	8/26/2021	7
52	Dr. Naveen Prakash Shah	Chief Consultant	National Tuberculosis Center	8/25/2021	8/26/2021	7
53	Mohan Prasad Niraula	Section Officer	National Tuberculosis Center	8/25/2021	8/26/2021	7
54	Binay Kumar Chaudhary	Account Officer	National Ayurveda Research and Training Center	8/25/2021	8/26/2021	7
55	Gyanendra Dhakal	Computer Operator	National Academy of Medical Sciences (Bir Hospital)	8/25/2021	8/26/2021	7
56	Bimal Khanal	NASU	National Academy of Medical Sciences (Bir Hospital)	8/25/2021	8/26/2021	7
57	Tek Raj Bhatta	Accountant	Ayurveda Clinic, Nardevi	8/25/2021	8/26/2021	7
58	Dr. Prem Narayan Srivastaw	Hospital Chief	Pashupati Homoeopathic Hospital	8/26/2021	8/27/2021	8
59	Suman Khadka	Sub Accountant	Pashupati Homoeopathic Hospital	8/26/2021	8/27/2021	8
60	Kamal Ghimire	Admin Chief	B.P. Koirala Lions Center for Ophthalmic Studies	8/26/2021	8/27/2021	8
61	Punya Acharya	Accountant	B.P. Koirala Lions Centre for Ophthalmic Studies	8/26/2021	8/27/2021	8
62	Prof Dr. Aaanad Sharma	Exec. Director	B.P. Koirala Lions Centre for Ophthalmic Studies	8/26/2021	8/27/2021	8
63	Bal Bahadur Thapa	Account Chief	B.P. Koirala Lions Centre for Ophthalmic Studies	8/26/2021	8/27/2021	8
64	Madhu Mijar	Account Officer	National Trauma Center	8/26/2021	8/27/2021	8
65	Sanjay Shah	Section Officer	National Trauma Center	8/26/2021	8/27/2021	8
66	Shankar Neupane	Account Officer	National Centre for AIDS And STD Control	8/26/2021	8/27/2021	8

**FACILITATORS**

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|-----------------------|--|
| 1. Laxmi Prasad Joshi | Under Secretary (Finance), FMOHP       |
| 2. Deepak Maharjan    | Accounts Officer, FMOHP                |
| 3. Phanindra Giri     | Computer Officer, FMOHP                |
| 4. Ram Kaji Bhomi     | Procurement Advisor, NHSSP             |
| 5. Pankaj Adhikari    | Managing Director, Saipal Technologies |
| 6. Bishnu Barakoti    | Programmer, Saipal Technologies        |

### Annex 3: CAPP Summary Report of FMOHP, FY 2021/22

Figures are in NPR Million

SN	Budget Code	Implementing Agency	Procurement Categories				Total
			Goods	Civil Works	Consulting Services	Other Services	
1	37000011	Ministry of Health and Population	1500.60	0.00	0.00	0.00	1500.60
2	37000013	Pashupati Homoeopathic Hospital	0.40	0.00	0.00	0.00	0.40
3	37000103	Paropakar Maternity Hospital	162.50	19.00	0.00	0.00	181.50
4	37000104	Nepal Eye Hospital	26.20	0.00	0.00	0.00	26.20
5	37000105	BP Koirala Memorial Cancer Hospital	1669.90	0.00	0.00	0.00	1669.90
6	37000106	Manmohan Cardiothoracic Vascular and Transplant Center	103.70	0.00	0.00	0.00	103.70
7	37000107	Saheed Gangalal National Heart Center	14.70	33.16	0.00	0.00	47.86
8	37000108	TU Teaching Hospital, Suresh Wagle Memorial Cancer Center	240.00	10.00	0.00	0.00	250.00
9	37000110	Ayurveda Clinic, Naradevi	8.00	0.00	0.00	0.00	8.00
10	37000111	Singha Durbar Vaidyakhana Vikas Samiti	15.60	0.00	0.00	0.00	15.60
11	37000112	B.P. Koirala Lions Center for Ophthalmic Studies	10.00	0.00	0.00	0.00	10.00
12	37000113	Nepal Netra Jyoti Sangh	0.00	0.00	2.00	0.00	2.00
13	37000115	Shahid Dharmabhakta National Transplant Center	56.60	3.00	37.36	0.00	96.96
14	37001011	Department of Health Services	24.94	0.00	12.00	2.88	39.82
15	37001101	National Tuberculosis Center	431.86	3.10	0.00	0.00	434.96
16	37001102	National Center for AIDS and STD Control	359.70	0.50	1.50	0.50	362.20
17	37001103	Department of Health Services	643.93	0.00	0.00	0.00	643.93
18	37001105	Department of Health Services	354.93	0.00	0.00	0.00	354.93
19	37001107	Department of Health Services	6.21	6.80	0.00	10.00	23.01
20	37001109	National Health Education Information & Communication Center	0.00	0.00	0.00	60.50	60.50
21	37001110	National Health Training Center	0.90	0.50	0.41	4.94	6.75
22	37001111	Vector Borne Disease Research and Training Center	0.00	0.00	1.00	0.00	1.00
23	37001112	National Public Health Laboratory	107.70	1.00	24.10	0.00	132.80
24	37001115	Department of Health Services	0.00	0.00	0.00	0.00	0.00
25	37001116	Department of Health Services	0.50	0.00	3.00	0.00	3.50
26	37002011	DoDA Regional Office, Morang	1.95	0.20	0.00	0.00	2.15
27	37002011	DoDA Regional Office, Parsa	1.10	0.00	0.00	0.00	1.10
28	37002011	Department of Drug Administration	18.94	7.40	0.00	0.00	26.34
29	37002011	National Medicine Laboratory	14.81	0.00	0.00	0.00	14.81
30	37002011	DoDA Regional Office, Banke	0.80	0.00	0.00	0.00	0.80
31	37003011	Department of Ayurveda & Alternative Medicine	3.94	0.00	0.00	0.00	3.94
32	37003101	Department of Ayurveda & Alternative Medicine	39.20	0.00	0.00	0.00	39.20
33	37031101	Health Insurance Board	0.00	0.00	0.00	0.00	0.00
34	37041011	Nepal Health Research Council	0.00	0.00	0.00	1.50	1.50
35	37061011	Koshi Hospital	12.00	0.00	0.00	0.00	12.00
36	37061011	Narayani Hospital	26.09	28.50	0.00	0.00	54.59
37	37061011	Bharatpur Hospital	17.50	0.00	26.37	0.00	43.87
38	37061011	Mental Hospital	6.20	18.00	0.00	2.40	26.60
39	37061011	National Trauma Center	50.00	0.00	0.00	0.00	50.00

SN	Budget Code	Implementing Agency	Procurement Categories				Total
			Goods	Civil Works	Consulting Services	Other Services	
40	37061011	National Ayurveda Research and Training Center	1.20	1.00	0.00	0.00	<b>2.20</b>
41	37061011	G.P. Koirala National Center for Respiratory Diseases	20.00	0.00	0.00	0.00	<b>20.00</b>
42	37061011	Sushil Koirala Prakhar Cancer Hospital	8.40	0.00	0.00	0.80	<b>9.20</b>
43	37061011	Bheri Hospital	0.20	0.00	0.00	0.00	<b>0.20</b>
44	37061011	Dadeldhura Hospital	29.50	0.00	2.50	8.00	<b>40.00</b>
45	37061011	Gajendranarayan Singh Hospital	28.68	7.00	0.00	0.00	<b>35.68</b>
46	37061011	Bhaktapur Cancer Hospital	114.97	35.00	0.00	0.00	<b>149.97</b>
47	37061012	National Academy of Medical Sciences	66.50	0.00	0.00	0.00	<b>66.50</b>
48	37061013	BP Koirala Institute of Health Sciences	80.00	0.00	0.00	0.00	<b>80.00</b>
49	37061014	Karnali Academy of Health Sciences	10.00	11.10	0.00	0.00	<b>21.10</b>
50	37061015	Pathan Academy of Health Sciences	192.40	100.00	0.00	0.00	<b>292.40</b>
51	37061016	Rapti Academy of Health Sciences	20.40	0.00	0.00	0.00	<b>20.40</b>
52	37061017	Pokhara Academy of Health Sciences	0.00	0.00	0.00	7.20	<b>7.20</b>
<b>Total</b>			<b>6,503.62</b>	<b>285.26</b>	<b>110.24</b>	<b>98.72</b>	<b>6,997.84</b>

Source: Summary Report generated from e-CAPP System, 2021/22 [http://www.tabucs.gov.np/capp\\_report](http://www.tabucs.gov.np/capp_report)

## Annex 4: List of Participants in CAPP Preparation Workshop of DoHS (July 16 – 17, 2021)

### PARTICIPANTS

1. Dr. Dipendra Raman Singh	Director General, DoHS
2. Dr. Bhim Singh Tinkari	Director, MD
3. Dr. Tara Nath Pokharel	Director, FWD
4. Dr. Pawan Jung Rayamajhi	Director, CSD
5. Roshani Laxmi Tuitui	Director, NSSD
6. Laxmi Prasad Joshi	Under Secretary (Finance), FMOHP
7. Diwakar Ghimire	Chief Finance Controller, DoHS
8. Mahesh Pande	Under Secretary (Administration), DoHS
9. Deepak Maharjan	Accounts Officer, FMOHP
10. Pushpa Raj Joshi	Under Secretary (Accounts), FMOHP
11. Nirajan Maharjan	Accountant, FMOHP
12. Sudeep Thapa	Computer Officer, FMOHP
13. Phanindra Giri	Computer Officer, FMOHP
14. Roshan Shrestha	Computer officer, FMOHP
15. Shambhu Niroula	Legal Officer, DoHS
16. Thakur Mani Dahal	Account Officer, DoHS
17. Man Bahadur Budha	Account Officer, DoHS
18. Keshab Raj Kafle	Na Su, DoHS
19. Eknath Nepal	Section Officer, DoHS
20. Suresh Khanal	Section Officer, DoHS
21. Matrika Sharma Dahal	PHI, DoHS
22. Dr. Surendra Chaurasiya	Senior Health Administrator, MD
23. Upendra Dhungana	LMS Chief, MD
24. Bade Babu Thapa	Senior Pharmacy Officer, MD
25. Sagar Dahal	Senior PHA, MD
26. Sudip Ale Magar	PHO, MD
27. Tilak Ram Pokharel	Section Officer, MD
28. Rana Bahadur Gharti	PHI, MD
29. Gyan Bahadur BC	PHI, MD
30. Dinesh Khatri	Section Officer, MD
31. Sushil Nepal	Computer Officer, MD
32. Top Bahadur Thapa	Senior AHO, MD
33. Prakash Budhatokhi	Medical Superintendent, CSD
34. Kamlesh Kumar Mishra	PHI, CSD
35. Deepak Jha	Senior PHO, FWD
36. Harihar Prasad Sharma	Senior PHO, FWD
37. Dinesh Rupakheti	Officer, UNICEF
38. Om Khanal	PHI, FWD
39. Bishnu Baskota	PHI, FWD
40. Dr. Phanindra Prasad Baral	Senior Medical Superintendent, EDCCD
41. Deepak Adhikari	PHO, EDCCD
42. Uttam Raj Pyakurel	VCI, EDCCD
43. Yashoda Baral	Nursing Officer, NSSD
44. Bala Rai	Senior Nursing Administrator, NSSD
45. Surya Bahadur Khadka	Statistics Officer, NTC
46. Dr. Shyam Raj Uprety	Consultant, WHO

**FACILITATORS**

- |                        |  |
|------------------------|--|
| 7. Devendra Gnawali    | L&G Team Leader, NHSSP                 |
| 8. Rajan Adhikari      | Capacity Building Advisor, NHSSP       |
| 9. Ram Kaji Bhomi      | Procurement Advisor, NHSSP             |
| 10. Khagendra Adhikari | PPFM Officer, NHSSP                    |
| 11. Sabin Adhikari     | PPFM Officer, NHSSP                    |
| 12. Rajiv Raj Majhi    | Pharmacist, NHSSP                      |
| 13. Pankaj Adhikari    | Managing Director, Saipal Technologies |
| 14. Bishnu Barakaoti   | Programmer, Saipal Technologies        |

**RESOURCE PERSON**

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|-----------------------------|----------------|
| 1. Suvhash Chandra Siwakoti | Director, PPMO |
|-----------------------------|----------------|