

2019

National Joint Annual Review (NJAR) 2075/76



Government of Nepal

Ministry of Health and Population

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Executive Summary

The National Joint Annual Review (NJAR) of the health sector 2018/19 (2075/2076 BS) was organized jointly by Government of Nepal (GoN), Ministry of Health and Population (MoHP) and External Development Partners (EDPs) on 4-6 December 2019 (18-20 Mangshir 2076 BS). The objectives of the NJAR was to jointly review the progress on Nepal Health Sector Strategy (2015/16 - 2020/21) (NHSS), ensure all stakeholders develop a shared understanding of progress in the sector, identify the strategic priority areas and agree on the strategic actions for the forthcoming Annual Work Plan and Budget (AWPB). The two-day meeting was followed by a business meeting on the third day. The business meeting was attended by senior officials of the MoHP, Directors of the Health Directorates and officials of EDPs. The objective of the business meeting was to discuss pertinent issues of the health sector and prepare the aid memoire. The two-day review was participated by over 250 representatives from MoHP and its departments, divisions and centres, representatives from other ministries and departments, provincial health offices, local governments, councils, academic institutions, hospitals, EDPs, private hospitals, civil society organizations, health professionals, media personnel and other stakeholders in the sector of health.

The programme was inaugurated by Hon'ble Health and Population Minister and included reflections from the MoHP, DDA, HIB, federal hospitals, private hospitals, councils, health academies and other related ministries and institutions; from the provincial and local levels (selected metropolitan city, sub-metropolitan city, municipality and rural municipality), and the development partners (EDP and AIN). Key issues that attracted much discussion in the review were:

- Health service delivery - achievement versus SDG targets and quality of the services;
- Increasing incidence of NCDs;
- Health insurance;
- Hospital management;
- Infrastructure - timely completion and maintenance of health buildings and equipment;
- Provincial structures of reference laboratory and health institutions at federal, provincial and local level;
- Management of human resources, including *Samayojan* (staff adjustment) process - capacity of health team, need of reserve pool, unfulfilled sanctioned posts;
- Information management, including financial reporting from the local level, incomplete and delayed reports, low reporting from private health facilities and inadequate availability of tools for information systems;
- Governance and leadership - restructuring, sequencing of laws and policy, management of hospitals at federal, provincial and local levels;

- Procurement and supply chain management - delay in procurement, procedural ambiguity, mechanism of supply chain management, inadequate storage capacity at provincial and local levels, maintenance of medical equipment;
- Health financing - mismatch of budget, too many activities under conditional grants, scattered health financing schemes. Coordination and communication among the federal, provincial and local governments

Acronyms

AIN	Association of International NGOS in Nepal
ANM	Auxiliary Nurse Midwife
APHIN	Association of Private Hospitals in Nepal
AWPB	Annual Work Plan and Budget
BMI	Body Mass Index
CAO	Chief Administration Officer
CEO	Chief Executive Officer
CSO	Civil Society Organization
DAHC	District Ayurveda Health Centre
DALY	Disability Adjusted Life Years
DAMS	Drug Administration and Management System
DDA	Department of Drug Administration
DG	Director General
DHO	District Health Office
DoA	Department of Ayurveda
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
ED	Executive Director
EDP	External Development Partner
EWARS	Early Warning and Reporting System
FCHV	Female Community Health Volunteer
FY	Fiscal Year
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
HA	Health Administrator
HCD	Health Coordination Division
HFOMC	Health Facility Organisation and Management Committee
HIB	Health Insurance Board
HMIS	Health Management Information System
Hon'ble	Honorable
HR	Human Resources
HRM	Human Resources Management
HTP	Health Technology Products
HWG	Health Working Group
IEC	Information, Education and Communication
INGO	International Non-Government Organization
IT	Information Technology
NJAR	National Joint Annual Review
LMIS	Logistic Management Information Systems
M&E	Monitoring and Evaluation
MBBS	Bachelor of Medicine and Bachelor of Surgery
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
MPDSR	Maternal and Perinatal Death Surveillance and Response
NAMS	National Academy of Medical Sciences
NAR/NJAR	National Annual Review/National Joint Annual Review
NGO	Non-Government Organization

NHA	National Health Account
NHPC	National Health Professional Council
NHRC	National Health Research council
NHSS	National Health Sector Strategy
NMC	Nepal Medical Council
NMR	Neonatal Mortality Rate
NNC	Nepal Nursing Council
NNHA	Nepal National Health Account
NNRFC	National Natural Resource and Fiscal Commission
NPC	National Planning Commission
NSP	National Strategic Plan
NTP	National Treatment Protocol
NPR	Nepalese Rupees
OAG	Office of Auditor General
OOP	Out-of-Pocket
OPD	Out-Patient Department
PAHS	Patan Academy of Health Sciences
PCL	Proficiency Certificate Level
PHA	Public Health Administrator
PHC	Primary Health care
PHO	Public Health Officer
PM	Prime Minister
PMS	Post-Marketing Surveillance
PPMD	Policy, Planning and Monitoring Division
QA	Quality Assurance
QC	Quality Control
QoC	Quality of Care
RTA	Road Traffic Accidents
SCM	Supply Chain Management
SDG	Sustainable Development Goals
SGNHC	Shahid Gangalal National Heart Center
SRHR	Sexual and Reproductive Health and Rights
SWC	Social Welfare Council
TA	Technical Assistance
TFR	Total Fertility Rate
THE	Total Health Expenditure
TUTH	Tribhuvan University Teaching Hospital
UHC	Universal Health Coverage
VC	Vice-Chancellor

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Background

The National Joint Annual Review (NJAR) of 2018/19 was jointly organized by Government of Nepal (GoN) Ministry of Health and Population (MoHP) and EDPs on 4-6 December 2019 (18-20 Mangshir 2076 BS). The first two-days of the review meeting was held at the hall of Agricultural Development Bank's Training Center at Bode, Bhaktapur, where over 250 participants joined the meeting. The third day of the meeting was organized as a business meeting and held at National Health Training Centre, Teku. The participants of the review meeting included officials of MoHP and its Departments, Divisions and Centers, representatives from other Ministries and Departments, representatives from seven Provinces and selected Local Governments, EDPs, Civil Society Organizations (CSOs), health professionals, media personnel and other health sector stakeholders.

The first day meeting focused on health sector progress against NHSS outcomes and SDGs, reflections from pre-NJAR field visit and reflections of the year in the health sector from three spheres of government: federal, provincial and local. The second day meeting focused on reflections from councils, federal hospitals, private hospitals and health academies and priority strategic actions for the next annual work plan and budget (AWPB). Following the sectoral review and discussion on different themes, the third day of the NJAR was dedicated for the business meeting between MoHP and EDPs to enable strategic discussion and to draft priority action points to be implemented over the next year. The agenda of the NJAR is in Annex 1 and its objectives were as follows:

- Jointly review the annual progress of National Health Sector Strategy (NHSS 2015/16 - 2020/21) and ensure all stakeholders develop a shared understanding of progress in the sector;
- Identify the strategic priority areas that need to be addressed to strengthen the health system in a changing context;
- Agree on the strategic actions to be included in the next year's Annual Work Plan and Budget

Two separate pre-NJAR review meetings were also organised (on 2nd and 3rd of December) to enable inclusive discussion among key stakeholders on: i) subnational government ii) academics and hospitals. The objectives of these review meetings were

- To promote inclusive discussion among stakeholders during the NJAR, by ensuring wider participation of the officials from province and local level government;
- To acknowledge progress, issues and challenges existing at the sub-national level and jointly explore measures to address them;
- To strengthen harmonisation and alignment across federal, provincial and local level for the delivery of quality health services.

The first day, of the pre-NJAR meeting, held on 2 December 2019, was aimed at the officials of each of seven provinces, selected local levels together with officials of the MoHP and health

sector EDPs. The second day was framed for officials of federal hospitals and academic institutions. The pre-NJAR meeting was effective in discussing progress and exploring existing challenges and issues affecting the delivery of quality services at the respective levels. Hon'ble and State Minister of the MoHP attended, expressing their commitment to address the prevailing challenges to ensure universal access to health care. Discussions and learning from the meeting were captured and presented at the NJAR event (see related powerpoint slides).

A pre-NJAR joint field visit was also organised to better understand the situation at the province and local level and at the health facility level. The schedule of the field visit is attached in Annex 2. The joint field visit was conducted in the three provinces (Province 2, Province 5 and Karnali Province). Following the field visits, observations and findings were synthesized into a consolidated presentation to capture the positive initiatives and continuing challenges.

The pre-NJAR review meetings, provincial reviews, programme specific reviews and findings from the field visit provided the data for the review of the health sector.

DAY ONE:

Inauguration Ceremony

Date	: 4 December 2019 (18 Manghsir 2076 BS) Wednesday
Chair	: Mr. Khaga Raj Baral , Secretary, MoHP
Chief Guardian	: Hon'ble Bhanu Bhakta Dhakal , Minister of Health and Population, MoHP
Guardian	: Hon'ble Nawaraj Raut , State Minister of Health and Population, MoHP
Special Guest	: Dr Manav Bhattarai , Co-Chair, External Development Partners
MC	: Ms. Yeshoda Aryal, Mr. Sagar Dahal, MoHP

The inauguration ceremony was conducted on 4 December 2019 (18 Manghsir 2076 BS) under the chairmanship of Secretary of MoHP, Mr. Khaga Raj Baral. Hon'ble Minister of Health and Population Mr. Bhanu Bhakta Dhakal was the chief guardian and Hon'ble State Minister of Health and Population Mr. Nabaraj Raut was the guardian of the ceremony. The inauguration program started with the playing of national anthem of Nepal.

A welcome speech and program introduction was given by Chief of HCD, MoHP Mr. Mahendra Prasad Shrestha. Welcoming the participants, he said that the National Annual Review (NAR) and review meeting had been merged to form National Joint Annual Review (NJAR) meeting. He stated that the ultimate objective of the meeting was to fulfill the national mission of "Happy Nepali and Prosperous Nepal". He further said that the meeting aims to discuss partnerships in health sector. Quoting an Israeli scholar, he said that people are the most important resource of any country, and that education and health are vital for uplifting the quality of life of people. He urged us to focus on improving the quality of health and education for the development of the nation.

In this light, he added that the NJAR meeting focuses on the sector-wide review of achievements, priorities, challenges, lessons learnt and way forward. Finally, he concluded by welcoming everyone and wishing their meaningful participation in the programme. After the welcome and introduction speech, the program was officially inaugurated by Hon'ble Minister Bhanu Bhakta Dhakal, by lighting the *panas* (traditional oil-lamp).

I. Health Sector Progress in the Federal Context

Session title	: Health and Population sector progress
Key focus	: <ul style="list-style-type: none">• NHSS outcomes and SDG indicators• MoHP's APWB FY 2075/76• Aide Memoire• Key findings of the NHSS MTR• Key achievements, issues, challenges and possible future actions
Presenters	: <ul style="list-style-type: none">• Dr. Bikash Devkota, Chief, PPMD, MoHP• Dr. Roshan Pokharel, Director General, Department of Health Services• Mr. Pan Bahadur Chhetri, Acting Director General, Department of Drug Administration• Er. Manik Ram Gelal, Deputy Director General of Department of Urban Development and Building Construction• Dr. Shyam Babu Yadav, Acting Director General of Department of Ayurveda and Alternative Medicine• Mr. Ramesh Kumar Pokharel, Executive Director of Health Insurance Board

Presentation 1: Chief, Policy, Planning and Monitoring Division

Chief of Policy, Planning and Monitoring Division of the MoHP, Dr. Bikash Devkota provided an overview of the health sector progress in 2018/19 focusing on Nepal Health Sector Strategy (2015/2016-2020/2021). Progress on NHSS Goal Level Indicators with Key Initiatives which included highlights of:

- Policy and Program of 2075/76 (2018/19)
- Budget Speech of 2075/76
- National Annual Review 2074/75
- Progress by NHSS Outcomes
- Progress on Aid Memoire of previous year
- Highlights of the NHSS MTR

Table 1. Goal Level Indicators; Targets as per NHSS and SDGs

Goal	Indicator	Target 2020	SDG Target2030
G1	Maternal mortality ratio	125	70
G2	Under five mortality rate	28	20
G3	Neonatal mortality rate	18	12
G4	Total fertility rate	2.1	2.1
G5	% of children under age 5 years who are stunted (~2SD)	31	19
G6	% of women aged 15-49 years with body mass index (BMI) less than 18.5	12	
G7	Life lost due to road traffic accidents (RTA) per 100,000 population	17	
G8	Suicide rate per 100,000 population	14.5	14.5
G9	Disability adjusted life years (DALY) lost: Communicable maternal, neonatal & nutritional disorders; non-communicable diseases; and injuries	6738953	
G10	Incidence of impoverishment due to OOP expenditure in Health	Reduce by 20%	

The key interventions and initiatives of the MoHP in each of these ten goals are listed below:

- For goal 1 on decreasing MMR, the initiatives include *Aama Surakhsya* programme, safe abortion, expansion of safe motherhood programme and strengthening the evidence base for QoC through surveillance systems as maternal death surveillance and response system (MPDSR);
- For goal 2 and 3 on decreasing childhood mortality (both under-5 mortality and neonatal mortality), the targeted initiatives include increasing availability of vaccines (11), continuation of free newborn care programme and expansion of Special Newborn Care Unit/Newborn Intensive Care Unit in provincial hospitals, integration of maternal and child health programs (CB-IMNCI program, CEONC, SBA) and including introduction of a new rotavirus vaccine for children;
- For Goal 4, total fertility rate (TFR); with the TFR of 2.3 in 2016, Nepal is closer to the 2020 target of 2.1; the ongoing family planning programme is the major interventions in this regard;
- For Goal 6, nutritional status of women (15-49 years), key initiatives to promote nutrition include: establishment of breast feeding rooms at more than 500 strategic locations; plans to establish breast feeding rooms at each health facility; National Nutrition Strategy and Adolescent Nutrition Guideline; and Development of Comprehensive Nutrition Specific Intervention package for capacity building of health workers and FCHVs;
- For Goal 7, life lost due to road traffic accidents (RTA), there have been increasing rates of accidents and death, with statistics of 8 people dying due to RTA every day; key interventions include establishment of trauma centers and units in strategic locations

- For Goal 8 which is related to suicide; there is a statistic of 16 people committing suicide every day; community based initiatives, psychological counselling and treatment services for those with mental health problems are being implemented;
- For Goal 9 on Disability Adjusted Life Years (DALY) lost, key initiatives include implementation of Impoverished Citizens Treatment Fund, establishment of NCD and Mental Health Section at EDCD, provision of establishing primary hospital in each local level, upgrading of hospital and strengthening health academy;
- For Goal 10 on impoverishment due to OOP expenditure (OOPE) on health, key interventions include social protection schemes and health insurance program that has been rolled out to reduce OOPE in health. The Health Insurance program has expanded from 46 to 49 districts.

Highlights of the Policy and Programmes of FY 2075/76 (2018/19) presented include:

- Ethics of health workers and clinicians towards patient's/service users;
- Emergency surgery and trauma management services in health facilities;
- Ensure safe disposal of hospital waste;
- Use of modern communication technology in health care;
- Expansion of health insurance programme;
- Maternity care services from pregnancy period;
- A minimum of one health facility in each ward;
- Availability of essential drugs free of cost in all health facilities;
- Construction of Bir Hospital, establishment of modern diagnostic centre, kidney treatment centre, and treatment of sickle cell anaemia;
- Self-reliance in pharmaceutical production - basic medicines;
- Extended health services (EHS) in 100 bedded and above hospitals;
- Mobile hospital service in coordination with private medical colleges;
- Establishment of tertiary level hospital and medical academy in each province.

Highlights of the Budget Speech of FY 2075/76 (2018/19) presented include:

- Expansion of health insurance programme;
- One health center in each ward within the next two years. Budget allocated for construction of health facilities in 1200 wards of municipalities (where there is no health facility) in the first phase.
- Ensure availability of free medicines;
- Initiation of construction of Bir Hospital in new site; establishment of State-of-the-art medical laboratory and kidney treatment center in Kathmandu; treatment of sickle cell anemia;
- Availability of at least one medical doctor in all health centers;
- Promotion of self-reliance in production of essential medicines;
- Extended health services and establishment of Geriatric wards at hospitals with more than 100 beds;

- Organization of mobile health camps with specialist doctors.

Highlights of and since the last Annual Review (2017/18) with focus on its key issues and challenges include:

- Increasing incidents of NCD;
- Functionality of BC, B/CEONC;
- Weak mechanism for quality assurance;
- Health sector capacity at the local level;
- Vacant position of health staff, in particular specialized doctors;
- Ongoing staff adjustment process;
- Incomplete and delayed reports from health facilities to HMIS and LMIS;
- Low reporting from private facilities;
- Inadequate availability of recording and reporting tools for HMIS & LMIS;
- Finalization of health structures – need to update the organogram as per federal structure;
- Sequencing of Policy, Act, Regulation;
- Unclear on governing structure of hospitals at different levels;
- Delay in procurement and supply;
- Need for improved mechanism for supply chain management;
- Inadequate storage capacity at province and local level;
- Poor maintenance of medical equipment;
- Mismatch of budget: Hospital budget at local level and local level budget at provincial level;
- Too many activities under conditional grant;
- Scattered health financing schemes.

Progress against NHSS Outcomes

OC1: Rebuilt and Strengthened Health Systems: Infrastructure: Retrofitting work in progress in Bhaktapur Hospital and in Pokhara Hospital, establishment of one health facility per ward through allocation of budget for 1200 wards, **HRH:** staff adjustment of about 27,500 staff done by October 20, 2019 and development of guidelines for placement of midwives in hospitals. **Supply Chain Management:** Procurement Improvement Plan is prepared and endorsed by MoHP, Nepal Health Sector Public Procurement Strategic Framework (NHSPPSF) is prepared, TSB of various drugs and equipment have been prepared and uploaded in the DoHS web site assessment of eLMIS roll out was also conducted.

OC2: Improved Quality of Care at Point of delivery: Progress achieved includes, enactment of Public Health Service Act 2018; drafting of Public Health Service Regulations; development of Minimum Service Standard (MSS) for all levels of health facilities and its implementation in progress; and finalization of BHS package.

OC3: Equitable Distribution and Utilization of Health Services: Progress to date includes deployment of specialist doctors who studied under the GoN scholarship program in the duty stations, expansion of health insurance programme, increased utilization of Deprived Citizen's Fund, expanded service of care of the elderly services, and Social Service Units and so on.

OC4: Strengthened Decentralization Planning and Budgeting: Progress to date includes: handing over of institutions like D/PHOs, hospitals, regional directorates, medical stores to province governments; establishing health facility in each ward; implementation in progress; programme implementation guideline developed for province and local levels; and increased allocation of budget to the sub national governments (40% to 49%)

OC5: Improved Sector Management and Governance: Progress to date includes: endorsement of national health policy; endorsement of Safe Motherhood and Reproductive Health Rights Regulation; Approach Paper for the Fifteenth Plan developed; drafting of guidelines on Gender Equality and Social Inclusion; and the Health Partnership and Nepal Health Sector Financial Management Strategic Framework. Similarly, audit queries have been reduced from 7.01 to 4.77 in FY 2018/19.

OC6: Improved Sustainability of Health Care Financing: Progress to date includes: GoN budget allocation to health sector: 4.3 to 4.5%, (NHSS target: 9%); health insurance programme implemented in 49 districts and approximately 2.3 million people have been enrolled (which is around 8% of the population); and Health Financing Strategy on progress.

OC7: Improved Healthy Lifestyles and Environment: Progress to date includes: Mental Health Section set up at EDCD as per the new organogram; *Nagrik Aarogya* Program conducted in all provinces and local levels promoting active lifestyle through *yoga*, meditation and healthy diet; implementation of the Package of essential NCDs (PEN) expanded to 30 districts; School health/nurse program is expanded in coordination with respective provinces and local levels.

OC8: Strengthened Management of Public Health: Progress to date includes: "Health Desk" established in 8 custom offices for International Health Regulation including at International Airport and success in controlling Dengue outbreak. Provincial Health Emergency Operation Centre (HEOC) established in Gandaki, Karnali and Far West Provinces. Emergency Medical Deployment Teams formed in the existing six designated hub hospitals of the Kathmandu valley, with EWARS system is now operational in all 77 districts and integrated in DHIS 2 platform. Some documents have also been developed, such as National Malaria Treatment Protocol 2019, National Malaria Surveillance Guidelines 2019, National Guidelines of Prevention, Control & Management of Dengue in Nepal 2019, A Guide to Early Warning and Reporting System (EWARS) 2019, LLINs Distribution Report-2019, and National Guidelines on Kala-azar Elimination Program 2019 to name a few.

OC9: Improved Availability and Use of Evidence in Decision making processes at all levels: Progress to date includes: almost all (99%) facilities reported electronically to HMIS. 100 % local government reported electronically to HMIS and on-time reporting from facilities increased from

18% to 41%. 20% of facilities themselves reported electronically while others reported through their parent organization (Palika/Province). Though the overall reporting status was relatively improved, challenges remain in terms completeness and timeliness of the reporting.

Progress on Aid Memoire was also presented which is enclosed as an annex. Similarly, key recommendations of the NHSS MTR were also presented which include: strengthen legislative/regulatory framework covering accountabilities of all governments; service expansion; capacity building to ensure equitable distribution and quality of care; strengthen multi-sectoral coordination among line ministries; and develop the next health sector strategy taking SDG as base.

Presentation 2: Director General, Department of Health Services

Director General of Department of Health Services (DoHS) under MoHP, Dr. Roshan Pokharel presented on the trend of major health indicators, financial progress and issues at DoHS. He also displayed charts on comparative performance of all seven provinces.

Annual Progress by Programs

- HMIS Reporting Status: Reporting status decreased due to the low reporting from private sectors and hospitals.
- HMIS on time reporting in the current (2076/77) Fiscal Year in comparison to the first 3 months (Shrawan to Ashoj) of the last (2075/76), significantly improved from 18% to 41%
- LMIS reporting status reduced to 72% in 2075/76 from 77% in 2074/75.

Family Welfare, Immunization: 73% of the children are fully immunized in Nepal in 2075/76 and further discussion is needed on why it has not reached grass roots levels. **Nutrition:** Data shows that incidence of diarrheal diseases is on rise although growth monitoring is sees positive improvements. Therefore, it is thought there are weaknesses in treatment. **IMNCI:** ARI, Incidence of Pneumonia under 5 years' children (per 1000) has reduced to 83 in 2075/76 from 87 in 2074/75. **Safe Motherhood:** ANC visits have remained almost constant, whereas institutional delivery has been increasing overall.

Aama Review: Data shows that there has been rapid rise in births with assistance of a skilled birth attendant after the introduction of Safe Delivery Incentive programme and Aama programme in the Terai and Hill. However, this number remains lower in mountain areas. Distance affects utilization among the poorest women. For the top three wealth quintiles, about 20% of deliveries take place in private facilities.

Some recommendations from the Aama Review include: maintaining free Aama components until the end of SDG 2030; doubling the transport incentive in local government areas in the mountains where there are low rates of health facility delivery due to prohibitive transport costs; including free emergency referral for transport in the Aama Programme until the end of the SDGs 2030; revising implementation model in private sector, continuing rapid assessment, and report through

a management note with direct feedback to relevant health facilities, including the possibility of de-listing.

Family Planning: The number of women currently using contraceptives has remained constant at 41%. Some of the key initiatives include: Vitamin A supplementation to children and women, vaccination to children and women (TD) and introduction of Immunization Card, Rota Vaccine Introduction in NIP and Family Planning services.

Disease Control: Malaria trend in Nepal has reduced. However, there has been increasing prevalence rate of leprosy after the declaration of elimination at the National level in 2010. Dengue cases have become very high in recent years. Some of the key initiatives to address this includes: EWARS sentinel's sites expanded from 82 to 118; preparation of National Guidelines of Prevention, Control & Management of Dengue in Nepal 2019; Guide to EWARS 2019; Leprosy Operational Guideline, 2019; and National Malaria Treatment Protocol, 2019.

Tuberculosis: TB case notification rate (per 100,000 population) has reduced to 95 in 2075/76 from 108 in 2074/75. Key Initiatives include: Development of National Strategic Plan of National Tuberculosis Programme for the period of 2021 to 2025 at federal level; expansion of Gene Xpert sites at provincial level; and Community mobilization for presumptive TB screening and Referral at local levels. Suggested action on the way forward includes: targeted intervention for identification of new cases; prevention of transmission and management of affected people; prioritize "test, treat and retain" approaches in collaboration with communities; and minimize dependency on foreign aid.

Laboratory Services: Key achievements include bird flu test rolled out for the first time in Nepal and initiation of laboratory accreditation and lab based sickle cell surveillance.

Major Issues of FY 2018/19

Human Resource: Specialized doctors' posts are not fulfilled, there is inadequate number of skilled health workers (SBA, Anesthetic Assistant, Radiographer, and Lab Assistant) and no reserve pool system for replacement of staff on study or special leave. **Procurement and Supply Chain Management:** Key issues include delay in procurement and supply due to insufficient coordination among different governments, limited storage capacity at different levels and expansion of e-LMIS at facility level. **Integrated Health Information Management:** Key issues include online reporting of HMIS, LMIS, and EWARS (Incomplete and untimely), internet connectivity in all local bodies and monthly meeting, data verification and annual review program in provincial and local level.

Presentation 3: Deputy Director General, Department of Urban Development and Building Construction

Deputy Director General of Department of Urban Development and Building Construction (DUDBC), presented on the status of building construction of health institutions. He began with

the status of health building construction projects at DUDBC since FY 2075/76. In the following table, he presented the overall progress of the construction of health-building for which budget was allocated in the FY 2075/76:

Table 2. Progress status of the construction of health facilities

Construction Group	No of Projects	Designing / Estimating	Tendering/ Evaluation	Under Construction	Near to Completion	Work Completed
BEOC/CEOC/CAC	1			1		
Birthing Center	18	1		1	4	12
Hospital (District/Zonal/Regional Hospital)	54	17	5	23	4	5
Health Post	565		1	150	153	261
Miscellaneous (Maintenance, Retaining/Compound Wall, Landscaping)	1					1
Office Building/Medical Store/OT	2					2
Post Martum House	0					
PHCC	34	4		6	12	12
PHO	8			2	2	4
Quarter	68	3	1	8	19	37
Training Center	1					1
Total	752	25	7	191	194	335

Only 89 'sick' projects were identified out of 229 projects, following a redefining the meaning of problematic project. A mobile app was developed that provides comprehensive information on buildings. A web-based Health Building Information Management System was also developed to support this initiative.

Table 3. Status of 524 projects with budget allocated for the FY 2076/77

Construction Group	No of Projects	Designing / Estimating	Tendering/ Evaluation	Under Construction	Near to Completion	Work Completed
BEOC/CEOC/CAC	1					1
Birthing Center	11	1		1	3	6
Hospital (District/Zonal/Regional Hospital)	52	16	5	24	4	3
Health Post	389	5		113	120	151
Miscellaneous (Maintenance, Retaining/Compound Wall, Landscaping)	0					
Office Building/Medical Store	2					2
Post Martum House	0					
PHCC	26	4		5	11	6
PHO	5			2	2	1
Quarter	37	4	1	3	18	11
Training Center	1					1
Total	524	30	6	148	158	182

Table 4. Status of Ayurveda projects with budget allocated for the FY 2076/77

Construction Group	No of Projects	Designing / Estimating	Tendering/ Evaluation	Under Construction	Near to Completion	Work Completed
Ayurved Health Centre	4	2		1		1
Ayurved Health Post	26	7	2	6	8	3
Ayurved Hospital	2			2		
Pharmacy	2	1		1		
Total	34	10	2	10	8	4

Issues that need to be immediately addressed include assurance of cash flow of already constructed buildings and management of budget for retrofitting of two hospitals under Integrated Health Infrastructure Development Program and Ayurveda services.

Presentation 3: Acting Director General, Department of Drug Administration

Acting Director General of Department of Drug Administration (DDA), Mr. Pan Bahadur Chhetri, presented on the status of drug administration.

Some key achievements in FY 2075/76 include 3,404 pharmacy inspection (this exceeds the target of 2913), 1018 sample analysis (against a target of 1000), 30 laboratory inspections (achieved target) and full accomplishment of training on Rational Drug Use & AMR and Training on Legal Procedures to Drug Inspector. Almost the full budget as allocated was expended by the DDA, a total of 413 lakh NPR, 99.44% of total allocated budget. Key interventions included development of mobile app for Nepalese national formulary, initiation of Online PMS, and nationwide transmission of a radio jingle on rational use of antibiotics, this was developed in 8 languages.

Key issues and challenges that remain include: illegal pharmacy; infiltration of unregistered medicine due to open border; challenges in interdepartmental coordination; need for clearly defined structure and presence of DDA at central, provincial and local level government in the changing context of federalization; regulation of health technology products (HTP); and need for the revision of Drug Act, introduced in 2035 BS (1978 AD).

Presentation 4: Acting Director General, Department of Ayurveda and Alternative Medicine

Acting Director General of Department of Ayurveda and Alternative Medicine (DoAA) under MoHP Dr. Shyam Babu Yadav presented the review of the six institutions under DoAA, including 76 service outlets in all seven provinces. A total of 1,576,063 services have been provided under various programmes including OPD, *Stanpayee*, *Jestha Nagarik*, *Purvakarma*, *Gaun Ghar Clinic* and *Swastha Sibir* programmes.

Some of its key interventions include: development of standard for storage of herbs; development of manual for Snehana and Swedana; preparation of brochure related to NCDs (DM, HTN/Arthritis); Nagarik Arogya program conducted in 7 provinces; Development of Ayurveda HMIS based on DHIS2; Alternative Medicine Strengthening Program and Ayurveda Health Education at School Program.

Some of the key issues and challenges that remain include: disturbance in flow of information; management of traditional healers; their knowledge and preservation of Intellectual Property Rights; patent of management of traditional healers; their knowledge (TMK), implementation of Master Plan of proposed National Ayurveda, Panchakarma and Yoga centre, Budhanilkanta; policy decision for establishment of Provincial Ayurveda hospitals in all provinces; and expansion of Ayurveda institutions (Remaining 499 local levels have no Ayurveda institution). Some of the key initiatives to address these challenges include Swasthya Jeevan Shahelee program, Nagarik Arogya Program extended to all communities, school Ayurveda and Yoga Health Program.

Some priorities for future include expansion of Ksharsutra, yoga, Panchakarma, acupuncture services in DAHC, involvement and mobilization of Ayurveda HR in national health programs, expansion of school yoga and Ayurveda health programs for prevention and management of NCDs, price determination of Ayurveda medicines, establishment of Traditional Knowledge Digital Library (TKDL), implementation of master plan of proposed National Ayurveda, Panchakarma and Yoga Centre for promoting Health Tourism; expansion of Ayurveda institutions (at least one in every local level) and establishment of linkage between Ayurveda Health services and Health Tourism.

Presentation 5: Executive Director, Health Insurance Board

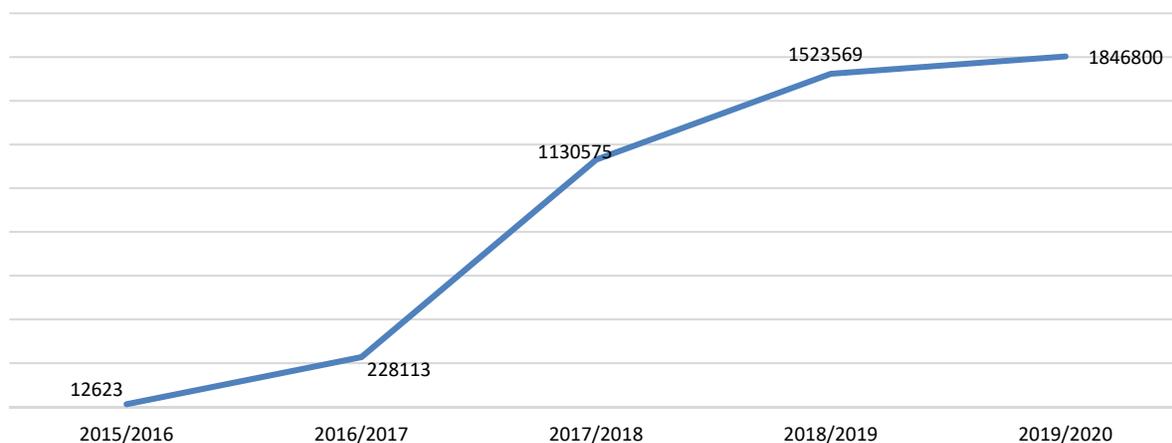
Executive Director of Health Insurance Board (HIB) Mr. Ramesh Kumar Pokharel presented on health insurance in Nepal, its recent status, issues and strategic direction. A family-based and contributory social health insurance program was formally launched on July 2016, piloting from Kailali. At present, it covers 49 districts and 479 municipalities. Core objective of the health insurance is to ensure access to quality health service to all, protection from financial hardship, reduce out-of-pocket expenses (currently around 55%) and build capacity and ownership of service providers.

The foundation of the health insurance ensures private and public services providers are involved in the scheme, to ensure family-based contribution, provider and purchaser split, as well as subsidy to poor and targeted populations. HIB's organizational set-up is divided into 3 bodies: the decision-making authority, core divisions, and province and district administration. There are 104 enrollments officers and 32,000 enrolment assistants at district level, 70 employees at province level and 44 employees at federal level.

The contribution amount is NPR 3,500 per year for a family of up to 5 members, with NPR 700 for every additional family member. There is a provision of 100% subsidy for families that are considered ultra-poor, HIV affected and elderly population. The benefit package covers promotive, preventive and curative services, as well as outpatient, inpatient and emergency cares in both public and private health facilities. The benefit ceiling is NPR 100,000 per year.

Data captured up until 2 December 2019 shows that 18% of the population of 49 districts are covered by the insurance with percentage of coverage being 52.3% female, 47.6 % male and

0.01% others. Similarly, Active Enrollment Trend (data captured until 02 December 2019) can be explained from the table below:



Data shows that service coverage has drastically risen to 845,898 in 2018/19 from 233,238 in 2017/18, with total premium collection of 2.9 billion and total reimbursement of 3.8 billion, indicating concerns towards sustainability of the program.

Some of the main concerns towards implementing the program include lack of a clear road map, highly fragmented programs and quality of services, need for sustainable financing strategy, infrastructure and capacity building, incomplete legal frames and SOPs, autonomy of HIB, weak foundation of HR and no O&M, expectation and delivery gap, low coverage of ultra-poor and lack of formal sector enrollment.

Some of the positive steps that have already been initiated to address these concerns are: provider guideline approved by board and implemented for empanelment; frequent coordination with ministry and relevant stakeholders; gradual improvement in infrastructure and access to health services; systemic reforms in the internal control of the board; and more functional coordination committees at different layers.

Some of the strategic directions taken include approval of O&M and recruitment of adequate employees on a short-term basis, stringent regulatory norms to HI based on performance incentives by MoHP on a mid-term basis, and entire health insurance services to be brought into the domain of HIB respectively on a long-term basis.

Highlights of the Floor Discussion

The discussion was mainly on the following themes

- The Aama Surakshya programme cannot effectively reach the poor and how can it be made more equitable in future.

- The issue was raised regarding the duplication of programmes related to vector borne disease. There is low involvement of partners in vector borne diseases such as dengue, the government was requested to ensure more participation of partners in addressing the concerns of vector borne diseases.
- Concern was raised about the lack of basic health infrastructures in Province 5 and suggestions were that there should be more coordination between central and province government, and that the federal government should support the province government with basic equipment and infrastructure.
- Participants also raised a concern that the hospital claiming system for the fund under the health insurance is very complicated. They also wanted to know whether there have been follow-ups on the impact of the health insurance programme on the poor? It was also suggested that health insurance should pay more attention to make it responsive towards the treatment of the needy people.
- Concerns of the FCHVs was also brought in the discussion that allocated budget was not sufficient and not properly planned

II. Opening Remarks by Chief Guests

Remarks by Hon'ble State Minister of Health and Population

Hon'ble, State Minister of Health and Population urged an increase in budget expenditure in health from 80% to 100% in next budget cycle. He further said that since health and education are crucial for the nation, the ministry is open to make changes in policy and programmes as required, in response to relevant recommendations. He also emphasized the need to organise awareness programmes. However, he pointed out the need for infrastructure development programmes, along with awareness programs. Therefore, thanking all donors for their various forms of support, he requested them to focus on infrastructure development projects, along with awareness programmes. He further added that there have been many technical problems in building construction and the pace of construction is also not as expected. To address these, the government has introduced strict measures, especially related to contractors. He emphasised that it is necessary to identify contractors who do not carry their responsibilities properly and take action against them. Finally, he reiterated that attention of the government should be drawn towards any concerns related to health, and the government is ready to welcome suggestions from the people.

Remarks by Hon'ble Minister of Health and Population

Hon'ble Minister stated that NJAR had been organised to reflect upon what had been done in the past, what challenges had to be faced and what achievements had been made, in collaboration with government and external development partners. He emphasized that everyone needed to minimize adverse effects on work due to weaknesses and delay in decision making. He also committed that any weaknesses from the government side would not be repeated.

He added that there have been many positive achievements despite the challenges and deprivations. He assured the audience that concerns raised during the NJAR would be addressed by the government, including issues regarding lack of human resources within health sector and issues of staff adjustment. He also assured donors that the government and MoHP are ready to make the partnership more transparent and accountable. He expressed commitment that MoHP would try its best to ensure equal access to opportunities and respect the public sentiment of including the local levels while implementing programs in future.

He further assured that MoHP would work to address serious concerns in health sector and provide a safe and healthy environment for people. He further added that MoHP wants to spread positive achievements not only among people, but also among external development partners, so that they could spread a positive message about Nepal in their respective countries. He said that although Nepal has made significant achievements in the sector, we should not be satisfied with that, and therefore requested everyone to partner and contribute from their own sectors towards the development of health sector in the country.

III. Health Sector Progress: Provincial and Local Perspective

Reflection from Pre-NJAR Field Visit: Issues, Challenges and Future Actions

Mr. Deepak Karki from DFID, on behalf of visiting teams presented on the reflection from pre-NJAR field visit in Province 2, Province 5 and Karnali province, focusing on the major issues, challenges and future actions.

Some of the key observations from the visit were: positive developments in provincial levels; Health Policy 2076 endorsed by Karnali province; Hospital Development Committees established and oriented (Karnali province); improved and organized annual planning and budgeting exercise in Province 2, Province 5 and in Karnali province. Similarly, clean and well-managed health facilities in Palpa and Jajarkot, implementation of Organisational Capacity Assessment Tool in some of local levels in province 2, province 5 and Karnali and almost 100% reporting from health facilities.

Some of the major challenges seen in the provinces include still fragmented conditional budget, push of some essential “free drugs” to districts rather than being based on need, weak quality assurance of drugs as only based on visual inspection of packages, delay in fulfilling vacant posts, limited senior level human resource (Province 2 and Karnali), problems on timeliness of the reporting and lack of clarity on who should be procuring what type of drugs among local, provincial and federal governments.

Some of the new initiatives introduced include zero maternal deaths and zero home delivery, free ambulance service with GPS tracking, and top-up salary of at least 75% of additional salary to medical doctors in Karnali province. But he also noted that some maternal deaths were not being reported by facilities because they died close to arrival at the facility. It is important that all deaths

at a health facility are reported as such. That way lessons can be learned to improve referrals and avoid further maternal deaths.

Finally, some of the recommendations given by the team for future directions include: frequent dialogue among federal, provincial and local levels; ensure availability of human resource; quality of care; implement evidence based planning based on population and context, and establish Help Desks where issues can be registered and processed.

Presentation 1: Local Level Reflections

Gyanendra Subedi, Mayor of Belbari municipality of Morang district made a descriptive presentation on behalf of the Local Level based on key points of the discussion among the representatives of selected Local Level. From the perspective of physical infrastructure, three buildings have been completed in Belbari, a hospital has been operated in Dhangadhimai municipality of Siraha, but equipment and furniture are still to be managed. From the perspective of human resource, the policy of Right Man Right Place has been put in place, and local monitoring has eased the process of employee management.

Some of the major challenges include lack of nursing human resource, insufficient budget in municipalities as well as unequal budget distribution, lack of training, inconvenience caused due to delay in staff adjustment process, and lack of information on medicines to be provided by provinces. He pointed towards the need to make the Local Level more responsible and to address behavior problems among health workers.

As a way forward for future, he suggested that there should be more policy level clarity, behavioral training for health workers, transportation allowance of NPR 5000 to poor citizens with serious diseases, rapid response team formation, health contingency plan, and special focus towards human resource development and technical knowledge.

Presentation 2: Provincial Level Reflections

Dr. Guna Raj Awasthi from Far-Western Province, on behalf of provincial governments, outlined the major achievements, issues/challenges, expectations and way forward from provincial level. In terms of infrastructure, there have been investments, however there are challenges such as mismatch between standard design and resources, inadequate staff quarter, old/weak infrastructure, unequal population and hospital bed ratio, therefore standard design should be developed/customized as per ecological belt/situations.

In terms of human resources, the gap of human resources has been managed, scholarships are provided to 10 MBBS students in SP province, contractual staff has been managed, and school nurses have been mobilized in schools. However, there is still inadequate human resource, most positions are not fulfilled, there is problem of post mortem facility in most of hospitals and no provision of dietician and similar posts in provincial hospitals. Therefore, there is a need to address the sensitive issues of staff adjustment as soon as possible, as well as execute O&M

survey of province and local level to reflect the need. The MoHP should fulfill vacant posts in all provinces.

In terms of logistics, warehouses are now functional for supply chain management. There has been inter-province supply and support, procurement of Vitamin A and assessment and forecasting of medicines, equipment and supplies are going on. However, challenges still remain, such as some key commodities are out of stock at service delivery sites, and there is lack of clarity on role of federal, provincial and local levels related with procurement. Therefore, Provincial Logistic Management Center should handle all major provincial procurement of hospitals and Management Division should facilitate the process of developing/using specification bank at provincial and local level.

In terms of planning and budgeting, all levels of government have their own annual health plan and budget. However, there is still delay in release of budget from federal level. There is a need of engagement of provincial political leaders in the budget process regularly.

In terms of service utilization and quality, MSS has been implemented in most hospitals, a manual has been developed for Panchakarma and Ksharsutra. There is a need for MSS to be rolled out to all facilities. QA systems and mechanisms need to be developed for both public and private sectors and insurance claim provisions and coverage entitlements need to be updated. Complicated process for the insurance claims are also one of the major challenges.

In terms of health sector financing, provincial allocation of budget in the health sector is not enough, so federal health investment as committed in the health policy should be ensured.

In terms of health governance, some of the achievements include the orientation of health programmes to elected bodies at local levels and inclusion of local level officials in the management committee of provincial hospitals. However, there are still challenges such as lack of clarity on coordination with EDPs and among governments and frequent change in the organogram. Therefore, there is a need for clarity on the role of three layers of government and engagement strategy with EDPs along with frequent consultative meetings between province, federal, and local level. A separate ministry for the health and education sectors in provinces is suggested.

In terms of information management and use, electronic health records have been initiated in selected hospitals, however, reporting on time is an issue. Therefore, DHIS2 training to all health facilities and *palikas* are needed, where necessary. In terms of healthy lifestyle and environmental health, different health promotion programmes have been initiated. However, there is a need for customized review of the needs for improving healthy lifestyles and environment health.

Local and Provincial Level Reflections: Panel Discussion

A panel discussion on reflections from local and provincial levels was held among representatives from local and provincial levels, and was moderated by Mr. Sagar Dahal and Ms. Yeshoda Aryal of the MoHP.

The following personalities were the panelist of the panel discussion:

- Mr. Bir Bahadur Rai, Secretary, MoSD, Province 1
- Mr. Bharat Mani Subedi, Secretary, MoSD, Province 2
- Mr. Gopi Khanal, Secretary, MoSD, Province 5
- Mr. Man Bahadur BK, Secretary, MoSD, Karnali Province
- Mr. Gyanendra Subedi, Mayor of Belbari Municipality
- Mr. Shiva Raj Bhatta, Ward Chair, Dadelhdura
- Mr. Gajendra Nath Sharma, Chief Administrative Officer, Dhangadhimai municipality, Siraha

Referring to the functional unbundling of responsibilities and rights in the new political structure, Sagar Dahal asked if this new structure is appropriate and if not, where it should be corrected. Mr. Man Bahadur BK from Karnali province said that there are three aspects in policy level, which guides the health services of Karnali province. He further said that they have done restructuring for a unified health service, the province hospitals have been developed as 50 bedded hospitals. Since the provincial service providers are scattered, they are focusing on unifying the system and restructuring roles.

Mr. Bharat Mani Subedi from Province 2 said that since Province 2 occupies 20% of the total population, although its total geography is only 5%, all 8 districts of province 2 can be easily reached, but its large population makes the restructuring difficult. Thus, he opined that province 2 doesn't need to unify and that the current structure is good for the province; it is now focusing on re-strengthening the existing structure.

Mr. Gopi Khanal Province 5 opined that the restructuring process is still not technically completed and organizations should not develop in a way that the current government cannot sustain it. He therefore, supported that restructuring is important in health sector.

Mr. Sagar Dahal asked whether the current provision of deploying two people at the municipal level is appropriate. Mr. Gajendra Nath Sharma from Dhangadhimai municipality said that there are two to three staff deployed municipal level now, which creates problems in following orders and chain of commands.

Mr. Shiva Raj Bhatt from Dadelhdura said that it is the responsibility of local representatives, to play a monitoring role to ensure that staff at local levels are performing their duties well. He further said that the existing human resource at local levels is not sufficient.

Ms. Yeshoda Aryal questioned regarding how the coordination between province and local levels be increased. Bir Bahadur Rai from Province 1 opined that all three levels of government should work for the people, and that is the philosophy that guides the new structure. Although health issues are different in different provinces but the overall goal is same. The federal government should play a facilitative role to ensure effective works also at provincial and local levels.

Mr. Gyanendra Subedi from Belbari municipality pointed towards the need to do necessary homework for coordination and collaboration, which has not yet been done, in both health and other sectors. He also raised concerns saying if we do not start now, it may be too late, and even drew attention of the central government towards it.

Ms. Yeshoda Aryal also asked if forums like NJAR could also serve as a platform to discuss this coordination. Mr. Gajendra Nath Sharma from Dhangadhimai said that the NJAR was not an issue for such discussions. He emphasized that such discussions should be held at the implementation level focusing on the specific functions that they need to perform. Since policy and legal documents are still being developed, there is not clarity on many areas. He suggested that coordination meeting at the province level could serve as a platform to clarify the issues and find way out.

Remarks by Secretary, MoHP

Secretary of MoHP and Program Chair, Mr. Khaga Raj Baral, opined that the main concern of the moment is moving ahead on the road of federalism. He pointed out that there needs to be clarity regarding many issues in health sector including deployment of MBBS students, roles of academic Vice Chancellor, and many others. He said that the problems that have not been resolved, should be addressed by MoHP. He stated that we, in general, need to change our mindsets and adopt our good practices such as yoga and meditation to improve our health status. He further emphasized the need to change the model of development, build infrastructures in health sector and establish 24-hour services for the major services such as emergency care and delivery care. He also emphasized the need to enhance the capacity of human resources to make them competent and provide quality care.

DAY TWO

The second day of NJAR focused on the following agenda:

- Reflections from federal hospitals, private hospitals and health academies
- Reflections from Councils
- Good Practices in Hospital Management
- Reflections from Development Partners' support and alignment to the sector priorities
- Lessons learnt in health sectors to inform decisions

Session	:	Reflections from federal hospitals, private hospitals and health academies
Presenters	:	<ul style="list-style-type: none">• Federal Hospital• Health Sciences Academies• Private Sector Hospitals
Session	:	Reflections from Councils
Presenter	:	Dr. Bhagwan Koirala

I. Reflections from Federal Hospitals, Private Hospitals and Health Academies

Presentation 1: Federal Hospitals

Representing the federal hospitals, Dr. Guna Raj Lohani of Koshi Hospital gave a consolidated presentation on Federal hospitals. A total of 2.1 million people were served by 16 federal hospitals which is 7.5 % of total national population. The number of patients has been increasing with approximately 125,000 cases per year. Based on 10 hospitals' data, average number of major surgeries per hospital per year was 2,264 in the last fiscal year. Some examples of the new initiatives taken by federal level hospitals were also shared in his presentation which include:

- Establishment of Hospital Impoverished Citizen's Fund (Bharatpur Hospital);
- Establishment of Oxygen Plant (Bharatpur Hospital);
- Modular OT with live transmission to demonstration hall (BP Koirala Memorial Cancer Hospital- BPKMCH);
- Build, Operate and Transfer Project (BPKMCH);
- Health workers contracted with condition only to work in the hospital (not allowed to work outside) (Koshi Hospital);
- Hospital Cleanliness monitoring checklist and biweekly monitoring (Koshi Hospital);
- Self-sustainability through hospital pharmacy, e.g. substantial surplus made by Manmohan Cardiothoracic VTC;

- "Burning" to "Earning", e.g. income from sale of non-risk waste by Paropakar Maternity Hospital;

Major issues in relation to the management of federal hospitals include:

- Human resource: Inadequate number, significant number of contractual staff, poor working discipline; provision of one doctor, one hospital;
- Infrastructure: Inadequate building and working space, renovation, repair and maintenance);
- Equipment: Inadequate supply, outdated equipment and repair and maintenance;
- Supply chain management: complex procurement process, effectively running hospital pharmacy;
- Information system: recording and reporting data quality (coverage & consistency) challenges in implementing electronic health record, use of the data in decision making;
- Governance: non-compliance to national priority programmes, security of staff and institution;
- Health financing: inadequacy of budget, delay in the release of provisioned budget.

Suggested actions include:

- Standardize basic standards in same category of hospitals such as based on MSS;
- Make the provision of biomedical lab and bio-medical engineer/technician;
- Effective management of the referral system to balance overcrowding and access to health services;
- Standardizing service fees in hospitals;
- Expanding coverage through health insurance.

Presentation 2: Health and Medical Sciences Academies

Dr D N Shah, Vice Chancellor of NAMS delivered a consolidated presentation of academies under the MoHP highlighting their present status, challenges, innovations and way forward.

Summary of the presentation is as follows:

Regarding the academic programmes, National Academy of Medical Sciences (NAMS) and Bir Hospital have been running programs on MD/MS, Certificate, Bachelor and PG Nursing, Bachelor in Medical Imaging Technology and Optometry and Master in Medical Imaging Technology. In contrast to that, there are not any academic programs at Rapti Academy of Health Sciences until now, but Bachelor level medical programmes and MD/MS programmes are in planning phase, along with development of curriculum for B.Sc. Nursing.

In terms of infrastructure, old in-patient building of Bir is not satisfactory and there is lack of hostel, auditorium, staff quarter and recreational facility in National Academy of Medical Sciences (NAMS) and Bir Hospital. Plans have been on-going for construction of new complex with better

facilities in Duwakot, Bhaktapur. In Pokhara Academy of Health Science. There is a need for staff quarters.

In terms of equipment, MRI machines have been recently installed but the CT scan has not been functioning in Pokhara Academy of Health Sciences. All equipment has been functioning well in both BPKIHS and Patan Academy of Health Sciences (PAHS). Only basic equipment is available in Karnali Academy of Health Sciences (KAHS), so there is a need to increase other resources to make it more functional and improve the quality of services.

The examples of some innovations initiated in the academics include:

- Separate OPD for referral patients and senior citizen in National Academy of Medical Sciences;
- Free maternity and neonatal care, expansion of dialysis service, post-mortem building and mortuary freeze, and health care waste management in Pokhara Academy of Health Sciences;
- Community/problem-based learning, Virtual Class Room, and competency-based education in PAHS
- The practice of deputing specialist doctor in different districts by KAHS: Surkhet, Dolpa, Jajarkot, Humla, West Rukum

Similarly issue and challenges highlighted in the presentation are:

- Problems in coordination with MoHP, and OPMCM;
- No uniformity in policy and act governing different academies;
- Inadequate budgetary provision and delay in budget release;
- Weak infrastructure that does not meet the NMC/MEC standard
- Inadequate human resource and equipment;
- Difficulty in starting academic programs in the absence of faculties;
- Health Care Waste Management problems;
- Safety and Security of health workers.

Regarding the future courses of action, following points were highlighted among others.

- Creation of a coordination desk in the MoHP, and OPMCM;
- Implement common policy, act, regulation and guidelines for all academies;
- Provision of human resource as per the NMC/MEC rule and need of hospital services;
- Ensure standard of infrastructure, equipment and human resource as per NMC/MEC;
- Support deputation of faculties and faculty development program

Presentation 3: General Secretary, Association of Private Hospitals in Nepal

Mr. Hem Raj Dahal, General Secretary of APHIN, presented the status, issues, challenges and expectations on behalf of the Association of Private Hospitals in Nepal. In the presentation, he

described the wider coverage of the private sector as private sector has reached the 63 districts of the country. He stated that 365 private health institutions have been introduced to the population with a total bed capacity of 22,000, three times more bed capacity than in public hospitals. Furthermore, private health institutions have been providing direct employment to 1 lakh people while 70% of the patients visit private sector providers for health care.

He also stressed that, although not all the private sector hospitals have uniform provisions, there are social protection schemes implemented and standard wage rate as defined by the government are ensured in private sector hospitals. He further said that private and public health sectors are not competitors, instead they should complement each other. He urged that both these sectors should work together in different issues of common interest such as hospital waste management, disaster and epidemics management among others. He also stated the need to promote identified the emphasised on public private partnership in order to work effectively for the improvement of health sector and peoples' health.

The challenges faced by the private sector such as lack of security, lack of involvement of private sectors in laws made by the government and lack of support in its community-based programmes were also highlighted in his presentation. Suggestion was provided to address the issues and willingness of the private sector to complement the public sector.

Considering the overcrowding of hospitals in the Kathmandu valley, suggestions were provided to move towards establishing satellite hospitals out of the valley. Similarly, concerns were raised from the participants that there is a practice of over diagnosis and prescription for monetary reasons going beyond the medical ethics; and negative repercussions of the commissions/per case incentives that is being practiced quite often in private facilities.

In response to the concerns, Mr Dahal acknowledged that there are some weaknesses and areas for improvement and not everyone is professional and service-oriented. However, he said that it is more of problem in individual attitude rather than in the private sector and informed that APHIN has issued notices to all private sectors to discourage unethical practices.

II. Reflections from Councils

Dr. Bhagwan Koirala, Chair of Nepal Medical Council (NMC), on behalf of the five different health councils of Nepal (NMC, Nepal Nursing Council, Nepal Health Professional Council, Nepal Pharmacy Council and Nepal Ayurveda Council) made a presentation on their key functions, achievements, opportunities, major challenges and game changing initiatives.

The followings are the summary points of his presentations:

- NMC has an important role in quality control of health care services including guidelines, standardization and disciplinary action;
- There are 3 to 12 medical institutions in provinces, excluding Far-Western Province, where there is no medical institution;

- As of November 2019, the number of total registered medical doctors in Nepal has been 26,232;
- NMC has revised ethical guidelines, 2017, is implementing Continued Professional Development (CPD) programme, and has updated faculty list of all medical colleges;
- Large number of (about 80,000) nurses registered in Nepal Nursing Council and more than 7000 people are admitted in nursing programmes every year;
- Revision of different tools such as accreditation, monitoring, feasibility, self-assessment to the all level of education and approval of curriculum for PCL level midwifery education by NNC;
- Online registration system of new applicants and quality control of education of students going abroad through permission letter to eligible prospective students by NHPC;
- Difficulty in Quality Control (QC) of training of professionals for NHPC;
- NHPC has started accreditation of degree colleges, categorization of college as per council requirements, harmonization of syllabus for licensure exam and provision of NOC;
- NHPC has recently issued minimum requirements for Bachelor and Master degree which could be a milestone towards quality control.

Common achievements of all councils include their functioning as regulatory agencies with variable effectiveness and capacity, significant number of healthcare workers being produced and now being quality checked by councils, start of licensing exams by NMC/NNC/NHPC and subject/specialty registration in all councils.

Challenges concerning the regulation of different professionals in the health sector include:

- No health sector specific academic institution so far in Far West Province;
- Aligning the national and provincial rules/regulations since provinces may develop separate rules/regulations;
- Limited capacity to control quality of health care in subnational level;
- Overcrowding of health-related nursing students placed in government hospital as part of their learning;
- Less attention paid by the hospitals in terms of following the defined standards;
- Weak infrastructure particularly for the NHPC and limited number of staff to manage the mandated functions;
- Starting the licensing examination for permanent registration of BAMS applicants and preparing a code of conduct for Ayurvedic doctors by NAC.

Opportunity and way forward:

- Separate the licensing system for PCL and bachelor level for the nursing staff, standardize auxiliary nurse midwife (ANM) program by initiation of licensing system, conduct midwife registration by licensing Exam and run CPD Program for renewal of License;
- Fair distribution of medical colleges throughout the country;
- Creation of Opportunity to enroll/deploy and retain local people in these colleges;

- Dissemination of health services throughout the country;
- Start of general, specialty and subspecialty services throughout the country;
- Focus on Quality health services contributing to healthy population and overall economy of the country;
- Councils need to revise their respective acts in the new federal context, include more authority and responsibility to review the hospital management and take disciplinary actions (together with MoHP);
- Ensure better interactions with the security forces and develop infrastructure for IT based solutions.

Going beyond scope of the councils, Dr. Koirala also highlighted key aspects from the health system strengthening perspective. His suggestions included: making mandatory provision of senior health executives training before assigning with managerial responsibility, and making the budgetary release conditional to fulfillment of certain priority actions. For example, implementing the governmental programmes. Raising concerns over the different malpractices in the health service provision; he urged to stop the practice of providing case/service based financial incentives/commission to the doctors. He further committed that the council would scrutinize the cases and take bold steps if clear evidences of malpractice are found. Finally, he urged that private institutions should make their fees transparent and public.

III. Good Practices in Hospital Management: Panel Discussion

The panel discussion on Good Practices in Hospital Management was moderated by Guna Nidhi Sharma and the panelists included Prof. Dr. Bhagwan Koirala from NMC, Dr. Guna Raj Lohani from Koshi Hospital, Dr. Rajendra Koju from Dhulikhel hospital and Ms. Goma Devi Niraula from Nepal Nursing Council.

Referring to the effective services delivered by Ganga Lal Hospital, Dr. Koirala was asked about major initiatives and strategies that contributed in the overall management of the hospital and improvement in service delivery. To which, Dr. Koirala responded saying that he had been passionate and logically driven to deliver good services. He also said that his experiences of living abroad and teaching for many years had helped him introduced news systems and practices. He opined that if we can win people's trust once, it gives a lot of strength. During the time when Ganga Lal Hospital started, there were not any hospitals specializing in cardiovascular services in Nepal, so as a first-time starter, it gave them a lot of value and scope to serve the needy people. Finally, he pointed towards the need for leadership being consistent in the reform process, with an ultimate goal to provide patient-centred care.

Referring to the good practices initiated by Dr. Guna Raj Lohani in different hospitals, questions were asked about the major challenges to provide quality services in public setting. He responded stating that challenges are always there. Nevertheless, different basic approaches can be initiated to improve the service quality and giving the right responsibility to each member of the team is important. Although public hospitals have been facing resource shortages, many of them could do much better than what they have been performing today.

To the same question, Dr. Rajendra Koju from Dhulikhel Hospital, said that they have been providing affordable services, but they have a challenge regarding how to expand quality services at an affordable cost. Team spirit and service orientation are critical for the hospitals to perform well. Regarding resources, they have been seeking support from government and foreign agencies. He also urged to provide the services with honesty.

Referring to the unequal ratio of nurse-patient, Ms. Goma Devi Niraula was asked about its implications in ensuring quality services. She responded that the due to having fewer nurses in relation the increasing number of patients, quality is being compromised despite nurses have put their effort to the extent possible. She also pointed towards the need of teamwork in hospital along with equal value of all works and the need to work in harmony with patience. She also said that specialty trainings are also needed in nursing field to ensure that they are capable to serve as per the clinical standards.

Responding to the queries from the floor, Dr. Koirala responded that making only the doctors competent is not enough; and that it is high time we redefine the services provided, including how other professionals can effectively work with doctors. He said that all medical professionals should also be trained through CPD. He also said that approaches that encourages doctors to go to the rural areas need to be developed by academic institutions and the government. Academic programmes should be run Schools should be established in rural areas, otherwise doctors would not be motivated to go there. He further said that the system of volunteering is not useful, so trainee model with certain payment should be promoted instead of volunteer programs.

Dr. Guna Raj Lohani from Koshi Hospital responded that service rates of hospitals should be standardised, referring to different rates for different services in different state hospitals. He also raised question about how could the citizens understand this difference. He agreed that consumers' perspective should be considered while providing health services. He even encouraged to take risks and think out of box to make work more result-oriented. He pointed that learning from mistakes and making others' responsible are integral.

Dr. Rajendra Koju from Dhulikhel Hospital said that team approach is vital. He further said that implementing team approach in health is also easy because it is a sensitive issue. He said that the issue of commercialization of health services needs to be addressed through human sentiments. He informed that 90% of the patients in the Dhulikhel hospital are from marginalized communities, so the doctors are self-motivated to serve people. He further said that school is an important part of Dhulikhel hospital, and presented an example of a driver's son who has become a doctor now. He said that small things should also be considered to slow down the process of commercialization.

Goma Devi Niraula from NMC said that the behavioral concerns among nurses cannot be generalized and it is a matter of individual difference. She further said that to minimize such behaviors, nurses should be motivated and given responsibility as per capacity, along with a facilitative working environment.

While discussing on the prime qualities of a good hospital, Dr. Koirala highlighted scientific norms, ethics and attitude as well as good communication skills as vital. Similarly, Dr. Koju said that communication, cleanliness and integrity are most important and Ms. Goma Devi Niraula said that behavior, cleanliness and affordability are the important considerations. Speakers also highlighted on the following aspects to improve the quality of the services.

- Standardization of the services provided by various categories of health workers;
- Trainee approach is with certain payment should be considered rather than engaging professionals for longer time in the name of volunteer services;
- Consumers' perspective should be considered while providing health services;
- Nurses and other workers should be motivated and they should be given responsibility as per capacity, along with a facilitative working environment.

III. Reflections from Development Partners and INGOs

Presentation 1: Support of EDPs and Alignment to the Sector Priorities

Chair of the External Development Partner's forum, Dr. Manav Bhattarai presented on EDPs' Support to the Nepal Health Sector Strategy in Fiscal Year 2019/20. He informed that about 13 EDPs are working on health sector in Nepal, of which 7 are signatories of a Joint Financing Agreement with the government of Nepal, and others engage through different modalities, but all support NHSS.

He outlined the major themes of the presentation as 1) Federal transition and how EDPs can best support in the new structure, 2) Sustainable health financing, when can we become sustainable and what strategies should be taken for that, 3) Next national health sector strategy and 4) Equity, incorporating quality of care and how it can be implemented in federal, provincial and local levels?

He informed that EDPs have been contributing to all 9 outcomes of NHSS. EDPs have a total commitment of 20 billion Nepali rupees for NHSS, which includes both financial and technical aspects. Most budget by EDPs have been provisioned for outcome 1 of the NHSS which is related to health system strengthening components (37%), followed by equity/equitable distribution and use of health services (18%) and quality of care (15%). Regarding the modality of engagement, he shared of the modalities of EDP engagement at various levels were presented as:

- Federal: a range of modalities including on-budget on-treasury (including pooled funds); on-budget off-treasury; off-budget technical assistance but within the framework of the sector strategy.
- Provincial: on-budget support; off-budget TA.
- Municipal: off-budget TA; direct project agreements; project staff placed at local level.

Finally, he said that EDPs see enormous opportunity in the current context to improve health services, at all levels. He also informed that the EDPs also look forward to beginning of the process for the development of next National Health Sector Strategy, and understanding how it

will incorporate federalism. On behalf of EDPs, he also expressed commitment to engage in the development of the next strategy and work in the health sector with impactful, strategic investments under the umbrella of the NHSS & the next health sector strategy.

Presentation 2: Reflections from INGOs in Nepal

AIN Coordinator, Dip Narayan Sapkota presented on INGOs' contribution in Health sector development of Nepal. Health Working Group (HWG) is one of 12 Working Groups of AIN and 42 out of 139 INGOs are HWG members. It works closely with the MoHP in health sector development in Nepal and is guided by SDGs, NHSS (2015-2020) and National Health Policy. INGOs health sector contribution in last 3 years has been NPR 25.75 billion.

Its key areas of support at federal, province and local level, include safe motherhood/newborn health, WASH/hygiene, nutrition, health systems support/strengthening, mental health and psychosocial support services as well as health recovery and disaster preparedness, among others.

Some of its major innovations and game changing initiatives include: Roving ANM model/MS ladies; My first baby- a tool for young mothers; Zero Unsafe Abortion campaign (in Terathum); introduction of Sayana Press (DMPA-SC); and Rupantaran programme (Social and financial package for social transformation).

Some of the key issues facing INGO's working in health sector are related to the health system and role of Social Welfare Council in the federal structure, private sector, local government and civil society's engagement in health care system, assurance of long-term funding availability and sustainability of project results.

As a future course of action, INGOs working in health sector are willing to continue the ongoing projects/programmes, strengthen partnership with local government, increase partnership of private sector, as well as improve governance and accountability.

Responding to the queries from the participants, Mr. Sapkota mentioned that support of the INGOs were only playing a facilitating role aligning to the programmes that government is implementing. The priorities are cross-cutting, for example outcome 1 affects all aspects of health sectors. Regarding the approach of the engagement, he said that it is not easy to put all the fund in a basket approach due to differences in donor priorities and programmatic focus, however the harmonization as per the government priority will always be ensured. INGOs are also very much concerned on the sustainability of the programmes being implemented but it will take time to change. He also pointed towards the need of lobbying with the major donor agencies for thematic funding prior in the process of developing the future strategy.

IV. Lessons Learnt in the Health Sector: Panel Discussion

Panel discussion was organized to discuss lessons learnt for informed decision making in which Dr. Padam Bahadur Chand and Dr. Sushil Nath Pyakurel were the panelists and Dr. Sushil Baral was moderating the discussion. The discussion was focused on the experiences regarding strengthening public health in the past and in the present federal structure.

Panelist said that if we look back at the National Health Policy of 1991, we have many achievements including increased access of people to health services. However, while increasing access, we have compromised quality. The responsibility of quality service should be taken by federalism, which is also a challenge. He further said that equity cannot be ensured without quality. He then said that the next priority would be health system strengthening with focus on delivering services from consumers' perspectives.

Following up on the first discussion, the moderator asked about how quality health service is possible in current federal structure. To the question, panelist said that there should be increase in human resource, logistics, infrastructure, and their accessibility, along with balance in quality of working life and working environment. In context of federalism, he emphasized that three aspects should be managed among three tier government, which includes human resource management and their acquisition, training and equipment.

Panelists were then questioned regarding how to sustain the achievements that had been made in health sector in the past years. To this question, the panelists emphasized on ensuring continuity of the services, which are now in a condition to be stopped, for example vaccination. Also, referring to the changed context, he said the Ministry is not an implementing agency now, and it should focus on giving technical assistance to partners.

The panelist suggested few recommendations to MoHP as follows:

- Define the primary health care service in grass roots level,
- Call multi-sectoral committee meeting,
- Implement basic health package as per universal health coverage,
- Carry audit of various campaigns such as Vitamin A campaign, and
- Ensure coordination among federal, provincial and local government.

V. Priority Strategic Actions for next AWPB and the Sector Strategy

Chief, PPMD, MoHP presented a summary of some of the major issues/challenges presented in the sessions, discussions and Q&A and actions taken as:

Infrastructure: Delays in completion of the building health facilities was a key challenge whereas coordination with DUDBC, MoSDs and concerned sub-national government to monitor the progress were the key steps taken.

Human Resource: Staffing mismatch and delayed due to the staff adjustment was a key challenge and steps such as further coordination between MoHP and MOFAGA, staff capacity enhancement, jointly with EDP, and practice of one health institution and one health professional were taken as key actions.

Logistics Management: Lack of clarity on procurement and supply roles of federal, provincial and local levels was one of the key challenges whereas capacity enhancement and strengthening LMIS were initiated as key actions.

Planning and Budgeting: Lack of clarity on budget allocation by three layers was a challenge for which frameworks for harmonization and planning of budget at all levels should be taken as key actions.

Service Utilization and Quality: Inequitable pattern of utilization and need for quality assurance mechanisms at public and private hospitals are key challenges, which can be addressed through specific corrective actions, such province and local level, to identify under-served and vulnerable population and to develop plan to reach them, along with basic health service to be financed by the federal government, in coordination with local government and documentation of good practices.

Health Sector Management and Good Governance: Communication and coordination among federal, provincial and local governments need to be strengthened through dialogue forums on quarterly basis, along with encouraging with sharing of documents from draft stage itself.

Health Sector Financing and Sustainability: Health insurance programme needs to be strengthened, and Health Financing Strategy is in process of development.

Management of Public Health Emergency: Emergency preparedness, response and management need to be revitalized.

Information management and use: Reporting rates are improving but timeliness and completeness still need to be improved, for which there is a need to develop a work plan to improve data quality (completeness, timeliness and internal consistency) and promote Integrated Management Information Systems linking different MIS system.

Healthy lifestyle and environmental health: There is a need to balance health sector efforts on unfinished agenda (communicable diseases vs non-communicable diseases/injuries), and promote yoga/Ayurveda and mental health services to improve mental health. Some of the key actions include implementing activities prioritized in national plans, multi-sectoral engagement and health tourism.

Next Health Sector Strategy: Next health sector strategy needs to be developed in federal context, based on lessons learned and MTR recommendations. Next NHSS should consider focusing on:

- Coordination arrangement of health systems at all levels
- Expanding services and ensuring funding
- Strengthening data quality
- Infrastructure, human resource and procurement to be reformed as outcome.

VI. Closing Session

The second day activities were concluded with closing remarks from dignitaries and highlight of the session is summarised as follows:

Remarks by EDP Chair

The EDP Co-chair, Dr. Manav Bhattarai, in his closing remarks, stated that there have been a lot of learning and good initiatives towards the improvement of overall sector performance and many changes have been introduced by reviewing the strategies each year. He presented damage control as one of the major challenges, and further explained that primary health care needs to be prioritised as the cost-effective approach. Finally, thanking to the MoHP, EDP partners and all the other stakeholders for their contribution, he expressed commitment on behalf of EDPs to support the next strategy.

Remarks by Honorable State Minister of Health and Population

Honorable State Minister, Mr. Nawaraj Raut, said that the annual review meetings conducted in different forms each year have proved that there have been achievements, but it has also shown that health services and human resources, as per population have not been sufficient. He pointed out that the government will pay special attention to ensure skilled and technical human resource in health sector. He also opined that collaboration between private and public sector is important to improve the access of people living in remotest parts of the country. Finally, he said that everyone should fulfill their responsibilities with honesty and integrity, and expressed commitment from the government side to make necessary policies for delivering quality health service to all.

Remarks by Honorable Minister of Health and Population

Honorable Minister, Mr. Bhanu Bhakta Dhakal, expressed his opinion that he found the NJAR very effective, and could hear experiences from all parts of the country (local, provincial and federal levels) in a short period, which will guide him to move ahead in future. He said that the government would move ahead in partnership with EDPs as per government policies and plans. He committed that there will not be further delay in work due to policy and legal matters in his tenure and all the necessary reforms will be initiated to address existing issues. He also said that the Ministry is clear on its core responsibility to strengthen coordination with private sectors and EDPs, and the clarity on these responsibilities would improve in coming days. He also said that MoHP would hold discussions with experts and informants in this field to develop a road map, as well as focus on necessary consultation with local and provincial levels. Finally, he thanked everyone for their participation and contribution, and concluded with a note that we all need to

have positive orientation and work in coordination since we are all in a same campaign to improve health sector of the country.

Closing by Program Chair, Secretary, Ministry of Health and Population

The chair of the program, MoHP secretary Mr. Khaga Raj Baral thanked everyone for their active participation during the entire event and their enthusiasm to work in harmony for improved the health status. Stating that MoHP will move ahead in addressing the issues raised during the review, he concluded the NJAR 2075/76.

DAY THREE: Business Meeting

The third day of the NJAR was exclusively dedicated for the Business Meeting between EDPs and MoHP. The meeting was held at National Health Training Centre, Teku on 6 December 2019, and was attended by high officials of MoHP, Directors of Health Directorate and officials of EDPs. The main agenda of the business meeting was to jointly reflect on the key issues and concerns raised during the first two day of the review and to draft strategic action points on priority areas in the form of aide memoire. The meeting was chaired by the Secretary of the MoHP.

The meeting started with a brief presentation on the progress of the last aide memoire from the MoHP. Afterwards, in the opening remarks, MoHP Secretary suggested to come up with concrete action points, crucial to improve the delivery of health services. He also highlighted the some of the critical areas of the health system such as infrastructure development; information management; quality of care and equitable access where support from EDPs will continue. Afterwards, different thematic areas and potential issues for the discussion were shared from both the MoHP and the EDPs side for the discussion. Proposed themes and issues were jointly discussed in the plenary and action points were drafted in parallel. The discussion was facilitated by the Chief of the Health Coordination Division and EDP Co-chair. Draft of the proposed aide memoire is attached in the Annex 3.

Annexes

Annex 1: Agenda of the National Joint Annual Review 2076 (2019)

[Fiscal Year 2075/76 (2018/19)]

Objectives of the review

- Jointly review the annual progress of Nepal Health Sector Strategy (2015/16 – 2020/2021) and ensure all stakeholders develop a shared understanding of progress in the sector;
- Identify the strategic priority areas that need to be addressed to strengthen health system in the changing context;
- Agree on the strategic actions to be included in the next year's Annual Work Plan and Budget (AWPB).

Date: 18 - 19 Mangsir 2076 (4-5 December 2019); Wednesday-Thursday

Venue: Agriculture Development Bank Training Centre, Bode, Bhaktapur

Master of Ceremony: Yeshoda Aryal and Sagar Dahal

Agenda

Day/Time	Activity	Presenter, Panelist, Moderator
Day 1: 18 Mangsir 2076, Wednesday (4 December 2019)		
08:00 - 08:50	Breakfast and Registration	
09:00 - 09:30	Welcome and Objectives	Chief, HCD, MoHP
	Inauguration by Hon. Minister MoHP	
09:30 - 11:30	<p>Health sector progress on:</p> <ul style="list-style-type: none"> ▪ NHSS outcomes & SDG indicators ▪ MoHP's AWPB FY 2075/76 ▪ Aide Memoire <p>Key findings of the NHSS MTR</p> <p>AWPB FY 2075/76</p> <p>Key achievements, issues, challenges and possible future actions</p> <p>Discussion: 30 min</p>	<p>Presenters:</p> <ul style="list-style-type: none"> ▪ Chief, PPMD, MoHP ▪ DG, DoHS ▪ DG, DDA ▪ DG, DoA ▪ DG, DUDBC ▪ ED, HIB

Day/Time	Activity	Presenter, Panelist, Moderator
11:30 - 11:45	Remarks from Hon. Minister, MoHP	
11:45 - 12:15	Break	
12:15 - 01:00	Reflection from pre-NJAR field visit (Issues, challenges and future actions)	Presenter: Deepak Karki
01:00 - 02:00	Lunch	
02:00 - 03:30	Local level reflection followed by discussion <ul style="list-style-type: none"> ▪ Local health system and service delivery: Key progress and lessons learned 	Presenter: Local level representative Moderator: Yeshoda Aryal & Dr Deepak Paudel
03:30 - 05:00	Provincial reflection followed by discussion <ul style="list-style-type: none"> ▪ Progress review of AWPB 2075/76 and lessons learned 	Presenter: MoSD representative Moderator: Sagar Dahal and Dr Manav Bhattarai
Day 2: 19 Mangsir 2076, Thursday (5 December 2019)		
08:00 - 08:50	Breakfast and Registration	
09:00 - 09:45	Reflection from Councils followed by discussion	Presenter: Dr Bhagwan Koirala
09:45 - 10:45	Reflection from federal hospitals, private hospitals and health academies	Presenters: Federal hospital Health academy Private hospitals: APHIN
10:45 - 12:00	Good practices in hospital management: Panel Discussion	Moderator: Dr Guna Nidhi Sharma
12:00 - 01:00	Reflections on development partners' support and alignment to the sector priorities <ul style="list-style-type: none"> ▪ Key areas of sector support, funding modalities in changed context ▪ Commitment for the current fiscal year (budget support, 	Presenter: EDP Chair (15 mins) AIN Health Coordinator (15 mins) Moderator: Sagar Dahal

Day/Time	Activity	Presenter, Panelist, Moderator
	TA/TC and project support – where applicable present multi-year commitment by EDPs) <ul style="list-style-type: none"> ▪ Opportunities, challenges, lessons learned and way forward (Discussion 30 min) 	
01:00 - 02:00	Lunch	
02:00 - 03:00	Lessons learned in health sector to inform future direction: Panel Discussion	Dr Praveen Mishra Dr Sudha Sharma Dr Kiran Regmi Dr Padam Bahadur Chand Dr Sushil Nath Pyakurel Dr Laxmi Raj Pathak Dr YV Pradhan Moderator: Dr Sushil Baral
03:00 - 03:45	Priority strategic actions for the next year AWPB and remaining period of NHSS followed by discussion	Presenter: Chief, PPMD, MoHP
03:45 - 05:00	Closing Remarks <ul style="list-style-type: none"> ▪ EDP Chair ▪ Local level representative ▪ Provincial MoSD ▪ Hon. Member, NPC ▪ Hon. State Minister, MoHP ▪ Hon. Minister, MoHP ▪ Secretary, MoHP 	

Business meeting

- **Date:** 20 Mangsir 2076 (6 December 2019), Friday
- **Venue:** NHTC Hall, DoHS, Teku, Kathmandu

08:00 – 09:00	Registration and Breakfast	
09:00 – 09:30	Framing of strategic issues and grouping of priority areas based on the last two days' review	Presenter & Moderator: Chief, PPMD, MoHP
09:30 – 12:00	Discussions	
12:00 – 01:00	Lunch	

01:00 – 02:30	Draft Aide Memoire action points in two separate teams: MoHP and EDP teams	
02:30 – 03:00	Plenary session: Agree on Aide Memoire action points	Moderators: Chief, HCD, MoHP & Chair, EDP
03:00 – 03:45	Conceptualization of next health sector programme	Presenter & Moderator: Chief, HCD, MoHP
03:45 – 04:00	Closing remarks	EDP Chair Secretary, MoHP

Annex 2: Schedule of Pre NJAR Field Visits

	Province 2	Province 5	Karnali Province
Date	19 - 25 Nov 2019	19 - 25 Nov 2019	19 - 25 Nov 2019
Offices to be visited	Ministry of Social Development (MoSD) Provincial: Health Directorate, Health Training Centre Logistics Management Centre Janakpur sub metro municipality District: Siraha: District Health Office At least one rural or urban Municipality (Dhangadhimai municipality) Province hospital-1 Janakpur hospital), Local Level hospital-1, (DM) Health Post-1, (DM)	MoSD, Provincial: Health Directorate, Health training Centre, Logistics Management Centre District: Palpa: District Health Office, At least one rural or urban Municipality-1, Province Hospital-1 Local Level Hospital-1, Health Post-1,	MoSD, Provincial: Health Directorate, Health training Centre, Logistics Management Centre District: Jajarkot: District Health Office, At least one rural or urban Municipality-1, Province Hospital-1 Local Level Hospital-1, Health Post-1,
Visiting Team	1. Director-Coordinator 2. Keshavraj Pandit 3. Lilaraj Poudel 4. Sudip Ale 6. Deepak Shrestha 7. Roshan Shrestha 8. NHSSP 9. Representatives from EDPs (UNFPA and USAID)	1. Director-Coordinator 2. Yeshoda Aryal 3. Dr. Samir Adhikari 4. Surya B Khadka 5. Chitra Khanal 6. NHSSP 7. Representatives from EDPs	1. Director-Coordinator 2. Sagar Dahal 3. Dr. Gunanidhi Sharma 4. Rabikanta Mishra 5. NHSSP 6. Representatives from EDPs

Notes:

- The check list for information collection to be used during the field visit is attached.
- In order to prepare a consolidated presentation based on the information collected during the field visits, a meeting will be organized in the last week of November, 2019 in presence of all the visiting members.

Annex 3: Preliminary draft of the action points for the aide memoire, NJAR 2019

1. Staff Adjustment/Human Resource

Recent staff redeployment, following civil service readjustment process, has created mismatch between the human resource requirement and health care services provided by the health facilities. Upgrading of and new health facilities at subnational levels has also increased pressure on human resource need. Provinces have initiated organisation and management (O&M) surveys and started to work on establishing Public Service Commission. It is essential that O&M surveys are comprehensive and need to be guided by the human resource for health (HRH).

Actions:

- In order to ensure service delivery to the citizens, MoHP will implement a mechanism in close coordination with Province and Local Levels. This will be to fulfill human resource gap, including vacant positions and capacity development with EDPs support, where necessary and possible.
- Jointly review the progress trimester (1st meeting on February 27, 2020)

2. Basic Health Service Package

The Basic Health Service Package (BHSP), which defines the basic health care services to be delivered by the Local Levels, is pending endorsement and has been for the last two years. The costing of BHSP has been completed. The financing of BHSP needs to be assured. There were concerns raised relating to delayed communication of the guidelines for spending conditional grants, after the budget is announced.

Actions:

- Public Health Service Regulations with the content of BHSP to be endorsed and disseminated to Provinces and Local Levels by March 31, 2020.
- MoHP, MoFAGA and MoF to work jointly to reduce numbers of line items and allow more flexibility in health related conditional grants in the AWPB 2020/21
- Guidelines for health related conditional grants to be given simultaneously with the budget
- Establish monitoring and assessment mechanism of BHSP in close coordination with provinces and local levels by July 15, 2020

3. Quality assurance of drugs procured by subnational governments and Supply Chain Assurance

Both Provincial Governments and Local Levels have started procuring essential drugs. There is risk of overstock of some drugs and undersupply of others if the type/quantity of drugs procured at different levels are not determined. Quality of drugs procured is questionable given lack of

mechanism to ensure it. E-Logistic Management Information System (eLMIS) is operating only in two provinces with technical assistance from USAID. Without functional and real time LMIS operational across the entire country will lead to expiry and understock of drugs at health facilities.

Actions:

- Guidelines/policy for the type of drugs procured and its supply chain at different levels of government developed and disseminated to Province and local levels by March 15, 2020
- Assessment of the need for Framework Contracting, by July 15, 2020, including the variation of pricing and quality, and endorse it by advocating with appropriate stakeholders
- Post shipment/delivery drug quality assurance mechanism for all three tiers established by July 15, 2020
- MoHP and EDP discuss and settle issues related to eLMIS scale up by January 15, 2020

4. Next Health Sector Strategy

The Mid Term Review (MTR) of the current NHSS, which is ending on July 15, 2021, has been completed and key findings were discussed in the National Joint Annual Review. The MTR, which will soon be approved by the MoHP, provides recommendations for future directions. Development partners need to support next strategy and thus channel finance and technical assistance accordingly.

Actions:

- Formulate technical working group with ToR by January 15, 2020 to develop next sector strategy
- Final draft of the health sector strategy to be submitted to cabinet, ready by end of 2020
- External Development Partners in consultation with MoHP and MoF to communicate options of their financial and technical assistance modality in the health sector in the federal context by March 2020

5. Information Systems

All three tiers of governments need to abide by the recent decision made by the Cabinet on the use of national information system.

Actions:

- MoHP in collaboration with provinces and local governments ensure regular hands-on support (training and monitoring) to MoHP spending units, province and

municipalities and their health facilities for the use of HMIS, SUTRA, TABUCS, PLMBIS, health facility registry and other information systems.

- Ensure online reporting from 2000 health facilities by November 2020 and implement routine data quality assessment in 100 health facilities with geographic spread with the leadership of local government and engagement of provinces
- EHR standards and software in compliance with HMIS developed by end of 2020.
- Explore the Ayurvedic Management Information System developed by province one to align with HMIS by Nov 2020

6. Disaster/Emergency Response

All three tiers of governments are responsible for disaster and emergency response and MoHP is mandated to take lead. Health Emergency Operation Plan should encompass all levels and all levels need to be made accountable for preparedness and response.

Actions:

- Establish and operationalise PHEOC in all provinces by November 2020
- Finalize standard operating procedure of HEOC and PHEOC by November 2020
- Develop health emergency operation guideline by November 2020
- Establish networks between PHEOCs, hub hospitals, satellite hospitals and HEOCs by November 2020
- Develop and pilot the disaster information management system by integrating relevant health information systems to provide real time data by end of 2020

7. Improving health indicators

Some of the health indicators are declining in the last few years. It is imperative to explore reasons, such as quality of care, for such declining trend.

Actions:

- Convene high level stakeholders meeting by March 2020 to assess and develop action plan to address declining health indicators and to achieve SDGs
- EDPs support to be tailored to address the equity gap and reaching the unreached and changing pattern of burden of disease
- Technical Assistance aligned with MoHP priority

Annex 4: Pre-NJAR 2018/19 Field Visit Check List

Institutions to be visited	
1. Provincial Government (MoSD)	a. Health Divisions
	b. Health Directorate
	c. Provincial Health Logistics Management Centre
	d. Provincial Training Centre
	e. Health Office
2. Local government	Any one of the Local Government: Metro Politian City Sub-Metro Politian City Urban Municipality Rural Municipality
3. Health facilities	a. Primary, Secondary, Tertiary Hospital
	b. PHCC / Health Post / Primary Health Centre
	c. DAHC/AAA/Ayurveda Aushadhalaya

Themes

1. Governance
2. Service delivery at local government: Facility and community
3. Management of hospital services
4. Information management

1a. Provincial Government (Health Division, Directorate)

Team members:

Province:

Person(s) interacted with:

Name of local government:

Date:

[Note: Please review health profile, service utilization data from HMIS and other relevant reports related to the Province prior to the field visit]

SN	Key issues	Key probing points
1	Laws, Regulations, Policies, Guidelines	<ul style="list-style-type: none"> Preparation of Provincial Laws, Regulations, Policies related to health (developed, in progress, in plan, further need) Use and effectiveness of the guidelines developed by federal MoHP (e.g., ME guideline, infrastructure development guideline)
2	Planning, budgeting and program implementation	<ul style="list-style-type: none"> Implementation status of 2018/19 AWPB activities and the learnings Major challenges in planning and implementation Use of the learnings in planning for the FY 2019/20 Use and effectiveness of planning guideline prepared by the federal MoHP Allocation of budget for health from local resources in FY 2019/20 Other specific issues/challenges as relevant in the local context

SN	Key issues	Key probing points
3	Service Delivery	<ul style="list-style-type: none"> ▪ Programme implementation status: HR, Logistics, Budget ▪ Child health: Immunization, IMNCI, Nutrition ▪ Maternal and newborn: Safe Motherhood, FP, Safe-Abortion, ▪ Communicable diseases: TB, HIV, Malaria ▪ NCDs - PEN package ▪ Community interventions ▪ Outreach clinic (PHCORC, EPI) ▪ Family Planning ▪ Community mobilization including FCHVs ▪ BCC interventions ▪ Implementation challenges - mismatch in Palika and health facility budget ▪ Targeted interventions/Leaving No One Behind (LNOB) ▪ Other specific issues/challenges as relevant in the local context
4	Coordination and collaboration	<p>Coordination and collaboration with:</p> <ul style="list-style-type: none"> ▪ Federal MoHP ▪ Health offices ▪ Local governments ▪ Other line ministries
5	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs
6	Information management	<ul style="list-style-type: none"> ▪ Mechanism for information management ▪ HMIS reporting from health facilities: regularity, completeness, online reporting ▪ Other reporting: Financial, logistics, managerial issues ▪ Implementation of the Cabinet decision on information flow <p><i>२०७६ साल, असार १९, २३ र २४ गते बसेको नेपाल सरकार, मन्त्रिपरिषद् बैठकको निर्णय : निर्णय नं. २०. स्थानिय, प्रदेश र संघीय तहबाट आफूअन्तर्गतका स्वास्थ्य संस्थाको मासिक प्रतिवेदन केन्द्रीय सूचना प्रणालीमा प्रविष्ट गर्ने तथा अन्य सूचनाहरूसमेत स्वास्थ्य संस्थाहरूबाट स्थानीय तहमा, स्थानीय तहले स्वास्थ्य कार्यालयहरूमा, स्वास्थ्य कार्यालयहरूले स्वास्थ्य निर्देशनालयहरूमा र निर्देशनालयहरूले स्वास्थ्य सेवा विभागमा पठाउने संस्थागत व्यवस्था गरी स्थानीयदेखि संघीय तहसम्म नियमित, निश्चित समयसीमा भित्र पूर्ण विवरणसहितको प्रतिवेदन गर्ने-गराउने व्यवस्था मिलाउने निर्णय गरिएको छ । (असार २६-२०७६ , गरिएको सार्वजनिक मा)</i></p> <ul style="list-style-type: none"> ▪ Availability and use of data/information ▪ Licensing or renewal of health institutions ▪ Challenges and way forward
7	Hospital management	<ul style="list-style-type: none"> ▪ No. of hospitals managed by the province and federal government ▪ Overall management of hospital in terms of HR, logistics, budget, service delivery, burden of disease
8	Short and long-term top priorities in health sector	<ul style="list-style-type: none"> ▪ Short term top priorities in health sector ▪ Long-term top priorities in health sector ▪ Challenges ▪ Way forward

SN	Key issues	Key probing points
9	Expectation from federal government (MoHP and others)	<ul style="list-style-type: none"> ▪ Implementation of central circular (usefulness, challenges) ▪ Financing for health ▪ Institutional arrangement

1b. Provincial Logistics Management Centre

Team members:

Province:

Person(s) interacted with:

Name of local government:

Date:

[Note: Please review health profile, service utilization data from HMIS and other relevant reports related to the Province prior to the field visit]

SN	Key issues	Key probing points
1	Planning, budgeting and program implementation	<ul style="list-style-type: none"> ▪ Implementation status of 2018/19 AWPB activities and the learnings ▪ What were the major challenges in planning and implementation ▪ How have these learnings been used in planning for the FY 2019/20 ▪ Use of planning guideline prepared by the federal MoHP ▪ Allocation of budget for health from local resources in FY 2019/20 ▪ Other specific issues/challenges as relevant in the local context
2	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs
3	Coordination and collaboration	<p>Coordination and collaboration with:</p> <ul style="list-style-type: none"> ▪ MoSD, Directorate ▪ Federal MoHP ▪ Health offices ▪ Local governments ▪ Other line ministries
4	Short and long-term top priorities in health sector	<ul style="list-style-type: none"> ▪ Short term top priorities in health sector ▪ Long-term top priorities in health sector ▪ Challenges ▪ Way forward

SN	Key issues	Key probing points
5	Expectation from federal government	<ul style="list-style-type: none"> ▪ Implementation of central circular (usefulness, challenges) ▪ Financing for health ▪ Institutional arrangement ▪ Others...

1c. Provincial Health Training Centre

Team members:

Province:

Person(s) interacted with:

Name of local government:

Date:

[Note: Please review health profile, service utilization data from HMIS and other relevant reports related to the Province prior to the field visit]

SN	Key issues	Key probing points
1	Planning, budgeting and program implementation	<ul style="list-style-type: none"> ▪ Implementation status of 2018/19 AWPB activities and the learnings ▪ What were the major challenges in planning and implementation ▪ How have these learnings been used in planning for the FY 2019/20 ▪ Use of planning guideline prepared by the federal MoHP ▪ Allocation of budget for health from local resources in FY 2019/20 ▪ Other specific issues/challenges as relevant in the local context
2	Coordination and collaboration	Coordination and collaboration with: <ul style="list-style-type: none"> ▪ MoSD, Directorate ▪ Federal MoHP ▪ Health offices ▪ Local governments ▪ Other line ministries
3	Short and long-term top priorities in health sector	<ul style="list-style-type: none"> ▪ Short term top priorities in health sector ▪ Long-term top priorities in health sector ▪ Challenges ▪ Way forward
4	Expectation from federal government	<ul style="list-style-type: none"> ▪ Implementation of central circular (usefulness, challenges) ▪ Financing for health ▪ Institutional arrangement ▪ Others...

1c. Health Office

Team:

District:

Palika:

Province:

Person(s) interacted with:

Date:

[Note to the team: Review profile of the District prior to the field visit]

SN	Key issues	Key probing points
1	Program implementation status and challenges	<ul style="list-style-type: none">▪ Implementation status of 2018/19 AWPB activities and the learnings▪ What were the major challenges in planning and implementation▪ How have these learnings been used in planning for the FY 2019/20▪ Use of planning guideline prepared by the federal MoHP▪ Allocation of budget for health in FY 2019/20▪ Other specific issues/challenges in the local context and way forward
2	Procurement and supply chain management	<ul style="list-style-type: none">▪ Procurement of drugs and health related equipment▪ Storage and supply chain management▪ Cold-chain management▪ Stock status of key drugs
3	Information management	<ul style="list-style-type: none">▪ HMIS reporting status, issues, challenges: public and private: electronic, paper▪ Availability and use of data/information▪ Feedback mechanism to the Palikas and facilities▪ Collection of other data/reports and reporting to Province▪ Challenges and way forward
4	Coordination	<ul style="list-style-type: none">▪ Coordination and collaboration with facilities, Palikas and Province

2. Local Government

Team members:

District:

Province:

Person(s) interacted with:

Name of local government:

Date:

[Note: Please review health profile, service utilization data from HMIS and other relevant reports related to the Palika prior to the field visit]

SN	Key issues	Key probing points
1	Laws, Regulations, Policies, Guidelines	<ul style="list-style-type: none"> ▪ Preparation of Local Laws, Regulations, Policies related to health (developed, in progress, in plan, further need) ▪ Use and effectiveness of the guidelines developed by federal MoHP (e.g., ME guideline, Infrastructure development guideline) ▪ Use and effectiveness of the guidelines developed by Province
2	Planning, budgeting and program implementation	<ul style="list-style-type: none"> ▪ Implementation status of 2018/19 AWPB activities and the learnings ▪ What were the major challenges in planning and implementation ▪ How have these learnings been used in planning for the FY 2019/20 ▪ Use of planning guideline prepared by the federal MoHP ▪ Allocation of budget for health from local resources in FY 2019/20 ▪ Other specific issues/challenges as relevant in the local context
3	Service delivery	<ul style="list-style-type: none"> ▪ Programme implementation status: HR, Logistics, Budget ▪ Child health: Immunization, IMNCI, Nutrition ▪ Maternal and newborn: Safe Motherhood, FP, Safe-Abortion, ▪ Communicable diseases: TB, HIV, Malaria ▪ NCDs - PEN package ▪ Community interventions ▪ Outreach clinic (PHCORC, EPI) ▪ Family Planning ▪ Community mobilization including FCHVs ▪ BCC interventions ▪ Implementation challenges - mismatch in Palika and health facility budget ▪ Targeted interventions/Leaving No One Behind (LNOB) ▪ Other specific issues/challenges as relevant in the local context
4	Coordination and collaboration	<p>Coordination and collaboration with:</p> <ul style="list-style-type: none"> ▪ Provincial government ▪ Federal MoHP ▪ Provincial MoSD, Health Directorate, Health Office ▪ HFOMC ▪ Ayurveda facilities ▪ Province

SN	Key issues	Key probing points
5	Procurement and supply chain management	<ul style="list-style-type: none"> Issue/challenges to procure drugs and health related equipment Management of cold-chain Proper place for storing medicines Stock status of key drugs
6	Information management	<ul style="list-style-type: none"> Unit for information management HMIS reporting from health facilities: Regularity, Completeness, online reporting Other reporting: financial, logistics, managerial issues Availability and use of data/information Implementation of the Cabinet decision on information flow <p><i>२०७६ साल ,असार १९, २३ र २४ गते बसेको नेपाल सरकार ,मन्त्रपरिषद् बैठकको निर्णय :निर्णय नं .२०. स्थानिय, प्रदेश र संघीय तहबाट आफूअन्तर्गतका स्वास्थ्य संस्थाको मासिक प्रतिवेदन केन्द्रीय सूचना प्रणालीमा प्रविष्ट गर्ने तथा अन्य सूचनाहरूसमेत स्वास्थ्य संस्थाहरूबाट स्थानीय तहमा, स्थानीय तहले स्वास्थ्य कार्यालयहरूमा, स्वास्थ्य कार्यालयहरूले स्वास्थ्य निर्देशनालयहरूमा र निर्देशनालयहरूले स्वास्थ्य सेवा विभागमा पठाउने संस्थागत व्यवस्था गरी स्थानीयदेखि संघीय तहसम्म नियमित, निश्चित समयसीमा भित्र पूर्ण विवरणसहितको प्रतिवेदन गर्ने-गराउने व्यवस्था मिलाउने निर्णय गरिएको छ । (असार २६गरिएको सार्वजनिक २०७६ मा ,)</i></p> <ul style="list-style-type: none"> Health profile of Palika Licensing or renewal of health institution, clinic, pharmacy Challenges and way forward
7	Hospital management	<ul style="list-style-type: none"> No. of hospitals managed by the Local Government, Province and Federal Government, if any Overall management of hospital in terms of HR, logistics, budget, service delivery, burden of disease
8	Short and long-term top priorities in health sector	<ul style="list-style-type: none"> Short term top priorities of Palika in health sector Long-term top priorities of Palika in health sector Challenges Way forward
9	Expectation from federal government	<ul style="list-style-type: none"> Implementation of central circular (usefulness, challenges) Financing for health Institutional arrangement

3a. Hospital

Team members:

Hospital:

Palika:

Province:

Person(s) interacted with:

Date:

[Note to the team: Review profile of the Hospital prior to the field visit]

SN	Key issues	Key points
1	Continuity of health services	Implementation status of: <ul style="list-style-type: none"> ▪ General services ▪ Specialized services like Cesarean section, Aama programme ▪ Targeted interventions (e.g. SSU, OCMC, geriatric services)
2	Overall management	Issues, status, challenges and way forward on: <ul style="list-style-type: none"> ▪ Services, Budget, HR, logistics ▪ Health services that are available but not utilized ▪ Preparation and implementation of Business plan: How has the learning from last year helped planning and implementation of activities for this year ▪ Implementation status of activities under the conditional grant
3	Quality of services	<ul style="list-style-type: none"> ▪ Functional status of quality improvement committee ▪ How is quality of service being monitored, improved ▪ Mortality and morbidity data of last and the previous fiscal year: <ul style="list-style-type: none"> • Maternal deaths • Still births • Neonatal deaths ▪ Referral services: in and out ▪ Challenges and way forward for quality improvement
4	Pharmacy management	<ul style="list-style-type: none"> ▪ Status ▪ Procurement ▪ Drugs availability ▪ Human resource ▪ Pricing - free service ▪ Challenges and way forward
5	Information management	<ul style="list-style-type: none"> ▪ Dedicated unit for information management ▪ Regular reporting to Palika/Province/ MoHP ▪ Challenges and way forward
6	Short and long-term top priorities of hospital	<ul style="list-style-type: none"> ▪ Short term top priorities ▪ Long-term top priorities
7	Health insurance	<ul style="list-style-type: none"> ▪ Implementation status ▪ Challenges and way forward
8	Expectations	<ul style="list-style-type: none"> ▪ Expectation from local, provincial and federal governments

3b. PHCC and Health Post

Team members:

Health Facility:

Palika:

Province:

Person(s) interacted

with:

Date:

[Note to the team: Review profile of the facility prior to the field visit]

SN	Key issues	Key points	Theme
1	Continuity of health services	<ul style="list-style-type: none"> ▪ Implementation status of general services ▪ Outreach services (PHCORC, EPI) ▪ BCC interventions ▪ Targeted interventions/Leaving No One Behind (LNOB) 	
2	Quality of services	<ul style="list-style-type: none"> ▪ Functional status of quality improvement committee ▪ How is quality of service being monitored, improved ▪ Mortality and morbidity data of last and the previous fiscal year ▪ Challenges and way forward for quality improvement 	
3	Access and utilization	<ul style="list-style-type: none"> ▪ Population sub-groups that have lower access to health services ▪ Health services that are available but not utilized ▪ Targeted interventions and the group ▪ Challenges and way forward in increasing access and utilization 	
4	Referral	<ul style="list-style-type: none"> ▪ Referral in ▪ Referral out ▪ Challenges in federal context 	
5	Staffing in health facilities	<ul style="list-style-type: none"> ▪ Sanctioned vs filled ▪ Contract staff 	
6	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs 	
7	Information management	<ul style="list-style-type: none"> ▪ Dedicated staff for information management ▪ Reporting status: electronic/paper; regular reporting to Palika ▪ Use of data for monitoring and planning ▪ Challenges and way forward 	
8	Short and long-term top priorities	<ul style="list-style-type: none"> ▪ Health facility operation and management committee ▪ Challenges and way forward 	
9	Health insurance	<ul style="list-style-type: none"> ▪ Implementation status, if applicable ▪ Challenges and way forward 	

3c. DAHC/AAA/Ayurveda Aushadhalaya

Team members:

Health Facility:

Palika:

Province:

Person(s) interacted
with:

Date:

[Note to the team: Review profile of the facility prior to the field visit]

SN	Key issues	Key points	Theme
1	Specific issues/challenges related to continuity of health services	<ul style="list-style-type: none">Implementation status of general servicesSpecialized services like <i>Panchakarma/Snehan Swedan/Yog</i>Outreach services (<i>Gaughar/Sahari Clinic</i>)	
2	Quality of services	<ul style="list-style-type: none">Monitoring of quality of serviceChallenges and way forward	
3	Access and utilization	<ul style="list-style-type: none">Population sub-groups that have lower access to health servicesHealth services that are available but not utilizedTargeted interventions and the groupChallenges and way forward in increasing access and utilization	
4	Staffing in health facilities	<ul style="list-style-type: none">Sanctioned vs filled positionsContract staff	
6	Procurement and supply chain management	<ul style="list-style-type: none">Issue/challenges to procure drugs and health related equipmentStock status of key drugs (<i>Avipattikar, Trifala, Yograj Guggul etc.</i>)	
7	Information management	<ul style="list-style-type: none">Dedicated staff for information managementRegular reporting to Palika, DoAChallenges and way forward	
8	Herbal medicine production	<ul style="list-style-type: none">StatusStorageIssues and way forward	
9	Coordination	<ul style="list-style-type: none">With PalikasInvolvement/participation in National Health Programs	
10	Short and long-term top priorities	<ul style="list-style-type: none">Health facility operation and management committeeChallenges and way forward	

Annex 5: Issues, Way forward and Innovations reported by Different Federal Hospitals and Academies (Pre-NJAR Review; December 02, 2019)

Table 1: Consolidation of Issues Reported by Federal Hospitals			
SN	Area	Issues	Way forward
1	Human Resource	<ul style="list-style-type: none"> ▪ Inadequate human resource to deliver services ▪ Staff adjustment issues ▪ Contract staff ▪ Motivation ▪ Working discipline ▪ Moon lighting etc. 	<ul style="list-style-type: none"> ▪ Contracting authority to director ▪ Study leave doctors – pool, contract hiring ▪ Additional budget ▪ Implementation of one institute one doctor/HWs-EHS ▪ Arrangement for the incentives <ul style="list-style-type: none"> • Tax exemption for one private vehicle • Education free for two children • Hazard allowance
2	Infrastructure	<ul style="list-style-type: none"> ▪ Inadequate space ▪ Building structure and adequacy of room/space ▪ Inadequate ICU, NICU, PICU, General beds ▪ Inadequate or no staff quarter ▪ Water supply and operating cost etc. 	<ul style="list-style-type: none"> ▪ Master Plan (prototype-based service level) ▪ Mapping existing structure ▪ Renovation, repair and maintenance ▪ Multi-story building ▪ HF dedicated unit at DUDBC
3	Equipment	<ul style="list-style-type: none"> ▪ Inadequate equipment ▪ Old equipment ▪ Maintenance of damaged equipment 	<ul style="list-style-type: none"> ▪ Standardize according to MSS ▪ Mapping by using MSS tool ▪ Biomedical lab and bio-medical engineer/technician
4	Drugs	<ul style="list-style-type: none"> ▪ Complex procurement process ▪ Supply chain management ▪ Operationalisation of pharmacy 	<ul style="list-style-type: none"> ▪ Promote and strengthen hospital pharmacy ▪ Drug and Medical Supplies Procurement Act ▪ Framework Contract
5	Information system	<ul style="list-style-type: none"> ▪ Data quality (coverage & consistency) ▪ Recording and reporting ▪ Electronic health record ▪ Data use 	<ul style="list-style-type: none"> ▪ Develop generic hospital information system ▪ EHR module ▪ Pharmacy ▪ Ambulance ▪ Referral ▪ Implement RDQA for quality improvement of HMIS data
6	Governance	<ul style="list-style-type: none"> ▪ Coordination ▪ Compliance to national policy (Aama, Health Insurance etc.) 	<ul style="list-style-type: none"> ▪ Hospital Service Management Division at MoHP (12th Level) ▪ Safety and Security

Table 1: Consolidation of Issues Reported by Federal Hospitals			
SN	Area	Issues	Way forward
		<ul style="list-style-type: none"> ▪ Hospital development committee ▪ Security of staff and institution 	<ul style="list-style-type: none"> ▪ Hospital Development Committee or Authority to Director
7	Health Financing	<ul style="list-style-type: none"> ▪ Health insurance ▪ Budget (inadequate and late release) ▪ Fee structure ▪ Uniformity of allowance 	<ul style="list-style-type: none"> ▪ Beyond BHS, streamline all services through health insurance ▪ Standardize service fee ▪ Budget for super-specialized hospital through Red Book
8	Innovation	<ul style="list-style-type: none"> ▪ Hospital Impoverished Citizen Fund (Bharatpur Hospital) ▪ Oxygen Plant (Bharatpur Hospital) ▪ Modular OT with live transmission to demonstration hall (BPKMCH) ▪ Build Operate and Transfer Project (BPKMCH) ▪ Health workers contracted with condition only to work in the hospital (not allowed to work outside) (Koshi Hospital) ▪ Hospital cleanliness monitoring checklist and biweekly monitoring (Koshi Hospital) ▪ Nurse patient ratio 1:1 (critical), 1:2 (intermediate care), 1:6 (general care) at Manmohan Cardiothoracic VTC ▪ Self-sustainability through hospital pharmacy, e.g.: Manmohan Cardiothoracic VTC profited 7.33 crore last year Burning to earning, e.g. income from sale of non-risk waste up to 6 lakhs (Maternity Hospital) 	

Table 2: Consolidation of Issues Reported by Academies	
Issues	Way forward
<ul style="list-style-type: none"> ▪ Coordination and collaboration with Ministry of Health and Population, and OPMCM ▪ Lack of uniform policy and act governing different academies ▪ Inadequate budget allocation and late release ▪ Inadequate infrastructure and equipment, and existing infrastructure not as per NMC/MEC standard ▪ Inadequate human resource ▪ EMR/Information system/software ▪ Difficulty in starting academic programs without faculties ▪ Lack of appropriate monitoring and supervision mechanism ▪ Inadequate research facilities. ▪ Inadequate faculty and human resource development opportunities ▪ Health Care waste management ▪ Safety and security of health workers ▪ Coordination and collaboration with national and international organizations 	<ul style="list-style-type: none"> ▪ Creation of a coordination desk in the Ministry of Health and Population, and OPMCM ▪ Common policy, act, regulation and guidelines for all academies ▪ Standard of infrastructure and equipment as per NMC/MEC ▪ Human resource as per the NMC/MEC rule and need of hospital services ▪ Support for deputation of faculties and reservation of MD/ MS seats in different institutions for faculty development program ▪ Common information system/software ▪ Common monitoring and supervision mechanism ▪ Adequate budget allocation and timely release as per requirement ▪ Research related trainings in a planned way ▪ Faculty and human resource development activities in coordination with other institutes ▪ Safety and security arrangement for health workers. A clear policy about it and provision of legal aid in the event of need ▪ Coordination and collaboration with national and international organizations
Academies	Key Innovations
National Academy of Medical Sciences Bir Hospital	<ul style="list-style-type: none"> ▪ Separate OPD for referral patients and senior citizen ▪ Queue system in different section (OPD ticket counter, billing counter, blood collection, URO OPD)
Pokhara Academy of Health Science	<ul style="list-style-type: none"> ▪ Free maternity and neonatal care ▪ Expansion of dialysis service ▪ Post mortem building and mortuary freeze, health care waste management
Rapti Academy of Health Sciences Ghorahi, Dang	<ul style="list-style-type: none"> ▪ EHS Service ▪ Staff Nurse deputed in Emergency and Physiotherapy ▪ Officials on “on call duty” at off hours ▪ Laundry house under construction ▪ NRH home operational under supervision of Nutrition Specialist

Table 2: Consolidation of Issues Reported by Academies	
Issues	Way forward
Patan Hospital Lalitpur/Patan Academy of Health Science, Lalitpur	<p><u>Undergraduate Education</u></p> <ul style="list-style-type: none"> ▪ Student Selection: Social inclusion matrix for inclusiveness ▪ Collaborative scholarship scheme ▪ Partial scholarship program ▪ Curriculum: Medical Humanities, Community/Problem based learning, Virtual Class Room (VCR), learning health system of Nepal, 6 months' district posting in final year <p><u>Post graduate Education</u></p> <ul style="list-style-type: none"> ▪ Competency based education (first time in Nepal/South Asia)
Karnali Academy of Health Science Jumla	<ul style="list-style-type: none"> ▪ Specialty Health care service: twice a month in Kalikot & once a month in Mugu ▪ Deputation of specialist doctor: Surkhet, Dolpa, Jajarkot, Humla, West Rukum ▪ Specialty Health Camp and Uterine Prolapse camp, Blood Bank ▪ Healthcare Waste Management: Microwave ▪ Research Methodology training ▪ JKAHS: Scientific Journal Publication

Annex 6: Consolidated Issues and Way Forward of Provincial and Local Levels (Pre-NJAR Review; December 03, 2019)

Provincial level

Area	Issues	Way Forward
Infrastructure	<ul style="list-style-type: none"> ▪ Mismatch between standard design and existing structures ▪ Inadequate number of staff ▪ 'Bed to Population' rate is very low ▪ Inadequate store room and cold room 	<ul style="list-style-type: none"> ▪ Design buildings as per the MSS ▪ Increase budget for infrastructure ▪ Construct cold room and store room
Human Resources	<ul style="list-style-type: none"> ▪ Mismatch between human resources and positions available ▪ Poor supply for specialist ▪ Samayojan (staff adjustment) has created more challenges ▪ Poor allocation of skilled human resources 	<ul style="list-style-type: none"> ▪ Address the issues created by Samayojan ▪ Carry out O&M survey for the specialty hospitals ▪ Sufficient allocation of skilled human resources
Logistics	<ul style="list-style-type: none"> ▪ Stock out of some key commodities for several months ▪ Unclear role of federal, provincial and local level for SCM ▪ Poor use of specification bank ▪ Questionable quality control 	<ul style="list-style-type: none"> ▪ Use Provincial Logistic Management Center to full capacity ▪ Clarity of role to be defined through consultation ▪ Ensure quality assurance of medicines and equipment
Planning and Budgeting	<ul style="list-style-type: none"> ▪ poor coordination between Federation, Province and Local Governments in planning and budgeting ▪ Poor funding for several important services ▪ Delayed release of budget 	<ul style="list-style-type: none"> ▪ Capacity enhancement for planning and budgeting through involvement of political leaders ▪ Carry consultative meeting for allocation of budget to avoid duplication
Quality of service	<ul style="list-style-type: none"> ▪ Overcrowded referral hospitals ▪ Quality issue at private hospital ▪ Poor services covered by health insurance 	<ul style="list-style-type: none"> ▪ MSS to be strictly followed ▪ Health Insurance Board to address raised issues

Governance	<ul style="list-style-type: none"> ▪ poor clarity of roles across three levels of governments ▪ Frequent change of organogram ▪ No representation of health in the provincial O&M committee 	<ul style="list-style-type: none"> ▪ Provide clarity on roles and responsibilities across three levels of governments ▪ Conduct regular consultative meeting ▪ Include health representative in the O&M committee
Financing	<ul style="list-style-type: none"> ▪ Low allocation of budget for health ▪ No criteria for allocation in health ▪ Limited resource generation at provincial level 	<ul style="list-style-type: none"> ▪ Increase budget for health as per commitment of health policy ▪ Develop criteria for allocation in health
Emergency and Disaster Preparedness	<ul style="list-style-type: none"> ▪ Complexity in disaster management ▪ Number of suicide increasing ▪ Slow pace of expansion of PHEOC 	<ul style="list-style-type: none"> ▪ Establish emergency fund for timely response ▪ Develop suicide prevention intervention
Management Information System (Health)	<ul style="list-style-type: none"> ▪ Incomplete and/or delayed reporting from hospitals ▪ No or incomplete reporting from private hospitals ▪ Poor institutionalization of health information system 	<ul style="list-style-type: none"> ▪ Provide training to all health facilities on DHIS2 ▪ Strengthen system for integrated information management
Healthy Lifestyles and Environment	<ul style="list-style-type: none"> ▪ Non-standardized approach for behaviour change ▪ Limited activities to promote healthy lifestyle ▪ poor coordination with other sectors 	<ul style="list-style-type: none"> ▪ Develop customised package for behaviour change ▪ more programmes for behaviour change

Local Level

Area	Issues	Way Forward
Infrastructure	<ul style="list-style-type: none"> ▪ Difficulty in providing services due to lack of infrastructure ▪ Not sufficient land to construct health facilities ▪ Late receipt of budget for construction ▪ Misallocation of budget for construction 	<ul style="list-style-type: none"> ▪ Construction and equip the health facilities ▪ Allocate budget timely to start in time ▪ Initiate the establishment of new health facilities in consultation with LGs
Human Resources	<ul style="list-style-type: none"> ▪ Insufficient human resources, (especially nursing for running 24 hour services) ▪ Late staff adjustment has caused problems in providing services 	<ul style="list-style-type: none"> ▪ Make provision to hire HR on contract basis to address the immediate problem ▪ Conduct O&M survey to address the required number of health workers
Logistics	<ul style="list-style-type: none"> ▪ Inadequate budget for medicine ▪ Inadequate supply of equipment and supplies ▪ Poor documentation and storage of medicine ▪ No medicine supply (from province 1 and 2) 	<ul style="list-style-type: none"> ▪ Clarify who should buy which medicine ▪ Use electronic platform for recording stock level ▪ Federal government to ensure the quality of medicines
Planning and Budgeting	<ul style="list-style-type: none"> ▪ Poor coordination between Federation, Province and Local Governments in planning and budgeting ▪ Chances of duplication ▪ Unwillingness to invest in health ▪ Late release of budget 	<ul style="list-style-type: none"> ▪ Ensure evidence based planning and budgeting ▪ Stop fragmented budget allocation for minor activities ▪ Allocate budget in time
Quality of service	<ul style="list-style-type: none"> ▪ No infrastructure for providing minimum services ▪ Poor skills of health workers ▪ Poor availability of human resources and equipment 	<ul style="list-style-type: none"> ▪ Compulsory use of protocol by all health facilities ▪ Skill development of health workers
Governance	<ul style="list-style-type: none"> ▪ Poor regularity of health workers ▪ Poor supervision by health facility management committee ▪ Poor performance in waste management ▪ Low coverage of health insurance 	<ul style="list-style-type: none"> ▪ Regular review and monitoring ▪ Make clear role of three level of government ▪ Register hospitals run by local governments ▪ Improve coverage of health insurance

Financing	<ul style="list-style-type: none"> ▪ Decreasing grant from the federation ▪ High demand and low supply ▪ Insignificant support from province 	<ul style="list-style-type: none"> ▪ More allocation to local level ▪ Ensure human resources ▪ Commitment from provinces
Emergency and Disaster Preparedness	<ul style="list-style-type: none"> ▪ Poor knowledge to develop health contingency plan ▪ Poor attention towards disaster and emergency preparedness ▪ Poor waste management 	<ul style="list-style-type: none"> ▪ Support to develop health contingency plan ▪ Work jointly for waste management
Management Information System (Health)	<ul style="list-style-type: none"> ▪ Poor support for online reporting ▪ Irregularity of electricity and Net ▪ Inadequate computers and equipment 	<ul style="list-style-type: none"> ▪ Support for online reporting ▪ Backup for electricity

Annex 7: Compilation of the presentation files presented in the NJAR

(Attached as a separate document to this)