Unit V: Local Health System Management

Overview of Local Health System in Nepal

- Metropolitan/Sub-metropolitan/Municipal/Rural Municipal Health Section (753)
- Primary Hospitals (396 in process FY. 2077/78)
- Primary Health Care Centre (196)
- Urban Health Centre/health Promotion Centre
- Health Post/Basic Health Unit (3806)
- Community health unit
- Primary Health Care-Out Reach Clinic (12532)
- Immunization-outreach clinic (16428)
- Female community health volunteers (51420)

Role and responsibility of local government on health

Based on the annex 9 of Constitution of Nepal, 2072 the concurrent work, right and responsibilities of local government towards health practiced in coordination and collaboration with federal and provincial government listed in Local Government Operation Act, 2074 tittle 11 subtitle 4 (Kha); are as follows.

1. Health related target and quality control at the local level to be based upon federal and state Level targets and criteria
2. Local level clinic registration, giving permission for operation and regulation of general hospitals, nursing homes, diagnosis centres and other health institutions
3. Local level production, treatment and distribution of traditional herbs and other medicinal items
4. Management of health insurance along with other social security programmes
5. Minimum price determination and its regulation on medicines and other medical items at the local level
6. Right use of medicines and medicines and Antimicrobial Resistance minimisation at the local level
7. Purchase, warehousing and distribution of medicines and health equipment at the local level
8. Health information mechanism to be established at the local levels
9. Public health surveillance at the local level
10. Local level promotion of health services along with counteractive, medicinal, reestablishment of health services and palliative health service operation
11. Promoting healthy lifestyle, nutrition, physical exercise, yoga, to stay healthy by following 5 healthy habits and promotion of public health services
12. Control and management of zoonotic and pathogenic diseases
13. Control the use of and increasing awareness on tobacco, alcohol and other drugs

Based on the annex 8 of Constitution of Nepal, 2072 the work, right and responsibilities of local government towards basic health and sanitation listed in Local Government Operation Act, 2074 tittle 11 subtitle 2 (Kha) are as follows.

1. Implementation and regulation of policies, laws, criteria and development of plans on basic health and sanitation
2. Conduction and promotion of basic health services
3. Establishment and operation of hospitals and other health institutions
4. Health service-related physical infrastructure development and management
5. Control and regulation of safe drinking water, quality food products and sound pollution
6. Increasing awareness on sanitation
7. Determination and regulation of service charge for health care waste collection, recycling, processing and disposal
8. Blood transfusion service and local/urban health service conduction
9. Coordination, collaboration and partnership with private and non-government sectors for sanitation and healthy waste management
10. Regulating chemical and harmful wastes management
11. Reproductive health, family planning and maternal child health
12. Establishing services in order to prevention, control and management of malnutrition among women and children
13. Establishment and regulation of pharmacies
14. Promotion and management of ayurvedic, homeopathy, naturopathy along with other traditional treatment services.
15. Planning and implementation for public health, emergency health services along with control of epidemics
16. Prevention and control of disease
17. Management of emergency health services flow and local services

Organogram of health section of rural municipality (460)

Officer 6th level (Health, Health Inspection)	-	1
Officer 6th level (Health, community Nursing/General Nursing)	-	1

Organogram of health section of municipality (276)

Officer 7th level (Health, Health Inspection)	-	1
Officer 6th level (Health, Health Inspection)	-	1
Officer 6th level (Health, community Nursing/General Nursing)	-	1

Organogram of health section of sub-metropolitan (11)

Officer 7/8th level (Health, Health Inspection)	-	1
Officer 6th level (Health, Health Inspection)	-	1
Officer 6th level (Health, community Nursing/General Nursing)	-	1
Officer 6th level (Health, Ayurveda)	-	1

Organogram of health section of metropolitan (6)

Officer 9/10th level (Health, Health Inspection)	-	1
Officer 6th level (Health, Health Inspection)	-	1
Officer 6th level (Health, community Nursing/General Nursing)	-	1
Officer 6th level (Health, Ayurveda)	-	1

Management of Primary Hospitals

Primary Hospitals

According to National Health Policy 2076 (2019), there will be at least one primary hospital in each local level. These primary hospitals will be established in phase-wise manner. These primary hospitals will be operated under the management of local governments. These primary hospitals will provide basic preventive and curative services to the entire population of catchment area of a particular local level. However, local government can increase the range of services by utilizing the local resources and funds. These hospitals will also act as a referral point for patients and clients referred from primary health care institutions like primary health care centers and health posts.

These hospitals will consist 5-15 beds, however the number of beds can be increased based on the population of catchment area and amount of resource available for it. Local governments should determine the place for primary hospital and should have to provide the land. Federal government will provide grants for developing infrastructures for these primary hospitals. Recently in 2075, federal ministry of health and population have prepared minimum service standard (MMS) for primary hospitals to provide minimum services that are expected from them.

Proposed Structure of Primary Hospital

Primary Hospitals	Beds	Catchment Population
Level A		
A1	50-100	80,000-100,000
A2	25-50	60,000-80,000
A3	15-25	50,000-60,000
Level B		
B1	15	40,000-50,000
B2	10	30,000-40,000
B3	5	20,000-30,000

Primary Hospital, Class A

Local level: Municipality or Sub-metropolitan or Metropolitan city

The size of a hospital may be small or big depending on the size of the population and geography of the catchment area.

The following services will be provided by Primary Hospital, Class A

Functions/Services

Basic health services

1. Immunization,
2. Family planning,
3. Ante-natal care,
4. Normal delivery,
5. New-born care,
6. Nutrition counselling,
7. Treatment of TB and other common communicable diseases and conditions,
8. Management of epidemic,
9. Basic mental health service,
10. Functions/Services
11. Counseling, screening and primary treatment of non-communicable diseases,
12. Medicine distribution,
13. Pathology lab and other diagnostic services,
14. Promotion and prevention of eye/sight and dental problems;

15. Other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health.

Social Service Unit

The target groups for SSU are ultra-poor people; poor people; helpless people; people with disabilities; senior citizens; women, men and children victims of gender violence and female community health volunteers, who are entitled to fully and partially free of cost services at different levels hospitals.

1. Identify target group patients by coordinating with doctors and health workers :
    a. Those eligible for free and partially free services from among referred patients; and
    b. Those eligible for free or partially free service from among patients directly approaching the hospital.
2. Coordinate with all departments of hospital to make health care services available to target group patients.
3. Assist in making expert services available.
4. Record information on free and partially free service recipients
5. Prepare reports and submit to hospital development committees and MoHP.
6. Make public the names of persons receiving free and partially free services from the unit.

Medical services

1. Out Patient Service: General Medicine, Gynecology and Obstetrics, Pediatric and Orthopedic Services
2. 24-hour emergency service;
3. Treatment for eye/sight and dental problems;
4. Comprehensive emergency obstetric and neonatal care (CEONC),
5. Specialized and major Surgery Services including Orthopedic Surgeries.

Primary Hospital, Class B

Local level: Rural municipality

The size of a hospital will be determined by the catchment population and the geography of the place.

The following services will be provided by Primary Hospital, Class B.

Functions/Services

Basic health services

1. Immunization,
2. Family planning,
3. Ante-natal care,
4. Normal delivery,
5. New-born care,
6. Nutrition counselling,
7. Treatment of TB and other common communicable diseases and conditions,
8. Management of epidemic,
9. Basic mental health service,
10. Counseling, screening and primary treatment of non-communicable diseases,
11. Medicine distribution,
12. Pathology lab and other diagnostic services,
13. Promotion and prevention of eye/sight and dental problems; and
14. Other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health.

Social Service Unit

The target groups for SSU are ultra-poor people; poor people; helpless people; people with disabilities; senior citizens; women, men and children victims of gender violence and female

community health volunteers, who are entitled to fully and partially free of cost services at different levels hospitals.

1. Identify target group patients by coordinating with doctors and health workers :
    a. Those eligible for free and partially free services from among referred patients; and
    b. Those eligible for free or partially free service from among patients directly approaching the hospital.
2. Coordinate with all departments of hospital to make health care services available to target group patients.
3. Assist in making expert services available.
4. Record information on free and partially free service recipients
5. Prepare reports and submit to hospital development committees and MoHP.
6. Make public the names of persons receiving free and partially free services from the unit.

Medical services

1. Common gynecological and obstetric services;
2. Out Patient Department (OPD) services;
3. Comprehensive emergency obstetric and neonatal care (CEONC)
4. Basic Surgery Services;
5. Primary treatment for eye/sight and dental problems;
6. 24-hour emergency service.

Human Resource for Health in primary Hospitals

SN	Designation	5 bedded	10 bedded	15 bedded
1	MDGP	0	0	1
2	Medical Officer	1	2	2
3	Staff Nurse	4	5	6
4	Health Assistant	3	3	4
5	Ayurvedic Health Assistant	1	1	1
6	Lab Technician	1	1	1
7	Radiographer	1	1	1
8	Pharmacy Assistant	1	1	1
9	Dental Hygienist	1	1	1
10	Anesthesia Assistant	0	0	1
11	Ophthalmic Assistant	0	0	1
12	Nayab Subba	1	1	1
13	Office Assistant	3	4	6
14	Swiper	1	2	3
	Total	18	22	30

Management and Health Service Issues and Challenges

- Newly established local governments
- No previous experience among local government regarding management of hospitals
- Need of training and capacity building local players for hospital management
- Issues deciding location and land for establishing primary hospital

- Issues in developing infrastructures and installing equipment
- Primary Hospital consumes sufficient resources of local level
- High expectation of people from primary hospitals
- Frequent transfer of doctors and staff nurse

Management of Primary Health Care Centers (PHCC)

Primary Health Care Center

Primary health care centre provides the primary health care services based on the elements of primary health care. It provides preventive and basic curative health services. One PHCC per electoral constituency level or per lakh population was proposed by National Health Policy, 1991. It consists of 3 beds (2 bed for emergency and 1 bed for maternity) only for observation not for inpatient services.

Work, Right & Responsibilities of PHCC

Planning

- Prepare the health profile of one's area and regularly update it.
- Prepare the yearly plan of ones area as per the ceiling budget and the national rules and regulations.
- Allocate the responsibilities and target of approved programs to the respective persons and sections.
- Prepare action plan and work tables.

Family Planning (FP) Program

- Estimate the eligible couples of the target group in the working area who requires FP services.
- Inform the importance and advantage of FP to the community and the target population.
- Council couples on FP.
- Provide various FP services like condom, pills, Depo-Provera, IUD, Norplant, vasectomy etc.
- Estimate for voluntary surgical contraception (VSC).
- Request for camps.
- Assist to carry out camps.
- Regularly monitor individuals using FP measures.
- Avoid dropouts by looking for those who discontinue FP measures.
- Make the FP measures available in sufficient amount.

Safer Motherhood (SM)

- Record description of each pregnant mother.
- Check up the pregnant women at least 4 times and provide service and advice to the pregnant women.
- Provide normal delivery and basic emergency obstetric and neonatal service 24*7 days with skill birth attendants.

- Provide 3 postnatal care services based on protocols.
- Collect the information on the problems faced by the mother and the child and if necessary provide home service.
- Arrange necessary equipment to carry out SM clinic.
- Educate on the importance of SM and the services available.

Immunization

- Educate on immunization.
- Estimate the number of women and children to be immunized and update the number regularly.
- Check the stock of necessary vaccines, syringe required for immunization camp and request and distribute it.
- Maintain cold chain and procure vaccines.
- Carry out immunization camps.
- Identify the number of immunization to be given and arrange for full number of immunization.

Nutrition

- Educate on nutrition.
- Implement growth-monitoring program.
- Treat the malnourished mothers and children.
- Treat the mothers and children with vitamin 'A' deficiency with the needful.
- Promote the use of ionized salts.

Control of Diarrhoeal Disease (CDD)

- Educate on CCD
- Establish and conduct ORT corner.
- Examine the patients suffering for CDD and treat them as CBIMNCI guideline.
- Examine the stock of rehydral solution prior to the starting of the diarrhoea season and request for necessary stock.

Acute Respiratory Tract Infection (ARI)

- Educate on ARI
- Treat ARI patient with CBIMNCI guideline.
- Refer immediately the ARI patients who cannot be treated and provide them with sufficient medicines required on the way to the treatment centre.
- Make arrangements so that the medicine for the ARI patient is always enough.

Malaria and Kala-azar

- Create awareness on the methods of preventing Malaria in Malaria infested areas.
- Extract blood samples of suspected Malaria patient, get the sample tested and treat as per the guideline.
- Examine samples of the blood.
- Categorize the Malaria patients and continue investigation.]

- Make arrangements for regular procurement of medicines to treat and control the disease (request and distribute)
- Carry out disinfecting of bacterial disease.

TB control

- Carry out health education on the prevention of TB.
- Collect the sputum of the suspected patient and get it examined in the lab.
- Address the TB patient with Direct Observation Treatment System (DOTS).
- Identify TB patients who are registered but do not come for treatment and treat them regularly.
- Avoid the storage of TB medicines.

Leprosy Control

- Raise awareness on the rehabilitation of leprosy patients.
- Carry out regular clinic for the leprosy patients.
- Council on leprosy, its treatment and the reactions of its medicines.
- Identify irregular patient and treat them regularly.
- Avoid the storage of medicines required to control leprosy.
- Carry out health education on the prevention of leprosy and educate the community to change the attitude on leprosy.

AIDS/STDs

Educate on the prevention of AIDS/STD.
Treat the STD cases and refer the suspected AIDS cases.

Epidemic Control and Disaster preparedness

- Immediately work to control the outbreak of epidemic in one's area and inform the higher officials of the health offices.
- At the time of disaster immediately reach the area where the disaster had struck and provide necessary service and medicines.

Environment Cleansing

- Dispose the garbage of one's health centre appropriately and keep the premise clean.
- Clean the injection and place it safely where dressing of wounds is done.
- Educate the community on the importance of toilet and encourage them to use it.
- Mobilize the community to keep the water intake clean.

Health Education

- Exhibit shows during local festivals and fetes regarding health education.
- Avail education materials, use it and keep it safely.
- Educate regularly on nutrition, immunization, FP, SM, CDD, ARI, Malaria, TB, Leprosy,
- Kala-azar, AIDS/STD, reproductive health, environment and personal cleanliness, elimination for gender discrimination.
- Conduct health classes in school within ones area.

PHC outreach

- Identify places to conduct PHC, PHC outreach.
- Conduct local level orientation on PHC outreach program.
- Form and activate PHC outreach management committee.
- Make arrangement to procure medicine and equipment necessary for the PHC outreach.
- Provide SM, FP and other identified service in PHC outreach.
- Ensure that the PHC outreach and service provided are as per the plan.

FCHVs

- Conduct workshop in relation to implementing program on the basis of population.
- Form mothers group (MG) and elect FCHV.
- Conduct basic training as per the target.
- Conduct half-yearly program review workshop of FCHVs and refresher training to them.
- Regularly visit FCHVs and attend the MG meeting regularly.
- Arrange to procure and distribute condom, pills, ORS, and education material etc. to the FCHVs.

Treatment Service

- Carry out outdoor service regularly.
- Examine and treat the patient and refer those who cannot be treated.
- Provide emergency treatment service.
- Provide outdoor treatment service.

Management of Free essential and other medicine

- Plan to implement free essential medicine program, orient and conduct training.
- Implement free essential medicine program with the involvement of health committees.
- Keep records of purchased additional medicines.
- Get the records examined.

Medico Legal cases

- Examine police cases like wound, intoxication, rape cases.
- Attest and examine the dead bodies.

Procurement Management

- List down the necessary medicine, equipment and education materials required for the yearly health program, estimate the cost and avail them at appropriate time of program implementation.
- Document/update records of expendable and non-expendable items in the register.
- Manage and arrange the stored.
- Dispose/ auction item, which are useless.

Supervision

- Plan for regular supervision of PHC/Immunization outreach clinics and FCHVs.
- Submit the plan for approval.
- Prepare checklist to supervise the approved program.

- Ensure that the area to be improved seen in previous supervision have been addressed.
- Take action to minimize weakness seen during the supervision.

Monitoring

- Display progress, service coverage, most prevalent illness and health problems in charts and graphs.
- Organize staff meeting to examine program/ activities from the received reports.
- Provide feedback to respective offices on the basis of the evaluation.
- Discuss the feedback received from higher official with other staff and incorporate the feedback.

Administration work

- Register all the incoming letters and create subject wise files of the letters.
- Number the outgoing letters and file a copy of the letter for office use.
- Address the received letters as per the requirement.
- Maintain records of staff's attendance, leave and other personal details.
- Create a visitor and supervision book and request the persons coming to supervision the program to provide suggestion each time they come.
- Ensure that the staff under ones supervision is carrying out the work as per the JD.

Conduct health committee meeting regularly

Report and Documentation

- Use HMIS forms, registers, cards to record and report the program/ activities and dispatch the reports to respective office.
- Request for the forms/registers in advance before the stock gets over.

Others

- Carry out program to improve health through local resource mobilization.
- Carry out additional program as per the guideline.

PHCC Operation and Management Committee

Patron	Mayor/ President of metropolitan/sub metropolitan/municipality/rural municipality
President	Ward Chairperson of the concerned ward
Vice President	Person nominated by president
Member	One principle/headmaster of catchment area of PHCC
Member	One representative from local business association
Member	One local prestigious women nominated by patron who general knowledge in health
Member	Officer of concerned ward office
Member secretory	PHCC In charge

Work, right and responsibility of PHCC Operation and Management Committee

Review of decision made by previous meeting; solving public health and health service provision related problems; and reporting to higher/concerned authority/body if problems can not solved by the committee.

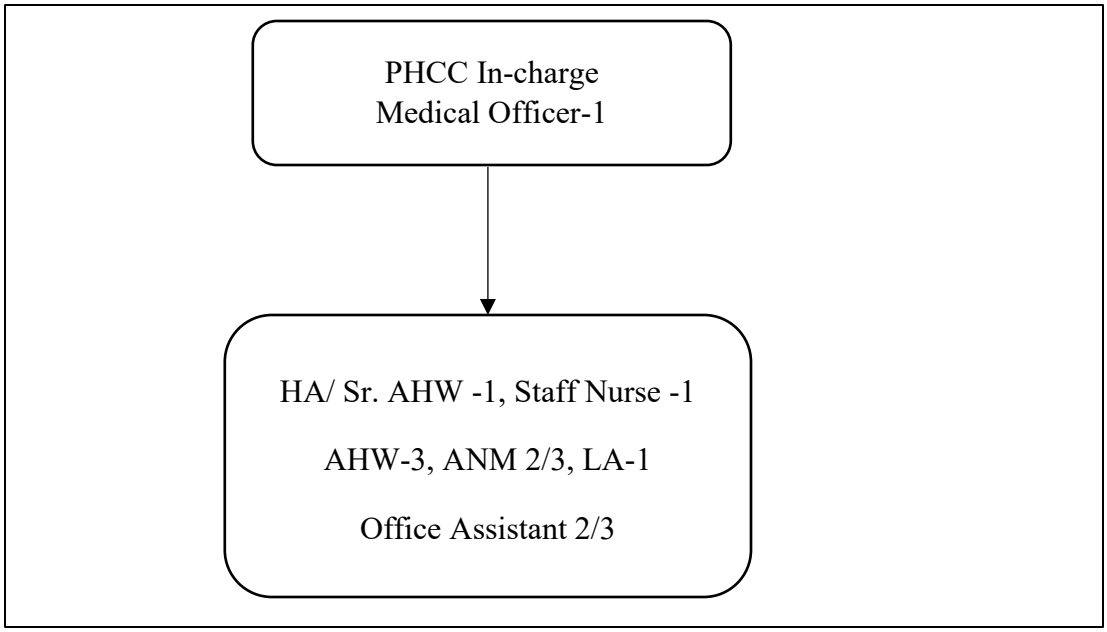
1. Determining targets for health programs and services to be provided by PHCC and supporting for proper implementation and periodic monitoring and review of achievement of health programs and services.
2. Supporting PHCC in implementation of programs, projects provided by provincial and federal government.
3. Implementation, monitoring, review and reporting of local health programs designed and approved by local government.
4. Developing local health policy, plans and programs to improvement the health status of catchment area of PHCC.
5. Development, repair, maintenance and protection of infrastructure of local health facility (PHCC).
6. Insuring health services available to entire population of catchment area of heath facility (PHCC); identifying unreached population and make accessible to those population.
7. Maintaining coordination and communication with social service and health unit of metropolitan, sub metropolitan, municipality and rural municipality for health facility operation and management.
8. Ensuring good governance in health at local level and accountable health sector social responsibility.

Staffing Pattern of PHCC

S.N.	**Post**	**No.**
1.	Medical officer	1
2	HA/Sr. AHW	1
3	Staff Nurse	1
4	AHW	3
5	ANM	2/3*
6	Lab Assistant	1
7.	Peon	2
Total		**11/12**

*3 ANMs in PHCCs before established in 2056 BS and 2 ANMs in PHCCs after established in 2056 BS.

PHCC Organogram



Job Description PHCC In-charge

Post	**Medical Officer**
Level	Gazetted third Class (technical)
Service	Health
Group	General Health services
Qualification	MBBS or equivalent
Answerable to	President of municipality or rural municipality/District health/public health officer
Supervision	President of municipality or rural municipality/ District health/public health officer
Relation	PHCC, local committee, local government, local and other related offices
Direct Supervision	HA, Sr. AHW, SN, ANM, Lab Assistant

Job Description of PHCC In-charge

1. Planning
2. Family Planning
3. Safe Motherhood
4. Immunization
5. Nutrition
6. Control of Diarrhoeal Disease

7. Acute Respiratory infection
8. Malaria and kala-azar
9. TB control
10. Leprosy control
11. AIDS/ STI
12. Epidemic control and disaster preparedness
13. Environment cleansing
14. Health education
15. PHC outreach
16. FCHVs mobilization
17. Treatment service
18. Management of essential medicine
19. Medico legal cases
20. Procurement management
21. Supervision/monitoring
22. Administration work
23. Health committee
24. Report and documentation
25. Others

Job description of other staffs

Post	Major Responsibilities
Health Assistant /Sr. AHW	Responsible for providing primary health care services including preventive services, minor curative and disease control activities under PHC in-charge.
Staff Nurse	Responsible to arrange, and conduct maternal child health and family planning services and supervise and support ANMs for these duties.
AHW	Responsible for providing primary health care services including preventive services, minor curative and disease control activities under close supervision of health Assistant and PHC in-charge.
ANM	Responsible for providing maternal child health and family planning services under close supervision of Staff Nurse.

Issues and Challenges

- High expectation from people for better health care and quick results.
- Shortage of human resources especially trained and motivated health workers who are willing to work at primary care level.
- Health services have become market-and profit oriented.
- Lack of supply of sufficient essential drugs, low quality essential drug and frequent stock out of essential drug, vaccines and logistics.

- Lack of community participation and fail to maximize and mobilize local people, civil society, NGOs and the private sectors.
- Emergence and re-emergence of infectious diseases and increased pace of spread of serious and unusual disease events.
- Growing population has made managing primary health care service more complex.
- New health problems (suicide, mental health problems, RTAs), non-communicable diseases has made managing primary health care service more complex.
- Decreasing investment in health sector has made managing primary health care service more complex.
- Unclear role of local, provincial and federal government regarding health service management
- Poor infrastructure, no timely repair and maintenance
- Some PHCC are in improper location and not equal access to entire population of catchment area

WAY FORWARD

- To strengthen on-going high priority EHCS and achieve MDGs in accordance with the principles of Primary Health Care, equity and social justice
- To redesign health system to make people oriented, efficient and effective through reform in institutional management and health professional education
- To ensure availability of good quality services and essential medicines to all at affordable prices
- To strengthen public private partnership
- To develop performance based planning and budgeting system
- To strengthen financial information system including monitoring and feedback
- To encourage the implementation of decentralization approaches in health service delivery system.
- To develop capacity of the health workers and stakeholders involved in health facility operation and management

Thank you!

Management of Health Posts

Health Post

Standard Health Post Type A

Standard Health Post B

Standard Health Post Type C

Health posts provide health services to the population at the ward level. Provides basic primary health care services based on the elements and principle of primary health care. It is the first contact points of public's on governmental health services. Health post also acts as referral points in some extent for patient and clients referred from PHC-ORC and FCHV.

Work, Rights and Responsibilities of HP

Planning

- Prepare the health profile of one's area and regularly update it.
- Prepare the yearly plan of ones area as per the ceiling budget and the national rules and regulations.
- Allocate the responsibilities and target of approved programs to the respective persons and centers.
- Prepare action plan and work tables.

Family Planning (FP) Program

- Estimate the eligible couples of the target group in the working area who requires FP services and update the information.
- Inform the importance and advantage of FP to the community and the target population.
- Council couples on FP.
- Provide various FP services like condom, pills, Depo-Provera, IUD, Norplant etc.
- Estimate for voluntary surgical contraception (VSC).
- Request for camps.
- Assist to carry out camps.
- Regularly monitor individuals using FP measures.
- Avoid dropouts by looking for those who discontinue FP measures.
- Make the FP measures available in sufficient amount.

Safer Motherhood (SM)

- Check up the pregnant women at least 4 times and provide service and advice to the pregnant women.
- Provide normal delivery service at the health posts 24hour*7days.
- Provide 3 postnatal care service.
- Collect the information on the problems faced by the mother and the child and if necessary provide home service.
- Arrange necessary equipment to carry out SM clinic.
- Educate on the importance of SM and the services available

Immunization

- Educate on immunization.
- Estimate the number of women and children to be immunized and update the number regularly.
- Check the stock of necessary vaccines, syringe required for immunization camp and request and distribute it.
- Maintain cold chain and procure vaccines.
- Carry out immunization camps.
- Identify the number of immunization to be given and arrange for full number of immunization.

Nutrition

- Educate on nutrition.
- Implement growth-monitoring program.
- Treat the malnourished mothers and children.
- Refer the highly mal nourished patients.
- Treat the mothers and children with vitamin 'A' deficiency with the needful.
- Promote the use of ionized salts.

Control of Diarrhoeal Disease (CDD)
Educate on CCD

- Establish and conduct ORT corner.
- Examine the patients suffering for CDD and treat them as standard treatment and CBIMNCI guideline.
- Examine the stock of rehydral solution prior to the starting of the diarrh0ea season and request for necessary stock.

Acute Respiratory tract infection (ARI)

- Educate on ARI
- Address the ARI patient with the standard drug treatment schedule and CBIMNCI guideline after identifying the ARI patient.
- Refer immediately the ARI patients who cannot be treated and provide them with sufficient medicines required on the way to the treatment center.
- Make arrangements so that the medicine for the ARI patient is always enough.

Malaria and Kala-azar

- Create awareness on the methods of preventing Malaria in Malaria infested areas.
- Extract blood samples of suspected Malaria patient, get the sample tested and treat as per the guideline.
- Examine samples of the blood.
- Categorize the Malaria patients and continue investigation.
- Make arrangements for regular procurement of medicines to treat and control the disease (request and distribute)
- Carry out disinfecting of bacterial disease.

TB control

- Carry out health education on the prevention of TB.
- Collect the sputum of the suspected patient and get it examined in the lab.
- Address the TB patient with Direct Observation Treatment System (DOTS).
- Identify TB patients who are registered but do not come for treatment and treat them regularly.
- Keep storage of TB medicine in appropriate amount.

Leprosy Control

- Raise awareness on the rehabilitation of leprosy patients.
- Carry out regular clinic for the leprosy patients.
- Council on leprosy, its treatment and the reactions of its medicines.
- Identify irregular patient and treat them regularly.
- Keep storage of medicines required to control leprosy.
- Carry out health education on the prevention of leprosy and educate the community to change the attitude on leprosy.

AIDS/STD

- Educate on the prevention of AIDS/STDs.
- Treat the STD cases and refer the suspected AIDS cases.

Epidemic Control and Disaster preparedness

- Immediately work to control the outbreak of epidemic in one's area and inform the higher officials of the health offices.
- At the time of disaster immediately reach the area where the disaster had struck and provide necessary service and medicines.

Environment Cleaning

- Dispose the health care waste generated by health post appropriately and keep the health post premise clean.
- Educate the community on the importance of toilet and encourage them to use it.
- Mobilize the community to keep the water intake clean.

Health Education

- Exhibit shows during local festivals and fetes regarding health education.

- Avail education materials, use it and keep it safely.
- Educate regularly on nutrition, immunization, FP, SM, CDD, ARI, Malaria, TB, Leprosy, Kala-azar, AIDS/STDs, reproductive health, environment and personal cleanliness, elimination for gender discrimination.
- Conduct health classes in school within ones area.

PHC outreach

- Identify places to conduct PHC, PHC outreach.
- Conduct local level introductory workshop on PHC outreach program.
- Form and activate PHC outreach management committee.
- Make arrangement to procure medicine and equipment necessary for the PHC outreach.
- Provide SM, FP and other identified service in PHC outreach.
- Ensure that the PHC outreach and service provided are as per the plan.

FCHVs

- Conduct FCHV workshop in relation to implementing program on the basis of population.
- Form mothers group (MG) and elect FCHV.
- Conduct basic training as per the target.
- Conduct half-yearly program review workshop of FCHVs and refresher training to them.
- Regularly visit FCHVs and attend the MG meeting regularly.
- Arrange to procure and distribute condom, pills, ORS, and education material etc. to the FCHVs.

Treatment Service

- Carry out outdoor service regularly.
- Examine and treat the patient and refer those who cannot be treated.
- Provide emergency treatment service.

Management of free essential and other medicines and logistics

- Prepare the annual requirement, order, storage and proper management of free essential medicine.
- Maintain stock register, stock in and stock out.
- Purchase or request to purchase to local government the additional medicines to cope extra load that cannot fulfilled by supplied medicine.
- Keep records of purchased medicine.
- Get the records examined.
- Make arrangements for yearly medicine requirements.

Procurement Management

- List down the necessary medicine, equipment and education materials required for the yearly health program, estimate the cost and avail them at appropriate time of program implementation.
- Document/update records of expendable and non-expendable items in the register.
- Manage and arrange the stored.

- Dispose/ auction item, which are useless.

Supervision
- Plan for regular supervision to PHC/Immunization outreach clinics and FCHVs.
- Submit the supervision plan for approval.
- Prepare checklist to supervise the approved program.
- Ensure that the area to be improved seen in previous supervision have been addressed.
- Take action to minimize weakness seen during the supervision.

Monitoring
- Display progress, service coverage, most prevalent illness and health problems in charts and graphs.
- Organize staff meeting to examine program/activities from the received reports.
- Provide feedback on the basis of the evaluation.
- Discuss the feedback received from higher official with other staff and incorporate the feedback.

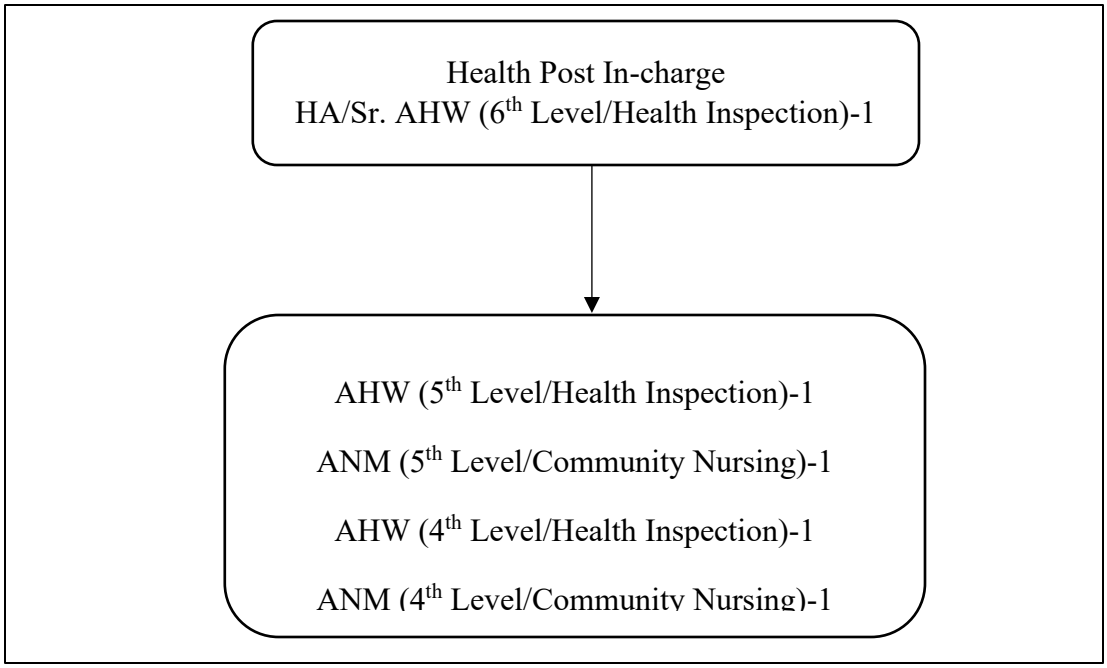
Administration work
- Register all the incoming letters and create subject wise files of the letters.
- Number the outgoing letters and file a copy of the letter for office use.
- Address the received letters as per the requirement.
- Maintain records of staff's attendance, leave and other personal details.
- Create a visitor and supervision book and request the persons coming to supervision the program to provide suggestion each time they come.
- Ensure that the staff under ones supervision is carrying out the work as per the job description (JD).

Conduct health committee meeting regularly.

Report and Documentation
- Use the forms, registers, card developed by HMIS to report the program/ activities and dispatch the reports to respective office.
- Request for the forms/registers in advance before the stock gets over.

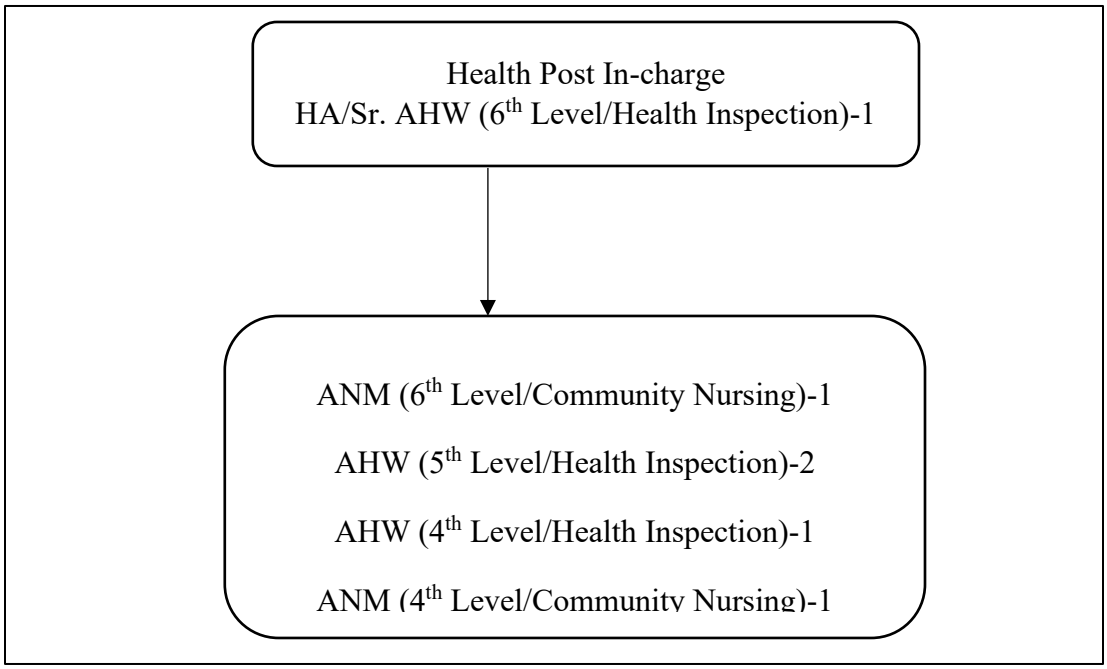
Others
- Carry out program to improve health through local resource mobilization.
- Carry out additional program as per the guideline.

Organogram of 2390 Health Post of Hill and Mountain Districts



Lab Assistant and Office Assistant can be appointed as contract basis if necessary.

Organogram of 1419 Health Post of Terai and Valley Districts



Lab Assistant and Office Assistant can be appointed as contract basis if necessary.

Health Post Operation and Management Committee

Patron	Mayor/ President of metropolitan/sub metropolitan/municipality/rural municipality
President	Ward Chairperson of the concerned ward
Vice President	Person nominated by president
Member	One principle/headmaster of catchment area of health post
Member	One representative from local business association
Member	One local prestigious women nominated by patron who general knowledge in health
Member	Officer of concerned ward office
Member secretory	Health post in charge

Work, right and responsibility of Health Post Operation and Management Committee

1. Review of decision made by previous meeting; solving public health and health service provision related problems; and reporting to higher/concerned authority/body if problems can not solved by the committee.
2. Determining targets for health programs and services to be provided by HP and supporting for proper implementation and periodic monitoring and review of achievement of health programs and services.
3. Supporting HP in implementation of programs, projects provided by provincial and federal government.
4. Implementation, monitoring, review and reporting of local health programs designed and approved by local government.
5. Developing local health policy, plans and programs to improvement the health status of catchment area of HP.
6. Development, repair, maintenance and protection of infrastructure of local health facility (HP).
7. Insuring health services available to entire population of catchment area of heath facility (HP); identifying unreached population and make accessible to those population.
8. Maintaining coordination and communication with social service and health unit of metropolitan, sub metropolitan, municipality and rural municipality for health facility operation and management.
9. Ensuring good governance in health at local level and accountable health sector social responsibility.

Job Description HP In-charge

Post	**Health Assistant/ Sr. AHW**
Level	Non Gazetted first class (technical)
Service	Health
Group	Health Inspection
Qualification	HA or Sr. AHW course

Answerable to	Palika President/District health officer/ District Public health officer
Supervision	Palika President/ District health officer/ District Public health officer
Relation	PHCC, local committee, Palika personnel, local and other related offices
Direct Supervision	AHWs, ANMs, FCHVs

Job Description of HP In-charge

1. Planning
2. Family Planning
3. Safe Motherhood
4. Immunization
5. Nutrition
6. Control of Diarrhoeal Disease
7. Acute Respiratory infection
8. Malaria and kala-azar
9. TB control
10. Leprosy control
11. AIDS/ STI
12. Epidemic control and disaster preparedness
13. Environment cleansing
14. Health education
15. PHC outreach
16. FCHVs mobilization
17. TBA programme
18. Treatment service
19. Free essential and additional medicine programme
20. Medico legal cases
21. Procurement management
22. Referral services
23. Supervision/monitoring
24. Administration work
25. Health committee mobilization
26. Report and documentation
27. Others

Job description of other staffs

Post	Major Responsibilities
AHW	Responsible for providing primary health care services including preventive services, minor curative and disease control activities under close supervision of Health Assistant.

ANM	Responsible for providing immunization, maternal child health and family planning services.

Management of Community Health Unit (CHU)

Community Health Unit
Community Health Units (CHUs) lowest level units that provides basic health services at community level. Community Health Units can be established at community level based on the need of local population. Currently there are 399 CHUs in Nepal.

Function/Services

1. Immunization,
2. Family planning,
3. Ante-natal care,
4. Normal delivery,
5. New-born care,
6. Nutrition counselling,
7. Treatment of TB and other common communicable diseases and conditions,
8. Management of epidemic,
9. Basic mental health service,
10. Counseling, screening and primary treatment of non-communicable diseases
11. Medicine distribution,
12. Pathology lab and other diagnostic services,
13. Promotion and prevention of eye/sight and dental problems; and
14. Other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health.

Community Health Units Operation and Management Committee

Patron	Mayor/ President of metropolitan/sub metropolitan/municipality/rural municipality
President	Ward Chairperson of the concerned ward
Vice President	One female ward member nominated by committee
Member	One women from principle/headmaster/teacher of catchment area of community health unit
Member	One representative from local business association
Member	One local prestigious women nominated by committee who general knowledge in health
Member	Officer of concerned ward office
Member secretory	Community health unit in charge

Management of Primary Health Care-Outreach Clinic (PHC-ORC)

Background of PHC outreach

As envisaged in the National Health Policy 1991, health facilities were extended up to village level. However, utilization of services provided by health facilities, especially preventive and promotive services, has been found to be limited because of limited accessibility. Therefore it was felt that services should be expanded closer to the community. Thus Primary Health Care Outreach (PHC/ORC) services was initiated and established in 1994 (2051 BS).

The aim of PHC/ORC is to improve access to some basic health services including family planning, child health and safe motherhood closer to rural households. These clinics are the service extension sites of PHCCs, HPs and up to community level.
These clinics are service extension sites of PHCCs and health posts.

The primary responsibility for conducting outreach clinics is of ANM and paramedics.FCHVs and local NGOs and community based organisations (CBOs) support health workers to conduct clinics including recording and reporting.Based on local needs, these clinics are conducted every month at fixed locations, dates and times.
They are conducted within half an hour's walking distance for their catchment populations.

ANMs/AHWs provide the basic primary health care services as according to PHC-ORC strategy.

Services provided by PHC-ORCs
1. Safe motherhood and new born care:
- Antenatal, postnatal, and new born care
- Iron supplement distribution
- Referral if danger signs identified.

2. Family planning:
- DMPA (Depo-Provera) pills and condoms
- Monitoring of continuous use
- Education and counselling on family planning methods and emergency contraception
- Counselling and referral for IUCDs, implants and VSC services
- Tracing defaulters.

3. Child health:
- Growth monitoring of under 3 years children
- Treatment of pneumonia and diarrhoea.

4. Health education and counselling:
- Family planning
- Maternal and newborn care
- Child health
- STI, HIV/AIDS
- Adolescent sexual and reproductive health.

Main Service Providers and Support Partners
The primary responsibility for conducting the PHC outreach clinics lies with AHWs and ANMs.

Others staff of HPs/PHCCs should also help in conducting the PHC outreach clinics.

Female Community Health Volunteers (FCHVs) and other local NGOs/CBOs support service providers in conducting PHC-ORC clinics and also for recording/reporting and other support activities.

Frequency, Time and Location for the conduction of the PHC/ORC
Two to five clinics are conducted every month at fixed locations on specific dates and time. The clinics are held at locations not more than half an hour's walking distance for the population residing in that area.

Mothers' Groups Meeting
Mother's group meeting are held on the day of PHC-ORC. With this arrangement, it is possible for AHWs/ANMs to take part in most of the Mothers' Group meetings which will eventually lead to better utilization of services.

Strengths
- Recommended as a regular national programme.
- Nationwide coverage by about 11,974 clinics per months.
- Service provided at the door of the community.
- Services provided at free of cost.
- Usually covers MCH/FP services which improves quality of life directly.
- Incentives are provided to AHWs and ANMs for conducting PHC/ORC.

Weaknesses
- Irregularity of PHC outreach clinics.
- Low accountability of health workers towards PHC outreach clinics.
- Lack of medicine, equipments and supplies for PHC outreach clinics.
- Low patients/clients flow in PHC/ORCs.
- Poor Monitoring and supervision.
- False reporting.

Opportunities
- Revision of PHC/ORC Strategy by MoHP.
- Orientation for PHC/ORC Strengthening.
- Purchase of Drug and Equipment.
- Planning for reactivation of PHC/ORC by dissemination of Revised PHC-ORC Strategy, training and IEC.

Threats
- High expectation of community.
- High illiteracy in rural communities
- Geographical problem to conduct PHC/ORC throughout the year especially in hills and mountains.
- Political instability and insecurity.

- Matured and tired health workers.
- Consumption of alcohol by some health workers during PHC/ORCs.

Management of Female Community Health Volunteers (FCHVs) Programme

FCHVs Programme

The national FCHV Program was introduced in 1988 (2045/46), under the Public Health Division of the Ministry of Health. Initially FCHV programme was started in 27 districts. By 1995, the program was expanded in all 75 districts. FCHVs Program is established for assisting primary health care activities and acting as a bridge between government health services and the community. Initially, the approach was to select one FCHV per ward of VDC regardless of the population size. Later in 1993 population based approach was introduced in selected (28) districts. At present there are about 52 thousands FCHVs actively working all over the country.

The major role of the FCHV is to promote health and healthy behavior of mothers and community people for the promotion of safe motherhood, child health, family planning, and other basic health services with the support of health personnel from the HPs, and PHCCs.

Goal:

- The goal of FCHV program is to support the national goal on health through community involvement in public health activities. This includes imparting knowledge and skills for empowerment of women, increasing awareness on health related issues and involvement of local institutions in promoting health care.

Objectives

1. To activate the women for tackling health problems by imparting relevant knowledge and skills
2. To prepare a pool of self-motivated volunteers as a focal person for bridging the health pro-grams with community
3. To prepare a pool of volunteers to provide services for community-based health programs
4. To increase the participation of community in improving health
5. To develop FCHV as a motivator of health
6. To increase utilization of health care services through demand creation

Selection of FCHV

A meeting of mother's group for health (MGH) will select FCHV on the following basis. The decision of selection of a new FCHV should be communicated formally to local health institution and local government.

Basis of selection of FCHV

a) Permanent resident of the related community, willing to work as volunteer for at least 5 years and age between 25-45 years
b) Priority will be given to married women
c) Having commitment to serve the community
d) Should have to completed class ten, however in mountain and remote regions woman who have completed basic education, can also be selected.

e) Priority will be given to women from Dalit, Janajati and Marginalized groups
f) Should not have paid job.
g) Should not involve in political activities and should not be an elected member

One FCHV will be selected for per 1000 population in Terai, per 600 population in hill and per 150 population in Mountain. However, the number of FCHV can be adjusted by concerned local government with their own additional cost.

Training and capacity development of FCHV

- Basic training will be provided to all newly recruited FCHV
- Capacity development activities of FCHV will be carried out through training, refresher training or orientation program as per need for new programs

Role of FCHV

a) The main role of FCHV will be concentrated on the health promotional activities of mothers and children in their working area. Besides, they will also help in promoting utilization of available health services and raise awareness on health through MGH.
b) FCHV will help in various health programs such as family planning, safer motherhood, newborn care, immunization, nutrition, communicable and epidemic diseases, acute respiratory diseases and diarrheal diseases control, environmental sanitation, health education and other national programs.
c) FCHV will also provide recommended services like drug distribution and diseases management as directed by Nepal government based on community based approach.
d) Other health programs also might involve FCHV through their guidelines. However, the involvement of FCHV in other programs should be mandatorily endorsed by central level FCHV Coordination sub-committee.
e) FCHV has to submit an annual report to local health institution and her mother group for health (MGH).
f) FCHV has to submit a monthly report of her activities to local health worker or supervisor every month.
g) FCHV can be selected by her respective MGH for a term of 5 years
h) FCHVs are entitled to abide by the code of ethics developed for them.

Tenure of FCHV

- FCHV can work as a FCHV up to the age of 60 years if the MGH recommends for continuation of her work every five years.

Role of health worker

- Health workers working in the primary health care institutions such as AHW, ANM, Staff Nurse, Health Assistant or in-charge of local health institution will help the work of FCHV and MGH, including the supply of required drugs and materials, collection of reports from FCHV and conducting meetings and providing technical support.

Retirement

- FCHV attaining the age of 60 years will be bidden honored farewell on the recommendation of MGH

- A letter of honor as well as a designated amount of money may be provided to the retiring FCHV after serving satisfactorily for a period of years.
- Retiring FCHV will be requested to be a honored member of the MGH
- Retiring FCHV might continue to get the benefits of an active FCHV like obtaining free essential health care as per the guidelines.

Review meeting of FCHV

a) All the primary health care level health institutions will hold review meeting of FCHV two times a year (with a gap of six months, preferably in November & July) with a duration of 2 days. The meeting will review the performance of FCHV and plan for future activities.
b) The in-charge of local health institution will conduct the review meetings of the FCHVs. will be participating in the review.
c) During the review meeting, review of the work of FCHVs and relevant health programs will be carried out. Besides analysis of the ward register, problem identification and their solution, recording of vital events (such as maternal death, neonatal death, couples using family planning methods) will be done during the review. Necessary guidance and logistics support will be provided to FCHV during the review meeting.
d) During the review meeting the activities related to FCHV fund mobilization and utilization as well as discussion on raising the fund will also be done.
e) The in-charge of the local health institution might invite representative from local government as well as ward members and members of the health facility management committee.

Additional activities

Publication of FCHV magazine (Hamro Kura)
FCHV Fund Establishment
FCHV survey
Electronic FCHV Data Base
Birth Preparedness Package (BPP)
Radio Programme

Strengths

Regular government program
High priority program
Direct contribution to improvements to Maternal child health
Effective community mobilization
Identified and effectively treated pneumonia by FCHVs
Support the distant learning program for FCHVs through mass media and by radio in particular.
Regular training and review meetings
Celebration of FCHV days

Weaknesses

Lack of basic training to newly selected FCHVs
Lack of and irregular and under supply of commodities to FCHVs
Lack of support to FCHVs
Lack of monitoring and supervision

Lack of Incentives to FCHVs

Opportunities
Revised strategy for FCHV program
Support by bilateral and multilateral partners
Many women are willing to be FCHV
Trainings to FCHVs on CB-IMCI, CB-NCP, RBM etc.
Provision of FCHV fund by government
Decentralization and delegation of authority of management to local government.

Threats
High programme demand for community based interventions
Ageing of FCHVs
Illiteracy among FCHVs
Threats to volunteerism
Voluntary withdrawal
Bargaining of FCHVs for financial incentives and salaries.

References:

- National Female Community Health Volunteer Program Strategy, 2067 (Unofficial Translation) Government of Nepal, Ministry of Health and Population, Department of Health Services, Family Health Division; 2067.

- National Female Community Health Volunteer Program Strategy, 2067 (First amendment 2076) Government of Nepal, Ministry of Health and Population, Department of Health Services, Family Health Division; 2067.

Management of Urban Health Promotion Centre

Background
Recently, government of Nepal has started Urban Health Promotion Centres (UHPCs) in some metropolitan, sub metropolitan and municipality of Kathmandu valley and other large cities to promote the health of the urban population. These urban health promotion centers provide all preventive, promotive and curative health services. However, give more emphasis on health promotion. These UHPCs provides modern allopathic, Ayurvedic and other alternative health services in an integrated manner. UHPCs are established, operated and managed by metropolitan, sub metropolitan and municipality. MoHP provides technical assistant in establishing and managing these UHPCs.

Objective:
- To promote urban health through by improving the health status of urban population by the substantial involvement and participation of community to provide basic health services.

Local level:
- Ward level of sub metropolitan/ metropolitan and municipality

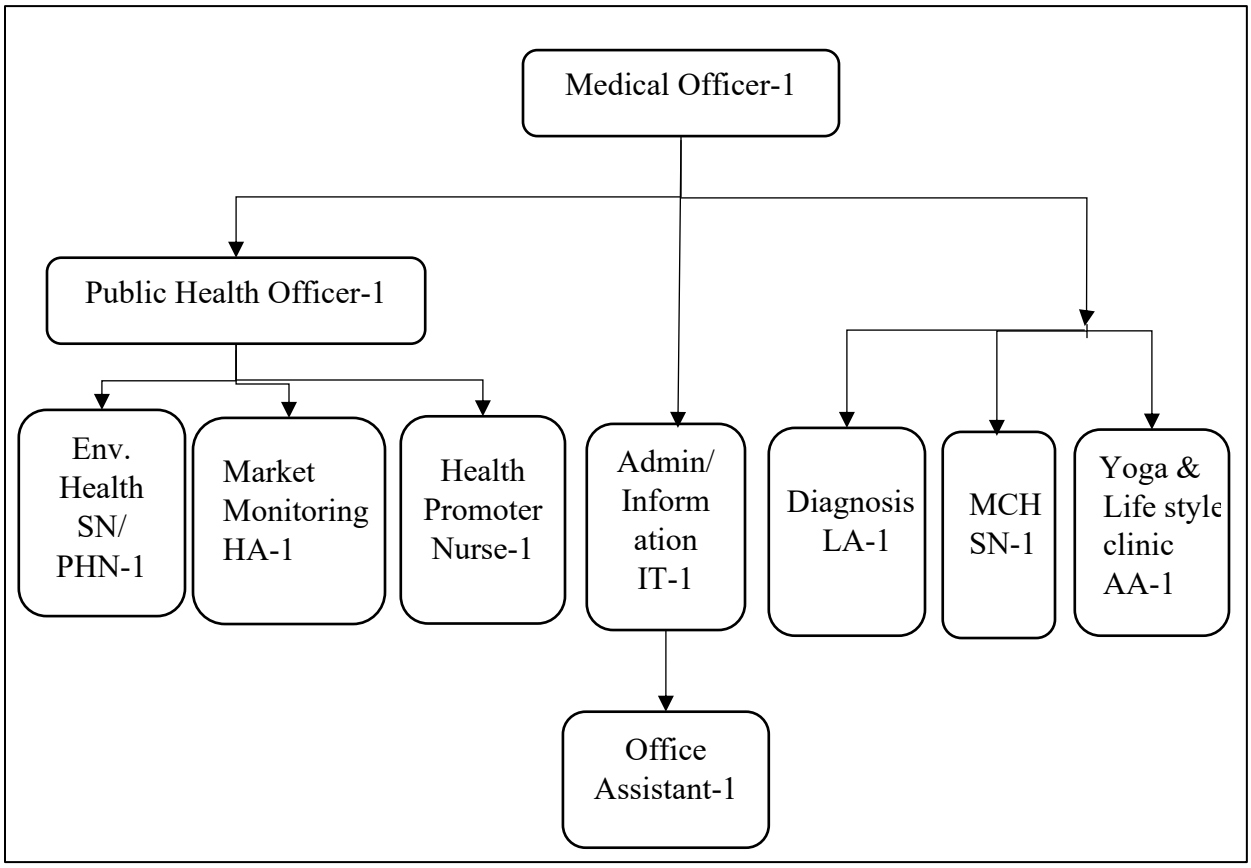
Services provided

Urban Health Promotion Centre provides following ten types of services.

- OPD service
- Safe motherhood and newborn health
- Prevention and management communicable disease
- Service related to non-communicable diseases and healthy life style related services
- Ayurveda and alternative medicine service
- Public health monitoring and surveillance
- Promotion of healthy environment
- Management of epidemics and disasters
- Health services for senior citizens
- Referral services

These UHPCs should have to provide basic essential health services freely. UHPC can also be established by upgrading PHCCs, UHCs and HPs. UHPC should be client and patient friendly.

UHPC Organogram



Urban Health Promotion Centre Management Committee

Patron	Mayor/ President of metropolitan/sub metropolitan/municipality/rural municipality
Patron	Vice-Mayor/ Vice-President of metropolitan/sub metropolitan/municipality/rural municipality
President	Ward Chairperson of the concerned ward
Vice President	Health coordinator of metropolitan/sub metropolitan/municipality
Member	Two ward members nominated by the committee
Member	Two female representatives nominated by committee
Member	Four persons from representatives of social workers, local institutions, schools and private nursing homes
Member Secretory	Urban health promotion center in-charge

Reference:
Urban Health Promotion Centre Establishment and Operation Guideline, 2074. Government of Nepal, Ministry of Health and population, Department of Health Services. Primary Health Care Revitalization Division.

Management of Urban Health Centers (UHC)

Urban Health Centre
The Primary Health Care Centre and Urban Health Centre provide the same level of services.

See Services provided by PHCC.

The PHCC is established in rural areas whereas the UHC is gradually established in every ward of municipalities, sub-metropolis and metropolis areas.

It is the responsibility of respective municipalities to manage the urban health centres.

These centres can be operated as hospitals in partnerships with non-profit organizations to serve the needs of respective communities.

Management Committee of UHC

Patron	Mayor/ President of metropolitan/sub metropolitan/municipality/rural municipality
President	Ward Chairperson of the concerned ward
Vice President	Nominated from elected female member by president
Member	One principle/headmaster of catchment area of health post
Member	One representative from local business association
Member	One local prestigious women nominated by patron who general knowledge in health

Member	Officer of concerned ward office
Member secretory	Urban Health Centre in charge

SWOT analysis of health service management at the local level

Strengths

1. **Decentralized Decision-Making**: Local governments have a better understanding of community-specific health needs, enabling more tailored health interventions.
2. **Community Engagement**: Local health management often involves greater community participation, leading to more effective health campaigns and better health outcomes.
3. **Proximity**: Being closer to the community allows for quicker response times to health issues and emergencies.
4. **Improved Accountability**: Local governments are more directly accountable to their constituents, which can lead to higher standards of service delivery.
5. **Integration of Services**: Better coordination and integration of health services with other local services like sanitation, education, and nutrition.

Weaknesses

1. **Limited Resources**: Local governments often face financial and human resource constraints, limiting their ability to provide comprehensive health services.
2. **Capacity Issues**: Lack of adequately trained healthcare professionals and management staff at the local level can hinder effective health service delivery.
3. **Inconsistent Quality**: Variability in the quality of health services across different localities due to differing levels of resources and expertise.
4. **Bureaucratic Challenges**: Local governments may face bureaucratic hurdles that can slow down decision-making and implementation of health initiatives.

Opportunities

1. **Policy Support**: National policies promoting decentralization and local governance provide a supportive framework for local health service management.
2. **Partnership and Collaboration**: Opportunities for partnerships with CBOs and NGOs to improve local health services.
3. **Innovation and Pilot Programs**: Ability to test and implement innovative health programs and solutions that can be scaled up if successful.
4. **Community Health Initiatives**: Greater scope for community-based health initiatives and preventive health programs tailored to local needs.

Threats

1. **Political Instability**: Frequent changes in local government leadership can disrupt health service management and continuity of care.

2. **Economic Challenges**: Economic instability at the national or local level can lead to reduced funding for health services.
3. **Natural Disasters**: Nepal is prone to natural disasters like earthquakes and floods, which can severely disrupt local health services.
4. **Epidemics and Pandemics**: Outbreaks of diseases can overwhelm local health systems that are already operating with limited resources.

Health Planning & Budgeting

Annual Health Planning and Budgeting at Federal Level

The evidence-based annual work planning and budgeting (AWPB) at all levels of government needs to achieve universal health coverage.

The health sector planning and budgeting process is important to ensure the proper implementation of fundamental rights, legal provisions, strategic plans, and international commitments in health.

Nepal's commitments to achieving UHC and the SDGs by 2030 largely depend on effective health planning and budgeting.

The Policy Planning, and Monitoring Division (PPMD) of Federal Ministry of Health and Population (FMoHP) is responsible for the entire planning process.

Based on the budget ceilings provided by the Ministry of Finance (MoF), it takes lead role in preparing the budget details that require for all departments, divisions, centres, and hospitals.

The concern departments are responsible to prepare the budget of the centres and division function under them.

The PPMD’s Planning Unit reviews the draft budget from all department, centres, and hospitals.

The MoF compiles the sectoral budgets and prepares the national budget with policy and programmes; announces it publicly through the budget speech; and submits the final budget to Parliament for endorsement.

The Parliament endorses the budget of the coming fiscal year and the “Red Book” is a budget authorisation.

The sequence of events by which national plans are developed by the FMoHP within the framework of central government practice is as follows.

Date	Major activities

January	• GoN's National Natural Resource Fiscal Commission (NNRFC) defines the overall budget for the country. • This includes the budget for the FMoHP and conditional grants to the PGs and LGs. As per the decision of the NNRFC, the MoF provides budget ceilings and guidelines for sectoral ministries.
January/ February	• PPMD of the FMoHP allocates the budget ceiling for all departments, divisions, centres, and hospitals based on priority, programme, performance, and actual expenditure. • The FMoHP asks for preliminary budgetary commitment from EDPs during the Joint Annual Review (JAR). • FMoHP organises four Joint Consultative Meetings (JCMs) per year with EDPs to discuss the budget and priority areas. EDPs make their official annual commitments to the FMoHP at the fourth JCM.
March	• The FMoHP's entities prepare their AWPBs based on their priorities and the previous year's budget. • This also includes details of conditional grants to be provided to PGs and LGs. • FMoHP involves all EDPs and supporting stakeholders
March	• The PPMD submits the compiled planning and budgeting to the MoF
By end of March	• Discussions at MoF • First JCM with EDPs
April	• In practice, the MoF calls the PPMD and concerned officials (individually and in a team) to discuss item-wise justifications on their planned budgeted lines they are not satisfied with. • This is a crucial juncture where adjustments may be made to the budget by the MoF. • In the last phase, the MoF invites the FMoHP secretary, head of the PPMD, Planning Section, and Finance Section for final hearing and finalisation of the plan and budget. • Second and Third JCM with EDPs.
May - June	• MoF compile the sectoral budgets and prepares the national budget with policy and programmes. • The Red Book is compiled, finalised, and announced by the Parliament by 29th May (15th Jestha). • Fourth JCM with EDPs who make their commitments
16th July	• Start of the new fiscal year

Health Planning and budgeting at Provincial Level

- Provincial Governments (PGs) have the authority to plan and budget their health activities.
- PGs receive the conditional grant through the Red Book.
- The PGs budget included in the Red Book does not need any authorisation.
- The PG announces the budget by 14th June, (31st Jestha).

- The MoF then sends a circular through its website to all District Treasury and Comptroller Office (DTCO) to release the first quarter budget as per the Red Book irrespective of equalisation or conditional grants.
- The Provincial Ministry of Social Development (PMoSD) prepares the social sector budget including health budget.
- The health budget for PGs can include sources such revenue transfer, equalisation, conditional, special, and matching funds from federal government including their own revenue.
- The budget should be executed by 16th July.

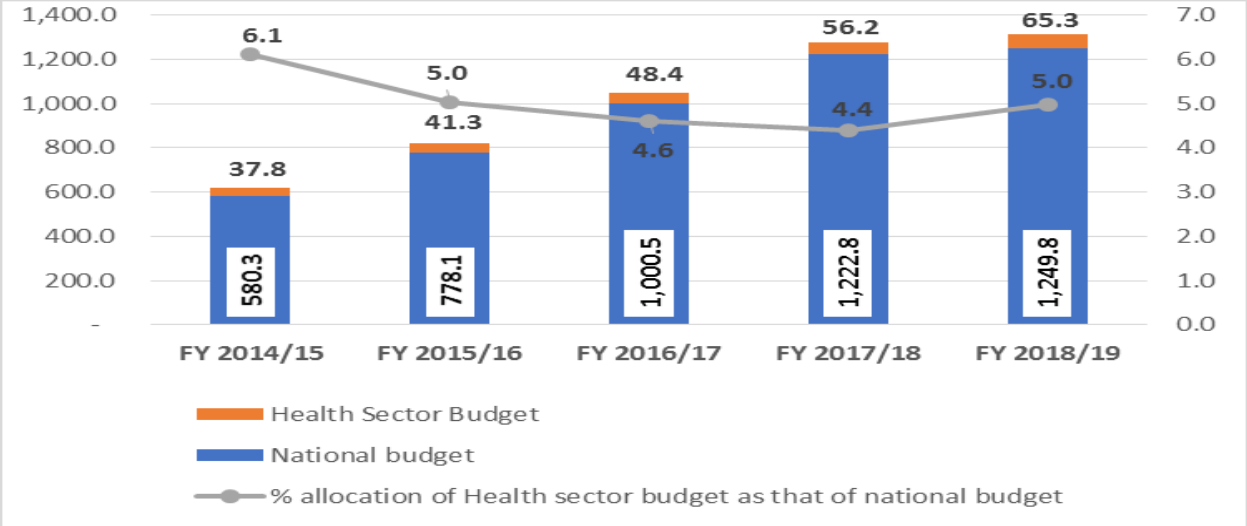
Health Planning and budgeting at Local Level

Local Government Operation Act- 2017 defines the overall mandates of the Local Governments and their operational procedure. This also includes a section on "planning and implementation" at local level with the following key provisions.
Local levels should prepare periodic and annual plans compatible with provincial and federal policies, targets, objectives, timeframes, and procedures
Estimates of revenue, prioritisation of projects, an execution plan and monitoring and evaluation (M&E) plan should also be included while preparing the local level plan.
Provision of the Budget and Programme Formulation Committee (Deputy Mayor/Chief of the Municipality, sectoral members of Council, Chief Administrative Officer, Planning Head)
Estimates of revenues and expenditure – the Annual Work Planning and Budgeting (AWPB), to be presented in Local Assembly by *Ashad* 10 (approx. June 25)
Endorsement of the AWPB by the Assembly by end of *Ashad* (mid-July) with necessary revisions

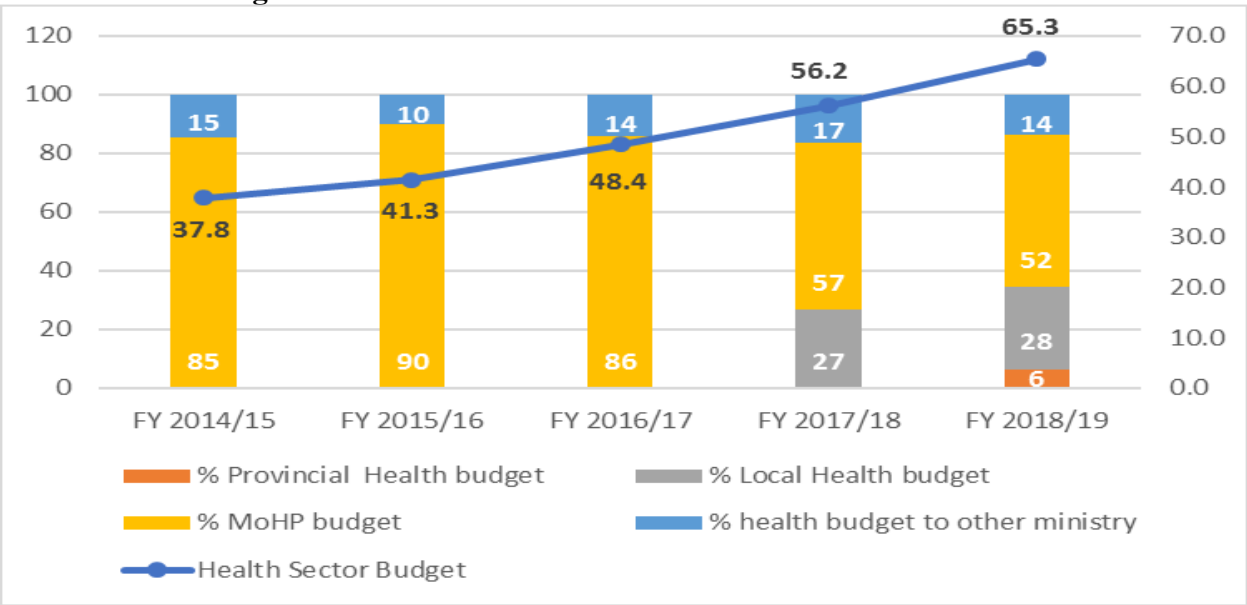
7 step planning process at the Local Level

1. Framework of fiscal transfer with guidance for planning and budgeting
2. Revenue estimation and determination of budget envelope
3. Selection of project/activities at Tole/Cluster level
4. Prioritisation of projects/activities at Ward Level
5. Preparation of AWPB by Committee
6. Approval by Executive Body and submission to Local Assembly
7. Approval of AWPB by the Local Assembly

% of national budget allocated to health sector (NPR billion)



Health Sector Budget in FY 2018/19



Budget Allocation for NHSS Output indicators by Federal, Provincial & Local Government, FY 2018/19

NHSS Output Level Indicators	Allocated Budget (in Million)			Total	
	Federal	Provincial	Local	Amount	%

Health infrastructure developed as per plan and standards	10309.6	1.8	225.0	10536.4	18.7
Improved management of health infrastructure	79.4	17.9	4.4	101.7	0.2
Improved staff availability at all levels with focus on rural retention and enrolment	21.9	76.0	0.0	97.9	0.2
Improved human resource education and competencies	87.6	87.0	0.0	174.6	0.3
Improved procurement system	282.0	174.1	530.1	986.3	1.7
Improved supply chain management	334.0	105.9	0.0	439.9	0.8
Health services delivered as per standards and protocols	10024.6	1335.9	11440.5	22801.0	40.4
Quality assurance system strengthened	40.3	19.7	13.1	73.1	0.1
Improved infection prevention and health care waste management	1299.4	90.9	45.5	1435.8	2.5
Improved access to health services, especially for unreached population	9625.3	1621.6	4887.0	16133.8	28.6
Health service networks including referral system strengthened	9.1	3.0	195.5	207.6	0.4
Improved governance of private sector	6.5	8.4	75.3	90.2	0.2
Health financing system strengthened	530.5	47.2	78.1	655.8	1.2
Healthy behaviours and practices promoted	874.8	521.2	409.3	1805.3	3.2
Improved preparedness for public health emergencies	2.1	0.0	0.0	2.1	0.004
Strengthened response to public health emergencies	333.1	29.0	70.2	432.3	0.8
Integrated information management approach practiced	195.8	45.0	178.7	419.5	0.7
Survey, research and studies conducted in priority areas and results used	24.0	0.0	0.0	24.0	0.043
Improved health sector reviews with functional linkage to planning process	2.4	0.0	0.0	2.4	0.004
Total	34,082	4,185	18,153	56,420	100

Issues and challenges for AWPB

Aligning or harmonising exclusive functions of federal governments, PGs, and LGs
Defining concurrent planning and budgeting functions in terms of system, organisation and people

Developing and harmonising health policy and priorities at all levels of government
Re-aligning the health strategy, plan, and budget across federal, provincial, and local government

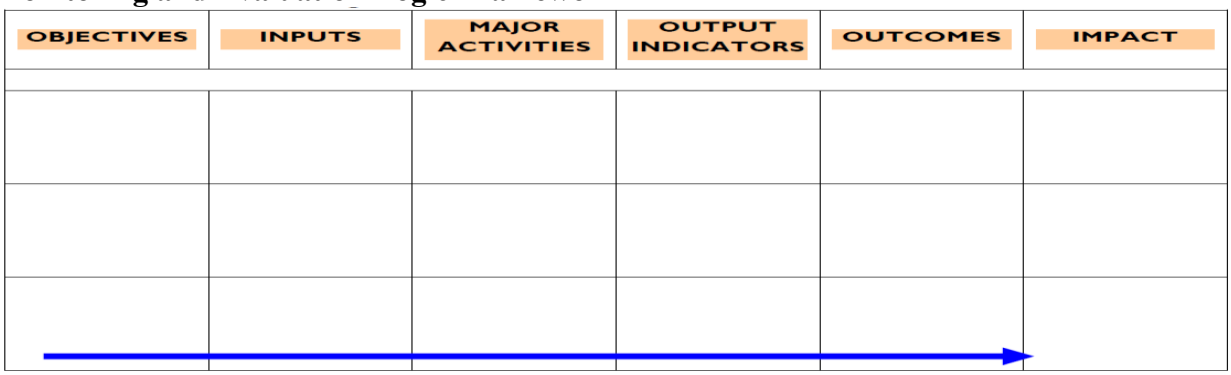
Developing and harmonising a consistent health planning cycle at all levels of government
Standardising the Medium Term Expenditure Framework (MTEF) applicable to all levels of government

Determining a health budget and programme that is consistent with national and international commitments at all levels of government

Enhancing the capacity of officials engaged in planning at all levels of government
Standardising the budget and expenditure tracking system at federal, provincial, and local government

Review, Monitoring and Evaluation

Monitoring and Evaluation Logic Framework



Monitoring and Evaluation Matrix (Framework)

Goal:							
Objective 1:							
Major activities:							
Indicators	**Baseline**	**End line**	**Data collection tool**	**Frequency of data collection**	**Responsible person**	**Reporting frequency**	**Remarks**
Input							

Process							
Output							
Outcome							
Impact							

Process and Techniques of Monitoring and Evaluation at Federal Level

	Objective	**Structure and involvement**	**Period**
Final Evaluation	Evaluation of effectiveness of NHSS-IP 2016-21 & health related SDGs 2016-30	Evaluation by external evaluator	NHSS: 2021 SDGs: 2030
Mid-term Review	Evaluation of progress of NHSS-IP 2016-21 & health related SDGs 2016-30	Evaluation by external evaluator	NHSS: 2021 SDGs: 2030
Program Review	Review of health sector outcomes, achievement and lesson learning of previous fiscal year and prepare plan for coming FY based on it.	Involve provincial level, EDPs and other stakeholders	Annual
Policy Review	Review of effectiveness of health policies, standards, guidelines and necessary modification and development	Review by expert groups	As necessary
Field monitoring	Insure implementation of national polices, standards and programs by all	Field monitoring using check list in	Half yearly for health facilities under federal

	levels of health of health facilities and institutions Insure implementation of HMIS and surveillance system as standard	coordination with concerned level	level and for other level as necessary in coordination
Special studies, researches and surveys	Review of health issues not covered by regular information and surveillance system	Conducting studies and researches by identifying priority areas	As necessary
Surveillance	Identifying unusual events, epidemics or changes in disease pattern & risk and reporting for necessary decision	Establishment and regular operation of disease and epidemic surveillance system based on international standard	Regularly

Process and Techniques of Monitoring and Evaluation at Provincial Level

	Objective	**Structure and involvement**	**Period**
Program Review	Review of health sector outcomes, achievement and lesson learning of previous fiscal year and prepare plan for coming FY based on it.	Involve local level, other provincial stakeholders and if necessary federal representative	Annual
Policy Review	Review of effectiveness of health policies, standards, guidelines and necessary modification and development	Review by expert groups	As necessary

Process and Techniques of Monitoring and Evaluation at Local Level

	Objective	**Structure and involvement**	**Period**
Program Review	Review of health sector outcomes, achievement and	Involve health facilities under it and other stakeholders for	Annual/ Quarterly

	lesson learning of previous fiscal year and prepare plan for coming FY based on it.	quarterly and yearly review if necessary federal & provincial representative in yearly review	
Policy Review	Review of effectiveness of health policies, standards, guidelines and necessary modification and development	Review by expert groups	As necessary
Field monitoring	Insure implementation of federal and provincial polices, standards and program by local health facilities Insure implementation of HMIS and surveillance system as standard	Field monitoring using check list incoordination with concerned level	Quarterly for health facilities under local level
Special studies, researches and surveys	Review of health issues not covered by regular information and surveillance system	Conducting studies and researches by identifying priority areas	As necessary
Surveillance	Identifying unusual events, epidemics or changes in disease pattern & risk and reporting for necessary decision	Establishment and regular operation of disease and epidemic surveillance system based on international standard	Regularly

Process and Techniques of Monitoring and Evaluation conducted by Health Facilities

	Objective	**Structure and involvement**	**Period**
Program Review	Review of health sector outcomes, achievement and lesson learning of previous fiscal year and prepare plan for coming FY based on it.	Involve local level and health workers for yearly	Annual
Work performance review	Review of work performance insuring quality of information including data verification	Review by involving health workers	Monthly
Monitoring disease pattern and burden	Monitoring of disease pattern and burden Insuring health services utilization	Health facility in charge	Monthly

Field monitoring	Insure health services provided by PHC and EPI ORC are as planned or not and identify any support needed	Monitoring of EPI and PHC ORC using check list by health facility in charge	Monthly

Outcome and Impact Level Indicators

Health

1. Life expectancy at birth
2. Maternal mortality ratio (per 100,000 live births)
3. Child mortality rate (per 1000 live births)
4. Infant mortality rate (per 1000 live births)
5. Neo-natal mortality rate (per 1000 live births)
6. Total fertility rate (women in 15-49 age group)
7. Rate of delivery related death risk for mother
8. Underweight, stunted and wasted under five children (%)
9. Babies born with low birth weight (%)
10. % of women whose BMI is between 18.5 and 24.9
11. Rate of HIV infection in men and women in 15-24 years age group
12. Rate of diagnosis and successful treatment of TB
13. Incidence of malaria and parasitic diseases (%)
14. Population satisfied with health services (%)
15. Population with sustainable access to safe drinking water (%)
16. Population using treated water (%)
17. Population with access to basic and safe toilets (%)

Input, Process and Output Indicators

1. Number of HPs per 5,000 people
2. Number of PHCCs per 5000 people
3. Number of beds in primary hospitals per 5,000 people
4. PHCCs providing all Basic Essential Obstetric Care service (%)
5. Population having access to the nearest government health facilities (within an hour)
6. Sanctioned posts fulfilled at HP (%)
7. Sanctioned posts fulfilled at PHCC (%)
8. Sanctioned posts fulfilled at primary hospitals (%)
9. Primary hospitals that have at least 1 MDGP or Obstetrician/ Gynecologist; 5 nurses (SBA); and 1 Anesthesiologist or Anesthetic Assistants (%)
10. Number of developed and deployed SBAs
11. Contraceptive prevalence rate
12. Children under 5 with pneumonia, who received antibiotics (%)
13. Children aged 6-59 months that have received vitamin A supplements (%)
14. Met need for emergency obstetric care

15. Pregnant women attending at least 4 ANC visits (%)
16. Pregnant women receiving Iron folic acid (IFA) tablets (%)
17. Deliveries conducted by a skilled birth attendants (%)
18. Institutional deliveries (%)
19. Women receiving health checkup service after giving birth (%)
20. Children under1 year immunized against measles (%)
21. Percentage of children under 5 years who slept under a long lasting insecticide treated bed net (LLITBN) in high-risk areas
22. Percentage of households using long lasting insecticide treated bed in high-risk areas
23. Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
24. Percentage of people who inject drugs reached with HIV prevention programme
25. Number of population benefitted from basic drinking water services
26. Number of population benefitted from high and medium level drinking water services
27. Number of Open Defecation Free (ODF) sites
28. Total number of sewerage treatment facilities
29. Number/Percentage of households with sewerage system
30. Number of municipality with solid waste management sites

Reference:
NPC. National Monitoring and Evaluation Guidelines. Government of Nepal, National Planning Commission Secretariat, Kathmandu, Nepal; 2013.

Management of Essential Medicine & other Logistics

Essential Drugs

Essential drugs are those that satisfy the health care needs of the majority of the population; they should therefore be available at all times in adequate amounts and in the appropriate dosage forms.

The choice of such drugs depends on many factors, such as the pattern of prevalent diseases; the treatment facilities; the training and experience of the available personnel; the financial resources; and genetic, demographic and environmental factors.

There should be a list of essential drugs for each level of health facility. WHO has prepared a model list for supporting member states. Based on this model list each country can prepare list of essential drugs based on disease burden and resource available.

An essential drug list must be flexible enough to accommodate, as necessary, new drugs, new information on established drugs and changes in the status of internationally controlled substances.

Essential medicine list
EML for Federal level
EML for province level

Essential medicine list for local level (HP, PHCC and Hospital)

Management of essential medicine, vaccine& logistics in all level of health facilities

1. Storage of medicine and supplies
2. Storage of vaccine
3. Maintaining stock register
4. LMIS reporting
5. Maintaining ASL/EOP and FEFO/FIFO
6. Order and supplies
7. Local procurement
8. Distribution and transportation
9. Inspection and monitoring
10. Waste disposal

Storage of medicine and supplies

- Sufficient racks, cupboards and pallets for storage
- Dry place with sufficient ventilation
- No touched to wall and floor of store room
- No direct sunlight
- Separate storage of insecticide, pesticides, expired and damaged drugs and other logistics
- Provision for fire control
- Provision for pest control
- Maintaining FEFO system
- Visible expiry date in each item

Storage of Vaccines

- Appropriate temperature with specific vaccine
- Daily temperature recording (morning and evening)
- Maintaining FEFO system
- Appropriate condition based on VVM (vaccine vial monitor)
- Refrigerator and generator are in properly working condition
- Sufficient syringe, needles, vaccine carriers, ice packs and other logistics for vaccination

Maintenance of Stock Book

- Appropriate maintenance of stock in and stock out
- Medicines are recorded in generic name in stock register
- Need to specify ASL and EOP in each item at the top of page

LMIS Reporting

- Need to prepare and provide LMIS report within 7 days after completion of each trimester
- stock level compatible with pervious trimester's report
- Need to mention the quantity of drugs going to expire in coming six months for each item
- Implementation of feedback provided by higher authority

- Need to upload LMIS report in web with in 7 days after completion of each trimester

Maintaining ASL and EOP

- Stocks of every item should in between ASL (authorized stock level) and EOP (emergency order point)
- Stock of syringe should be in between 1.25 to 2.25 months
- FEFO and FIFO

Order of medicine and supplies

- Order of medicine and supplies based on ASL and EOP
- Mentioning ASL, EOP and stock level with every order
- Use of transfer form with providing drugs and supplies to lower level health facilities

Local Procurement

- Need to determine the quantity to be procure based on morbidity pattern and previous expenses
- Need to prepare procurement plan at local/health facility level
- Procurement based on essential drug list
- Procurement based on current procurement and accounting policy and guideline of government of Nepal

Computerized system and database

- Computerized system for store management
- Well trained human resource in handling computerized system and database
- Use of inventory system software for recording and reporting
- Distribution & transportation mechanism
- Plan for distribution & transportation mechanism
- Budget for transportation of medicine and logistics
- Maintenance of pull and push system

Inspection and monitoring

- Frequent inspection and observation of store room: floor, wall, ceiling, roof etc.
- Inspection and observation of drugs and medicine for their condition (VVM for vaccines).
- Inspection and observation for possible pest (rat, mouse, insects etc.)
- Separation of expired and damaged drugs

Disposal of health care waste

- Proper collection of health care waste based on category of waste
- Safe disposal of waste based on waste category
- Placenta pit
- Proper collection and disposal of sharp, syringe and needles

Role of federal government in logistic management

- Primary responsibility of logistic management section of DoHS's management division. The work of this section are as follows:
- To support the Ministry of Health and Population to construct national laws, policies, directories, quality criteria, protocols regarding purchases and supplies.
- Support the Ministry of Health and Population to prepare and update national standards, criteria and specification regarding medicine, health equipment and logesticts at national level.
- Role of federal government in logistic & essential drugs management
- Purchase of essential health materials such as vaccinations and family planning devices and supply at the state level.
- Facilitate state and local level to purchase and supply of essential tools, equipment and medicines
- Coordination and facilitation to all levels for institutionalizing logistic management information system.
- Managing essential materials in sections under departments of health services.

Role of province in managing essential medicine & logistics

Role of local government in managing essential medicine & logistics

- Local government receive the budget for the procurement of essential medicine from federal government
- Local governments can also utilize local funds for purchasing of essential drugs
- Local purchasing should be based on essential drug list for local level (health post, primary health care center and hospitals)
- Before purchasing, should identify the stock levels of essential medicines in the health facilities under local government
- Before finalize purchase list it is necessary to coordinate to health offices, medical stores and higher authority for drugs that can be supplied by these authorities
- While purchasing drugs at local level it is necessary to analyze health problems and disease pattern at local level
- Procurement should be based on procurement policy of government of Nepal
- Bulk procurement by competitive bidding/tender at low price
- Inspection and verification of procured drugs
- Proper storage at local level
- Distribution and supply to local health facilities based on necessity
- Monitoring rational use of drugs
- Drug procurement from health budget by Federal, Provincial, and Local Government FY 2018/19

Hospital Pharmacy management

In the year 2015, Hospital Pharmacy Service Directive was passed by the Government of Nepal which states that every hospital should have its own pharmacy and should not be given on lease.

The directive also set up a minimum number of qualified pharmacy personnel required according to the size of a hospital

The aims of establishing own pharmacy in hospitals are to ensure proper use, distribution, availability, dispensing of medicines, promote rational drug use and ultimately to deliver appropriate health care.

Rational of Hospital Pharmacy Service

- Accessibility of medicine to all population
- Providing pharmacy service by use of competent pharmacy manpower
- Providing quality and cost effective medicine services to patient
- Well managed and effective pharmacy services to patient.

Physical infrastructures

- Enough space for dispensing and storage of medicines
- Appropriate storage condition (place, temperature, light, ventilation)
- Easily accessible location of pharmacy (if possible front side of hospital)
- Separate medicine counselling room
- Separate place for storage for drugs to be returned, expired drugs and drugs to be destroyed
- Physical infrastructures
- Appropriate availability of patient registration, billing and dispensing site
- Appropriate software for inventory control (stock level, expenses, drug information and level including manufacturing and expiry date
- Display of free available medicine list where anyone can see easily
- Provision of separate place for free and non free medicine
- No commercial promotion of medicine (Except if based on scientific fact)

Other provisions

- Provision of hospital pharmacy management committee
- Minimum manpower for hospital pharmacy (100+ bed: 10+2, 51-100 bed: 7+2, 26-50 bed:3+1, 15-25 bed: 2+1)
- Seed money by Government in from of grant
- Free medicine is supplied by Government of Nepal
- Separate account for pharmacy management
- Strict control on narcotics and antimicrobials
- Free medicine and treatment to 10% of poor and helpless patients in private hospitals
- Clear record of Income and expenditure
- Provision on hospital formulary (Based on disease pattern, safety, efficacy with focus on essential medicine list)

Reference

- MoHP. Hospital Pharmacy Service Directive, 2015 (2072). Available online at: www.moh.gov.np

- Thapa S, Palaian S, Ibrahim MIM. Establishing a hospital pharmacy in Nepal: experiences and challenges. J Pharm Pract Community Med. 2017;3(1):31-33.
- National Pharmacy Council. National Good Pharmacy Practice Guidelines (draft). Kathmandu; 2005.