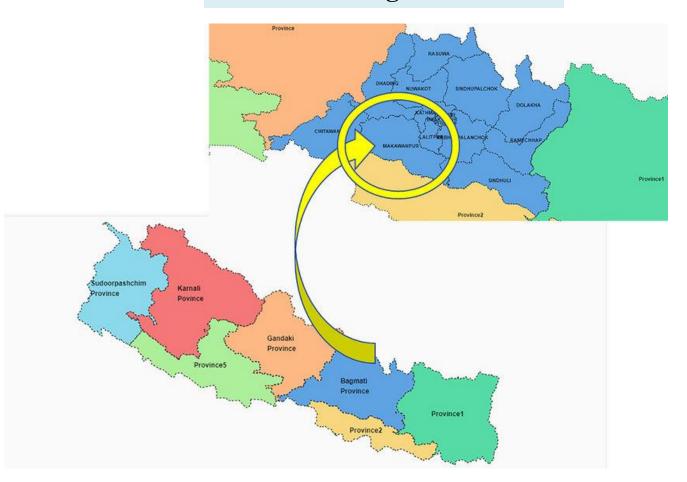


## National Joint Annual Review meeting



(FY 2078/079)

#### 2079 Mangsir 11-13



Presented By:
Ministry of Health

**Bagamati Province** 



**Presentation** 

**Outline** 



#### **Human Resource status**

**Key Achievement of FY 2078/079** 

Thematic Presentation (Full Immunization and SHN)

New Initiatives of FY 2078/079

**Lesson Learned** 

**Priorities for next AWPB** 

**Key Issues** 



#### **Human Resource Fulfillment**









76%

62.5%

82.35%

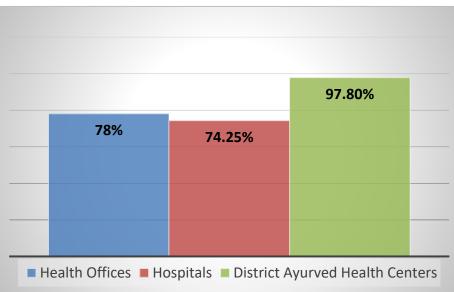


69.23%

**Total- 77%** 



78.57%







## **Key achievements of AWPB 2078/79**



## Financial and Physical progress of FY 2078/079 (Total)

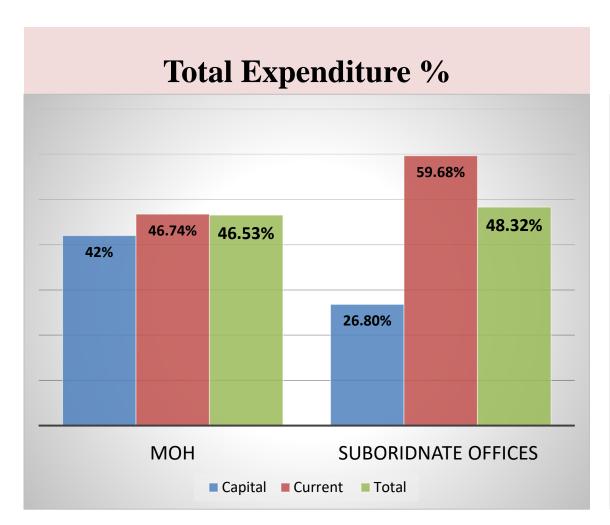


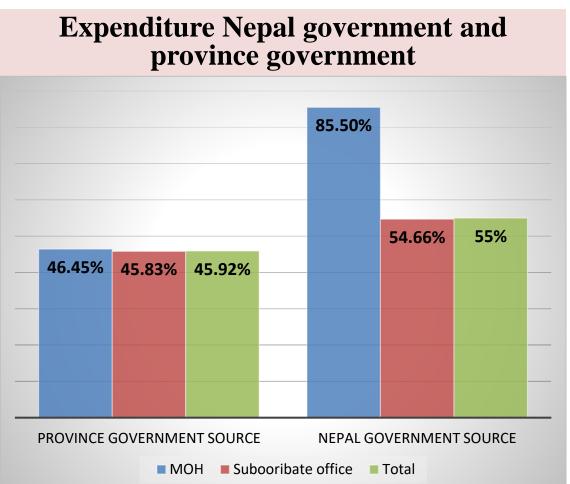
क्र.	मन्त्रालय र मातहतका निकाय		वार्षिक बजेट (रु	जम्मा खर्च (रु	खर्च प्रतिशत	भौतिक
स			हजारमा)	हजारमा)		प्रगति
8	स्वास्थ्य मन्त्रालय तर्फ	पूँजीगत	२५३२१	१०७१८	¥ <b>?</b> %	
		चालु	५१८५२०	२४२३८०	४६.७४%	
		जम्मा	५४३८४१	२५३०९८	४६.५३%	
2	मन्त्रालय मातहतका कार्यालय तर्फ	पूँजीगत	१६२६६९२	४३५९६३	२६.८%	
		चालु	३०८०८१८	१८३८७०९	५९.६८%	
		जम्मा	४७०७५१०	२२७४६७२	४८.३२%	
कुल जम्मा			५२५१३५१	2476660	४८.१३%	<b>ξ3%</b>



## Financial Progress (FY 2078/079)













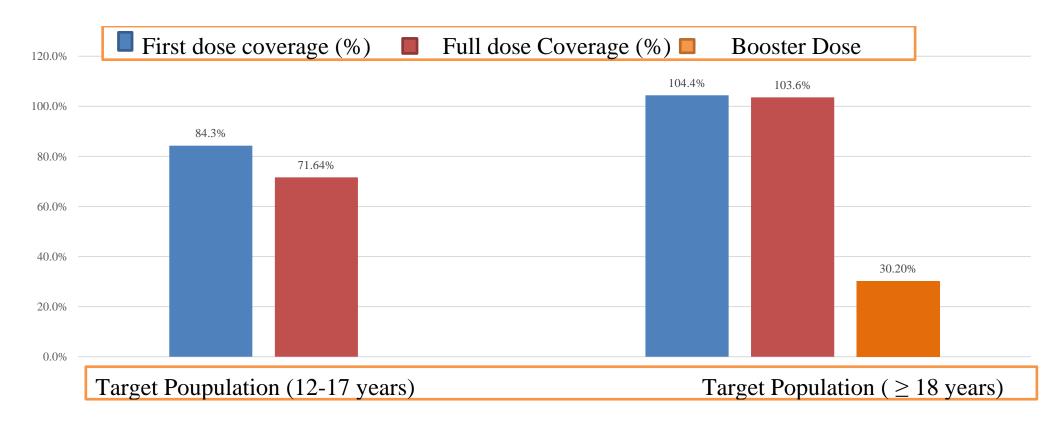
	Nepal	Bagmati Province
Total Tests	3,321,338	2,027,839
Total RT-PCR Positive cases	409,676	217,053
Recovered Cases	339,714	123,918
Deaths	2,446	1,381

Source: PHEOC Report dated 2079/03/32



### COVID-19 Vaccine update in Bagmati Province (FY 2078/079)



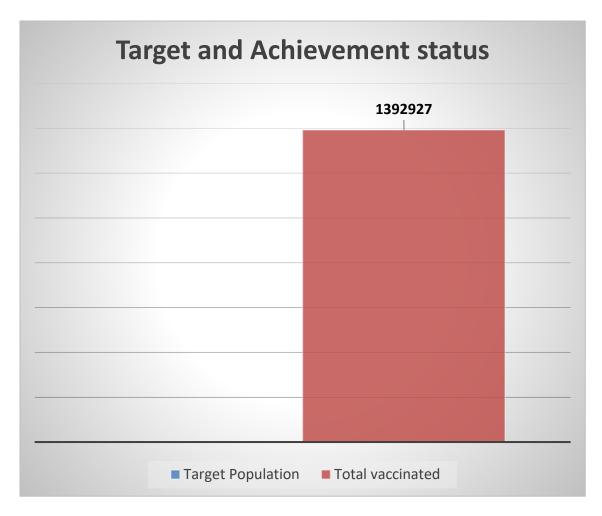


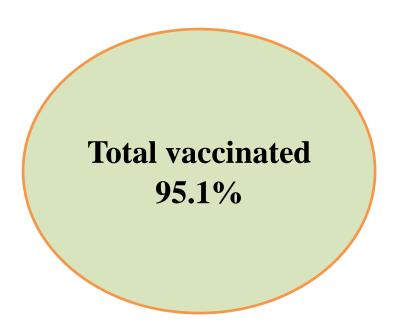
Source: PHEOC Report dated 2079/03/32



### Typhoid Vaccination coverage (FY 2078/079)









### स्वास्थ्य मन्त्रालयबाट आ.व.२०७८/०७९ मा निर्मित नियम, मापदण्ड वा कार्यविधहरु

#### (क) ऐन

- मदन भण्डारी स्वास्थ्य विज्ञान प्रतिष्ठान ऐन, २०७६ लाई संशोधन गर्न बनेको अध्यादेश
- स्वास्थ्य सेवा ऐन संशोधन गर्न बनेको अध्यादेश २०७९

#### (ख) नियमावली

• प्रदेश स्वास्थ्य सेवा (पहिलो संशोधन) नियमावली, २०७९

#### (ग)आदेश

• प्रदेश भित्रका अस्पतालको सञ्चालन र व्यवस्थापन (पहिलो संशोधन) आदेश, २०७८

#### (घ)कार्यविधि, निर्देशिका

- मन्त्रालय र मातहतका निकायबाट सञ्चालन गरिने कार्यक्रमहरुको कार्यसञ्चालन मार्गदर्शन,२०७८/०७९
- "एक विद्यालय एक नर्स, कार्यविधि २०७८"



### स्वास्थ्य मन्त्रालयबाट आ.व.२०७८/०७९ मा निर्मित नियम, मापदण्ड वा कार्यविधहरु

#### (घ)कार्यविधि, निर्देशिका

- ''स्वास्थ्य आमा समूहलाई स्वास्थ्य प्रर्वद्धन प्रविधिको अनुशरणका लागि साना अनुदान सम्बन्धी कार्यविधि, २०७८"
- "प्रदेश पूर्वाधार, स्वास्थ्य प्रवर्द्धन तथा कोभिड पुनर्स्थापना साझेदारी कार्यक्रम (स्वास्थ्य तर्फको सञ्चालन तथा व्यवस्थापन) कार्यविधि, २०७८"
- "प्रदेश पूर्वाधार, स्वास्थ्य प्रवर्द्धन तथा कोभिड पुनर्स्थापना साझेदारी कार्यक्रम (स्वास्थ्य तर्फको सञ्चालन तथा व्यवस्थापन) (पहिलो संशोधन) कार्यविधि, २०७८"
- "प्रदेशका बिपन्न नागरिक एवं आकस्मिक उपचारका लागि रक्तसञ्चार सेवा (सञ्चालन तथा व्यवस्थापन) कार्यविधि, २०७८"
- "चिकित्सक तथा स्वास्थ्यकर्मी करार सेवा व्यवस्थापन सम्बन्धी कार्यविधि, २०७८"
- "सामुदायिक एवम् गैर नाफा मूलक अस्पतालको लागि पुँजीगत सुधार सम्बन्धी कार्यविधि, २०७८"
- "मुख्यमन्त्री जनता स्वास्थ्य कार्यक्रम (परिक्षण, निदान, परामर्श र उपचार) व्यवस्थापन कार्यविधि, २०७९"





## **Thematic Presentation**





# Full immunization



### **Immunization Coverage**



#### **Full Immunized as per NIP**



#### DPT-HepB-Hib 3







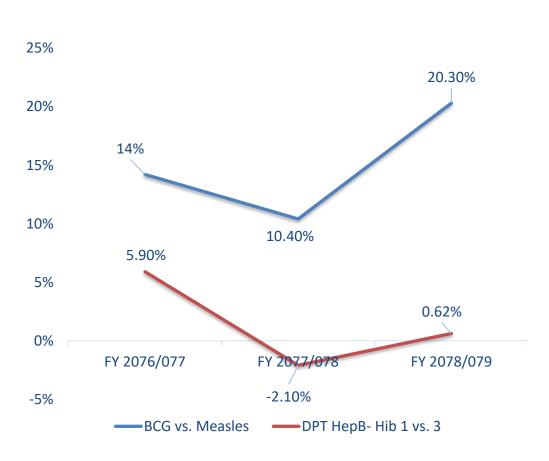


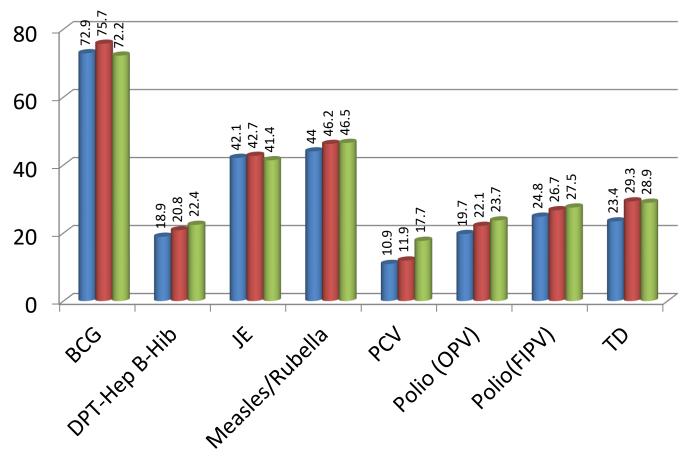


#### **Drop-Out Rate**

#### **Vaccine Wastage Rate**









## Immunization Categorization per district



• Cat I (all district)



#### **Initiations for Full Immunization Declaration**



- All LLGs (119) and 12 districts (except Nuwakot) declared full immunization
- 5000 incentives to people from marginalized and endangered communities to promote Full immunization, ANCs, and Institutional delivery
- 87 EPI/PHC-ORC buildings constructed to increase service utilization (marginalized and endangered communities)
- Distribution of Active and Passive Cold-chain equipment (ILR 23, vaccine carrier etc)
- Post immunization Independent Monitoring



### **Initiations for Full Immunization Declaration**



- Review meetings of regular Immunization and Campaign (Typhoid and COVID-19) program
- Completed immunization Micro planning at all districts
- Home-based line-listing and drop-out tracing
- Advocacy, interaction, and awareness-raising interventions at hard-to-reach communities



### **Initiations for Full Immunization Declaration**



- Capacity building of Health service providers on effective vaccine management/immunization
- Strengthening cold-chain sub-centers
- Immunization-related jingles and PAS broadcasted from local FM/radios.
- Special immunization campaign at hard-to-reach communities
- Active VPD Surveillance AFP (49 suspected cases) MR (250 suspected cases)



## Issues and Challenges of Full Immunization program



- · Increased Vaccine Dropout rate BCG vs. Measles
- Unfulfilled sanctioned positions of Immunization supervisor, cold chain assistant, and vaccinator
- Shortage of trained vaccinators
- Insufficient budget for the purchase of ILR freezers
- Inconsistency/Discrepancies in Recording/Reporting
- Lack of effective and proper monitoring and supervision of public/private health service providers



#### One School One Nurse program



## प्रदेश राजपत्र

बागमती प्रदेश सरकारद्वारा प्रकाशित खण्ड ६)हेटौंडा, नेपाल, जेठ ०५ गते, २०७९ साल (सङ्ख्या ४

भाग ३

बागमती प्रदेश सरकार स्वास्थ्य मन्त्रालय हेटौंडा, नेपालको

स्चना

<u>एक विद्यालय एक नर्स कार्यक्रम सञ्चालन (पहिलो संशोधन)</u> कार्यविधि. २०७९

एक विद्यालय एक नर्स कार्यक्रम सञ्चालन कार्यविधि, २०७८ लाई संशोधन गर्न वाञ्छनीय भएकोले प्रदेश स्वास्थ्य सेवा ऐन, २०७५ को दफा ८५ ले दिएको अधिकार प्रयोग गरी बागमती प्रदेश सरकारले यो कार्यविधि बनाएको छ ।







## Background



- Initiated in FY 2074/75 with 20 community schools and extended to 459 secondary schools in FY 2078/079
- Basic medicines and equipment including a small grant have been provided

#### School Health Nurses are primarily responsible to carry out:

- Health promotional intervention
- Health Education sessions for students, teachers, parents, and communities
- Preventive, Curative, and referral services
- Psycho-social counselling services
- Menstrual Hygiene promotion
- Regular health check-up
- Provision of first-aid services
- Restriction of junk food and nutritional health promotion
- Environmental health promotion



## **Key Achievements**

- Provided first-aid treatment and counselling at school and referral services
- Junk food prohibited at 459 program schools
- Nutrition status assessment and counselling
- SRHR promotion
- Menstrual hygiene promotion-reusable local sanitary pad training to the adolescent school girls
- Healthy life-style promotion
- Health education on prevention of early marriage, personal hygiene, CD/NCD, prevention of substance abuse etc.
- Advocacy on prevention of gender-based violence
- Environmental sanitation promotion
- Liaison between health and education sector; school and community
- Increased health related awareness among parents, teachers











## Issues/Challenges



- High dropout of SHN
- Sustainability of program
- Lack of stewardship from concerned authorities
- Difficult to link with Recording Reporting (linkage with DHIS-II/IHMIS)
- Expectation from school as a subject teacher



## New Initiatives of FY 2078/079



- Free blood service (including testing and blood bag) to the marginalized people
- 5000 incentives to people from marginalized and endangered communities to promote Full immunization, ANCs, and Institutional delivery
- 543 health cadres of different levels hired and deployed (contract position)
- One school, one nurse program (the program has been extended to **459 schools**)
- Chief Minister People Health Program
  - -Additional 50,000 to a cancer patient. (8 corers 4 lakhs was provided via 12 hospitals)
- **48 patients** received heart surgery amounting to 1,00,000 from Sahid Gangalal National Heart Centre
  - Obstructive Fistula prevention orientation was provided to health workers of 119 LLGs
- Anti-hemophilic factor purchased and distributed (Amount 1 corer)
- 73 Potable ultrasound machines procured and distributed
- Installation of **Solar power in the birthing centers** of Dolakha, Dhading, Nuwakot, Sindhupalchowk, and Chitwan districts (a room heating system, 24 hours electricity and hot water)
- Establishment of Website at 39 offices.
- Mock Drill exercise for disaster preparedness conducted Hetauda and Mithinkot hospitals



## New Initiatives of FY 2078/079



- **NICU service expansion** in 11 provincial hospitals
- Dialysis service expansion at Trishuli, Dolakha, Hetauda Hospitals
- Minimum Service Standard programs at provincial hospitals and initiated at District Ayurved Health centres
- **Dispatch centers** established in Hetauda, Dhading, Dhulikhel, and Kathmandu; **598 Ambulances** going to connected to GPS system
- Mental health satellite clinic initiated at Rasuwa and Sindhupalanchowk hospitals
- Lab services and paying pharmacy services established in all District Ayurved Health centres
- Acupuncture, Physiotherapy services extended at DAHC Sindhuli, Makwanpur, Ramechhap, Chitwan, Dhading along with a consultant Ayurved specialist
- Special Grant program
  - Small grants to 110 health mother groups of 22 LLGs with low HDI.
  - ASRH program in **124 secondary schools** (distribution of Laptop, LCD; AFC corner installation; equipment for adolescent friendly toilets, health education sessions)



### Lessons learned



- Technical monitoring, on-site coaching, and supportive supervision are effective to ensure program quality and improved recording reporting
- New initiatives should have high-level political commitments
- Right-based programs for marginalized and hard-to-reach communities are effective in reaching towards the universal health coverage
- Program-dedicated staff deployment is supportive for the timely implementation of a program



### **Priorities for next AWPB**



- Provincial Health Policy
- Health in All policy dialogue including guideline development for HiAP
- Chief minister people health program- (MOH 19 crore; Hospital 2 crore; DAHC 50 lakhs) (program for NCD prevention and control)
  - Additional subsidy for treatment of cancer
  - Subsidy for treatment of Heart attack
  - NCD screening, diagnosis, treatment, and counseling
  - Subsidy for treatment of Stroke
- Expansion of One School One Nurse Program (60 secondary schools)
- Airlifting for complicated pregnancies and deliveries (20 lakhs)
- Interaction with the LLGs on health-related policies, provisions, and priorities
- Surveillance system initiated at district offices (via 13 surveillance officers)



### **Priorities for next AWPB**



- Screening of uterine prolapse, breast cancer with mamography, and surgery of obstructive fistula
- District Public Health coordination committee formation and functionalization (Health Act amendment)
- Emergency and ICU treatment fund for marginalized people (67 laks)
- Initiation of Human organ transplantation service in Hetauda hospital in coordination with Shahid Dharmabhakta National Transplant Center
- Establishment of a Dialysis training site at Bakulahar Ratnanagr hospital
- Recording Reporting strengthening program (monthly meetings at HO, Hospital)
- MSS at Hospital (current- 11crore 95lakhs, capital- 50lakhs) and District Ayurved Health Center (2 crore 3 lakhs)
- Prevention of suicide, child marriage, RTA
- Data and statistical management committee at directorate
- Nutrition strengthening Growth monitoring (1 corer 20 lakhs) and OTC (85 lakhs)



## **Key Issues**



- High out-of-pocket expenditure
- Involvement of marginalized/vulnerable people in the health Insurance scheme
- Timely reimbursement of Health Insurance premium to the provincial hospital
- Lack of coherence between federal, provincial, and local government in program and budget planning
- Inadequate human resources in health
- Mobilization of Medical officer and Consultant (Scholarship-bond) from province government
- Lack of timely budget release and unclear guidelines from MOHP
- Inadequate breakdown of programs (Eg: Day celebrations)
- Fragmented programs from MOHP affecting program implementation (ट्रक्रे कार्यक्रम)
- Duplication on procurement of health commodities and timely supply of program-specific commodities
- Registration and reporting from private health institutions
- Poor recording and reporting status from hospitals



Thank you