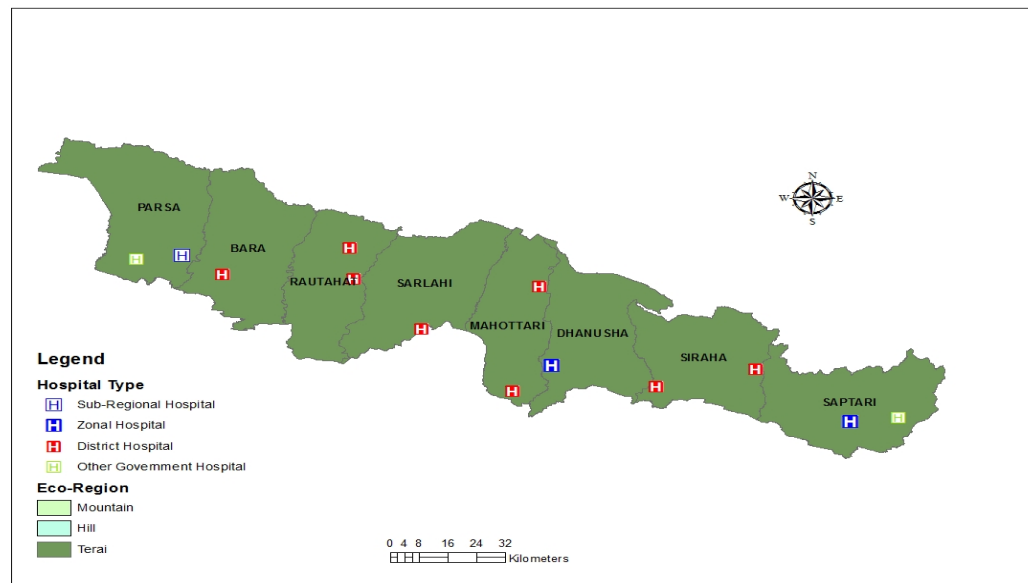


Province Level Planning

[Output of the National Annual Review 2073/74]



Province 2

06 Ashwin 2074, Friday

Province 2

Profile	No.
Districts	8
Population	5918972
A. Palikas	
Mahanagar Palika	1
Upa Mahanagar Palika	3
Nagar Palika	73
Gaun Palika	59
B. Health Facilities	
Health Posts	742
Primary Health Care Centers	35
District level Hospitals	10
Zonal, Sub-regional and Regional Hospitals	3
Central Hospitals	0

Province

Profile	No.
Private Hospitals	80
Government Medical Colleges	0
Private Medical Colleges	2

Family Health

Key Issues	Action Points	Responsible	Timeframe
Most of the leaders equate health service only with curative service with a high risk of sustaining public health achievements.	Orientation and Sharing to palika leaders focusing on their role to improve PPCR performance	DPHO, partners	
50% of districts have below national and provincial level of Iron coverage during pregnancy (<40%)	Mobilize local HMG and NGOs including family members	DPHO/Palika	
6 out 8 districts have below national average % of SBA delivery	Find strategic way to improve SBA delivery	DoHS/Palika	
Most of the districts have below national level of Institutional delivery (Mahottari, Bara, Saptari, Sarlahi and Rautahat)	<ul style="list-style-type: none"> •Mobilize local HGM and NGOs including family members •Expand effective birthing site • Construct physical infrastructure 	Palika/DoHS	

Key Issues	Action Points	Responsible	Timeframe
Around 88% districts have below national level 4 ANC as per protocol	Trace and follow up the new cases with effective counseling	Palika/Health facilities	
Highest percentage of adolescence pregnancy in this Province(21%)	<ul style="list-style-type: none"> •School education focusing girls education •Mass awareness campaign 	Palika/Health facilities	
Budget for transportation cost for delivery cases is irrational (the problem of freeze or less)	Client should get the incentive at the time of service provision,	DoHS	

Child Health

Key Issues	Action Points	Responsible	Timeframe
Relocation Of EPI Clinic	Review and reallocate sessions and conduct throughout the year	Local Government	ASAP
Irregular supply of vaccines	Manage regular supply to Palikas	Local Government	ASAP
	Extend Cold Chain Center	CHD	As soon as
Reporting of immunization not as per Recording	<ul style="list-style-type: none"> •Monthly review meeting at health facilities/Palikas to be effective •Regular monitoring and Supervision 	DPHO, LHF	
Increased Severe malnourished cases (children, Pregnant mothers and Lactating mothers)	<ul style="list-style-type: none"> • Advocacy to use of local food stuffs in proper way •Establish more OTPs •Initiate/ Strengthen IMAM programs 	CHD, DPHO	
Inadequate supply of Weighing machine , sakir tape and timer watch	. Supply of logistics as per the demand assessment	CHD, LMD	
Not Completely filled IMNCI Register at OPD visit	Compulsory fill of register along with the check up of patient	Prescribers,MoH	

Disease Control

Key Issues	Action Points	Responsible	Timeframe
Emergence of dengue, Kala-azar, tick typhus, etc.	<ul style="list-style-type: none"> •Orient and mobilize Palikas for preventive action. •Supply Test Kit, Spraying whole population in affected Palika 	Palikas EDCD	As soon as
Low case Finding of Diseases(Malaria, Kala-azar)	Expansion of Lab Facility, RDT Supply & Regular Supply of Medicines	EDCD/NTC	As soon as
Low TB case findings	<ul style="list-style-type: none"> • Establish and strengthen of Microscopic centre •Screening camp •TB Modular training 	NTC, EDCD,DPHO	
Almost zero supply of LLIN as the people are victimized by disaster	Make available of LLIN as per the population/ household size in summer season	DCD,DPHO	

Procurement and Supply Chain Management

Key Issues	Action Points	Responsible	Timeframe
Province Central Warehouse	A portion of Central Warehouse at Pathlaiya can be used as Province level store as interim measure	Province	
Palika Warehouse	District stores can be used as a shared store for the Palika within the districts	Palika	
Real and reliable information on time	Electronic logistics management information system	DoHS	
Over and under stock	Treatment protocol based procurement and supply of drugs and commodities should be enforced to optimize the utilization of goods	DoHS	
Healthcare waste management issue	Safe and proper waste	DoHS	

Procurement and Supply Chain Management

Key Issues	Action Points	Responsible	Timeframe
No commodities round the year	Clear the role of Ministry/Department/RMS/Province/Palika to avail supplies round the year	Ministry level	As soon as
Inadequate budget for medicine (especially for 50 bedded hospitals and above)	Manage budget as per the population size or disease burden and constitutional commitment	PHCRD	
Capacity enhancement for forecasting	Train Palika health workers	LMD	
Lack of space for safe storage	Provision of store room in Palika level	MOFALD	
Round the year supply of medicines	<ul style="list-style-type: none"> •Vehicle for transportation of supplies from Palika to Health institutions •Increase transportation budget 	LMD	
Store occupied by unnecessary goods	Provision of Auctioning	LMD	

Disaster Management and Preparedness

Key Issues	Action Points	Responsible	Timeframe
Less focus on disaster preparedness	RRT mobilization at Palika for preparedness and management		
Less capacity to manage disaster	Capacity development		
Contingency plan for disaster management	<ul style="list-style-type: none"> •Regular DDRC, RRT and CRRT meeting •Plan and explore the activities alliance with local government 	EDCD, DPHO	

Information Management

Key Issues	Action Points	Responsible	Timeframe
<ul style="list-style-type: none"> •Poor recording and reporting •Monitoring sheet missing at many health facilities; even wherever available not being utilized properly 	<ul style="list-style-type: none"> •Training to newly recruited HR •Update, improve IM •Gradual adoption of e-recording and reporting from Palika and Health institution level •Full version Hospital recording reporting on line software compatible with HMIS 	MD	
Delay supply of HMIS tools	Develop and supply of tools in district on time	MD, LMD	
Insufficient supply of logistic tools	Supply adequate tools on time	LMD	
Software not functioning well(TABUCS, DHIS2, HURIC)	Regularize, update and improve software including TABUCS	Finance section	

Curative (Hospital) Services

Key Issues	Action Points	Responsible	Timeframe
HR	<ul style="list-style-type: none"> •Increase the number of HR in different departments through O/M survey e.g. emergency dept, recording dept, •Regularize specialist to work on sanctioned position. •Create post for Account officer, Administrative officer, Store keeper, Dark room assistant. •Insufficient SN 	MoH/DoHS	ASAP
Mismatch budget disbursement to Palikas	Change budget from Golbazar NP to Siraha NP	DoHS	ASAP
Coverage of OCMC & SSU	Expansion of OCMC & SSU activities	DoHS	ASAP
Free drugs not available	Increase the budget for free medicine	PHCRD	ASAP
Difficulty to provide client incentive at the spot	Budget handling should be from hospital	DoHS	ASAP
No observable change after flexible grant on MSS in Hospitals in the perspective of client satisfaction.	Review the situation, make action plan and implement accordingly	HDC & staff	

Health Infrastructure

Key Issues	Action Points	Responsible	Timeframe
Inadequate Building for quarter, indoor, OPD,	Add structure in existing OPD building	MD	
Many sick projects (4 family quarter, postmortem and office building)	Needs quick response	MoH and DUDBC	
Most of the HI have no own building and land	<ul style="list-style-type: none"> •Manage land for building construction •Construction of new building 	<ul style="list-style-type: none"> •MoH/Palika •MD 	

Others Issues

Key Issues	Action Points	Responsible	Timeframe
Ineffective operation of Pharmacy	<ul style="list-style-type: none"> •Enforce local pharmacies to shut down at or periphery of Hospital •Implement CBLP 	MoH/Palika	
Political undue pressure	<ul style="list-style-type: none"> •HDC staff to be made transferrable and minimum standard of remuneration. 	MoH/Palika	
Irregular and ineffective outreach service delivery	<ul style="list-style-type: none"> •Establish HFs in all wards, revitalization of HMGs and PHCORCs in coordination with Palikas and HFOMCs 	MoH/Palika	
Urinalysis with uristics reagent not well communicated at implementation level	<ul style="list-style-type: none"> •Communicate, convince and coordinate to use uristics 	DoHS/Palika	
Sick projects are there waiting for quick response	<ul style="list-style-type: none"> •Immediate action to handover the building 	DUDBC	

Key Issues	Action Points	Responsible	Timeframe
Damage of HI due to flood.	Repair and maintenance of flood affected health buildings to resume the services	MoH	
Senior vs qualified staff (HA, SAHW).	Identification and deputation of qualified HW as per their role	MoH	
Lack of own building.	Provision of land from government. Construction of buildings as per the national standard.	DoHS	
Idle CDP fund	CDP fund to be explored and utilized	DoHS	

Activities Proposed for the District to Continue

Key Activities	Why	How Long	Strategy to strengthen Palika
Pregnant Woman Group(PWG)	Increase the 4 ANC, Institutional delivery	At least another 3 years	
MD and NSI Grant	Hospital Strengthening	At least 5 year	
Training for HWs	Capacity build up	-	

Key Areas to Focus on Orientation to Palika

- Role of Palika to provide PPCR health services as per FA.
- Orientation to elected leaders to sustain and improve HS.
- Clear TOR of deputed Health Workers.
- Smooth Conduction of Health Programs.
- Role of Palika on Infrastructure development (office, store, quarter furniture).
- Role of FCHV, HFOMC, HMG to utilize PHC ORC n EPI sessions.

Thank you all