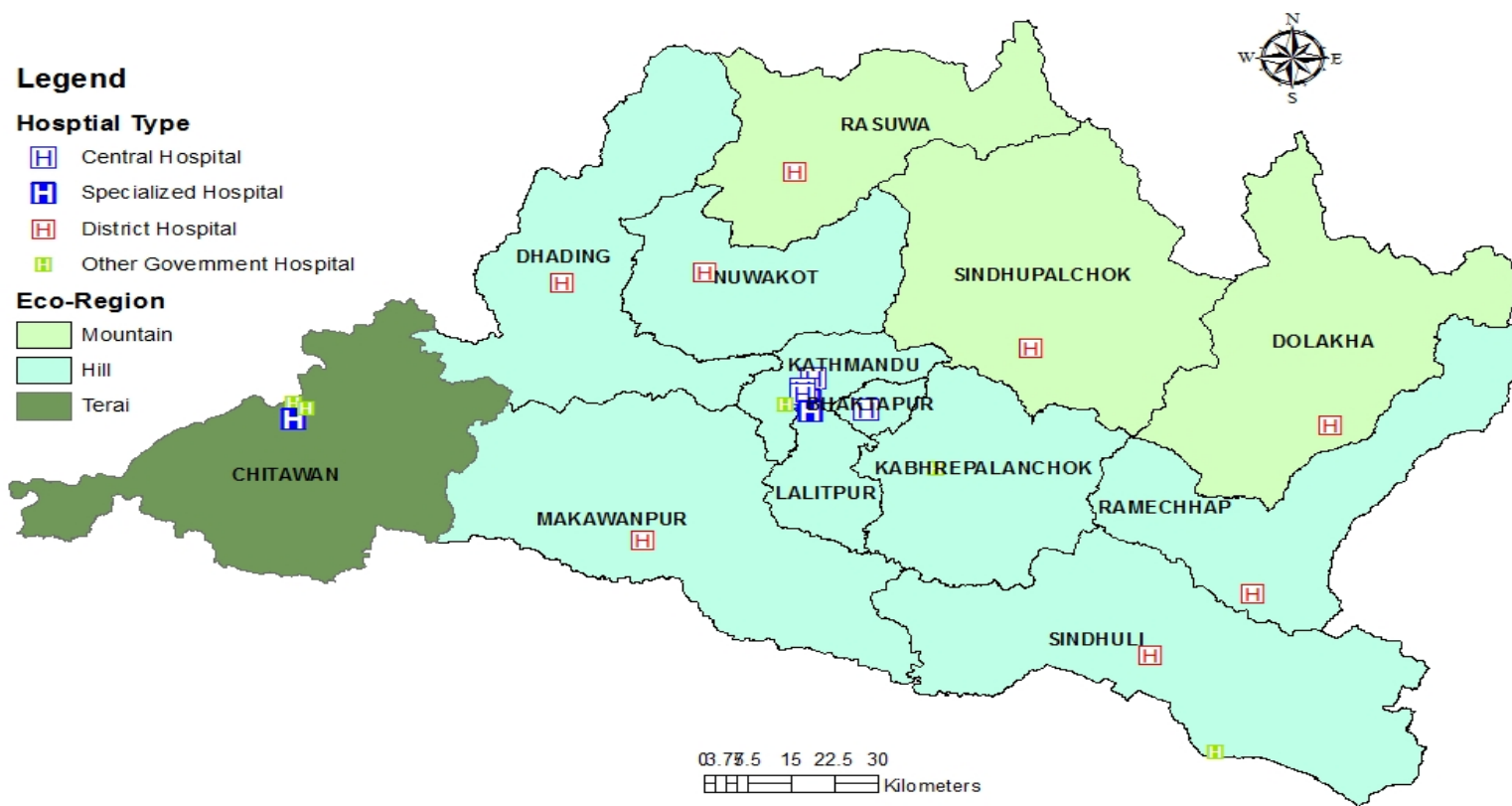


Province Level Review

National Annual Review 2073/74



Province 3

Presented By: Dr. Basu Dev Pandey

Profile

Particulars	No.
Districts	13
Population	60,77,389
A. Palikas	
Mahanagar Palika	3
Upa Mahanagar Palika	1
Nagar Palika	40
Gaun Palika	75

Profile

B. Health Facilities	
Health Posts	640
Urban Health Clinic	90
Primary Health Care Centers	43
District level Hospitals	6
Zonal, Sub-regional and Regional Hospitals	1
Central Hospitals	6
Private Hospitals	162
Government Medical Colleges	3
Private Medical Colleges	8

Family Health

Key Issues	Action Points	Responsible	Timeframe
Under utilized birthing centers (BC)	Ensure availability of 24 hour service in BC & manage staff quarter	MoH	ASAP
Low coverage of 4 th ANC and 3 rd PNC visit	Strengthen counseling service Home visit	Palika and district	Regular
Very high rate of C/S in private and selected central hospitals	Supportive supervision from district Linkage with licensing/renewal	Palika and district	Regular
Ownership and priorities from local government	Clear guideline from MOH/MOF/MOFALD for transfer of budget allocated at Palika to hospital and PHCC Sensitize/orient elected bodies on child/health aspects	MoH	ASAP

Family Health

Key Issues	Action Points	Responsible	Timeframe
Inadequate adolescent friendly health services	<ul style="list-style-type: none"> • Awareness to community against stigma over ASRH • Increase school health adolescent programs • HR training 	Palika and districts	Regular
Unavailability of regular VSC services & 5 FP services	<ul style="list-style-type: none"> • Strengthen regular institutional VSC services at the hospital and PHCC level • HR training • Task shifting • Develop additional training site for LARC services 	MoH, NHTC, FHD, Palika and districts	ASAP
Insufficient SAS site	<ul style="list-style-type: none"> • Establish sufficient SAS sites • Regulate rampant use of MA drug 	FHD, Palika	ASAP

Child Health

Key Issues	Action Points	Responsible	Timeframe
Irregular supply of vaccine and commodities	<ul style="list-style-type: none"> • Ensure regular supply of vaccine • Establish cold chain sub-center in all palika 	CHD and palika	ASAP
Child malnutrition high among specific groups	<ul style="list-style-type: none"> • Ensure specific nutrition interventions targeted to these groups • Track and report underweight children and counsel appropriately • Establish Nutrition Rehabilitation Home 	Palika and districts	ASAP
Low supply of second line drug of IMNCI	Ensure adequate budget for second line IMNCI drugs	CHD, LMD	ASAP

Disease Control

Key Issues	Action Points	Responsible	Timeframe
New, emerging and re-emerging diseases	Awareness and advocacy Intensive preparedness and surveillance Strengthen VBDRTC	MoH, EDCCD, Palika	End of 74/75
No focus programme on disability management	Community based treatment , deformity prevention and rehabilitation.	MoH, LCD	ASAP
Increasing MDR and XDR TB Low case notification	Effective implementation of DOTS Strengthen diagnostic and active case finding Manage co-infection Mainstreaming of private sector in TB treatment	NTC	ASAP

Disease Control

Key Issues	Action Points	Responsible	Timeframe
Low compliance to ART	Good communication and counseling to the PLHIV, Expansion of ART and dispensing site	HIV, STD	ASAP
Inadequate supply of ASV and ARV	Ensure supply of treatment guidelines at the health facilities Adequate supply of ARV/ASV at the health facilities level	EDCD	ASAP
Increase morbidity due to NCD	Advocacy and awareness on NCD Preparation guidelines and orientation Expansion of activities	MoH, PhCRD	ASAP

Disaster Management and Preparedness

Key Issues	Action Points	Responsible	Timeframe
Contingency Plans are not up to date	<ul style="list-style-type: none">• Update and develop Contingency Plan• Expansion of contingency plan to Palika level	District and Palika	ASAP
Medicine supply inadequate for disaster management	Adequate stock piling of medicines at Municipalities	District and Palika	ASAP

Procurement and Supply Chain Management

Key Issues	Action Points	Responsible	Timeframe
Inadequate budget for drug procurement and transportation at the district level	Provision of adequate budget from MoH to Palika	MoH	ASAP
Availability of drugs round the year	<ul style="list-style-type: none"> • 3 tire procurement process with clear procurement direction • Timely procurement and supply 	MoH, RHD, LMD. District, Palika, Hospitals	ASAP
Capacity of Palika for drug procurement	<ul style="list-style-type: none"> • Provision of capacity development trainings 	LMD, D(P)HO	ASAP

Information Management

Key Issues	Action Points	Responsible	Timeframe
Recording and reporting from private health sector	<ul style="list-style-type: none"> • Capacity Development and provision of tools • Monitoring for mandatory recording reporting 	MD, DHO and Palika	ASAP
Data Inconsistency	<ul style="list-style-type: none"> • Onsite coaching • Strengthen monthly reporting center meeting 	MD, DHO	
Supply of HMIS tools	<ul style="list-style-type: none"> • Ensure prior supply of tools 	LMD, MD	

Curative (Hospital) Services

Key Issues	Action Points	Responsible	Timeframe
Formation, role and responsibility of HDC	Requirement of specific regulations and guidelines for HDC	MoH	ASAP
Frequent change of leadership	Appointed Chairman at least 4 years	MoH	ASAP
Less clarity on JD	Clarification according to position	MoH	ASAP
<ul style="list-style-type: none"> •Inadequate skilled manpower (especially nursing, lab, x-ray) •Vacant position 	Balance between manpower and facilities to be provided, need to create post Timely fulfillment of vacant posts	MoH, DoHS	ASAP
High turnover and unfulfilled sanctioned post	Scientific management of HR fixed staff duration of stay	MoH, DoHS	ASAP

Curative (Hospital) Services

Key Issues	Action Points	Responsible	Timeframe
Confusion between hospital and Palika on execution procedure of Budget Expenditure	Fund flow mechanism should be clear between Palika and hospital	MoH	ASAP
Availability of computerized registration/recording / reporting system	Review/ Orientation of ICD coding. Availability of recording staffs in OPDs	MD	
Hazard allowance for lab and x-ray staffs	Provision and implementation	MoH	
Ambulance services	Make ambulance service with driver compulsory to all hospital	MoH	
Hospital support services	Strengthening hospital support services and equipment: CSSD, hospital waste management	MoH, MD	
OPD services	Diagnostic services, Waiting area, Token Specialty OPD services.	MoH, District	

Health Infrastructure

Key Issues	Action Points	Responsible	Timeframe
<ul style="list-style-type: none"> • Construction and repair maintenance of HF buildings • Sick project of health facilities construction 	<ul style="list-style-type: none"> • Speeding the construction activities (EQ affected districts) 	MoH, EDPs, DUDBC	ASAP
Construction of prefab building	<ul style="list-style-type: none"> • Ensure construction of the prefab buildings • Timely allocation of budget 	MoH, EDPs	ASAP
Building for the CHU/UHC	<ul style="list-style-type: none"> • Policy and plan for CHU/UHC building • Budget provision for the construction 	MoH, PHCRD	ASAP
Lack of infrastructure for PHC/ORC	<ul style="list-style-type: none"> • Policy and plan for PHC/ORC infrastructure • Budget provision for the construction 	MoH, FHD	ASAP

Thank You