

Volume - 4

Nepal Health Infrastructure Development Standards 2017

(UNOFFICIAL ENGLISH TRANSLATION)



Government of Nepal
Ministry of Health
Ramshahpath, Kathmandu

1. Background

The Constitution of Nepal identifies health as a fundamental human right and enshrines individual right to free basic health services, emergency health service and right to information about health to all. National Health Policy 2071 (2014) and the Nepal Health Sector Strategy (2015-2020) aspire to fulfill this constitutional mandate with defined strategies to expand quality health services to all. Additionally, Nepal seeks to graduate to Lower Middle-Income Country by 2022, for which the health sector must serve as the foundation. Successfully meeting these and other priorities identified by the Sustainable Development Goals, Government of Nepal will expand its investment in the sector and accord high priority aimed at effectively tackling existing and future challenges in health.

The expansion must be preceded by coordinated and integrated planning of health services along with the requirement for health infrastructure, related equipment and projection of human resources. This will ensure that health infrastructure, when complete, are functional and designed to deliver high quality health services. As the country transitions into federal form of governance with specific mandates for local, provincial and federal government, this also provides an opportunity to reorganize the health system for optimal delivery of high quality health services.

2. Concept for Integrated Health Infrastructure Development

Significant investment in health Infrastructure is needed to adequately respond to the current and future health care needs. While the Government of Nepal built large number of health institutions across the country in the last three decades, their fragmented and ad-hoc planning has limited their functionality. Often health institutions are upgraded without proper study or their construction is planned without simultaneously planning for the required human resources or equipment.

Nepal Health Infrastructure Development Standards forms the basis for rational planning for establishing and upgrading of health institutions on the basis of such factors as accessibility, catchment population, geography, availability of suitable land, condition of existing or nearby facilities and morbidity statistics and thereby, reducing haphazard construction of new or

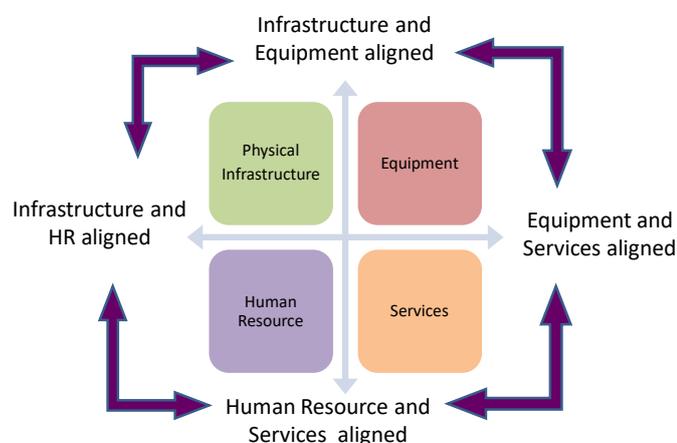


Figure 1. Concept for Integrated health infrastructure development: infrastructure, human resources and equipment

upgrading of existing facilities. An important departure from the past, this standard integrates planning for important building blocks of the health system - health infrastructure, human resources, and equipment - and classifies health institutions according to health services, as opposed to number of beds (see Figure 1).

Health institutions are classified into five levels based on a minimum set of health services: community level (Health Posts or Community Health Units); Primary Hospitals; Secondary Hospitals; Tertiary Hospitals; Academic or Super-specialty hospitals. Catchment population and geography will form the basis for assigning number of beds and identifying the required number of health workers. Standard drawings for each type of health institution is developed that facilitate delivery of quality health services such as, attached bathroom in delivery room, an OPD room with privacy concerns of clients, while also mandating specifications for wiring, piping and flooring that minimize infections and reduce cost-of-ownership. These standards will improve the quality of buildings built, reduce times for completion of construction projects and promote the use of economical and locally available construction materials. As custodian of all construction of health institutions, effective implementation of this standard will require enhanced cooperation with Department of Urban Development and Building Construction (DUDBC).

Along with the integrated development, scientific approaches to procuring and maintenance of biomedical and supplementary equipment will be explored and ensured to improve their operation and functionality.

3. Strategy for classifying health institutions

Consistent with the constitution, health service institutions are newly classified according to local, provincial and the federal government. The classification forms the basis for establishing, upgrading and managing of health institutions, designed to ensure quality health services are accessible to all citizens. The basis of classification is the type of health services tailored to the need of the population rather than the number of bed. The following types of health institutions shall offer the services as indicated:

S.N.	Level of local government in Nepal	Type of health service delivery institution	Services to be discharged	Remarks
1.	Local level: Ward level at Village or Urban Municipality	Health post and Community Health Unit	In each ward, at least one health institution shall be established with the following services: <ul style="list-style-type: none"> Immunization, family planning, ante-natal care, normal delivery, new-born care, nutrition counseling, Treatment of TB and other common communicable diseases and conditions, management of epidemic, basic mental health service, counseling, screening and primary treatment 	

			of non-communicable diseases, medicine distribution, pathology lab and other diagnostic services, promotion and prevention of eye/sight and dental problems; and other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health.	
2.	Local level: Ward of Sub/Metropolitan city	Urban Health Promotion Center (Janata Swasthya Kendra)	<ul style="list-style-type: none"> • Immunization; nutrition counseling; Promotion and prevention and primary treatment of non-communicable diseases; Family planning; Adolescent reproductive and sexual health services; Psychosocial counseling; geriatric counseling; Health Inspection Services to protect and promote the health and environment; and other services prescribed by the Ministry of Health, Government of Nepal 	
3.	Local level: Rural municipality	Primary Hospital, Class B	<p>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</p> <p><u>Basic health services</u></p> <ul style="list-style-type: none"> • Immunization, family planning, ante-natal care, normal delivery, new-born care, nutrition counseling, Treatment of TB and other common communicable diseases and conditions, management of epidemic, basic mental health service, counseling, screening and primary treatment of non-communicable diseases, medicine distribution, pathology lab and other diagnostic services, promotion and prevention of eye/sight and dental problems; and other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health. • Social Service Unit <p><u>Medical services</u></p> <ul style="list-style-type: none"> • Common gynecological and obstetric services; 	

			<ul style="list-style-type: none"> • Out Patient Department (OPD) services; • Comprehensive emergency obstetric and neonatal care (CEONC) • Basic Surgery Services; • Primary treatment for eye/sight and dental problems; • 24-hour emergency service. 	
4.	Local level: Municipality or Sub-metropolitan or Metropolitan city	Primary Hospital, Class A	<p>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</p> <p><u>Basic health services</u></p> <ul style="list-style-type: none"> • Immunization, family planning, ante-natal care, normal delivery, new-born care, nutrition counseling, Treatment of TB and other common communicable diseases and conditions, management of epidemic, basic mental health service, counseling, screening and primary treatment of non-communicable diseases, medicine distribution, pathology lab and other diagnostic services, promotion and prevention of eye/sight and dental problems; and other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health. • Social Service Unit <p><u>Medical services</u></p> <ul style="list-style-type: none"> • Out Patient Service: General Medicine, Gynecology and Obstetrics, Pediatric and Orthopedic Services • 24-hour emergency service; • Treatment for eye/sight and dental problems; • Comprehensive emergency obstetric and neonatal care (CEONC), specialized and major Surgery Services including Orthopedic Surgeries. 	

5.	Province level	Secondary Hospital	<p>The Secondary Hospitals will provide services to the referred cases from Primary and other lower level health institutions and the services will include the following:</p> <p>Public health services:</p> <ul style="list-style-type: none"> • Immunization, family planning, ante-natal care, normal delivery, new-born care, nutrition counseling, Treatment of TB and other common communicable diseases and conditions, management of epidemic, basic mental health service, counseling, screening and primary treatment of non-communicable diseases, medicine distribution, pathology lab and other diagnostic services, promotion and prevention of eye/sight and dental problems; and other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health • Social Service Unit <p>Medical services:</p> <ul style="list-style-type: none"> • General physician services • General Surgery Services, • Gynecological and Obstetric Services • Pediatric Services • Dental services, • Orthopedic services • Ophthalmological services <p>Departments and wards: Urology, dermatology, gyne/obs., orthopedics, pediatric, psychiatric, ear, nose and throat (ENT)</p> <p>Emergency services: 24-hour emergency with surgery services;</p> <p>Promotion and preventive services</p> <p>Surgical services: Simple surgeries, gynecological or obstetric Surgeries, ENT and orthopedic Surgeries</p> <p>Others: Hemodialysis, intensive care unit, neonatal intensive care unit.</p>	
		Provincial Health Science Academy	There will be at least one Provincial Health Science Academy established	

			and managed in each province. They will be required to operate and manage a tertiary level hospital. The academies will also be responsible for conducting academic research and other academic related activities in all Secondary hospitals in the respective province.	
6.	Federal Level	Tertiary Hospital	<p>Tertiary hospitals will provide referral and specialized services. The following services will be available in these hospitals:</p> <p>Public health services:</p> <ul style="list-style-type: none"> • Immunization, family planning, ante-natal care, normal delivery, new-born care, nutrition counseling, Treatment of TB and other common communicable diseases and conditions, management of epidemic, basic mental health service, counseling, screening and primary treatment of non-communicable diseases, medicine distribution, pathology lab and other diagnostic services, promotion and prevention of eye/sight and dental problems; and other diagnostic, curative, promotive, and preventive basic health services defined by the federal Ministry of Health • Social Service Unit <p>Medical services, departments or wards: General physician services, general surgery services, Gynecological and Obstetric Services, new-born care, pediatric services, dental services, orthopedic services, ophthalmological services, urology services, dermatology services, psychiatric services, ENT services, cardiovascular, neurology services and other specialized services;</p> <p>Emergency services: 24-hour emergency with surgery services</p> <p>Promotion and preventive services</p> <p>Surgery services: General Surgeries, gynecological or Obstetric Surgeries,</p>	

			ENT Surgeries, Ophthalmic Surgeries and orthopedic Surgeries; Others: Hemodialysis, intensive care unit, neonatal intensive care unit. Other possible service extension: Neurological and cardiovascular operations, plastic surgery, etc.	
		Super-Specialty Hospital	Super Specialty Hospitals will be managed by the federal government. These hospitals will provide specialized services for specific diseases or specialty and will take referrals from the primary, secondary and tertiary hospitals. The federal government will invest and promote them as "Centers of Excellence."	
		Federal Health Science Academy	The federal government may operate Health Sciences Academies with a tertiary hospital. The academy will also be responsible for conducting academic research and related academic activities in Super Specialty and Tertiary Hospitals managed by the federal government.	

3. Functions and Responsibilities

The functions, duties and rights of Federal, provincial and local levels related with the preparation, implementation of infrastructure development will be as follow:

Federal government

- Prepare standards for construction/development and upgrading of health infrastructure;
- Develop standard designs and guidelines for health infrastructure;
- Allocate necessary budget and develop programmes for effective implementation;
- Endorse necessary budget and programme for infrastructure development;
- Ensure inter-agency coordination;
- Resolve any problems in the implementation of programs, conflicts and ambiguities;
- Promote fair public procurement governance in the entire process as per the Public Procurement Act;
- Coordinate with provincial and local health institutions for activities;
- Identify project needs for infrastructure development;
- Manage contracts;
- Project human resources need;
- Prepare plans for human resources development;
- Integrate existing health professionals;
- Classify medical equipment by level and institutions;
- Prepare specification bank for medical equipment;
- Procure specialized medical equipment on the basis of classification;

- Identify opportunities for partnerships with governmental, non-governmental and private sector institutions for expansion of health services.

Provincial governments

- Identify needs for health infrastructure development at the provincial level;
- Prepare and implement plans of development and upgrading of infrastructure;
- Collaborate with the central or local governments;
- Prepare a description of health professionals required at the provincial level;
- Expand quality health services in the province through partnerships;
- Identify needs for health equipment and instruments required at the provincial level;
- Procure, operate and manage necessary health equipment and instruments;
- Prepare and implement procurement plan for the development of provincial level health infrastructure;
- Regulate the quality of health infrastructure to be developed and constructed by local governments;
- Provide budget and programmes for the construction and development of health infrastructure at the local level;
- Ensure adherence to health infrastructure standards.

Local level governments

Health infrastructure at the local level shall be constructed by the local level institutions. Budget and programme for such local health infrastructure shall be allocated by the provincial and federal governments. The functions, duties and responsibilities of local governments in health infrastructure development will be as follow:

- Identify and manage sources required for health infrastructure development;
- Prepare procurement plan for infrastructure development and purchase of health equipment and instruments;
- Manage contracts, supervise sites and manage financial accounting of infrastructure projects;
- Identify needs for necessary health professionals for quality health services, deploy and mobilize accordingly;
- Adhere to standards set by the federal government;
- Conduct internal control and maintain good governance in health infrastructure projects;
- Coordinate with provincial and federal institutions

4. Federal Health Structure and their Interrelation

Federalism provides an opportunity to define and deliver preventive, promotive, curative, rehabilitative, that is tailored to the health needs of the local population and responsive to their health needs. As the country transitions towards federal structure, so too, must the governance and management structures of the health system that can effectively operationalize the constitutional right to free basic and emergency health services to all, right to information on health and delivery and reproductive health services to all women. The functional analysis approved by the Council of Ministers is an important milestone to rationalize the structure for the health system. It assigned 42 functions at the federal level, 39 at the provincial level and 26 at the local level, justifying the need for a Ministry of Health at the federal and provincial levels. Accordingly, the following organogram has been proposed by the Ministry of Health (see Figure 2).

While local governments will function independently as per the constitution, it is important to consider the relationship and coordinating functions between them. For this purpose, a district or division health directorate, strategically located and managed by the province is necessary. They shall serve as coordinating bodies among local governments for public health programming, storing and distribution of essential medicines and commodities. Additionally, each tier of government shall be accountable for managing and operating respective health institutions as prescribed in Figure 3.

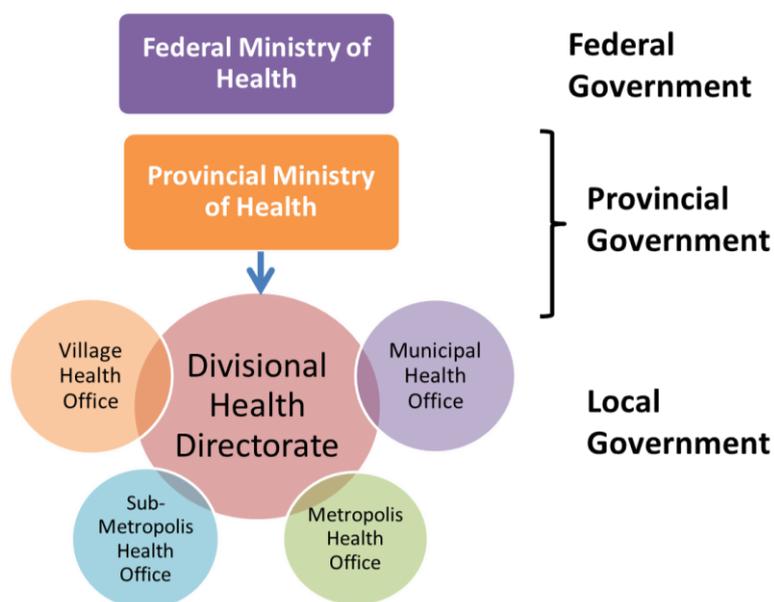


Figure 2. Federalized Health Governance Framework

At the local level, it is proposed that health service is organized accordingly, where the Rural or Municipal Health Office is directly or indirectly responsible for managing health institutions (See Figure 4).

5. Expected Outputs

Following seven years of implementation of this standard, various types of health institutions will be expanded to deliver quality and coordinated across the country. This expansion will be consistent with the provisions of the constitution and scientific assessments of population

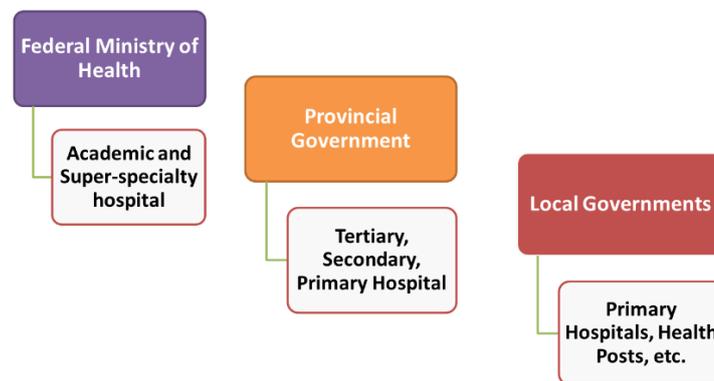


Figure 3. Proposed governance framework for level of health institutions

size, catchment area and relevant morbidity and mortality statistics. Community oriented health institutions such as, Health Posts and Urban Health Promotion Center (Janata Swasthya Kendra) will be located within urban and rural communities, at least a Primary

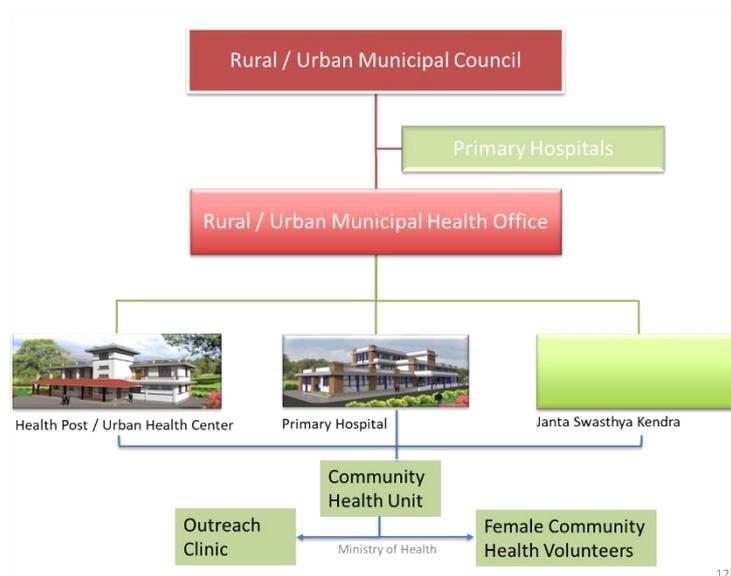


Figure 4. Proposed health service delivery governance framework at the local level

Hospital level health institution within each municipality and at an academic medical

institution consisting of a tertiary hospital level services in each province. More specifically, there will be 3,290 health posts, 778 primary hospitals, 10 secondary hospitals, 9 tertiary hospitals, 11 central level or super specialty hospitals and 8 medical academies.

This standard will offer clear guidance to all three tiers of government in health service development, delivery and expansion. It also will facilitate the integrated and optimal development and use of human resource, physical infrastructure and equipment.

Significant expansion of the public-sector will require appropriate projection and planning to recruit and deploy adequate numbers of skilled human resources as well as to plan and procure required medical equipment. This will also assist the respective government in forecasting the infrastructure need at respective levels.

The Ministry of Health shall prepare concomitant strategies for these purposes.