Nepal Health Sector Support Programme III

(NHSSP – III)

IMPACT EVALUATION

Health Infrastructure Policy Development workshop

Contents

Chapter 1: Introduction 1
1.1 Background 1
1.2 Objective of the Evaluation 1
Chapter 2: Methodology 3
2.1 Survey Methodology 3
2.2 Inception Meeting 3
2.3 Evaluation Tools 3
2.4 Survey Respondents 5
2.5 Respondents' Selection 5
2.6 Data Analysis and Reporting 5
2.7 Scope and Limitations 6
Chapter 3: Key Findings 7
3.1 Respondent profile 7
3.2 Participants' Understanding of Public Policy 8
3.3 Policymaking in Federal Context 9
3.4 Nepal Health Infrastructure Development Standards 10
3.5 Provisions and Gaps in Current Health Infrastructure Policy 11
3.6 Gender Equality and Social Inclusion (GESI) 13
3.7 Usefulness of the Training 13
3.8 Status of the Recommendations of Previous Impact Evaluation 15
Chapter 4: Conclusions and Recommendations 16
4.1 Conclusions 16
4.2 Recommendations 17
Annex I– Evaluation Questions 18
Annex II – Checklist for KII 21
Annex III-Checklist for FGD 22
Annex IV Programme Schedule of the Workshop 23
Annex V – List of potential respondents 24

Annex VI – List of FGD participants 25
Annex VII – List of KII participants 27

List of Tables

Table 1: Number of potential and actual survey respondents 7
Table 2: Number of survey respondents by the organization 7

List of Figures

Figure 1: Learning Experience 8
Figure 2: Tasks or project related to Health Infrastructure Policy Development 9
Figure 3: Informed about the roles and responsibilities of Federal, Provincial and Local Government 10
Figure 4: Gaps in Multi Hazard Resilient Health Infrastructure and Nepal Health Infrastructure Development Standards 11
Figure 5: Well informed about GESI and LNOB 13
Figure 6: Usefulness of the training 14

Abbreviations

CLPIU	Central Level Project Implementation Unit
DUDBC	Department of Urban Development and Building Construction
DoHS	Department of Health Services
FGD	Focused Group Discussion
FMoHP	Federal Ministry of Health and Population
FPO	Field Programme Officer
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
HEA	Health and Education Administrator
HEO	Health and Education Officer
KII	Key Informant Interview
KPA2	Key Performance Areas 2
LNOB	Leave No One Behind
MoHA	Ministry of Home Affairs
MoHP	Ministry of Health and Population
NASC	Nepal Administrative Staff College
NHIDS	Nepal Health Infrastructure Development Standards
NHSSP	Nepal Health Sector Support Programme
NRA	National Reconstruction Authority
PHA	Public Health Administrator
US	United States

Chapter 1: Introduction

1.1 Background

The Nepal Health Sector Support Programme 3 (NHSSP) aims to deliver functional and efficient health infrastructure capacity within the Federal Ministry of Health and Population (FMoHP) and Department of Urban Development and Building Construction (DUDBC). It includes a capacity enhancement programme comprising training modules for developing the technical and managerial capacity of officials as well as other non-state stakeholders in health infrastructure development.

One specific aspect of the programme focuses on building capacity of relevant institutions in formulation and implementation of Health Infrastructure Development Policy (HIDP). The NHSSP has completed two training modules for senior officials from FMoHP, Provincial Ministries of Social Development (MSD), mid-level officials from DUDBC and National Reconstruction Authority (NRA) who play key roles in policy formulation, planning and programme management. The first HIDP Workshop[1] was organised in November 2017 and was subsequently followed by a second one in August 2018. This was a two-day event, with participants from the FMoHP, Department of Health Service (DoHS), DUDBC, Provincial MSDs and Provincial Health Directorates. The workshop was organised in collaboration with the Nepal Administrative Staff College (NASC).

This report presents the evaluation of the HIDP workshop undertaken in August 2018.

1.2 Objective of the Evaluation

The objective of this evaluation is to measure the impact of the health infrastructure policy training that was conducted in August 2018 and to provide findings and recommendations to contribute to the design, content and modality of future training events.

The specific tasks assigned for this exercise were as follows:

- Examine the policy training content, methodology and training materials

[1] The impact assessment for this event was carried out in May 2018, and its recommendations, including challenges in HIDP implementation, were expected to be built in to the design of the second HIDP workshop organised in August 2018 (source: Report on Payment Deliverable #67, NHSSP, August 2018).

- Survey the workshop participants using a semi-structured questionnaire
- Hold a target group discussion with participants
- Assess with the participants the learning outcomes of the policy development workshop
- Produce draft and final evaluation reports.

Chapter 2: Methodology

There has not been enough time since the HIDP Workshop in August 2018 to assess the long-term learning outcomes of the event. This evaluation therefore focuses on the short to medium term impacts of the training by asking participants about the perceived difference in knowledge and capacities in the subject areas covered by the workshop as a direct result of their participation in the event.

2.1 Survey Methodology

The evaluation used quantitative as well as qualitative research tools. The qualitative tools were a focus group discussion (FGD) and key informant interviews (KII), while quantitative data was derived from a questionnaire-based survey conducted using Google Forms. Details of these tools are set out in the following sections.

2.2 Inception Meeting

At the early stage of the evaluation, the evaluation team from SW Nepal Pvt Ltd met the NHSSP Health Infrastructure (HI) team. This allowed the evaluation team to obtain clear understanding of client expectations, common views on the scope of assignment and agreement on the key underlying issues and facts associated with the evaluation process.

The evaluation team shared a draft Inception Report (IR) which was reviewed by the NHSSP HI team. The comments and feedback received were incorporated into the final IR that included agreed approach, methodology, tools, survey participant and stakeholder list and tentative work plan[2].

2.3 Evaluation Tools

The primary tool for impact evaluation was a semi-structured questionnaire to be completed by participants[3] while a checklist was used for interviews with key policy level

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[2] The date for submission of the draft final report was changed from 15th to 19th April following delayed receipt of the survey forms from the participants.

[3] The evaluation team approached implementation level participants, comprising those up to Undersecretary level, with semi-structured questionnaire and those at Joint Secretary/Director levels or above, and dealing with policy level issues, with checklist based Key Information Interviews (KII).

workshop stakeholders. The questionnaire was designed to assess participants level of understanding from the workshop sessions and was based on the themes of Health Infrastructure Policy Development Guidelines and Standards. The questionnaire required the participants to rate their increase in knowledge or usefulness and other changes due the workshop training on a scale of 1 to 5, with 5 representing the highest level. In addition, face to face group discussions and interviews allowed the evaluation team to acquire deeper level understanding and information that the questionnaire survey would not be able to capture.

Details of the evaluation tools are as follows:

i) Online survey using semi-structured questionnaire

The structured questionnaire, which included both closed (single or multiple choice) and open-ended questions, was finalised in consultation with the NHSSP Health Infrastructure (HI) team. Participants provided responses on their training experience, main learnings and takeaways, use of acquired knowledge and skills in their profession, and their expressed need for further specific capacity development programmes. The questionnaire is included in Annex I.

The questionnaire survey was carried out using Google Forms. Based on the attendance sheets of the workshop event, a list of potential respondents was prepared. The evaluation team approached the participants through email communication, sharing the link to the questionnaire. The team followed up the respondents through multiple phone calls. Non-respondents were reminded through a second email and a series of phone calls. The evaluation team also carried out face to face meetings and telephone interviews to complete the questionnaire where necessary.

ii) Key Informant Interviews (KIIs)

The evaluation team also used open-ended guiding checklists for interviews with key stakeholders comprising officials from DUDBC, FMoHP, DoHS and external resources persons and presenters at the workshop. The KII checklist is included in Annex II and the list of respondents for KIIs is included in Annex VII.

iii) Focus Group Discussion

The evaluation team carried out a Focus Group Discussion (FGD) at the DUDBC office in Kathmandu with participants from engineering teams engaged at implementation level in development of health infrastructure. The FGD checklist is included in Annex III and the participants of the FGD are included in Annex VI.

2.4 Survey Respondents

The workshop participants comprised senior and mid-level officials from MOHP, DUDBC, NRA, Provincial MSDs and health directorates, and relevant municipalities. These workshop participants were the targeted respondents for this impact evaluation.

2.5 Respondents' Selection

This evaluation did not employ a 'Sampling Design' approach, and instead carried out a census of all participants. This was because the number of participants (24) was not large, and it was expected that not all would be available for responses. The evaluation team was able to achieve a response rate of nearly 75%. A 100% response from 24 participants would have been ideal, but the team does not expect that the findings of a complete survey would differ significantly from what has already been derived.

The selection of workshop respondents excluded names from the training attendance list that were either not present on both days, or were a guest, trainer (in-house), or organiser on behalf of the NHSSP. A list of the respondents provided by and agreed with the NHSSP is given in Annex V.

2.6 Data Analysis and Reporting

The completed questionnaires were converted into Microsoft Excel spreadsheets. Qualitative information was analysed to triangulate data received from the quantitative survey and to extract valuable information to improve understanding of policy gaps and recommendations.

2.7 Scope and Limitations

The evaluation team could not obtain responses from all the participants nor meet all the stakeholders for a number of reasons. For example, a large number of GoN staff participants expressed preoccupation with ongoing planning functions and uncertainly of their transfers due to the federal restructuring process. Senior officials, especially from the provinces, expressed their inability to engage in survey process due to important planning meetings.

The evaluation team had to be persistent in seeking survey responses. For example, those who did not fill up the questionnaires online within the given timeframe of three calendar days, and these were many, were followed up with sms texts, two email reminders and two phone calls each. Where necessary, the evaluation team members carried out telephone or face-to-face interviews to complete the questionnaire.

Similarly, some of the resource persons outside the NHSSP HI team were unavailable to meet the evaluation team despite several telephone communications (and assurance given to meet the team) and requests, followed by emails and sms text.

Two out of the four participating engineers from DUDBC were on leave during the survey schedule. The evaluation discussions were therefore carried out with available two engineers, along with a Senior Division Engineer, and an additional participant, from the Health Building Section.

In consultation with NHSSP, it was agreed that the questions would seek to assess participant learning as well as usefulness of the workshop and obtain feedbacks.

Therefore, given the possible limitations, this evaluation was largely based on i) review of the presentation slides and the training workshop completion reports made available by NHSSP, and ii) summary of views and feedback obtained through consultation and participation in surveys by the workshop participants who were available to meet the team members and to complete the online surveys.

Chapter 3: Key Findings

3.1 Respondent profile

Of the 24 survey recipients, a total of 17 participants responded in time for this evaluation. The number of participants who were sent the questionnaires and who responded on time, disaggregated by gender, is summarised below.

Table 1: Number of potential and actual survey respondents

Gender	Questionnaire sent	Questionnaire completed
Male	18	11
Female	6	6
Others	0	0
Total	24	17

The table above shows that *while the overall female participation in the workshop was quite low, female survey response rate was 100% as compared to 69% for males*. A contrast can be seen between the female participation in the workshop (25%) and the female share of respondents (35%).

Additionally, the distribution of respondents among the various agencies is shown in the table/chart below.

Table 2: Number of survey respondents by the organization

Organization	Number
Central Level Project Implementation Unit (DUDBC)	**1**
Department of Urban Development & Building Construction (DUDBC)	4
Health Directorate	1
Federal Ministry of Health & Population (FMoHP) and Deopartment of Health Services (DoHS)	4
Provincial Ministry of Social Development (MSD)	2
National Reconstruction Authority (NRA)	2
Public Health Analytics	1
SPP HD Doti	1
Lalitpur Municipality	1
Total	17

3.2 Participants' Understanding of Public Policy

A key learning area covered by the workshop was theories and practices related to public policy. The contents of the session on public policy provided an introduction to how public policy is developed and the underlying processes, sectors, and principles.

Almost two-third of the respondents (65%) said that they learned a lot on public policy as a result of the training, and that they understand most aspects of the theory and practice of public policies. Nearly 29% thought they learned moderately, and one respondent admitted to not learning much from the training.

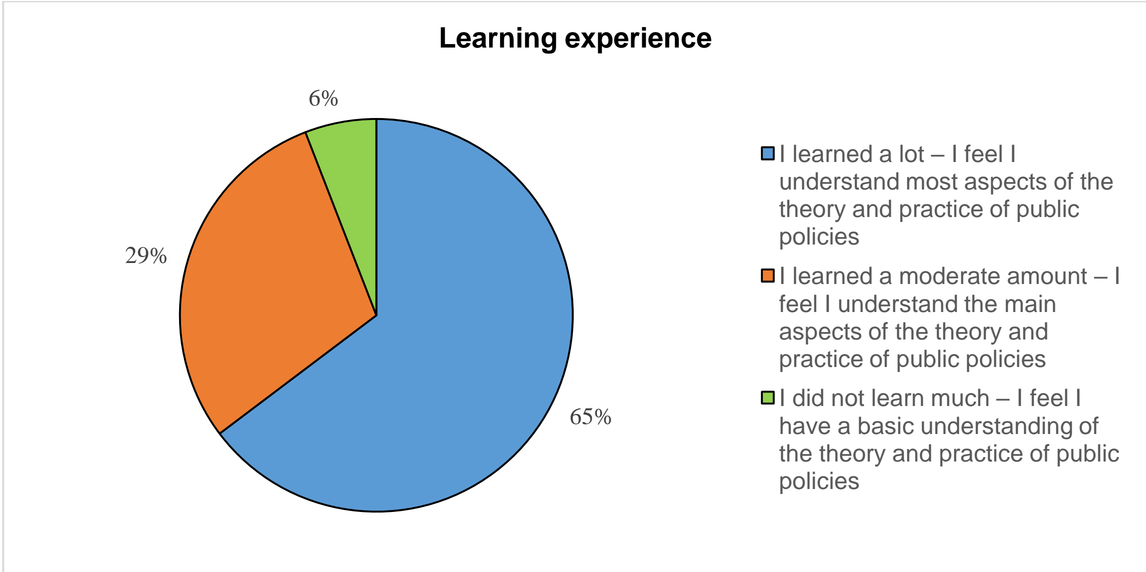

Figure 1: Learning Experience

More respondents from DUDBC and NRA claimed to have learned at low or moderate level while those from the ministries said they learned a lot. It is very likely that people from the ministries had some prior familiarity with public policy by being involved in policymaking in some way, while the topic was fairly new to the technical teams at DUDBC.

More than half of all respondents (53%) said that they went further to seek information on health infrastructure development policy subsequent to the provision of the workshop training. These respondent group used the documents and website contents of FMoHP and NHSSP, along with the wider internet to access relevant additional information. One

respondent from the Ministry of Social Development looked up information on US health infrastructure policies and services.

When it came to the use of the learnings from the training on health infrastructure policy in their current profession, seven out of 17 respondents said that they have not been able to use what they learned as much as they would have liked to. After participating in the training, 59% of the respondents said that they have been assigned tasks or projects related to areas of workshop learning. All 17 of these respondents admitted that the contents of the training enabled them to varying extents to overcome challenges and be more efficient in their work related to health infrastructure policy development.

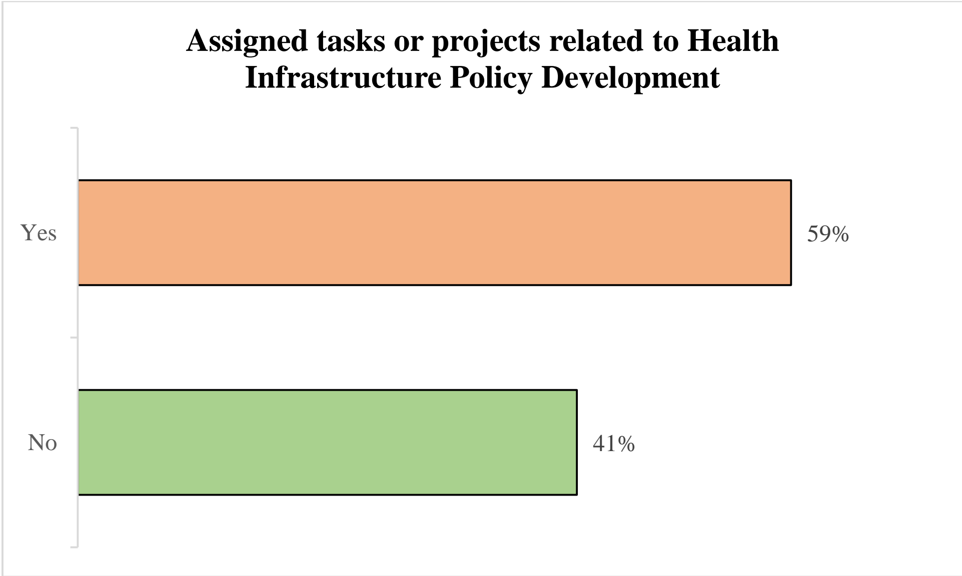

Figure 2: Tasks or project related to Health Infrastructure Policy Development

3.3 Policymaking in Federal Context

During the discussions at the DUDBC Office in Kathmandu, participants shared that the training was provided at a suitable time of evolving federalisation process when state restructuring along with changes in responsibility for health infrastructure was taking shape. They said they learnt about the categorisation of health facilities at federal, provincial and local levels and their minimum acceptable standards. This was new, relevant and useful to the participants. All but one respondent said they felt more informed on the roles and responsibilities of federal, provincial and local governments following the workshop.

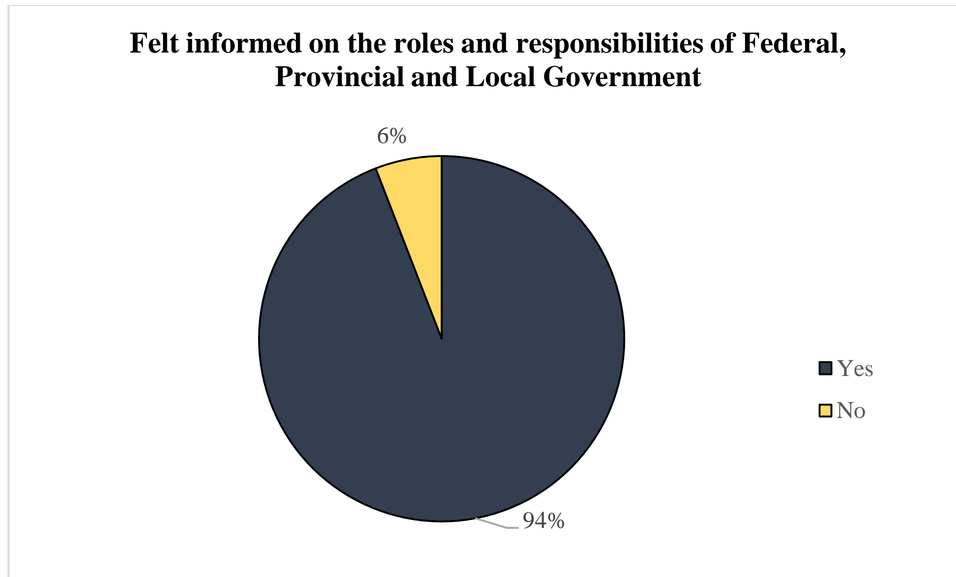

Figure 3: Participant understanding on the roles and responsibilities of Federal, Provincial and Local Government

3.4 Nepal Health Infrastructure Development Standards

The second part of the training introduced participants to multi-hazard resilient health infrastructure and the Nepal Health Infrastructure Development Standards (NHIDS).

These sessions focused on roles and responsibilities of federal, provincial and local government, existing policies and gaps, the NHIDS and multi-hazard resilience in health infrastructure development. Subsequent to the training workshop, all but one respondents considered themselves better-informed about multi-hazard resilient health infrastructure development. About a third of all respondents said they developed a clearer and adequate understanding of the multi-hazard resilience perspective and NHIDS , while a quarter of the respondents felt that practical orientation, including demonstration or site visits to good and bad examples of health infrastructure development, would have helped improve clarity and understanding.

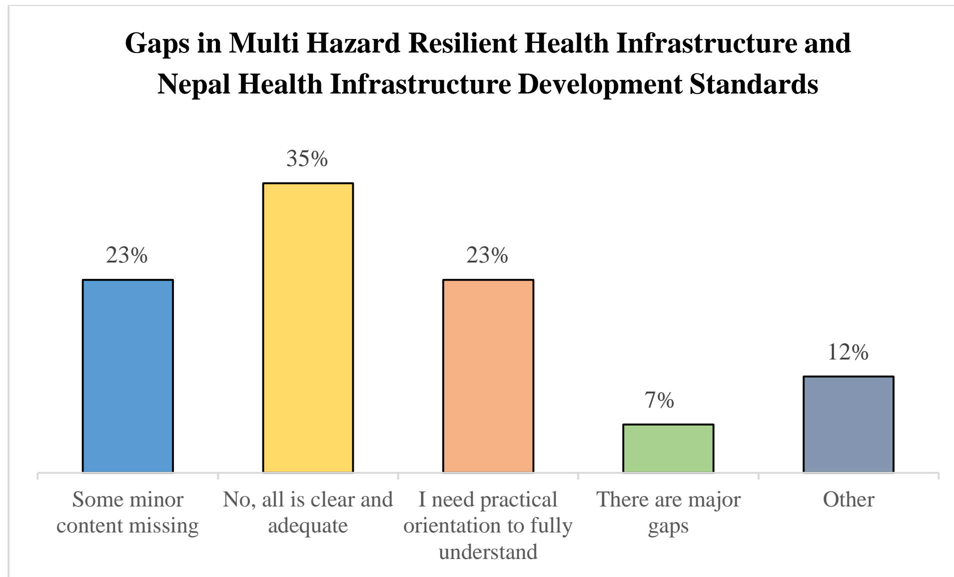

Figure 4: Gaps in Multi Hazard Resilient Health Infrastructure and Nepal Health Infrastructure Development Standards

During the FGD, participants shared that while they had some prior knowledge and practical experience of policy-making, they still gained new information to consider when designing health infrastructures. Examples cited include: solar orientation of birthing centres; design of disability-friendly toilets; corridors need to be equipped with hand-rails; and installation of ramps alongside stairs.

3.5 Provisions and Gaps in Current Health Infrastructure Policy

The team working in the Health Building Section of the DUDBC commented that new designs incorporate many of the design features cited above, notably since the 2015 earthquake. They have begun to categorise health facilities based not on the number of beds but by the type of services they offer. One of the respondents stated that '*the design approach is shifting to service delivery, and after that comes the number of beds'.* Newer designs now have provisions for ample rest areas, fire escapes, light and ventilation and oxygen pipelines. The service-centric design approach is being applied at design level, but, in the opinion of participants, policies and approval regulations that still focus on the 'number of beds' are yet to change.

Some respondents stated that the workshop did not provide enough space for discussions on key policy gaps or sharing experience in policy applications. The approach

to land acquisition for health infrastructure development was cited as an example of a topical and relevant policy issue that could have generated discussion (see Box One below). Other points that would have benefited from wider discussions and brought up for HID policy review include provisions on maintenance and sustainability of health infrastructure, and the flexibility to adapt the health infrastructure design template to suit the climatic and terrain conditions across the country.

Box One: Land Acquisition for Health Facilities as an example of a key policy issue[4]

The issue of land acquisition for the construction of public health infrastructure was brought up in a number of FGD and KII discussions and interviews. This related to the current policy provisions that restrict Government of Nepal purchase of land for building a health facilitySuitable land is not often donated as it can be put to more economically productive use. Most donated sites are not appropriate for a health facility as they are often away from settlements, on steep hillside slopes, waterlogged or within floodlines. The redevelopment of such land to be fit for a pre-designed health facility has in some cases been more expensive than purchasing suitable land at a suitable location. This was a key area of concern for many respondents during the interviews as they sincerely believed that policy must have some flexibity to acquire land, including procurement if necessary, for improved health service delivery and increased efficiency. However, the time available for discussions on this issue was limited, and would help if this is taken up wider discussions [5] in future training events.

(A site donated for health facility above Machhakhola Bazaar in Dharche Gaunpalika, Gorkha, March 2019. This is now taken by a school due to its unsuitability for health service functions. Photo: Shuva Sharma, SW Nepal Pvt Ltd)

[4] The views expressed here are excerpted from the consultations with the participants, and reflects their views. The evaluation team was not expected to review GoN policies and validate these views.

[5] The report on Deliverable 67 by NHSSP (August 2018) mentions wider discussion on the land allocation issue. However, the respondents were not either engaged or unaware of this fullerdiscussion.

3.6 Gender Equality and Social Inclusion (GESI)

One of the goals of the HIDP Workshop was to make the participants sensitive to gender and social inclusion issues while designing public policy for health infrastructure, and promote the concept of 'Leave No One Behind' (LNOB).

When asked if participants are now well informed about the principles of GESI and LNOB as a result of the training, data from the questionnaire survey shows unanimous agreement in the affirmative.

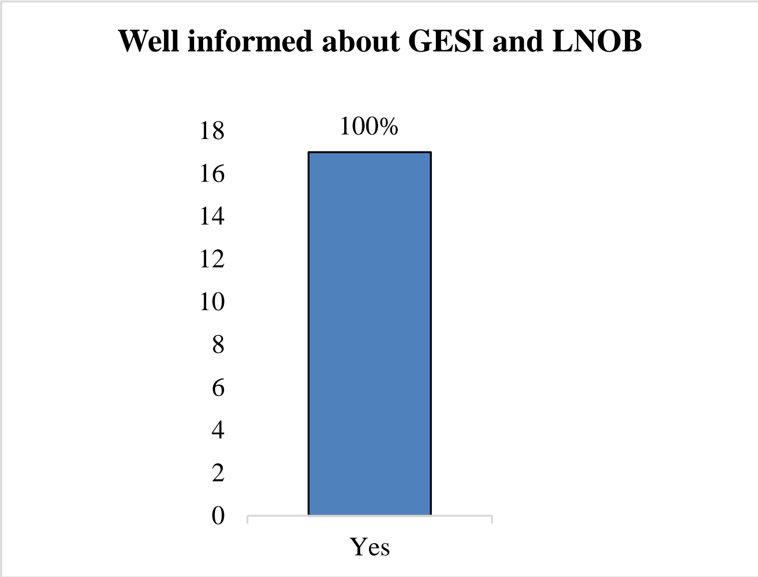

Figure 5: Status on awareness on GESI and LNOB

During the discussions, some participants shared that the sessions on GESI and LNOB was very introductory and only skimmed the surface, while they did learn some new concepts related to gender equity, disabled-friendly designs, and universal accessibility. One participant claimed that this session added nothing new to her knowledge as she had expertise in this area. She would have benefitted if a 'participant needs survey' had been carried out as part of the during the preparatory process for the workshop.

3.7 Usefulness of the Training

Participants' perception on the usefulness of the training in their professional lives was assessed using a Likert Scale. This scale allowed the respondents to rate the usefulness

of the training on a scale of 1 to 5, with '1' being 'Not useful at all' and '5' being 'Extremely Useful'.

Nearly 60% of all respondents expressed that the training was very useful or extremely useful while the rest said it was useful only some of the time.

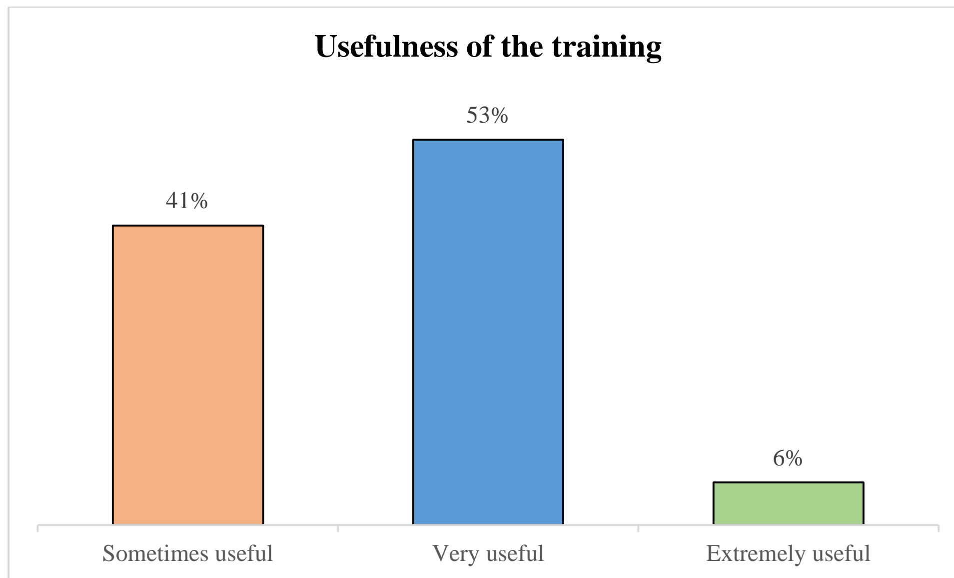

Figure 6: Usefulness of the training

During the face to face discussions, some participants stated that the training had been only slightly useful to them as the contents were often generic or standard, and not fully tailored to the workshop theme. They also felt that this kind of training would have been more fruitful if the participants had been engaged in practical sessions, such as a mock policy-making exercise, or visited some sites that demonstrate the good and bad practices related to multi-hazard resilient health infrastructure.

An important point raised by a number of participants was on the scoping of the participants for these workshops. It is accepted that the government employees are often familiar with related policy provisions and standards, and trainings like these helps to further augment and sharpen their knowledge and capacities. However, for the implementation of HID policies, private consulting firms and engineers are widely used, and these actors, participants argued, should also be made aware of such policies and standards, and should be invited to similar training events.

There were also recommendations that workshops of this nature should now be taken to provincial and local government levels to inform the health infrastructure development stakeholders in those spheres.

Participants noted that there was some time allocated for interaction after every session. However, most participants felt that senior level participants from the ministries were more engaged in sessions focusing on policy and governance. The technical teams from DUDBC and Central Level Project Implementation Unit (CLPIU) were more participatory in the technical sessions, such as the one on multi hazard resilient health infrastructure. It was also felt that the effect of government hierarchy and position status inhibited open discussions and information sharing. In addition, a number of participants felt that the workshop training was designed as a series of lectures or presentations, and would benefit more if proper attention was paid to make it a well-designed participatory workshop where all participants had space to equitably engage and contribute.

3.8 Status of the Recommendations of Previous Impact Evaluation

The previous Health Infrastructure Policy Development Workshop was carried out in November 2017 and the impact assessment had been carried out in May 2018. The assessment report recommended an increased focus on targeting technical staff, dissemination of health infrastructure development guidelines and standards, and promotion of effective monitoring and evaluation. The evaluation team noted that the NHSSP has addressed most of these generic recommendations in the August 2018 workshop.

However, it seems that one particular recommendation for 'an action planning session at the end of each capacity building activity' was apparently not carried out – it did not appear on the workshop programme.

Chapter 4: Conclusions and Recommendations

4.1 Conclusions

A range of findings are provided in earlier sections and these reflect the key messages from the evaluation exercise. The following summary reflects the key conclusions that can be drawn from the findings and their analysis:

1. Overall, there is a high level of satisfaction among the participants of the workshop that they rate as being useful (53%). Many of them have pursued further learning as a result of their exposure to a range of HID policy related areas, and consider to have been assigned relevant assignment subsequent to the workshop.

2. Key 'takeaways' that participants recalled eight months on from the workshop were increased clarity on emerging roles and responsibilities of different layers of governments in executing health infrastructure works, better understanding of health infrastructure standards and useful exposure to new tools on multi-hazard resilience.

3. A number of learning objectives were met as detailed in the earlier section of Key Findings. However, it is too early to assess the impact of the workshop training as the overall impact can only be measured on how future health infrastructure policy will continue to be implemented and be useful to the people, particularly to those left behind in society.

4. It appears that there is a notable gap in the level of engagement as well as in learning among the participants. This might be largely due to different levels of responsibility and exposure to health infrastructure policy and standards, as well as the varying ranks of participants.

5. Following their participation in the workshop, the respondents felt better informed and in a timely manner on the roles and responsibilities of the federal, provincial

and local government along with an increase in awareness of gender equity and social inclusion.

4.2 Recommendations

The evaluation team offers the following recommendations for consideration in the design and implementation of similar training initiatives in future :

1. The design should link closely with the objectives of the event. For example, is it to be designed as a participatory workshop with a training focus or a series of lectures? For the evaluation team, the workshop appeared to be an event between a workshop and lecture-series.

2. The event design should seek to increase the level of participation, particularly among Government staff. For example, this may be achieved through grouping staff of different ranks and roles, or involving external stakeholders. Attention should be paid to overcoming the tendency of junior staff to stay silent in the presence of higher level officials.

3. An important workshop of this nature with engagement of high level policy makers and implementing units can be a useful forum to discuss policy issues . Space should be given for discussions of this nature, with in-depth preparation and facilitation

4. The NHSSP should consider rolling out similar workshops at provincial and local level. Events for health professionals and private sector practitioners (jointly or separately) should also be considered.

Annex I– Evaluation Questions

Impact Evaluation of the workshop on Health Infrastructure Policy Development Training

Name:	Date:
Organization	Position:

1.	The training event aimed to introduce you to and increase your knowledge of public policy theories and practices. Please rank your learning experience – which one of these statements matches your experience most closely?	1 I didn't learn anything at all – I do not understand the theory and practice of public policies 2 I did not learn much – I feel I have a basic understanding of the theory and practice of public policies 3 I learned a moderate amount – I feel I understand the main aspects of the theory and practice of public policies 4 I learned a lot – I feel I understand most aspects of the theory and practice of public policies 5 I learned a great deal – I feel I have a very good understanding of all aspects of the theory and practice of public policies
2	As a result of the training, have you been assigned tasks or projects related to health infrastructure policy development?	a) Yes b) No
3	If yes, did the contents of the training enable you to overcome challenges and be more efficient in your work?	a) Yes b) No
4	Have you sought any further information on health infrastructure development policy after you took the training? *If yes, from where did you seek this information?*	a) Yes b) No *Source of information:* ______________________

5	How extensively have you used the learnings from the training on health infrastructure policy in your current profession?	a) I have not used at all b) I have not used as much as I would have liked to c) I have used only a few times d) I have used regularly e) I have used frequently
6	As a result of the training, are you now well informed about the principles of Gender Equality and Social Inclusion (GESI)" and "Leave no one behind (LNOB)"?	a) Yes b) No
7	As a result of the training, are you now well informed about the roles and responsibilities of Federal, Provincial and Local Government?	a) Yes b) No
8	As a result of the training, are you now well informed about Multi-hazard Resilience Health Infrastructure Development?	a) Yes b) No
9	Are you experiencing any gaps in your understanding of Multi hazard resilient health infrastructure and Nepal Health infrastructure development Standards?	a) No, all is clear and adequate b) Some minor contents missing c) There are major gaps d) I need practical orientation to fully understand e) Other ________________________
10	If there are any gaps, please elaborate	
11	How useful has the training provided been to you?	a) Not useful at all b) Not very useful c) Sometimes useful d) Very useful

		e) Extremely useful
12	What additional skills or knowledge areas do you feel necessary to build on what you have learnt? Please specify.	
13	What needs to be done, in your opinion, to improve the policies, designs, construction and services of health infrastructure in your district or province	
14	What recommendation can you offer to improve similar trainings in the future?	

Annex II – Checklist for KII

1. Please mention existing policies and their adequacies in heath infrastructure development.
2. Are you experiencing any gaps in your understanding of multi hazard resilient health infrastructure and Nepal Health Infrastructure Development Standards?
3. What are the emerging priorities in Health Infrastructure Development policies (DRR perspective, differently abled perspective, etc.)?
4. Please mention some suggestions/recommendations for Health Infrastructure Development policy development (if you have any).

Annex III-Checklist for FGD

1. What are the most valuable things that you learned in the workshop?
2. How useful has the training been to you?
3. What additional skills or knowledge do you feel is necessary to build on the areas that you have learnt? Please specify.
4. Are you experiencing any gaps in your understanding of multi hazard resilient health infrastructure and Nepal Health Infrastructure Development Standards?
5. Do you regularly use any of these Guidelines and Standards in your current work?
6. What recommendation do you have in improving similar trainings in the future?

Annex IV Programme Schedule of the Workshop

Orientation Training on "Health Infrastructure Policy Development Workshop"
Venue: Nepal Administrative Staff College, Jawalakhel, Lalitpur
28th – 29th August 2018

DAY 1, 12 Bhadra (28 August)			
Time	Session	Outline	Facilitators
10:00-10:15	Registration and Tea		
10:15-10:30	Inaugural		
Theme: 1, Public Policy and Governance			
10:40-12:10	Session-I	***1. Introduction to Public Policy***	Narayan Gopal Malego Rajendra Adhikari
12:10-1:00	Lunch		
1:00-2:30	Session II	***2. "Gender Equality and Social Inclusion(GESI)" and "Leave no one behind (LNOB)"***	Sitaram Prasai,
2:30-2:45	Tea Break		
2:45-4:15	Session III	***3. Governance in context of federalism***	Punya Prasad Neupane
DAY 2, 13 Bhadra (29 August)			
10:00-10:15	Recap of Day 1		
Theme: 1, Public Policy and Governance			
10:15-11:45	Session I	***4. Roles and responsibilities of Federal, Provincial and Local Government.***	Trilochan Pokharel
Theme: 2 - Stocktaking of Policies and Guiding Instruments in Health Infrastructure Development			
11:45-1:15	Session II	***5. Existing policies and gaps***	Sagar Ghimire
1:15-2:00	Lunch		
2:00-2:45	Session III	***6. Nepal Health Infrastructure Development Standards (NHIDS)***	Sunil Khadka
Theme: 3 - Multi-hazard Resilience in Health Infrastructure Development			
2:45-3:45	Session IV	***7. Multi-hazard Resilience in Health Infrastructure Development***	Santosh Shrestha
3:45-4:15	Way forward, Certification and Closing followed by Hi-tea		

Annex V – List of potential respondents

This respondents list was finalised with consultation of NHSSP team

SN	Name	Designation/section	Organization	Contact Number	Email address
1	Avinash Shrivastav	Engineer	DUDBC, Health Building Section	9845525888	avinash.shrivstav25@gmail.com
2	Ajay Kumar Shrivstav	F.P.O	Ministry of Social Development Gandaki Province	9856031853	akshrivastwa2@gmail.com
3	Chandra Dev Mehta	Health Director	Health Directorate, Pradesh-2, Janakpur	9852820810	cdmehata@gmail.com
4	Dilliser K.C	Lalitpur Metro. City HEA Officer	Lalitpur Metropolitan City	9841432365	Nhwu.Nepal@gmail.com
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