



Ministry of Health & Population



## Reducing Overcrowding in Three Referral Hospitals



Family Health Division and  
Nepal Health Sector Programme



## CONTENTS

<b>Contents</b> .....	<b>i</b>
<b>Acronyms</b> .....	<b>i</b>
<b>1 Introduction</b> .....	<b>1</b>
<b>2 Process of Strengthening the Three Referral Hospitals</b> .....	<b>4</b>
<b>3 Achievement — Costed Hospital Work plans</b> .....	<b>6</b>
<b>4 Achievement — Resources Allocated in AWPBs</b> .....	<b>7</b>
4.1 Resources Allocated in AWPBs.....	7
4.2 Other Funding Secured .....	8
<b>5 Achievement — Monitoring Framework</b> .....	<b>9</b>
<b>6 Strengthened Strategic Birthing Centres</b> .....	<b>10</b>
<b>References</b> .....	<b>11</b>
<b>Annex 1: Comprehensive Hospital-wide Improvement Plans</b> .....	<b>12</b>
<b>Annex 2: Hospital Work and Monitoring Plans for Improving MNH Services</b> .....	<b>13</b>
<b>Annex 3: FHD &amp; Management Division 2014/15 AWPB funding for Addressing Overcrowding</b> .	<b>19</b>
Annex 3.1: FHD 2014/15 AWPB that Covers Addressing Overcrowding Work .....	19
Annex 3.2: Management Division 2014/15 AWPB Addressing Overcrowding Work.....	22
Annex 3.3: FHD and Management Division 2014/15 AWPB Funds to Address Overcrowding...	24
<b>Annex 4: Infrastructure Improvement Agreements for Bheri and Seti Zonal Hospitals</b> .....	<b>25</b>
Annex 4.1: Seti Zonal Hospital-NHSSP Hospital Waste Management (Biogas Plant) MoU.....	25
Annex 4.2: Bheri Zonal Hospital-NHSSP Laundry Place MoU.....	26
<b>Annex 5: Strengthened Strategic Birthing Centres</b> .....	<b>27</b>
<b>Annex 6: Supporting Documents on Banke Birthing Centre Strengthening Work (2014/15)</b> .....	<b>30</b>
Annex 6.1: NHSSP-Banke DPHO MoU on Strengthening Strategic Birthing Centres.....	30
Annex 6.2: Budget for Banke Birthing Centre Strengthening Work (2014/15).....	31
Annex 6.3: Budget Plan for Banke Birthing Centre Strengthening Work (2014/15).....	33
Annex 6.4: Cost Sharing of Banke Birthing Centre Strengthening Work (2014/15).....	34
Annex 6.5: Log-frame/Monitoring Framework for Banke BC Strengthening (2014/15).....	35
Annex 6.6: Implementation Plan for Banke Birthing Centre Strengthening Work (2014/15)..	36
Annex 6.7: Banke DPHO Funds Request for BC Strengthening Work.....	37

**Front cover photo caption:** The FHD and NHSSP (2013) study observed the use of floor mattresses and unused beds from other departments in several hospitals to accommodate the large number of delivery cases including at Bheri Zonal Hospital.

## ACRONYMS

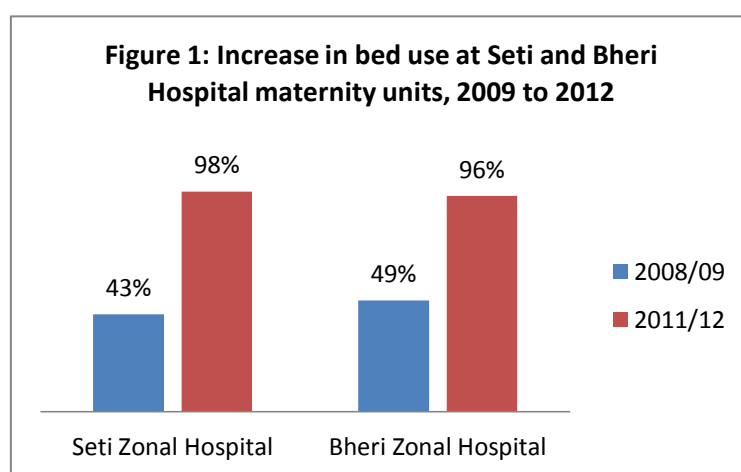
AA	anaesthesiologist assistant
ANC	antenatal care
ANM	auxiliary nurse-midwife
AWPB	annual work plan and budget
CEONC	comprehensive emergency obstetric and neonatal care
CSSD	central sterile supply department
dept	department
DFID	Department for International Development (UKaid)
DHO	district health office
DoHS	Department of Health Services
DPHO	District Public Health Office
EHCS	essential health care services
FHD	Family Health Division
GoN	Government of Nepal
HMIS	Health Management Information System
IFPSC	institutionalised family planning service centre
MMR	maternal mortality ratio
MNH	Maternal and newborn health
MoHP	Ministry of Health and Population
MoU	memorandum of understanding
NGO	non-government organisation
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
OPD	outpatient department
PD	payment deliverable
SBA	skilled birth attendant
TARF	Technical Assistance Resource Fund
ToR	terms of references
WHO	World Health Organisation

## 1 INTRODUCTION

**Background** — Encouraging mothers to give birth in hospitals and health facilities and improving the availability and quality of MNH services are key strategies of the Government of Nepal to improve maternal and newborn health (MNH). A number of initiatives have led to large reductions in maternal and newborn deaths over the past 20 years in Nepal. The maternal mortality ratio (MMR) dropped from 539 deaths per 100,000 live births in 1996 to 190 in 2013 (WHO et al. 2014) as the proportion of deliveries at health institutions increased almost fourfold from 9% in 1996 to 35% in 2011.

**Overcrowded maternity wards** — While progress in service provision for institutional deliveries has been good, emerging evidence suggests that the use of institutional delivery services has not been uniform and concerns remain over some aspects of service provision. An analysis of HMIS service use data in 2010/11 showed that of the 17 higher-level hospitals providing comprehensive emergency obstetric and neonatal care (CEONC) services in Nepal, 12 were overcrowded, with patient numbers consistently exceeding the number of available beds (DoHS and FHD 2011). Site visits by Family Health Division (FHD) and NHSSP personnel in 2011 confirmed this situation.

**Study findings and recommendations**— Subsequently FHD commissioned a study of the situation of MNH services in referral hospitals. The study of the situation in six referral hospitals in 2011/12 ([FHD and NHSSP 2013](#)) found that delivery services were mostly overcrowded while the services in many birthing centres were under-utilised. Among the six hospitals studied, the largest increase in bed use in recent years had been at the maternity units of Bheri and Seti Zonal Hospitals, where occupancy rates had doubled in three years (see Figure 1).



The highest bed occupancy rate was at Janakpur Zonal Hospital (145%). The World Health Organisation's standard for maximum hospital bed occupancy is 80%. The six referral hospitals had clearly found it difficult to cope with the increased demand for institutional births and high bed occupancy rates also suggest that quality of care (QoC) may have been compromised.

*"Managers, service providers, and mothers all agreed that [excessive] patient load was impacting quality." FHD and NHSSP 2013, p. 22.*

The study's overall recommendations for overcoming overcrowding were therefore:

- to extend the provision and improve the quality of maternity services at referral hospitals; and
- to strengthen strategic birthing centres to reduce the loads on referral hospitals by attracting more women to give birth at these centres.

The first of these recommendations addressed the need to increase service provision while concurrently improving service quality.

**2013/14 response to recommendations** — In 2013, FHD responded to the study’s findings by supporting ten referral hospitals to extend and improve service provision. These hospitals were the six study hospitals plus four others experiencing overcrowding. Technical assistance from the Nepal Health Sector Support Programme (NHSSP) helped FHD produce its 2013/14 annual work plan and budget (AWPB) and played an important role in helping FHD focus on the issue of overcrowding to:

- plan the work and produce the budget;
- produce guidelines on the hospitals’ use of these funds; and
- support the hospitals in using the funds through site visits and remote guidance.

This support acted as a catalyst to put in place funding for equipment, beds and mattresses for operating theatres, labour rooms and maternity wards, the repair and maintenance of maternity wards to accommodate more beds, and the recruitment of additional nurses, auxiliary nurse-midwives (ANMs), doctors and other staff.

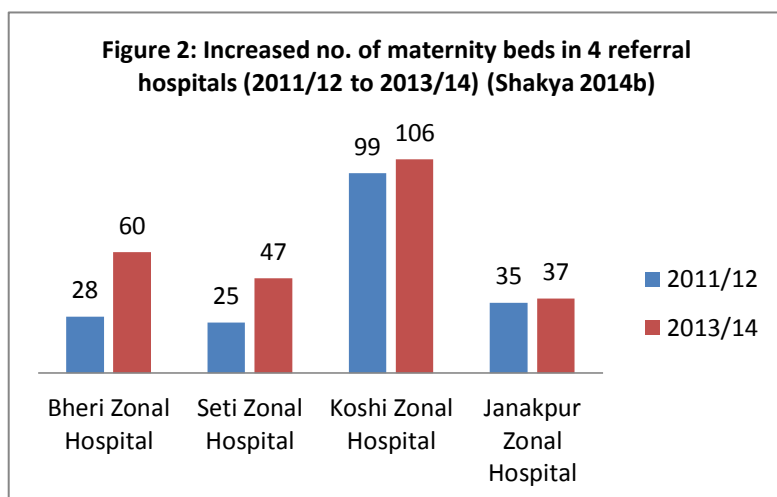
The aim of the 2013/14 FHD/NHSSP work plan with regard to referral hospitals was thus:

- supporting 10 referral hospitals to use the budgeted funds appropriately and on time; and
- planning and budgeting for further support to enable the hospitals to cope with overcrowding and thus ultimately to improve quality of care.

In the January to March 2014 period, NHSSP consultants visited the 10 referral hospital and orientated staff on the funds available in FHD’s AWPB to address overcrowding and encouraged them to use the funds by the end of financial year 2013/14 (mid-July 2014). NHSSP’s TA also encouraged FHD to advocate for more funds to be made available in the 2014/15 AWPB as only relatively small amounts were allocated in the 2013/14 AWPB.

**Round 1 achievements** — Two reports on the progress in the 10 hospitals (NHSSP 2014a and Shakya 2014) captured the following early achievements:

- 10 doctors (including 3 anaesthetists), 20 nurses, 8 ANMs, and 1 anaesthesia assistant recruited;
  - new maternity beds installed (Figure 2 shows increases at 4 of the 6 hospitals for which data is available);
- new equipment;
- repairs to rooms; and
- improved electricity supply and waste disposal.



The NHSSP technical assistance also helped to identify follow-on work needed in 2014/15 (see NHSSP 2014a).

**Round 2 response**— Confirming the importance of this work, FHD decided to continue support for responding to overcrowding in its 2014/15 AWPB. In order to maximise facility level impact and learning, it decided to focus on three referral hospitals suffering from acute overcrowding and for which detailed plans had been prepared. This work is being supported by NHSSP under its payment deliverable 9 (PD 9) with TA also supporting FHD to lobby for additional funds to make improvements in all referral hospitals across the country.

**Payment deliverable 9**— The overall purpose of NHSSP’s PD 9 is to help the 3 referral hospitals respond to and address the challenges of increased demand for institutional delivery services.

The wording of the main deliverable, the two sub-deliverables and the activities are given in Table 1 as per NHSSP’s ToR for this work (NHSSP 2014b). In addition, PD 9 is also testing a way to strengthen strategic birthing centres in one district in order to reduce the number of normal deliveries taking place at referral hospitals. This latter task is task 2 of the PD 9 ToR (NHSSP 2014b).

**Table 1: Wording of PD 9 in NHSSP terms of reference (NHSSP 2014b)**

PD no.	Wording
9	Specific measures in place to reduce overcrowding in three referral hospitals.
9.1	<p>Activities to reduce overcrowding in three referral hospitals (including referral arrangements, human resources and infrastructure improvement) identified through workshops and linked with the 2014/15 AWPB.</p> <p>Evidence to be submitted to show that above work has been carried out:</p> <ul style="list-style-type: none"> <li>• Activity i. Costed plans to reduce overcrowding for three hospitals (as approved by the hospital boards).</li> <li>• Activity ii. An AWPB for 2014/15 showing discrete resource allocations for reducing overcrowding in three selected hospitals.</li> </ul>
9.2	<p>Monitoring frameworks and plans to reduce overcrowding, as agreed by hospital management boards, in place in three referral hospitals.</p> <p>Evidence to be submitted to show that above work has been carried out:</p> <ul style="list-style-type: none"> <li>• Activity i. Monitoring frameworks agreed by the hospital board.</li> </ul>

**Current report** — This document reports on the progress made towards the achievement of NHSSP payment deliverable 9 up to the beginning of November 2014.

## 2 PROCESS OF STRENGTHENING THE THREE REFERRAL HOSPITALS

The previous chapter provided an overview of the findings of the 2011/12 situational analysis study (FHD and NHSSP 2013), the resulting allocation of earmarked funds in FHD's 2013/14 AWPB, and the improvements carried out in 2013/14 at the ten hospitals using these funds. In order to ensure that momentum was maintained, from December 2013, NHSSP's technical assistance facilitated and supported the following PD 9 related activities:

1. *Approach developed* — Two meetings were held in FHD in late 2013 between FHD's director, the chief of FHD's Safer Motherhood Section, other FHD stakeholders and NHSSP advisers on how to continue to respond to the overcrowding of MNH services in Nepal's referral hospitals. FHD recommended that 2014/15's support should focus on addressing overcrowding in Seti Zonal Hospital (Dhangadhi), Bheri Zonal Hospital (Nepalgunj) and Narayani Sub-Regional Hospital (Birgunj). Two of these hospitals (Seti and Bheri) were covered in the FHD and NHSSP (2013) study and were the two study hospitals experiencing the largest increases in maternity bed occupancy (see Figure 1 above). Note that a lower level of support was maintained in the other seven referral hospitals in 2014/15 due to the intensity of support required by the other three hospitals and the wider annual work plan demands placed on NHSSP technical support.
2. *Approach agreed* — The approach of the 2014/15 support was agreed as follows:
  - To provide financial and technical support for:
    - planning and prioritisation activities in three referral hospitals to cope with the increasing demand for institutional deliveries; and
    - facilitating the incorporation of referral hospitals' priorities in the AWPB process.
  - To develop criteria for selecting strategic birthing centres and to test the feasibility of strengthening such centres to relieve the workload of referral hospitals through a pilot initiative in Banke district.
3. *Comprehensive planning* — In March and April 2014, FHD, with support from NHSSP, held a series of service improvement planning workshops at the three selected referral hospitals (PD 9.1). These were attended by 71 participants at Seti Zonal Hospital, 66 participants at Bheri Zonal Hospital and 64 participants at Narayani Sub-Regional Hospital including hospital administrators, doctors and representatives of local government, political parties and other stakeholder organisations. The Seti and Narayani workshops developed detailed comprehensive work plans to improve overall service delivery across all hospital departments while the third work plan (Bheri hospital) focussed on strengthening its maternity department based on learning from the previous two hospital planning processes. NHSSP supported the implementation of these workshops which are described in a separate document (see also Annex 1).
4. *Prioritisation* — The scope of the work plans developed during the workshops was broad and participants identified numerous areas for improvement. The cost of implementing such measures was found to lie well beyond the priority funding limit made available by FHD for these hospitals. Therefore, in May 2014, based on the hospital-wide work plans, FHD and the concerned hospitals, with support from NHSSP, identified practical activities that could be supported by FHD within its budget (with additional funding for large infrastructure improvements coming from the Management Division's budget). The activities prioritised activities related to MNH including obstetric-related surgery (caesarean sections). This exercise produced prioritised focussed work plans and budgets for implementation in FY 2014/15.

5. *AWPBs prepared for hospital strengthening activities*— In June/July 2014, most activities in the draft focussed work plans were incorporated in FHD’s draft AWPB for 2014/2015 while new building work at Bheri and Seti hospitals was included in the Management Division’s AWPB (see Annex 3).
6. *Finalised work plans and budget produced* — In August/September 2014, FHD, in consultation with the three hospitals, and with support from NHSSP, finalised work plans for implementing the budgets allocated by FHD and the Management Division and developed monitoring frameworks for these plans in each of the three hospitals.
7. *AWPB funding approved* — The detailed FHD hospital AWPBs were approved by the MoHP secretary on 27 October 2014. Thus the funds needed for the three hospitals to implement priority improvement works have now been secured (see Annex 3 for summary of approved detailed AWPBs).
8. *Work plans-cum-integrated monitoring frameworks approved* — Each hospital signed the final version of its workplan and integrated monitoring framework in early November 2014 and set the goal of completing all planned activities within FY 2014/2015 (See Annex 2).
9. *Continuing support for other seven hospitals* — Although PD 9 covers improvements in the three selected hospitals, NHSSP technical assistance in 2014 continued to lobby and work with FHD to allocate funding and make improvements in the other seven hospitals covered in the first round of support in 2013/14.<sup>1</sup> Accordingly, FHD allocated funds to address overcrowding for all 10 referral hospitals, but with larger amounts awarded for Bheri, Seti and Narayani hospitals based on the more detailed needs prioritised by these three hospitals.

*Preparatory work for supporting strategic birthing centres* — During 2014, NHSSP also supported preparatory work to strengthen strategic birthing centres in Banke district. This pilot initiative prepared criteria for identifying strategic birthing centres and put in place the funding and support modalities needed for five such facilities (see Annex 5 and 6).

*NHSSP technical assistance* — NHSSP technical assistance was provided throughout 2014 through its EHCS adviser, quality services adviser and a FHD/Technical Assistance Response Fund (TARF) - funded senior CEONC consultant (Dr Shakya). Inputs were also made by a CEONC mentor consultant (Dr Prajapati).

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<sup>1</sup>Koshi Zonal Hospital (Biratnagar), Janakpur Zonal Hospital (Janakpur), Sagarmatha Zonal Hospital (Saptari), Bharatpur Hospital (Bharatpur), Lumbini Zonal Hospital, Western Regional Hospital (Pokhara), Mechi Zonal Hospital (Bhadrapur), Mid-Western regional Hospital (Surkhet), Rapti Sub-Regional Hospital (Dang), Rapti Zonal Hospital (Dang), Mahakali Zonal Hospital (Kanchanpur).



### 3 ACHIEVEMENT— COSTED HOSPITAL WORK PLANS

#### Payment deliverable 9.1:

*“Activities to reduce overcrowding in three referral hospitals (including referral arrangements, human resources and infrastructure improvement) identified through workshops and linked with the 2014/15 AWPB.”*

#### Required evidence 9.1 i:

*“Costed plans to reduce overcrowding for three hospitals (as approved by the hospital boards).”*

The main achievement under PD 9 to November 2014 was the production of work plans to improve maternity care services at the three referral hospitals. The finalised and signed plans for these hospitals are shown at Annex 2.

These plans identified additional staff and equipment needs and other improvements required to improve the quality of MNH services and hospitals’ abilities to manage high client loads. They specified the staff responsible for carrying out the work, planned completion dates, appropriate monitoring indicators and reporting and monitoring mechanisms. The implementation of activities and achievements against each plan’s indicators will provide the basis for monitoring implementation of the plans.

The 2014/15 plan for Seti Zonal Hospital (Annex 2.1) called for:

- recruiting an anaesthetist doctor, 5 nurses, 6 midwives and 5 ward attendants/helpers;
- procuring new equipment for the operating theatre and labour room;
- building a new 70 bed maternity unit with a caesarean section facility that could be converted to a birthing unit once the hospital completes its buildings as per its master plan; and
- building a bio-gas plant to dispose of hospital waste while producing methane gas for use in the hospital.

The 2014/15 plan for Bheri Zonal Hospital (Annex 2.2) called for:

- recruiting 8 new nurses for maternity care;
- taking steps to improve the provision of 24 hour obstetric emergency care;
- purchasing new equipment and maintaining operating theatre equipment;
- establishing a post-operative ward;
- strengthening the antenatal care-cum-outpatient department;
- improving the management of the central sterile supply department (CSSD);
- improving coordination with the hospital’s housekeeping department to improve cleanliness and the availability of basic supplies and services;
- completing the construction of a new laundry area; and
- adding a second floor to the new maternity building.

The 2014/15 plan for Narayani Sub-Regional Hospital (Annex 2.3) called for:

- recruiting anaesthetist doctor/medical doctors (as per need), 9 nurses, 1 cleaner and 4 security guards (the latter for managing visitors to the maternity ward);
- purchasing equipment for the maternity department;
- establishing and equipping a separate operating theatre for maternity cases;
- making improvements to the post-operative room and waiting area; and
- making residential quarters available for doctors and nurses.

## 4 ACHIEVEMENT— RESOURCES ALLOCATED IN AWPBS

### Payment deliverable 9.1:

*“Activities to reduce overcrowding in three referral hospitals (including referral arrangements, human resources and infrastructure improvement) identified through workshops and linked with the 2014/15 AWPB.”*

### Required evidence 9.1 ii:

*“An AWPB for 2014/15, showing discrete resource allocations for reducing overcrowding in three selected hospitals.”*

Section 4.1 reports on this objective while section 4.2 describes other funding generated as a result of the planning exercises.

### 4.1 Resources Allocated in AWPBs

A central rationale of the PD9 work is to help put in place sustainable funding for improvements. The planned improvement measures in the hospitals are now being funded from the official annual work plans and budgets (AWPBs) and, following approval of the AWPBs on 27 October 2014, implementation of these plans for the three hospitals is underway (see Annex 3).

#### 4.1.1 Family Health Division

The Family Health Division’s 2014/15 AWPB allocated NPR 21.1 million (£134,000) of new funds for the three hospitals to address the overcrowding of MNH services with:

- NPR 6.9 million (£44,000) allocated to Narayani hospital;
- NPR 6.1 million (£39,000) allocated to Bheri hospital; and
- NPR 8 million (£51,000) allocated to Seti hospital.

Amongst the ten AWPB budget lines the largest amount is allocated to the ‘Addressing overcrowding budget (room expansion, repair/maintenance, technical & support staff)’ budget (21% of the total — see Table 2).

**Table 2: Total funding by budget line for Seti, Bheri and Narayani hospitals, 2014/15**

	Budget lines	Budget code	Amount NPR	% of total
1	Addressing overcrowding budget (room expansion, repair/maintenance, technical & support staff)	56	4,500,000	21%
2	Anaesthesiologist/AA/gynaecologist	36	3,600,000	17%
3	Auxiliary nurse-midwives (budget for hiring)	38	2,820,000	13%
4	Equipment and supplies for responding to overcrowding	4	2,700,000	13%
5	Nurses (budget for hiring)	37	2,208,000	11%
6	CEONC fund	39	2,040,000	10%
7	Anaesthesia machine	3	2,000,000	10%
8	Equipment for birthing centres (for Seti hospital maternity unit)	5	900,000	4%
9	Equipment for infection prevention in birthing centre(BC)/family planning (FP) (IFPSC)	6	170,000	1%
	<b>Total FHD budget</b>		<b>20,938,000</b>	<b>100%</b>

This is the second year in which this budget has been made available. NPR 6.6 million (£42,000) was allocated in the previous year's FHD AWPB (2013/14) for these three hospitals meaning that FHD has allocated about three times as much for them for 2014/15.

See Annex 3 for a more detailed breakdown of this funding and the aggregated hospital-wise AWPBs for 2014/15 as approved by FHD.

#### 4.1.2 Management Division

DoHS's Management Division has allocated NPR 31 million of new funds in its 2014/15 AWPB for improving the infrastructure at Seti and Bheri hospitals (see Table 3):

**Table 3: Management Division 2014/15 budget lines for infrastructure improvements at Bheri and Seti zonal hospitals**

Hospital	Budget line	NPR
Bheri	Add second floor to maternity building for inpatient services	8,000,000
Seti	Construct new hospital building (300 bed hospital) according to Master Plan	15,000,000
Seti	Reconstruct hospital building according to Master Plan	8,000,000

#### 4.2 Other Funding Secured

Other significant non-MoHP funding secured for improvements at the three hospitals can be partly credited to NHSSP's support for planning processes (mainly due to the development of the hospital improvement plans by the hospitals, which had enabled them to more effectively lobby local government to fund improvements). The following funding support would probably not have been realised without the NHSSP planning exercises:

- NHSSP and Dhangadhi municipality are jointly funding improved waste management by building a biogas plant to produce methane gas from sewage for use by the hospital. Construction is underway (see MoU for this support at Annex 4.1).
- NHSSP and Bheri Zonal Hospital are jointly funding the construction of a new laundry area for the hospital. Construction is underway (see MoU for this support at Annex 4.2).
- Birgunj municipality has allocated NPR 5 million in its budget to fund the construction of an extra storey on the emergency unit of Narayani Sub-Regional Hospital.<sup>2</sup>

<sup>2</sup> Note that as of November 2014 the municipality has diverted this budget line to other municipality activities. However, the municipality says that it has other sources of funding available to do something in the hospital.

## 5 ACHIEVEMENT— MONITORING FRAMEWORK

### Payment deliverable 9.2:

*“Monitoring frameworks, and plans to reduce overcrowding, as agreed by hospital management boards, in place in three referral hospitals.”*

### Required evidence 9.2 i:

*“Monitoring frameworks agreed by the hospital boards.”*

The monitoring frameworks are contained in the three work plans agreed by the three hospitals' development boards (see Annex 2). The work plans also specify that progress at the three hospitals will be monitored through four-monthly progress reports by the hospitals to FHD and monitoring visits from FHD and NHSSP.

## 6 STRENGTHENED STRATEGIC BIRTHING CENTRES

Strengthening strategic birthing centres is task 2 under section 5.2 of the March 2014 ToR for NHSSP payment deliverable 9:

*“The 2013 study found that mothers were reluctant to attend birthing centres because they lacked emergency facilities; they lacked 24/7 services; they perceived the SBAs to be inexperienced and lacking supervision; and in the eventuality of a referral, the increased costs, time and risks incurred. Planned support to strengthen existing birthing centres to make them more attractive to women and their families is likely to include... [five types of interventions listed].”*

To date, the main achievements have been:

- Developing the criteria for identifying strategic birthing centres (see Annex 5).
- Selecting five birthing centres with agreed budgets and work plans for strengthening work (see Annexes 6.2, 6.3, 6.4, 6.5 and 6.6).
- Developing frameworks to monitor implementation of the strengthening work (see Annex 6.5).

Annex 5 gives the detailed achievements of the preparatory work carried out so far, while Annex 6.1 is the MoU between NHSSP and Banke DPHO for supporting strategic birthing centres in the district. Annex 6.7 shows the fund request letter from Banke DPHO to begin the strengthening work.

Although this work is not a required piece of evidence for PD 9, it follows the recommendations of the FHD and NHSSP (2013) study and was included as a task in PD 9's ToR (NHSSP 2014b).

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- WHO, UNICEF, UNFPA, The World Bank, United Nations (2014) Trends in Maternal Mortality: 1990 to 2013.** Estimates by WHO, UNICEF, UNFPA, World Bank. Geneva: World Health Organisation.

## **ANNEX 1: COMPREHENSIVE HOSPITAL-WIDE IMPROVEMENT PLANS**

The work plans of the three referral hospitals are given in a separate document:

- FHD and NHSSP (2014). Addressing the Overcrowding of Maternity Services in Three Referral Hospitals in Nepal: Proceedings of March/April 2014 Planning Workshops. Kathmandu: Family Health Division (Nepal) and Nepal Health Sector Support Programme.

This document contains reports of the following planning workshops:

- Seti Zonal Hospital (Dhangadhi), 13–15 March 2014.
- Narayani Sub-regional Hospital (Birgunj), 21-22 April 2014.
- Bheri Zonal Hospital (Nepalgunj), 28–30 April 2014.

These reports include the comprehensive action plans (parts 3 of the three reports) that identified extra human resource and equipment needs and other measures to improve the delivery of health care in each of the hospitals. The focussed MNH work plans in Annex 2 of this document were derived from these comprehensive hospital improvement plans.

## ANNEX 2: HOSPITAL WORK AND MONITORING PLANS FOR IMPROVING MNH SERVICES

### PLANS AND SIGNATURES OF HOSPITAL DIRECTORS

#### Annex 2.1: Seti Zonal Hospital MNH Workplan and Monitoring Framework (Addressing Overcrowding of MNH Services, FY 2014/15)

	Activities	Responsible person	Completion date	Indicators	Reporting & monitoring
1	Recruit new human resources: <ul style="list-style-type: none"> <li>• 1 anaesthetist/ doctor</li> <li>• 5 nurses</li> <li>• 6 auxiliary nurse-midwives (ANMs)</li> <li>• 1 lab assistant</li> <li>• 5 ward attendants/helpers (3 helpers and 2 cleaners) in labour room</li> </ul>	<ul style="list-style-type: none"> <li>• Medical superintendent</li> <li>• Head of maternity dept</li> <li>• Admin chief</li> <li>• Account chief</li> <li>• Nurse in-charge maternity</li> </ul>	January 2015	<ol style="list-style-type: none"> <li>1. More beds</li> <li>2. More human resources availability at maternity unit, op. theatre and other maternity services.</li> </ol>	<p>4-monthly progress reports by hospitals to FHD</p> <p>Monitoring visits from FHD and NHSSP</p>
2	New equipment for op. theatre and labour room: <ul style="list-style-type: none"> <li>• Caesarean section sets, delivery sets, operating theatre table, op. theatre light, cautery machine, cardiac monitor, pulse oximeter, foetal doppler, suction machine, vacuum set, autoclave, 4 delivery beds, generator, air conditioner for delivery room, bed-cum-trolley</li> <li>• Linen for labour room</li> <li>• Baby warmers, 2 ambu bags, 2 laryngoscopes (neonate and adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical superintendent</li> <li>• Head of maternity dept</li> <li>• Admin chief</li> <li>• Account chief</li> <li>• Nursing in-charge</li> <li>• Op. theatre in-charge</li> </ul>	January 2015	<ol style="list-style-type: none"> <li>3. Post-operation ward established</li> <li>4. Improved quality of care: <ol style="list-style-type: none"> <li>a) Use of partograph during labour</li> <li>b) Fewer fresh still births</li> <li>c) Fewer referrals to other hospitals</li> <li>d) Well-equipped admission room</li> <li>e) 24/7 lab services.</li> </ol> </li> </ol>	
3	Operating theatre: <ul style="list-style-type: none"> <li>• Buy anaesthesia machine</li> </ul>	<ul style="list-style-type: none"> <li>• Medical superintendent,</li> <li>• Chief of Account,</li> <li>• Anaesthetist,</li> <li>• Op. theatre in-charge</li> </ul>	April 2015		
4	Build biogas plant to produce gas for the hospital from sewage	<ul style="list-style-type: none"> <li>• Medical superintendent</li> <li>• Admin chief</li> <li>• Account chief</li> </ul>	April 2015		



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	Activities	Responsible person	Completion date	Indicators	Reporting & monitoring
5	Build new maternity/ birthing unit (70 beds): <sup>1</sup> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Design</li> <li>• Estimate and tender</li> <li>• Sign contracts for construction</li> <li>• Carry out construction</li> </ul>	<ul style="list-style-type: none"> <li>• Medical superintendent</li> </ul>	<ul style="list-style-type: none"> <li>• Do assessment &amp; finalise design .</li> <li>• Estimate &amp; tender .</li> <li>• Sign contracts</li> <li>• Construction completion within 1 year of signing contract</li> </ul>		



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<sup>1</sup> Note: At the same time preparations will go ahead for reconstructing the hospital. This will involve first demolishing the old building and then building the new building on the same site. Contracts for this work should be signed in June 2015.

**Annex2.2: Bheri Zonal Hospital MNH Workplan and monitoring framework  
(Addressing Overcrowding of Delivery Services, FY 2014/15)**

Activities	Responsible Person	Completion date	Indicators	Reporting monitoring
1 Recruit new human resources: <ul style="list-style-type: none"> <li>3 extra nurses at maternity ward (labour room)</li> <li>1 staff nurse at op. theatre</li> <li>3 nurses for post-operative ward</li> <li>1 staff nurse/ANM for antenatal care/outpatient dept (ANC/OPD)</li> </ul>	<ul style="list-style-type: none"> <li>Admin chief</li> <li>Maternity ward in-charge</li> </ul>	January 2015	1. Use of partograph during labour	4-monthly progress reports by hospitals to FHD  Monitoring visits from FHD and NHSSP
2 Maintain the labour room for 24 hour obstetric emergency care by ensuring: <ul style="list-style-type: none"> <li>sufficient supplies 24/7;</li> <li>nursing report sheet is filled in;</li> <li>the handover and takeover registers are kept up to date (medicine, equipment, supplies)</li> <li>emergency drug tray is well maintained;</li> <li>basic equipment is functioning properly.</li> </ul>	<ul style="list-style-type: none"> <li>Admin chief</li> <li>Maternity ward in-charge</li> </ul>	January 2015	2. Well-equipped labour room for managing obstetric emergencies	
3 Operating theatre: <ul style="list-style-type: none"> <li>Purchase fumigation machine, cautery machine and autoclave machine for op theatre.</li> <li>Maintain all op. theatre equipment to make functional.</li> </ul>	<ul style="list-style-type: none"> <li>Administration</li> <li>Op. theatre in-charge</li> </ul>	April 2015	3. Well maintained recording	
4 Establish a well-equipped post-operative ward: <ul style="list-style-type: none"> <li>purchase 4 folding beds, 2 cardiac monitors</li> <li>Manage emergency drug rack</li> </ul>	<ul style="list-style-type: none"> <li>Maternity in-charge</li> <li>Administration</li> <li>Store in-charge</li> </ul>	April 2015	4. Practice of standard infection prevention	
5 Establish an antenatal care-cum-outpatients department (ANC/OPD) room including furniture	<ul style="list-style-type: none"> <li>Maternity in-charge</li> <li>Administration</li> <li>Store in-charge</li> </ul>	April 2015	5. Well-equipped post-operative ward	
6 Maintain equipment, furniture, and medicine in maternity dept for obstetric emergencies	<ul style="list-style-type: none"> <li>Administration</li> <li>Store in-charge</li> </ul>	February 2015	6. Establishment of ANC/OPD room	
7 Central sterile supply department (CSSD): <ul style="list-style-type: none"> <li>Manage or shift the CSSD to a well-ventilated and furnished room (with working desk and cupboard).</li> <li>Ensure that reusable equipment</li> </ul>	<ul style="list-style-type: none"> <li>Matron</li> <li>CSSD in-charge</li> </ul>	April 2015	7. Well-equipped for dealing with obstetric emergencies	
			8. Supply of sufficient properly sterilized equipment to maternity ward and op. theatre	
			9. Clean maternity ward	
			10. Completed laundry area	
			11. Repaired functional toilet	
			12. Decreased fresh still births	
			13. Increased bed numbers	
			14. Fewer maternity referrals to other hospitals	
			15. Increased human	



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	Activities	Responsible Person	Completion date	Indicators	Reporting, monitoring
	<p>and supplies are properly sterilized and stored.</p> <ul style="list-style-type: none"> <li>Support with technical assistance, supplies, power back up, and equipment (as per need).</li> </ul>			resources availability at maternity unit, op. theatre and ward.	
8	<p>Hospital housekeeping department:</p> <ul style="list-style-type: none"> <li>Strengthen coordination of maternity dept and other concerned depts. with housekeeping department to maintain cleanliness, toilets and other related services.</li> <li>Identify key tasks for housekeeping dept that should be done in maternity ward each day/shift and improvement manage of these tasks.</li> </ul>	<ul style="list-style-type: none"> <li>Administration</li> <li>Respective ward in-charges</li> <li>Laundry in-charge</li> </ul>	January 2014		
9	<p>Complete laundry area construction by installing:</p> <ul style="list-style-type: none"> <li>more wide bore taps</li> <li>proper drainage with underground pipes</li> <li>footpath to reach laundry area</li> <li>adequate lines for drying clothes on.</li> </ul>	<ul style="list-style-type: none"> <li>Administration</li> <li>Housekeeper</li> </ul>	April 2014		
10	<p>Repair duty staff toilets in maternity ward</p>	<ul style="list-style-type: none"> <li>Administration</li> <li>Housekeeper</li> </ul>	January 2014		
11	<p>Add second floor to maternity building:</p> <ul style="list-style-type: none"> <li>Assessment</li> <li>Design</li> <li>Estimate and tender</li> <li>Construction.</li> </ul>	<ul style="list-style-type: none"> <li>Medical superintendent</li> </ul>	<ul style="list-style-type: none"> <li>Feasibility assessment (Jan 2015)</li> <li>Design (Mar 2015)</li> <li>Estimate &amp; tender (May/Jun 2015).</li> <li>Construction completion (within 1 year of signing contract)</li> </ul>		

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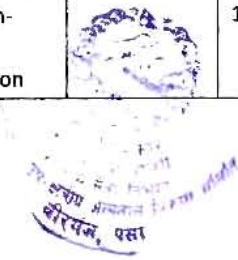
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**Annex 2.3: Narayani Sub-Regional Hospital MNH Workplan and Monitoring Framework  
(Addressing Overcrowding of Delivery Services, FY 2014/15)**


Note: this workplan only shows work to be carried out with funding that comes under MoHP. Therefore the extra floor to be built on the emergency unit building, which is probably being funded by the municipality, is not included here.

	Activities	Responsible person	Completion date	Indicators	Reporting, monitoring
1	Recruit new human resources: <ul style="list-style-type: none"> <li>anaesthetic doctor/medical doctors (as per need)</li> <li>4 guards for maternity ward for visitor control and security;</li> <li>3 nurses in labour room;</li> <li>2 nurses for op. theatre;</li> <li>4 nurses for 24 hour coverage;</li> <li>1 cleaner for post-operative ward.</li> </ul>	<ul style="list-style-type: none"> <li>Medical superintendent</li> <li>Head of maternity dept</li> <li>Maternity ward in-charge</li> <li>Administration</li> </ul>	January 2015	<ol style="list-style-type: none"> <li>Anaesthesia service available 24/7</li> <li>Well-equipped op. theatre for maternity</li> <li>Use of partograph</li> <li>Good recording</li> <li>Timely operation and no waiting</li> <li>Practice of standard infection prevention techniques</li> <li>Quality of care improved at post OP ward (good monitoring and care)</li> <li>Well-equipped post-operative ward</li> <li>Available of phone</li> <li>Quarter available for doctors and nurses</li> <li>Decreased fresh still births</li> <li>Increased bed numbers</li> <li>Fewer maternity referrals to other hospitals</li> <li>Increased human resources</li> </ol>	<p>4-monthly progress reports by hospitals to FHD</p> <p>Monitoring visits from FHD and NHSSP</p>
2	Purchase equipment for labour room/post-op. room: <ul style="list-style-type: none"> <li>2 delivery beds (labour room)</li> <li>2 mobile screens (labour room)</li> <li>2 folding beds (labour room)</li> <li>1 cardiac monitor for post-op. room.</li> </ul>	<ul style="list-style-type: none"> <li>Medical superintendent</li> <li>Administration</li> <li>In-charge of labour room</li> </ul>	February 2015		
3	Operating theatre: <ul style="list-style-type: none"> <li>Establish and equip separate op. theatre for maternity cases.</li> <li>Repair anaesthesia machine in store or purchase new one.</li> <li>Manage separate water tank and pipes for op. theatre to be free from sandy water.</li> <li>Repair or purchase inverter for op. theatre.</li> <li>Manage separate generator for op. theatre.</li> </ul>	<ul style="list-style-type: none"> <li>Medical superintendent</li> <li>Head of maternity dept</li> <li>Administration</li> <li>Op. theatre in-charge</li> </ul>	February 2015		
4	CSSD room: <ul style="list-style-type: none"> <li>Install new large autoclave after making larger entrance to get it in to the CSSD room.</li> </ul>	<ul style="list-style-type: none"> <li>Medical superintendent</li> <li>Op. theatre in-charge</li> <li>Administration</li> </ul>	January 2015		
5	Post-operative room: <ul style="list-style-type: none"> <li>Install nurses 'desk' with hand washing facilities for nurses.</li> <li>Manage entrance to control visitors — self-closing door with lock.</li> </ul>	<ul style="list-style-type: none"> <li>Medical superintendent</li> <li>Head of maternity dept</li> <li>Maternity in-charge</li> <li>Administration</li> </ul>	January 2015		



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6	Labour room and op. theatre: • Install phones	<ul style="list-style-type: none"> <li>• Medical superintendent</li> <li>• Op. theatre and maternity in-charges</li> <li>• Administration</li> </ul>	January 2015	availability at maternity unit, op. theatre and ward.	
7	Install handwashing basin and waiting benches for visitors in corridor	<ul style="list-style-type: none"> <li>• Matron</li> <li>• Administration</li> </ul>	January 2015		
8	Make quarters available for doctors and nurses. (The quarters are currently occupied by retired doctors and admin. staff)	<ul style="list-style-type: none"> <li>• Medical superintendent</li> <li>• Head of maternity dept</li> <li>• Matron</li> <li>• Administration</li> </ul>	April 2015		

  
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**ANNEX 3: FHD & MANAGEMENT DIVISION 2014/15AWPB FUNDING FOR ADDRESSING OVERCROWDING**

**Annex 3.1: FHD 2014/15 AWPB that Covers Addressing Overcrowding Work**

Note: Budget lines 2, 3, 4, 6, 7, 8, 36, 37, 38, 39, 40 and 51 are for addressing overcrowding.

Note Copies of Seti, Bheri and Narayani hospital FHD budgets for 2014/15 are at sections 116, 105 and 56 respectively of FHD (2014).

**वार्षिक कार्यक्रम**  
(बजेट तर्जुमासँग सम्बन्धित आर्थिक कार्यविधि नियम २०(१) बमोजिमको फारम)

बजेट फारम नं. ६, ०४, ०१  
रायोआ (केअम्पु) फारम: १

१. आर्थिक वर्ष: २०७१/७२  
२. बजेट उप शीर्षक: ३७०८०४  
३. मन्त्रालय: स्वास्थ्य तथा जनसंख्या  
४. विभाग तथा संस्था:  
५. कार्यक्रम तथा आयोजनाको नाम: एजिस्वाका (एकिकृत प्रजनन स्वास्थ्य तथा महिला स्वास्थ्य कार्यक्रम)  
६. ठेगाना: (क) जिल्ला: काठमाडौं  
(ख) गा. वि. स./नगरपालिका/वडा नं.:  
७. आयोजना सुरु हुने मिति: २०७१ साउन  
८. आयोजना पूरा हुने मिति: २०७२ असार  
९. आयोजना/कार्यक्रम प्रमुख: डा. किरण रेग्मी

१०. अन्तिम बजेट रु: २८५४५७७  
(क) आन्तरिक (१) नेपाल सरकार : ७०६१८०  
(२) स्थानीय निकाय/संस्था  
(३) जन. सहभागिता:  
(ख) बैदेशिक (१) अनुदान: २१४८२७७  
(२) क्रेडिट:  
(ग) विनिमय दर (US\$):  
(घ) दातृ संस्था: यु एन एफ पि ए २७८६२  
युनिसेफ ७५९६५  
वेतायत ६५२७९  
यु एस एड ८०६३२  
दाताको संयुक्त कोष १८८५९३५  
सोम द चिल्ड्रेन १२६००

११. आयोजनाको कुल लागत: सुरुको संशोधन  
क. आन्तरिक (१) नेपाल सरकार  
(२) स्थानीय निकाय/संस्था  
(३)  
(११) बैदेशिक (१) ऋण  
(२) अनुदान  
१२. गत आ. व. सम्मको खर्च रु (सोझी भुक्तानी र बस्तु सहित)  
(क) आन्तरिक (१) नेपाल सरकार  
(२) स्थानीय निकाय/संस्था  
(३)  
(ख) बैदेशिक (१) ऋण  
(२) अनुदान

रकम रु. ००० मा

सि. नं	PN	क्रियाकलाप	आयोजना	प्रतिक	एकाई	आर्थिक वर्ष: २०७१/७२												रिपोर्ट	कैफियत				
						वार्षिक लक्ष			प्रथम चौमासिक			दोश्रो चौमासिक			तेस्रो चौमासिक								
						लक्ष	आर	बजेट	लक्ष	आर	बजेट	लक्ष	आर	बजेट	लक्ष	आर	बजेट						
१		२	३	४	५	६	७	८	९	१०	११	१२	१३	१४	१५	१६	१७	१८	१९	२०	२१	२२	
१. पुँजीगत खर्च अन्तर्गतका कार्यक्रमहरू																							
परिवार स्वास्थ्य																							
१	०	परिवार नियोजन सुपरभाइजरहरूलाई सुपर भिजन तथा अनुगमनका लागि मोटरसाइकल खरिद	१	गोटा	२०	०.१३	३८००	२०	०.१३	३८००	०	०	०	०	०	०	०	०	०	०	५	११	29411, DHD
२	०	Birthing Centre स्थापना तथा विस्तारका लागि औजार उपकरण खरिद	१	गोटा	४००	२.११	६००००	४००	२.११	६००००	०	०	०	०	०	०	०	०	०	०	५	११	29511, Pool Fund
३	०	CEONC सड्टहरूका लागि औजार उपकरण खरिद	१	गोटा	१०	०.१८	५०००	०	०	०	१०	०.१८	५०००	०	०	०	०	०	०	५	११	29511, SCE	
४	०	Comprehensive Emergency Obstetric Care (CEOC) स्थापनाका लागि औजार उपकरणहरू खरिद	१	गोटा	४	०.१४	४०००	४	०.१४	४०००	०	०	०	०	०	०	०	०	०	५	११	29511, Pool Fund	
५	०	VIA ( स्पेकुलम, acetic acid, gloves, Co2 etc) आदि खरिद (३५ जिल्ला)	१	गोटा	३५	०.१२	३५००	०	०	०	३५	०.१२	३५००	०	०	०	०	०	०	५	११	29511, GoN	

सि.न	PN	क्रियाकलाप	वित्त	प्रकार	आर्थिक वर्ष: २०११/१२												वित्त	प्रकार	कैफियत			
					वार्षिक लक्ष			प्रथम चौमासिक			दोश्रो चौमासिक			तेस्रो चौमासिक								
					लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट						
६		प्रसूति चाप बंदी भएका दुस्रो अस्पतालहरूको लागि एनेस्थेसिया मेसिन खरिद	१	गोटा	१०	०.१८	५०००	१०	०.१८	५०००	०	०	०	०	०	०	५	११	२९५११. Pool Fund			
७		प्रसूती चाप बंदी भएका अस्पतालहरूको लागि मेसिनरी औजार तथा उपकरणहरू खरिद (१० अस्पताल)	१	गोटा	१०	०.२१	६०००	१०	०.२१	६०००	०	०	०	०	०	०	५	११	२९५११. Pool Fund			
८		बर्थिङ सेन्टर तथा परिवार नियोजन कार्यक्रमको लागि IP (autoclave, drum, gas/kerosene stove etc) सेट खरिद	१	गोटा	१००	०.१५	४२५०	१००	०.१५	४२५०	०	०	०	०	०	०	५	११	२९५११. Pool Fund			
परिवार स्वास्थ्य जम्मा							३.२२	९१५५०	३.९२	८३०५०	०.३	८५००	०	०	०	०						
(क) पुँजीगत खर्च अन्तर्गतका कार्यक्रमहरू जम्मा							३.२२	९१५५०	३.९२	८३०५०	०.३	८५००	०	०	०	०						
२. चालु खर्च अन्तर्गतका कार्यक्रमहरू																						
परिवार स्वास्थ्य																						
९		प्रती ३ वडा १ जना अन्नमीठ करारमा नियुक्ती (एक जिल्ला)	१	२	पटक	६०	०.४१	११५२०	६०	०.४१	११५२०	०	०	०	०	०	५	२१	२२४११. UNICEF			
१०		७५ जिल्लाहरूमा प्रजनन स्वास्थ्य समन्वय समितिको चौमासिक बैठक	०	१	२	पटक	२२५	०.०४	११२५	७५	०.०१	३७५	७५	०.०१	३७५	७५	०.०१	३७५	०	४	०	२२५२२. Pool Fund
११		Kegells ब्यायाम तथा Ring Pressery Insertation सम्बन्धी स्वास्थ्यकर्मीहरूलाई तालिम (ब्याच)	०	१	२	पटक	७	०.०५	१५००	०	०	०	७	०.०५	१५००	०	०	०	५	०	२२५२२. GoN	
१२		MNH update का लागि स्वास्थ्यकर्मीहरूलाई जिल्ला स्तरीय प्रशिक्षक प्रशिक्षण लगायतका कार्यक्रम	०	१	२	पटक	१५	०.१	२७५५	७	०.०५	१३००	८	०.०५	१४५५	०	०	०	५	०	२२५२२. UNICEF	
१३		MNH तथा EOC Update	०	१	२	पटक	१५	०.०८	२४००	७	०.०४	१२००	८	०.०४	१३००	०	०	०	५	०	२२५२२. UNICEF	
१४		Obstetric First Aid सम्बन्धी ओरियन्टेशन (ब्याच)	०	१	२	पटक	३	०.०२	६००	०	०	०	३	०.०२	६००	०	०	०	५	०	२२५२२. UNICEF	
१५		Obstetric First Aid सम्बन्धी तालिम (१५ जिल्ला)	०	१	२	पटक	१५	०.११	३०००	१५	०.११	३०००	०	०	०	०	०	५	०	२२५२२. Pool Fund		
१६		PoP को लागि silicon ring पेशी खरिद	०	१	२	पटक	६०००	०.०५	१५००	६०००	०.०५	१५००	०	०	०	०	०	५	०	२२५२२. GoN		
१७		PPH रोकथामका लागि स्वास्थ्यकर्मीहरूलाई Cascade Training	०	१	२	पटक	३	०.४३	१२०९७	३	०.४३	१२०९७	०	०	०	०	०	५	०	२२५२२. UNICEF		
१८		Whole site Infection Prevention Improvement (sites)	०	१	२	पटक	७५	०.१	२९०५	०	०	०	३८	०.०५	१५००	३७	०.०५	१४०५	०	५	०	२२५२२. UNICEF
१९		अनुगमन तथा सुपरिभजन	०	१	२	पटक	१२०	०.०२	६००	४०	०.०१	२००	४०	०.०१	२००	४०	०.०१	२००	०	५	०	२२५२२. UNICEF

स्वीकृत चाप बंदी प्रजाजित गर्नुको निम्ति

आर्थिक कार्यकारण विवरण

२०११/१२

का.म. महाविद्यालय

सि.न	PN	क्रियाकलाप	वित्तव्यय	प्रकार	एकाइ	आर्थिक वर्ष: २०७१/७२												वित्तव्यय	प्रकार	कैफियत		
						वार्षिक लक्ष			प्रथम चौमासिक			दोस्रो चौमासिक			तेस्रो चौमासिक							
						लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट					
३६		अस्पताल तथा SBA Training Site एवं प्रा स्वा के मा २४ घण्टा प्रसूती सेवा संचालन गर्ने करारमा अ०न०मी० नियुक्ति	१	१	पटक	१४४२	१.७५	२७७०९७	१४४२	१.७५	९२३६५	०	०	९२३६६	०	०	९२३६६	५	२१	22411, Pool Fund		
३७		अस्पताल तथा SBA Training Site एवं प्रा स्वा के मा २४ घण्टा प्रसूती सेवा संचालन गर्ने करारमा अ०न०मी० नियुक्ति	१	१	पटक	५७	०.३८	१०९०३	५७	०.३८	३६३४	०	०	३६३४	०	०	३६३५	५	२१	22411, GoN		
३८		अस्पताल तथा SBA Training Site एवं प्रा स्वा के मा २४ घण्टा प्रसूती सेवा संचालन गर्ने करारमा स्टाफ नर्स नियुक्ति	१	१	पटक	८१	०.५९	१६६३२	८१	०.५९	५५४४	०	०	५५४४	०	०	५५४४	५	२१	22411, Pool Fund		
३९		गैर सरकारी संस्था वा सेवा प्रदायक टीम करार गरी २४ घण्टा सिडुओसी सेवा संचालन	१	१	पटक	४१	३.१७	९००००	४१	३.१७	३००००	०	०	३००००	०	०	३००००	५	२१	22411, Pool Fund		
४०		प्रसूति चाप बढी भएका अस्पतालहरूमा एनेस्थेसियोलोजिष्ट/गाइनाकोलोजिष्ट चिकित्सक करारमा नियुक्ती	१	१	पटक	५	०.२५	७०००	५	०.२५	७०००	०	०	०	०	०	०	०	५	२१	22411, Pool Fund	
४१		CEONC अस्पतालहरूका लागि Infection Prevention Improvement कार्यक्रम	०	१	१	पटक	६	०.०२	६८०	६	०.०२	६८०	०	०	०	०	०	०	५	०	22522, UNICEF	
४२		CMNH कार्यक्रमको समिक्षा	०	१	१	पटक	६	०.२८	८०८१	२	०.०९	२६९०	२	०.०९	२६९०	२	०.०९	२७०१	०	५	22522, UNICEF	
४३		EOC Monitoring लगायत योजना तथा समीक्षा गोष्ठी (३६ साइट)	०	१	१	पटक	३६	०.०४	१०००	१८	०.०२	५००	१८	०.०२	५००	०	०	०	०	५	०	22522, UNICEF
४४		EOC फण्डको स्थापना र सुदृढिकरण	०	१	१	पटक	५	०.०४	१२६०	५	०.०४	१२६०	०	०	०	०	०	०	५	०	22522, UNICEF	
४५		Need Assessment	०	१	१	पटक	५	०.०३	७१५	५	०.०३	७१५	०	०	०	०	०	०	५	०	22522, UNICEF	
४६		अल्ट्रासोनिक फिस्टुला र पाठेघर खस्ने रोगीको स्क्रिनिंग तथा रिगपेशरी लगाउने र अपरेसन गर्नुपर्नेको लिस्टिंग गर्नु (नेपाल भरि ४५६.०० जना)	०	१	१	पटक	११४०	१.४	३९९००	३८०	०.४७	१३३००	३८०	०.४७	१३३००	३८०	०.४७	१३३००	०	५	22522, Pool Fund	
४७		अस्पताल तथा बर्थिङ सेन्टरमा Newborn Corner को स्थापना	०	१	१	पटक	१५	०.१६	४५००	१५	०.१६	४५००	०	०	०	०	०	०	५	०	22522, UNICEF	
४८		अस्पतालहरूमा Newborn unit को स्थापना	०	१	१	पटक	८	०.११	३०००	०	०	०	८	०.११	३०००	०	०	०	५	०	22522, UNICEF	
४९		आमा बाच्नु सभूहको स्थापना र परिचालन	०	१	१	पटक	१५	०.१७	४६९६	१५	०.१७	४६९६	०	०	०	०	०	०	५	०	22522, UNICEF	
५०		जिल्ला अस्पतालहरूमा Waiting Home को स्थापना	०	१	१	पटक	६	०.०३	९००	६	०.०३	९००	०	०	०	०	०	०	५	०	22522, UNICEF	
५१		प्रसूतीको चाप बढी भएका अस्पतालहरूको सेवा विस्तार तथा सुदृढिकरण	०	१	१	पटक	१०	०.३५	१००००	१०	०.३५	१००००	०	०	०	०	०	०	५	०	22522, Pool Fund	
५२		बर्थिङ सेन्टरहरूमा संचारका लागि CDMA फोन जडान	०	१	१	पटक	८	०.०१	३५०	८	०.०१	३५०	०	०	०	०	०	०	५	०	22522, UNICEF	

२०७१/७२  
 २०७१/७२  
 २०७१/७२



Annex 3.2: Management Division 2014/15 AWPB Addressing Overcrowding Work

Budget lines 8, 12 and 13 are for the work at Bheri and Seti hospitals.

**राष्ट्रिय योजना आयोगको कार्यालय**  
**वर्षाविक कार्यक्रम स्वीकृति**

स्वीकृत कार्यक्रम पत्रिका नम्बर: ०२९/१४९०  
मिति: ०२.११.१४

वर्षाविक कार्यक्रम  
(बजेट तर्जुमासँग सम्बन्धित आर्थिक कार्यविधि नियम २०(१) बमोजिमको कार्यालय)

हस्ताक्षर: *[Signature]*  
नाम: **श्रीमती शारदा शर्मा**  
पदवी: **योजना अधिकारी**

अन्तिम बजेट रु: ३६९९८९८

१. आर्थिक वर्ष: २०१५/१६  
२. बजेट उप शीर्षक: ३०१  
३. मन्त्रालय: स्वास्थ्य तथा जनसंख्या  
४. विभाग तथा संस्था:  
५. कार्यक्रम तथा आयोजनाको नाम: एजिस्वाका (व्यवस्थापन सूचना प्रणाली तथा अस्पताल निर्माण)  
६. ठेगाना: (क) जिल्ला: काठमाडौं  
(ख) गा. वि. स./नगरपालिका/वडा नं.:  
७. आयोजना सुरु हुने मिति: २०१५ साउन  
८. आयोजना पूरा हुने मिति: २०१२ असार  
९. आयोजना/कार्यक्रम प्रमुख: डा. भीम आचार्य

बजेट फारम नं. ६.०४-१  
समाप्ति (कैलाल) फारम नं. १

११. आयोजनाको कुल लागत: मुस्कको संशोधन

क. आन्तरिक (१) नेपाल सरकार  
(२) स्थानीय निकाय/संस्था  
(३) जन सहभागिता:  
(११) वैदेशिक (१) ऋण  
(२) अनुदान

१२. गत आ.व.सम्मको खर्च रु (सोझैँ भुक्तानी र बन्नु सहित)

(क) आन्तरिक (१) नेपाल सरकार  
(२) स्थानीय निकाय/संस्था  
(३) ऋण  
(ख) वैदेशिक (१) ऋण  
(२) अनुदान

रकम रु. ००० मा

सि.न	PN	क्रियाकलाप	आवृत्ति	एकाई	आर्थिक वर्ष: २०१५/१६												कुल खर्च	विवरण	कैफियत		
					वर्षाविक लक्ष्य			प्रथम चौमासिक			दोश्रो चौमासिक			तेस्रो चौमासिक							
					लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट					
१					६	८	९	१०	११	१२	१३	१४	१५	१६	१७	१८	१९	२०	२१	२२	
१. पुँजीगत खर्च अन्तर्गतका कार्यक्रमहरू																					
स्वास्थ्य व्यवस्थापन																					
१		१५ शैयाको अस्पतालहरू पिपरा कपिलवस्तु, डडेलधुरा जोगबुद्धा र मेहलकुना सुर्खेतमा निर्माणको आवश्यकता पहिचान गरी भवन निर्माण गर्ने	२	भवन	१५	०.११	५०००	१५	०.११	५०००	०	०	०	०	०	०	०	०	०	३१	२९२२१, GoN
२		एकिकृत डिजाइनको हेल्थपोष्ट भवन निर्माण २०० बटा	२	भवन	२००	५.५३	२०००००	२००	५.५३	२०००००	०	०	०	०	०	०	०	०	०	३१	२९२२१, GoN
३		शैक्षिक अस्पताल सुर्खेतको तला थप	२	भवन	१	०.१७	६०००	०	०	०	१	०.१७	६०००	०	०	०	०	०	०	३१	२९२२१, GoN
४		जनस्वास्थ्य कार्यालय निर्माण सुनसरी, तनहुँ र खोटाङ	२	भवन	३	०.११	५०००	३	०.११	५०००	०	०	०	०	०	०	०	०	०	३१	२९२२१, GoN
५		जिल्ला अस्पतालको नयाँ भवन निर्माण (५ स्थान)	२	भवन	५	१.८	६५०००	५	१.८	६५०००	०	०	०	०	०	०	०	०	०	३१	२९२२१, GoN
६		प्रा. स्वा. केन्द्र निर्माण (५ बटा)	२	भवन	५	०.२८	१००००	५	०.२८	१००००	०	०	०	०	०	०	०	०	०	३१	२९२२१, GoN
७		बर्थिङ सेन्टर निर्माण (२० स्थान)	२	भवन	२०	०.५५	२००००	२०	०.५५	२००००	०	०	०	०	०	०	०	०	०	३१	२९२२१, GoN
८		भेरी अञ्चल अस्पतालमा हातको प्रभुति सेवा भवन माथि तला थप गरी इण्डोर भवन तयारी सबै नव निर्मित आकस्मिक भवनलाई समेत लिफ्ट गर्ने गरी निर्माण	२	भवन	१	०.२२	८०००	०	०	०	१	०.२२	८०००	०	०	०	०	०	०	३१	२९२२१, GoN
९		भवन विभागबाट निर्माण गरी रहेका भवनहरूको निर्माण निरन्तरता	२	भवन	३००	४८.२६	१४४८६५५	१००	१६.०९	५८२२५५	१००	१६.०९	५८२२५५	१००	१६.०९	५८२२५५	०	०	०	३१	२९२२१, Pool Fund
१०		भवन विभागबाट निर्माण गरी रहेका भवनहरूको निर्माण निरन्तरता	२	भवन	८०	१३.२६	४८००००	०	०	१६००००	८०	१३.२६	१६००००	०	०	१६००००	०	०	०	३१	२९२२१, Pool Fund
११		भवन विभागबाट निर्माण गरी रहेका भवनहरूको निर्माण निरन्तरता	२	भवन	४४	७.९९	२८९२०१	०	०	०	०	०	०	०	२८९२०१	०	०	०	०	३१	२९२२१, GoN
१२		सेती अञ्चल अस्पतालको मास्टर प्लान अनुसार अस्पताल पुन निर्माण	२	भवन	१	०.२२	८०००	०	०	०	१	०.२२	८०००	०	०	०	०	०	०	३१	२९२२१, GoN

*[Signatures and stamps]*

डा. सेनेन्द्र राज उर्प्रेत  
प्रधान निर्देशक

सि.न	PN	क्रियाकलाप	व्यवस्थापक	वर्ग	एकाई	आर्थिक वर्ष: २०७१/७२												विवरण	वर्ग	कैफियत
						वार्षिक लक्ष			प्रथम चौमासिक			दोस्रो चौमासिक			तेस्रो चौमासिक					
						लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट	लक्ष	भार	बजेट			
१३		सेती अञ्चल अस्पतालको मास्टर प्लान अनुसार अस्पताल पुन निर्माण गर्न अस्थाइ प्रकृतिको भवन निर्माण	२		भवन	१	०.४१	१५०००	०	०	०	१	०.४१	१५०००	०	०	३१	२९२२१, GoN		
१४		नयाँ निर्माण भएका साथै अन्य स्वास्थ्य संस्थाहरूको लागि फर्निचर खरिद	२		पटक	२००	१.३८	५००००	०	०	०	२००	१.३८	५००००	०	०	११	२९३११, GoN		
१५		टयानुस कार्यक्रम संचालनका लागि कम्प्युटर सेट साथै पावर ब्याकअप खरिद तथा जडान	२		गोटा	४०	०.११	४०००	४०	०.११	४०००	०	०	०	०	०	११	२९६११, GoN		
१६		दुर्गम तथा उच्च हिमाली जिल्लाहरू मनाङ, मुस्ताङ, डोल्पा, जुम्ला, मुगु र हुम्लाका जिल्ला अस्पतालहरूको प्रसूति कक्षमा सोनार हेटिङ प्रणाली स्थापना तथा संचालन	२		गोटा	६	०.२५	६०००	०	०	०	६	०.२५	६०००	०	०	११	२९६११, GoN		
१७		नयाँ निर्माण भएका स्वास्थ्य संस्थाहरूमा बिजुली जडान तथा मिटर फिटिङ	२		पटक	१००	०.११	४०००	०	०	०	०	०	०	१००	०.११	४०००	३२	२९६११, GoN	
१८		प्लासिन्टा पिट निर्माण	२		पटक	१००	०.२८	१००००	०	०	०	१००	०.२८	१००००	०	०	३२	२९६११, GoN		
१९		रिटेनिडवाल, कम्पाउण्डवाल र काइन्डार निर्माण	२		पटक	५०	१.११	४००००	०	०	०	३०	०.६६	३००००	२०	०.४४	१००००	३२	२९६११, GoN	
२०		स्वास्थ्य संस्थाहरूको अर्मैत संभार	२		पटक	१२५	१.६३	६२५००	०	०	०	६०	०.९६	३५०००	५५	०.६६	२७५००	३३	२९६२१, GoN	
स्वास्थ्य व्यवस्थापन जम्मा								८३.८८	३०३५६६	२४.५८	११४२५५	३३.९२	१३०२५५	१६.४	८३८५५					
(क) पुँजीगत खर्च अन्तर्गतका कार्यक्रमहरू जम्मा								८३.८८	३०३५६६	२४.५८	११४२५५	३३.९२	१३०२५५	१६.४	८३८५५					
२. सार्वजनिक अन्तर्गतका कार्यक्रमहरू																				
स्वास्थ्य व्यवस्थापन																				
२१		अस्पतालको फोहर मैला व्यवस्थापन तथा सर सफाईका लागि परामर्श सेवा द्वारा कर्मचारी राख्ने	२	२	जना	६६	०.३	१०९०३	६६	०.३	३६३०	०	०	३६३०	०	०	३६३३	२१	२२४११, Pool Fund	
२२		क्षेत्रीय स्वास्थ्य निर्देशनालयहरूमा १+१ जना बायोमेट्रिकल र सिमिल इन्जिनियर कारारमा राख्ने	२	२	जना	१०	०.०९	३२५०	०	०	१०८०	०	०	१०८०	१०	०.०९	१०९०	२१	२२४११, GoN	
२३		जिल्ला तथा क्षेत्रमा भएका कम्प्युटर, फोटोकपी, फ्याक्स, स्कायनर, एल सी डी प्रोजेक्टर जस्ता उपकरण अर्मैत तथा संचालनका लागि व्यक्ति सेवा कारारमा लिने	२	२	पटक	८०	०.११	४०००	८०	०.११	४०००	०	०	०	०	०	०	२१	२२४११, GoN	
२४		एच एम आई एस तालिम नयाँ एवं फुट भएका कर्मचारीहरूको लागिमात्र	२	२	पटक	६५	०.१६	६०००	०	०	०	६५	०.१६	६०००	०	०	०	२३	२२५१२, GoN	
२५		प्रा स्वा के र जिल्लाका कर्मचारीलाई बेसीक कम्प्युटर तथा अनलाइन डाटा व्यवस्थापन तालिम	२	२	पटक	५	०.१	३६००	०	०	०	५	०.१	३६००	०	०	०	२३	२२५१२, GoN	
२६		योजना, अनुगमन तथा मूल्यांकन (जनस्वास्थ्य विश्लेषण) कर लागि जिल्लामा तथ्यांकिय सूचक अध्ययन तथा विश्लेषण	२	३	जना	६५	०.२१	६५००	०	०	०	६५	०.२१	६५००	०	०	०		२२५१२, GoN	
२७		स्वास्थ्य सेवाको पहुँच बाहिरका लोपन्मुख तथा अल्पसंख्यक समुदाय, जात जाति, लिङ्ग र भौगोलिक क्षेत्रको पहिचान गरी सेवा विस्तार (२= जिल्ला)	२	२	पटक	२०	०.३३	१२०००	०	०	०	२०	०.३३	१२०००	०	०	०	२३	२२५१२, GoN	
२८		सीबीएनसीपी, एचएफएमएस, एचएमआईएस का कंटेनर डाटा क्वालिटी एसेसमेण्ट स्थलगत अनुगमन समेत कार्यक्रम - ५ क्षेत्र	२	३	जना	५	०.०३	१०००	०	०	०	५	०.०३	१०००	०	०	०		२२५१२, GoN	
२९		हेल्थ जिआईएसका सूचनाहरू अद्यावधिक	२	२	पटक	६५	०.०५	१८६५	०	०	०	६५	०.०५	१८६५	०	०	०	२३	२२५१२, GoN	
३०		५= सैवा सम्मका जिल्ला अस्पतालहरूलाई सुरक्षीकरण तथा सेवा संचालन गर्न	२	३	पटक	६६	६.९१	२५००००	६६	६.९१	०	०	०	०	२५००००	०	०	०	२२५२२, GoN	

सहायक प्रमुख  
स्वास्थ्य विभाग  
काठमाडौं

२१/२५/११

*[Signature]*

डा. मनेन्द्र राज

*[Signature]*

**Annex 3.3 FHD & Management Division 2014/15 AWPB Funds to Address Overcrowding**

	Budget lines	Budget codes	Narayani Sub-Regional Hospital		Bheri Zonal Hospital		SetiZonal Hospital		3 hospitals
			Quantity	Budget (NPR)	Quantity	Budget (NPR)	Quantity	Budget (NPR)	NPR
<b>Family Health Division budget (2014/15)</b>									
1	Addressing overcrowding budget (room expansion, repair/maintenance, technical & support staff)	56		1,500,000		1,500,000		1,500,000	4,500,000
2	CEONC fund	39		680,000		680,000		680,000	2,040,000
3	Equipment and supplies for responding to overcrowding	4		900,000		900,000		900,000	2,700,000
4	Anaesthesia machine	3	1 machine	1,000,000	1 machine			1,000,000	2,000,000
5	Equipment for birthing centre						SZH BC	900,000	900,000
6	Equipment for infection prevention in birthing centre(BC)/family planning (FP) (IFPSC)	6	2 sites	84,000	2 sites	84,000	2 sites	85,000	170,000
7	Anaesthesiologist/AA/gynaecologist	36		1,200,000		1,200,000		1,200,000	3,600,000
8	Nurses (budget for hiring)	37	3 nurses	612,000	4 nurses	816,000	4 nurses	816,000	2,208,000
9	Auxiliary nurse-midwives (budget for hiring)	38	5 ANMs	960,000	6 ANMs	960,000	5 ANMs	960,000	2,820,000
	<b>Total FHD budget</b>			<b>NPR 6,936,000</b>		<b>NPR 6,140,000</b>		<b>NPR 8,041,000</b>	<b>NPR 21,117,000</b>
	<b>Total FHD budget (NPR 157:£1 [4 Nov 14 rate])</b>			<b>£44,178</b>		<b>£39,108</b>		<b>£51,217</b>	<b>£134,503</b>
<b>Management Division budget (2014/15)</b>									
	Bheri: Add 2nd floor to maternity building for inpatient services					8,000,000			
	Seti: Construction of new hospital building (300 bed hospital) according to Master Plan							15,000,000	
	Seti: Reconstruction according to Master Plan							8,000,000	
	<b>Total Management Division Funding (NPR)</b>					<b>NPR 8,000,000</b>		<b>NPR 23,000,000</b>	<b>NPR 31,000,000</b>
	<b>Total Management Division Funding (£)</b>								<b>£197,452</b>

**ANNEX 4: INFRASTRUCTURE IMPROVEMENT AGREEMENTS FOR BHERI & SETI ZONAL HOSPITALS**

**Annex 4.1: Seti Zonal Hospital-NHSSP Hospital Waste Management (Biogas Plant) MoU**

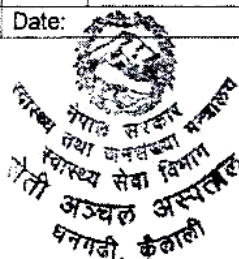
**Memorandum Of understanding  
Between  
NHSSP and Hospital Management Committee of  
Setizonal Hospital, Dhangadi**

This MOU is made between Nepal Health Sector Support Programme (NHSSP), hereinafter referred to as NHSSP acting for and on behalf of the UK Department for International Development (DFID) and Hospital Management Committee, Seto Zonal Hospital, Dhangadi represented by Dr Ganesh Bahadur Singh, Hospital Superintendent of Seti Zonal Hospital herein after referred to as the implementing agency.

NHSSP and Seti Zonal Hospital have hereby agreed as follows:

- 1 Seti Zonal Hospital shall provide the details drawings, costing to NHSSP for its review.
- 2 NHSSP shall pay NPR 250,000.00 (in words two hundred fifty thousand only) to Seti Zonal hospital for constructing the waste management site.
- 3 Payment will be made in two instalments, 50% of total costs will pay in advance upon signing this MOU and rest after completion of the work.
- 4 NHSSP Infrastructure Planning Adviser or delegated person shall inspect the construction site and recommend the final payment.
- 5 NHSSP shall transfer the funds to the Seti Zonal Hospital Management committee's auditable account which Seti Zonal Hospital shall provide the account number to NHSSP.
- 6 The Hospital Management Committee shall submit the summary of expenditure duly sign by the Medical Superintendent to NHSSP. Details expenditure shall be stored in the secure location till one year from the date of this agreement. NHSSP may ask details of expenditure in any time during the period.

Signed by officials for and on behalf of:	
Krishna Sharma Acting Team Leader Nepal Health Sector Support Program (NHSSP/Options) Phone: 01 4264250	Consultant Un Behalf of Hospital Management Committee Dr Ganesh Bahadur Singh Medical Superintendent Phone:
Date:	Date: 14th Sept: 14




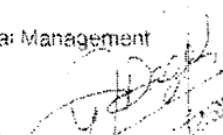
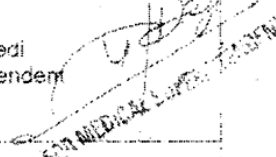
**Annex 4.2: Bheri Zonal Hospital–NHSSP Laundry Place MoU**

Memorandum Of understanding  
Between  
NHSSP and Hospital Management Committee of  
Bherizonal Hospital, Nepalganj

This MOU is made between Nepal Health Sector Support Programme (NHSSP), hereinafter referred to as NHSSP acting for and on behalf of the UK Department for International Development (DFID) and Hospital Management Committee, Bheri Zonal Hospital, Nepalganj, represented by Dr Pitambar Subedi, Hospital Superintendent of Bheri Zonal Hospital herein after referred to as the implementing agency

NHSSP and Bheri Zonal Hospital have hereby agreed as follows:

- 1 Bheri Zonal Hospital shall provide the details drawings, costing to NHSSP for its review.
- 2 NHSSP shall pay NPR 250,000.00 (in words two hundred fifty thousand only) to Bheri Zonal hospital for constructing washing place
- 3 Payment will be made in two instalments, 50% of total costs will pay in advance upon signing this MOU and rest after completion of the work.
- 4 NHSSP Infrastructure Planning Adviser or delegated person shall inspect the construction site and recommend the final payment
- 5 NHSSP shall transfer the funds to the Bherizonal Hospital Management committee's auditable account which Bherizonal Hospital shall provide the account number to NHSSP
- 6 The Hospital Management Committee shall submit the summary of expenditure duly sign by the Executive Director to NHSSP. Details expenditure shall be stored in the secure location till one year from the date of this agreement. NHSSP may ask details of expenditure in any time during the period

Signed by officials for and on behalf of:	
Krishna Sharma Acting Team Leader  Nepal Health Sector Support Program (NHSSP/Options) Phone: 01 4264250	Consultant Un Behalf of Hospital Management Committee Dr Pitambar Subedi Medical Superintendent Phone  
Date: 19/10/2014	Date:

## ANNEX 5: STRENGTHENED STRATEGIC BIRTHING CENTRES

### A. Rationale and Process

*Rationale* — The use of local birthing centres saves time and money for pregnant women seeking care and encourages the development of a system to refer difficult deliveries to referral hospitals such as Bheri, Seti and Narayani hospitals. The FHD and NHSSP (2013) study found that birthing centres established at strategic locations (where access to alternative facilities is poor) had conducted more deliveries than similar centres that had been established on an ad hoc basis.

*Work area identified* — Discussions with FHD led to a decision to initially work on birthing centres in Banke District in FY 2014/15 as a pilot initiative in order to learn lessons. Banke was selected for this work since it was one of the districts covered in the FHD and NHSSP (2013) study.

*Strategy adopted* — In late 2013, following on from discussions and consultations in Kathmandu and Nepalgunj between various stakeholders, FHD's Safe Motherhood and Newborn Health Sub-Committee decided to proceed with first identifying and then strengthening strategic birthing centres in rural areas. It was agreed that strengthening strategically located birthing centres is likely to improve access to and use of institutional deliveries in rural settings and reduce the MNH load of referral hospitals. It was also agreed that in order not to neglect remote areas, separate criteria are needed for both 'hub' and remote areas.

*Draft criteria developed* — The initial draft criteria for selecting strategic birthing centres were identified and drafted by central level stakeholders at a 22 March 2014 workshop at Godavari. (Note: the main business of this workshop was an FHD review of reproductive health initiatives)

*Preparatory workshops*— Workshops were held at Nepalgunj in 24 March and 27 April 2014 to develop the selection criteria for strategic birthing centres and select the centres for the 2014/15 work. The following progress was made at these workshops (FHD and NHSSP 2014):

- The essential and desirable criteria of strategic birthing centres were agreed based on the criteria developed at the Godavari workshop.
- Focus group discussions were held in Hirminia and Betahani VDCs with local women to find out why so many of them choose not use birthing centres and to understand how more of them could be attracted to use them.
- Banke's district public health officer described the district's 30 birthing centres and their differing levels of use.
- Participants identified the five most strategic birthing centres in Banke district according to the agreed criteria. They selected Laxmanpur and Gangapur as birthing centres in remote areas, and Betahani, Raniyapur, and Hirminia as hub birthing centres areas that serve surrounding VDCs.
- The district's birthing centres were mapped to visualise the distribution of the selected strategic birthing centres in the district (see Figure 1). This exercise showed that the selected centres covered most areas of the district's highly populated areas.
- Workshop participants identified activities and worked out the cost of carrying out the eight types of strengthening activities at the five birthing centres.

*Cooperation agreement* — In June/July 2014, NHSSP, in consultation with FHD, agreed with Banke District Public Health Office (DPHO) to strengthen birthing centres in the district. This work is to be jointly supported by NHSSP, FHD and the health facility management and operation committees of the birthing centres. The resulting MoU was signed on 10 October 2014 for NHSSP to support Banke DPHO for strengthening the five strategically located birthing centres (see Annex 6.1).

*Planning and costing* —Banke DPHO then developed a plan and budget for the strengthening work after doing a rapid assessment of the five birthing centres (see budget and budget plan at Annexes 6.2 and 6.3, log-frame and monitoring framework at Annex 6.5 and implementation plan at Annex 6.6). The total budget for the work was agreed as NPR 1,704,975 with NHSSP to pay NPR 825,050, FHD to budget NPR 784,675, and the health facility operation and management committees (HFOMCs) of the five birthing centres to pay NPR 95,250 for the strengthening activities (see Annex 6.4).

## B. Achievements

The main achievements for strengthening strategic birthing centres are as follows:

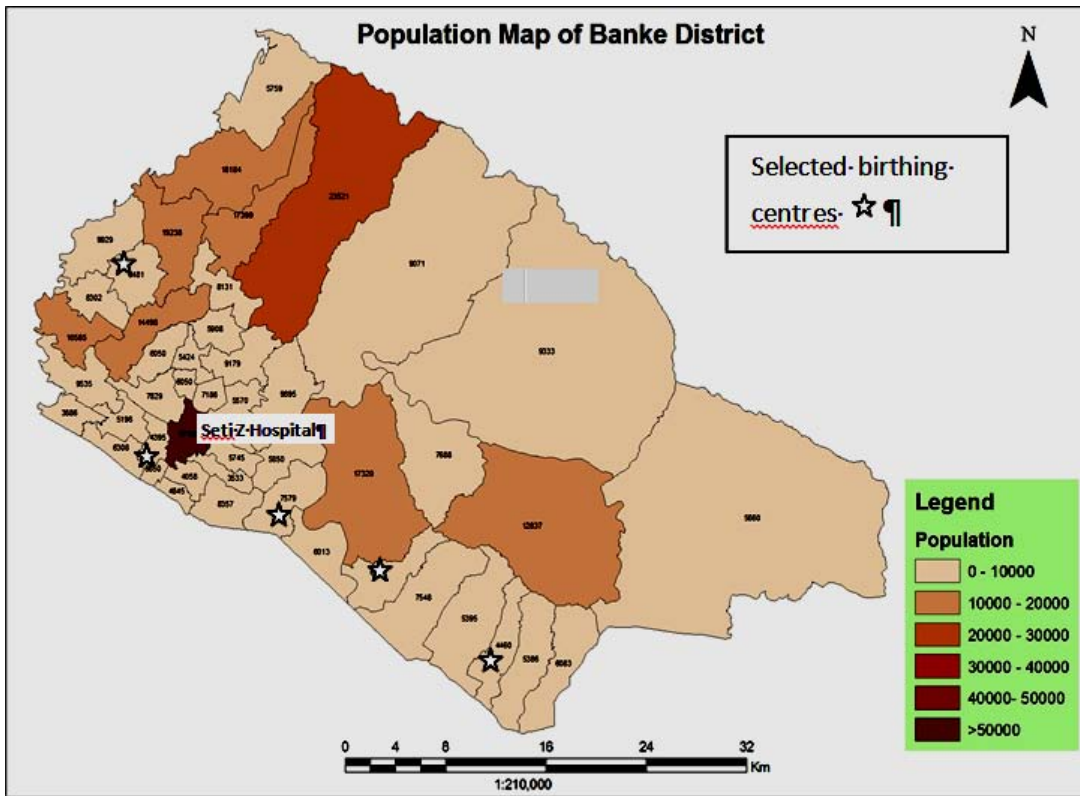
- Developed the criteria for identifying strategic birthing centres (see Table A1 below).
- Selected five birthing centres with agreed action plans and budgets for strengthening work (see Figure A1 and Annexes 6.2 to 6.6).
- Developed frameworks to monitor the implementation of the strengthening work (see Annex 6.5).

As of November 2014, the work is ongoing with full responsibility for implementation now resting with Banke District Public Health Office.

**Table A1: Criteria developed to identify strategic birthing centres at March and April 2014 Nepalgunj workshops**

	Hub model	Remote
<b>Essential criteria</b>		
Infrastructure:	A birthing centre with three rooms	A birthing centre
Location:	The centre is accessible by intended users	The centre is accessible by intended users
Population:	>10,000	>3,000
Distance from nearest hospital:	More than 30 minutes from a hospital	
<b>Desirable criteria</b>		
Services:	Water and electricity can be made available	Water and electricity can be made available
Socioeconomic:	Serves poor and excluded people	Serves poor and excluded people

Figure A1: Location of the five selected birthing centres





**ANNEX 6: SUPPORTING DOCUMENTS ON BANKE BIRTHING CENTRE STRENGTHENING WORK (2014/15)**

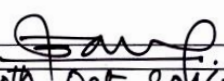
**Annex 6.1: NHSSP–Banke DPHO MoU on Strengthening Strategic Birthing Centres**

**Memorandum of Understanding  
Between  
NHSSP and District Public Health Office, Banke for strengthening  
strategically located birthing centre**

This MOU is made between Nepal Health Sector Support Programme (NHSSP), hereinafter referred to as NHSSP acting for and on behalf of the UK Department for International Development (DFID) and District Public Health Office (DPHO), Banke represented by Mr Jiwon Kumar Malla, Senior Public Health Administrator herein after referred to as the implementing agency.

NHSSP and DPHO have hereby agreed as follows:

- 1 DPHO Banke shall prepare details work plan for strengthening strategically located birthing centre.
- 2 It will be a joint funding between NHSSP, FHD and HFOMC. Total estimated costs will be NPR 1,704,975.00
- 3 NHSSP shall provide NPR 825,050.00 (in words eight hundred twenty five thousand and fifty only) to DPHO Banke for strengthening birthing centre. DPHO Banke shall ensure other funding are available.
- 4 Payment will be made in three instalments, 50% of total costs will pay in advance upon signing this MOU, 25% will pay after submitting expenditure detail against first instalment and rest 25% after submitting expenditure detail of 2<sup>nd</sup> instalment
- 5 NHSSP shall transfer the funds to the DPHO Banke's auditable account which DPHO Banke shall provide the account number to NHSSP.
- 6 NHSSP EHCS Adviser or her designated person shall recommend the payment.
- 7 Fund will be provided to DPHO auditable account; DPHO will make expenditure as per the agreed programme and as accordance to the government of Nepal rules & regulations.
- 8 DPHO account section shall carry out the verification of expenditure made for the programme before submitting original documents (invoices and supporting documents) to NHSSP for final clearance. Summary of expenditure will be kept on account section after clearance for audit purpose.
- 9 Unspent funds shall return to NHSSP.

Signed by officials for and on behalf of:	
Krishna Sharma Acting Team Leader  Nepal Health Sector Support Program (NHSSP/Options)  Phone: 01 4264250	Consultant  Onbehalf of DPHO, Banke  Jiwon Kumar Malla Phone: 081520158  
Date:	Date: 10 <sup>th</sup> Oct. 2014

जीवन कुमार मल्ल  
वरिष्ठ जनस्वास्थ्य प्रशासक



Annex 6.2: Budget for Banke Birthing Centre Strengthening Work (2014/15)

District Public Health Office, Banke  
Detail cost for strengthening strategically located birthing centers

SN	Activity	Source	Expenditure topic	Gangapur	Laxmanpu	Betahani	Hirminiya	Raniyapur	District level	Sub total
1	Information and promotion about BC in local community (awareness through FCHV's and HFOMC)	NHSSP	No. of FCHV, HFOMC and local staffs	22	22	20	23	19	0	106
			Participants travell allowance@400*2	17,600	17,600	16,000	18,400	15,200	0	84,800
			HW allowance@500*2	4,000	6,000	3,000	4,000	3,000		
			Local facilitator@700	1,400	1,400	1,400	1,400	1,400	0	7,000
			District Facilitator 2 @900	3,600	3,600	3,600	3,600	3,600	0	18,000
			Supporting staff@400	600	600	600	600	600		3,000
			Stationary	2,800	3,000	2,500	2,900	2,400	0	13,600
			Snacks	5,480	5,480	5,080	5,680	4,880	0	26,600
			Training material cost	1,800	1,800	1,800	1,800	1,800	0	9,000
			District Supervisor travell cost	7,500	7,500	7,400	7,500	7,500	0	37,400
			<b>Subtotal</b>	44,780	46,980	41,380	45,880	40,380	0	219,400
			<b>Ambulance charge</b>	51,000	45,000	56,000	44,000	42,000	0	238,000
			Orientation and contract with ambulance						2,000	2,000
			Monitoring						18,000	18,000
			<b>Subtotal</b>	<b>51,000</b>	<b>45,000</b>	<b>56,000</b>	<b>44,000</b>	<b>42,000</b>	<b>20,000</b>	<b>258,000</b>
3	Availability of 2 ANM staffs	FHD	<b>ANM monthly sallary</b>			156,000		156,000	0	312,000
4	FCHV incentive	HFOMC	<b>Travell allowance for FCHV @100 for each institutional delivery</b>	17,100	14,550	28,500	21,600	13,500	0	95,250
6	Rotation of SBA to hospital (referral and confidence improve	NHSSP	Intraction with Participant programe allowance for participants @500	0	0	0	0	0	10,000	10,000
			Facilitator allowance@900	0	0	0	0	0	4,500	4,500
			Snacks@300	0	0	0	0	0	7,500	7,500
			Missselenous cost (communication, banner, photocopy, printing)						3,000	
			3 times meeting per batch	0	0	0	0	0	8,000	9,000

*Spw*

JIWANKRISHNA R MALLA  
Senior Public Health Administrator  
*[Signature]*

**District Public Health Office, Banka**

**Detail cost for strengthening strategically located birthing centers**

SN	Activity	Source	Expenditure topic	Gangapur	Laxmanpur	Betahani	Hirminiya	Raniyapur	District level	Sub total
	nt)		Stationary@100	0	0	0	0	0	2,500	2,500
			Rotation cost for ANM from each VDC	24,000	24,000	24,000	24,000	24,000	0	120,000
			Coaching cost						29400	29,400
			Monitoring by DPHO						6300	6,300
			Stationary for participants ANM						1000	1,000
			<b>Sub total</b>	<b>24,000</b>	<b>24,000</b>	<b>24,000</b>	<b>24,000</b>	<b>24,000</b>	<b>73,200</b>	<b>193,200</b>
7	Joint monitoring by DPHO and partners	NHSSP	Vehicle cost	10,000		6,500		6,000	0	22,500
			Participant allowance@700	4,200	4,200	4,200	4,200	4,200	0	21,000
			Snacks@300	2,100	2,100	2,100	2,100	2,100	0	10,500
			Other cost	700	700	700	700	700	0	3,500
			<b>Sut total</b>	<b>17,000</b>	<b>7,000</b>	<b>13,500</b>	<b>7,000</b>	<b>13,000</b>	<b>0</b>	<b>57,500</b>
8	Additional equipment	FHD	Equipment cost	156,535	61,585	74,985	112,485	67,085	0	472,675
9	Half yearly review with FCHV and HFOMC member	NHSSP	No. of FCHV, HFOMC and local staffs	22	22	20	23	19	0	106
			Participants travell allowance@400*	8,800	8,800	8,000	9,200	7,600	0	42,400
			HW allowance@500*2	2,000	2,000	2,000	2,000	2,000		10,000
			Local facilitator@700	700	700	700	700	700	0	3,500
			District Facilitator 2 @900	1,800	1,800	1,800	1,800	1,800	0	9,000
			Supporting staff@400	300	300	300	300	300		1,500
			Stationary	2,600	2,600	2,400	2,700	2,300	0	12,600
			Snacks	2,670	2,670	2,470	2,770	2,370	0	12,950
			Training material cost	1,000	1,000	1,000	1,000	1,000	0	5,000
			Transportation for district Supervisor	7,000	7,000	7,000	7,000	7,000		
			<b>Sub total</b>	<b>26,870</b>	<b>26,870</b>	<b>25,670</b>	<b>27,470</b>	<b>25,070</b>	<b>0</b>	<b>96,950</b>
			<b>Grand total</b>	<b>337,285</b>	<b>225,985</b>	<b>420,035</b>	<b>282,435</b>	<b>381,035</b>	<b>93,200</b>	<b>1,704,975</b>

Prepared by: *Bishnu Shrestha*  
Bishnu Shrestha PHN


Approved by: *Gitan Kumar Malla*  
Gitan Kumar Malla, Sr. PHA  
Senior PHN

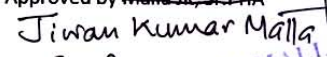
Annex 6.3: Budget Plan for Banke Birthing Centre Strengthening Work (2014/15)

  
**District Public Health Office, Banke**  
 Strategic Birthing Center Strengthening Programme  
**Quarterly Budget Plan**

SN	Activities	Source	Total	1st(Aswin-poush)	2nd(Magh-Baisakh)	3rd(Jestha-Ashad)
1	MOU and budget release	DPHO	0	0	0	0
2	Orientation and contract with ambulance	NHSSP	2000	2000	0	0
3	Monitoring visit for referral cases	NHSSP	18000	7000	7000	4000
4	Ambulance charge	NHSSP	238000	95200	95200	47600
5	HFOMC and FCHV orientation	NHSSP	219400	219400	0	0
6	Availability of 2 ANMs/Staffs	FHD	312000	124800	124800	62400
7	FCHV incentive	HFOMC	95250	38130	38080	19040
8	Rotation of SBAs to hospitals (referral and confidence improvement)	NHSSP	193200	133300	59900	0
9	Joint monitoring by DPHO and Partners	NHSSP	57500	20500	13000	24000
10	Additional equipments	FHD	472675	472675	0	0
11	Half Yearly Review	NHSSP	96950	0	48475	48475
	<b>Total</b>		<b>1704975</b>	<b>1113005</b>	<b>386455</b>	<b>205515</b>

Prepared by Shrestha B., PHN 

Approved by Malla JK, Sr. PHA 

  
 Sr. PHA  
**JIWAN KUMAR MALLA**  
 Senior Public Health Administrator

**Annex 6.4: Cost Sharing of Banke Birthing Centre Strengthening Work (2014/15)**

**District Public Health Office, Banke**  
 Strategic Birthing Center Strengthening Programme

**Source of Budget**

SN	Organization	Total budget
1	NHSSP	825,050
2	FHD	784,675
3	HFOMC	95,250
Total		<b>1,704,975</b>

Prepared by *Shan* Shrestha B, PHN

Approved by *Malla JK*, Sr-PHA

*Jiwan Kumar Malla*  
 Sr. PHA

**JIWAN KUMAR MALLA**  
 Senior Public Health Administrator

Annex 6.5: Log-frame/Monitoring Framework for Banke BC Strengthening (2014/15)

**District Public Health Office, Banke**  
Logical framework planning for strengthening strategy: Birthing center

SN	Programme	Budget	Expected outcome	Indicator	Means of Verification	Responsibility
1	MOU and budget release	0	MOU will be done between DPHO and NHSSP		MOU document between DPHO and NHSSP	DPHO, NHSSP
2	Orientation and contract with ambulance	2000	*Ambulance service provider will be familiar with programme *Potential ambulance service providers will be selected *MOU will be done with selected ambulance service provider and DPHO	No. of meetings held with service provider	MOU document Attendance register	DPHO
3	Monitoring visit for referral cases	18000	*Claims made by ambulance service provider will be verified according to referral made by FH *Availability and response of service provider will be monitored timely	No. of monitoring visits	Monitoring visit report	DPHO
4	Ambulance charge	238000	*Facilitated referral from health facility *No. of normal delivery at HF will increase *No. of normal deliveries from programme VDC at CEOC center will decrease	No. of referrals made No. of Normal deliveries at HF No. of normal delivery at CEOC center from programme VDC	Maternity register Monthly HMIS report Hospital Delivery Report Claim form of ambulance service provider	DPHO
5	HFOMC and FCHV orientation	219400	*HFOMC members and FCHV's will be informed about the programme *Increased mobilization of FCHV at community level *No. of delivery at HF will increase *Increased support from HFOMC for Aama programme	No. of orientations conducted No. of participants in orientation No. of institutional delivery No. of FCHV's receiving delivery incentive No. of referrals made by FCHV	Attendance Sheet Maternity register Incentive receipt Meeting minute	DPHO
6	Availability of 2 ANMs/Staffs	312000	*2 SBAs will be available round the year at programme VDC	Average no. SBA per HF's No. of deliveries conducted by SBA	Contract paper with SBA Daily attendance of SBA	DPHO
7	FCHV incentive	95250	No. of referrals made by FCHV to HF from community will be increased	Proportion of deliveries referred by FCHV	Maternity register	DPHO
8	Rotation of SBAs to hospitals (referral and confidence improvement)	193200	*SBA working on Programme VDC will perform with greater confidence *SBA will facilitate on referral process *SBA will follow up referrals made by her *Increased communication between SBA at birthing center and SBAs at CEOC center	No. of referrals made from programme VDC No. of follow ups made after referral	Maternity register	DPHO
9	Joint monitoring by DPHO and Partners	57500	*Monitoring visit will help to find out the difficulties on implementing activities	No. of monitoring visits made	Monitoring visit report	DPHO
10	Additional equipments	472675	*Essential functional equipments for delivery (as per protocol) will be made available	No. of HF having all essential equipments	Field visits	DPHO
11	Half Yearly Review	96950	*HFOMC members and FCHV's will be updated about the programme *Problems felt at community level will be identified and action will be taken accordingly	No. of half yearly reviews conducted	Attendance sheet	DPHO

Prepared by Shrestha B *Shrestha B*

Approved by *Shrestha B*

Annex 6.6: Implementation Plan for Banke Birthing Centre Strengthening Work (2014/15)



District Public Health Office, Banke

Plan of action for strengthening strategically located birthing center

SN	Activity	Responsibility	Ashwin				Kartik				Mansir				Poush				Magh				Falgun				Chaitra				Baisakh	Jestha	Ashad
			I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV			
1	MOU and budget release	DPHO																															
2	Ambulance contract process and free referral	DPHO																															
3	HFOMC and FCHV orientation	DPHO and HF/ NHSSP																															
4	Availability of 2 ANMs/Staffs	DPHO																															
5	FCHV incentive	HF																															
6	Rotation of SBAs to hospitals (referral and confidence improvement)	DPHO and BZH																															
7	Joint monitoring by DPHO and Partners	DPHO																															
8	Additional equipments	DPHO																															
9	Half yearly review with FCHV and HFOMC	DPHO and HF/ NHSSP																															

Prepared by:  
Basanta Gaire FPS

Approved by:  
Jivan Kumar malla

**JIVAN KUMAR MALLA**  
Senior Public Health Administrator



नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मंत्रालय  
स्वास्थ्य सेवा विभाग  
म.प.क्ष.स्वा.नि.

जिल्ला जन स्वास्थ्य कार्यालय,  
बाँके

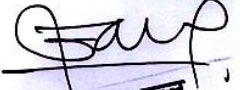
प.सं. २०७१।०७२  
च.नं. २२२

मिति २०७१।०५।२७

विषय : Strategic Birthing Center सम्बन्धमा

श्री NHSSP,  
काठमाडौं ।

प्रस्तुत विषयमा जिल्ला जनस्वास्थ्य कार्यालय, बाँकेले यस जिल्लाका विभिन्न ५ गा.वि.स. हरुमा Strategic Birthing Center सुदृढीकरण कार्यक्रम सन्चालन गर्नको लागि हाल सम्म ३ चरणमा बैठक वसि कार्यक्रम सन्चालन गरिने गा.वि.स. तथा बजेट सहितको विस्तृत कार्ययोजनामा छलफल भै आएकोले सहमति अनुसार यसै पत्र साथ संलग्न कार्यक्रमहरु सन्चालन गर्नको लागि आवश्यक जम्मा रु १७०४,९७५/- मध्ये त्यस संस्थाबाट उपलब्ध गराउनु पर्ने जम्मा रु ८,२५,०५०। (रु आठ लाख पन्चिस हजार पचास मात्र) बजेट यसै पत्र साथ संलग्न बाँडफाँड कागजात अनुसार उपलब्ध गराउनहुन अनुरोध गरिन्छ ।

  
जीतेंद्र कुमार मल्ल  
जिल्ला जन स्वास्थ्य प्रशासक

कार्यक्रम सन्चालन गरिने गा.वि.स. हरु

क) लक्ष्मणपुर प्रा.स्वा.के.

ख) गंगापुर स्वा.चौ.

ग) वेतहनि उ.स्वा.चौ.

घ) हिरमिनिया स्वा.चौ.

ड) रनियापुर उ.स्वा.चौ.

संलग्न कागजातहरु

1. Activities detail with budget
2. Implementation Schedule (Ghannt Chart)
3. Quarterly budget breakdown
4. Source of budgeting
5. Logical Framework