



DRFU/LCD
Ministry of Health

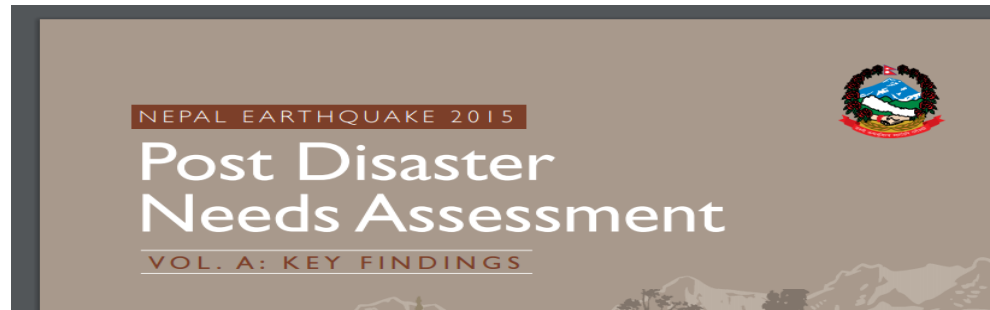
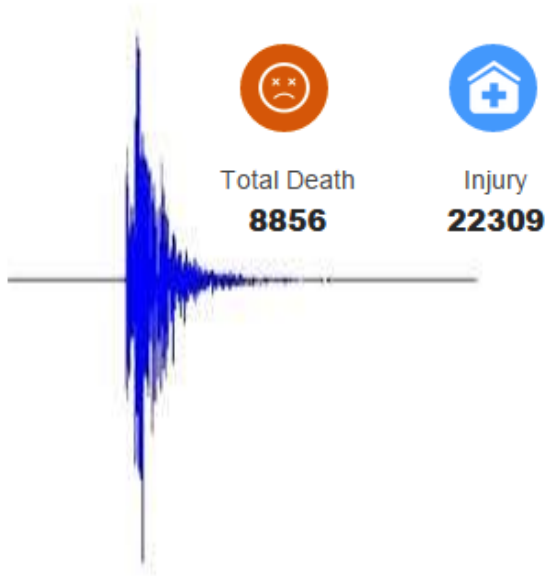
**HANDICAP
INTERNATIONAL**



Post Earthquake Response: Leave No One Behind

Presentation

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Project Coordinator,
HI Nepal
10th November, 2016
Kathmandu, Nepal



2. Health and Population

Nepal made significant progress in improving health outcomes, with a maternal mortality ratio of under 200 per 100,000 live births and infant mortality rate of 46 per 1,000 live births in 2011. According to 2014 Nepal Human Development Report, life expectancy at birth was estimated to be 69. Total Fertility has declined significantly to 2.6 births per woman in 2011 from about 5 births per woman in 1990. With the twin responsibilities of regulation of the sector and provision of health services, the Ministry of Health and Population (MoHP) has a network of 4,118 health facilities which range from central level specialized hospitals to Health Posts and Urban Health Centres at the Municipality level for the

Similarly, the existing capacity of the MoHP in general, and that of concerned District Health Offices and health facilities in particular, have been stretched to ensure the resumption of disrupted health services as well as to coordinate with concerned agencies and stakeholders for the management of increased case load for treatment, including trauma cases.

The total monetary value of damages and losses due to the earthquakes is estimated to be NPR 7.5 billion out of which the share of the public sector is 81.5 percent, the rest being in the private sector, including non-governmental and community owned service providers. While the value of

Work will be initiated for setting up of hospitals and rehabilitation centres, and strengthening of institutional capacity for disaster preparedness

Table 10: Cost of Central Level Recovery and Reconstruction Plan

| | | Amount in million NPR | |
|--|----|--|----|
| A. Immediate term plan (until July 2015) | | B. Intermediate term plan (FY 2015/16) | |
| Payment to hospitals for treatment of injured | 20 | Public Health inspector - to monitor the situation and responses | 24 |
| MBBS doctor in the HFs of highly affected areas | 21 | Establish five step down hospital and rehabilitation centres | 28 |
| Collection of injured data from hospitals and treatment plan | 10 | Establish monitoring mechanism and systems of the above all activities | 1 |
| Strengthen the surveillance system (diseases and conditions - syndromes) | 2 | Strengthening HMIS - printing tools, distribution and training | 14 |
| Support and mobilise DRRT | 1 | Strengthen central surveillance unit | 2 |
| Create public awareness through media and IEC and BCC activities | 5 | Human resources for Health Emergency Operation Centre (HEOC) | 50 |
| Outbreak investigation and response team at the central level | 1 | Define and maintain minimum level of logistics requirement at different levels | 0 |
| Water and sanitation campaign | 7 | Establish two tier M & E mechanism | 5 |

PT/Rehabilitation Service Utilization



3366 and **1705** patients treated in health facilities and communities

5071 patients provided with rehabilitation and social protection support incl. **1167** earthquake injured



PT/Rehabilitation Service Utilisation

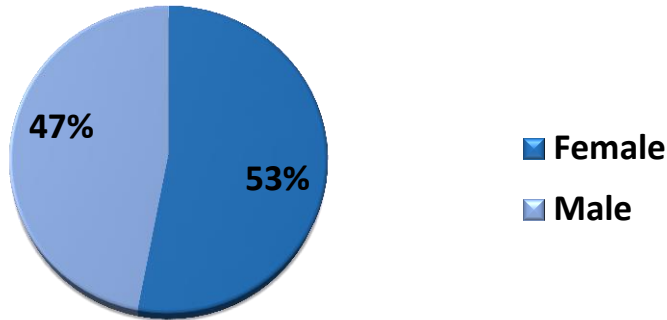


4615 patients and **1613** caregivers oriented on rehabilitation

687 patients provided with assistive devices.

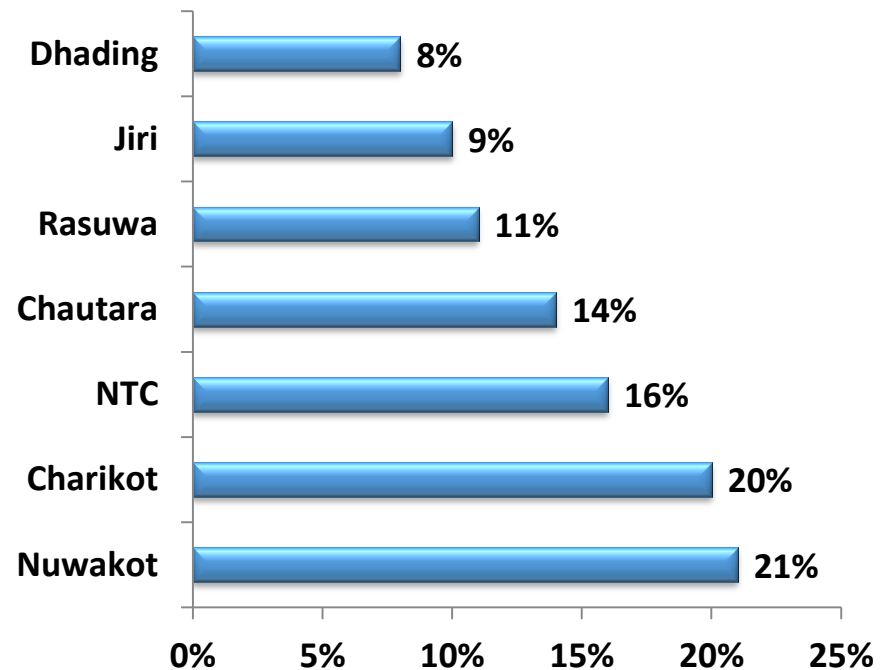


Gender distribution of beneficiaries

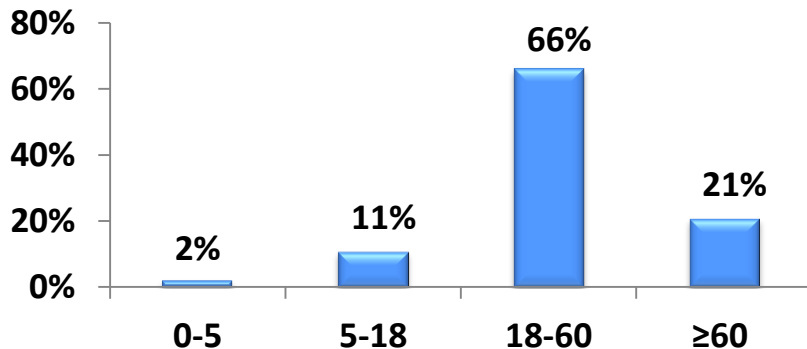


n = 5071

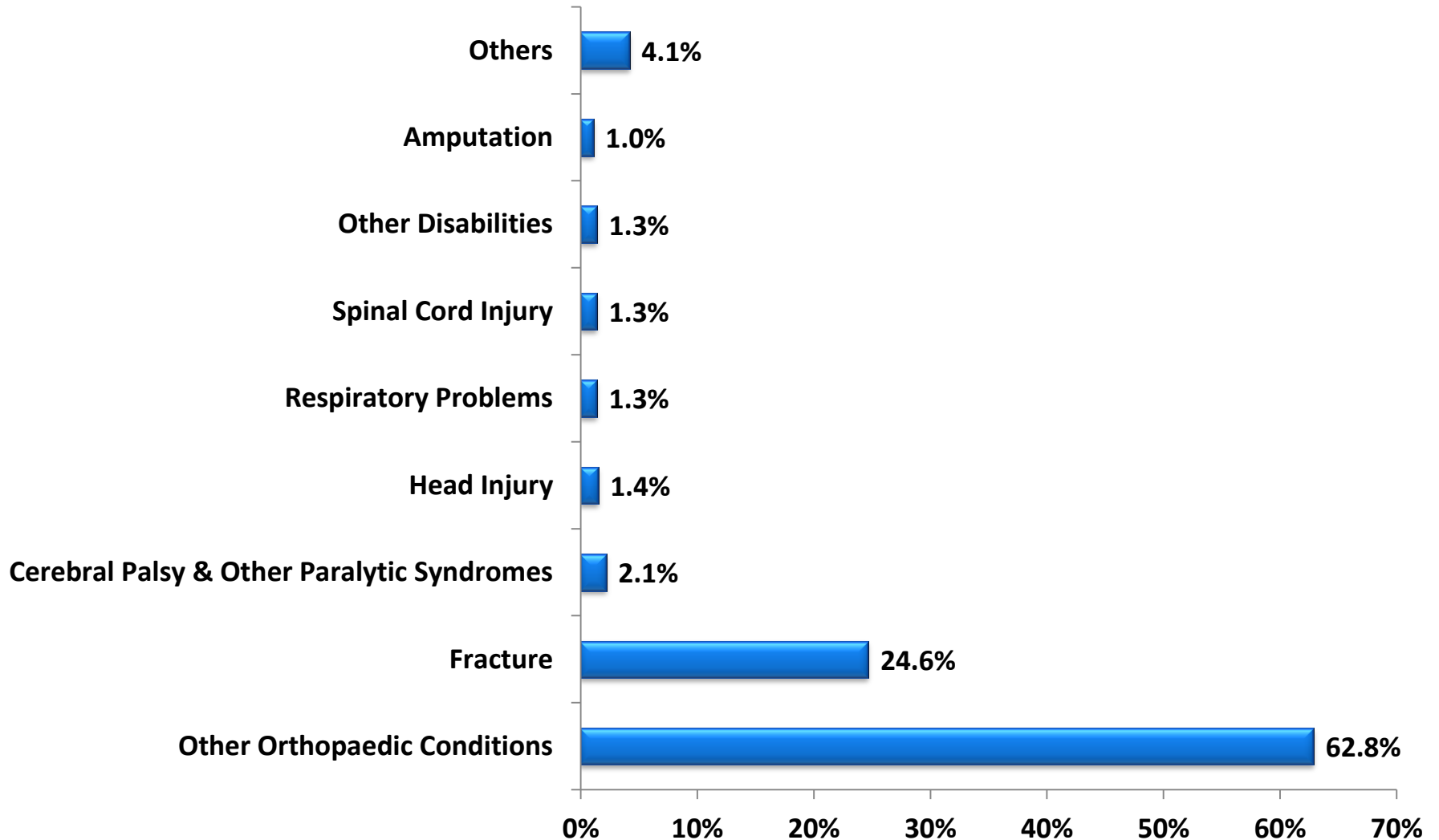
Distribution of beneficiaries according to PT unit



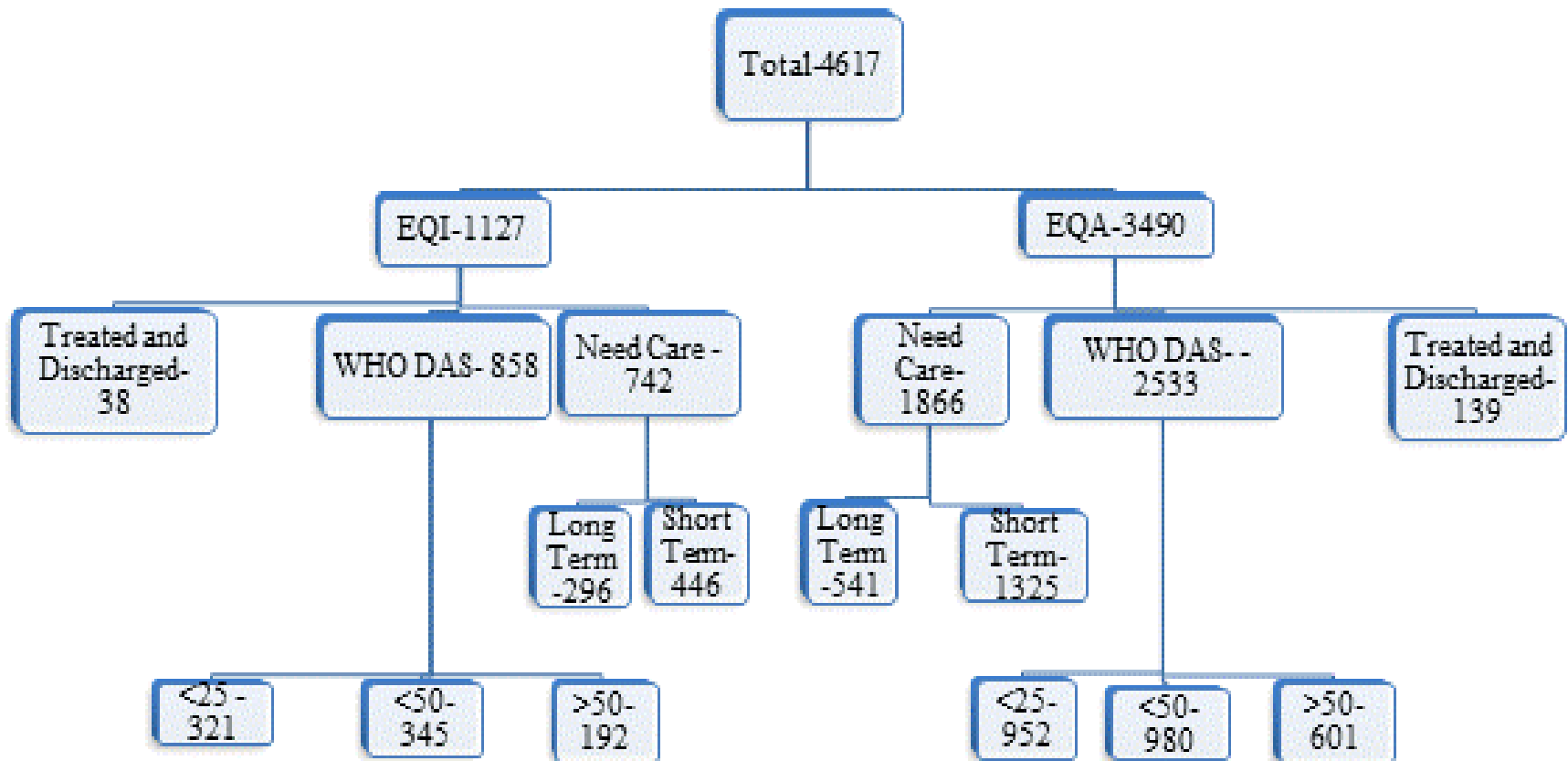
Distribution of beneficiaries according to age group



Type of Diagnosis/Impairment of Beneficiaries



Rehabilitation Needs Derived from the Project (July 2015 to July 2016)



Guideline and SOP

A Guideline for Referral Pathway for Physiotherapy/Rehabilitation Unit for District Hospitals of Nepal, MoH, Nepal



2016

Standard Operating Procedure for Physiotherapy/ Rehabilitation Unit in District Hospitals of Nepal



फिजियोथेरापी सेवा सम्बन्धी सूचना

इन्डियन इन्टरनेशनलले नेपालमा वैशाख १२, २०१२ मा आफ्नो विनाशकारी भूकम्पबाट घाइते भई अगाडि भएका व्यक्तिहरूको उपचार, अगाडिमा व्यवस्थापन तथा पुनर्स्थापना सम्बन्धी कार्य गर्नको लागि स्वास्थ्य सल्लाहदाता, स्वास्थ्य सेवा विभाग, वृद्धरोग नियन्त्रण महाशाखा, अगाडिमा तथा पुनर्स्थापना समर्क इकाईहरूको समन्वय तथा DFID/Options को आर्थिक सहयोगमा भूकम्प प्रभावित विभिन्न जिल्लाहरू, मुस्ताकोट, रसुवा, पाँचथर, दोलखा-जिरी जिल्ला अस्पताल, दोलखा-चरिकोट प्राथमिक स्वास्थ्य केन्द्र तथा नेपाल टुमा सेन्टर, काठमाडौंमा फिजियोथेरापी/पुनर्स्थापना इकाई स्थापना गरी निम्न संकाह विस्तृत प्रदान गर्दै आफ्नो जानकारी गराउन चाहन्छौं।



हावा सेवाहरू :

- भूकम्पबाट घाइते भई अगाडि भएका व्यक्तिहरूको शारीरिक परीक्षण गरिने।
- सोपे, ड्राइ, ड्रम टुबोको, जगा पारिणको, इट्टी अर्थात्को, पछात भएको, मुठ पारीणको, जेठ अग्रजमाउने, जेठि मर्कौंको आदिको शारीरिक चिकित्साकइण उपचार गरिने।
- मानसिक समस्या जस्तै चिन्तित भइरहने, इराइरहने, चिन्त लाग्ने, एको पाइसु हुने आदिको लागि आवश्यक मनोवैज्ञानिक परामर्श सेवा दिइने।
- विरामीको हेतुलाई विरामीको हेतुपार तथा पुनर्स्थापना अधिकारको जानकारी दिइने।
- विरामीको अवस्था हेरेर सम्बन्धित विद्यालय विद्यालयमा रेफर गरिने।
- अगाडिमा भएका व्यक्तिहरूलाई सामाजिक तथा अगाडिमा सेवाहरूको जानकारी तथा सहयोग गरिने।
- भूकम्पबाट पीडितहरू/ सिद्धि हुन नसकेका तथा शारीरिक अगाडिमा भएका व्यक्तिहरूलाई सहयोगी उपकरण (Assistive Devices) प्रदान गरिने।
- पुन फिजियोथेरापी सेवा आवश्यक पर्ने विरामीलाई अस्पताल अथवा विरामीको अवस्था हेरेर एने पुन सेवा दिइने।



सेवा संचालन हुने समय:

हरेक दिन (सर्वजनिक बिदा बाहेक) आईनवार देखि शुक्रवार सम्म

यस जानकारीका लागि:

| क्र.सं. | स्थान | सम्पर्क नं. |
|---------|---|-------------|
| १ | फिजियोथेरापी इकाई, नेपाल टुमा सेन्टर, काठमाडौं | ९८०१०८९७४४ |
| २ | फिजियोथेरापी इकाई, जिल्ला अस्पताल पाँचथर, सिन्धुपाल्चोक | ९८०१०८९७४९ |
| ३ | फिजियोथेरापी इकाई, जिल्ला-चिन्तुपी अस्पताल, मुस्ताकोट | ९८०१०८९७४७ |
| ४ | फिजियोथेरापी इकाई, जिल्ला अस्पताल धुम्ने, रसुवा | ९८०१०८९७४६ |
| ५ | फिजियोथेरापी इकाई, जिल्ला अस्पताल पाँचथर | ९८०१०९२३७३ |
| ६ | फिजियोथेरापी इकाई, जिल्ला अस्पताल जिरी, दोलखा | ९८०१०८९७४० |
| ७ | फिजियोथेरापी इकाई, प्राथमिक स्वास्थ्य केन्द्र चरिकोट, दोलखा | ९८०१०८९७४८ |

आर्थिक सहयोग



प्राथमिक सहयोग



सम्बन्ध



स्वास्थ्य विभाग

Rehabilitation Provisions



Primary health care outlets



District hospital



**Tertiary hospital
& rehab centres**

Prevention, detection and referral to/from the district hospital

- Birth defect
- Disability due to NCDs
- Elderly disability
- Childhood disability
- Motherhood disability
- Long term follow up in collaboration

- Assessment
- Care
- Referral to tertiary hospital and rehab centres)
- Long term follow up in collaboration with first level

- Specialized care

Proposed Way Forward

- Continue/extend prevention and rehabilitation services for people with injuries, functional limitations and disabilities
- Utilise available rehabilitation human resources in health system
- Interdepartmental/inter-ministerial co-ordination for integrated care of impairments and to address disability issues
- Engage disabled people's organisations at all levels and promote CBR/social protection
- Seek support from expert non-state actors in this area
- Further develop functional referral pathway among primary, secondary and tertiary health care services
- Mobilise local government and line agencies for sustainability of PT/rehabilitation services.

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THANK YOU !

