



WELCOME

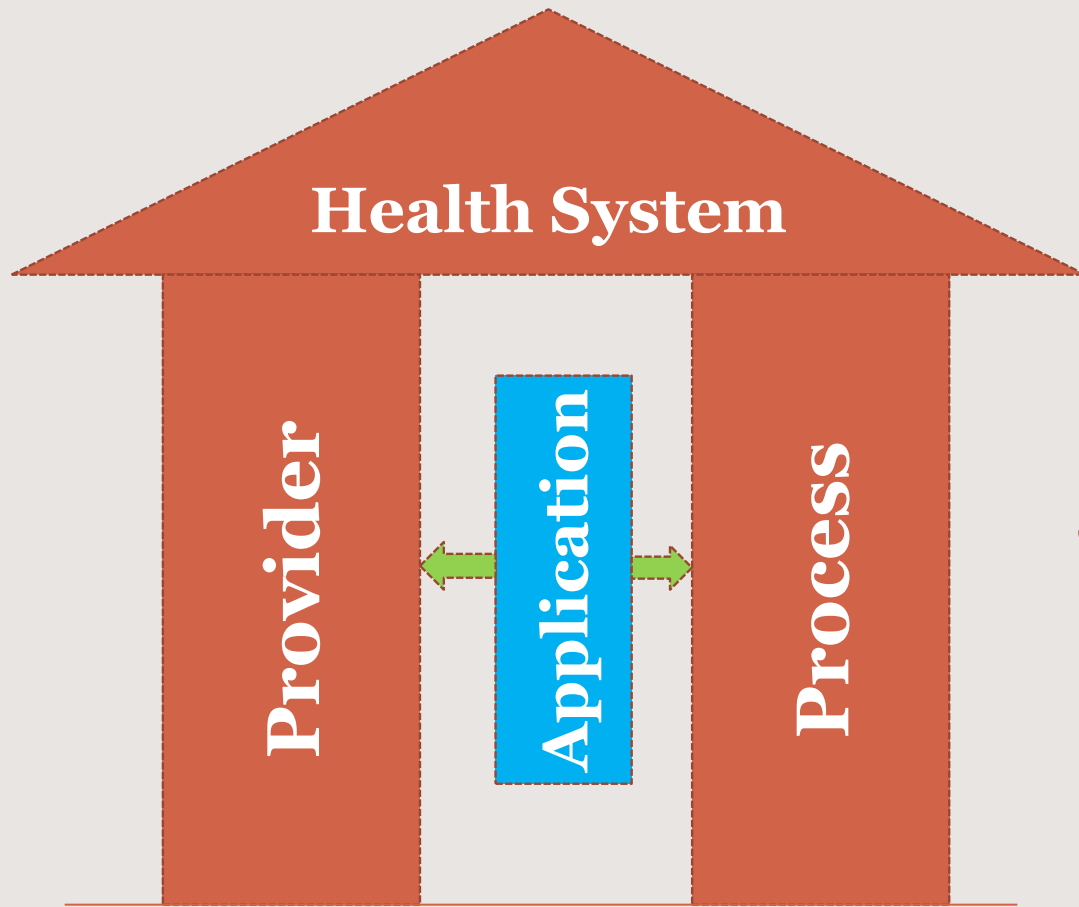


Joint Annual Review 2014

Ministry of Health & Population
Regional Health Directorates

Presented by:

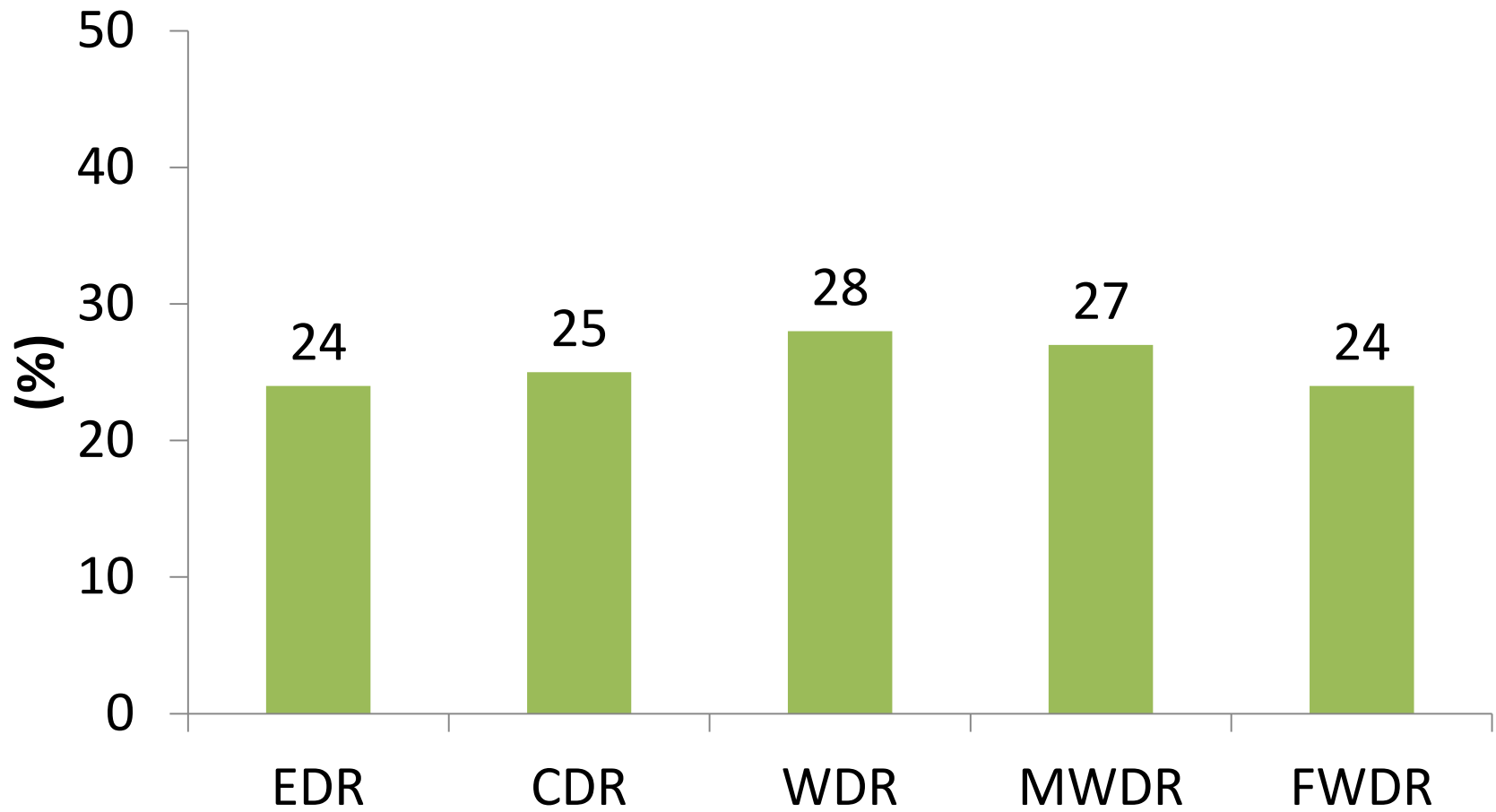
Dr Bikash Lamichhane (Director, MWRHD)



Success or failure of health system

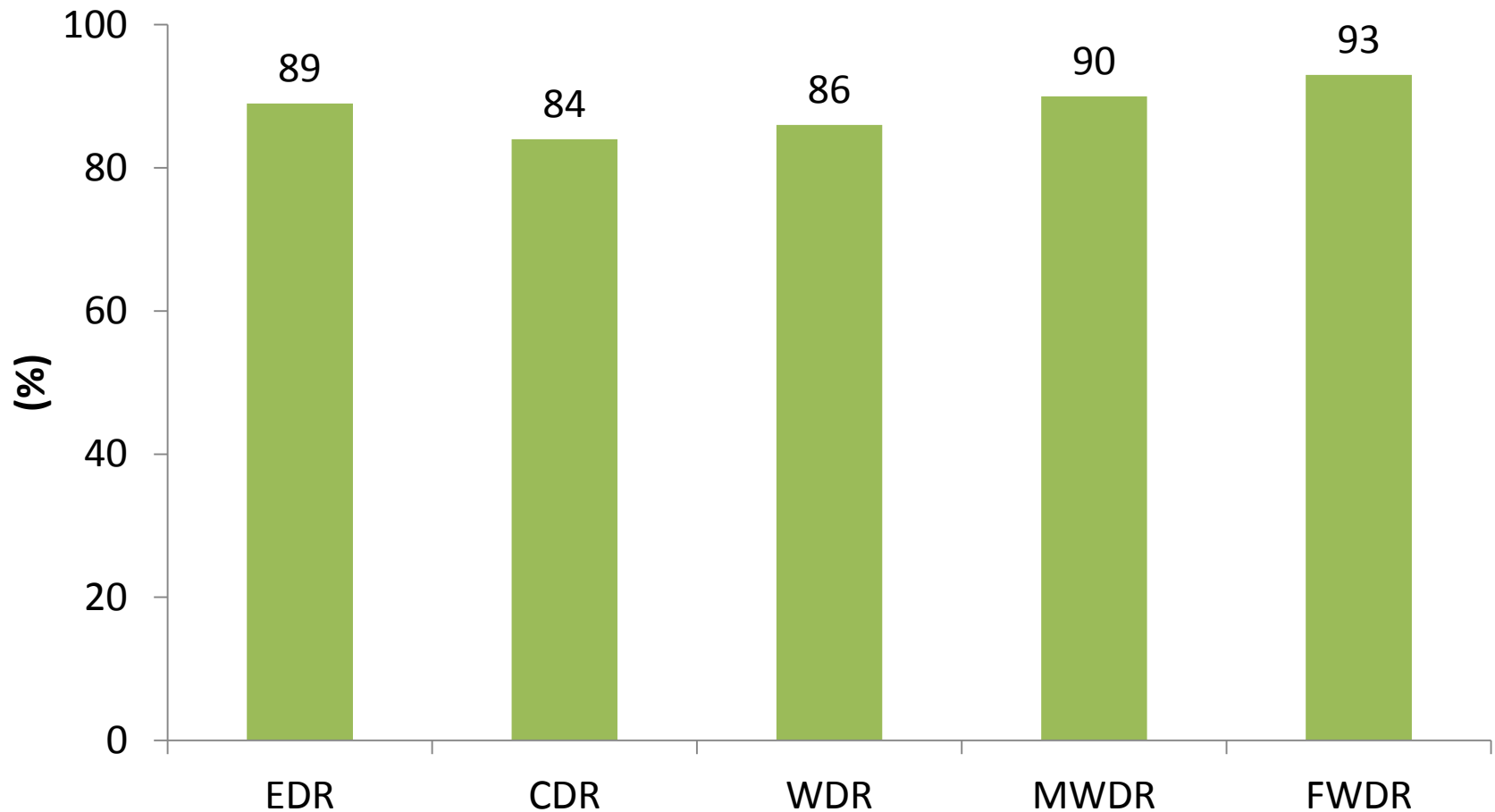
Current situation

Human resource (% Vacant post)



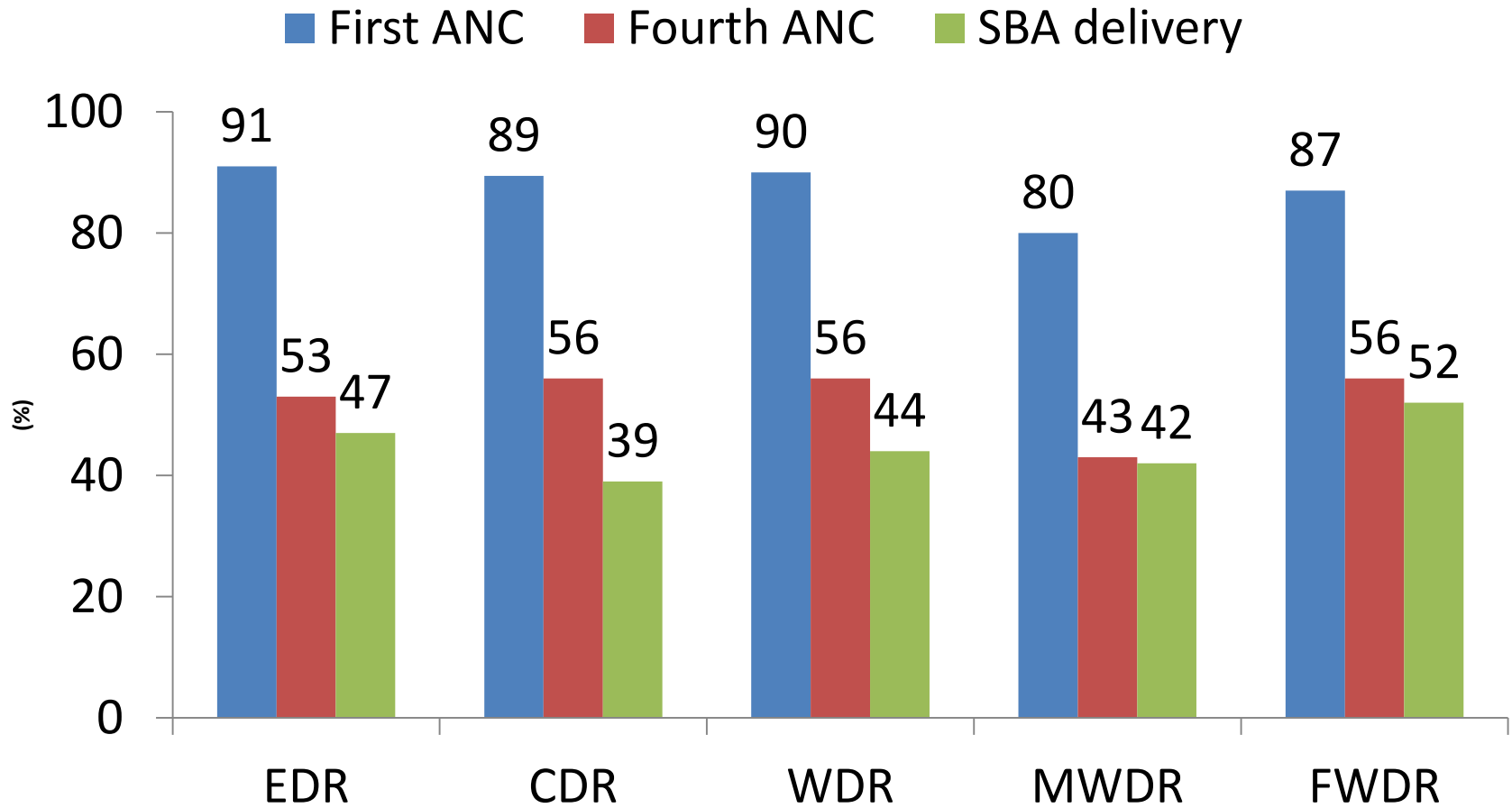
Current situation

- Measles immunisation coverage



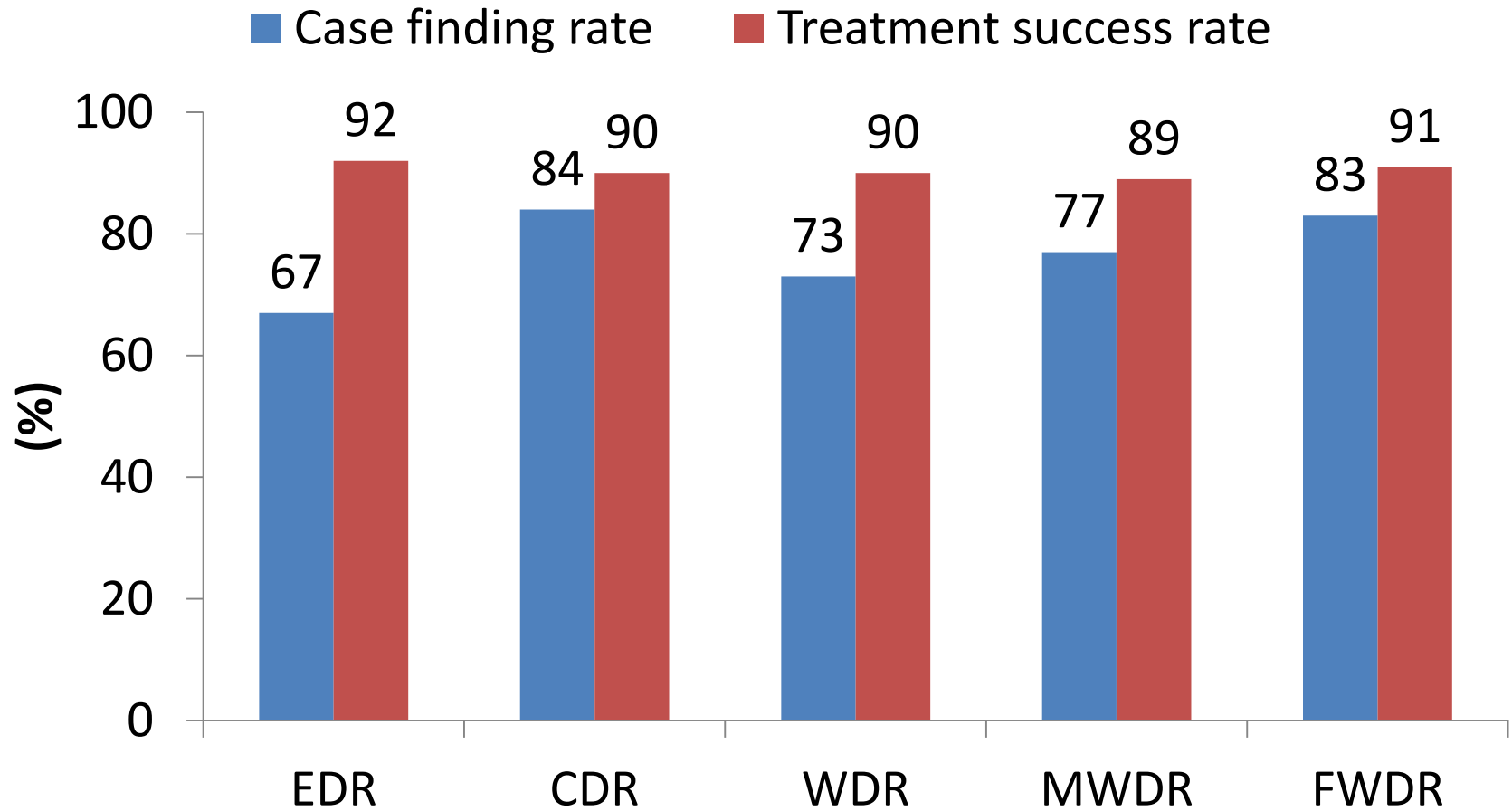
Current situation

- SM service coverage



Current situation

- TB case finding and treatment success rate



Strengths

- Immunization coverage is good
- Motivation towards establishing birthing centers
- Improved local resource mobilization
- Leprosy elimination status achieved
- Increased High HIV awareness, improved diagnosis and treatment capacity
- Significant Contribution of FCHVs
- Health access improved through community health units, city health centres, private and

Gaps and specific recommendations

Gaps and specific recommendations

I. Service Delivery

II. Leadership and Governance

III. Human Resource for Health

IV. Supply Chain

V. HMIS

VI. Health Financing

I. Service Delivery

Gaps

- Except immunization, Child health service coverage is stagnant.
- Only half of the pregnant women have utilised 4ANCs and institutional delivery services
- Low number of the couple uses modern method of family planning
- Inappropriate location of health institutions/birthing centres
- Poor quality of services (e.g. Birthing centre)
- Limited focus on NCDs, senior citizens, physically challenged groups, hard to reach areas.
- Inadequate effective monitoring and supervision (All levels)

Service Delivery

Recommendations

Map out and plan to ensure effective reproductive and child health services as follows

Child health

1. Need based nutrition, MSNP, IMCI and NCP programme
2. Design and implement integrated package for maternal and neonatal health up to mothers' group level.
3. Develop strategy for integration of family planning with EPI
4. Periodic health facility survey to be conducted to provide regional estimates

Service Delivery

Recommendations

Family health

- Ensure Quality Birthing centre (Infrastructure, logistics and trained HR for health) within 3 hours time
- Functional CEOC sites in each district assured
- IUCD / Implant service extended up to catchment area of HF
- VSC services available round the year at least at the district level. (To improve CPR)
- PHC/ORC reactivation with family planning services (including IUCD and Implant)
- In Mountain districts, 1 ANM in every 3 wards to accelerate home based service
- MNCHN clinical update training to all health workers and postpartum family planning should be incorporated in the training.

Service Delivery

Recommendations

Disease Control:

1. Regular mobile camp in hard to reach areas
2. Medical and Community based rehabilitation activities for leprosy
3. Develop special strategy for concentrated epidemic of HIV/AIDS

II. Leadership and Governance

Gaps

- Centralized health system - planning and budgeting
- Poor Vertical and horizontal coordination within government and with EDPs
- Programs are more activity oriented, less result oriented
- More provider focused and less consumer focused

Leadership and Governance

Recommendations

- Number of trainings, workshops and meetings to be reduced by half
- Revise JD of RHD, RMS, RHTC and delegate authority and responsibility accordingly (financial, human resource, program)
- Performance based monitoring system (PBMS) in all districts
- Budget ceiling to be provided to district and region in advance
- Operational study from RHD

III. HR for Health

Gaps

- More than 1/4th post of HRH are vacant
- Shortage of doctors in districts
- Acute shortage of vaccinators

HR for Health

Recommendations

- Make a policy revision to have the provision of Anaesthetist, Gynecologist and Paediatrician in each district hospital
- Fulfill vacant posts of health workers
- Delegate authority to fulfill vacant posts by RHDs (up to 8th level)
- Provide SBA training to all nursing staff
- Service of HFs should not be interrupted (arrangement of alternative human resource)

IV. Supply Chain

Gaps

- Stock out of drugs observed (eg. Iron, Pd cotrim etc)
- Gap in Procurement and transportation system of drugs

Supply Chain

Recommendations

- Establish Clear demarcation between center, region and district for procurement of drugs (Central bidding and local purchasing)
- Ensure and provide basic functional equipment in all health service sites
- Improve transport system in the districts and below

V. HMIS

Gaps

- Quality of data is less satisfactory/not uniform
- Under reporting from private sectors
- Poor analysis and use of data

HMIS

Recommendations

- PME should be made functional
- Regular assessment of quality of data by centre
- Develop Practical software for integrated health management information system
- Analysis and use of data to improve services
- HMIS training to private sector on cost sharing basis

VI. Health Financing

Gaps

- Inadequate budget for transportation of drugs and vaccines(one of the reasons for stock out)
- District and regional managers have limited knowledge on health care financing and health economics
- No linkage of local planning and budgeting (VDC meeting,DDC meeting) with the center

Health Financing

Recommendations

- Adequate budget for transportation of vaccines and drugs
- All district and regional managers to be trained on health care financing and health economics
- Local Planning and Budgeting should be linked to centre
- Flexible budget (2-5 lakh per district) and 5-10 lacks for regions to improve performance, quality and fulfill necessary gaps (to be approved by RHD)



THANK YOU