

Health Sector Progress National Joint Annual Review 2081/82 (2024/25)



Government of Nepal
Ministry of Health and Population

Policy Planning and Monitoring Division
Date: 2082 Mangsir 12

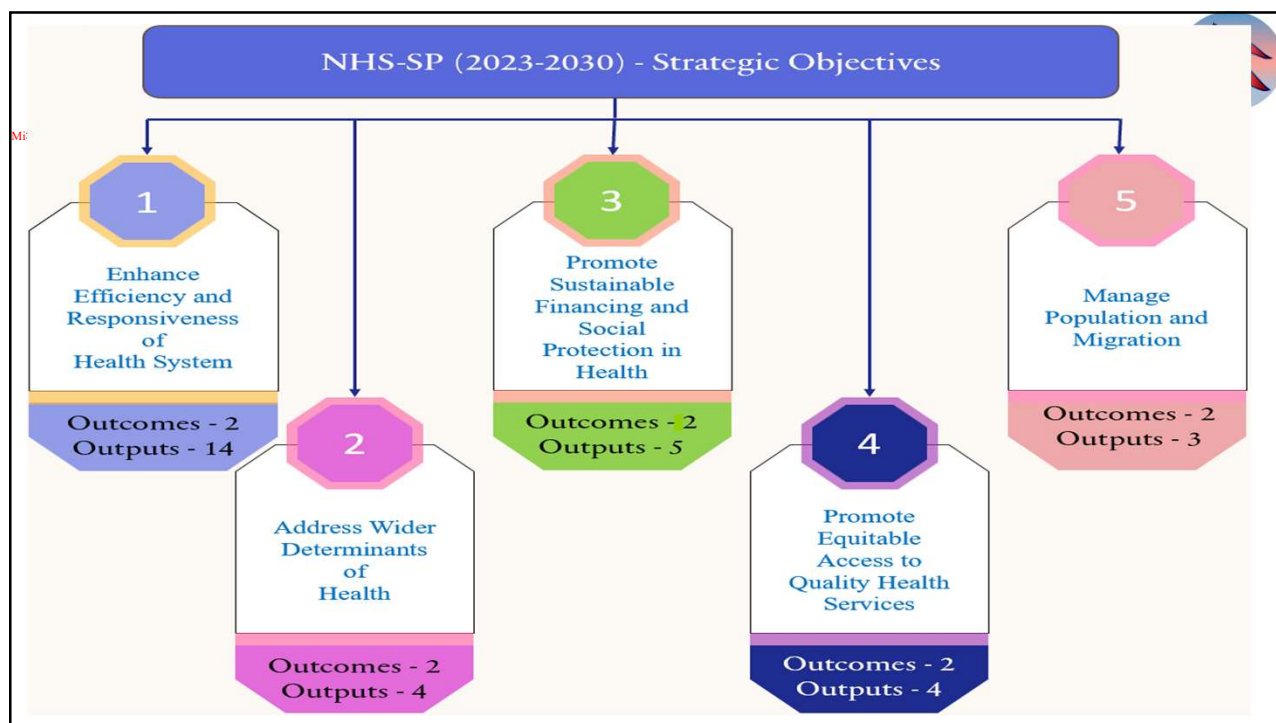
National Joint Annual Review 2081/82



Government of Nepal
Ministry of Health and Population

Health Coordination Division

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Objective of the Review





Jointly review **the annual progress** of Nepal Health Sector Strategic Plan (NHSSP)



Identify the **gaps and challenges** in strategic priority areas of NHSSP



Identify the **policy and strategic gaps** to be addressed for resilient health system



Share the **strategic actions to be included** in the next year's Annual Work Plan and Budget (AWPB) and collaboration

12/1/2025
PPMD, MoHP
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धन्यवाद !

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Health Sector Progress National Joint Annual Review 2081/82 (2024/25)




Government of Nepal
Ministry of Health and Population









Dr. Krishna Prasad Paudel
Chief, Policy Planning and Monitoring Division

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Presentation Outline



-  Health Sector Readiness for LDC Graduation
-  Health Sector Progress – Way towards Achieving SDGs
-  Status of NHS-SP Impact Level Indicators
-  Sector Progress: Strategic Objective 1 – Strategic Objective 5
-  Progress Status of NJAR Action Points - 2024
-  Progress Status of AWPB – FY 2024/25
-  Issues/Challenges
-  Needs and Approach

*Please refer to the NJAR
report '**Progress of Health
and Population Sector
2024/25 (2081/82)**' for the
details*



MoHP-NJAR-2081/82

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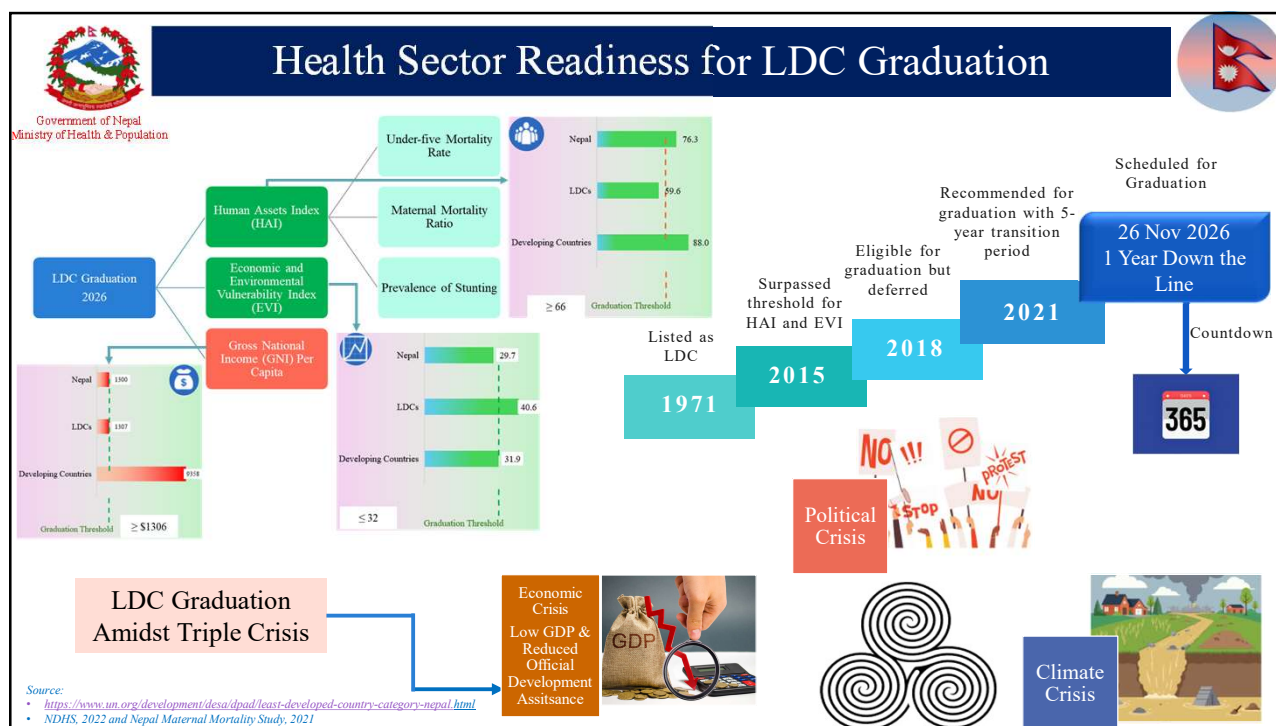
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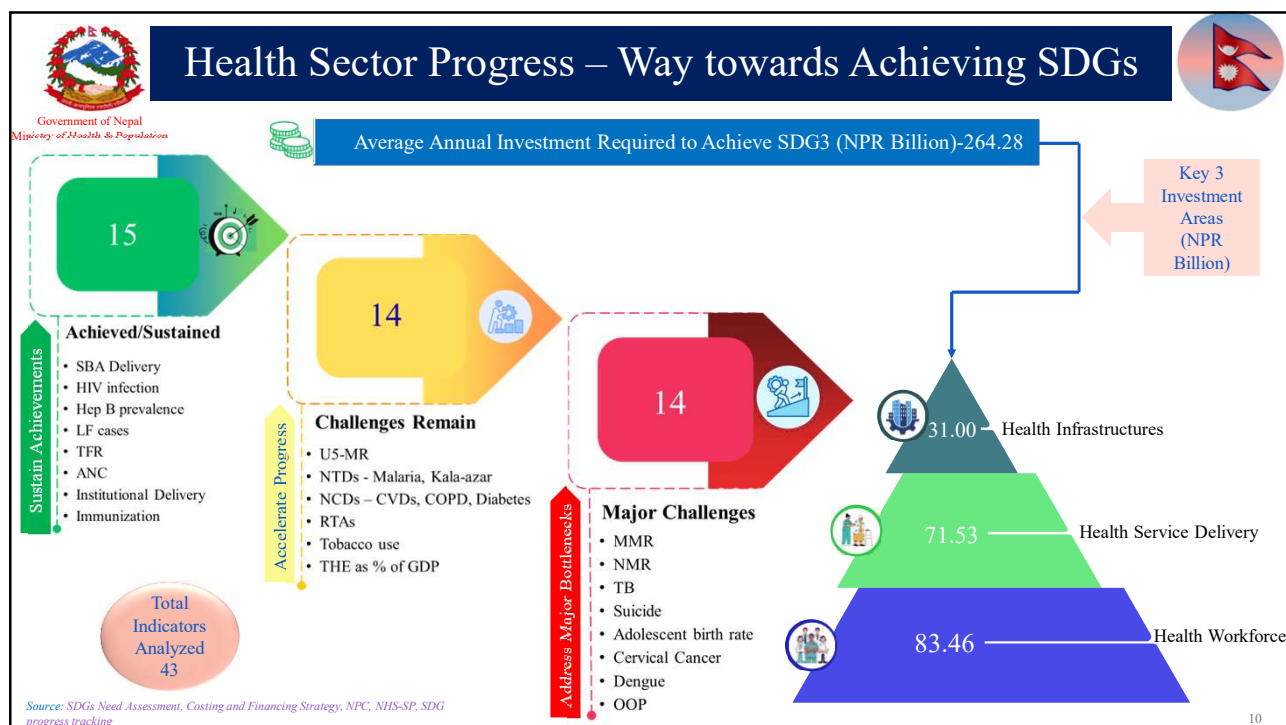
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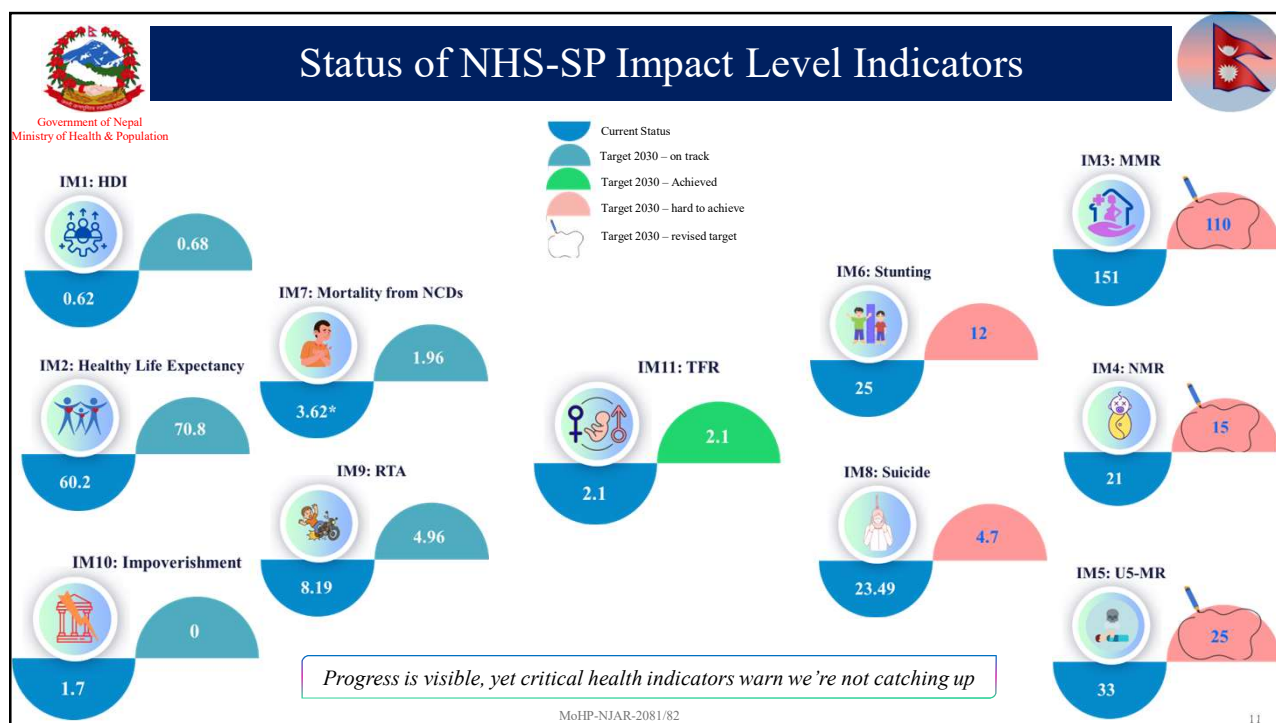
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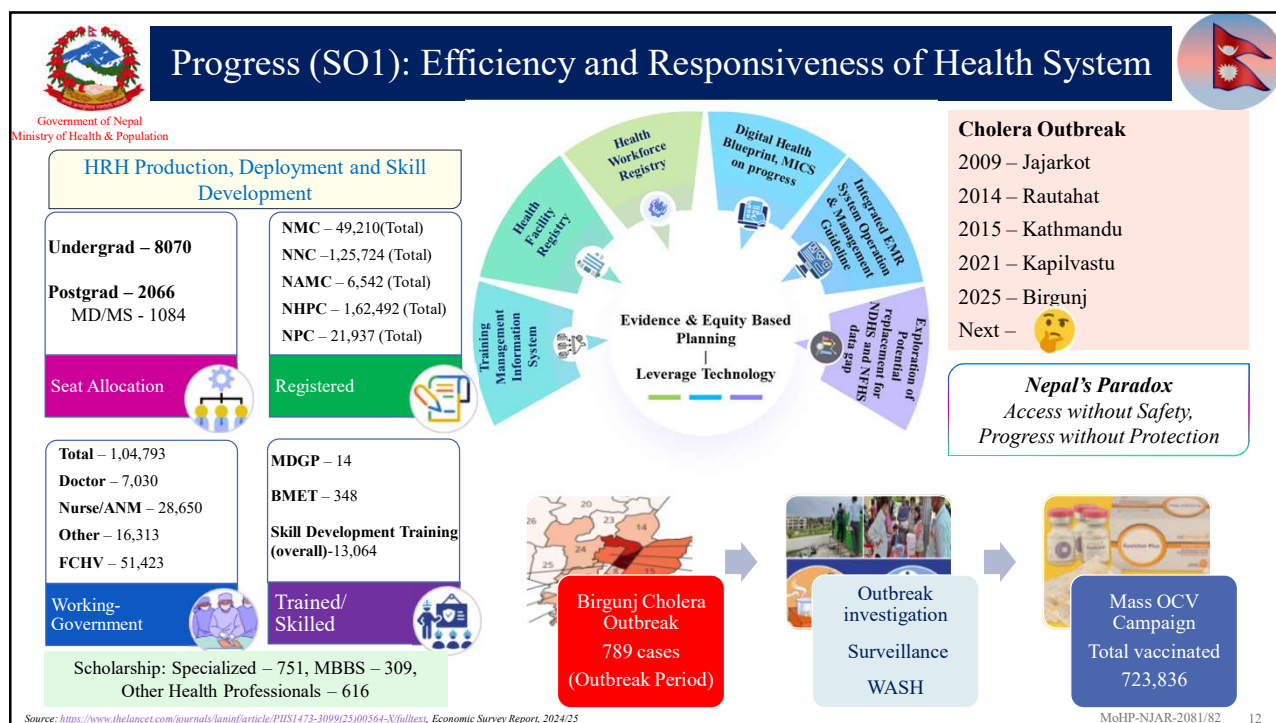
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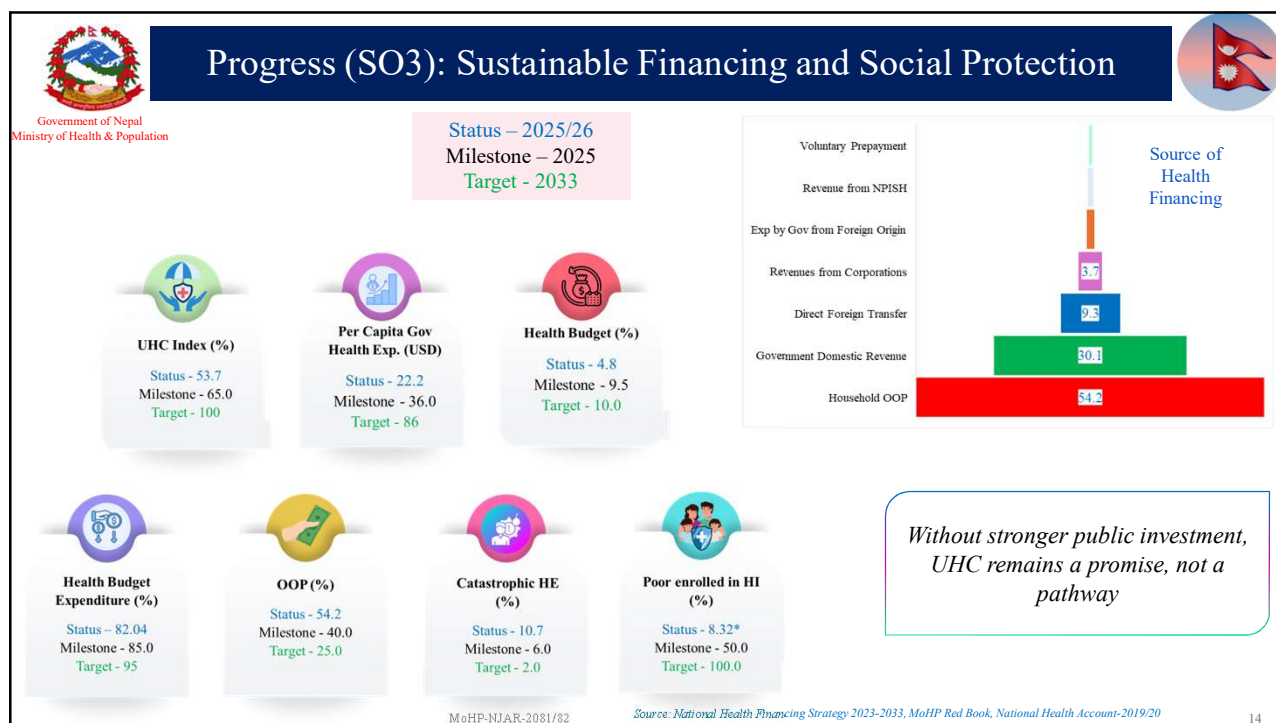
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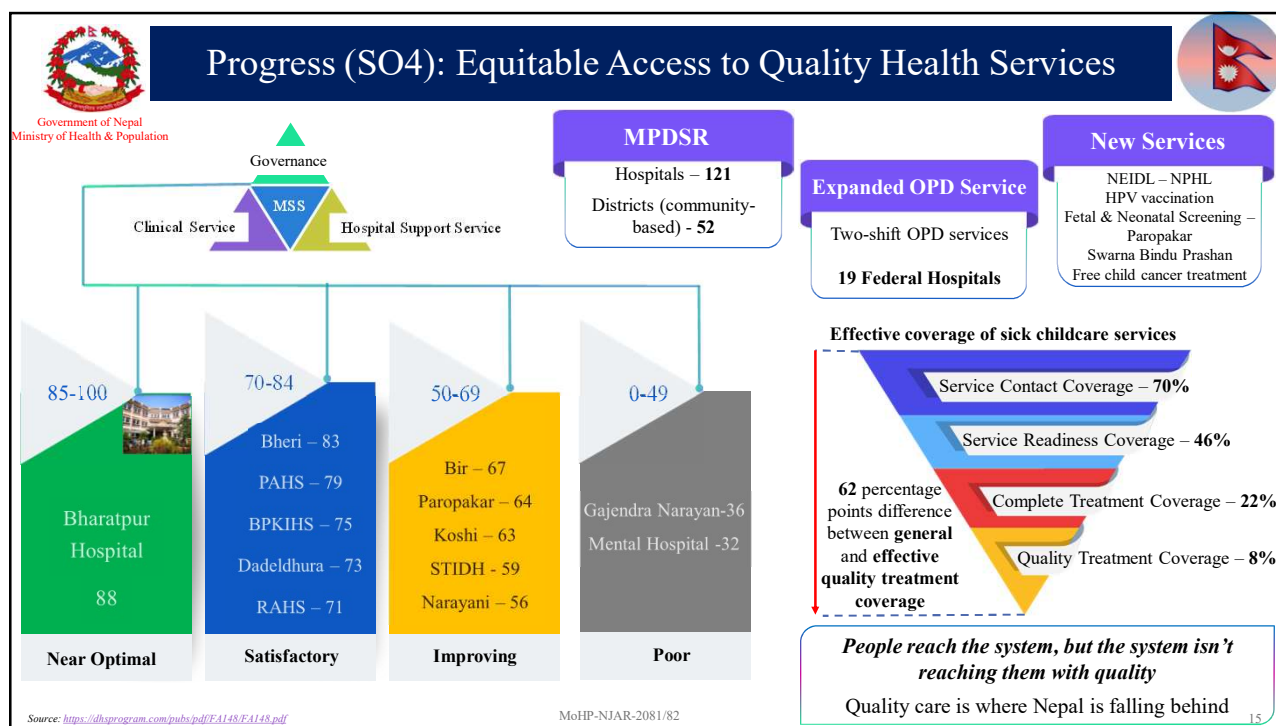
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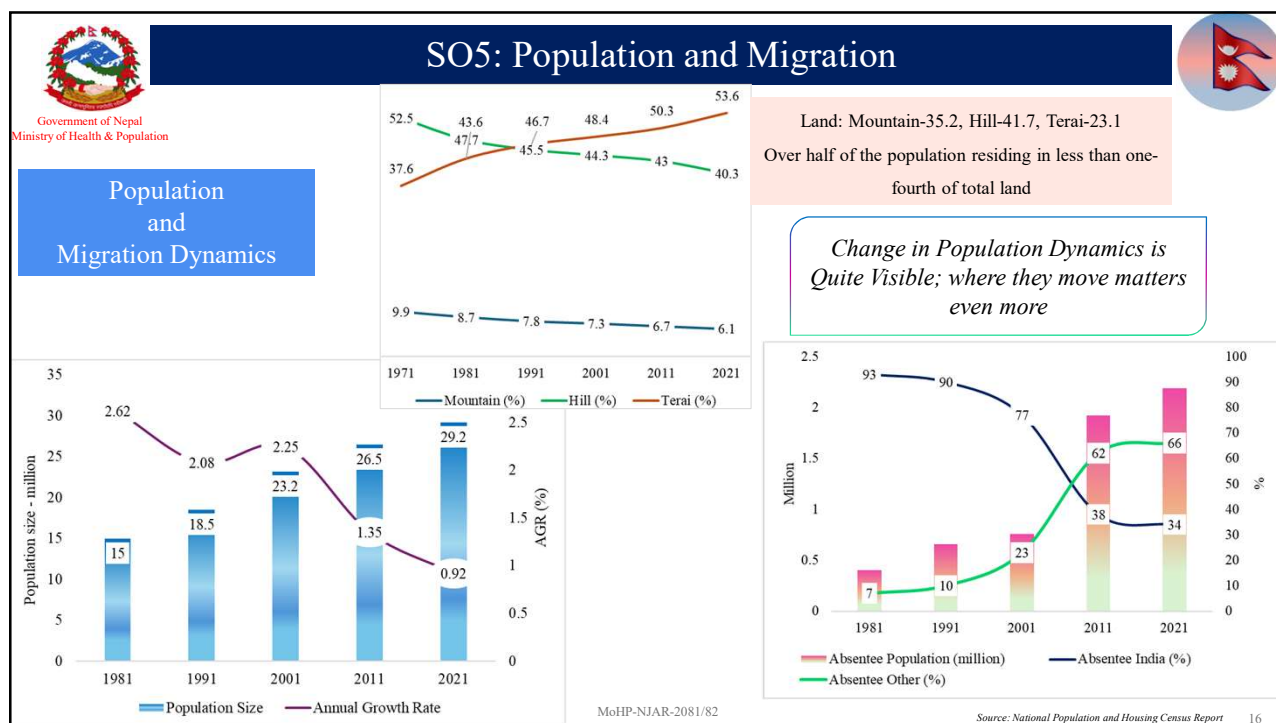
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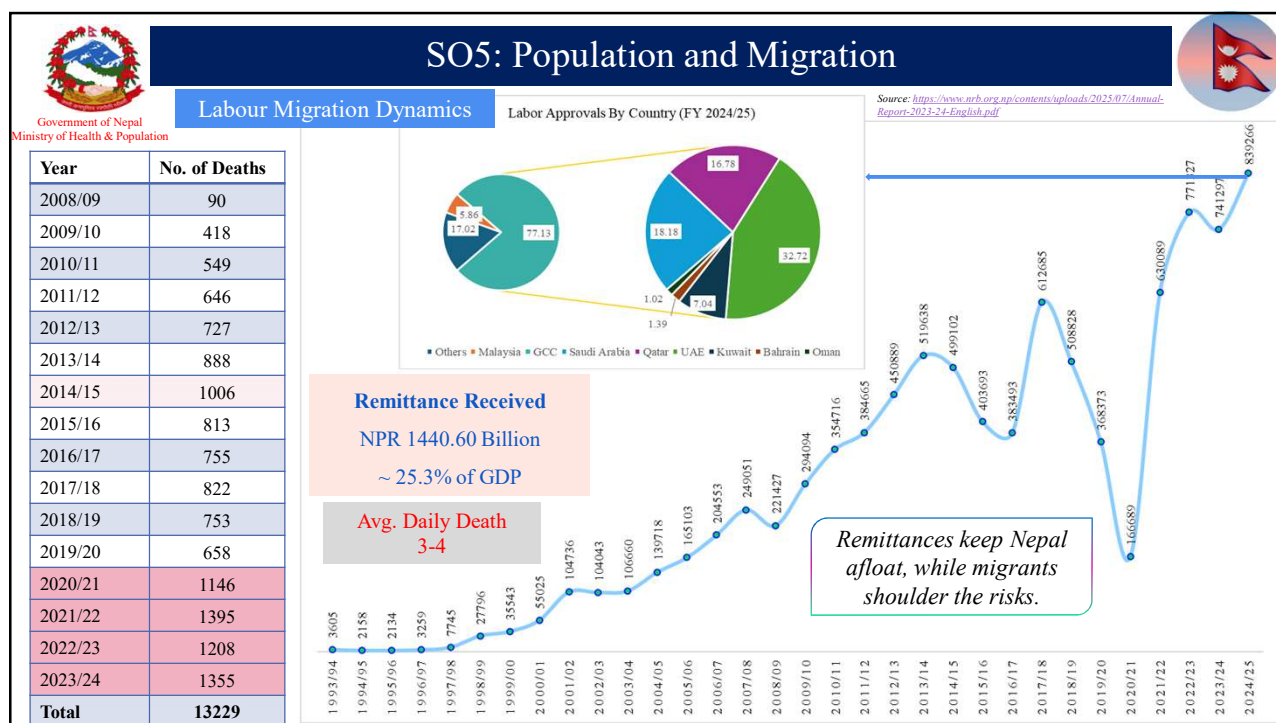
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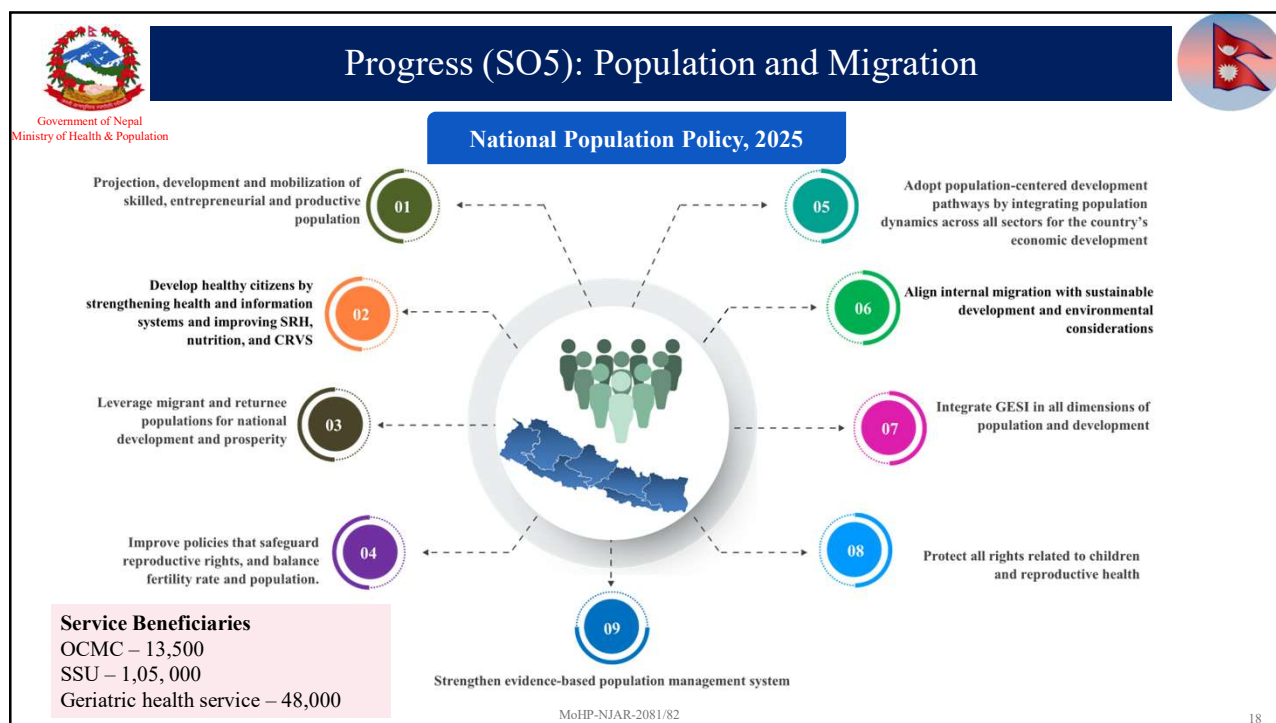
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Progress Status of NJAR 2024-Priority Action Points

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Progress Status of Key Action Points – NJAR 2024


Key Action Points	Key Progress Update
Accelerate the construction and operationalization of basic hospitals	<ul style="list-style-type: none"> Under construction – 427 Completed - 78
Enhance resource absorption capacity of health sector	<ul style="list-style-type: none"> Increased from 73% to 82%
Coordination Framework to strengthen collaboration across all three tiers of government	<ul style="list-style-type: none"> 4 meetings of thematic committee
Accelerate progress on severely off-track SDG indicators	<ul style="list-style-type: none"> SDG Need assessment, costing and financing strategy developed by NPC No separate action plan developed jointly by MoHP and HDPs
Accelerate the function of National Public Health Committee and Sub-committees	<ul style="list-style-type: none"> Convened one meeting of NPHC and formed 8 sub-committee
Operation and sustainability of the national health insurance system	<ul style="list-style-type: none"> Benefit package and premium structure revised
Accelerate the revision of the population policy	<ul style="list-style-type: none"> National Population Policy 2082 endorsed
Revamp existing pre-departure orientation (PDO) package and establish health screening mechanism for returnee migrants	<ul style="list-style-type: none"> PDO package under review for revision and health screening guideline for returnee migrants is being developed

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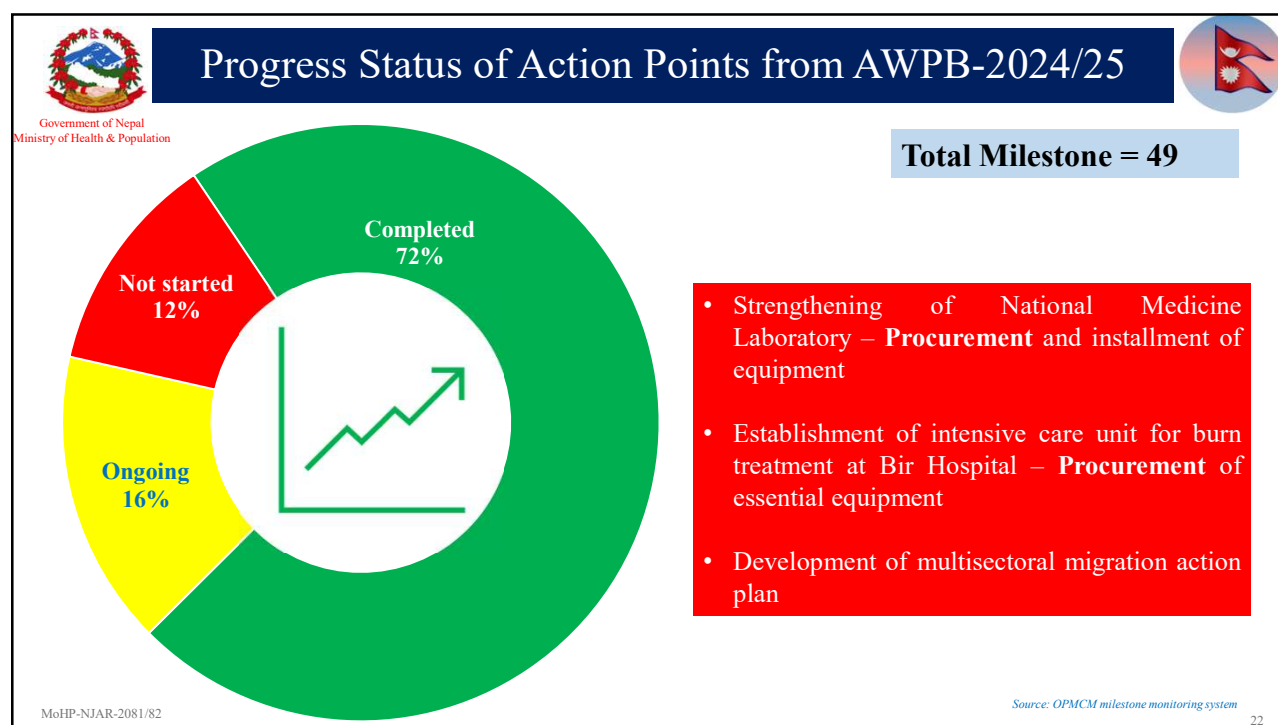


Progress Status of Annual Policy and Program, and AWPB-2024/25



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Budgetary Provision and Achievements

MoHP-NJAR-2081/82

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Trend of MoHP Budget Expenditure-Recurrent, Capital and Total

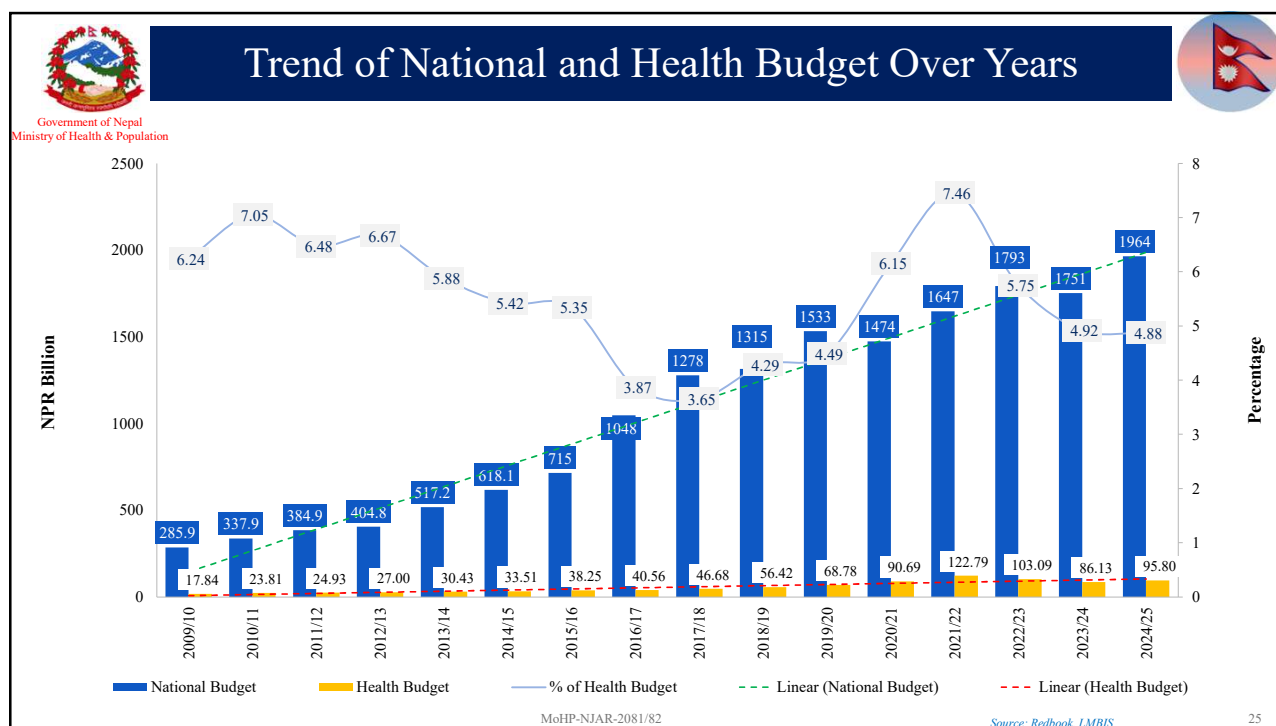
Amount in NPR Billion-Adjusted for Fiscal transfer

Budget Type	FY 2019/20		FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24		2024/25	
	Budget	Exp (%)	Budget	Exp (%)	Budget	Exp (%)	Budget	Exp (%)	Budget	Exp (%)	Budget	Exp (%)
Capital	9.3	77.5	16.10	49.28	20.06	100	19.89	76.40	15.42	63.09	13.71	67.86
Recurrent	29.9	80.5	43.35	72.09	71.24	55.47	44.62	54.91	35.07	77.04	37.55	87.23
Total	39.2	79.8	59.45	69.80	91.30	68.34	64.51	61.54	50.49	72.78	51.26	82.04

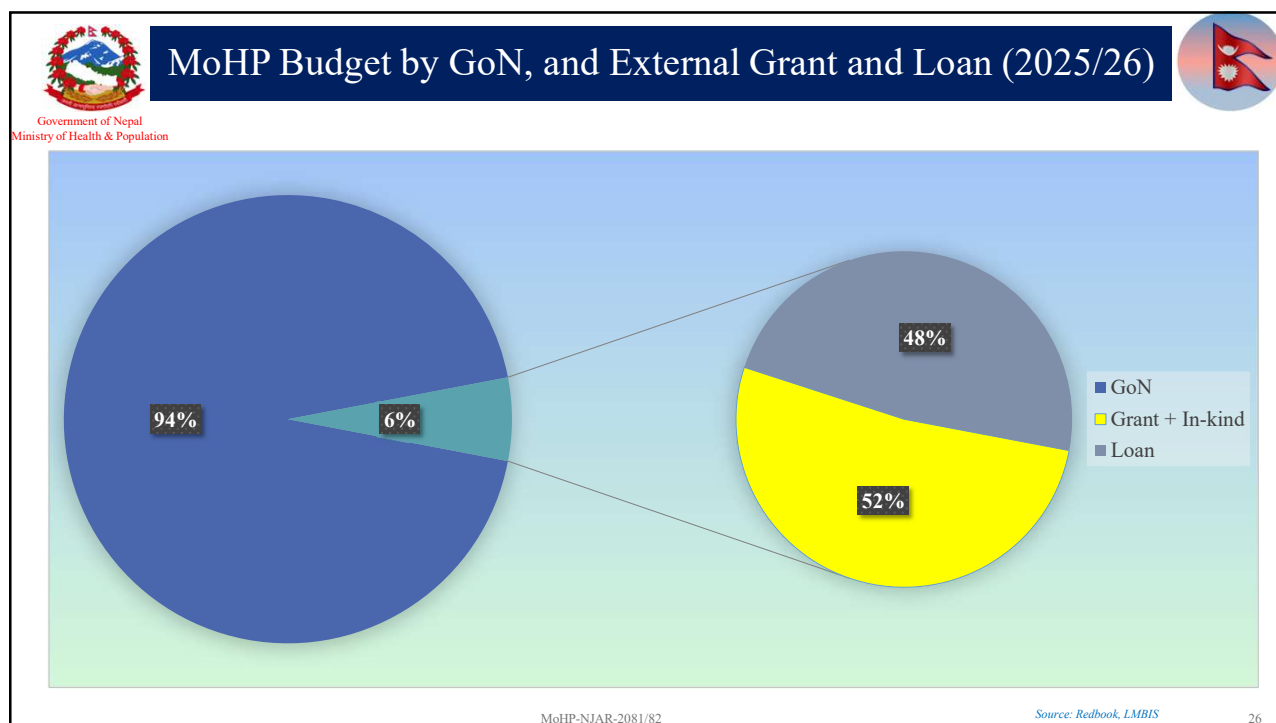
MoHP-NJAR-2081/82

Source: Redbook, LMBIS

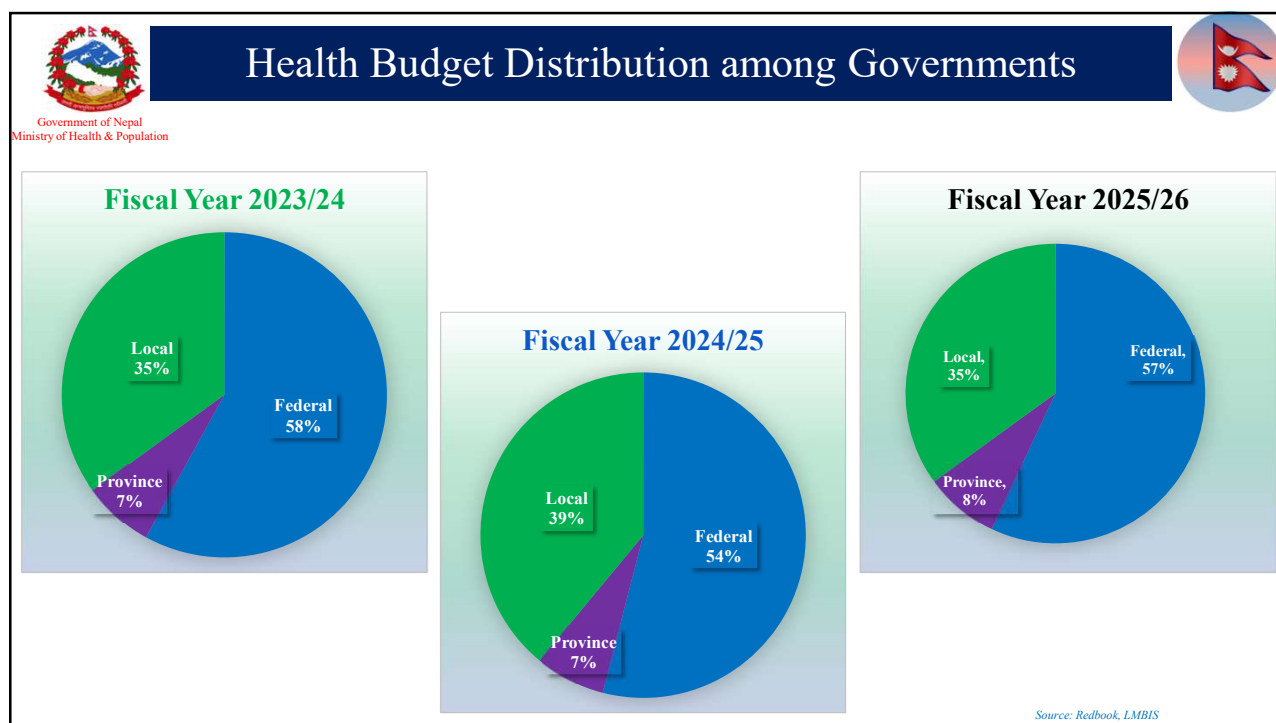
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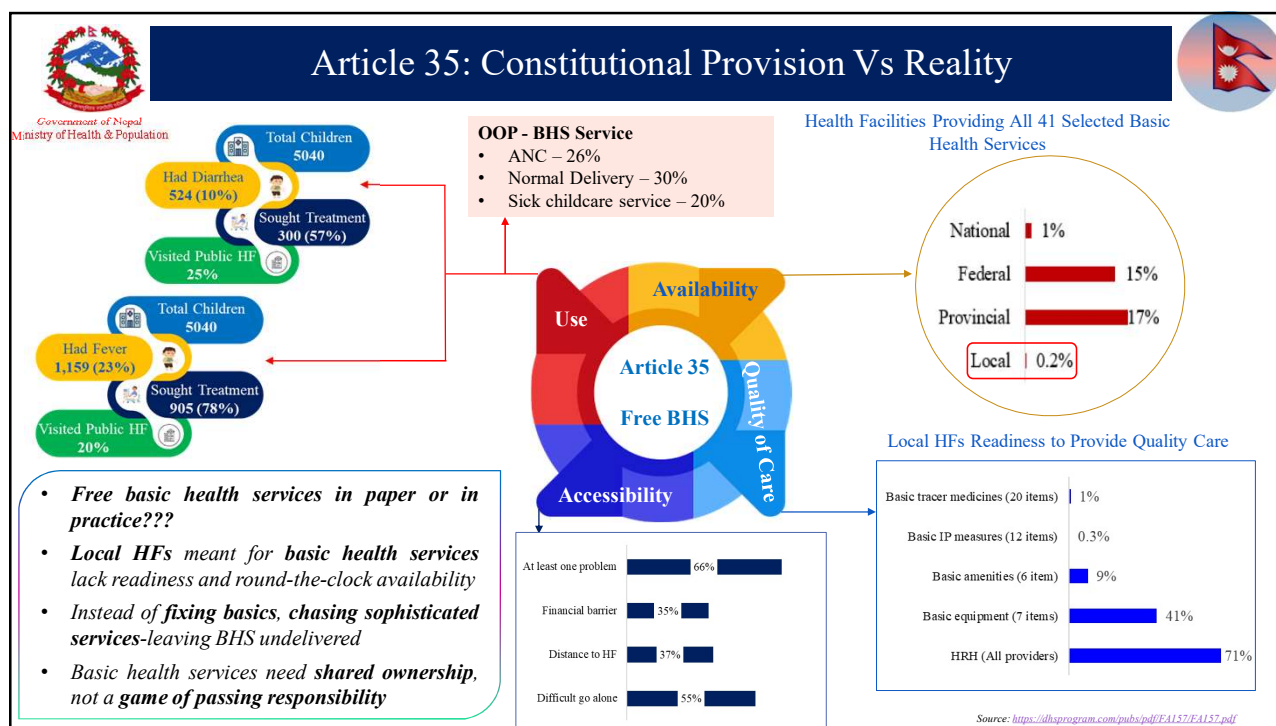


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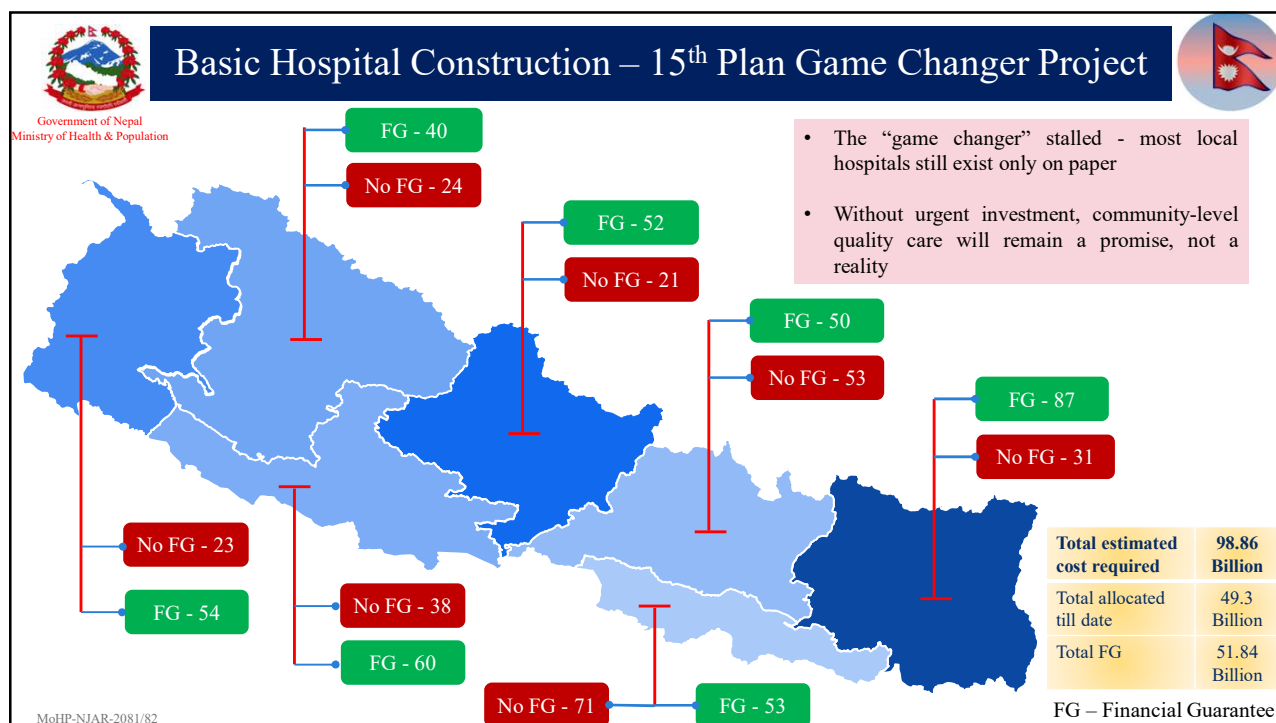
Issues/Challenges

MoHP-NJAR-2081/82

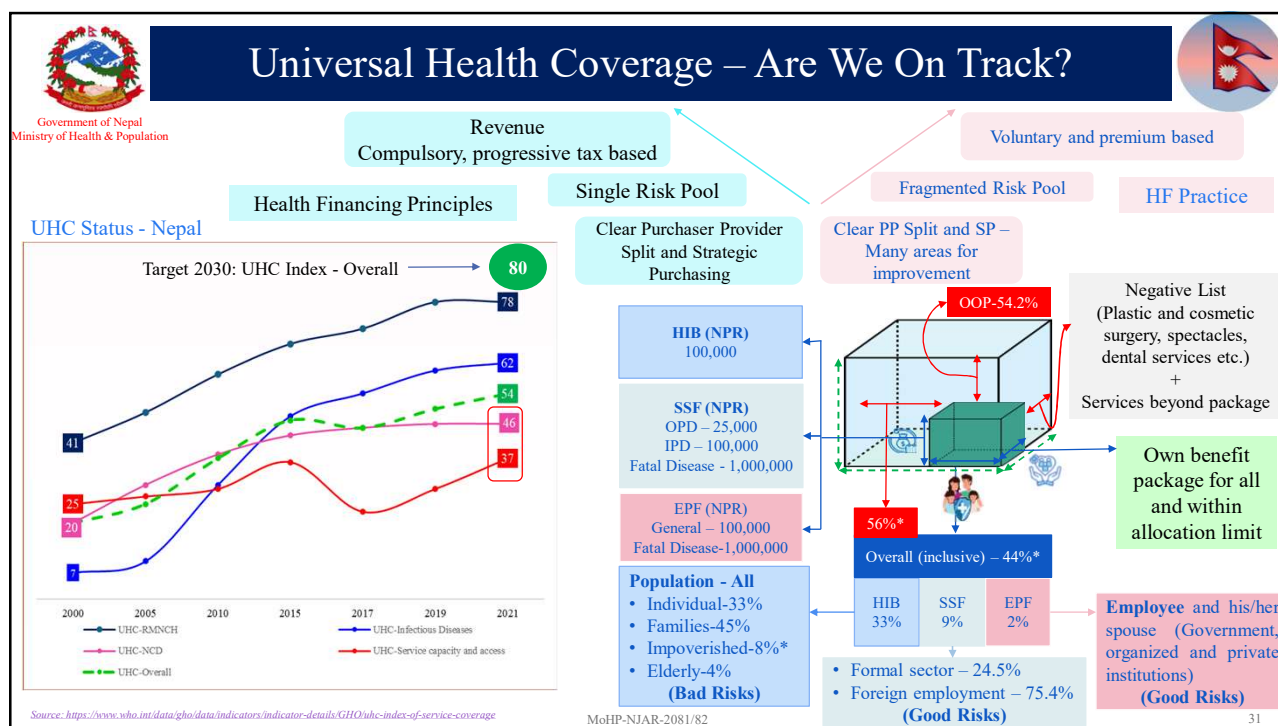
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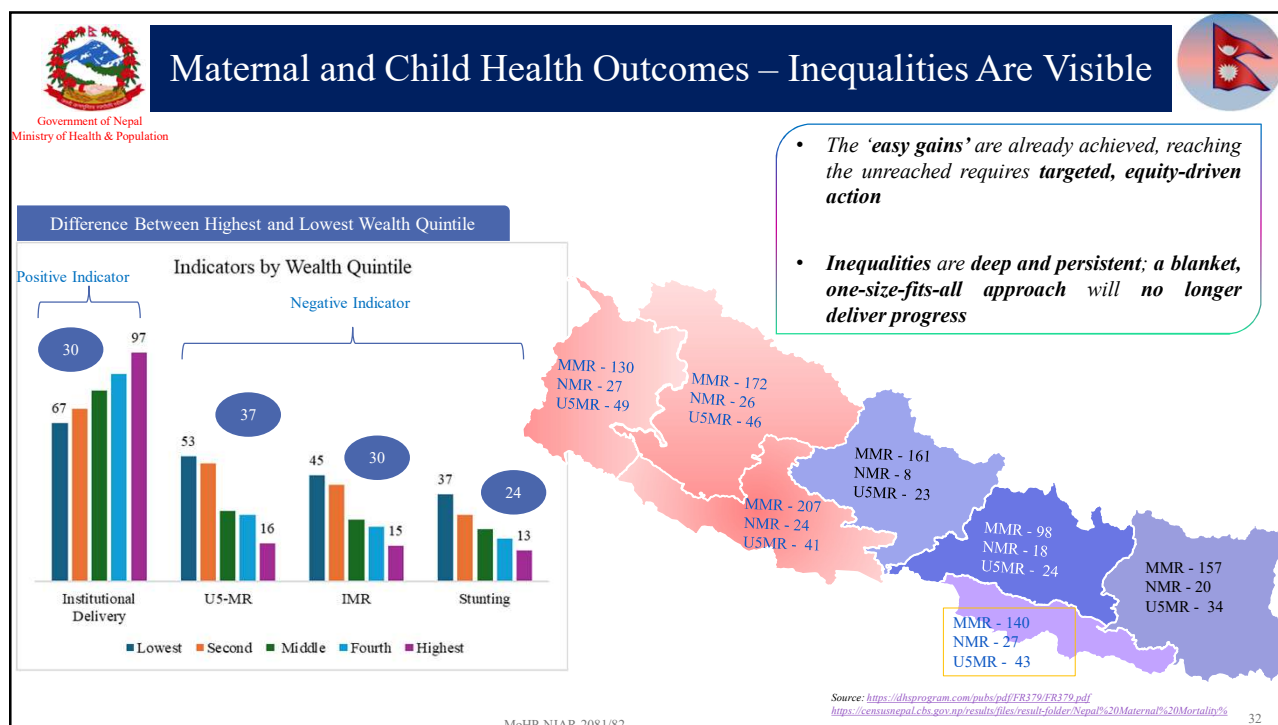
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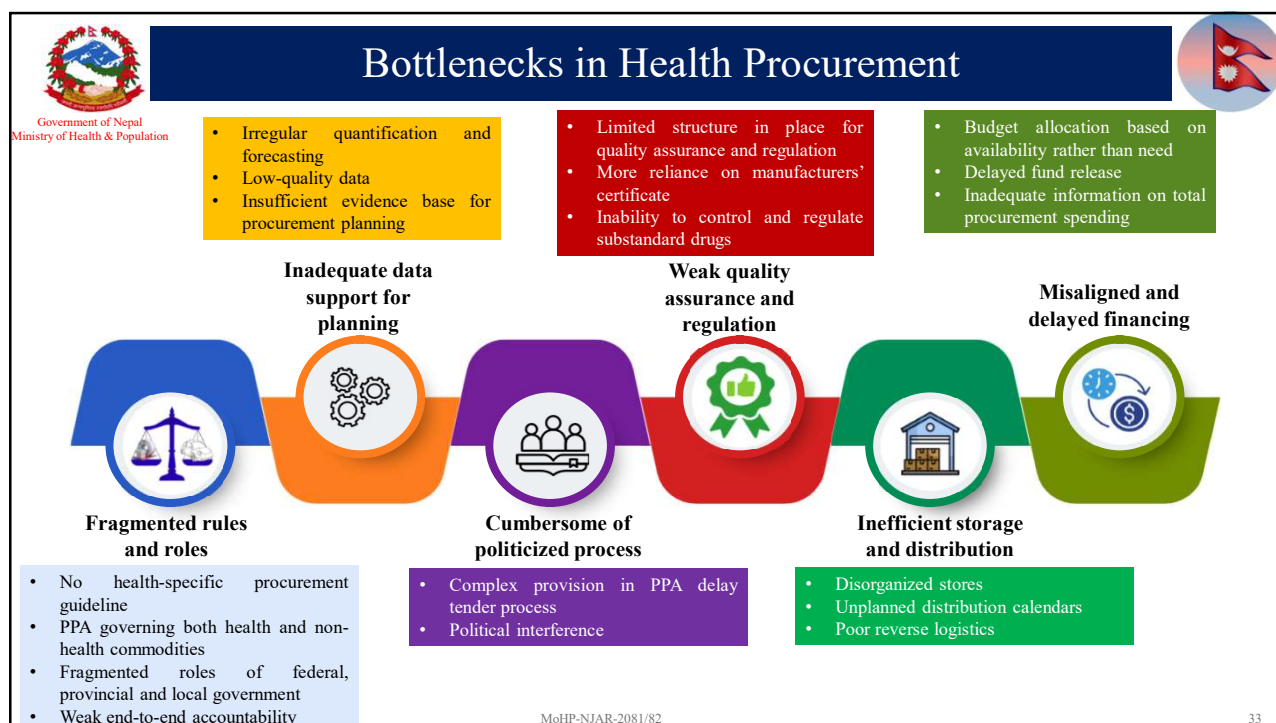
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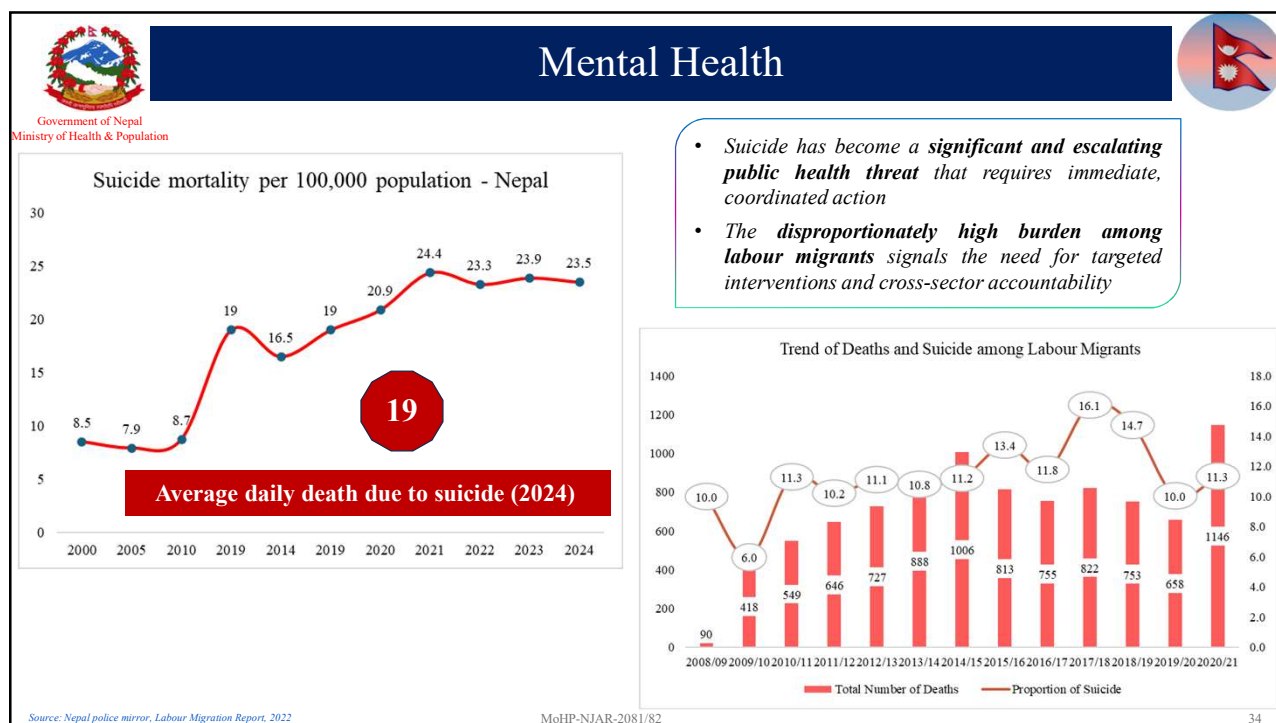
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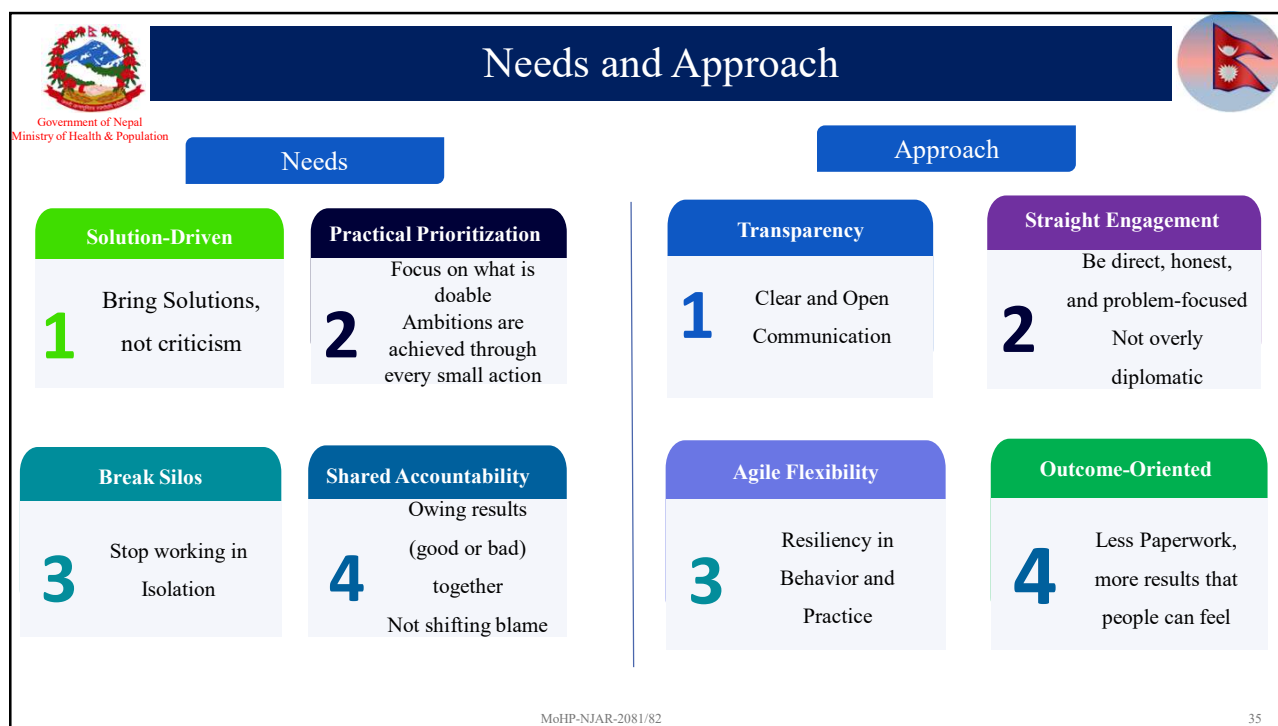
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Dr. Keshar Dhakal

Department of Health Services

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Presentation Outline

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Physical and financial progress

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Reporting Status

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Progress updates by divisions and centers

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Issues and Challenges

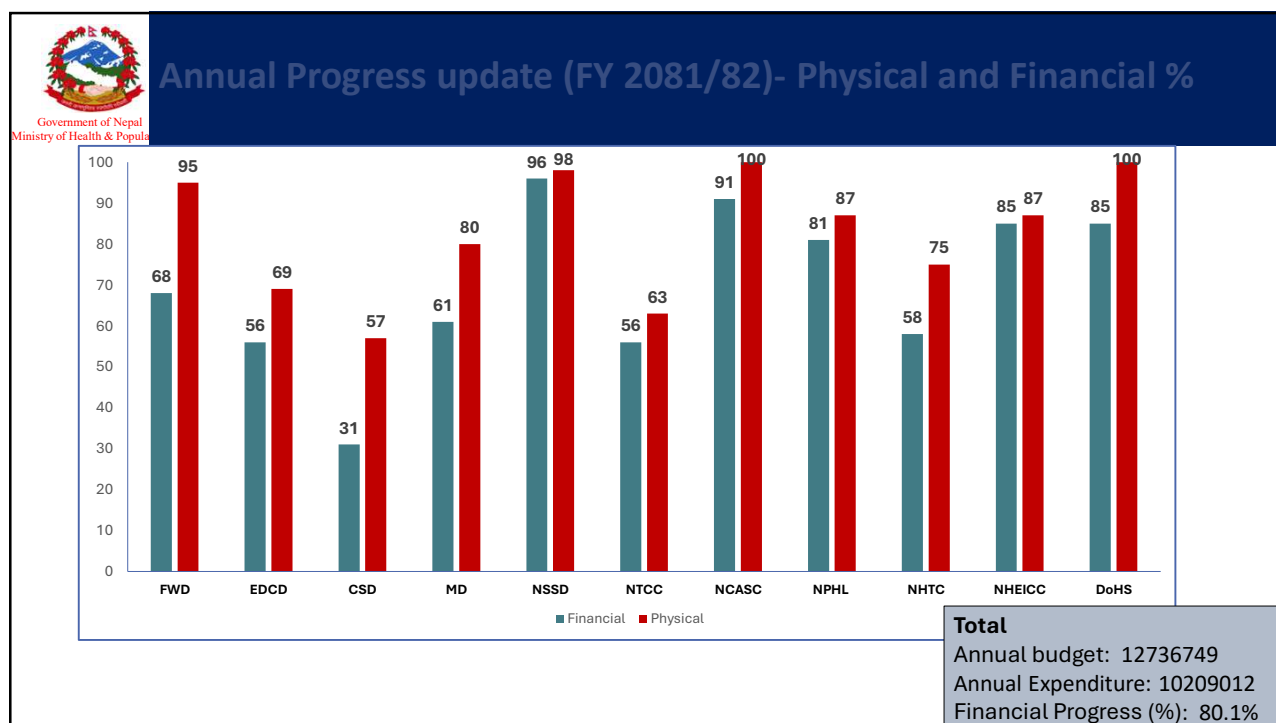
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Programmatic forward for FY 2082/83

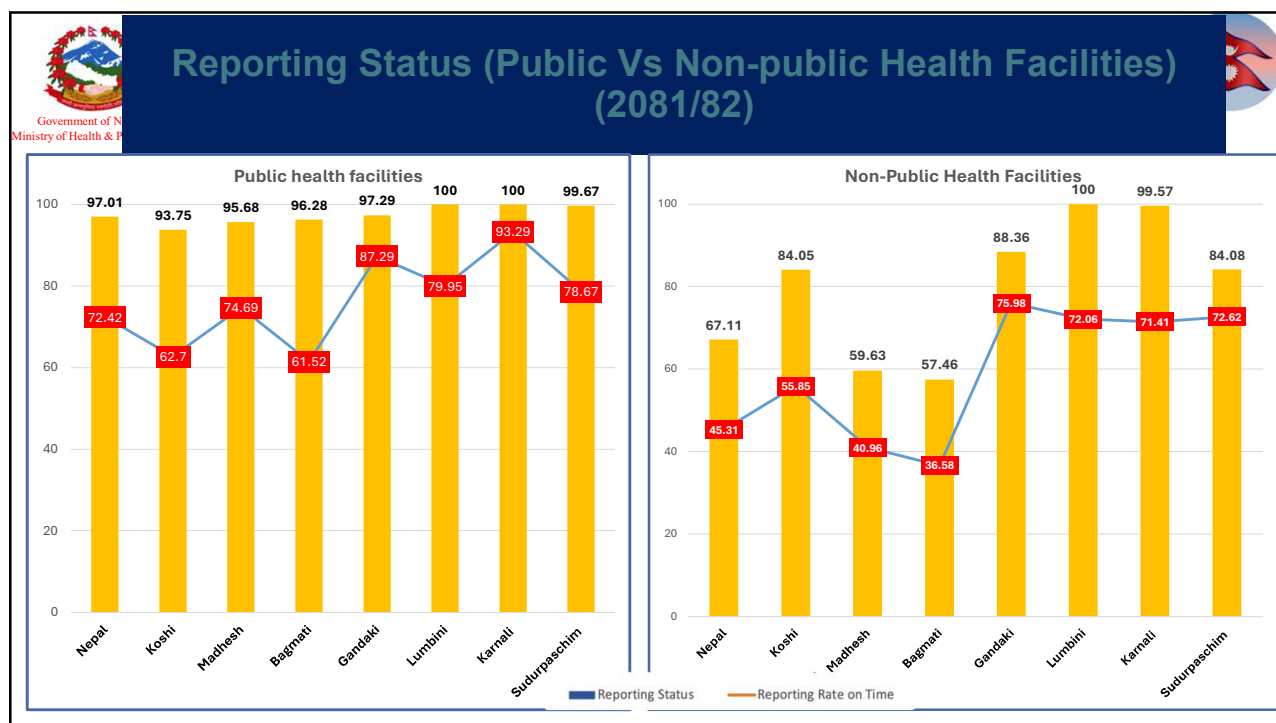
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Progress Update by Divisions and Centers



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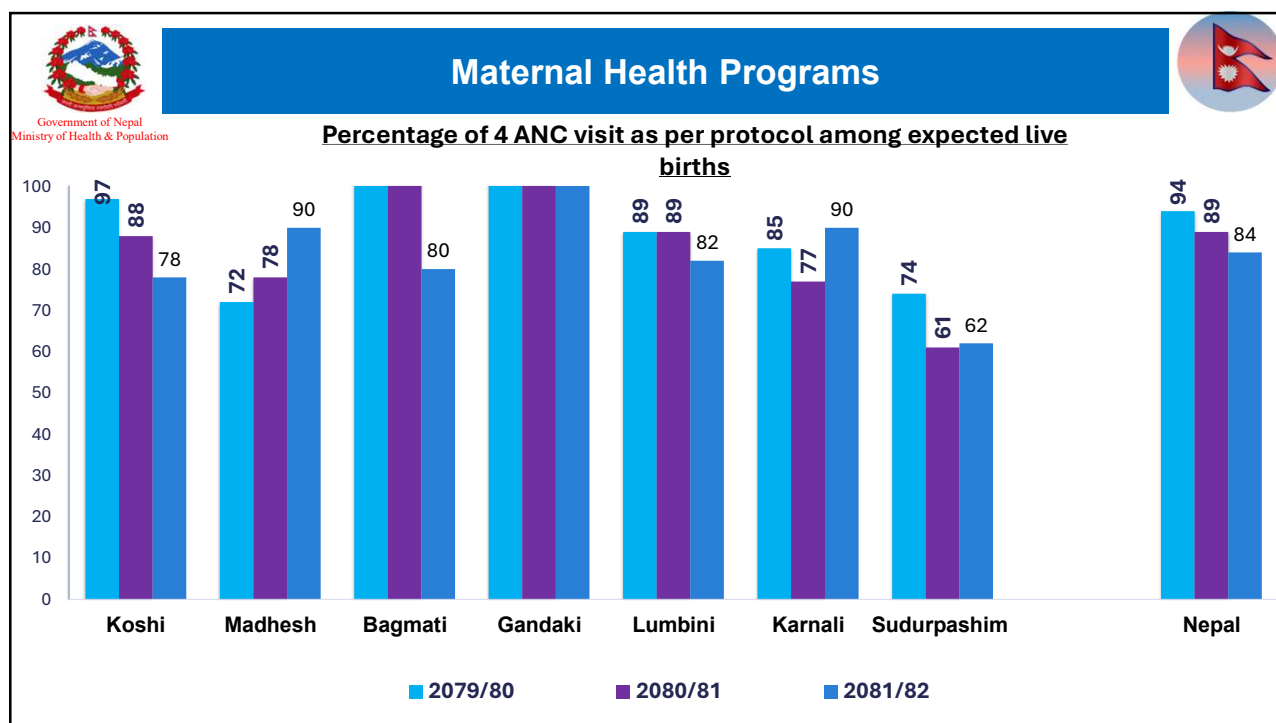


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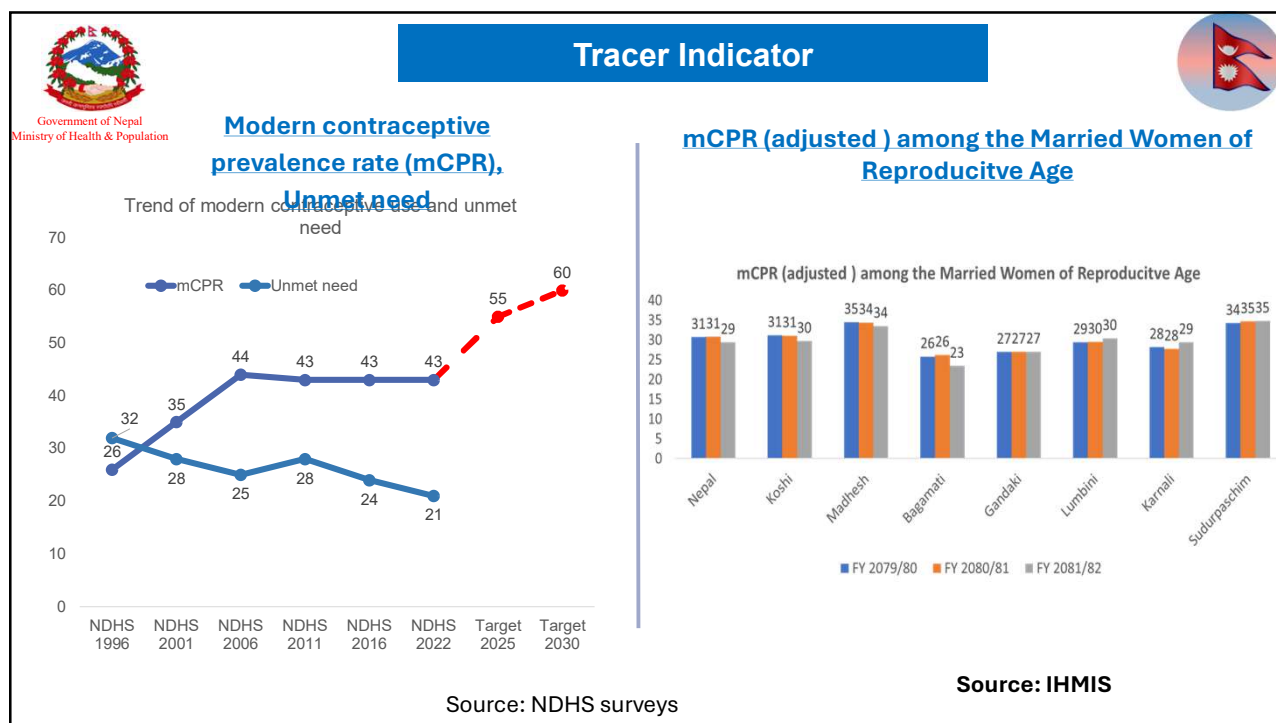


Family Welfare Division (FWD)

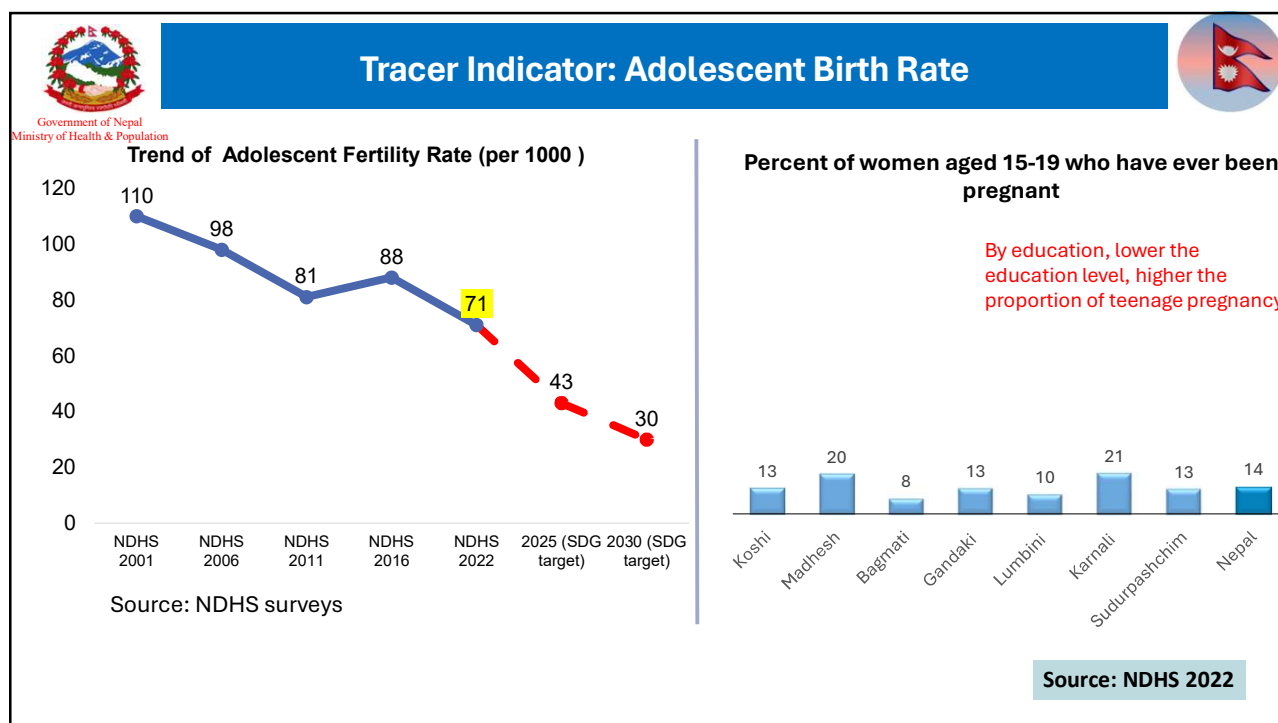
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Tracer indicators- number of women screened for Cervical Cancer by Method

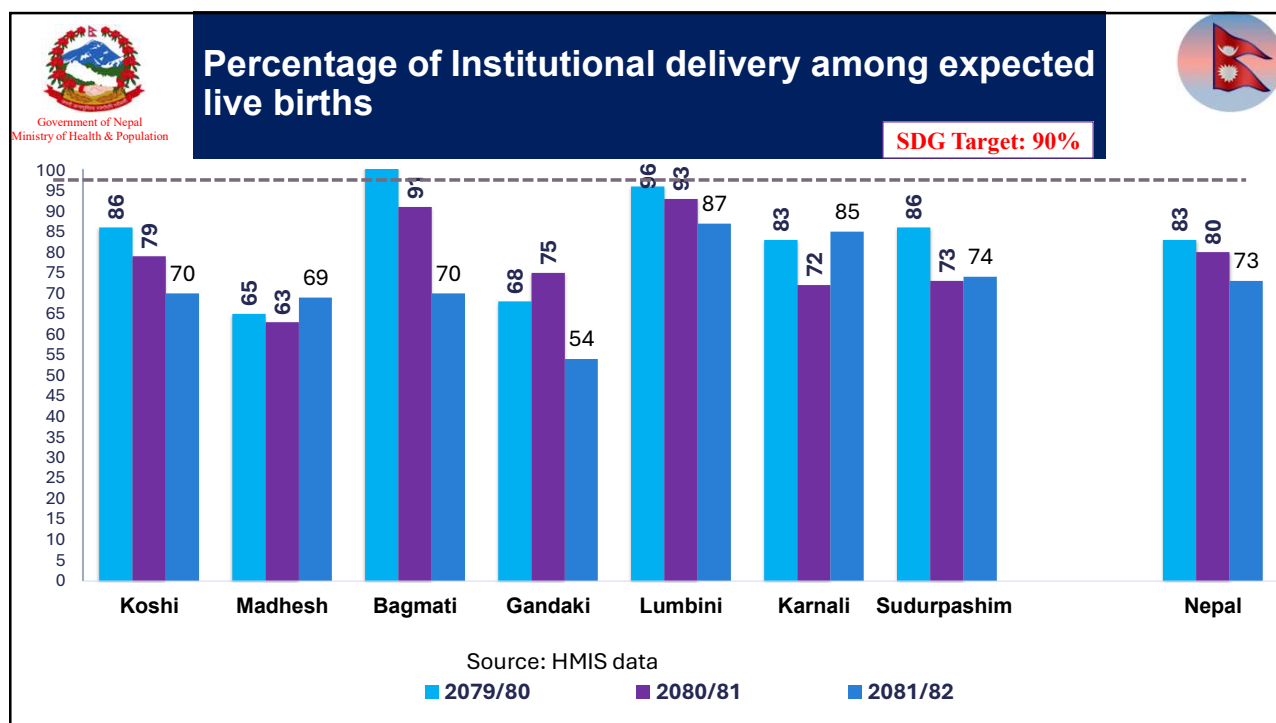


Organization Unit	HPV DNA		PAP Smear& others		VIA	
	FY80/81	FY81/82	FY80/81	FY81/82	FY80/81	FY81/82
Koshi	5913	1,766	4382	10,347	25393	38,722
Madhesh	13445	5,870	1459	855	12163	27,153
Bagmati	29524	2,664	24221	7,389	42239	44,532
Gandaki	1464	1,639	3717	3,857	22779	22,236
Lumbini	2359	727	5964	516	27929	20,669
Karnali	283	26,624	418	22,182	15409	57,963
Sudurpashchim	2323	1,368	248	781	17827	20,216
Nepal	55311	40,658	40409	45,927	163739	231,491

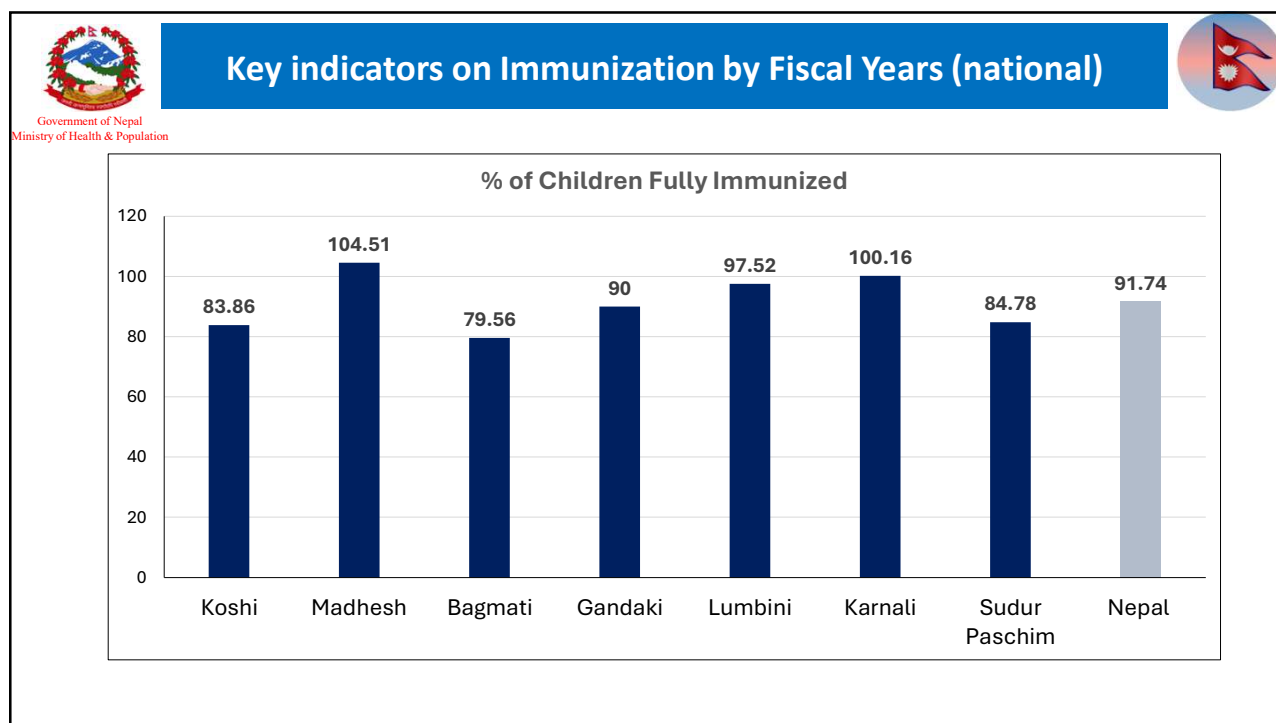
12/1/2025

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Major Highlights of AWPB FY 2081/82



Anti-Shock Garment program implemented in Himalayan/Hilly districts.

Floor Heating systems installed in PNC wards; SNCU orientation completed in 86 hospitals.

EmONC Assessment initiated in all 7 provinces; Maternal and Perinatal Death Surveillance and Response (MPDSR) expanded to 52 community and 128 hospitals.

Nationwide HPV Vaccination Campaign (Feb 2025) achieved 90% coverage (1.45 million adolescent girls) in 14 days.

Sustained Maternal and Neonatal Tetanus Elimination (MNTE) status; Certified Rubella Elimination following May 2025 Field Validation Review.


Urban immunization and VPD surveillance strengthened across 6 metropolitan, 11 sub-metropolitan, and 3 Kathmandu Valley districts.

New 3-year implant introduced in 28 hospitals.


Adolescent Friendly Health Facilities declared across Federal, Provincial, and Basic facilities.

23 MDGPs/Gynecologists trained on NSV/Minilap; Post-pregnancy FP strengthened at 5 federal hospitals; Infertility training conducted for 14 staff from 6 hospitals.

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Management Division (MD)



Management Division (MD)

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Major Highlights of AWPB FY 2081/82



Published Annual Report and Health Factsheet 2080/81 (online/print).

Trained around 100 health workers across 7 provinces on Healthcare Waste Management (HCWM).

Approved WASHFIT tool and conducted assessments in 25 districts.

Established climate-resilient facilities at Baglung, Jumla, and Gaur hospitals.

Maintained Cold Chain Equipment and monitored CCEOP installation.

Conducted EVM capacity building for cold chain focal persons.

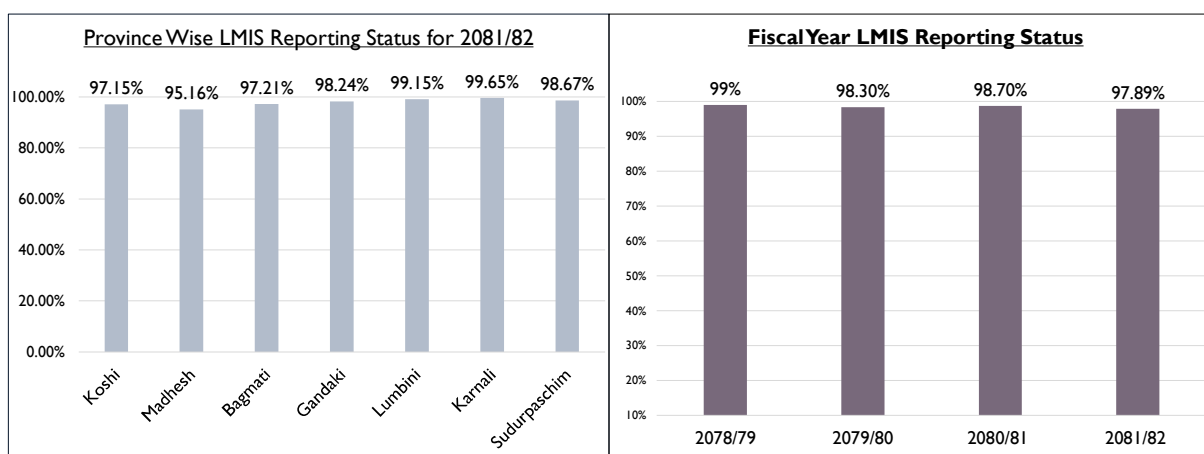
Online self reporting (DHIS) from health facilities is improving (73.7% of HFs)

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Major Highlights of AWPB FY 2081/82




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Epidemiology and Disease Control Division (EDCD)

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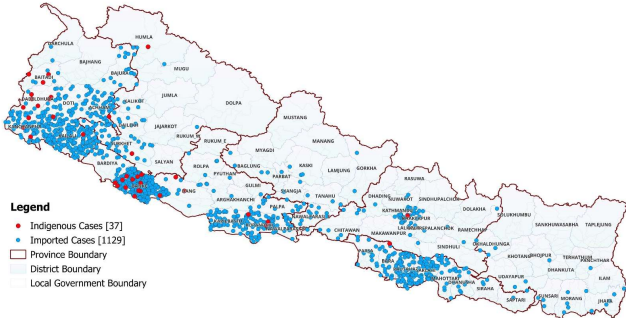
Malaria



MAJOR ACTIVITIES

- **1-3-7 approach** to malaria surveillance and response
- **Mobilization of Village Malaria Workers (VMWs)** in high-risk palikas for community-based testing and follow-up of positive cases through
- **Capacity building** of health care providers
- **Entomological surveillance** in all provinces
- Vector control through **IRSc**

Distribution of Malaria Cases in Nepal (FY 2081-82)

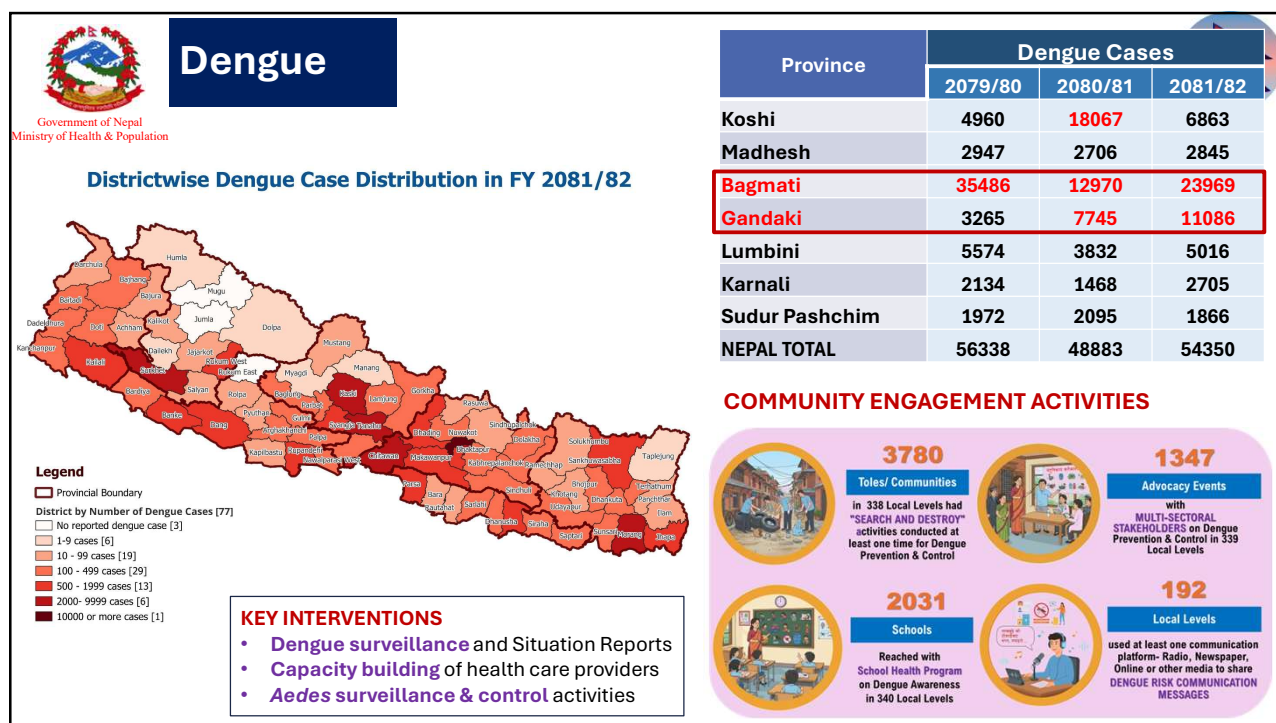


Legend

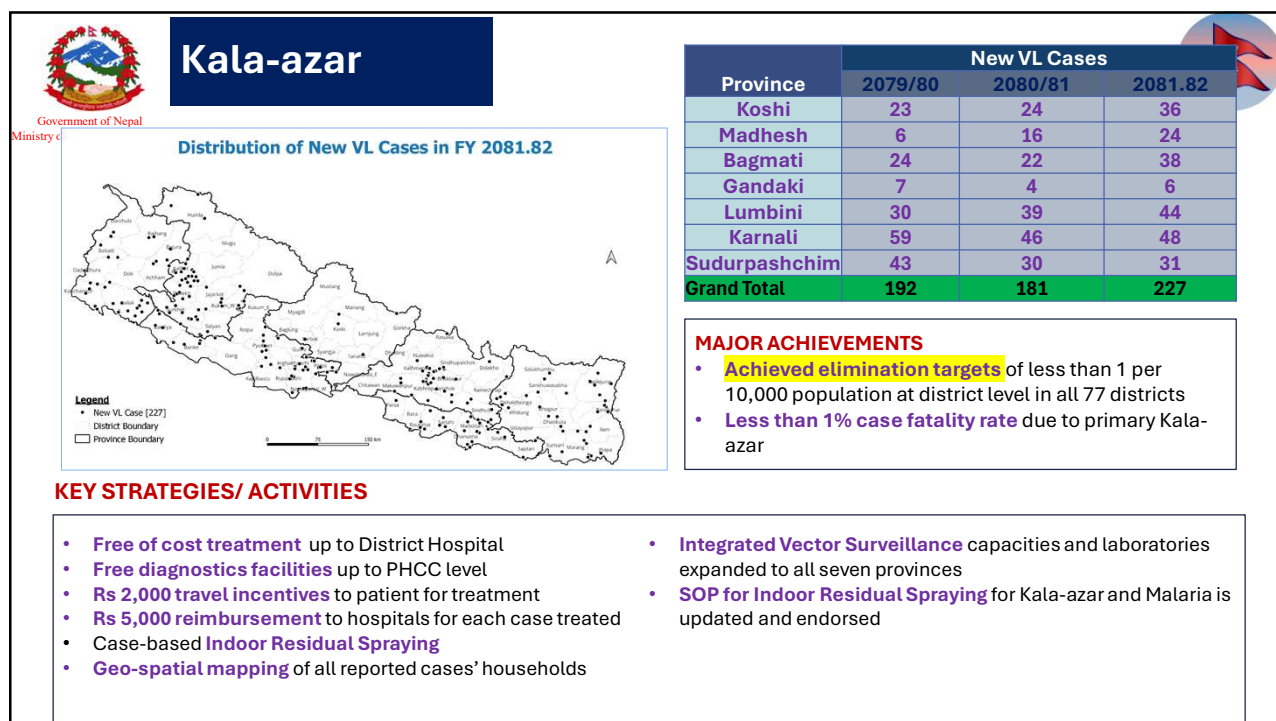
- Indigenous Cases [37]
- Imported Cases [1129]
- Province Boundary
- District Boundary
- Local Government Boundary

Province	Indigenous Case			Imported Cases			Total Cases		
	2079/80	2080/81	2081/82	2079/80	2080/81	2081/82	2079/80	2080/81	2081/82
Koshi	0	1	0	14	12	21	14	13	21
Madhesh	0	1	1	66	90	191	66	100	192
Bagmati	1	0	1	45	80	92	46	58	94
Gandaki	0	0	0	34	16	27	34	26	27
Lumbini	2	12	18	178	292	422	180	312	440
Karnali	10	1	3	28	34	53	38	39	56
Sudur Pashchim	10	9	14	140	230	323	150	243	337
NEPAL TOTAL	23	24	37	505	754	1129	528	791	1167

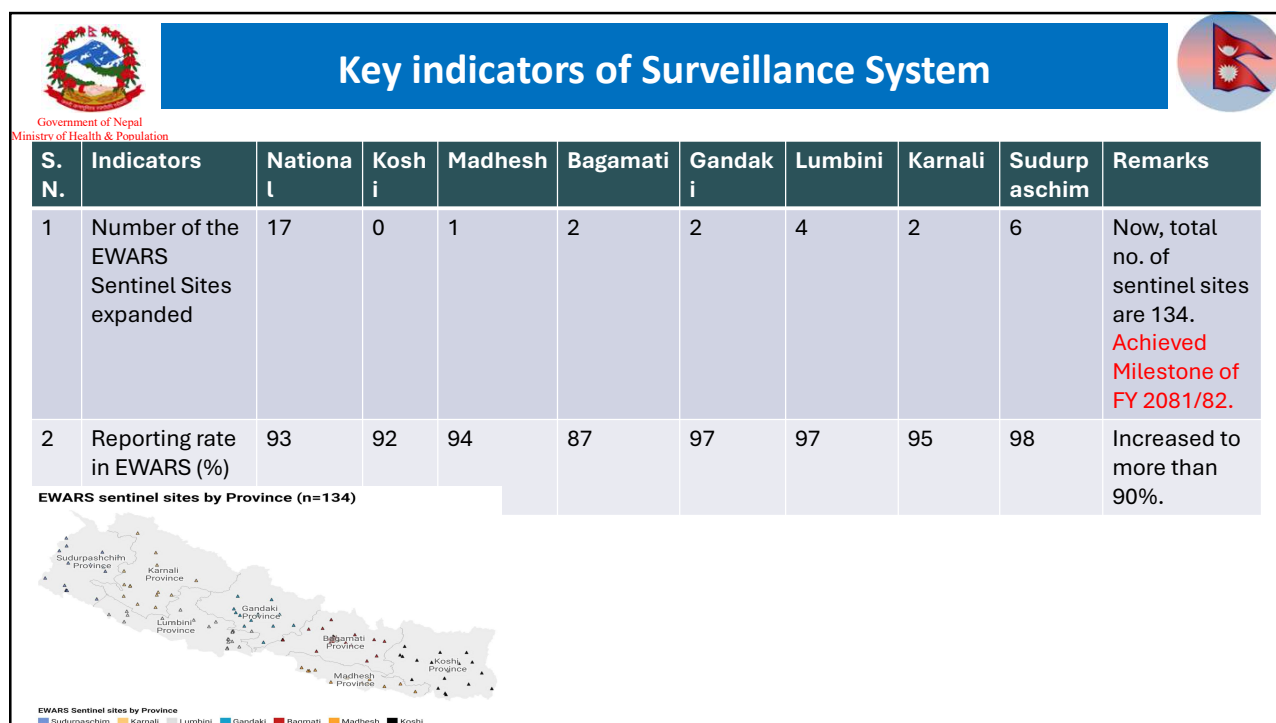
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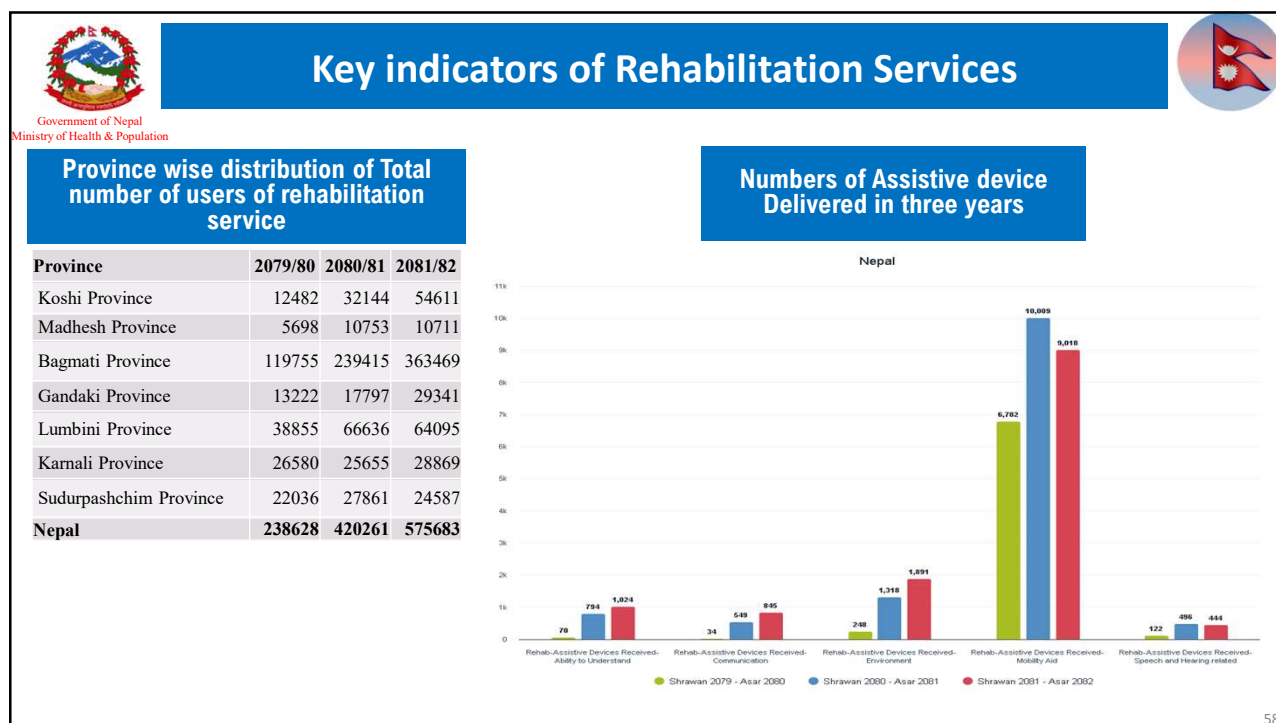
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Highlights of AWPB FY 2081/82



SOP on RDT-based cholera surveillance developed and rolled out in all 7 provinces.

Hello Health 1115 operating for public complaints and rapid disease/event notification.

SORMAS expanded to Koshi and Bagamati (now in 4 provinces total).

EWARS expanded to 134 sentinel sites.

Multi-sectoral risk assessment in all 7 provinces; emergency planning in Koshi & Gandaki.

RRT advocacy in all 7 provinces; strengthened local RRTs.


130 health workers trained on disability management & rehabilitation.

Active case detection + LPEP in Saptari: 117 index cases traced; 2,851 screened; 2,618 received SDR; 5 new cases detected.


Rifampicin distributed to endemic districts.

Leprosy data verification in multiple districts; 57 health workers oriented.

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Highlights of AWPB FY 2081/82



One Health Committees formed in all 7 provinces.

Completed IHR–PVS National Bridging Workshop.

Nationwide NCD screening campaign (Falgun).

Hypertension Care Cascade implemented in Parsa (Madhesh) and Kailali (Sudurpaschim).

Orientation on National Hemoglobinopathy Guideline and clinical updates.

Orientation on National Cancer Control Strategy in 4 provinces.

PEN-Plus implemented in Siraha, Gulmi, Dailekh and Bajhang hospitals.



Free medicine distribution for Sickle Cell, Thalassemia, Stroke and Hemophilia.

SOP for Mental Health RRT developed.

Training on CAMH Module 3 (Child & Adolescent Mental Health).

Training on stress, fatigue and promoting a positive work environment for MoHP staff.

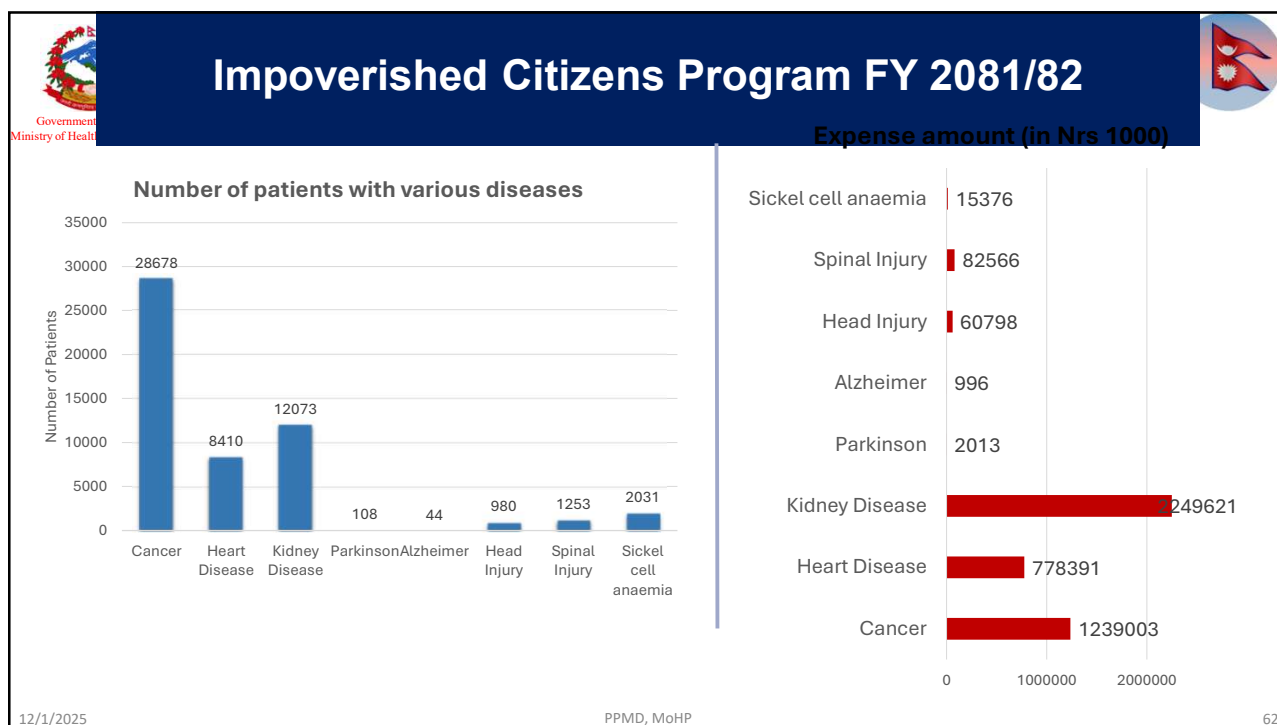
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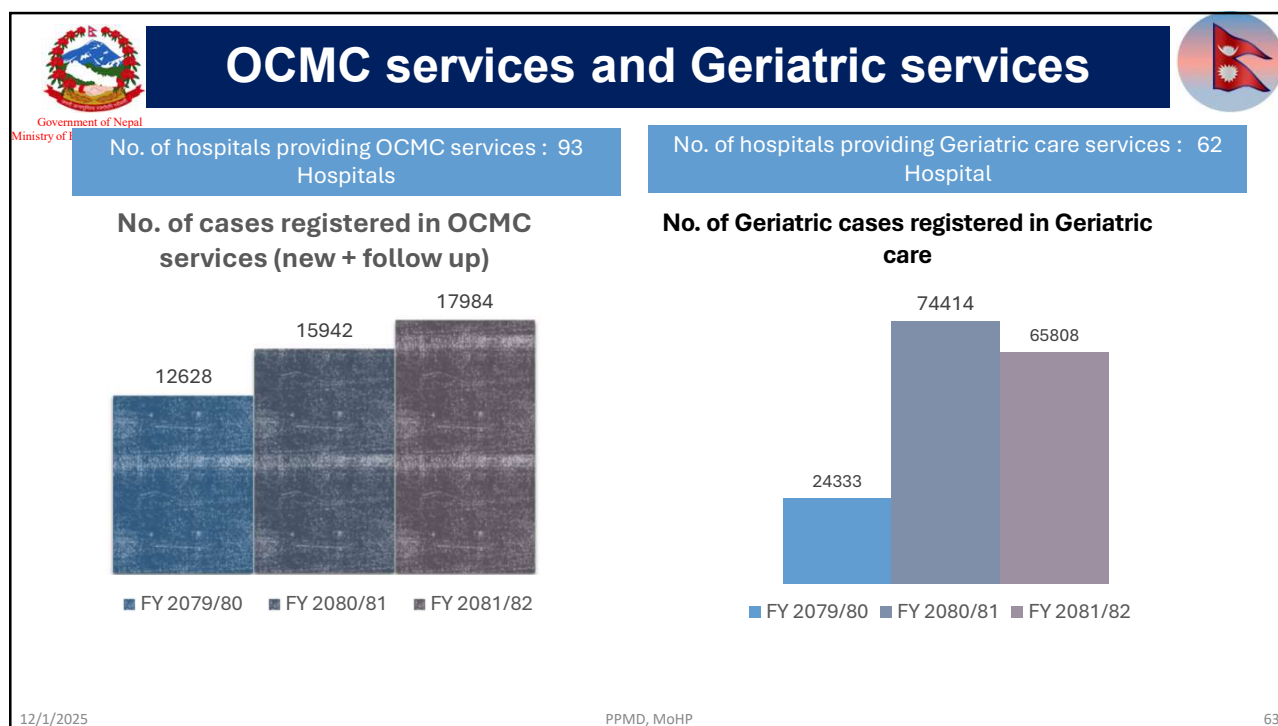
Nursing and Social Security Division (NSSD)

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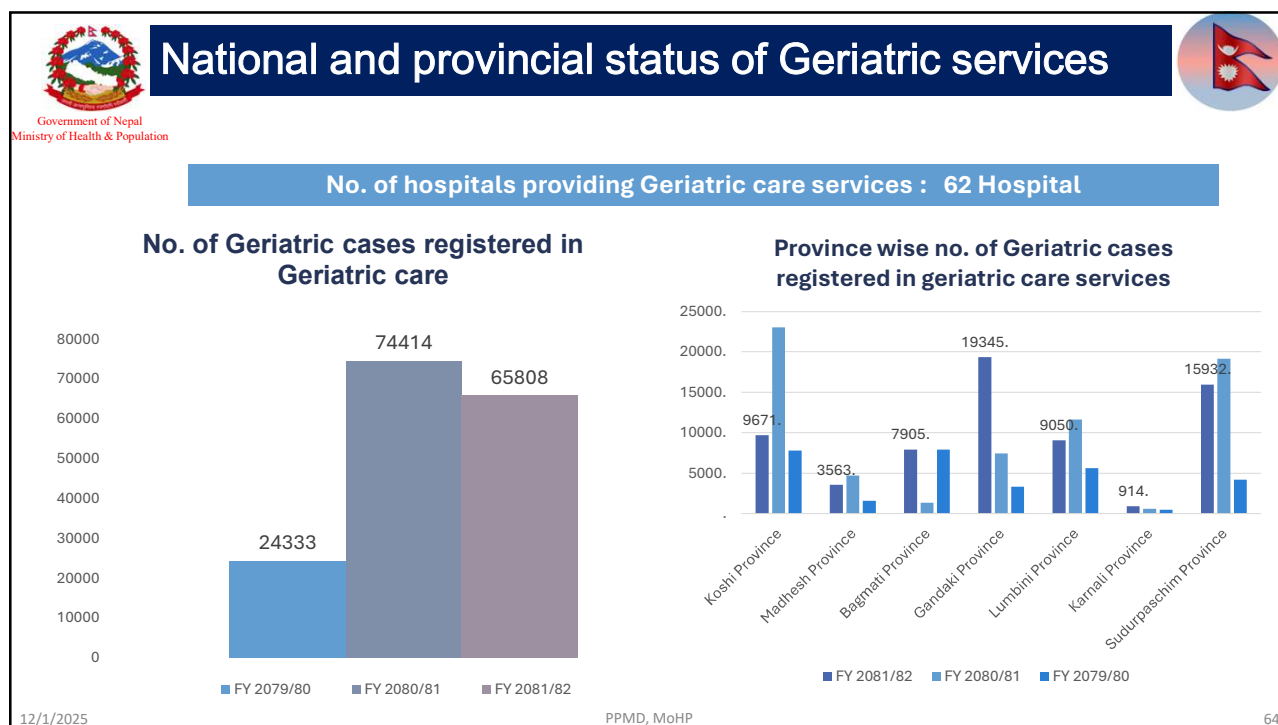
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Highlights of AWPB FY 2081/82



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Approved School Health and Nursing Service Guidelines 2081.

Conducted advocacy for Health-Promoting Schools at federal, provincial, and local levels.

Piloted HAI surveillance in 5 federal hospitals and submitted SOP for approval.

Trained 18 nurses in research; 8 completed workplace studies.

Facilitated skill exchange between midwives and ICU nurses across major hospitals.

Developed and updated hospital forms and formats.

Created adolescent Social-Emotional Learning (SEL) package and trained school nurses.

Amended 2081 Reimbursement Guideline for treating conflict and earthquake victims.


Expanded Impoverished Citizens Program to 21 hospitals (14 new, 7 expanded).

Prepared geriatric care training package for caretakers in old age homes.


Developed National Dementia Action Plan

Designed mental health capacity building for Safe House staff serving GBV victims.

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Curative Service Division (CSD)




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Key indicators with provincial disaggregation



Implemented Minimum Service Standards (MSS) regularly in 117 provincial hospitals.

Initiated Clinical Audit programs in selected hospitals across all 7 provinces.


Appointed Health Management Officers on contract in 46 provincial hospitals (with 50+ beds) for FY 2081/82.

Conducted Social Accountability (Social Audit) training for health workers and auditors via Provincial Training Centers.


Executed Forecasting and Quantification programs for essential medicine procurement in all 77 districts.

Completed district and provincial level reviews of Minimum Service Standards (MSS).

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Key indicators with provincial disaggregation



Approved and disseminated the National Referral Guideline, National Oral Health Strategy, National Palliative Care Strategy, and National Patient Safety Action Plan across all 7 provinces.

Oriented Lumbini and Sudurpaschim provinces on Clinical Audit and completed the program in 2 hospitals.



Conducted Antimicrobial Stewardship orientation in hospitals of Sudurpaschim and Karnali provinces.

Trained approx. 50 doctors from Koshi, Madhesh, and Bagmati provinces on National Antimicrobial Treatment Guidelines.

Provided orientation to 50 scholarship doctors, school nurses (on ENT & Oral health), and eye hospital staff (on HMIS).

Monitored Basic Health Services and free drug distribution in 15 local levels and 20 health institutions.

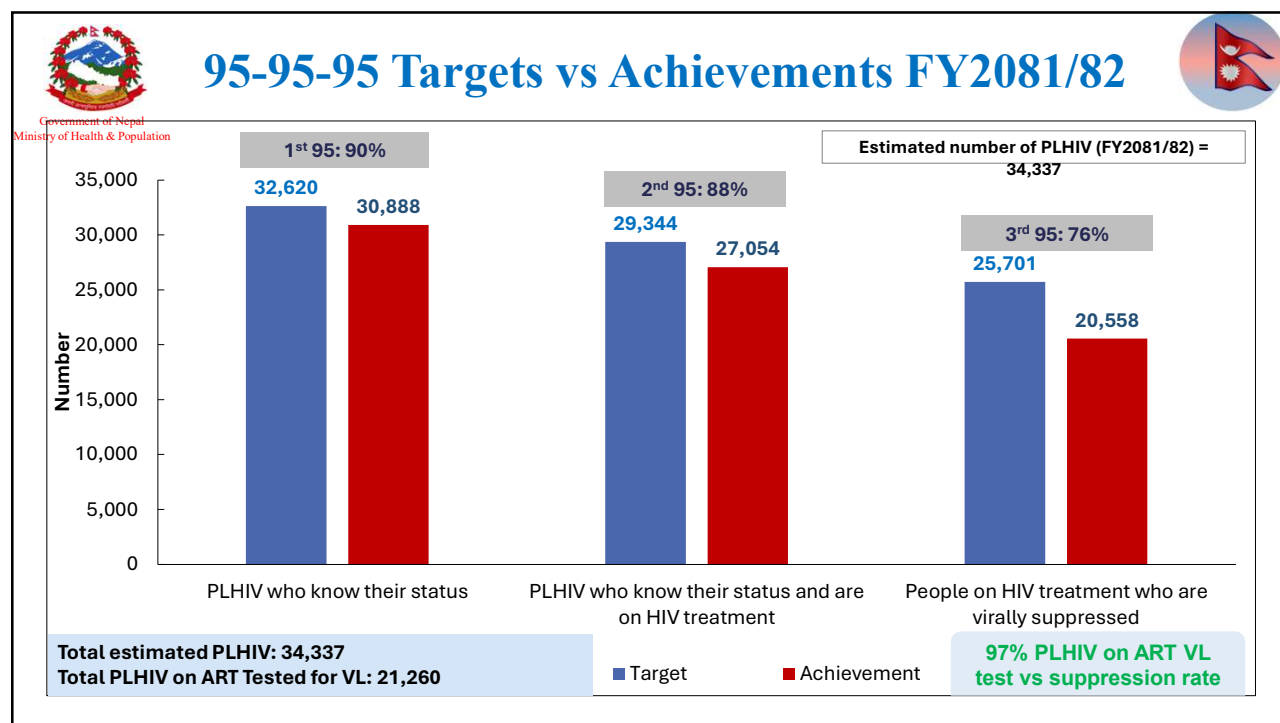
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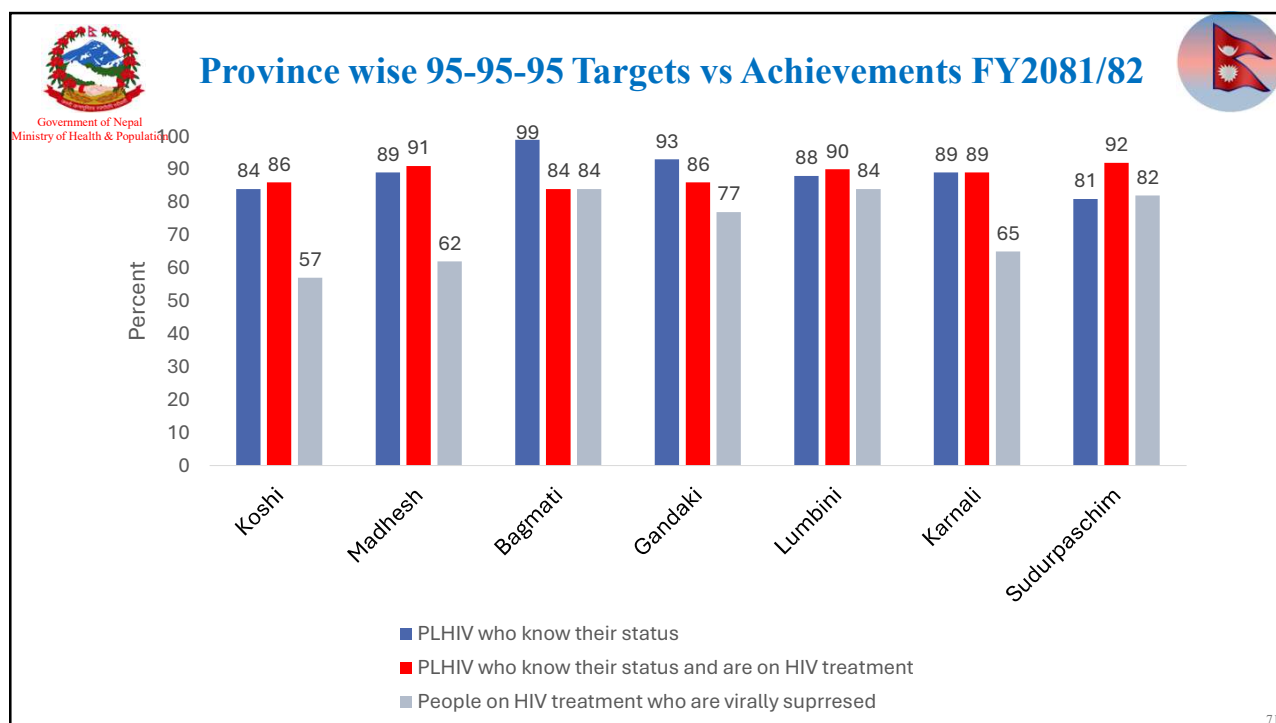
National Center for AIDS and STD Control (NSASC)

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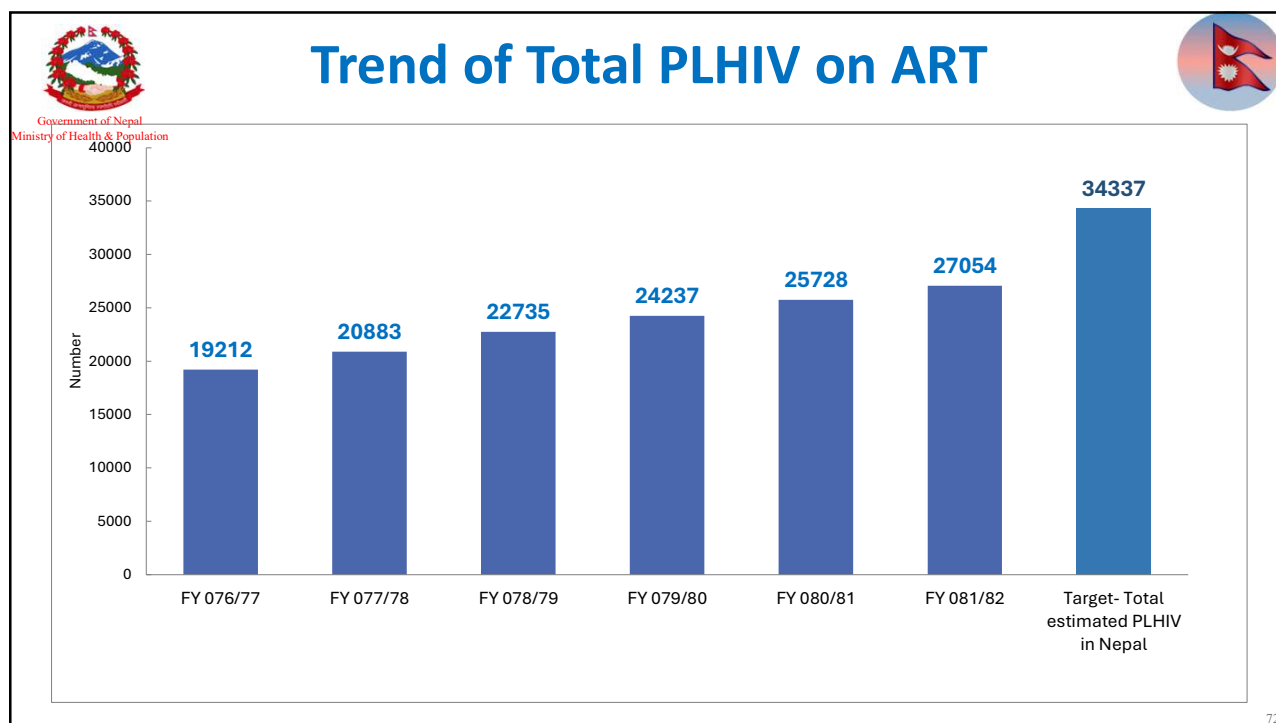
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Highlights of AWPB FY 2081/82



Strengthening Diagnostics and Treatment Procurement

- Procure test kits for **STI, OI, and Hepatitis C.**
- Procure **Determine HIV Test Kits** to expand testing coverage.
- Procure **essential medicines** for national programs.

2. Program Review and Capacity Building

- National HIV Program – Annual Review Meeting
- CMT Training of Trainers (ToT) conducted to build national training capacity

3. Harm Reduction Program Support



- Procurement of needles, syringes, and essential commodities to support harm reduction services for people who use drugs

4. National Events and Advocacy

- Successful planning and observance of World AIDS Day with multi-sector coordination and communication activities

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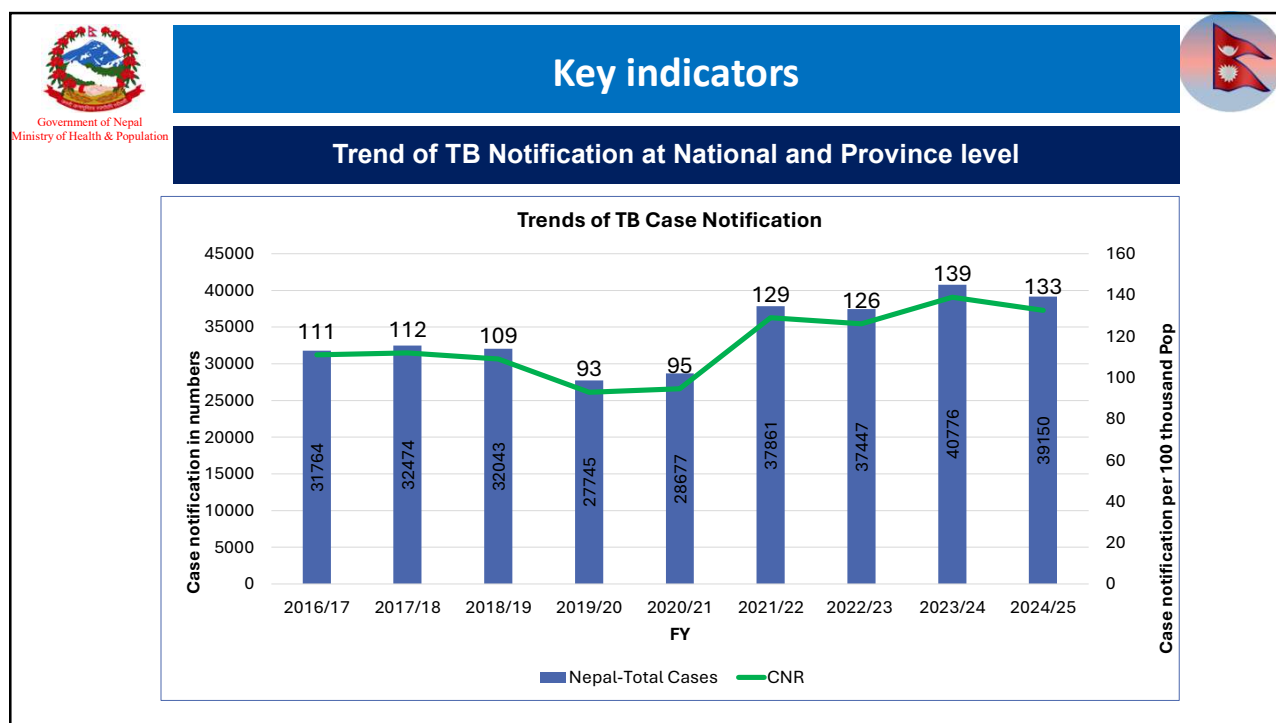
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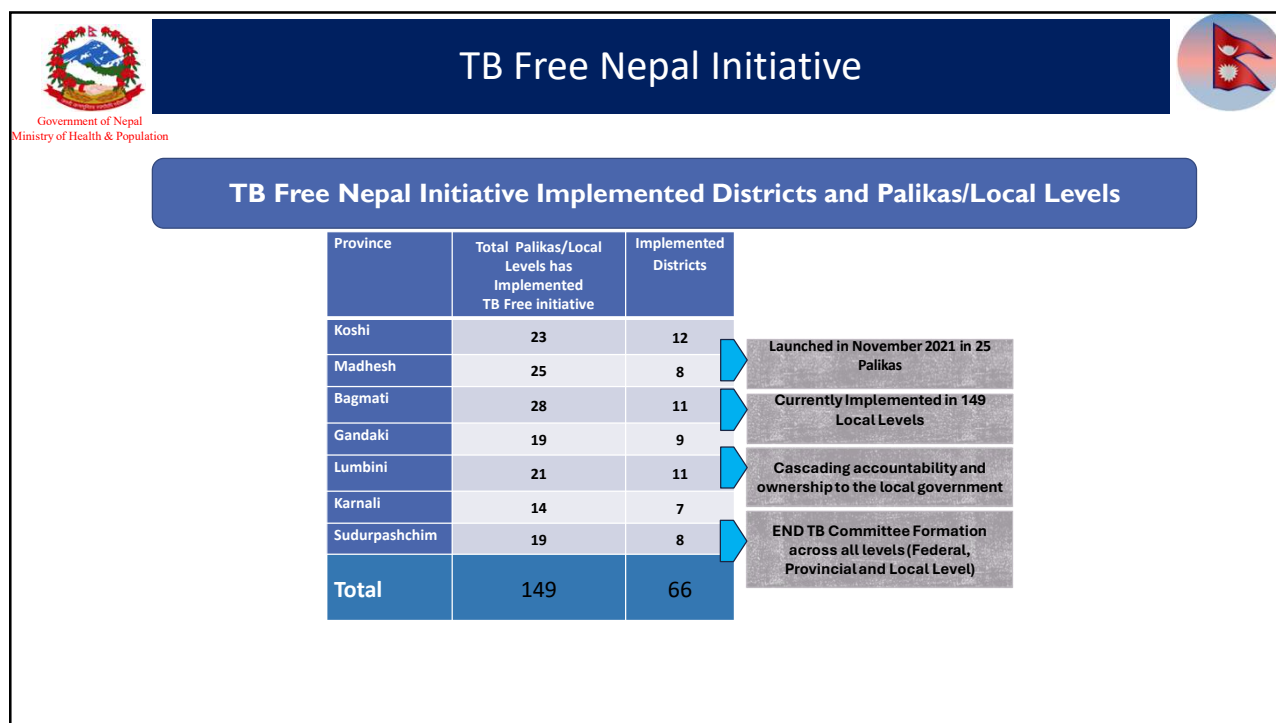
National Tuberculosis Control Center (NTCC)

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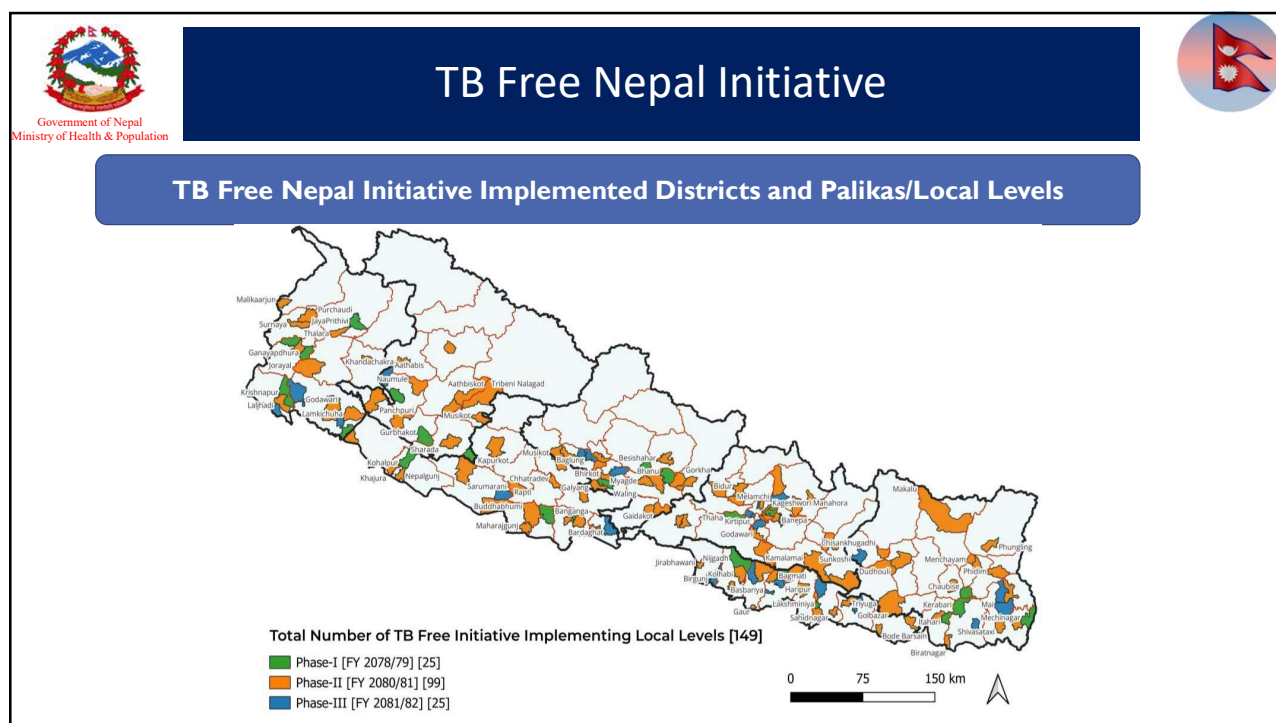
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Key program intervention

Enhanced Diagnostics & Services

- Significantly increased key sites: **DOTS centers** (to over 6,200), **DR-TB treatment centers** (to 127), **GeneXpert sites** (to 117), and **Designated Microscopy Centers (DMC)** (to 785).
- Introduced **Xpert Ultra** for **EP-TB** samples, equipped 15 centers with **fluorescence microscopy**, and deployed **21 Xpert/XDR machines** for second-line drug susceptibility testing (DST).
- Strengthened active case-finding by introducing **AI-powered portable X-ray screening** in communities across all provinces, supported by partner mobilization.

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Efforts on National TB program Management



Treatment & Outcomes

- **Treatment Success:** Achieved high success rates (**92.31%** for new cases, **61.07%** for DR-TB).
- **Regimen Improvement:** Transitioned fully to **all-oral shorter regimens (BPaL/BPaLM)** for DR-TB management to improve adherence.
- **Follow-up:** Established **Loss to Follow-Up Committees** and tracking mechanisms, ensuring a **quality, timely drug supply**.
- **TB/HIV Integration:** Improved **TB/HIV testing coverage** from 8% in 2015 to **95% in 2024**.

Data & Implementation

- **Digital Reporting:** Implemented **100% e-case-based reporting** with a robust, interoperable system, integrating **80% of data nationally**.
- **System Upgrades:** Upgraded the **NTPMIS** to include PPM, ACF, aDSM, and TB-free components, and developed the **GXMIS** real-time monitoring system for GeneXpert.

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National Public Health Laboratory

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Highlights of AWPB FY 2081/82




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Service Metrics & Financials



Patient Load: Provided services to **292,649 patients.**



Testing Volume: Completed 832,491 laboratory tests.



Revenue Generation:
Generated Rs 201.57 million (≈ 20.15 Crores)


Transitioned from ISO 15189:2012 to ISO 15189:2022

MoU with 8 Federal Hospitals for Laboratory Investigations at NPHL that are not available at Federal Hospitals


First Digital PCR in Nepal Installed and services started

Equipment's handed over to 50 bedded hospitals to start Blood Culture services and strengthen Bacteriology Laboratory

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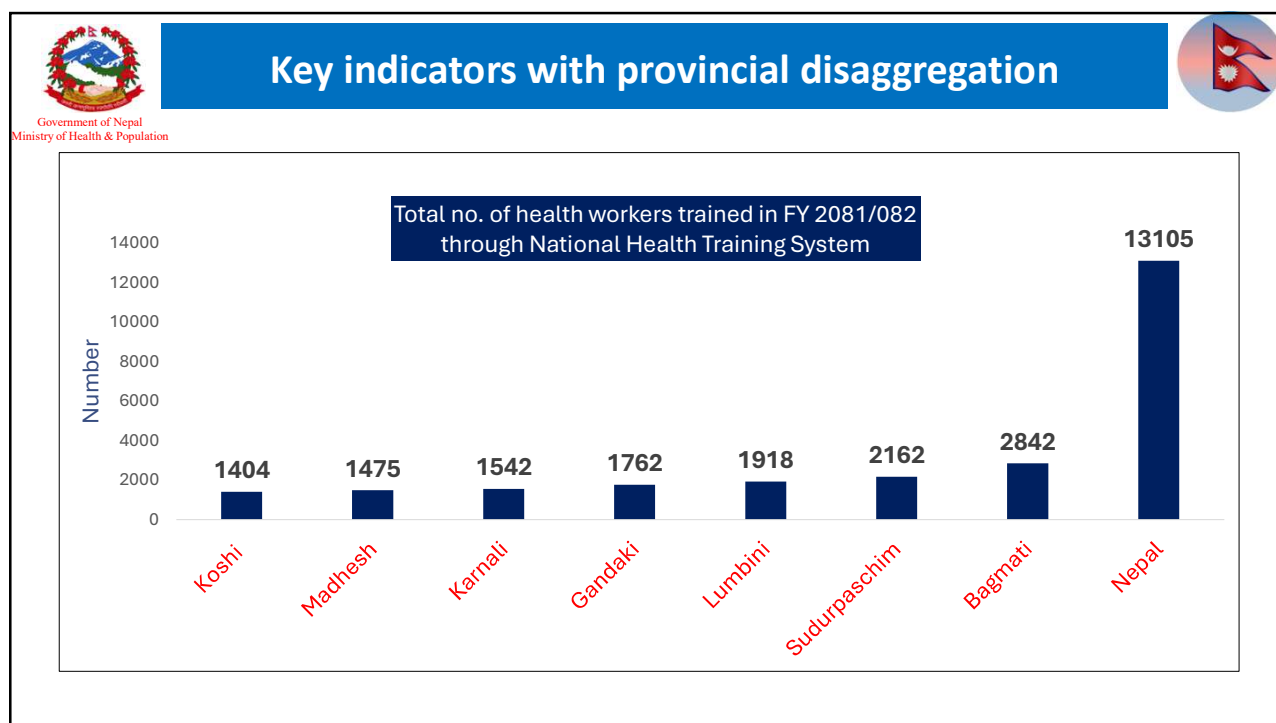


National Health Training Center (NHTC)

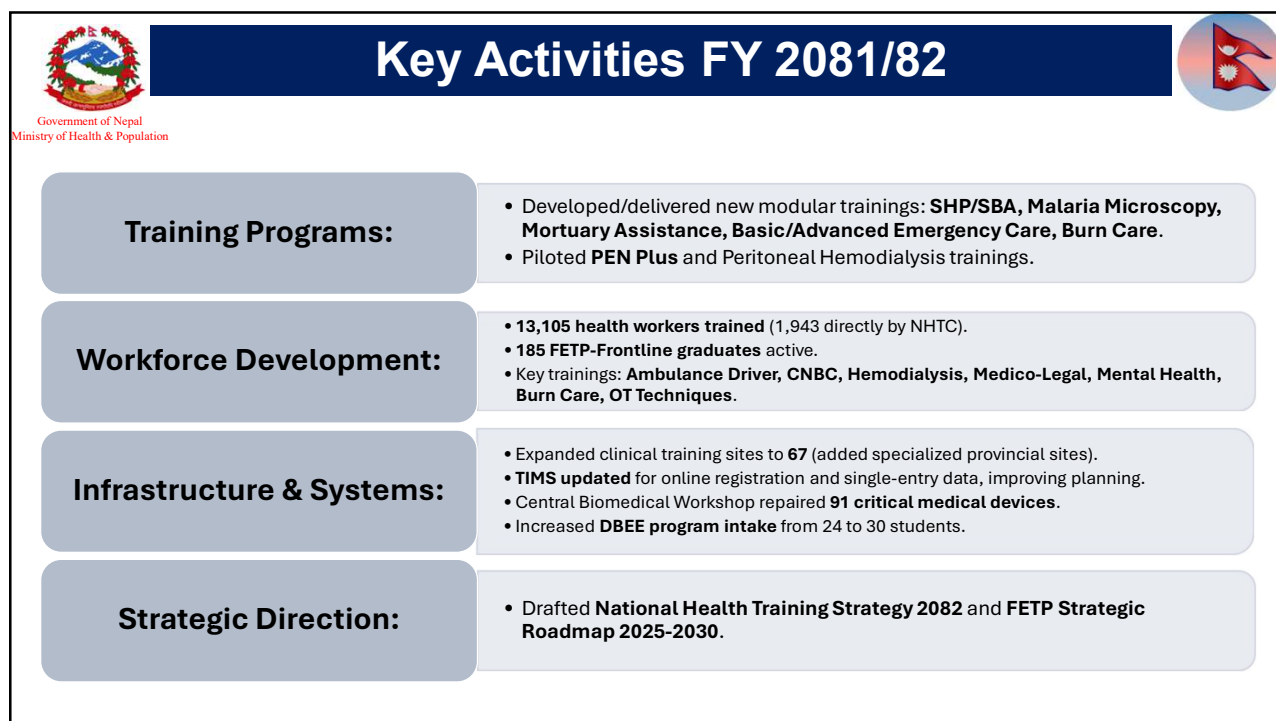


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National Health Education, Information and Communication Center (NHEICC)

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Key Activities FY 2081/82



School Health Curriculum
Revised: The revised Health Education curriculum (Grades 1–12) was handed over by the Minister of Health to the Curriculum Development Centre.



Alcohol Control Law Proposed: A concept paper for a law to control and regulate alcohol (SAFER Initiatives) has been prepared.



100% Tobacco Warnings
Mandatory: A new directive was approved to mandate 100% warning messages and pictures on all tobacco product packaging.



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Challenges

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Challenges (Divisions)


Divisions	Key Challenges
FWD	<ul style="list-style-type: none"> • Need to sustain high coverage despite declining global health funding. • Insufficient budget allocation for Ama Surakshya Program
NSSD	<ul style="list-style-type: none"> • Insufficient budget allocation for improvised citizen treatment Program
EDCD	<ul style="list-style-type: none"> • Many digital systems exist, but no IT staff to support them. • Not enough trained human resources in mountain/hill districts.
MD	<ul style="list-style-type: none"> • Excessive demands for medical equipment from the local level. • Incomplete reporting especially from private hospitals and academia. • Procurement issues
CSD	<ul style="list-style-type: none"> • Hospital registration & renewal • Communication and coordination gaps in activities related to basic health at different levels

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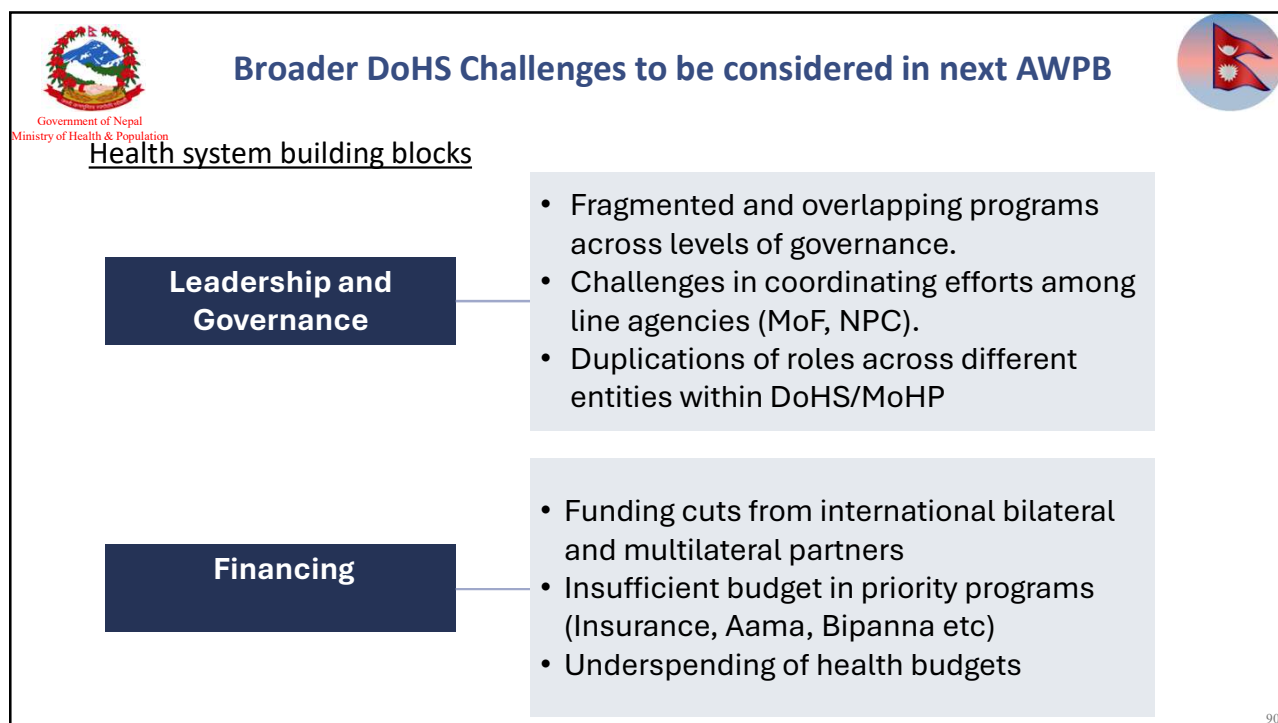


Challenges (Centres)




Centers	Key Challenges
NHTC	<ul style="list-style-type: none"> • USAID budget freeze stopped major training programs
NTCC	<ul style="list-style-type: none"> • Only 58 percent of TB cases are notified; many cases missed in remote areas. • Limited private sector and academic engagement.
NCASC	<ul style="list-style-type: none"> • In the 95-95-95 target, there is a need to enhance efforts to achieve the third 95, which focuses on viral load suppression.
NHEICC	<ul style="list-style-type: none"> • Insufficient budget to conduct planned programs
NPHL	<ul style="list-style-type: none"> • Lacks programs and capacity building for Non-Communicable Disease (NCD) diagnosis.

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Broader DoHS Challenges to be considered in next AWPB

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Health system building blocks

Service delivery

- Partnership with private hospitals
- Readiness to deliver health services inline with epidemiological and demographic transition
- Balancing hospital upgrades with service expansion
- Maintaining high service quality and guaranteeing year-round continuity of care, despite a high Minimum Service Standard (MSS) Score, requires strengthened hospital governance.


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Broader DoHS Challenges to be considered in next AWPB

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Health system building blocks

Health workforce

- Staff adjustment, deputation
- Rational distribution of scholarship graduates
- Insufficient specialized cadre eg. Entomologist, Epidemiologists, Biomed engineers, Hospital management officials

Access to medicine, equipment

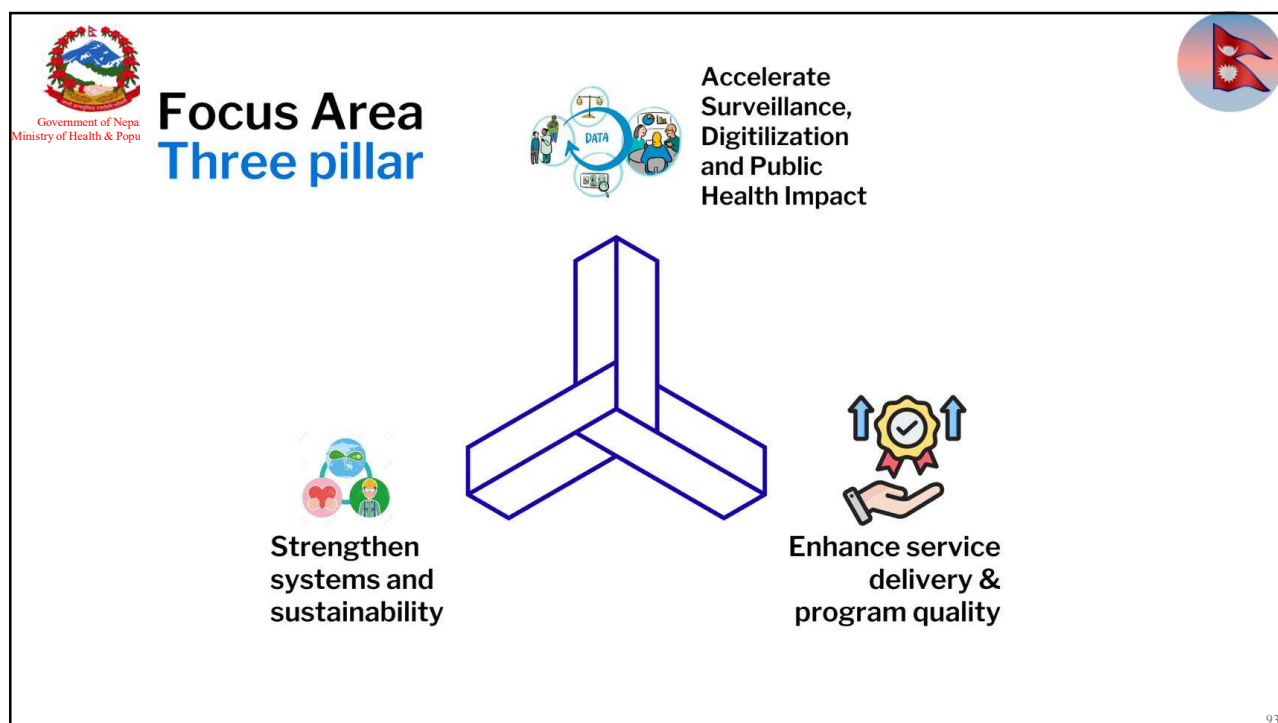
- Procurement issue
- Inventory management
- Budget and Program V/S cost, quality and demand (program prioritization)

Information system

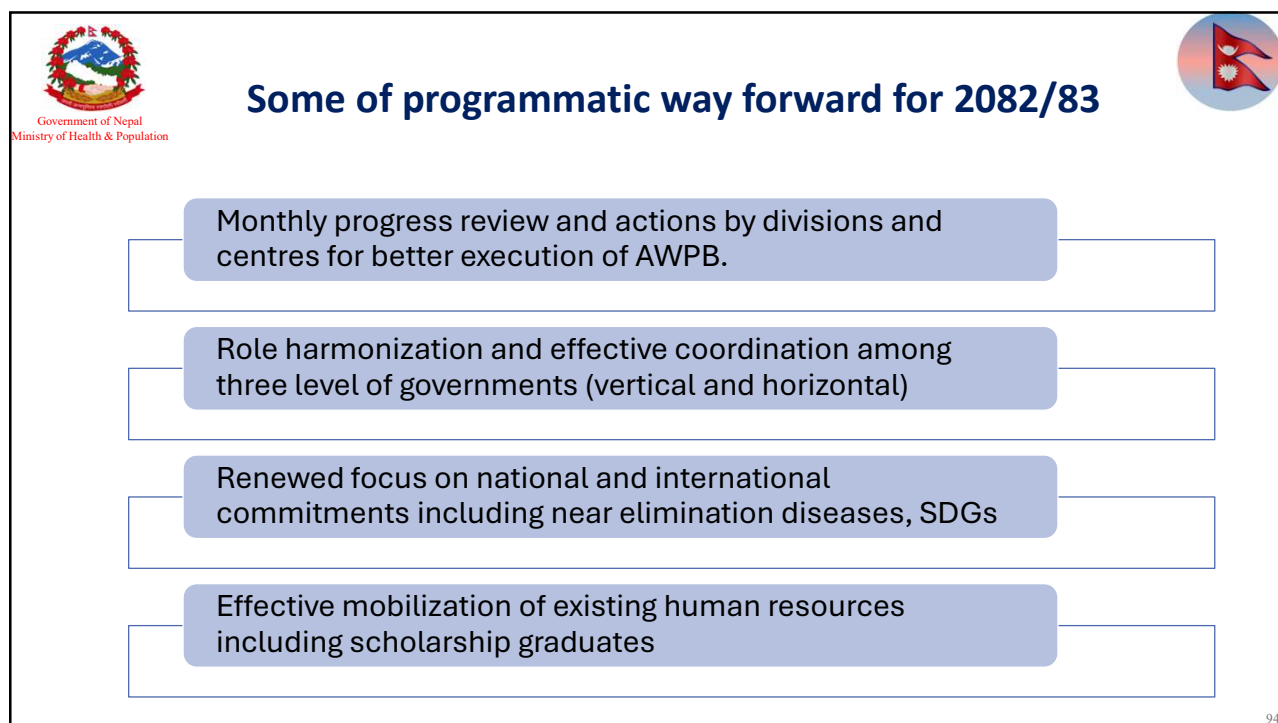
- Concerns about data quality (accuracy, timeliness, completeness, relevancy) and data use

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Some programmatic way forward for 2082/83



Evidence based and coordinated planning covering all 5 domain of health services

Integrate modern digital technology to enhance the health awareness program


Tailored program focusing on unreached and marginalized groups and localities


Strengthening network of thematic institutions (eg. NPHL/PPHL, NHTC/PHTC etc)


Strengthening health insurance: technology and hospital SOP

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Thank You!

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National Joint Annual Review 2081/82




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Department of Drug Administration
Narayan Prasad Dhakal
Director General
info@dda.gov.np

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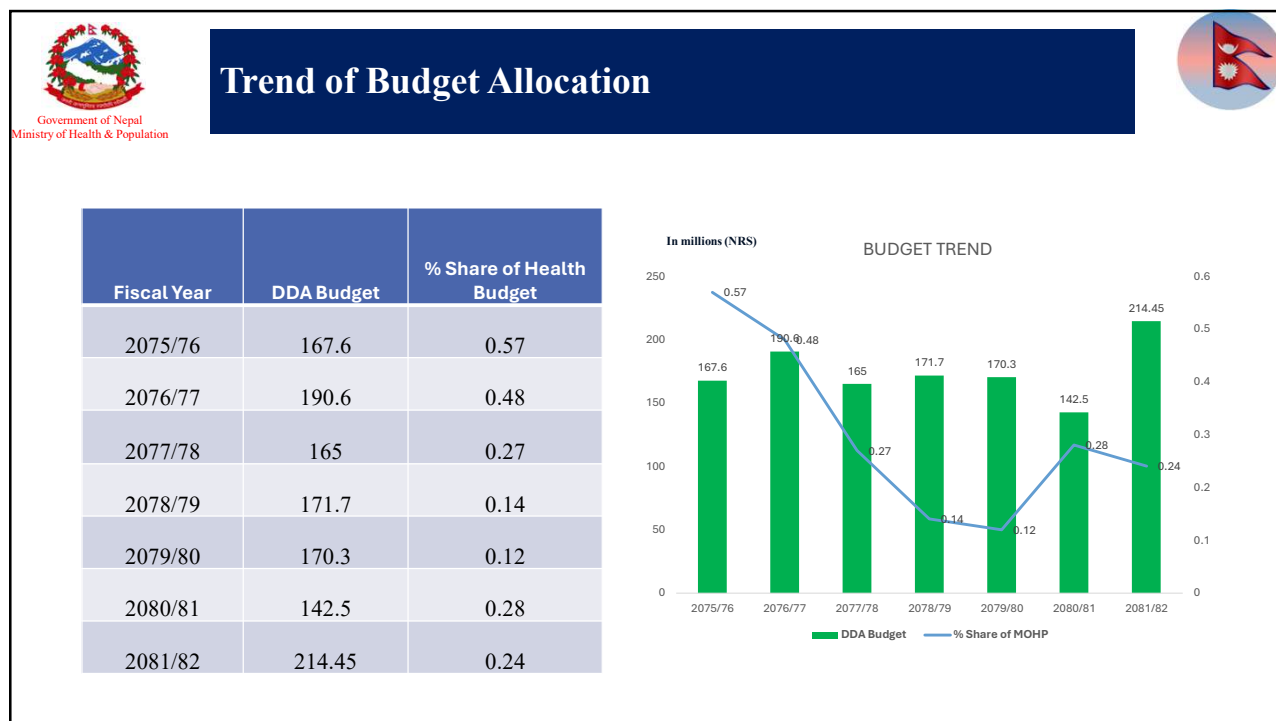


To ensure Safety, Quality and Efficacy of medicines

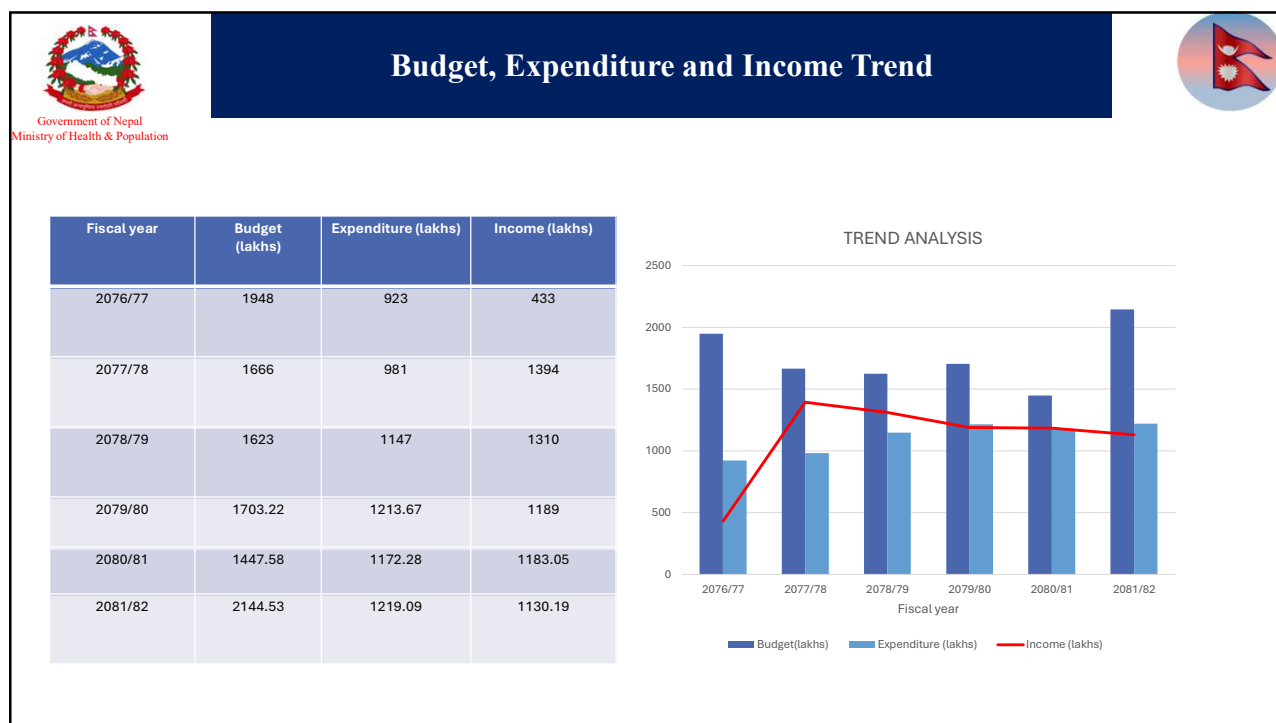


Introduction	
<ul style="list-style-type: none"> National Medicine Regulatory Authority established in 2036 through Drug Act, 2035. Four regulations and two codes under the act. Three Branch Offices (Biratnagar/Birgunj/Nepalgunj) and National Medicine Laboratory as National Quality Control Laboratory. 	
Regulatory Functions	Service Functions
<ul style="list-style-type: none"> Licensing/registration of pharmaceutical industries, market authorization, pharmacy and clinical trial and their renewal Inspection, investigation, prosecution and filing of cases 	<ul style="list-style-type: none"> Preparation/revision of National Essential Medicines List, Nepal National Formulary Training and conducting refresher program for pharmacies Drug information AMR containment and RUM Drug availability Promotion of domestic manufacturers



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<div>  <div> Progress on Key Indicators </div>  </div>				
Government of Nepal Ministry of Health & Population				
SN	Indicators	2079/80	2080/81	2081/82
1	Maturity level of DDA	ML1	ML1	ML1(progressing to ML3)
2	% of pharmaceutical companies with GMP	50 % (40/80)	54.87% (45/82)	75 % (63/84)
3	% of Laboratory Inspection for GLP	32.5 % (26/80)	31.7 % (26/82)	34.52 % (29/84)
4	% of drugs meeting standard during quality test	96.7 % (731/756)	93.3 % (536/575)	91.21 % (594/648)
5	% of substandard medicine based on annual test done	3.3% (25/756)	6.7 % (39/575)	8.79 % (54/648)
6	% of Pharmaceutical industry inspection/audit as per target	90 % (72/80)	98.7 % (81/82)	97.61 % (82/84)


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<div>  <div> Progress on FY 2081/82 Key Activities </div>  </div>				
Government of Nepal Ministry of Health & Population				
SN	Activities	2079/80	2080/81	2081/82
7	Pharmacy inspection Coverage %	13.13 % (3339/25415)	11.85 % (3300/27833)	9.3 % (2791/29897)
8	Information dissemination percentage based on annual target	100 % (45/45)	170 % (51/30)	153 % (46/30)
9	Publication of Drug Bulletin of Nepal	1	3	2
10	Number of Cases Filed	79	101	98
11	Action taken against Manufacturers	0	0	2
12	Percentage of Pharmacy License Suspension based on inspection	5.4 % (181/3339)	9.12 % (301/3300)	11.46 (320/2791)

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Key Interventions (Fiscal Year 2081-82)



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- Guideline for the Management of Pharmaceutical Waste has been issued.
- Conducted interaction program among the hospital management and health workers regarding improving the effectiveness of the DTC Committee and addressing the shortage of medicines.
- Training on GMP Audit/Inspection for Pharmacy Inspectors was conducted.
- In accordance with the Ministry level decision (dated 2081/07/04), the Drug Price Policy recommendation committee was formed, and after completing its work, a report has been submitted to the Ministry of Health for approval.
- The O&M Survey report prepared by the committee formed within the department for the O&M Survey has been sent to the ministry.
- Technical Working Group (TWG) for the regulation of Health Technology Product was formed and is under action.

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Key Interventions (Fiscal Year 2081-82)



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- Protocol for surveillance of Antimicrobial use in Nepal
- Interaction programme on Pharmacovigilance and Adverse Drug reaction reporting with regional center hospitals of national pharmacovigilance programme.
- Codes on GMP of Ayurvedic Medicines prepared and approved
- Codes on sale and drug distribution 2081 approved for implementation
- Categorisation of Medicines as per Drug Standard Rule 2043

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Key Issues, Challenges and Way Forward		
Key Issues/challenges	Initiatives taken	Way forward
Institutional capacity and Governance	File has been forwarded for O & M survey	Advocacy for Approval
Legal framework and policies ➤ medical device Regulation ➤ Neutraceuticals and dietary Supplemets	Drug act prepared for its revision and forwarded	Advocacy for approval
Regulatory processes ➤ Common Technical documents standard format ➤ Pharmacovigilance ➤ Market control	Medicine Registration Guidance Documents under the process of revision	WHO GBT ML 1 TO 3
Information management system	Upgradation of existing software and initiation of GIOMS	MIS system development and training

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Key Issues, Challenges and Way Forward		
Key Issues/challenges	Initiatives taken	Way forward
Regulation of Health technology product	<p>A Technical Working Group (TWG) has been formed . Risk-Based Classification of medical devices and standard has been recommended and agenda has been kept in DAC for discussion.</p> <p>Firms selling medical devices and health technology products have been given a three-month deadline to register with the department, with a public notice issued on 2081/07/30 (2024/11/16).</p> <p>The proposed fees related to registration have been sent from the department to the ministry.</p>	<ul style="list-style-type: none"> • Human Resource recruitment • A decision must be made regarding the service fees/charges. • Risk based classification, standard and requirements of testing laboratory approval from DAC. • Legal Framework for regulation

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Key Issues, Challenges and Way Forward




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Key Issues/challenges	Initiatives taken	Way forward
Medicine pricing	<ul style="list-style-type: none"> The draft of the Fair Pricing Regulation, 2082 has been sent to the ministry for approval. 	Advocacy for Approval

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Key Issues, Challenges and Way Forward

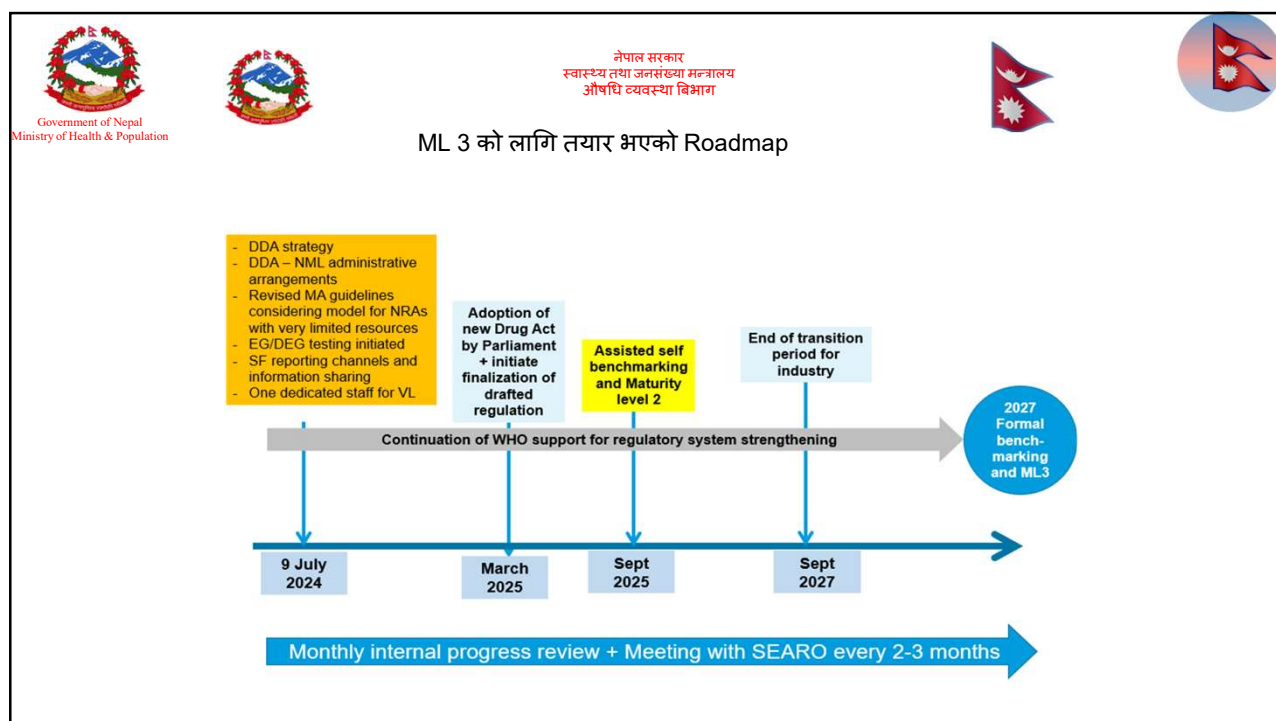


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Key Issues/challenges	Initiatives taken	Way forward
Antimicrobial Resistance	Reporting of annual national AMU data to GLASS AMU platform and dissemination to different stakeholders	Awareness and advocacy to contain antimicrobial resistance

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Innovations


- Document requirement for approval to manufacture investigational product.
- Document requirement for API registration.
- Guidance document on good practices in research and development of Pharmaceutical Product.
- Checklist for GPP and GSDP Certification
- MIS in regular work activities and data management
- Guidance documents on Clinical Trial

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Lessons learned



- Communication is critical to disseminate regulatory information
- Coordination among three tiers of government stakeholders and professional societies/association is essential to achieve regulatory goals
- Smart digital platform are required for efficient regulatory function and governance
- Capacity building of human resource in law enforcement and inspection activities

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धन्यवाद !

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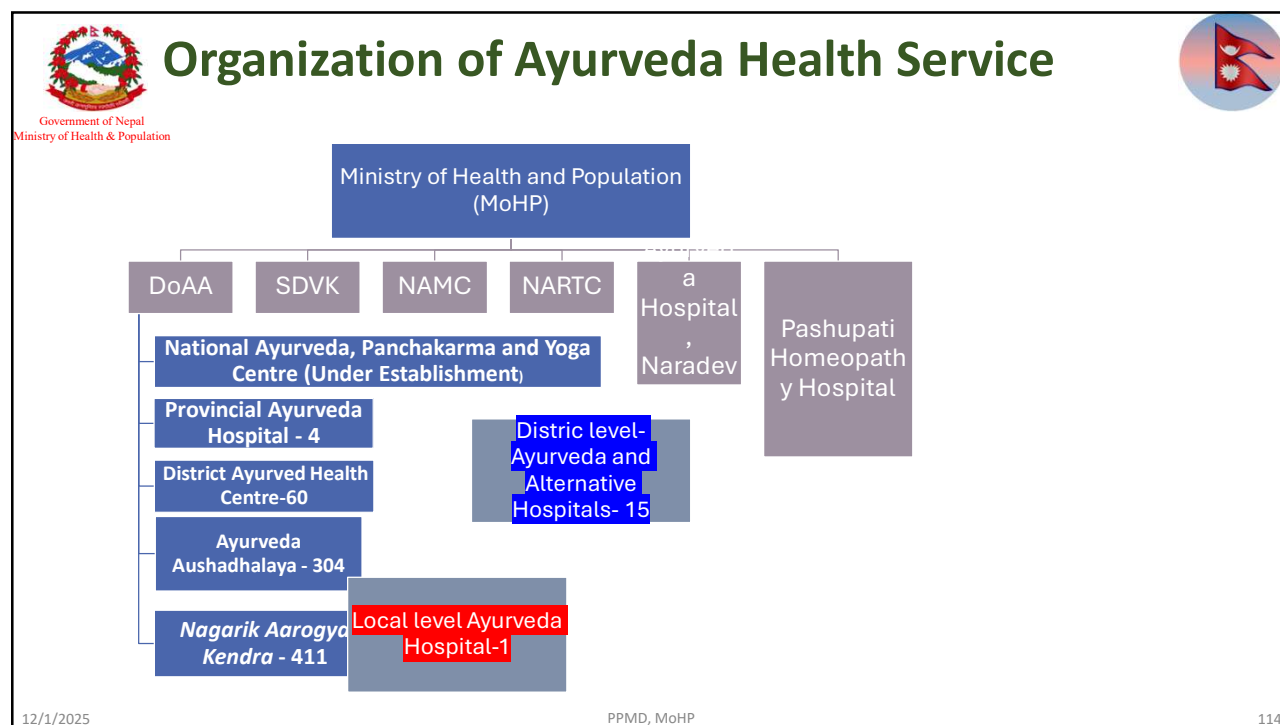
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Dr. SHYAM BABU YADAV

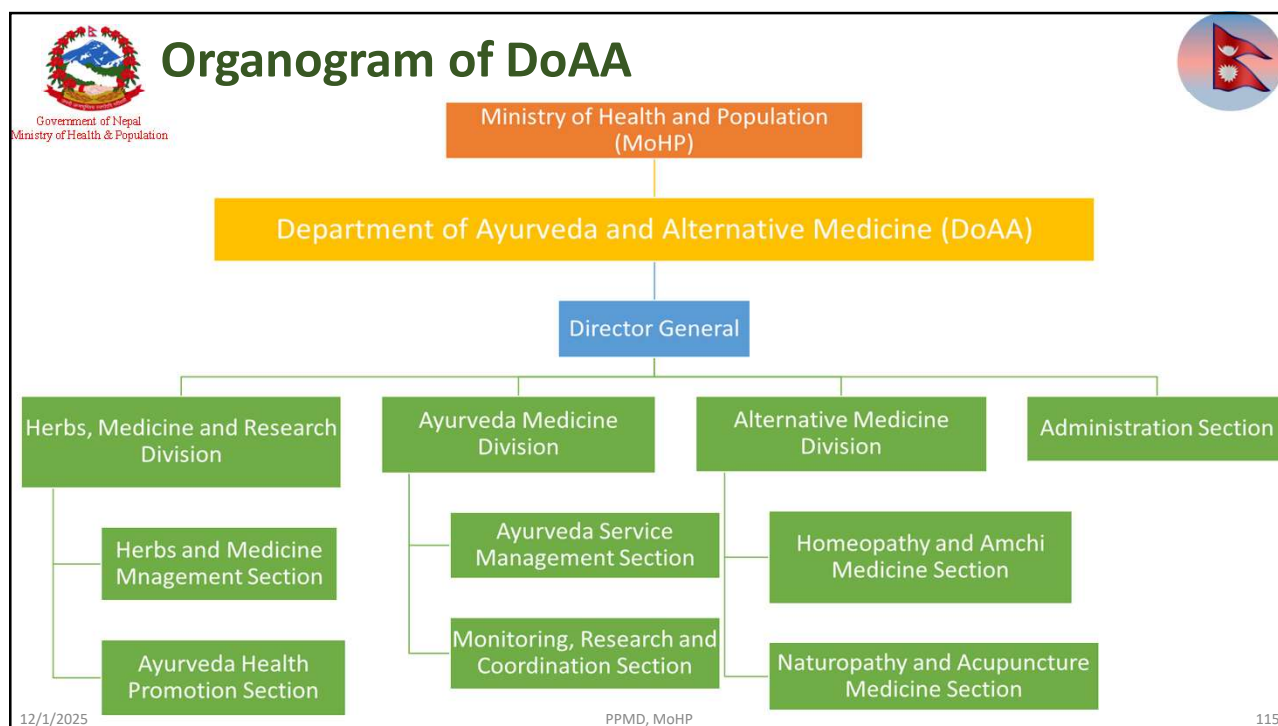
Act. Director General

Department of Ayurveda and Alternative Medicine, Teku, Kathmandu

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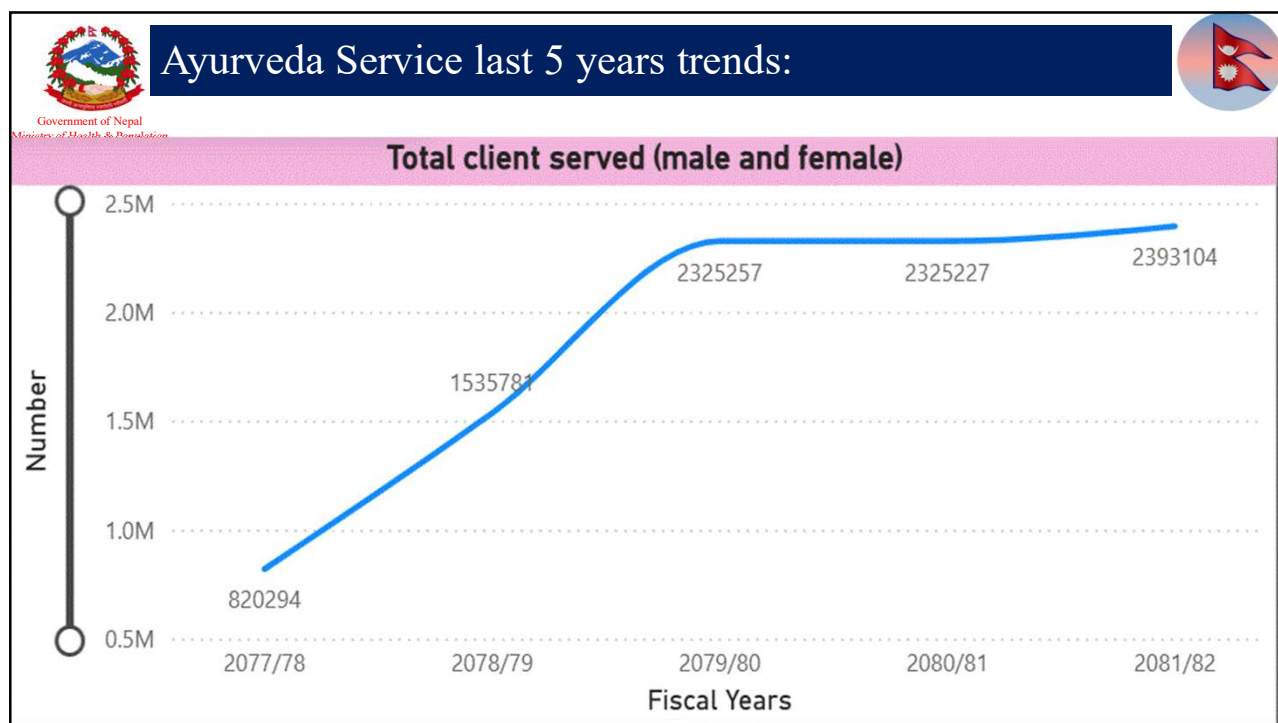
Progress on Key Indicators				
SN	Indicators	2079/80	2080/81	2081/82
1	Number of public facilities providing Ayurveda services	388	388	388
2	Number of people served with Therapeutic <i>Yoga</i> services	153513	187181	217280
3	Number of <i>Nagarik Aarogya</i> committee formed	6729	7170	4782
4	Number of Breast feeding Mothers taken Satawari Churna	59036	58467	51508
5	Number of Senior Citizens served with Jestha Nagarik Sewa	323217	353917	374470
6	Number of Students benefited with School Ayurveda and Yoga education	78754	87240	74415
7	Number of Schools benefited with School Ayurveda and Yoga education	7917	9622	4037
8	Number of people served with Purvakarma Sewa	400483	488418	603245
9	Number of People served with Parasurgical and Surgical service	12617	31404	38996
10	Number of People served with Laboratory Service	102630	155860	201337

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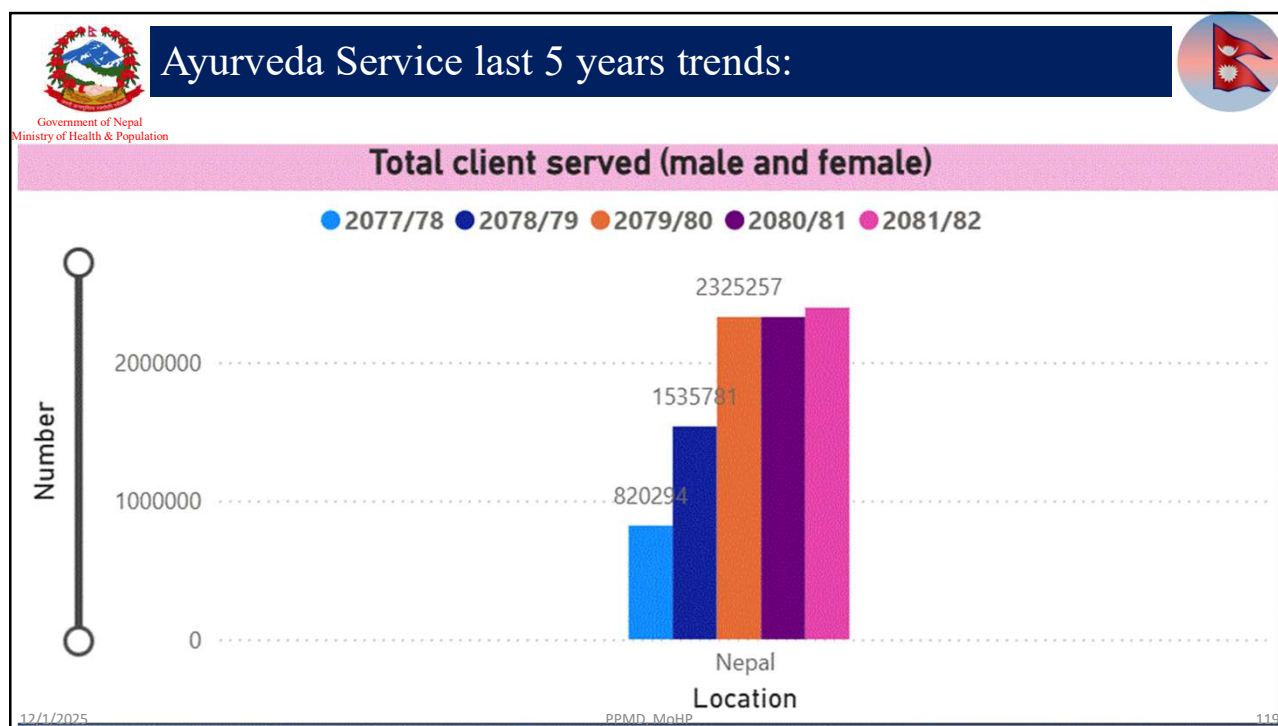
<div>  <div> Progress on Key Indicators  </div> </div>				
SN	Indicators	2079/80	2080/81	2081/82
11.	Number of Citizen well being Campaign conducted	7370	4250	9653
12.	Total number of peoples benefited NCD Control Campaign	-	-	47,000
		-	-	

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 **Clients Served by Province: FY 2081_082** 

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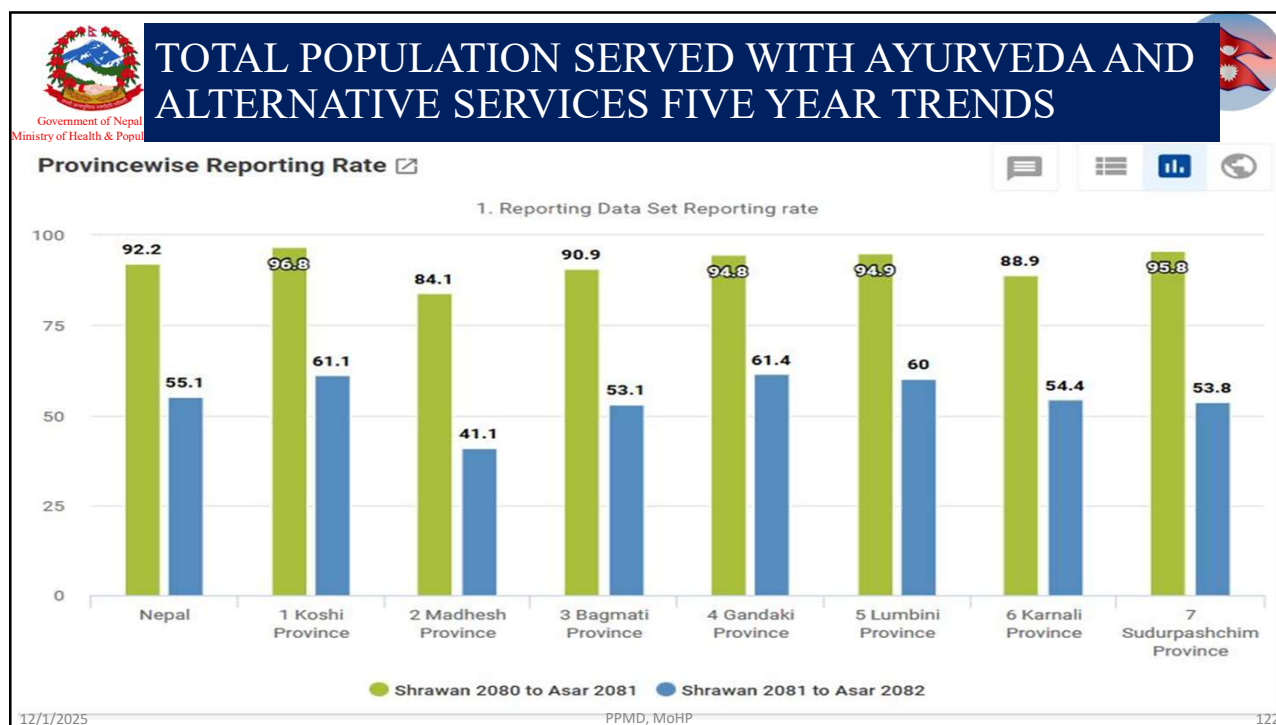
Period	Shrawan 2081 to Asar 2082		Total ±
	Total Client Served Female ±	Total Client Served Male ±	
1 Koshi Province	132 968	132 150	265 118
2 Madhesh Province	194 914	214 700	409 614
3 Bagmati Province	232 103	183 986	416 089
4 Gandaki Province	169 334	128 340	297 674
5 Lumbini Province	300 225	239 675	539 900
6 Karnali Province	121 036	88 977	210 013
7 Sudurpashchim Province	137 314	117 395	254 709

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<div>  <div> <div>Top 10 Disease by Province: FY 2081_082</div>  </div> </div>									
S.No.	Diseases	Nepal Shrawan 2081 to Asar 2082	1 Koshi Province Shrawan 2081 to Asar 2082	2 Madhesh Province Shrawan 2081 to Asar 2082	3 Bagmati Province Shrawan 2081 to Asar 2082	4 Gandaki Province Shrawan 2081 to Asar 2082	5 Lumbini Province Shrawan 2081 to Asar 2082	6 Karnali Province Shrawan 2081 to Asar 2082	7 Sudurpas hchim Province Shrawan 2081 to Asar 2082
1	APD	459741	45740	63822	87028	66961	110002	36947	49241
2	Abdoninal Disorder	140408	10818	28776	15755	31160	37795	7490	8614
3	Skeleto-muscular and Nervous System - Osteoarthritis	137844	13442	19547	39482	14119	30666	8518	12070
4	Respiratory Disorder - Cough	104517	13549	17493	21546	12586	20506	7805	11032
5	Gudavikar - Haemorrhoids	90617	10774	15752	16051	9112	22546	6403	9979
6	Rheumatoid Arthritis	87940	7065	18749	14680	9956	16221	9146	12123
7	Blood Pressure Disorder - Hypertensi	74447	9651	14526	14780	9483	14473	3619	7915
8	Skeleto-muscular and Nervous System - Lumbago	62737	6475	7200	13415	7981	13481	7111	7074
9	Gout	60365	4432	12383	11901	7220	13050	4945	6434
10	Respiratory Disorder - Asthma and COPD	60135	5878	11094	12032	6577	10705	5670	8179

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Delivery of Free Basic Health Service (Ayurveda)



1. Stanpayi Aama lai Shatawari vitarana Karyakram (Shatavari, *Asparagus racemosus*, a galactagogue medicines distribution program to lactating mother)

To reduce maternal and infant mortality, the health of mothers and child has been promoted through Shatavari (*Asparagus racemosus*, a galactagogue medicines) distribution program to lactating mother. (Service receiptant=**43662**)

2. Purvakarma service (Snehana-Oileation, Swedana-Medicated steaming)

This service is provided through Ayurveda institutions. It is curative and Promotive service. (Service receiptant= **197616**)

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Delivery of Free Basic Health Service (Ayurveda)



3. Yoga Service


To prevent non-communicable diseases (including mental disorders) Ayurveda, yoga and lifestyle management programs were carried out in collaboration with the local level, and public awareness was enhanced by conducting citizen health campaigns and community health education programs through citizen wellbeing group (Nagarik Arogya Samuha). (Service recipient=**390413**)

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Issues and Challenges for delivery of Free Basic Health Service (Ayurveda)

- Lack of outlet and manpower in each local level.
- Inadequate budget for providing Shatawari through out for 6 months.
- Local level government has not given priority for BHS (Ayurveda)
- Lack of capacity building training to local level manpower
- Lack of coordination between birthing centers and Ayurveda health facilities.
- Interruption of budgeting in BHS(Ayurveda)

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Way for delivery of Free Basic Health Service (Ayurveda)

- Mobilization of FCHV for awareness of BHS(Ayurveda) and distribution of Shatawari
- Establishment of Nagarik Arogya kendra for remaining local level
- Ensure proper budgeting and continuation of BHS(Ayurveda) from Ayurveda health facilities.
- Capacity building training on BHS(Ayurveda)
- Awareness and orientation programe for local level about BHS(Ayurveda)

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Progress on FY 2081/82 AWPB Key Activities



- Service delivery from the Citizen Health Service Centers has started to be reported through AHMIS.
- Personnel working at local-level dispensaries have been oriented on MSS (Minimum Service Standards) to enable them to prepare evidence-based plans.
- The capacity of staff of local-level Ayurvedic institutions providing basic Ayurvedic services has been enhanced.
- From the current fiscal year, the Citizen Health Service Center will be expanded to 444 local levels where Ayurvedic institutions are not yet established.
- In current fiscal year, the Swarna Bindu Prashan program will be implemented as a model in 25 locations.

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Progress on FY 2081/82 AWPB Key Activities



- Ayurvedic Health Information System training was provided to 42 health workers at the Pathlaiya Health Training Center, Bara District, Madhesh Province.
- Under the NCD Control Campaign (a one-month campaign conducted in Falgun 2081 for the identification of non-communicable diseases), 47,000 patients benefited from services such as blood pressure measurement, kidney disease screening, BMI measurement, and sugar testing, among others, provided by the bodies under this department.
- In this fiscal year, a total of 2,410,000 service users received various Ayurvedic health services.

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Progress on FY 2081/82 AWPB Key Activities



- Through Ayurveda and Yoga, Citizen Health Campaigns were conducted in 3,268 locations to promote a healthy lifestyle and reduce non-communicable diseases.
- Under the Senior Citizens Program (providing Rasayana medicines and Panchakarma services), the health of 219,889 senior citizens was promoted.
- Construction of Open Gyms in 23 different locations across the country has been completed.

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Progress on FY 2081/82 AWPB Key Activities



- Preparation of the Nepal Ayurveda Drug Formulary (Bheshaj Samhita) – Avaleha/Oil Section.
- International Yoga Day celebrated with the participation of 240 individuals, and National Yoga Day celebrated with the participation of 150 individuals.
- Orientation on School Ayurveda and Yoga Education conducted with the participation of 144 stakeholders.
- Training on School Ayurveda and Yoga Education provided to 66 school teachers and nurses from Gandaki, Bagmati, and Madhesh Provinces.

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Progress on FY 2081/82 AWPB Key Activities



- Free distribution of Rasayana and other medicines along with general health check-ups was conducted for 280 senior citizens residing in Chautara, Pashupati, and Devghat elderly homes.
- To promote a healthy lifestyle, Citizen Health Groups were formed in 1,490 locations.
- The School Ayurveda and Yoga Education Program was implemented in various schools, benefiting a total of 165,362 students.
- Number of schools where the School Ayurveda and Yoga Education Program was conducted:

By local levels: 610 schools

By the department: 32 schools

Total: 642 schools

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Progress on FY 2081/82 AWPB Key Activities



- A three-day orientation program on Naturopathy was conducted at the Nawalparasi East Naturopathy Hospital from 2081/09/21.
- On 2081/03/20, the National Naturopathy Day 2025 was celebrated with the theme “Naturopathy in a Changing Lifestyle”, with the participation of experts in the related field.

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Progress on FY 2081/82 AWPB Key Activities



- Regarding Strengthening/Promotion of Acupuncture Services: On 2081/08/07, World Acupuncture Day 2081 was celebrated, and an Acupuncture Service Promotion Program was conducted with the participation of 70 health workers.
- On 2081/09/14, an orientation program on Ayurvedic medicine was organized for 32 acupuncture assistants.
- On 2081/09/17, a workshop on regulation and guideline formulation for institutions providing acupuncture services was held in Dhulikhel, Kavre District, with the participation of 51 individuals.

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Progress on FY 2081/82 AWPB Key Activities



- Other Key Achievements: Yoga draft has been prepared.
- A 10-year work plan for Homeopathic treatment has been prepared.
- The registration process for Sowa Rigpa doctors has been simplified, and the registration process with the relevant council has begun.
- Coordination has been made with stakeholders for the development of Acupuncture treatment.

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चालु तर्फको प्रगति



बार्षिक चालुतर्फ बजेट	५,७८,६६,०००।
रोक्का बजेट	४९,७०,४१४।
बजेट रोक्का पछिको बजेट	५,२८,९५,५८६।
जम्मा वार्षिक खर्च	४,१०,०४,७०५।
जम्मा खर्च प्रतिशत	७७.५२%

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पूँजिगत तर्फको प्रगति



वार्षिक पूँजिगत बजेट	४,८३,५०,०००।
रोक्का बजेट	५४,२९,४४७।
बजेट रोक्का पछिको बजेट	४,२९,२०,५५३।
जम्मा वार्षिक पूँजिगत खर्च	२,७१,७०,६६४।
जम्मा खर्च प्रतिशत	६३.३०%

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Status of Financial Irregularities



- Total arrears up to the end of last fiscal year: Rs. 203,789
- Settled in this fiscal year: Rs. 101,027
- Settlement percentage: 49.57%

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Progress status on initiatives from the 2080/81 NJAR



2080/81 Progress Status	2081/82 Progress Status
<ol style="list-style-type: none"> 1. Through Nagarik Arogya Karyakram (Citizen Well Being Program), screening, diagnosis, treatment and counseling of major non-communicable diseases (Diabetes, Heart and Blood Vessel related Diseases, Cancer, COPD) have been provided. 2. National Ayurveda, Panchakarma and Yoga Center, Budhanilkantha building construction 	<ol style="list-style-type: none"> 1. 47000 people are benefited during NCD campaign conducted during month of Falgun. 1490 Nagrik Arogya Samuha have been formed and involved with health promotion activities. 2. National Ayurveda, Panchakarma and Yoga Center, Budhanilkantha building construction is about to complete and will be handover within a month, while this center has now running its opd service since 10 month in its annex building.

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Key Issues in the Field of Ayurveda and Alternative Medicine Services



- Expansion of access to Ayurvedic health services
- Quality of medicines and supply chain management
- Streamlining of the Ayurvedic health information management system
- Production and management of skilled human resources
- Financial security in Ayurvedic health services
- Application of research and innovation

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Priorities and Solutions/Remedial Measures





- 1. Good Governance and Leadership:**
O&M survey, professional development, vocational training, study visits, and observation tours.
- 2. Improvement Based on MSS Scoring.**
- 3. Health Infrastructure and Medicine Supply Chain:**
Implementation of building infrastructure and GMP standards; establishment of a new Drug Act for Ayurvedic medicines; creation of a dedicated division in the DDA with Ayurvedic experts for regulation of Ayurvedic medicines.
- 4. Health Human Resources:**
Studies, scholarships, and initiatives through the National Ayurveda Institute.
- 5. Health Service Flow:**
Integration of Ayurvedic services with basic hospitals (5/10/15 beds), and establishment of integrated medical hospitals in all seven provinces, including Ayurveda, Yoga, and Naturopathy services.
- 6. Health Information System:**
Strengthening AHMIS and mainstreaming it into HMIS (ICD 11 TM-II).
- 7. Financial Management:**
Adequate budget allocation and implementation of health insurance programs in Ayurvedic health services.

12/1/2025



PPMD, MoHP

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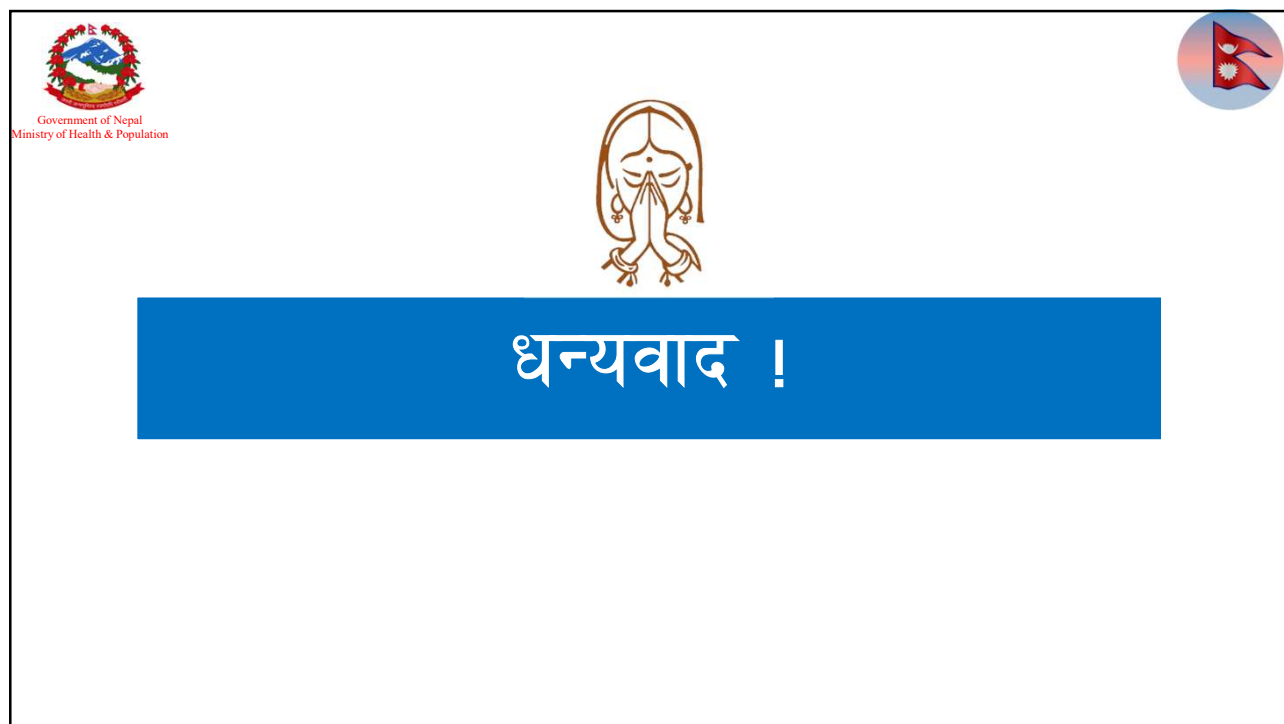
140

 <small>Government of Nepal</small> <small>Ministry of Health & Population</small>	Key Issues, Challenges and Way Forward		
Key Issues/challenges	Initiatives taken	Way forward	
Inadequate Infrastructure	Coordination with line ministries	Strengthen Infrastructure and Logistics	
Weak Supply Chain and Logistics	Coordination with Province for regular supply chain	Increase Budget and Financial Support	
Inadequate Human Resources	Coordination with Ministry for O&M survey	O&M survey	
Policy and Regulatory Challenges	Guidelines, Standards and Strategies are made	Implimentation of Ayurveda and Alternative Medicine Strategy-2082	

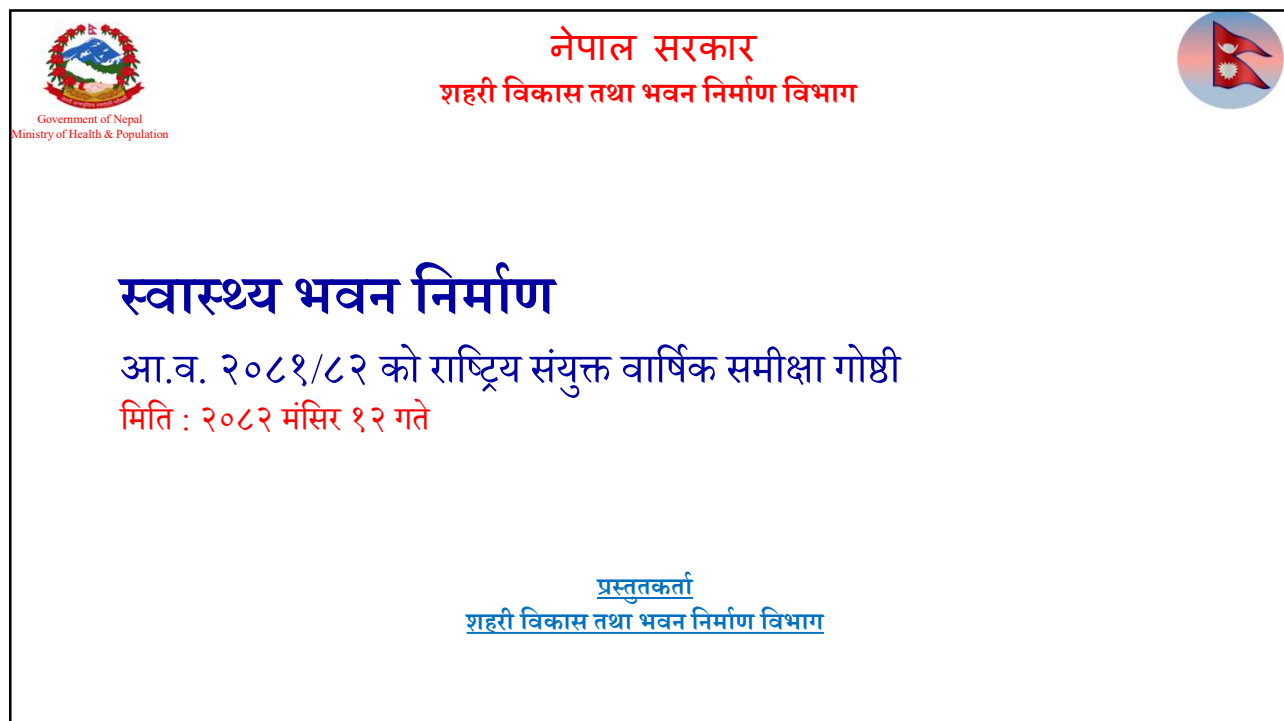
141

 <small>Government of Nepal</small> <small>Ministry of Health & Population</small>	Innovations		
	<ul style="list-style-type: none"> • SWARNA BINDU PRASHAN AS PILOT PROGRAM IS STARTED IN 25 DIFFERENT LEVEL AYURVEDA HAEALTH FACILITIES THROUGHOUT THE COUNTRY. • THIS PROGRAM IS FOCUSED ON HEALTH PROMOTION OF CHILDREN 1 TO 5 YEARS AND SUPPOSED TO BE HELPFUL FOR DECREASE MORBIDITY AND MORTALITY RATE IN THAT AGE GROUP. • INCLUSION OF ICD-11 TRADITIONAL MODULE 2 IN AHMIS AND AHMIS IS VISIBLE AS DASHBOARD ON WEBSITE AND ACCESSABLE FOR EVERYONE FOR DATA EXTRACTION AND USE. 		

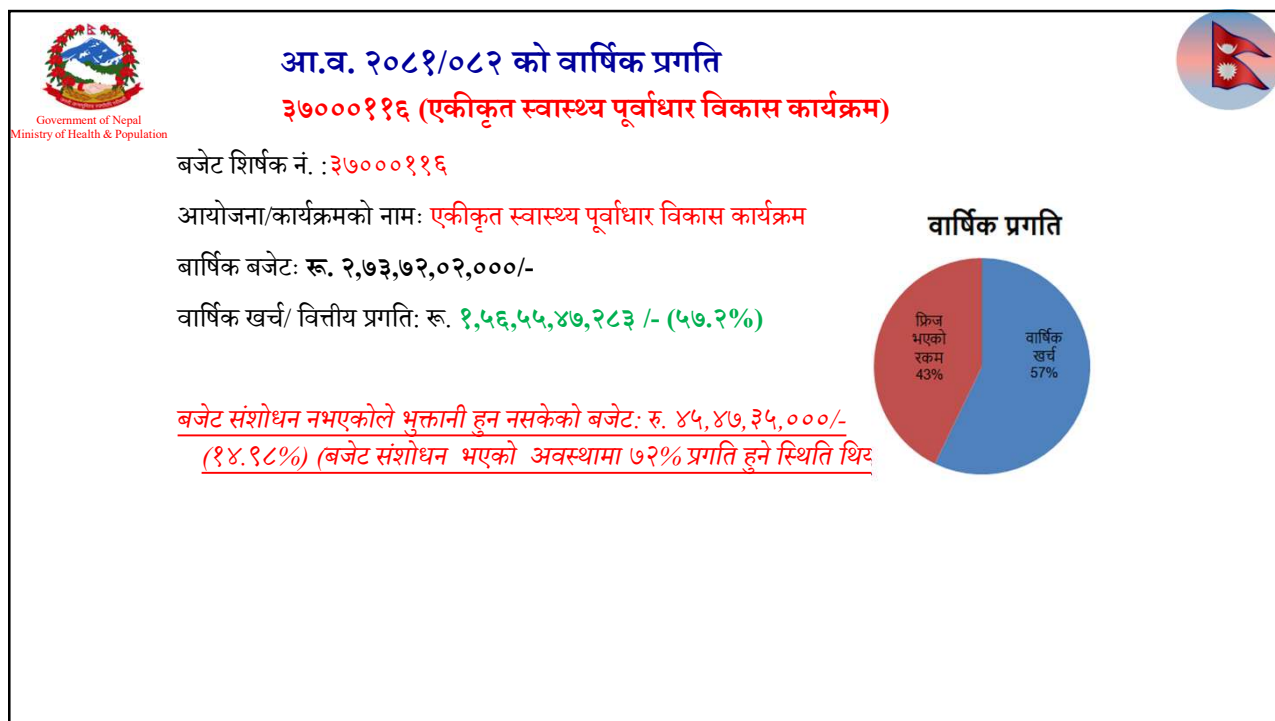
142



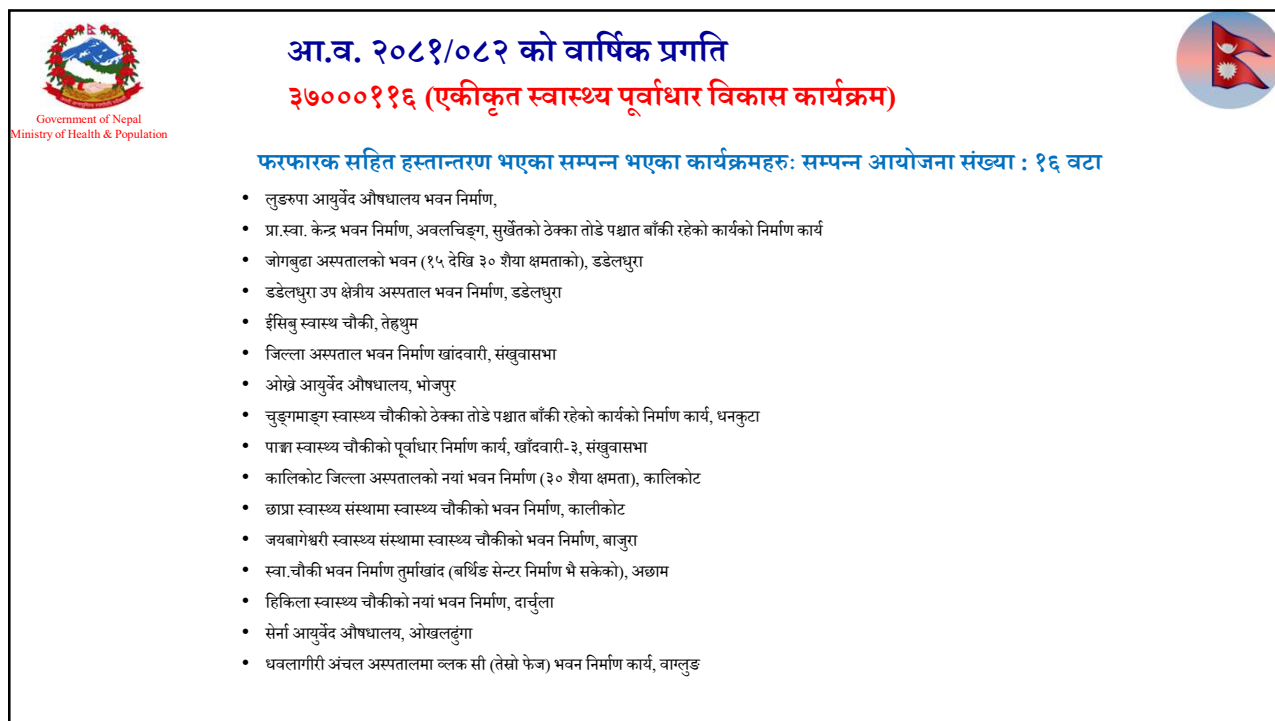
143




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आ.व. २०८१/०८२ को वार्षिक प्रगति

३७०००११६ (एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम)



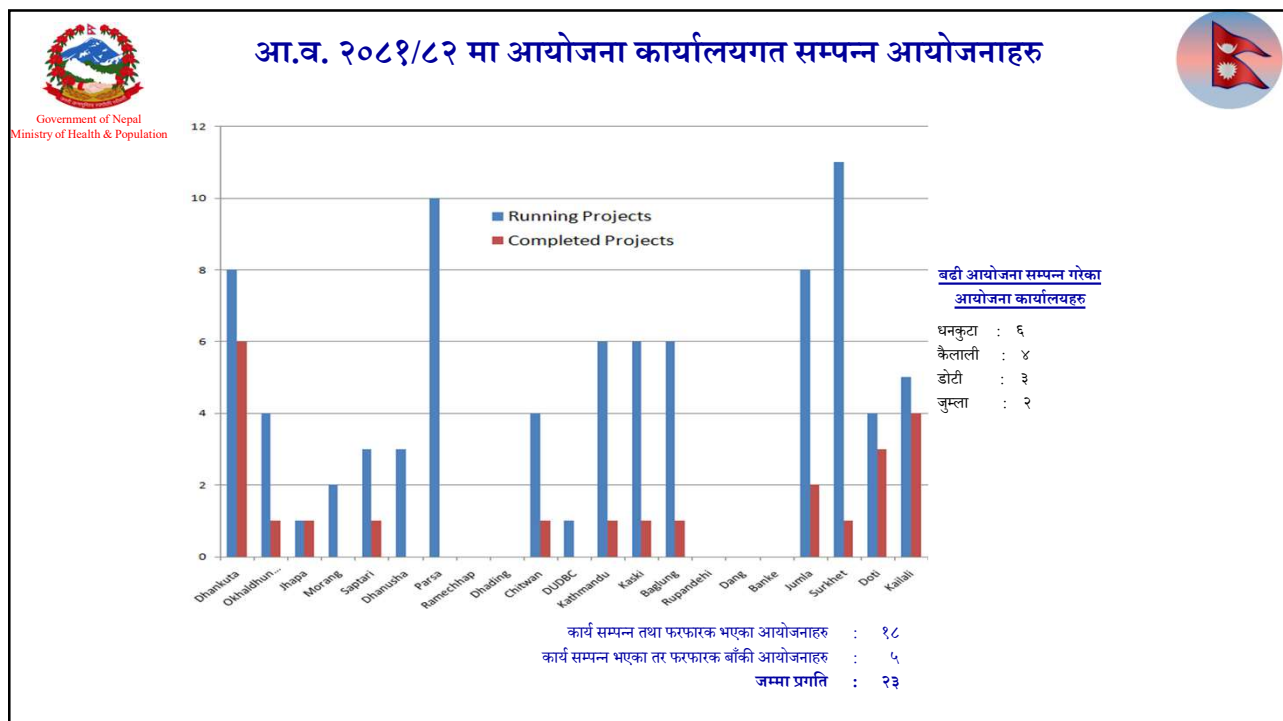
फरफारक भई हस्तान्तरण हुन बाँकी सम्पन्न भएका कार्यक्रम: २ वटा

- तिलाठी कोइलाडी, सकरपुरा जगवतीमा प्राथमिक अस्पतालको भवन निर्माण, सप्तरी
- नेपाल स्वास्थ्य अनुसन्धान परिषद्को भवन निर्माण कार्य, रामशाहपथ, काठमाडौं


कार्य सम्पन्न भुक्तानी हुन बाँकी भएका कार्यक्रमहरू: ५ वटा

- थोकलुंग स्वास्थ्य चौकी, तेह्रथुम
- प्रसुती तथा बालरोग अस्पताल भवन निर्माण कार्य, महाकाली अस्पताल, कञ्चनपुर
- प्रादेशिक जनस्वास्थ्य प्रयोगशाला, धनगढी, कैलाली
- बगुवा स्वास्थ्य संस्थामा स्वास्थ्य चौकीको भवन निर्माण, गोरखा
- हेटौंडा अस्पतालमा चार परिवार नर्सिङ क्वार्टर निर्माण तथा चार परिवार डाक्टर क्वार्टरको बाँकी फिनिसिङ कार्य सहित समग्र अस्पताल परिसरको Sewerage & Treatment System निर्माण कार्य, मकवानपुर

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सम्पूर्ण आयोजनाहरूको सारांश – समूहगत कार्यक्रम संख्या तथा अवस्था

३७०००११६ (एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम)




व.उ.शी.नं. ३७०००११६ (एकीकृत स्वास्थ्य पूर्वाधार विकास कार्यक्रम) अन्तर्गत आ.व. २०६१/०६२ देखि आ.व. २०८१/०८२ सम्म जम्मा २११३ स्वास्थ्य भवनहरू मध्ये जम्मा २०१८ भवनहरू फरफारक सहित सम्पन्न भएको छ ।

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८०% भन्दा कम प्रगति हुनुका कारणहरू



- स्रोत फुकुवा हुन समय लागेकोले, संशोधन नभएकोले रनिङ्ग विल भुक्तानी हुन नसकी निर्माण कार्यको गति घट्न गएको साथै क्रमागत तथा सम्पन्न आयोजनाहरूको भुक्तानी / फरफारक गर्न नसकेको । (११ वटा)
- हेटौँडा अस्पतालमा चार परिवार नर्सिङ क्वार्टर निर्माण तथा चार परिवार डाक्टर क्वार्टरको बाँकी फिनिसिङ कार्य सहित समग्र अस्पताल परिसरको Sewerage & Treatment System निर्माण कार्य, मकवानपुर
- प्रादेशिक जनस्वास्थ्य प्रयोगशाला, सुर्खेत
- प्रसूती तथा बालरोग अस्पताल भवन निर्माण कार्य, महाकाली अस्पताल, कञ्चनपुर
- प्रादेशिक जनस्वास्थ्य प्रयोगशाला, धनगढी, कैलाली
- मेडिकल भवन निर्माण कार्य, कोशी अस्पताल, विराटनगर (क्रमागत)
- जिल्ला अस्पताल, बेनी म्याग्दी (५० शैया क्षमताको भवन), म्याग्दी (क्रमागत)
- रुकुमको चौरजहारीमा अस्पतालको पूर्वाधार निर्माण कार्य, रुकुम पश्चिम (क्रमागत)

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Government of Nepal
Ministry of Health & Population

आयोजना/कार्यक्रमको समस्या सम्बन्धी विवरण

आयोजना कार्यान्वयनमा देखिएका मुख्य- मुख्य समस्याहरू	समस्या देखापर्नुका कारणहरू	समस्या समाधान गर्न गरिएका प्रयासहरू	मविसस समिति (MDAC) मा प्रस्तुत गर्नुपर्ने देखिएका समस्याहरू	समस्या समाधानका लागि सुझाव
नयाँ कार्यक्रमहरूको स्रोत सुनिश्चितता नहुनु ।	<ul style="list-style-type: none">विगत स्वास्थ्य पूर्वाधार विकास कार्यक्रममा बहु-वर्षीय स्वीकृति बिना नै कार्य अगाडि बढिरहेको ।	स्रोत सुनिश्चितताका लागि श्री स्वास्थ्य तथा जनसंख्या मन्त्रालय मार्फत श्री अर्थ मन्त्रालयमा सहमतिको लागि अनुरोध गरी पठाइएको ।	प्राथमिकतामा रहेका कार्यक्रमहरूको समेत स्रोत सुनिश्चितता प्राप्त नभएको अवस्था रहेको	नयाँ कार्यक्रमहरूको आवश्यकता र प्राथमिकताका आधारमा स्रोत सुनिश्चितता सम्बन्धी नीतिगत निर्णय हुनुपर्ने
कार्यक्रम कार्यान्वयनको लागि आवश्यक न्यूनतम बजेट अमुग भएको ।	स्वास्थ्य मन्त्रालयबाट सिलिङ्ग कम प्राप्त भएको ।पूतः प्रस्ताव गर्दा अर्थको पूर्व स्रोत सहमति नभएको योजनाको हकमा अर्थमन्त्रालयबाट बजेट थप नदिएको ।वैदेशिक स्रोत फुकुवामा समेत समय लागेको	श्री स्वास्थ्य तथा जनसंख्या मन्त्रालय मार्फत श्री अर्थ मन्त्रालयमा बजेट संशोधन/थप को लागि अनुरोध गरी पठाइएको ।	प्राप्त बजेटमा कार्यक्रम कार्यान्वयनमा जान नसकिने अवस्था रहेको ।	कार्यक्रम अनुरूपको बजेट व्यवस्थापन हुनुपर्ने ।
निर्माण स्थलको व्यवस्थापन, IEE/EIA बिना कार्यक्रम प्रस्ताव हुनुका कारण उक्त कार्यक्रमहरूमा बजेट फ्रिज भई प्रगति कम हुनु	<ul style="list-style-type: none">जग्गाको लागि बजेट विनियोजन नहुनु ।बिना लगानी उपलब्ध भएको जग्गा पायक पर्ने ठाउँमा प्राप्त नहुनु ।जग्गा सुनिश्चित नभई कार्यक्रम LMBIS मा प्रविष्ट हुनु ।EIA/IEE गर्न समय लाग्ने भएकोले खरिद प्रकृया ढिलाई हुने गरेको ।	सरोकारवाला निकायहरूसँग सम्पर्क र समन्वय गरी जग्गा खोजीको पहल गरिएको ।EIA/IEE का कार्यहरूको लागि परामर्श सेवा खरिद गरिएको।लामि समय देखि कार्यक्रम परी जग्गा व्यवस्थापन नभएका कार्यक्रमहरूलाई निरन्तरता नदिन स्वास्थ्य मन्त्रालयलाई सुझाव दिईएको।	स्वास्थ्य पूर्वाधार सरकारको प्राथमिकता प्राप्त आयोजनामा परेता पनि उपयुक्त र पर्याप्त जग्गा उपलब्ध नहुँदा प्राप्त कार्यक्रम अनुसार कार्यान्वयनमा जान नसकेको ।	स्वास्थ्य पूर्वाधार जस्तो प्राथमिकता प्राप्त कार्यक्रमको लागि जग्गा खरिद गरेर वा लिजमा लिएर भए पनि उपयुक्त जग्गा खरिदका लागि बजेटको व्यवस्था हुनुपर्ने ।निर्माण स्थलको व्यवस्थापन पछि मात्र कार्यक्रमको LMBIS मा प्रविष्टि गर्नुपर्ने।

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Government of Nepal
Ministry of Health & Population

समस्याग्रस्त आयोजनाहरू

श्री अख्तियार दुरुपयोग अनुसन्धान आयोगको प्रथम प्रतिवेदनमा सूचीकृत

रुण आयोजना सम्बन्धमा

जम्मा सूचीकृत रुण आयोजना संख्या	:	४४२
फरफारक सहित सम्पन्न रुण आयोजना संख्या	:	३९७
सम्पन्न फरफारक बाँकी रुण आयोजना संख्या	:	१३
ठेक्का तोडिएका रुण आयोजना संख्या	:	१४
ठेक्का रद्द गरिएका रुण आयोजना संख्या	:	३
चालू अवस्थामा रहेका रुण आयोजना संख्या	:	१५

ठेक्का तोडिएका १४ आयोजनाहरू मध्ये १३ आयोजनाहरूको वैकल्पिक ठेक्का व्यवस्थापन कार्य भएको ।
यस आ.व. मा फरफारक सहित सम्पन्न ७, निर्माण कार्य सम्पन्न फरफारक हुने हुन बाँकी २ ।

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Government of Nepal
Ministry of Health & Population

निर्माणाधीन आयोजनाका फोटोहरु










राष्ट्रिय आयुर्वेद पञ्चकर्म तथा योग सेवा केन्द्र, बुढानिलकण्ठ, काठमाडौं

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Government of Nepal
Ministry of Health & Population

निर्माणाधीन आयोजनाका फोटोहरु





जिल्ला अस्पताल म्याग्लुङ्ग, तेह्रथुम



कोशी अस्पताल

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सम्पन्न आयोजनाका फोटोहरु





हिकिला स्वास्थ्य चौकीको नयां भवन निर्माण, दार्चुला



जयबागेश्वरी स्वास्थ्य संस्थामा स्वास्थ्य चौकीको भवन निर्माण, बालुवा



स्वा.चौकी भवन निर्माण तुर्माखांद (बर्थिङ सेन्टर निर्माण भै सकेको), अछाम



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सम्पन्न आयोजनाका फोटोहरु





छाप्रा स्वास्थ्य संस्थामा स्वास्थ्य चौकीको भवन निर्माण, कालीकोट



कालिकोट जिल्ला अस्पतालको नयां भवन निर्माण (३० शैया क्षमता), कालिकोट

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सम्पन्न आयोजनाका फोटोहरु





ईसिबु स्वास्थ्य चौकी, तेह्रथुम



चुङ्गमाङ्ग स्वास्थ्य चौकीको ठेक्का तोडे पश्चात बाँकी रहेको कार्यको निर्माण कार्य, धनकुटा



जिल्ला अस्पताल भवन निर्माण खांदवारी, संखुवासभा

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सम्पन्न आयोजनाका फोटोहरु





ओख्रे आयुर्वेद औषधालय, भोजपुर



पाङ्जा स्वास्थ्य चौकीको पूर्वाधार निर्माण कार्य, खाँदवारी-३, संखुवासभा


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Government of Nepal
Ministry of Health & Population

GP Koirala national center for respiratory disease






➤ **Location:** Dulegaunda , Suklagandaki, Tanahu district, Gandaki province

➤ **Proposed Site Area (As per Lalpurja):** 514.75 Ropani (2,26,874.41 sq. m)

➤ **1000 bed Hospital (300 bed pulmonary and 700 bed general hospital)**

➤ **Estimated Cost for 300 bed pulmonary hospital :** Around Nrs. 5.5 billion

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Government of Nepal
Ministry of Health & Population

डि.पि.आर. तयारीमा रहेका केही योजनाहरु





GP Koirala national center for respiratory disease

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Government of Nepal
Ministry of Health & Population

डि.पि.आर. तयारीमा रहेका केही योजनाहरू



GP Koirala national center for respiratory disease

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Government of Nepal
Ministry of Health & Population

डि.पि.आर. तयार भएका केही योजनाहरू



हेल्थ प्लाजा, टेकु

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हेल्थ प्लाजा



SITE AREA= 27272.2 Sq.m (53-9-2-3.56)


PHASE 1 PLINTH AREA = 1029.519 SQ.M.

PHASE 2 & PHASE 3 PLINTH AREA = 3267.299 SQ.M.


1st phase built up area	9202.26 sq.m.
2nd phase built up area	10728.5 sq.m.
3rd phase built up area	12162.9 sq.m.
Total Built up area	32093.7 sq.m.




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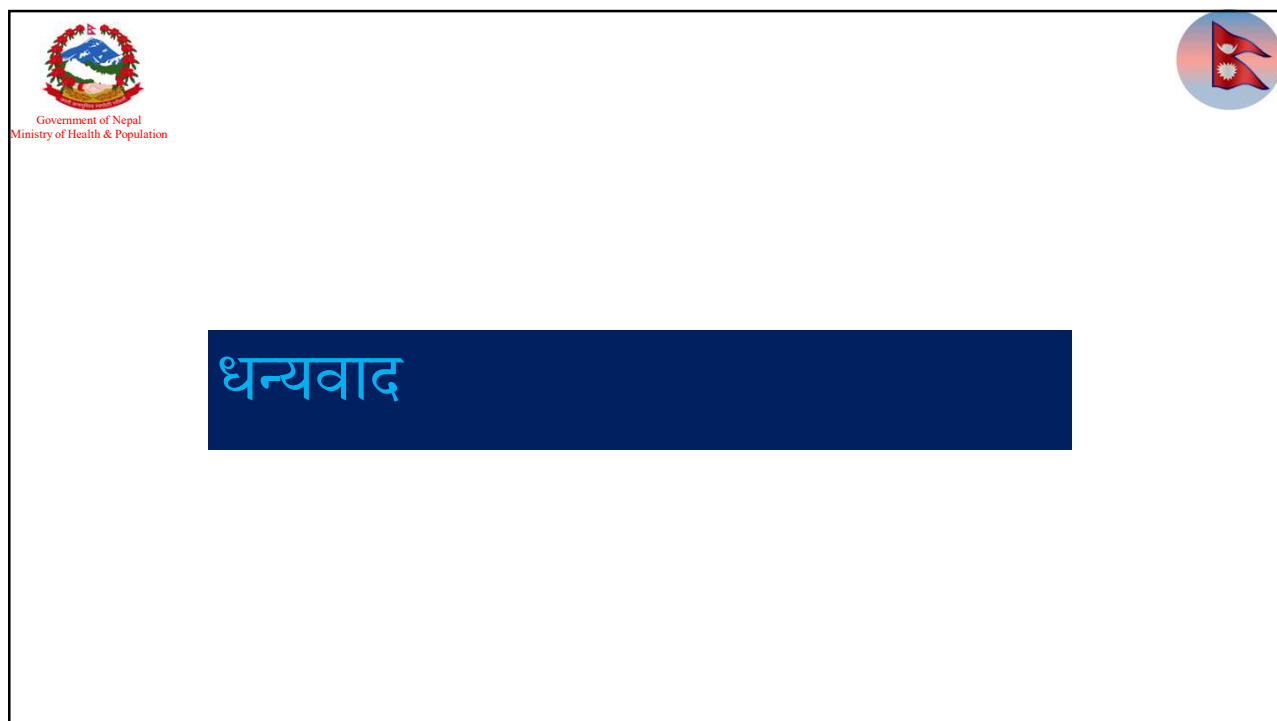


स्वास्थ्य मन्त्रालयबाट सहजीकरण हुनुपर्ने

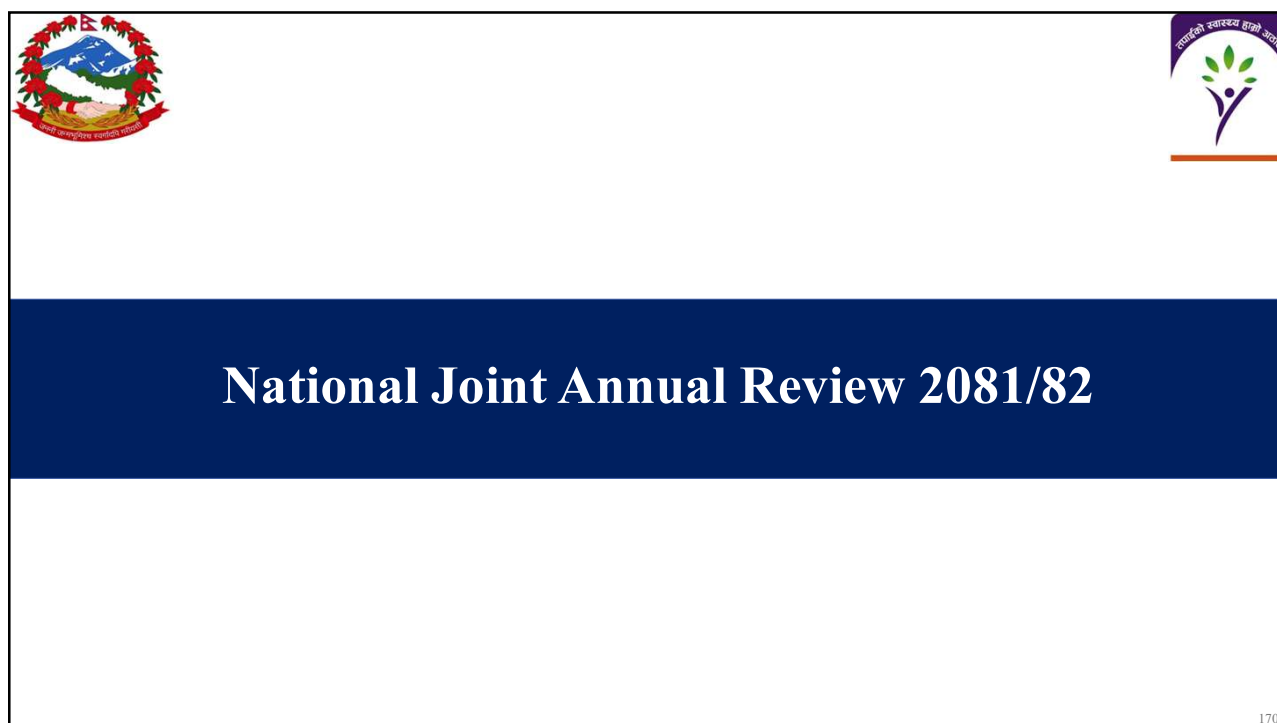


- दाताको संयुक्त कोषको श्रोत समयमा नै फुकुवा हुनुपर्ने ।
- नयाँ कार्यक्रमहरुको स्रोत सुनिश्चितता तथा वहु वर्षीय खरिद गुर्योजना स्वीकृत हुनुपर्ने ।
- निर्माण स्थलको सुनिश्चितता तथा DPR/EIA/IEE तयार भएका योजनाहरु मात्र वार्षिक कार्यक्रममा समावेश गर्नुपर्ने ।
- मन्त्रालय अन्तर्गत हुने निर्माण कार्यहरु एक द्वार प्रणालीको रुपमा शहरी विकास तथा भवन निर्माण विभागबाट कार्यन्वयन भएमा बजेट व्यवस्थापन तथा अनुगमनमा सहजता हुने ।

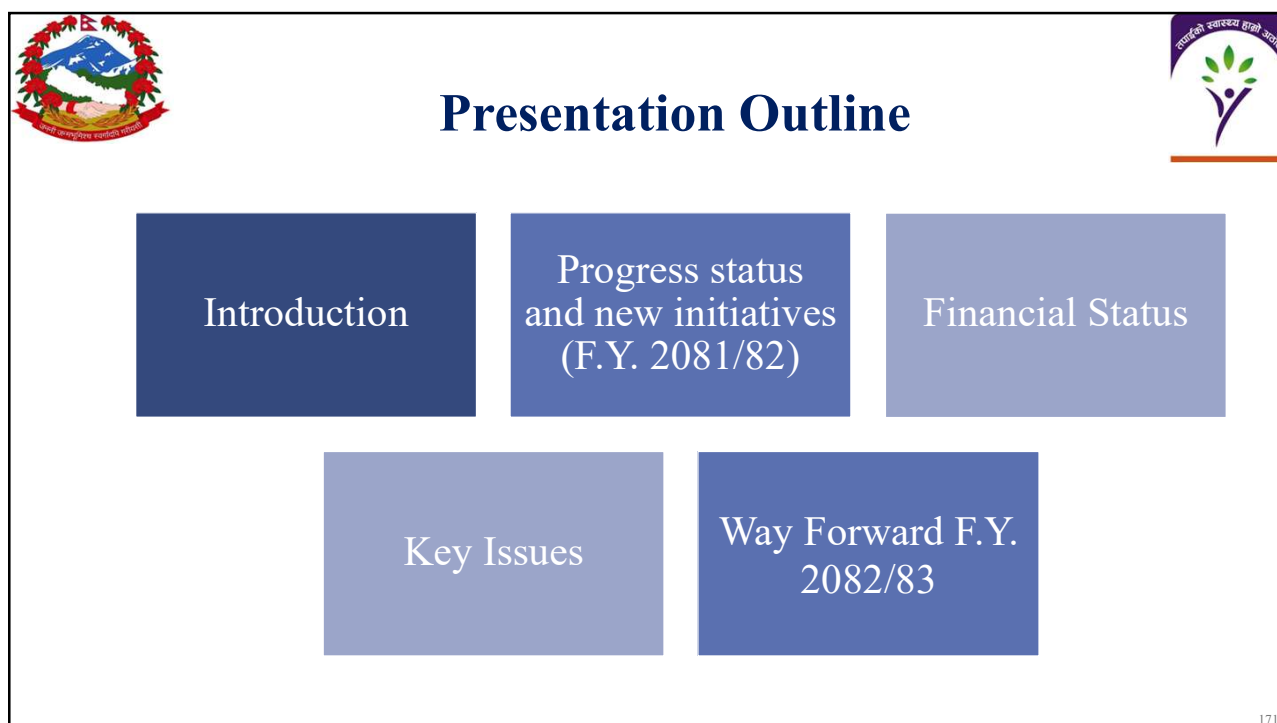
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Introduction

Health Insurance Program is a social protection program of the Government of Nepal that aims to enable its citizens to access quality health care services without placing a financial burden on them.

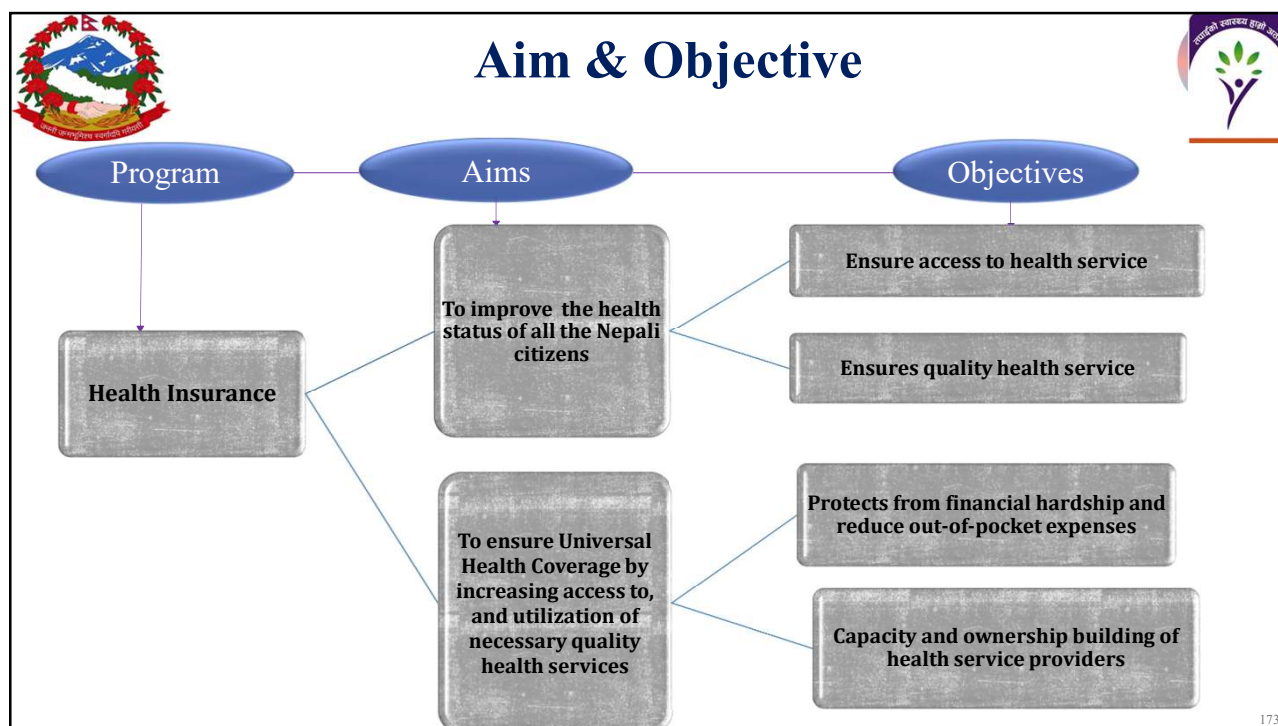
The households, communities and government are directly involved in this program.

It helps prevent people from falling into poverty due to health care costs.

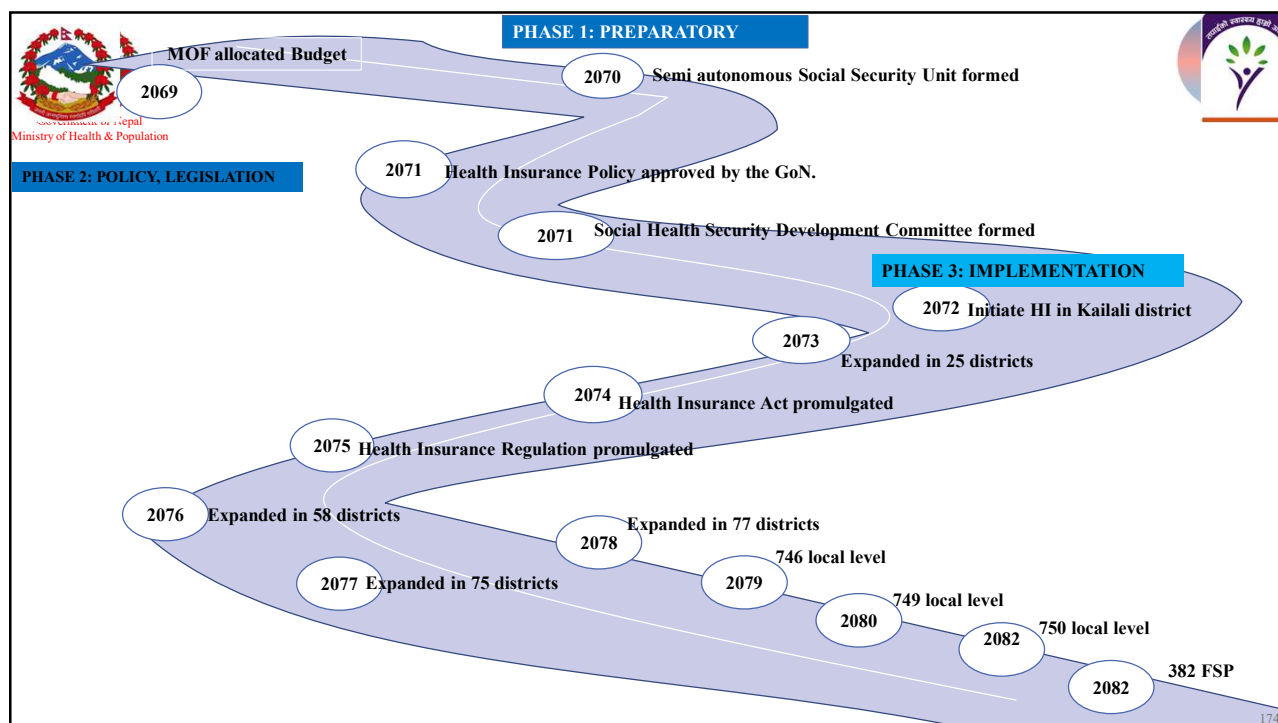
In FY 2071/72, the Government of Nepal had announced to roll out to three districts (Kailai, Baglung and Illam)

It was run under the Social Health Security Development Committee, however since FY 2074/75, it has been running under the Health Insurance Board (HIB)

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- Full package revised and implement from Bhadra 2081
- The benefit package is revised using ***Input based and analytical approach.***
- Providers payment:- Mix Model (Fee for service and packages)
- Including 1339 services, 1289 medicines

• Method of revision

```

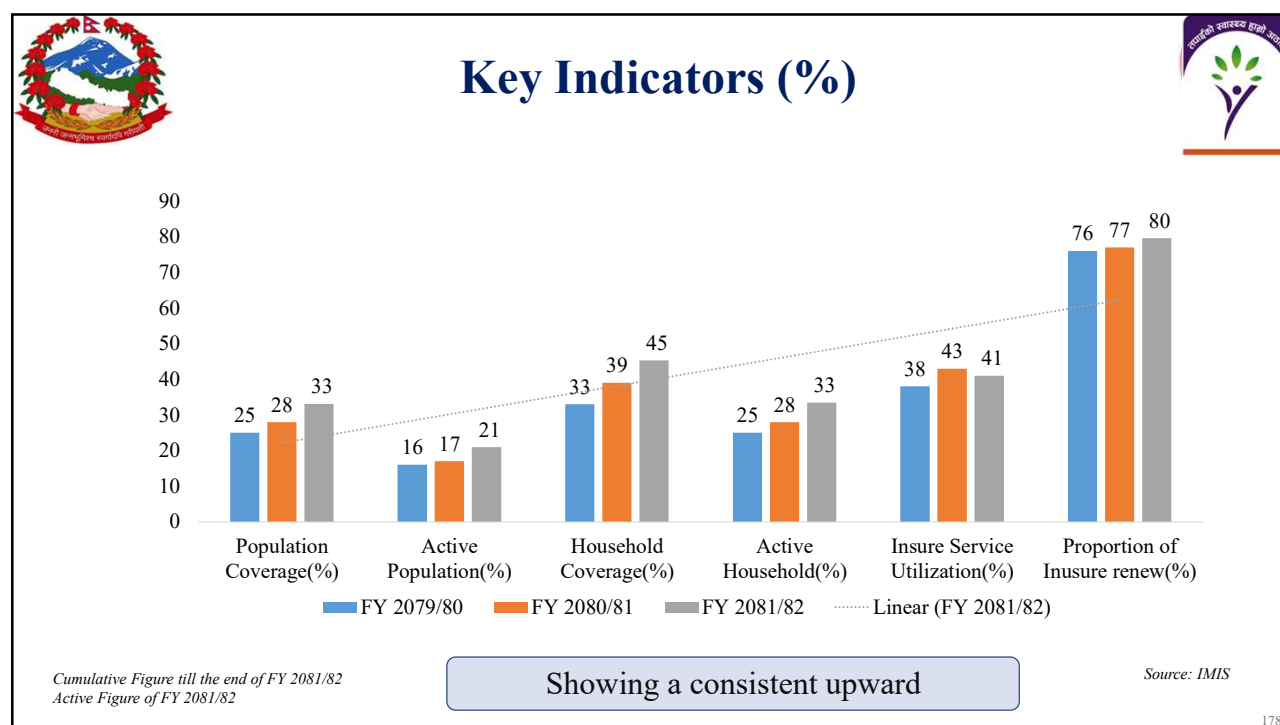
graph TD
    A[Calculation of weighted average and mode value from rates collected, Consulting with experts] --> B[Verification of list of services and adding of missing services]
    B --> C[Addition of verified services to the defined categories]
    C --> D[List and rate of services collection]
    D --> E[Categorization of current benefit package]
    E --> A
  
```

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Progress Status and New Initiatives (F.Y. 2081/82)

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Key Indicators(n)



Population Coverage	96,43,933
Household Coverage	30,21,946
Active Population	61,25,585
Active Household	22,28,354
Service User (Population)	25,12,308
Renew (Insure)	48,73,035
Total Number of Claims	1,25,79,165
Mean number of visit	5

Source: IMIS

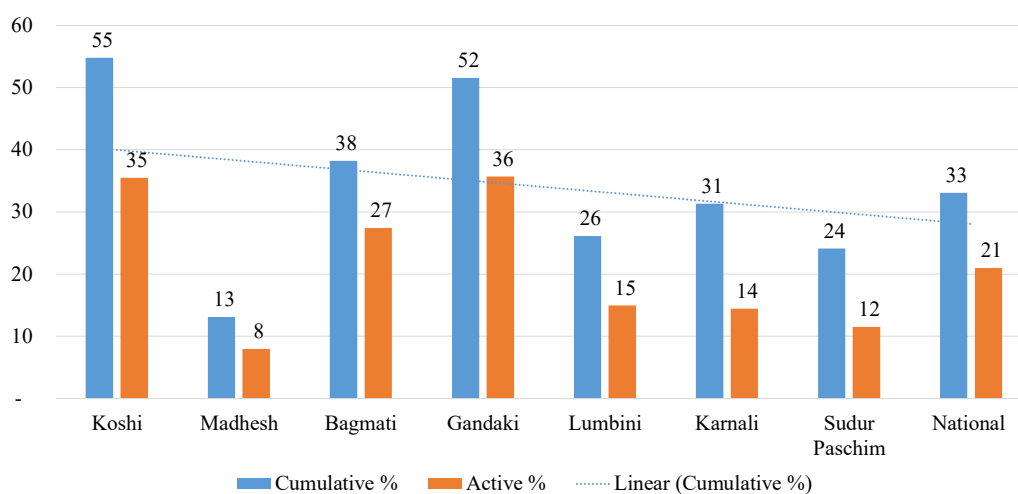
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Province-wise Cumulative and Active Population(%)

FY 2081/82



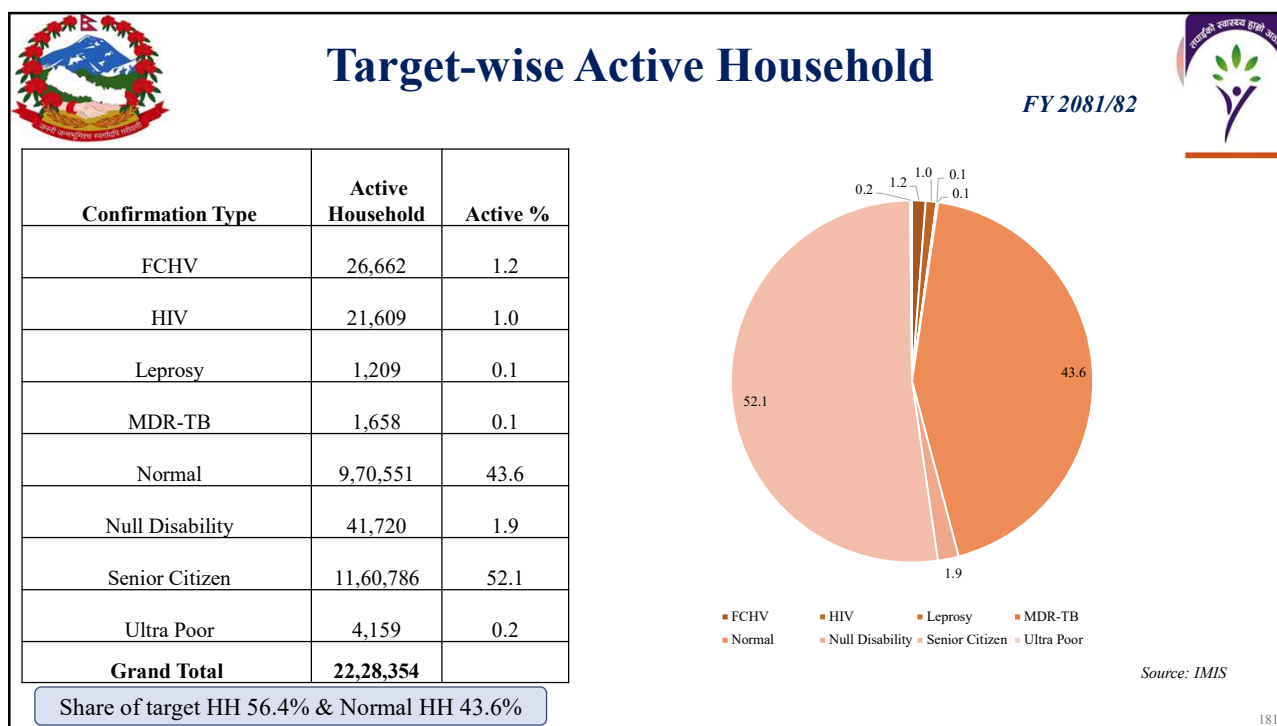
Cumulative Figure till the end of FY 2081/82
Active Figure of FY 2081/82

Provincial Variation

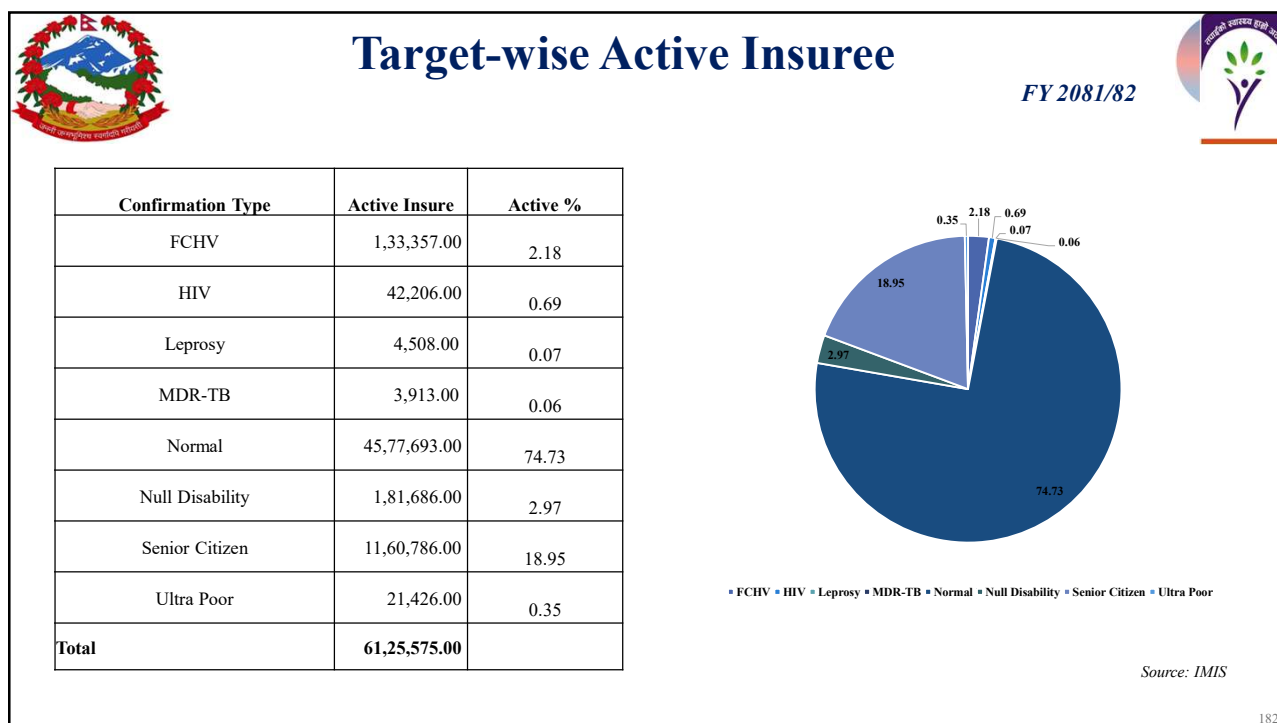
Source: IMIS

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Service Provider Distribution

Till now



Province	Government	Private	Community	Total
Koshi	93	17	4	114
Madhesh	52	6	3	61
Bagmati	108	9	10	127
Gandaki	59	3	1	63
Lumbini	58	4	7	69
Karnali	34	0	3	37
Sudurpashchim	34	0	2	36
Total	438	39	30	507

Source: IMIS

Koshi and Bagmati Province has highest number of HF

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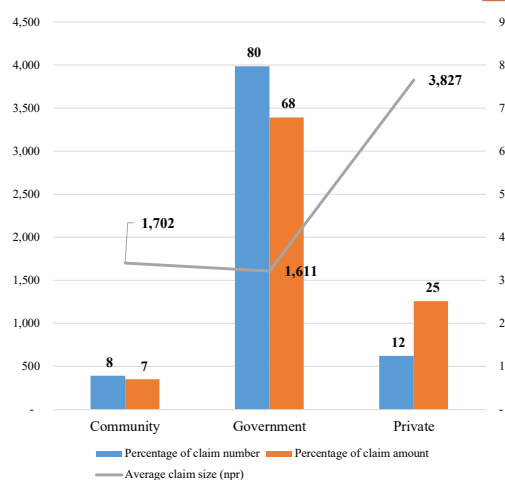


Hospital-wise Claim Status

FY 2081/82



Type of HF	Number of claims	Percentage	Amount of claims	Percentage	Average claim size (npr)
Community	9,82,564	8	1,67,22,07,653	7	1,702
Government	1,00,31,927	80	16,15,77,75,277	68	1,611
Private	15,64,674	12	5,98,73,00,777	25	3,827
Total	1,25,79,165		23,81,72,83,707		1,893



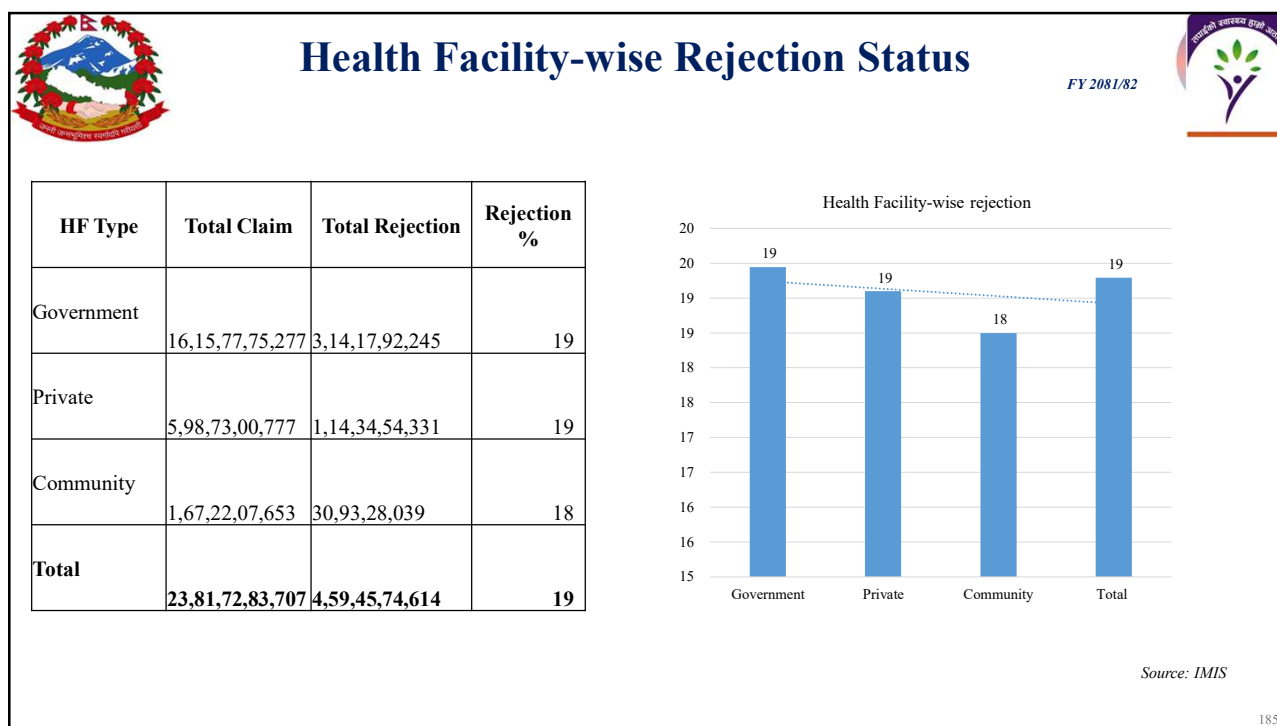
Min number of visit	1
Average number of visit	5

Government HF with highest claim & Private with highest claim size

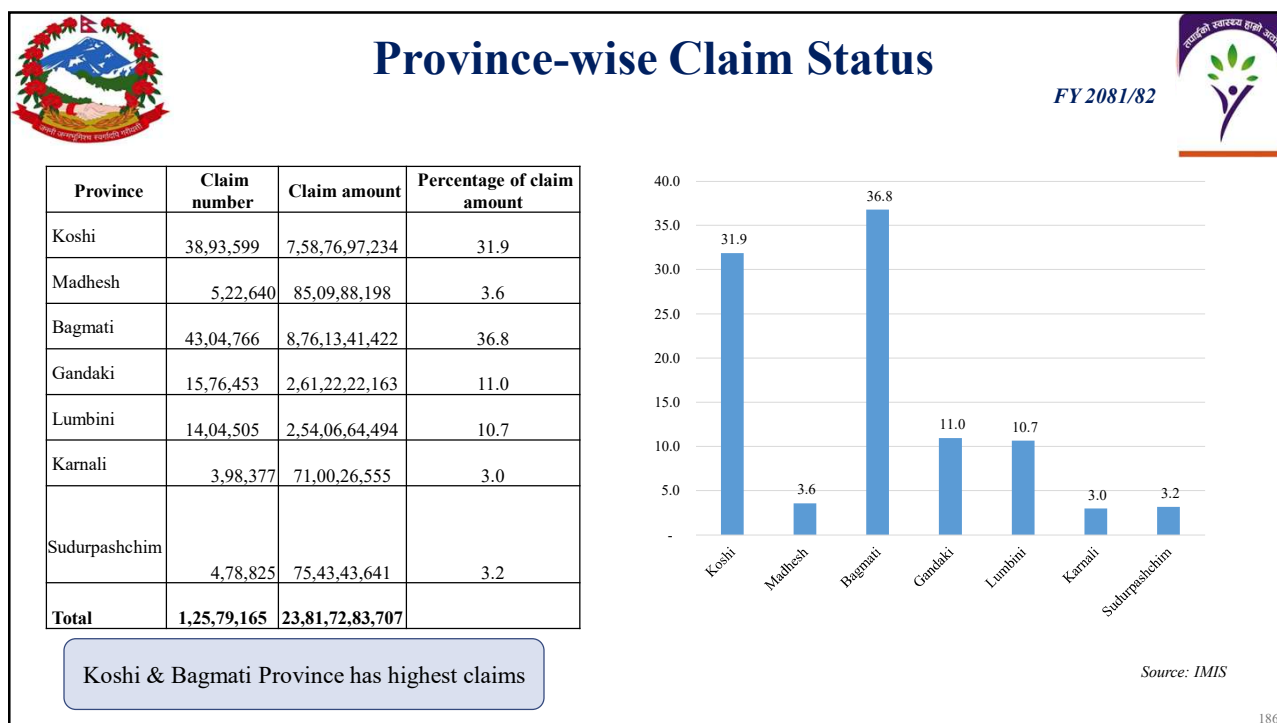
Source: IMIS

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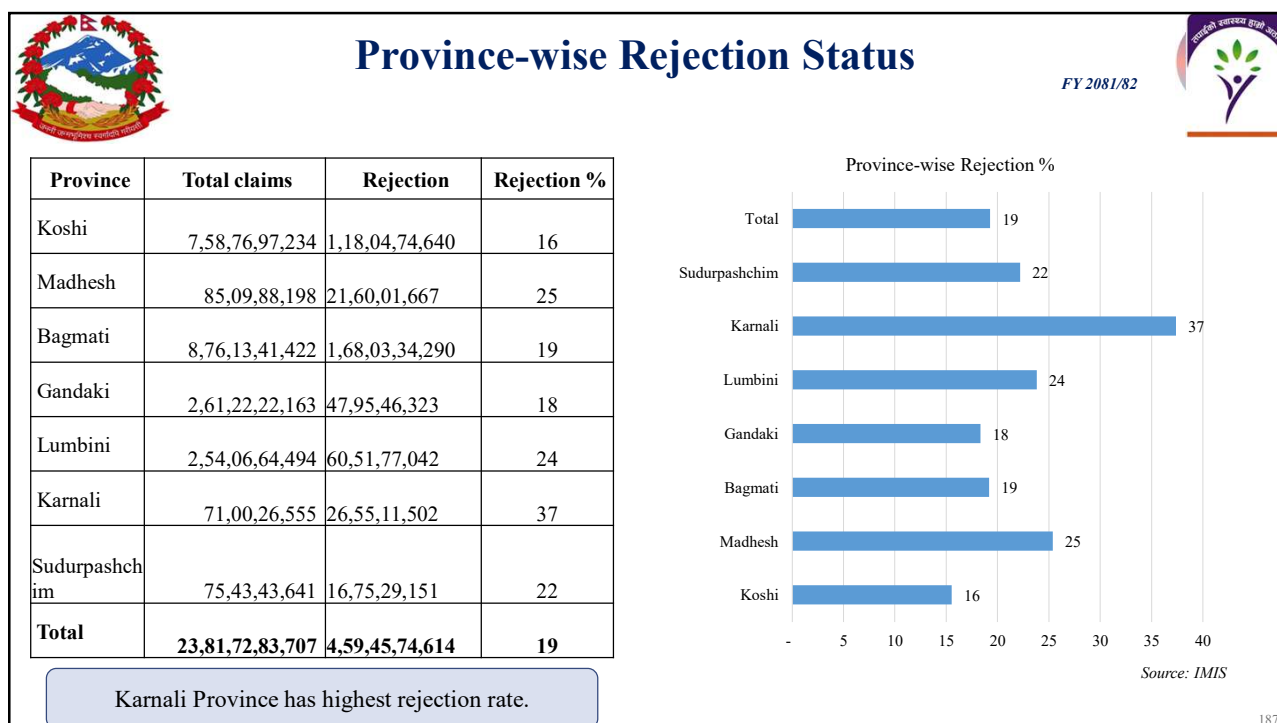
184



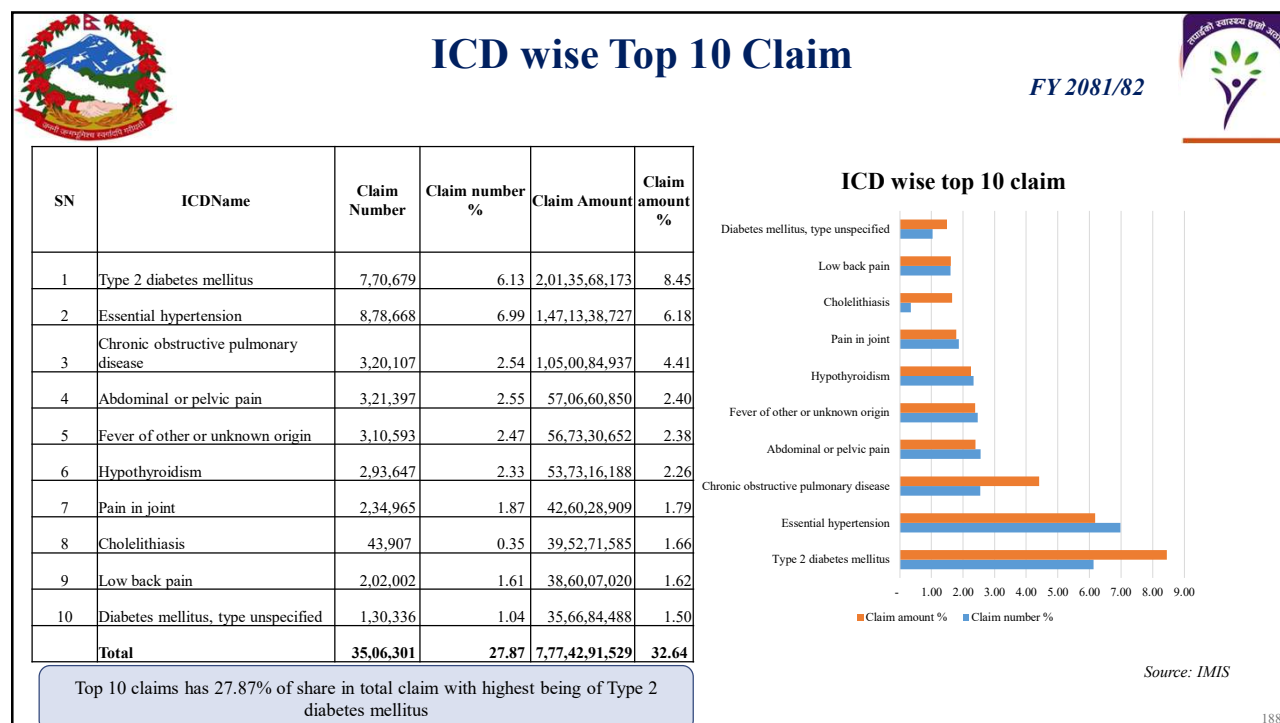
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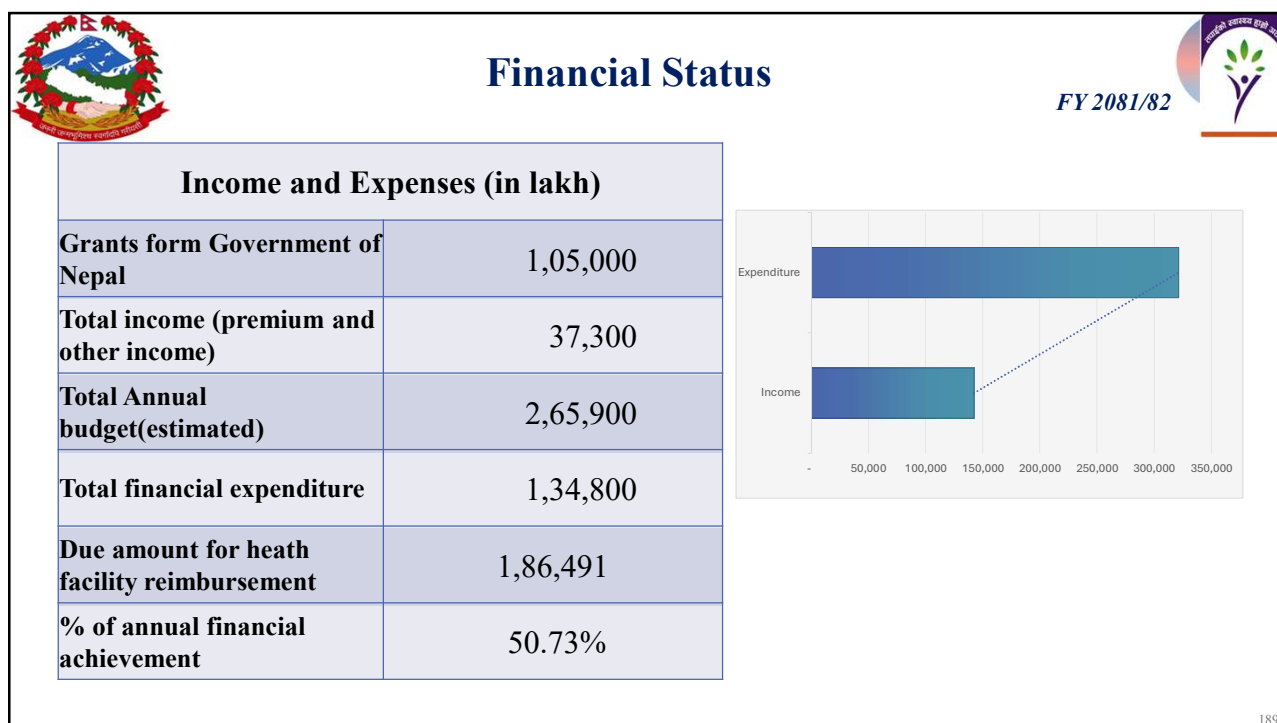
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Beruju Status



FY 2081/82

FY	Beruju
2073/74	8,74,645
2074/75	6,57,00,817
2075/76	7,86,11,145
2076/77	2,31,78,72,970
2077/78	31,84,15,060
2078/79	10,33,79,408
2079/80	4,61,18,226
2080/81	5,72,64,866
Till 2080/81	2,98,82,37,137
Total Clearance	86,00,000
Total Submitted for clearance	6,86,00,000

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Key Contributions to Nepal's Health System



- ✓ Health system digitalization
- ✓ Increasing health-seeking behavior among the population
- ✓ Strengthening provider–patient relationships
- ✓ Promoting health equity
- ✓ Enhancing providers' capacity
- ✓ Improved supply chain and logistics management systems
- ✓ Public–private partnership (PPP) initiatives
- ✓ Improving progress toward the Universal Health Coverage (UHC)

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New Initiatives

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Legal Reforms



- ☐ Amendment of Health Insurance Act, 2074 and Regulation 2075
- ☐ Amendment of claim review and evaluation protocol, 2078
- ☐ Endorsement of Health Insurance Strategic Roadmap, 2081/82- 2086/87
- ☐ Revision of Benefit Package
- ☐ Service activation period has been reduced from 3 months to 1 month
- ☐ The referral system has been established to facilitate access to services from any primary care point across the country
- ☐ Additional 1 lakh for 8 critical illness under health insurance
- ☐ Health Insurance Renew Protocol, 2082
- ☐ Enrolment of Poor and Vulnerable Household in Health Insurance guideline, 2082

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Operational Reforms



- ☐ Real time claim mechanism
- ☐ Expansion of first service point to 382 local levels
- ☐ No pending claim till Ashoj 2082
- ☐ First point remove from tertiary hospital
- ☐ Claim review based on insuree ID rather than hospital
- ☐ IMIS capacity upgrade

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Study/Research



- ☐ Actuarial analysis with different model/ options of premium/ ceiling
- ☐ Financial Sustainability Strategy,
- ☐ Health insurance impact on OOP,
- ☐ IT system gap assessment and reform plan,
- ☐ Communication Strategy,
- ☐ Central Bidding Local Purchasing (CBLP) Procurement mechanism.

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Key Issues



- ☐ HIB lacks the permanent O& M structure and human recourse
- ☐ Difficulty in enrollment of formal sector, family of foreign employee & other groups as stated in Health Insurance Act,
- ☐ Insufficient fund for reimbursement management,
- ☐ Moral Hazard & Adverse selection,
- ☐ Intragovernmental coordination,
- ☐ Fragmented social health protection program,
- ☐ Inconsistent adoption of digital tools such as EHR/EMR

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Way Forward

- ☐ Permanent O & M structure and HR,
- ☐ Enforcement of Health insurance Act,
- ☐ Financial sustainability,
- ☐ Full automation of Health insurance system(use of AI-ML and modular version of IMIS),
- ☐ Health insurance services split from basic health services,
- ☐ Expansion of first contact point at each local level,
- ☐ 24-hour grievance-handling system

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Thank you

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National Joint Annual Review 2081/82

Reflections from Provincial Review



Government of Nepal
Ministry of Health and Population

Dr. Bhim Prasad Sapkota
Chief, Health Coordination Division

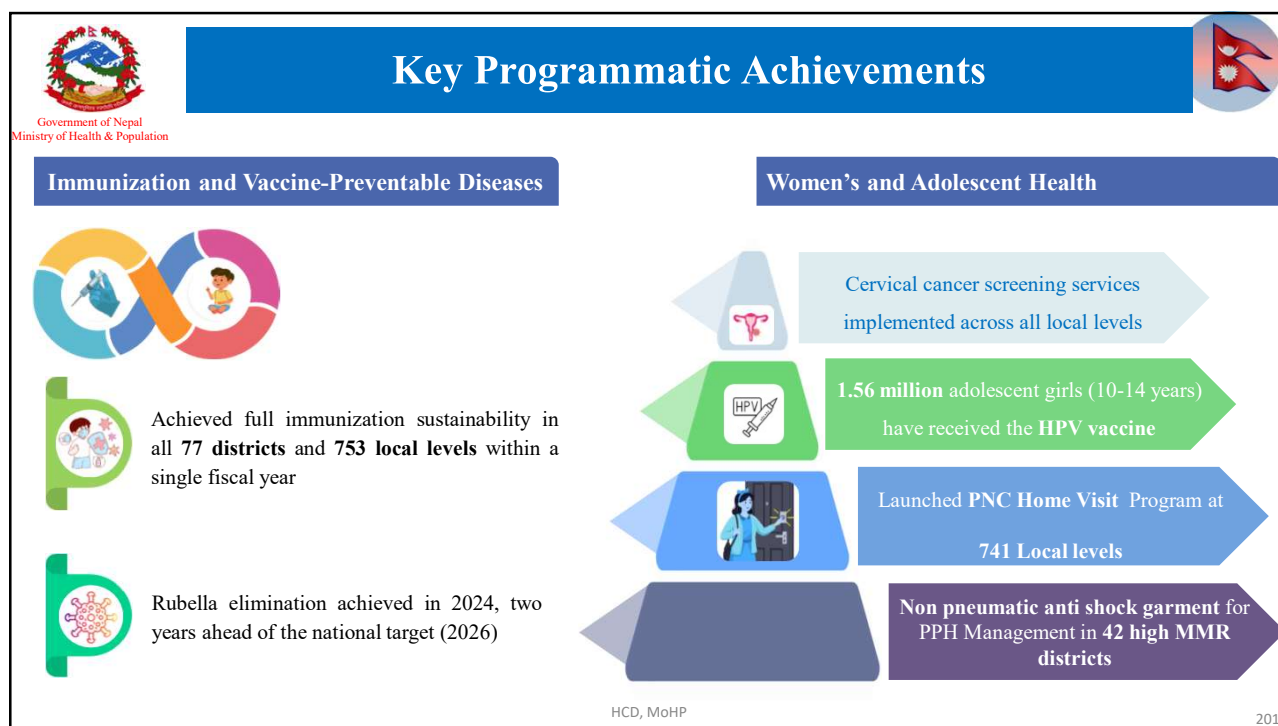
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Presentation Outline

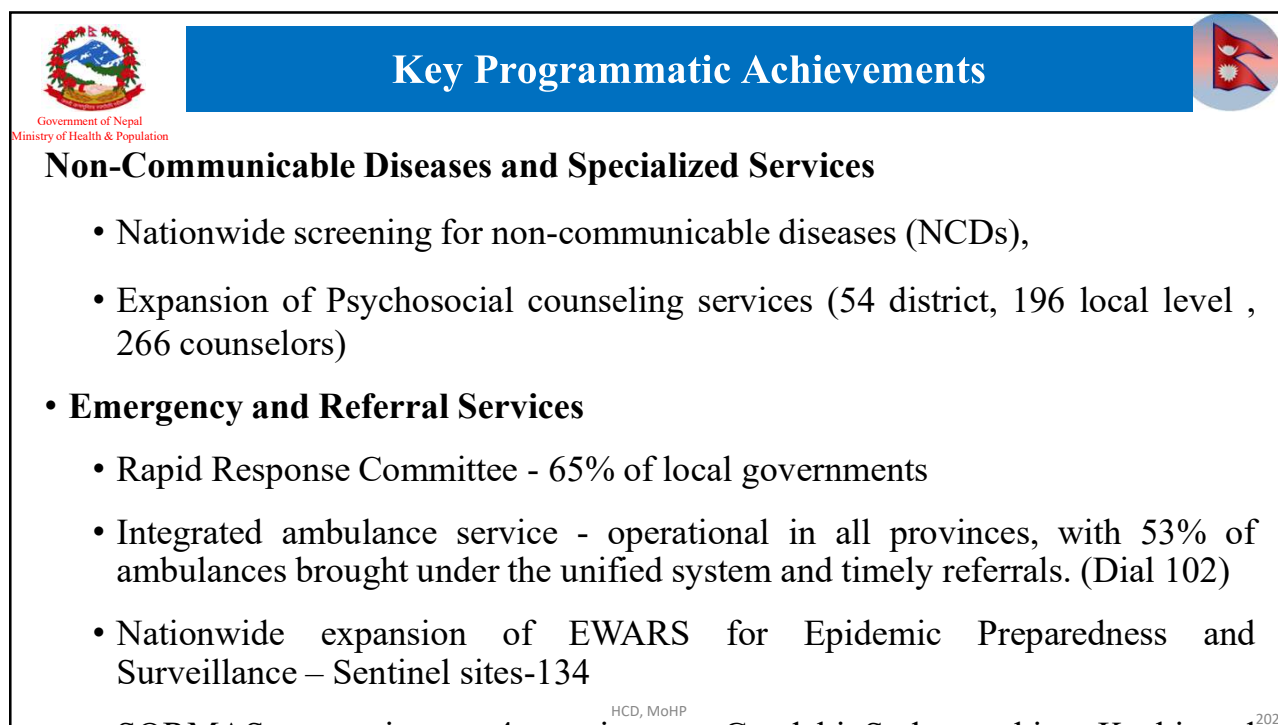
- ❶ Key Programmatic Achievements
- ❷ Health Facility and Workforce Registration – Provincial Status
- ❸ Flagship Initiatives from the Local Level
- ❹ Flagship Initiatives from the Province
- ❺ Key Issues and Challenges – Provincial Reflection
- ❻ Provinces and Local Levels' Expectations with Federal Government

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Key Programmatic Achievements



Government of Nepal
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Universal Health Coverage

- Health Insurance Program Coverage:
 - Population coverage - 33%
 - Household coverage - 45%
 - Renewal - 80%

Health Infrastructure Expansion

- Basic Hospital Constructions (5/10/15 beds) – 78

Hospital Services

- Hemodialysis services - 116 sites
- Hypothermia alert device for small and pre-term baby - 12 hospitals

Communicable disease

- NCASC M&E framework established
- Scaling up of TB diagnostic Services
 - AI based X-ray screening - 9 sites
 - Gene-Xpert site expansion - 117 sites
- Global Leprosy mapping program implemented - Online GPS tracking cases

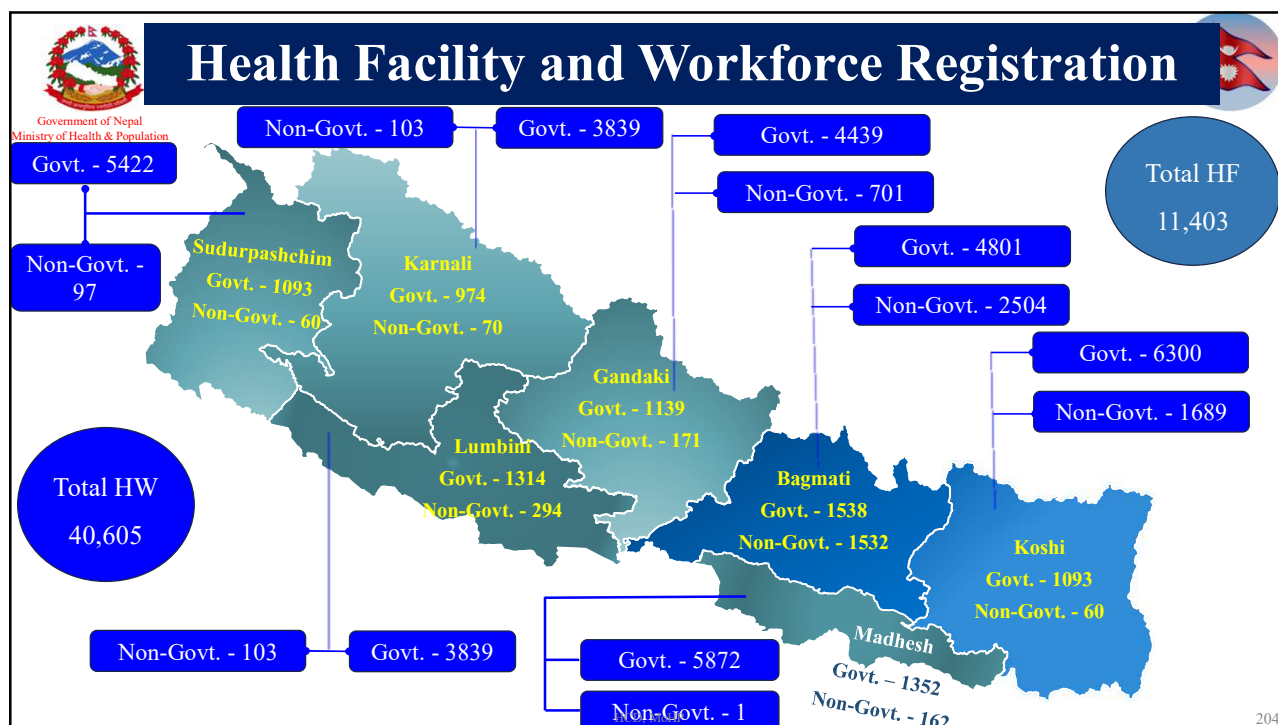
Ayurveda and Alternative Medicine

- Nagarik Aarogya Kendra - 300 local level
- MSS implementation at all Ayurveda Health Centers
- Implementation of “Swarna Bindu Prashana”

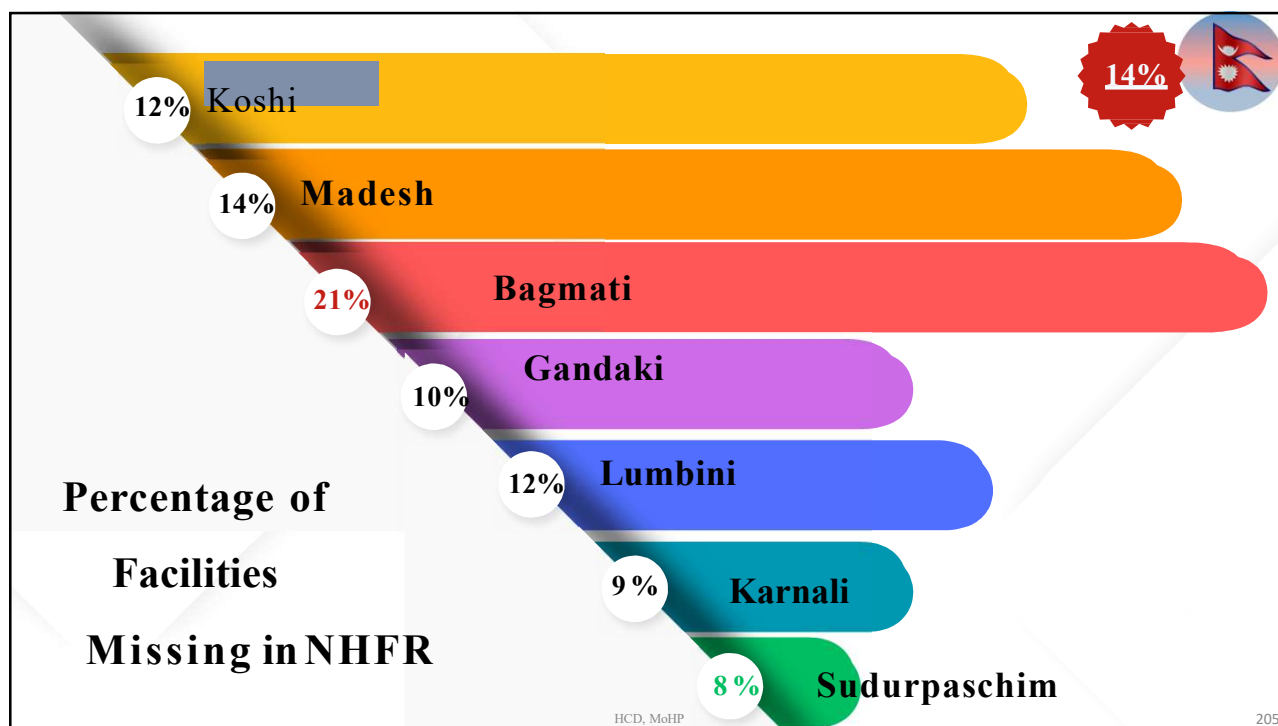
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Flagship Initiatives from the Local Level




Government of Nepal
Ministry of Health & Population


- **Health Policy Formulation from LLG**
- **Full Institutional Delivery Initiative:** Accelerating safe motherhood and universal skilled birth attendance.
- **Child/Environment Friendly Local Governance:** Promoting integrated actions for child, nutrition and healthy environments.
- **TB Free Campaign:** Eliminating tuberculosis through active case finding, treatment adherence, and community engagement. (149 LLG/66 districts)

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Flagship Initiatives from the Province



Koshi Province

- High level study on Hospital Service Strengthening & Probability of Ayurveda medicine
- Free laboratory sample courier service from public hospitals to PPHL
- 100% MSS coverage with social audit of 10 hospitals
- Online payment at PPHL and PH Bhadrapur
- Katari basic hospital taken over by province
- Provision of free treatment service for the children under 10 years old

Madesh Province


- MBBS/MD/MS/BPH/Nursing program initiated in Madhesh Institute of Health Sciences
- Biomedical Unit established under PHLMC
- MSS Expanded in Ayurveda Hospitals

Bagmati Province


- मुख्यमन्त्री जनता स्वास्थ्य कार्यक्रम (**Chief Minister's People's Health Program**): Expanding essential services, enhancing preventive care through NCD
- **Provincial Health Volunteer Program**: Strengthening community-based promotion and early detection.
- एक स्थानीय तह, एक नमुना स्वास्थ्य संस्था कार्यक्रम (**One Local Level, One Model Health Facility**): Standardizing quality and readiness across local levels
- एक जिल्ला, एक स्वस्थ शहर कार्यक्रम (**One District, One Healthy City**): Promoting integrated urban health and model healthy environments.
- **Telemedicine**: Telemedicine hub across three hospitals; Bhaktapur Hospital (East), Hetauda Hospital (South), and Trishuli Hospital (West)-to strengthen telemedicine services linking all hospital

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Flagship Initiatives from the Province



Gandaki Province


- Short, medium and long term health plan prepared & implemented accordingly
- Digital dashboard to disseminate real time health information
- Initiation of EMR in 3 Ayurveda hospitals
- Indoor services started in 2 Ayurveda hospitals
- Two basic hospitals (Burtibang and Ampipal) taken over by province
- Preparation of biomedical equipment profile of all provincial hospitals

Lumbini Province


- Mental Health and Psychosocial Strategic, Action Plan 2081-2086
- Government Hospital Residential Quarters Operation Guideline 2081
- GPS tracking and monitoring of all 4 wheelers (43) to ensure transparency and good governance
- Initiation of Smart Nutrition Survey
- Kitchen Improvement Program in all districts
- शून्य बेरुजु प्रबर्द्धन कार्यक्रम
- Family Health Profile (Digital)-4 districts
- Extension of specialized Services in hospitals, Cath Lab service, MRI etc
- Digital dashboard to disseminate real time health information
- Unhealthy Food Free School Programs (Badganga Municipality)

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Flagship Initiatives from the Province



Karnali Province

- Pesticide reduction program
- Virtual meeting after monthly meeting at district to improve data quality
- अस्पताल विकास समिति (आर्थिक प्रशासन) विनियमावली (नमुना कानून) तर्जुमा गरिएको
- Training on GPP & GMP to pharmacy staff


Sudurpaschim Province

- Free Diagnosis & treatment of children with disability
- Specialized camp - मेरो मुटु, स्वस्थ मुटु
- Smart Nutrition survey
- Leprosy case mapping


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Key Issues and Challenges Reported by the Province



- HMIS tools: issues in **supply**, **Missing indicators**: Ayurveda and School health program
- **Insufficient** ARVs, ASV and others diagnostic kits as per demand
- **Diverse EMR systems** hindering interoperability, **dual burden** of paper and online records
- Increased episodes of vector-borne disease (**VBD**) **outbreaks and Snakebite**
- Leprosy **elimination remain challenging**, with cases reported from different districts
- Delay disbursement of budget for **scholarship bond HWr/ Health Insurance Claim**

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Government of Nepal
Ministry of Health & Population

Provincial and Local level Expectations with Federal Government



- **Federal stewardship** through policy, legal, and regulatory harmonization
- **Technical support** for drafting and facilitating provincial, local level laws and policies
- **Stable and Predictable** Funding Architecture (**Flexible grants**: to respond to the local needs)
- Improved **Supply Chain and infrastructure** through digital health systems and data governance
- **Uniformity** in local health facilities providing basic health services (e.g; HP and BHCC)
- Timely **reimbursement of the claim** by Health Insurance Board

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Government of Nepal
Ministry of Health & Population

Provincial and Local level Expectations with Federal Government




- Support to **generate local evidence through** Research and Innovation
- Facilitate for **scientific O and M Survey** for uniformity
- Dedicated interventions targeting the **vulnerable groups in urban** settings
- Standard and Uniform **job descriptions and ToR** of each cadres of Health workers
- Re-assessment of establishment of **basic hospitals and its operational modality**


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Requests to Provincial and Local Government




Government of Nepal
Ministry of Health & Population

- **Service Delivery:** Monitoring of Basic health service delivery and health service delivery through provincial health institutions, reach to un-reach population based on evidence reducing health inequalities
- **Program Implementation & Coordination:** Timely execution of national health initiatives, minimizing duplication across programs and annual work plans, with systematic technical facilitation and monitoring at local levels.
- **Data driven Governance:** Data Quality Audit, timely reporting, analysis and use
- **Resource & Infrastructure Optimization:** Strategic use of financial, human, and material resources, alongside establishment, maintenance, expansion, and operational efficiency of health facilities.
- **Health Workforce & Community Engagement:** Capacity building of health professionals and community workers, along with public awareness and active participation in health programs.

HCD, MoHP 213

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Thank You !

HCD, MoHP 214

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National Joint Annual Review 2081/82

12th Mangsir, 2082



Government of Nepal
Ministry of Health and Population

Federal Hospitals, Health Academia and Councils

Dr. Saroj Sharma
Chief, Quality Standard and Regulation Division

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Government of Nepal
Ministry of Health & Population

Government of Nepal
Ministry of Health and Population

Federal Hospitals



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		Financial Status: Operating Budget (2081/82)			Irregularities (BERUJU)	
Hospital	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Amount	% Clearances
Bharatpur Hospital	Capital	41,34,00,000	41,34,00,000	38,39,35,829.43	55,95,78,397.20	
	Recurrent	5,00,00,000	5,00,00,000	2,34,45,233.85		
	Total	46,34,00,000	46,34,00,000	40,73,81,063.28		
Bheri Hospital	Capital	6,90,00,000	5,89,82,613	5,89,82,613		
	Recurrent	40,40,78,000	38,78,42,039	38,78,42,039	9,69,709	
	Total	47,30,78,000	44,68,24,652	44,68,24,652	9,69,709	
Dadeldhura Hospital	Capital	5,00,00,000	5,00,00,000	38,29,78,738.00	म.ले.प. हुन बाँकी	0%
	Recurrent	36,27,87,000	36,27,87,000	32,62,66,107.71		
	Total	7,41,27,87,000	41,27,87,000	36,45,63,845.71		



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		Financial Status: Operating Budget (2081/82)			Irregularities (BERUJU)	
Hospital	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Amount	% Clearances
Kanti Hospital	Capital					
	Recurrent	37,28,66,000/-	37,28,66,000/-	33,91,49,299/-	67,82,28,700	
	Total	372866000/-	372866000/-	339149299/-	678228700	
Koshi Hospital	Capital	7,00,00,000	6,27,92,842	59,758,533.75	85,164,477.(previous years)	0%
	Recurrent	34,04,40,000	41,12,31,000	387,969,430.95	10,828,965	29%
	Total	41,04,40,000.00	47,42,23,842	44,77,27,964.7	95,9,93,442	Total 3%
Mental Hospital	Capital	1,05,00,000	1,05,00,000	8,40,987		
	Recurrent	9,87,00,000	9,87,00,000	7,48,57,987.52		
	Total	10,92,00,000	10,92,00,000	7,56,98,974.52		
Naradevi Hospital	Capital	54,00,000/-	-	5.03%		
	Recurrent	10,21,00,000/-	-	94.97%	6,67,56,973	0.29%
	Total	10,75,00,000/-	-			
Narayani Hospital	Capital	38,90,00,000	22,05,64,983.2	92,67,87,359	6861921	0.74%

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<div>  <div> Financial Status: Operating Budget (2081/82)  </div> </div>						
Hospital	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Irregularities (BERUJU)	
					Amount	% Clearances
National Ayurved and Research Center	Capital		7,87,60,000	6,82,57,802.13	51,89,022	32.76%
	Recurrent					
	Total		7,87,60,000	6,82,57,802.13		
National Trauma Center	Capital	16,85,00,000	15,60,23,907	15,60,23,907		
	Recurrent	540185000	49,98,69,075	49,98,69,075		
	Total	708685000	65,58,92,982	65,58,92,982	62,15,63,392	3.42
Paropakar Maternity and Women's Hospital	Capital	4,90,00,000	4,90,00,000	4,01,42,366.44	20,92,09,000	4,23,66,915 (20.25%)
	Recurrent	45,57,00,000	45,57,00,000.00	41,32,57,131.76		
	Total	50,47,00,000	50,47,00,000	45,93,99,458.20	16,70,01,000	

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<div>  <div> Financial Status: Operating Budget (2081/82)  </div> </div>						
Hospital	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Irregularities (BERUJU)	
					Amount	% Clearances
Central Jail Hospital	Capital	14800000/-	13118473/-	11514173/-		
	Recurrent	149128000/-	172038000/-	148447956/-		
	Total	163928000/-	185156473/-	159962129/-		
G.P. Koirala National Center For Respiratory Diseases	Capital	3,00,00,000	3,00,00,000	2,36,96,755.40		
	Recurrent	8,51,80,000	9,26,14,000	8,94,27,840.26		
	Total	11,51,80,000	12,26,14,000	11,31,24,595.66		
Nepal APF Hospital	Capital	384,929,224.00	374,335,523.70	97.25%	-	-
	Recurrent	131,823,000.00	127,194,745.88	96.49%	-	-
	Total	516,752,224.00	501,530,269.58	97.05%	-	-
Nepal Police Hospital	Capital	210,250,000.00	19,35,89,539.31	19,25,89,539.31 (92.08%)	0	0
	Recurrent	523,565,776.00	47,56,44,165.69	47,56,44,165.69 (90.85%)	0	0
	Total	733,815,776.00	669,233,705.00	669,233,705	0	0

12/1/2025

PPMD, MoHP

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Financial Status: Operating Budget (2081/82)						
Hospital	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Irregularities (BERUJU)	
					Amount	% Clearances
Shahid Dharmabhakta National Transplant Center	Capital	24400	24400	22209		
	Recurrent	256595	256595	236048		
	Total	280995	280995	258257		
Sukraraj Tropical and Infectious Disease Hospital	Capital	3,63,00,000.00	3,63,00,000.00	2,50,70,952.66		
	Recurrent	29,98,97,000	29,98,97,000	24,54,94,652.53		
	Total	33,61,97,000	33,61,97,000	27,05,65,605.19	13,63,28,000	00

12/1/2025

PPMD, MoHP

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Financial Status: Operating Budget (2081/82)						
Hospital	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Irregularities (BERUJU)	
					Amount	% Clearances
Sushil Koirala Prakhara Cancer Hospital	Capital	6,00,00,000.00	6,00,00,000.00	5,61,72,418.00	-	-
	Recurrent	12,86,15,000.00	12,86,15,000.00	11,90,61,496.92	-	-
	Total	18,86,15,000.00	18,86,15,000.00	17,52,33,914.92	-	-
Manmohan Cardiothoracic Vascular and Transplant Center	Capital	4,81,00,000.00	4,56,00,000.00	4,56,00,000.00	-	-
	Recurrent	15,98,00,000.00	20,98,00,000.00	20,98,00,000.00	-	-
	Total	20,79,00,000.00	25,54,00,000.00	25,54,00,000.00	-	-
TUTH	Capital	10,30,00,000/-	-----	526,61,664.91/-	-----	-----
	Recurrent	5,55,00,000	PPMD, MoHP	4,54,66,000/-	-----	-----

12/1/2025

PPMD, MoHP

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Financial Status: Operating Budget (2081/82)						
Hospital	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Irregularities (BERUJU)	
					Amount	% Clearances
Shahid Gangalal National Heart Centre (SGNHC)	Capital					
	Recurrent					
	Total	46,52,00,000	6,52,00,000	6,52,00,000		
Nepal Eye Hospital	Capital	1,98,00,000	1,98,00,000	1,97,91,844		
	Recurrent	1,52,00,000	1,52,00,000	1,51,91,253		
	Total	3,50,00,000	3,50,00,000	3,49,83,097		
BP Koirala Memorial Cancer Hospital	Capital	4,88,500,000	4,58,500,000	1,83,536,111		
	Recurrent	29,86,00,000	2,98,600,000	29,08,08,868	378,250,998.3	
	Total	50,74,50,000	50,57,100,000	47,12,64,979	1	

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Hospital Development Committee (HDC) Budget (2081/82)					
Hospital	Amount generated (Income)	Expenditure	Balance	Irregularities (BERUJU)	
				Amount	% Clearances
Bharatpur Hospital	1417442318.64	1360681039.20	56761279.44		
Bheri Hospital	38,17,87,394	38,17,87,394	0	1,07,799	
Dadeldhura Hospital	124799300.86	123620185.95	1179114.91	म.ले.प. हुन बाँकी	
Kanti Hospital	469002000/-	323615798/-	145386201/-		
Koshi Hospital	445,646,229.93	426,693,167.24	1,89,53,062		



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Hospital	Amount generated (Income)	Expenditure	Balance	Irregularities (BERUJU)	
				Amount	% Clearance s
Mental Hospital	4,09,19,742	2,28,09,910	1,81,09,832		
Naradevi hospital	37,55,319	2,65,89,727	1,09,63,765		
Narayani Hospital	29,06,53,558.73	28,10,37,699.34	24,46,683.60		
National Ayurveda and Research Center	1,53,01,073.89	10672073/-	46,29,000.89		



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Hospital	Amount generated (Income)	Expenditure	Balance	Irregularities (BERUJU)	
				Amount	% Clearance s
National Trauma Center	30,89,62,347.98	29,70,13,385.75	1,19,48,96,223		
Paropakar Maternity and Women's Hospital	38,90,07,542.00	35,87,68,725.00	3,02,38,817.00		
Central Jail Hospital	-	-	-	-	
Sushil Koirala Prakhara Cancer Hospital	22,30,20,844.00	18,16,17,059.93	4,14,03,784.07		
Manmohan Cardiothoracic Vascular and Transplant Center	63,04,09,421.23	63,04,09,421.23			

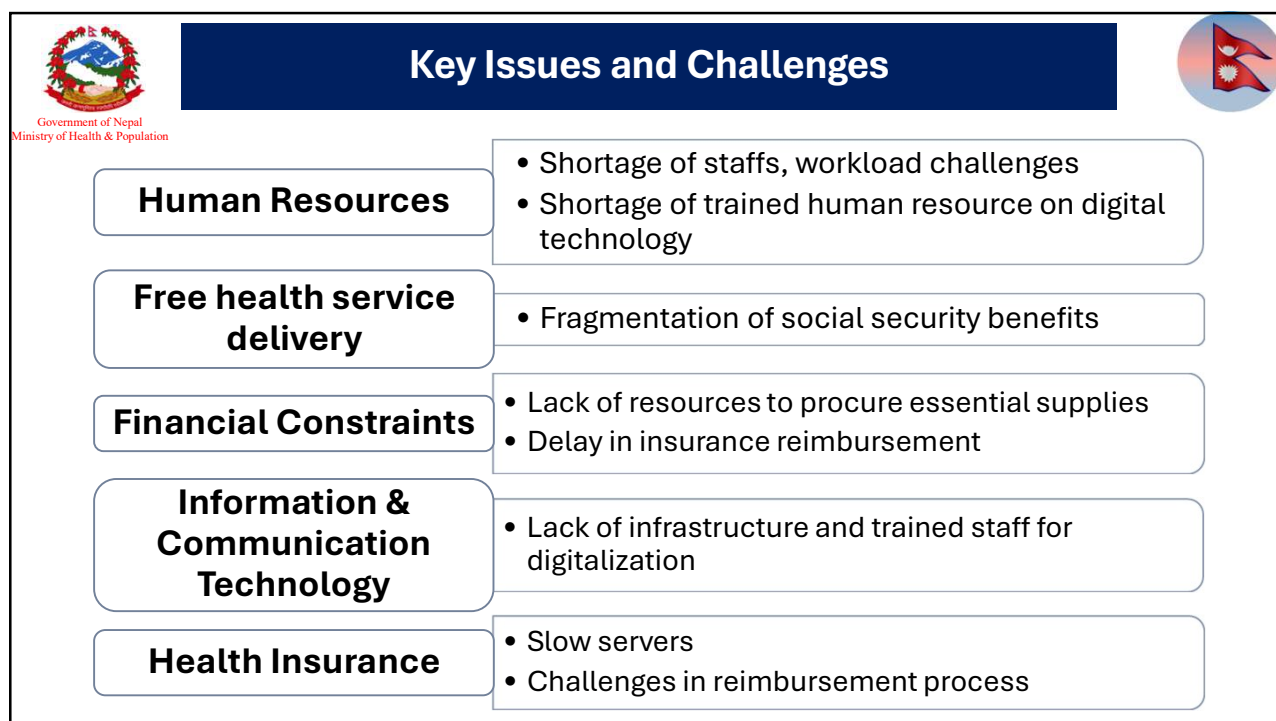
226

<div>  <div> Hospital Development Committee (HDC) Budget (2081/82) </div>  </div>					
Hospital	Amount generated (Income)	Expenditure	Balance	Irregularities (BERUJU)	
				Amount	% Clearances
G.P. Koirala National Center For Respiratory Diseases	3,00,00,000	3,00,00,000	2,36,96,755.40		
Nepal APF hospital	-	-	-		
Nepal Police Hospital	-	-	-		
Shahid Dharmabhakta National Transplant Center	8,96,476	4,57,351	4,39,125	98,143	25.38%
Sukraraj Tropical & Infectious Disease Hospital	-16,83,00,000.00	12,44,43,349.49	4,38,56,651.00	0	0

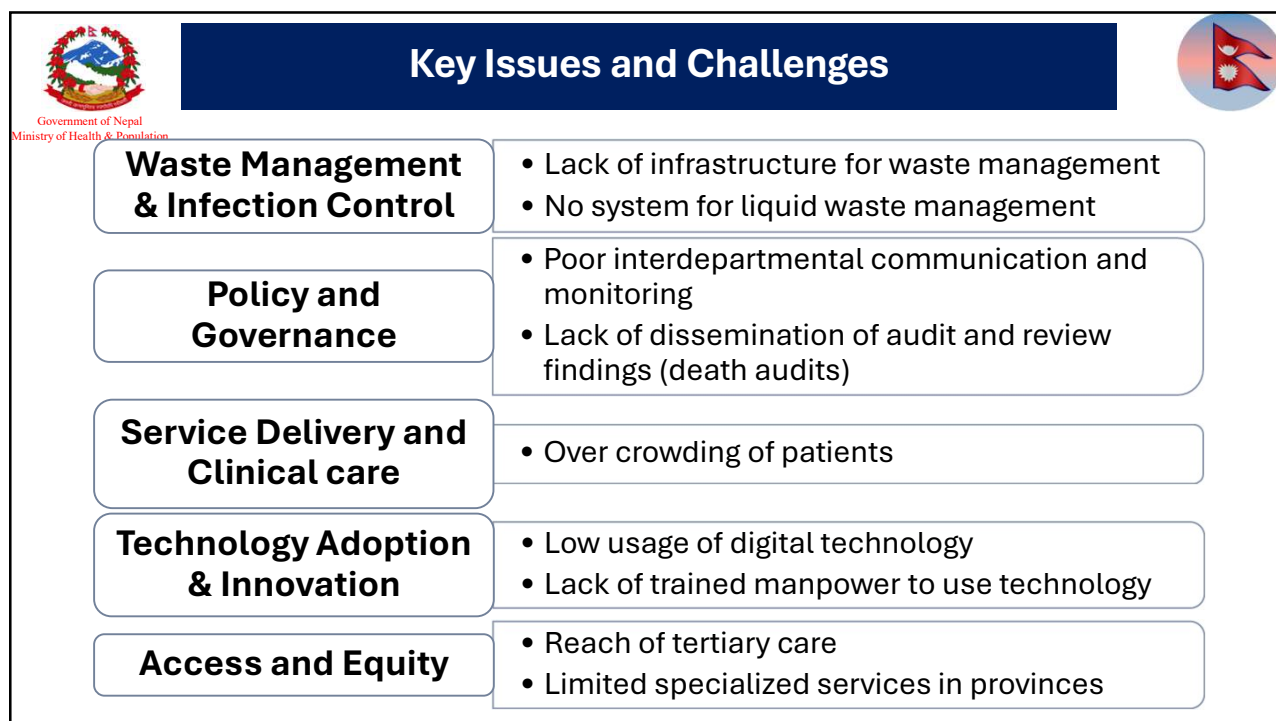
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<div>  <div> Hospital Development Committee (HDC) Budget (2081/82) </div>  </div>					
Hospital	Amount generated (Income)	Expenditure	Balance	Irregularities (BERUJU)	
				Amount	% Clearances
TUTH	2,74,85,86,598.70/-	2,46,98,27,037.58/-	278759561.12/-	Surplus	
Shahid Gangalal National Heart Centre (SGNHC)	2,46,23,00,000	2,46,23,00,000	2,25,25,53,000		
Nepal Eye Hospital	25,25,80,874	22,82,51,902	2,43,28,972		
BP Koirala Memorial Cancer Hospital	753,494,087.18	753,494,087.18	-	378,250,998.31	


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Expectations from MoHP



1. Budget & Financial Support

- Increase in overall and capital budgets
- Multi-year budgeting for infrastructure, research, and service expansion
- Timely reimbursement from Health Insurance Board and Bipanna programs
- Funding for equipment purchase and replacement
- Budget for construction, renovation, outdated building replacement

2. Human Resources & O&M

- Approval of O&M and creation of new positions based on hospital load
- Fulfillment of vacant sanctioned posts
- Temporary/contract positions for urgent service needs
- Proper deployment and rotation of bonded doctors and staff

3. Infrastructure Development

Construction of new buildings (including 300-bed hospitals in multiple sites)

Expansion of existing infrastructure to match patient load

Maintenance and upgrading of facilities (ICUs, HDUs, OTs, labs)

4. Equipment & Technology Support


Provision of advanced medical equipment

Replacement of non-functional or outdated machines (e.g., CT scans)


Strengthening of lab, imaging, and digital systems (including EMR)

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Expectations from MoHP



5. Coordination & Policy Support

Stronger coordination with Health Insurance Board, Ministry of Finance, and other ministries

Support in moving stalled tenders and administrative processes

Policy backing for hospital functions, research, and academic programs

6. Training & Capacity Building


Support for training health workers

Facilitation for participation in national/international trainings


Support for academic and research programs

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Way Forward




Government of Nepal
Ministry of Health & Population


1. Full EMR/HIMS implementation & IT strengthening
2. Recruiting, training & deploying adequate HR
3. Infrastructure expansion, equipment upgrades
4. Improving health insurance & SSU systems
5. Strengthening waste management (liquid, radiological, pharma)
6. Operationalizing telemedicine & expanding outreach
7. Improving maternal & neonatal care (Aama)
8. Strengthening OCMC, GBV, and psychiatric services
9. Establishing functional death audit systems
10. Better governance, coordination & financial sustainability

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Priorities Areas for Next FY



Government of Nepal
Ministry of Health & Population

1. Expansion of clinical services (CT, NICU, surgery, dialysis, oncology, BMT, radiology).
2. Infrastructure development (beds, wards, OTs, waste treatment, diagnostic equipment).
3. Human resource strengthening (HR hiring, specialization, training).
4. Full digitalization (EMR upgrades, software integration, IT staffing).
5. Improved waste management systems (liquid/radiological/pharma waste).
6. Telemedicine & outreach expansion (provincial and rural service coverage).
7. Program strengthening (Aama, SSU, Insurance, OCMC, EHS).
8. Establishing functional death audit systems.

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Major Academic Programs (Post graduate)		
Academia	Academic Programs	Remarks
NAMS	DM/MCH, MD/MS/MDS, Nursing, Allied Sciences, Anesthesia Assistant	Total Students Studying: 1450
PoAHS	Post Graduate: Obs/Gynae, Medicine, Surgery..... Graduate: MBBS, BSc Nursing, BN	Total Students Studying: 141
KAHS	Post Graduate: MD, MS, MPH, Mpharm Graduate: MBBS, BN, BPH, B.Pharm, BSc Nursing..	Total Students Studying: 917
BPKIHS	DM/MCH, MD/MS/MDS, Nursing, Allied Sciences, Anesthesia Assistant	Total Students Studying: 1811
RAHS	Post Graduate: Medicine, Surgery,, MPH, MN Graduate: MBBS, B. Midwifery, BN, BMLT... Fellowship: Geriatric-1 and Oculoplastic Surgery-1	-
PAHS	Post Graduate: OBGYN, Medicine, Surgery, Ortho..., MPH, MN Graduate: MBBS, BNS, Midwifery, Bsc Nursing	Total Students Studying: 261

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Financial Status: Operating Budget (2081/82)						
Academia	Budget	Allocated Budget	Actual Budget	Budget Expenditure	Irregularities (BERUJU)	
					Amount	% Clearances
NAMS	Capital	14,93,53,000.00	11,80,74,891.00	11,80,74,891.00	3,31,51,07,000.00	38 %
	Recurrent	1,07,14,95,000.00	94,16,01,660.38	94,16,01,660.38		
	Total	1,22,08,48,000.00	1,05,96,76,551.38	1,05,96,76,551.38		
PoAHS	Capital	129000.00	104538.45	104538.45	3,64,216.82	Documents Submitted to the MOHP
	Recurrent	463803.33	456382.37	456382.37		
	Total	592803.33	560920.82	560920.82		
PAHS	Capital	99447000		95516143	Final Audit report yet to receive	55.5% Beruju settlement in progress.
	Recurrent	2614235567		261353893		
	Total	2713682567		2709055079		
BPKIHS	Capital	68,67,50,000	68,67,50,000	46,91,70,000		
	Recurrent	19,38,60,000	19,38,60,000	19,38,60,000		
	Total	88,06,10,000	88,06,10,000	66,30,30,000		
RAHS	Capital	25,81,30,000	25,81,30,000	2,33,77,99,141	560951184.46	2.77%
	Recurrent	26,81,48,000	26,81,48,000	26,81,30,000		
	Total	52,62,78,000	52,62,78,000	50,19,09,914		
KAHS	Capital	16000000	15000000	11000000		
	Recurrent	397261000	397261000	397261000		

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Hospital Development Committee (HDC) Budget (2081/82)					
Academia	Amount generated (income)	Expenditure	Balance	Irregularities (BERUJU)	
				Amount	% Clearances
PoAHS	951356001	941483000.4	194224617.9		
NAMS	843781660.53	842637464.80	1144195.73		
PAHS	1982760009	1945903965	66856044		
BPKIHS	3067615877	2943787514	123828362		
KAHS	827882985	878610908	50727923		
RAHS	NA	NA	NA		

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Key Issues and Challenges



Government of Nepal
Ministry of Health & Population

Systemic & Governance

- Low budget for free basic services, SSU, Aama, geriatric & underprivileged care.
- Fragmented policies: unclear EHS directives, free-service and referral guidelines.
- Frequent HI rule changes, unstable HIB system, delayed/undervalued claims.
- MEC issues: seat allocation, discontinuation of FDP, delayed autonomy decisions.
- Insufficient funds for infrastructure, maintenance, digital systems.

Infrastructure, Logistics & Digital Health

- Inadequate ward/OT/NICU/MICU/diagnostics; limited expansion space.
- Weak waste management (no dedicated budget, poor ventilation, no cytotoxic disposal).
- Irregular supply of drugs/consumables.
- Fragmented EMR, no unique ID; poor system integration; slow internet; weak IT staffing

HR & Service Delivery


- Shortage of nurses, paramedics, specialists, telemedicine & OCMC HR.
- High turnover, poor motivation; difficulty deploying specialists to satellites.
- Inequitable HR distribution; difficulty managing destitute/mentally ill patients.

Program-Specific Challenges


- **OCMC/GBV:** HR gaps, LTFU, no rehab options, multiple reporting lines, legal interference.
- **SSU:** Delayed reimbursement, insufficient funds, poor beneficiary identification.
- **Telemedicine:** HR hesitation, digital illiteracy, poor connectivity, limited equipment.
- **Death Audit:** No guidelines, trained staff or standard formats; weak forensic capacity.
- **Health Insurance:** HI card misuse, HIB downtime, erratic lab rates, unjust claim rejections

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Way Forward



Government of Nepal
Ministry of Health & Population

Policy & Governance

- Standardize EHS directives, free-service guidelines, referral and OCMC protocols.
- Strengthen coordination among MoHP–MEC–HIB–Local Governments.
- Move toward a unified national social protection framework (Aama, SSU, Geriatric, HI)

Financing

- Increase budget for free services, SSU, OCMC, waste mgmt., maintenance & digital health.
- Ensure timely budget release; revise reimbursement to reflect actual costs; introduce co-payment where feasible

Human Resources

- Recruit specialists, nursing, paramedic, telemedicine & OCMC HR.
- Implement retention incentives for remote/satellite sites.
- Promote training, faculty exchange, fellowships, and HOPE training

Service Delivery & Digital Health


- Strengthen hub–satellite coordination; digitize inventory & automate claims.
- Implement integrated EMR/HMIS with unique patient ID; stabilize HIB systems.
- Expand digital literacy and telemedicine readiness

OCMC / SSU / Waste


- Strengthen psychosocial & medico-legal support; rehab partnerships; better coordination with municipalities.
- Waste-handling safety: hazard allowance, vaccination, PEP availability, facility upgrades.

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Innovations



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Ministry of Health & Population

BPKIHS

- New pharmacy; Burns & Oncology wards; 90% MCH completion; Milk Bank.
- 3D Gait Lab; major equipment upgrades: ECMO, 3D mammography, C-arm, AI-enabled USG, automated

KAHS

- Training hub (SBA, PTC, OCMC, Research); WHO skill lab; EMR.
- New academic programs: MD Surgery, MPH, M Pharma.
- Dialysis services; strong municipal partnerships.

RAHS

- Journal launched; MBBS, MD/MS, MN, BN started.
- Neurosurgery, Urology, advanced Ophthalmology; Cathlab in progress.

PAHS

- Community- and competency-based education innovations.
- Oxford research, maternal care app; moving toward paperless hospital.

NAMS

- Burn services restarted; Pain Clinic, PCC Dept., Cancer screening; Drug Info & Pharmacovigilance centers, VEEG, DBS, POEM, expanded cochlear implants; ICU enhancement.

PoAHS

- Super-specialty services (cardio, gastro, nephro, neuro, uro).
- Independent kidney transplant; cathlab; ERCP/angiography.
- PICU/NICU expansion; LIS, QR payment, Gen-Z & high-altitude clinics.


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Expectations from MoHP



Government of Nepal
Ministry of Health & Population

Common Expectations

- Adequate and timely release of recurrent & capital budgets.
- HR support for recruitment, retention and capacity development.
- Clear and consistent policies with MEC, HIB & local governments.
- Efficient HI reimbursement (server/API fixes, claim delays).
- Support for digital transformation (HMIS/EMR/Telemedicine).
- Strengthened waste management through funding and guidelines.

Institution-Specific

- **BPKIHS:** Support for MCH, Onco/Cardio projects, 3T MRI, Digital HMIS; advocacy with MEC & HIB.
- **KAHS:** HR deployment, supplies, diagnostic & academic infrastructure, specialty OPD/IPD expansion.
- **RAHS:** Budget for 400-bed hospital, USG, hub operations; MEC approvals; faculty exchange.
- **PAHS:** Patan Hospital expansion funding; land/space solutions.
- **NAMS:** Recruit nurses/MOs; AMC/CMC budget; HIB payments; start Duwakot Project.
- **PoAHS:** Budget for cardiac center, CT, waste mgmt., academic programs; resolve MEC & HI issues.


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Priorities Areas for Next FY



Cross-Cutting Priorities


- Integrated digital health (HMIS/EMR, PACS).
- Strengthen waste management (liquid & solid).
- Expand HR recruitment, training & retention programs.
- Infrastructure upgrades across academies (OPD/IPD, academic/residential buildings).
- Expand specialty & super-specialty services and hub-model strengthening.
- Ensure sustainable financing and timely reimbursements (HI, SSU, Aama, expansion, genetic lab, sky bridge, waiting areas & sheds).

Institution-Specific


- **RAHS:** Complete 400-bed hospital; seat expansion; land acquisition; academic/residential works.
- **BPKIHS:** Complete MCH; operationalize 3T MRI; Digital BPKIHS; enhance burn/neuro services; waste upgrades.
- **KAHS:** Residential facilities; start cath lab; expand district coverage.
- **PoAHS:** Expand ICU/HDU/PICU; develop cardiac center; launch DM/MCh; simulation lab; research promotion; multi-storey expansion.
- **PAHS:** Start DM/MCh/fellowships; expand Patan Hospital; land acquisition; palliative care scale-up.
- **NAMS:** Quality & patient-safety upgrades; digital health

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Request to Health Academia



- Strengthen and continue Satellite Health Services at District level hospitals
- Enhance coordination, cooperation and timely communication with concerned authorities
- Explore opportunities for partnership and collaboration with external agencies, partners and universities
- Assess, analyze the local context in the catchment area and act upon the issues through academic and service delivery approach (Create model for community engagement and actions)

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Government of Nepal
Ministry of Health and Population

Councils



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Name of Council	Level											
	Masters and Above				Bachelors				Certificate/Pre-certificate			
	2079/80	2080/81	2081/82	Overall	2079/80	2080/81	2081/82	Overall	2079/80	2080/81	2081/82	Overall
NMC	496	294	1168	-	2580	2394	2122	39486	-	-	-	-
NNC	-	-	225	1920	-	-	545	-	-	-	1689	-
NHPC	-	-	202	-	-	-	1191	-	-	-	6223	-
NAMC	-	-	-	187	-	-	-	1125	-	-	-	5376
NPC	-	-	-	-	-	-	1000	8053	-	-	1539	15951



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 NHRC-Researches and Publications in Priority Areas (2081/82) 	
Priority Areas	Number of
	Ethical approval provided
Health Care Delivery System	59
Communicable/ Infectious Diseases	69
Non-Communicable diseases	116
Neonatal and child health	32
Reproductive Health	37
Mental Health and substance Abuse	56
Injuries , accidents and violence	32
Nutrition And Food Safety	27
Environmental And Occupational Health	34
Traditional Medicine	2
Geriatric Health	12
Miscellaneous	62









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 Major Achievements in FY 2081/82 	
Enhanced Research Impact	<ul style="list-style-type: none"> • Policy briefs supporting national health actions and broader dissemination through national research summits.
Digital Service Improvements	<ul style="list-style-type: none"> • Online application and validation systems, QR-based certification, and automated issuance of key regulatory documents.
Capacity Building	<ul style="list-style-type: none"> • Regular CPD and skill-enhancement trainings introduced to improve professional competencies across the health workforce.
Strengthened Regulation	<ul style="list-style-type: none"> • More robust international verification processes and upgraded standards and security measures in licensing examinations.

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 <p>Government of Nepal Ministry of Health & Population</p>	Major Achievements in FY 2081/82		
Digital Regulation	<ul style="list-style-type: none"> • Unified online registration & verification, QR-based certificates, digital archives, dashboards 		
Service Improvement	<ul style="list-style-type: none"> • Automated appointment/helpdesk; strengthened service quality standards 		
Professional Development	<ul style="list-style-type: none"> • Structured CPD/CME tracking 		
Pharmacy & Ayurveda Reforms	<ul style="list-style-type: none"> • Stronger regulatory rules, mandatory dispensing note, standardized Ayurveda course parameters 		
Research Outputs	<ul style="list-style-type: none"> • Cancer registry, Global Youth Tobacco Survey Completed, FACE-UP, COVID-19 vaccination assessment 		
International Coordination	<ul style="list-style-type: none"> • Mutual recognition discussions & enhanced cross-border verification. 		

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 <p>Government of Nepal Ministry of Health & Population</p>	Issues and Challenges		
	Office running through temporary infrastructure.		
	Limited human resources & political influence.		
	Poor coordination between MoHP, MEC, Ministry of Education.		
	Slow digital systems & administrative inefficiency.		
	Unethical practices, rapid unregulated expansion of colleges, low exam pass rates.		
	Limited research capacity & inadequate labs		

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Government of Nepal
Ministry of Health & Population

Expectations from MoHP



1. Sustained financing & infrastructure support including multi-year research funding, skilled researcher retention, and provision of land/building for effective operations.
2. Amendment and updating of Acts, Regulations, and policies to address gaps, include emerging health disciplines, and strengthen regulatory clarity.
3. Stronger coordination mechanisms with MoHP, education bodies, and regulatory authorities through regular joint meetings and clearer role alignment.
4. Support for quality assurance in health practice including stronger oversight on pharmacy practices, rational drug use, pharmacovigilance, and enforcement of professional standards.
5. Development of systematic CPD frameworks and ongoing professional development systems across health professions.

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Government of Nepal
Ministry of Health & Population

Request to Councils



1. Updated list of each councils should be shared with MoHP in timely manner.
2. Regular information regarding number of exams conducted, number of passed students etc. should be shared with MoHP
3. Connect Council's API with MoHP.

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National Joint Annual Review 2081/82



Government of Nepal
Ministry of Health and Population

Association of International NGOs (AIN)

Dr Archana Amatya, Coordinator

Health Working Group, AIN



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Government of Nepal
Ministry of Health & Population

AIN in General

- Establishment in 1996.
- **119** INGOs and **13** Sectoral Working Groups.

AIN in the Health Sector

- 44 INGOs in the health sector are associated with AIN
- Works closely with the Ministry of Health and Population and its divisions, departments, centers and offices at the federal, provincial and local levels.
- Guided by SDGs, National Health Policy, Nepal Health Sector Strategy and other related policies, strategies, guidelines and plans.

AIN Geographical coverage

- All 77 districts.
- 753 municipalities.

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AIN Health Working Group Members















































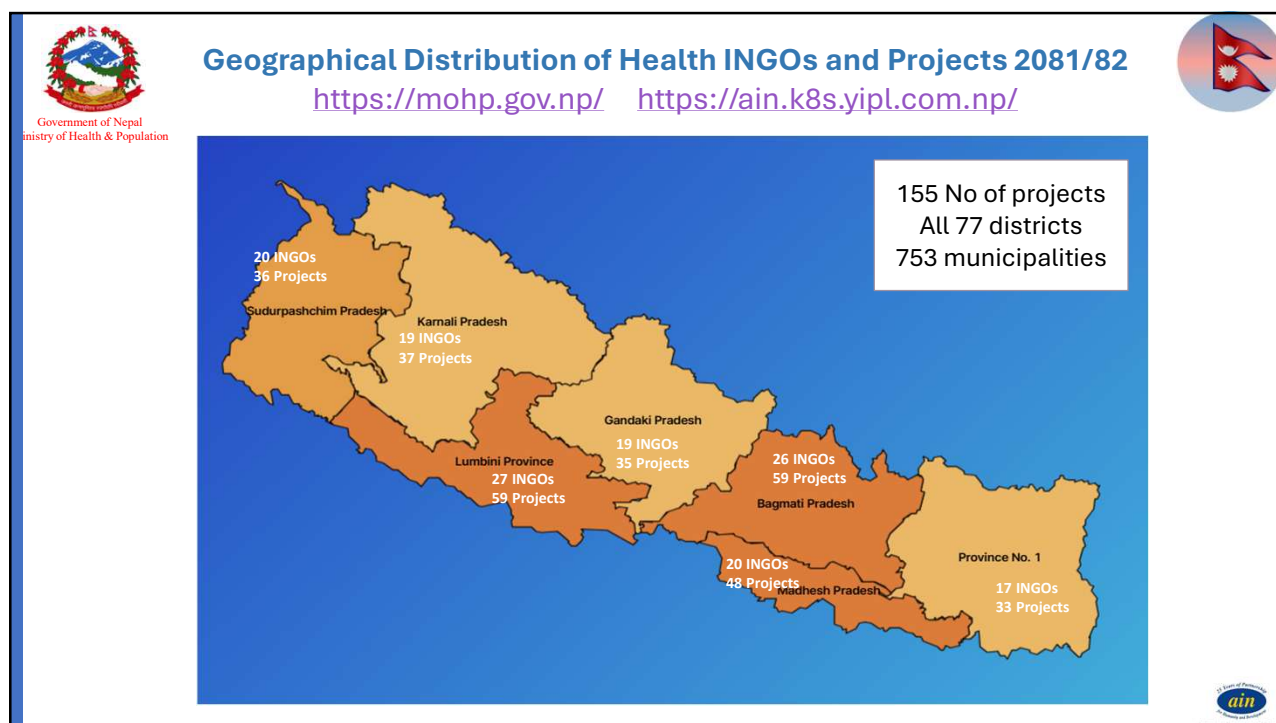








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 **AIN's Focused Areas for Health Sector Support** 


- Maternal, Newborn and Child Health
- Family Planning (FP)
- Water, Sanitation and Hygiene (WASH) in Health Care Facilities (IPC), and communities (Health behaviour change)
- Sexual and Reproductive Health (SRH)
- Nutrition
- Tuberculosis
- HIV/AIDS and STIs.
- Malaria and Neglected Tropical Diseases (NTD)
- Non-communicable Disease
- Curative Service Support
- Mental Health, Psychosocial Support and Gender-based Violence (GBV) mitigation.

- Crisis and Emergencies: Disaster/Disease Outbreak (preparedness, detection, prevention, response, vaccination, relief, and rehabilitation)
- Disability Prevention, Management and Rehabilitation
- Environment (air quality) and climate change
- Health Infrastructure/Renovation.
- Antimicrobial Resistance, Antimicrobial Use and Consumption Surveillance
- Health Governance.
- System Strengthening.
- Procurement and Supply Chain management.,
- Research.
- Surveillance.



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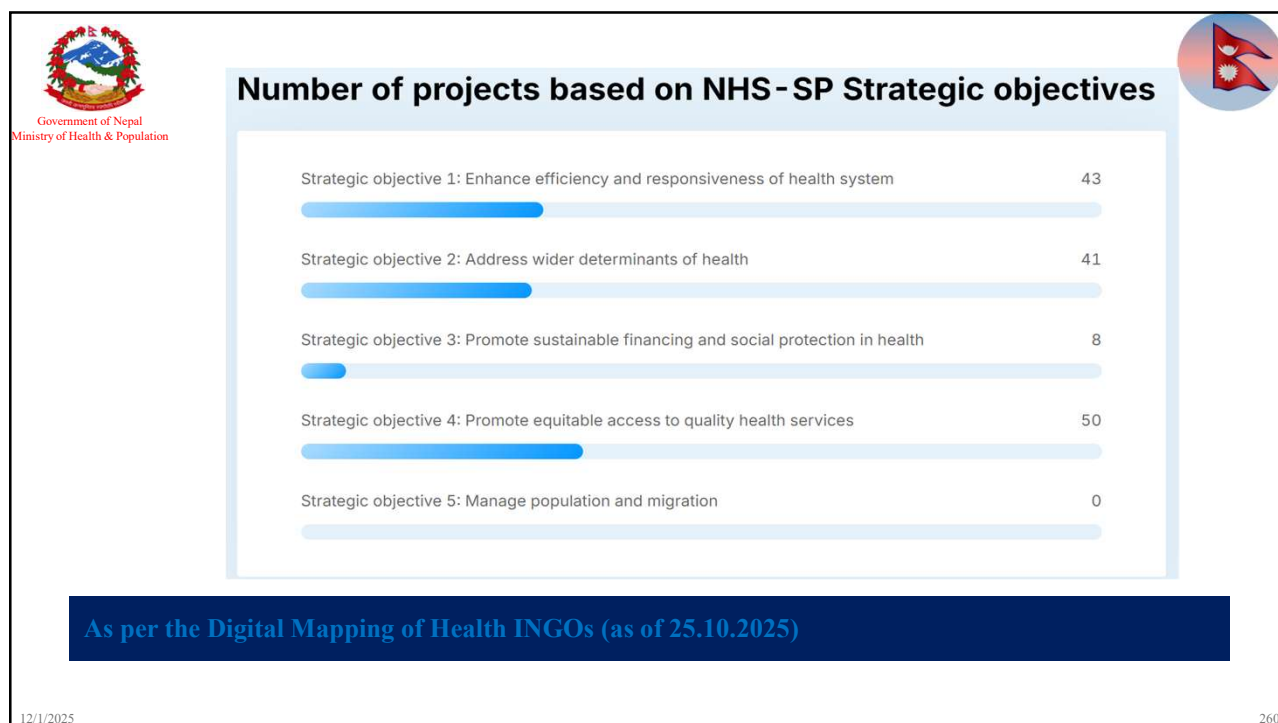
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 Program Coverage by Organization 		
S.N	Organization	Key Program Areas
1	OHW, FHI 360, WVI, Ipas, CARE Nepal, GNI, LWR, AMDA-Minds, Fairmed, World Neighbors, Save, Plan, UMN, ADRA, PSI, NSI	Maternal and newborn health, Reproductive health, Adolescent health, Family planning
2	WVI, CARE Nepal, GNI, Tdh	Nutrition, WASH In Health
3	FHI 360, MdM, Tdh	Environment health, Air quality management, Climate change, Occupational health
4	OHW, GNI, Tdh, UMN, MdM	Local health system strengthening
5	Fairmed, Save the Children	Neglected Tropical disease, TB, HIV, Malaria
6	NSI, Resurge International, Sewa Foundation	Curative service, Clinical training, Reconstructive surgery, Eye health
7	Fairmed, UMN	Disability
8	ADRA, OHW	Emergency response

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 Contribution to the Health Sector for implementation of Nepal Health Sector-Strategic Plan (NHSSP) 2023-30 		
Strategic Objective- 1	Technical Areas	Agency
Enhance efficiency and responsiveness of health system	<ul style="list-style-type: none"> • Quality medicines and supplies • Health system Strengthening, Human resource capacity development, Strengthening of HFOMC • Logistic management system, diagnostics service strengthening, Service delivery, Private sector, Infrastructure • HSS, Capacity building on MNCH FP • Public health emergencies • Maternal and newborn health services at local level • Climate Resilient SRHR System • Health response to GBV • Mental health and psychosocial services at local level • Supporting MSS, Health information system • Health Camps • Strategy and Planning Technical Assistance • Support for e-LMIS Site Expansion • Support to improve nationwide AMR surveillance to monitor resistance patterns. • Health care waste management 	19 organizations

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 Contribution to the Health Sector for implementation of Nepal Health Sector-Strategic Plan (NHSSP) 2023-30 		
Strategic Objective- 2	Technical Areas	Agency
Address wider determinants of health	<ul style="list-style-type: none"> • Environmental health and Healthcare Waste Management (HCWM) • Water quality surveillance • WASH in Institutions and Communities • Infrastructure development • Preventing Harmful practices affecting health like domestic violence, Child marriage, Chhaupadi, alcoholism etc. • Nutrition, Safe motherhood, Child immunization, Health Education and Hygiene promotion • MNCH advocacy seminars, Psychosocial services, EMOTIVE & Antishock garment orientation • Quality of health facility, PNC Package and Nutritional support to under 5 children • Integrate gender responsive approaches & strategies. • Public Services Strengthening • Demand Generation, Social Marketing • Capacity building (training and orientation), FCHV mobilization • Collaboration and Networking for the Sustainability of Safe Abortion Services • Engagement in Political Support and Local Governance, Community Engagement and Agency Building • Safe House and Shelter Home Management • Community engagement for healthy behavior and health service utilization 	21 organizations



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Contribution to the Health Sector for implementation of Nepal Health Sector-Strategic Plan (NHSSP) 2023-30		
Strategic Objective- 3	Technical Areas	Agency
Promote sustainable financing and social protection in health	<ul style="list-style-type: none"> • Orientation on health resource allocation/ prioritization for local government • of Health Insurance access to the most vulnerable families and Children. • Improved social security in health • Research and studies to understand the effectiveness and challenges of interventions i..e study on waste generation • Disability inclusive health service mechanism • Regular meeting/ reviews between government and development partners • Community mental health system strengthening • Ambulance service and emergency health support. • Health system strengthening interventions • Psychosocial and financial Support for GBV Survivors • Community awareness on Social security provisions of government and linking community people in those scheme • Advocacy with GON for sustainable financing for HIV • Allocation of government budgets for AMR surveillance programs and endorsement of NAP AMR • Supporting LGs in reaching the marginalized communities • Health infrastructure support, School health Clinics • Community health and information center operation and health session 	11 Organizations



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Contribution to the Health Sector for implementation of Nepal Health Sector-Strategic Plan (NHSSP) 2023-30		
Strategic Objective- 4	Technical Areas	Agency
Promote equitable access to quality health services	<ul style="list-style-type: none"> • Implementation of WASH standards i.e. WASH FIT for Healthcare facilities • Capacity building support i.e. Quality Improvement • Mental health sessions and psychosocial counseling at local health facilities • Support for the development and/or update of guideline, protocol and standards • Breastfeeding / child play and stimulation corners at health facilities • Onsite coaching and mentoring support/ supportive supervision • Service Delivery from different channels- Center, Outreach, MS Ladies and PSS • Strengthening Humanitarian Preparedness and Response • Primary Health Care Outreach Clinic strengthening • Strengthening of the telemedicine services • Improve access to and quality of rehabilitation service 	25 organizations


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 <p>Government of Nepal Ministry of Health & Population</p>	<h2>Consolidated Health Sector Budget</h2>	
Fiscal Year	Budget contribution	
FY 2080/81 (expenditure)	9,566,476,562 (9.5 billion)	
FY 2081/82 (expenditure)	5,705,700,620 (5.7 billion)	
FY 2082/83 (Estimated)* <small>*22 INGOs</small>	6,846,010,577 (6.8 billion)	


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 <p>Government of Nepal Ministry of Health & Population</p>	<h2>Major Achievements in 2081/82</h2>	
<ul style="list-style-type: none"> • Infrastructure and equipment support • HR capacity development: Training • Leadership/Governance- HFOMC training, Pallika-level planning workshops • Technical support in developing national guidelines and standards • Private sector engagement in service delivery: Family planning • Emergency response • Strengthening Information systems- HMIS, DHIS and e-LMIS. • Climate change, Mental health, Rehabilitation 		

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Major Achievements in 2081/82




MoHP–AIN HWG collaboration SOP finalized and submitted.

- MoHP–AIN Annual Review meeting
- Advocated with MoHP leadership against the stringent CSO bill, highlighting INGO contributions to health.

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Major Activities Planned for 2082/83



- Annual review meeting between MoHP, INGOs and NGOs
- Strengthen coordination, collaboration, and partnership with all levels of government to **contribute to the five strategic objectives of the NHS Strategic Plan 2023-2030** (prioritised activities)
- Update digital health mapping in 2026, with a platform to share survey/research findings/policy briefs

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Key issues and challenges



- Higher expectations from local, provincial and federal government beyond project scope
- Private sector service delivery is often not reported in government system
- Integration of digital health systems and data reporting challenges
- Funding gaps and resource mobilization challenges-
- Capacity building and sustainability of health initiatives
- Low priority to neglected tropical disease, hospital waste management, mental health
- Operational Issues- Delays in approvals for INGOs/ NGO-supported programs

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Way Forward




- Strengthen coordination, collaboration, and partnership with all levels of government to contribute to the five strategic objectives of the NHS Strategic Plan 2023-2030 (prioritised activities)
- Initiated further dialogues to strengthen the integration of private-sector engagement
- Enhance capacity-building initiatives and knowledge-sharing platforms
- Quality Improvement Programs and quality improvement initiatives.
- Partnership and Coordination-Knowledge Sharing and Advocacy: Dissemination of best practices, lessons learned, and advocacy for policy and systems strengthening.
- Ensure sustainability by integrating programs into national systems. Endorsement and implementation of SOP


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Innovations/ Lessons Learned




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- Incremental resource allocation by local governments is essential to sustain the achievements realized through collaborative initiatives.
- Evidence-based strategies and strong cross-sectoral coordination contribute significantly to achieving more sustainable and long-term outcomes.
- Local governments demonstrate higher motivation and engagement when health innovations directly address their immediate development priorities—highlighting both key learnings and persistent challenges.

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For more information, please contact:
[Dr. Archana Amatya : archana@nsi.edu.np](mailto:archana@nsi.edu.np) (AIN & NSI)
[Sajana Maharjan: sajana@oneheartworldwide.org](mailto:sajana@oneheartworldwide.org) (AIN & OHW)




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हाम्रा सेवाहरू




Nepal Health Facility
Registry




NHSSRF




Digital Mapping of
Health INGOs in Nepal




जलवायु परिवर्तन र स्वास्थ्य



डिल्लीराम शर्मा
सचिव
☎ ५३६२९९५



डा. विकास देवकोटा
सचिव
☎ ०१५३६२५९०
✉ healthsecretary.mohp.np@gmail.com



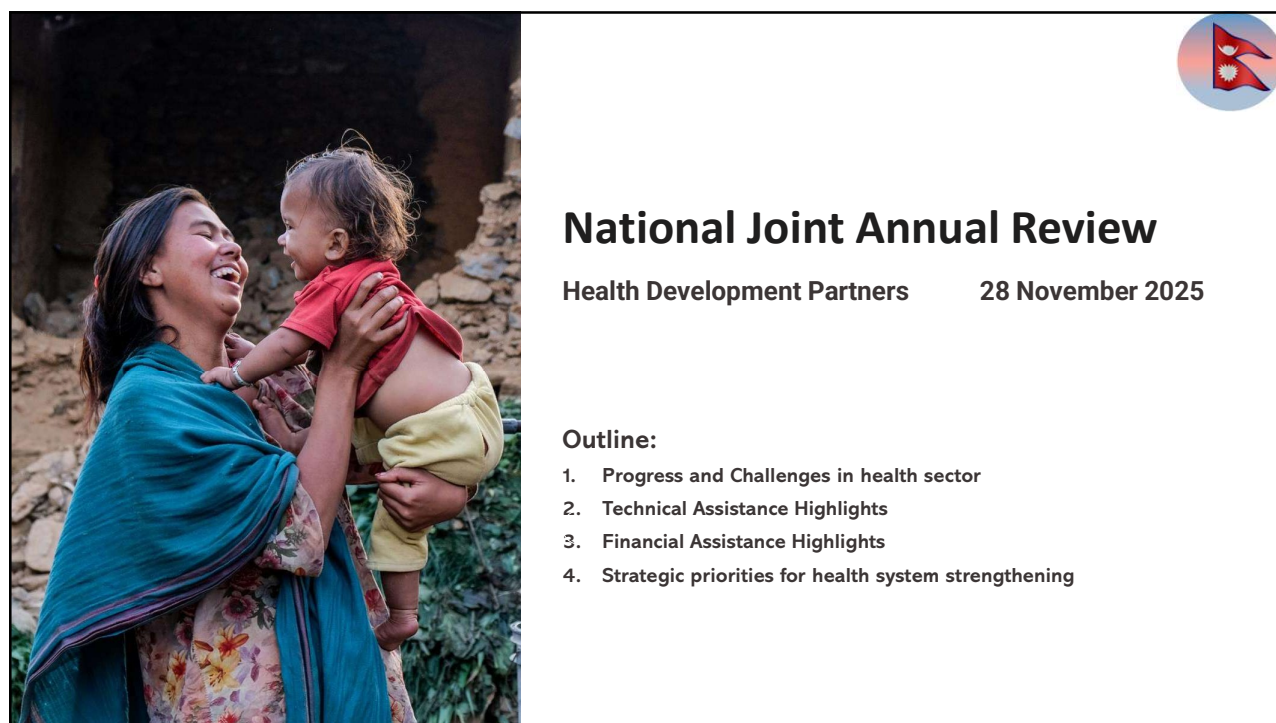
डा. प्रकाश बुढाथोकी
प्रवक्ता
☎ ९८५१२५५८३८
✉ prabakta@mohp.gov.np

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Progress and challenges in health sector

Table 1. Trajectory of key health indicators of Nepal, 1990–2020.

Year	1990	1995	2000	2005	2010	2015	2020	2022
Life expectancy (yrs)	58	62	63	65	67	67	69	71
Total fertility rate	5.3	4.7	4	3.1	2.6	2.3	2.2	2.1
Under-five mortality rate	135.3	106.1	82.3	65.1	50.6	41.1	29.8	33
Maternal mortality ratio	850	539	504	380	349	252	174	151


Paudel & Froeschl (2025) <https://doi.org/10.1080/16549716.2025.2543103>

CHALLENGES


- **Quality of care remains a privilege, not a guarantee**
(only 1% HFs have all infection prevention items)
- **Respectful care remains undervalued and unmeasured**
(only 12% FP clients received visual and auditory privacy)
- **Facilities with limited service outputs**
(More than 40% (1241/3134) Birthing Centers conducted <12 deliveries per year)
- **Health inequity remains deeply rooted**
(Nearly 32% coverage gap between q1 and q5 for institutional delivery)
- **Absenteeism associated with in-service training and workshops**

NHFS 2021, NDHS 2022, HMIS, Census 2021

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Technical Assistance Highlights FY 2024/25




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HDPs' TA Areas	NHS-SP Strategic Objectives	Goal
<ul style="list-style-type: none"> Public procurement reform, medical supply procurement, healthcare waste management, digital health tools and health insurance reforms (HDPs) Enhanced Human Resource for Health (FCDO, WB) Digitalization – SMR/EHR Standard interoperability lab (GIZ, WB, WHO) 	<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 5px;">Enhance Efficiency and Effectiveness</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">Improve health status of every citizen</div>
<ul style="list-style-type: none"> WASH in health care facilities (GIZ, UNICEF, WHO, FCDO) Adolescent mental health and nutrition (UNICEF, WHO) Social behavior change (UNICEF, KOICA) Climate change and health (FCDO, WHO, UNICEF), Clean air (FCDO) 	<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 5px;">Address wider determinants of health</div>	
<ul style="list-style-type: none"> Catalyzing government co-investment (FAVI, GF, UNICEF, WHO, UNFPA, ADB) Health Insurance, financing, healthy municipalities (GIZ, ADB, WB, KOICA, FCDO) 	<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 5px;">Promote sustainable financing and social protection for health</div>	
<ul style="list-style-type: none"> Quality infrastructure for improved maternal and childcare (KFW, KOICA, JICA) Strengthened health workforce through RMNCAH including immunization, communicable diseases, Mental health and NCDs (JICA, UNICEF, WHO, UNFPA, GF, GAVI, FCDO) Quality of Care, Minimum Service Standards (WB, FCDO) 	<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 5px;">Promote equitable access to quality health services</div>	
<ul style="list-style-type: none"> Development of National Population Policy (UNFPA) Health support for migrant workers (IOM, GF) Further analysis/thematic reports on demographic, fertility, migration, socio economic, population projections based census 2022 (FCDO) 	<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 5px;">Manage population and migration</div>	

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Financial Assistance Highlights FY 2024/25



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- MSS/EMR/Medical equipment/Essential medicines/health insurance/disease surveillance (\$36.7m (WB))
- Climate-Resilient and Migrant-Inclusive Health System to Address Climate-Migration-Health Nexus (Federal level) (\$300K (IOM))
- Reconstruction of health infrastructure (EUR \$2.3m); Improvement of maternal and child health in rural and urban areas (ERU 4m (GDC))
- Support to health sector support II (EUR 7.5m (GIZ);
- Strengthening the quality infrastructures in health systems in Nepal (EUR 1.5m (PTB))
- Samartha: Women's health (Federal Govt, Madhesh/Lumbini) – HSS: Planning/Governance/Accountability, HRH, Health Financing/health taxation, Climate-Health, QoC and Resilience (FCDO)
- Maternal, newborn care, adolescent, nutrition, NCD, mental, immunization, Community health workers (\$ 769K (UNICEF))
- Strengthening health insurance program through research and evidence generation (\$1.5 m (ADB))

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Financial Assistance Highlights FY 2024/25



- Family planning, infertility care, EmNOC, MPDSR, cervical cancer, elderly SRHR, Midwifery, climate toolkit, RH commodities (\$1.88m (UNFPA))
- Communicable diseases, Polio & VPDs NCDs/mental health, RMNCAH, Gender & SoDH, environmental health, HSS, health emergencies, IHR (10.4m; TA: 4.45m and FA: 5.95m (WHO))
- Improvement of Dhulikhel Hospital Trauma and Emergency Center (Approx 3,296 m Jap Yen) (JICA)
- Improving Continuum of Care for Mothers and Children through utilization of MCH Handbook (Approx. 500 m Jap Yen) (JICA)
- Empowering rural communities through an integrated approach to health and income growth; Second phase project for Nepal-Korea friendship municipality hospital (\$1.43 m (KOICA))
- Global Health Security (\$5m), Momentum Country and lobal leadership (\$7.8m), EpiC (\$16.41m), UNICEF Umbrella Agreement (\$7.4m), CGPP/Polio (\$600K); Long term exceptional technical assistance (\$500K) (US Embassy in Nepal)
- Reducing the burden of HIV, TB and Malaria under Grant Cycle 7, 2025-2027 (Global Fund) to MoHP (\$2.9m) and UNDP (\$41.5m)
- Strengthening immunisation (Gavi)
- Integrated Approach to Health & Growth; and UHC in Bhaktapur (KOICA)

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Strategic Priorities for Health Systems Strengthening



- **Human Resources for Health:** Address critical shortages and maldistribution by prioritizing on-site professional development, motivations & skills, production that match the need.
- **Ensure Equity and Quality of Care:** Ensure quality care for all—across all facilities—not just for many or some, but for *everyone*. Prioritize Basic Health Services and improve referrals between facilities. Strengthen health care waste management practices.
- **Strengthen Procurement & Supply Chain:** Evidence-driven procurement systems and availability of essential medicines & supplies at service sites; adoption of e-procurement systems and standard specification for essential drugs
- **Harness Digital Innovations & Data Use:** Leverage automated electronic health records, digital tools, and AI-assisted technologies to improve diagnosis, treatment, follow-up, claim-management and data-driven decision-making.
- **Health Financing & Efficiency:** Reduce fragmentation, streamline various social protection mechanisms and expand the coverage to reach the poorest and most marginalized; hospital rationalizations.

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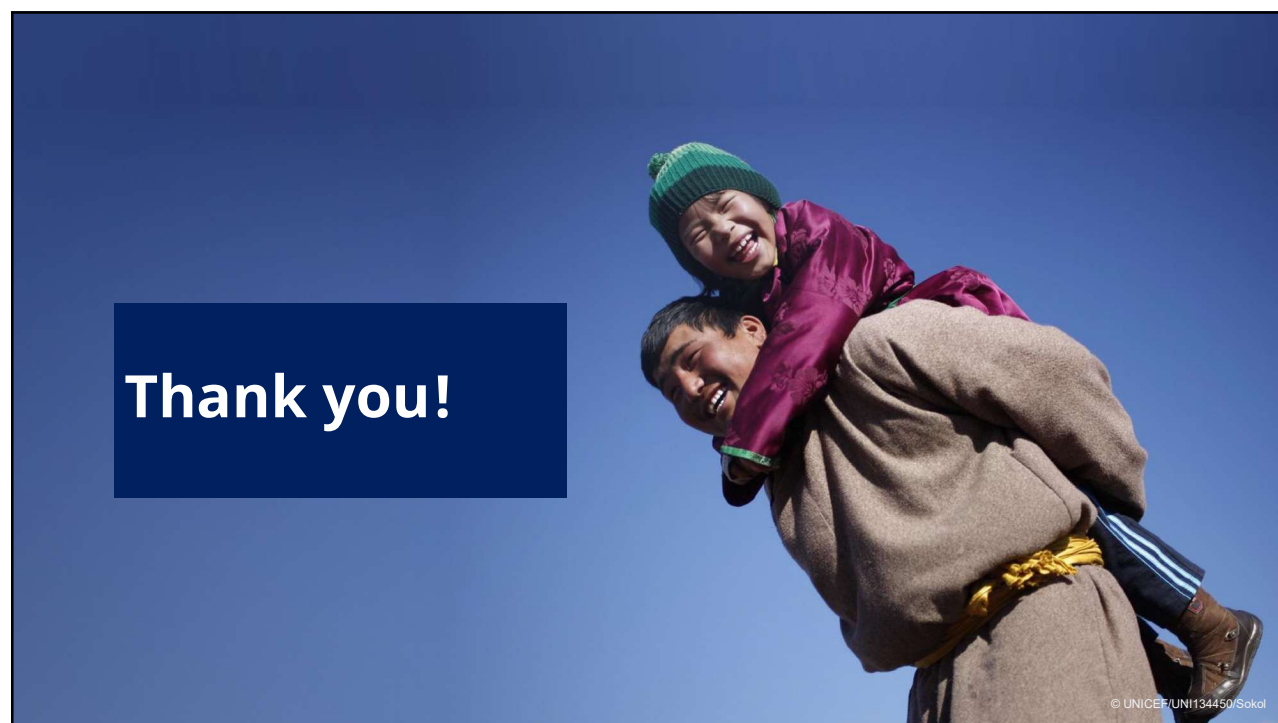
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Strategic Priorities for Health Systems Strengthening



- **Subnational Engagement, Governance and Community Health Systems** : Building on the Pokhara Summit (December 2023) of Federal and Provincial Secretaries, continue dialogue and capacity-building for provincial and local governments (**planning, budgeting and accountability**); strengthen community-based platforms, providers and services through proactive dialogue and joint planning with local and provincial stakeholders to build a resilient health system.
- **Global Health Initiatives** (GF and Gavi) to be leveraged for broader **system-wide improvements**
- **Modernizing partnerships**: Explore options for a **fit-for-purpose partnership model**, evolving from traditional SWAp principles to a more flexible, coordinated approach; strategic policy-based dialogues for addressing complex health challenges such as rising burden of NCDs and mental health issues, AMR, emerging epi-health threats, air pollution and impact of climate change.

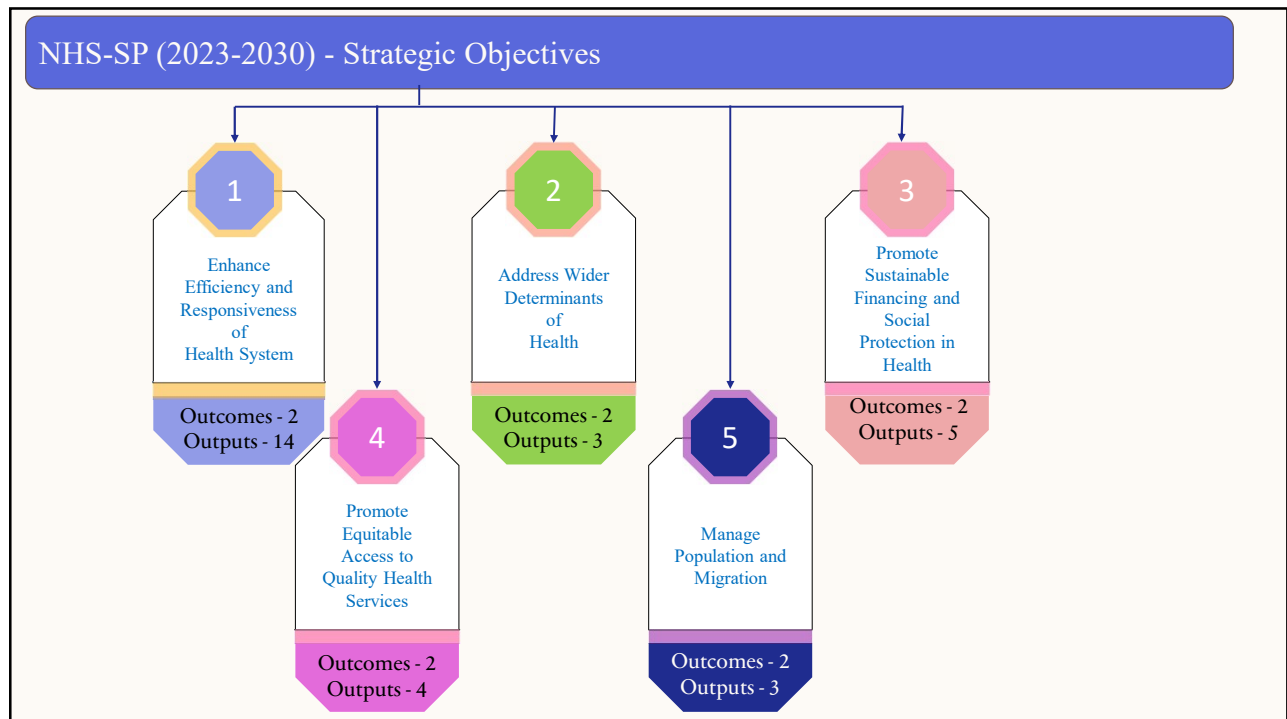
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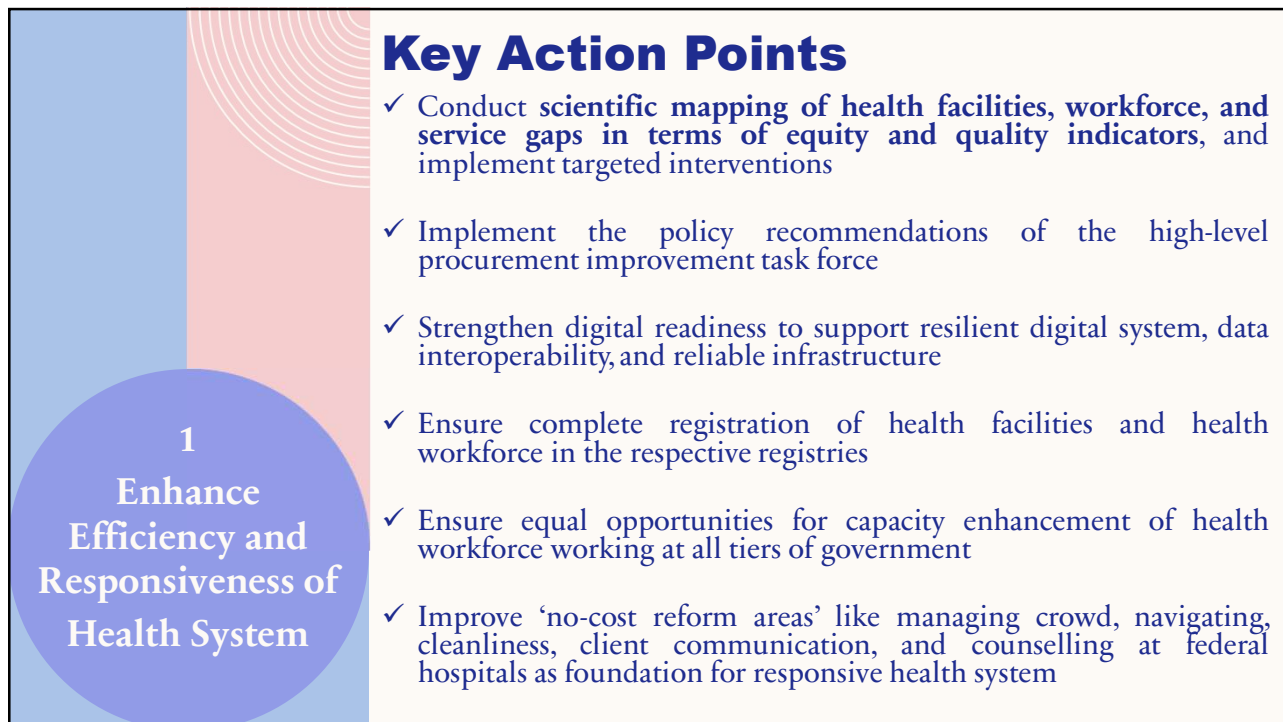
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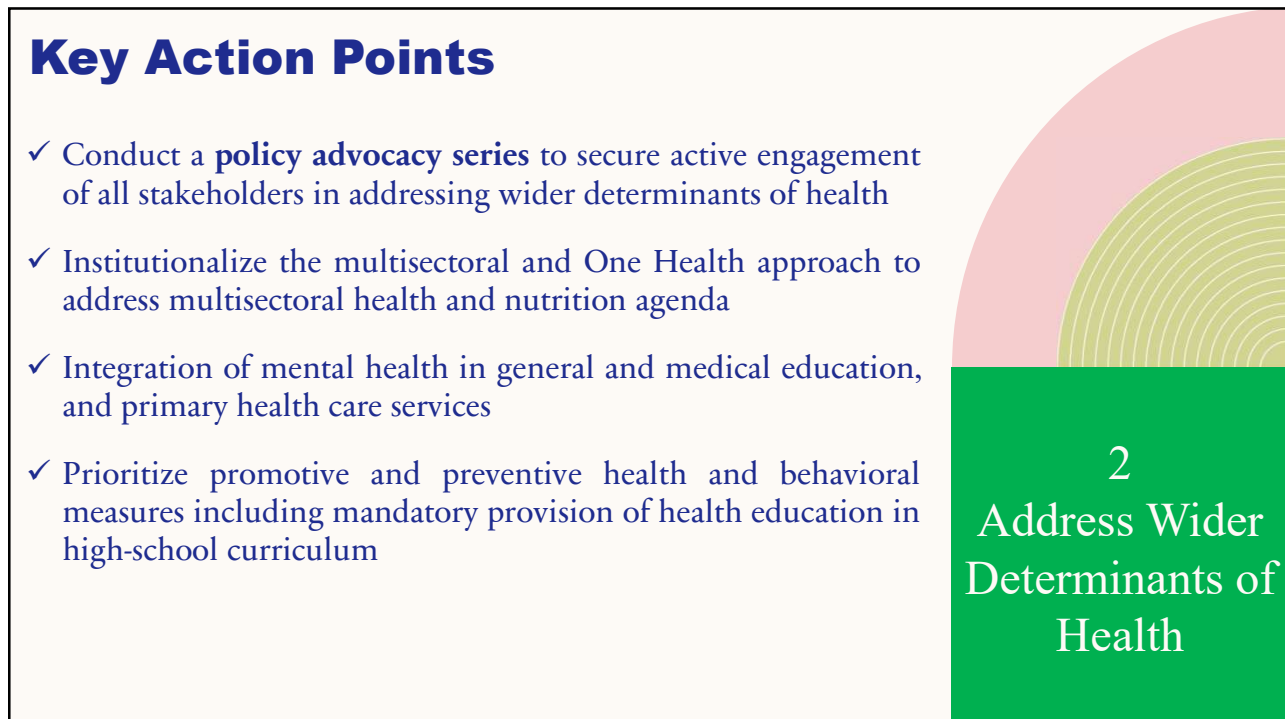


Key Action Points

- ✓ Conduct **scientific mapping of health facilities, workforce, and service gaps in terms of equity and quality indicators**, and implement targeted interventions
- ✓ Implement the policy recommendations of the high-level procurement improvement task force
- ✓ Strengthen digital readiness to support resilient digital system, data interoperability, and reliable infrastructure
- ✓ Ensure complete registration of health facilities and health workforce in the respective registries
- ✓ Ensure equal opportunities for capacity enhancement of health workforce working at all tiers of government
- ✓ Improve ‘no-cost reform areas’ like managing crowd, navigating, cleanliness, client communication, and counselling at federal hospitals as foundation for responsive health system

1
Enhance
Efficiency and
Responsiveness of
Health System

3



Key Action Points

- ✓ Conduct a **policy advocacy series** to secure active engagement of all stakeholders in addressing wider determinants of health
- ✓ Institutionalize the multisectoral and One Health approach to address multisectoral health and nutrition agenda
- ✓ Integration of mental health in general and medical education, and primary health care services
- ✓ Prioritize promotive and preventive health and behavioral measures including mandatory provision of health education in high-school curriculum

2
Address Wider
Determinants of
Health

4

3.

Promote Sustainable Financing and Social Protection in Health

Key Action Points

- ✓ Strengthen HIB's **digital and operational capacity** to reduce claim delays, digitalization, and ensure real-time processing, and **harmonize fragmented social protection schemes**
- ✓ Enforce **mandatory enrollment of the formal sector** into the health insurance scheme using a payroll-contribution mechanism
- ✓ Accelerate O&M Survey of the HIB
- ✓ Develop a **coordinated federal–provincial–local action plan** to ensure availability of basic health services from all designated health facilities.

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4.

Promote Equitable Access to Quality Health Services

Key Action Points

- ✓ Strengthen the National Medical Laboratory and DDA by upgrading regulatory capacity, enforcing GMP/GSDP, expanding AMR surveillance, and improving pharmacovigilance.
- ✓ Facilitate scale-up of provincial best practices
- ✓ Expand specialized and super-specialized services at federal and provincial hospitals
- ✓ Phase-wise implementation of the National Referral Guideline to strengthen continuum of care

6

Key Action Points

- ✓ Implementation of **National Population Policy 2025** with a **time-bound action plan**
- ✓ Strengthen migrant health services **across the mobility continuum** by **revamping pre-departure orientation**, **expanding telemedicine services**, and **establishing a health screening mechanism** for **returnee labour migrants**.
- ✓ **Generate and use evidence** to advocate with host countries for responsibility and accountability for **the health and safety of Nepali labour migrants**

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5.
Manage Population
and Migration

7

**THANK
YOU**

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