



# GANDAKI PROVINCE STATUS PAPER ON **HEALTH**

“ PREPARED BY PRE-PROFESSIONAL PARLIAMENTARY  
SUPPORT PROGRAM FELLOWSHIP PARTICIPANTS ”  
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## Foreword

*Dear readers, we the family of Pokhara Research Centre and American Embassy Nepal would like to express our sincere gratitude to you.*

*We have envisioned the Pre Professional Parliamentary Support Program Fellowship to enrich young leaders of Gandaki Province in learning law-making and public policy and we trust you are also part of this important beginning.*

*Since the first case of Covid-19 on March 24, 2020, the pandemic-led lockdown has affected millions of low-income families. The pandemic also had other domino effects. A significant decrease in economic opportunities occurred during the national lockdown, along with increased hunger, lowered mental health, and increased suicides.*

*It has caused serious harm to progress made in recent years, so why not join the movement to “Prosperous Province and Happy Provincial citizen” visioned by Gandaki Province.*

*We are grateful for the unparalleled efforts made by each and every PPSP fellow. This status paper reflects the hard work they have done.*

*Our doors are always open to welcome you and your feedback to reshape the journey we have started together.*

*Regards,*

*Sujan Regmi*

*Executive Director*

*Pokhara Research Centre*



# **LIST OF ABBREVIATIONS AND ACRONYMS**

PPSP : Pre-Professional Parliamentary Support Program

MP : Member Of Parliament

VSC : Voluntary Surgical Contraception

SBICU : Surgical and Neurosciences Intensive Care Unit

HDC : Hospital Development Committee

TOR : Term Of Reference

NDHS : Nepal Demographic and Health Survey

COVID-19 : Corona Virus Disease - 2019

## **LIST OF FIGURES**

Figure 1: Public health center in Gandaki Province

Figure 2: Health program - a first five-year plan

## **LIST OF TABLES**

Table 1: NDHS 2016 (Nepal Demographic and Health Survey, 2016)

Table 2: Gandaki Province Budgetary Status In Health Sector

Table 3: COVID-19 Management Fund

Table 4: Gandaki Province Health Plan And Program 2077/2078

## **PRE-PROFESSIONAL PARLIAMENTARY SUPPORT PROGRAM (PPSP) AN INTRODUCTION**

The Pre-professional Parliamentary Support Program (PPSP) is a first of its kind in Nepal which is a unique and exciting opportunity for young Nepalese citizens of Gandaki State to learn law-making and public policy. PPSP Fellows are mentored by the Member of Parliament (MP) of Gandaki State and work with the assigned MPs around 26 weeks (16 hours a week), for an active session in a parliament. The primary role of a PPSP Fellow is to deliver extensive research support to her/his MP for their parliamentary work. This involves drafting parliamentary questions for the MP, preparing speeches/documents for discussions, raising matters of public importance, drafting private members' bills etc. Essentially, fellows are the knowledge-assistants of State MPs at the parliament of Gandaki State.

When parliament is not in session, PPSP Fellows participate with policy makers, experts from think-tanks, academicians, journalists and leaders from distinct institutions by contributing in workshops on significant policy and development issues. PPSP Fellows also participate in field visits during the inter-session period for a practical experience to governance at the grass root level.

### **THE PROCESS AND METHODOLOGY**

During the second virtual camp of PPSP Fellowship the 25 fellows were divided into five different groups and were assigned with five different sectors for preparing a status paper. The five different sectors are;

1. Agriculture
2. Health
3. Road and Infrastructure
4. Education
5. Tourism

Fellows were required to study the First Five year Plan of Gandaki Province and the Annual policy, program and budget of Gandaki Province Government. On the basis of the annual policy program and budget and the first periodic plan of Gandaki Province the Fellows prepared five status papers on their respective topics. Most of the data used in this status paper are obtained from the secondary source, moreover Key Informants Interview was also done during the process.



## TABLE OF CONTENTS

<b>CHAPTER ONE:</b> .....	1
<b>INTRODUCTION</b> .....	1
<b>STATUS OF HEALTH IN GANDAKI PROVINCE</b> .....	1
<b>CHAPTER TWO:</b> .....	4
<b>HEALTH RELATED POLICIES OF GANDAKI PROVINCE</b> .....	4
<b>2.1 National Health Policy 2019:</b> .....	4
<b>2.2 Economic Policy of the fiscal year 2075/76:</b> .....	4
<b>2.3 2076/77 Gandaki Province Policy:</b> .....	5
<b>2.4 First Five years Plan (2076/77- 2080/81):</b> .....	6
<b>2.5 Policy analysis:</b> .....	7
<b>CHAPTER THREE:</b> .....	9
<b>GANDAKI PROVINCE BUDGETARY STATUS IN HEALTH SECTOR</b> .....	9
<b>Gandaki Province Health Plan and Program 2077/2078</b> .....	10
<b>CHAPTER FOUR:</b> .....	12
<b>ISSUES AND CHALLENGES</b> .....	12
<b>4.1 ISSUES</b> .....	12
<b>4.2 CHALLENGES</b> .....	14
<b>CHAPTER FIVE:</b> .....	15
<b>OPPORTUNITIES AND RECOMMENDATION</b> .....	15
<b>5.1 OPPORTUNITIES:</b> .....	15
<b>5.2 RECOMMENDATION:</b> .....	17
<b>5.3 ACTIONS TO BE TAKEN:</b> .....	18
<b>REFERENCES</b> .....	20

# CHAPTER ONE:

## INTRODUCTION

WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and further elaborates that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. Thus, health as fundamental rights of every people indicates that the governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

Various laws and policies are drafted and implemented by the government for fulfilling its responsibility towards the attainment of quality health facilities by the people. The Constitution of Nepal has established basic health care as a fundamental right of its citizens. As the country has moved to a federal governance system, it is the responsibility of the state to ensure the access of quality health services for all citizens based on contextual norms of the federal system.

Gandaki province has also taken initiatives to improve the health sector in the province with the basic goal of providing affordable and accessible health services to every citizen. In line with the National Health Policy 2019, Gandaki province has incorporated health sector development and promotion in Economic Policy of the fiscal year 2075/76, 2076/77 Gandaki Province Policy and is a major focus area in the first five years plan (2076/77- 2080/81). This paper is an attempt to analyze all those laws, policies and the health services available and being developed in the Gandaki province.

## STATUS OF HEALTH IN GANDAKI PROVINCE

WHO has identified some key indicators which represent health status of a particular region. According to Nepal Demographic and Health Survey, 2016, the province's Infant Mortality Rate edges the country's rate by a slight margin. While 39 out of 1000 infants die in Nepal, 27 out of 1000 die in the province. Child Mortality Rate of the country is 32 out of 1000, however, the province's rate is only 23. Citizens of Gandaki Province, on an average, live for 71 years. While more than two-third women in the province have access to professional maternal service, only one-third of women have adopted modern family planning methods. 53% of people living in Gandaki province can access health care centers within 30 minutes. However, considering the fact that larger proportion of population reside in the urban areas, the numbers could be misleading. It is not so wise to draw out conclusion from the data which is skewed towards people living in the urban areas, from where health centers are in close proximity. According to Department of Health Services 2074/75, 635 public health centers and 101 private health centers are providing health service to people. After

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WHO Constitution, 1946, preamble, <https://www.who.int/about/who-we-are/constitution>

WHO Constitution, 1946, preamble, <https://www.who.int/about/who-we-are/constitution>

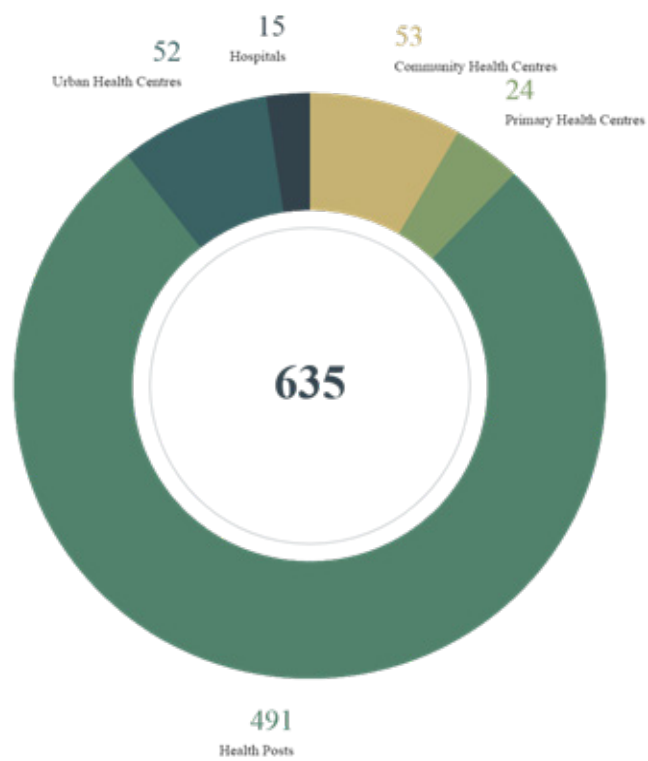
Constitution of Nepal, art.35

Constitution of Nepal, Concurrent Powers of Federation, Province and Local Level, Schedule 9, No.3

inauguration of first district hospital in the Nawalparasi East by honorable Prithvi Subba Gurung, Gandaki province has 16 hospitals. 53 community health centers, 52 urban health centers and 491 health posts are providing health services in full swing

<b>SN</b>	<b>Health Indicators</b>	<b>Gandaki Province</b>	<b>Nepal</b>
1	Infant Mortality Rate (per thousand)	27	39
2	Child Mortality Rate ( per thousand)	23	32
3	Life Expectancy	71.4	69.7
4	Professional Maternal Service (percentage)	68	57
5	Modern Family Planning methods (percentage)	37	43
6	Health Centre within 30 minutes (percentage)	53	49

## Public Health Centres in Gandaki Province



*(Source: Department of Health Services 2074/75)*

## CHAPTER TWO:

### HEALTH RELATED POLICIES OF GANDAKI PROVINCE

#### Background:

Gandaki province has not yet developed a separate health policy. It is guided by the National Health Policy 2019 and development and promotion of health sectors are incorporated in various other policies.

#### 2.1 NATIONAL HEALTH POLICY 2019:

The National Health Policy 2019 has been formulated on the basis of the lists of exclusive and concurrent powers and function federal, state and local levels as per the constitution, the policies and program of the Government of Nepal, the international commitments made by Nepal at different times and most importantly by analyzing the existing problems, challenges, available resource and evidences in the health sector.

The objectives of this policy are:

1. To make available to all citizens their constitutional rights to health
2. To develop, expand and improve all types of health services as per the federal structure
3. To improve the quality of health service delivered by health institutions at all levels and to ensure easy access to those services
4. To strengthen social health protection system by integrating the most marginalized section
5. To promote multi-sectoral partnership between governmental, non-governmental and private sector and to promote community involvement and
6. To transform the health from profit oriented sector to service oriented sector

#### 2.2 ECONOMIC POLICY OF THE FISCAL YEAR 2075/76:

This policy aimed at establishing 25 bedded hospital in the village levels and 50 bedded hospital in municipalities. An elaborative report was also to be prepared for the establishment of specialized hospitals for kidney, heart and cancer patients among others. Moreover, a probability study for referral and specialized health services was to be conducted for the construction of a 1000 bedded hospital in the province. The province was to initiate the construction of maternity and children's hospital for improving the maternal health and decrease the infant mortality rate. In co-ordination with the federation and the local levels, health and insurance programs shall be extended as a movement and the individuals such as person with disabilities, pregnant women, new mothers, senior citizens and under-privileged citizens, who are unable to access proper health services due to economic constraints shall be provided with easy and free access to health services by developing a proper criterion. Such group of people shall also be provided with multiple nutrition supplements by conducting nutrition improvement programs. Also, the immunization fund will be used for full immunization of all pregnant women, infants and children.

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National Health Policy, 2019 <https://publichealthupdate.com/national-health-policy-2019-nepal/>

[www.pokharacentre.org](http://www.pokharacentre.org)

The policy also focuses on health education and provides that the local level, private sectors and social institutions must co-operate and co-ordinate in conducting health camps, training and yoga. Along with that, awareness must be provided about chemical-free food and nutrition, exercise, regular health check-up and reproductive health.

The policy also includes the protection, production and promotion of medicinal herbs used in Ayurvedic treatment and to establish a botanical garden for medicinal herbs. Telemedicine programs were to be established in rural areas in collaboration with Pokhara Health Science Academy and Medical College. Capital grants will be given to community hospitals that provide exemplary health services. Smoking and alcohol drinking regulations will be made to regulate such acts for “Healthy family and prosperous Nepali.” Disable person friendly hospitals will be made in the province. Free Psycho-counselling, health treatment and legal remedy shall be provided to victims of women and children violence. One house one tap program was to be launched for providing access to clean drinking water. Sanitary landfilled sites will be built to develop a clean, fresh and decent province.

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Policy and Program of Gandaki Province Government for the year 2075/76,  
[http://stateassembly.p4.gov.np/pokhara/upload/15284565601528453727\\_Final\\_of\\_Policy\\_New.pdf](http://stateassembly.p4.gov.np/pokhara/upload/15284565601528453727_Final_of_Policy_New.pdf)

[www.pokharacentre.org](http://www.pokharacentre.org)

### **2.3 2076/77 GANDAKI PROVINCE POLICY75 :**

The motto relating to health of Gandaki province in this policy is “Province power: healthy man power”. It provides that a province health policy will be formed for effective implementation of health services to the people in the provincial level. The policy of building specialized hospitals for heart, kidney and cancer patients will be given continuity, and awareness movements shall be launched for controlling the increasing rate of non-communicable diseases. Health insurance programs shall be continued in co-ordination with the federation and the local level.

Poor patients suffering from cancer, heart and kidney diseases, sickle cell anemia, spinal injury, Parkinson, Alzheimer and head injuries shall be provided with financial assistance. People with disabilities, pregnant, new mothers, senior citizens and underprivileged people will continue to receive services related to treatment. Province Immunization Fund will be given continuity and Maternity and Children’s Hospital building projects will be taken forward. Facilitation of medicine and equipment’s and infrastructure development will be carried out and necessary human resources will be managed for providing qualitative health services. Proper hospital buildings will be constructed in Nawalpur, Manang and Mustang within three years.

Dialysis service will be extended for the patients in Gorkha, Lamjung, Myagdi, Parbat, Nawalpur and Syangja. Treatment for snake bites will be managed within the health institutions of Nawalpur. Integrated Specialized Health Camps will be operated in the rural places that are deprived of special health services. Integrated search and monitoring programs will be initiated for tuberculosis, HIV AIDS, Malaria, Dengue and Kalazar. Maternal delivery services will be improved by initiating health services in their own homes. Pregnant, new mothers and infants can be saved from health complication by air lifting them to well facilitated hospitals. Ayurvedic, natural, homeopathy and allopathy and all other health institutions providing such health services will be regulated by developing a framework.

Provincial Reference Lab for diagnosis of disease and Province Health Supplies Storage Center will be established. Effective plants will be developed and managed for controlling epidemic and catastrophic diseases. Provincial Ayurvedic Hospital will be established which will provide integrated health services relating to Ayurved, Yog and Natural treatment. Multi-sectoral nutrition program will be operated in collaboration with Government of Nepal.

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Policy and Program of Gandaki Province Government for the year 2076/77

[https://ocmcm.gandaki.gov.np/images/news/1560069937\\_PDF\\_file.pdf](https://ocmcm.gandaki.gov.np/images/news/1560069937_PDF_file.pdf)

[www.pokharacentre.org](http://www.pokharacentre.org)

## **2.4 FIRST FIVE YEARS PLAN (2076/77- 2080/81) :**

The seventh target of the long-term prosperity national target is the creation of healthy and balanced environment. The eighth important departure point for the prosperity of Gandaki province provides that, health institutions established for providing basic health services need to be transformed according to the change in disease resistance structure. The third target of the plan emphasizes on the part to provide qualitative health facilities to all the citizens.

The first five-year plan has allocated 10.30% of its total budget for investment in Education and Health. The sixth priority program includes human resources which mainly focuses in health and nutrition. The particular are of priority are:

- Reinforcement of district hospitals
- Establishing and operating specialized hospitals (communicable disease, maternity and children, heart, kidney and cancer)
- Provide basic health facilities to all the citizens in co-ordination and co-operation with Government of Nepal and the local level
- Mitigation of malnutrition

## **2.5 POLICY ANALYSIS:**

The policies made by Gandaki province are highly influenced by the national policies, which is evidently seen in the First five years plan and the 15th national year plan. The policies adopted by Gandaki province can be divided into three categories:

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First Five Year Plan (2076/2077- 2080/2081) of Gandaki Province

<http://ppc.gandaki.gov.np/programdetail/1/2020/16299952>



## Health Programs – First Five Year Plan

### **Vague and Ambitious Programs**

- Senior Citizen and Disable Friendly Health Service
- Master Plan to manage Medical Human Resources

### **Realistic and Achievable Programs**

- Develop Province Health Profile
- One ward One Health Centre
- Expand Insurance Program
- Establish Special Centre for Kidney, Heart and Cancer Patients
- High Altitude Sickness Centre

### **Innovative Programs**

- Electronic Family Health Profile
- Highway Mobile Hospital Service
- Psychological Counseling through District Hospitals
- Medicinal Herbs Identification Program

Moreover, the health policies adopted by Gandaki fails to recognize climate change as major factor that hinders the development of health sector, although it has been mentioned in the part of use of Antibiotics. Such heavy targets sometimes takes away the work enthusiasm as increase in work load may cause hasty work causing loss. The ambitious goals are a little vague and requires a lot of resources and time, and legislating the same thing twice is a waste for the policy makers. So health policies must be developed as per the evidence based planning method in order to work them more effective and reliable rather than simply copying others because health issues are specific to a certain place or community as well. The Bagmati Province Health Policy is an excellent example to be followed by other provinces, including Gandaki province.

## CHAPTER THREE:

### GANDAKI PROVINCE BUDGETARY STATUS IN HEALTH SECTOR

The Gandaki Pradesh has prepared a five-year plan and formulated several programs in the field of health for different five years. The budget for each fiscal year is as follows.

Fiscal Year	Amount in Rs	Percentage of Total Budget
2075/76	62.4 Crore	38%
2076/77	1.2 Arba	38%
2077/78	11.3 Arba	32%

If we look at the programs specified by Gandaki, for this Fiscal Year 2077/2078, various types of programs have been specified in the health sector, the details of which are mentioned below.

#### COVID-19 MANAGEMENT FUND

Collected	Utilized	Remaining
35.4 Crore	27.8 Crore	7.6 Crore

The management of COVID-19 is very appreciable in the Gandaki province, as compared to other provinces as the infection and death rate were low. But the effort cannot be said to be sufficient enough to contain COVID-19 due to numerous reasons such as no beds in hospitals as per the requirement, and low supply of foods for people below the poverty line majority of whom lost their jobs due to the pandemic. Out of 35.4 Crore collected from various sources for COVID management, only 28.7 Crore has been used, while 7.6 Crore is still remains unused. For the best management of the pandemic and to address the issues properly, the funds must be utilized and if required must be increased.

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[http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print\\_1592221652.pdf](http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print_1592221652.pdf)

[http://moeap.gandaki.gov.np/downloadfile/Biniyojan\\_1559304096.pdf](http://moeap.gandaki.gov.np/downloadfile/Biniyojan_1559304096.pdf)

[http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print\\_1592221652.pdf](http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print_1592221652.pdf)

<https://mohep.gov.np/en>

[www.pokharacentre.org](http://www.pokharacentre.org)

## GANDAKI PROVINCE HEALTH PLAN AND PROGRAM 2077/2078

SN	PROGRAM	Amount in 1000
1	Preparation of health-related policies, rules and regulations, procedures, guidelines	500
2	Pregnant and lactating women in a well-equipped hospital for complex management	4500
3	Integrated surveillance of TB, Leprosy, Malaria, HIV AIDS	3000
4	Additional continuity in the amount of admission vaccination guarantee to guarantee full vaccination to pregnant women, infants, and children	3500
5	Organization Management of Health Structures Survey 9E7: 0 Infectious Diseases and Infectious Diseases Tuberculosis Center	1000
6	Chamber of Commerce and Industry Conducting workshops with tourism associations, financial sector associations, local and international NGOs	600
7	Directorate of Health. Health Training Center. Quarterly review (3 times) of hospitals with more than 50 beds including Provincial Health Supply Health Management Center and Provincial Public Health Laboratory.	450
8	On-site training for effective implementation of public health, hospital, Ayurveda and other health activities conducted in the state	1200
9	Preparation and printing of indicators and checklists for effective monitoring and supervision of all health programs conducted in the state.	500
10	Corona virus disease prevention, control and treatment fund operation and purchase of health equipment	200000
11	Conducting screening camps and health promotion programs to reduce the burden of non-communicable diseases in the community.	10000
12	Celebrating Health Day and producing and broadcasting awareness programs through print and electronic media as needed during epidemics and disasters.	600
13	First service point for health insurance programs. Apprenticeship programs at dispatch centers First service point for health insurance programs. Apprenticeship programs at dispatch centers	1500
14	Strengthening of multi-sectoral nutrition program	500
15	Identify and list herbs	15000

16	Life Insurance Program	500
<b>Total Amount</b>		29999

# CHAPTER FOUR:

## ISSUES AND CHALLENGES

### 4.1 ISSUES

The above discussed health status of Gandaki province suggests that there are several issues which need to be addressed immediately. On the basis of various articles and papers referred, the issues in the health sector of Gandaki province have been shortlisted under the following headings:

#### 1. Lack of pure drinking water facility

Gandaki province alone includes 10 rivers and streams and 5 lakes. But still 9.9% of the population doesn't have access to even fundamental drinking water. Only 20% of people have access to high and medium quality water.

#### 2. Health problems due to food insecurity and natural calamities

There are handful of healthy food grocery stores. People are compelled to buy unhealthy food at high prices. Only 56% of the total population have fundamental food security. Also as there are no food storage centers during calamities like floods, earthquake and Covid-19, victims are subjected to famine. There is only one cold storage for the storage of fruits and vegetables in the entire province.

#### 3. Nutrition problems in women and children.

According to the national planning commission in the year 2076/2077, 46.7% of the population are still affected by malnutrition. Nutrition problems are seen in women during their fertile period. Due to unavailability of nutritious foods, children are now more vulnerable to diseases. Mortality rate of children under 5 is 27 out of 1000 born and malnutrition is one major factor for it. Nutrition is also one of the factors for high maternal death rate.

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Brief Introduction of Gandaki Province, Ministry of Federal Affairs and General Administration. <http://lgcdp.gov.np/gandakiinfo>

Provincial policy and planning commission (Baishak, 2077). First five year periodic plan. Summary. Physical Infrastructure. <http://ppc.gandaki.gov.np/programdetail/1/2020/16299952> [Hereinafter 'Summary of 5 year periodic plan'].

Summary of 5 year periodic plan.

Summary of 5 year periodic plan.

Shrestha Sandesh (15 September, 2019). New Cold Storage Comes up in Pokhara. My Republica. <https://myrepublica.nagariknetwork.com/news/new-cold-storage-comes-up-in-pokhara/>

Summary of 5 year periodic plan.

#### **4. Health facilities**

Health facilities are not within reach as was expected by most people. Only 53.7 % of total population can have basic health facilities after walking through a distance of 30 minutes. Out of 11 districts 7 districts (Baglung, Parbat, Myagdi, Manang, Mustang, Lamjung, Nawalpur) each have only one hospital in the entire district. For major health problems most people have to depart either for Pokhara or Kathmandu. There exist a gap between production of health workers and their application. Most doctors, nurses and health experts are working in city areas so rural areas are lacking health specialists.

Even the health institutions in cities are not well-equipped with modern technologies and there is insufficiency in specialists as required. Also there aren't sufficient specialized health institutions as compared to Bagmati province. Lack of routine maintenance and management of health infrastructure and equipment in health institutions.

#### **5. Lack in the best utilization of antibiotic medicines**

Mostly in villages and rural areas where specific medicines aren't available, antibiotics are taken without the prescription of doctors. Due to lack of awareness people refuse to take antibiotics as soon as their pain is over before completing the total course which later on results in various side effects.

#### **6. Inappropriate administration and regulations of private sectors in health services**

The numbers of private hospitals in Gandaki Province is much higher than that of governmental. The charge taken by these hospitals for diagnosis and treatment is not affordable by poor. Due to poor quality of health services by the governmental hospitals there exists monopoly of private sectors in health services.

#### **7. Addiction**

Smoking, consumption of alcohols and drug abuse among teenager and youths due to the influence of western culture and unemployment.

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Summary of 5 year periodic plan  
Summary of 5 year periodic plan

## 4.2 CHALLENGES

Although various issues have been solved easily in plans and policies, their actual implementation to provide quality health facilities throughout the entire province in an affordable way is very demanding. In order to execute the plans and programs and to solve the different health related issues on time, Gandaki Province has to overcome the following challenges:

1. Timely procurement and supply of quality assured drugs, vaccines and equipment as most of them have to be imported and also due to lack of storage houses for medicines and medical equipment.
2. Timely completion and handover of health facilities to local government due to insufficient resources for construction, shortage of health professionals, delay by contractors or due to political reasons.
3. The availability of medical professional in remote areas due to dissatisfactory income level and deficiency in other facilities.
4. Routine maintenance and management of equipment owing to unavailability of technical manpower.
5. Challenges in providing free service to physically disabled, old aged, poor and needy patients due to lack of strategic planning and a clear line of demarcation. Challenges in defining the magnitude of the financial source and assure its availability
6. Reducing high individual costs existing in health services due to monopoly of private health institutions and lack of regular monitoring and evaluation.
7. Facilitating emergency health services across different parts of province and telemedicine services for the remote diagnosis and treatment of patients.
8. Establishment of sufficient well equipped laboratories and readily availability of ambulance services in different parts of province. Control and prevention of zoonotic diseases through well-established laboratories and research centers

## CHAPTER FIVE:

### OPPORTUNITIES AND RECOMMENDATION

As delegated by the Constitution of Nepal under the concurrent powers of Federation, Province and Local Level, Gandaki Province has already made laws like the Immunization Act, Health and Sanitation Act. Likewise, based on the 2019 National Health Policy, the Economic Policy of the fiscal year 2075/76, the 2076/77 Gandaki Province Policy and the First Five years Plan (2076/77-2080/81) include the initiatives and programs launched by Gandaki Province for the enhancement of health sector here in Gandaki.

#### 5.1 OPPORTUNITIES:

The practical analysis of the existing laws, policies and on the basis of accessibility and implementation of the said health services, there are mainly five opportunities in the health sector of the Gandaki Province.

- 1. Development of health related policies and laws as provided for by the constitution:**  
Suitable health policies for Gandaki province can be developed, the scope for which could be including health related services to be included in disaster management and the pandemic. It also includes the upgrading of health service management by introducing modern technology of electronic medium record.
- 2. Identification of health related problems by the local, provincial level and the proper environment for employing available health tools and resources:**  
Problem identification is the key to finding out solutions. So, in order to solve the persisting health issues and to meet the targets of the Province, it is evident that health problems in the local and provincial level be identifies, which gives the perfect chance for both the governments to carefully analyze the channeling of the available health tools and resources. It also envisages the employment and allocation adequate budget and timely release of authority to the respective implementing agencies.
- 3. Increased concern and awareness among the general people regarding access to quality health services:**  
Campaigns like "My Health, My Responsibility" are the perfect example of how the Province can actually launch awareness among the citizens about their health status and a way to inform them about the health services available to them.

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Constitution of Nepal, Concurrent Powers of Federation, Province and Local Level, Schedule 9, No. 3.  
First five years plan, Gandaki (2076/77- 2080/81)



#### **4. Increased availability of capable and certified health workers:**

The number of certified medical practitioners are increasing in the Gandaki Province which is an opportunity for Gandaki province as the proper utilization and mobilization of these human resources with proper management could be life changing for the upliftment of the health sector in Gandaki.

#### **5. Expansion of health insurance and basic health facilities:**

The opportunity underlying in the sector of health insurance is high in Gandaki as currently the population with health insurance in Nepal is only 3.5 percent, whereas the rate of health insurance in Gandaki is 7.0% and as per the First Five Year plan, the target of Gandaki province is to increase the rate to 64.0% which is 4% higher than the total target of Nepal.

It is an established fact that the local level uses the budget and finances provided by the Federation through the Provincial government, but there are various splendid examples where local levels have showed that they are capable of employing their own resources for the well-being of its citizens. For example, the Machhapuchhre Rural Municipality adopted a very innovative financing for health when it informed that revenue from natural resources (stone, sand etc.), approximately 2.5 crore, will be mobilized for the health and education sector, which is principally agreed by the executive council. Therefore, opportunities are not just based on laws and policies, it all depends on what is prioritized by each level of government.

Gandaki province should prioritize the improvement of the district level hospitals, establishment of specialized hospitals for communicable disease, women and child, heart, kidney and cancer, encouragement of co-ordination between local level and the government of Nepal for providing accessible services to the people and lastly reducing malnutrition over all other health related activities in order to improve the quality and accessibility of health services.

## **5.2 RECOMMENDATION:**

### **1. Prioritize:**

Gandaki province should prioritize the improvement of the district level hospitals, establishment of specialized hospitals for communicable disease, women and child, heart, kidney and cancer, encouragement of co-ordination between local level and the government of Nepal for providing accessible services to the people and lastly reducing malnutrition over all other health related activities in order to improve the quality and accessibility of health services.

### **2. Issue identification:**

Health related plans and projects must be conducted in alignment with other development plans and projects, for which sequencing of developing acts, regulations and policy is needed. The limited capacity of the province to develop policy and legal frameworks can be overcome by assessing the national and international frameworks. Moreover, evidence based planning which includes health profile, situation assessment is key to identifying and solving the problems. However, weak implementation can still cause the evidence based planning to be ineffective, for example, Aama Fund program was evidence based program but its implementation part being weak, made it ineffective although the fund was in existence.

### **3. Service Delivery:**

Although health services are being delivered within given resources, implementation barriers have been observed. Such as Voluntary Surgical Contraception (VSC) camps have not been planned, Aama incentives have not been received on time, SNICU have been established but not functioning well, health activities (particularly promotive) have been halted due to delayed budget release and weak referral mechanism and linkage has hindered the service delivery. Improvement in all these fields is necessary to upgrade the health services of Gandaki.

### **4. Hospital Management:**

Hospital management has been difficult because of delay in budget release by local and provincial governments. Due to absence of specialized human resource hospitals are not able to manage Specialty care well. Management of semi-autonomous hospitals is not clearly defined, so there is a need to define the role of province and local level. Hospital Development Committee (HDC) and/or Management Committees were dissolved, which affected hospital management. Quality assurance mechanism and improvement task force and/or teams need to be made functional in majority of hospitals and the weak medical record system needs to be replaced by the new and modern electronic record system. It is also equally important to estimate the required workforce in the establishment, management and operation of the specialized hospitals

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Annual Report, Department of Health Services 2074/75- 2017/18, [http://dohs.gov.np/wp-content/uploads/2019/07/Annual\\_Report\\_2074-751.pdf](http://dohs.gov.np/wp-content/uploads/2019/07/Annual_Report_2074-751.pdf).

National Annual Review, 2018 (November 2018). Reflection from pre-NAR field visit. Reflection from the field.151218.pdf

## **5. Information management:**

Health information management unit and responsibility needs to be assigned at local government level. Unanimous understanding of the need of capacitating Local Government for recording and reporting from health facilities must be developed. Local Government staff must be trained (oriented) for data entry. Local authorities are seeking information beyond the routine MISs and surveys for micro-planning at the local level to address 'leaving no one behind' for which clear guideline and local targets for planning at different levels is to be made.

## **6. Health Insurance:**

Limited capacity of health facilities – medical doctors, medicines in pharmacy, lack of equipment, behavior; delayed refund etc. must be overcome through adequate supply of free essential medicines which is sure to largely enhance health insurance program. The recording and reporting issues must be made swift so that clients do not have to wait additional one hour to get health services under health insurance package. The key to increasing health insurance is through effective coordination between Health Insurance Board (District Office) and Service providers resulting high rate of renewal.

### **5.3 ACTIONS TO BE TAKEN:**

On the basis of above stated opportunities and challenges, following actions need to be taken by the Gandaki province for the improvement of health services:

1. Allocate budget and timely release of authority to the respective implementing agencies
2. Ensure access to clean drinking water by launching campaigns such as “One house, One tap.”
3. Develop and implement policy and legal frameworks, guidelines and standards in line with Federal (for e.g. “BippanaSifarish”, Facility Registration, Ambulance etc.)
4. Initiate procurement and establish coordination mechanism to improve supply chain management
5. Develop such data regulating authority that will keep record of every poor, persons with disabilities, senior citizens and under-privileged groups which will help in tracking legitimate patients who are the actual beneficiaries of the free health service.
6. Establishment of the Provincial Health Offices and mobilize human resources.
7. Clarity of scope of work (develop TOR of the concerned sections/units) and ensure timely release of salary
8. Coordinate and facilitate local governments to implement basic health services, specially preventive and promotive activities
9. Reflect on the past experiences of health services provided during disaster management and overcome the inadequate management of health services during such time.

10. Raise awareness about increasing urbanization, changing lifestyle & food habits and health in general public about the increasing rate of chronic non- communicable diseases and to adopt a healthy lifestyle.
11. Manage the licensing, accreditation, quality assurance and supervising system for the proper regulation of private health institutions.
12. Ensure production, distribution and management of quality medicines and tools by effective control over the medical plants by the Provincial government itself.

In conclusion, the effective identification of health issues and proper adherence to the guiding bodies and principles will ensure the Gandaki province's health motto "**Province Power: Healthy manpower.**"

## **LIMITATION**

The major limitation of this paper is that the research during the process of preparing this paper was based on the secondary data and primary source of Information has not been used. The research being an independent task of the PPSP fellows is bound to maintain the ethics of independent, neutral and applied characteristics in the overall process and study. The study was targeted to be completed in a reasonable short period with an economic package of resources with the belief that the report should be in a concise form rather than a voluminous one.

## REFERENCES

- Annual Report, Department of Health Services 2074/75- 2017/18, [http://dohs.gov.np/wp-content/uploads/2019/07/Annual\\_Report\\_2074-751.pdf](http://dohs.gov.np/wp-content/uploads/2019/07/Annual_Report_2074-751.pdf).
- Constitution of Nepal.
- Constitution of Nepal, Concurrent Powers of Federation, Province and Local Level.
- Nepal Demographic and Health Survey, 2016
- Department of Health Services 2074/75
- National Health Policy, 2019 <https://publichealthupdate.com/national-health-policy-2019-nepal/>
- Policy and Program of Gandaki Province Government for the year 2075/76,  
[http://stateassembly.p4.gov.np/pokhara/upload/15284565601528453727\\_Final\\_of\\_Policy\\_New.pdf](http://stateassembly.p4.gov.np/pokhara/upload/15284565601528453727_Final_of_Policy_New.pdf)
- Policy and Program of Gandaki Province Government for the year 2076/77 [https://ocmcm.gandaki.gov.np/images/news/1560069937\\_PDF\\_file.pdf](https://ocmcm.gandaki.gov.np/images/news/1560069937_PDF_file.pdf)
- First Five Year Plan (2076/2077- 2080/2081) of Gandaki Province <http://ppc.gandaki.gov.np/programdetail/1/2020/16299952>
- [http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print\\_1592221652.pdf](http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print_1592221652.pdf)
- [http://moeap.gandaki.gov.np/downloadfile/Biniyojan\\_1559304096.pdf](http://moeap.gandaki.gov.np/downloadfile/Biniyojan_1559304096.pdf)
- [http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print\\_1592221652.pdf](http://moeap.gandaki.gov.np/downloadfile/Final%20Budget%20to%20Print_1592221652.pdf)
- <https://mohp.gov.np/en>
- National Annual Review, 2018 (November 2018). Reflection from pre-NAR field visit. [Reflection from the field.151218.pdf](https://www.mohp.gov.np/en/annual-review-2018)
- WHO Constitution, 1946, preamble, <https://www.who.int/about/who-we-are/constitution>

# ABOUT US

**Pokhara Research Centre (PRC)** is a research based non- partisan organization based in Pokhara. Established in 2019, PRC focuses on socio-economic dimensions of domestic public policy research.

Guided by the motto of “ **Economic Freedom with Good Governance** ”, PRC is following the international principle of individual choice and liberty translated into equal opportunity of enterprise, rule of law and the democratic principle of free expression as a tool to design its programs and initiatives; creating positive impact at the province level, through policy reform; PRC works under three broad functional domain; Research, Training and Advocacy.

PRC's one of the flagship program Pre-Parliamentary Support Program (PPSP) aims to train youth of Gandaki Province in law-making and public policy. The primary role of a PPSP Fellow is to deliver extensive research support to their assigned MP for their parliamentary work. The organization is also focusing on other youth training program on free market, entrepreneurship and economic freedom in the region supported by Atlas.

The organization core values are; Creating public values, Evidence based policy making, the investment approach to public service delivery. PRC intervenes on areas viz. Enterprise Development, Economic Policy Reform, Governance & Advocacy and enhancing Public Service Delivery.

The organization has launched program such as Gandaki Discourse, Political Economic Discussion Series (PEDS), and Formation of Gandaki Leader Circle (GLC) dedicating it to establish itself as the state level policy think tank.

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