



Annual Report 2078/79



Government of Nepal
Ministry of Health & Population
Bheri Hospital
Nepalgunj, Banke





नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

भेरी अस्पताल

नेपालगञ्ज, बाँके

भेरी अस्पताल विकास समितिका अध्यक्षहरूको नामावली

क्र.सं.	नाम थर	मिति
१	श्री कृष्ण गोपाल टण्डन	२०४२।०६।२३
२	श्री नवराज गुरूड	२०४५।०३।२७
३	श्री गम्भिर प्रधान	२०४६।१०।०९
४	श्रीमती पद्मा भट्टराई	२०५२।०२।०८
५	श्री विष्णु प्रसाद दवाडी	२०५२।११।२३
६	श्री मधु रिजाल	२०५४।०१।२०
७	श्री हाजी रौनक अली इद्रसी	२०५४।०७।०८
८	डा.केशव राज शर्मा	२०५४।०९।२९
९	श्री रतन कुमार टण्डन	२०५९।०८।११
१०	श्रीमती विना मल्ल	२०६१।०८।२३
११	श्री बेद प्रसाद आचार्य	२०६३।११।२१
१२	डा.रमेश कुमार श्रेष्ठ	२०६६।०१।२१
१३	श्री गोविन्द बहादुर श्रेष्ठ	२०६६।०९।२९
१४	भरत प्रसाद प्रसाई	२०६८।०३।१५
१५	डा.श्याम सुन्दर यादव	२०७०।०४।०४
१६	डा.बद्री चापागाई	२०७१।०५।२६
१७	डा.उषा शाह	२०७३।०९।१४
१८	डा.विनोद कुमार गिरी	२०७५।०५।०१
१९	श्री प्रमोद कुमार धिताल	२०७७।०२।१३ देखि हाल सम्म



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Introduction

- Located in Nepalgunj Sub Metropolitan city - 10 , banke
- Current capacity of 161 inpatient beds
- Serving as a referral hub not only for western Lumbini province but also for Sudurpaschim and Karnali province too.
- Tertiary level hospital with a number of specialized services to cover around 69 lakhs of population of former mid and far western region
- Even after federal structure implemented, referral hierarchy has not changed much practically

Brief Hospital History

- 1947 BS - Established on as PrithviBir Hospital Dispensary
- 2016 BS - Named RatnaRajyaLaxmi Devi Maternity Home
- 2022 BS - Named Bheri Zonal Hospital with 50 sanctioned Bed
- 2043 BS - Upgraded to 100 Bed Hospital (additional 50 from HDC)
- 2063 BS - Granted permission for 200 sanctioned bed but couldn't be operated for financial reasons. However sanction posts were revised.
- 2075 BS – Proposed 300 bed central Hospital
- 2077/78 BS - Proposed for 500 bed hospital in Nepal Government's annual program

Present Status

- 150 bed Hospital with 30 beds of emergency
- 100 Government Sanctioned Bed
- 50 by HDC (*more than 115 bed added after covid-19 to respond the pandemic*)

Hospital owned Land

- 10 - 9 - 18 (Bigaha)

Hospital Compound

- 4 – 15 – 14 (Bigaha)

Human Resource

Human Resource	Sanctioned Government				Others					Net Total
	Sanctioned	Fulfilled	Contract	Total Govt.	Scholarship	HDC	Deputation	Others	Total Others	
Medical Superintendent	1									
Consultants	30	16	4	20	12	2	2	17	33	53
Medical Officers	11	3	8	11	3	8		15	26	37
Nursing Officer	6 (1-2-3)	5		5					0	5
BMLT								1	1	1
HA/PHI	1	1		1		4			4	5
Lab Technician	4	5		5		5		2	7	12
Staff Nurse	24	24		24		32		32	64	88
Radiographer	1	1		1		4	1	4	9	10
Dark Room Assistant									0	0
Lab Assistant	2					1		2	3	3
Pharmacy Officer/ Assistant	1	1		1	1			13	14	15
Sr.AHW/AHW	4	2		2		12		3	15	17
ANM/Sr. ANM	5	3	2	5		13		10	23	28
Section Officer	1									
Account Officer	1	1		1						1
Accountant	1	1		1				1	1	2
Na.Su	1	1		1		1		1	2	3
Kharidar						12		1	13	13
Medical Recorder	1	1		1		1			1	2
Dental Hygienist (Surgeon)		1		1					0	1
Office Helper/Swiper	33	10	1	11		54		16	70	81
Ambulance Driver	1		1	1		2			2	3
Others			1	1		8		25	33	34
Security									65	65
Total	143	76	17	93	16	159	3	143	386	479

Financial Status:

Government Allocation

Budget Type	Budget Allocated	Budget Released	Budget Expenditure
Capital	₹ 248,081,000	₹ 197,564,546	₹ 197,564,546
Recurrent	₹ 270,180,000	₹ 223,536,477	₹ 223,536,477
Total	₹ 518,261,000	₹ 421,101,023	₹ 421,101,023

HDC Budget

Description	Details
1. Number of meetings held in FY 2078/079	15
2. Financial Information	Amount (NPR)
2.1. Balance at the end of Ashad 2078	₹ 89,273,185
2.2. Income from service fees, rent, etc.	₹ 382,518,622
2.3. Income from donation, grant etc.	₹ 471,791,807
2.4. Total expenses	₹ 471,562,374
2.5. Balance at the end of Ashad 2079	₹ 229,433

Hospital Pharmacy

Description	Details
1. Number of meetings held in FY 2078/079	4
2. Financial Information	Amount (NPR)
2.1. Balance at the end of Ashad 2078	₹ 314,000
2.2. Total Income	₹ 97,200,000
2.3. Total expenses	₹ 77,000,000
2.4. Balance at the end of Ashad 2079	₹ 20,200,000

Major Hospital Indicators

SN	Indicators	2076/77	2077/78	2078/79
1	Total OPD clients	90656	66595	103442
2	Total emergency clients	20640	21114	28990
3	Total inpatients	11924	11001	13548
4	Bed occupancy rate	70.3	124.7 (84.3)	88.6
5	Average length of stay	3.2	5.5	4.2
6	CS rate (out of total delivery)	0.26	0.27	0.24
7	Hospital death rate	1.71	5.2	2.8
8	Surgery related death rate	-	-	-
9	Average number of radiographic images per day	89	93	134
10	Average number of laboratory tests per day	684	499	1420
11	Number of Clients served by OCMC	172	178	210
12	Number of Clients served by SSU	5701	2853	3923
13	Normal Delivery	3614	2451	3663
14	Complicated Delivery	471	603	566
15	C/S Delivery	1359	1064	1379

Minimum Service Standards: Status

Area	2076/77 (%)	2077/78 (%)	2077/78 (%)
Governance	41.96%	70.50%	85%
Clinical Services	35.99%	55.13%	61%
Hospital Support Services	27.39%	70.70%	64%
Total	35%	61%	67%

Programwise indicator

Immunization

Details	Fy 2076/77	Fy 2077/78	Fy 2078/79
Measles/Rubella-12-23 Months	341	235	266
Measles/Rubella-9-11 Months	435	270	307
3 dose completion of DPT-HepB-Hib&OPV after 1 year	186	113	
BCG Doses	1359	846	1320
JE	442	290	365
TD(Pregnant Women)-2	288	176	183
TD(Pregnant Women)-2+	141	80	240
DPT-HepB-Hib-1 st	537	390	471
DPT-HepB-Hib-2 nd	450	339	426
DPT-HepB-Hib-3 rd	445	320	418
FIPV-1 st	218	390	471
FIPV-2 nd	226	356	418
OPV-1 st	556	390	471
OPV-2 nd	446	339	426
OPV-3 rd	462	320	418
PCV-1 st	556	390	471
PCV-2 nd	450	339	426
PCV-3 rd	395	270	307
Rota-1 st		320	471
Rota-2 nd		275	426
Expended-BCG Doses	2860	1740	2460
Expended-DPT-HepB-Hib	1610	1130	1490
Expended-FIPV Doses	725	875	1125
Expended-JE	675	560	575
Expended-Measles/Rubella	1230	880	930
Expended-OPV	1610	1130	1490
Expended-PCV	1592	1096	1376
Expended-Rota Doses		605	929
Expended-TD(Pregnant Women)	1050	690	780
Received-BCG Doses	2860	1740	2460
Received-DPT-HepB-Hib	1610	1130	1490
Received-FIPV Doses	725	875	1125
Received-JE	675	560	575
Received-Measles/Rubella	1230	880	930
Received-OPV	1610	1130	1490
Received-PCV	1592	1096	1376
Received-Rota Doses		605	929
Received-TD(Pregnant Women)	1050	690	780
Immunization-TD-Pregnant Women-1	386	282	251

Family Planning

Data / Period	Shrawan 2076 to Asar 2077	Shrawan 2077 to Asar 2078	Shrawan 2078 to Asar 2079
Condom users(qty/150)	20.3	25.3	28.7
Depo New Users Total	144	73	79
IUCD New Users Total	42	26	54
Implant New Users Total	186	154	202
Pills New Users Total	14	11	8

Safe Motherhood

Details	FY 2076/77	FY 2077/78	FY 2078/79
% of women receiving ANC incentives	100	115.2	116.2
% of women receiving maternity incentives	99.7	96	96.5
1.11 - % of normal vaginal deliveries among reported deliveries	69	65.3	70.8
1.12 - % of assisted (vaccum or forceps) deliveries	5.2	7.7	4.5
1.13 - % of deliveries by caesarean section	25.8	27	24.5
1.21 - Number of women treated for haemorrhage	109	84	94
1.22 - Number of women treated for Ectopic pregnancy	27	12	17
1.23 - Number of women treated for prolonged/ obstructed labor	690	413	434
1.24 - Number of women treated for ruptured uterus	2	1	4
1.25 - Number of women treated for Pre-eclampsia	18	12	11
1.26 - Number of women treated for Eclampsia	36	27	46
1.27 - Number of women treated for retained Placenta	59	50	73
1.28 - Number of women treated for Puerperal Sepsis	6	4	0
1.29 - Number of women treated for abortion complications	33	44	25
ANC 1st visit Total	352	245	342
ANC 4th visit Total	265	50	205
Institutional Deliveries Total	5238	3937	5514
Number of blood units used for treating obstetric complications	143	219	522
Proportion of <20 yrs women receiving abortion service	6.9	6.4	8.1
Total Abortion service received	175	109	185
Total C/S Delivery	1352	1069	1351
Total CAC Services	175	109	185
Total Delivery	5233	3959	5514
Total Maternal Deaths	13	12	10
Total Neonatal Deaths	46	45	59
Total Normal delivery	3610	2585	3916
Total PAC services	183	187	303
Total vacuum/forceps delivery	271	305	247

Tuberculosis

TB - Total notified (EP)	8	6	13
TB - Total notified (PBC)	11	9	14
TB - Total notified (PCD)	7	6	1
TB - Total notified TB cases	26	21	28
TB - Treatment Success Rate	100	100	100
TB - Treatment Success Rate (New and Relapse)	100	100	100
TB - Treatment success rate (HIV +ve)			
TB - cured rate	100	100	100

Status of few prioritized Services

Satellite Health Service

- Halted by COVID-19 second wave after 1st clinic
- New contract for 5 specialized services with Bardiya DH.
- Clinic conducted every friday from 2078-08-17
- Total 48 clinics conducted in FY 2078/79

Free Emergency Service: Status

- Service started from 2077 Kartik in Beri Hospital
- Ongoing this fiscal year with an average of more than 400 patients per month
- More than 50% of budget expense within 4 months.

Health Insurance

- Implemented from 2076 Baisakh
- Annually around 12000 claims with average NPR 1,50,00,000

- Thus FY the claim and reimbursement has escalated to annual estimation of 12,00,00,000

Electronic Medical Record: Status

- New software Verysoft started from this FY
- Currently billing and inpatient registration module are used
- LIS and integration to various ministerial data ware are under process
- Lots of departmental services are yet to be customized for complete EMR setup

Hospital waste and Sewage management

- Color code based segregation for wards/department
- Disposal in private container
- Placenta pit in use
- Autoclaving system for waste is under construction

Innovations

- Renovation of old infrastructure to add 70 extra bed with local support for covid-19 management in second wave has now been converted to general purpose wards
- Liquid oxygen tank installation
- Essential critical care training for MO and Staff Nurse to address shortage of critical care physician

Issues

COVID-19 Management

- Gap in HR demand and supply in critical scenario (e.g. 2nd wave)
- Increasing threat of third wave in face of decision of right sizing of staffs.
- Delayed release of budget for salary and allowance
- Confusion in allowance distribution directives (50% or case based ?)

Health Insurance

- Inclusion criteria for services by HIB generate conflict between staff and clients
- Increasing disparity between claims and reimbursement
- HIB reports from software don't address hospital needs

Free services/SSU

- Management of Clients demanding 100% subsidy
- Inadequate budget allocation for tertiary level hospital
- Enrollment in BipannaNagarikKosh after diagnosis has to go with local level recommendation. Till then what ??
- No analytical report after SSU software stopped working
- OCMC guideline dictates 24 hr services but budget item division for salary of only one staff nurse.

Way forward

- Harmonize free service/insurance with Hospital EMR through API
- Standard platform for EMR decided by MOHP for uniformity
- Internal strengthening of HIB and SSU with proper database system that complies with hospital need too.
- Proper and timely budgeting system for hospital programs
- Provision for seasonal recruitment to address abrupt seasonal workloads
- Mandatory EMR implementation for hospital with defined user interfaces that address all program monitoring, ICD adaptation and statutory issues.

