Field Observation - Reconstruction and Recovery of Health Services after Earthquake

Findings from Rasuwa and Nuwakot

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WHO Country Office, Nepal
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Resumption of Health Service in Rasuwa Hospital - A Video Clip
Outline of presentation

- Brief Introduction of Visited Districts
- Overview of Reconstruction and Recovery
  - Resumption of Service Delivery
  - Logistic Supply and Information management
  - Human Resource
  - Health Governance and HFOMC Revitalization
  - FCHV and Community Mobilization
  - Quality Improvement and Waste Management
- Strengths of Recovery Activities
- Areas of Improvement
- Challenges
- Way forward
Objective and Methodology

Objectives: To review the recovery and reconstruction progress in the districts,

Methodology:

- Interaction with DDRC representative, district health office and partners on the progress and challenges in the post-disaster recovery and reconstruction
- Field observation to district hospital, district medical store and selected health facilities
- Interaction with health facility staff, health facility operation and management committee, Female community health volunteer and consumers.
Team Composition and Visited Sites

- MoH, DoHS, NRA, WHO, USAID, UNFPA, UNICEF, GIZ, NHSSP, H4L
  (18 total: 7 in Nuwakot and 11 in Rasuwa).
- D(P)HO, district hospital, medical store and HFIs in both district.

<table>
<thead>
<tr>
<th>District</th>
<th>VDC</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuwakot</td>
<td>Bageshowri</td>
<td>To know the status and collect information of reconstruction, Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delivery restoration, HMIS, LMIS, Human Resources, Equipment and Medicine,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality Improvement, HFOMC, FCHV and community mobilization</td>
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<tr>
<td></td>
<td>Deurali</td>
<td></td>
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<tr>
<td></td>
<td>Kalyanpur</td>
<td></td>
</tr>
<tr>
<td>Rasuwa</td>
<td>Syafrubesi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jibjibe</td>
<td></td>
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<tr>
<td></td>
<td>Gatlang</td>
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</table>
## Brief Introduction of Rasuwa and Nuwakot

### Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Rasuwa</th>
<th>Nuwakot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>44463</td>
<td>284169</td>
</tr>
<tr>
<td>&lt; 1 Yrs. Population</td>
<td>1027</td>
<td>6552</td>
</tr>
<tr>
<td>&lt; 5 Yrs. Population</td>
<td>4599</td>
<td>29350</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>PHC</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>HP</td>
<td>17</td>
<td>64</td>
</tr>
<tr>
<td>UHC/CHU</td>
<td>0/2</td>
<td>4/6</td>
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<tr>
<td>PHC/ORC</td>
<td>45</td>
<td>172</td>
</tr>
<tr>
<td>EPI Clinics</td>
<td>57</td>
<td>362</td>
</tr>
<tr>
<td>Sanctioned HR</td>
<td>151</td>
<td>239</td>
</tr>
<tr>
<td>Fulfilled HR</td>
<td>85</td>
<td>123</td>
</tr>
<tr>
<td>Vacant Positions</td>
<td>66</td>
<td>116</td>
</tr>
<tr>
<td>Completely Damaged HF</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>Partially Damaged</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Ongoing Reconstruction</td>
<td>14</td>
<td>48</td>
</tr>
<tr>
<td>Ongoing Repair</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Reconstruction Completed</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Involved partners for Recovery</td>
<td>14</td>
<td>20</td>
</tr>
</tbody>
</table>
Reconstruction and Recovery - Rasuwa

• 40% prefab construction has been completed, 40% will be completed by Feb. 2017, final 20% work to be completed by Apr. 2017

• Nepal Red Cross is constructing the prefab hospital building – started excavation work

• KfW will reconstruct the permanent hospital building

• Some PHC-ORC blocks are under construction

• OPD, MCH, Emergency and other primary health services is being provided under the tents in Rasuwa
Reconstruction and Recovery - Nuwakot

- 45% of reconstruction work has been completed

- Remaining will be completed by July 2017 except KOICA support

- KOICA will reconstruct OPD building

- OPD, MCH, Emergency and other primary health services is being provided under the prefab building in Nuwakot
Health Service Recovery

• Primary and Emergency health services are continued in all health facilities (Both District)

• Basic (MCH, FP, EPI, etc), CS, Radiology, Dental and Emergency Health Services have been resumed in both districts.

• Dental service is interrupted (Nuwakot Hospital) and Radiography services in Rasuwa Hospital due to vacant HR

• PHC-ORC service is smooth in Kalyanapur but is interrupted in Deurali PHC and Bageshwori HP in Nuwakot since long time. EPI clinics were functional in both district

• Psychological training and support to address the mental problems are referred to district hospital (Nuwakot)

• Emergency Nutrition support was significant with enough therapeutic supply in both district.
Logistic Supply and Health Information System

• Adequate Supply of Drug and equipment prevented epidemic both districts

• Current budget allocation for free drug was perceived to be inadequate in Nuwakot Hospital but was reasonable in Rasuwa

• Five lakhs provision amended from Procurement act revision for emergency medicine is supportive
Quality Improvement and Waste Management

• QI system is in place in both districts from technical support of H4L/USAID
• 24 hours medical service, CS, radiology/USG and hospital management was notable change in Nuwakot
• Waste management is problem in Rasuwa as well as many HFs
• Water testing kits provided by UNICEF was not in use in Deurali PHC of Nuwakot
Strengths of Post Earthquake Recovery

• Continuation of primary and emergency health services
• Partner’s support for recovery and reconstruction was significant in both districts
• Increment of ANC visits and institutional delivery in Rasuwa
• Aama programme is being effective in visited HFs
Challenges

• Sick project - **Goljung** HP construction was initiated four years back, contractor was also selected but no more communication and progress yet,

• Adequate land acquisition is challenging - about 50% of health facilities don’t have their land ownership

• Some of newly reconstructed HF building are not accessible for community people due to inappropriate location,

• Issue of staff security is observed in many newly reconstructed prefab buildings,

• Duplication of similar nature of program between and among the partners (**Rasuwa**)
Way Forward

• Expedite the prefab reconstruction work
• Initiate concrete structure in priority basis
• Field level coordination with all partners
• Reconstruction and recovery plan should be in place for each district,
• Supply of logistics, equipment should be in priority areas
• Tracking of partial immunized and defaulter TB, Leprosy patients after earthquake should be strengthened
• Regular monitoring and supportive supervision from different level.
Some Photographs from field
Some Photographs from field
Finally visiting team expresses thanks to both DHO, HF staff, HFOMC and FCHVs for their lasting contribution making the trip more meaningful!

Thank You!