

**Electronic Consolidated Annual Procurement Plan (e-CAPP)**  
**Produced within Agreed Timeframe, Incorporating Relevant**  
**Information from all Procurement Centres of FMoHP**



**Ministry of Health and Population**  
**August 2019**

This report on the ***“Electronic Consolidated Annual Procurement Plan (e-CAPP) Produced within Agreed Timeframe, Incorporating Relevant Information from all Procurement Centres of FMoHP”(2019)*** has been prepared by the Ministry of Health and Population (MoHP) with the technical and financial assistance of the UK Department for International Development (DFID) and the Nepal Health Sector Support Programme (NHSSP).

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## ABBREVIATIONS

AD	Anno Domini
ADP	Annual Development Programme
APP	Annual Procurement Plan
AWPB	Annual Work Plan and Budget
CAPP	Consolidated Annual Procurement Plan
CMC	CAPP Monitoring Committee
CMPP	Consolidated Master Procurement Plan
CoA	Chart of Account
DfID	UK Department for International Development
DoAA	Department of Ayurveda and Alternative Medicine
DoDA	Department of Drug Administration
DoHS	Department of Health Services
DTCO	District Treasury Comptroller Office
DUDBC	Department of Urban Development and Building Construction
e-APP	Electronic Annual Procurement Plan
e-AWPB	Electronic Annual Work Plan and Budget
e-CAPP	Electronic Consolidated Annual Procurement Plan
e-GP	Electronic Government Procurement
e-TSB	Electronic Technical Specification Bank
EDCD	Epidemiology and Diseases Control Division
EDP	External Development Partner
F-CAPP	Federal Consolidated Annual Procurement Plan
FCGO	Financial Comptroller General Office
FMIP	Financial Management Improvement Plan
FPR	Financial Procedure Rules
FY	Financial Year
GoN	Government of Nepal
GRHM	Web-based Grievance Handling and Redressal Mechanism
IMS	

LMBIS	Line Ministry Budget Information System
LMD	Logistics Management Division
LNOB	Leaving No One Behind
MD	Management Division
MoF	Ministry of Finance
MoHP	Ministry of Health and Population
MPP	Master Procurement Plan
MST	Mobile Support Team
NHSP	Nepal Health Sector Programme
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHSSP-3	Nepal Health Sector Support Programme, Phase 3
NPC	National Planning Commission
NPR	Nepalese Rupees
NTC	National Tuberculosis Center
OAG	Office of the Auditor General
PB	Procurement Budget
PE	Procuring Entity
PFM	Public Financial Management
PFMC	Public Financial Management Committee
PIP	Procurement Improvement Plan
PPA	Public Procurement Act,
PPMD	Policy Planning and Monitoring Division
PPMO	Public Procurement Monitoring Office
PPR	Public Procurement Regulations
SNG	Sub-national Government
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TB	Total Budget
TIU	TABUCS Implementation Unit

ToR	Terms of Reference
TS	Technical Specification
TSB	Technical Specification Bank
VfM	Value for Money

## Table of Contents

ACKNOWLEDGEMENTS	ii
ABBREVIATIONS	iii
CHAPTER 1 – INTRODUCTION	7
1.1 Background	7
1.2 Rationale	8
1.3 Legal Framework	9
1.4 Objectives	10
1.5 Methodology	10
CHAPTER 2 – CAPP PREPARATION PROCESS	12
2.1 Current Status	12
2.2 Preparation of Online APP	14
2.3 Compilation of APPs	14
2.4 Consolidation Process	15
2.5 Comprehensive F-CAPP Budget Analysis	17
CHAPTER 3 – CONCLUSION AND WAY FORWARD	22
3.1 Conclusion	22
3.2 Challenges	22
3.2.1 Delay in preparing APP and CAPP	22
3.2.2 Functional and institutional ownership	22
3.2.3 Support to SNGs	23
3.2.4 Uniformity in CAPP execution	23
3.3 Way Forward	23
3.3.1 Procurement process timeline	23
3.3.2 Institutional capacity in procurement	24
3.3.3 e-APP linked with e-AWPB	24
3.3.4 Mandatory use of TSB	24
3.3.5 Use of e-GP portal	24
3.3.6 Update of CMC and PFMC	25
REFERENCES	26
Annex-1	27
Annex-2	28
Annex-3	30
Annex-4	33

# CHAPTER 1 – INTRODUCTION

## 1.1 Background

The Constitution of Nepal established federalism as the foundation of governance, prosperity and delivery of high-quality health services to the people of Nepal. In this regard, the Government of Nepal (GoN) distributes the roles and responsibilities amongst all spheres of government, evolving delivery of basic and high-quality health services, effective management of hospitals, procurement, and distribution of high-quality medicines and equipment. The Ministry of Health and Population (MoHP) is committed to providing such services by making available free medicines and medical equipment including services and technical human resources. The Nepal Health Sector Strategy (NHSS, 2015–20) addresses the health challenges of Nepal to ensure access to free basic health care services that are quality assured, transparent and accountable to the people. In order to implement this strategy, MoHP must develop the capacity of its departments, councils, academies, centres, hospitals and Procuring Entities (PEs) to be involved in procurement proceedings. Under this strategy, MoHP has endorsed the Financial Management Improvement Plan (FMIP, 2016-21) and Procurement Improvement Plan (PIP, 2017–21). Both of these documents outline the importance of improving procurement practices in the health sector by implementing reform initiatives that will contribute to resolving the current issues related to the procurement cycle. As part of this realisation, a Consolidated Annual Procurement Plan Monitoring Committee (CMC) has been established at the Department of Health Services (DoHS) to better monitor the procurement cycle. The Department of Drug Administration (DoDA) and Department of Ayurveda and Alternative Medicine (DoAA) are also committed to developing their respective Annual Procurement Plan (APP) through the Consolidated Annual Procurement Plan (CAPP) and making the monitoring of CAPP through the Public Financial Management Committee (PFMC) and CMC more effective.

The Nepal Health Sector Support Programme (NHSSP) is funded by the UK Department for International Development (DFID) and is committed to supporting MoHP in achieving the strategic goals of the NHSS. These goals include Leaving No One Behind (LNOB) in service delivery and retaining Value for Money (VfM) in expenditure. Public Financial Management (PFM), one of the components of NHSSP (NHSSP-3), is being engaged to develop more streamlined, efficient, accountable and transparent procurement systems in order to establish good procurement management practices.

## 1.2 Rationale

Procurement planning is not only a tool by which future actions on procurement can be better forecasted and managed, it is also a powerful monitoring tool. It is needed to acquire the required medical goods, services and civil works in time, with quality and within the estimated cost. An effective procurement plan assures procurement with economy, efficiency, efficacy, transparency, accountability and competition, resulting in improved VfM.

Initiatives on the preparation of APPs for all PEs in the health sector have been practised since the inception of the Public Procurement Act (PPA) and Public Procurement Regulations (PPR) in 2007. The first and second phases of the Nepal Health Sector Programme (MoHP, NHSP-1 and NHSP-2) provided the impetus for the evolution of the CAPP of the various divisions functioning under the DoHS. From Financial Year (FY) 2014/15, its development was monitored from by the then Logistics Management Division (LMD) of the DoHS; it is now supported by DFID-NHSP 3. LMD/DoHS, while preparing the departmental CAPP 2017/18, committed in its report to producing a CAPP for the federal ministry level, under which several PEs exist. This CAPP should include all goods, civil works, consulting services and other services to be procured under the MoHP in FY 2018/19. Efforts have been made to include all APPs and consolidate them into a single federal MoHP document. The CAPP prepared in 2017/18 was not sufficiently comprehensive in terms of procurement cycle and tracking implementation of APPs. Therefore, the Procurement Improvement Plan (PIP) 2017–2021 planned to step towards consolidation of all APPs of PEs under the MoHP. As a result, the federal CAPP 2018/19 has been prepared comprehensively, incorporating all PEs under the MoHP so that all procurement disbursements from the MoHP to its federal PEs are tracked in order to ensure effective monitoring and VfM.

The rationale for preparing the CAPP has been given extra weight by the legal mandate of the PPA and PPR (2007). Since FY 2015/16 significant efforts have been made to consolidate the APPs prepared by the various divisions of the DoHS and to monitor their implementation by the CMC, which was established under the leadership of the Director-General of the DoHS in FY 2017/18. The following year (FY 2018/19), work started to prepare a comprehensive Federal CAPP (F-CAPP) of the health sector, incorporating all PEs under the MoHP. All procurement-related disbursements from the MoHP to all its federal PEs are now tracked in order to ensure effective monitoring. However, manual efforts to prepare F-CAPP were time-consuming and cumbersome; as a result, the MoHP is now considering preparing F-CAPP using an Electronic CAPP (e-CAPP) module in the Transaction Accounting and Budget Control System (TABUCS).

As mandated by the PIP, all PEs under the MoHP must prepare APPs using the e-CAPP module, which must also be employed by MoHP to prepare the F-CAPP. From FY 2019/20, MoHP will make F-CAPP available through an online system. The F-CAPP includes all multi-year contracts where procurement activities started in previous FYs but continue into the FY of the F-CAPP as deferred liabilities. In this regard, consolidation system of APPs of all the PEs under the MoHP has developed an electronic system of procurement planning (e-CAPP) included in TABUCS.

### **1.3 Legal Framework**

The provision of preparing APPs has been included in Article 4-6 of the PPA and Rule 3-8 of the PPR. As per Rule 20 of the Financial Procedure Rules (FPR), all APPs shall be prepared as part of the respective Annual Work Plan and Budget (AWPB). In the case of multi-year procurement, the budget must be incorporated as per the Master Procurement Plan (MPP).

- A PE must prepare an MPP in a situation when the project period is more than one year, or the value is more than NPR 100 million in a year. ***(Rule 7(1) of the PPR)***
- Package of proposed bid shall not be different from MPP. The slicing and packaging of bids should not limit competition. Large packaging that limits competition shall not be allowed until, and unless, the interrelated nature of procurements requires it. ***(Rule 3A added by the 6th Amendment of PPR in FY 2018/19)***
- A PE planning to procure more than NPR 1 million in a year needs to prepare an APP. ***(Rule 8(1) of the PPR)***
- The APP shall be prepared as part of the estimated AWPB of the forthcoming FY. ***(Rule 20(1) of the FPR)***
- The chief of the public entity shall send a copy of the APP, accompanied by the estimated AWPB for the forthcoming FY to the MoHP and the Ministry of Finance (MoF). ***(Rule 8(4) of the PPR)***
- The chief of the entity shall, upon receipt of the approved AWPB for the current FY, accordingly will revise the APP prepared, approve it and send a copy of such plan to the MoHP. ***(Rule 8(5) of the PPR)***
- The competent authority shall monitor the completion of procurement proceedings as per the APP. ***(Rule 8(6) of the PPR)***

## 1.4 Objectives

The purpose of this task is to prepare and finalise the comprehensive F-CAPP on an electronic platform (e-CAPP) for the procurement of medical goods, civil works, consulting services and other services under the MoHP's AWPB for FY 2019/20. The specific objectives are to:

- ensure that medical goods, civil works and services are procured and delivered in a timely manner, so that adequate stocks of essential drugs are maintained for effective supply chain management;
- manage the workload of the procurement officers over the year, making them responsible for accomplishing milestone activities as per the plan;
- support the formation of Evaluation Committees in a timely manner and ensure that members are made responsible for accomplishing milestone activities of the plan;
- support the PFMC and CMC in monitoring procurement and supply chain management function under the MoHP; and
- facilitate the preparation by the finance section of a cash flow plan for payment schedules as per the CAPP.

The scope of this task shall cover only the process followed for the preparation of federal-level APPs and their aggregation into a comprehensive F-CAPP under the MoHP. This does not cover AWPB and procurement activities or the procurement process applied to Sub-national Governments (SNGs). It also does not cover MPPs or the process to aggregate them into a Consolidated Master Procurement Plan (CMPP).

## 1.5 Methodology

This section highlights the methodology used while developing and finalising both federal-level APPs and the F-CAPP. The respective federal PEs have prepared their APPs, which are now available at <https://tabucgs.gov.np/new>. The detailed list of federal PEs working under the MoHP is included in **Annex-1**. The bottom-up and participatory approach has been adapted to consolidate the APPs of all PEs under the MoHP into one single and comprehensive platform that will help in producing the e-CAPP at federal level. The federal AWPB of the MoHP entered in the Line Ministry Budget Information System (LMBIS) is used as a *prima facie* Annual Development Programme (ADP) document (National Planning Commission (NPC) Form No.1 and Budget Form No. 6.4.1) for the preparation of the APP for FY 2019/20.

Individual APPs of PEs are prepared as part of the estimated ADPs of the forthcoming FY in the format prescribed by NPC Form No.1 as per Rule 20(1) of the FPR. The ADPs of all departments and

PEs under the MoHP are collected and compiled by the Policy Planning and Monitoring Division (PPMD) of the MoHP in the process of budget preparation procedures. The Electronic Annual Work Plan and Budget (e-AWPB) is prepared based on the ADPs proposed by individual PEs along with supporting documentation as APP for FY 2019/20. The e-CAPP module is included in TABUCS, which supports in preparing, updating and consolidating APPs. In March 2019, a one-day orientation training event was provided to related officials of all federal PEs under the MoHP. A list of the trainees is provided in **Annex-2**. After the training the online system of data entry, linking AWPBs with APPs, analytical tables for the CAPP and a real-time tracking system were included in the system.

Each PE under the MoHP has been given an individual username to gain password-protected access to the e-CAPP module. A Mobile Support Team (MST) has been mobilised to support PEs with data entry of AWPBs into the e-CAPP module. This new concept is applied for “on-the-job” learning, providing training and technical support for data entry into the system at field level. The MoHP has organised this support programme for all PEs responsible for the preparation of APPs and MPPs. After the completion of online data entry into the e-CAPP module in TABUCS, a three-day workshop was held, whose aim was to streamline this process, share the individual approved AWPBs/APPs and build consensus for the final F-CAPP. All PEs under the MoHP participated in the workshop and a final F-CAPP report has been prepared. The NHSSP Technical Assistance (TA) team has provided support in shaping the CAPP and other relevant documents required to organise the workshop. A list of the participants in the e-CAPP workshop is included in **Annex-3**.

Importantly, SNGs can also use this software and the process, methods, formats and guidelines included in this report as a reference for their APPs/MPPs and F-CAPP. The MoHP will use the software as a live document for online updates of APPs. ***Thus, the figures and amounts included in this report may differ from those on the online system.*** However, for the purpose of financial discipline and tracking of F-CAPP implementation the MoHP will lock the finalised version of F-CAPP by 15 September 2019.

## CHAPTER 2 – CAPP PREPARATION PROCESS

### 2.1 Current Status

LMD/DoHS prepared the departmental CAPP of DoHS in FY 2011/12 and further expanded to F-CAPP in FY 2018/19. The progress made in the implementation of CAPP has been reviewed quarterly at the meetings of the CMC. The existing PIP (2017/18–2021/22) has been endorsed, including the CAPP reform agenda been endorsed by MoHP in late 2017/18. In this context, 2017/18 was the first year of its execution of PIP and the progress made in the implementation of PIP was also discussed when the PFMC convened. Further, the update and digitisation of the Technical Specification Bank (TSB) began in FY 2017/18 in order to improve the procurement cycle. More than 1,100 users had logged into the TSB system, through which more than 15,000 Technical Specification (TS) downloads had been made by the end of August 2019. It is important to note that various SNG officials have also logged into and used the system. Management Division (MD) has taken a lead role in preparing, endorsing and despatching the Standard Operating Procedure and TSB manuals applicable to all spheres of governments. The health sector Electronic Government Procurement (e-GP) system manual has been endorsed by the DoHS and is already dispatched to SNGs. These initiatives not only improve the capacity of federal PEs but also facilitate the process of strengthening procurement functions in all spheres of government.

In FY 2017/18, 90 per cent of CAPP value had been moved into the procurement cycle, an improvement from the FY 2016/17 figure of around 80 per cent. In the same year, LMD initiated the use of e-GP-II and in FY 2018/19 almost 98 per cent of procurement was made through the use of e-GP-II. The e-CAPP module includes the CAPPs of DoHS since 2012/13. The MD's website includes the Electronic Technical Specification Bank (e-TSB) and the Web-based Grievance Handling and Redressal Mechanism (GHRM).

Under the existing scenario, **the MoHP has 47 federal PEs**, including several cost centres. The DoAA, DoHS and DoDA each have five cost centres consolidated into one procurement entity as a spending unit. Similarly, the National Tuberculosis Centre (NTC) has two cost centres as their PEs. The following procedural methods are adapted to consolidate the APP:

- APP preparation is performed by different PEs as a part of the estimated AWPB of FY 2019/20 and sent to the MoHP. It should be tied up with the e-AWPB of the PEs concerned.

Upon receipt of the approved programme and budget for FY 2019/20 (as per the Red Book), the concerned PEs revise their individual MPPs and APPs in the e-CAPP with the technical support of NHSSP. The web-based e-CAPP system consolidates and analyses the procurement budget.

- Once the activities of each PE have been compiled, PEs identify points where consolidation is possible. Discussions are carried out to update eventual changes in procurement initiation time, solicitation time, delivery schedule and contract completion period.
- MoHP to conduct a workshop inviting all the federal PEs, each with their draft individual APP, and facilitate group discussions. This workshop clarifies any issues identified and finalises the individual APPs. The finalised APPs are then compiled into a single document by the system as e-CAPP. The NHSSP TA team provides support in shaping the e-CAPP and other relevant documents required to organise the workshop.
- Upon receipt of the approval of CAPP, the procurement process starts accordingly, and the system will be updated periodically, which will give the actual picture of the procurement plan, its implementation and any changes made.
- The PEs can adjust their individual APPs as the procurement practice moves on and enter any revisions in the e-CAPP system. A copy of such plans will also be sent to the Treasury and Accounts Comptroller Office and the Public Procurement Monitoring Office after approval.

MoHP officials have been involved in the entire CAPP development process. The MD has given a presentation on CAPP implementation and preparation at the meeting of the CMC. At the 8<sup>th</sup> CMC meeting, held on 1 August 2019, it was decided that the departmental APP of the DoHS would be prepared and approved before 15 August 2019. Similarly, other entities have presented their respective APPs to their head of the organisation. The chief of the Finance Section of the MoHP will present the e-CAPP procedures and lessons learned in preparing e-CAPP at the next meeting of the PFMC. The MoHP has assigned the Member Secretary of TABUCS implementation unit (TIU) to monitor the implementation of the federal e-CAPP. It will support in institutionalising the e-CAPP at the MoHP.

## **2.2 Preparation of Online APP**

The first important step before initiating APPs from all PEs under the MoHP is to make a decision on the items to be procured for the coming year. For this, a list of drugs, vaccines, contraceptives and medical equipment to be procured and distributed to health facilities needs to be prepared and finalised. After finalisation of procurement needs, each PE shall prepare its AWPB for budget process along with its APP as a support document. For instance, at the DoHS level, MD should take the lead role in ensuring the procurement of drugs using the approved essential drugs from the TSB. Likewise, DoDA, DoAA and all federal-level PEs shall follow this procedure. The list of equipment will, however, be based on actual intends from health facilities, which should be consolidated every year before bids are invited. Upon receipt of the approved AWPB for the forthcoming FY, each concerned federal PE shall revise its individual APP and send the same to the respective departments. The e-CAPP module consolidates, analyses, updates and keeps record of the implementation.

## **2.3 Compilation of APPs**

The MoHP prepares and finalises e-CAPP, which includes all the procurement work of all the federal PEs for the forthcoming FY, including all processes within the given timetable. As a federal ministry, MoHP has one ministerial procuring entity, three federal departments and 43 individual PEs such as centres, boards, councils and hospitals. Upon the receipt of an approved AWPB for FY 2019/20, the concerned federal PEs revise their individual APP as per budget and send the same to the respective departments and the MoHP for final compilation as a comprehensive CAPP document. The F-CAPP was originally developed by the MoHP using the e-CAPP module included in TABUCS. A separate module in TABUCS has been designed and was tested before the AWPB and APP preparation process. One orientation session was conducted to familiarise the 47 PEs with the system; however, 10 PEs did not send their staff for such training, which was held on 26 March 2019.

**Table 1: Comparison of CAPP process in FY 2018/19 and FY 2019/20**

Group of Procuring Entities	FY 2019/20 Procurement Budget (NPR million)	FY 2018/19 Procurement Budget (NPR million)
MoHP and Hospitals	671.67	1,084.6
DoHS and Programmes	1,310.08	1,992.02
DoDA	81.52	79.0
DoAA and Programmes	6.3	11.59
Boards and Academies	1,709.36	2,827.27
<b>Grand Total</b>	<b>3,778.94</b>	<b>5,994.48</b>
Number of PEs included in CAPP	47	28
Compilation of APPs	Online	Offline

In comparison to FY 2018/19, the procurement budget at federal level has been reduced in almost all entities, including MoHP/hospitals, DoHS, and boards/academies. In FY 2018/19, MoHP designed, piloted and initiated the e-CAPP module in TABUCS. Within the TABUCS, the e-CAPP module is now included on the home screen; users can access this module at the website <https://tabucs.gov.np/new>. e-CAPP user IDs and passwords have been given to all 47 PEs, all of which had entered their procurement data on the system by 30 August 2019. Summary and detail reports for the 47 PEs can be found at the following addresses.

- Summary report of total procurement by the PEs:  
***tabucs.gov.np:8008/tabucs/apphome.asp?m=100522501464787329#capp\_report/search\_summary\_planned\_estimate.asp***
- Report of consulting and other services:  
***tabucs.gov.np:8008/tabucs/capp\_report/report\_procurement\_plan\_service.asp?ty=3***
- Report of goods and works:  
***tabucs.gov.np:8008/tabucs/capp\_report/report\_procurement\_plan\_goods.asp?ty=3***

Thirty-nine PEs participated in a three-day workshop on AWPB and e-CAPP organised by MoHP from 18-20 August 2019. The remaining eight PEs did not attend but have completed online data entry.

## **2.4 Consolidation Process**

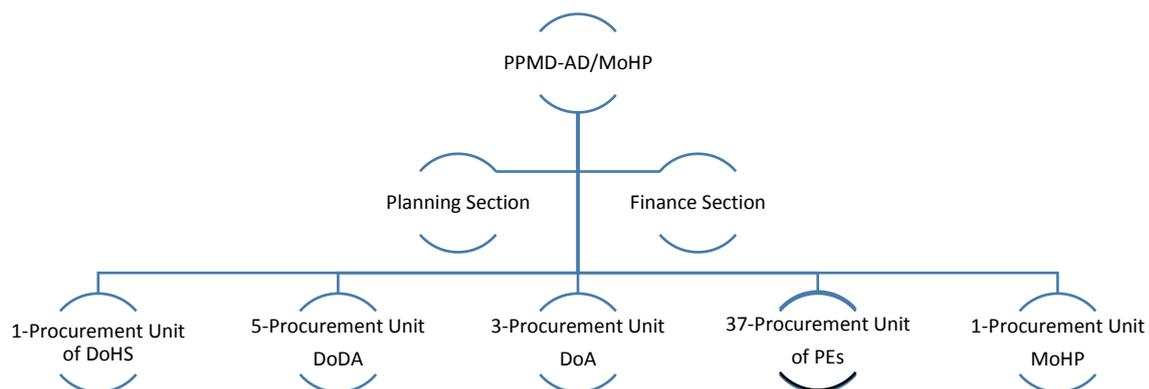
The bottom-up approach is adapted to consolidate the APPs of all federal PEs under the MoHP into a single and comprehensive CAPP document in 2019/20 through online e-CAPP procedures. In the first phase, PPMD and Administrative division /MoHP are jointly responsible for AWPB and procurement planning like CAPP and compilation of APPs; in the second phase, CAPP consolidation is the joint responsibility of departments. This is a first attempt by MoHP to prepare a comprehensive CAPP

through online procedures using TABUCS. Each federal PE prepared its individual APP as a part of the AWPB of FY 2019/20 using online APP. Each APP can only be finalised when the respective AWPB is finalised in LMBIS. In this FY the GoN has made following changes:

1. Change in the Chart of Account (CoA), which has a significant impact on the budget, financial, procurement and audit-related recording and reporting forms;
2. The Office of the Auditor General (OAG) has revised OAG forms and formats;
3. The MoHP has revised all recording and reporting forms;
4. The MoHP has decided to bring seven PEs from province to federal level; and
5. e-CAPP recording reporting has been revised.

These changes have delayed the entire CAPP preparation process. In FY 2018/19 a F-CAPP workshop was organised in June 2018; this workshop was delayed by two months in FY 2019/20. The MoHP is considering fixing the CAPP by 15 September 2019, which means that there will be no space for PEs to change their APPs after 15<sup>th</sup> September 2019. However, they can revise their plans as per the legal mandate; revisions will be recorded in the e-CAPP. Progress and any changes can be tracked by the MoHP using the e-CAPP module. The following diagrammatic approach has been adapted to collect and consolidate all APPs from concerned departments and PEs.

**Figure 1: Comprehensive e-CAPP Consolidation by Institutions**

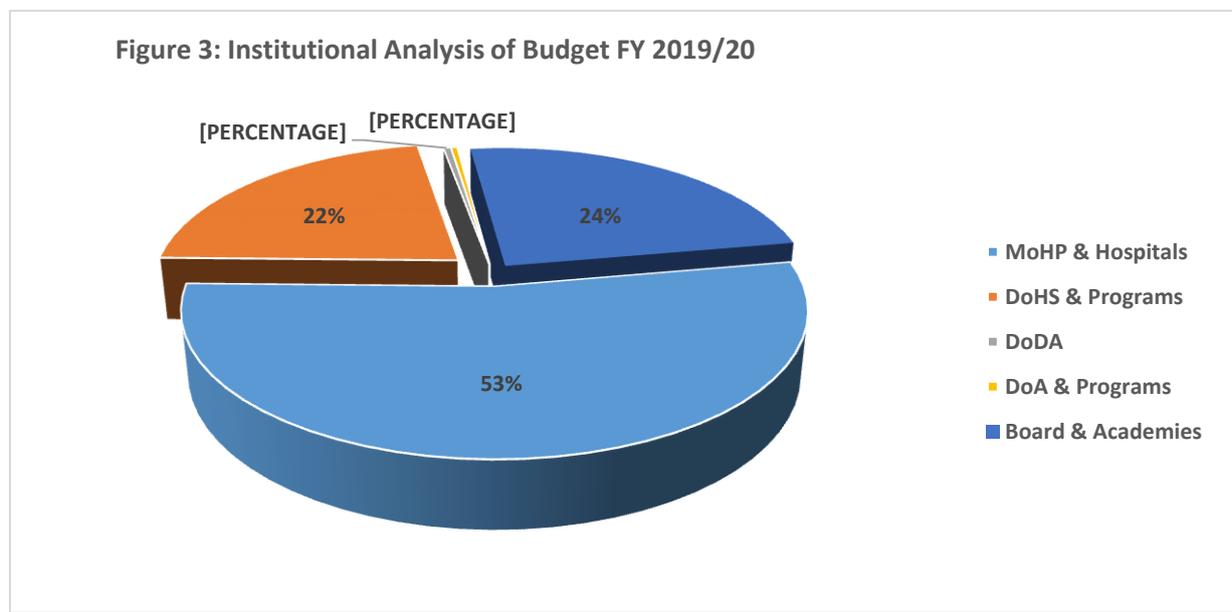


As Figure 1 depicts, there are 47 federal-level PEs that are incorporated in this CAPP report. It should be noted that there are five cost centres within the DoHS that are consolidated into one DoHS APP.

APPs are prepared as part of the estimated ADPs of the forthcoming FY in the format prescribed by the NPC form no.1 as per FPR. The ADPs of all departments and PEs under the MoHP are collected and compiled by the Planning Section of the PPMD/MoHP in the process of budget estimation and formulation. The AWPB is prepared based on the ADPs proposed by individual PEs along with the supporting document of APP. The e-CAPP summary report for FY 2019/20 is included in **Annex-4**. The detailed report can be accessed at <https://tabucs.gov.np/new>.

## 2.5 Comprehensive F-CAPP Budget Analysis

There are 47 PEs and 47 related budget codes associated with procurement functions under the MoHP. As per the approved AWPB (Red Book) of the health sector, a total of NPR 42.67 billion is allocated for the MoHP in FY 2019/20. Out of this total budget, NPR 22.65 billion (53%) is for the MoHP and central-level tertiary hospitals. A total of NPR 10.35 billion (24%) is for boards, councils and academies. The DoHS received NPR 9.32 billion (22%) for its federal programmes, with the remaining one per cent of the budget allocated to DoAA and DoDA (See Figure 3).



Out of the total budget, almost NPR 3.77 billion (8.9%) is for federal health sector procurement. This procurement budget does not include grants to hospitals (NPR 9.3 billion) and the civil works budget for the Department of Urban Development and Building Construction (DUDBC) (NPR 7.2 billion). Excluding these two items, Table 2 shows the summary of the total budget with procurement by group of institution and by procurement type. Out of the total procurement budget 53 per cent is for

the MoHP and its central hospitals, 24 per cent is for boards and academies, 22 per cent for the DoHS, and the remaining one per cent is for DoDA and DoAA programmes (see Table 2).

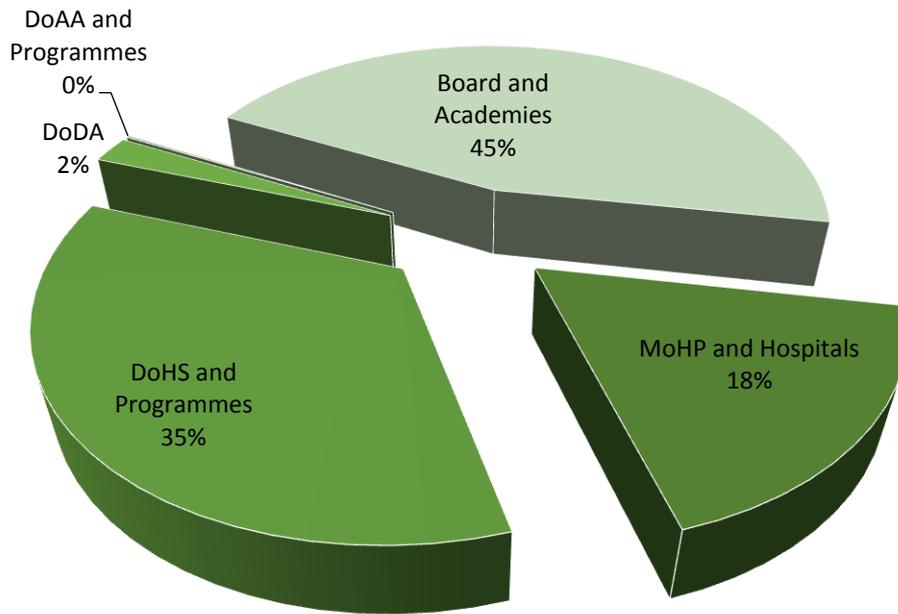
**Table 2: Total budget (TB) and Procurement budget (PB) for FY 2019/20 (NPR Million)**

S N	Description	TB	PB	PB %	Civil Works	Goods				Consulting Services	Other services
						Total Goods	Medicine	Vehicles/Goods	Equipment		
	MoHP Grand Total	426,709	37,789.4	8.86	9,040.0	28,008.4	12,431.9	3,673.0	11,583.5	651.0	90.0
1	MoHP and Hospitals	226,545	6,716.7	2.96	2,085.0	4,528.7	1,001.2	243.0	3,284.5	103.0	0.0
2	DoHS and Programmes	93,220	13,100.9	14.05	-	12,917.9	8,404.9	759.5	3,753.5	183.0	0.0
3	DoDA	1,906	815.2	42.77	112.0	603.2	573.2	30.0	-	100.0	0.0
4	DoAA and Programmes	1,562	63.0	4.03	63.0	-	-	-	-	0.0	0.0
5	Board and Academies	103,476	17,093.6	16.52	6,780.0	9,958.6	2,452.6	2,640.5	4,545.5	265.0	90.0
	<b>% of Total Budget</b>	<b>100</b>	<b>8.9</b>	<b>-</b>	<b>2.1</b>	<b>6.6</b>	<b>2.9</b>	<b>0.9</b>	<b>2.7</b>	<b>0.2</b>	<b>0.0</b>
	<b>% of Procurement Budget</b>	<b>-</b>	<b>100.0</b>	<b>-</b>	<b>23.9</b>	<b>74.12</b>	<b>32.9</b>	<b>9.7</b>	<b>30.7</b>	<b>1.7</b>	<b>0.2</b>
	<b>% of Goods Budget</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100</b>	<b>44.4</b>	<b>13.1</b>	<b>41.4</b>	<b>-</b>	<b>-</b>

(Source: MoHP, 2019)

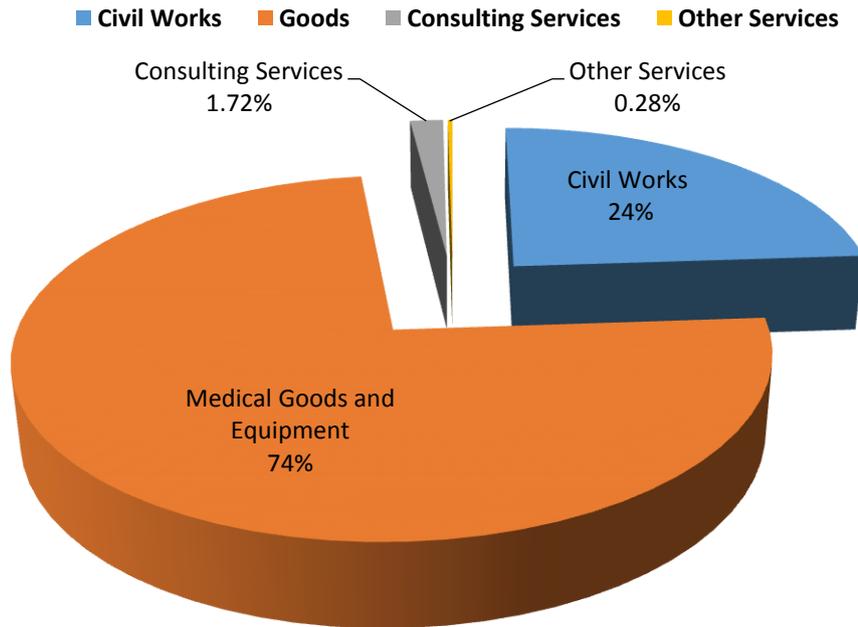
Similarly, PB is also apportioned among these five groups of institutional programmes. Eighteen per cent of PB is for the MoHP and its central hospitals, 35 per cent is for DoHS programmes, 45 per cent is for board and academies and the remaining two per cent is for DoDA and DoAA programmes (see Figure 4). It should be noted that the NPR 9.63 billion provisioned for hospital grants and NPR 7.21 billion for DUDBC have high chances of having procurement. If these amounts are included in the total procurement, the proportion rises to 47.59 percent.

**Figure 4: Procurement Budget by Institutional Programmes, FY 2019/20**



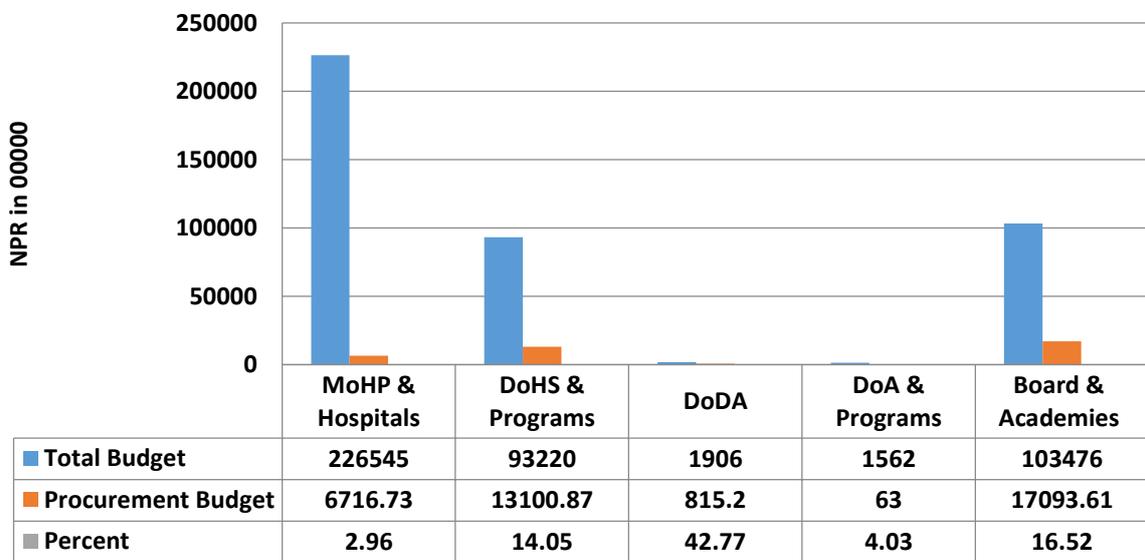
The DoHS is the largest buyer of medical goods and equipment among PEs under the MoHP. Seventy-four per cent of the total procurement budget is consumed by the procurement of medical goods and equipment. Similarly, 24 per cent of the budget is spent on civil works and 1.72 per cent on consulting services, with the remaining 0.28 per cent allocated to other services (see Figure 5).

**Figure 5: Budget by Procurement Type FY 2019/20**



The procurement of medical goods and equipment makes up 74 per cent of the total PB of NPR 3.77 billion. The PB for goods and equipment is divided as follows: 44 per cent is allocated for the procurement of drugs, 41 per cent for medical equipment and 13 per cent for vehicles

**Figure 6: Procurement Relationship with Budget in FY 2019/20**



Almost nine per cent of total budget is planned as procurement expenses. There is no consistent relationship between PB and TB in the different organisations under the MoHP. Despite the large budget segments, the PB makes up a small proportion of the total MoHP and DoAA budgets (2.96% and 4.03% respectively). However, the DoDA and boards and academies allocated relatively higher proportion of their budgets to procurement (42.77% and 16.52% respectively). It should be noted that these figures only reflect funds from the MoHP, which excludes the budget from internal revenue.

## **CHAPTER 3 – CONCLUSION AND WAY FORWARD**

### **3.1 Conclusion**

The MoHP prepares the e-CAPP in compliance with the existing procurement acts, regulations and the PPMO's prescribed procedures. The APP and CAPP templates are designed to fulfil the requirements to be followed by PEs. Additionally, the production of an e-CAPP report is mandated by the PIP. A well-prepared CAPP and its timely endorsement ensure efficiency, assure quality, maintain transparency and ensure effective procurement management functions. The other components of the procurement cycle are crucial to the preparation, update and revision of the APP and CAPP. This is the first e-CAPP and the second federal CAPP prepared by the MoHP; it requires an institutional home with a clear Terms of Reference (ToR). For now, the PFMC can monitor the progress made in the implementation of F-CAPP. The MoHP requires resources to establish an entity; monitor CAPP implementation through e-CAPP/TABUCS; and provide quality assurance through cross-verification. The absence of standard timelines for the preparation and finalisation of APP/CAPP can cause delays in the endorsement of CAPP, which in turn also leads to procurement delays. This e-CAPP provides comprehensive information on the annual procurement activities of the entities functioning under the MoHP. It does not include the APP of the grants provided at SNG level. Additionally, it also does not include procurement from local resources.

### **3.2 Challenges**

#### **3.2.1 Delay in preparing APP and CAPP**

In this FY (2019/20), the MoHP experienced a significant delay in finalising APPs and CAPP. The introduction of e-CAPP has contributed to reducing the time taken to prepare APPs and CAPP. However, owing to the changes in budget codes, CoA and institutional arrangements, and as a result of software modification, the MoHP was not able to finalise CAPP within the first month of this FY (2019/20).

#### **3.2.2 Functional and institutional ownership**

There was no structured practice of preparing federal CAPP at MoHP level. The PEs under the MoHP have been executing their APPs individually. It was realised that the CAPP must be prepared for the federal ministry level under which several PEs exist. The CAPP should include all modalities of procurement, such as goods, civil works, consulting services and other services to be procured. In

the absence of a proper institutional home, it has been difficult to have ownership of the system and monitor progress made in the implementation of e-CAPP by the MoHP.

### **3.2.3 Support to SNGs**

MD has been established to procure and manage the supply chain of essential medicines and medical equipment required by various divisions under the DoHS. Previously DoHS's divisions used to prepare their individual MPPs and APPs; MD provided technical support to the divisions in preparing the CAPP based on individual APPs. Now, there are three spheres of government: federal, provincial and local. The proposed organogram has merged current LMD under MD as a section. This raises an important question regarding coordination within DoHS and outside DoHS to provide technical support to SNGs. However, short-term technical support from the NHSSP TA team is provided in the form of procurement clinics to SNGs; this support should be institutionalised for the long run. In FY 2017/18 119 procurement clinics were held; in FY 2018/19 88 procurement clinics operated in the PEs of the MoHP.

### **3.2.4 Uniformity in CAPP execution**

There are several types of PE under the MoHP, some of which enjoy independence in their decision-making through their Development Committees. These types of PE earn their own income and expend on procurement of drugs and equipment, expenses that could not be incorporated in the present e-CAPP. Likewise, some PEs expend on procurement through their programme budget; such expenses are recorded in a separate activity budget code distinct from the procurement budget code and are therefore not incorporated into the CAPP at present. Most hospitals have their own sources of income; at present they are not recording their programme procurement into their individual APPs, which are incorporated into the CAPP.

## **3.3 Way Forward**

### **3.3.1 Procurement process timeline**

The MoHP needs to formulate a practical timeline to guide the timely completion of APPs and the CAPP. We recommend a functional linkage between AWPBs and APPs. This can be achieved through a system harmonisation with LMBIS. The Electronic Annual Procurement Plan (e-APP) module included in TABUCS can interface with LMBIS. However, the MoHP requires approval from the MoF,

which will allow e-APP to be linked with LMBIS. This will address confusion on budget finalisation and APP finalisation.

### **3.3.2 Institutional capacity in procurement**

The merger of LMD into MD by the GoN has significantly reduced the institutional capacity of federal procurement function. It is important to note that large quantities of vaccines, medicines and equipment are still being procured and supplied by External Development Partners (EDPs). Securing budget and sustaining in-country procurement capacity is a growing concern for Nepal's health sector. The evidence suggests that Nepal needs an independent national procurement agency to address many procurement-related hurdles. It is recommended that MoHP and the EDPs discuss this further in the next PFM committee meeting.

### **3.3.3 e-APP linked with e-AWPB**

Development of the e-CAPP needs to be fully coordinated with the annual budgeting process. A first draft of the APP should follow shortly after the first draft of the AWPB. The finalisation of the APP should happen after the approval of the AWPB. This will contribute to the timely completion of e-APP/e-CAPP. The e-CAPP module in TABUCS will support in linking APP/CAPP with LMBIS/AWPB/TABUCS. Institutionalisation of this mechanism is necessary for tracking the progress made in implementation of e-CAPP.

### **3.3.4 Mandatory use of TSB**

Almost all technical specification of medicines derives from the TSB; however, the PEs themselves estimate the technical specifications of medical equipment. These entities are using the TSB only for reference for their own specifications. MD/DoHS has developed an on-line specification bank system where approved specifications can be uploaded, and which all PEs can easily access. This has greatly improved quality control and transparency in the procurement system of the MoHP. The MoHP needs to further improve the TSB of medicines and equipment. It is recommended that the MoHP further update and approve the TSB. When finalised, the TSB can be disseminated through the MoHP website.

### **3.3.5 Use of e-GP portal**

MoHP should promote and facilitate use of the e-GP portal for procurement within all PEs this FY. All procurement processes should be carried out through e-GP system, which will improve the overall

procurement functions of the MoHP. The MoHP needs support from the PPMO to make e-GP health-sector-friendly.

### **3.3.6 Update of CMC and PFMC**

The MoHP needs to formulate CMCs in DoDA, DoAA and other relevant PEs to review and monitor the progress made in the implementation of e-APP/e-CAPP. The DoHS has already formulated a CMC, which is active in monitoring progress. The overall objective of CMCs is to monitor progress and resolve any issues in the procurement processes. CMCs focus on CAPP's time plan and its implementation, review the progress of PIP, review the report of oversight agency, review the usage of TSB and make recommendations for the reform of procurement process. The PFMC of the MoHP is committed to monitoring the meetings of CMCs every three months in each department. The MoHP needs to update the current ToR of the PFMC to monitor the progress made in the implementation of e-CAPP. A focal entity and person is required to monitor the progress made in the implementation of e-CAPP. The SNGs can use these modules to improve their procurement practices.

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# Annex-1

Government of Nepal

## Ministry of Health and Population

### FEDERAL PROCURING ENTITIES

S.N.	Name of Organisation	Location	Spending Unit
1	Ministry of Health and Population	Ramshahpath, Kathmandu	1
2	Department of Drug Administration	Bijulibazar, Kathmandu	1
3	Department of Aayurveda & Alternative Treatment	Teku, Kathmandu	1
4	Department of Health Services	Teku, Kathmandu	1/5 Div.
5	Health Insurance Board	Teku, Kathmandu	1
6	Nepal Health Education, Information and Communication Centre	Teku, Kathmandu	1
7	National Health Training Centre	Teku, Kathmandu	1
8	Nepal Public Health Laboratory	Teku, Kathmandu	1
9	National AIDS and Sexual Disease Control Centre	Teku, Kathmandu	1
10	Shukraraj Tropical and Infectious Disease Hospital	Teku, Kathmandu	1
11	National Tuberculosis Centre	Thimi, Bhaktapur	1
12	Shahid Dharmabhakta National Transplant Centre	Bhaktapur	1
13	Nepal Netrajyoti Sangha	Tripureshwar, Kathmandu	1
14	Nepal Eye Hospital	Tripureshwar, Kathmandu	1
15	Nepal Health Research Council	Ramshahpath, Kathmandu	1
16	National Academy for Medical Sciences, Bir Hospital	Mahabaudhha, Kathmandu	1
17	Paropakar Maternity Hospital	Thapathali, Kathmandu	1
18	Singhdurabar Vaidhyakhana	Anamnagar, Kathmandu	1
19	Kanti Children Hospital	Maharajgunj, Kathmandu	1
20	TUTH, Suresh Wagle Memorial Cancer Centre	Maharajgunj, Kathmandu	1
21	Manmohan Cardiothoracic Vascular Transplant Centre	Maharajgunj, Kathmandu	1
22	BPK Lions Eye Research Centre	Maharajgunj, Kathmandu	1
23	Shahid Gangalal National Heart Centre	Bansbari, Kathmandu	1
24	Patan Academy of Health Sciences	Lagankhel, Lalitpur	1
25	Pashupati Homeopathy and Yunani Centre	Pulchowk, Lalitpur	1
26	BPK Institute for Health Sciences	Dharan, Sunsary	1
27	BPK Cancer Hospital	Bharatpur, Chitawan	1
28	Karnali Academy of Health Sciences	Jufal, Jumla	1
29	Vector born Disease Control, Research and Training Centre	Hetauda, Makawanpur	1
30	Koshi Hospital	Biratnagar, Morang	1
31	Narayani Hospital	Birgunj, Parsa	1
32	Bharatpur Hospital	Bharatpur, Chitawan	1
33	Dadeldhura Hospital	Dadeldhura	1
34	Bheri Hospital	Nepalgunj, Banke	1
35	Rapti Academy of Health Sciences	Dang	1
36	Pokhara Academy of Health Sciences	Pokhara	1
37	National Pharmaceutical Laboratory	Bijulibazar, Kathmandu	1
38	DoDA/Branch Office	Biratnagar, Morang	1
39	DoDA/Branch Office	Birgunj, Parsa	1
40	DoDA/Branch Office	Nepalgunj, Banke	1
41	Mental Hospital	Lagankhel, lalitpur	1
42	GPK National Respiratory Treatment Centre	Tanahun	1
43	SPK Cancer Hospital	Khajura, Banke	1
44	Regional Tuberculosis Treatment Centre	Pokhara	1
45	NAMS National Trauma Centre	Mahaboudhha, Kathmandu	1
46	Aayurvedic Clinic	Nardevi, Kathmandu	1
47	National Aayurved Research and Training Centre	Kirtipur, Kathmandu	1

## Annex-2

### List of Participants in e-CAPP Training, 26 March 2019

SN	Name of Participants	Designation	Name of Organisation
1	Mr. Navin Mainaly	Section Officer	Department of Drug Administration
2	Mr. Niroj Pokharel	Sub-Accountant	Department of Aayurveda & Alternative Treatment
3	Mr. Krishna P. Acharya	Under Secy (Acc)	Health Insurance Board
4	Mr. Himlal Gyawali	PHO	Health Insurance Board
5	Mr. Bismillah Ansary	Acc. Officer	Nepal Health Education, Information and Communication Centre
6	Mr. Manoj K. Joshi	Acc. Officer	National Health Training Centre
-	-	-	Nepal Public Health Laboratory
7	Mr. Bir B. Rawal	Stat. Officer	National AIDS and Sexual Disease Control Centre
8	Mr. Rupnarayan Khatiwada	Section Officer	Shukraraj Tropical and Infectious Disease Hospital
9	Mr. Kamal P. Bhattarai	PHI	National Tuberculosis centre
-	-	-	Shahid Dharmabhakta National Transplant Centre
10	Mr. Kushal Parajuli	Acc. Officer	Nepal Netra-jyoti Sangha
11	Mr. Rabindra P. Shrestha	Acc. Officer	Nepal Eye Hospital
12	Mr. Pukalal Ghising	Accountant	Nepal Health Research Council
13	Mr. Dilliram Acharya	Acc. Officer	National Academy for Medical Sciences, Bir Hospital
14	Mr. Janakraj Ghimire	Admin. Assistant	Paropakar Maternity Hospital
-	-	-	Singhdurabar Vaidhyakhana
15	Mr. Shantaraj Maharjan	Computer Assist.	Kanti Children Hospital
16	Mr. Dipak Tiwary	Chief	TUTH, Suresh Wagle Memorial Cancer Centre
17	Mr. Tulsi Baral	Head Assistant	Manmohan Cardiothorasic Vascular Transplant Centre
18	Mr. Ramhari Bhattarai	Off.Assistant	BPK Lions Eye Research Centre
19	Mr. Naresh Chipalu	Acc. Officer	Shahid Gangalal National Heart Centre
20	Mr. Bibek Thapa	Accountant	Shahid Gangalal National Heart Centre
-	-	-	Patan Academy of Health Sciences
21	Mr. Gokarna Paudel	Accountant	Pashupati Homeopathy and Yunani Centre
-	-	-	BPK Institute for Health Sciences
22	Mr. Pradip Gyawali	S. Officer	BPK Cancer Hospital
23	Mr. Samir Neupane	Acc. Officer	Karnali Academy of Health Sciences
24	Mr. Dipak Sapkota	Nayab Subba	Vectorbond Disease Control, Research and Training Centre
-	-	-	Koshi Hospital
-	-	-	Narayani Hospital
-	-	-	Bharatpur Hospital
-	-	-	Dadeldhura Hospital
-	-	-	Bheri Hospital
25	Mr. Tachal Niraula	BME	Rapti Academy of Health Sciences
26	Mr. Ramu Thapa	Admin Staff	Pokhara Academy of Health Sciences
27	Miss. Yasoda Baral	Nursing Off.	Department of Health Services, NSSD
28	Miss. Laxmi Pandey	SCNO	Department of Health Services, NSSD
29	Mr. Abhayaraj Tiwary	Comp.Er.	Department of Health Services

SN	Name of Participants	Designation	Name of Organisation
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31	Mr. Lallan P. Shah	PHI	Department of Health Services, MD
32	Mr. Bhakta B. Khattry	-	Department of Health Services, EDCCD
33	Mr. Dipak Adhikary	PHO	Department of Health Services, MD
34	Mr. Dipak Jha	SPHO	Department of Health Services, FHD
35	Dr. Samir Adhikary	DHA	Department of Health Services, EDCCD

### **INVITEES & FACILITATORS**

SN	Name of Invitees	Designation	Name of Organisation
36	Mr. Ramesh P. Adhikary	Director/MD	Department of Health Services
37	Dr. Surendra P. Chaurasiya	Chief LMS/MD	Department of Health Services
38	Mr. Madhu P. Pokhrel	CFC/Finance Section	Department of Health Services
39	Mr. Bhaktaraj Acharya	Under Secretary	Ministry of Health and Population
40	Mr. BalKrishna Khakurel	PG Advisor	USAID/GHSC-PSM
41	Mr. Ramesh Kumar Sharma	SPPA	DfID/NHSSP
42	Mr. Shiv P. Pandit	TA	DfID/NHSSP
43	Mr. Ramkaji Bhomi	PS	DfID/NHSSP
44	Mr. Bhanu bhakta Niraula	FA	DfID/NHSSP
45	Mr. Pankaj Adhikary	Developer	Saipal Technology
46	Mr. Bishnu Barakoti	Developer	Saipal Technology
47	Mr. Khem Purkuty	Assistant	DfID/NHSSP
48	Miss Anshu Subedi	Assistant	DfID/NHSSP
49	Mr. Khagendra Adhikary	Assistant	DfID/NHSSP
50	Mr. Raj Subedi	Assistant	USAID/GHSC-PSM

This e-CAPP Training/Workshop was held on 26 March 2019 at Hotel Himalaya, Kupandol, Lalitpur.

## Annex-3

### List of Participants in e-CAPP Workshop, 18-20 August 2019

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1	Mr. Shiv Bhattarai	SP	Department of Drug Administration
2	Mr. Chudamani Shrestha	AO	Department of Drug Administration
3	Dr. Munkarna Thapa	CAB	Department of Aayurveda & Alternative Treatment
4	Mr. Khimraj Rijuk	SKN	Department of Aayurveda & Alternative Treatment
5	Mr. Krishna P. Acharya	Under Secy (Acc)	Health Insurance Board
6	Mr. Umesh K. Dahal	SO	Health Insurance Board
7	Mr. Yagya P. Regmi	Acc. Officer	Aayurved Hospital, Nardevi
8	Mr. Suresh Shrestha	CO	Aayurved Hospital, Nardevi
9	Mr. Amit B. Bankari	AO	Karnali Academy of Health Sciences, Jumla
10	Mr. Bismillah Ansary	Acc. Officer	Nepal Health Education, Information and Communication Centre
11	Mr. Bharat B. Kunwar	HEO	Nepal Health Education, Information and Communication Centre
12	Mr. Manoj K. Joshi	Acc. Officer	National Health Training Centre
13	Mr. Baburam Bhusal	SPO	National Health Training Centre
14	Mr. Sitaram Pantha	NS	Nepal Public Health Laboratory, Teku
15	Mr. Dipak Dahal	Stat. Officer	National AIDS and Sexual Disease Control Centre
16	Mr. Rambabu Rijal	AO	National AIDS and Sexual Disease Control Centre
17	Mr. Rupnarayan Khatiwada	Section Officer	Shukraraj Tropical and Infectious Disease Hospital
18	Mr. Purnananda Neupane	Accountant	Shukraraj Tropical and Infectious Disease Hospital
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20	Mr. Addhesh Shah	AO	National Tuberculosis centre
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29	Mr. Janak R. Ghimire	Admin.Assistant	Paropakar Maternity Hospital, Thapathali
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50	Mr. Bhriguraj Khanal	AO	Bharatpur Hospital
51	Dr. Shreeram Tiwary	CMS	Bharatpur Hospital
52	Mr. Rudra B. Nidal	Accountant	Dadeldhura Hospital
53	Mr. Krishna B. Rokaya	Accountant	Bheri Hospital, Nepalgunj
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56	Mr. Bharatmani Marhatta	SPO	CSD/Department of Health Services
57	Miss. Yasoda Baral	Nursing Off.	NSSD/Department of Health Services
58	Miss. Laxmi Pandey	SCNO	NSSD/Department of Health Services
59	Mr. Dipak Adhikary	PHO	MD/Department of Health Services
60	Mr, Gagan S. Bista	SO	MD/Department of Health Services
61	Mr. Dipak Jha	SPHO	FWD/Department of Health Services
62	Miss Laxmi Marasini	NO	FWD/Department of Health Services
63	Mr. Kanakraj Shrestha	PO	FWD/Department of Health Services
64	Mr. Prakash Adhikary	PHO	FWD/Department of Health Services
65	Mr. Ram K. Makaju	AO	Mental Hospital, Lagankhel
66	Mr. Suvraj Thapa	SA	Mental Hospital, Lagankhel
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68	Mr. Ridesh K. Tamrakar	CO	DUDBC
69	Er. Rabin Kasti	Engineer	DUDBC
70	Miss Gita Neupane	Accountant	DUDBC
71	Mr. Bibek Thapa	Accountant	SGNHC, Bansbary
72	Mr. Bhupal Acharya	AO	SGNHC, Bansbary
73	Mr. Dev B. Karki	Accountant	SPK Prakhar Cancer Hospital, Banke
74	Mr. Bimal K. Shrestha	AO	SPK Prakhar Cancer Hospital, Banke
75	Miss Tuna Khadka	SO	National Trauma Centre, Kathamandu
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2	Dr. Sushil C. Pyakuryal	Director General	Department of Health Services
3	Mr. Mahendra P. Shrestha	Joint Secretary	Ministry of Health and Population
4	Dr. Bikas Devkota	Joint Secretary	Ministry of Health and Population
5	Dr. Dipendra R. Singh	Joint Secretary	Ministry of Health and Population

6	Dr. Bhim S. Tinkary	Director	FWD/Department of Health Services
7	Dr. Taranath Pokharel	Director	CSD/Department of Health Services
8	Mr. Bhogendra R. Dotel	Director	MD/Department of Health Services
9	Dr. Prem N. Srivastava	Chief	Pashupati Homeopathy Hospital
10	Dr. Kedar P. Century	Director	NAMS/Bir Hospital
11	Dr. Hemant Ojha	SMS	CSD/Department of Health Services
12	Dr. Surendra P. Chaurasiya	SHA	MD/Department of Health Services
13	Mam. Sachita Joshi	SP	MD/Department of Health Services
14	Mr. BN Gyawali	Under Secretary	MD/Department of Health Services
15	Mr. Shivram Mahat	Under Secretary(Fin)	DUDBC
16	Mr. Muktinath Neupane	Under Secretary(Fin)	Ministry of Health and Population
17	Mr. Lilaraj Paudel	Under Secretary	Ministry of Health and Population
18	Mr. Madhu Pokharel	Under Secretary(Fin)	Department of Health Services
19	Mr. Dhundiraj Dahal	AO	Department of Health Services
20	Er. Himlal KC	SD Engineer	DUDBC
21	Mam. Lorraine P. Mary	Team Leader	DfID/NHSSP
22	Mr. Krishna Sharma	Dy.Team Leader	DfID/NHSSP
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### **SUPPORT/FACILITATORS**

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5	Mr. Surya B. Khadka	SO	Ministry of Health and Population
6	Mr. Sudip Aale Magar	PHO	Ministry of Health and Population
7	Mr. Shiv P. Pandit	TA	DfID/NHSSP
8	Mr. Ramkaji Bhomi	PS	DfID/NHSSP
9	Mr. Bhanu bhakta Niraula	FA	DfID/NHSSP
10	Mr. Pankaj Adhikary	Developer	Saipal Technology
11	Mr. Bishnu Barakoti	Developer	Saipal Technology
12	Mr. Khem Purkutiy	Assistant	DfID/NHSSP
13	Mr. Rajan Adhikary	Coordinator/DUDBC	DfID/NHSSP
14	Mr. Khagendra Adhikary	Assistant	DfID/NHSSP
15	Miss. Hema Bhat	RBFA	DfID/NHSSP

This e-CAPP Training/Workshop was held on 18-20 August 2019 at Hotel Himalaya, Kupandol, Lalitpur.

**Annex-4**  
**CAPP Summary Report, 2019/20** (<http://www.tabucs.gov.np/new>)

S.N.	Budget Code	Implementing Agency	Procurement Categories				Total
			Goods	Civil Works	Consulting Services	Other Services	
1	37000013	पशुपति होमियोप्याथिक चिकित्सालय ललितपुर	3.6	4	0	0	7.6
2	37000101	कान्ती बाल अस्पताल काठमाडौं	160.2	0	10.3	0	170.5
3	37000102	शुक्रराज ट्रपिकल तथा सरुवा रोग अस्पताल काठमाडौं	25.5	10	0	0	35.5
4	37000103	परोपकार प्रसूति तथा स्त्रीरोग अस्पताल काठमाडौं	36	81.5	0	0	117.5
5	37000104	नेपाल आँखा अस्पताल काठमाडौं	21.02	0	0	0	21.02
6	37000105	वि.पि. कोइराला मेमोरीयल क्यान्सर अस्पताल चितवन	87.6	0	0	0	87.6
7	37000106	मनमोहन कार्डियोथोरासिक ट्रा.सेन्टर काठमाडौं	33	0	0	0	33
8	37000107	शहिद गंगालाल राष्ट्रिय हृदय केन्द्र काठमाडौं	0	90	0	0	90
9	37000110	आयुर्वेद चिकित्सालय, नरदेवी काठमाडौं	10.153	0	0	0	10.153
10	37000111	सिंहदरबार वैद्यखाना विकास समिति काठमाडौं	1	20	0	0	21
11	37000112	बी.पी. कोइराला लायन्स नेत्र अध्ययन केन्द्र काठमाडौं	15	0	0	0	15
12	37000113	नेपाल नेत्र ज्योती संघ काठमाडौं	58	0	0	0	58
13	37000114	स्वास्थ्य तथा जनसंख्या मन्त्रालय काठमाडौं	1.8	3	0	0	4.8
14	37001101	राष्ट्रिय क्षयरोग केन्द्र भक्तपुर	6.2	0	0	0	6.2
15	37001101	क्षेत्रीय क्षयरोग उपचार केन्द्र कास्की	0.7	0	0	0	0.7
16	37001102	राष्ट्रिय एड्स तथा यौन रोग नियन्त्रण केन्द्र काठमाडौं	291.002	0	12.5	0	303.502
17	37001103	स्वास्थ्य सेवा विभाग काठमाडौं	9.9	0	0	0	9.9
18	37001104	स्वास्थ्य सेवा विभाग काठमाडौं	336.65	0	0	0	336.65
19	37001105	स्वास्थ्य सेवा विभाग काठमाडौं	13.3125	0	0	0	13.3125
20	37001106	स्वास्थ्य सेवा विभाग काठमाडौं	1.12	0	0	0	1.12
21	37001107	स्वास्थ्य सेवा विभाग काठमाडौं	12.75	0	0	0	12.75
22	37001108	स्वास्थ्य सेवा विभाग काठमाडौं	3	0	0	0	3
23	37001109	राष्ट्रिय स्वास्थ्य शिक्षा, सूचना तथा संचार केन्द्र काठमाडौं	0	0	4	0	4
24	37001110	राष्ट्रिय स्वास्थ्य तालीम केन्द्र काठमाडौं	1.8	0	1.8	0	3.6
25	37001112	राष्ट्रिय जनस्वास्थ्य प्रयोगशाला काठमाडौं	56.752	0	0	0	56.752
26	37001115	स्वास्थ्य सेवा विभाग काठमाडौं	555.4	0	0	0	555.4
27	37001116	स्वास्थ्य सेवा विभाग काठमाडौं	3.2	0	0	0	3.2
28	37002011	औषधी व्यवस्था कार्यालय मोरङ	1.2	0	0	0	1.2
29	37002011	औषधी व्यवस्था शाखा कार्यालय पर्सा	0.6	0	0	0	0.6
30	37002011	औषधी व्यवस्था विभाग काठमाडौं	26.8	1.6	10	0	38.4
31	37002011	राष्ट्रिय औषधि प्रयोगशाला काठमाडौं	30.52	6.6	0	0	37.12
32	37002011	औषधी व्यवस्था कार्यालय बाँके	1.2	3	0	0	4.2
33	37003101	आयुर्वेद तथा वैकल्पिक चिकित्सा विभाग काठमाडौं	0	6.3	0	0	6.3
34	37031101	स्वास्थ्य बीमा बोर्ड काठमाडौं	155.65	0	11.5	0	167.15
35	37041011	नेपाल स्वास्थ्य अनुसन्धान परिषद् काठमाडौं	1.5	0	0	0	1.5
36	37061011	नारायणी अस्पताल, विरगंज पर्सा	33.5	0	0	0	33.5
37	37061011	भरतपुर अस्पताल, चितवन चितवन	7.5	0	0	9	16.5
38	37061011	मानसिक अस्पताल, लगनखेल ललितपुर	6.5	0	0	0	6.5
39	37061011	राष्ट्रिय ट्रमा सेन्टर काठमाडौं	11.9	4.5	0	0	16.4
40	37061011	राष्ट्रिय आयुर्वेद अनुसन्धान तथा तालीम केन्द्र काठमाडौं	2	0	0	0	2
41	37061011	जिपि कोइराला राष्ट्रिय स्वास्थ्य प्रवास केन्द्र, तनहुँ	0	0	0	0	0
42	37061011	सुशिल कोइराला प्रखर क्यान्सर अस्पताल बाँके	6.6	0	0	0	6.6
43	37061011	भेरी अस्पताल, नेपालगंज बाँके	7.5	0	0	0	7.5
44	37061011	डडेल्धुरा अस्पताल डडेल्धुरा	11	0	0	0	11
45	37061012	चिकित्सा विज्ञान राष्ट्रिय प्रतिष्ठान काठमाडौं	397.55	414.5	0	0	812.05
46	37061013	वि.पी.कोइराला स्वास्थ्य तथा विज्ञान प्रतिष्ठान सुनसरी	125.4	255	0	0	380.4
47	37061014	कर्णाली स्वास्थ्य विज्ञान प्रतिष्ठान जुम्ला	188	4	0	0	192
48	37061015	स्वास्थ्य तथा जनसंख्या मन्त्रालय काठमाडौं	30	0	15	0	45

49	37061016	राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान, दाङ दाङ	6.755	0	0	0	6.755
50	37061017	पोखरा स्वास्थ्य विज्ञान प्रतिष्ठान कास्की	4.5	0	0	0	4.5
<b>जम्मा</b>			<b>2800.8345</b>	<b>904</b>	<b>65.1</b>	<b>9</b>	<b>3778.9345</b>

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