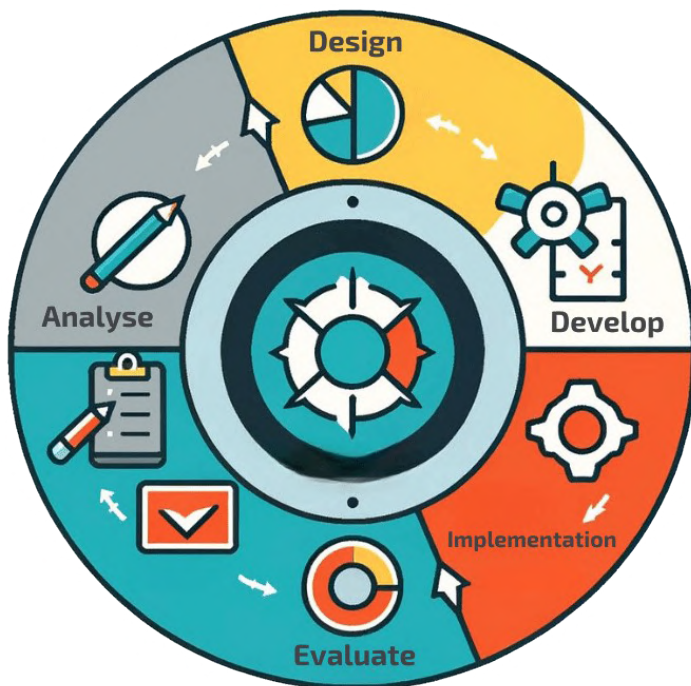


Annual Report FY 2080/81



NHTC

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Ministry of Health and Population
National Health Training Center
Teku, Kathmandu



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ACKNOWLEDGEMENT



The constitution of Nepal has established basic health care as the fundamental human right and access to quality health care services is the major responsibility of the state. In line with the constitution of Nepal, NHCT was established in 1993 to enhance the technical and managerial capacity of health care service providers at all levels to deliver quality health care services towards attainments of the optimum level of health status of Nepali citizens. National Health Training Center (NHCT) is a federal body that is responsible for overseeing all health training activities at the federal, provincial and local level through appropriate and quality training delivery, monitoring, evaluation, post training follow-up and research.

The ongoing training activities of NHCT are planned in adherence to the visions, goals and targets of national health policies, international commitments and the needs of health divisions and centres in Nepal. NHCT coordinates and implements training through the active participation and collaboration of the 7 provincial health training centres (PHTC) and 66 clinical training sites. Additionally, it continuously evaluates the performance of trained health professionals and clinical training sites.

It gives me immense pleasure to introduce the Annual report of NHCT for fiscal year 2080/81. This annual report of NHCT provides an overview of different activities that were conducted in FY 2080/81. I am hopeful that the information provided in this annual report will be a valuable resource to all the stakeholders to design and implement evidence-based programs.

I am thankful to all those involved in the preparation and publication of this Annual Report. Lastly, I would like to extend my sincere gratitude to all stakeholders and development partners for their valuable contribution towards the NHCT..

Yeshoda Aryal

Director

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ACKNOWLEDGEMENT



First of all, it is my pleasure to publish the Annual report of NHTC for FY 2080/81. This is the fifth report published by the NHTC after the reconstruction of the health organogram based on the constitution of the Federal Democratic Republic of Nepal. This annual report provides the overview of different activities that were conducted in FY 2080/81. It includes summary of annual performances, NHTC structure, overview of training, training sites, and its working modalities. It has also tried to incorporate the difficulties and challenges faced during various stages of the program cycle and offers recommendations on how to deal with such challenges in the future. I am hopeful that the information provided in this annual report will be a valuable resource to all the concerned authorities to design and implement evidence-based programs.

I would like to express my sincere gratitude to Yashoda Aryal, Director of NHTC, for her guidance in the publication of this annual report. I would like to thank Mr. Babu Ram Bhusal, Senior Public Health Officer, and all NHTC team and Interns of the Central Department of Public Health, IOM for their continued support in compiling and editing this annual report.

Furthermore, I would like to extend my thanks to the development partners, training sites teams, provincial health training centres, and other stakeholders for their support throughout this fiscal year and during the preparation of this report. Lastly, I would like to assure that, we will continue to publish annual reports timely with our continued efforts into improving and enriching its quality and content. We are looking for feedback and suggestions as well like this year.

Himay Singh
.....
Dr Madhab Prasad Lamsal
Section Chief

Training Accreditation and Regulation Section-

ABBREVIATIONS

AAC	Anesthesia Assistant Course
AAHW	Ayurved Auxiliary Health Worker
AHW	Auxiliary Health Worker
AMR	Antimicrobial Resistance Prevention
ANM	Auxiliary Nurse Midwife
ASBA	Advanced Skilled Birth Attendant
ASRH	Adolescent Sexual and Reproductive Health
BCM	Burn Care Management
BEOC	Basic Emergency Obstetric Care
BEMT	Basic Emergency Medical Technician
BMEAT	Biomedical Equipment Assistant Technician
BMET	Biomedical Equipment Technician
BLS	Basic Life Support
BPKIHS	B.P. Koirala Institute of Health Sciences
CAC	Comprehensive Abortion Care
CBIMNCI	Community Based Integrated Management of Neonatal and Childhood Illness
CCHI	Climate Change and Health Impact
CCSP	Cervical Cancer Screening and Prevention
CCTP	Critical Care Training Program
CFA	Community First Aid
CFWC	Chhetrapati Family Welfare Center
CICT	Case Investigation and Contact Tracing
CoFP	Comprehensive Family Planning and Counseling
COVID-19	CoronaVirus Disease 2019
CME	Continuity Medical Education
CNBC	Comprehensive Newborn Care
CNSI	Comprehensive Nutrition Specific Intervention
CTEVT	Council for Technical Education and Vocational Training
CTS	Clinical Training Skills
CTVIN	Cardio-Thoracic and Vascular Intensive Nursing Training
DBMEE	Diploma in Biomedical Equipment Engineering
DMPA	Depot Medroxy Progesterone Acetate
DoHS	Department of Health Services
ECCT	Essential Critical Care Training

EMT	Emergency Medical Technician
EmOC	Emergency Management of Obstetric Complications
FBIMNCI	Facility Based Integrated Management of Neonatal and Childhood Illness
FCHV	Female Community Health Volunteer
FCWC	Fertility Care and Welfare Center
GBV	Gender Based Violence
GoN	Government of Nepal
HA	Health Assistant
HCWM	Health Care Waste Management
HF	Health Facility
HFOMC	Health Facility Operation Management Committee
HRDC	Human Resource Development Center
HRH	Human Resource for Health
HURIS	Human Resource Information System
ICU	Intensive Care Unit
IUCD	Intrauterine Contraceptive Device
IPC	Infection Prevention and Control
IT	Information Technology
LARC	Long-Acting Reversible Contraceptives
LRP	Learning Resource Package
MA	Medical Abortion
MDGP	Doctor of Medicine in General Practice
MISP	Minimum Initial Service Package
MLP	Mid-Level Practicum
MO	Medical Officer
MoHP	Ministry of Health and Population
MRT	Midwifery Refresher Training
MTToT	Master in Training of Trainers
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Center
NICU	Neonatal Intensive Care Unit
NSV	Non-Scalpel Vasectomy
OC	Outcome
OHAS	Occupational Health and Safety
OTTM	Operation Theatre Techniques & Management
PAC	Post Abortion Care

PEC	Primary Emergency Care Program
PP	Post-Partum
PEN	Package of Essential Non-communicable Diseases
PHTC	Provincial Health Training Center
PMTCT	Prevention of Mother to Child Transmission
PNC	Pediatric Nursing Care
POP	Pelvic Organ Prolapse
PPIUCD	Post-Partum Intra-Uterine Contraceptive Device
QI	Quality Improvement
RH	Reproductive Health
ROUSG	Rural Obstetric Ultrasonography
RRT	Rapid Response Team
SAS	Safe Abortion Services
SBA	Skilled Birth Attendant
SNCU	Special Newborn Care Unit
Sr. AHW	Senior Auxiliary Health Worker
Sr. ANM	Senior Auxiliary Nurse Midwife
TABUCS	Transaction Accounting and Budgetary Control System
TIMS	Training Information Management System
TUTH	Tribhuvan University Teaching Hospital
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VIA	Visual Inspection with Acetic Acid
VCAT	Value Clarification and Attitude Transformation

EXECUTIVE SUMMARY

A competent, motivated healthy workforce forms the core of a high quality, effective and efficient health system. In line with the national policies, plans and programs of the Ministry of Health and population (MoHP), National Health Training Centre (NHTC) runs as a federal body for coordination and management of all health training in Nepal. NHTC was established in 1993 A.D. and is primarily responsible for policy formulation, planning/budgeting, need assessment, curriculum design, implementation, monitoring and evaluation (M&E), follow up and overall quality assurance related to the training system. It is a federal structure is an apex body for managing the health training in Nepal so as to fulfill the training needs and strengthen the capacity of healthcare service providers across the country.

Ample evidence reflects that the number and quality of the health workforce in the health sector has a positive impact on the health outcomes of the country. There is no doubt that the knowledge, skills, motivation and deployment of the right health workforce largely influence the ability of a country to meet its targets related to health and ultimately achieve its goals. Thus, our health system accords high priority for the development of competent human resources through quality, timely and need based training programs for improved healthcare service delivery.

NHTC is the central body for human resource development in the health sector of Nepal. It is responsible to organize and manage training for different cadres of health service providers. It is one of the centers within the MoHP which is responsible for overseeing all health training activities at the federal, provincial and local level through appropriate and quality training needs assessment, training delivery, monitoring, evaluation, post training follows up and research mechanism. NHTC is supported by a group of technical and administrative staff. Training activities are conducted under three different technical sections; Training Material Development Section, Skill Development Section and Training Accreditation and Regulation Section. NHTC operates its training activities through its network.

Training Material Development Section supports to develop new training packages, adapt or adopt the internationally recognized training courses, to update and revise learning resource packages in coordination with different stakeholder, revise training materials and curriculum as per need based on

monitoring and evaluation, and to provide technical support in development of training packages or standardize the curriculum at provincial level.

Total 15 LRPs were completed in FY 2080/81 ie. Cold chain equipment repair and maintenance, healthcare waste management operation and maintenance of autoclave/microwave, General training skills, infection prevention and control (advanced, blended approach), supplementary course for psychosocial counseling, continuous ambulatory peritoneal dialysis, health management modular training for local level, Basic burn care, PEN plus training for doctors, basic emergency care, SBA SHP modular training module one to five, advanced cardiac life support, community first health responder, brief tobacco intervention and water quality surveillance. Total 7 LRPs were revised. One of the significant milestones achieved by NHTC was newly added oxygen plant training to the Bhutanese.

Skill Development Section is focused to develop a competent, motivated health workforce. It is responsible to organize and manage training for different cadres of health service providers. Various training such as pre-service, basic, competency based, upgrading, refresher, induction, and orientation programs are conducted by NHTC. In FY 2080/81, a total of 14134 participants were trained in different training programs. The major cadre groups trained was nursing (5779), HA and AHW (5092), Medical Officer (1567) and Public Health officer and administrator (195).

Training Accreditation and Regulation Section is responsible for accrediting clinical training sites and clinical and public health related training courses to maintain the standard of the health training so as to strengthen the capacity of health service providers across the country. Web based online software “TIMS” is used to manage training related data including trainers and participants' profile, training information, training record log and certification. The training network includes seven provincial health training centers and 65 clinical training sites. It is also responsible for accrediting clinical training sites and clinical and public health related training courses to maintain the standard of the health training so as to strengthen the capacity of health service providers across the country.

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CHAPTER I

INTRODUCTION

1.1. Background

The constitution of Nepal states that every citizen has the right to free basic and quality health care services from the state shall have equal access to health care and shall not deprive anyone of emergency health care. A competent, motivated healthy workforce forms the core of a high quality, effective and efficient health system. In line with the national policies, plans and programs of the Ministry of Health and population (MOHP), National Health Training Centre (NHTC) runs as an apex body for coordination and management of all health training in Nepal. It was established in 1993 A.D. and is primarily responsible for policy formulation, planning/budgeting, need assessment, curriculum design, training monitoring and evaluation (M&E) and overall quality assurance related to the training system on health.

A competent, motivated healthy workforce forms the core of a high quality, effective and efficient health system. In line with the national policies, plans and programs of the Ministry of Health and population (MOHP), National Health Training Centre (NHTC) runs as a federal body for coordination and management of all health training in Nepal. It is primarily responsible for policy formulation, planning/budgeting, need assessment, curriculum design, implementation, monitoring and evaluation (M&E), follow up and overall quality assurance related to the training system. The training network includes seven provincial health training centers and 65 clinical training sites. It is also responsible for accrediting clinical training sites and Clinical and public health related training courses to maintain the standard of health training so as to strengthen the capacity of health service providers across the country.

NHTC plans and conducts training activities in line with the National Health Training Strategy 2004 AD which is being revised in the context of the federal structure. It develops the training curriculum based on the program needs in collaboration with various divisions, centers and supporting partners. It is responsible for accrediting clinical and competency-based training courses and training sites to maintain the standard of the health training to strengthen the capacity of health service providers across the country. Overall, it has been contributing to meet the targets envisioned in National Health Policy

2019, National Health Sector Strategic Plan (2023-2030) and Sustainable Development Goals (2030) AD, thus, providing a roadmap towards universal health coverage (UHC).

Milestone of Health Sector Training in Nepal

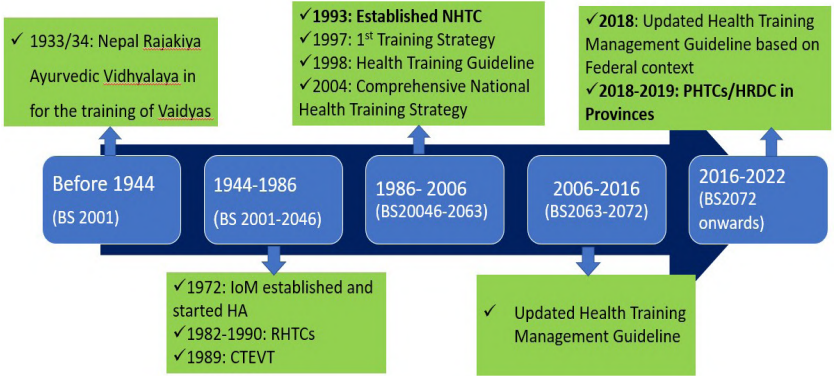


Figure 1: Milestone of Health Sector Training in Nepal

Table 1: Health Indicator of Nepal and Target

S.N	Indicator	Status	Target		
			SDG (2016-2030)	NHSSP (2023-2030)	Sixteenth 5 years plan (2024/25-2029/30)
1	Maternal mortality rate (MMR)/100,000live births	151**	70	70	85
2	Teenage child bearing rate	14*	-	30	-
3	Neonatal mortality rate	21*	12	12	13
4	Infant mortality rate	28*	20		-
5	Under 5 mortality/ 1000 live births	33*	0	20	22
6	Total fertility rate	2.1*	2.1	2.1	-
7	Adolescents birth rate (15-19 years) /1000	71*	30	30	-
8	Contraceptive prevalence rate (mCPR)	42.7*	60		-

9	Institutional delivery	79.3*	90	90	-
10	Delivery by SBA	80*	90		-
11	% Of women having 4 ANC visits	80.5*		90	-
12	Fully immunized (basic antigen)	80%*	100		-
13	Fully immunized (National schedule)	52.1%*	100		95%
14	Stunting among under 5 children	25%*	15%	12	17
15	Wasting among under 5 children	8%*		4%	-
16	Underweight among under 5 children	19%*			-
17	Anemia among 6-59 months of children	19%*			-
18	Anemia among 15-49 years	34%*			-
19	% Score of effective vaccine management assessment (EVMA)	81%***		90%	-
20	Proportion of year lived with disability due to mental disorder	15.6#		<5%	
21	% Of population aged 40-69 with Body Mass Index (BMI) more than and equal to 25	24.3# #			
22	% Of public health facilities using both eLMIS and HMIS	26.5# # #		100	
23	% Of public health emergencies responded by rapid response teams within 24 hours of notification	NA		100	

24	% Of children 0-6 months registered for growth monitoring and exclusive breastfeed	36.9\$		90	
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Source: *NDHS 2022, **NPHC 2021, ***EVMA, 2.0 2021, #BoD 2019, # #STEPS survey 2020, # # # HMIS and eLMIS 2022, \$HMIS 2021

1.2. Policy Brief (National health policy, NHTC strategy)

1.2.1. National Health Policy 2019

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. In order to ensure constitutional rights of citizens through a federal system and to ensure universal access to quality health services, this policy has developed 6 objectives, 25 policies and 146 strategies.

National Health policy, 2019 has been formulated on the basis of the lists of exclusive and concurrent powers and functions of federal, state and local levels as per the constitution; the policies and programs of the GoN; the international commitments made by Nepal at different times; and the problems, challenges, available resources and evidences in the health sector.

Under the policy no. 6.8, Strategy no. 6.8.6 mentions that clear pathways and opportunities for the professional growth of health human resources through their higher education, in-service training, continuous professional training, and professional development shall be put in place and professional research shall be encouraged and promoted.

Relevance, Guiding Principles, Vision, Mission, Goal and Objectives

Relevance

In order to address existing problems and challenges and to ensure the constitutional rights of citizens to quality health services it is relevant to amend existing health policy, strategies and programs and formulate a National Health Policy in accordance with the federal context. It is indispensable to continue existing health services and to sustain their achievements as well as to guide the development and expansion of health service infrastructure as per

the federal context, given mandates and responsibilities. This policy is also imperative to address the national and international commitments made by Nepal and to achieve the Sustainable Development Goals while safeguarding the achievements of Millennium Development Goals.

Guiding Principles

In order to ensure constitutional rights of citizens to health services through a federal health system and to ensure universal access to quality health services, this policy has been formulated on the basis of the following guiding principles:

- a. Universal access to, continuous availability of, transparency and comprehensiveness in quality health services;
- b. Multi-sectoral involvement, collaboration and partnership in the health system in accordance with the federal structure.
- c. Special health services targeted to ultra poor, marginalized, Dalit and indigenous communities;
- d. Good health governance and assurance of adequate financial investments;
- e. Diversification of equitable health insurance;
- f. Restructuring in the health services;
- g. Health and multi-sectoral coordination and collaboration in all policies;
- h. Professionalism, honesty and occupational ethics in health service delivery

Vision

Healthy, alert and conscious citizens oriented to a happy life.

Mission

To ensure the fundamental health rights of citizens through optimum and effective use of resources, collaboration and partnerships.

Goal

To develop and expand a health system for all citizens in the federal structures based on social justice and good governance and ensure access to and utilization of quality health services.

Objectives

1. To create opportunities for all citizens to use their constitutional rights to health.

2. To develop, expand and improve all types of health systems as per the federal structure.
3. To improve the quality of health services delivered by health institutions of all levels and to ensure easy access to those services.
4. To strengthen the social health protection system by integrating the most marginalized sections.
5. To promote multi-sectoral partnership and collaboration between governmental, non-governmental and private sectors and to promote community involvement, and
6. To transform the health sector from profit-orientation to service-orientation.

Policies

1. Free basic health services shall be ensured from health institutions of all levels as specified;
2. Specialized services shall be made easily accessible through health insurance;
3. Access to basic emergency health services shall be ensured for all citizens;
4. Health system shall be restructured, improved, developed and expanded at federal, state and local levels as per the federal structure;
5. In accordance with the concept of universal health coverage, promotional, preventive, curative, rehabilitative and palliative services shall be developed and expanded in an integrated manner;
6. Collaboration and partnerships among governmental, non-governmental and private sectors shall be promoted, managed and regulated in the health sector and private, internal and external investments in health education, services and researches shall be encouraged and protected;
7. Ayurveda, naturopathy, Yoga and homeopathy shall be developed and expanded in an integrated way;
8. In order to make health services accessible, effective and qualitative, skilled health human resources shall be developed and expanded according to the size of population, topography and federal structure, hence managing health services;
9. Structures of Health Professional Councils shall be developed, expanded and improved to make health services provided by individuals and institutions effective, accountable and qualitative;

10. Domestic production of quality drugs and technological health materials shall be promoted and their access and proper utilization shall be ensured through regulation and management of efficient production, supply, storage and distribution;
11. Integrated preparedness and response measures shall be adopted to combat communicable diseases, insect borne and animal-borne diseases, problems related with climate change, other diseases, epidemics and disasters;
12. Individuals, families, societies and concerned agencies shall be made responsible for prevention and control of non-communicable diseases and integrated health system shall be developed and expanded;
13. In order to improve nutritional situation, adulterated and harmful foods shall be discouraged and promotion, production, use and access to qualitative and healthy foods shall be expanded;
14. Health researches shall be made of international standards and the findings and facts of such reports shall be effectively used in policy formulation, planning and health system development;
15. The health management information system shall be made modern, qualitative and technology-friendly and integrated health information system shall be developed;
16. Right to information related to health and right of a beneficiary to know about the treatment shall be ensured;
17. Mental health, oral, eye, ENT (ear, nose and throat) health services shall be developed and expanded;
18. Quality of health services provided by all health institutions including hospitals shall be ensured;
19. Good governance and improvement shall be ensured in policy-related, institutional and managerial structures in the health sector through timely amendments;
20. In accordance with the concept of health across the lifecycle, health services around safe motherhood, child health, adolescence and reproductive health, adult and senior citizen shall be developed and expanded;
21. Necessary financial resources and special funds shall be arranged for sustainable development of the health sector;

22. Urbanization, internal and external migration shall be managed and public health problems associated with such phenomena shall be resolved;
23. Demographic statistics shall be managed, researched and analyzed to link them with the policy decisions and programme designing;
24. Antimicrobial resistance shall be reduced, one-door health policy shall be developed and expanded for the control and management of communicable diseases, environmental pollution such as air pollution, sound pollution and water pollution shall be scientifically regulated and controlled;
25. Necessary arrangements shall be made to reduce the risks of immigration process on public health and to provide health protection to Nepalese staying abroad.

1.2.2. Sixteenth Plan FY 2024/25 - 2029/30

The Constitution of Nepal has the provision of the right to get free basic health services from the state as a fundamental right of the citizens of Nepal. Considering the importance of healthy and productive citizens in the nation's development, the state has an obligation to ensure equitable access to quality and easily accessible health services by increasing investment in this sector. In this context, as per the concept of federal state, it is necessary to gradually transform the health sector from being profit-oriented to service-oriented. As per the list of exclusive and concurrent powers enumerated by the Constitution, the functions of formulating health policy and standards, ensuring quality and monitoring, traditional treatment services and infectious disease control have been assigned to the federal government whereas the responsibility of health services have been assigned to the federal, provincial, and local levels. For its effective implementation, inter-ministry coordination and collaboration is a must.

As a result of various programs implemented in the health service, the neonatal mortality rate has decreased to 21, the child mortality rate (under five years) has decreased to 33 and the maternal mortality rate has decreased to 151 (per one hundred thousand live births) and total fertility rate is 2.1 per woman. Similarly, the rate of stunting in children below five years has decreased to 36 percent, four antenatal care visits have increased to 80 percent, delivery assisted by skilled birth attendants have increased to 79 percent and fully immunized children have increased to 80%. In this context, the national

agenda is to achieve Sustainable Development Goals in keeping with the international commitments Nepal has made from time to time, existing policy of the government as well as the major problems, challenges, and opportunities of health.

To make citizens healthy, there is a need to increase investment in modern medicine as well as the medicines pertaining to ayurvedic, naturopathic and homeopathic treatment, and good governance and research in the health sector. According to this Plan, the state must play the lead role whereas the private and cooperative sectors have to play complementary roles in bringing health services to the doorsteps of the people.

Vision

Healthy, productive, responsible, and happy citizens.

Goal

To ensure access to quality health services at the people's level by developing and expanding a strong health system at all levels.

Health Strategies:

1. Provide free basic health care services
2. Ensure universal access to quality healthcare
3. Restructure and strengthen the health insurance system
4. Make whole health system modernize and highest technology friendly
5. Develop quality, reliable and integrated health system
6. Promote health tourism
7. Adopt multi sectoral and multilateral approach at all level
8. Make maximum utilization of population dividend
9. Develop study, research and facts based health management system
10. Make independent in production of medicines, medical products and vaccines
11. Maintain good governance and social justice in health sector
12. Increase investment for the strengthening of health system
13. Re-evaluate and re-visit the current health programs

1.2.3 Nepal Health Sector- Strategic Plan (2023-2030)

Vision

Healthy, productive, responsible and happy citizens

Mission

Ensure fundamental health rights of the citizens

Goal

Improved health status of every citizen

Guiding principles

This strategic plan adopts following guiding principles aligning with the National Health Policy 2019:

- a) Universal access and social protection in health
- b) Aligned and coordinated health systems
- c) Multi-sectoral collaboration and health in all policies
- d) Targeted approach to reach marginalized and vulnerable population
- e) Public investments and governance
- f) Professionalism and ethical practice

Strategic objectives

This strategic plan has adopted five strategic objectives, fourteen outcomes, and 29 outputs to be achieved during the period of 2023-2030.

Strategic objective 1. Enhance efficiency and responsiveness of health system

Strategic objective 2. Address wider determinants of health

Strategic objective 3. Promote sustainable financing and social protection in health

Strategic objective 4. Promote equitable access to quality health services

Strategic objective 5. Manage population and migration

Outcomes (OC)

OC 1.4. Ensured uninterrupted availability of quality medicine and supplies

OC 1.5. Improved governance, leadership, and accountability

OC 1.6. Public health emergencies managed effectively

OC 2.1. Reduced adverse effects of wider determinants on health

OC 2.2. Citizens responsible for their own, family and community health

OC 3.1. Improved public investment in health sector

OC 3.2. Improved social protection in health

OC 4.1. Improved quality of health services

OC 4.2. Reduced inequity in health services

OC 5.1. Maximized demographic dividend and managed demographic transitions

OC 5.2. Systematic migration and planned settlement practiced

1.2.4. Nepal Health Professional Council Act, 2053

It provides for the establishment of a Health Professional Council to regulate and oversee the quality of health professional education and training programs.

1.2.5. The Medical Education Commission Act, 2075

It regulates medical education in Nepal and mandates the establishment of a Medical Education Commission to ensure the quality of medical education and training programs in the country.

1.2.6. National Human Resources for Health (HRH) Strategy 2021-2030, Nepal

The Ministry of Health and Population (MoHP) released the National Human Resources for Health (HRH) Strategy 2021-2030, Nepal. HRH strategy envisions ensuring equitable distribution and availability of quality health workforce as per the country health service system to ensure universal health coverage. This strategy provides guidance to the government at all levels in the federal context to fulfill the constitutional right for the access to health services by each citizen through effective management of the health workforce. HRH strategy identified the four Strategic Pillars in relation to improving HRH Management- Production and Development, Distribution and Management, Leadership and Governance and Information System.

CHAPTER II

NATIONAL HEALTH TRAINING CENTER

2.1. NHTC: Vision, Mission, Goal, Objectives, Strategies

Vision

Effective health training system for the development of skilled and accountable health workforce to provide quality health services.

Goal

To enhance the technical and managerial capacity of health care service providers at all levels to deliver quality health care services towards attainment of the optimum level of health status of Nepali citizens.

Objectives

- a) To standardize the training Learning Resource Packages (LRP) of different trainings
- b) To organize and conduct in service trainings to address the need of the country and to support the quality of care by enhancing the service provider's competency
- c) To ensure the quality of training activities by different mechanisms in adherence to national standards and to enhance the capacity of different training sites
- d) To adopt and promote innovative training approaches
- e) To strengthen mechanism and capacity for post training follow up, enhancement and support.

Strategies

1. Assessing, standardizing and accrediting training activities and clinical training sites
2. Development, standardization, and revision of training packages periodically
3. Institutional Capacity development of all levels of training units
4. Conducting pre-service, in-service, orientation, refresher, short term, and long-term trainings as per national requirements
5. Integration and institutionalization of training activities

6. Developing links with professional career development organizations
7. Strengthening Training Information Management System (TIMS) and developing the trainer's roster at federal, provincial, and local level as well.

2.2. Importance of capacity building in Health Service Delivery System

A competent, motivated healthy workforce forms the core of a high quality, effective and efficient health system. Capacity building is necessary for the production of a competent and skilled health workforce in order to deliver quality health care services throughout the country through different approaches such as: training, onsite coaching, mentoring, skill development and so on.

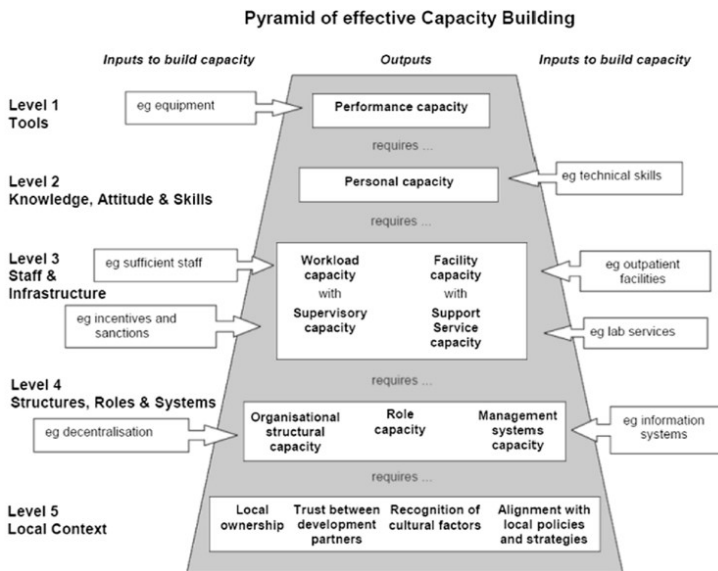


Figure 2: pyramid of capacity building

The importances of capacity building are mentioned as follows:

1. Strengthen user -friendly and satisfactory health care service delivery through investing in staff training and development. Training supports better equip health workers to provide comprehensive care to service users.
2. Training helps scaling up and strengthening the quality of the health workforce to address the mismatch between the demand and supply of the skilled human resource for health

3. To support, strengthen and empower the existing health workforce to ensure quality healthcare service delivery and sustainability of the health workforce.
4. By investing in health training and development, health facilities can also increase efficiency and productivity. Properly trained health workers are able to work more effectively and efficiently, reducing the likelihood of errors and delays, leading to increased productivity and job satisfaction.
5. Health facilities are subject to numerous regulations, requirements and standards, and it is crucial for health workers to be aware of and compliant with these regulations. By training and development, health facilities can ensure that health workers and staff are aware of these regulations and are able to comply with them. It also ensures that it maintains its accreditation and reputation as a high-quality healthcare provider.
6. Training can help the health sector to retain and recruit top talent. When health workers are given the opportunity to learn and grow, they are more likely to stay within the Government health system long-term, reducing turnover and associated costs.
7. In addition, trained human resources for health can work on new technologies and are IT friendly, further raising the profile of the health facility (HF) and its services like recording, reporting and other day to day activities.
8. Produce competent workforce in primary level health centers in order to reduce overcrowding at referral level health centers.
9. Overall, investing in training and development of health workers can have a significant impact on the knowledge regarding availability of services in health facilities. By providing staff with the knowledge and tools they need to promote the health facility's services, the HF can increase its visibility and reputation in the healthcare sector.
10. Staff who are trained and developed on the available scope of health services in the health facilities can become powerful assets for the HF and HFOMC. Additionally, staff members who are proud of their work and feel supported in their work are more likely to provide high-quality care to service users, leading to better health outcomes and higher patient satisfaction rates.

2.3. Organizational Structure

2.3.1 Organizational structure of DoHS

According to the recently restructured DoHS organogram, the DoHS have five Divisions with a degree of autonomy in personnel and financial management under MoHP. The 5 centers such as National Health Education, Information and Communication Centre (NHEICC); National Health Training Centre (NHTC); National Centre for AIDS and STD Control (NCASC); National Tuberculosis Control Centre (NTCC); and National Public Health Laboratory (NPHL) are not under DOHS but directly linked with MoHP and functionally linked with DoHS. The NHTC coordinates all training programmes of the divisions and implements training by sharing common inputs and reducing the travelling time of care providers. The centers support the delivery of essential health care services (EHCS) and work in coordination with the respective divisions of DoHS.

Ministry of Health and Population (MoHP)

Organogram of DoHS

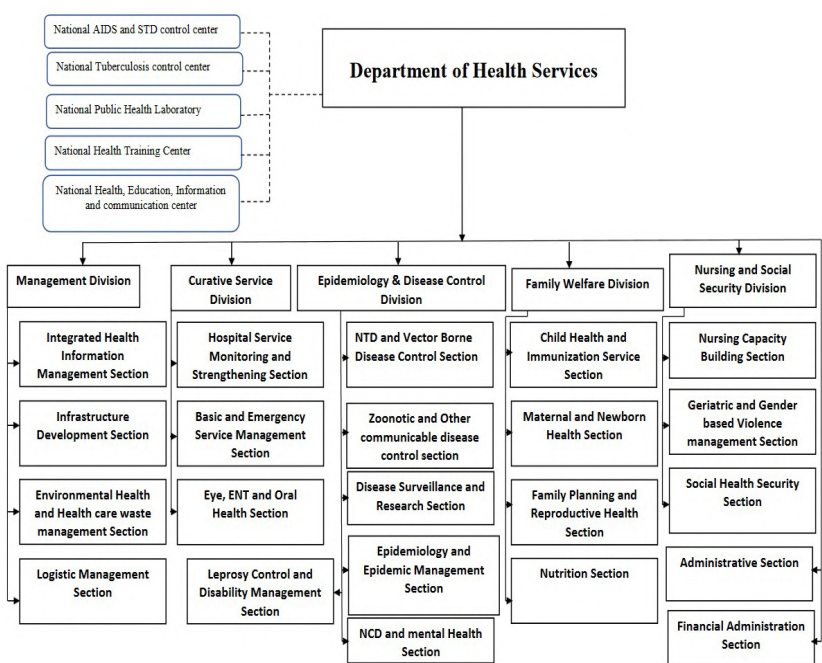


Figure 3: Organogram of DoHS

2.3.2 Organizational structure of NHTC

The director of NHTC is the 11th level chief public health administrator. The director is responsible to oversee the national health training activities and s/ he is supported by a team of technical and administrative staff of different sections.

Organogram of NHTC

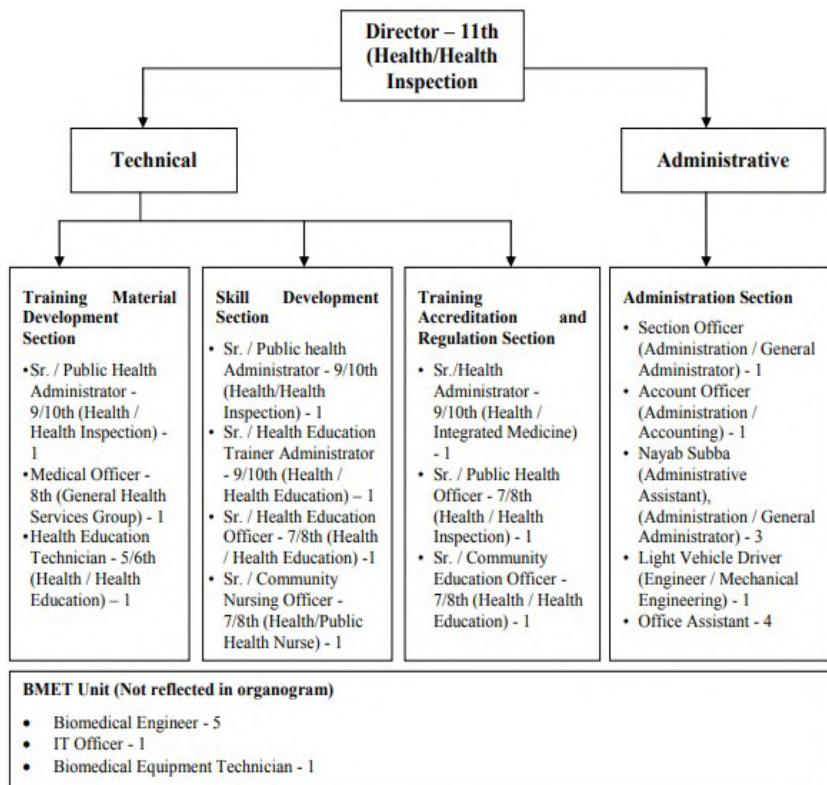


Figure 4: Organogram of NHTC

2.4 Working modality and functions of NHTC

NHTC in system model

The overall goal of all health programs is to deliver quality health care services towards attainment of the optimum level of health status of Nepali citizens. The logic model outlined here explained how NHTC works in achieving health goals.

The working modalities of NHTC can be explained as shown in the logic model figure:

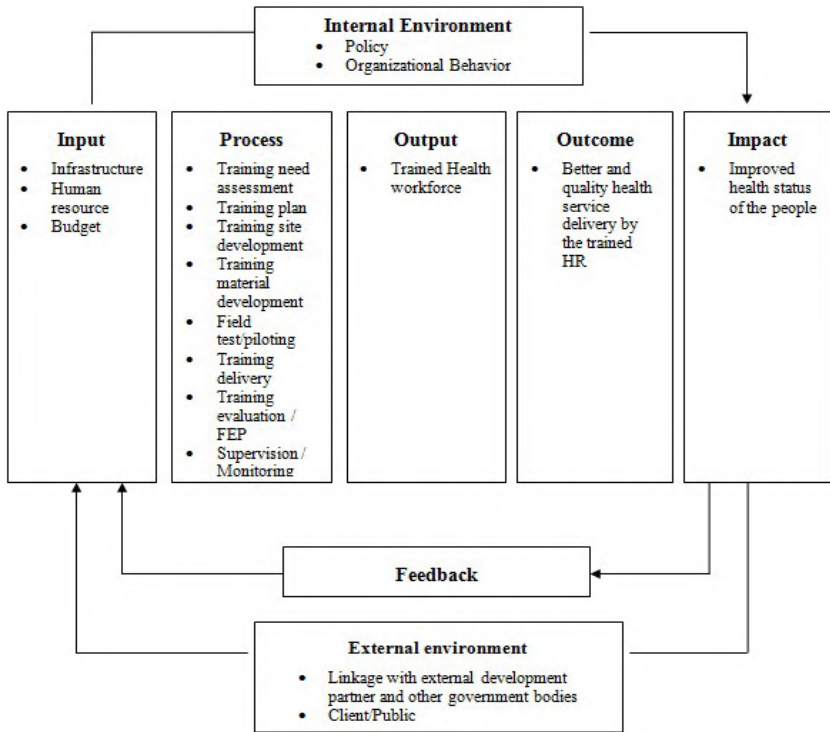


Figure 5: NHTC logic model

Working modalities, and roles and responsibilities of NHTC

In the federal context, the organizational structure has been changed from its contemporary model according to the functional analysis to meet the training needs of the federal, provincial, and local government. The sections of NHTC work in close coordination and collaboration with MoHP, DoHS, centers, provincial health training centers and local level. The section-wise functions of NHTC are listed below.

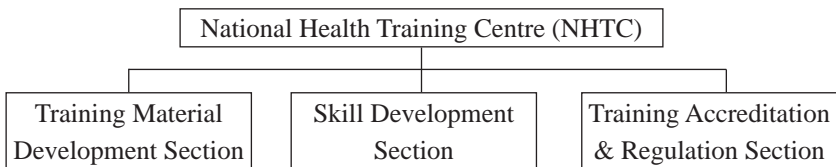


Figure 6: Organogram of NHTC

Training cycle



Figure 7: ADDIE model

2.4.1 Training Material Development Section

Roles and responsibilities of training material section

- To help Ministry of Health and Population (MOHP) in preparation of national policy, strategies and regulations regarding training material development
- To prepare guidelines, protocols, standards, and quality regulations regarding training material development
- To develop learning resource packages or curriculum for health sector's training or skill development activities
- To facilitate in development of training materials at a national level which needs involvement of federal government
- To update and revise learning resource packages in coordination with different stakeholder
- To revise training materials and curriculum as per need based on monitoring and evaluation
- To provide technical support in development of training packages or curriculum at provincial level
- To develop training packages for professional development of health workers

Flowchart of the training material development / LRP process

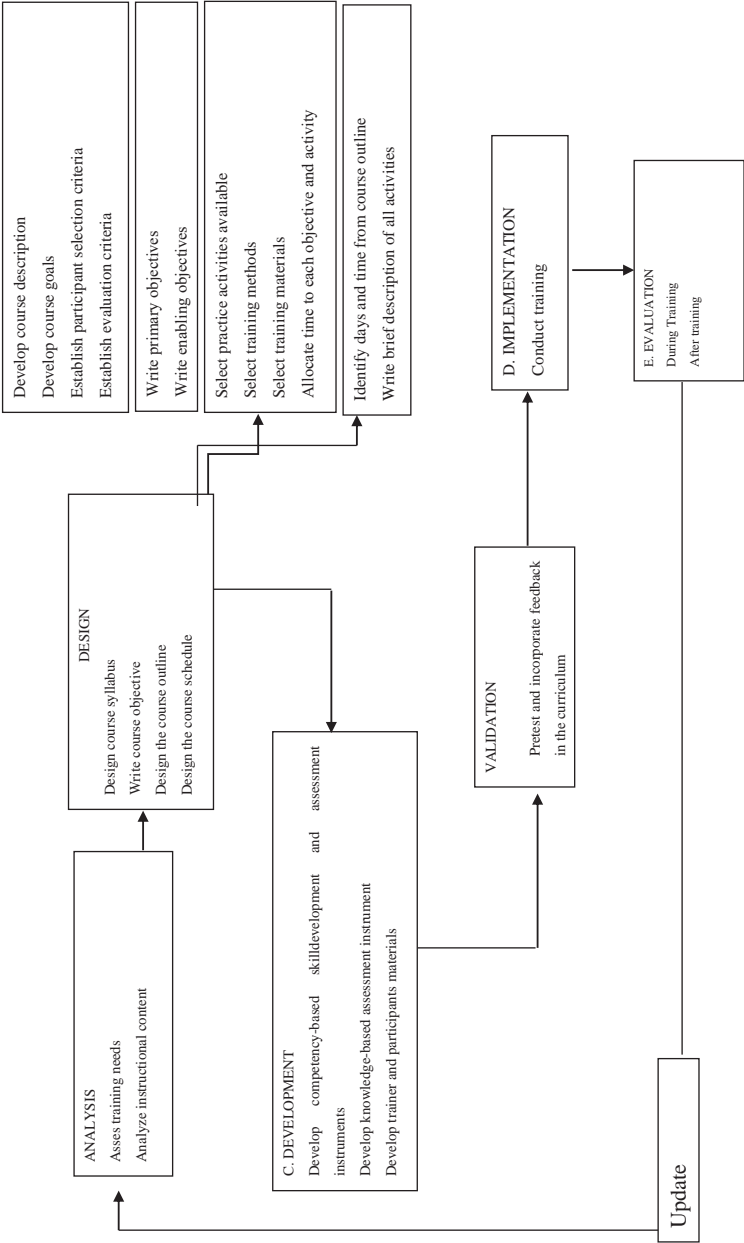


Figure 8: Flowchart of the training material development / LRP process

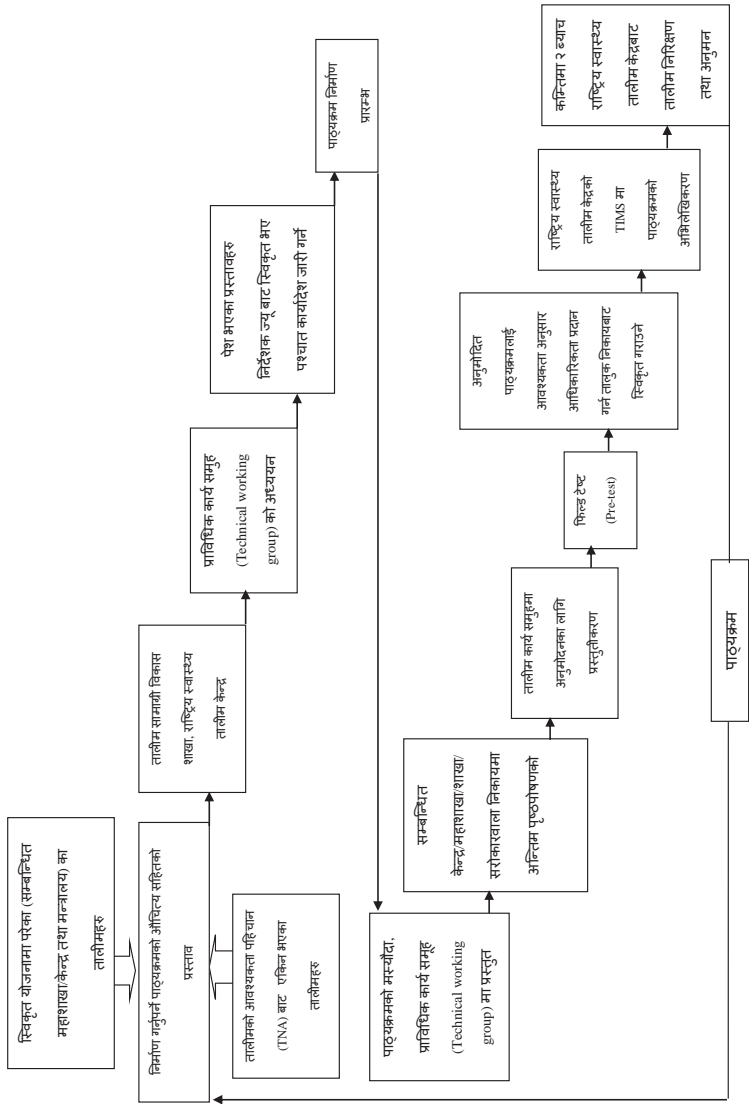


Figure 9: Steps for Training Curriculum Development

Source: Standard Operating Procedures for Training Material Development

Table 2: Estimated working days to develop the curriculum

Description	Estimated days
The period from the date of submission of the proposal to the issuance of mandate to construct the course	14 days
Curriculum Development Period	48 days
Duration of authorization from the date of receipt of draft syllabus	47 days
Total estimated days	109 Days

2.4.2 Skill Development Section

Roles and responsibilities of skill development section

- To help Ministry of Health and Population (MOHP) in preparation of national policy, strategies, and regulations regarding skill development
- To prepare guidelines, protocols, standards and quality regulations regarding skill development
- To identify training needs for capacity enhancement of health workers at national level
- To manage and conduct trainings at the national level which needs to be conducted by the federal government
- To facilitate in conduction of trainings at the national level which needs involvement of the federal government
- To coordinate with different stakeholders for conduction of health-related trainings
- To provide technical support in conduction of trainings or skill related activities at provincial level
- To facilitate in implementation of distance learning packages by utilizing information technology for capacity enhancement of health workers
- To help in implementation of professional development related activities of health workers at provincial level
- To support in management of training related information

Flowchart of the training implementation process

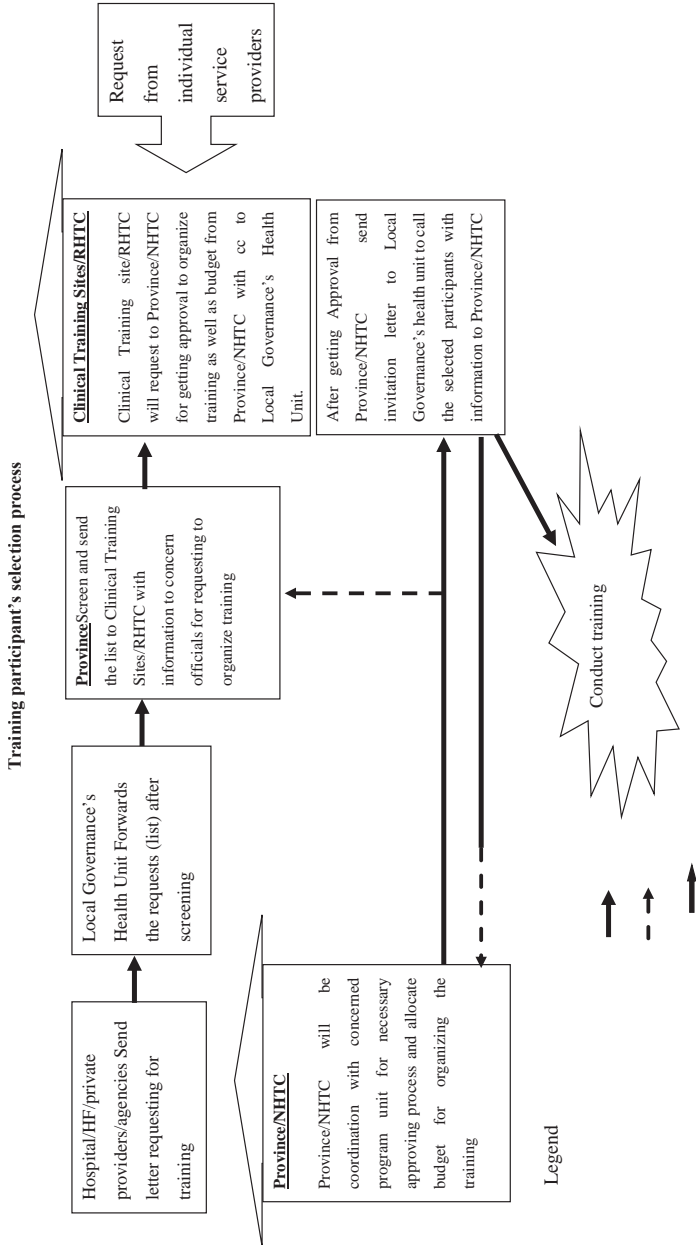


Figure 10: Participants selection process

Source: Health Training Management Guideline- 2075

2.4.3 Accreditation and Regulation Section

Roles and responsibilities

To help Ministry of Health and Population (MOHP) in preparation of national policy, strategies, and regulations regarding training accreditation and regulation

- To prepare guidelines, protocol, standards, and quality regulations regarding training accreditation and regulations
- To grant permission and regulate the organization which conduct health related trainings
- To regulate and assure quality of different training packages or curriculum and training or skill development related activities
- To accredit organizations which develop the packages and conduct trainings

Flowchart of the accreditation and regulation, certification process

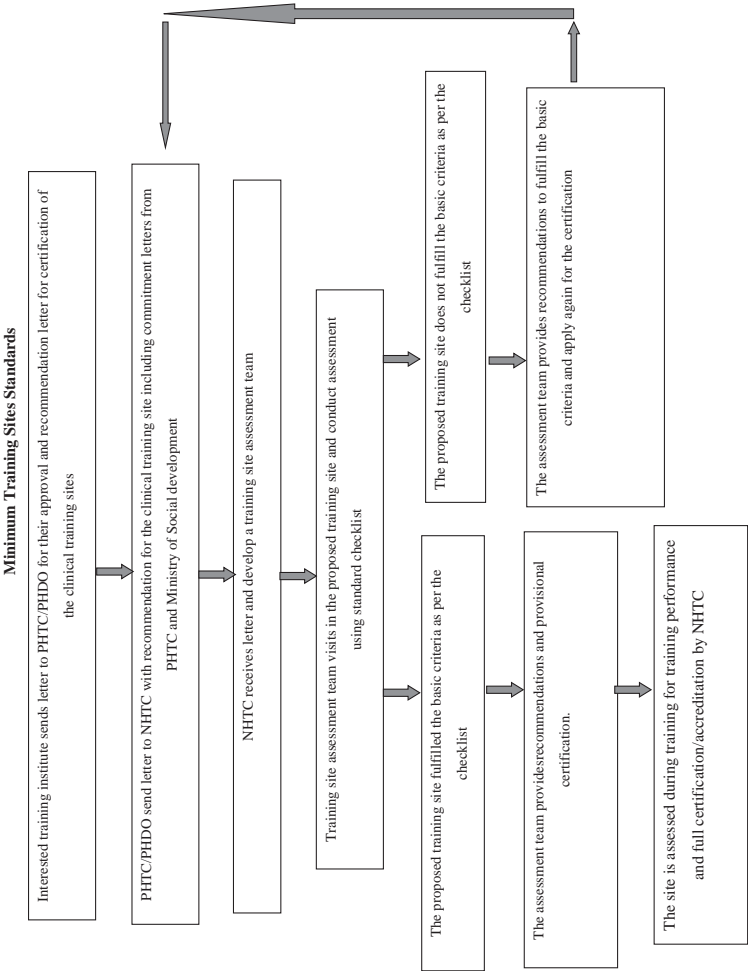


Figure 11: Minimum Training Sites Standards

2.5. Training Information Management System (TIMS)

The Integrated Health Information Management System (IHIMS) is the main source of information for health-related programs. The other information systems available are: management information systems (MISs), disease surveillance systems, vital registration, censuses, sentinel reporting, surveys, rapid assessments and research. The main health sector MISs include the IHIMS, the Logistics Management Information System (LMIS / eLMIS), the Financial Management Information System (FMIS), the Health Infrastructure Information System (HIIS), the Planning and Management of Assets in Health Care System (PLAMAHS), the Human Resource Information System (HuRIS), the Training Information Management System (TIMS), the Ayurveda Reporting System (ARS) and the Drug Information Network (DIN).

Training Information Management System (TIMS) is a web-based application to manage the training Recording, Reporting and Certification at a centralized location for different Training Sites and Province wise. It is an online closed source and interruptible software which manages all training-related data including trainers' and participants' profile, training information, training record log and certification. There is a possibility of interoperability with HuRIS at individual, task, and organization level to analyze the correlation with training expenditure and quality improvement if the training conducted from all Divisions, Centers, Provinces and local levels are linked to maintain a centralized registration system within TIMS. In order to login in TIMS, username and password is required to login on times.nhtc.gov.np. On successful login, the dashboard is shown. Users are created by “NHTC” Admin.

It Includes:

- Proper data management of the training procedure, which will help in recording the and retrieval.
- Management of all training related data of Trainees and Trainers of training.
- Centralized control on rights of different users depending on system roles assigned to them.
- Automatic generation of training documentation at various stages ex: Trainees Profile, Training Information, Certificate, Training Record Log, etc.

Training Roster/Trainers pool

Trainer roster will be developed and the trainer's pool will be maintained in TIMES. So that trainers can be mobilized as needed.

2.6. Administration Section

NHTC building and halls

Table 3: Training conducting halls available in NHTC

S.N.	Name of Hall	Capacity
1.	Manakamana Hall	100
2.	Sagarmatha Hall	50-60
3.	Koshi Hall	25-30
4.	Khaptad Hall	25-30
5	Janaki Hall	20
6.	Lumbini Hall	30-40
7.	ICT Hall	20

2.7 Types of Training conducted by NHTC

NHTC conducts various clinical and managerial training and orientation programs. The NHTC follows a classroom-based in-person training modality. The various trainings are classified as pre-service and in-service training. Training can be categorized based on various aspects of training. Some of the common types can be categorized as follows:

"Training is the systematic development of knowledge, skills and attitudes required by an individual to perform adequately a give task or job."

—Armstrong 1977, 1988

1. On the basis of recruitment in service

i) Pre-service training

This type of training is focused on health professionals in their academic and non-academic courses who can enter the health system after the completion of their studies.

NHTC provides the eighteen-month Diploma in Biomedical Equipment Engineering (DBEE) pre-service training course to produce Biomedical Equipment Technician (BMET). The CTEVT-accredited DBEE training

is targeted for the plus two science graduates who will work as biomedical equipment technicians after training completion. The graduate will perform preventive and repair maintenance of healthcare equipment used in different health facilities across Nepal. The AAC course under National Academy of Medical Sciences (NAMS) is considered as pre-service as well as in-service training course which is designed as a task shifting to produce a non-doctor Anesthesia Assistant. Staff nurses and health assistants are the candidates for this course and after graduation; they support various emergency surgeries, especially the cesarean section in peripheral hospitals as well as elective surgeries where an anesthesiologist is unavailable.

ii) Induction training

For human resource development, induction training introduces new employees to their new profession or job role, within an organization. As a form of systematic training, induction training familiarizes and assists new employees with their employer, workforce and job design.

NHTC has begun providing induction training for newly recruited health service groups from 2072/73. The one-month courses (1 month) are provided for all health service disciplines. This training is provided to the newly recruited health officers only through the NHTC.

iii) In-service training

Training designed to provide experienced personnel already in the job/service its mandate is to upgrade the skills and knowledge of all health personnel and key personnel of related sectors in order to improve the performance of service delivery.

NHTC provides different kinds of training to the health service providers who are in service to develop their capacity so that they can perform specific clinical and public health tasks. The in-service training can be classified on the basis of different categories.

Basically, in-service training can be further categorized based on the site of training i.e on the job or off the job training.

- a) On the job training: It focuses on learning while an individual is actually engaged in work. It can be done via job placement, job rotation, coaching, job instructions, committee assignments, internship etc. Sometimes also

called 'site-based' training occurs in a real working situation. It can involve learners learning in their own workplace, or learners coming to another workplace. It is usually somewhat individualized; allowing learners to complete the knowledge content on their own, and includes structured time for skill demonstration and practice in simulation and with clients with coaching and feedback.

- b) Off the job training: It focuses on learning while an individual attends stand-alone learning activity. It can be done via case study methods and participation in training, conferences, incident methods, role play, in-basket method, grid method, lectures, games, simulation etc.

2. On the basis of objective of training

NHTC organizes various clinical training for government health workers in coordination with multiple clinical training sites to upgrade their knowledge and skills in multiple clinical areas. These in-service training are based on local needs. NHTC fulfills the training demand by developing new training courses, updating and revising the existing training curricula according to the national and international practice and scientific evidence. Biomedical equipment training for users (cold chain, laboratory, X-ray).

i. Orientation training

Orientation training programs provide the audience with exposure to the various information, processes and procedures as well as their various roles in the program. It is usually a short training with basic knowledge and might not be included in training. It is also used interchangeably with the induction training. However, the major objective is to inform stakeholders or employees about any program in brief. Eg: Orientation program (e.g., HFOMC).

ii. Basic training

Basic training is those training with simple objectives and training without much competencies needed. Entry level training is generally provided for new personnel who have little or no previous background, experience or formal preparation for beginning a career field or work assignment. Eg: it is organized for female community health volunteers (FCHVs) who are newly recruited by the local mother's group among the members. The duration of this course is 10 days.

iii. Advanced/Specified training

Training design to provide experienced personnel with refresher training, updated information, or supplementary abilities. It may also address specialized skills required for a specific assignment, increased responsibilities or career enhancement.

iv. Modular training

Based on modules considering different objectives, target audience required for the training conduction. For example: Field Epidemiology Training Program (FETP),

v. Refresher training

Refresher training is also provided to the existing government health service provider to update and improve their knowledge and skills in a frequent time intervals and when there are changes in practices. SAS, FCHVs, and SBAs are in-service refresher training provided according to the needs of divisions and centers.

vi. Blended training

Blended training in health refers to a training approach that combines traditional in-person learning methods (such as classroom lectures, workshops, and hands-on clinical practice) with digital or online learning platforms (such as e-learning modules, webinars, and virtual simulations). This hybrid model integrates the strengths of both face-to-face and online training to enhance knowledge acquisition, skill development, and practical application for healthcare professionals, students, or community health workers.

vii. Self paced training

Self-paced training is a learning approach where individuals progress through training materials and complete tasks or courses at their own speed, based on their personal schedules, learning abilities, and understanding. This method allows for flexibility, as there are no fixed deadlines or schedules imposed by instructors or institutions.

All trainings are competency based that can be conducted based on the purpose of learning and skill development.

3. On the basis of methods and media used

i. Onsite training

The provision of training to participants at their workplace or another designated physical location for in-person learning.

Technology Supported Learning

Computers, mobile devices (such as cell phones), television, radio and more –can all be used to provide knowledge updates, demonstrate skills, develop appropriate attitudes and assess learning. Technology supported methods can be mixed with any of these training approaches to make it more efficient and effective.

- Computer-based training: A self-paced mode of instruction delivered via computer which is not dependent upon a network or learning management system of delivery.

a. Online/Virtual training

It is a type of training where trainees or participants participate in training from their home or office as their comfort rather than a traditional classroom or other designated training environment, dependent upon a network.

b. Blended learning course /Cross-training

Training provided to prepare individuals to work in different areas or functions through physical and virtual mode. This 'mix' of training methods/approaches is called 'Blended learning'.

As a new initiative, it is realized that the focus needs to be shifted from a traditional to a blended approach, on-the-job training, and enhancing the online learning platform. Training packages are envisioned to develop based on a new concept of learning theory 'low dose and high frequency' which helps to reduce absenteeism of health workers in regular health service with optimum utilization of available resources.

- Group method

This is a learning method in which people learn in a group facilitated by a trainer or trainers. It may be site based, and occur within a facility and consist of only employees from that facility. It can even be a component of whole site training. Whole site training usually is described as an approach that meets the

learning needs of all the staff at a service-delivery site. Training is tailored to the learning needs identified for the different job positions or units.

2.8. Duration of trainings

Table 4: Duration of different trainings package conducted in national health training system

S.N.	Training Name	Duration
1.	Acute Respiratory Distress Syndrome Management (ARDS)	2 days
2.	Adolescent and Sexual Reproductive Health (ASRH)	5 days
3.	Advanced Skilled Birth Attendance (ASBA)	70 days
4.	Ambulance driver	3 days
5.	Basic Burn Care (BBC)	1 days
6.	Basic Critical Care Training for Nurses (BCCT-N)	30 days
7.	Basic emergency care	5 days
8.	Basic fever profile diagnostic	3 days
9.	Basic health logistic management (BHLM)	3 days
10.	Basic immunization	4 days
11.	Basic leprosy	3 days
12.	Basic Life Support	1 day
13.	Basic Malaria Microscopy	30 days
14.	Basic oral health	6 days
15.	Basic Training on Medical Oxygen System	4 days
16.	Burn care management	6 days
17.	Cervical Cancer Screening and Prevention (CCSP)	6 days
18.	Cervical Cancer Screening Program (VIA) Second Tier	6 days
19.	Child and Adolescent Mental Health (Module 3)	5 days
20.	Climate Change and Health Impact	3 days
21.	Climate Resilient- Water Safety Plan (CR-WSP)	4 days
22.	Clinical Coach/mentor Development Training on MNH Service	7 days
23.	Clinical Training Skills (CTS)	5 days
24.	Cold Chain Equipment Repair and Maintenance	20 days
25.	Comprehensive Abortion Care (CAC)	14 days

26.	Comprehensive Family Planning (COFP) and Counseling	8 days
27.	Comprehensive Newborn Care (CNBC)	15 days
28.	Continuous Ambulatory Peritoneal Dialysis (CAPD)	11 days
29.	Disability Management and Rehabilitation	5 days
30.	Essential Critical Care (ECC)	6 days
31.	Eye, ENT/Oral Health	3 days
32.	Field Epidemiology Training Program (FETP) Frontline	90 days
33.	General Training Skills	5 days
34.	Geriatric Healthcare for Medical Officer	6 days
35.	Health Administration and Management Training	30 days
36.	Healthcare Waste Management	3 days
37.	Health Management for Local Level	45 days
38.	Health Response to Gender-Based Violence	4 days
39.	Helping Babies Breath (HBB)	3 days
40.	Helping Mother Survive- Bleeding After Birth and Helping Babies Breath	4 days
41.	Hemodialysis	90 days
42.	Hemodialysis Machine Maintenance	21 days
43.	HFOMC (TOT)	3 days
44.	Hospital Preparedness for Emergency (HOPE)	4 days
45.	Implant	8 days
46.	Induction	30 days
47.	Infection Prevention and Control (IPC) blended/advance	3/7 days
48.	IUCD	8 days
49.	Kangaroo Mother Care (KMC)	2 days
50.	Malaria, Dengue, Kala-azar, Scrub Typhus, Chikungunya and Emerging Disease	3 days
51.	Medical Abortion	5 days
52.	Mental Health for prescriber	5 days
53.	Mid Level Practicum (MLP)	60 days
54.	Minilap	12 days
55.	Minimum Initial Service Package (MISP)	4 days
56.	No Scalpel Vasectomy	12 days
57.	Occupational Health and Safety (OHS)	3 days

58.	Operation and Maintenance of Healthcare Waste Treatment Technologies	3 days
59.	Operation Theatre Techniques and Management (OTTM)	45 days
60.	Package of Non-Essential communicable disease (PEN)/ PEN plus	4/7 days
61.	Pediatric Nursing Care (PNC)	30 days
62.	PPIUCD	3 days
63.	Pre-Hospital Care Training	3 days
64.	Primary Burn Care Management	6 days
65.	Primary Emergency Care (PEC)	6 days
66.	Primary Trauma Care and Basic Life Support	3 days
67.	Psychosocial Counseling	180 days
68.	PTC/BLS	3 days
69.	Rural Obstetric Ultrasound (ROUSG)	21 days
70.	Safe Abortion Service (SAS)	10 days
71.	Site Based Essential Critical care training	6 days
72.	Social Accountability for the Health Sector	2 days
73.	Supplementary Course for Psychosocial Counseling	8 days
74.	Vector Borne Disease Treatment and Management	3 days

NHTC has revised existing training packages and developed new learning resource packages and conducted training based on emerging disease, critical care, and disaster-related response. (See chapter 3)

Table 5: List of trainings and its type (preventive, promotive, curative training)

S.N.	Training name			Types of Training			
	Promotive	Distress	Syndrome	Promotive	Preventive	Curative	Palliative
1.	Acute Respiratory Management (ARDS)		Syndrome			√	
2.	Adolescent and Sexual (ASRH)		Reproductive Health	√	√		
3.	Advanced Skilled Birth Attendance (ASBA)				√	√	
4.	Ambulance driver				√		
5.	Basic Burn Care (BBC)					√	
6.	Basic Critical Care Training for Nurses (BCCT-N)					√	
7.	Basic emergency care					√	
8.	Basic fever profile diagnostic					√	
9.	Basic immunization				√		
10.	Basic leprosy				√	√	
11.	Basic Life Support				√	√	
12.	Basic Malaria Microscopy				√	√	
13.	Basic oral health			√	√	√	
14.	Basic Training on Medical Oxygen System					√	
15.	Burn care management					√	

16.	Cervical Cancer Screening and Prevention (CCSP)		✓			
17.	Cervical Cancer Screening Program (VIA) Second Tier		✓			
18.	Child and Adolescent Mental Health (Module 3)	✓	✓			
19.	Climate Change and Health Impact	✓	✓			
20.	Climate Resilient- Water Safety Plan (CR-WSP)	✓	✓			
21.	Clinical Coach/mentor Development Training on MNH Service	✓	✓			
22.	Clinical Training Skills (CTS)			✓		
23.	Cold Chain Equipment Repair and Maintenance					
24.	Comprehensive Abortion Care (CAC)			✓		
25.	Comprehensive Family Planning (COFP) and Counseling	✓	✓			
26.	Comprehensive Newborn Care (CNC)		✓	✓		
27.	Continuous Ambulatory Peritoneal Dialysis (CAPD)			✓		
28.	Disability Management and Rehabilitation				✓	
29.	Essential Critical Care (ECC)			✓		
30.	Eye, ENT/Oral Health	✓	✓	✓		

31.	Field Epidemiology Training Program (FETP) Frontline	✓	✓			
32.	General Training Skills	✓				
33.	Geriatric Healthcare for Medical Officer			✓		✓
34.	Health Administration and Management Training					
35.	Healthcare Waste Management	✓		✓		
36.	Health Management for Local Level					
37.	Health Response to Gender-Based Violence	✓		✓		
38.	Helping Babies Breathe (HBB)			✓	✓	
39.	Helping Mother Survive- Bleeding After Birth and Helping Babies Breathe			✓	✓	
40.	Hemodialysis				✓	
41.	Hemodialysis Machine Maintenance					
42.	HFOMC (TOT)	✓		✓		
43.	Hospital Preparedness for Emergency (HOPE)				✓	
44.	Implant			✓		
45.	Induction					
46.	Infection Prevention and Control (IPC)			✓		
47.	IUCD	✓		✓		
48.	Kangaroo Mother Care (KMC)			✓		

49.	Laboratory Quality Assurance	✓				
50.	Laboratory Waste Management		✓			
51.	Medical Abortion			✓		
52.	Mental Health to prescriber	✓	✓	✓		
53.	Mid Level Practicum (MLP)			✓		
54.	Minilap	✓	✓			
55.	Minimum Initial Service Package (MISP)		✓			
56.	No Scalpel Vasectomy	✓	✓	✓		
57.	Occupational Health and Safety (OHS)	✓	✓			
58.	Operation and Maintenance of Healthcare Waste Treatment Technologies	✓	✓			
59.	Operation Theatre Techniques and Management (OTTM)			✓		
60.	Package of Non-essential communicable disease (PEN PLUS)	✓	✓			
61.	Paediatric Essential Critical Care (PECC)			✓		
62.	Pediatric Nursing Care (PNC)			✓		
63.	PPIUCD			✓		
64.	Pre-Hospital Care Training					
65.	Primary Burn Care Management			✓		

66.	Primary Emergency Care (PEC)				✓		
67.	Primary Eye Care				✓		
68.	Primary Trauma Care and Basic Life Support				✓		
69.	Psychosocial Counseling		✓			✓	
70.	PTC/BLS				✓		
71.	Rural Obstetric Ultrasound (ROUSG)				✓		
72.	Safe Abortion Service (SAS)				✓		
73.	Site Based Essential Critical care training				✓		
74.	Social Accountability for the Health Sector	✓					
75.	Supplementary Course for Psychosocial Counseling		✓		✓	✓	
76.	Vector Borne Disease Treatment and Management				✓		

The training provided by NHTC, Province Health Training Centers, Development Partners within the national health training system are especially focused on preventive service of the healthcare delivery system followed by promotive and curative healthcare services. Least training is focused on rehabilitative services and will be focused on upcoming FY.

2.9. Other Activities:

2.9.1 Field Epidemiology Training Program (FETP)

The Field Epidemiology Training Program (FETP) is developed by the Center of Disease Control and Prevention (CDC). Nepal started the FETP frontline in 2022 with technical support from CDC and South Asia Field Epidemiology and Technology Network (SAFETYNET) INC. MOHP Nepal identified NHTC as the focal institute for implementing FETP in Nepal with collaboration with EDCD and VBDRTC. The Secretary of MOHP is the chair of the FETP steering committee and the Director of NHTC is the course director of the FETP program in Nepal. FETP frontline tier is designed to improve the fundamental epidemiological skills of MoHP staff levels including provincial and local levels. It is a competency-based mentored workforce development program to improve the field epidemiology knowledge, skills and competencies to prevent, detect and respond to public health priority issues which in turn can contribute to improving the public's health. It is learning by doing a training approach where trainees are embedded within their national health system.

According to “Public Health Act 2075, section 48 regarding emergency health services and management, subsection 1 and 2 (Chapter 6: 48 (1) & (2)), in case of emergencies, there will be Rapid Response Team and Emergency Medical team at Central, Provincial and Local level should implement by forming an Emergency Health plan. The composition of RRTs varies according to the three tiers of government i.e., federal, provincial and local. However, they all have the same purpose which is to investigate a public health emergency and initiate control measures to curb disease events and to establish an early warning and reporting mechanism for potential epidemics, ensure preparedness for potential epidemics, manage disease outbreaks, and institutionalize disaster management.

Although RRT has legal standing in Public Health Act, it is not functional at all levels and where functional, the workforce is not fully capacitated to detect, investigate and respond to diseases and events of public health importance or international concern. The team comprises public health officers, laboratory personnel, auxiliary health workers and nursing staff. Rapid and effective emergency response to address public health emergencies is dependent on a competent and suitably trained local and international workforce. Well-trained and skilled field epidemiologists are crucial components of the health security workforce of any country.

Target audience

The target audience will be Rapid Response team leaders of National, Provincial, District and Local level, National focal points of surveillance, epidemiology and outbreak, vector borne, zoonotic and other communicable diseases, public health and community medicine experts, epidemiologists, and academics.

Course goal and objectives

The goal of the course is to enhance the skills and knowledge of the health workforce at all levels of Nepal (especially district and local levels) The objective of the course is to support MoHP to improve country's capacity in the following areas:

- Indicator and event-based surveillance (data collection and analysis, interpretation and communication)
- Capacity to investigate and respond to public health events of importance
- Sharing and dissemination of health information
- Prepare and implement preparedness, mitigation, response and rehabilitation activities

Program structure and timeline FETP-Frontline is implemented over a 12-week period. The training is modular, with three classroom workshops conducted in intervals. Workshops 1 and 2 run for 6 days each, while Workshop 3 lasts 3 days. The field intervals between the workshops last 4–6 weeks. During the field intervals, fellows complete field activities while also performing their usual job responsibilities.

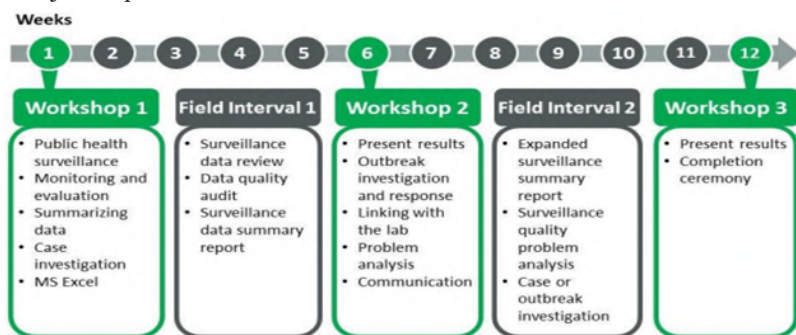


Figure 11: Timeline of workshop

Source: *Field Epidemiology Training Program (FETP), Frontline, Nepal Mentor's Handbook*

Table 6: By January 2024 the achievement of FETP Frontline is as below

Traits	N (%)
Total Completed Cohorts	04
Training Ongoing	02
Total Graduates	122
Gender Distribution Male 100 (83) Female 22 (17)	

Location of FETP Graduates	Number (%)
Federal	16 (13)
Provincial	60 (49)
Local (Municipality)	46 (38)

2.10. Activities of the BMET unit 80/81

Introduction

The **BMET Unit** is a key section of the NHTC responsible for conducting the 18-month Diploma in Biomedical Equipment Engineering, which is affiliated with CTEVT. Additionally, the unit supports short- and mid-level Biomedical Equipment Training programs. It focuses on training and maintenance of biomedical equipment through the Central Biomedical Workshop. The Steering Committee of the Central Biomedical Workshop is chaired by the Director General (DG) of DoHS. Since 2006, the Nick Simons Institute (NSI) has been the major partner for this program

BMET unit

Training Biomedical Central workshop

1. Training (80/81)

1. Revised LRP of the Users maintenance on X-ray equipment, Lab and Biomedical Refresher training
2. Training on Maintenance of Hemodialysis equipment for Engineers and Technicians (15 days) –10 participants
3. User maintenance of Lab Equipment Training (17 days) -11 participants
4. User maintenance of X-Ray Equipment Training (10 days) -11 participants
5. User maintenance of Cold Chain Training (5days) -9 participants
6. Biomedical Refresher Training (10 days) – 10 participants

7. Training on medical oxygen system for engineers and technicians (4 days) -10 participants (8 from Bhutan)

2. Biomedical Central workshop (80/81)

- Equipment received :107
- Equipment repaired :90
- Equipment not repaired: 1

Graph (equipment repaired)

2.10. NHTC Supporting Partners

Coordination collaboration with PHTC and development partners of NHTC

The partners listed in the table below support NHTC in planning and executing health training programs.

Table 7: Training carried out by other organizations within NHTC networks

Organizations	Training conducted
Action For Nepal	Adolescent Sexual and Reproductive Health (ASRH)
Community Action Nepal	Implant
CRS Nepal	Adolescent Sexual and Reproductive Health (ASRH)
FHI 360	Essential Critical Care
FPAN	Implant, Medical Abortion (MA)
IPAS	Medical Abortion, IUCD, Development of First Trimester Safe Abortion Service Trainer's Training, ToT on Safe Abortion Service, Value Clarification and Attitude Transformation (VCAT) on Safe Abortion, First Trimester Safe Abortion Service, Health Response to Gender Based Violence
Marie Stopes Services	Cervical Cancer Screening and Prevention (CCSP), Infection Prevention Orientation (IPO), Implant, Skilled Birth Attendant (SBA), Medical Abortion

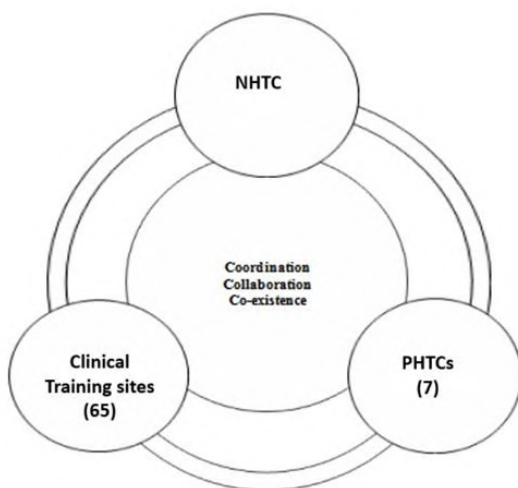
Midwifery Society of Nepal (MIDSON)	ToT on Helping Mother Survive-Bleeding (HMS) and Helping Babies Breathe (HBB)
Nepal Red Cross Society	ToT on MISP for Sexual & Reproductive Health in Crisis
Nick Simons Institute (NSI), Nepal	Clinical Training Skill (CTS), Operation Theatre Techniques & Management (OTTM), Advanced Skilled Birth Attendant (ASBA), Primary Emergency Care (PEC), Mid Level Practicum (MLP), Skilled Birth Attendant (SBA), Essential Critical Care (Site Based)
One Heart Worldwide Nepal	Skilled Birth Attendant (SBA), ROUSG, IUCD, Implant
PSI	IntraUterine Contraceptive Device (IUCD), Medical Abortion (MA), Basic Psycho Social & Mental Health Support, Implant, Skilled Birth Attendant (SBA)
PHASE NEPAL	Implant, Skilled Birth Attendant (SBA), Orientation on Mental Health and Psychosocial Support
Sunaulo Pariwar Nepal	Medical Abortion (MA), Implant, IntraUterine Contraceptive Device (IUCD), Cervical Cancer Screening and Prevention (CCSP), Infection Prevention Orientation (IPO), Non-Scalpel Vasectomy (NSV), Safe Abortion Services (SAS)
SSBH	ToT on Health Facility Operation & Management Committee (HFOMC), Comprehensive Family Planning (COFP) and Counseling, Implant, ToT on Social Accountability for Health Sector, Skilled Birth Attendant (SBA), IntraUterine Contraceptive Device (IUCD), Community Based Integrated Management of Neonatal and Childhood Illness (CB-IMNCI)
TPO Nepal	Mental Health (Module-02)
UMN	HFOMC ToT, Basic Mental Health, Basic Psycho Social & Mental Health Support, Comprehensive Family Planning (COFP) and Counseling, Mental Health (Module-01)

UNFPA	IntraUterine Contraceptive Device (IUCD), Implant
UNICEF	ToT on Revised Package of Basic FCHV, HCD
WHO	User's Training on Biomedical Equipment, Basic Emergency Medical Technician, ToT on Simulation Based Education Focused on SRHR, ToT on Users Training on Biomedical Equipment, Ambulance Driver, ToT on Child and Adolescent Mental Health, Public Health Leadership for NCDs Champions, Hospital Preparedness for Emergencies (HOPE), ToT on Ambulance Driver, ToT on Simulation Based Education, Primary Emergency Care (PEC),

- Coordination collaboration with PHTC and development partners
- Booking of halls and collaboration with other centers and divisions of NHTC

2.11 Training Network

NHTC focuses on leading collaborative health training management with the health agencies working on training in all the tiers of government. This can be accomplished through the active participation, coordination, and collaboration of the Provincial health training centers and 65 clinical training sites in its training network. Non-clinical training sites include NHTC's training halls, hotels and other different venues.



Clinical Training Sites

As per the federal structure, the National health training center coordinates and supports seven Provincial Health Training Centers/Human Resource Development Centre located in Dhankuta, Pathlaiya, Kathmandu, Pokhara, Butwal, Surkhet, and Dhangadi under the Ministry of Social Development (MoSD)/Ministry of Health and Population/ Ministry of Health of each Province and 64 clinical training sites throughout the country.

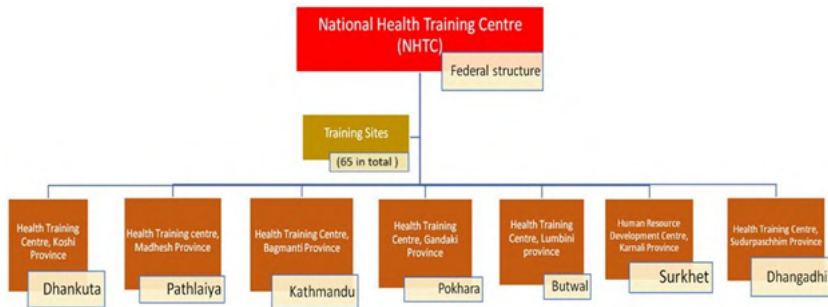


Figure 12: NHTC Training Network



Figure 13: Map of Nepal showing clinical training sites in seven provinces.

Table 8: List of Clinical training sites by province

Name of Province	Name of training site	Training site accredited for
Koshi Province (10)	1. BPKHS, Dharan	PNC, VIA
	2. Mechi Provincial Hospital, Jhapa	MLP
	3. Khosi Hospital, Biratnagar	RH, PPIUCD, SBA, SAS, GBV, IP, COPF Counseling, ASRH, GBV
	4. AMDA Hospital, Damak, Jhapa	SBA, RUSG, MLP, AAC
	5. Nobel Medical College, Biratnagar	PPIUCD, SBA
	6. Okhaldhunga Community Hospital	MLP, GBV
	7. FPAN, Itahari	GBV, VIA, CAC, MA
	8. FPAN, Charali, Jhapa	Implant, IUCD, Minilap, NSV
	9. Sankhuwasabha Hospital	
	10. Marie Stopes Service Pvt. Ltd., Biratnagar	Implant, IUCD, Minilap, Vasectomy, SAS
Madhesh Province (5)	1. Gajendra Narayan Singh Hospital, Rajbiraj	SBA, Implant, IUCD
	2. FPAN Janakpurdham, Dhanusa	Implant, IUCD, Minilap
	3. Province Hospital, Janakpur	SBA, Implant, IUCD, Minilap, NSV, ASRH, CoFP Counseling, GBV
	4. Narayani Hospital, Birgunj	SBA, PPIUCD
	5. Siraha Province Hospital	MLP
Bagmati Province (24)	1. Paropakar Maternity and Women's Hospital, Kathmandu	ASBA, SBA, Implant, IUCD, PPIUCD, ASRH, GBV, AAC, CNC(SNCU), VIA/CRYO, STI, SAS (CAC, MA, 2nd Trimester Abortion Care), Minilap

2. CFWC, Chhetrapati, Kathmandu	Implant, IUCD, ASRH, Minilap
3. FPAN, Pulchowk	IUCD, Implant, SAS
4. MSS, Satdobato	IUCD, Implant, SAS, VIA/ Cold coagulation
5. FPAN, Chitwan	IUCD, Implant, SAS
6. MSS, Narayanghat	IUCD, Implant, Vasectomy, SAS
7. Bharatpur Hospital, Chitwan	ASBA, SBA, MLP, SAS, OTTM, GBV, ICU, CNBC II
8. PHECT Nepal Kirtipur Hospital, Kathmandu	SBA, FP, VIA, Burn Care management
9. PHECT Nepal Model Hospital, Kathmandu	SAS, VIA, AAC
10. Nepal Medical College, Kathmandu	2nd Trimester Abortion Care, SAS, Haemodialysis
11. Army Hospital, Chhauni, Kathmandu	SBA, IUCD, Implant
12. TUTH, Maharajgunj, Kathmandu	NICU, ICU, OTTM, PNC, Medico-legal, Haemodialysis, FP (IUCD, Implant), 1st trimester Abortion, SBA
13. Kanti Children Hospital, Kathmandu	Pediatric Nursing care (PNC)
14. Nepal Cancer Care Foundation, Lalitpur	VIA/CRYO
15. COVID 19 Unified Central Hospital, Bir Hospital	Geriatric, IPC, Haemodialysis, ICU, AAC
16. Manakamana Hospital Pvt.Ltd, Bharatpur	SBA
17. Manmohan Cardiothoracic Vascular Transplant Center, Kathmandu	ICU
18. Kathmandu Medical College Pvt.Ltd, Bhaktapur	Medico-legal

	19. National Kidney disease treatment Center, Balaju, Kathmandu	Haemodialysis
	20. National Trauma Center, Kathmandu	Basic Physiotherapy and Primary emergency Care, ECCT
	21. Dhulikhel Hospital, Dhulikhel	VIA/Thermal ablation
	22. Human Organ Transplantation center (HOTC)	Hemodialysis
	23. Bhaktapur Hospital	ROUSG
	24. Sushma Koirala Memorial Hospital	Basic Burn Care
Gandaki Province (5)	1. Pokhara Academy of Health Science, Pokhara	RH, GBV, AAC, Medico-legal, ECCT
	2. Community Hospital, Lamjung	SBA, MLP
	3. Dhaulagiri Provincial Hospital, Baglung	SBA, MLP
	4. Matrisisu Miteri Hospital, Kaski	SBA
	5. Sisuwa Hospital, Kaski	MA
Lumbini Province (11)	1. Lumbini Province Hospital, Butwal	SBA, SAS, GBV
	2. Bhim Hospital, Bhairahawa	SBA
	3. AMDA Hospital, Bhairahawa	OTTM
	4. FPAN, Butwal	IUCD, Implant, SAS
	5. MSS, Chandrauta, Kapilvastu	IUCD, Implant, SAS
	6. Lumbini Medical college, Palpa	SBA
	7. FPAN, Dang	IUCD, Implant
	8. Bheri Hospital, Nepalgunj	SBA, GBV

	9. Mission Hospital, Palpa	SBA, MLP
	10. Nepalgunj Medical College, Banke	CAC, PAC
	11. Rapti Provincial Hospital, Dang	SBA, Implant, IUCD, PPIUCD
Karnali Province (3)	1. Karnali Provincial Hospital, Surkhet	SBA, ASBA, FP (Implant, IUCD, NSV, Minilap)
	2. Karnali Academy of Health Science, Jumla	SBA, IP
	3. Chaurjahari Community Hospital, Western Rukum	SBA
Sudur Paschim Province (7)	1. Seti Provincial Hospital, Dhangadhi	SBA, GBV, MLP, MA
	2. Mahakali Provincial Hospital, Kanchanpur	SBA, ASBA
	3. FPAN, Kanchanpur	IUCD, Implant
	4. Dadeldhura Hospital	SBA, MLP, ASBA
	5. Bayalpata Hospital, Achham	MLP
	6. Tikapur Hospital, Kailali	SBA
	7. Malakheta Hospital	

Table 2: Number of training sites according to the type of the training

S.N.	Training	No. of site	Name of training sites
1.	SBA	30	<ol style="list-style-type: none"> 1. AMDA Hospital, Damak, Jhapa 2. Koshi Hospital, Biratnagar 3. Nobel Medical College, Biratnagar 4. Gajendra Narayan Singh Hospital, Rajbiraj 5. Province Hospital, Janakpur 6. Narayani Hospital, Birgunj 7. Bharatpur Hospital, Chitwan 8. Paropakar Maternity and Women's Hospital, Kathmandu 9. PHECT Nepal Kirtipur Hospital, Kathmandu 10. Army Hospital, Chhauni, Kathmandu 11. TUTH, Maharajgunj, Kathmandu 12. Manakamana Hospital Pvt.Ltd, Bharatpur 13. Pokhara Academy of Health Science, Pokhara 14. Community Hospital, Lamjung 15. Dhaulagiri Provincial Hospital, Baglung 16. Matrisisu Miteri Hospital, Kaski 17. Lumbini Province Hospital, Butwal 18. Bhim Hospital, Bhairahawa 19. Lumbini Medical college, Palpa 20. Mission Hospital, Palpa 21. Bheri Hospital, Nepalgunj 22. Nepalgunj Medical College, Banke 23. Rapti Provincial Hospital, Dang 24. Karnali Provincial Hospital, Surkhet 25. Seti Provincial Hospital, Dhangadhi 26. Karnali Academy of Health Science, Jumla 27. Chaurjahari Community Hospital, Western Rukum 28. Tikapur Hospital, Kailali 29. Dadeldhura Hospital 30. Mahakali Provincial Hospital, Kanchanpur

2.	ASBA	5	<ol style="list-style-type: none"> 1. Paropakar Maternity and Women's Hospital, Kathmandu 2. Bharatpur Hospital, Chitwan 3. Dadeldhura Hospital 4. Karnali Provincial Hospital, Surkhet 5. Mahakali Hospital, Mahendranagar
3.	Anesthetic Assistant Course	6	<ol style="list-style-type: none"> 1. AMDA hospital, Damak 2. Paropakar Maternity and Women's Hospital, Kathmandu 3. COVID19 Unified Central Hospital, Bir Hospital 4. PHECT Nepal Model Hospital, Kathmandu 5. Pokhara Academy of Health Science, Pokhara 6. Bharatpur Hospital, Chitwan
4.	Family planning		
4.1	IUCD	20	<ol style="list-style-type: none"> 1. FPAN, Charali 2. Marie Stopes Services Pvt. Ltd. 3. Gajendra Narayan Singh Hospital, Rajbiraj 4. Province Hospital, Janakpur 5. FPAN Janakpurdham, Dhanusha 6. Paropakar Maternity and Women's Hospital, Kathmandu 7. CFWC, Chhetrapati, Kathmandu 8. TUTH, Maharajgunj, Kathmandu 9. FPAN, Pulchowk 10. SPN, Sattdobato 11. Army Hospital, Chhauni, Kathmandu 12. FPAN, Chitwan 13. SPN, Narayanghat 14. FPAN, Butwal 15. SPN, Chandrouta, Kapilvastu 16. FPAN, Dang 17. Rapti Provincial Hospital, Dang 18. Karnali Provincial Hospital, Surkhet 19. Seti Provincial Hospital, Dhangadi 20. FPAN, Kanchanpur

4.2	Implant	22	<ol style="list-style-type: none"> 1. FPAN, Charali, Jhapa 2. Marie Stopes Service Pvt. Ltd. Biratnagar 3. Gajendra Narayan Singh Hospital, Rajbiraj 4. Province Hospital, Janakpur 5. FPAN Janakpurdham, Dhanusha 6. Paropakar Maternity and Women's Hospital, Kathmandu 7. CFWC, Chhetrapati, Kathmandu 8. Army Hospital, Chhauni, Kathmandu 9. SPN, Sattdobato 10. FPAN, Pulchowk 11. FPAN, Chitwan 12. SPN, Narayanghat 13. TUTH, Maharajgunj, Kathmandu 14. Pokhara, Academy of Health Science, Pokhara 15. Lumbini Province Hospital, Butwal 16. SPN, Chandrouta, Kapilvastu 17. FPAN, Butwal 18. FPAN, Dang 19. Bheri Hospital, Nepalgunj 20. Rapti Provincial Hospital, Dang 21. Karnali Provincial Hospital, Surkhet 22. FPAN, Kanchanpur
4.3	Minilap	6	<ol style="list-style-type: none"> 1. FPAN, Charali 2. Marie Stopes Service Pvt Ltd 3. Paropakar Maternity and Women's Hospital, Kathmandu 4. CFWC, Chhetrapati, Kathmandu 5. Karnali Provincial Hospital, Surkhet 6. FPAN Janakpur
4.4	NSV	3	<ol style="list-style-type: none"> 1. Karnali Provincial Hospital, Surkhet 2. FPAN, Lalitpur 3. CFWC, Chhetrapati

5.	ROUSG	4	<ol style="list-style-type: none"> 1. AMDA Hospital, Damak, Jhapa 2. Koshi Provincial Hospital, Biratnagar 3. Bheri Hospital, Nepalgunj 4. Karnali Provincial Hospital, Surkhet
6.	Medico-legal	3	<ol style="list-style-type: none"> 1. AMDA Hospital, Damak, Jhapa 2. Koshi Provincial Hospital, Biratnagar 3. Bheri Hospital, Nepalgunj 4. Karnali Provincial Hospital, Surkhet
7.	Safe Abortion Service (SAS)	17	<ol style="list-style-type: none"> 1. FPAN, Itahari 2. Koshi Hospital, Biratnagar 3. Marie Stopes Service Pvt. Ltd. Biratnagar 4. Paropakar Maternity and Women's Hospital, Kathmandu 5. FPAN, Pulchowk 6. SPN, Satdobato 7. FPAN, Chitwan 8. MSS, Naryaanghat 9. Bharatpur, Hospital Chitwan 10. PHECT Nepal, Kathmandu Model Hospital, Kathmandu 11. Sisuwa Hospital, Kaski 12. Lumbini Province Hospital, Butwal 13. FPAN, Butwal 14. MSS, Chandrauta, Kapilvastu 15. Karnali Provincial Hospital, Surkhet 16. Seti Provincial Hospital, Dhangadi 17. FPAN Kanchanpur
8.	Second trimester	3	<ol style="list-style-type: none"> 1. Paropakar Maternity and women's hospital, Kathmandu 2. Kathmandu Medical College 3. Kathmandu Model Hospital
9.	Pediatric Nursing Care (PNC)	2	<ol style="list-style-type: none"> 1. BPKIHS, Dharan 2. Kanti Children Hospital, Kathmandu

10	Intensive and critical care units (ICU, CCU, NJCU, CTVIN)	5	<ol style="list-style-type: none"> 1. Bharatpur Hospital, Chitwan 2. TUTH, Maharajgunj, Kathmandu 3. COVID-19 Unified Central Hospital, Bir Hospital 4. Manmohan Cardiothoracic Vascular Transplant Center, Kathmandu 5. Nepalgunj Medical College, Banke
11.	Operation Theatre Technique and Management (OTTM)	3	<ol style="list-style-type: none"> 1. TUTH, Maharajgunj, Kathmandu 2. Bharatpur Hospital, Chitwan 3. AMDA Hospital, Butwal
12.	Mid- level Practicum (MLP)	10	<ol style="list-style-type: none"> 1. AMDA Hospital, Damak, Jhapa 2. Mechi Provincial Hospital, Bhadrapur, Jhapa 3. Okhaldhunga Community Hospital 4. Bharatpur Hospital, Chitwan 5. Community Hospital, Lamjung 6. Dhaulagiri Provincial Hospital, Baglung 7. Mission Hospital, Palpa 8. Seti Provincial Hospital, Dhangadhi 9. Dadeldhura Hospital 10. Bayalpata Hospital, Achham
13.	Hemodialysis	5	<ol style="list-style-type: none"> 1. Nepal Medical College, Kathmandu 2. TUTH, Maharajgunj, Kathmandu 3. COVID-19 Unified Central Hospital, Bir Hospital 4. National Kidney Disease Treatment Center, Balaju, Kathmandu 5. Shahid Dharma Bhakta National transplant Center (SDNTC)

14.	Geriatric care	1	1. COVID19 Unified Central Hospital, Bir Hospital
15.	CNBC II	2	1. Paropakar Maternity and Women's Hospital, Kathmandu 2. Bharatpur Hospital, Chitwan
16	Burn Care Management	2	1. Phect Nepal Kirtipur Hospital, Kathmandu 2. Sushma Koirala Memorial Hospital
17	VIA and thermal Ablation	9	1. FPAN, Itahari 2. BPKIHS, Dharan 3. Paropakar Maternity and Women's Hospital, Kathmandu 4. MSS, Satdobato 5. Dhulikhel Hospital, Dhulikhel 6. PHECT Nepal Kirtipur Hospital, Kathmandu 7. PHECT Nepal Model Hospital, Kathmandu 8. Karnali Province Hospital, Surkhet 9. Nepal Cancer Care Foundation, Lalitpur
18	Basic Physiotherapy	1	1. National Trauma Center, Kathmandu
19	ECCT/ PEECT	5	1. Kanti Children Hospital, Kathmandu 2. COVID-19 Unified Central Hospital, Bir Hospital 3. National Trauma Center, Kathmandu (NTC) 4. Pokhara Academy of Health Sciences 5. Nepalgunj Medical College, Banke

CHAPTER III

PROGRESS FY 2080/81

3.1 Progress of three years from FY 2078/79 to FY 2080/81

3.1.1. Total number of participants and trainings held in 3 years

Altogether, 14134 individuals were participating in the training conducted by NHTC. A total of 178 trainings were conducted by NHTC in FY 2080/81.

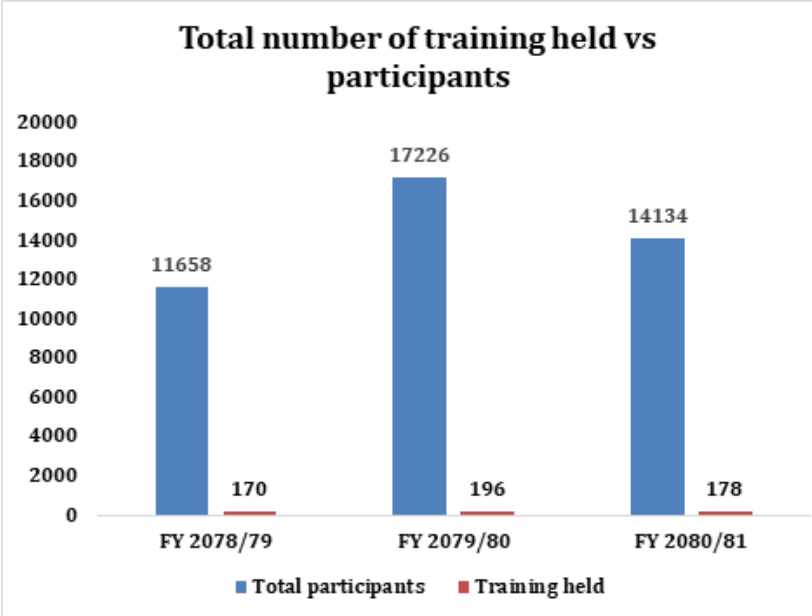


Figure 14: Total number of trainings held in 3 years and number of participants

3.1.2 Trainings held from FY 2078/79 to FY 2080/81 (3 years trend)

Altogether 296 training sessions were conducted in the NHTC system in FY 2080/81.

Table 9: Trend of participants in training conducted by NHTC

S.N.	Training Name	Total number of participants		
		FY 2078/79	FY 2079/80	FY 2080/81
1.	Helping Mother Survive-Bleeding After Birth (HMS-BAB) and Helping Babies Breathe (HBB)	118	40	16
2.	Acute Respiratory Distress Syndrome (ARDS) Management	0	63	46
3.	Adolescent Sexual and Reproductive Health (ASRH)	111	586	1417
4.	Advanced Skilled Birth Attendant (ASBA)	40	42	49
5.	Ambulance Driver	343	330	99
6.	Basic Critical Care Training for Nurses	0	55	66
7.	Basic Emergency care	0	0	286
8.	Basic Fever Profile Diagnostic	55	0	37
9.	Basic Health Logistic Management	0	40	12
10.	Basic Immunization	42	0	65
11.	Basic Leprosy	0	169	412
12.	Basic Life Support (BLS)	81	1	3
13.	Basic Malaria Microscopy	0	29	44
14.	Basic Oral and Dental Health	0	0	47
15.	Basic Training on Medical Oxygen system	0	0	49
16.	Biomedical Equipment Refresher	10	0	10
17.	Burn Care Management	0	0	16
18.	Cervical Cancer Screening and Prevention (CCSP)	111	130	24

19.	Child and Adolescent Mental Health (Module-3)	20	20	147
20.	Climate Change and Health Impact	66	57	60
21.	Climate Resilient-Water Safety Plan (CR-WSP)	0	21	21
22.	Clinical Coach/Mentor on MNH Training	10	0	46
23.	Clinical Training Skill (CTS)	190	260	159
24.	Clinical Mentor Development	0	0	16
25.	Comprehensive Abortion Care (CAC)	8	30	25
26.	Comprehensive Family Planning (COFP) and Counselling	14	165	35
27.	Comprehensive Newborn Care Level II	30	30	22
28.	Disability Management and Rehabilitation	0	20	36
29.	Disability Management and Rehabilitation for Health workers	0	74	28
30.	Disability Management and Rehabilitation Training for Medical Officer	0	31	56
31.	Essential Critical Care	209	158	146
32.	Field Epidemiology Training Program (FETP) Frontline	0	77	67
33.	Field Epidemiology Training Program (FETP) Mentor	0	26	2
34.	First Trimester Safe Abortion Service	22	80	58
35.	First Trimester Safe Abortion Service (Pre-Service)	16	0	16
36.	Geriatric Care for Medical Officer	145	37	11
37.	Health Administration and Management Training	14	0	18

38.	Health Response to Gender Based Violence	25	288	122
39.	Health Response to Gender Based Violence (Blended)	0	96	89
40.	Hemodialysis	31	82	159
41.	Hemodialysis Machine Maintenance	5	8	16
42.	Hospital Preparedness for Emergencies (HOPE)	28	162	74
43.	Implant	486	1768	1096
44.	Induction	77	83	35
45.	Infection Prevention & Control	74	191	18
46.	IntraUterine Contraceptive Device (IUCD)	244	249	272
47.	Kangaroo Mother Care		66	40
48.	Laboratory Quality Control/ Quality Assurance	20	64	32
49.	Laboratory Waste Management	54	0	53
50.	Medical Abortion (MA)	65	718	361
51.	Medico-Legal Training on "Post-Mortem Examination and Clinical Forensic Medicine"	76	84	71
52.	Mental Health	73	37	23
53.	Mental Health (Module-01)	15	39	47
54.	mhGAP Training (Module 2b)	0	211	144
55.	Mid Level Practicum (MLP)	210	208	233
56.	Minilap	6	26	37
57.	Minimum Initial Service Package (MISP) for SRH in Crisis	45	78	20
58.	Neglected Tropical Disease (NTDs)	161	284	181
59.	No Scalpel Vasectomy (NSV)	20	23	12
60.	Operation Theatre Techniques & Management (OTTM)	67	99	121
61.	Package of Essential Non-Communicable Disease (PEN)	475	774	625

62.	Paediatric Essential Critical Care	256	65	125
63.	Pediatric Nursing Care (PNC)	29	20	10
64.	Pre-Hospital Care Training For Ambulance Driver	0	41	133
65.	Primary Burn Care and Management	0	16	45
66.	Primary Emergency Care (PEC)	100	226	136
67.	Primary Eye Care	0	44	44
68.	Primary Trauma Care/Basic Life support	218	44	118
69.	Psychosocial Counseling	114	79	32
70.	PTC/BLS Training	218	200	199
71.	Rural Obstetric Ultrasound (ROUSG)	166	383	205
72.	Safe Abortion Service (SAS)	63	109	73
73.	SBA Clinical Mentor Development	40	29	16
74.	School Nurse Induction	200	43	50
75.	Skilled Birth Attendant (SBA)	946	928	745
76.	Snake Bite Management	98	109	180
77.	SNCU/NICU Training level II	37	35	45
78.	Social Accountability For Health Sector	0	97	109
79.	ToT on Basic Training On Medical Oxygen Supply	0	0	10
80.	ToT on Adolescent Sexual and Reproductive Health (ASRH)	44	16	31
81.	ToT on Child and Adolescent Mental Health	53	53	55
82.	ToT on Eye/ENT/Oral Health	163	133	151
83.	ToT on Health Response to Gender Based Violence	46	12	27
84.	ToT on Helping Babies Breathe (HBB) and Helping Mothers Survive (HMS-BABC)	16	64	67

85.	ToT on Infection Prevention and Control	31	48	44
86.	ToT on MISP for Sexual & Reproductive Health in Crisis	48	14	28
87.	ToT on Neglected Tropical Diseases (NTDs)	53	16	16
88.	ToT on Package of Essential Non-Communicable Disease (PEN)	114	63	58
89.	User Maintenance of X-Ray Equipment	10	11	12
90.	User's Training on Biomedical Equipment	88	116	19
91.	Vector Borne Disease Management	0	20	23
92.	VIA Screening and Single Visit Approach /CCSP	0	86	44
93.	Visual Inspection with Acetic Acid (VIA) for Cervical Cancer Screening	228	497	425

Sex-Wise Trainee Participation Analysis

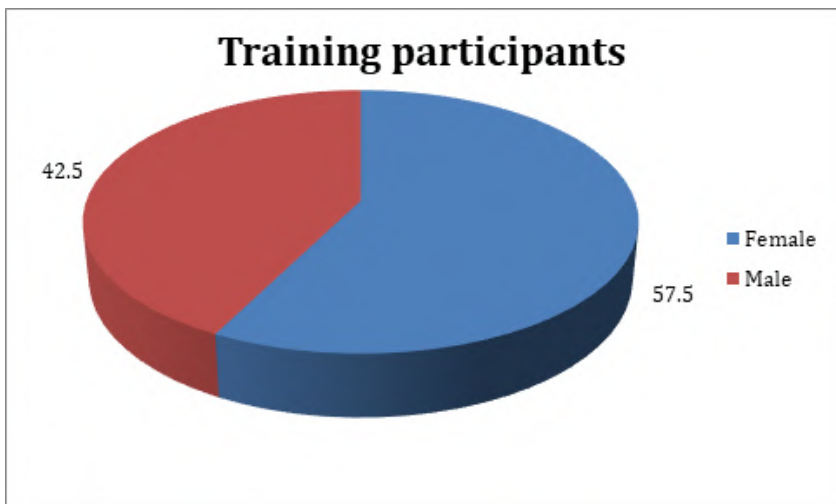


Figure 15: Sex-Wise Trainee Participation Analysis

The sex-wise participation data reveals a significant presence of female trainees, with 8,121 (57.5%) compared to 6,013 males (42.5%). This highlights the vital role women play in Nepal's healthcare workforce. However, achieving a more balanced male and female representation across all healthcare sectors, particularly in community health and specialized fields could improve service delivery and promote gender equity within the health system. By addressing these trends and gaps, the NHTC can foster a more gender-inclusive healthcare workforce capable of meeting diverse health needs effectively.

3.2 Different activities conducted by NHTC in FY 2080/81

Table 10: Activities FY 2080/81 (Target vs Achievement) along with trainings conducted/facilitated

S.N.	Activities	Annual Progress			
		Unit	Target	Achievement	
				No.	%
Training Material Development Section					
1.	Program for developing new training materials	Number	2	1	50
2.	Training material development in coordination and collaboration with various partner organizations	Number	2	2	100
3.	On Site Training at training sites and centers	Times	2	2	100
4.	Modification and update of training materials as per requirement	Number	2	2	100
5.	Formulation of national health training strategy	Times	2	2	100
6.	Integration of training materials into the education curriculum of medical colleges and institutions	Times	2	2	100
7.	Field testing program for newly developed training materials	Times	2	2	100

Skill Development Section					
1.	Operation Theater Techniques and Management Training (OTTM) for Nursing Staffs	Person	1	1	100
2.	ToT on Burn Care and Management	Times	1	1	100
3.	ToT on Primary Emergency Care	Times	1	1	100
4.	Hemodialysis	Times	1	1	100
5.	Clinical Training Skills/General Training Skills	Times	1	1	100
6.	Pediatrics ECCT	Times	1	1	100
7.	Field Epidemiology Training Frontliner (FETP)	Times	1	1	100
8.	PEN Package	Times	1	0	0
9.	Induction	Times	1	1	100
10.	Pediatric Nursing Care	Times	1	1	100
11.	Biomedical Equipment users on site training	Times	1	1	100
12.	Medico-Legal Training on Post Mortem Examination and Clinical Forensic Medicine	Times	1	1	100
13.	Comprehensive Newborn Care Training	Times	1	1	100
14.	Basic Critical Care Training for Nursing Staffs	Times	1	1	100
BMET Unit					
1.	Diploma in Biomedical training for 24 individuals and continuation for the FY 2079/80	Times	1	1	100
Training Accreditation and Regulation Section					
1.	Prepare the national health training strategy	Number	1	1	100

2.	Workshop related to integrating existing training materials into the academic curriculum of various medical colleges, institutions, and universities.	Number	1	1	100
3.	Field testing program for newly developed training materials.	Number	2	2	100
4.	Program for site monitoring to grant, renew, and regulate operational permits for health-related training sites.	Number	5	5	100
5.	Program to support students participating in internships, orientations, and similar study activities.	Number	4	4	100
6.	Preparation and printing of the annual report.	Times	1	1	100
7.	Update the TIMS information system and expand it to training sites.	Times	1	1	100
8.	Follow-up Enhancement Program (FEP) for training.	Districts	4	4	100
9.	Program to evaluate the quality, provide feedback, and regulate ongoing training activities.	Number	6	6	100
10.	Capacity Enhancement of NHTC and PHTC	Times	1	1	100

3.2.1 Trainings held in FY 2080/81

Most of the participants were from Bagmati Province (n=3354) followed by Suddurpaschim province (n=2413) in FY 2080/81.

Table 11: Trainings held in FY 2080/81 province wise

S.N.	Name of Province	Participants in FY 2080/81		
		Female	Male	Total
1	Koshi	663	536	1199
2	Madhesh	1049	1097	2146
3	Bagmati	2129	1225	3354
4	Gandaki	1029	683	1712
5	Lumbini	1224	964	2188
6	Karnali	642	473	1115
7	Sudurpaschim	1382	1031	2413
8	International	3	4	7
	Total	8121	6013	14134

The province-wise analysis of trainee participation shows that while certain provinces like Bagmati, Sudur Pashchim, and Lumbini have strong representation, Karnali and Koshi lag behind. Addressing these geographical disparities through targeted outreach, decentralization, and technology-driven solutions will be essential to building a well-distributed and capable healthcare workforce across all regions of Nepal.

Trainings held in FY 2080/81 district wise

Most of the participants were from the Kathmandu district (n=742) and lowest from the Khotang district (n=26) in FY 2080/81.

Table 12: Trainings held in FY 2080/81 district wise

S.N	Name of District	No.of Trainee	S.N	Name of District	No.of Trainee
1.	Kathmandu	742	6.	Chitwan	315
2.	Kailali	502	7.	Kaski	308
3.	Rupandehi	380	8.	Rautahat	297
4.	Surkhet	355	9.	Sindhuli	294
5.	Sarlahi	341	10.	Mahottari	288

S.N	Name of District	No.of Trainee
11.	Parsa	280
12.	Dadeldhura	274
13.	Dhanusha	269
14.	Kanchanpur	262
15.	Bajhang	260
16.	Morang	256
17.	Saptari	256
18.	Makawanpur	255
19.	Achham	253
20.	Banke	251
21.	Bajura	248
22.	Lalitpur	244
23.	Baglung	243
24.	Dhading	239
25.	Kapilvastu	235
26.	Sindhupalchowk	234
27.	Baitadi	225
28.	Ramechhap	223
29.	Doti	214
30.	Tanahun	197
31.	Nawalparasi (East)	195
32.	Kavrepalanchok	192
33.	Syangja	190
34.	Arghakhanchi	185
35.	Bara	185
36.	Darchula	183
37.	Rolpa	183
38.	Dolakha	180
39.	Siraha	177
40.	Gorkha	172
41.	Bhaktapur	164

S.N	Name of District	No.of Trainee
42.	Pyuthan	162
43.	Jhapa	161
44.	Dang	160
45.	Jajarkot	157
46.	Nuwakot	156
47.	Parbat	151
48.	Dailekh	145
49.	Bardiya	139
50.	Lamjung	134
51.	Myagdi	132
52.	Nawalparasi (west)	120
53.	Sunsari	117
54.	Ilam	108
55.	Rasuwa	102
56.	Palpa	99
57.	Salyan	97
58.	Gulmi	92
59.	Okhaldhunga	83
60.	Dhankuta	79
61.	Rukum (West)	79
62.	Rukum (East)	72
63.	Kalikot	70
64.	Udayapur	70
65.	Mugu	63
66.	Humla	57
67.	Sankhuwasabha	52
68.	Taplejung	49
69.	Bhojpur	48
70.	Dolpa	44
71.	Jumla	42
72.	Manang	36

73.	Solukhumbu	34	77.	Khotang	26
74.	Tehrathum	34	78.	Others	159
75.	Panchthar	30		Total	14134
76.	Mustang	29			

The district-wise analysis reveals a clear disparity in trainee participation, with higher rates in urban and well-developed districts like Kathmandu, while remote districts like Dolpa and Tehrathum have very low representation. To address these gaps, targeted outreach, decentralized training, and technology-driven solutions are essential for building a well-trained healthcare workforce across all districts of Nepal.

In FY 2080/81, a total of 54 Trainings with 5113 participants were held according to the Redbook of NHTC where 2630 were female and 2287 were male participants.

Total trainings held in FY2080/81 in collaboration of development partners

Table 13: Training organized by development partners

SN	Development Organization	Training Name	Number of Participants	Total Participants
1	BPKIHS	First Trimester Safe Abortion Service	8	8
2	Kanti Children Hospital	Health Response to Gender Based Violence	12	12
3	Sukraraj Tropical and Infectious Disease Hospital	Human Response to Gender Based Violence	24	42
		Clinical Training Sites	18	
4	ADRA Nepal	Adolescent Sexual and Reproductive Health	45	45
5	AMDA Nepal	Cervical Cancer Screening Program (VIA)	5	5

6	ARH	Adolescent Sexual and Reproductive Health	42	42
7	Bagmati Sewa Samaj	Cervical Cancer Screening and Prevention	13	13
8	Bee Group	Adolescent Sexual and Reproductive Health	15	15
9	Beyond Beijing Committee, Nepal	Medical Abortion	6	6
10	Care Nepal	Implant	5	133
		Adolescent Sexual and Reproductive Health	128	
11	Choice Humanitarian Nepal	Tot On Helping Babies Breath (HBB) and Helping Mother Survive	34	34
12	CMC, Nepal	Psychosocial Counselling	32	154
		Child and Adolescent Mental Health Module 3	29	
		mhGAP	26	
		Supplementary Course for Psychosocial counselling	50	
		Tot on Psychosocial Counselling	17	
13	CRS, Nepal	Adolescent Sexual and Reproductive Health	435	1037

		Implant	12	
		MISP for SRH	1	
		Acute Respiratory Distress Syndrome	15	
		Ambulance driver	12	
		Basic burn care	39	
		Basic Critical Training For Nurse	26	
		Basic training on medical oxygen system	10	
		B i o m e d i c a l E q u i p m e n t Refresher	10	
		Clinical training skills	38	
		Comprehensive Newborn care	10	
		FETP	49	
		General training skills	32	
		Healthcare waste management	33	
		Health management for local levels	25	
		Hemodialysis	80	
		HOPE	23	
		Induction	27	
		I n f e c t i o n prevention and control	16	
		Medico legal training	14	
		OTTM	11	
		PEN	24	

		PECC	18	
		Paediatric Nursing care	10	
		Primary Emergency care	22	
		ToT on Geriatric Nursing Care	20	
		User training on biomedical equipment	19	
14	Dhulikhel Hospital	SBA	9	9
15	EPIC	Paediatric Essential Critical Care	16	16
16	FAIRMED	Neglected Tropical Disease	61	125
		Snake Bite Management	48	
		Tot on Neglected Tropical Disease	16	
17	FHI 360	Basic Emergency Care	142	186
		Paediatric Essential Critical Care	44	
18	FPAN	IUCD	45	118
		Implant	42	
		Medical Abortion	4	
		Visual Inspection with Acetic Acid	15	
		Gender Based Violence	11	
19	Himalayan Care, Nepal	Visual Inspection with Acetic Acid	12	56
		Rural Obstetric Ultrasound	5	

		Implant	16	
		IUCD	15	
		SBA	8	
20	HRDC	Adolescent Sexual and Reproductive Health	20	167
		Implant	26	
		M e n t o r Development	10	
		mhGAP module 2	15	
		PEN basic training	2	
		Rural Ultrasound	28	
		SBA	46	
		Tot on Child and Adolescent Mental Health	20	
		Visual Inspection with Acetic Acid	12	
21	HRNDC	SBA	12	102
		CNSI	26	
		Implant	26	
		IUCD	4	
		MISP	19	
		ROUSG	6	
		Safe Abortion Service	9	
22	Indreni	mhGAP		12
23	IPAS Nepal	Medical Abortion	14	33
		Safe abortion	6	
		TOT on first trimester safe abortion service	13	

24	Kalika Self Reliance Social Center	Neglected Tropical Disease	120	120
25	Karuna Foundation	Visual Inspection with Acetic Acid	7	7
26	KIDS Nepal	Implant	4	14
		Medical Abortion	10	
27	MIDSON	Helping Mother Survive	16	16
28	Nepal Red Cross Society	ASRH	215	4175
		ASBA	8	
		Ambulance Driver	116	
		Critical training for nurses	12	
		Basic MalariA Microscopy	15	
		Basic Oral health	17	
		Basic training on oxygen medical system	10	
		Burn care management	16	
		Child and Adolescent Mental Health	98	
		Climate Change and Health Impact	19	
		Clinical Coach Mental	38	
		Clinical mentor development	16	
		Clinical training skills	13	
		CBIMNCI	33	

		CNSI	177	
		Dengue clinical case management	29	
		D i s a b i l i t y Management and Rehabilitation	37	
		Essential critical care	19	
		FETP	2	
		Safe abortion service	18	
		H e a l t h Administration and Management	18	
		Healthcare waste management	14	
		Health Response to GBV	106	
		Hemodialysis	30	
		H e m o d i a l y s i s machine maintenance	16	
		HFOMC ToT	9	
		Human Rights and medical ethics	93	
		Induction	10	
		IUCD	124	
		KMC	40	
		Ksharshutra	4	
		Medical abortion	129	
		mental health	269	
		implant	437	
		FB-IMNCI	32	
		PEN	109	

29	NSI	ASBA	36	419
		Basic Life support	23	
		CTS	27	
		Essential Critical care	90	
		Maintenance of hemodialysis equipment	10	
		MLP	44	
		OTTM	45	
		Primary Emergency Care	68	
		SBA	32	
30	One Heart	Implant	8	35
		SBA	12	
		ROUSG	15	
31	PHASE Nepal	Adolescent Sexual and Reproductive Health	21	21
32	PSI Nepal	Medical Abortion	66	66
33	SABAL Nepal	Adolescent Sexual and Reproductive Health	16	16
34	Safa Sunaulo Nepal	ToT on Helping Babies Breath	33	33
35	Save The Children	Human Rights and Medical Ethics	19	34
		Adolescent Sexual and Reproductive Health	15	
36	SPN	ASRH	19	92
		IUCD	12	
		MARMA Therapy	17	

		Visual Inspection with Acetic Acid	28	
37	TPO Nepal	Mental Health	157	157
38	UNFPA	IUCD	12	20
		Implant	8	
39	USAID	ASRH	156	168
		Implant	8	
		IUCD	4	
40	Water Asian International	Healthcare Waste Management	48	80
		Operation and maintenance of healthcare waste	16	
		ToT on Environmental Health	16	
41	WHO	ARDS	31	366
		Basic Emergency Care	43	
		Basic Training on Medical Oxygen System	29	
		Climate Change	61	
		HOPE	51	
		IPC	16	
		MLP	16	
		ToT on Mental Adolescent Health	10	
42	ZIZ Nepal	ToT on Social Accountability for Health Sector	24	24
	Total			8233

In FY 2080/81, a total of 14134 participants were trained within the National Health Training System. Among them, a total of 8233 participants were trained

with the support of development partners in above mentioned training in FY 2080/81.

Trained according to the group wise

Table 14: Training received by the group of participants

S.N.	Group	Number of Participants
1	Nursing	5779
2	Health inspection (HA & AHW)	5092
3	Doctor	1567
4	Others (Nayab Subba, Accountant, members of development partners, Interns, Office Assistant)	456
5	Medical laboratory technology	353
6	Ambulance driver	232
7	Public Health (PHO & PHA)	196
8	Ayurveda	133
9	Pharmacy	129
11	Biomedical engineer	89
12	Lecturer and Professor	55
13	Health education	18
14	Radiography	15
15	Statistics	12
16	Anaesthesia	8
	Total	14134

3.3. Achievements towards different national strategies

3.3.1 Progress towards Nepal Health Sector Strategy-Result Framework (NHSS RF)

The Nepal Health Sector Strategy-Result Framework (NHSS RF) outlines main health sector indicators and targets in harmony with the NHSS goal and outcomes. The Result Framework (RF) has 10 goal-level indicators, 29 outcome-level indicators and 56 output-level indicators. The achievements of NHTC against NHSS RF are as follows:

- NHTC developed training materials covering: essential critical care; paediatric essential critical care; integrated vector-borne disease training;

screening for infertility; ambulance driver; basic emergency medical technician training; social accountability; disability-related training for medical officers; management training for health section chiefs at the local level; orientation for elected bodies at the local level; acute respiratory distress syndrome management; and public health leadership

- NHTC revised five existing training materials: Rural obstetric ultrasound training; IP training; VSC/minilap training for MDGP/OBGYN/Surgeons; basic ICU training for nurses; first-trimester safe abortion training for MDGP/OBGYN.
- NHTC conducted 29 different types of training of trainers and basic training for nearly 11,000 staff
- Users training and maintenance support: A Technical Working Committee, led by Biomedical Engineers in coordination with the Director General, DoHS, was set up for the management and preventive maintenance of medical equipment, especially equipment donated during the COVID-19 pandemic.
- The committee piloted ToTs and training of technicians conducted by the NHTC at the Civil Service Hospital and Bhaktapur Hospital. Eleven trainings (seven trainings for all provinces and four trainings in Kathmandu) covered handling and maintenance of the equipment.
- The CSD and National Health Training Centre developed training curricula on social auditing to roll-out the Health Sector Social Accountability Federal Directives 2020. Training was rolled out to 21 participants from seven provinces based on the training curricula.
- Analysis of trainings conducted towards achieving SDG goals list which one HR, MNCH, ID, FP, CPR, TFR, NCDs, Disability
- Analysis of trainings conducted and LRP developed in terms of 5 primary health care system ie: Promotive, Preventive, Curative, Rehabilitative and Palliative

3.4. Training and Material Development Section

3.4.1. Training material developed/ongoing FY 2080/81

NHTC revises existing training packages and develops new learning resource packages and conducts training based on emerging disease, critical care, and disaster-related response. The need for revision of the training packages was

realized on the basis of feedback provided by the participants and expertise, contemplation of the real scenarios and feasibility of the participants. The new, revised and updated training packages are listed below in the table:

Table 15: LRP Development: New, Revised and Updated

Form of LRP	Name of Training material developed/ on process of development 2079/80	Source	Status	Additional support
New	General Training Skills –GTS	RedBook	Completed	
	Cold chain equipment repair and maintenance			
	UNICEF	Completed	MD	
	Health care waste management operation and maintenance of Autoclave/microwave			
	WAI, ADB	Completed	MD	
	Infection prevention and Control - Advanced, Blended Method			
	WHO DFC	Piloting Completed	NSSD	
	Supplementary course for psychosocial counseling			
	CMC Nepal	Piloting Completed	EDCD	
	C o n t i n u o u s ambulatory Peritoneal dialysis	NSSD	Piloting Completed	

	Health Management Modular training for Local level	USAID, UNFPA	Piloting Completed	
	SBA SHP Modular Training Module 1- 5	DTC	Piloting Planned	UNICEF
	Pen Plus training for doctors	KIOCH	Piloting Ongoing	EDCD
	Basic Burn Care (BBC)	Red Book	Piloting Ongoing	CSD
	Basic Emergency Care (BEC)	WHO, WFC	Piloting Ongoing	HEOC
	Advanced Cardiac Life Support	Red Book	Piloting Planned	CSD
	Community first Health responder	WHO	Developing	HEOC
	Brief Tobacco Intervention			
	NHEICC	Developing		
	Water quality surveillance	WHO DI	Developing	EDCD
Revision	Adolescent Sexual and Reproductive Health Training	Red Book	Completed	FWD
	Reproductive Health Morbidity Screening Training	RedBook	Piloting Obgoing	FWD
	Occupational Health and Safety	Red Book	Completed	CSD
	X-ray users maintenance	NSI	Completed	MD
	Lab users maintenance	NSI	Completed	MD
	Biomedical Refresher training	NSI	Completed	MD
	Health Response to GBV	UNFPA,	Ongoing	IPAS

CHAPTER IV

WORKPLAN, CHALLENGES, RECOMMENDATIONS AND WAY FORWARD

4.1. Work Plan FY 2081/82

Table 16: Workplan

SN	Activities	Unit	Budget (Lakhs)	Source of Funding
Training Material Development Section				
1	Development of new training materials	Number	8	GoN
2	Material development in coordination and collaboration with various partner organizations	Number	3	USAID
3	Field testing program of newly developed training material	Times	6	GoN
4	Update, modification and publication of training materials as required	Number	4	GoN
5	Onsite coaching on the use of training materials at training sites/ training centers	Times	2	GoN
6	Workshop on integration of training materials existing in the academic curriculum of various medical colleges, institutions, university	Times	4	GoN
7	Standardisation of existing training materials of different centers and divisions	Number	8	GoN
8	Piloting and roll out the modular training of SHP / SBA	Times	28	USAID
9	Training profile update	Times	1.5	GoN

10	Inservice Training Package development and piloting relating to leadership and management for senior officers of health service	Times	20	GoN
11	Workshop to develop SBA/SHP modular training implementation plan	Times	6	UNICEF
12	Pre-service Training Program of Medico-Legal Training on Post Mortem Examination and Clinical Forensic Medicine	Times	2	GoN
Training Accreditation and Regulation Section				
1	Site monitoring program for the approval, renewal and regulation the operation of sites conducting health related training	Number	8.5	GoN
2	Program to support students coming for internship/orientation and other study purpose		2	GoN
3	Preparation and printing of annual report		2	
4	Training Follow up and Enhancement (FEP) programs		20	
5	Quality observation, feedback and regulation program for ongoing training activities	Times	7.2	
6	Update and expand TIMS		10	
7	Protocol/Guideline preparation of Training Follow up and Enhancement (FEP) programs		4	
8	Review and follow up of Training Follow up and Enhancement (FEP) programs	Times	9	
9	Coordination, review, and planning workshop of clinical training sites		7	

10	Development and strengthening of clinical training sites (providing necessary materials, halls, furniture, laptops, anatomical models, and other support for the sites).	Times	20	
11	A study on effectiveness and implementation of ROUSG training program in Nepal		10	
Skill Development Section				
1	Burn care for Nurses / HWs 6 days	Number	12	GoN
2	MDGP/ObGyn NSV/Minilap Blended 30+4=34 days	Number	10	GoN
3	Basic Research Methodology	Times	6	USAID
4	Geriatric Care Training 6 days	Number	6	GoN
5	Advance IP training for MO/Nurse/ HWs 30 days	Times	10	USAID
6	ToT on Ambulance Driver (3 days)	Times	6	WHO
7	Clinical/General Training skill (CTS/GTS) 5 days	Times	18	USAID
8	Pediatric Essential Critical Care training (ECCT) 4 days	Times	12	WHO
9	First trimester Abortion Care MDGP/ObGyn 3 days	Times	9	GoN
10	ARDS (3 days)	Times	6	USAID
11	TOT on PEN Package 5 days	Times	6	GoN
12	Integrated RH Morbidity Screening 6 days	Times	7	UNICEF
Biomedical Equipment Related Program				
1	Diploma in Biomedical Training for 24 students along with continuation of FY 2079/80	Times	8	USAID
BMET unit				
1	Dialysis training for ENG/ Technician	Times	8	NSI

2	X-ray equipment user maintenance training	Times	6	NSI
3	Lab equipment user maintenance training	Times	8	
4	Refresher training for BMET	Times	6	NSI

4.2. Gaps and Challenges

Table:17 SWOT Matrix

Internal Factors/ Environment	<p data-bbox="295 124 370 148">Strength</p> <ul data-bbox="295 156 567 1193" style="list-style-type: none"> <li data-bbox="295 156 567 331">● Development of more competency (Skill) based training packages and learning resource packages (LRP's) using blended approach <li data-bbox="295 339 567 427">● Revision and update of the existing training packages <li data-bbox="295 435 567 579">● Standard operating procedures (SOPs) and guidelines for training packages and training sites <li data-bbox="295 587 567 675">● Operation of TIMS at all provincial health training centers <li data-bbox="295 683 567 770">● Profile of trainers and trainees are maintained in each province <li data-bbox="295 778 567 1074">● C o o r d i n a t i o n , collaboration and partnership with province health training centers, External Development Partners, Bilateral and Multilateral Agencies for quality health training management and conduction <li data-bbox="295 1082 567 1193">● Expansion and prior arrangements of training sites and training materials 	<p data-bbox="588 124 662 148">Weakness</p> <ul data-bbox="588 156 936 1465" style="list-style-type: none"> <li data-bbox="588 156 936 244">● Shifting into one door trainings however, multi-door trainings persist <li data-bbox="588 252 936 363">● Lagging to shift into technology-based education such as self-paced learning, online learning platform as well as web-based learning <li data-bbox="588 371 936 427">● Inadequate training follows up mechanism <li data-bbox="588 435 936 523">● Inadequate skilled technical human resources to operate TIMS at all levels <li data-bbox="588 531 936 643">● Improper recording and inadequate reporting mechanism between province and federal health training center <li data-bbox="588 651 936 794">● Lack of systematic coordination mechanism with province governments and local level for training management and quality control. <li data-bbox="588 802 936 858">● Gaps in accreditation, renewal and accountability of training sites <li data-bbox="588 866 936 954">● Challenging to manage a separate pool of trainers from various disciplines <li data-bbox="588 962 936 1018">● Lack of need-based selection of participants <li data-bbox="588 1026 936 1114">● Lack of training needs assessment for institutionalizing need-based training. <li data-bbox="588 1121 936 1289">● Many health professionals lack access to continuing education opportunities, which can hinder their ability to stay up-to-date with the latest developments in their field. <li data-bbox="588 1297 936 1353">● Health training often focuses on theory rather than practical skills. <li data-bbox="588 1361 936 1465">● Lack of training on prevention and promotion. Majority of trainings provided are focused on curative service.
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External Factors/ Environment	Opportunities <ul style="list-style-type: none"> • Annual increment in the number of trained health workforce • Competent and skilled health workforce • Incentives and accommodation facilities to trainers as well as training participants • Support from government as well as various External Development partners 	Threat <ul style="list-style-type: none"> • Delayed revision of the training related policies, strategies and guidelines • Inclusion of participants from remote and backward districts • Inadequate accommodation facilities for training participants • Limited sites for special training • Inadequate training materials • Inadequate budget allocation for training monitoring and quality assurance • Inadequate incentives for trainers and participants who travel from distant districts • High demand of training and limited resources • Lack of adequate regulatory frameworks to ensure that health training programs meet minimum standards of quality.
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4.3 Actions taken

Table 18: Challenges and action taken based on six building blocks of NHTC

S.N.	Issues	Challenges	Action taken
1	Service delivery	<ul style="list-style-type: none"> • Shifting into one door trainings however, multi-door trainings persist • Shifting into technology-based education such as self-paced learning, online learning platform as well as web-based learning • Inadequate training follows up mechanism • High demand of training and limited resources 	<ul style="list-style-type: none"> • Concept of National health training system

2	Health workforce	<ul style="list-style-type: none"> ● Manage a separate pool of trainers from different discipline ● Need based selection of participants ● Training Need Assessment for institutionalising need-based trainings. ● Inclusion of participants from remote and backwarded districts 	● Update TIMS
3	Health information	<ul style="list-style-type: none"> ● Inadequate skilled technical human resources to operate TIMS at all levels ● Improper recording and inadequate reporting mechanism between province and federal health training center 	● Need assessment
4	Logistics and infrastructure	<ul style="list-style-type: none"> ● Inadequate accommodation facilities for training participants especially those who comes from remote ● Limited sites for special training ● Inadequate training materials 	● Logistics management during conduction of trainings
5	Financing	<ul style="list-style-type: none"> ● Inadequate allocation of budget for training monitoring and quality assurance ● Inadequate incentives for trainers and participants who travel from distant districts 	● Increased
6	Leadership and governance	<ul style="list-style-type: none"> ● Lack of systematic coordination mechanism with province governments and local level for training management and quality control. ● Accreditation, renewal and accountability of training sites ● Timely revision of the training related policies, strategies and guidelines 	● Increased budget and financial progress in available budget

4.4. Recommendations and key message

- More emphasis on One-Door Training system
- Prioritizing training according to need based
- Assessment of training on participant and trainers' selection
- Develop capacity of human resources in operating TIMS effectively (TIMS update, dashboard)
- Strengthening the support in infrastructure development of the training sites
- Clarify the federal and provincial roles in supporting partner's mobilization and training site development
- Establish the mechanism of self-sustainability of trainings and allocate adequate budget for training monitoring and quality assurance
- Initiation of paid training systems through contracting out with the private sectors
- Initiation of the trainings into pre service education system
- Least trainings are focused on rehabilitative services and will be focused on upcoming FY.

4.5. Way forward

Learning from the past experiences, for the future emergencies it is thought from different perspectives and priority areas have been realized. The priority areas realized for future initiatives are as follows:

- Ensuring readiness for future emergencies by enhancing the quality of training packages.
- Conduct various trainings like FETP, PEN Plus, Burn Care Management, Climate change on the need basis.
- Shifting from In-Serving training to Pre-service training by integrating training packages into Pre-Service education.
- Promoting and shifting into technology-based education such as: Self-Paced Learning, Online learning platform and Web Based Learning

ANNEX I: OVERVIEW OF VARIOUS TRAININGS

S.N.	Name of the training	No. of participant and trainer	Participant selection Criteria	Trainer selection criteria	Duration of training
Reproductive Health related trainings					
1. Family planning trainings					
	Comprehensive Family Planning and Counseling (CoFP)	Participant: 16 Trainer: 4	<ul style="list-style-type: none"> Participants registered in respective health council Committed to provide family planning services and have not taken previous training Qualified health institution with adequate no. of health clients (minimum 3-4 per day) or which provide FP services once in a week Health institution lacking FP related service provider will be prioritized for training 	<ul style="list-style-type: none"> Certified CoFP service provider (MO/ H.A/ Staff nurse or higher level) Have taken CTS (by clinicians) or TOT on CoFP counseling (by public health officers/ Health education officers 	8 days
2	IUCD	Participant: 4 Trainer: 2	<ul style="list-style-type: none"> ANM and Nursing staff registered in Nursing Council Committed to provide family planning services and have not taken previous training Qualified health institution with adequate no. of health clients (minimum 3-4 per day) or which provide FP services once in a week Health institution lacking FP related service provider will be prioritized for training 	<ul style="list-style-type: none"> Trained IUCD service provider Have taken Clinical Skill Training (by nursing staff or Doctors) and are certified 	8 days

3	Implant insertion and removal	Participant:4 Trainer: 2	<ul style="list-style-type: none"> • Clinical service providers registered in respective health council • Qualified health institution with adequate no. of health clients (minimum 3-4 per day) or which provide FP services once in a week. • Health institution lacking FP related service providers will be prioritized for training. 	<ul style="list-style-type: none"> • Trained Implant service provider (Doctors/HA/ Nursing staffs) • Have taken Clinical Skill Training and are certified 	8 Days
4	Implant insertion and removal training for doctors	Participant: 4 Trainer: 2	<ul style="list-style-type: none"> • Doctors registered in Nepal Medical Council • committed to provide family planning services and have not taken previous training • Qualified health institution with adequate no. of health clients (minimum 3-4 per day) or which provide FP services once in a week • Health institution lacking FP related service provider will be prioritized for training. 	<ul style="list-style-type: none"> • Trained Implant service provider • Have taken Clinical Skill Training and are certified 	5 days
5	Minilap	Participant:4 Trainer: 2	<ul style="list-style-type: none"> • Registered doctors and nurses • committed to provide family planning services and have not taken previous training • Qualified health institution with adequate no. of health clients (minimum 3-4 per day) or which provide FP services once in a week • Health institution lacking FP related service provider will be prioritized for training 	<ul style="list-style-type: none"> • Trained Minilap service provider (Doctors/ Nursing staffs) • Have taken Clinical Skill Training and are certified 	12 days

6	NSV (No scalpel Vasectomy)	Participant:2 Trainer: 1	<ul style="list-style-type: none"> Doctors registered in Nepal Medical Council Committed to provide family planning services Qualified health institution with adequate no. of health clients (minimum 3-4 per day) or which provide FP services once in a week Health institution lacking FP related service provider will be prioritized for training 	<ul style="list-style-type: none"> Trained Vasectomy service provider (doctors) Have taken Clinical Skill Training and are certified 	12 Days
	PP IUCD (group based)	Participant: 6-9 Trainer: 3	<ul style="list-style-type: none"> Health service providers (doctors/ nurse/ midwives) of hospital/clinic 	<ul style="list-style-type: none"> Trained Skilled Birth Attendant Have taken Clinical Skill Training and are certified Have taken 3 days training on PP IUCD/FP 	3 days
7	PP IUCD (working institutions)	Participant: 6-9 Trainer: 3	<ul style="list-style-type: none"> Health service providers (doctors/ nurse/ midwives) of hospital/clinic Participants registered in respective health council 	<ul style="list-style-type: none"> Have taken 3 days training on PP IUCD/FP Have taken Clinical Skill Training and are certified 	12 days
II Safe Abortion Services Training					
8	Second Trimester training	Participant: 5 Trainer:3	<ul style="list-style-type: none"> ObGyn or MDGP working in EmONC Willing to give second trimester services Staff who are Skilled/ self-confident and is providing regular First Trimester Safe abortion (MVA) Participated in VCAT orientation 	<ul style="list-style-type: none"> Service provider who are Trained ObGyn or MDGP and are providing services as per national protocol and guidelines Have taken Clinical Skill 	12 days

9	Comprehensive Abortion Care (First Trimester)	Participant: Trainer:	<ul style="list-style-type: none"> Participants registered in respective health council (Doctors/SBA/nurse with IUCD training) Doctors who have worked for at least 2 years in Obs/Gyn department 	<ul style="list-style-type: none"> Doctors and staff nurses providing regular services Doctors/ Nurses trained with SBA training Have taken Clinical Skill Training and are certified 	3 days- Ob/Gyn, MDGP 10 days- MBBS 14 days- Staff nurse
10	MA	Participant: 6 Trainer: 2	<ul style="list-style-type: none"> Registered Nurses Trained Nurses on SBA and IUCD 	<ul style="list-style-type: none"> Doctors and staff nurses providing regular services Have taken Clinical Skill Training and are certified 	5 days
III	Other trainings				
11	Adolescent Sexual and Reproductive Health (ASRH)	Participant: 15 Trainer: 5	<ul style="list-style-type: none"> Registered Service provider (Doctors/ Paramedics/nursing staffs providing ASRH friendly health services at Hospitals, PHCC and HP) 	<ul style="list-style-type: none"> Have taken ASRH related TOT 	5 days
12	Health Response to GBV	Participant: 10 Trainer: 3	<ul style="list-style-type: none"> Doctors/ANM//Staff nurses/AHW registered in respective health council 4days group-based training for service provider First priority for untrained permanent health workers Health institution without other trained service provider is given first priority 	<ul style="list-style-type: none"> Health service provider (doctors/nurse) receiving 7 days TOT Priority to those trained with CTS Skilled police and lawyers for people affected by sexual violence as external trainers for police and legal aid sessions 	4 days class room and 1 month self-study

13	Cervical Cancer Screening and Prevention (CCSP)	Participant: 10 Trainer: 4	<ul style="list-style-type: none"> • Doctors/ANM/Staff nurses/AHW registered in respective health council • Participating organizations with possibility of related health service seeking clients • Participating Health institution with adequate equipment including Cryotherapy machine 	<ul style="list-style-type: none"> • Trained health service providers (doctors/ staff nurse) for 6 days • Have taken Clinical Skill Training and are certified 	6 days
14	Pelvic Organ Prolapse (POP)	Participant: Trainer:	<ul style="list-style-type: none"> • Registered doctors who have done MD-ObGyn, MDGP • Training demand from CEONC hospital • Health institution without trained POP service provider should be prioritized for training 	<ul style="list-style-type: none"> • Trained on POP training skills standardization and experiences on POP surgery, evaluation and management MD-ObGyn, MDGP doctors trained with CTS • Doctors specialized in pelvic organ repair surgery 	20 days
15	Obstetric Fistula (on-the-job training)	Participant: Trainer:	<ul style="list-style-type: none"> • ObGyn and Uro-surgeons having performed at least 25 major vaginal surgeries a year and MDGP having ObGyn surgery skill • Nursing staff working in Obstetric Fistula unit • Registered Medical officers and Nurses • Health institutions with possibility of adequate health service seeking clients • Health institution without trained Obstetric Fistula related service provider should be prioritized for training. 	<ul style="list-style-type: none"> • Trained on Obstetric Fistula training skills standardization and experiences on abdominal and vaginal fistula surgery, evaluation and management • Fistula surgeon trained with CTS • Registered nurses trained with nursing components of Obstetric Fistula 	4 months

Safe Motherhood and Newborn care				
IV	Skilled Birth Attendant (SBA) training			
16	SBA training for ANM and staff nurses	Participant: 8 to 14 Trainer: 4	<ul style="list-style-type: none"> Staff Nurses and ANM registered in Nepal Nursing Council Nursing staff who is working in maternity service and has not got any trainings will be prioritized Interested to provide service after training Health institution with untrained nursing staffs should be prioritized 	<ul style="list-style-type: none"> Clinical expert and trained on neonatal care, PMTCT and family planning Doctors/Nurses who have CTS training Having core SBA skills 60 days
17	Skilled Birth Attendant training for medical officers	Participant: 5-7 Trainer: 4	<ul style="list-style-type: none"> Registered doctor in NMC Untrained doctors who are willing to provide service after training Health institutions with untrained service provider and with adequate clients should be the priority 	<ul style="list-style-type: none"> Skilled with core SBA Nurse or doctor with CTS training Clinical expert and is trained in Neonatal care, PMTCT and family planning 45 days
18	Advanced Skilled Birth Attendant Training (ASBA)	Participants – 4 Trainers -3	<ul style="list-style-type: none"> MBBS doctor with one-year experience Have core SBA skills Participant working in the health institution where CEONC, anesthesia, blood circulation, neonatal resuscitation related services are available Require minimum 2 year of service in institution where CEONC service is available 	<ul style="list-style-type: none"> Qualified Consultant Obstetrician/ Registrars of hospital with adequate patients involved in EmOC who is committed to provide advanced SBA trainings Trained on CTS and SBA and is providing services in SBA training sites 10 days

19	Comprehensive Newborn care (CNC) Training (Level II)	Participant: 12 Trainer: 4	<ul style="list-style-type: none"> Staff nurse registered in Nepal Nursing Council Untrained on Newborn care (level 2) but is providing SNUC services and committed to provide services Participant working in secondary level hospital 	<ul style="list-style-type: none"> Trained and certified Newborn care service provider (MO/ Staff nurses or nursing staff of higher level) Trained on CTS 	15 days
V	Health other training Infection Preventaon and healthcare waste management training				
20	IP and HCWM training District level	Participant: 10-15 Trainer: 4	<ul style="list-style-type: none"> Doctors, Nursing staffs, Paramedics and Office Assistant working in respective health institutions 	<ul style="list-style-type: none"> Received TOT on IP Training Service providers 	5 days
21	IP and HCWM training to health institution (community level)	Participant: 10-15 Trainer: 4	<ul style="list-style-type: none"> Doctors, Nursing staffs, Paramedics and Office Assistant working in respective health institutions 	<ul style="list-style-type: none"> Received TOT on IP Training Technical service providers 	3 days
22	Orientation IP and HCWM for hospitals	Participant: Trainer:	<ul style="list-style-type: none"> Doctors, Nursing staffs, Paramedics, Administrative staffs and Office Assistant working in respective health institutions 	<ul style="list-style-type: none"> TOT on IP Training Technical service providers 	1 day
23	Orientation on IP & HCWM for health institutions	Participant: Trainer:	<ul style="list-style-type: none"> Doctors, Nursing staffs, Paramedics, Administrative staffs and Office Assistant working in respective health institutions 	<ul style="list-style-type: none"> TOT on IP Training Technical service providers 	1 day

24	Theatre Technique and Management (OTTM)	Participant: 9-12 Trainer: 4	<ul style="list-style-type: none"> Completed min. staff nurse course and registered in Nepal Nursing Council Participant working regularly in surgical site of the hospital Health institution with requirement of human resources (minimum working staff nurse) for operation and management of surgical procedure should be given priority 	<ul style="list-style-type: none"> Received OTTM training Staff nurse or nursing officer who have taken CTS training Experienced on OTTM Trainer receiving Skill Standardization on OT skill Provided minimum 2 batch training on OTTM as a Co-trainer 	48 days
25	Clinical Skill Training (CTS)	Participant: 12-14 Trainer: 4	<ul style="list-style-type: none"> Doctors, Staff Nurses, HA registered in respective council Skilled service provider receiving training on respective clinical services For new training sites, completed required guidelines for conducting essential training Clinical coaching for Medical, Nursing and Paramedics 	<ul style="list-style-type: none"> Working as an active CTS trainer after receiving advanced clinical training skill training Received Master Trainer Skills or Standardization from New CTS package Working as a Co-trainer in minimum 2 CTS training 	5 days
26	Mid-Level Practicum training for Mid-level health service providers	Participant: 8-12 Trainer: 4	<ul style="list-style-type: none"> Health Assistant or AHW who is experienced to provide health services and is working permanently for 2 years' minimum 	<ul style="list-style-type: none"> Received CTS MLP training and working in hospitals designated as MLP training site MO/ H.A /Staff nurses who has taken TOT on Primary Trauma Care (PTC) 	

27	Anesthesia Assistant Course (AAC)	Participant: 15 Trainer: 4	<p>Non-governmental Participants:</p> <ul style="list-style-type: none">• Staff nurse, HA and Ophthalmic Assistant who is working in hospitals with availability or plans for surgery facilities Participant committed to provide health services• HA/ SN/OA who has passed basic course within 10 years and is serving in recent post for 3 years• Participant less than 40 years <p>Government participants:</p> <ul style="list-style-type: none">• Staff nurse and HA who is working in hospitals with availability or plans for surgery facilities• Actively serving in clinical services before course has begun and has written commitment for working in anesthesia after completion of the course• Participants should be selected from the hospitals capacitated with regular supplies, equipment, supervision, linkage with referral facilities for anesthesia services• HA/ SN/OA who has passed basic course within 10 years and is serving in recent post for 3 years• Participant less than 40 years	<ul style="list-style-type: none">• MD Anesthesia who has taken CTS training and other 2 Anesthesia service provider (Anesthesia doctor, MDGP, or AA)	12 months
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28	Package for Essential Non-Communicable Diseases (PEN)	TOT/ service provider: 20/25 & Trainer: 4-5	<p>For TOT:</p> <ul style="list-style-type: none"> MO/PHO/Nursing Officer registered in respective council and experienced to provide health services <p>For service provider:</p> <ul style="list-style-type: none"> MO/HA/Nursing Staff/AHW 	<p>For TOT as well as service provider:</p> <ul style="list-style-type: none"> MO/PHO/Nursing officer who has received TOT PEN related subject expert 	4 days 4 days
29	Palliative care training (PC)	Participant: 16 Trainer: 4-5	<ul style="list-style-type: none"> MO/Staff nurse or above who has been registered in respective council Providing services in general hospital/ cancer hospital/hospice/Palliative care centers/Geriatic centers 	<ul style="list-style-type: none"> Have received TOT on CTS and Palliative care Experienced doctors/ staff nurses on Palliative care 	7 days

30	Mental Health training (MH)	<p>Module 1: For TOT participants:</p> <ul style="list-style-type: none"> Clinical Psychologists, staff nurse, B. Sc nursing, BN Registered in respective council <p>For Service provider</p> <ul style="list-style-type: none"> Staff nurse, B. Sc nursing, BN and ANM (passed 18 months' course) and registered in respective council <p>Module 2: For TOT:</p> <ul style="list-style-type: none"> Completed MBBS or is clinical psychologists For service provider: MO/HA <p>Participant: 16-20 Trainer: 4</p>	<p>Module 1:</p> <ul style="list-style-type: none"> Clinical Psychologist/psychiatrist Completed and has experience on Clinical Psychology/ Counseling Psychology or Bachelor in Psychology, Bachelor/ Master in Psychiatric nursing, Post graduate in Psychology or minimum 1-year experience after bachelor in nursing Received relevant ToT <p>Module 2:</p> <ul style="list-style-type: none"> Psychiatrist Clinical Psychologist Have taken essential mental health training in mhGAP and has managed at least 50 patients with mental health problem Psychology: managed at least 50 patients with mental health problems and master in clinical psychology or masters in counseling <p>Module 1: 6 days Module 2: 6 days Module 3: 3 days Module 4: 2 days</p>
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31	<p>Mental Health Training for Medical Doctors (MBSS &MD) Modual 2a</p> <p>Mental Health Training for Health professional (HHW and AHW) Modual 2b</p>	<p>Participants: 16-20 Trainer – 2 Co-trainer or co-facilitator -2</p>	<p>Modual 2a</p> <ul style="list-style-type: none"> • MDGP with valid NMC • MO with valid NMC <p>Modual 2b</p> <ul style="list-style-type: none"> • Health professionals (HA, SAHW and AHW) with valid34 	<p>Facilitator</p> <ul style="list-style-type: none"> • MHGAP/module 2 trained psychiatrist with valid NMC • Psychiatrist or trained MO <p>Co-facilitators</p> <ul style="list-style-type: none"> • Psychiatrist, MDGP/MBBS doctor trained on MHGAP/module 2 and managed at least 50 patients with MNS disorders • Clinical Psychologist (Mphil). Co-trainer • Psychiatrist, MDGP/MBBS doctor trained on MHGAP/module 2 and managed at least 50 patients with MNS disorders • Clinical psychologist, Master of science in psychiatric nursing, Master in counselling who has managed at least 50 cases of MNS disorder.
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32	Spinal Cord Injury (SCI) Training	Participants: 20-24 per batch Trainer: 4/batch	<ul style="list-style-type: none">Medical doctors, Nurses, Physiotherapists, Occupational therapists, Psychologists and Prosthetics and Orthotics professionals who have been working in SCI car	<ul style="list-style-type: none">Doctors-Physical Medicine and Rehabilitation/SCI Physicians (MD or above), Neuro or orthopedic or MD/MS level), experienced and working in spinal cord injury care)Masters in Physiotherapy, and working in post-acute care and rehabilitation of SCI in spinal rehabilitation unit at least one- year experienceBachelor in Occupational therapy or Bachelor in Nursing or equivalent level working in spinal care unit at least one –year experienceMaster in clinical psychology working in SCI rehabilitation unit at least one-year experienceCo-facilitators;<ul style="list-style-type: none">Should be from health-related field and having at least 5 years of experience in the field of post-acute care and rehabilitation of patients with spinal cord injury	3 days
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33	Pediatric Nursing Care (PNS) training	Participant: 10 per batch Facilitators: 4 per batch	<ul style="list-style-type: none"> Staff Nurse, ANM and working in a pediatric ward. 	<ul style="list-style-type: none"> Child disease specialist or bachelor in Pediatric Nursing Staff nurse trained in pediatric nursing Have received CTS training 	30 days
34	Induction training	Participants: - 20-25 Facilitator: - 4	<ul style="list-style-type: none"> New cadre of health workers for regular service being certified from Loksewa Ayog 	<ul style="list-style-type: none"> Chief guest, departmental head, central director, FCHV director and Respective subject experts from MOHP 	30 days
35	Stress Management Training	Participant: 20-25 Facilitator: 4 per batch	<p>Participants for homogenous method:</p> <ul style="list-style-type: none"> Uniform age group, sex, occupation, economic status, office, locality and position of work Participants for mixed method: Different age group, sex, occupation, economic status, office, locality and position of work 	<ul style="list-style-type: none"> Received training for stress management and has conducted training after receiving TOT for stress management 	Short- 5 Hrs Medium-8 Hrs Long duration-2 days
36	Health Facility Operation Management Committee (HFOMC) capacity building training	Participant: 20-22 per batch Facilitator: 3 per batch	<p>1. For TOT:</p> <ul style="list-style-type: none"> Health coordinator of municipality, deputy coordinator, social development officer <p>2. Training for local level:</p> <ul style="list-style-type: none"> Health institution in-charge, Ward chairperson/ secretary <p>3. Orientation:</p> <ul style="list-style-type: none"> HFOMC members, invited members etc 	<p>For TOT:</p> <ul style="list-style-type: none"> Health workers of health institutions Received TOT on HFOMC Training for local level and orientation: Health coordinator of municipality, deputy coordinator, social development officer Received TOT on HFOMC 	TOT-3 days Training for local level: 2 days Orientation 2 days

37	Burn Care Management training (BCM)	Participant: 16 per batch Facilitator: 4 per batch	<ul style="list-style-type: none"> Doctors/ H.A/ AHW/ or nursing staffs of any levels who works in Emergency Rooms Registered Nursing staffs or paramedics 	<ul style="list-style-type: none"> Respective subject experts Received TOT on Burn care management Health workers who received CTS and listed in NHTC 	6 days
38	Climate change and health impact (CCHI)	Participant: 25-30 Facilitator: 4 per batch	<ul style="list-style-type: none"> Policy makers in provincial level Health service providers at all levels and responsible person of concerned institutions 	<ul style="list-style-type: none"> Respective subject experts or who has received TOT 	2 days
39	ICU/CCU training	Participant: 10-12 Trainer: 4	<ul style="list-style-type: none"> Registered doctor's/ nursing staffs Working in central, province and medical college having ICU/CCU services Proficiency certificate in Nursing or higher educational qualification 	<ul style="list-style-type: none"> Graduate/ Master degree in Nursing or Medicine working in related field Service provider with CTS 	45 days
40	Dialysis Care Management (RRT)	Participant: 10-15 per batch Trainer: 3 per batch	<p>For 3-month training</p> <ul style="list-style-type: none"> Minimum PCL Nursing completed for nursing staffs and paramedic staff with minimum HA <p>For 2-month training</p> <ul style="list-style-type: none"> -MBBS Registered in NMC <p>For 1-month training</p> <ul style="list-style-type: none"> -MD Internal Medicine -Registered in NMC 	<ul style="list-style-type: none"> Nephrologist and service provider Nursing/ Paramedics who is a trained dialysis service provider Have taken CTS 	3 months for SN and paramedics 2 months for MBBS 1 month for MD

41	Occupational Health and Safety For health Workers (OHAS)	Participant-10-15 Trainer- 3	<p>For 3-month training</p> <ul style="list-style-type: none"> Minimum PCL Nursing completed for nursing staffs and paramedic staff with minimum HA <p>For 2-month training</p> <ul style="list-style-type: none"> MBBS Registered in NMC <p>For 1-month training</p> <ul style="list-style-type: none"> MD Internal Medicine Registered in NMC 	<ul style="list-style-type: none"> Nephrologist and service provider Nursing/ Paramedics who is a trained dialysis service provider Have taken CTS 	3 months for SN and paramedics 2 months for MBBS 1 month for MD
42	Occupational Health and Safety For health Workers (OHAS)	Participant-16 Trainer- 4	<ul style="list-style-type: none"> Health service provider registered in respective health councils and other working staffs 	<ul style="list-style-type: none"> Received OHS related TOT or subject expert 	3 days
43	Road traffic Accidents and Safety (RTASM)	Participant- 20 Trainer-4	<ul style="list-style-type: none"> Doctors, Nursing staffs and Paramedics registered in respective council 	<ul style="list-style-type: none"> Service provider (Doctors, nursing staffs and Paramedics) who has received TOT on RTA Service provider with CTS training Subject expert 	5 days
44	Antimicrobial Resistance (AMR) training	Participant-16 Trainer- 4	<ul style="list-style-type: none"> Health service provider (Doctors, Paramedics and Pharmacist) registered in respective health councils 	<ul style="list-style-type: none"> Subject expert Service provider (Doctors, Paramedics and Pharmacist) who has received TOT 	3 days
45	Rural Ultrasound (RU) Training	Participant - 5 Trainer- 4	<ul style="list-style-type: none"> Registered Nursing Staff (with minimum PCL) who has received SBA training Interested to serve in remote areas for at least 2 years after receiving training 	<ul style="list-style-type: none"> Have taken CTS as well as RUSG training or Radiologist or Ultrasonologist doctor Registered in respective council 	21 days

46	Geriatric Nursing Care (GNC)	Participant-20 Trainer: 4-5	<ul style="list-style-type: none"> Registered Service provider (Staff Nurse) 	<ul style="list-style-type: none"> MD in Geriatric Medicine, Bachelor or Masters in Geriatric Nursing Care (GNC) GNC trained service provider or Social Gerontologist working in service of Elderly people CTS trained GNC service provider 	6 days
47	Cardio-thoracic and Vascular Intensive Nursing (CTVIN) Training	Participant: 20 Trainer: 5-6	<ul style="list-style-type: none"> Minimum PCL nursing from accredited educational institutions Participants registered in respective council Participant working in central, provincial, teaching hospitals and hospitals with related service 	<ul style="list-style-type: none"> Cardiologists, Vascular surgeons, Cardiothoracic surgeons, Anaesthesiologists, Perfusionist) Working in related areas after receiving CTS training 	3 months
48	Diploma in Biomedical Equipment Engineering (DBMEE)	Participant-24 Theoretical: Trainer: 4 Practical: 1:10 ratio	<ul style="list-style-type: none"> -10+2 passed in science from accredited educational institutions or I.Sc. passed or passed any equivalent 	<ul style="list-style-type: none"> B.E in Biomedical or Electronics for theoretical knowledge Diploma or B.E passed in respective subject for practical knowledge Expert trainer listed in trainer list of NHTC 	18 months

49	Biomedical Equipment Assistant Technician (BMEAT) Training	Participant: 12-15 Trainer: 2-3	<ul style="list-style-type: none"> Office Assistant working in primary, secondary or tertiary hospitals Primary education up to class 8 or experienced as per BMEAT work criteria to fulfill required need Actively involved in hospitals and interested to work in repair and maintenance of Biomedical equipment Not crossed 45 years of age Written letter by Medical Superintendent from hospitals ensuring educational qualification of participant with assigned responsibility from supervisor 	<ul style="list-style-type: none"> Received 1-year Biomedical Equipment training from NHTC 	8 weeks
50	Diabetes Education for Nurses Training (DE)	Participant-25 Trainer-5	<ul style="list-style-type: none"> Staff nurse or higher Registered Nurses staffs from Nepal Nursing Council 	<ul style="list-style-type: none"> Received CTS At least 1-2 people from clinical background and Public Health Nurse at least (3-4) 	6 days
51	Helping Babies Survive training (HBS)	Participant: 16-20 Trainer: 4-5	<ul style="list-style-type: none"> Registered Nursing staffs working in Maternal and Child ward 	<ul style="list-style-type: none"> Have received CTS At least 1-year experience on Newborn Clinical work Completed MPH or BSc. Nursing or SBA trained nursing staff or MD or MBBS from accredited educational institutions Registered in respective councils 	4 days class room and 1 month self-study

52	Training on Biosafety and Biosecurity	Participants: 16 Trainers: 4	<ul style="list-style-type: none"> Laboratory professionals (laboratory technician, laboratory technologist and higher) working at different level of healthcare facilities (HP, PHC, Hospitals) 	<ul style="list-style-type: none"> Lead trainer will be a senior laboratory expert or lab biosafety/security expert. The trainers will be master's graduates (Laboratory science, Microbiology, Biochemistry, Laboratory safety or related subject). Or BSS trained laboratory people with ToT or CTS training. 	4 days
53	Technical Training on Hemodialysis Machine (TTHM)	Participants: 10 Trainers: 2	<ul style="list-style-type: none"> HA/Staff nurse registered in respected bodies. 	<ul style="list-style-type: none"> The lead trainer will be senior Biomedical equipment technician/Hemodialysis technician with experience in Hemodialysis equipment and with ToT/CTS. Co-Trainer will be Bio-medical engineer/Biomedical equipment technician/Hemodialysis technician with experience in Hemodialysis equipment and with ToT/CTS. Engineer/technician with expertise in water treatment plants with ToT/CTS will also be the trainer for the training. 	15 days (9days class room, 6 days practicum)

54	Integrated Training on EH, HCWM and WASH	Participant – 15-20 Facilitators– 6-8	<ul style="list-style-type: none"> Doctors, Nurse, HA, healthworkers, DMET registered in their respective body. 	<ul style="list-style-type: none"> Environmental expert, HCWM experts, WASH experts. 	Health experts,	6 days
55	Field Epidemiology Training Program (FEPT)	Participant: - 20 Facilitators: - 6-8 Mentors – 20	<ul style="list-style-type: none"> Rapid Response team leaders of National, Provincial, District and Local level, National focal points of surveillance, epidemiology and outbreak, vector borne, zoonotic and other communicable diseases, public health and community medicine experts, epidemiologists, and academics. Permanent government employee. Have basic computer computer skill (Ms, Excel, PPT) 	<ul style="list-style-type: none"> TOT received Expert in epidemiology field 		3 months (Workshop I- 6 days, Workshop II -6days, Workshop III – 3 days with 4-5 weeks field activities)
56	GTS Training	Participant: 16 Trainer: 4 Co-trainer -2	<ul style="list-style-type: none"> Officer of health service and equivalent (at least 5 years of work experience for HA/ SN) 	<ul style="list-style-type: none"> Proficient in Training Skill. Working as a Co-trainer in minimum 2 GTS training 		5 days
57	Orientation on health service to newly elected leaders of local level	Participants; - upto 24 Trainer: 5-6	<ul style="list-style-type: none"> Newly elected leaders of local level 	<ul style="list-style-type: none"> Received TOT Expert 		1 day

58	Modular training on health management for health section of local level	Participants; - upto 24 Trainer: 5-6	<ul style="list-style-type: none"> Local level health section chiefs and deputy chiefs 	<ul style="list-style-type: none"> TOT, observation Management expert 	Previous Module I- 5 days Module II- 4 days 1 month field visit in between	9 days (module I- 5 days Module II- 4 days 1 month field visit in between)
59	Research methodology for health workers	Participant 18-20 Trainer -3	<ul style="list-style-type: none"> Health worker Working in different area of public health or medicine 	<ul style="list-style-type: none"> TOT received Supervisors of health directorate/health office/ health section 		4 day
60	Human Center design	Participants: - 20-25 Trainer -4	<ul style="list-style-type: none"> PHTC chief and officer Local level health workers involved in planning. 	<ul style="list-style-type: none"> CTS trained Health workers 	Health	4 day
61	Training on ADRS Management training	Participants: 16 Trainer - 2:1	<ul style="list-style-type: none"> Medical officer and staff nurse currently working in an ICU (with minimum 5 bedded) 	<ul style="list-style-type: none"> Anesthesiologist, intensivist, Medicine specialist with critical care or ARDS management training, Pulmonologist, ICU trained nurse with CTS or Tot of ARDS training is mandatory for all trainers 		2 day

62	Medico Legal Training	For Autopsy training Participant 15 For Clinical Medico legal training Participant -20	<ul style="list-style-type: none"> Medical officer that may be permanent or contract in Nepal government job, Gyanacologist taking responsibility of OCMC program MDGP or Emergency incharge doctor 	<ul style="list-style-type: none"> Forensic Pathologist or forensic medical expert as head trainer. Have TOT for autopsy and clinical medico-legal training and experienced clinical trainer. Conducted 2 autopsy and clinical medico-legal training. 	10 day
63	Essential Critical Care Training (ECCT) onsite course	Participants; 8 Trainer- 4 (2:1 ratio)	<ul style="list-style-type: none"> Medical officer and Staff nurse registered in respective bodies. Working as a front liner in ICU or similar settings in hospital. 	<ul style="list-style-type: none"> Anesthesiologist, Internal Medicine specialist, GP, IUC trained nurse Have CTS Received ECCT onsite course Did Co- training in 2 batch of ECCT 	6 days



पत्र संख्या: २०७८/७५
चलानी नं.: ५५५५

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय

राष्ट्रिय स्वास्थ्य शालिम केन्द्र

[illegible]

दिनांक: २०७९/०३/०५

विषय : प्रतिलिपि साइट प्रत्यावेदन प्रक्रिया, प्रशिक्षक रोलस्टर २ परागो/समयसूचने प्रमाणपत्र सम्बन्धमा ।

श्री ॐ नमो भगवते वासुदेवाय भगवत्पदसु सुप्रसन्नः प्रदेवा

श्री प्रदेश स्वास्थ्य तालिम केन्द्र प्रदेश ।

श्री मानव संसाधन विकास केन्द्र, कर्नाली प्रदेश ।

श्री स्वास्थ्यं लालीम साद्वटहर (सर्ग)

उपरोक्त सम्बन्धमा बराबर संभावित भै रहेका विभिन्न स्वास्थ्य तालिम कार्यक्रमहरूलाई थप व्यवस्थित गर्न तिनै तहका सरकार एवं राष्ट्रिय स्वास्थ्य तालिम केन्द्र, प्रदेश स्वास्थ्य तालिम केन्द्र, सबै तालिम साइटहरू, स्वास्थ्य सेवा प्रदान गर्ने विकासहरू लगायत सबै सरोकारवालाहरूमा तालिम साइट प्रत्ययन प्रक्रिया, प्रशिक्षक रोडर लभार गर्ने र पुरानो/सुधार्जने प्रमाणपत्र सम्बन्धमा समान बुझाई हुनु आवश्यक देखिएकोले यस केन्द्रको मिति २०७९/०२/२३ को निर्णयानुसार निम्नलिखित विवरण सम्बन्धमा एवं संश्लेषणका साथ कार्यन्वयनका लागि अनुरोध छ ।

डा. ऋतुबन्ध सिमिरे
निर्देशक

१. स्वास्थ्य तथा जनसंख्या मन्त्रालयको निर्णय सम्बन्धमा: तालिम साइट प्रत्यागन तथा नियमन लगभगतको विषयमा मिति २०७७/१०/२६-२९ को घुलित्छेल गोर्दीको सिफारिसको आधारमा मिति २०७८/०१/१६ मा स्वास्थ्य तथा जनसंख्या मन्त्रालयबाट भएको निर्णय सरोकारवालाहरूलाई जानकारी दिने ।

२. साइट प्रत्यायन प्रक्रिया सम्बन्धमा:

क) स्वास्थ्य कार्यक्रम संचालन गर्न आवश्यक वेष्टिएका सेवा प्रदान गर्ने निकायले कुनै तालिम साइट आवश्यक छानेमा राष्ट्रिय स्वास्थ्य तालिम केन्द्र वा प्रदेश स्वास्थ्य तालीमी केन्द्रसँग सो कार्यक्रम र तालीमी बारे प्रारम्भिक बैठक वसी छलफल गर्न पर्ने। बैठकबाट तालिम साइट आवश्यक भएको निर्णय हुन पर्ने।

ख। जुन प्रदेशको सेवा प्रदायक निकायमा राष्ट्र बसतान आवश्यक देखिएको छ त्यस प्रवेश स्वास्थ्य तालिम केन्द्रको समन्वयमा स्वास्थ्य हेर्ने प्रवेश मन्त्रालय र प्रादेशिक स्वास्थ्य निर्देशनालयसँग खलकल गरी तालिम साइटको प्रत्यापन गर्ने काइटेरिया पूरा हुने देखिएमा ओ को निर्णय एवं तालिम साइट बन्ने संस्थाको प्रतिबद्धता पत्र सहित प्रदेश स्वास्थ्य तालिम केन्द्रले राष्ट्रिय स्वास्थ्य तालिम केन्द्रलाई अनुरोध गर्ने।



पत्र संख्या: २०८८/७९

घनानी नं.:

राष्ट्रिय स्वास्थ्य तालिम केन्द्र

संस्था नं. २०८८/७९

२०८८/७९

२०८८/७९

२०८८/७९

२०८८/७९

फोन नं. ०१-४२४२०००

फैक्स नं. ०१-४२४२०००

वेबसाइट: www.nhtc.gov.np

ग। साइट भेवाहात गर्ने संस्थाले आवश्यक पर्ने तनपात्रि, भौतिक पूर्वाधार लगायतका विषयमा राष्ट्रिय स्वास्थ्य तालिम केन्द्रबाट स्वीकृत चेकलिस्ट अनुसार स्वमूल्यांकन (Self assessment) गरी न्यूनतम मापदण्ड पुरा भएको चेकलिस्ट प्रवेश स्वास्थ्य तालिम केन्द्रको सम्बन्धमा राष्ट्रिय स्वास्थ्य तालिम केन्द्रलाई पठाउनु पर्ने। सो चेकलिस्ट प्राप्त भए पछि राष्ट्रिय स्वास्थ्य तालिम केन्द्रले वर्षाशिक्षा अनुगमन गरी तालिम साइट प्रत्यापन (Accreditation) सम्पन्नमा निर्णय दिने।

ब. प्रशिक्षक रोस्टरबारे :

राष्ट्रिय स्वास्थ्य तालिम केन्द्र तथा प्रदेश स्वास्थ्य तालिम केन्द्रबाट नियमित रूपमा विभिन्न विषयका प्रशिक्षक तयार भई गरेको तर आवश्यक परेको समयमा प्रशिक्षक उपलब्ध हुन कठिनाई भएको सन्तर्भरमा निम्न लिखित कार्य गर्ने।

क। राष्ट्रिय स्वास्थ्य तालिम केन्द्रले प्रशिक्षकहरूको रोस्टर प्रदेश अनुसार समेत अध्ययाधिक गर्नु पर्ने भएकोले सबै प्रशिक्षकहरूले राष्ट्रिय स्वास्थ्य तालिम केन्द्रले तयार गरेको प्रशिक्षक रजिष्ट्रेशन फर्म भरी प्रदेश तालिम केन्द्र तथा तालिम मास्टर्डहरूलाई राष्ट्रिय स्वास्थ्य तालिम केन्द्रमा पठाउनु अनुरोध गर्ने।

ख। तालिम प्रशिक्षकको रोस्टरमा नाम समावेश गर्न निवेदन प्राप्त भए पश्चात राष्ट्रिय स्वास्थ्य तालिम केन्द्रबाट त्रिभुवनको काउन्टरमा को आधारमा रोस्टरमा समावेश गर्न सकिने। तर यदि वर्षाधिक कम्तिमा बुई वढा तालिम संचालनमा प्रशिक्षक/सह प्रशिक्षकको रूपमा काम गरेको नपाइएमा प्रशिक्षकको रोस्टरबाट नाम हटाउने व्यवस्था गर्ने।

ग। प्रदेश स्वास्थ्य तालिम केन्द्र/मानव संसाधन विकास केन्द्रमा प्रशिक्षकको रोस्टर तयार गर्न अनुरोध गर्ने।

घ। रोस्टरमा समावेश भएका प्रशिक्षकबाट तालिम प्रदान हुनुपर्ने र यस बारेमा सबै सरोकारवालाहरूलाई जानकारी दिने।

ड। तालिम संयोजकको रोस्टरमा रहेको प्रशिक्षकबाट तालिम संचालन गर्ने व्यवस्था मिलाउने।

च। तालिम प्रत्यापन तथा नियमन साखाले वरिष्ठ कार्यको एकपटक प्रशिक्षकहरूको रोस्टर अध्ययाधिक भएको प्रमाणित गराई राख्नु पर्ने।

५. पुरानो/समाजने प्रमाणपत्र बारे

क। आवश्यक पर्ने सम्पूर्ण काराजात सफाईको निवेदन प्राप्त भए पश्चात एक महिना भित्र निर्णय गर्ने।

ख. यस बैठकबाट भएका निर्णयहरू जानकारीका लागि राष्ट्रिय स्वास्थ्य तालिम केन्द्रको वेबसाइटमा राख्ने।

मिति २०७८।०१।१३ गते बसेको नीतिगत बैठकको निर्णयहरू

३. ~~सुप्रीम कोर्टको तालीम केंद्रको तालीम सामग्री विकास, तालिम संयोजन, प्रत्यक्षन~~
तथा नियमन कायम गर्ने सम्बन्धमा नीतिगत बैठकमा छलफल हुदा स्वीकृतीका लागि
प्रक्रिया अगाडी बढाउने निर्णय गरियो ।
४. गरीया कल्याण महाशाखाको भतदाता नामावली निर्वाचन आयोग मार्फत प्राप्त गर्ने
सम्बन्धमा छलफल हुदा भविष्यमा आवश्यकता भएमा प्रक्रिया अगाडि बढाउने निर्णय
गरियो ।
५. नुसिङ तथा सामाजिक सुरक्षा महाशाखाको पहिलो साप्ताहिक स्वास्थ्य इन्सिडेन्स
~~आयोजना, तालिमको समय अवधि १० दिन कायम गर्ने सम्बन्धमा छलफल हुदा पेश~~
~~ग्रा. प्र.सो.स.स स्वीकृतीका लागि प्रक्रिया अगाडी बढाउने निर्णय गरियो ।~~
~~निर्णय गरियो ।~~
६. ~~गरीया कल्याण महाशाखाको तालिमको समय अवधि १० दिन कायम गर्ने सम्बन्धमा~~
~~आयोजना, तालिमको समय अवधि १० दिन कायम गर्ने सम्बन्धमा छलफल हुदा पेश~~
~~ग्रा. प्र.सो.स.स स्वीकृतीका लागि प्रक्रिया अगाडी बढाउने निर्णय गरियो ।~~
~~निर्णय गरियो ।~~

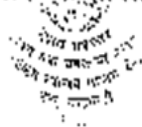
ANNEX III: MOU with external development partners



पत्र संख्या-२०७७/४४
प्रज्ञापी नं. ७७५४

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय

राष्ट्रिय स्वास्थ्य तालीम केन्द्र



दिनांक ०१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७
७१-०३-२०७७

मिति: २०७८/०२/०३

विषय: तालीम सामग्री विकास, तालीम संचालन, प्रशिक्षण तथा नियमन सम्बन्धमा।

श्री सामाजिक विकास / स्वास्थ्य तथा जनसंख्या मन्त्रालय- सातौं प्रदेश

श्री स्वास्थ्य निर्देशनालय- सातौं प्रदेश

श्री स्वास्थ्य तालीम केन्द्र पाल्पा संस्थापन विकास केन्द्र-सातौं प्रदेश

प्रस्तुत विषयमा तालीम सामग्री विकास, तालीम संचालन, प्रशिक्षण तथा नियमन गुणस्तर केन्द्रमा गर्ने सम्बन्धमा यस केन्द्रद्वारा २०७७ माघ २८-२९ गते प्रदेश सरकार, सामाजिक विकास मन्त्रालय, स्वास्थ्य निर्देशनालय, स्वास्थ्य तालीम केन्द्रका निर्देशक/प्रतिनिधिकहरू सम्मिलित कार्यशाला गोष्ठीमा छलफल भए पश्चात नेपाल सरकार, स्वास्थ्य तथा जनसंख्या मन्त्रालयमा छलफलका लागि पेश भएको थियो। तत्पश्चात संवैधानिक व्यवस्था अनुसार राष्ट्रिय स्वास्थ्य तालीम केन्द्र र प्रदेश स्वास्थ्य तालीम केन्द्रको कार्य विवरण स्पष्टताका लागि तीन महिने सहितको प्रस्ताव तयार गरी पेश गर्ने भनि स्वास्थ्य तथा जनसंख्या मन्त्रालयको मिति २०७७/११/१० गते बसेको नीति समन्वय समिति (Policy Coordination Committee) को बैठकबाट निर्णय भएको र उक्त समितिको मिति २०७८/०१/१३ गतेको बैठकको निर्णयबाट स्वीकारित भई स्वास्थ्य तथा जनसंख्या मन्त्रालय (नि. सचिव स्तर) को मिति २०७८/०१/१६ कोको निर्णयानुसार विषयगत क्षेत्र, हस्तको व्यवस्था र अब हुनुपर्ने व्यवस्था सम्बन्धमा निर्णय भएकोले सो निर्णयको प्रति (६ पाना) राष्ट्रिय समन्वय तथा सहकार्यका साथ कार्यान्वयनका लागि अग्रगृहीत छ।

सोहनराज दास
निर्देशक

बोचार्थः

श्री नीति योजना तथा अनुगमन महाराष्ट्र, स्वास्थ्य तथा जनसंख्या मन्त्रालय,
धनशारामपथ, काठमाडौं।

श्री स्वास्थ्य सेवा विभाग, टेकु।

श्री तालीम सामग्री विकास शाखा, सीप विकास शाखा र

तालीम प्रशिक्षण तथा नियमन शाखा, रा.स्वा.ता.के. टेकु।

[illegible]

ANNUAL REPORT FY 2080/81

2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	2036-37	2037-38	2038-39	2039-40	2040-41	2041-42	2042-43	2043-44	2044-45	2045-46	2046-47	2047-48	2048-49	2049-50	2050-51	2051-52	2052-53	2053-54	2054-55	2055-56	2056-57	2057-58	2058-59	2059-60	2060-61	2061-62	2062-63	2063-64	2064-65	2065-66	2066-67	2067-68	2068-69	2069-70	2070-71	2071-72	2072-73	2073-74	2074-75	2075-76	2076-77	2077-78	2078-79	2079-80	2080-81	2081-82	2082-83	2083-84	2084-85	2085-86	2086-87	2087-88	2088-89	2089-90	2090-91	2091-92	2092-93	2093-94	2094-95	2095-96	2096-97	2097-98	2098-99	2099-00	2100-01	2101-02	2102-03	2103-04	2104-05	2105-06	2106-07	2107-08	2108-09	2109-10	2110-11	2111-12	2112-13	2113-14	2114-15	2115-16	2116-17	2117-18	2118-19	2119-20	2120-21	2121-22	2122-23	2123-24	2124-25	2125-26	2126-27	2127-28	2128-29	2129-30	2130-31	2131-32	2132-33	2133-34	2134-35	2135-36	2136-37	2137-38	2138-39	2139-40	2140-41	2141-42	2142-43	2143-44	2144-45	2145-46	2146-47	2147-48	2148-49	2149-50	2150-51	2151-52	2152-53	2153-54	2154-55	2155-56	2156-57	2157-58	2158-59	2159-60	2160-61	2161-62	2162-63	2163-64	2164-65	2165-66	2166-67	2167-68	2168-69	2169-70	2170-71	2171-72	2172-73	2173-74	2174-75	2175-76	2176-77	2177-78	2178-79	2179-80	2180-81	2181-82	2182-83	2183-84	2184-85	2185-86	2186-87	2187-88	2188-89	2189-90	2190-91	2191-92	2192-93	2193-94	2194-95	2195-96	2196-97	2197-98	2198-99	2199-00	2200-01	2201-02	2202-03	2203-04	2204-05	2205-06	2206-07	2207-08	2208-09	2209-10	2210-11	2211-12	2212-13	2213-14	2214-15	2215-16	2216-17	2217-18	2218-19	2219-20	2220-21	2221-22	2222-23	2223-24	2224-25	2225-26	2226-27	2227-28	2228-29	2229-30	2230-31	2231-32	2232-33	2233-34	2234-35	2235-36	2236-37	2237-38	2238-39	2239-40	2240-41	2241-42	2242-43	2243-44	2244-45	2245-46	2246-47	2247-48	2248-49	2249-50	2250-51	2251-52	2252-53	2253-54	2254-55	2255-56	2256-57	2257-58	2258-59	2259-60	2260-61	2261-62	2262-63	2263-64	2264-65	2265-66	2266-67	2267-68	2268-69	2269-70	2270-71	2271-72	2272-73	2273-74	2274-75	2275-76	2276-77	2277-78	2278-79	2279-80	2280-81	2281-82	2282-83	2283-84	2284-85	2285-86	2286-87	2287-88	2288-89	2289-90	2290-91	2291-92	2292-93	2293-94	2294-95	2295-96	2296-97	2297-98	2298-99	2299-00	2300-01	2301-02	2302-03	2303-04	2304-05	2305-06	2306-07	2307-08	2308-09	2309-10	2310-11	2311-12	2312-13	2313-14	2314-15	2315-16	2316-17	2317-18	2318-19	2319-20	2320-21	2321-22	2322-23	2323-24	2324-25	2325-26	2326-27	2327-28	2328-29	2329-30	2330-31	2331-32	2332-33	2333-34	2334-35	2335-36	2336-37	2337-38	2338-39	2339-40	2340-41	2341-42	2342-43	2343-44	2344-45	2345-46	2346-47	2347-48	2348-49	2349-50	2350-51	2351-52	2352-53	2353-54	2354-55	2355-56	2356-57	2357-58	2358-59	2359-60	2360-61	2361-62	2362-63	2363-64	2364-65	2365-66	2366-67	2367-68	2368-69	2369-70	2370-71	2371-72	2372-73	2373-74	2374-75	2375-76	2376-77	2377-78	2378-79	2379-80	2380-81	2381-82	2382-83	2383-84	2384-85	2385-86	2386-87	2387-88	2388-89	2389-90	2390-91	2391-92	2392-93	2393-94	2394-95	2395-96	2396-97	2397-98	2398-99	2399-00	2400-01	2401-02	2402-03	2403-04	2404-05	2405-06	2406-07	2407-08	2408-09	2409-10	2410-11	2411-12	2412-13	2413-14	2414-15	2415-16	2416-17	2417-18	2418-19	2419-20	2420-21	2421-22	2422-23	2423-24	2424-25	2425-26	2426-27	2427-28	2428-29	2429-30	2430-31	2431-32	2432-33	2433-34	2434-35	2435-36	2436-37	2437-38	2438-39	2439-40	2440-41	2441-42	2442-43	2443-44	2444-45	2445-46	2446-47	2447-48	2448-49	2449-50	2450-51	2451-52	2452-53	2453-54	2454-55	2455-56	2456-57	2457-58	2458-59	2459-60	2460-61	2461-62	2462-63	2463-64	2464-65	2465-66	2466-67	2467-68	2468-69	2469-70	2470-71	2471-72	2472-73	2473-74	2474-75	2475-76	2476-77	2477-78	2478-79	2479-80	2480-81	2481-82	2482-83	2483-84	2484-85	2485-86	2486-87	2487-88	2488-89	2489-90	2490-91	2491-92	2492-93	2493-94	2494-95	2495-96	2496-97	2497-98	2498-99	2499-00	2500-01	2501-02	2502-03	2503-04	2504-05	2505-06	2506-07	2507-08	2508-09	2509-10	2510-11	2511-12	2512-13	2513-14	2514-15	2515-16	2516-17	2517-18	2518-19	2519-20	2520-21	2521-22	2522-23	2523-24	2524-25	2525-26	2526-27	2527-28	2528-29	2529-30	2530-31	2531-32	2532-33	2533-34	2534-35	2535-36	2536-37	2537-38	2538-39	2539-40	2540-41	2541-42	2542-43	2543-44	2544-45	2545-46	2546-47	2547-48	2548-49	2549-50	2550-51	2551-52	2552-53	2553-54	2554-55	2555-56	2556-57	2557-58	2558-59	2559-60	2560-61	2561-62	2562-63	2563-64	2564-65	2565-66	2566-67	2567-68	2568-69	2569-70	2570-71	2571-72	2572-73	2573-74	2574-75	2575-76	2576-77	2577-78	2578-79	2579-80	2580-81	2581-82	2582-83	2583-84	2584-85	2585-86	2586-87	2587-88	2588-89	2589-90	2590-91	2591-92	2592-93	2593-94	2594-95	2595-96	2596-97	2597-98	2598-99	2599-00	2600-01	2601-02	2602-03	2603-04	2604-05	2605-06	2606-07	2607-08	2608-09	2609-10	2610-11	2611-12	2612-13	2613-14	2614-15	2615-16	2616-17	2617-18	2618-19	2619-20	2620-21	2621-22	2622-23	2623-24	2624-25	2625-26	2626-27	2627-28	2628-29	2629-30	2630-31	2631-32	2632-33	2633-34	2634-35	2635-36	2636-37	2637-38	2638-39	2639-40	2640-41	2641-42	2642-43	2643-44	2644-45	2645-46	2646-47	2647-48	2648-49	2649-50	2650-51	2651-52	2652-53	2653-54	2654-55	2655-56	2656-57	2657-58	2658-59	2659-60	2660-61	2661-62	2662-63	2663-64	2664-65	2665-66	2666-67	2667-68	2668-69	2669-70	2670-71	2671-72	2672-73	2673-74	2674-75	2675-76	2676-77	2677-78	2678-79	2679-80	2680-81	2681-82	2682-83	2683-84	2684-85	2685-86	2686-87	2687-88	2688-89	2689-90	2690-91	2691-92	2692-93	2693-94	2694-95	2695-96	2696-97	2697-98	2698-99	2699-00	2700-01	2701-02	2702-03	2703-04	2704-05	2705-06	2706-07	2707-08	2708-09	2709-10	2710-11	2711-12	2712-13	2713-14	2714-15	2715-16	2716-17	2717-18	2718-19	2719-20	2720-21	2721-22	2722-23	2723-24	2724-25	2725-26	2726-27	2727-28	2728-29	2729-30	2730-31	2731-32	2732-33	2733-34	2734-35	2735-36	2736-37	2737-38	2738-39	2739-40	2740-41	2741-42	2742-43	2743-44	2744-45	2745-46	2746-47	2747-48	2748-49	2749-50	2750-51	2751-52	2752-53	2753-54	2754-55	2755-56	2756-57	2757-58	2758-59	2759-60	2760-61	2761-62	2762-63	2763-64	2764-65	2765-66	2766-67	2767-68	2768-69	2769-70	2770-71	2771-72	2772-73	2773-74	2774-75	2775-76	2776-77	2777-78	2778-79	2779-80	2780-81	2781-82	2782-83	2783-84	2784-85	2785-86	2786-87	2787-88	2788-89	2789-90	2790-91	2791-92	2792-93	2793-94	2794-95	2795-96	2796-97	2797-98	2798-99	2799-00	2800-01	2801-02	2802-03	2803-04	2804-05	2805-06	2806-07	2807-08	2808-09	2809-10	2810-11	2811-12	2812-13	2813-14	2814-15	2815-16	2816-17	2817-18	2818-19	2819-20	2820-21	2821-22	2822-23	2823-24	2824-25	2825-26	2826-27	2827-28	2828-29	2829-30	2830-31	2831-32	2832-33	2833-34	2834-35	2835-36	2836-37	2837-38	2838-39	2839-40	2840-41	2841-42	2842-43	2843-44	2844-45	2845-46	2846-47	2847-48	2848-49	2849-50	2850-51	2851-52	2852-53	2853-54	2854-55	2855-56	2856-57	2857-58	2858-59	2859-60	2860-61	2861-62	2862-63	2863-64	2864-65	2865-66	2866-67	2867-68	2868-69	2869-70	2870-71	2871-72	2872-73	2873-74	2874-75	2875-76	2876-77	2877-78	2878-79	2879-80	2880-81	2881-82	2882-83	2883-84	2884-85	2885-86	2886-87	2887-88	2888-89	2889-90	2890-91	2891-92	2892-93	2893-94	2894-95	2895-96	2896-97	2897-98	2898-99	2899-00	2900-01	2901-02	2902-03	2903-04	2904-05	2905-06	2906-07	2907-08	2908-09	2909-10	2910-11	2911-12	2912-13	2913-14	2914-15	2915-16	2916-17	2917-18	2918-19	2919-20	2920-21	2921-22	2922-23	2923-24	2924-25	2925-26	2926-27	2927-28	2928-29	2929-30	2930-31	2931-32	2932-33	2933-34	2934-35	2935-36	2936-37	2937-38	2938-39	2939-40	2940-41	2941-42	2942-43	2943-44	2944-45	2945-46	2946-47	2947-48	2948-49	2949-50	2950-51	2951-52	2952-53	2953-54	2954-55	2955-56	2956-57	2957-58	2958-59	2959-60	2960-61	2961-62	2962-63	2963-64	2964-65	2965-66	2966-67	2967-68	2968-69	2969-70	2970-71	2971-72	2972-73	2973-74	2974-75	2975-76	2976-77	2977-78	2978-79	2979-80	2980-81	2981-82	2982-83	2983-84	2984-85	2985-86	2986-87	2987-88	2988-89	2989-90	2990-91	2991-92	2992-93	2993-94	2994-95	2995-96	2996-97	2997-98	2998-99	2999-00	3000-01	3001-02	3002-03	3003-04	3004-05	3005-06	3006-07	3007-08	3008-09	3009-10	3010-11	3011-12	3012-13	3013-14	3014-15	3015-16	3016-17	3017-18	3018-19	3019-20	3020-21	3021-22	3022-23	3023-24	3024-25	3025-26	3026-27	3027-28	3028-29	3029-30	3030-31	3031-32	3032-33	3033-34	3034-35	3035-36	3036-37	3037-38	3038-39	3039-40	3040-41	3041-42	3042-43	3043-44	3044-45	3045-46	3046-47	3047-48	3048-49	3049-50	3050-5
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Project Name		Project ID	Project Type	Project Status	Project Manager	Project Location	Project Start Date	Project End Date	Project Budget	Project Progress	Project Risk	Project Impact
1	Project A	101	Construction	Completed	John Doe	New York	2020-01-01	2020-12-31	\$1,000,000	100%	Low	High
2	Project B	102	Software Development	In Progress	Jane Smith	San Francisco	2021-03-01	2021-12-31	\$500,000	75%	Medium	Medium
3	Project C	103	Research & Development	On Hold	Mike Johnson	London	2020-06-01	2022-06-30	\$2,000,000	20%	High	Low
4	Project D	104	Marketing Campaign	Completed	Sarah Lee	Los Angeles	2021-01-01	2021-03-31	\$100,000	100%	Low	Medium
5	Project E	105	Infrastructure Upgrade	In Progress	David Kim	Seoul	2020-09-01	2022-09-30	\$3,000,000	50%	Medium	High
6	Project F	106	Product Launch	Completed	Emily White	Paris	2021-04-01	2021-06-30	\$200,000	100%	Low	Medium
7	Project G	107	System Integration	In Progress	Chris Brown	Chicago	2020-11-01	2022-01-31	\$750,000	60%	Medium	Medium
8	Project H	108	Customer Service Improvement	On Hold	Alex Green	Atlanta	2021-02-01	2022-02-28	\$150,000	10%	Low	Low
9	Project I	109	Supply Chain Optimization	In Progress	Mia Black	Phoenix	2020-07-01	2022-07-31	\$1,200,000	40%	Medium	Medium
10	Project J	110	Website Redesign	Completed	Noah Grey	Portland	2021-05-01	2021-08-31	\$300,000	100%	Low	Medium

क्र.सं.	कार्यक्रम	खर्च शीर्षक	इकाई	आयोजनाको कुल त्रियाकलापको				सम्पूर्ण कार्य मध्ये गत आ.व. सम्मको				वार्षिका लक्ष्य			कैफियत
				परिमाण	भार	लागत		परिमाण	भार	लागत		परिमाण	भार	लागत	
१	कम्प्योनेन्ट नभएको														
११.१.३.३५	Hall management and furniture purchase	३११६१	पटक	०	०	०		०	०	०		१	.३	३	नेपाल सरकार
११.१.३.५७	Maintenance of NHTC surrounding and gardening	३११६१	पटक	०	०	०		०	०	०		१	.१	१	नेपाल सरकार
११.३.७.२	Official equipment such as computer, printer etc	३११२२	सेट	०	०	०		०	०	०		१	.२	२	नेपाल सरकार

क्र.सं.	कार्यक्रम	खर्च शीर्षक	इकाई	आयोजनाको कुल त्रियाकलापको				सम्पूर्ण कार्य मध्ये गत आ.व. सम्मको				वार्षिका लक्ष्य			कैफियत
				परिमाण	भार	लागत		परिमाण	भार	लागत		परिमाण	भार	लागत	
२.४.२.१	Transportation of training materials	२२३११	पटक	०	०	०		०	०	०		५	.२	२	नेपाल सरकार
२.४.१२.२	Printing materials	२२३१५	पटक	०	०	०		०	०	०		४	२.०१	२०	नेपाल सरकार
२.४.१३.१	Procurement of manuals	२२३१५	पटक/ सङ्ख्या	०	०	०		०	०	०		४	.२	२	नेपाल सरकार

२.५.८.४५	Service charge to contract staffs	२२४१३	पटक	०	०	०	०	०	०	०	०	७	२.३२	२३.१	नेपाल सरकार	२३.१
१.६.२.१	Grant fund cost	२१२१२	पटक	०	०	०	०	०	०	०	०	१	.१	१	नेपाल सरकार	१
१.६.४.१	Insurance to workers	२१२१३	संड्या	०	०	०	०	०	०	०	०	२२	.२	२	नेपाल सरकार	२
२.७.२.२.१४८३	VAT/TAX payment EDPUs program	२२५२२	पटक	०	०	०	०	०	०	०	०	४	.८	८	नेपाल सरकार	८
२.७.२.२.३११२	Allowance to DBEE program to trainers	२२५२२	पटक	०	०	०	०	०	०	०	०	३	.७२	७.२	नेपाल सरकार	७.२
२.८.१.३८	Support and coordination with technical	२२६११	पटक/ संड्या	०	०	०	०	०	०	०	०	८	.९२	९.२	नेपाल सरकार	९.२
२.८.१.१४०	Travel cost	२२६११	जना	०	०	०	०	०	०	०	०	४	.१	१	नेपाल सरकार	१
२.९.२.१	Insurance to wheelers	२२२१४	बटा	०	०	०	०	०	०	०	०	५	.८	८	नेपाल सरकार	८
२.९.२.२	Insurance to wheelers	२२२१४	बटा	०	०	०	०	०	०	०	०	९	.११	१.१३	नेपाल सरकार	१.१३
२.९.२.५	Vehicle and third party insurance	२२२१४	बटा	०	०	०	०	०	०	०	०	१०	.१	१	नेपाल सरकार	१

२.९.६.१	Miscellaneous	२२७११	निरन्तर	०	०	०	०	०	०	०	०	१२	.४२	.४२	नेपाल सरकार	४.२
२.७.२२.२६९९	New training development program	२२५२२	वटा	०	०	०	०	०	०	०	०	२	.८	.८	नेपाल सरकार	८
२.७.२२.२७०१	Coordination with different organizations	२२५२२	वटा	०	०	०	०	०	०	०	०	२	.३	.३	यु एस एड(३३)	३
२.७.२२.२७००	Logistics for field test program	२२५२२	पटक	०	०	०	०	०	०	०	०	१	.६	.६	नेपाल सरकार	६

क्र.सं.	कार्यक्रम	खर्च शीर्षक	इकाई	आयोजनाको कुल त्रिधाकलापको			सम्पूर्ण कार्य मध्ये गत आ.व. सम्मको			वार्षिका लक्ष्य			कैफियत	
				परिमाण	भार	लागत	परिमाण	भार	लागत	परिमाण	भार	लागत		
२.७.२२.२७०२	Modification update and dissemination of training materials as per the requirement	२२५२२	वटा	०	०	०	०	०	०	२	.४	.४	नेपाल सरकार	४
२.७.२२.२७०५	Onsite monitoring training regarding the use of training materials at the training site	२२५२२	पटक	०	०	०	०	०	०	४	.२	.२	नेपाल सरकार	२
२.७.२२.३४०५	Workshop and interaction with MEC regarding the integration of existing training materials into the academic curriculum of various medical colleges	२२५२२	पटक	०	०	०	०	०	०	२	.४	.४	नेपाल सरकार	४

२.७.२२.३४०४	Standardization of existing training materials from various centers	२२५२२	पटक	०	०	०	०	०	०	०	०	०	०	४	८	नेपाल सरकार	८
२.७.२२.३४२६	SHP÷SBA modular and piloting and roll out	२२५२२	पटक	०	०	०	०	०	०	०	०	०	१	२८१	२८	यु एस एड (३३)	२८
२.७.२२.३४२८	Training profile update Ú	२२५२२	पटक	०	०	०	०	०	०	०	०	०	१	१५	१५	नेपाल सरकार	१५
२.७.२२.३४२७	Develop and pilot in-service training curriculum on leadership and management for senior health service	२२५२२	पटक	०	०	०	०	०	०	०	०	०	२	२०१	२०	नेपाल सरकार	२०
२.७.२२.३८३०	Workshop to develop SBA÷SHP modular training implementation plan	२२५२२	पटक	०	०	०	०	०	०	०	०	०	१	६	६	युनिसे फ(३२)	६
२.७.२२.३४२५	Medico-Legal Training on Post Mortem Examination and Clinical Forensic Medicine Pre-service education	२२५२२	पटक	०	०	०	०	०	०	०	०	०	१	२	२	नेपाल सरकार	२

क्र.सं.	कार्यक्रम	खर्च शीर्षक	इकाई	आयोजनाको कुल त्रियाकलापको		सम्पूर्ण कार्य मध्ये गत आ.व. सम्मको		वार्षिका लक्ष्य			कैफियत
				परिमाण	भार	लागत	भार	परिमाण	भार	लागत	
२.७.२२.११४९	Program for monitoring sites to grant permits, renewal and invitations	२२५२२	वटा	०	०	०	०	५	५.५	५.५	नेपाल सरकार
२.७.२२.११५९	Support to Internship:-Orientation	२२५२२	संड्या	०	०	०	०	४	.२	२	नेपाल सरकार
२.७.२२.११६०	Annual report writing and printing	२२५२२	पटक	०	०	०	०	१	.२	२	नेपाल सरकार
२.७.२२.२७०६	FEP program	२२५२२	जिल्ला	०	०	०	०	४	२.०१	२०	यु एस एड(३३)
२.७.२२.२७१०	Program for ensuring quality monitoring and regulation, regulating ongoing training activities	२२५२२	पटक	०	०	०	०	६	७.२	७.२	नेपाल सरकार
२.७.२२.३४०६	TIMS update	२२५२२	पटक	०	०	०	०	१	१	१०	यु एस एड(३३)
२.७.२२.३४०७	FEP development	२२५२२	पटक	०	०	०	०	१	.४	४	नेपाल सरकार
२.७.२२.३४०८	FETP training and follow up	२२५२२	पटक	०	०	०	०	१	.९	९	नेपाल सरकार

२.७.२२.३४०९	Coordination and review workshop for clinical training sites	२२५२२	पटक	०	०	०	०	०	०	०	०	०	०	७	नेपाल सरकार	७	७
२.७.२२.३४११	Development and improvement of training sites for various trainings	२२५२२	पटक	०	०	०	०	०	०	०	०	०	०	२०	यु एस एड(३३)	२०	२०
२.७.२२.३७९०	A study on effectiveness and implementation of ROUSG training program in Nepal	२२५२२	पटक	०	०	०	०	०	०	०	०	०	०	१०	यु एस एड(३३)	१०	१०
२.६.१.६	Pediatric nursing training	२२५११	जना	०	०	०	०	०	०	०	०	०	०	६	यु एस एड(३३)	६	६

क्र.सं.	कार्यक्रम	खर्च शीर्षक	इकाई	आयोजनाको कुल त्रियाकलापको				सम्पूर्ण कार्य मध्ये गत आ.व. सम्मको				वार्षिका लक्ष्य			कैफियत			
				परिमाण	भार	लागत		परिमाण	भार	लागत		परिमाण	भार	लागत	नेपाल सरकार	यु एस .४ एड(३३)	यु एस एड(३३)	
२.६.१.७३	ToT on PEN package	२२५११	पटक	०	०	०		०	०	०		१	.६	६	नेपाल सरकार			६
२.६.१.९७	Inservice training to officers	२२५११	समूह	०	०	०		०	०	०		१	२.०५	२०.४	नेपाल सरकार		यु एस एड(३३)	२०
२.६.१.१०३	Medico-Legal Training on Post Mortem Examination and Clinical Forensic Medicine	२२५११	पटक	०	०	०		०	०	०		२	२.४१	२४	यु एस एड(३३)			२४
२.६.१.१०४	OTTM training to nurse	२२५११	पटक	०	०	०		०	०	०		१	.८	८	यु एस एड(३३)			८
२.६.१.१०५	Comprehensive New Born Care training -CNC-II&III to nursing staff	२२५११	पटक	०	०	०		०	०	०		२	१.४	१४	यु एस एड(३३)			१४
२.६.१.११३	Burn Care and Management To clinicians	२२५११	पटक	०	०	०		०	०	०		२	१.२	१२	यु एस एड(३३)			१२
२.६.१.१२९	Hemodialysis training to health workers	२२५११	पटक	०	०	०		०	०	०		२	२.४१	२४	नेपाल सरकार			२४
२.६.१.१४०	CTS GTS training to different workers	२२५११	पटक	०	०	०		०	०	०		३	२.११	२१	यु एस एड(३३)			२१

२.६.१.१४२	Pediatric ECCT Training	२२५११	पटक	०	०	०	०	०	०	०	१	.५	५	यु एस एड(३३)			५
२.६.१.१४७	-BCCT-N training to nurses	२२५११	पटक	०	०	०	०	०	०	०	१	.७	७	यु एस एड(३३)			७
२.६.१.१४९	Field Epidemiology Training- Frontliners	२२५११	पटक	०	०	०	०	०	०	०	३	११.४३	११४	यु एस एड(३३)			११४
२.६.१.१६४	Integrated Morbilities Screening training	२२५११	पटक	०	०	०	०	०	०	०	१	.७	७	यु एन एफ प ए(३२)	७		
२.६.१.१६५	Geriatric Care training to health workers	२२५११	पटक	०	०	०	०	०	०	०	१	.६	६	नेपाल सरकार			६

क्र.सं.	कार्यक्रम	खर्च शीर्षक	इकाई	आयोजनाको कुल त्रियाकलापको				सम्पूर्ण कार्य मध्ये गत आ.व. सम्मको				वार्षिका लक्ष्य				कैफियत			
				परिमाण	भार	लागत		परिमाण	भार	लागत		परिमाण	भार	लागत		नेपाल सरकार	यु एस एड(३३)	यु एस एड(३३)	१
२.६.१.१६६	Occupational Health and Safety training to health workers	२२५११	पटक	०	०	०		०	०	०		१	.६	६		नेपाल सरकार	यु एस एड(३३)	१	१
२.६.१.१६७	Basic research methodology for health workers	२२५११	पटक	०	०	०		०	०	०		१	.६	६		यु एस एड(३३)			
२.६.१.१६८	Mental Health Training Module @	२२५११	पटक	०	०	०		०	०	०		१	.८१	८.०४		नेपाल सरकार	यु एस एड(३३)	८	८
२.६.१.१६९	Mental health training module ^	२२५११	पटक	०	०	०		०	०	०		१	.५	५		यु एस एड(३३)			
२.६.१.१७१	First Trimester Abortion Care standardization training to doctors	२२५११	पटक	०	०	०		०	०	०		३	.९	९		नेपाल सरकार			
२.६.१.१७२	ToT on Acute Respiratory Distress Syndrome -ARDS_ training	२२५११	पटक	०	०	०		०	०	०		१	.६	६		यु एस एड(३३)			
२.६.१.१७३	ToT on ambulance driver	२२५११	पटक	०	०	०		०	०	०		१	.६	६		ड लु एच ओ (३२)			
२.६.१.१७४	Hospital Preparedness for Emergencies -HOPE_ training	२२५११	पटक	०	०	०		०	०	०		१	.८	८		ड लु एच ओ (३२)			

२.६.१.१७५	Training module ^ for nursing staff and HCWs at OCMC to provide consultation with general public	२२५११	पटक	०	०	०	०	०	०	०	०	१	२.४१	२४	नेपाल सरकार	२४		
२.६.१.१७६	Palliative care training	२२५११	पटक	०	०	०	०	०	०	०	०	२	१.४	१४	नेपाल सरकार	१४		
२.६.१.१७७	ToT on ASRH	२२५११	पटक	०	०	०	०	०	०	०	०	१	.६	६	नेपाल सरकार	६		
२.६.१.१७९	NSV=Minilap BLENDING training to doctors and gynecologist	२२५११	पटक	०	०	०	०	०	०	०	०	१	१	१०	नेपाल सरकार	१०		

क्र.सं.	कार्यक्रम	खर्च शुद्धिक	इकाई	आयोजनाको कुल त्रियाकलापको				सम्पूर्ण कार्य मध्ये गत आ.व. सम्मको				बाधिका लक्ष्य				कैफियत	
				परिमाण	भार	लागत		परिमाण	भार	लागत		परिमाण	भार	लागत			
२.६.१.१.८०	Training for senior health services at Nepal Administrative Staff College	२२५११	पटक	०	०	०		०	०	०		२	४.४२	४४.१		नेपाल सरकार यु.यु.एस.एड(३३)	४४
२.६.१.१.९३	Burn Care and Management	२२५११	पटक	०	०	०		०	०	०		२	१.२	१२		नेपाल सरकार	१२
२.६.१.१.९४	Advanced Infection Prevention_training	२२५११	पटक	०	०	०		०	०	०		१	१	१०		यु.एस.एड(३३)	१०
२.६.३.११	Modular training to health coordinators at local level	२२५११	पटक	०	०	०		०	०	०		२	१.२	१२		यु.एन.एफ.प.ए(३२)	१२
२.६.१.१.६३	Continuity of FY in Diploma bio-medical training	२२५११	पटक	०	०	०		०	०	०		१	.८	८		नेपाल सरकार	८

ANNEX V: PHOTO GALLERY

(Comment: Update the gallery)



GLIMPSES OF VARIOUS TRAININGS AND PROGRAM OF FY 2080/81



Community First Health Responder (CFHR)



Induction Training Participants



Induction Training



Burn care management at Kirtipur hospital PHECT



Follow up and enhancement at Sindhupalchowk

FEP at Mahottari





Dissemination of LRP on Hemodialysis Equipment repair and maintenance











Simulation during training session









Training on biomedical user maintenance training at Nepal Army Hospital


ANNEX VI: STAFF MEMBER/ OFFICE CONTACTS LIST/ SPOKESPERSON




SN	Name	Designation	Ext.	Email	Photo
1.	Yeshoda Aryal	Director	219	aryal.yeshoda@gmail.com	
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4.	Madhav Kumar Shrestha	Health Education Administrator		madhavshrestha95@gmail.com	
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11.	Sita Pokhrel	Community Nursing Officer	215	sitapokharel2026@gmail.com	
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16.	Nabindra Shrestha	Administrative Assistant	201, 202	sfhanabindra1986@gmail.com	
17.	Pramod Niroula	Computer Operator	221	pramodniroula101@gmail.com	
18.	Dhir Bahadur Karki	Driver		dhiraj.karki37@gmail.com	

19.	Kabir Pode	Office Helper		
20.	Bindu Podeni	Office Helper		