

BUSINESS PLAN

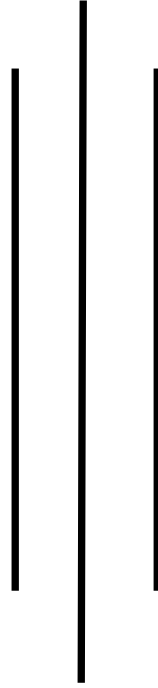
**Department of Ayurveda and Alternative
Medicine
Fiscal Year 2019/2020**



**Government of Nepal
Ministry of Health and Population
Department of Ayurveda and Alternative Medicine**

November 2019

**Business Plan:
Department of Ayurveda and Alternative
Medicine
Fiscal Year 2019/2020**



**Government of Nepal
Ministry of Health and Population
Department of Ayurveda and Alternative Medicine
November 2019**



नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

(.....शाखा)



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प्राप्त पत्र संख्या :-

पत्र संख्या

चलानी नं. :-

रामशाहपथ,

काठमाडौं, नेपाल ।

मिति :- २०७६।१०।१३

विषय :- प्राक्कथन

राज्यको पुनः संरचना अनुसार सङ्घ, प्रदेश र स्थानीय तहले प्रदान गर्ने स्वास्थ्य सेवाका सम्बन्धमा गरेको व्यवस्था अनुसार सबै नागरिकका निम्ति सहज र गुणस्तरीय सेवाको पहुँच अपरिहार्य रहेको छ । यस सन्दर्भमा सङ्घीय सरकार, स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय मातहतको आयुर्वेद तथा वैकल्पिक चिकित्सा विभागले सम्पादन गर्नुपर्ने कार्यलाई व्यवस्थित गर्न व्यावसायिक योजना (Business Plan) तर्जुमा गरी लागू गरेकामा अत्यन्तै खुसी लागेको छ । स्वास्थ्य नीति, २०७६ ले अंगिकार गरे अनुरूप सहज रूपमा गुणस्तरीय सेवा प्रदान गर्न आवश्यक स्रोतको आँकलन समेत गरेको हुँदा वार्षिक योजना तथा कार्यक्रम तर्जुमा गर्दा कार्यक्रमहरूको प्राथमिकीकरण गरी आवश्यक स्रोत जुटाउन यो व्यावसायिक योजनाले मद्दत पुऱ्याउँछ भन्ने विश्वास लिएको छु ।

यो व्यावसायिक योजना तर्जुमाको लागि प्राविधिक सहयोग पुऱ्याएकोमा USAID /Public Financial Management Strengthening Project लगायत यस Business Plan तर्जुमा कार्यमा सम्बद्ध सबैलाई धन्यवाद दिन चाहन्छु ।

खगराज बराल

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List of Acronyms

AA	Ayurvedic Aushadhalaya
DAHC	District Ayurveda Health Center
DDA	Department of Drug Administration
DoAAM	Department of Ayurveda and Alternative Medicine
DOHS	Department of Health Services
EDP	External Development Partners
E4D	Evidence for Development
FY	Fiscal Year
GoN	Government of Nepal
LG	Local Government
LBG	Louise Berger Group
MoF	Ministry of Finance
MOHP	Ministry of Health and Population
MTEF	Medium-term Expenditure Framework
NPR	Nepalese Rupee
PFMSP	Public Financial Management Support Program
PG	Provincial Government
PPMD	Policy Planning and Monitoring Division
SoE	Statement of Expenditure
USAID	United States Agency for International Development
ZAAA	Zonal Ayurvedic Aushadhalaya

Chapter 1: Introduction, Objectives and Methodology

1.1 Introduction

Department of Ayurveda and Alternative Medicine (DOAAM) is one of the three departments under the Ministry of Health & Population(MOHP) responsible for Ayurveda system in Nepal. DOAAM primarily manages the delivery of Ayurveda services throughout the country. It is responsible for programming, management of information and supervision, monitoring and evaluation of delivery of ayurveda service and promoting healthy lifestyle. At present Ayurveda health services are being delivered through two Ayurveda Hospitals (one 100 bedded located at Naradevi, Kathmandu and another one 30 bedded, located in Bijauri, Dang), 14 Zonal Ayurveda Aushadhalayas (ZAA), 61 District Ayurveda Health Centers (DAHC) and 305 Ayurveda Aushadhalayas (AA) in the country. After unbundling of services and organization, at the federal level DoAAM remains only one spending unit at federal level. Detailed information on the structure and function of DOAAM can be obtained from the following website: www.doaa.gov.np.

1.2 Objectives, roles and responsibilities

1.2.1 Objective

The main objective of DoAAM is to manage and ensure delivery of ayurveda services, Programming, management of information and supervision, monitoring and evaluation of delivery of and promoting healthy lifestyle through its network facilities all across the country. The system works through simple and therapeutic measures along with promotive and rehabilitative health of people.

1.2.2 Roles and responsibilities

Specific roles and responsibilities of the DoAAM are summarised below.

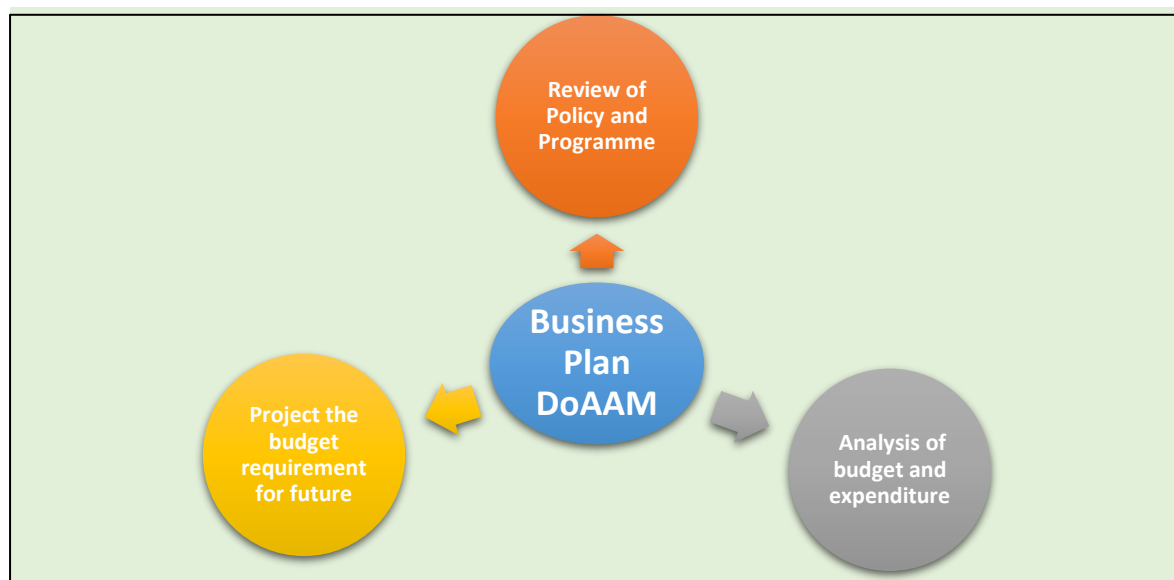
- Expand and develop functional, physical Ayurveda health infrastructure;
- Improve quality control mechanism for Ayurveda health services throughout the country;
- Develop and manage the required human resources;
- Mobilize the adequate resources for medicinal plants;
- Promote community participation in the management of the health facility & utilization of local herbs;
- Procure, store and distribute Ayurveda medicine & other allied materials;

- Promote health status & sustainable development of Ayurveda system using locally available medicinal plants;
- Promote positive attitudes towards health care & awareness of health issues.

1.3 Methodology

This Business Plan is prepared based on the analysis of the Redbook, MOHP annual work plan and budget, DoAAM’s AWPB, MTEF and TABUCS. We have also reviewed relevant policy frameworks that have guided to prepare budgets for the future. The details of the policy frameworks are included in the MOHP’s Business Plan.

Figure 1: Approaches Utilized



This is a first comprehensive business plan of the DoAAM. Thus, series of consultative meeting and consultative workshops were organized with the section chiefs and the program planners to validate the figures, forecasting and setting target for future years. Since this is an official document of DoAAM we have used the reference from the existing documents including AWPM, MTEF, Red Book, TABUCS, Audit observation report and LMBIS. Every public sector business plan needs to be consistent with existing budgetary framework, thus, independent technical approaches/methods were not used while projecting the budget for the future. We have utilized MTEF to capture budget for the fiscal year FY 2020/21 and FY 2021/22. The complete expenditure data is captured up to fiscal year 2017/18, which have been used in this analysis.

Chapter 2: Business Plan

2.1 Structure of DoAAM

Ayurveda service is provided to the Nepalese population through 382 service units of different categories of the Department of Ayurveda and Alternative Medicine (DOAAM). These units were established according to the unitary system of government. It includes two hospitals, and the zonal and district Ayurveda Health Center (DoA). Besides these, there are 305 Ayurveda Aushadhalaya(AA) located in various VDCs, now in the municipalities.

Most of the AA units have their own infrastructure. Major services provided by these units are diagnosis and treatment of various diseases. Various categories of Ayurvedic Health Workers (AyHW) provide the Ayurvedic services. The DOAA functions as policy regulating organization for all the Ayurvedic service units. This document is prepared keeping in view the integrated nature of services.

The Structure of Department of Ayurveda and Alternative Medicine is provided below:

- Herbal, Medicine and Research Division
- Herbal and Medicine Management Section
- Ayurvedic Health Promotion Section
- Ayurvedic Curative Division
- Ayurvedic Services Management Section
- Monitoring, Research and Coordination Section
- Alternative Medicine Division
- Homeopathy and Amchi Medicine Section
- Natural and Acupuncture Medicine Section
- Administration Section
- Personnel Administration
- Finance Section

2.2 Financial and Physical progress made in FY 2017/18

2.2.1 Financial Progress

Table 1 shows that DoAAM's relatively weaker capacity to implement the budget in fiscal year 2017/18.

Table 1: Budget Allocation and Expenditure of DOAAM with comparison MOHP (NPR in thousands)

SN	Budget Entity	Budget (NPR)	Expenditure (NPR)	% Exp
1	MoHP	32,954,405	27,035,339	82.00
2	DoAAM	643,173	431,240	67.05

Source: FMR 2017/18, MOHP

DoAAM may need more trained human resources to better plan and implement the programs across the country. The national health policy has prioritized the importance of alternative medicine in the country. However, the current budget allocation is not sufficient to further develop the service, innovation and expansion in the country.

2.2.2 Capital and recurrent expenditure in FY 2017/18

DoAAM has higher capital budget than that of recurrent budget. However, the DoAAM has not been successful in spending the capital budget as expected.

Table 2: DoAAM capital and recurrent budget and expenditure (NPR in thousands)

SN	Program	Budget (NPR)	Expenditure (NPR)	% Exp
1	Capital	399,278	228,435	57.21
2	Recurrent	243,895	202,805	83.50
	Total	643,173	431,240	67.05

Source: FMR 2017/18, MOHP

A proper plan with required human resources is required to assure the timely budget implementation and higher proportion of expenditure.

2.2.3 Administrative and Program expenditure in FY 2017/18

Table 3 shows that DoAAM spent 82 percent of administrative budget, however, only 64 percent of the program budget was spent.

Table 3: MOHP administrative and program budget and expenditure (in thousand)

SN	Program	Budget (NPR)	Expenditure (NPR)	% Exp
1	Administration	95,460	78,602	82.34
2	Program	547,713	352,638	64.38
	Total	643,173	431,240	67.05

Source: FMR 2017/18, MOHP

This again demands a proper business plan to capture the expenditure.

2.2.4 GoN and EDP expenditure in FY 2017/18

Table4 below shows that DoAAM has no budget allocation from external development partners.

Table 4: DoAAM donor and EDP budget and expenditure (in thousand)

SN	Program	Budget (NPR)	Expenditure (NPR)	% Exp
1	GoN	643,173	431,240	67.05
2	EDP	0.00	0.00	0.00
	Total	643,173	431,240	67.05

Source: FMR 2017/18, MOHP

DoAAM is required to discuss with health sector EDPs to request financial commitment in Ayurveda services.

2.2.5 Budget and Expenditure by major program activities in FY 2017/18

DOAAM spends the allocated budget in various activities. Major activities and budget expenditure in the FY 2017/18 are shown in Table 5 below.

Table-5: Major activity allocation and expenditure(NRP in thousands)

SN	Major program activities	Allocation	Expenditure
1	Emergency Ayurvedic Health Camp	12,850	10,838
2	Orientation and Training on Ayurveda	4,400	3,711
3	Program on quality management of herbal medicines	8,800	7,422
4	Procurement of Essential Ayurvedic medicine	36,600	30,868
5	Gaun-ghar Clinic and management of non-communicable diseases	18,500	15,603
6	Program on Healthy Life	4,500	3,795
7	Review and workshops	9,775	8,244
8	Monitoring and Evaluation	5,650	4,765
9	Construction of Ayurvedic health facilities	310,900	262,210
10	Procurement of vehicle	9,000	7,591
11	Administrative and other cost	222,198	76,193
	Total	643,173	431,240

Source: FMR 2017/18, MOHP

The above table shows allocated budget and expenditure of previous fiscal year. Out of the 10 major programs, expenditure for Emergency Ayurvedic Health Camp, exceeded the allocated budget. Expenditure for other 9 programs was less than the allocated budget for each program.

2.3 Budget allocation to the Department of Ayurveda in FY 2018/19 and FY 2019/20

Table 6 shows that DoAAM has not been able to secure the increased budget in FY 2019/20. It is important to note that budget across different types and category has decreased. This is because of the devolution of DoAAM budget to the sub-national government.

Table 6: Budget allocation to Department of Ayurveda (NPR in thousands)

SN	Budget Entity	FY 2018/19		FY2019/20		Budget Change %
		NPR	% Share	NPR	% Share	
1	Health Budget at three level of Govt	56,419,700	100	68,779,100	100	21.91
2	MOHP	34,082,300	60.4	42,670,900	62	25.2
3	DoAAM	165,800	0.5	156,200	0.4	-5.8
4	Capital	111,000	66.9	106,100	67.9	-4.4
5	Recurrent	54,800	33.1	50,100	32.1	-8.6
	Total	165,800	100.0	156,200	100.0	-5.8
6	Program	148900	89.81	131700	84.31	-11.55
7	Administration	16,900	10.19	24,500	15.69	44.97
	Total	165,800	100	156,200	100	-5.80
8	GoN	165,800	100.0	56,200	100.0	-5.8
9	EDP's	0.0	-	0.0	-	-
	Total	165,800	100.0	156,200	100.0	-5.8

Source: eAWPB, MOHP 2019/20

2.4 Progress on output indicators

2.4.1 Progress on output indicators

Table 7 summarizes the overall physical progress of activities under the DOAA for FY 2017/18. Since complete data of FY 2018/19 has not been fully reported we have utilized the data from FY 2017/18.

Table 7: Physical progress for FY 2017/18

SN	Output indicators	Target	Unit	Achievement
1	OPD service	N/A	Persons served	1,332,697
2	Elderly citizen program	N/A	Persons served	33,378
3	Lactating mother program	N/A	Persons served	19,078
4	Purvakarma	N/A	Persons served	29,357
5	Free Health Camp	N/A	Persons served	44,415
6	Rural outreach clinic	N/A	Persons served	85,764

Source: Annual Report FY 2017/18, DOHS

Note: Targets of above tables are expected population of catchment area, but DoAAM did not spell out the services targets for the year.

2.4.2 Progress on output indicators

The functions of DoAAM as a policy regulating unit, are planning, monitoring, resource allocation, reporting and evaluation of services and related activities. As such the DOAA has not developed any indicator to gauge the progress. Keeping in view the services provided (outpatient and inpatient) these are taken as indicators. So, the indicators and progress will be measured through the service provided by various units under DOAA.

Table 8: Indicator and targets for policy and service delivery entities.

SN	Indicators	Unit	Last year's Achievement	Target FY 2076/77	Target FY 2077/78	Target FY 2078/79
1.	OPD service	Persons served	1332697	1400000	1500000	1600000
2.	Elderly citizen program	Persons served	33378	36000	40000	45000
3.	Lactating mother program	Persons served	19078	22000	25000	30000
4.	Purva Karma	Persons served	29357	32000	350000	40000
5.	Free Health Camp	Persons served	44415	50000	55000	60000
6.	Rural outreach clinic		85764	90000	100000	120000

The above table shows the indicators of service delivery units, achievement of previous fiscal year and targets for the next three fiscal years.

2.5 Three years budget forecast for major activities

2.5.1 Expected Source of Budget for next three FYs

As this business plan is developed on the basis of budget allocated to DoAAM by MOHP in the past few years, it is expected that the budget for the next three fiscal years will be incremental as shown in the table below.

Table-9: Budget allocation and Expected budget allocation for next two FY(NPR in thousands)

SN	Source of financing	FY 2019/20	FY 2020/21	FY 2021/22
1	Revenue from Federal Government			
1.1	Recurrent	50,100	58,475	67,246
1.2	Capital	106,100	122,015	141,407

2	Other sources (included in Budget)	0	0	0
	Total	156,200	180,490	208,654

As shown in the table, the expected budget from all three sources of financing are expected to be increasing steadily for next three fiscal years.

2.5.2 Budget Sources estimate for three years

Table 10 shows budget allocation for major program activities for three consecutive fiscal years. It shows that there is no budget allocated for the procurement of essential Ayurvedic drugs

Table 10: Budget allocation for FY 2019/20 and estimates for two fiscal years (NPR in thousands)

SN	Major Activities	FY 2019/20	FY 2020/21	FY2021/22
1	Procurement of essential Ayurveda drugs	0	0	0
2	Capital Cost (Building construction, Procurement of Photocopy, Fax, Scanner, computer)	106,100	122,015	141,407
3	Establishment of patient recording reporting networking system	4,000	4,800	5,760
4	Strengthening program of Naturopathy, Yoga, Homeopathy, Unani, Aamchi	9,900	11,880	14,256
5	Panchakarma & Yoga training for Kaviraj & Vaidya	2,400	2,880	3,456
6	Annual review meeting and Promotion	800	960	1,152
7	Free health camps	1,400	1,680	2,016
8	Evaluation and monitoring	5,000	6,000	7,200
9	Administrative and other cost	26,600	30,275	28,396
	Total	156,200	180,490	208,654

2.6 Procurement

Procurement is a major function of the department. Significant amount of money is allocated under procurement budget almost budget (NPR.99,800 out of NPR. 110,500 thousand) for construction of Ayurveda health building. Table 11 summarizes estimated budget for procurement.

Table 11: Budget allocated for FY 2076/77 and Estimated Procurement for next two FY (NPR in thousands)

SN	Procurement item	FY 2019/20		FY 2020/21		FY 2021/22	
		Quantity	Allocation	Quantity	Estimated cost	Quantity	Estimated cost
1	Procurement of goods						
1.1	Medicine						
1.2	Medical equipment						
1.3	Office materials	Bulk	900	Bulk	990	Bulk	1120
1.4	Vehicle						
1.5	Furniture			Bulk	500	Bulk	250
2	Construction						
2.1	Building	27	99800	31	156000	35	124000
2.2	Other construction	2	6300	3	7500	2	8500
3	Procurement of Services	Bulk	1100	Bulk	1250	Bulk	1460
4	Contract						
4.1	Human resource for Health	person	2400	Person	2920	Person	3250
	Total		110500		169160		138580

Source: LMBIS 2019/20

As shown in the table, the estimated procurement cost is estimated to increase with increasing time for next three fiscal years. The highest percentage of budget is estimated for Building and Construction activities.

2.7 Human Resource

Human resources are key components of the health system. A significant budget is allocated for human resources. Besides services are also procured on need basis through contract. The existing status of human resources under the DOAA is given in the table below.

Table-12: Human Resource Need (Position, type, sanctioned and fulfilled HR)

SN	Position	Types	Existing		FY 2019/20	FY 2020/21	FY 2021/22
			Sanctioned	Fulfilled	Number	Number	Number
1	Director General 11	Permanent	1	1	1	1	1
2	Senior Ayurveda Consultant 9/10	Permanent	2	2	2	2	2
3	Senior Consultant Vaisagya 9/10 level	Permanent	1	0	1	1	1

SN	Position	Types	Existing		FY 2019/20	FY 2020/21	FY 2021/22
			Sanctioned	Fulfilled	Number	Number	Number
4	Under Secretary	Permanent	1	0	1	1	1
5	Ayurveda Doctor- 8	Permanent	4	4	4	4	4
6	Natural Doctor -8	Permanent	1	0	1	1	1
7	Homéopathe Doctor-8	Permanent	1	0	1	1	1
8	Acupuncture Doctor Level 8	Permanent	1	0	1	1	1
9	Section Officer	Permanent	1	0	1	1	1
10	Account Officer	Permanent	1	1	1	1	1
11	Statistical Officer	Permanent	1	0	1	1	1
12	Kaviraj 5/6/7 Level	Permanent	4	4	4	4	4
13	Amchi 4 th Level	Permanent	1	0	1	1	1
15	Nayab Subba	Permanent	2	1	2	2	2
16	Computer Operator	Permanent	1	1	1	1	1
18	Sub Accountant	Permanent	1	1	1	1	1
19	Driver	Permanent	2	2	2	2	2
20	Office Assistant	Permanent	5	5	5	5	5
	Total		31	22	31	31	31

The above table shows the position, type, sanctioned and fulfilled post of human resources for three consecutive years.

2.8 Financial Management

The DoAAM functions as a cost center. Major financial indicators in terms of governance are given in the table below.

Table-13: Major financial indicators for last fiscal year (NPR in thousands)

SN	Activity	Audit report Date BS	Response Date BS	Audited amount	Audit queries	Amount clear	Remarks
1	Internal audit (last FY 2017-18)	22 February 2019	28 March 2019	77248	200	200	
2	Final audit queries (last FY 2017-18)	22 February 2019	28 March 2019	77248	58		Clearing process starts by FY 2019/20
2.1	Amount to be recovered				0		
2.2	Amount to be regularized				58		
2.3	Unsettled advance				0		
3	Cumulative audit Queries up to FY 2016-17 audit				5404		cleared on FY 2017-18
4	Update on cumulative audit Queries up to FY 2017-18 audit						Clearing process
4.1	Amount to be recovered						

4.2	Amount to be regularized		starts by FY 2019/20
4.3	Unsettled advance		

The above table shows major financial indicators for the previous fiscal year. The indicators are divided into two categories viz. internal audit and final audit observation. It is important to note that DoAAM has no unsettled advances.

Chapter 3: Challenges and way forward

3.1 Challenges and way forward

DOAAM faces various challenges to implement the required activities. A list of challenges is given in the table below. This is a first business plan for the department. In next fiscal year a robust business plan will be prepared and implemented. This business plan sets the benchmark for the future development.

SN	Challenges	Way forward	Responsibility
1	Lack of experts and inadequate qualified manpower	Production of qualified Ayurvedic manpower (BAMS)	MOHP
2	Inadequate financial support for District level Ayurveda institution to conduct monitoring supervision & publicity program.	Allocate sufficient Budget	MOHP/DoAAM
3	Poor storage & dispensing techniques of medicines in curative aspects of Ayurveda institutions	Provide good furniture & dispensing materials Training on storage & Good dispensing Practice.	MOHP/DoAAM
4	Lack of inter sector co-ordination	Co-ordination with related ministries, NGO's & INGO's Increase qualified manpower	MOHP/DoAAM
5	Lack of community-based program for publicity of Ayurveda	Increase manpower production and allocation of adequate budget	MOHP/DoAAM
6	Lack of workshop, training & seminar on planning for Ayurveda	Allocate adequate budget, Develop policy & Long term, Mid-term and Short term plan on Ayurveda	MOHP/DoAAM
7	Lack of appropriate recording & reporting system	Upgrading of Ayurveda Information Management System (AIMS) Allocation of adequate budget. Training on AIMS For Ayurveda Personnel	MOHP/DoAAM
9	Lack of Evidence Generation & Documentation about the successful treatment of certain incurable disease with Ayurveda therapy claimed by practitioners	Goal formation. Allocate sufficient budget	MOHP/DoAAM

3.2 Recording, Reporting and Monitoring

Recording of services is done at the service delivery facilities. However there is a poor system of collecting compiled data and subsequently the it is difficult to show clear picture of service provision DoAAM is not using any electronic reporting system yet. Monitoring of Ayurvedic health facilities is done from DOAAM as per need but there is no schedule for monitoring Ayurveda services.

3.3 Dissemination

DOAAM reports its achievement through the Annual Report of DOHS. There is a section allotted to DOAAM in the annual report. Major activities and achievements are shown in the report. (www.dohs.gov.np/Annual report). Further information on DOAAM can be obtained from website: www.doaa.gov.np

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