

**Progress Report on
Financial Management
In Nepal's Health Sector
2013/14**

Report Prepared for Joint Annual Review (JAR)

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Government of Nepal (GoN)
Ministry of Health and Population (MoHP)
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EXECUTIVE SUMMARY

Progress report on financial management in the health sector in 2013/14

There have been considerable improvements to the Ministry of Health and Population's (MoHP's) financial management system over the first four years of the Nepal Health Sector Programme-2 (NHSP-2, 2010–2015). The main landmarks have been the implementation of the Financial Management Improvement Plan (FMIP, 2012/13–2015/16), the development and implementation of the Transaction Accounting and Budget Control System (TABUCS), the strengthening of MoHP's internal control system, and the development and introduction of systems to reduce the proportion of audit queries against audited expenditure. This 2015 JAR report describes the progress made by MoHP on financial management during fiscal year (FY) 2013/14 and also gives a summary of progress in the NHSP-2 period.

MoHP's major financial management achievements in 2013/14 have been as follows:

- The Transaction Accounting and Budget Control System (TABUCS) was rolled out across the health system in 2013/14 to all of MoHP's cost centres, a monitoring framework was prepared and initial steps taken to link the TABUCS with other relevant management information systems.
- Revising its FMIP taking note of the findings of fiduciary risk reviews carried out by external development partners.
- Finalising the monitoring framework for performance-based grant agreements with seven health institutions.
- Reducing the number of reporting templates for financial monitoring reports (FMR) from 33 to 8. These are now being used for regular trimesterly reporting.
- MoHP's audit committee has taken an active role in preparing the new training module and building the capacity of office managers and finance officials.

Most audit queries in the NHSP-2 period have been due to non-compliance with legal provisions, weak internal financial control and weak budget implementation. The cumulative amount of total irregularities concerning MoHP's budget reported by the Office of the Auditor General (OAG) were NPR 2.42 billion in its forty-eighth report (2010/11) and NPR 2.49 billion in its forty-ninth report (2011/12). Thirty-nine percent of these queries had been cleared by MoHP by the end of FY 2012/13.

MoHP's budget absorption capacity has increased over the NHSP-2 period. Importantly, in FY 2012/13, the government produced its budget based on the actual expenditure made in FY 2011/12. Accordingly, there was a 94% budget absorption rate in 2012/13. The latest International Health Partnership's (IHP's) country scorecard (for 2013) reports that Nepal has good quality public financial management systems. This major achievement now needs building on by continuing to implement public financial management policies, guidelines, structures, technological solutions and capacity building programmes that have been initiated during NHSP-2, which will help improve the financial transparency, accountability and quality of the expenditure.

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ACRONYMS

DHO	district health office
DoHS	Department of Health Services
DTCO	District Treasury Comptroller Office
e-AWPB	electronic annual work plan and budget
EDP	external development partner
FCGO	Financial Comptroller General's Office
FMIP	Financial Management Improvement Plan
FMR	financial monitoring report
FY	fiscal year
GAAP	Governance and Accountability Action Plan (NHSP-2)
GoN	Government of Nepal
HR&FM	Human Resources and Financial Resources Management (Division)
ICT	information and communications technology
MIS	management information system
MoF	Ministry of Finance
MoHP	Ministry of Health and Population
NHSP	Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NPR	Nepalese rupee
NTC	National Tuberculosis Centre
OAG	Office of Auditor General
PAHS	Patan Academy for Health Sciences
PFM	public financial management
PHCC	primary health care centre
PPICD	Policy Planning and International Cooperation Division
SHP	sub-health post
SU	spending unit
TABUCS	Transaction Accounting and Budget Control System
TIU	TABUCS Implementation Unit
WHO	World Health Organization

1 INTRODUCTION

1.1 Background

In the context of the Ministry of Health and Population (MoHP), the term ‘financial management’ refers to the management of resources and risks for the effective delivery of public goods and services. It includes the capacity to plan in accordance with national acts, regulations, policies, guidelines and fiscal frameworks; to prepare budgets and ensure their timely release; to ensure the transparent and timely accounting of spending; and to audit expenditure, including assessing value for money. During the NHSP-1 period (2004–2010) and the initial three years of NHSP-2 (2010–2014), substantial progress has been made on strengthening MoHP’s public financial management (PFM) system. These efforts have contributed to the timely authorisation of budgets, improved financial reporting through the new Transaction Accounting and Budget Control System (TABUCS) and improvements in the decision making process through regular meeting of the ministry’s public financial management (PFM) and audit clearance committees.

1.2 Objective

This report summarises the progress made on financial management during Nepali fiscal year 2070/71 (FY 2013/14) and the major progress made over the NHSP-2 period (FY 2010/11 to 2013/14). This report highlights progress made on systems development, committee formation, expenditure patterns, and financial auditing and the addressing of related queries. It also describes the main challenges faced and the way forward.

2 PROGRESS AND ACHIEVEMENTS

In 2013/14 MoHP has made notable progress across the following areas for strengthening the financial management practices in Nepal's health sector:

1. The updating of the Financial Management Improvement Plan (FMIP).
2. The endorsing of the new audit clearance guidelines and internal control guidelines.
3. Developing, piloting and rolling out the Transaction Accounting and Budget Control System (TABUCS).
4. Improving the templates for financial monitoring reports (FMR).
5. Analysing the NHSP-2 budget allocation and expenditure.
6. Regularising the meetings of the Public Financial Management Committee.
7. Finalising performance-based grant agreements with seven major health institutions.
8. Improved budget absorption capacity.
9. Closely monitoring audit status and the audit training plan.
10. Building the capacity of office managers and finance officials on audit clearance and procurement practices.

The latest International Health Partnership's (IHP's) country scorecard (2013 results) reports that Nepal's public financial management systems are of good quality. However, the result for the IHP indicator, 'Are the development partners using the country PFM system?' is, "No country system available." This indicates the need for more discussion and an improved common understanding between MoHP and its external development partners on the latter's use of the PFM system.

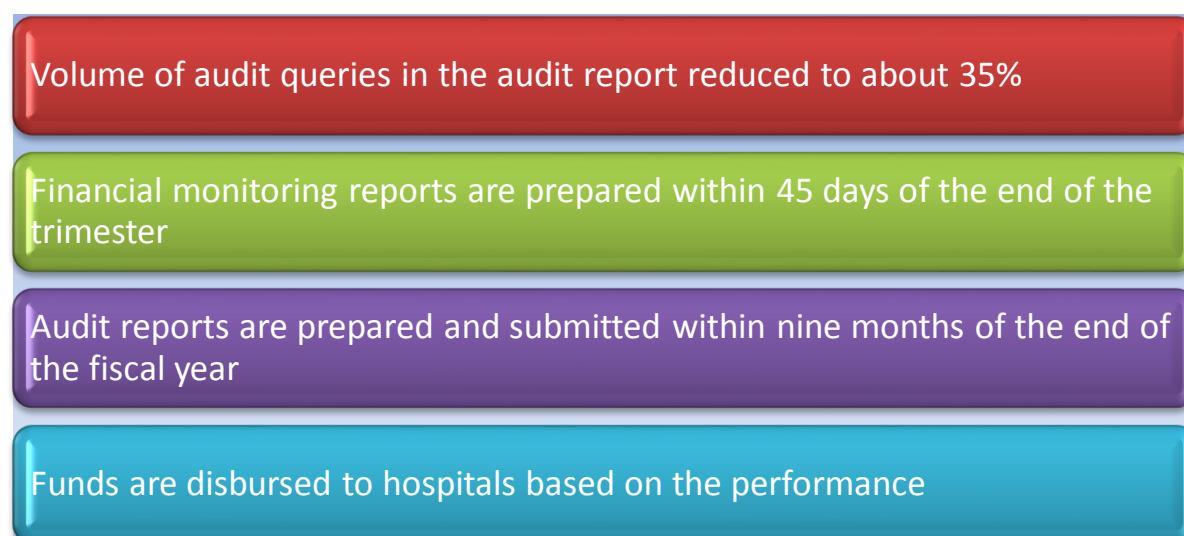
2.1 Financial Management Improvement Plan

In 2011/12, a Financial Management Improvement Plan (FMIP) was prepared for FY 2012/13 to 2015/16 and endorsed by MoHP. The plan is in line with the Government of Nepal's Public Expenditure and Financial Accountability (PEFA) Framework (<http://www.pefa.gov.np>). The objective of the FMIP is to extend good practices and implement new initiatives within MoHP. It contains explicit indicators on MoHP's current practices on financial planning, accounting procedures, internal control, financial reporting, monitoring, auditing and transparency measures, as per the requirements of NHSP-2's Governance and Accountability Action Plan (GAAP). The overall thrust of the FMIP is to reduce fiduciary risk and improve overall financial accountability in the health sector.

Noting the findings of the fiduciary risk assessments (FRA) carried out by the World Bank and the Department for International Development (DFID) in 2013, MoHP revised its FMIP in 2014 and subsequently endorsed the revised version. The revised FMIP has been circulated to all MoHP cost centres and uploaded on MoHP's website. Figure 1 shows the major four FMIP results indicators as per the revised FMIP¹ while Table 1 shows the good progress made against these indicators.

¹ See the FMIP at http://www.nhssp.org.np/thematic_rpt.html.

Figure 1: Key indicators of MoHP's Financial Management Improvement Plan (2012/13 to 2015/16)



Source: MoHP Financial Management Improvement Plan (FMIP), April 2014 revised version (MoHP 2014)

Table 1: Progress against major FMIP indicators

FMIP indicator	Achievement to 2013/14
Volume of irregularities in the audit report reduced to about 35%	Achieved: 39% (2012/13)
Financial monitoring reports are prepared within 45 days of the end of the trimester	Achieved
Audit reports are prepared and submitted within nine months of the end of the fiscal year	System is being established within TABUCS
Funds are disbursed to hospitals based on the performance	System being established

2.2 Audit Clearance and Internal Control

In 2012/13, MoHP prepared its audit clearance guidelines, with the audit committee taking the lead role in finalising them. These guidelines were officially endorsed on 13 February 2014 and MoHP's Finance Section is taking the lead in implementing them. MoHP has suggested to the Department of Health Services (DoHS) that it needs to build the capacity of its finance officers on public financial management, and especially on audit clearance, internal control and financial governance. DoHS has subsequently prepared a proposal and requested funding from the Nepal Health Sector Support Programme's (NHSSP's) Technical Assistance Response Fund (TARF) to carry out this work. The new MoHP internal control guidelines were also officially endorsed in this reporting period (on 15 March 2014). MoHP has circulated these two guidelines to all its cost centres and all 75 district treasury comptroller offices (DTCO).

On 20 February 2014, MoHP instructed all its cost centres to implement the audit clearance guidelines. Importantly, a separate module has been built into the TABUCS to track progress on audit clearance. NHSSP has supported MoHP to prepare a detailed record of the audit queries by all cost centres for 2069/70 (2013/14). This should help reduce the number of queries and increase the proportion of

cleared queries by providing evidence of the extent of audit queries to policy makers, managers and finance officers.

2.3 Transaction Accounting and Budget Control System

The Transaction Accounting and Budget Control System (TABUCS) is a simple accounting system that allows for the capture of basic accounting transactions on real time basis, at source level, and enforces budgetary control procedures so that no expenditure can take place without an approved budget and activities. The basic functionality of TABUCS is as follows:

1. Processes expenditures and payments.
2. Automatically posts payments to ledger accounts and summary accounts.
3. Processes cash, bank receipts and revenues.
4. Automatically posts receipts to ledger accounts and summary accounts.
5. Automatic posting in cash and bank books.
6. Generates financial monitoring reports (FMRs).

TABUCS covers:

- all income accruing from all sources at spending unit (SU)/cost centre level;
- all expenditure made at SU/cost centre level; and
- programme-based, activity, output-based, and budget head-based budgets.

In 2013, MoHP established its TABUCS Implementation Unit (TIU) to implement TABUCS across the country. A help desk was also established in 2013 to resolve technical issues and implement TIU decisions. NHSSP provided (and is providing) technical support to design, pilot, build the capacity of planning and finance officers, install TABUCS in all cost centres and establish and run the help desk. TABUCS was rolled out across the country by April 2014. Table 2 gives the major milestones in the development of TABUCS.

Table 2: Milestones of TABUCS Development Process

Period	Milestones
July 2011	TABUCS core team prepares concept note with the help of an international public financial management (PFM) and information and communications technology (ICT) consultant
February 2012	MoHP submits a funding proposal for designing, piloting and implementing TABUCS to the Department for International Development (DFID)
February 2012	NHSSP selects a service provider to design the technological solutions for TABUCS (Saipal Technologies)
September 2012	The service provider submits the TABUCS implementation plan to MoHP
November 2012	TABUCS specification and system design document prepared with the help of an international PFM/ICT consultant
December 2012	Assessment of cost centres selected for piloting TABUCS in
January 2013	Eleven cost centres selected for piloting TABUCS in
March 2013	Users trained from selected pilot cost centres
April 2013	TABUCS launched
May 2013	Software and data entry mechanisms installed at the 11 pilot cost centres

Period	Milestones
August 2013	System manual, user manual, training manual, frequently asked questions and situation analysis report prepared
August 2013	Reflection workshop on the piloting exercise
October 2013	MoHP decides to rollout TABUCS to all its cost centres across the country
December 2013	Training of trainers on TABUCS completed
June 2014	TABUCS user training completed with a total of 350 participants from 223 cost centres trained in 18 batches
August 2014	TABUCS M&E framework developed, integrated in the system and monitoring visits started
November 2014	Technical note prepared to link the TABUCS with relevant information systems
December	Activities are identified for the effective roll out of the TABUCS across the country

TABUCS is a key component of the comprehensive Financial Management Information System (FMIS) that the Ministry of Health and Population (MoHP) has established. MoHP recognises the importance of linking the TABUCS (at the report level) with the following MISs that cover the range of activities from planning through to programme implementation and monitoring:

- the Line Ministry Budget Information System (LMBIS)
- the Treasury Single Account (TSA)
- the Personnel Information System (PIS)
- the electronic annual work plan and budget system (e-AWPB)
- the Health Management Information System (HMIS)
- the Logistic Management Information System (LMIS)
- the Health Infrastructure Information System (HIIS)
- the Human Resource Information System (HURIS).

Note that the TABUCS has already been linked to the e-AWPB (see example at Annex 1). With support from NHSSP and SAIPAL Technologies, MoHP recently prepared a technical note on the practical aspects of linking the TABUCS with the above MISs.

2.4 Financial Monitoring Reports

Financial monitoring reports (FMRs) need to be submitted within 45 days of the end of each trimester (four-monthly period) as the main basis for the disbursement of funds by Pooled Fund partners. The following important developments from the current reporting period will enable the more timely submission of these reports:

- MoHP, with support from NHSSP/Crown Agents and in consultation with external development partners, reduced the number of associated reporting templates from 33 to 8 to streamline reporting.
- In November 2013, MoHP was connected with the financial management information system (FMIS) of the Financial Comptroller General's Office (FCGO). Since a major cause of delays in submitting FMRs has been the time consuming process of collecting and compiling reports from the FCGO, it is expected that this new connectivity and the inclusion of FMRs in the TABUCS will facilitate the more timely submission of FMRs.

These developments have contributed to improvements as:

- the FMR for the second trimester of 2013/14 (mid-November 2013–mid-March 2014) was submitted on 10 September 2014 six months after the end of the trimester; while
- the FMR for the first trimester of FY 2014/15 (mid-July to mid-November 2014) was submitted in November 2014, well within the 45 days target.

MoHP submitted its audited financial statements for FY 2012/13 to the World Bank on 14 August 2014. Note that a remaining challenge is that MoHP still has to rely on the FCGO's FMIS data while preparing and finalising its FMRs.

2.5 Budget Analysis

MoHP analysed its budget for FYs 2010/11, 2011/12, 2012/13, 2013/14 and 2014/15 — a more elaborate version of a similar exercise that was carried out for fiscal year 2011/12. This analysis is designed to help MoHP and its external development partners to know how government health funds have been allocated over the NHSP-2 period and to show the relation between planned and actual expenditure. This information is needed to track how far expenditure has gone towards achieving NHSP-2's objectives and to inform future budget and expenditure planning. Additionally, this budget analysis will enable MoHP and external development partner policy makers and planners to see the trend of budgeted (planned) and actual government health spending over the NHSP-2 period (2010/11 to 2014/15). The objective is to analyse the budgets and actual expenditure for each fiscal year in the 2010/11 to 2014/15 period to facilitate year-by-year, government agency-wise, and other disaggregated analysis and comparisons. The new analysis report will be produced in early 2015.

2.6 Public Financial Management Committee

MoHP formed a public financial management (PFM) committee in 2012/13 to improve MoHP financial management. The chief of the Policy Planning and International Cooperation Division (PPICD) chairs this committee with high level health officials and external development partner representatives as members (see Table 3). The committee has led the introduction and approval of the FMIP.

Table 3: Composition of PFM Committee (Source: MoHP 2013)

	Members	Position
1	Chief, PPICD (MoHP)	Chairperson
2	Chief, Human Resources and Financial Resources Management Division (HR&FRM Division, MoHP)	Member
3	Director, Logistics Management Division (DoHS)	Member
4	Under-secretary, PPICD (MoHP)	Member
5	Chief, MoHP Finance Section	Member
6	Chief, DoHS Finance Section	Member
7	DFID	Member
8	World Bank	Member
9	USAID	Member
10	KfW	Member
11	AusAID	Member
12	NHSSP	Member

The several rounds of formal and informal meetings of the committee have focussed on revising the FMIP. The committee agreed to revise the FMIP, formed a working group and requested this group to finalise the plan. It agreed to include the recommendations of the World Bank and DFID's fiduciary risk assessments into the revised FMIP.

The committee held a PFM progress sharing meeting with the health secretary. At the April 2014 meeting in MoHP, officials discussed the proposed revision of the FMIP, the draft procurement improvement plan, and the major findings of the World Bank and DFID's fiduciary risk assessment. The meeting was attended by programme managers and finance section chiefs from most DoHS centres and divisions.

2.7 Performance Based Grant Agreements

Under NHSP-2 MoHP is improving financial management by implementing the actions specified in the governance and accountability action plan (GAAP). The GAAP calls for a shift towards output-based budgeting, timely fund release (including grants), the timely preparation and submission of trimesterly and annual financial reports, transparent operating procedures for non-state partners, periodic performance reviews and social audits, and taking prompt action on audit irregularities. In the previous year (2012/13), MoHP had finalised the first performance-based grants agreements with the following seven health institutions, which are continuing in FY 2013/14:

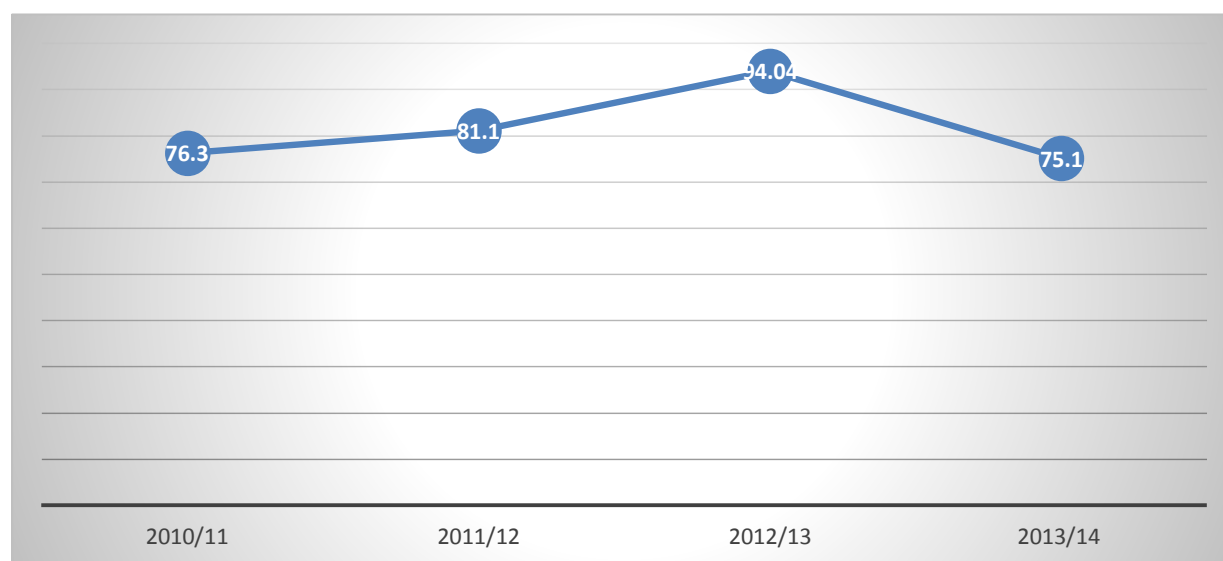
1. Bayalpata hospital, Achham (Nyaya Health)
2. Bhaktapur Cancer Hospital, Bhaktapur
3. Nepal Eye Hospital, Kathmandu
4. Nepal Netra Jyoti Sangh;
5. Suresh Wagle Memorial Cancer Hospital, Kathmandu (Tribhuvan University Teaching Hospital)
6. National Kidney Centre, Kathmandu; and
7. BP Koirala Lions Center for Ophthalmic Studies.

In 2012/13, MoHP prepared a standard monitoring framework for these agreements. This framework was revised in October 2014 after testing it in the seven institutions with agreements and in eight without such agreements. The M&E framework was prepared for the seven health institutions using the generic performance objectives and outputs and the 12 indicators shown at Annex 2.

2.8 Absorption of MoHP's Budget

A key NHSP-2 indicator is the level of absorption of the health budget. Although there have been fluctuations, the total budget absorption capacity of MoHP has increased over the last four years (see Figure 2). However, the absorption rate was relatively low in 2010/11 and 2011/12 due to delayed budget approval. Importantly, in FY 2012/13, the government provided its health budget based on the actual expenditure of FY 2011/12. Consequently 94% of the budget was spent in 2012/13. Thus, caution is needed when describing the data shown in Figure 2 as the level of expenditure is related to the level the budget is set at.

Figure 2: Budget absorption capacity (%)



Source: MoHP 2014

Table 4: Budget allocation and expenditure by sources of fund (in NPR billion)

FY	Government		EDPs		Totals		
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	% expenditure of budget
2009/10	9.31	9.23	8.53	6.68	17.84	15.91	89%
2010/11	13.93	11.9	9.88	6.27	23.81	18.17	76%
2011/12	15.21	13.82	9.72	6.42	24.93	20.24	81%
2012/13	11.72	11.89	8.52	7.14	20.24	19.03	94%
2013/14	20.13	17.10	10.30	5.75	30.43	22.85	75%

The budget allocation of MoHP in FY 2012/13 as shown in Table 4 was the initial ceiling given by the government. Actual expenditure was higher by NPR 170 million, which is still below the actual government expenditure in FY 2011/12. The government has instructed MoHP to prioritise staff salaries, free care services, the Aama Programme and other priority 1 programmes.

During the NHSP-2 period, the budget absorption capacity has been the weakest in FY 2013/14. The reason for this was underachievement on procurement at all level of the health system.

2.9 Audit Status

a) Audit Committee

MoHP formed an Audit Committee in April 2012 with the objective of improving financial discipline (see Table 5 for composition). The secretary of MoHP chairs the committee.

The committee's role according to its ToR includes strengthening the internal control system, ensuring financial discipline, organising regular meetings and responding to audit queries. This committee has taken the lead in preparing and finalising MoHP's audit clearance guidelines and internal control

guidelines. The committee recently instructed all concerned cost centres to clear their audit backlogs and also committed to build the capacity of finance officers on clearing audit backlogs.

Table 5: Composition of MoHP's Audit Committee

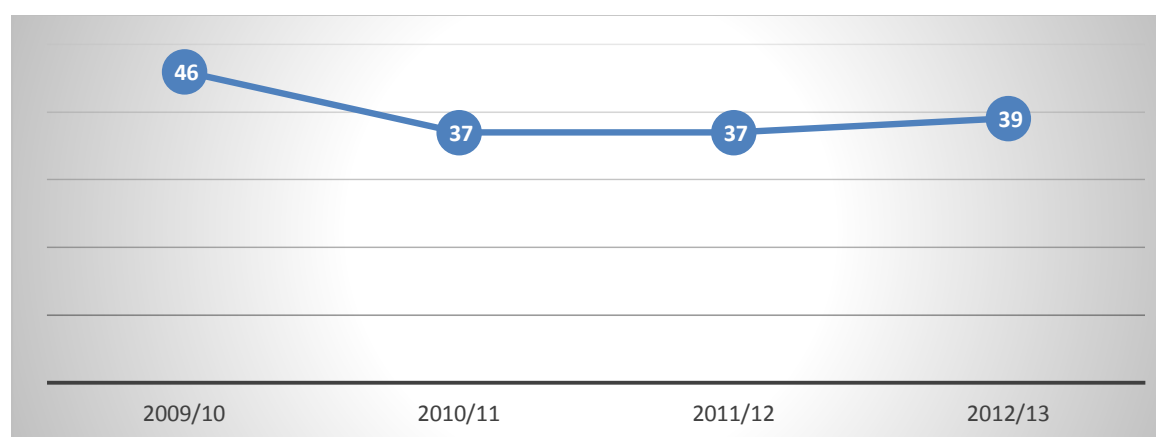
	Position and office	Committee position
1	MoHP Secretary	Chairperson
2	Chief HR&FM Division (MoHP)	Co-chairperson
3	DoHS Director General	Member
4	DoHS Finance Section Chief	Member
5	Health Sector Reform Unit (HeSRU) Chief	Member
6	MoHP Finance Section Chief	Member Secretary

Source: MoHP 2013. *Decision of the Audit Committee*

b) Status of audit queries

Figure 3 shows the progress on the annual clearance of the audit queries concerning MoHP's budget and expenditure. The trend shows that further work is needed in this area including to strengthen the capacity of MoHP to prepare its audit status reports. A high level of commitment is needed to prevent irregularities and ensure the timely clearance of queries.

Figure 3: Trends in Clearance of Audit Queries Related to MoHP's Budget (%)

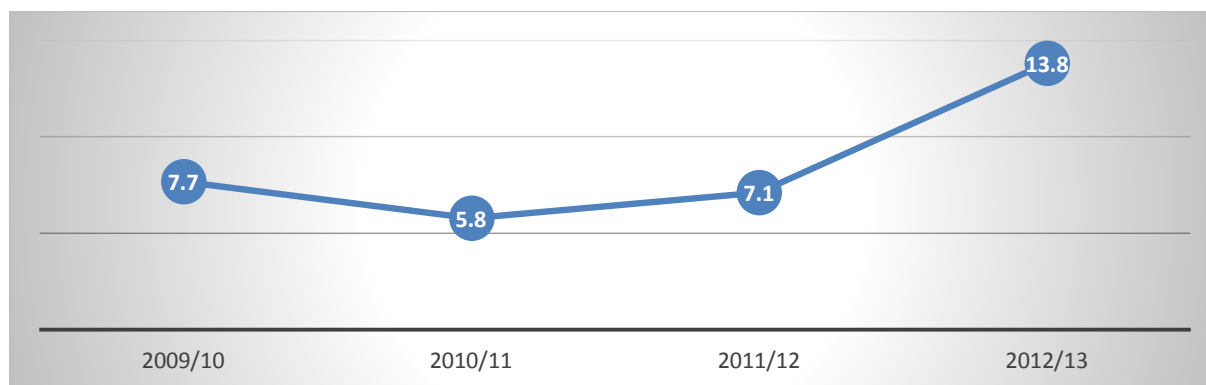


Source: MoHP 2014

Most audit queries in the NHSP-2 period have been due to non-compliance with legal provisions, weak internal financial control and weak budget implementation. The cumulative amount of total irregularities concerning MoHP's budget reported by the Office of the Auditor General (OAG) was NPR 2.42 billion in its forty-eighth report (2010/11) and NPR 2.49 billion in its forty-ninth report (2011/12). Thirty-nine percent of these queries had been cleared by MoHP as of the end of FY 2012/13.

It should be noted that the proportion of audit queries against total audited expenditure has fluctuated from 9.5% in FY 2007/08, to 5.8% in FY 2010/11, to 13.8% in 2012/13 (Figure 4).

Figure 4: Proportion of audit queries against audited expenditure



Source: MoHP 2014

A significant proportion of audit queries across the NHSP-2 period have been due to unsettled advances. MoHP believes that the proper implementation of its audit clearance guidelines, internal control guidelines and procurement implementation plan will reduce the proportion of audit queries in the coming years.

c) Audit observations and responses in NHSP-2 period

Each year, OAG conducts a compulsory final audit of all MoHP cost centres. It also conducts random performance audits, which were carried out in five health institutions in 2013/14. It is important to note that MoHP gives a high priority to responding to audit queries. MoHP's responses to the 2012/13 audit queries are shown in Table 6.

However, there remains a sizeable volume of unaudited expenditure. For this, MoHP, with support from NHSSP, has prepared a detailed record of the audit queries related to all its cost centres. This report has been published and distributed to all responsible authorities under MoHP as evidence of the extent of the problem. The report has been also uploaded on to MoHP's TABUCS website <http://pfmis.mohp.gov.np> for access by MoHP officials and TABUCS users.

Table 6: Response to major audit observations on Nepal Health Sector Programme of FY 2012/13

	Audit observations	Response
1	<p>Audit backlog: An audit backlog of NPR 472.202 million for the 1971/72 to 2004/05 period (2028/29 to 2061/62) remains. Out of this amount:</p> <ul style="list-style-type: none"> • NPR 436.565 million is appropriation of 221 units; • NPR 2.248 million is revenue of 54 units; • NPR 33.389 million of deposit of 493 units. <p>(Observation no. 1.4)</p>	<p>It is a major challenge to collect the documents for clearing the audit backlogs carried forward since 1972 (42 years ago). However, MoHP is committed to clearing these backlogs and has instructed all cost centres through the concerned departments to submit documents for clearing the backlogs. MoHP also needs to settle these issues through the Parliament's Public Account Committee. MoHP is also planning to help clear the backlogs by building the financial management capacity of office managers and finance officials.</p>

	Audit observations	Response
2	Assistance in kind and technical assistance audit: Assistance in kind is not included in financial statements and is not audited. Technical assistance amounts are also not audited by the government. (Observation no. 2/3)	In the Red Book, assistance was shown as direct payments and not as in-kind assistance. Goods were procured by the Global Fund directly. This amount was not included in the financial statement. This amount has now been included in the project's accounts (financial monitoring report), which has been certified by the FCGO and OAG. Also the goods have been registered in inventory records and the OAG has been requested to verify this. On technical assistance documents remaining with concerned development partners: They do audit these amounts themselves and MoHP has requested EDPs to provide expenditure statements and audits on this TA expenditure.
3	Accounts not submitted for audit: The accounts of expenditure amounting to NPR 24.47 million of the National Tuberculosis Centre (NTC) and NPR 1.69 million of Rautahat District Health Office expenditure incurred from Global fund money on buying medicines have not been submitted for audit. (Observation no. 7)	The NTC accounts have been taken by the Commission of Investigation of Abuse of Authority (CIAA). They will be presented for audit after receiving back from CIAA. MoHP has instructed DoHS and DHO Rautahat to submit the documents for audit.
Medical bills		
4	Medical bills: Medical treatment assistance of NPR 18.152 million was provided to 70 persons upon the recommendation of the Medical Board without attaching treatment bills from national or foreign hospitals. (Observation no. 1.3)	The Council of Ministers decides on providing free medical treatment on the basis of recommendations of the Medical Board. MoHP thus provided the amounts to the 70 persons according to government decisions. In the future MoHP will keep the treatment bills as directed.
Excess payments and recovery of funds		
5	Anti-snake venom serum: The official signing the agreement for supplying 5,000 anti-snake venom serum vials had not paid attention to the matter that the unit cost was 146% higher than the rate in the previous contract, causing an increased liability of NPR 2.39 million. (Observation no. 17)	MoHP can only source anti-snake venom serum from India. In 2012/13 suppliers reported limited availability of this serum in India, which caused delayed supply. Most snake bite cases are reported in the rainy season and so it is especially necessary to maintain stocks of this serum before the rainy season. Thus it was necessary to quickly procure the serum from alternative suppliers to quickly build up stocks. DoHS has pledged to follow audit suggestions on this matter in the future.
6	Programme implementation: The National Tuberculosis Centre (NTC) has not implemented programmes equivalent to NPR 131.20 million allocated by the Global Fund for 16 programmes including purchasing digital x-	Delayed budget release from the Global Fund caused the problem in implementing the TB programmes. In the meantime Phase I of the Global Fund's National Strategy Application (NSA)

	Audit observations	Response
	ray, microscope and culture-related equipment for FY 2012/13. The money received from the foreign source should be used as per the approved budget and programmes. (Observation no. 22)	on TB had finished. Information was received that the budget would be carried forward to a phase 2. Thus previous processes lapsed and due to reprocessing the allocated foreign source couldn't be used in FY 2012/13. The budget was carried forward to FY 2013/14.
7	Receipt of medicines: The NTC booked expenses amounting to NPR 224.37 million before it had received the related medicines from the World Health Organization (WHO). The amounts paid should, however, be treated as advances when payment is to be accounted prior to the receipt of medicines. Medicines worth USD 1.55 million were received against the payment of USD 1.7 million to WHO in the previous year. The remaining advance of NPR 14.13 million (=USD 0.148 million at 15 July 2013 exchange rate) should be recovered and settled. (Observation no. 23)	The amount paid should have been treated as an advance as it was made prior to the receipt of the goods. It had thus been an accounting mistake. In response, on 16 July 2014, NTC maintained the amount as an advance. The advance amount will be cleared when the medicines are received from WHO. MoHP instructed NTC to recover and settle accounts of NPR 14.13 million (= USD 0.148 million at 15 July 2013 exchange rate) with WHO.
8	Variation: On 27 June 2011, Patan Academy for Health Sciences (PAHS) contracted a construction company to build a hospital building at a cost of NPR 171.51 million within 24 months. The payment for additional works including NPR 8.16 million of electrification work and NPR 4.02 million of civil works through variations up to PAHS's 19th running bill. NPR 3.53 million was paid in excess for additional work done without getting a discount of 29% from the company. (Observation no. 44)	According to the academy's financial rules, and as per the contract, the rates were settled for new works without including them in the contract.
9	Current assets: The BP Koirala Institute of Health Sciences (BPKIHS) had outstanding advances of NPR 165.64 million at the year-end consisting of employee salary advances of NPR 24.78 million, other advances of NPR 122.67 million, letter of credit advances of NPR 17.43 million and research advances of NPR 0.76 million. The due rent amount of NPR 5.25 million should be recovered as per agreement with various individuals and firms for running shops. Action has not been taken to settle advances and recover rent on time. (Observation no. 53)	Letter of credit and research advances have been cleared. Most employee salary advances have been cleared except for personnel who are on study leave. Action has been taken to recover rent amounts.
10	Deposit in consolidated fund: BPKIHS's unspent capital grant of NPR 9.38 million out of a government grant of NPR 83.30 million should be deposited in the Consolidated Fund. Likewise, tax amounting to NPR 15.66 million to be paid at the year-end to GoN should also be deposited in the Consolidated Fund. (Observation no. 54)	Due tax amounting to NPR 15.66 million has been deposited and this has been cleared by OAG (dated 19 August 2014).
11	MRI machine purchase: BPKIHS decided to purchase an MRI machine at a cost of NPR 109.95 million on 18 May	As per the contract agreement 20% advance was given and 30% is to be paid when the machine

	Audit observations	Response
	2013 based on a cost estimate of NPR 111.86 million. Supply was to be completed by 6 January 2014 as per the contract with the supplier, but it has not been supplied. Liquidated damages as prescribed in the Procurement Regulations should be recovered for not supplying the machine on time. (Observation no. 60)	reaches customs. Due to a lack of funds BPKIHS has not made this payment. Thus, the party has not installed the machine. MoHP has instructed BPKIHS to sort out this problem within this fiscal year.
12	<p>Consolidated Fund deposit: Bhaktapur Hospital has mentioned that free maternity service was provided to 914 service receivers this year under the safe motherhood programme of social security conditional grant. A total of NPR 3.89 million has been accounted as expenses whereas only NPR 2.36 million can be accounted based on the unit cost of this service as per the concerned directive. A total of NPR 2.37 million, including NPR 1.54 million excess expenditure, has been deposited in the account of the hospital development board.</p> <p>Also, NPR 0.83 million should be recovered by the Paropakar and Maternity Hospital and deposited in the Consolidated Fund. (Observation no. 69)</p>	<p>Bhaktapur Hospital has deposited NPR 1.54 million in the Consolidated Fund and this has been cleared by OAG (Dated 2070.10.3, Letter ref. no. 427).</p> <p>Paropkar and Maternity Hospital has recovered NPR 0.83 million and deposited it in the Consolidated Fund.</p>
Weak monitoring:		
13	<p>Grant: MoHP paid conditional and unconditional grants of NPR 813 million to 11 private health institutions during this year. Grants were provided without preparing specific guidelines and standards. Similarly, grants of NPR 79 million were provided to 10 non-government organizations from the Global Fund for implementing TB programmes. Monitoring and evaluation of the use of these grants and review of programme implementation have not been conducted by obtaining audit reports, progress status reports, M&E report of the Principal Recipient and progress and expenditure review reports. (Observation no. 4)</p>	MoHP has instructed all cost centres through departments to monitor and evaluate the overall use of grants and to review programme implementation.
Procurement issues:		
14	<p>Procuring without procurement plan and direct procuring: 56 offices and 19 hospitals have procured goods worth more than NPR 1 million without preparing procurement plans as required by Rule 8 of the Public Procurement Regulation, 2007. The direct procurement of medicines and equipment's worth NPR 316.14 million was made by 70 offices and NPR 171.9 million worth by 16 hospitals without inviting tender notices. (Observation no. 1.2)</p>	MoHP has instructed all its cost centres to follow the Public Procurement Act and Regulations. MoHP rolled out its Internal Control Guidelines in April 2014 and also finalised a Procurement Improvement Plan (PIP) in April 2014. MoHP hopes for resulting improvements on such type of procurement audit issues in the future.
15	<p>Advances: Three years ago the Primary Health Care Revitalisation Division (PHCRD) made an agreement to buy 4 types of medicines, equipment and 3.6 million pairs</p>	These problems were due to delays in budget approval. In response to the query, and according to the agreement with the suppliers, the

	Audit observations	Response
	<p>of surgical gloves and 3 types of medicines including vitamin B complex. An advance of NPR 130 million, representing the total agreement amount, was provided to the Nepal Rastra Bank as an advance for these items without providing the total amount as per the contract.</p> <p>The National Centre for AIDS and STD Control (NCASC) provided an advance of NPR 13 million to 4 consultants even though there is no provision of providing such advances. Such practices of providing advances should be stopped as it affects annual budgets and programmes. (Observation no. 5)</p>	<p>government subsequently opened a letter of credit with the Nepal Rastra Bank (NRB). The opening of the letter at NRB means that there is no risk. MoHP will honour audit advices in its future actions.</p>
16	<p>Cancellation of procurement: The Child Health Division cancelled the lowest quoted bid of NPR 276.48 million it received for buying the micro-nutrition powder (Balvitta) against the estimated cost of NPR 505.49 million. The foodstuff (Balvitta) is not being provided to targeted children due to the cancellation of the tender. (Observation no. 9)</p>	<p>MoHP realised the importance of carrying out a study to know the impact of the purchase of micro-nutrition powder Balvitta. So related programmes have been amended and a study team formed. The study will be carried out in FY 2014/15.</p>
17	<p>Procurement: The Family Health Division budget of NPR 96 million allocated for buying 40,000 implants was instead spent on male contraceptives. A no-objection letter was received from the World Bank for the purchase during the year, but the division cancelled the purchase by including it in the procurement plan of the next FY (2013/14). (Observation no. 19)</p>	<p>A no-objection letter from the World Bank was not received during 2012/13. This was the reason why the purchase was not done during the year. In coming days MoHP will improve its procurement processes.</p>
Stock management:		
18	<p>Medicine stocks: There are too large stocks of some medicines in various offices under MoHP due to the mismanagement of purchase and supply without considering the demand and previous years' stocks. The practice of procuring medicines without assessing stocks should be abandoned. (Observation no. 33)</p>	<p>MoHP and DoHS are aware of the overstocking of medicines. Medicines procurement planning and processes will now be carried out on the basis of demand and supply. In the coming days the situation will be improved.</p>
Performance auditing:		
19	<p>Records: Nine Makawanpur health institutions have not maintained records of the quantity of medicines distributed to reconcile with stock registers.</p> <p>Five health posts and centres have not mentioned the quantities of medicines distributed free of cost. (Observation no. 36.1)</p>	<p>The DoHS has instructed the nine health institutions, and all other cost centres, to record received medicine stocks on the prescribed format, and to keep medicine distribution records.</p>
20	<p>Misappropriation: Chautara Hospital and Tatopani Health Post have carried forward inadequate quantities of X-ray film and 6 types of medicines respectively.</p>	<p>DoHS has instructed all health institutions to maintain accurate records of the quantity of medicines in stock. It is also tracking those health institutions who have carried forward inadequate</p>

	Audit observations	Response
	Pangretar Sub-Health Post and Bhimtar Health Post have done misappropriation in relation to 17 items and 23 items of medicines respectively. (Observation no. 36.2)	quantities and who have not maintained correct records of medicines. DoHS will investigate such issues and it has committed to prevent such practices in coming years.
21	Over-stocking: The stocks of amoxicillin and cyatrimazole tablets, femowarotone and zentamycine drops, pills, delivery materials, condoms, G-sulphate, sulphametazole, ferrous salt and aciticotrine in Sindhupalchok DHO are sufficient to last 5 years. (Observation no. 36.3)	On the over-stocking of medicine, DoHS will follow the systematic storing and management of medicines in the future.
22	Safe Motherhood Programme: Many women have to visit far away facilities for maternity services due to the non-availability of birthing centres. This is the case in 9 out of 10 health institutions in Makawanpur, 4 out of 10 institutions in Kapilbastu, 2 out of 10 institutions in Morang, 5 out of 10 institutions in Sindhupalchok and 9 out of 10 institutions in Bardiya. (Observation no. 37)	New birthing centres will be established where maternity services are not accessible to women.
23	Private health institution monitoring: About 363 health institutions, including hospitals, nursing homes, research centres, and health academies, have not completed their registration renewal as per the Health Institution Establishment, Operation and Up-gradation Standard Directive (2061). Ten private health institutions, which were targeted for monitoring in FY 2012/13, have not been monitored. Regular monitoring and evaluation should be carried out to ensure whether or not standards prescribed by directives are being followed. (Observation no. 39)	In reponse to the observations, monitoring in private health institution will be carried out effectively and regularly from FY 2014/15.
Committee and others institutions:		
24	Financial position: PAHS had an operating surplus of NPR 34.45 million in 2012/13 after incurring expenses of NPR 693.12 million out of NPR 727.57 million income. In comparison to the previous year there was a decrease in operating surplus by 2.23% due to the rise in expenses by 14.81% even though income increased by 13.87%. (Observation no. 40)	To provide more services and to make PAHS financially self-sustaining, a nursing and public health college will be launched in the future. This should reduce the overall administrative costs and make PAHS function more economically.
25	Direct purchases: PAHS purchased NPR 141.75 million of goods directly, including NPR 9.127 million of medicine and NPR 50.48 million of surgical items. Such direct purchase without competition and against provision of the regulations is not logical. (Observation no. 43)	PAHS has its own pharmacy. PAHS responded to the query that it is difficult to predict the number of patients and quantity of medicines needed. As per rule 3.67(2) of PAHS's Financial Administration Regulations, PAHS had published the notice in a national newspaper for unit rates to supply medical equipment and medicines. Subsequently, from time-to-time medical equipment and medicines were purchased as per

	Audit observations	Response
		the pre-quoted unit rates. MoHP will suggest to PAHS that it always follows its standard procedures.
26	Salaries and allowances: The employees of Bir Hospital's academy (NAMS) are receiving salaries and allowance for from 20 to 50 months in one year. Salary and allowance of 2012/13 amount to NPR 362.61 million, which is 49.71% of total expenses. The standards and indicators have not been prepared for payment of 50% extra service allowance in addition to monthly salaries and benefits. (Observation no. 48)	Standards and indicators will be prepared by the academy for extra service allowances and benefits by the end of FY 2014/15.
27	Income status: BP Koirala Memorial Cancer Hospital's internal income for 2012/13 was only NPR 99.07 million in comparison to NPR 120.73 million the previous year. The income excluding government grants decreased by 22%. The expenses of the year increased by 49.54% incurring NPR 726.63 million as expenditure. Due expenditure of NPR 183.64 million, including for the Employees Welfare Fund, has not been deposited. (Observation no. 58)	The hospital management committee is investigating alternative sources of income.
28	Foreign assistance: The Nepal Health Research Council has spent NPR 10.16 million it received from foreign institutions without showing these funds in the central account of GoN, which should have been released through MoF after inclusion in foreign sources of the budget. (Observation no. 63)	All foreign assistance will be incorporated in the central account in the future.
29	Remuneration tax: Remuneration tax of NPR 8.25 million was not deducted by 69 offices from the taxable income of employees as per the Income Tax Act. NPR 0.12 million of tax deducted by five offices has not been deposited in the Consolidated Fund. (Observation no. 28)	MoHP and DoHS has instructed all cost centres to recover the remuneration tax and deposit it in the Consolidated Fund. Some cost centres have recovered due tax amounts.

d) Capacity building

A regional workshop on audit clearance guidelines is a key FMIP indicator. In January 2014, the PFM committee decided to run financial management training programmes for all financial management personnel under MoHP. In November 2014, DoHS's Finance section prepared a training proposal and submitted it to the Technical Assistance Response Fund (TARF) for funding.

3 MAJOR CHALLENGES

A number of challenges remain that need to be overcome for MoHP to institute a fully functioning public financial management system.

3.1 Challenges beyond MoHP's Direct Control

The PFM structures and functions are designed at the sector level (macro level), which caters to the needs of all sub-sectors including MoHP. This is one of the challenges for MoHP as it has to comply with line item-based budgeting, which is not usually as flexible as performance- or output-based budgeting.

The following implementation-level challenges are also mostly outside MoHP's direct control:

- *Reconciliation on central financial statements:* Due to delayed information from the Ministry of Finance (MoF) on virements, MoHP faces difficulties in reconciling its central financial statements. This is a key obstacle in finalising the financial reports including third (final) trimester financial monitoring reports (FMR).
- *Accounts not presented for auditing:* Cost centres whose accounts have been taken for investigation by the Commission for Investigation of Abuse of Authority (CIAA) or district administration offices (DAO) for investigation are not able to present these accounts for auditing. In 2013/14 this led to such accounts being treated as queries because they were unavailable for checking, therefore increasing the volume of queries. This was recorded as an audit observation.
- *Auditing issues:* Direct expenditure by external development partners and their audit reports not being presented to the responsible government authorities are major public financial management concerns. Another challenge is that much EDP technical assistance expenditure is not submitted to the OAG during audits.

3.2 Challenges within MoHP's Control

a. Policy level challenges — Key policy level issues to be addressed are implementing the revised FMIP and the audit clearance and internal control guidelines, and resolving issues related to direct budget execution by EDPs.

b. Auditing — The government's devolution process doesn't require district treasury comptroller's offices (DTCOs) to conduct internal audits for devolved districts, recommending instead that internal audits are carried out by independent auditors and copied to DTCOs. However, DoHS does not have sufficient staff capacity to follow up on the many internal and external audits in a timely way.

c. Linking TABUCS with other MISs — It would be beneficial to link TABUCS with other relevant management information systems. To do this will require overcoming the following challenges:

- Getting access to the databases of outside entities or via an application programming interfaces (APIs).
- The too frequent change of codes in MISs.
- Network blockages while capturing the data
- Incomplete data entry.

d. Knowledge management — Audit queries against the audited amount increased to 13.8% of the total amount in the FY 2012/13 audit. The main reason for this was the insufficient knowledge of concerned officials on financial management compliance rules, the submission of the correct evidence for income

and expenditure reporting, and the prevailing tax system. It was also due to the lack of training of concerned officials on financial management guidelines and norms.

e. Recording, reporting and monitoring — Some MoHP cost centres do not send timely budgets against actual expenditure to MoHP and DoHS. Also, MoHP does not have any technology-based solution to compile or consolidate budgets against actual expenditure reports. Although the FCGO provides budget versus actual expenditure reports periodically to MoHP; these reports are based on particular account heads and are not broken down programme-wise.

f. Local income not recorded in MoHP expenditure — There is currently no national mechanism to capture the local income and expenditure of health facilities. This may contribute to increasing fiduciary risk at health facilities. MoHP wants to introduce guidelines or a strategy to address this issue. Note that the TABUCS enables MoHP to capture local revenues.

g. Budget preparation — MoHP faces several challenges related to budget preparation:

- The carrying out of performance-based budgeting.
- Insufficient bottom-up budgeting and planning process with stakeholder involvement.
- The budget preparation process being insufficiently coordinated with planning processes.
- The formal involvement of MoHP's and DoHS's finance sections during budget preparation and progress monitoring.

h. Implementation of PBGA monitoring system — The key challenges to implementing performance-based grant agreements (PBGAs) between MoHP and health institutions are:

- lack of functional PGBA monitoring system;
- lack of capacity of a concerned official at MoHP to manage the system;
- the lack of knowledge of hospital administrators to adequately report against the PBGA monitoring framework; and
- delays in finalizing PBGA annual contracts and subsequent fund flow from MoHP.

4 THE WAY FORWARDS

1. Strengthen the institutional capacity of Nepal's public health system to address challenges beyond the capacity of MoHP. An entity with trained human resources could be instrumental to deal with the challenges that are beyond the capacity of MoHP.
2. Ensure the implementation of the audit clearance and internal control guidelines. This will be a major reform agenda of NHSP-3. Strong implementation through a dedicated entity with a strong monitoring framework will help organisations under MoHP to respond to the queries of external development partners' financial risk reviews.
3. Build the capacity of concerned district level personnel on financial management through regional level training programmes. Consultants, with the help of MoHP and the Finance Section of DoHS, will prepare a detailed training module to address the main challenges that are within the control of MoHP (as outlined in section 3.2 of this report). The draft training module will be peer reviewed and finalised by MoHP. The technical committee will prepare and finalise the training implementation plan.
4. TABUCS can be linked technically with other related management information systems. For this to happen will entail securing approvals from other ministries and system maintainers. Institutional, systematic, technical, and technological capacities may need to be strengthened in the process of linking the different systems. MoHP will probably need to take the lead in explaining the benefits and importance of linking the systems to the FCGO.
5. MoHP needs to ensure that programme activities and sub-activities are adjusted as per the level of funding in each year's final budget that has been approved by the Ministry of Finance.
6. Strengthen the system for PBGAs by:
 - establishing a PBGA section within MoHP with staff with accounting, MIS and hospital management expertise;
 - building MoHP, DoHS and health institutions' capacity in performance-based grant management; and
 - evaluating the reasons for delayed contracting and fund release, and then adapting future approaches.
7. Ensure the proper and complete implementation of TABUCS nationwide.
8. Develop a budget preparation manual that clearly defines the role of involved institutions and individuals.
9. Prepare a national framework for health facilities to report local revenues and related expenditure within the TABUCS.
10. Provide the resources to develop the needed human resources on financial management, strategic planning and the use of technology based solutions.
11. The audit committee and public financial management committee should hold more regular meetings and make discussions and decisions on audit-related queries on time.

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ANNEX 1: EXAMPLE OF LINKING TABUCS WITH OTHER MISs (TABUCS AND THE E-AWPB)
MoHP Cost Centre-Wise Budget Allocation and Expenditure

Fiscal Year: 2071/72 (2014/15) Budget Type: Recurrent, Capital:

As of 30 November 2014

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
1	01-370-01	District Health Office, Taplejung	106,882,000.00	24,997,508.00	23.39	81,884,492.00
2	01-370-02	District Ayurveda Health Centre, Taplejung	4,735,000.00		0.00	4,735,000.00
3	02-370-01	District Health Office, Panchthar	123,683,000.00	22,643,776.10	18.31	101,039,223.90
4	02-370-02	District Ayurved Health Centre, Panchthar	7,867,000.00	1,681,805.00	21.38	6,185,195.00
5	03-365-01	District Development Committee, Ilam	24,700,000.00		0.00	24,700,000.00
6	03-370-01	District Health Office, Ilam	102,077,000.00		0.00	102,077,000.00
7	03-370-04	Mechi Zonal Aurved Aushadhalaya, Ilam	9,108,000.00		0.00	9,108,000.00
8	04-365-01	District Development Committee, Jhapa	238,956,000.00		0.00	238,956,000.00
9	04-370-02	District Ayurveda Aushadhalaya Centre, Jhapa	11,574,000.00		0.00	11,574,000.00
10	04-370-03	Mechi Zonal Hospital, Jhapa	52,601,000.00	425,669.00	0.81	52,175,331.00
11	05-370-01	District Health Office, Sankhuwasava	108,034,000.00		0.00	108,034,000.00
12	05-370-07	District Ayurveda Health Centre, Sankhuwasava	7,137,000.00	956,778.00	13.41	6,180,222.00
13	06-370-01	District Health Office, Terhathum	95,204,000.00		0.00	95,204,000.00
14	06-370-02	District Ayurveda Health Centre, Terhathum	3,425,000.00	532,054.00	15.53	2,892,946.00
15	07-370-001	District Health Office, Bhojpur	120,224,000.00		0.00	120,224,000.00
16	07-370-002	District Ayurveda Health Centre, Bhojpur	6,397,000.00		0.00	6,397,000.00
17	08-370-01	District Health Office, Dhankuta	99,745,000.00	22,428,741.13	22.49	77,316,258.87
18	08-370-02	Regional Health Training Centre, Dhankuta	17,266,000.00		0.00	17,266,000.00
19	08-370-03	Koshi Zonal Ayurved Aushadhalaya, Dhankuta	5,952,000.00	1,398,906.00	23.50	4,553,094.00
20	08-370-07	Eastern Regional Health Directorate, Dhankuta	35,274,000.00	4,717,047.58	13.37	30,556,952.42
21	09-365-01	District Development Committee, Sunsari	35,200,000.00	7,444,170.20	21.15	27,755,829.80
22	09-370-01	District Health Office, Sunsari	175,255,000.00	18,924,089.38	10.80	156,330,910.62
23	09-370-03	District Aurvedic Health Centre, Sunsari	9,368,000.00		0.00	9,368,000.00
24	09-370-09	BPKIHS Dharan, Sunsari	427,500,000.00		0.00	427,500,000.00
25	10-365-01	District Development Committee, Morang	216,049,000.00		0.00	216,049,000.00
26	10-370-02	Regional Medical Store, Morang	11,821,000.00		0.00	11,821,000.00
27	10-370-03	Rangeli Hospital, Morang	15,003,000.00	100,000.00	0.67	14,903,000.00
28	10-370-04	Koshi Zonal Hospital, Morang	115,081,000.00		0.00	115,081,000.00
29	10-370-05	District Ayurveda Health Centre, Morang	4,579,000.00	755,450.00	16.50	3,823,550.00
30	10-370-06	Medicine Management Office, Morang	2,635,000.00		0.00	2,635,000.00
31	10-370-07	Primary Health Centre, Morang	6,957,000.00		0.00	6,957,000.00
32	11-370-01	District Health Office, Solukhumbu	79,716,000.00		0.00	79,716,000.00

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
33	11-370-05	District Ayurved Health Centre, Solukhumbu	6,426,000.00	297,000.00	4.62	6,129,000.00
34	12-370-01	District Health Office, Khotang	122,608,000.00	23,221,460.00	18.94	99,386,540.00
35	12-370-03	District Ayurveda Health Centre, Khotang	5,419,000.00	976,216.00	18.01	4,442,784.00
36	13-370-01	District Health Office, Udayapur	105,343,000.00	16,785,292.39	15.93	88,557,707.61
37	13-370-03	Sagarmatha Anchal Ayurveda Aushadhalaya, Udayapur	4,957,000.00		0.00	4,957,000.00
38	13-370-04	Katari Hospital, Udayapur	16,540,000.00		0.00	16,540,000.00
39	13-370-05	Udayapur Hospital, Udayapur	27,481,000.00	2,644,832.00	9.62	24,836,168.00
40	14-370-01	District Health Office, Okhaldhunga	132,688,000.00		0.00	132,688,000.00
41	14-370-06	District Ayurved Health Centre, Okhaldhunga	8,341,000.00	994,817.00	11.93	7,346,183.00
42	15-365-01	District Development Committee, Saptari	300,814,000.00		0.00	300,814,000.00
43	15-370-02	District Ayurveda Health Centre, Saptari	7,710,000.00	1,958,581.00	25.40	5,751,419.00
44	15-370-03	Zonal Hospital, Saptari	63,656,000.00		0.00	63,656,000.00
45	15-370-06	Bhardaha Hospital, Saptari	8,176,000.00		0.00	8,176,000.00
46	16-365-01	District Development Committee, Siraha	70,300,000.00	26,433,445.37	37.60	43,866,554.63
47	16-370-01	District Health Office, Siraha	172,205,000.00	30,656,424.08	17.80	141,548,575.92
48	16-370-02	District Ayurved Health Centre, Siraha	8,771,000.00	1,964,920.20	22.40	6,806,079.80
49	16-370-06	Ram Kumar Uma Pd.Smark Hospital, Siraha	34,000,000.00	3,449,746.00	10.15	30,550,254.00
50	17-365-01	District Development Committee, Dhanusha	234,224,000.00	44,854,771.00	19.15	189,369,229.00
51	17-370-02	Janakpur Anchal Ayurveda Aushadhalaya, Dhanusha	14,986,000.00		0.00	14,986,000.00
52	17-370-03	Janakpur Zonal Hospital, Dhanusha	92,322,000.00		0.00	92,322,000.00
53	17-370-09	Sub Regional Health Training Centre, Dhanusha	11,776,000.00		0.00	11,776,000.00
54	18-365-01	Office of District Development Committee, Mahottari	54,900,000.00	22,985,183.87	41.87	31,914,816.13
55	18-370-01	District Health Office, Mahottari	139,695,000.00	29,189,597.64	20.90	110,505,402.36
56	18-370-02	District Ayurveda Health Centre, Mahottari	10,163,000.00	2,066,530.20	20.33	8,096,469.80
57	18-370-03	Bardibas Hospital, Mahottari	14,974,000.00		0.00	14,974,000.00
58	19-365-01	District Development Committee's Office Sarlahi, Sarlahi	59,800,000.00		0.00	59,800,000.00
59	19-370-01	District Health Office, Sarlahi	123,262,000.00	19,507,057.14	15.83	103,754,942.86
60	19-370-02	District Aurved Aushadhalaya, Sarlahi	8,741,000.00	2,450,773.00	28.04	6,290,227.00
61	19-370-05	Sarlahi Hospital, Sarlahi	24,400,000.00		0.00	24,400,000.00
62	20-370-01	District Health Office, Sindhuli	127,045,000.00	26,796,961.00	21.09	100,248,039.00
63	20-370-11	District Ayurved Health Centre, Sindhuli	8,681,000.00	1,716,284.00	19.77	6,964,716.00
64	21-370-01	District Health Office, Ramechhap	125,299,000.00	35,170,458.30	28.07	90,128,541.70
65	21-370-02	District Ayurved Health Centre, Ramechhap	5,013,000.00		0.00	5,013,000.00
66	22-370-01	District Health Office, Dolakha	115,063,000.00		0.00	115,063,000.00
67	22-370-03	District Ayurveda Health Centre, Dolakha	6,551,000.00		0.00	6,551,000.00

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
68	22-370-05	Jiri Hospital, Dolakha	21,233,000.00		0.00	21,233,000.00
69	23-370-01	District Health Office, Sindhupalchowk	145,663,000.00	28,899,103.20	19.84	116,763,896.80
70	23-370-10	District Ayurved Health Centre, Sindhupalchowk	9,561,000.00		0.00	9,561,000.00
71	24-370-01	District Health Office, Rasuwa	54,174,000.00	9,078,133.00	16.76	45,095,867.00
72	24-370-02	District Ayurved Health Centre, Rasuwa	6,001,000.00	750,108.00	12.50	5,250,892.00
73	25-370-01	District Health Office, Dhading	135,170,000.00	31,890,550.52	23.59	103,279,449.48
74	25-370-08	District Ayurved Health Centre, Dhading	9,877,000.00	1,554,283.00	15.74	8,322,717.00
75	26-370-01	District Health Office, Nuwakot	119,802,000.00	18,348,490.00	15.32	101,453,510.00
76	26-370-02	District Ayurveda Health Centre, Nuwakot	13,798,000.00	2,851,013.00	20.66	10,946,987.00
77	26-370-03	Trisuli Hospital, Nuwakot	28,402,000.00		0.00	28,402,000.00
78	27-370-06	Ayurveda Hospital, Kathmandu	29,500,000.00	1,500.00	0.01	29,498,500.00
79	27-370-07	Bagmati Zonal Ayurved Clinic, Kathmandu	10,856,000.00		0.00	10,856,000.00
80	27-370-10	Department of Ayurved, Kathmandu	64,894,000.00	2,890,410.00	4.45	62,003,590.00
81	27-370-11	Department of Health Service, Kathmandu	5,132,647,000.00	230,322,613.00	4.49	4,902,324,387.00
82	27-370-12	District Public Health Office, Kathmandu	255,749,000.00	60,177,287.20	23.53	195,571,712.80
83	27-370-14	Kanti Bal Hospital, Kathmandu	148,227,000.00		0.00	148,227,000.00
84	27-370-15	Medicine Management Department, Kathmandu	32,501,000.00	5,000.00	0.02	32,496,000.00
85	27-370-16	Ministry of Health and Population, Kathmandu	3,521,597,000.00	182,643,422.49	5.19	3,338,953,577.51
86	27-370-17	National Centre for AIDs and STD Control, Kathmandu	893,947,000.00	87,932,826.00	9.84	806,014,174.00
87	27-370-18	National Health Education & Information Centre, Kathmandu	166,686,000.00		0.00	166,686,000.00
88	27-370-19	National Health Training Centre, Kathmandu	111,580,000.00	7,728,756.00	6.93	103,851,244.00
89	27-370-20	National Public Health Laboratory, Kathmandu	83,322,000.00		0.00	83,322,000.00
90	27-370-21	Paropakar Maternity Hospital, Kathmandu	334,170,000.00		0.00	334,170,000.00
91	27-370-27	Shukraraj Tropical & Infectious Disease, Kathmandu	108,381,000.00	9,870,121.00	9.11	98,510,879.00
92	27-370-36	National Medicines Laboratory, Kathmandu	69,022,000.00		0.00	69,022,000.00
93	27-370-37	National Academy of Medical Sciences, Kathmandu	517,759,000.00		0.00	517,759,000.00
94	28-365-01	District Development Committee, Lalitpur	35,000,000.00		0.00	35,000,000.00
95	28-370-01	District Public Health Office, Lalitpur	102,794,000.00	15,058,874.60	14.65	87,735,125.40
96	28-370-02	Ayurved Aushadhalaya, Lalitpur	7,193,000.00		0.00	7,193,000.00
97	28-370-03	Mental Hospital, Lalitpur	20,900,000.00		0.00	20,900,000.00
98	28-370-04	Pashupati Homeopathic Clinic, Lalitpur	8,611,000.00	1,638,813.38	19.03	6,972,186.62
99	28-370-05	Unani Aushadhalaya, Lalitpur	560,000.00		0.00	560,000.00
100	29-365-01	District Development Committee, Bhaktapur	86,720,000.00	11,206,243.00	12.92	75,513,757.00
101	29-370-04	Bhaktapur Hospital, Bhaktapur	49,088,000.00	19,271,526.00	39.26	29,816,474.00

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
102	29-370-05	District Ayurveda Health Centre, Bhaktapur	6,227,000.00	1,626,780.00	26.12	4,600,220.00
103	29-370-06	National Tuberculosis Centre, Bhaktapur	935,960,000.00	9,185,077.75	0.98	926,774,922.25
104	30-365-01	District Development committee office, Kavre Palanchowk	57,200,000.00		0.00	57,200,000.00
105	30-370-01	District Public Health Office, Kavre Palanchowk	129,456,000.00	11,958,879.60	9.24	117,497,120.40
106	30-370-02	District Ayurveda Health Centre, Kavre Palanchowk	7,902,000.00	1,897,078.00	24.01	6,004,922.00
107	30-370-03	Methinkot Hospital, Kavre Palanchowk	13,604,000.00		0.00	13,604,000.00
108	31-370-01	District Health Office, Makawanpur	107,604,000.00		0.00	107,604,000.00
109	31-370-03	Vector-borne Disease Control Programme, Makawanpur	16,635,000.00	2,627,902.00	15.80	14,007,098.00
110	31-370-08	Regional Medical Store, Makawanpur	8,828,000.00	1,078,528.58	12.22	7,749,471.42
111	31-370-10	Regional Health Directorate, Makawanpur	37,590,000.00	2,629,738.00	7.00	34,960,262.00
112	31-370-19	Zonal Ayurvedic Aushadhalaya, Makawanpur	6,184,000.00	1,079,560.00	17.46	5,104,440.00
113	31-370-20	Hetauda Hospital, Makawanpur	37,183,000.00	4,389,203.00	11.80	32,793,797.00
114	32-370-01	District Health Office, Rautahat	206,078,000.00	55,272,112.17	26.82	150,805,887.83
115	32-370-02	District Ayurveda Health Centre, Rautahat	7,264,000.00	1,781,679.00	24.53	5,482,321.00
116	32-370-03	Chandranigahapur Hospital, Rautahat	17,099,000.00	2,274,104.00	13.30	14,824,896.00
117	33-370-01	District Health Office Bara, Bara	166,811,000.00		0.00	166,811,000.00
118	33-370-03	District Ayurveda Health Centre, Bara	4,494,000.00		0.00	4,494,000.00
119	33-370-07	Regional Health Training Centre, Bara	16,382,000.00		0.00	16,382,000.00
120	33-370-10	Kalaiya Hospital, Bara	34,277,000.00		0.00	34,277,000.00
121	34-370-01	District Public Health Office, Parsa	155,512,000.00		0.00	155,512,000.00
122	34-370-02	Drug Management Office, Parsa	2,815,000.00		0.00	2,815,000.00
123	34-370-03	District Ayurved Health Centre, Parsa	6,835,000.00	1,865,706.60	27.30	4,969,293.40
124	34-370-04	Narayani Sub-Regional Hospital, Parsa	91,960,000.00		0.00	91,960,000.00
125	34-370-05	Pokhariya Hospital, Parsa	11,647,000.00		0.00	11,647,000.00
126	35-365-01	District Development Committee, Chitwan	174,318,000.00		0.00	174,318,000.00
127	35-370-02	Bharatpur Hospital, Chitwan	103,084,000.00	25,252,195.15	24.50	77,831,804.85
128	35-370-03	Ratnanagar (Bakulahr) Hospital, Chitwan	15,589,000.00	3,062,286.00	19.64	12,526,714.00
129	35-370-04	District Ayurveda Health centre, Chitwan	12,790,000.00	1,843,852.00	14.42	10,946,148.00
130	35-370-09	Badhuda hospital, Chitwan	8,704,000.00		0.00	8,704,000.00
131	36-365-01	District Development Committee, Nawalparasi	33,300,000.00	14,065,507.74	42.24	19,234,492.26
132	36-370-01	District Health Office, Nawalparasi	146,075,000.00	29,474,802.52	20.18	116,600,197.48
133	36-370-07	District Ayurvedic Health Centre, Nawalparasi	12,963,000.00	2,953,000.90	22.78	10,009,999.10
134	36-370-12	Primary Health Centre, Nawalparasi	8,203,000.00		0.00	8,203,000.00
135	37-365-01	District Development Committee, Rupandehi	226,733,000.00		0.00	226,733,000.00
136	37-370-02	Bhim Hospital, Rupandehi	35,085,000.00		0.00	35,085,000.00

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
137	37-370-03	Ayurved Aushadhalaya, Rupandehi	9,663,000.00	1,948,120.00	20.16	7,714,880.00
138	37-370-04	Lumbini Zonal Hospital, Butwal, Rupandehi	87,133,000.00		0.00	87,133,000.00
139	37-370-08	Regional Medical Store, Rupandehi	11,655,000.00		0.00	11,655,000.00
140	38-365-01	District Development Committee, Kapilvastu	49,500,000.00	19,990,966.40	40.39	29,509,033.60
141	38-370-01	District Health Office, Kapilvastu	110,604,000.00	24,468,036.00	22.12	86,135,964.00
142	38-370-02	District Aurved Health Centre, Kapilvastu	4,506,000.00	534,743.00	11.87	3,971,257.00
143	38-370-03	Shivraj Hospital, Bahadurgunj, Kapilvastu	15,896,000.00		0.00	15,896,000.00
144	38-370-04	Pipara Hospital, Banganga, Kapilvastu	11,679,000.00	3,317,550.00	28.41	8,361,450.00
145	39-370-01	District Health Office, Arghakhanchi	110,395,000.00		0.00	110,395,000.00
146	39-370-02	District Aurvedic health Centre, Arghakhanchi	4,428,000.00	24,000.00	0.54	4,404,000.00
147	40-365-01	District Development Committee, Palpa	33,100,000.00	22,758,375.80	68.76	10,341,624.20
148	40-370-01	District Health Office, Palpa	101,592,000.00	13,567,435.10	13.35	88,024,564.90
149	40-370-03	District Ayurveda Health Centre, Palpa	11,764,000.00	1,789,671.00	15.21	9,974,329.00
150	40-370-04	Rampur Hospital, Palpa	10,162,000.00		0.00	10,162,000.00
151	41-370-01	District Health Office, Gulmi	145,459,000.00		0.00	145,459,000.00
152	41-370-02	District Ayurveda Health Centre, Gulmi	9,244,000.00		0.00	9,244,000.00
153	41-370-05	Gulmi Hospital, Gulmi	19,289,000.00		0.00	19,289,000.00
154	42-370-01	District Health Office, Syangja	142,960,000.00	31,118,933.66	21.77	111,841,066.34
155	42-370-08	District Ayurveda Health Centre, Syangja	11,698,000.00	2,591,530.00	22.15	9,106,470.00
156	43-365-01	District Development Committee, Tanahun	40,800,000.00	9,749,504.00	23.90	31,050,496.00
157	43-370-01	District Health Office, Tanahun	88,266,000.00	16,008,151.00	18.14	72,257,849.00
158	43-370-02	Damauli Hospital, Tanahun	8,462,000.00		0.00	8,462,000.00
159	43-370-03	Bandipur Hospital, Tanahun	11,481,000.00		0.00	11,481,000.00
160	43-370-04	District Ayurveda Health Centre, Tanahun	17,548,000.00	3,773,259.00	21.50	13,774,741.00
161	44-370-01	District Health Office, Gorkha	123,753,000.00	30,015,867.00	24.25	93,737,133.00
162	44-370-02	Amppipal Hospital, Gorkha	4,175,000.00		0.00	4,175,000.00
163	44-370-03	Gorkha Hospital, Gorkha	29,450,000.00		0.00	29,450,000.00
164	44-370-06	District Ayurveda Health Centre, Gorkha	9,494,000.00		0.00	9,494,000.00
165	45-370-01	District Health Office, Manang	37,468,000.00	(3,464,359.00)	-9.25	40,932,359.00
166	45-370-02	District Ayurveda Health Centre, Manang	7,785,000.00		0.00	7,785,000.00
167	46-370-01	District Health Office, Lamjung	105,344,000.00	25,327,674.32	24.04	80,016,325.68
168	46-370-02	District Ayurveda Health Centre, Lamjung	13,056,000.00		0.00	13,056,000.00
169	46-370-03	Lamjung Community Hospital, Lamjung	10,944,000.00	406,403.00	3.71	10,537,597.00
170	47-365-01	District Development Committee, Kaski	170,871,000.00	29,858,374.00	17.47	141,012,626.00
171	47-370-02	Regional Health Directorate, Kaski	34,474,000.00		0.00	34,474,000.00
172	47-370-03	Regional Tuberculosis Treatment Centre, Kaski	9,445,000.00		0.00	9,445,000.00
173	47-370-04	Regional Health Training Centre, Kaski	20,125,000.00		0.00	20,125,000.00
174	47-370-06	Western Regional Hospital, Kaski	115,727,000.00		0.00	115,727,000.00
175	47-370-07	Anchal Ayurveda Aushadhalaya, Kaski	11,264,000.00	2,722,934.00	24.17	8,541,066.00

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
176	48-365-01	District Development Committee, Parbat	112,652,000.00		0.00	112,652,000.00
177	48-370-01	District Health Office, Parbat	8,395,000.00	1,326,708.30	15.80	7,068,291.70
178	48-370-02	District Ayurveda Health Centre, Parbat	7,549,000.00		0.00	7,549,000.00
179	49-370-01	District Public Health Office, Baglung	135,115,000.00		0.00	135,115,000.00
180	49-370-03	Zonal Aurvedic Aushadhalaya Baglung, Baglung	8,404,000.00		0.00	8,404,000.00
181	49-370-04	Zonal Hospital, Baglung	32,489,000.00		0.00	32,489,000.00
182	50-370-01	District Health Office, Myagdi	94,113,000.00	22,735,673.00	24.16	71,377,327.00
183	50-370-02	District Ayurveda Health Centre, Myagdi	6,765,000.00		0.00	6,765,000.00
184	51-370-01	District Health Office, Mustang	46,698,000.00	11,082,795.00	23.73	35,615,205.00
185	51-370-02	District Ayurveda Health Centre, Mustang	4,549,000.00	1,225,980.00	26.95	3,323,020.00
186	52-370-01	District Health Office, Mugu	97,036,000.00		0.00	97,036,000.00
187	52-370-02	District Ayurveda Health centre, Mugu	4,603,000.00		0.00	4,603,000.00
188	53-370-01	District Health Office, Dolpa	75,889,000.00		0.00	75,889,000.00
189	53-370-02	District Ayurveda Health Centre, Dolpa	4,988,000.00		0.00	4,988,000.00
190	54-370-01	District Health Office, Humla	88,825,000.00	15,531,082.00	17.49	73,293,918.00
191	54-370-02	District Ayurveda Health Centre, Humla	3,655,000.00		0.00	3,655,000.00
192	55-365-01	District Development Committee, Jumla	129,548,000.00		0.00	129,548,000.00
193	55-370-02	Karnali Anchal Ayurveda Aushadhalaya, Jumla	6,389,000.00		0.00	6,389,000.00
194	56-370-001	District Health Office, Kalikot	100,692,000.00		0.00	100,692,000.00
195	56-370-002	District Ayurveda Health Centre, Kalikot	4,653,000.00	721,700.00	15.51	3,931,300.00
196	57-370-04	District Aurevedic Health Centre, Rukum	4,268,000.00		0.00	4,268,000.00
197	57-370-06	District Health Office, Rukum	123,995,000.00		0.00	123,995,000.00
198	58-370-01	District Health Office, Rolpa	120,743,000.00		0.00	120,743,000.00
199	58-370-02	Distrivt Ayurveda Health Centre, Rolpa	5,084,000.00		0.00	5,084,000.00
200	59-370-01	District Health Office, Pyuthan	134,652,000.00	25,853,776.00	19.20	108,798,224.00
201	59-370-06	District Ayurveda Health Centre, Pyuthan	6,276,000.00		0.00	6,276,000.00
202	60-365-01	District Development Committee, Dang	154,129,000.00	26,706,853.00	17.33	127,422,147.00
203	60-370-02	Mid-western Regional Ayurveda Hospital, Dang	15,022,000.00		0.00	15,022,000.00
204	60-370-03	Zonal Ayurveda Aushadhalaya, Dang	8,910,000.00		0.00	8,910,000.00
205	60-370-04	Primary Health Centre Lamahi, Dang	8,631,000.00		0.00	8,631,000.00
206	60-370-04	Primary Health Care Centre, Dang	80,000.00		0.00	80,000.00
207	60-370-13	Rapti Zonal Hospital, Dang	29,246,000.00		0.00	29,246,000.00
208	60-370-14	Rapti Sub-Regional Hospital, Dang	47,739,000.00		0.00	47,739,000.00
209	61-365-01	District Development Committee, Salyan	25,900,000.00		0.00	25,900,000.00
210	61-370-01	District Health Office, Salyan	87,415,000.00	13,367,195.00	15.29	74,047,805.00
211	61-370-02	District Aurvedic Health Centre, Salyan	6,495,000.00		0.00	6,495,000.00
212	62-365-01	District Development Committee, Banke	187,599,000.00	46,689,796.00	24.89	140,909,204.00
213	62-370-02	District Ayurveda Centre, Banke	7,755,000.00	2,205,452.00	28.44	5,549,548.00
214	62-370-03	Bheri Zonal Hospital, Banke	82,852,000.00		0.00	82,852,000.00

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
215	62-370-04	Drug Management Office, Banke	2,635,000.00		0.00	2,635,000.00
216	62-370-07	Regional Medical Store, Banke	10,658,000.00		0.00	10,658,000.00
217	63-365-01	District Development Committee, Bardiya	19,000,000.00		0.00	19,000,000.00
218	63-370-01	District Health Office, Bardiya	117,718,000.00	14,542,927.10	12.35	103,175,072.90
219	63-370-02	District Ayurveda Health Centre, Bardiya	6,428,000.00	1,559,749.00	24.26	4,868,251.00
220	63-370-10	Bardiya Hospital, Bardiya	17,185,000.00		0.00	17,185,000.00
221	64-365-01	District Development Committee, Surkhet	28,300,000.00		0.00	28,300,000.00
222	64-370-01	District Public Health Office, Surkhet	125,758,000.00	15,875,018.00	12.62	109,882,982.00
223	64-370-03	Bheri Anchal Ayurveda Aushadhalaya, Surkhet	6,654,000.00		0.00	6,654,000.00
224	64-370-08	Regional Health Directorate, Surkhet	36,506,000.00	5,590,809.00	15.31	30,915,191.00
225	64-370-09	Regional Health Training Centre, Surkhet	16,338,000.00		0.00	16,338,000.00
226	64-370-10	Regional Hospital, Surkhet	56,926,000.00	13,104,065.00	23.02	43,821,935.00
227	64-370-11	Mehalkuna Hospital, Surkhet	11,782,000.00	1,367,822.10	11.61	10,414,177.90
228	65-370-01	District Health Office, Jajarkot	99,744,000.00	16,865,076.00	16.91	82,878,924.00
229	65-370-02	District Ayurveda Health centre, Jajarkot	5,226,000.00	1,050,416.00	20.10	4,175,584.00
230	66-370-01	District Health Office, Dailekh	153,627,000.00		0.00	153,627,000.00
231	66-370-03	District Ayurveda Health Centre, Dailekh	6,110,000.00		0.00	6,110,000.00
232	66-370-05	Dullu Hospital, Dailekh	8,762,000.00		0.00	8,762,000.00
233	67-365-01	District Development Committee, Kailali	188,767,000.00	30,154,932.10	15.97	158,612,067.90
234	67-370-03	Seti Zonal Ayurved Aushadhalaya, Kailali	6,426,000.00	1,443,443.00	22.46	4,982,557.00
235	67-370-09	Regional Health Training Centre, Kailali	16,820,000.00	3,997,766.00	23.77	12,822,234.00
236	67-370-10	Regional Medical Store, Kailali	8,517,000.00	2,820,350.00	33.11	5,696,650.00
237	67-370-11	Seti Zonal Hospital, Kailali	78,068,000.00	581,923.00	0.75	77,486,077.00
238	67-370-12	Tikapur Hospital, Kailali	28,141,000.00		0.00	28,141,000.00
239	67-370-13	Malakheti Hospital , Kailali	9,111,000.00		0.00	9,111,000.00
240	68-370-01	District Health Office, Doti	144,555,000.00	16,221,771.30	11.22	128,333,228.70
241	68-370-11	Regional Heal Service Directorate, Doti	31,205,000.00	4,954,227.00	15.88	26,250,773.00
242	68-370-12	District Ayurveda Health Centre, Doti	11,717,000.00		0.00	11,717,000.00
243	69-370-01	District Health Office, Achham	187,465,000.00		0.00	187,465,000.00
244	69-370-02	District Ayurveda Health Centre, Achham	5,560,000.00		0.00	5,560,000.00
245	70-370-01	District Health Office, Bajura	111,736,000.00		0.00	111,736,000.00
246	70-370-03	District Ayurveda Health Centre, Bajura	4,549,000.00		0.00	4,549,000.00
247	71-370-01	District Health Office, Bajhang	140,632,000.00	32,323,972.50	22.98	108,308,027.50
248	71-370-02	Distric Ayurved Health Centre, Bajhang	7,499,000.00		0.00	7,499,000.00
249	72-370-01	District Health Office, Darchula	129,457,000.00	38,198,715.10	29.51	91,258,284.90
250	72-370-04	District Ayurveda Health Centre, Darchula	9,302,000.00	2,167,571.00	23.30	7,134,429.00
251	72-370-05	Gokuleswor Hospital, Darchula	9,475,000.00		0.00	9,475,000.00
252	73-370-01	District Health Office, Baitadi	156,511,000.00	34,731,678.00	22.19	121,779,322.00
253	73-370-02	Ayurveda Health Centre, Baitadi	5,212,000.00	805,728.00	15.46	4,406,272.00
254	74-365-01	District Development Committee, Dadeldhura	17,000,000.00	2,995,254.00	17.62	14,004,746.00

SN	Cost centre code	Cost centre	Appropriation amount	Expenses Amount	Expenditure Percentage	Balance
255	74-370-01	District Health Office, Dadeldhura	87,043,000.00	9,202,235.53	10.57	77,840,764.47
256	74-370-02	District Aurvedic Health Centre, Dadeldhura	9,334,000.00		0.00	9,334,000.00
257	74-370-03	Sub Regional Hosipital, Dadeldhura	35,426,000.00	1,542,491.00	4.35	33,883,509.00
258	74-370-05	Jogbuda Hospital, Dadeldhura	9,872,000.00		0.00	9,872,000.00
259	75-365-01	District Development Committee, Kanchanpur	126,261,000.00	13,536,860.00	10.72	112,724,140.00
260	75-370-02	Mahakali Zonal Hospital, Kanchanpur	50,724,000.00		0.00	50,724,000.00
261	75-370-03	Mahakali Anchal Ayurveda Aushadhalaya, Kanchanpur	5,902,000.00		0.00	5,902,000.00
TOTALS			25,912,212,000.00	1,967,152,389.29	7.59	23,945,059,610.71

ANNEX 2: OBJECTIVE, OUTPUTS AND INDICATORS FOR HEALTH INSTITUTIONS UNDER PBGAs

	Objective-wise outputs	Indicators (common types)
Objective A: Encourage hospitals to provide high quality health services to all		
	Output 1: Access of people to particular quality health services increases	1. Number of outpatient, inpatient and emergency patients. 2. Number of poor patients receiving free health services (particular)
Objective B: Encourage hospitals to optimally utilise the grants for prescribed programme activities and to increase performance efficiency, governance and accountability		
	Output 2: Maximum and timely utilisation of grants on prescribed programme activities	3. Grant received and expenditure (in NPR). 4. Total income and expenditure of the hospitals (in NPR). 5. Locally generated fund (in NPR).
	Output 3: Performance efficiency, governance and accountability increases	6. Use of TABUCS 7. Provision of regular internal audits 8. Final audit reports submission 9. % of audit queries against audited expenditure 10. % of audit queries cleared 11. Public disclosure of both the budget and expenditure 12. Provision of a citizen's charter.