National Annual Review, 2018

Reflection from pre-NAR field visit

(November 2018)

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Places Visited

Province	Districts
Province 1	Sunsari and Terhathum
Province 2	Saptari and Mahottari
Province 3	Makwanpur and Ramechhap
Gandaki	Kaski and Lamjung
Province 5	Rupandehi and Pyuthan
Karnali	Dang and Dailekh
Sudur Paschim	Kailali, Darchula and Dadeldhura

Two Local Governments from each District

Institutions and individuals interacted with …

Institutions	▪ Ministry of Social Development ▪ MoSD, Health Division ▪ MoSD, Provincial Health Directorate ▪ Local Government
Health facilities	▪ Public facilities (hospitals, PHCCs, HPs) ▪ Ayurveda facilities
Key individuals (positions)	▪ Minister, MoSD ▪ Secretary, MoSD ▪ Chief of Health Division, and team ▪ Health Director, and team ▪ DPHO and team ▪ Mayor, Deputy Mayor, Chair, Vice chair, CAO, Health team of Local Government

Policy and Legal Provisions

Acts formulated by Province and Local Levels

- Immunization Act (Gandaki)
- Health and Sanitation Act (P1, G & LGs)

Drafts:

- Province Health Facility Establishment, Upgradation and Renewal Act (P5)
- Province Health Policy (P5)
- Province Health Service Bill (P3, P5, SP)
- Tobacco Control Bill (Gandaki)
- *Ayurbigyan* Policy (P2)
- HF Establishment, Upgradation and Renewal Guidelines (P2, SP)
- Hospital Management Committee Guidelines (SP)
- Social Health Security Service Operational Guidelines (SP)

Issues:

- Sequencing of developing acts, regulations and policy (Federal – Province – Local)
- Limited capacity to develop policy and legal frameworks
- Alignment with national and international frameworks, yet to be assessed

Human Resource Management

Findings/key issues:

- HR deputed at provincial health offices as per approved structure, except in province 2
- Sanctioned positions are not as per the standards (hospitals)
- Sanctioned posts are not filled as per the new structures at all levels (vacant positions at provincial directorates and hospitals (P5, P3, K))
- Mismatch of transfer in and out, which resulted shortage of staff in few cases
- Limited capacity and skill-mix (including planning and budgeting) of the staffs mobilized at province and local governments to perform per the changed role, which resulted limited allocation for health activities (at local government level)
- Experienced staffs without work and salary (region, district health offices)

"Health coordinators are from technical background, but their role is different, Managerial and Technical skills are required"

– **Mayor, Machhapuchhre RM**

Planning and Budgeting

Findings/Key Issues:

- Progamme budget allocation and release authority not yet provided by Provincial Ministries and Local Governments (to HIs) (except P2, Gandaki for Annual review)
- Evidence based (health profile, situation assessment) planning not well practiced
- Programmes and activities under conditional grant were too many in number (request from local governments - broader activities would help in better tailoring to the local context and in effective execution, clarity who will allocate where)
- Low participation of stakeholders (directorates, local governments, partners) in province and local level planning exercises.

Planning and Budgeting …

Findings/Key Issues:

- Mis-match of fund flow
  - Hospital fund of province level hospital went to local, likewise, central level hospital to province
  - Aama fund (not as per case load of HFs)
- Budget allocated for incentive to FCHVs; establishment and support functions for community Services Unit and activities
- Directives for next year planning process not received, and process not yet initiated.
- Detailed conditional program and budget has isolated health budgeting and they (LGs) assumed health budget is sufficient.

Innovating financing for health:

Machhapuchhre Rural Municipality (P4) informed that revenue from natural resources (stone, sand etc.), approximately 2.5 crore, will be mobilized for health and education sector, which is principally agreed by the executive council.

Coordination and collaboration

- Coordination within the local government and HF was found good, while among LGs and Provincial ministries; Health Coordinators and Health Managers, was found weaker
- Existing mechanism (HFOMC, MGM, HDC etc.) to promote collaboration and coordination were found to be less effective
- Coordination and collaboration with other sectors (education, sanitation, agriculture, live-stocks etc.) while developing programme and budget has been poorly practiced
- Provincial and local governments highlighted that:
  - Not engaged while developing AWPB
  - Federal ministry is not responding their concerns/challenges in time

Multisectoral Efforts:

Amargadhi Municipality planning to organize inter-sectoral (health, education, agriculture, women, sanitation etc.) review meeting in a monthly basis.

“My observation is that health and education sectors are going to be negatively affected if the same situation persists. Most of the local governments are not prioritizing them as a priority”.

Minister for Social Development, Gandaki Province

Procurement and supply chain management

- Stock-out of essential medicines (P2, G, SP, except P3 and Karnali)
- Distribution of medical supplies from Medical Stores to Health Offices and local governments not functioning well
- Limited capacity on procurement and logistics management
- Procurement plans (province and local governments) were not observed and process was not initiated in most of the cases (adhoc procurement were observed within NPR 500,000)
- Medical stores in Province 2, 6 and most of the local levels not established
- Clarity on who will procure, what and when was not clear which resulted delayed procurement

Good practice:

Cold-chain management and supply from District and Sub-centers has been maintained throughout the country, despite lack of budget (maintenance, fuel cost, transportation, HR in some cases).

Service delivery

- Although health services are being delivered within given resources, implementation barriers were observed
  - VSC camps have not planned
  - Aama incentives have not received on time
  - SNICU established but not functioning well (G & P2)
  - Health activities (particularly promotive) have been halted due to delayed budget release
  - Weak referral mechanism and linkage

Good Practice:

Health facilities are delivering/offering services within given infrastructure and resources.

Hospital management

- Hospital management has been difficult because of **delay in budget release** by local and provincial governments
- Due to **absence of specialized human resource** hospitals are not able to manage Specialty care well
- Management of semi-autonomous hospitals is not clearly defined: Need to define the role of province and local level
- Hospital Development Committee (HDC) and/or Management Committees were dissolved, which affected hospital management
- Quality assurance mechanism and improvement task force and/or teams were not functional in majority of hospitals
- O&M survey not conducted (for e.g. Rukum East Hospital, Jaleswor Hospital)
- Weak medical record system – lack of store capacity, timely reporting

Replicable modality:

Lamjung District Community Hospital has been providing quality services (with higher case load). Overall management of hospital could be a good example.

Information management

- Health information management unit and responsibility has not been assigned at local government level
- Unanimous understanding of the need of capacitating LG for recording and reporting from health facilities
- HMIS reports of the running fiscal year are stored at the local government level
- Many health facilities are trained for data entry but LG staff are not trained/oriented
- Local authorities are seeking information beyond the routine MISs and surveys for micro-planning at the local level to address 'leaving no one behind'
- Lack of clear guideline and local targets for planning at different levels.

Initiatives:

- All local governments in Pyuthan practice e-reporting of HMIS
- Lamjung has oriented all health coordinators and HFs to report online.

Health Insurance

- Limited capacity of health facilities – medical doctors, medicines in pharmacy, lack of equipment, behavior; delayed refund etc.
- Inadequate supply of free essential medicines largely affected health insurance program
- Clients were not happy as they have to wait additional one hour to get health services under health insurance package (due to recording and reporting issues)
- Poor coordination between Health Insurance Board (District Office) and Service providers (HFs)

Resulting low rate of renewal

Initiatives using the local fund

- Mayor’s Door-to-Door Programme for Senior Citizens (Dadeldhura, Butwal)
- Deputy-Mayor’s Pregnant and Postnatal Mother Interaction Programme (Butwal)
- Expansion of lab services at health post (Many places)
- Chronic Case Support Programme (Dr. prescription, recommendation from Ward office): NRs 5000/Year (Mandabi)
- Mobile phone to all FCHVs for tracking the defaulter clients and disseminating health messages (Pyuthan)

Actions to be taken – Federal (1)

- **Develop/update and provide policy and legal frameworks** (model laws and regulations), strategies (e.g. eHealth), guidelines, standards (HF establishment…) etc.
- **Conditional grant** by programme without line item budget; however guideline should provide detail activities
- **Technical assistance and capacity building** – evidence informed planning and budgeting
- **Enhance technical and managerial capacity of Health professionals at province and local level**

Actions to be taken – Federal (2)

- **Online reporting** – strengthen capacity, provide user access and incentive for improving reporting bahaviour for greater accountability (data use)
- Procurement of essential drugs and health commodities– facilitate by establishing appropriate **procurement mechanism (also including who will procure what , when and how)**
- **Coordinate and facilitate** provincial and local governments to implement national and international health commitments and priorities

Actions to be taken – Province

- **Develop and implement policy and legal frameworks**, guidelines and standards in line with Federal (for e.g. "*Bippana Sifarish*", Facility Registration, Ambulance etc.)
- Allocate **budget and timely release of authority** to the respective implementing agencies
- Initiate procurement and establish coordination mechanism to improve supply chain management
- Establishment of the Provincial Health Offices and mobilize HR
- Clarity of scope of work (develop TOR of the concerned sections/units) and ensure timely release of salary
- Coordinate and facilitate local governments to implement basic health services, specially preventive and promotive activities
- Engage District Co-ordination Committee (DCC) to facilitate local level capacity development, drafting regulations and AWPB.

Actions to be taken – Local

- **Prioritize health** as a development agenda and social well-being, allocate required resources to implement **basic health services, focus on preventive and promotive activities**
- Ensure **full implementation of activities and programmes**
- Establish **information management unit (also considering civil registration and vital statistics)** and ensure timely flow of information
- Prepare **Health Profile** to inform next plans (AWPB, periodic plan)
- **Release health budget** to the concerning health institutions
- Develop **procurement plan** and initiate as per the public procurement act
- Build **local storage capacity** to medical supplies and cold-chain management
- Identify **unreached target groups** and develop plan to reach them (with specific approach and strategies)

Actions to be taken - Common (all three tiers)

- Engage stakeholders in planning, budgeting and capacity development process
- Review institutional capacity at all levels to ensure right staffing patterns
- Competent and skill-mix health sections/units required as per the functional assignment
- Immediately prepare population targets for local and ward levels for effective planning at all levels.

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Government of Nepal

Ministry of Health and Population