# Nepal Health Sector Support Programme (NHSSP 3) – No Cost Extension

## Knowledge Café/ Policy Dialogue Proceedings Report

## PRIORITISING AND SETTING HEALTH GOALS FOR PROVINCIAL AND LOCAL LEVEL PLANS IN LUMBINI PROVINCE

**Date: March 2023**

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# ABBREVIATIONS

| | |
|---|---|
| AWPB | Annual Work Plan and Budget |
| BEK | British Embassy in Kathmandu |
| BHS | Basic Health Services |
| FY | Fiscal Year |
| HMIS | Health Management Information System |
| HR | Human Resource |
| LL | Local Level |
| MoH | Ministry of Health |
| MoHP | Ministry of Health and Population |
| NCD | Non communicable diseases |
| NCE | No Cost Extension |
| NDHS | Nepal Demographic and Health Survey |
| NHFS | Nepal Health Facility Survey |
| NHSSP | Nepal Health Sector Support Programme |
| NHS-SP | Nepal Health Sector Strategic Plan |
| RM | Rural Municipality |
| SMC | Sub Metropolitan City |
| UCMS | Universal College of Medical Science |

# 1 INTRODUCTION

## 1.1 CONTEXT

The Constitution of Nepal mandated basic health care as a fundamental right of all citizens and all levels of governments have a responsibility to ensure this right is honoured. The federal context has increased the responsibility of locally elected representatives and other local government stakeholders for making basic health services, accessible, effective and efficient as the primary responsibility of delivering these services lays with the local governments. Following the local elections in 2022, there is a group of newly elected representatives at provincial and local levels, and all of them will be making significant decisions in the upcoming Annual Work Planning and Budgeting processes for FY2023/24. In the previous phase, the Nepal Health Sector Support Programme (NHSSP), Technical Assistance (TA) had organised a series of sessions on budget analysis providing step-by-step guidance on how budget and expenditure analysis can be done at all spheres of government. This was also combined with the sessions on health funding and local levels can help to reduce the health burden of their constituencies.

With the implementation of Nepal Health Sector Strategic Plan (NHS-SP) - 2022-2030 being an upcoming priority for the federal Ministry of Health and Population (MoHP), there is a greater need to focus on evidence and equity-based planning to reduce inequity in health services. In the recent months, a number of national level surveys and studies have been completed (e.g., Nepal Health Facility Survey 2021, Nepal Demographic and Health Survey 2022) and an analysis of these data and any other equity data can provide a comprehensive picture that can form the basis of planning policy and programmes to improve health outcomes in the coming years. It is important that this evidence is brought to the attention of sub-national level decision-makers so that they consider the key issues influencing the progress. Policies and programmes that have supported the positive changes and the gaps in knowledge which may have affected health programming also need to be discussed, to help further decisions on plans and budget allocations for the coming fiscal year.

Along with the British Embassy in Kathmandu (BEK), NHSSP in the previous phase had discussed and agreed with provincial authorities to facilitate a Knowledge Café/Policy Dialogue amongst stakeholders to support decision-making for increased investments in health and identify priorities for province and local levels (LL) based on evidence for equitable allocation of resources. The first Knowledge Café/Policy Dialogue was held in Lumbini province led by the provincial Ministry of Health (MoH) and supported by NHSSP. This document reports on the proceedings of this event.

## 1.2 OBJECTIVES OF THE KNOWLEDGE CAFÉ /POLICY DIALOGUE

A Knowledge Café has been defined as a conversational process that brings a group of people together to share experiences and learn to make a better sense of a changing and complex environment to improve decision making[1]. A Policy Dialogue is an iterative process which has its goal in influencing policy, with a specific outcome. It usually has a precise purpose and a systematic formal and/or informal approach. It involves effective leadership and follow up[2]. Both these

[1] Knowledge Café's NHS, Health Education England
[2] Briefing Note | Policy dialogue - Alliance for HPSR

techniques are meant to enable discussions among stakeholders to raise issues, share perspectives, find common ground, and reach agreement.

The Knowledge Café/Policy Dialogue in Lumbini Province had a dual aim of facilitating learning as well as enabling discussions, conversations and exchange of ideas on how better investments can be made in health at the sub-national level, and the strategies that provinces and local levels (LLs) can adopt. It also aimed to support informed decision-making at this juncture, as all levels of governments are preparing for the planning and budgeting processes for the upcoming Annual Work Plan and Budget (AWPB) development. The specific objectives of this dialogue were:

- prepare and share analytical information on recent evidence on health and identify the key health issues of the province
- review the relevance and significance of the health interventions/initiatives of the province and local levels.
- discuss how local and provincial resources can be mobilised to improve health services to citizens; and
- suggest a locally tailored framework for improved resources for health reaching the unreached and leaving no one behind.

## 1.3 PROCESS ADOPTED

MoH, Lumbini province led the event with NHSSP facilitation support. TA support included the following step for conducting the Knowledge Café/Policy Dialogue:

a. Conceptualisation of the event and its modality in coordination with MoH, Lumbini
b. Analysis of available evidence from the recent surveys specific to Lumbini province
c. Agreeing the topic, objectives and agenda based on findings of the evidence analysis
d. Preparation of the Knowledge Café / Policy Dialogue content, identification of participants, coordination with stakeholders, and execution of the event.
e. Pre-meetings with federal, province and local level stakeholders (Kathmandu, Nepalgunj, Butwal)
f. Facilitation of the event

It is important to note that this Knowledge Café/Policy Dialogue is not a one-shot effort for enabling decision-making in Lumbini. Rather, it is being viewed as a strategic tool that opens up continued engagement with the stakeholders, to keep their attention on health issues. Follow-on TA activities will support processes that may range from policy formulation to implementation and monitoring at large. Similar Knowledge Café/Policy Dialogue events will be key to enabling alignment of policy and programme across levels of governance.

# 2 EVIDENCE ON LUMBINI PROVINCE

Lumbini province has a total population of 5,138,030, for the fiscal year 2078-79 (2021/22); expected live birth is 96,058, expected pregnancy is 1221,926, under 1 year population is 94,363, under 5 year 475,002, married women of reproductive age 1,189,602 and population above 70 years 2,41,146 and population above 84 years 24,654.

There is a total of 109 LLs , among which four are sub metropolitan city (SMC), 32 municipalities and 73 are rural municipalities (RM). Figure 1 shows the institutional arrangements for Ministry of Health in Lumbini province.

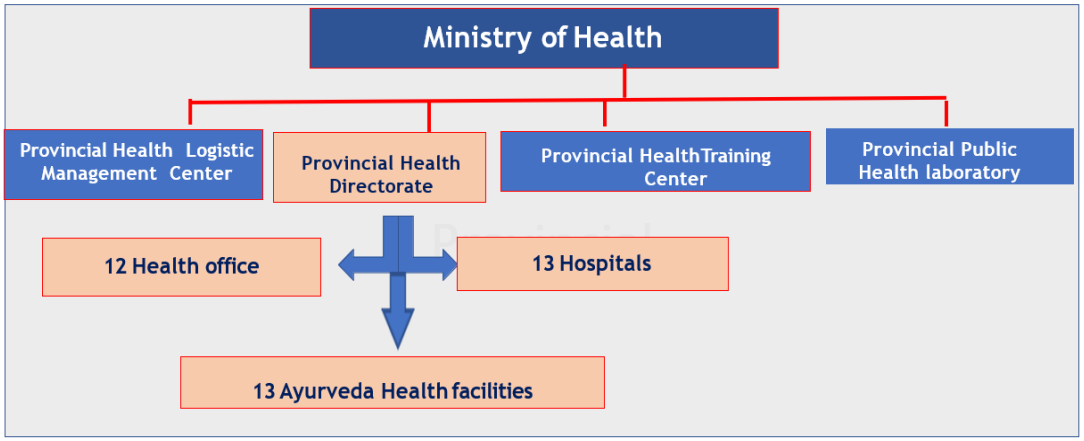



*Figure 1 Institutional arrangement of Ministry of Health in Lumbini Province*

The Nepal Health Facility Survey (NHFS) 2021 shows that out of total sanctioned posts of medical officers, MD-GPs and consultant doctors, less than half of the positions are fulfilled. Similarly for nurses a little over half (53%) and for paramedics (HA+AHW) about 74% sanctioned posts are fulfilled, clearly indicating the significant gap in human resource availability and distribution within the country. Data from the provincial governments shows that among the sanctioned positions 48% of those in the provincial institutions, 23% of those in the health offices and 9% of those in the provincial hospitals are vacant. Twenty three percent human resource in the provincial hospitals in hilly region are vacant. A vast majority (75%) of the consultant doctors are based in hospitals located in urban centres.

The data reported Health Management Information System (HMIS) shows that the overall status of Lumbini province in terms of health indicators is better compared to national averages and other provinces. Table 1 below presents figures from some of the key indicators from across the provinces.

*Table 1 Status of provinces for selected indicators*

| Programme Indicators | FY 2021/22 (2078/79) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Nepal | Koshi | Madhesh | Bagmati | Gandaki | Lumbini | Karnali | Sudur Paschim |
| **IMMUNISATION PROGRAMME (%)** | | | | | | | | |
| BCG coverage | 103.5 | 93.8 | 104.3 | 129.4 | 84.6 | 103.1 | 91.8 | 98 |
| Fully Immunised children* | 91.2 | 85.4 | 95.2 | 88.1 | 88.7 | 96.5 | 87.6 | 90.4 |

| Programme Indicators | FY 2021/22 (2078/79) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Nepal | Koshi | Madhesh | Bagmati | Gandaki | Lumbini | Karnali | Sudur Paschim |
| **NUTRITION PROGRAMME (%)** | | | | | | | | |
| Pregnant women who received 180 tablets of Iron | 60 | 47.8 | 48.1 | 49.8 | 80.2 | 75.8 | 72.5 | 74.1 |
| Postpartum mothers who received vitamin A supplements | 76.3 | 56.6 | 75.9 | 58.4 | 64.2 | 98.2 | 88.4 | 100.3 |
| **SAFE MOTHERHOOD PROGRAMME STATUS (%)** | | | | | | | | |
| Pregnant women who attended four ANC visits as per protocol | 79.2 | 68.5 | 48.8 | 139.1 | 82 | 79.5 | 72.3 | 74.2 |
| Institutional deliveries* | 79 | 72.1 | 57.2 | 98.6 | 64.4 | 94.2 | 82.6 | 92.8 |
| Deliveries conducted by skilled birth attendant* | 75 | 69.5 | 55 | 97.7 | 63.5 | 89.8 | 70.1 | 80.6 |
| Mothers who had three PNC check-ups as per protocol* | 40.8 | 36.8 | 23.6 | 42.2 | 35.5 | 53.7 | 52.8 | 60.3 |
| **MALARIA AND KALA-AZAR PROGRAMME** | | | | | | | | |
| Annual blood slide examination rate per 100 | 2.5 | 2.2 | 1.4 | 4.4 | 1 | 3 | 1.4 | 2.7 |
| **TUBERCULOSIS PROGRAMME** | | | | | | | | |
| Treatment success rate | 91.6 | 91.1 | 92.4 | 92.6 | 90.4 | 91 | 91.1 | 90.3 |
| **HIV/AIDS and STI PROGRAMME** | | | | | | | | |
| % of TB patients had HIV test result | 72 | 58 | 56 | 91 | 84 | 74 | 60 | 72 |
| **CURATIVE SERVICES** | | | | | | | | |
| % of population utilising outpatient (OPD) services | 92 | 99.5 | 66.5 | 98.9 | 109.5 | 94.5 | 104.5 | 92.1 |
| % of population utilising Emergency services at hospitals | 10.1 | 11.8 | 3.7 | 20.2 | 10.9 | 7.2 | 5 | 7.1 |

Although Lumbini might be well performing in comparison to other provinces the figures mask the differences across local levels. Disaggregation by local levels shows that the achievement of Lumbini province is not uniform. In the sections below some of the key indicators are analysed to review the differences in the status of achievement.

## 2.1 CHILD HEALTH

As per HMIS data, in the fiscal year (FY) 2078/79 (2021/22), there were a total of 195 neonatal deaths (equivalent to 2 deaths per local level ) in Lumbini province, but data disaggregated by local level shows that 12 local levels in Lumbini province have reported more than 5 neonatal deaths in each palika in FY 2078/79.

Overall achievement of Lumbini Province for measles immunisation shows an increasing trend (Fig. 2) and the achievement of FY 2078/79 (2021/22) is 99% but the data shows that 12 out of 109 LLs within Lumbini have less than 90% achievement in measles immunisation.

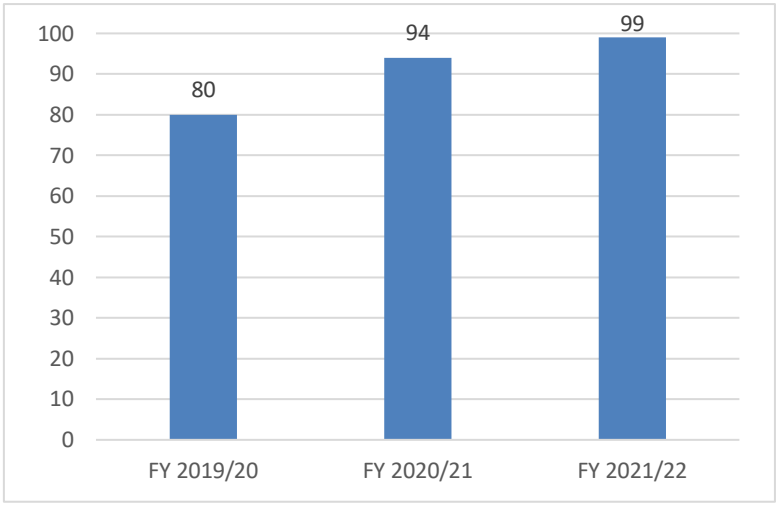



*Figure 2 Trends of measles immunisation coverage*

## 2.2 NUTRITIONAL STATUS

Prevalence of anaemia among children and women shows a small decrease nationally between 2016 and 2022 as per NDHS. However, in Lumbini, prevalence of anaemia is higher than national average among both children and women (in both rounds of NDHS) and in 2022 has increased slightly among women.

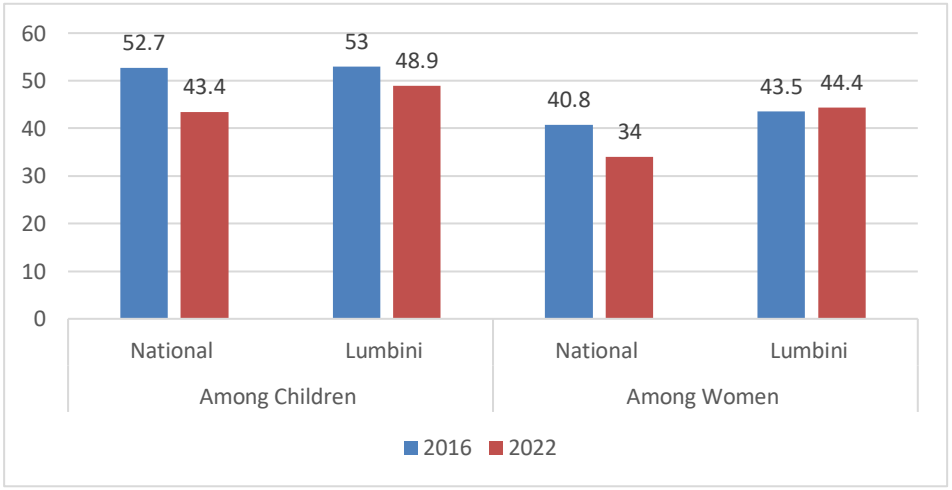



*Figure 3 Prevalence of Anaemia among women and children*

## 2.3 ANTENATAL CARE

HMIS data from Lumbini Province shows an increase in trend of first Ante-natal Care (ANC) visits as well as four ANC visits as per protocol, but the difference between four ANC and first ANC has not decreased over the same period and has remained stagnant at 38-40%. Seven out of 109 local levels reported less than 50% coverage for four ANC.

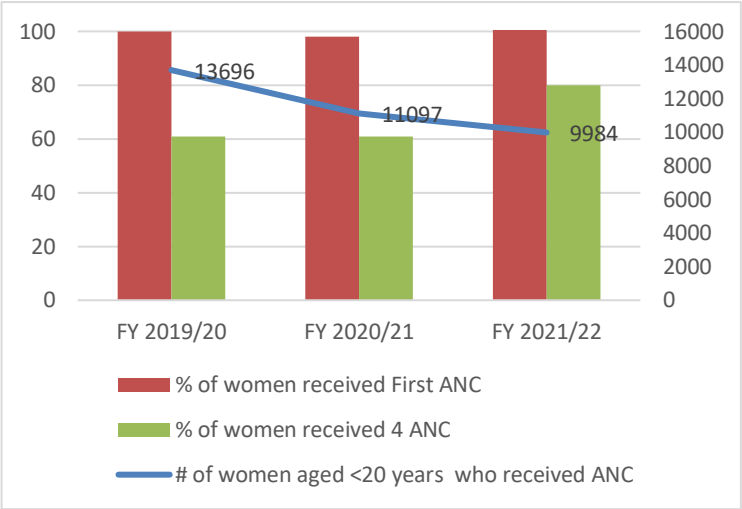



*Figure 4 Trend of ANC coverage*

ANC among women aged below 20 years in Lumbini Province has been decreasing over the period of three fiscal years (Fig 4). In the same FY among those women who received ANC services more than 25% women were below 20 years in Putha Uttarganga, Tinau, Babai, Sarumarani and Ganga Dev municipalities indicating that teenage pregnancies are high in these local levels. With a high level of teenage pregnancies and decreasing ANC seeking, this could be a matter of concern, particularly as women in this age group are likely to primipara.

## 2.4 ABORTION

NDHS 2016 shows that among all the abortions conducted five years preceding the survey, around 7% were aged below 20 years and a majority of these (22%) were in Lumbini province. HMIS data shows that in FY 2078/79 (2021/22), among total reported abortion cases 20% were from Lumbini province. Among all the abortions reported in Lumbini province 25% were below 20 years. The high burden of abortions among adolescents may need to be investigated further to understand whether these were a result of unwanted pregnancies and a likely indication of the lack of access to contraception.

## 2.5 INSTITUTIONAL DELIVERY

Institutional delivery in Lumbini province has been increasing and is currently at 94% in FY 2078/79 (2021/22) which is 15% higher than national average (79%), as per HMIS. NDHS 2022, shows that institutional delivery in Lumbini province is 84.4% which is 5%higher than national average (79.3%).

However, data disaggregated by local levels shows that institutional delivery is below national average in majority (90/109) of local levels. The higher coverage is contributed by the highly populated and urban local levels like Siddharthanagar Municipality, Butwal Sub-Metropolitan City, Nepalgunj Sub-Metropolitan City, Kohalpur Municipality, Tansen Municipality and Pyuthan Municipality.

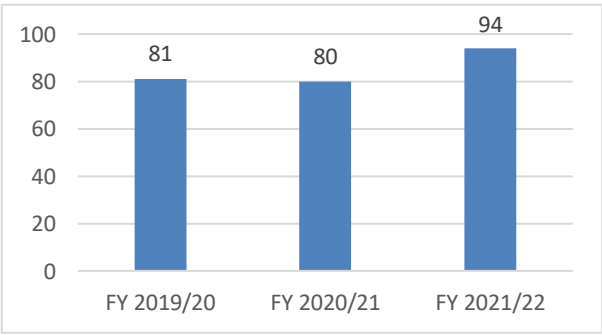
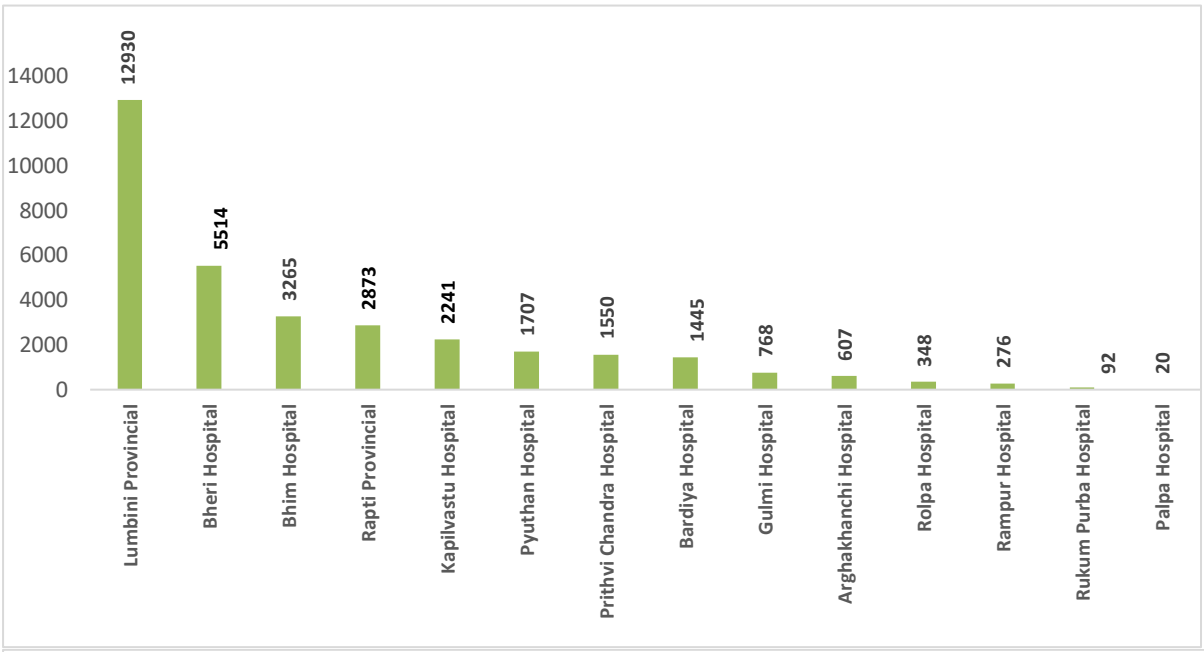



*Figure 5 Percentage of institutional delivery by FY*

It is to be noted that in districts like Gulmi, Argakhanchi, Nawalparai and Kapilbastu institutional delivery is lower than four ANC coverage, which is indicative of the fact that women in these districts seek care in hospitals in the neighbouring districts.

Figure 6 shows the number of deliveries conducted by hospitals in Lumbini province in FY 2078/79, as reported in HMIS. Among the total hospital deliveries in the province in given fiscal year 65% were done in government hospital and 35% in other hospitals (teaching/ private). The contribution of Lumbini Provincial Hospital is highest among all hospitals (22% among all hospital deliveries and 35% among total government hospital deliveries). Lumbini Provincial Hospital is clearly overcrowded which is likely to be affecting the quality of care received at this facility.

*Figure 6 Number of deliveries by hospital FY 78/79*



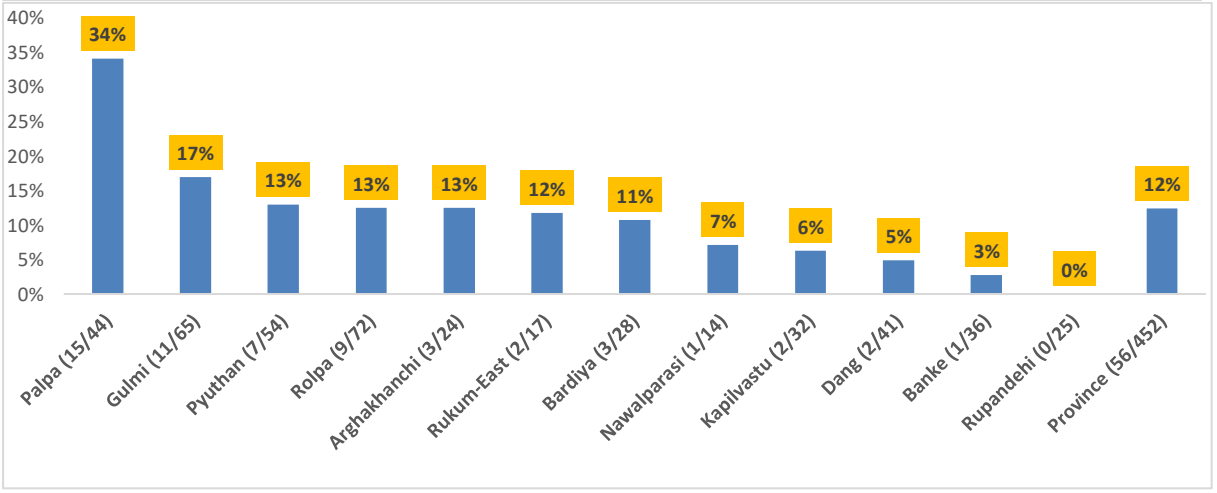




*Figure 7 District wise status of utilisation (<10 births) of birthing centres FY 2078/79*

Figure 7 shows that out of total birthing centres (452) in Lumbini Province, 12% of them had conducted less than 10 deliveries in FY 2078/79. Palpa, Gulmi, Pyuthan, Rolpa and Argankhanchi were the districts with low utilisation of birthing centres for institutional delivery. It will be important

to investigate further to understand the specific reasons for the preference of higher level facilities among women from these districts.

Figure 8 shows the hospital Maternal Mortality Rate per 1000 institutional deliveries, which is higher in medical colleges than government hospitals. The data shows 16 maternal deaths per 1000 deliveries in Universal College of Medical Science (UCMS), 10 deaths per 1000 deliveries in Nepalgunj Medical College/ Kohalpur Medical College (KGMC), 9 deaths in Lumbini Medical College compared to 6 deaths in Bheri hospital and 1 in Lumbini Provincial Hospital per 1000 deliveries. Reasons behind this will need to be understood fully.

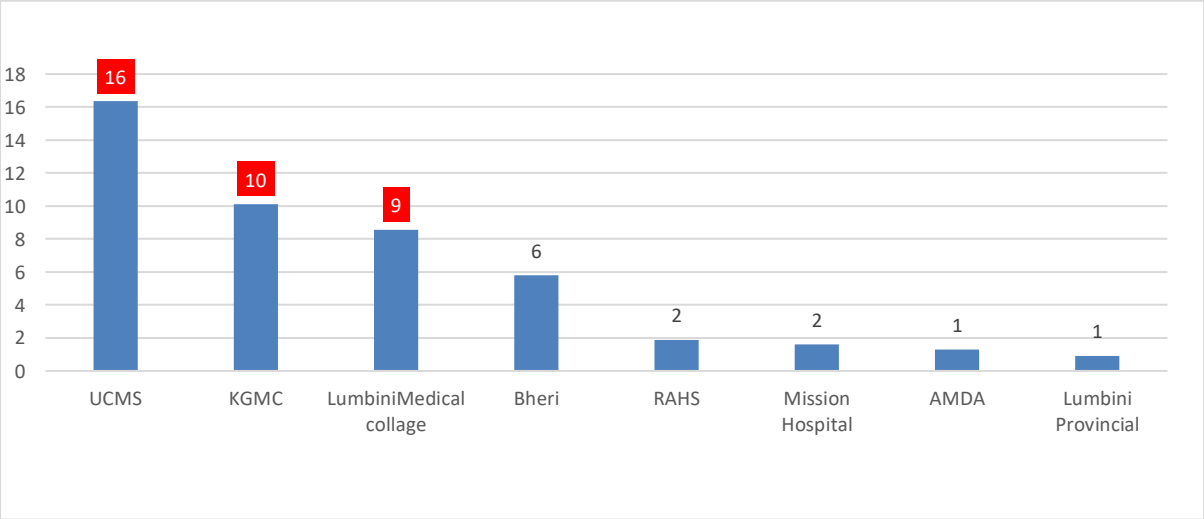



*Figure 8 Hospital maternal mortality rate per 1000 institutional delivery FY 78/79*

## 2.6 Home Delivery

Despite institutional deliveries in Lumbini province being higher than the national average, a considerable number of women continue to deliver at home. While there is a decreasing trend of home deliveries with almost a 50% reduction in FY 78/79 compared to previous FY, 40% of the total home deliveries reported in FY 78/79, were from just 8 local levels of Kapilbastu district alone[3].

## 2.7 Non-Communicable Diseases

The prevalence of hypertension among men and women aged >15 years is higher in Lumbini province compared to the national average. The WHO STEPwise approach to surveillance (STEPS)[4] in Nepal 2019 showed that the prevalence of hypertension across ages is 28% in Lumbini province whereas it is 24.5% at national level. Similar findings are shown by NDHS 2016 with 11.9% in Lumbini but 10.4% nationally among women and 18.5% in Lumbini and 16.8% national among men. The national STEP survey 2019 shows that the use of tobacco products among people aged more than 15 years is also higher in Lumbini province (36.4%) compared to national average (28.9%).

[3] Kapilbastu Municipality, Maharajganj Municipality, Shivaraj Municipality, Shuddhodhan Rural Municipality, Yasodhara Rural Municipality, Buddhabhumi Municipality, Mayadevi Rural Municipality

[4] https://www.who.int/europe/tools-and-toolkits/who-stepwise-approach-to-surveillance

## 2.8 HEALTH BUDGET

Amongst all these challenges, Lumbini province has considerably increased its investment in health from its internal resources. Figure 9 shows the incremental increase in percentage of health budget over four years. In the last two FYs, half of the health budget in Lumbini province was contributed by internal resources (60% in FY 77/78 and 61% in FY 2078/79) . Fig 10 shows the trend of capital and recurrent budget in health of Lumbini province, which shows gradual increment in capital budget in FY 78/79 compared to previous years.

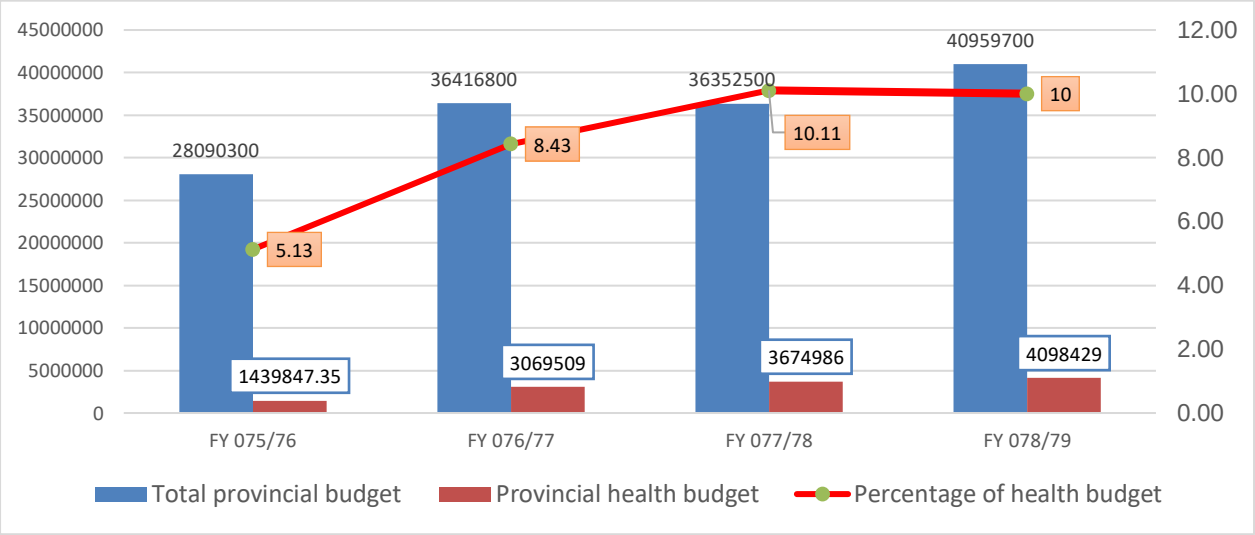



*Figure 9 Health budget of Lumbini province FY 75/76 to 2078/79 ( in thousand)*

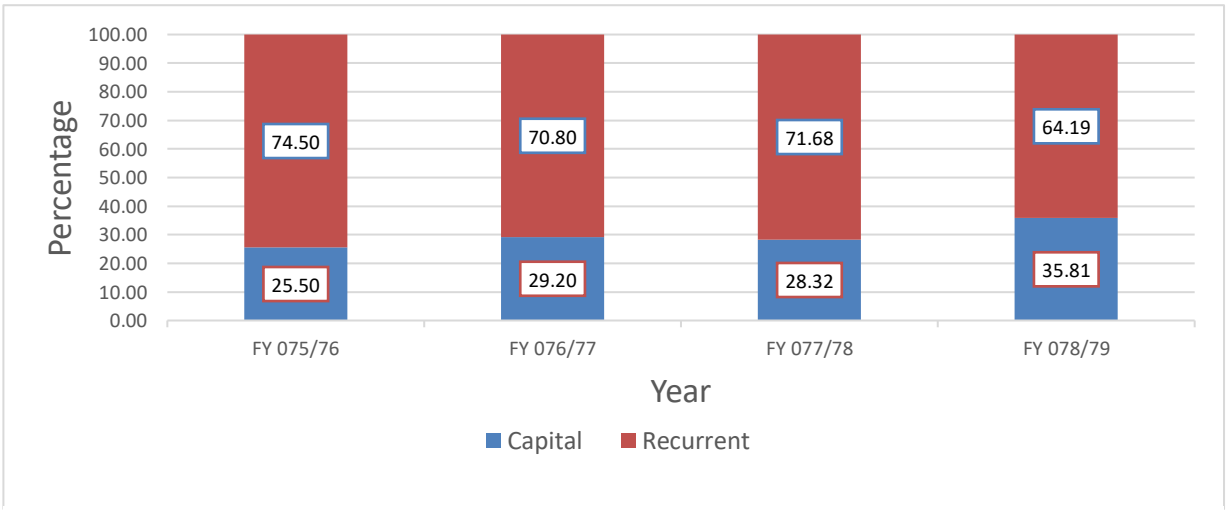



*Figure 10 Trend of Capital and Recurrent budget in health*

# 3 PROCEEDINGS OF THE KNOWLEDGE CAFÉ / POLICY DIALOGUE

Meaningful dialogue requires governments and policymakers to recognise and understand its importance and provide the space for the dialogue between them and other stakeholders. A wide range of stakeholders were involved in the Lumbini Knowledge Café/Policy Dialogue including mayors, deputy mayors, chairpersons, vice chairpersons and health section chiefs from selected municipal offices; medical superintendents from provincial hospitals, health office chiefs from selected districts; provincial ayurvedic health centres, Provincial Health Directorate (PHD), Ministry Of Health (MoH), Provincial Health Training Centre (PHTC), Provincial Health Logistics Management Centre (PHLMC), Provincial Public Health Laboratory (PPHL) and external development agencies

On March 13, 2023, the MoH, Lumbini Province in collaboration with NHSSP conducted an event for Policy Dialogue focusing on effectiveness of existing Provincial and LL programme and identifying priorities for upcoming AWPB. The one-day event featured the following:

1. *Presentations*
   a. Importance and Experiences on policy dialogue at the Federal Level
   b. Evidence on selected indicators to show health status of Lumbini Province
   c. Provincial Health Policy Priorities and Innovative Programmes

2. *Group Conversations on three areas*
   a. Group 1: Effectiveness analysis of programmes/innovative practices conducted in the province.
   b. Group 2: Effectiveness analysis of programmes/innovative practices conducted at the Local Level.
   c. Group 3: Identifying Province and Local Level priorities.

3. *Panel discussion on health sector priorities at Province and Local Levels*

4. *Conclusion of policy dialogue and future work direction*

## 3.1 INTRODUCTORY SESSION

Dr. Puspharaj Paudel, Consultant Physician, MoH, Lumbini province moderated the introductory session, and began by inviting Dr. Bikash Devkota, Secretary, MoH Lumbini as the Chairperson for the meeting and Mr. Bishnu Panthi, Health Minister of Lumbini Province as Chief Guest, along with other guests from LL governments. He also presented the main objectives of the programme.

## 3.2 EXPERIENCES AT THE FEDERAL LEVEL

The importance of policy dialogues and the experiences of federal MoHP formed the first part the day, which was presented by Mr. Sagar Dahal, NHSSP Governance and Accountability Lead on behalf of MoHP. In addition to laying out the operating procedures for a policy dialogue, their importance, contribution in implementing improving and revising policy and setting priorities in AWPB was emphasised. He shared the list of previous policy dialogues conducted at federal level and the learning which included following:

- Clarity about the subject, purpose and the participants is needed to build consensus.
- Analysis of available facts/evidence is crucial to lead the discussion.

- Theoretical and practical aspects should be considered.
- The entity conducting the policy dialogue should take full ownership, otherwise there is lack of ownership for implementation of identified policy issues
- The language should be simple and understandable.
- There should be up-to-date follow-up and monitoring of the implementation.
- Dialogue should be conducted regularly.

Mr. Sagar Dahal also presented a brief summary of findings from budget analysis, which set the platform for dialogue highlighting the determinants of health and significance of investing in basic health services and beyond. Some highlights of the budget analysis were:

- Although the federal government's conditional grant is the main source of the budget for the province's health sector, the province has been increasing investment in health from internal sources for the last few years.
- In the last two fiscal years, more than half of the budget for the health sector has been allocated by the state from its internal resources 60% in FY 2077/78 and 61% in FY 2078/79.
- Comparison to previous three years, capital budget in general increased and reoccurring budget is decreased.
- Government investment in health has increased both at the federal and provincial levels in terms of percentage of Gross Domestic Product.

## 3.3 ANALYSIS OF HEALTH STATUS OF LUMBINI PROVINCE

Mr. Roshan Lal Chaudhary, Senior Public Health Administrator at PHD, MoH, Lumbini Province presented the health status of Lumbini Province. He also presented the organisational structure, status of human resources and evidence on selected indicators on maternal, newborn, child health and immunisation status. He summarised the main issues and challenges in Lumbini Province as follows:

- Although the average achievement in key indicators looks good, there is difference in achievement between municipalities.
- ANC among teenage pregnancies is declining and is persisting problem.
- Nutritional status of women and children in Lumbini province is poorer than national levels.
- Home delivery is still practiced, especially in Terai areas.
- 12% birthing centres report low utilisation of services.
- There is lack of SBA trained health workers in big medical colleges
- Case load is high in the Provincial Hospital.

## 3.4 PROVINCIAL HEALTH POLICY PRIORITIES AND INNOVATIVE PROGRAMMES

Dr. Pusparaj Paudel presented the provincial health policy and innovative programmes highlighting the priorities of the health policy, the endorsed provincial guidelines, health related policy/legal documents developed by Lumbini province, innovative programmes and their implementation status. According to him, priorities of Provincial Health Policy included:

- Delivery of services with medicines, equipment and skilled manpower at all levels
- Expanding access to convenient, accessible, and quality services
- Healthy lifestyle promotion and behaviour change

- Continuation of effective health care delivery in case of disaster
- Multilateral Coordination, Partnership and Cooperation
- Promotion of good governance, accountability and responsibility by making the service accountable to public.
- Increase investment in health sector and ensure proper use

The table below summarises the various official documents that he presented briefly to the audience.

| Guidelines endorsed in Lumbini Province | Policy/legal documents related to health in Lumbini | Innovative Programmes implemented by Lumbini province |
|---|---|---|
| • Policy, Planning and Good Governance: 5<br>• Ayurveda and Alternative Medicine: 3<br>• Service Delivery and Quality: 2<br>• Social Security: 2<br>• Human Resource Management:1<br>• Disaster, epidemic management and humanitarian response:2<br>• Information Technology and Information Management: 1 | • Provincial health policy, 2077<br>• Provincial Health Institution Establishment, Operation, Renewal and Upgradation Act, 2076, Regulations, 2077<br>• Financial Management Improvement Plan (2079/80 – 2083/84)<br>• Medicines and Medicinal Products Procurement Improvement plan for (2079/80- 2083/84) | • Upgrade all hospital in province to more than 50 beds<br>• Rural Ultrasound Programme<br>• Health Care: Special Financial Facilities<br>• Diagnosis and treatment of sickle cell and thalassemia disease<br>• Door-to-door doctor programme<br>• Health workers with senior citizens programme<br>• Distribution of nutritious food for mothers<br>• Free Blood Transfusion Programme<br>• Panchakarma Service Extension Programme<br>• Laboratory services run at Ayurveda health centres<br>• Kitchen improvement programme<br>• Provision of a separate hospital for epidemic prevention and control<br>• Establishment of referral system for emergency patients |

## 3.5 GROUP WORK

It was important to review effectiveness of current programmes conducted at province & local levels and identify upcoming priorities, in relation to budgeting. The participants were divided into three

groups and assigned three topics to discuss and present. The table below shows the summary of the group work.

| Topics | Members | Points Highlighted in Presentation |
|---|---|---|
| Analysis of effectiveness of innovative program conducted in Province. | • LL: Barbardiya, Resunga, Basnaskaali, Ghorahi<br>• Hospitals: Palpa and Prithvichandra<br>• Health Office: Pyuthan, Banke, Argakhanchi | • Expansion and sustainability of Sickle Cell and Thalassemia Prevention and Control program<br>• Expansion of Panchakarma service program Continuation of Free blood donation program<br>• Strengthening Birthing Centre<br>• Continuation of Free COPD and Bronchitis Treatment program<br>• Continuation & strengthening program for Lab and radio imaging programs.<br>• Continuation & expansion of free diagnosis and treatment of cervical and breast cancer program<br>• Revision of age for enrollment in Senior Citizen Household Program<br>• Continuation of screening program for non-communicable diseases<br>• Continuation of integrated Public Health Campaign (Health Camp)<br>• Continuation of water quality check and monitoring program |
| Analysis of effectiveness of innovative program conducted in LLs | • LL: Kapilvastu, Lumbini Sanskritik, Thawang, Phalinandan, Bijayanagar<br>• Hospitals: Bardiya & Gulmi<br>• Health Office: Palpa & Bardiya | • Interaction program between pregnant mothers and family members: Begnashkali RM<br>• Free ambulance for pregnant mothers: Madhuban & Thawang Municipality<br>• Full institutional maternity ward & LL declaration program: Bardya Rajpur Municipality<br>• Curriculum development at LL by integrating content of Sickle cell Anemia and health topics: Barbardiya Municipality<br>• Screening of Diabetes & high BP Program: Bagnash RM<br>• Distribution of Nutritional Bag: All RM<br>• Production of Chawanprash and distribution to senior citizens: Rambha RM<br>• Maternity Kitchen: Thawang RM<br>• Policy and guideline development, endorsement & implementation: Some LLs of Bardiya and Palpa districts<br>• Construction of community health unit and health post building: Few LLs of Palpa districts, Thawang RM<br>• AC installation in Birthing Center: Gereuwa RM<br>• Capacity enhancement Program: Tulsipur SMC<br>• Health Campaign: All LLs |
| Identification of Provincial & LL priorities in Health Sector | • LL: Satybati, Sisne, Narainapur, Tansen<br>• Hospitals: Kapilvastu & Lumbini Ayurvedic Hospital | **Provincial Level priorities highlighted in presentation:**<br>• Advocacy for Health in All Policy<br>• Health Service Act<br>• Provincial Health Sector Strategic Plan<br>• O&M Survey in institution under Provincial Health Ministry<br>• ToR/ JD development of institutions and staffs<br>• Strengthening monitoring mechanism at Province & LL<br>• Provincial AWPB development based on the evidence & facts and TA to LL to develop AWPB based on evidence.<br>• Expansion of DDA at Province level for quality assurance |

| Topics | Members | Points Highlighted in Presentation |
|---|---|---|
| | • Health Office: Rupandehi & Rukum East | • Expansion of Health Insurance program in Province<br>• Authority of accreditation, monitoring and regulation of Private health sector to health offices<br>**Local Level priorities highlighted in presentation:**<br>• LL health policy<br>• Human Resource Management at facility level<br>• Upgrading building of health facilities<br>• Advocating with other programs/ bodies to prioritize health in all policy.<br>• Identification of target group<br>• Increase budget investment in health sector by prioritizing health sector.<br>• Develop LL AWPB based on the evidence & facts.<br>• Identify local herbs and advocate for its processing and use.<br>• Implementation of School Health Program on Non-Communicable Diseases, Psychosocial Counselling<br>• Inclusion of health & Social behaviour change related topic like: Yoga, NCDs, Ayurveda, Lifestyle etc. in School Curriculum<br>• Mobilization of Mothers group and FCHV for promotion & sensitization on WASH & Safe drinking water at community level<br>• Focus on quality of services like: Quality improvement of birthing centre. |

## 3.6 PANEL DISCUSSION

Group work was followed by a panel discussion that was moderated by Mr.Sagar Dahal; chaired by Dr. Bikash Devkota, and included the following as panellists

1. Mr. Khildoj Panthi, Mayor, Resunga Municipality
2. Mrs. Syani Chaudhary, Deputy Mayor, Tulsipur Sub Metropolitan City (SMC)
3. Mr. Krishna Regmi, Chairperson, Sisne Rural Municipality (RM)
4. Mr. Hemraj Pandey, Health Office Chief, Pyuthan
5. Dr. Subhash Pandey, Medical Superintendent, Bardiya Hospital

Mr. Sagar Dahal as the moderator set the context by briefly summarising the presentations and discussions of the day and highlighting that the achievement of Lumbini Province in terms of health indicators although remarkable needs further thought and action, for example, as the recent measles outbreak in Banke district showed the gaps. He also highlighted how although local governments invest considerable resources in establishing birthing centres, most institutional deliveries in the province are at the provincial hospital and medical colleges. It was therefore of little value investing .esources in construction of birthing centres. Similarly, surveys have indicated that large number of general population seeks health services from private hospitals, clinic, pharmacy but if we see resources allocation and trainings in health sector, huge proportion of budget is invested in public sector only. In this context following questions were asked to the panel members.

*Question 1: As, a Mayor of Resunga Municipality and Chairperson of Municipal Association of Nepal what is your understanding in this current scenario based on above mentioned topics?*

Mr. Khildoj Panthi, Mayor, Resunga Municipality responded that everyone's common understanding is that health is the basis of a prosperous society and we need to develop various policies and revise various policies in current scenario. He shared that we should prioritise public hospitals and major concerns is that general population are losing trust in public hospitals. He emphasised that despite decentralisation, medical doctors and specialised doctors are unwilling to work in rural areas hospitals. Reflecting on innovative approach to provide specialised health services he shared that Gulmi hospital has started to provide orthopaedic services by providing additional incentives to orthopaedics doctor through Rseunga Municipality for retention in Gulmi hospital and municipality has invested in procurement and installation of C-Arm Machine and upgrading Gulmi hospital. He also shared that after availability of orthopaedic services from Gulmi hospital people don't need to travel Pokhara and Kathmandu for specialised service and as a result various costs of general population for health seeking has been saved. Similarly, he stressed that Government institution and alliances should be strengthened to enhance service delivery of public hospitals to regain trust of general population.

*Question 2: We all are familiar that recently Banke district suffered from Measles outbreak and if we recall our work Lumbini Province was declared fully immunised six months ago. This is just one recognised incident. There might be various others issues which haven't been recognised. What is your understanding in this scenario and how LL should work to address these issues?*

Answering the question Mr. Krishna Regmi, Chairperson, Sisne RM stated that he was also a health worker and based on his experience he shared that he has immunised his daughters with Measles vaccine but unfortunately both suffered from measles and mentioned that he was unaware how this incident happened. We need to have technical knowledge to understand this type of incident. Similarly, he stressed that safety status of vaccine, quality of vaccine, cross border travel, quality of documentation is a major issue in this type of outbreak. He mentioned that we must work together to bring remarkable change in health sector. Similarly, he stressed that 3 things should be improved: quality of health commodities, programme implementation and documentation. He added that local government is highly responsible to provide basic health services and Sisne RM is under process of developing a policy. He also mentioned that based on indicators and discussion with health sector experts Sisne RM has started Healthy Sisne RM declaration programme.

*Question 3: Why did the measles outbreak occurred in Banke after declaration of Full Immunisation. Can you please elaborate and share your views on what LLs need to focus on to minimise this type of issues?*

Answering the question, Mr. Hemraj Pandey, Health Office Chief, Pyuthan, said that cold chain management and vaccine efficacy is the major issues behind occurrence of this type of outbreak. He stated that we were in rush to declare full immunisation and for that we collected data from household survey, but we didn't re-verify data and we even missed identifying missing cases in some clusters. Similarly, he mentioned that few LLs have their own cold chain management system and few don't have. Also after immunisation programme there is delay in returning vaccine to district level for further storage and cold chain management which results in poor quality of vaccine and low efficacy. So, LL elected representative should allocate budget for developing cold chain system in LL. As the elected representative are close to community and highly engaged with them, it is needed to communicate the importance of immunisation for children with the parents. This might help in increasing and ensuring vaccine coverage.

*Question 4: We have discussed that people have gained trust in quality of health services delivered by private sector. So, what have we done for the private sector, or should we not support private sector?*

Responding to the question, Mrs. Syani Chaudhary, Deputy Mayor, Tulsipur SMC said that for good results we should make roles and responsibility of each sector clear. She mentioned that the public sector thinks that the private sector is earning a lot and private sector thinks that public sector doesn't deliver quality health service. So, first we must have positive thinking and need to create a good working team. Similarly, she mentioned that quality of services and waiting time in public sector are the main reasons behind general population not seeking health service from public sector and peoples having average economic status seeks services from private sector. We elected representatives should convey the message to the general population that health workers in public sectors are qualified and well educated and public sectors also provides quality health services. The LLs, district and province should have good coordination and she mentioned that Tulsipur SMC is collecting data of private sector. LL should work to create doctor friendly environment and layout clear communication & collaboration platform to enhance quality health services delivery from public health facilities.

*Question 5: What should be done to enhance the capacity of the private health sector. Which type of support should be provided by local government to private sectors?*

Dr. Subhash Pandey, Medical Superintendent, Bardiya Hospital stressed that there is vast difference between service delivery of private sector within Kathmandu valley and outside valley. He shared that people have understanding that same doctor working in public sector doesn't provide quality health service but while working in private sector they provide quality health services. Therefore, we need to change this understanding among general population. Hygiene, cleanliness, waiting time in public hospitals, operation theatre management are the major concerns of public health sector. He concluded that we should think about innovation and policies for full time mobilisation of government employed doctors and health workers in public hospitals and as a result people will understand that there is no difference between service delivery of private and public sector.

*Question 6: If we look back at our health-related programme then we can see that we are orienting & sensitising educated people on personal hygiene, WASH, and use of toilet for defecation. When will these practice end, will we be able to end this type of practice in your working tenure and how will you end this type of practices?*

Mr. Krishna Regmi, Chairperson, Sisne RM said that health is fundamental right, but we are focusing on providing health services, we have not been able to sensitise & aware peoples regarding utilisation of health services. Public health is a subject of having concerns with the public and we should focus on providing public health services to the general population through various means. We should allocate budget and resources for healthier behaviour change and lifestyle management. Similarly, he stressed that LL should revise curriculum of schools and includes topics of available health services, WASH, hygiene, lifestyle etc. and implement curriculum in schools to bring change in traditional programme planning techniques.

*Question 6: We keep talking about expanding ayurvedic health services in various forums. People adopt lifestyle modification after they have some problems people often practice yoga, intermittent*

*fasting after 40 years of age. Why is yoga not taught to during schooling? What resources & programme do you have to teach yoga to school children? What has hindered you to do this?*

Dr. Madan Bhandari, BAMS said that this is organisational weakness. The Ministry should include yoga in the school curriculum through development of policies and programmes and we all will work together to mandatorily include yoga in school.

*Question 7: Constitution of Nepal has clearly mentioned that basic health services should be provided free of costs to all citizens. Have local levels realised this provision and do you think that citizens have been able to seek free Basic Health Services (BHS) ?*

a. Mr. Krishna Regmi, Chairperson, Sisne RM, shared that maternity services, immunisation, Geriatric services, family planning, free ambulance, emergency services and even health services during pandemic is provided free of cost to citizens. Similarly, we provide free essential medicines from health facilities there might be issues in procurement, but we are managing and prioritising supply of health logistics. He added that government is providing financial as well as service support to heart and kidney disease patients. Based on the need and demand of citizens we need to include health services in our package. Mr. Regmi further added that Sisne RM is providing 6000 to 9000 NPR financial support to patients for referral services and 25000 NPR to patients of heart and kidney diseases. Similarly, he stated that providing free meals to patient in birthing centre has been started by establishing kitchen in birthing centre.
b. Mr. Hemraj Pandey, Health Office Chief, Pyuthan , said that scenario is different in Terai and hilly region district. Health facility has been established in all wards in Local level in Terai district and it is accessible for citizens but while talking about hilly district it takes around 5-6 hours to walk within one ward. So, delivery of free BHS in hilly district is still challenging. Similarly, quality of services, Human Resource (HR) management, infrastructure are major concerns of areas in delivery of quality and free basic health services. Further he added that effective policy should be developed and implemented for HR mobilisation as per population density of geographical areas and HR needs to be mobilised in community if they are underutilised. Mr. Pandey requested local leaders to allocate budget for construction of immunisation clinics and PHC-ORC clinic with facility of toilets and basic equipment which can assist in delivery of BHS and enhance accessibility of BHS to unreached population.
c. Mrs. Syani Chaudhary, Deputy Mayor, Tulsipur SMC said that there are 19 HFs in 19 wards of Tulsipur SMC and we have managed human resources in health facility based on population density in catchment areas of health facilities. Similarly, I meet health workers each month and try to motivate health workers & create a positive working environment. She mentioned that based on workload health workers are mobilised in communities for awareness creating & providing BHS. She further stressed that human resources should not be involved in political parties and there should not be political influence for transfer of staffs. She highlighted that we should do our duties at any cost as mentioned in our ToR and if we are able to accomplish our duty, quality of work will improve automatically.

*Question 8: We have several examples where people are paying fees for services even these were declared. Is BHS package free in Bardiya hospital?*

Dr. Subhash Pandey, Medical Superintendent, Bardiya Hospital shared that MCH clinic has been established in all hospitals within province in leadership & coordination of Provincial MoH and Health Directorate. Bardiya hospital is providing blood grouping, immunisation, FP, ANC services

free of cost and due to lack of budget provincial hospital is not being able to provide all BHS free of cost. However, he stressed that all layers of public health facilities should provide BHS free of cost.

*Question 9: Local level has responsibility and authority to prepare AWPB, develop programme based on public need? How coordination should be strengthened between all 3 tiers of government to minimise resource duplication, effective programme budget utilisation?*

Mr. Khildoj Panthi, Mayor, Resunga Municipality said that federal government should cancel provision of conditional grant and more focus should be given on unconditional grants because it will help local government to design programme based on local needs. Coordination meeting should be organised between federal, provincial, and LL to eliminate duplication of resources and programme. Similarly, he shared that provincial and local government has allocated budget for construction of toilet in same school this type of duplication should be minimised and government should clarify budgeting sector of all 3 tier of government. Further, he added that local government should prioritise health and education sector and allocate budget blindly in these sectors because these sectors are directly related with citizens and Resunga Municipality has prioritised health sector.

*Question 10: Local level has responsibility and authority to prepare AWPB, develop programme based on public need? How coordination should be strengthened between all 3 tiers of government to minimise resource duplication, effective programme budget utilisation?*

Answering the question, Mr. Hemraj Pandey, Health Office Chief, Pyuthan, said that district health office has knowledge, local level has budget. So, LL should coordinate & collaborate with health office for evidence based planning and effective programme planning and province should delegate authority to health office for coordination, support & monitoring. Similarly, he added that seven step planning process and municipal assembly for approval of AWPB should be done on time by LL. Programme implementation part should be shifted to local government. Best example of collaboration is during COVID era. He stressed that basic hospital is not needed at each LL so LL should collaborate with adjoining LL for construction of one hospital within 2-3 LL with better infrastructure. He also requested other LLs to include Yoga in school curriculum as done by Sisne RM.

# 5. FRAMEWORK FOR IMPROVED RESOURCES FOR HEALTH AND STRENGTHENING HEALTH SYSTEM IN LUMBINI

Finite resources and policy obligations require any government to adhere to budget limitations. This implies that it is important to strike the right balance between make allocations for health that meet the needs of the population overall as well as take account of the varied needs of particular groups. Hence resources need to be used to provide the greatest benefit to the largest number of people. A generic guiding framework[5] presented below is useful in this regard, which presents some principles for resource allocations in health. It is important to note that this is not a decision-making tool nor is it the process for decision-making. The principles given below are not a checklist or criteria to be met before a decision can be made.

| | |
|---|---|
| Principle 1: Rational | Decision-making is rational and based upon a process of reasoning and is evidence-based. Use of qualitative and quantitative evidence is important and likely outcomes have to be considered. This can include evidence from government information systems, surveys and studies. This has to be a realistic appraisal of the local context and all relevant factors need to be weighed, including risks and costs to all relevant entities and service users |
| Principle 2: Inclusive | Decisions on allocations and prioritisation should be made fair and non-discriminatory. 'Inclusion' should imply that population groups that have the greatest challenges in accessing health care should be prioritised first with the aim that resource allocations are consistent and equitable resource. |
| Principle 3: Taking account of economic factors and the value for money | As resources are finite and must be managed responsibly, decisions should be based on careful consideration of the trade-offs between costs and benefits, both in the short and longer term, but also recognise that complex trade-offs cannot necessarily be reduced to simple cost-benefit calculations |
| Principle 4: Transparency and accountability | Resource allocation decisions should be transparent, consistent and easy to understand, and open to public scrutiny. Formal government processes have been designed for this and decision-makers have a responsibility to work towards it |
| Principle 5: Promote health for the community and individuals | Policy and resource decisions have to promote and provide for health for all (Universal Health Coverage goals). Each governance level has to consider where appropriate to target certain demographic groups or health issues to reduce inequalities and promote the health of the community |

Guided by these principles and based on the discussions with the participants, the MoH in Lumbini province led by the Health Secretary developed a dedicated framework to guide and improve resource allocation for health in Lumbini for the upcoming fiscal year (given in table below). Though majority of the programmes were suggested to be continued and or expanded, some were recommended for revision, some were to be decentralised and new programme were to be added in others. There was a strong recommendation for learning from successes of other local levels.

[5] Framework principles drawn from guidance of NHS Decision-making Framework (2022-25)

| Expansion / Continuation | Revision/ Review | Decentralisation | New Programmes | Scale up/ Replication |
|---|---|---|---|---|
| • Sickle cell and Thalassemia prevention and control programme<br>• Free treatment of COPD and Bronchitis<br>• Free screening & treatment of cervical & breast cancer<br>• Free blood donation programme<br>• Integrated Public Health Campaign (Health Camp)<br>• Citizen Health Programme<br>• Panchakarma Services<br>• NCDs screening | • Identification of marginalised and poor for social security programme<br>• Distribution (Financial/ Aid) oriented programme<br>• Revision in age for Senior citizen household health programme | • Expansion of DDA at Province level for quality assurance of medical products<br>• Health Insurance programme<br>• Authority of accreditation, monitoring and regulation of private health sector | • Inclusion of preventative and promotive health care & social behaviour change related topic like: Yoga, NCDs, Ayurveda, Lifestyle etc. in school curriculum.<br>• Mobilisation of mothers group and FCHV for promotion & sensitisation programmes<br>• Focus on quality of services like: Quality improvement of birthing centre. | • Interaction programme between pregnant mothers and family members.<br>• Free ambulance for pregnant mothers<br>• Curriculum development at LL by integrating content of Sickle cell Anaemia and health topics.<br>• Production of Chyawanprash and distribution to senior citizens<br>• Kitchen and waiting homes in birthing centres<br>• Construction of community health Centre and health post building in strategic locations and on geographical basis<br>• AC installation in Birthing Centre |

In addition to the following were seen as priorities for in the upcoming year

- Advocacy for Health in All Policy
- Develop Health Service Act
- Develop Provincial Health Sector Strategic Plan
- Conduct O&M Survey in institution under Provincial Health Ministry
- Develop ToR/ JD of institutions and staffs under MoH's jurisdiction
- Strengthen Monitoring mechanism at Province & LL

## 6. CLOSING SESSION

Honorable Bishnu Prashad Panthi expressed his gratitude to all the participants for their active participation. He thanked everyone for the opportunity to learn about key issues and priorities in health. He further added that we do not practice budget and programme analysis and simply focus on development of own areas without being evidence based. Honorable Minister mentioned that basic hospital is not required in Butwal, and other SMC and we must do health facilities mapping and focus on service addition rather than opening new health facilities and he concluded that coordination within local level is necessity of the hour. He stressed that health is not only issue of MoH rather it is also a multisectoral issues. So, everyone should focus on health & elected representative should prioritise health.

Dr. Bikash Devkota in his closing remarks, invited the province, district, LL and other stakeholders to undertake the innovative work and requested all to focus on improving quality of health care and prioritising health. He emphasised on the following and expressed his commitment in upcoming AWPB:

1. Allocation of at least 10% of total budget in health sector in upcoming FY
2. Data analysis to identify cluster specific issues
3. Assess effectiveness of programme based on community's need and interest.
4. Better coordination between province and LLs
5. Identify programmes that need to be: Phased out/ Revised / New Programme

At the end of the programme Dr. Devkota requested LLs to conduct data analysis and assess programme effectiveness to determine the priorities of the health sector and develop AWPB to ensure BHS and improve health of citizens.