



# Nepal Health Sector Support Programme III (NHSSP – III)

**Report on MoH Policy Development  
Training Design and Implemented**

**November, 2017**



**Disclaimer**

This material has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.

# **MOH POLICY DEVELOPMENT TRAINING DESIGNED AND IMPLEMENTED**

## **1. Context**

The Ministry of Health (MoH), with the support of UKAid funded Nepal Health Sector Support Programme (NHSSP), has structured a capacity enhancement programme in health infrastructure development. This comprises different training modules for developing the capacity of the officials of MoH and its subordinate authorities, as well as other key state and non-state stakeholders in health infrastructure development.

The NHSSP Health Infrastructure Team conducted a Training Needs analysis (TNA) exercise in September 2017 and identified health infrastructure development policy formulation as a priority. A two-day training module on this issue was subsequently designed for senior officials of MoH who play key roles in policy formulation, planning and programme management.

The module design was a collaborative exercise – the NHSSP Health Infrastructure Team designed much of the structure and topic-specific content, while the Nepal Administrative Staff College (NASC) assisted with guidance on adult education methodology, design of learning objectives and inputs on the government policy-making process. The Niti Foundation assisted the NASC with inputs on policy processes.

The NASC was a highly suitable partner for this exercise – it has a long history of policy formulation training for senior government officials, a pool of resource persons highly experienced in delivering and supporting government in the area of policy formulation and implementation, and partnerships with high-level experts involved in the formulation of the Nepal federal structure.

## **2. Learning Outcomes of the Workshop**

The learning outcomes of the workshop were to ensure that each participant:

1. Understands the characteristics of good policy instruments
2. Understands the key processes for formulating good public policies and policy implementation challenges in the health sector
3. Has knowledge on different policies that guide health infrastructure development as well as external policies that directly or indirectly affect health infrastructure
4. Gains basic knowledge on sustainable health infrastructure development
5. Knows the importance of using evidence and information on policy formulation and has knowledge of some of the key information systems and evidence platforms already available for their disposal within the health sector
6. Understands the key features of partnerships and collaboration with external state and non-state actors in health infrastructure development

### 3. Training Content

The content for each session for the workshop comprised expert inputs, followed by facilitated discussion on issues and examples.

The training content was developed and finalised after in-house discussion within the NHSSP Health Infrastructure Team followed by engagement with experts from the NASC. The training content was divided in four sessions which was delivered over the duration of two days. The programme schedule has been attached to this report

#### **Session 1: Introduction to Public Policies**

- What are the characteristics of good public policies?
- How to formulate effective policies
- How to ensure that developed policies are implemented well; what are the key implementation challenges in the health sector; reviewing policy implementation
- What are the difference between policies, strategies and plans; what are the inter-linkages between them?
- Prioritisation
- Use of evidence and information for effective policy formulation and demonstration of existing information systems platforms<sup>1</sup>

#### **Session 2: Stocktaking of Policies and Guiding Instruments in Health Infrastructure Development**

- What are different policies and guiding instruments that are currently in place that guide health infrastructure development? What are their key features?<sup>2</sup>
- What are some of the key external policies (e.g. land reform policies, environmental policies, urban development policies, etc.) that directly or indirectly affect health infrastructure development?
- What are some significant policies gaps for effective health infrastructure development?

#### **Session 3: Sustainable Health Infrastructure Development<sup>3</sup>**

- Reducing disaster risk in health infrastructure development
- Overview of different technologies that are used to make health infrastructure more sustainable
- How to use locally available resources for construction and maintenance of health infrastructures and contribute to local economy
- Environmental challenges, including those associated with climate change in health infrastructure development

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<sup>1</sup>NHSSP team did the demonstration of Health Infrastructure Information System (HIIS) and other existing evidence platforms

<sup>2</sup>NHSSP team provided the content on current policies and instruments and supplied the expert for health policies

<sup>3</sup>NHSSP supplied two experts for delivering this session

- Importance of repair and maintenance and what roles can the policy makers play in ensuring regular repair and maintenance of health infrastructure

#### **Session 4: Governance and Partnerships**

- Roles and responsibilities of different tiers of government in health infrastructure development in the context of federalism
- Key external (both state and non-state) partners for health infrastructure development
- Basic concepts on public private partnerships and how to harness PPP for health infrastructure development
- Ensuring the rights of the citizens; designing client-friendly and gender friendly infrastructure, including catering to specific groups such as handicapped citizens<sup>4</sup>

#### **4. Workshop Organisation**

The MoH was the overall process owner of this event, and all the necessary invitations were issued through MoH to the participants.

The NHSSP provided overall financial support, material development for technical subjects and inputs into the overall contents, including experts and resource people for the sessions. The list of resource persons for each session is including in the programme.

The NASC managed the event logistics, venue and materials, and also sessions on government policy processes. The NASC will produce a training process report for the NHSSP.

#### **5. Participants**

As previously identified through the TNA process, the majority of participants comprised MoH senior and mid-level officials, technical staff in the MoH, Project Coordination Unit, and Department of Urban Development & Building Control technical staff at central and sub-national levels. In addition a small number of representatives were invited from relevant stakeholder organisations:

- National Reconstruction Authority
- Municipality Association of Nepal
- GIZ and USAID

These organisations have a strong working and supportive relationship to the Health Infrastructure Programme.

Each participant received a materials pack, pen drive containing the workshop presentations, a group photograph and certificate. The participants list is in the report annex.

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<sup>4</sup> NHSSP developed the content on gender and client-friendly health infrastructure, which was presented by GESI Adviser, NHSSP

## **6. Logistics**

The training was conducted on 28 - 29 November

All inputs, sessions and discussions were delivered in Nepali

The training process report will be written in English language

All presentations, charts and other content materials used during the training are in English and contained in the participants' pen drive.

## **7. Key Outcomes and Conclusions**

### **7.1 Constitution and Federal system**

The role and responsibilities for health Infrastructure need to be clearly identified in the federal context. These kinds of workshop are essential to disseminate information and promote engagement. The next version of this Health Infrastructure Policy Development workshop should include more information on the federal system and health infrastructure.

### **7.2 Land Acquisition**

There are four methods for acquiring land for health infrastructure:

- Voluntary donation
- Direct negotiation
- Land development programme
- Expropriation

Land that is voluntarily donated is not always suitable. The remaining methods are not always implemented satisfactorily and can lead to difficulties.

The MoH should review these methods with a view to improving this process. This may involve a review of land acquisition legislation, rules and regulations.

The procedures for transfer of government-owned land suitable for the construction of health Infrastructure should be simplified.

### **7.3 Site Selection**

The site selection criteria set out in the Health Infrastructure Guidelines need to be implemented effectively while selecting land for health facility construction. Particular attention should be paid to answering the questions:

- Who is responsible for providing the land?
- Who is responsible for selecting the land?
- What are the roles and responsibilities of Ministry of Health, provincial government and local government for selecting the land for health infrastructure?

### **7.4 Repair and maintenance**

The culture of repair and maintenance of health infrastructure has to be developed. Although this is generally the case for the whole range of infrastructure in Nepal, health infrastructure is particularly sensitive and complex. There is an urgent need to prepare and endorse the

'repair and maintenance policy' and implement effectively the policy which will ensure the quality and effective delivery of the health service.

### **7.5 Approval of Drawing and Designs**

There was detailed discussion on problems in the approval of drawings and design for Health Infrastructure. The role of local government, DUDBC and MoH need to be more clearly defined to ensure that the Health Infrastructure building permit process goes smoothly. This may need a workshop between MoH, DUDBC, MoFALD and other stakeholders to incorporate their issues and to have commitment from all the stakeholders related to health infrastructure.

Similarly, the new urban development and new cities need health facilities commensurate with their size population. To identify the possible location of health infrastructure a workshop/ discussion is required in participation with Ministry of Urban Development (MoUD), DUDBC, National Planning Commission, Ministry of Health and other corresponding stakeholders to meet the requirement of health facilities of newly developed urban areas and cities.

All existing policies related to Health Infrastructure should be reviewed to make them uniform, increase alignment and to find redundancy.

### **7.6 Gender and Social Inclusion / Leave No One Behind**

The inclusion of GESI issues in the Guideline for Design and Construction of Health Infrastructure was welcomed, and the development of more GESI features and content was encouraged. For example, the use of tactile paving (a system of textured ground surface indicator found on footpaths and stairs) in the pedestrian areas could be examined.

## **8. Workshop Satisfaction**

The workshop facilitators conducted a formal evaluation exercise at the end of the programme, using a structured evaluation form to collate responses on:

- Design of Workshop
- Learning
- Methodology
- Resource Person
- Services

Each topic is ranked from Poor (Score 1) to Excellent (Score 4).

The evaluation scores were summed and produced an overall score from participants of 3.15, which gives a total workshop satisfaction result between very good and excellent.

## **Annex 1: Workshop Schedule**

**Nepal Administrative Staff College**

**Governance and Development Management Learning Group**

**Center for Development Policy Management**

**Seminar Workshop on Health Infrastructure Policy Development**

**2074/8/12 – 13 (28 – 29 November, 2017)**

**Programme Schedule**

	Time	Session	Outline	Facilitators	
<b>Day 1</b>	10:00-10:15	Registration and Tea			
	10:15-10:30	Inaugural			
	10:40-12:10	Session-I	Theme: 1, Public Policy and Governance <i>A. Introduction to Public Policy</i>	Narayan Gopal Malego, Trilochan Pokharel, Rajendra Adhikari	
	12:10-1:00	Lunch			
	1:00-2:30	Session II	Theme: 1, Public Policy and Governance <i>B. Gender Equality and Social Inclusion</i>	Sitaram Prasai, Sunil Khadka	
	2:30-2:45	Tea Break			
	2:45-4:15	Session III	Theme: 1, Public Policy and Governance <i>C. Governance in context of federalism</i>	Balananda Poudel	
	10:00-10:15	Recap of Day 1			
<b>Day 2</b>	10:15-11:45	Session I	Theme: 2, Stocktaking of Policies and Guiding Instruments in Health Infrastructure Development-I <i>A. Existing policies and gaps</i>	Sunil Khadka, Mohan Das Manandhar, Sudip Pokharel & Gyanendra Shakya	
	11:45-1:15	Session II	Theme: 2, Stocktaking of Policies and Guiding Instruments in Health Infrastructure Development-I <i>B. Key external policies and partners</i>		
	1:15-2:00	Lunch			
	2:00-3:30	Session III	Theme: 3, Sustainable and Safer Health Infrastructures	Santosh Shrestha, Sunil Khadka & Gyanendra Shakya	
	3:45-4:15	Way forward, Certification and Closing followed by Hi-tea			



## Annex 2: Registration of Workshop

### Health Infrastructure Policy Development Workshop

SN	NAME	DESIGNATION	ORGANIZATION
1	Dr. Kiran Regmi	Secretary	MOH
2	Prof. Dr. ShriKrishnaGiri	MOH, Chief PPICD, MOH	MOH
3	Raju Man Manandhar	Joint Secretary	Nepal Reconstruction Authority
4	Sunil Khadka	Lead Advisor	NHSSP
5	Gyanendra Shykya	Sr. Architect	NHSSP
6	Himal K.C.	S.D.E.	DUDBC
7	Madhusudan Rijal	M.S.O	Municipal Association Of Nepal (MUAN)
8	NabinMalakar	Sr. Engineer	NHSSP
9	UddhabPoudel	Engineer Co-ordinator	UNICEF
10	Pranay Upadhyay	PHA	MOH/PCU
11	Ramesh Prasad Adhikari	CPHA	MOH/PCU
12	Pujita Shrestha	CAD Expert (Architect)	NHSSP
13	Sanjay Kr. Sah	SDE-Structure	PCU-MOH
14	Ujjwal Karki	Engineer	NHSSP
15	Sushil Nepal	Computer Officer	DOHS/ MD
16	Tirtha Kr. Sinha	S.T.A	GIZ/S2HSP
17	Suresh Sharma	Account Officer	MOH
18	Giri Raj Subedi	Sr.PHA	MOH
19	RamKrishnaLamichhane	Under Secretary	MOH
20	Narayan Gopal Malego	Senior Director	National Administrative Staff College, (NASC)
21	Ram Maharjan	S.D.E Architect	MOH-PCU
22	Kamal Nayan Pradhan	Senior Director	National Administrative Staff College (NASC)
23	Nur Panth	Sr. Health Advisor	USAID
24	Mani Ram Gelal	DDG	DUDBC
25	Surya Bdr. Khadka	Stat. Officer	DOHS/PHCRD
26	Sitaram Prasai	Sr. GESI Advisor	NHSSP
27	Ganesh Ram Nhamafuki	Capacity Enhancement Advisor	NHSSP
28	Dr. Dipendra R. Singh	Divison Chief	MOH
29	Anuj Bhattachan	Chief PHA	MOH
30	Saurav Bhattra	DCTA	GIZ
31	Prashan Lal Shrestha	IT/GIS Expert	NHSSP
32	Dr. Madan Kr. Upadhya	(CMS) Chief Medical Superintendent	MOH
33	Manoj Nakarmi	S.D.E	DUDBC
34	Surendra Vaidya	Engineer	DUDBC
35	Sudip Pokharel	Health Policy Advisor	Niti Foundation
36	Binod Shrestha	Structural Engineer	-
37	Eleanor Bainbridge	Architect/ Infrastructure Advisor	Department for International Development (DFID)