

Minimum Service Standards for Health Facilities: A tool for evidence-based planning and budgeting in health for local government

The Ministry of Health and Population, Government of Nepal developed the Minimum Service Standards (MSS) for all level of health facilities. The MSS aspires to ensure the readiness of health facilities to deliver quality services. In the federal context, health posts have been handed over to the local government and it is its responsibility to ensure basic health services are delivered to a high standard. For planning and budgeting at local level to be evidence-based, the evidence must be accurate. The MSS helps to quantify the evidence through its scores and determines the status of the health post in terms of its readiness and service availability. This provides a basis for evidence-based local level planning and budgeting to ensure value for money.

Background

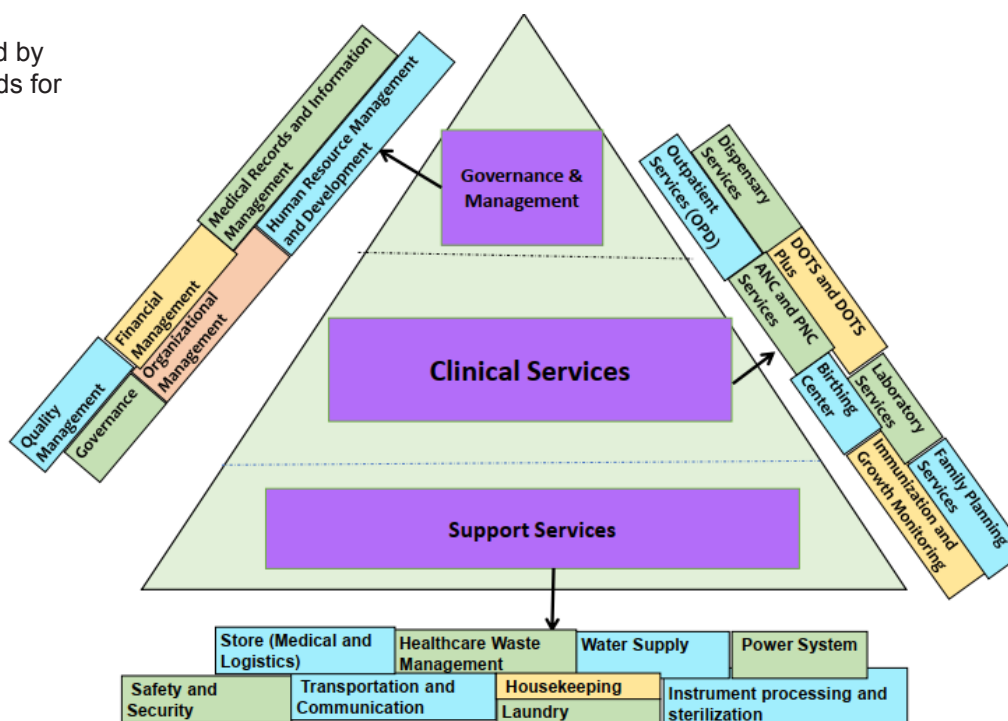
The Government of Nepal is committed to providing quality health services. In order to do so, it has published documents such as the Policy on Quality Assurance in Health Care Services 2007, the National Health Policy 2014, the Nepal Health Sector Strategy (NHSS) 2015-20 and the Public Health Service Act 2018. Understanding that

the essence of the health system is about people, shows that its value lies in being equitable, resilient and efficient. Nepal is going through a process of federalism and now has 761 government structures; the federal government, seven provincial governments and 753 local governments, formed with roles and responsibilities clearly defined. The delivery of basic health care services in health posts, and hospitals with up to 15 beds, is now the responsibility of the local government. Therefore, the capacity of local government needs to be built for evidence-based planning and budgeting in order for these responsibilities to be fulfilled.

In line with the NHSS, the UKAid-funded Nepal Health Sector Support Programme (NHSSP) has been supporting MoHP in developing the tools and standards to ensure quality of care. The MoHP has been implementing MSS for district level hospitals and felt there was a need to develop MSS for all levels of health facilities. Therefore, NHSSP supported MoHP in developing MSS for all levels of health facilities, from health posts to tertiary hospitals.

In Nepal, health posts offer community level health services and serve people living in the remote and hard

Figure 1: Areas addressed by Minimum Service Standards for Health Posts



Source: MSS for Health Post, Curative Service Division, DoHS, MoHP)

to reach areas. The MSS for health posts focuses on strengthening the overall management of these health facilities to improve service availability and readiness. In order to assess this, the MSS looks at governance and management, clinical service management and support service (Figure1).

The MoHP, with support from NHSSP, has set up “Learning Labs” to learn and document planning, budgeting and health service delivery in the federal context. There are seven Learning Labs (one in each province) comprising of rural, urban, sub-metro and metro municipalities. One of the tools used in this process is the Organizational Capacity Assessment Tool (OCAT), which has been applied at the local government level to identify the capacity gaps in delivering the functions, and develop an action plan to address the gaps.

Soon after the introduction of the OCAT in two of these Learning Lab sites, Itahari Submetropolis (Province 1) and Dhangadimai Municipality (Province 2), the chief administrative officer, the health coordinator and deputy health coordinator were briefed on the MSS. A team then visited the health posts in these Learning Lab sites and conducted an orientation of the MSS with staff to help them understand the concept, method of self-assessment and how to generate evidence for action planning.

Results and achievements

The results of baseline MSS assessment of the health facilities (six in Dhagadimai Municipality and four in Itahari Submetropolis) in these two Learning Lab sites, show that the majority of them score less than 50% overall. There was one health post in Dhangadimai Municipality which had a score of 64.4% due to better support services provided by this health facility as compared to other facilities.

The self-assessment shows gaps, primarily on the availability and readiness of the laboratory services and support services in the health posts. These gaps are mainly due to lack of managerial skills or lack of basic equipment and human resources. The action plan developed to address the gaps at each health facility, and the capacity development plan provides a case for investment by the local government to further improve the service availability and readiness. The scores of the MSS baseline and the action plan has been shared with the local government and support is being provided to monitor the action plan and to prioritise addressing the gaps through the planning and budgeting process at the health facility and the local level.

Conclusion and way forward

The MSS is an important tool for assessing the readiness of health facilities. The local government could use the evidence generated through the MSS during the annual work plan and budgeting process to address the gaps identified and strengthen the quality of care. The action plans developed based on the MSS assessment also provide evidence for the local government to advocate to the Provincial and Federal Government for additional resources, like human resources, equipment, and overall infrastructure of the health facilities. The MSS scores could also form the basis for Federal and Provincial Government to provide performance based grants to the local government.

NHSSP will support the implementation of the MSS in remaining Learning Lab sites, and will continue to provide technical assistance to the health facilities and local government in monitoring the action plans developed by the health facilities.

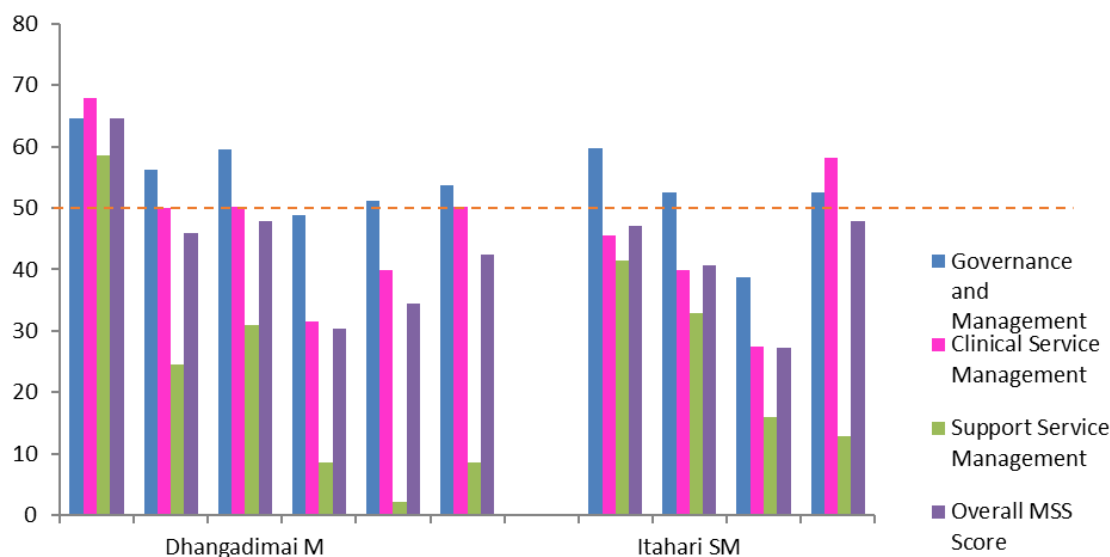


Figure 2:
MSS Baseline Assessment Scores of LL Sites

Disclaimer: This material has been funded by UKAid from the UK government; however the views expressed do not necessarily reflect the UK government’s official policies.

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