NHSSP Review of MOHP Committees

Summary Report

1.0 Introduction

A critical review of the MoHP committee system was undertaken in May 2012. The main objective of the review was to assess the committees' structures, functionality and coherence, in order to establish the extent to which the current system supports the delivery of NHSP-2 Essential Health Care Services (EHCS)/Maternal, Newborn and Child Health (MNCH) targets.

Committees are a critical part of the policy, planning and decision-making process within GoN. Much excellent work and collaboration takes place within committees. However the committee system has grown organically for many years, with new committees being formed while few are disbanded. Some committees have ceased to function or have serious functionality issues, such as irregular meetings, a lack of agenda setting, minute-taking and follow-up on actions. Without a systematic protocol for holding meetings on a regular basis and conducting proceedings, committees' decisions lose legitimacy or are not documented; this, in turn, makes it difficult to communicate and implement these policy decisions across the health system.

This review finds that improving committee functionality is not simply a matter of strengthening committee procedures, but must involve rationalising committee responsibilities and membership and improving leadership in order to make each committee as effective as possible. The assumption is that committee members are more likely to adopt and follow procedures for decision-making if the purpose of their committee is rendered clear and important.

In particular, this summary highlights three underlying areas, which, if addressed, hold most potential for improving committee functionality:

1. Improved coordination between committees
2. Reduced duplication across committees
3. Greater government leadership within committees

Currently, efficiency and effectiveness are far from optimal, with some committees being charged with overlapping aims and objectives while others operate in a vertical manner. Although coordination is often ad hoc, and duplication of time and effort abounds, opportunities for strengthened coordination exist. Significantly, the Reproductive Health Coordinating Committee (RHCC), which reports to the RHCC Steering Committee and was created following the 1994 International Conference on Population and Development (ICPD) in Cairo to enable the delivery of ICPD commitments, meets very rarely. There is a real opportunity for this committee to take a more proactive strategic and agenda-setting role. Secondly, improved coordination is likely to highlight areas of duplication. Better specification of roles across different committees within the same hierarchical structure would also reduce overlap. Thirdly, the level of support (technical and administrative) provided by External Development Partners (EDPs) often reflects individual donor and International Non-governmental Organisation (INGO) priorities and agenda. Membership of certain committees is heavily weighted towards EDP participation and there is potential to increase Government leadership and civil society participation.

Disclaimer

Mapping committees, subcommittees and technical working groups proved extremely complicated as there is no existing master document that identifies all committees and reporting structures.

Tracking down minutes, terms of reference and membership lists was also very difficult and required considerable time and effort. Gaps in our information still exist. This in itself suggests that the committee structures have been growing and developing in a largely uncoordinated fashion and that the opportunity to strengthen strategic leadership and coordination is considerable. A number of maps have been developed to try and illustrate the current structures and membership based on data collected as of May 2012. These maps can be updated as information gaps are filled and existing data is verified, thereby serving as a useful resource for future planning. The maps are intended to facilitate discussion on how to make the committee structures more effective and efficient, and not as a definitive depiction of committees and their membership.

2.0 Coordination

Coordination between relevant stakeholders within committees, and between committees themselves, is a significant challenge. While some coordination issues have been resolved through cross-sectoral membership, senior leadership, and a well-specified reporting structure linking lower-level committees to coordination or steering-level groups, gaps in coordination still remain **(see map 1a for overview[1] and maps 1b-d for expanded details)**.

At the highest level, the most notable coordination gap is between reproductive health and the other components of the EHCS package. For example, there is no steering or coordination committee that groups all relevant divisions and centres under the DOHS, although many committees have cross-divisional membership. This is also an issue at the district level, where the District Reproductive Health Coordination Committees operate in a vertical manner, with no connection to other EHCS areas.

Within reproductive health, most committees are under the umbrella of the Reproductive Health Steering Committee, which provides policy guidance to the Reproductive Health Coordination Committee. The latter coordinates the work of six sub-committees: safe motherhood and newborn health, adolescent sexual and reproductive health, family planning, child health, female community health volunteers, and reproductive health research. The RHCC meets infrequently and there is a real opportunity to strengthen its role in better aligning with the Nepal Health Sector Programme (NHSP). Agenda setting by sub-committees is not actively coordinated by the Coordinating Committee, resulting at times in overlap and duplication. The potential for strengthening strategic leadership and coordination through a more active RHCC is significant.

Certain committees with a clear link to reproductive health have been set up outside of the RHCC's authority. One example is the Safe Abortion Advisory Board. Although this board was created by the RHCC, it is not a sub-committee and it is chaired at the same hierarchical level as the RHCC, by the Director General of the Department of Health Services (DoHS). This may hamper the effective coordination and main-streaming of abortion within reproductive health services as a whole. On the other hand, this institutional set-up signals the high priority accorded to this issue by the GoN and does attempt to mitigate coordination gaps through making the Director of the Family Health Division the member secretary of the Safe Abortion Advisory Board.

Two of the committees under the Child Health Division, the Nutrition Technical Committee and the Community Based Newborn Care Programme (CB-NCP) Technical Working Group, are also independent from the RHCC and the RHCC's Child Health Sub-committee. Respondents indicated that at times there has been duplication between the CB-NCP Technical Working Group and the Safe Motherhood and Newborn Health Sub-Committee. The CHD's Nutrition Technical Committee has also supplanted the Nutrition Working Group of the Child Health Sub-committee of the RHCC.

This review indicates that a lack of coordination between the three sections of the Child Health Division (CHD) is one of the reasons for the RHCC's Child Health Sub-committee's lack of

[1] Given level of detail, Map 1a is best viewed digitally

functionality. While committees are for the most part designed to improve coordination within MoHP, they cannot by themselves always transform vertical modes of working.

Two of the committees supervised by the National Health Training Centre (NHTC) may benefit from formal linkages to the RHCC. One of these is the Skilled Birth Attendant Forum, which has been duplicating some of the functions delivered by the RHCC's Safe Motherhood and Newborn Sub-Committee, despite having membership from the Family Health Division. The other is the Gender Based Violence Committee, which is both un-aligned with the RHCC and has no membership from the FHD.

All 12 HIV/AIDS committees are managed separately from both the RHCC and the Infectious Disease Outbreak Management Coordination Committee. Only the Prevention of Mother to Child Transmission (PMTCT) Technical Working Group appears to have membership from the Family Health Division. Neither the FHD nor the CHD appear to be represented in any of the steering, coordination or lower-level groups (including the Children Affected by AIDS Technical Group, which should clearly have a clear link to the CHD).

Both of the Technical Committees on Information and Education Communications/Behaviour Change Communications (IEC/BCC) that have a subject link to reproductive health have excellent membership balance in terms of involving the relevant divisions. However, these committees are coordinated by a national IEC Coordination Committee, as opposed to topic-specific coordination committees such as the RHCC.

Beyond reproductive health, but in the context of EHCS, outbreak management is another area with a proliferation of committees. Two of these are chaired at the MoHP level, while the remaining seven appear to be chaired by the DG of DoHS. None of these committees' functionality could be ascertained. It is positive for coordination purposes that these committees are chaired at a senior level, as this enables a cross-sectoral view. However a significant disadvantage may be the difficulty in securing time commitments from such senior officials.

The seniority level of committee chairs is a broader issue across MoHP committees (**see map 2**). 24 out of 45 committees for which this data is available are chaired at the Director General level or above. Such senior chairs are not confined to steering or coordination committees, as half of all technical/advisory committees and working group committees are chaired at the DG level or above. While senior chairs can enable coordination, authoritative leadership and follow-up, their lack of availability may hamper regular meetings and therefore overall functionality. It may be valuable to review the pros and cons of having senior-level chairs for each committee, particularly for technical or working group committees.

3.0 Duplication

Duplication of work across committees can also affect functionality. Two forms of duplication were observed. Firstly, some committees created at the same hierarchical level overlap in terms of the topic addressed. The second type of duplication is where committees at different hierarchical levels compete to deliver the same type of work.

There are several examples of potential overlap for 'same-level' committees. While duplication may still be avoided in practice, this review has highlighted an uncertainty around respective roles that could make these committees vulnerable to duplication. For example, there is potential duplication between the GESI Technical Working Group created under the Policy, Planning and International Cooperation Division (PPICD), and the Gender Equality and Social Inclusion (GESI) Technical Working Group in the Departments, created under the Primary Health Care – Revitalising Division (PHC-RD). According to their TOR, both have a mandate to support coordination and shared learning on GESI across Divisions, Centres and Regional Directorates, and to deliver technical guidance and implementation support. Furthermore, they both report to the GESI Steering Committee. While the

PPICD group is designed to be hierarchically superior to the PHC-RD group, the division of responsibilities in practice is unclear.

Duplication, if unaddressed, can result in a lack of functionality. The RHCC's Child Health Sub-Committee Working Group on Nutrition has been supplanted by the Child Health Division's Nutrition Technical Committee, with similar responsibilities. Unlike the committee it replaced, the latter does not have an institutional link to the RHCC. Duplication could also be responsible for the lack of functionality of the Lymphatic Filiarisis Technical Working Group and the Lymphatic Filiarisis Central Task Force Committee.

Overlap across hierarchical levels is a more common form of duplication. This is particularly likely when the more senior committee fails to meet sufficiently regularly to provide adequate guidance and oversight to junior committees. There is also a tendency for technical advisory groups to become redundant once they have formed a lower-level working group. For example, it could be argued that the NHTC Training Strategy Development Advisory Committee has little added value given the formation of the Core Working Group for the Development of a National Health Training Strategy. Both are concerned with the development of a strategy – while the latter is actually producing it, the former is meant to provide technical guidance and approval. However it is difficult to divorce the two in practice, with the lower-level group more likely to be functional as a result of having a smaller membership and specific terms of reference.

Policy guidance and coordination functions also tend to be intertwined, despite efforts to split them between steering and coordination committees. For example, the function of the National AIDS Council is not distinct from that of the HIV/AIDS and STD Control Board, as they both have a strategic policy guidance role, despite the latter being a coordination committee. In fact the HIV/AIDS Control Board is reported to be non-functional, a possible side-effect of duplication. A similar observation applies to the Reproductive Health Steering Committee and the Reproductive Health Coordination Committee. Both carry out coordination and review functions, which could lead to confused responsibilities.

4.0 Government Leadership

While it is important to include EDPs in order to benefit from their technical expertise and align their contribution with national priorities, over-representation of EDPs compared with government in the context of weak leadership, could skew the agenda.

EDPs are heavily represented within committees **(see map 3a for overview[2] with details expanded in maps 3b-d)**: out of 32 committees for which a membership list is available, 19 committees have over one third of their membership allocated to EDPs. In a few cases, the membership balance is extremely skewed towards EDPs: in three cases, over 80% of the membership is made up of EDPs – the CB-NCP Technical Working Group (under CHD), the Logistic Task Force under the National Centre for AIDS and STD Control (NCASC) and the Community and Home Based Care Technical Working Group (also under NCASC). These working groups are responsible for implementation support in sectors benefiting from substantial EDP investment. Both reproductive health and HIV/AIDS also have particularly heavy donor representation. In reproductive health, over half of the RHCC's membership is made up of EDPs, while all of its sub-committees have at least one third EDP membership. Within HIV/AIDS, three out of five committees have over one third EDP membership, while the remaining two committees have over two-thirds EDP representation.

This large share of EDP members does not in itself constitute a problem when government leadership and interest is strong. Rather it only becomes an issue when the relative strength or interest of members results in EDPs exercising undue strategic influence. In general, committees with a practical focus such as technical committees or working groups are less at risk of strategic

[2] Given level of detail, map 3a is best viewed digitally

capture from EDPs and are also the type of committees where EDP's technical expertise is most required.

Beyond the question of membership balance, a common concern relates to EDPs exercising undue influence through the provision of secretarial support to committees. While secretarial support may improve the functioning of the committees, there is a risk that government will lose ownership over the decisions and actions of the committees if such support is provided by EDPs. However the analysis conducted for this review indicates that the provision of secretarial support is not a frequent occurrence. Out of all the committees reviewed, only the Technical Committee for the Implementation of Comprehensive Abortion Care and the ASRH Sub-Committee have EDPs as member secretaries, while the Safe Motherhood and Newborn Health Sub-Committee appears to be the only committee with a donor-funded Safe Motherhood Coordinator.

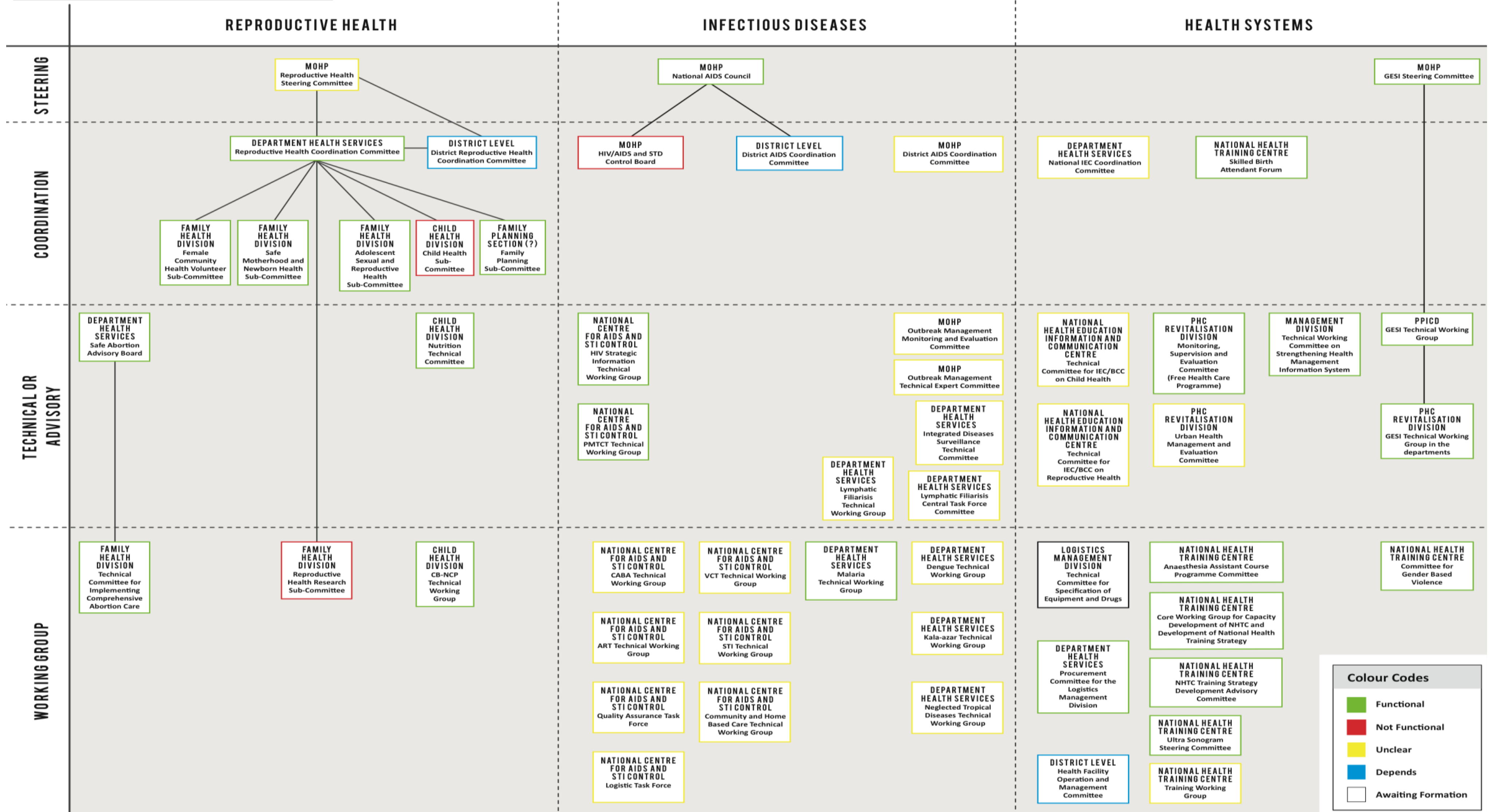
Whereas EDPs may have undue influence, other external stakeholders may be under-represented. national civil society organisations (CSOs) could serve as valuable committee members, not only for coordination purposes but also to contribute a different perspective through their membership. Apart from the Safe Abortion Advisory Board, no other committee exceeds a membership share of one-third for national civil society organisations (including professional associations). Only 11 out of 23 committees for which this data is available have any civil society representation at all, and the private sector is hardly ever represented despite being identified as an important partner. This dearth of CSOs is in stark contrast to the level of EDP representation mentioned above.

Another category of external stakeholders comprises health providers, facility managers, and professional associations. Their membership could be valuable in terms of providing the government with technical and operational insights, as well as facilitating the implementation of new strategies and programmes. Only 7 out of 28 committees for which this data is available have representation from this group.

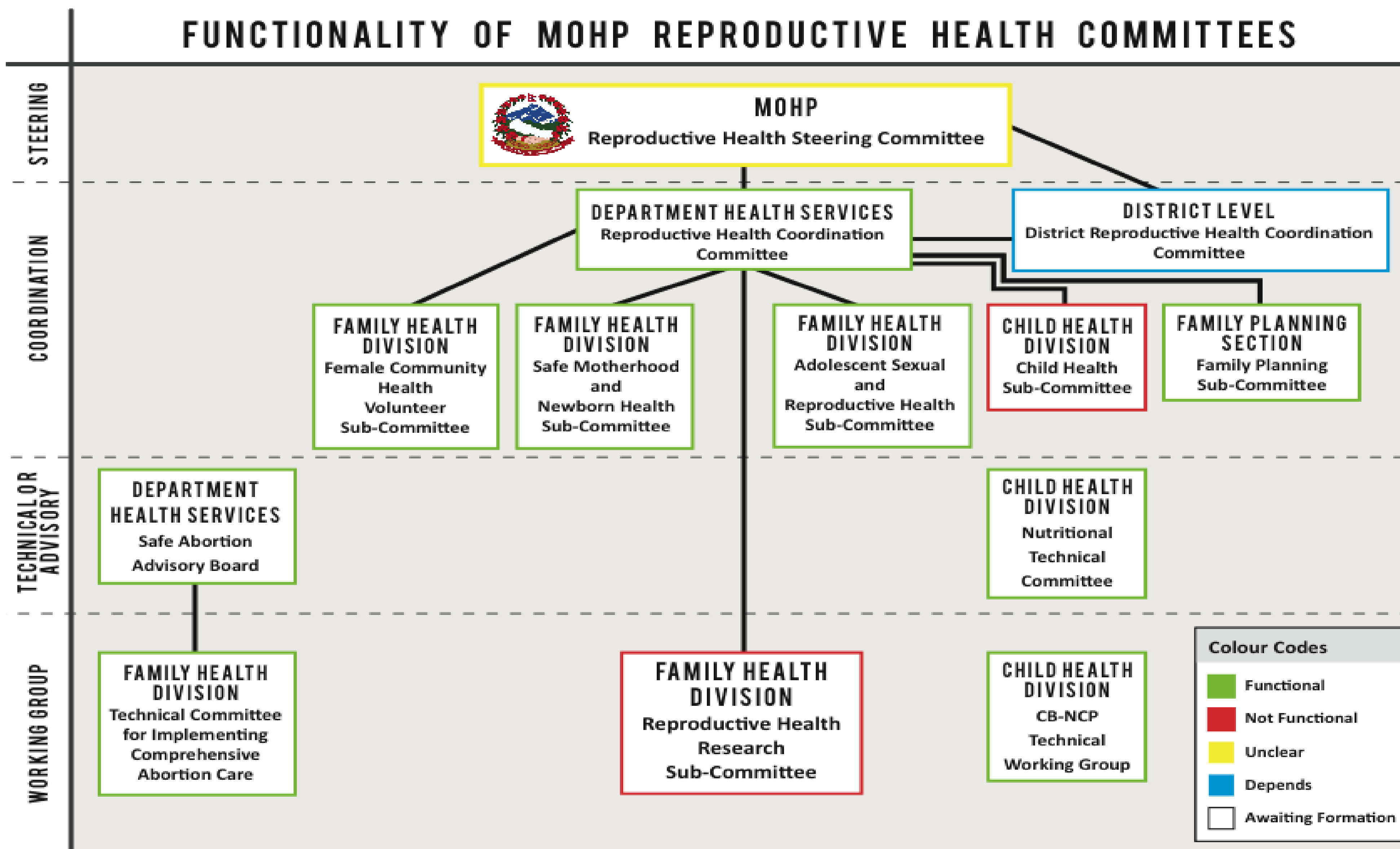
5.0 Recommendations

- **Improved Coordination**
    - Develop EHCS coordination at both national and district level
    - Revive RHCC as a coordination committee with an explicit and active strategy and allocate an agenda setting role to the sub-committees
    - Extend the reach of the RHCC to related committees located beyond FHD and DOHS
    - Review the seniority level of chairs
    - Refresh committee and working group TORs and membership on a regular basis
    - Ensure agendas and minutes are timely, easily accessible, and actively shared with relevant committees and individuals
- **Reduced Duplication**
    - Disband single-issue technical/advisory groups if their sole purpose is the creation of TWGs
    - Clarify respective responsibilities and membership of steering and coordination committees
- **Enhanced Government Leadership**
    - Ensure that all committee coordinators are government staff, even where financial support for these positions is partly provided by external partners
    - Ensure that there is strong government leadership even where EDPs represent a large proportion of the membership
    - If EDP membership balance is deemed excessive, reduce EDP membership by asking one EDP to represent several others
    - Increase civil society, professional association, and other types of health professionals' membership where appropriate.

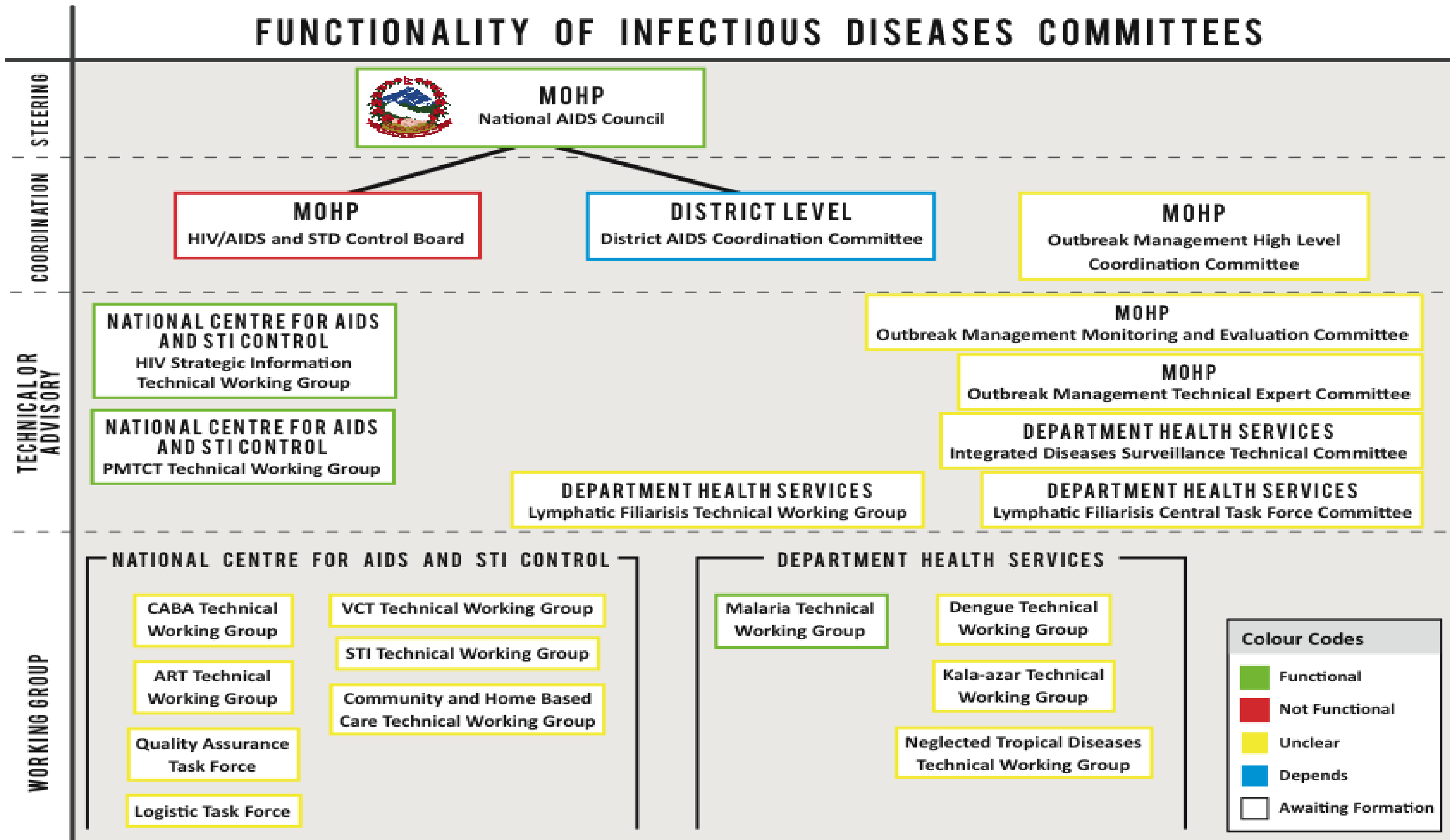
Map 1a



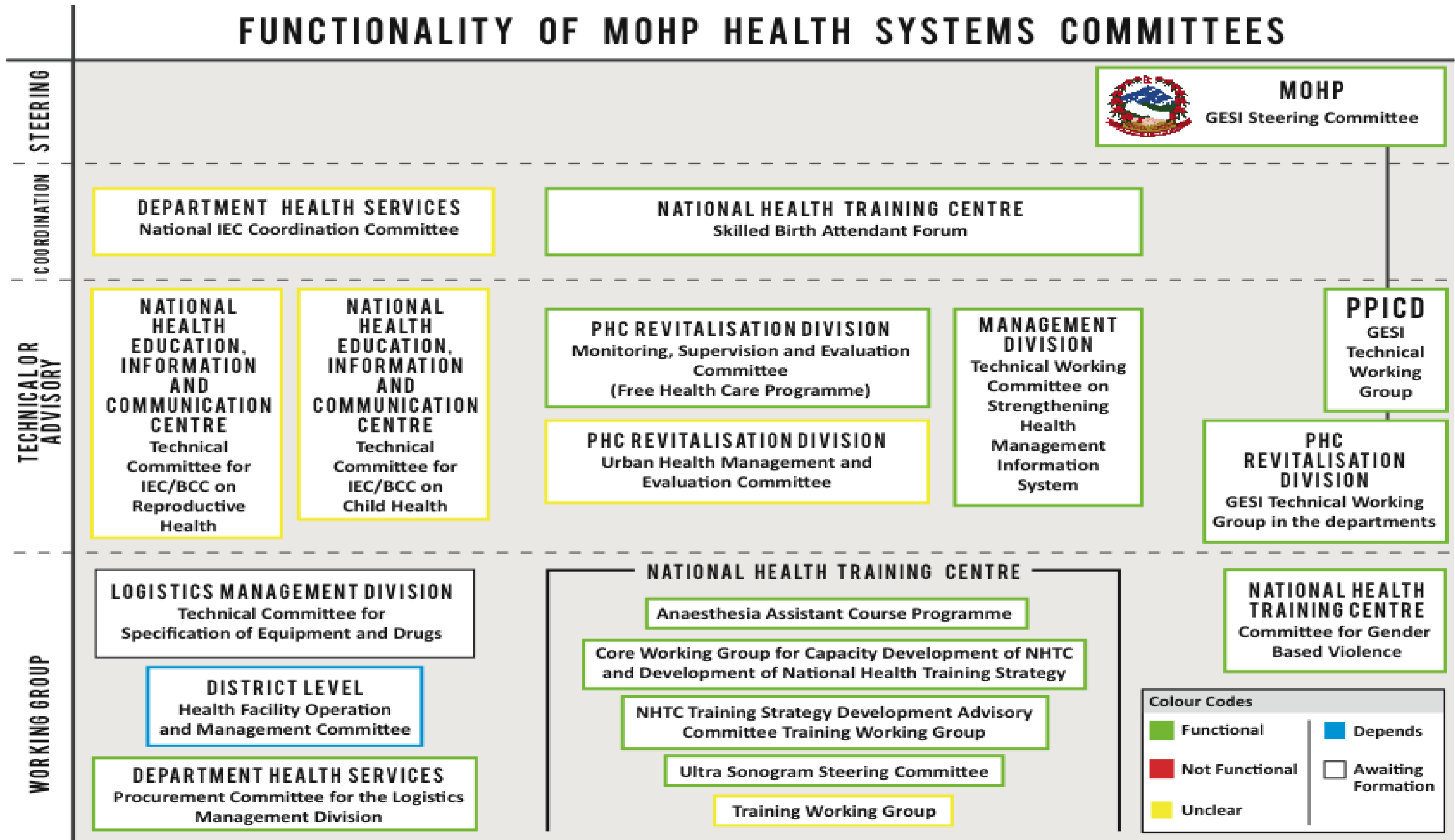
Map 1b



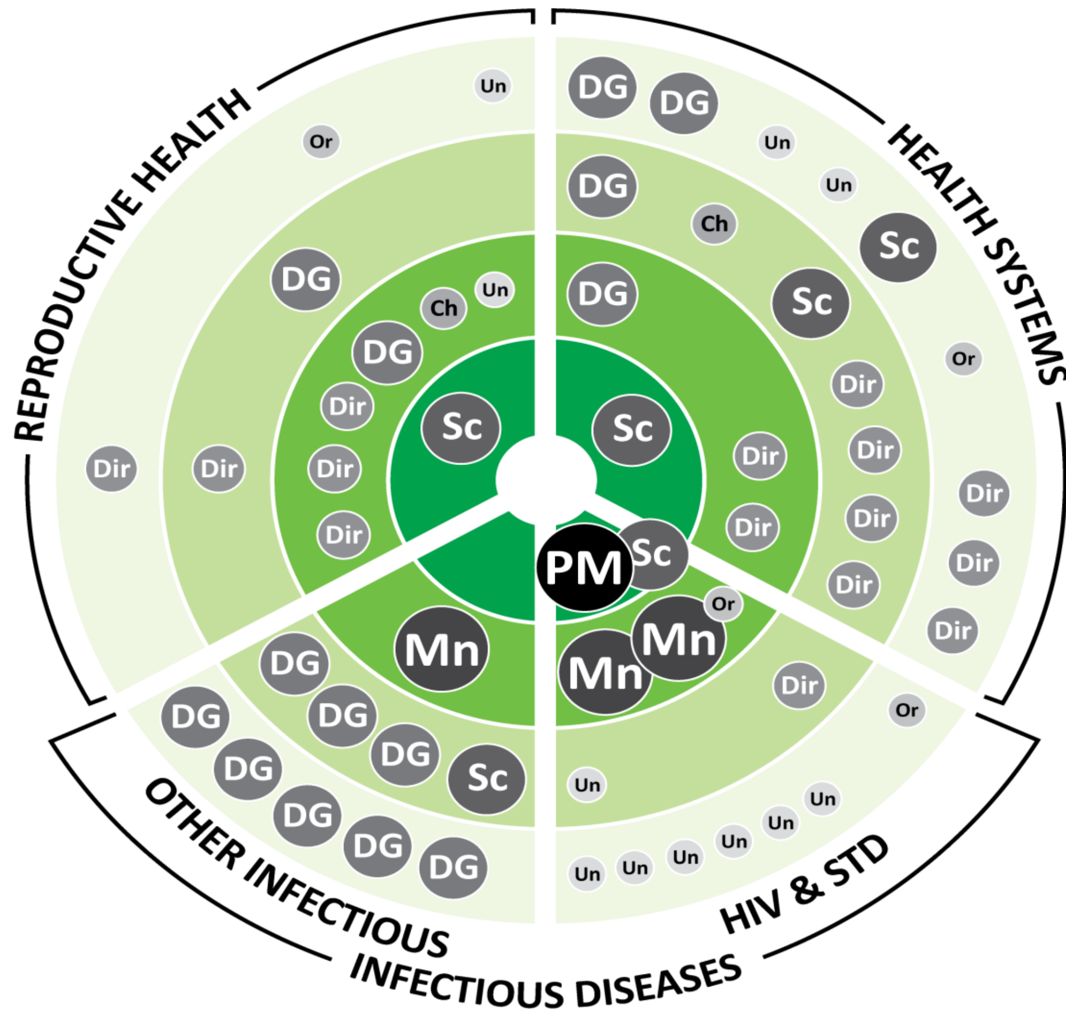
Map 1c

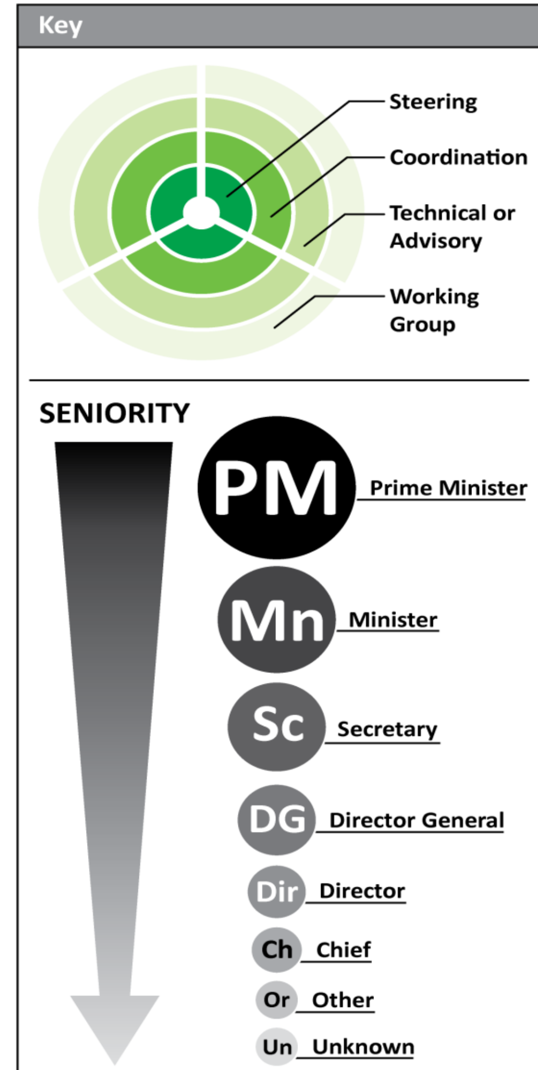


Map 1d

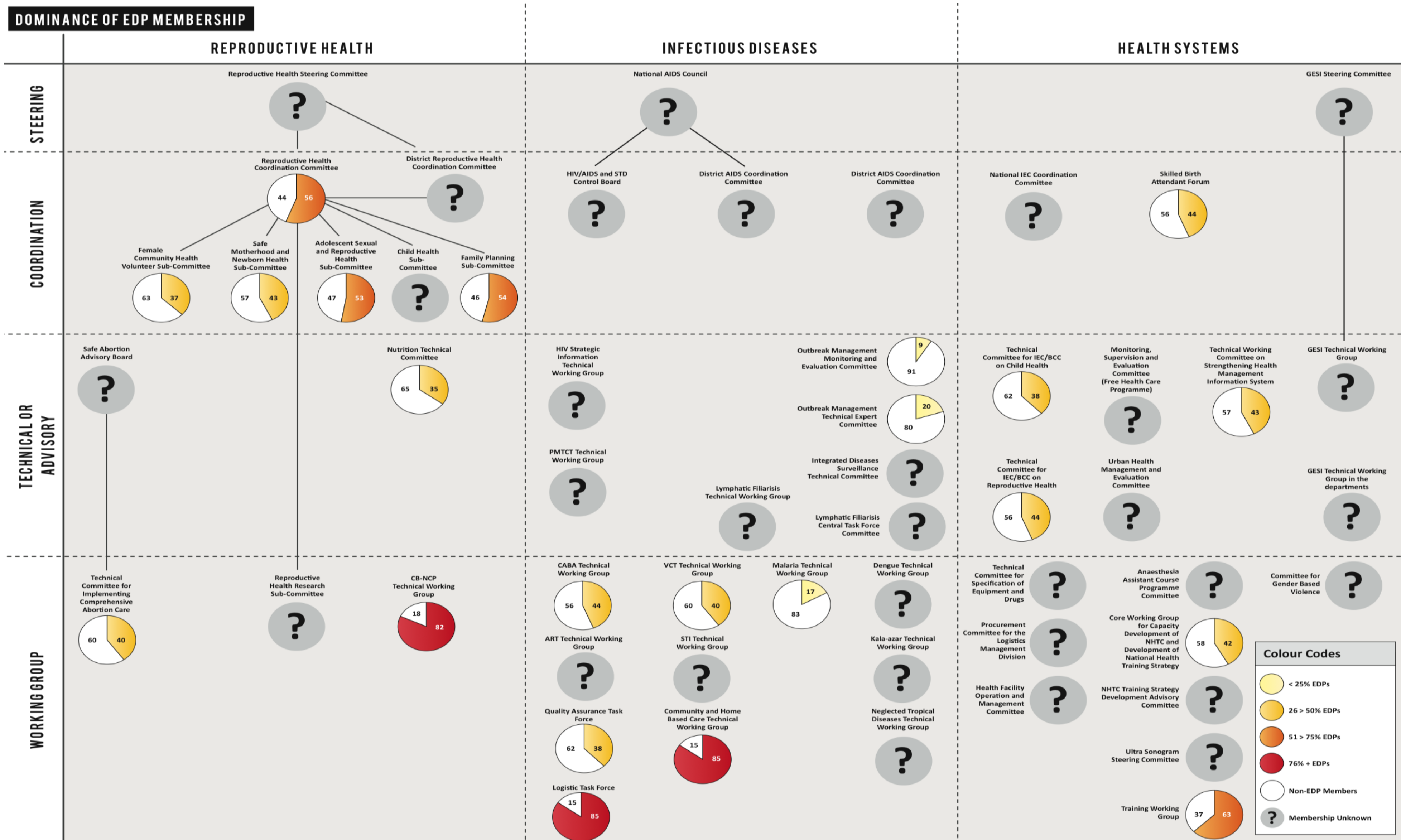


Map 2:

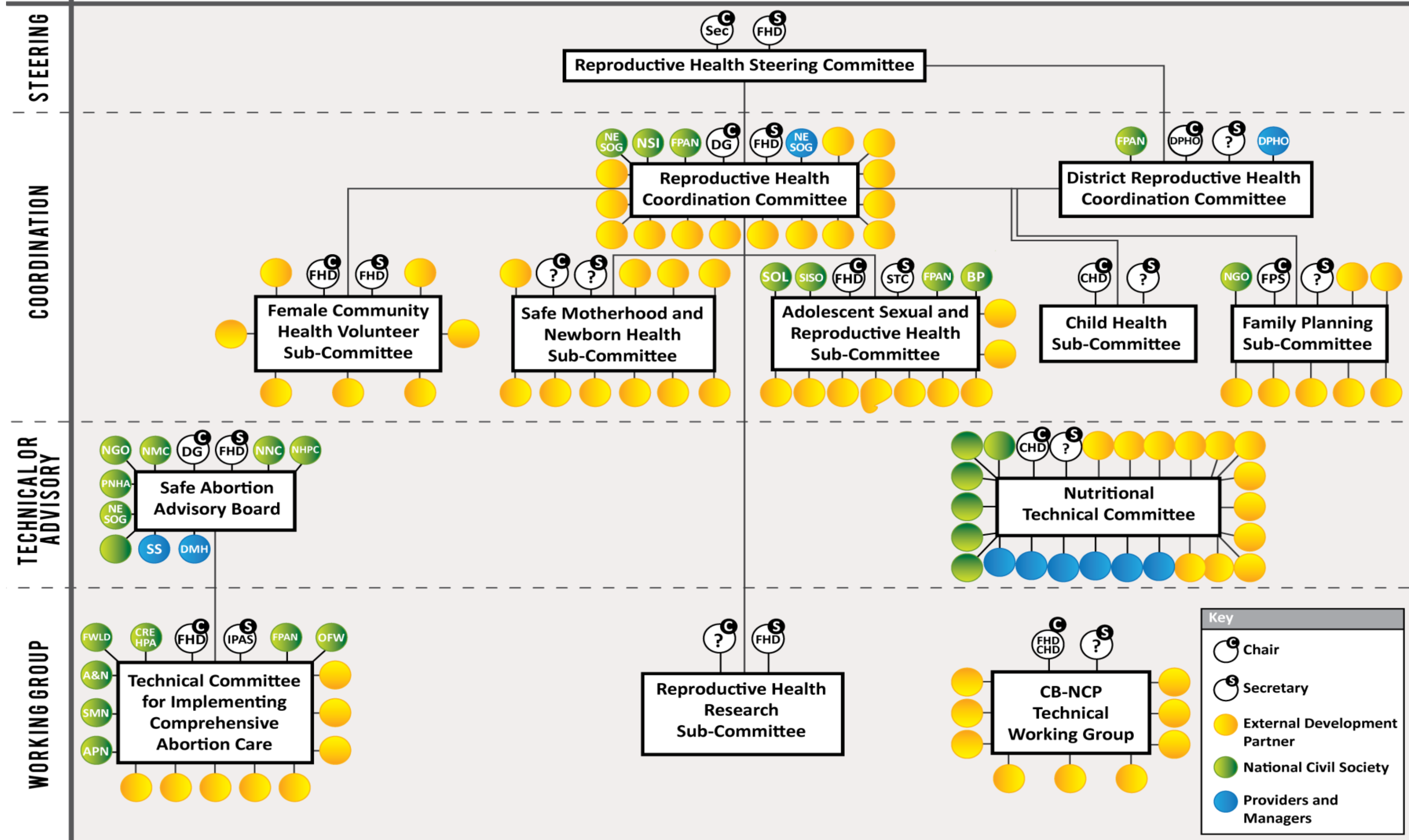




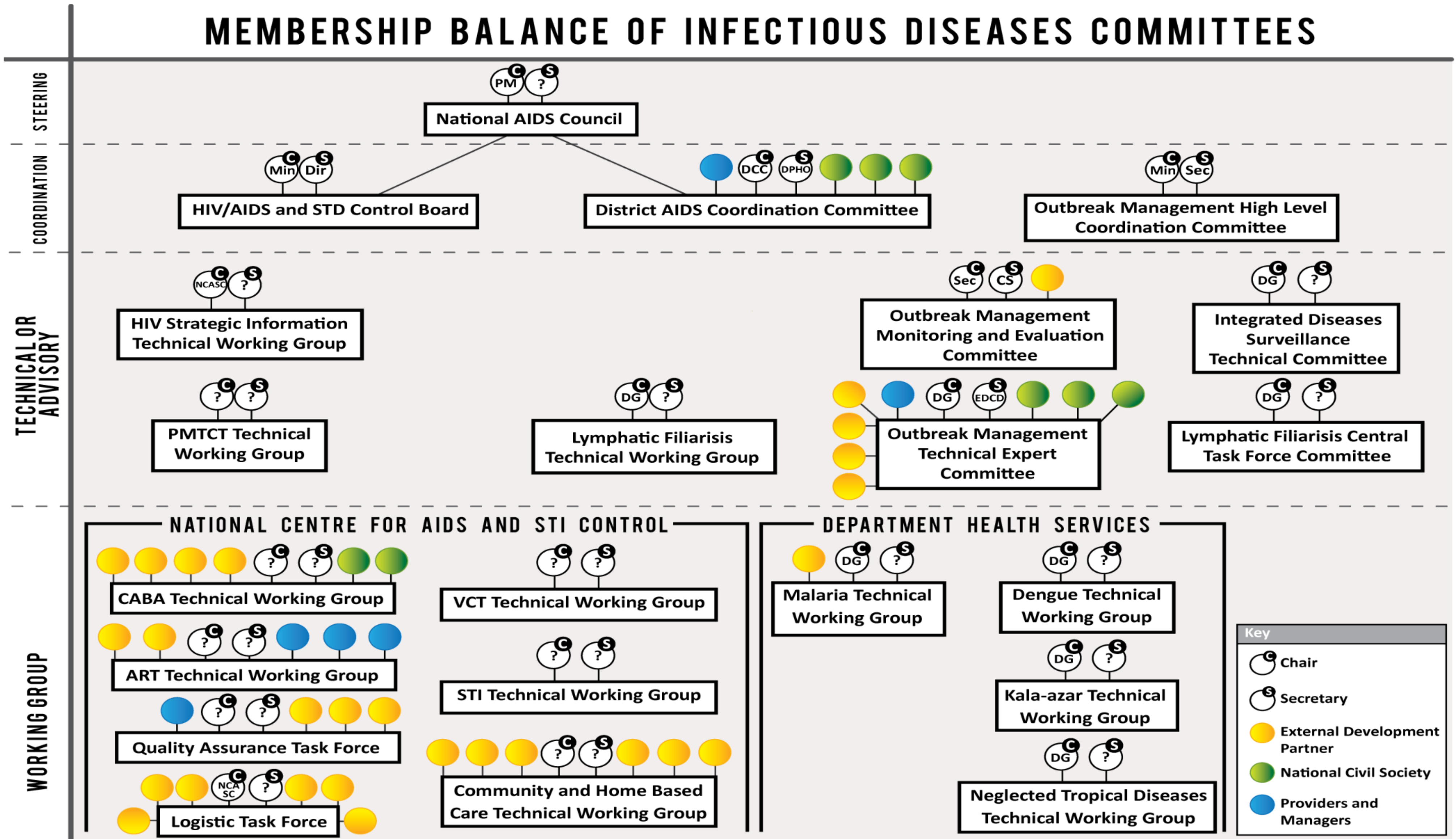
Map 3a



Map 3b



Map 3c



Map 3d