

Management of Hospital Services



Joint Annual Review (JAR) Meeting

31 January-1 February 2018

Kathmandu

Hospital Governance & Coordination

Progress/status

- Hospital pharmacy has been established
- Regular services are ongoing as per the previous practices
- Hospital general service is not interrupted.

Hospital Governance & Coordination

Best practices, innovations

- Ayurvedic service integrated in the Zonal hospital
- Hospital hired technical human resources in contract basis to strengthen services

Hospital Governance & Coordination

Issues, challenges, bottlenecks

- **Governance:**
 - There is no clarity who will govern to the 50 and above bedded hospital (eg zonal hospital)
 - Transition from Regional Hospital to Pokhara Academy of Health Sciences
- **Coordination:**
 - Between Palika & Hospital Management committee
 - Lack of awareness of sensitivity of hospital services by Palika, leading to blame game between Hospital Management and Palika

“Who is the governing body for Hospital? (Palika or HDC)?”

Hospital Governance & Coordination

Issues, challenges, bottlenecks

- **Budget:**
 - Hospital procured Medicines are not enough to address the requirement
 - Expenditure mechanism is not clear
 - Taking advance money not allowed hampering implementation of activities, often leading to expensing own money and later request for reimbursement from Palika.
- **Services**
 - Hospital pharmacy is not well functional
 - To make ayurvedic service integrated in the Zonal hospital functional
 - Unclear referral mechanism (inter-provincial)
 - Not enrolled in Aama program - Space and inadequate cost reimbursement compared to Insurance (NRs 6000 vs 1500/Normal delivery)
 - Social Service Units - Insufficient SSU grant, poor and ultra-poor differentiation is also difficult.

Hospital Governance & Coordination

Issues, challenges, bottlenecks

- **Quality of Care:**
 - Poor/insufficient infrastructure to provide quality services
 - Budget is not sufficient to implement quality health services
 - To meet up people's' expectation is high quality specialized services in the new federal structure
- **Human Resource**
 - Continuity of contracted HR at the local level

Hospital Governance & Coordination

Lessons learnt and way forward

- Orientation to the local level stakeholders
- Old format and structure is not contextual like hospital management committee formation and composition of members.
- Restructuring of functions and structure of health sector management in the changed context
- Health Insurance: A way of strengthening hospital and ensuring health services

Hospital Plan & Implementation

Progress/status

- Local governments have dispatched the conditional grant to the respective hospitals
- Some hospitals have submitted its plan/proposal to the Palikas

Hospital Plan & Implementation

Issues, challenges, bottlenecks

- The hospitals plans submitted to Palikas lack clarity on expenditure mechanism.
- Local governments have not allocated budget to the hospitals whereas conditional budget of health sector received
- Lack of evidence based planning (data was not utilized during program planning and budgeting)
- Lack of capacity for evidence based program planning and budgeting
- Alignment of Hospital with Palika

Hospital Plan & Implementation

- Local governments have not monitored/interacted with hospital and management committees and vice-versa
- Joint program implementation plan has not been prepared in some Palikas
- No expenditure of hospital strengthening budget and of HDC's account

Procurement & Supply Chain

Progress/status

- Hospital procured Medicines

Best practices, innovations

- Hospital Pharmacy established and selling medicine in subsidized rate (10% below than the rate of local market)
- Hospital pharmacy is a way of generating resource

Procurement & Supply Chain

Issues, challenges, bottlenecks

- Local government did not allocate budget for procurement to the hospital (lack of stewardship)
- Very low budget to procure medicine and other health commodities.
- High demand and low supply of free essential medicines
- Inadequate procurement

Procurement and Supply Chain

Issues, challenges, bottlenecks

- Private pharmacies are in the hospital premises and hospital gates
- Conditional grant is not sufficient for drugs and to implement all listed regular health programmes.
- In sufficient budget with respect to patient load.
- Ware house and cold chain maintenance problem

Procurement & Supply Chain

Lessons learnt and way forward

- Hospital budget should be released on time to procure essential, life saving medicines and essential health commodities for quality of services
- Hospital pharmacies may play vital role to maintain round year supply of medicines from hospitals in subsidized rate
- Local government should allocate sufficient budget for medicines in the hospital

Service Provision

Progress/status

- Essential services observed continue as per the previous practices
- Vaccine distribution center being run as previous
- Social Service Unit (SSU) and One Stop Crisis Management Center (OCMC) key interventions to address 'Leaving No One Behind' exists

Service Provision

Issues, challenges, bottlenecks

- Vacant sanctioned posts
- Shortage of medicines to provide quality services
- Unclear plan for further relocation of vaccine distribution as per the new Palika boundaries.
- Duplication of SSU in some hospitals
- Meeting for OCMC not held due to lack of formation of Hospital Management Committee (HMC0

(lack of clarity in role between HMC and Palika regarding this)

Service Provision

Lessons learnt and way forward

- Local government should allocate sufficient budget (need based) for staff hiring, procurement of medicines and equipment etc and to ensure continuation of quality health services at local level.

Information Management & Reporting

Issues, challenges, bottlenecks

- Vacant medical recorder
- Extra burden of information management for health worker working in emergency
- Reporting to Palikas: yet to begin
- Hospitals did not submit monthly report to the Municipalities
- No periodic review, data analysis to identify needs and plan accordingly

Information Management & Reporting

Lessons learnt and way forward

- Fill the vacant recorder positions on a priority basis
- Review and utilize the local data to inform local level planning and budgeting
- Streamline reporting in the changed context and orient Palikas and health facilities accordingly

THANK YOU