

2018

Joint Annual Review Meeting 2017/2018



Government of Nepal
Ministry of Health
Kathmandu

Table of Contents

ACRONYMS	II
EXECUTIVE SUMMARY	V
BACKGROUND	1
INAUGURATION SESSION	2
WELCOME, OBJECTIVES, AND PROGRESS PRESENTATION OF THE AIDE MEMOIRE	2
INAUGURAL REMARKS	3
<i>Ms. Nichola Cadge, Chair, EDPs' Forum</i>	3
<i>Hon. Prof. Dr. Geeta Bhakta Joshi, Member, National Planning Commission</i>	4
<i>Hon. Minister Mr. Deepak Bohara, MoH</i>	5
<i>Dr. Pushpa Chaudhary, Secretary, MoH</i>	8
THEMATIC SESSIONS	11
THEMATIC SESSION - 1	11
<i>Review of Progress in NHSS Outcomes</i>	11
<i>Review and Discussion on Highlights of the Sector Support</i>	11
<i>Review and Discussion on Learning from project implementation during transition</i>	11
<i>Review and Discussion on Learning from Project Implementation during transition amidst challenges</i>	12
REFLECTIONS FROM THE PARTICIPANTS.....	12
RESPONSES FROM THE PANELLISTS	13
THEMATIC SESSION - 2	15
<i>Approach for Thematic Discussions</i>	15
<i>Local Governance for Health</i>	16
<i>Health Service Delivery at Local Level</i>	18
REFLECTION FROM THE PARTICIPANTS	19
RESPONSE FROM THE PANELLISTS.....	21
THEMATIC SESSION – 3	22
<i>Management of Hospital Services</i>	22
<i>Health Information Management</i>	25
REFLECTION FROM THE PARTICIPANTS	28
RESPONSE FROM THE PANELLISTS.....	29
PANEL DISCUSSION	30
PANEL DISCUSSION – 1: HEALTH SERVICE DELIVERY AT THE LOCAL LEVEL: PROSPECTS AND CHALLENGES	30
REFLECTIONS FROM THE PARTICIPANTS.....	32
RESPONSE FROM THE PANELLISTS.....	33
PANEL DISCUSSION 2: EFFECTIVE MANAGEMENT OF HEALTH SECTOR IN THE CONTEXT OF FEDERALISM	35
REFLECTIONS FROM THE PARTICIPANTS.....	38
RESPONSE FROM THE PANELLISTS.....	40
CLOSING CEREMONY	42
INPUTS IN THE JAR PROCESS AND LESSONS LEARNT	43
ANNEXES:	46
POWERPOINT PRESENTATION.....	46
CONCEPT NOTE FOR JOINT ANNUAL REVIEW	47
AGENDA OF THE JAR	51
PRE-JAR FIELD VISIT PLAN.....	53
PRE-JAR FIELD VISIT TOOL.....	55

Acronyms

AIN	:	Association of International NGOs
AMR	:	Antimicrobial Resistance
ASRH	:	Adolescent Sexual and Reproductive Health
AWPB	:	Annual Work Plan and Budget
CAPP	:	Comprehensive Annual Procurement Plan
CEONC	:	Comprehensive Essential Obstetric and Neonatal Care
CHU	:	Community Health Unit
CSO	:	Civil Society Organisations
DDA	:	Department of Drug Administration
DFID	:	Department for International Development
DHIS	:	District Health Information System
DHO	:	District Health Office
DOA	:	Department of Ayurveda
DoHS	:	Department of Health Services
DOTS	:	Directly Observed Treatment, Short Course
DPHO	:	District Public Health Office
DRR	:	Disaster Risk Reduction
DUDBC	:	Department of Urban Development and Building Construction
EDCD	:	Epidemiology and Disease Control Division
EDP	:	External Development Partners
EPI	:	Expanded Programme on Immunisation
EWARS	:	Early Warning Reporting System
FAA	:	Functional Analysis and Assignment
FCHV	:	Female Community Health Volunteer
FHD	:	Family Health Division
FIU	:	Federalism Implementation Unit
FP	:	Family Planning
FY	:	Fiscal Year
GBV	:	Gender Based Violence
GESI	:	Gender Equality and Social Inclusion
GoN	:	Government of Nepal
HF	:	Health Facility
HFOMC	:	Health Facility Operation and Management Committee
HIIS	:	Health Infrastructure Information System
HMIS	:	Health Management Information System
HRH	:	Human Resources for Health
HWG	:	Health Working Group
ICS	:	Incident Command System
ICT	:	Information and Communication Technology
IMNCI	:	Integrated Management of Neonatal and Childhood Illness
INGO	:	International Non-Government Organisation
JAR	:	Joint Annual Review
JICA	:	Japan International Cooperation Agency

KOICA	:	Korean International Cooperation Agency
LMBIS	:	Line Ministry Budgetary Information System
LMD	:	Logistic Management Division
LMIS	:	Logistic Management Information System
M&E	:	Monitoring and Evaluation
MDG	:	Millennium Development Goals
MNCH	:	Maternal, New-born and Child Health
MoF	:	Ministry of Finance
MoFALD	:	Ministry of Federal Affairs and Local Development
MoGA	:	Ministry of General Administration
MoH	:	Ministry of Health
MSS	:	Minimum Service Standards
MTR	:	Mid-Term Review
NCD	:	Non-Communicable Diseases
NDHS	:	Nepal Demographic Health Survey
NGO	:	Non-Governmental Organization
NHA	:	National Health Accounts
NHEICC	:	National Health Education Information and Communication Centre
NHIDS	:	Nepal Health Infrastructure Development Standards
NHFS	:	Nepal Health Facility Survey
NHSP	:	Nepal Health Sector Programme
NHSS	:	Nepal Health Sector Strategy
NHSSP	:	Nepal Health Sector Support Programme
NHTC	:	National Health Training Centre
NIHCE	:	National Institute for Health Care Excellence
NNRFC	:	National Natural Resource and Fiscal Commission
NPC	:	National Planning Commission
NRA	:	National Reconstruction Authority
OCMC	:	One-stop Crisis Management Centres
OOPE	:	Out of Pocket Expenditure
OPMCM	:	Office of Prime Minister and Council of Ministers
PAHS	:	Patan Academy of Health Sciences
PEN	:	Package of Essential Non-communicable Diseases
PHC	:	Primary Health Centre
PPICD	:	Policy, Planning and International Cooperation Division
QI	:	Quality Improvement
RRT	:	Rapid Response Team
SDG	:	Sustainable Development Goals
SHI	:	Social Health Insurance
SHSP	:	Social Health Security Programme
SSU	:	Social Service Unit
SWAP	:	Sector wide approach
SWC	:	Social Welfare Council
TA	:	Technical Assistance
TABUCS	:	Transaction Accounting and Budget Control System
TFR	:	Total Fertility Rate

TUTH	:	T.U. Teaching Hospital
TWG	:	Technical Working Group
UHC	:	Universal Health Coverage
UNFPA	:	United Nations Population Fund
UNICEF	:	United Nations International Children's Fund
USAID	:	United States Agency for International Development
VDC	:	Village Development Committee
VHSAR	:	Village Health Situation Analysis Report
WHO	:	World Health Organization

Executive Summary

Nepal has shifted from a unitary system of governance to a Federal Democratic Republic State. Federalism has offered an opportunity to better address the existing healthcare gaps as locally elected officials have the authority to make critical decisions on funding, policy, and programming as per the local needs. The MoH believes that ensuring basic health services to every citizen as per the constitutional provision is the topmost priority in the current context along with sustaining health gains and achieving the goals and targets of Nepal Health Sector Strategy (NHSS) and the Sustainable Development Goals (SDGs).

It is imperative to review the NHSS and its Implementation Plan in the changed context and, accordingly, to translate planned interventions into the Annual Work Plan and Budget (AWPB). A continuation of the Sector Wide Approach (SWAp) in health can contribute towards effective management of the transition towards federalism. The MoH has taken multiple steps towards restructuring the health sector in line with the functions defined for the three levels of government. In addition, according to the function of the federal government, the MoH is developing legal and regulatory frameworks to govern the health sector.

Several field level project implementations supported by External Development Partners (EDPs) and International Non-Government Organisations (NGOs) are useful in analysing success factors, results, challenges, and opportunities. At the same time, pre-JAR field visits in selective districts of seven provinces has provided insights from the field level to better understand the health service delivery mechanisms.

This JAR, carrying special significance, has not only served as a platform to review progress in the sector but also to bring development partners, the private sector, and stakeholders together in addressing issues and challenges in the current federal context, with a focus on service delivery at the local level. Existing challenges invariably require inter-ministerial collaborations including increased financial resources with adequate, competent, and rational management of human resources, procurement, and effective management of supply chain in the health sector.

Federalism has come up with great opportunities for decentralised planning and budgeting. It has also allowed authorising municipalities to identify the most pressing health needs in their communities, tailor health programmes to meet their needs, and increase value for money. However, greater clarity is still required on the role of the three levels of government for harmonisation in planning, resource management, and programme implementation. Communication and reporting mechanisms and programmatic interfaces among the three levels of government still need to be worked out. The allocation of the budget should be as per local needs and supported by stronger planning, technical backups, and programme design as per national priorities.

In this scenario, the health sector could be very fragile in the absence of fundamental preparations and responsive mechanisms to address issues in the current transition. The MoH has established a Federalism Implementation Unit to give support to resolving upcoming issues and progressing towards federalism. The immediate needs of the MoH in the present context are the restructuring of the health sector and the successful management of the transition towards federalism while ensuring the smooth delivery of health services. This demands concerted efforts of all the stakeholders.

Background

The Joint Annual Review (JAR) meeting of the Nepal Health Sector Strategy (NHSS) 2016-2021 was held at the Hotel Radisson, Kathmandu, on January 31 and February 1, 2018. The first day of the meeting focused on the review of the last fiscal year and thematic discussions on transition management in the federal context which was followed by a half day business meeting. This joint forum was participated in by the MoH and its Departments, Divisions, and Centres, EDPs, civil society organisations (CSOs), health professionals, media personnel, and other health sector stakeholders. The major objective of the meeting was to assess the progress and achievements of the previous year and to envision and prepare the plan for the next year. The discussions and deliberations during the meeting proved crucial for the overall future development of the health sector in Nepal.

The two day event included presentations highlighting the review of last year, major progress in the current year, and thematic discussions including a panel discussion followed by key note remarks. The event was inaugurated by the Honourable Minister for Health. To ensure participatory discussion, simultaneous translation from Nepali to English language was provided. The two panel discussions with the Mayors and Chiefs of local governments and secretaries from different Ministries highlighted crucial issues and a way forward in the current federal context.

INAUGURATION SESSION

Welcome, Objectives, and Progress Presentation of the Aide Memoire

Prof Dr. Shrikrishna Giri, Chief Policy, Planning and International Cooperation Division, MoH

Namaste and a very good morning to everyone.

Hon. Minister of Health, Hon. Member of National Planning Commission, Vice Chancellors of Academic Institutions, Director Generals from the Department of Health Services (DoHS), Ayurveda and Drug Administration, directors from different Centres and Divisions, EDP Chair, Nichola, representatives from national and international partners, distinguished guests, fellow colleagues, embers from media, ladies and gentlemen.

I warmly welcome you to this Joint Annual Review Meeting. The MoH has been successful in implementing a sector wide approach. As part of the management of SWAp, the MoH invites the representatives of EDPs, civil society, academia, and the private sector to jointly review the progress of the past financial year (FY) and to guide the development of the annual work plan and budget for the next FY.

Within the changed context where health has been established as a fundamental right of every citizen, it is imperative that the MoH ensures that primarily basic health services are delivered at the lowest level in an uninterrupted manner. Therefore, this JAR, the first of its kind in the changed context, is special. This 2018 JAR carries special significance not only to review the challenges faced analysing the health system but also to bring development partners, the private sector, and other stakeholders in on addressing funding gaps related to the health sector with a focus on service delivery at the local level.

The main objectives of this JAR are: to review progress on the NHSS in 2016/17, to strengthen partnerships and cooperation among stakeholders for the health sector in the federal context, and to propose prioritised interventions for the next fiscal year's AWPB in the changed context.

Following the welcome remarks, Prof Giri presented progress made with action points of last year's Aide Memoire. The current status was presented on 18 action points defined in the Aide Memoire of 2017.

Inaugural Remarks

Ms. Nichola Cadge, Chair, EDPs' Forum

Honourable Minister, Madam Secretary, special guests, colleagues, and friends, I am honoured to be here to speak on behalf of the health donor group. I will keep my interventions short and sweet as we have much to get through today. We look forward to hearing about the progress made in 2016/17 and I think there are excellent highlights on both challenges and way forward in JAR report. I also look forward to the honest appraisal of the challenges and opportunities moving forward this afternoon.

For those of us that either tried to go on the field trip or went on the field trip, we came back with rich data and information with which to inform decisions moving forward with the health donor group last week. Around 100 people went out to the field, which is an impressive amount of expertise and experience, with a real willingness to learn and share information from those who were on the ground delivering services.

Madam Chair, the health donors, and the government have worked together through a range of challenges in the past years. We have worked through the conflict at a time when Nepal was achieving better Millennium Development Goals (MDGs) than most other conflict affected countries. We worked together through the earthquake and helped to restore functions and health outcomes in a relatively short period of time. However, challenges still remain in the earthquake affected areas. The work we have done in collaboration with the MoH, service delivery on the ground, and EDPs has helped reduce the immediate and long-term health impact of the earthquake. Now we have the challenge of federalism.

The EDPs remain committed and willing to support the government, MoH, and provincial and local authorities to further improve health and nutrition outcomes as we move forward with the overarching ambition to achieve the objectives of the NHSS and also contribute towards the SDG targets in Nepal.

Thank you very much.

Hon. Prof. Dr. Geeta Bhakta Joshi, Member, National Planning Commission

Honourable Health Minister, Deepak Bohara, Secretary of Health, Dr. Pushpa Chaudhary, Vice Chancellors, Chair of the EDPs, Nichola Cadge, Joint Secretaries, and government officials from the MoH and various ministries, resource persons, EDPs, academia, ladies and gentlemen.

First of all, I would like to thank the organisers of this event for giving me this opportunity. We have to achieve the goals and targets of SDGs by 2030. I also mentioned this as this is the backbone of the development of the country. We also have to achieve graduation by 2022, World Health Organization (WHO) targets by 2025, and we have to achieve our 14 year plan.

Health is one of the major components in plans and policies. At this moment, I would like to congratulate the MoH for its successful endeavours, for the reduction of the under-five mortality rate, neonatal mortality rate, maternal mortality rate, and turning underweight rates. Also, MoH deserves appreciation for the dissemination of the demographic and health survey 2016, and for expanding and sending the health insurance to many districts with health insurance coverage increased to around five percent of the population.

However, we still have to expand health insurance to 77 districts and the challenges and responsibilities of the government at this moment are to establish the Federalism Implementation Unit (FIU), the deputation of the health workers to local governments, establishing a governance structure for the health structure, and handing over local health facilities to the local level government. They also include the institutionalisation of the quality assurance mechanism in health, developing engagement modalities in health for development partners and other stakeholders in the health context, and, last but not the least, the budget adopting capacity of the MoH.

As of now, we have six health science academies under the MoH and now there is the urgent need of an umbrella act for health science academies. I would like to request the MoH for this. The national budget allocation for health is less than four percent of the total national budget with a contribution of 80 percent from the government and 20 percent from EDPs. I hope that the government and EDPs will jointly maintain the force to strengthen Nepal's health SWAp, better allowing more funding and technical support with strategies.

I am here to note that all of the sectors here have contributed significantly towards achieving development goals and strategies measuring the key indicators. I wish you good luck for today's and tomorrow's sessions. I hope to have a practical way forward which will be implemented in the future.

Hon. Minister Mr. Deepak Bohara, MoH

First and foremost, let me welcome you all to this special JAR for the health sector, as this is the first review in the federal context. A special welcome to our international delegates who have travelled far to be with us in this important event. Honourable National Planning Commission (NPC) Member, secretaries of various ministries, Chief Specialists and Officials of the Health Ministry, EDP Chair, distinguished colleagues, ladies and gentlemen.

In 2004, we made a strategic shift from a projects-based approach to SWAp and now we enjoy a much strengthened partnership in the health sector of Nepal. Partnerships have been the cornerstone of our health achievements and we will continue to harness them to sustain our achievements and tackle existing health challenges. Every year we gather in this important forum, the JAR, to reflect on our mutual achievements over the past year and agree on strategic priorities for the next year. Over the last decade we have been progressively able to increase the meaningful participation of our international development partners, civil society, NGOs, academia, and the private sector in the JAR; thereby employing a broad partnership to improve our health outcomes.

Because of our joint effort, we have achieved most of the health-related targets of MDGs. Over the past 20 years, we have reduced infant mortality and under five mortality substantially. Owing to the revolutionary Directly Observed Treatment, Short Course (DOTS) programme in curing the Tuberculosis (TB), we have been preventing thousands of deaths every year. Through programmes such as free essential healthcare and safe delivery incentive schemes, we are also attempting to mitigate social, cultural, and financial barriers to seeking healthcare. Now the Government of Nepal is committed to achieving the SDGs set for the year 2030.

Ladies and gentlemen, we are still in the phase of political transformation. The country has moved from a unitary system of governance to a federal form of governance. As mandated by the new Constitution, the present government has successfully held three elections this year. As a result, people's representatives at local levels have already started working. Now the federal and provincial governments are being formed. I believe, this is a remarkable achievement in the process of moving towards implementing the Constitution. Now it is easier for all the 761 governments in the country to reach to people who were previously left behind.

In this socio-political climate, the health and development landscape bears both opportunities and challenges for us. Our Constitution, for the first time in the history of the nation, has guaranteed health as a fundamental right of every citizen. This has provided us with political impetus to expedite our efforts to achieve Universal Health Coverage (UHC). Now it is the duty of the government at all levels of federal structure to ensure these rights. In this regard, we have developed our sectoral strategy (2016-2020) based on the principles of equity and social justice. I urge you all to take initiative to develop a health system that is based on social justice and good governance at all levels.

The local governments are mandated by the Constitution to provide basic health services, however, it is the responsibility of all of us to make them resourceful. Health is a multi-dimensional sector; I believe that the federal structure of governance has made it easier to establish health as a development agenda in the local level. In the process of implementing federalism in health, the service delivery structure of health is already prepared and endorsed. The governance structure of health in the federal context is being prepared and discussed with relevant agencies. Similarly, other arrangements in the context of implementing federalism are ongoing.

The Nepal Government is committed to establish a health facility in each ward and a hospital in each municipal. The Government has also come up with an integrated health infrastructure project. Partner's support in these endeavours is welcome. Alongside the need to make further headway in providing equitable access to quality primary healthcare services, we face many emerging health challenges. The burden of non-communicable diseases is increasing; growing health needs of the urban poor require more investment; malnutrition, especially stunting, remains a major issue to be tackled; similarly improving new-born care requires further efforts on our part; out-of-pocket expenditure on health is still very high which warrants fair financing mechanisms; deployment and retention of health workers in remote areas of the country is still a problem; we must also do more to narrow health disparities specially for the hard-to-reach, socially excluded, and marginalised population. As if these challenges were not enough, we are vulnerable to natural disasters and now we face the adverse effects of climate change. And we have not forgotten the destruction caused by the 2015 earthquake.

The evidence shows that in order to ensure the access of all people in quality health services, a five percent investment of national income is required; however, we are able to invest only less than two percent. Expenditure for health treatment should not be allowed at any cost to be a cause of poverty. I am confident that the government will continue to increase its share of investment in the health sector in the years to come. The present government has taken many initiatives to ensure the constitutional mandate of ensuring health services to its citizens, particularly to those who need it most.

As you are aware, the present government has just initiated the implementation of a social security scheme in health by providing NPR 5000 per month for cancer patients, patients with kidney failures, and patents with spinal injuries. The Health Insurance Act has been enacted which provides the legal basis for covering all the people in the net of health insurance. To sustain our achievements, tackle the challenges I mentioned, and to align with the federal context, we have prepared a new health policy with the support and participation of relevant stakeholders and it is already tabled in the Cabinet for approval.

Ladies and gentlemen, I am of the opinion that health should be at the centre of development. The well-being of our population and overall economic progress of our country are intrinsically linked with health outcomes. The MoH and health development partners have been and remain important actors for achieving and sustaining health results as are other line agencies of the government, development partners, private sector, and civil society. This has

become even more pertinent now, as we live in a world with ever-shrinking global boundaries and ever-expanding socio-economic and political interdependence.

As I said, the MoH alone cannot always make a positive dent in health outcomes; there are other structural factors and social determinants affecting health. We are increasingly seeking a multi-sectoral response to address these complexities. Ladies and gentlemen, I wish you all a very productive JAR. I wish our international delegates a wonderful stay in Kathmandu.

Thank you very much.

Dr. Pushpa Chaudhary, Secretary, MoH

Namaste and warm greetings to all of you on behalf of the MoH on the occasion of the first JAR in the federal context. Hon. Minister of Health, Mr Deepak Bohara Hon. Member, National Planning Commission, Dr Geeta Bhakta Joshi, Respected Secretary, Ministry of Finance, Mr. Shankar Adhikari, Representatives of government of other ministries and local government, Director Generals from the DoHS, Ayurveda, and Drug Administration, Vice Chancellors of Academic Institutions, EDP Chair, Directors from Different Centres and Divisions, hospital directors, representatives from national and international partners and organisations, former secretaries, Director Generals, other distinguished guests, and fellow colleagues, members from media and all other invitees.

Ladies and Gentlemen, this year is the 40th anniversary of the Alma Ata Declaration- which expressed the need for urgent action by national governments, health and development workers, and the world community to protect and promote the health of all people. Four decades down the line, we have yet another opportunity, “Federalism”, to reaffirm this international commitment of people-centred primary care as a foundation to achieve UHC. The health sector transitioning to federalism is certainly the top concern for all, as there are many uncertainties. What we must understand is that federalism is new to all and we need collective wisdom to be able to take policy decisions that will help to sustain the health gains as well as achieve the goals and targets of Nepal.

The NHSS, our guiding document for the health sector for the next four years has four strategic directions for UHC; equity, quality, reform, and multi-sectoral collaboration which are indeed very important needs to be incorporated into various tiers of government for effectiveness. In this regard, necessary adjustments to the NHSS’s implementation plan are needed to suit the changed context and these need to be translated into the activities in the AWPB. Investment for UHC means laying the foundations for making progress towards all the other targets and goals even beyond the health sector such as like ending poverty, improving gender equality, economic growth, and more. When we talk about UHC, I must underscore the need for an adequate, skilled, well- trained, and motivated workforce for improving health services. We have the presence of academia and the private sector here and, with effective partnership, we can address the challenges of human resources. An enabling environment is crucial and I see greater the role of local governments in terms of ensuring safe and motivating work environment to our health workforce.

Next is the financing for health, which is an important part of the broader efforts to ensure social protection in health. We have envisioned one health facility in every ward at the local level, one 15 bed hospital in each local unit and one multi super specialty hospital in each province. These health institutions will certainly need an added number of skilled human resources together with equipment and supplies to provide a range of services- basic as well as specialised but this can only be possible by investing more in health services. Healthcare financing is crucial for free basic health services for all as mandated by the Constitution as well as to strengthen social health insurance for covering a wider population and for

increasing the range of services beyond basic. Globally, evidence shows that 85 percent of the costs of meeting the SDG health targets can be met with domestic resources and we need to increase our domestic funding on health. However, there is also a need for partners to increase their investment in health so that together we can achieve the goals and targets that we have committed to.

Ladies and Gentlemen, as we all know, the NHSS is developed within the context of SWAp and partnership is the cornerstone of health development in Nepal. Therefore, SWAp in health should continue even in the changed federal context. I hope for seamless support from partners as with past implementations of SWAp. I would also like to take this opportunity to inform the donors and partners that the federal government is mandated by the Constitution to sign international treaties and agreements. Therefore, I urge all of you to comply with this.

The Functional Analysis and Assignment (FAA) of the Cabinet has clearly delineated functions of all three levels of government and the MoH is working to ensure that the functions for the health sector are delivered effectively and with quality by all three levels of government. Amongst other functions, the delivery of basic health services is the responsibility of the local government while federal government has the responsibility to define its scope and develop standards. I urge my colleagues to prioritize this task and request EDPs to provide the required support. In accordance with the function of the federal level, the MoH is developing several legal and regulatory frameworks to govern the health sector in light of the federal context. The Social Health Insurance Act has been recently promulgated by the parliament. Similarly, the National Health Act and the Health Institution Quality Assurance Authority Act have been drafted by the MoH and are in inter-ministerial consultation process. Moreover, a new national health policy has been developed and submitted to the cabinet for endorsement. In order to materialise these policy commitments, additional resources are required and I urge all the stakeholders and partners to support us in this endeavour.

I would also like to share that the MoH has established the FIU to support the implementation of activities pertaining to federalism and to liaise with other ministries on health-related issues. Progress has been made in this regard which is captured in the Pre-JAR report and the gist will also be presented in the coming sessions. The MoH has shared their progress towards federalism in several forums, the recent one being the National Annual Review Meeting. We discussed province-wise progress and challenges existing in the health sector during the National Annual Review a few months back. We strongly feel that we need to focus more on those provinces where progress is slow, particularly Province 2 and 6. This JAR will touch upon those pertinent issues that we need to address in next year's AWPB for which the planning process will start soon. For harmonised support for the local level in health in the changed context, the ministry also needs a detailed Technical Assistance (TA) mapping of the partners. I request EDP Chair to lead this exercise and present the detailed TA mapping to the MoH as early as possible. This is important to see who is doing what and where in the health sector to avoid duplication and to ensure that no local level is left behind.

While the health sector is struggling to manage the communicable diseases, there is also the increasing burden of non-communicable diseases, antimicrobial resistance, and disaster related health issues. Therefore, there is a greater need for multi-sectoral collaboration in health sector at all levels of government. For this, there are two panel discussions that are planned in the afternoon today. The first panel will be with the Mayors and second with the high level officials from various ministries to build common understanding and get insights to guide the health sector in this transition to federalism. Federalism has provided the impetus for the decentralized planning and budgeting at the local level. However, I will again emphasise that adequate financing for health is critical to ensure the smooth delivery of health services. Similarly, procurement and effective management of the supply chain is one of the critical functions to be coordinated at different levels of government. Therefore, the MoH needs a solution oriented, proactive, and flexible collaboration of EDPs in the implementation of the constitutionally mandated devolution of functions to local governments. In this JAR, we have tried to get the representatives from different ministries, development partners, private sector, civil societies, academia and other key stakeholders. I urge all of you to utilise this meeting to critically review the observations from the Pre-JAR field visit along with issues related to implementation of health programmes, capacity building and funding gaps so that our goal “to improve health status of all people through accountable and equitable health service delivery system” can be realised.

We need to engage our key stakeholders- civil society, as well as media colleagues for their effective participation in all health-related areas. We would also like to acknowledge the contribution of academia, professional councils and private sector to improving the health outcomes by developing a skilled health workforce and providing a wide range of health service deliveries. With this, I request all of you for active participation in this meeting by providing your valuable inputs and constructive feedback. I sincerely hope that together we can make this first JAR in the federal context fruitful and successful. Finally, I thank all dignitaries for encouraging us with your valuable presence and guidance, all distinguished guests and invitees and last but not the least, the organising team members who have worked very hard with great enthusiasm over the weeks to make this JAR happen. With these concluding words, I formally announce the closing of the inaugural session and welcome you all in the following technical session.

Thank you all.

Thematic Sessions

Thematic Session - 1

Chair : Dr. Pushpa Chaudhary, Secretary, MoH
 Co- Chair : Ms. Nichola Cadge, Chair, EDP

Review of Progress in NHSS Outcomes

Dr. Dipendra Raman Singh, Chief, Public Health Administration, Monitoring and Evaluation Division, MoH

Dr. Singh started his presentation with the sharing of progress on selected indicators of the NHSS. Singh's presentation covered progress, challenges, and a way forward under each outcome area of the NHSS. Most of the issues highlighted in the presentation were pertinent for the effective management of the transition as the country is progressing towards federalism. Further details on progress, challenges, and a way forward are captured in the pre-JAR technical report. His presentation file and pre-JAR report are attached as separate files.

Review and Discussion on Highlights of the Sector Support

Ms. Nichola Cadge, Chair, EDPs

Ms. Cadge started her presentation acknowledging that Nepal's SWAp as one of the higher performing SWAps that exists globally and extensive collaboration among government and EDPs including during the critical incidents we had including conflicts, earthquakes, the blockade, and now as we move forward into federalism. She highlighted some of the key achievements of the health sector and major areas of TA support from different EDPs for FY 16/17. Furthermore, she touched upon the importance of health financing strategy to better guide the financing for health and streamlining health sector functions in the federal context. Her presentation is attached as a separate file to this report.

Review and Discussion on Learning from project implementation during transition

Ms. Midori Sato, Chief, Health Section, UNICEF Nepal

Ms. Sato's presentation briefly captured the field level experiences and the lessons learnt based on the engagement at the local level under various projects and programmes. Highlighting the stewardship role of the government as an important factor for success, she focused on improving local health governance, improving steering structures that contribute to greater ownership, and engagement in private-public sector in the current federal context. Her presentation is attached as a separate file to this report.

Review and Discussion on Learning from Project Implementation during transition amidst challenges

Mr. Jagadish Ghimire, Association of International NGOs in Nepal

On the behalf of Association of International NGOs (AIN), Mr. Ghimire presented major contribution in the health sector especially the challenges and lessons learnt focusing on the changed context. He mentioned that clarity is needed for the structural arrangements for implementation of the projects by the INGOs in the federal set up. He also touched upon the concerted need to sustain the gains of the health sector while ensuring uninterrupted availability of essential medicines and supplies in the federal context.

Reflections from the Participants

Questions and feedback from the participants are summarised below.

- Some of the critical areas such as disease elimination, particularly Leprosy and Lymphatic Filariasis by 2020, which are part of global commitment, were missing in the presentation.
- Referring to the problem of reporting that was mentioned in the AIN's presentation, and suggestion was to coordinate with the respective government entity when any major issues are found.
- What were are different strategies adopted that led to the reduction of sick projects in the health sector? Similarly, what is the underlying factor that contributed cost saving in the procurement as presented?
- Health budget data presented differs from the pre-JAR report and seems to have focused on the MoH budget. The suggestions was to better capture all the budget and expenditure of the health sector.
- In light of the importance of the assessment of health care technology, how can such approach be introduced in Nepal? For example, NICE performs the assessment of health care technology in UK.
- By providing available tools, check lists, and skills, Gender Equality and Social Inclusion (GESI) components can be better addressed in the planning and budgeting process.
- What is the rationale for adjusting the transportation incentive for the Aama Programme, as recommended in the presentation? Province 2 is low performing in terms of institutional delivery although distance and transportation is not an issue in that province as compared to in the hills.
- The Logistics Management Division (LMD), with support from the Procurement and Supply Chain Management (PSM) project, is working on modernising the Logistic Management Information System (LMIS) and make it live.
- There are many INGOs currently supporting the sector. What is the strategy of the government for increasing or decreasing the number of INGOs?

Responses from the Panellists

Dr. Dipendra Raman Singh

The presentation we made is based on NHSS outcomes and goals. Sick projects are one of the biggest concerns of the health ministry and we followed up on progress continuously. There are different modalities used, for example, monitoring closely and punishment as per Act. We were very strict about finalising the cost for equipment and medical items while going for open bidding which is why a 17 percent saving has been made on procurement as compared to the original plan. I appreciate your suggestions and details have been provided in the report for many other issues.

Questions related to the GESI checklist are very important and we are working on this in the new context. Finally, regarding the adjustment of transportation incentives of the Aama Programme, we can discuss this further separately.

Mr. Jagdish Ghimire

I really appreciate the suggestions; we tried to collect data from the palika level but for several reasons, it was difficult. Our observation is that, in places where the district supervisors or health workers were deputed, there is no confusion. However, problems lie more in the palikas where staff of health facilities are deputed. Through the Guidelines, the MoH had provisioned the inclusion of women and Dalits in Health Facility Operation and Management Facility (HFOMC) which has now been affected as there is no clear guidelines to ensure the inclusion of those groups. Thus, from our observations, we feel that we are lagging behind to take timely actions in some of these areas.

Ms. Nichola Cadge

NICE refers to the National Institute for Health and Care Excellence. They look at what new technologies are available; medicines, equipment and health commodities. They review their cost effectiveness and look at whether it is a good investment for the government. So, it is not making a comment on whether it is good but whether it is a good investment for the government. So, I think it is fine to say that not all new things are automatically better. NICE makes recommendations to the government and to contracting authorities in the UK for including the recommended essential drugs or equipment to be funded by the national local authorities. Now, it does have a branch called NICE international, later moved to Imperial College, which does provide some support to countries on this approach. The WHO approved a resolution about three years ago about the assessment and use of new technologies. If the government does not look at the regulations of the new technology, the cost will escalate. It has happened in almost every western country. So it is about how to make the best choices on health technology which should be based on the amount of money they have. I think Nepal can learn from approaches and evidence from other countries to manage cost escalation.

Dr. Pushpa Chaudhary

I think in the future, we have to work with AIN. Being independent is a good thing which is our ultimate goal. But the most important thing is to ensure the fundamental rights of the citizens on health. If the government is strong, the role of the INGOs and NGOs will decrease slowly. Until we reach such situations, we should move ahead along with the supporting hands. When we requested for the number of INGOs and NGOs working in the field of health, we did not get the complete list. As mentioned in the presentation, it is correct to say that there is a delay in the approval process in the MoH. However, there will not be any kind of delay if the required documents are put accordingly. However, there are number of organisations which have not coordinated well with government programmes which may result in a duplication of efforts. In the future, we should focus on bringing all of the partners working with the government together to fill the gap rather than being guided by the total number of organisations.

Regarding the accreditation process and technology assessment, in the proposed federal structure of the health sector, the high level committee has agreed to have an autonomous, independent accreditation body at the federal level so we have to make the concerned authorities understand the importance of such a body. Regarding its detailed functions, we are still working on it.

I want to conclude the session by congratulating all the presenters for clearly spelling out challenges, sharing progress on NHSS outcomes, and offering a way forward for overcoming challenges. I really acknowledge the contribution of EDPs and AIN for their work at the local level. For the capacity enhancement at local level, we need to follow up with the orientation package which has already been developed and we are going to have Training of Trainers (TOT) and roll out as quickly as possible. As there is presence of EDPs and AIN at the local level we can jointly follow up after the orientation as they need continuous support and reinforcing. So I see a huge opportunity for better collaboration and coordination so that ultimately three partners, the government, EDPs, and INGOs can better work together and deliver.

Thematic Session - 2

Chair : Dr. Sushil Pyakurel, Chief Specialist, MoH
Co-Chair : Mr. Mohammad Daud, MoH

Approach for Thematic Discussions

Dr. Sushil Baral, Strategic Advisor, Nepal Health Sector Support Programme, DFID

As this the first health sector JAR in the federal context, before holding the JAR meeting, we had a pre-JAR field visit in which participation was from MoH and EDPs. We had four themes identified to look at the field level and based upon the Action Points of the Annual Review and pre-JAR field observation, we are going to have a thematic discussion.

The objectives of the Pre-JAR field visit were to have a better understanding of health service delivery mechanisms in the federal context of the progress status, key issues, best practices, barriers, opportunities and challenges, and lessons learned and way forward. In addition, we had an objective to present and discuss the field observation in the JAR.

The four thematic areas for Pre-JAR field visit were: Local governance for health, Management of hospital services in the federal context, Service delivery at local level (Health facility-based services and Community-based services), and Health Information Management. From a total of 77 districts, we visited eight districts which were the representation from all seven provinces and selected on the basis of best and worst performers in the last fiscal year.

The institutions and officials interacted during the field visit included from elected members of the palika level, chair, and members of District Coordination Committee (DCC), DHO/DPHO members, staffs of hospitals, in-charge and health workers of the PHCC and health posts, and Ayurveda Aushadhalyas to Female Community Health Volunteers (FCHVs) and community people. A common tool was used by all the teams for information collection on the four themes. Altogether, we visited 16 palikas and two DCCs, 28 Health Facilities and eight DHOs/DPHOs. There were four groups; Group 1 (P1), Group 2 (P2 and P3), Group 3 (P4 and P5) and Group 4 (P6 and P7).

Local Governance for Health

Mr Mahendra Shrestha, Chief, District Public Health Office, Kathmandu

Mr Mahendra Prasad Shrestha, DPHO, Kathmandu District, presented on the theme of Local Governance for Health. Concerning planning, budgeting, and implementation at the local level, the palikas have already approved the local AWPB except in a few palikas. Many palikas have prioritised health through additional fund allocation. There was a mixed observation regarding the pace of implementation for programmes. There is an increased willingness at local government level to take ownership and accountability for health sector management.

Some of the issues are the delay in the deputation of human resources in palikas and delay in receiving implementation guidelines. There is a dilemma concerning the roles and responsibilities of palikas, DHO, HFMO, and Health Coordinators. The management of medicines is affected due to this confusion. There is a mismatch of activities and budget in some palikas and with scattered activities with a tiny amount of budget, distribution of the budget is an issue. Moreover, there is a limited technical capacity for sector management.

Orientation to elected representatives and capacity development of health coordinators and chief administrative officers is strongly suggested. The roles of DHOs in the changed context needs to be clarified. The handover of health facilities to palikas needs to be completed. Conditional grants will be made available for broader areas. Technical support for evidence based planning is suggested.

It seems personal interest is the driving force for coordination. Issues concerning hierarchy, protocol, status, and ego are prevalent. There is also an inadequate and inappropriate communication platform therefore establishing a formal coordination platform is suggested. The ministry should define clear roles and responsibilities of key actors, e.g. the HDC and HFOMC.

Regarding procurement and the supply chain, satisfactory stock status was found. The local representatives are committed to preventing stock outs. The Government of Nepal (GoN) grant for medicine is grossly inadequate, although the local governments have allocated fund for procurement of drugs, there is confusion about the drug procurement process. Palikas have limited storage space but they have rented spaces and have managed accordingly. There is also an issue of a dual procurement structure and a lack of LMIS reporting mechanisms at palika level.

It is suggested that additional budget be given for drugs and equipment as needed. Establishing a storage facility for drugs is also needed. Capacity enhancement of palikas on drug procurement and supply chain management is also important. Immediate technical support to palikas for the next fiscal year planning is suggested. For this a planning format and tools needs to be developed and shared.

It has been found that health is a priority sector for local government, however, it appears that the focus is on the curative aspect. Public health promotion and prevention are less pronounced so should also be focused on. The expectation of the local level is on orientation, guidance, policies and rules, handing over the Health Facility, coordination, and having enough funds for drugs.

Health Service Delivery at Local Level

Mr Upendra Dhungana, Public Health Officer, NHEICC, MoH

Concerning the programme implementation, around half of the programmes have been implemented. Some of the palikas have started defining the functions, institutional set up, technical know-how, and policy for health services. For example, Kaski municipality has started to draft the health policy. Local governments are aware of their responsibilities and giving primary attention for essential health services. No significant interruption to service delivery was noticed.

Palikas have taken initiatives to improve programme implementation. Several initiatives such as the plan of Godawari Municipality to contribute 50 percent premium cost for insurance and the five year health plan of Barahtaal rural municipality are praiseworthy. There are some challenges as well. The institutional and individual capacity of palikas in the health sector's programme management, coordination among DHOs, palikas, and health coordinators, and budget mismatch and overlap are the examples of such challenges.

One of the lessons learned is that, because of the provision of conditional grants, the local budget for health programmes is ensured. The palikas are ready to allocate additional resources for health but need strong planning and technical back up. Regarding Human Resources for Health (HRH) management, it was found that most of the sanctioned posts are filled, for example only around 11 percent are vacant in Province 6. Local governments are committed to manage skilled staffs and willing to seek support from the DHO. However, especially in metropolitan areas, there are inadequate health staff. Likewise, there is confusion at local level regarding deputation, transfer, leave, and such areas of HRM. Financial incentives for health workers in hospitals and community was strongly demanded. There is limited human resources with special skills in many places.

Coordination and guidance from the DHO/DPHO to health coordinators at palika level is strongly needed. An Organisational and Management Survey of palikas is also required as early as possible. At least one public health officer is needed in each health unit of palika. In this initial stage, some palikas have procured drugs and some have started the process and some are yet to procure drugs. Most of the palikas have already allocated funds for drug procurement. The DHO/DPHO and some palikas are providing medicine as per the needs of health facilities and levels of stock in hand.

The issues in terms of drugs and the supply chain are that there is a limited stock of drugs in most palikas while stock out of few drugs has been observed in some palikas. There is inadequate budget allocation for drug procurement. The non-availability of space for drugs storage and quality monitoring of drugs is also a concern. Health coordinators have limited knowledge on procurement and LMIS. The ways forward would be to

conduct an orientation programme on implementation, especially on procurement, on line reporting HMIS and LMIS.

The palikas are taking the initiative to establish Urban Health Centre and Community Health Units in unreached settlements. Municipalities have given priority to implement social health insurance. The public health interventions are being implemented. Birthing centres are functional. Issues and challenges in terms of service provision at health facility level are such that there is no clear quality improvement initiative. There is little coverage of health insurance. There is no clear understanding of institutional arrangements, mechanisms, and resources for Urban Health centres at palika level.

Based on the visit, one of the lessons learned is that palikas need to act responsively. For example, in Taplejung District Hospital, 50 percent of the child delivery cases are from outside the population of the municipal. Due to such cases, the allocated budget for a year finishes within six months. In this way, providing incentives has become an issue. There is also discrimination in travel allowance in such cases. The progress and status regarding service provisions in community are that community-based health services are not hampered in this changed context. Expanded Programme on Immunisation (EPI) clinics and outreach clinics are running uninterruptedly. FCHV and Mothers' Groups are doing their work as usual. Mothers' groups prepare '*sarbottam pitho* (fortified flour)' and provide to the needy people at low cost. There is same level of enthusiasm and attachment among mothers' groups and FCHVs. Moreover, there is a strong network between Mothers' groups, FCHVs, and women due to the "saving and credit finance scheme".

Reflection from the Participants

- Since the equipment and service is better in Swargadwari Primary Health Care Centre (PHCC) among other Health Facilities, people around periphery municipalities come for their service. In this case, the local resource plan fails to accommodate other population. How to provide services in those cases?
- Is the AWPB preparation process for the municipalities different or similar to the one before? Is the approval process similar or different?
- Do we not need a more centralised system for the procurement and supply of drugs? There are areas that should not be part of decentralisation. Have we studied the models of Tamil Nadu that has a centralised system but has a decentralised system of distribution? Would that kind of a situation not be acceptable in this present situation and is that not what we can think of?
- There is some evidence from the fields that incentives paid to the women are no longer provided in some areas. It is very important that we try and support the continued implementation in Aama programme even in the federal context.
- There have been conflicting roles in procurement between the provisioned role by the Constitution and practical roles especially in the supply of drugs. It would be easier if the list of drugs to be supplied is specified to each local, regional, and central level.

- How do we ensure that these local plans are linked and mainstreamed in the central government plan?
- What is the quality of health services at the local level? Is there a mechanism? What is it? Can we specify the percentage the quality service provision at the local level or what is the specified quality for the service?
- It would also be better if we include discussions about public health interventions too.
- The transition period should be managed. Local government need technical back up.
- In some of the palikas, the deputed health workers have not even been able to register and programmes are to be conducted, mainly because there was a gap in understanding between the local leaders and the people we sent. Similarly, in Dudhauri municipality, Sindhuli, none of the health budget reached there, so no programmes have been conducted.
- For this year's procurement of drugs, instructions and guidelines have been provided, that decides the procurement at central and local level. We all should be aware of the ways to manage the transitional situation. We have to act immediately by defining the BHS packages, with costing.
- Reasons for the low enrolment in the insurance programme are that it was voluntary and only sick people enrolled. There was also a difficulty with ID card distribution for the ultra-poor. Until now, out of 25, enrolment has been carried out for the ultra-poor in 13 districts. We enrolled them free of cost and tried to empower them with NPR 50,000 as a service. The Health Insurance Act has stated the mandatory membership of all people. The Health Insurance Board will be an independent agency. We have much opportunity so we will hope for the best.
- We have prepared the minimum criteria for standard quality in district level hospitals. We are working on other level hospitals. In terms of quality, health is understood as being accessible, affordable, and acceptable. Two actions come under medicine regulation at local level; Pharmacy operation and monitoring. The DDA will act out regulatory functions and local levels which should be shared with pharmacy operation guidelines. In terms of procurement, we have to ensure the presence of capable people in the supply positions. Access alone is not important. Taking unqualified medicines must be controlled.

Response from the Panellists

Mr Mahendra Shrestha

Wherever the health service is from, ultimately the service goes to the Nepali people. Yes, some palikas will have difficulties.

Mr Mohammad Daud

According to the schedule 5, 6, 7, 8, and 9 in the Constitution, the power has been distributed to all levels; 36 for state and 26 for local. Based on this, the Local Government Operation Act 2074, article 3, clause 11 has provided 12 rights which are specified to all municipalities at the local level. Many different guidelines have been developed and sent to local levels by the MoH. The MoH is well aware about developing a federal health structure and it will be done without compromising and hampering health services and programmes.

Dr Sushil Pyakurel

The most important for us now is how to manage UHC, how to be capable for emergency preparedness, or how to make basic healthcare accessible to the people. To meet UHC, there is the need for free essential provision. We also have social health insurance. It is also necessary to discuss the public health approach and human rights approach. Since the country has already entered into federalism, focusing on that, I think the MoH should work more carefully. They are (local governments) doing good work.

The number one important thing is human resource management, its appointment, training, and so forth. How will the local bodies look upon logistics and infrastructure management? Under logistics, there is medicine procurement, quality, and the rational use of drugs and commodities for 12 months. Similarly, how to manage the information in federalism? Our service to the people is not only curative but also promotive, preventive, and palliative. The fourth thing is the financial management. Of course, the people who have visited the field have observed positive things but situation can be different.

Thematic Session - 3

Chair : Dr. Binod Man Shrestha, Chief Specialist
 Co-Chair : Dr. Jos Vandelaer, WHO Representative Nepal

Management of Hospital Services

Dr R R Panthi, Management Division, Department of Health Services

The presentation assimilated issues and learnings on management of hospital services from all three types of hospitals namely; district, regional, and zonal hospitals in the federal context. The presentation, however focused more on issues of district hospitals.

Looking at the hospital governance and coordination after the federalism, it was observed that the hospital pharmacy has been established and that there are regular services ongoing as per the previous practice. Except for the Taplejung district hospital; there were no interruptions elsewhere in terms of the hospital general service. Some of the best practices or innovations observed were the integration of the Ayurvedic services in the Zonal hospitals. Similarly, for better management and to strengthen their services, the hospital itself has hired technical human resources like nursing staff, and laboratory technicians on contract.

Some of the challenges were that there was lack of clarity about the governance of the 50 and above bedded hospitals. Another issue was that there was no clarity in terms of managing some of the regional hospitals which are transitioned into Pokhara Academy of Health Sciences. Similarly, the poor coordination and communication between the palikas and the hospital management committees resulted in confusion on the overall management of the hospitals. There is an ongoing blame game between palikas and the hospital management committee due to the lack of awareness of sensitivity of hospital services.

The procured medicines by the hospitals are not enough to address the requirement and that the expenditure mechanism of the allocated budget is also not clear. Because taking advance money is not allowed, this has hampered the implementation of activities often leading to expensing own money and later requesting reimbursement from the palika. It was found that some hospital pharmacies are not well functional, the referral mechanism, especially between the provinces, is also unclear. There is also the issue around inadequate cost reimbursement of the Aama Programme and insurance as the cost for normal delivery is NPR 1500 and 6000 respectively. Thus, there is a need for the MoH to address these issues as a priority so that further confusion can be avoided.

Due to poor and insufficient infrastructure, there are issues on providing quality services. The budget is not sufficient to implement quality health services. There is a

challenge to meet people's expectations of high quality specialised services in the new federal structure. Moreover, continuing the contracted human resources at the local level is a challenge. The way forward is to provide orientation to the local level stakeholders immediately. In the federal context, the old format and structure in forming the hospital management committee formation and composition of members needs to be revised immediately. The restructuring of functions and structure of health sector management at all levels in the changed context should also be addressed. Continuity should be given to health insurance which is a way of strengthening hospital and ensuring health services.

Regarding the hospital plan and implementation, the local governments have dispatched the conditional grant to the respective hospitals while only some hospitals have submitted its plan and proposal to the palikas. The challenge is the lack in clarity on the expenditure mechanisms of the budget on one hand while on the other, insufficient budget allocation to the hospital by the palikas from the conditional grant. Therefore, an orientation of the budgeting and expenditure is required for the hospitals as well as for the palikas. It was noted that planning and budgeting is being done without the utilisation of data and therefore a need is felt to build capacity on evidence-based planning and budgeting.

Due to the poor coordination among the local governments and hospital management committees, monitoring and interaction almost does not exist. This is also the reason behind some of the palikas not being able to prepare joint programme implementation plans. There are no specific guidelines for the utilisation of hospital strengthening budget and the fund accumulated in the HDC's account.

For procurement and the supply chain, hospitals have procured medicines and the best practices involve the establishment of the hospital pharmacies which sell medicines at a subsidised rate i.e. ten percent below than the rate of local market. The hospital pharmacy is a way of generating income and resources.

However, some of the issues revolve around the local government not allocating budget for procurement to the hospital due to a lack of stewardship. The reason behind it may also be the very low budget allocated to procure medicine and other health commodities. The people have highly demanded free essential medicines which are in low supply.

The private pharmacies are located right in the hospital premises and hospital gates which may hinder the business of the hospital pharmacies. There are places where health facilities are more in number but grants are lower in amount. Thus, the conditional grant are not sufficient for drugs and to implement all listed regular health programs. There is insufficient budget with respect to the patient load and there are problems relating to the ware house and cold chain maintenance.

The hospital budget should be released on time to procure essential, lifesaving medicines, and essential health commodities to deliver quality health services. The hospital pharmacies may play a vital role to maintain a year round supply of medicines from hospitals at a subsidised rate. The local government should allocate sufficient budget for medicines in the hospital.

Some of the progress in terms of service provision observed are the continued previous practices for essential services and vaccine distribution centre being run as the previous one. The Social Service Unit and One Stop Crisis Management Centre key interventions still exists for addressing the needs of special population groups.

The challenges involve the vacant sanctioned posts, shortage of medicines to provide quality services, unclear plans for further relocation of vaccine distribution as per the new palika boundaries, duplication of Social Service Unit (SSU) in some hospitals and due to lack of formation of HMC, meeting for OCMC are not being held. The way forward is for the local government to allocate sufficient budget to cover staff hiring, the procurement of medicines and equipment, and to ensure the continuation of quality health services at the local level.

The issues faced regarding information management and reporting are the vacant position of the medical recorder, the extra burden of information management for health workers working in an emergency, reporting to palikas has yet to begin, hospitals are not submitting monthly reports to the palikas, and there is no periodic review or data analysis to identify needs to inform the local level plan. The way forward is to fill the vacant recorder positions on a priority basis, review and utilise the local data to inform local level planning and budgeting, and streamline reporting in the changed context and orient the palikas and health facilities accordingly.

Health Information Management

Mr Giriraj Subedi, Senior Public Health Administrator, MoH

Health Information Management is cross cutting across rest of the themes presented. The platforms routinely used for information management in the health sector are HMIS, LMIS, Health Infrastructure Information System (HIIS), Human Resources Information System (HuRIS), and Transaction Accounting and Budget Control System (TABUCS). Along with that we have issues concerning health, surveillance, surveys, and vital registration. In the future, in the federal context, we hope that this system will be applied to each level.

In terms of structure and process, there is increasing realisation of the need for evidence based planning but that is not institutionally set up for integrated information management at the local level. The local levels are in fact highly committed to leveraging modern technology for information management. In general, palikas have the willingness and infrastructure readiness such as computers and internet to use an electronic reporting system but there is a need for capacity enhancement. There is a need for multi-sectoral coordination and collaboration in information management. For example, the Pokhara municipality is moving towards establishing integrated IT hubs. Similarly, e-reporting is functional in more than 500 facilities. They are supporting health facilities with computers, application, internet and skills in 25 districts.

Similarly, information management at the local level has continued HMIS and LMIS reporting from facilities to the DHO/DPHO with some variation in the process. However, we are not sure how to bring in the financial and physical progress reporting from health facility to the palika level. Thus, a specific mechanism for such reporting has yet to be developed. Local governments have not yet started the registration or renewal of health institutions, clinics, and pharmacies. A web-based health facility registry with a unique ID of each facility is being developed by the MoH which will help local governments in the registration and renewal process. National surveillance systems like maternal and perinatal death surveillance and response (MPDSR) and early warning and response system (EWARS) have yet to be institutionalised at the local level.

In the new context, without disturbing the flow of information management, the current reporting and data flow management in health facility is done by sending two copies to the palika and keeping one copy to the facility. From the two copies in the palikas, they will provide one copy to the DHO and keep one copy by themselves. Based on the received reports, the DHO will do online reporting. Since, the palikas do not have the capacity to digitise the information; this kind of system is designed to avoid interruptions in the data flow. However, the palika's capacity should be enhanced to use digitised data entry, process, and analysis, interpret, feedback, use, and disseminate information collected from health facilities and other sources.

Regarding the use of data, people have realised the need of evidence-based planning, implementation, and monitoring at the local level. Some of the experiences of the local level in the first-year planning were that it was done in rush to get the plan approved by the council due to limited or no data. There was inadequate or no guideline and tools, and capacity for integrated and evidence-based planning. Local governments are looking at data for preparation of palika profile, service utilisation statistics by different population sub groups, and other available evidence to feed the planning process.

Some of the local initiatives for strengthening the information generation are that they have incentivised FCHVs for regularising monthly meetings for regular reporting, reviewing, and planning. Some other palikas have also incentivised vital registration of birth and death. Similarly, the Mayor of Tansen Municipality, Palpa, said that “For better planning and allocation of resources, I need to know health service utilisation data by residents and non-residents of the palika”. Thus, some palikas have started to explore ways of getting service utilisation data by residence of the clients.

Key challenges for better information management are the institutional set up and capacity enhancement, integrated and inter-sectoral information management, meeting health sector data needs at all levels, and the proper use of data.

Some of the ways forward regarding data management at palika level are that, in general, palikas have good readiness for electronic reporting with readiness among deputed health coordinators and skilled health workers from health facilities within the palika. Similarly, DPHO/DHO's trained statistics officer could provide on-site coaching and train the palika staff in report collection, data entry and analysis at palika level. They could also engage with palikas to establish inter-sectoral integrated information management system at palikas. Moreover, we could support palikas to develop and institutionalise palika level dashboards and publish all reference material and sharing available resources through the DoHS and MoH website for wider use.

In terms of data management at health facility level, there might be challenges in the initial phase for online reporting by palikas, but we hope to gradually ensure online reporting by health facilities in all the 753 palikas. Palpa has integrated the Electronic Immunisation Recording system with HMIS. We need to support palikas to use and institutionalize Routine Data Quality Assessment System at facility and palika level.

At all levels, the continuous monitoring of data is crucial in the health sector. Thus, the MoH is in the process of developing a Monitoring and Evaluation (M&E) plan. In line with the spirit of the Constitution and the functional analysis endorsed by the cabinet in 2017, the plan defines the M&E functions of local, province, and federal government. Within next couple of months, the M&E plan will be ready. The important basis for the development of M&E plan is the NHSS, SDGs, and the survey plans.

The health orientation package developed for local governments should be rolled out immediately. Special attention should be given to organise health orientation sessions for local leaders, DHOs/DPHOs, and Health Coordinators deputed at the local level. Even if we immediately publish the health orientation package on the MoH website, there is a high possibility of the local level conducting orientations on their own.

In the draft M&E plan, we have proposed a data flow mechanism in the federal context. The information reported from local level will be stored in a common central hub where information from the research and surveys will also be presented. The information stored in common central hub can be accessed by all concerning entities e.g. by central hospitals or provincial authorities.

Reflection from the Participants

- Based on the field visit to Panchthar, there seemed to be no difficulty in services, or no barriers because of mainly two reasons. The first being the willingness and the proactive approach of hospital management committee and the palikas and second good coordination between them. It was visible, both were committed and eager to provide service to the people. However, in Taplejung, there was too much of blame game between the hospital management and the palika in terms of utilising the allocated budget which hampered the maternity services.
- The Panchthar hospital wanted to be an autonomous entity and function under the provincial authority while Taplejung hospital wanted to exist under the municipal function. Thus, such desires of the hospitals must be given right guidance by the ministry of health.
- There were queries around why the insurance programme directly pays to the providers for the services delivered and does not pay different rates to hospitals already implementing the Aama programme.
- The clarity on the governing body for the academic institutions was also highlighted.
- The importance of the LMIS was emphasised from the floor and the practice of using data in quantification and forecasting was inquired. The information management of the palikas was also an issue of interest to the floor.
- It was expressed that the issues about central hospitals were not raised as prominently as the district and zonal hospitals. Although the central hospitals' issues are no different from those of the zonal hospitals in terms of service, central hospitals also have the huge problem of insufficient human resources, training, recording, and reporting. There is a need to focus on strengthening central hospitals as well so that there is no need to refer patients to Delhi or Bangkok.
- There was an opinion from the floor that the district hospitals should be functioning under the local government. In the Koshi Zonal Hospital with regard to the number of beds, neither doctors nor specialised services are fulfilled. There is a lobby to make Koshi Zonal Hospital into a teaching hospital under Purbaanchal University but much work is required before this can be done.

Response from the Panellists

Mr Giriraj Subedi

Regarding the query on LMIS, it was acknowledged that using the full potential of LMIS is essential to inform planning and forecasting. There is also a need to integrate all the information management systems of the MoH together for which PHAMED is working.

Dr Jos Vandelaer

The lack of clarity in many areas has come up explicitly in all four presentations, however it must be noted that people in the field are trying to keep things going because that is what they have been doing for many years and that is what people expect. In the changed federal context, new functions, rules, and governance around budget and management have brought confusions and calls for help. If we do not answer that call, things will be chaotic or may even come to a halt. Currently, things are still running based on the old system, but it is high time for a change. Some of these things require decisions about who manages or who is responsible for managing the district hospitals. Many other things require discussion and collaboration. The critical thing is to react and respond to this call for help because the call is throughout the country and is not just one location. Just providing a guideline to health facilities, both municipal and districts is not enough, assurance is also needed. As a health community we need to take this call for health seriously.

Dr Binod Man Shrestha

Thank you to all the members who went to the field- bringing up-to-date information. Both of these questions on how to further plan and how to tackle the health situation are related. The field visitors mostly focused on district hospitals, but issues at centralised hospital are also important and queries have been raised in this line. Regarding hospital pharmacies, it is true that they may not be able to generate huge revenue for the hospitals in the presence of private pharmacies in close proximity. However, availing the quality medicines at reasonable cost will eventually motivate people to procure medicines from hospital pharmacies rather than private pharmacies which are there to make a huge profit.

About planning, the most important thing is streamlining the management issues between hospital management committee and palikas in the federal context. There are some success stories shared from the field in this regard and it is important to learn from them and practice. In terms of human resources, a 1:3 ratio of nurse to patient is good but in Koshi Zonal Hospital, the ratio is 1:20. The ICU has opened but, with no additional human resources, this will impact the quality of care provided to patients.

About insurance, it is very important because as it could help to improve health service quality. Therefore, budget should be allocated in a timely fashion. Social service unit's provision should be there for the poor. The school health nurse and community health nurse should be properly utilised. They can play key role in collecting data from schools and the community at the same time as providing services.

Panel Discussion

Panel Discussion – 1: Health Service Delivery at the Local Level: Prospects and Challenges

Panellists:

- *Mr Bhim Parajuli, Mayor of Biratnagar*
- *Mr Netra Bahadur, Mayor of Swargadwari, Pyuthan*
- *Ms Goma Regmi, Deputy Mayor of Swargadwari, Pyuthan*
- *Ms Sharmila Gurung, Deputy Mayor of Mustang*

Facilitator: Dr. Sushil Baral, Strategic Advisor, NHSSP/DFID

The panel discussion started with the question from the facilitator. *From all of the major wishes of the people, health may also be one of them. What is the situation of health in Biratnagar? How do you envision the situation of health sector for the people of Biratnagar? What are the challenges and what is your goal?*

Mr. Bhim Parajuli, Mayor, Biratnagar

The Mayor shared that Biratnagar metropolitan has built its policies prioritising education and health according to their belief to leave no one behind from getting education and health services. He acknowledged that resources are a constraint, but was committed to mobilise resources. He shared that the palika called for a meeting with the private hospitals to discuss providing at least ten percent free services to the poor as access to health care is still an issue for the poor and partnership with the private sector is essential. . He shared that, together with Birat and Nobel College, they have made a committee where they have planned to have mandatory ten beds free and provide ten percent free health services.

He shared that Koshi Zonal Hospital lacks specialised doctors and nurses and that the appointments do not match the occupancy of the beds. He was well aware of the health institutions in the palika.

He also shared that they conducted a three month long campaign on health relating to development, where they went from village to village conducting awareness programmes. During his visits he noted that there are no doctors in some hospitals, labs are not functional, and medicines are not sufficient. Therefore he urged the ministry to hand over the hospitals and health facilities to the local government so that they can better manage them according to the local needs.

In terms of very low population, difficult geography and scattered population, when addressing the health issue, what position have you given health in your municipality and what are your plans?

Ms. Sharmila Gurung, Deputy Mayor, Mustang

The deputy mayor shared that Mustang has a population of 13,452 which is higher than some other rural municipalities. She shared that in terms of geography, Mustang is sitting on the lap of the mountains and it is a challenge to reach many places even though roads are being built. She urged the policy makers not to limit their policy decisions based on only population, but to also consider geography. She further shared that there is only one district hospital and health posts in the municipality with a health budget of NPR 17 lakh. She shared that there is no provision of Caesarean Section (CS) in the district which pregnant women need which then compels them to spend a huge amount of money by chartering a helicopter to go to Pokhara or Kathmandu, or rent rooms in the city and get expensive treatments. As deputy mayor, she strongly expressed the need for provision of CS services and requested MoH to manage the required human resources for the service. She shared that the focus of MoH has been on central areas but remote areas like Mustang are left behind. Therefore, although the area has a low population, every life is equally important and therefore central government should make all the provisions including policies to expand health services in Mustang.

After being elected, in accordance with the situation of women and children not receiving the right health services, what are the plans to tackle these challenges in your area?

Ms. Goma Regmi, Deputy Mayor, Pyuthan

The Deputy Mayor of Swargadwari shared that it is a very rural area without many roads and they lack health services and doctors. They are building birthing centres in some places. She shared that the budget for the health sector is not enough as she strongly stated that "Health is first, if health is lost, everything is lost".

What is the condition of health services in your area? Where do you want to reach and how?

Mr. Netra Bahadur, Mayor, Pyuthan

The Mayor of Pyuthan shared that people have many expectations from them, but with only one district hospital, they are compelled to provide health services not only to the people of this district but also to people from far western areas as this hospital is accessible to them. He shared that this has led to financial and management challenges although they have upgraded the hospital from three to 15 beds. He expressed that they have prioritised health and education including electricity, water, and other areas. He shared that with a limited budget, they are working to make sure none of the people are left out from health services. He acknowledged the fact that they are working with donors in health and sanitation programmes like hand washing, four times antenatal check-up for pregnant women, adolescent health services, and other services.

He shared that geography is a challenge, which poses increased risk to women's health and survival. He was anxious in sharing that some health facilities do not even have basics like stretchers and shared that they are doing their bit to address these concerns. With the increasing patient flow from the neighbouring palika he said that they are compelled to have

discussions with them about the budget and mechanism to address the issue. In principle he said that no one should be left out from receiving health services, however, with the limited budget and providing health care to people from other palikas could also deprive their own people from health care which will not be fair. He urged ministry of health to suggest possible solutions in this regard.

Mr Bhim Parajuli, Mayor, Biratnagar

The Mayor shared that the Cataract operation is made free for poor people in partnership with private organisations and the government. People who give birth to first girl child are given an incentive of NPR 3000 to address the increasing abortion issues and mortality rates associated with it as well as other social issues mothers are facing. People older than 84 years are given NPR 1000 extra allowance of social security; doctors do home to home visit to check their health status.

Reflections from the Participants

- How is the monitoring of the various innovations done by the palikas?
- The District Hospital of Pyuthan should empanel for the social health insurance programme to address the issue of reimbursing the cost of treatment provided to the people from the neighbouring palika. The neighbouring district Rolpa has the ongoing insurance programme and so Pyuthan should also consider the same.
- What is the possibility of seeking help from neighbouring palikas should they run out of budget to provide health service to the pregnant women from his own palika in catering to the pregnant women from neighbouring palikas.
- What are the storage facilities for the herbal plants available in Mustang?
- What kind of Gender Based Violence (GBV) issues are in palikas?
- In addition to the budget, what else is required to make health care provisions uninterrupted and transition of the health sector to the federalized system smooth?
- There should be a provision of working modality of two governments together. The current situation is that wherever people consider health services accessible and of good quality, they will go there. Therefore, it is essential to look at the health aspect rather than the political boundaries.
- Local governments have a role in creating a secured and enabling environment for the health workers posted in the respective local levels.
- What is the expectation of the panel on the roles and responsibilities of the health workers deployed by the ministry as well as the district to the local level as well as the support required from MoH and donors?

Response from the Panellists

Mr Bhim Parajuli

He shared that their budget is allocated according to their policies. For the monitoring processes, ward members are actively engaged and they have formed a department on health with monitoring as a component. He further added that when parents come for birth registration in the local level, they motivate them on health programmes. Similarly, social security programmes are monitored as well by the palika.

Further, he shared that the important step is to handover the responsibilities of managing health services to the local level. Also, palikas will have the freedom to decide to allocate budget wherever there is need e.g. resources generated from teaching hospitals could be utilised to improve the services in the governmental hospitals.

Concerning GBV, he said that it is mostly due to alcohol consumption by men. So, they have banned the registration of new alcohol stores.

About the security of the doctors in the local level, he ensured that there is much security for the health workers in the local level, as the medical profession is highly respected and regarded. He also shared that role of the local health workers should be to follow the policy of the local level and work as team and not stay as a guest. He ended by saying that there is a need to empower the local level for many health and developmental progresses.

Mr Netra Bahadur

In order to monitor the health-related programmes, as a motivation, they provide women social workers with NPR 500 monthly in each ward. To check the status of pregnant women and the medicines, a report is submitted to the hospitals and the municipality. People suffering from heart diseases, cancer, kidney failures, paralysis are provided NPR 10,000 to reach the headquarters as transportation allowance if they provide their doctor's prescription. He requested for equipment, doctors and specialists to manage non-communicable diseases. He expressed his commitment to solve problems internally as much as possible and with coordination with neighbouring palika. He also urged the neighbouring district Rolpa to support them as they have been catering to patients from Rolpa. It will be better when insurance will also support us from Rolpa.

Ms Goma Regmi

She reiterated that geography is the main challenge in her municipality. There is also a need to raise awareness in different communities on health and urged government to prioritise the expansion of health services even in towns as they have many referrals from neighbouring palikas.

Ms Sharmila Gurung

The palika has allocated a NPR 17.5 lakh budget for the health sector. She also shared that they are conducting a “home delivery free” campaign in the rural municipality for which the budget is already managed and she is hopeful that they will be successful due to the small area. They are also providing pregnancy allowances and have constructed a birthing centre in two health posts. The HIV/AIDS prevention and leprosy awareness programmes are also being conducted. She shared that they have tried to make the health facilities geriatric and disabled friendly. In terms of medicine management, the pharmacy is ready in the district hospital. Monitoring is being conducted at the ward level, as budget has been allocated to the rural municipality. She expressed the need for a section officer to monitor other areas effectively.

Regarding query on medicinal plants in Mustang, she shared that there is paucity in data in terms of the types and quantity of the medicinal plants that are locally available in Mustang. To address this, she shared that they are in the process of making a profile about this, and have already hired a consultant- to manage the storage facility.

She further added that solutions for the local levels should be created locally. She shared that provincial authorities will play a key role in coordinating the municipalities. She expressed that her priority is to create a well- managed and functional hospital in Mustang. She shared that Mustang is a touristic destination and having a functional blood bank is essential. Also, the budget allocated for the medicines is not enough. She shared that currently, there are 70 types of free medicines which is same across the country, but there is a need to update the list regularly according to the emerging diseases as well as the incidence and prevalence of the diseases according to geographic location.

Dr Pushpa Chaudhary, Secretary, MoH

At the end of the panel discussion, the Secretary congratulated the panellists for prioritising health in the aspects of development. She said that it clearly reflected their pro-activeness, sensitivity, and awareness about the issue. The functional analysis has clearly defined the functions of all three levels and the responsibility of providing basic health services is given to the local level. Therefore, if basic health services are delivered with good quality, the majority of the problems of health can be solved locally and crowding in big hospitals will lessen.

She shared that big hospitals should focus on quality specialised services and manage referrals effectively. She also mentioned that the ministry has allocated additional budgeting places where it was not enough. Regarding skilled human resource, areas where there are few cases of CS, there is also a risk for doctors to lose their skills due to lack of cases. Therefore, these issues have to be discussed at large in the ministry before decisions are made.

Panel Discussion 2: Effective Management of Health Sector in the context of Federalism

Panelists:

- *Dr Pushpa Chaudhary, Secretary, MoH*
- *Mr Baikuntha Aryal, Secretary, NNRF*
- *Mr Kewal Prasad Bhandari, Joint Secretary, MoF*
- *Mr Purshottam Nepal, Joint Secretary, MoFALD*

Facilitator: Dr Sushil Baral, Strategic Advisor, NHSSP, DFID

The Constitution has given the health sector a position- to provide baseline health services for each citizen. In the federal context, to provide free health services to the people, what are the challenges experienced in the past and going to face the future, what are their solutions?

Dr. Pushpa Chaudhary

Access to basic health services is a basic right of every citizen as provisioned in the Constitution. The accessibility to emergency health services is also a fundamental right of the citizens. For this, the MoH has been working for a decade. Although there are health facilities such as PHCs and health posts, people tend to approach hospitals which are mainly for secondary and specialised services. As a result, most of the hospitals are compelled to provide basic health services. The MoH is working to deploy medical officers, nurses, paramedics, and other health staff and medicine provisions to ensure availability of health services at respective health facilities.

We have already defined basic health services. The concern now is that those services should not only be free but also of good quality. We can see the contrast in service utilisation as hospitals are overcrowded while the PHCs see only small number of patients. At the local level, the plan is to have one health facility in each ward and a 15 bedded hospital at the municipal level. There is demand to establish new health facilities at ward and Municipal level; we should prioritise based on real need of the local level. Establishing a hospital demands a huge amount of cost so we have to be strategic in establishing hospitals. We can strengthen the network of PHCs and deploy an adequate number of skilled human resources and enhance capacity through distance learning programme. With this approach, we can strengthen the availability of basic health services at the palika level and connect to specialised services through referral mechanisms and at the same time we can minimise unnecessary patient loads in hospitals. What is necessary at present is that we need to strengthen the institutional capacity with adequate resources like skilled human resources, medicines, and equipment.

Regarding the distribution of resources, including resources generated at the local level, what is the mechanism of allocation and where does health fall in there?

Mr Baikuntha Aryal

The constitution states that resources from the federal level are provided to the local level in the form of grants. Currently, the Constitution has envisaged four types of grants: fiscal equalisation, conditional, matching, and special grants for provinces and local bodies. The fiscal equalisation is distributed to the provinces and the local level on the basis of their resource needs and their capacity for generating revenue. Schedule-8 of the Constitution lists functions of the local level which guide the allocation of funds. For example, basic health and sanitation is the function of the local level which will be the basis from which to estimate the resources need and hence to provide the grants.

Conditional grants are earmarked to specific sectors. For example, if there are PHCs to be built, they come under conditional grants. Under this category, the local level will receive grants specifically for defined programmes.

The matching grant is based on the requirements, specific programmes to be conducted and support needed. On the requests to the central government, they will provide the grants. Special grants are only authorised for special purposes. For example, if a state has a macro-policy to reach life expectancy of age 75, and those local levels where national average of life expectancy is very below are trying to uplift that, special grants can be provided.

Framework, mechanism, and formula can be defined as per the functions assigned to the local level and the MoH will have to transfer the functions and resources accordingly. By the end of Falgun, the NNRFCC expects to provide a ceiling of the grant to the local level so that they can initiate their planning and budgeting considering all sources of revenue.

How do you need to mobilise the resources of EDPs, as they have been mobilising their resources using different tools? In the present context of federalism, what is the operational structure in the local level and what are the challenges?

Mr Kewal Prasad Bhandari

Foreign assistance in terms of mobilising the funds, resources, and project appraisal is of huge importance. If there was no international support in Nepal, many health sector programmes would have suffered. In this regard, foreign assistance has hugely contributed for the effective management of health sector programmes in Nepal.

As per the Constitution, the federal government is responsible to process and finalise project documents and agreements regarding external assistance and cooperation with donors and other commissions. In the federal structure, it is the function of the GoN to allocate foreign assistance to the local level in a rational manner.

Providing basic health services to the population is the prime responsibility of the GoN and external partners support to the government in this endeavour. The Ministry of Finance (MoF) is working to finalise the mode of channels to effectively mobilise external assistance to the local level. We should also explore bi-lateral and multi-lateral funding sources necessary for

the developmental projects and also act as the focal point of the line ministries for foreign assisted projects.

There is the question of whether the local government has the capacity to institutionalise the achievements and to support the institutionalisation of health services in terms of development at local level. In the process of providing quality and accessibility at local level, what is their role or what is your opinion on the matter of their capacity?

Mr Purshottam Nepal

We all are equally experienced on federalism and our experience started from the day the country came into federalism. Talking about the mandates of the local level, they are assigned with multiple roles and responsibilities under which basic health and sanitation is one component. The question in this context is how to make the basic health and sanitation available to every person as a fundamental right. There are five types of functions at the local level: infrastructural development, economic development, social development, administrative development, and institutional development. All of these sectors should be given due priority.

As an approach for capacity development, a capable person should support the development capacity in other people. Capacity will be developed gradually once functions are assigned. The federal government has to support the local government with funds and human resources based on which local government can better perform their functions. Based on the local needs and discussion with the community people, the local government should be able to decide what their priorities are.

We are at the final stage of developing a seven stage planning process and we are ready to send to the local level. Before that, the local level should develop a plan that includes details about how many health facilities are required, what kind of services are to be provided, what are the human resources capacity and requirement, and where do we want to go? Every year they should put this plan into execution with the support from the government with external and internal resources.

Reflections from the Participants

- How will be the issue of resource spill-over be managed at the local level? In the current situation only conditional and fiscal equalisation grant is provided to the local bodies. To take one example, from the investment made by one municipality, people from neighbouring municipalities are benefitting. In such context, how to calculate matching grant in terms of fiscal decentralisation? If this is not cleared now, there will be confusion in the budget next year.
- How can the EDPs like KfW ask their own government to allocate more funds for the health sector for Nepal, when the government of Nepal is shrinking its budgetary share for health sector?
- Currently partners engage with the MoH for the joint planning. In the federal context, how can partners also participate in the planning process and align their support at different levels?
- The mayor from the Biratnagar municipality highlighted the issue of the limited number of medical officers, technicians, and specialised health workers in the municipality. There is a lot of speculation in the media about the local level not being able to perform or being not capable enough to handle responsibilities. The mayor mentioned that local governments are capable to perform the mandated functions and stressed that people should not undermine local representatives and so the mentality should be changed because with such mentalities development cannot be achieved.
- As the MoF will be responsibility to allocate funds to the local level, what will be the role of the MoH in this process? Can the MoH advise or decide how the allocated funds should be used and where?
- **The** sector wide approach in health sector is in the third phase; the current period is from 2016 to 2021 and is governed by the joint financing arrangement. Certainly we should go with the pace of federalism but at the same time should prioritise the health sector to ensure basic health services including the preventive part. What are the mechanisms to ensure that the basic health service is accessible to all Nepali citizens?
- The budget allocated to the health sector is very low as compared to the need. Investing in health is investing in development so the MoF and NNRFC should allocate adequate budget for health.
- In terms of ensuring basic health services, procurement is a very critical. Considering the programmes like immunisation, treatment of new-born illness, and the procurement process should be handled centrally by the MoH to ensure the timely availability of drugs and supplies. Have we capacitated enough to have this procurement function at the local level?
- In the current context, boundaries are a very important subject and effective coordination is also important considering the proposed structures. How should we manage pandemics and epidemics in the new context?
- The situation is different in different municipalities and some municipalities have not received enough resources. So, how do we manage that? The Coordination Committees should facilitate coordination and promote integrated approach while the

ministries should empower, capacitate, and provide packages to the local level for the capacity enhancement.

- There are challenges in effective coordination with the municipality as elected representatives come from different political parties among other issues. So, we cannot expect that everything moves smoothly. However, we have to make sure that there are adequate resources allocated and human resources are deployed in all vital positions.

Response from the Panellists

Mr Baikuntha Aryal

Firstly, the ceiling of the fiscal equalisation grant will be sent to the local level by the end of Falgun. Based on the ceiling, matching grants should be proposed by the local level considering the spill-over of the resources and the treasury position of the local level. The local bodies cannot do everything so they should focus on the assigned function but in case of additional special functions, matching grants should be provided.

Secondly, there is comment that health has not been prioritised while allocating the budget. If we add on the requested share of budget for each sector, the total percent will 147%. How can it be possible? So the allocation of budget should be based on the need rather than rights? Generally, the MoH does not utilise more than 80 percent of their allocated budget. So the focus should be on the improved utilisation of the budget and developing capacity at the central and local level.

Thirdly, in Schedule 5 of the Constitution, functions of different levels are defined based on which planning should be aligned. The MoH, as the entity of the federal government, will have to set target at the macro level which guides the local level and provinces to plan accordingly.

Fourthly, whatever the assistance received from foreign sources that should be mobilised as per the priority of Nepal. Development Partners cannot reach each and every local level while the national government should give macro level priority and consider balanced development. If there are many partners in on one particular municipality and none in another, such a situation may cause conflict. Of course, we should be aims to reduce bureaucratic processes for effective mobilisation of support.

Fifthly, how do we allocate and utilise the fund? We should focus on the effective mechanism for the utilisation of the fund. We can develop monitoring mechanism and define output, outcome, and impact level indicators which can be monitored at differed level as per the defined roles.

Finally, the allocation of the budget should be based on the sectoral needs. We are working on the formula to guide the allocation of the budget.

Mr Kewal Prasad Bhandari

There is no fundamental confusion as we have been practicing decentralisation before and now we are moving into a different form of federalism. The functions of the local level are the similar to the past while, unlike before, the resources are now available at the local level. It is the same function and it is just a matter of transferring funds to the local level.

On 2074 Jestha 15, the budget was presented to the health sector. Expenditure in the facilities, salary of the workers, Ayurvedic programmes, family planning, vaccine expenditure and others had been transferred. In the future, we will transfer more budget to the local level as per their functions. We should trust the elected representatives and MoF is convinced on this.

Mr Purshottam Nepal

The local level is to provide basic health services and accordingly they should plan. Before we used to provide only instructions to implement the programmes, but now we have to support them to function according to the people's mandate and the constitution.

Closing Ceremony

Ms Nichola Cadge, EDP Chair

First and foremost, I would like to congratulate the organisers and panellists for their informative presentations and for the participants' rich discussion and willingness to openness and discuss. There are areas that we have identified that we need to work more in terms of systems and outcomes like immunisation and maternal mortality. We have also identified that there are range of things to work in order to make sure implementation and transition phase to the decentralised approach is working better and running smoothly. So, that includes issues around management, governance, functional accountability, and DHOs, for us to have functional clarity. There are lots of issues raised on which we still need to work. EDPs are willing to work with the MoH on the solutions moving forward. It is important to make sure that we continue to monitor the work, learn from that, and translate that into adapting the approach. No country that has decentralised finished up with where they started, they have all learnt from the process. We have the opportunity to learn from their experiences. We need to make sure the system is in place to monitor, adapt, respond, and learn at all levels. We also need to recognise that, although the pace of change is fast, change takes time. Again, we need to make sure that we are monitoring, adapting, and we are learning. Thank you very much.

Dr Pushpa Chaudhary, Secretary, MoH

First of all, I would like to announce that tomorrow is a business meeting and we have already invited people who are supposed to attend the meeting. Several days earlier, the team who are managing the JAR brought in a tentative agenda. I said that the situation is different now as we are talking about federalism. There are many uncertainties now so I suggested making this JAR focus on this context. I suggested, about the panel, to call secretaries from different ministries. In this short time, you were able to make such a fruitful JAR meeting, and able to capture the audience captured, each presentation on was lively, interactive, and fruitful.

Now, we have become clear about many things. We are working according to new mandate and learning along with that. We will work to sustain the achievements in the health sector. On behalf of the MoH, thank you for your active participation and now we will end the JAR meeting.

Inputs in the JAR Process and Lessons Learnt

- The MoH formed the JAR task team under the leadership of Chief PPICD to organise the JAR meeting. The NHSSP was an integral member of the JAR task team and the composition of the team is in the Annex. The concept note of the JAR was developed by the task team which is also provided in the Annex.
- Pre-JAR report- As per the decision of the JAR task team, the thematic report for the JAR or the Pre-JAR report was agreed to be developed based on the NHSS nine outcomes. The advisors for NHSSP were identified to support the MoH in collating data and doing the detailed write up for each theme. The report was compiled by the NHSSP and shared with the DoHS and EDPs for feedback before finalisation. The final report was printed and distributed in the JAR meeting.
- Pre-JAR field visit management- The Pre-JAR field visit was one of the important requirements of the JAR meeting. Therefore, in order to maximise this in the changed federal context, the NHSSP facilitated the task team in developing a detailed field plan along with a structured check list to capture findings from the local levels. The detailed field plan and the observation check list is provided in the Annex. The NHSSP also provided the administrative and logistic assistance for field visit in the selected Pre-JAR visit sites.
- Organising the Pre- JAR meetings- Following the Pre-JAR visit, the NHSSP supported in organising a one day workshop to share and collate the learnings from the field and supported in developing the presentations based on the four themes like, local governance for health, health service delivery at local level, management of hospital services and health information management.
- Preparation of presentation- In addition to the field presentations, advisors of the NHSSP engaged with the relevant divisions and centres to collate information in developing the presentations on NHSS outcomes and the Aide Memoire.
- Coordination within the MoH- the NHSSP supported the PPICD in coordinating and communicating with MoFALD in organising a panel discussion for Mayors. In addition, logistic assistance for the participation of Mayors was also supported by NHSSP. The panel was also facilitate by NHSSP which was much appreciated by all as it helped to bring out the key issues from the local level for discussion.
- Coordination with other ministries- In addition, an inter-ministerial panel discussion was also organised with the objective to have a candid discussion on the pertinent issues impacting health in the federal context. The NHSSP provided the support in outlining the key issues for the panel members along with facilitating the panel discussions.

- Event Management- the NHSSP supported for the overall management of the event. All of the administrative and logistic assistance for the event was planned and delivered during the JAR meeting. The provision of simultaneous translation from Nepali to English language was provisioned by the NHSSP in the event which was much appreciated by all.
- Business Meeting Facilitation- Following the JAR meeting, a half day business meeting was planned between the MoH and EDPs. The NHSSP facilitated the discussion during the meeting and identified key action points to be included in the Aide Memoire in consultation with the MoH and EDPs.
- Post JAR reflection meeting- Following the JAR, a post-JAR reflection meeting of the Task Team was organized on February 7, 2018 at the MoH. The Secretary of Health chaired the meeting. The best practices and lessons learnt was discussed which are listed below.
 - Best Practices
 - ✓ Formation of a Task Team for the JAR
 - ✓ Decision to produce the Pre-JAR report based on the outcomes of NHSS, helped to give a better structure to the report
 - ✓ Detailed agenda and process for Pre-JAR visit was chalked out in advance, which made the visit effective
 - ✓ Use of standard checklist for Pre-JAR field visit helped to get all the required information from the field
 - ✓ Workshop to consolidate the presentations/ observations of the Pre-JAR visit helped to better understand the issues of the local level, to some extent address them and helped in developing a presentation for the JAR
 - ✓ Pre-JAR meeting in the MoH and with EDPs helped to sort out many burning issues
 - ✓ The two panel discussions were very productive and effectively managed. Such panel discussions on pertinent issues are essential to continue the interest on the JAR meeting.
 - ✓ Process of drafting the Aide Memoire through formation of task team was a good and time saving approach.
 - ✓ Provision of simultaneous translation from Nepali to English language contributed to a good discussion.
 - Lessons Learnt
 - ✓ JAR is an annual event and therefore it was suggested to allocate a dedicated budget for the JAR meeting in the MoH AWPB.
 - ✓ It was difficult to get data on time for the Pre-JAR report and better engagement of the Directors and Chief of various sections of the MoH in preparing the Pre-JAR report could be done in future.

- ✓ The sharing of the progress on the Aide Memoire could be limited to the business meeting.
 - ✓ The business meeting could focus more on strategic discussion rather than programme specific discussions.
 - ✓ Important points for the Aide Memoire could be discussed in advance so that focused discussion could be done in the business meeting.
-
- Finalisation of the Aide Memoire- The task team comprising of representatives from the MoH, EDPs and NHSSP was formed to finalise the Aide Memoire. In this regard, the NHSSP as a member of the task team, facilitated and supported the PPICD in organising the meetings of the task team to finalise the Aide Memoire.
 - Post JAR workshop- NHSSP supported PPICD in organising the post JAR workshop of the task team on February 14 to work on the Aide Memoire and develop the Transition Plan consolidating the action points of the national annual review and JAR.
 - Post JAR report- The NHSSP supported the PPICD in developing a detailed Post-JAR report capturing the entire JAR proceedings, issues, recommendations, and action points.
 - Publishing the JAR documents- The NHSSP is supporting the PPICD in publishing the JAR presentations and reports on the MoH website. All of these materials are also uploaded in the NHSSP website. <http://www.nhssp.org.np/JAR-Reports.html>.

Annexes:**PowerPoint presentation**

The power point slides of all presenters are attached as separate documents.

Concept Note for Joint Annual Review

Background

The Health Sector in Nepal is one of the early sectors to adopt a sector-wide approach (SWAp) in the implementation of health plans and programmes. SWAp is a programme jointly developed and implemented by GON and External Development Partners (EDPs) and is premised on international accords including Paris, Accra, and Busan declarations. It was first introduced in 2004/2005 with the introduction of a five-year Nepal Health Sector Programme I (NHSP I). A second phase or NHSP II started in 2010 and lasted until July of 2016. Since then a third SWAp or Nepal Health Sector Strategy (NHSS) is currently under implementation and will go up to July 2021. The NHSSP and its Implementation Plan (IP) is primarily developed with the objective of meeting the health related Sustainable Development Goals (SDGs) and forward looking on Universal health Coverage (UHC). The sector programmes have been guided by a Joint Financing Arrangement (JFA) signed by the GON and respective EDPs providing a framework for sector management and aid harmonisation.

As part of the management of SWAp, the MoH invites the representatives of EDPs, related civil society, academia and private sector to participate in a two to three day Joint Annual Review (JAR) every January/February since 2006. While providing an opportunity to review the past fiscal year, JAR also guides the Annual Work Plan and Budget (AWPB) with important interventions in the subsequent fiscal year.

Objectives: The objectives of the JAR are three-fold as stated below.

- To review the progress on Nepal Health Sector Strategy (NHSS) for 2016/17
- To strengthen partnerships and cooperation among stakeholders for the health sector in the federal context
- To propose prioritised interventions for the next fiscal year AWPB in changed context

Why this JAR is special

This is the first JAR in the federal context. Within the changed federal context where health has been established as fundamental rights of every citizen, it is imperative that the GoN, with Ministry of Health (MoH) taking the lead, ensures that services, primarily basic health services, are delivered at the lowest echelon on an uninterrupted manner. The MoH is particularly faced with the task of ensuring service delivery at the Local Levels while still sustaining the health gains made over the years in respect to neo-natal, child, and maternal health and others. Looking at the burden of diseases; while the management of communicable diseases is still a challenge, there is increasing burden of non-communicable diseases and disaster related health issues. More than ever, there is a greater need for multi-sectoral collaboration in health sector hence a call for joined-up efforts at each level.

This 2018 JAR carries special significance not only to review the challenges yet to be resolved in respect to federalised health system but also to bring development partners, private sector, and other stakeholders on board in addressing the funding gaps related to health sector, with a focus on service delivery at the Local Level. Existing challenges invariably require inter-

ministerial collaborations including increased financial resources with adequate, competent, and rational management of human resources in the health sector. Federalism has provided impetus for the decentralised planning and budgeting at the Local Level. However, adequate financing for health is critical to ensure smooth delivery of health services. Similarly, procurement and effective management of supply chain is one of the critical functions to be coordinated at different levels of the governments. In such context, the MoH seeks active partnership in the implementation of the constitutionally mandated devolution of functions to the local governments.

JAR agenda

The JAR will be organised for two days (January 31 and February 1) under the following five sessions. The sessions are mainly framed into three segments: review of past year progress; current issues and challenges faced by the sector, and possible way forward for the coming fiscal year.

1. Inauguration session

Attended by Health Minister, NPC, MoF, MoH, and EDPs.

2. Progress Review of 2016/17 based on Annual Work Plan and Budget

- MoH- Progress on NHSS goal and outcomes
 - Key achievements, New initiatives and Major reforms, Challenges, Way forward
 - Sustainable Development Goal
 - DLI overview and progress in Aid Memoire
- EDP support to the health sector
 - Highlights of the Sector Budget Support and Technical Assistance
 - Lessons learnt and way forward in federal context
- Association of International Organisation - presentation on lessons learnt and way forward in federal context

3. Thematic discussion and way forward – based on National Health Review Findings and Field Observations

- a. Local governance for health
- b. Management of hospital services
- c. Service delivery at Local Levels
 - i. Health facility based services
 - ii. Community based services
- d. Information management

4. Panel discussions

A brief background presentation will be made based on the issues highlighted during the thematic discussions.

Panel 1: Health Service Delivery at the Local Level: Prospects and Challenges

Panellists: Mayors/Chairpersons of Local Government will be invited in consultation with MoFALD,

and preferably represent each of the seven provinces (one from each province) and preferably each of the four type of local government.

The panel of elected local officials will bring to the JAR their local issues and challenges related to service delivery in health from planning to availability of resources and suggesting a way forward.

The discussions will focus on the followings:

- Status of health service delivery
- Challenges
- Future prospects

Panel 2: Effective management of health sector devolution

Panellists: Secretaries from MoF, Fiscal Commission, NPC, Ministry of General Administration (MoGA), MoFALD, MoH

The panel discussion will be on the inter-sectoral collaboration and partnership for the continuity of health services, health financing and aid harmonisation in the federal context.

The discussion will focus on the following themes:

- Ensuring continuity of health services
 - Restructuring of health sector
 - Human resource management
- Increased financing for health
- Fund flow mechanism
 - Government financing
 - EDPs support modality/aid management

5. Business meeting (GoN Officials and EDPs only)

A business meeting will be participated in by high level MoH officials and Joint Financing Agreement (JFA) signatories from EDPs. The discussion will focus on the following topics:

- Partnership modality in Federal context
 - Review of the current JFA
 - Management of existing projects in federal context
- Progress on DLI and Aide Memoire
- Action points for new Aide Memoire

Participants

Government Officials

- Office of Prime Minister and Council of Ministers (OPMCM)
- PPMO
- MoF
- Inter-governmental Fiscal Commission,
- MOFALD
- NPC
- MoGA
- DUDBC
- MoH (divisions, departments, centres, councils)
- Municipalities

EDPs

Representatives of INGOs /NGOs, academia, private sector

Consumers' representatives

Expected outputs of the JAR

- Aide Memoire with key agreed actions
- Strategic guidance to ensure health service delivery in the federal structure
- Clarity on role and mechanism of EDP support at municipality level

Agenda of the JAR

Time	Activity	Presenter/facilitator	Chair/Co-chair
DAY 1			
08:00- 08:30	Registration		
08:30-09:30	Inauguration session		Chair: Secretary, MoH
	Welcome and objectives	Chief, PPICD	
	Progress on Aide Memoire Action Points		
	Remarks	Guests	
	Closing remarks	Chair	
09:30- 11:30	Review and discussion		Chair: Secretary, MoH Co-chair: EDP Chair
09:30- 10:10	Progress on NHSS outcomes	Chief, PHAMED	
10:10- 10:35	<ul style="list-style-type: none"> Highlights of the Sector Support Learning from project implementation during transition 	EDPs	
10:35- 10:50	Learning from project implementation during transition	AIN	
10:50- 11:30	Discussions	Facilitator	
11:30- 15:30	Thematic Discussions and Way Forward		
11:30- 13:00	<ul style="list-style-type: none"> Local governance for health Health service delivery at local level Discussions 	Mr Mahendra Shrestha Mr Upendra Dhungana	Chair: Chief Specialist (Dr Sushil Pyakurel) Co-chair: Mr Mohammad Daud, MoH
13:00- 14:00	Lunch		
14:00- 15:30	<ul style="list-style-type: none"> Management of hospital services Health information management Discussions 	Dr RR Panthi Giriraj Subedi	Chair: Chief Specialist (Dr. Binod Man Shrestha) Co-chair: EDP
15:30- 17:00	Panel discussion 1: Health Service Delivery at Local Level: Prospects and Challenges	Dr Sushil Baral	

Time	Activity	Presenter/facilitator	Chair/Co-chair
	<i>Panellists: Mayors/ Chief of Local Governments</i>		
17:00-18:30	Panel discussion 2: Effective Management of Health Sector in the context of federalism <i>Panellists: Secretaries from Ministries</i>	Dr Sushil Baral	
DAY 2 (<i>Business Meeting invitees only</i>)			
08:30- 11:30	Business Meeting		Chair: Secretary MoH Co-chair: EDP

Pre-JAR Field Visit Plan

Number of Team	4	Members per Team	8-10
Number of district	8	Working days in the field/District	4
Field visit dates	07 - 12 Magh 2074 / 21 - 26 January 2018		

Districts selected for field visit							
Team (Led by 11th level official)	1	2		3		4	
Province	1	2	3	4	5	6	7
Districts	Taplejung Morang	Dhanusha	Sindhuli	Kaski	Palpa	Surkhet	Kailali

Field Plan

Time	Target group	Participants	Time
Day 1			
Morning	palika health coordinators	<ul style="list-style-type: none"> ▪ Health coordinators of all (nearby) palikas 	2 hours
	DHO/DPHO	<ul style="list-style-type: none"> ▪ DHO/DPHO ▪ All supervisors ▪ Store keeper ▪ Account officials 	2 hours
	Hospital	<ul style="list-style-type: none"> ▪ Medical superintendent ▪ Chair, HDC ▪ Admin staff ▪ Health workers 	2 hours
Afternoon	palika outside district HQ; including one Gaupalika		
	Health facility	<ul style="list-style-type: none"> ▪ In-charge ▪ Health workers 	2 hours
	Health facility (Include Ayurveda facility, if available)	<ul style="list-style-type: none"> ▪ In-charge ▪ Health workers 	2 hours
	palika	<ul style="list-style-type: none"> ▪ Elected members ▪ Executives 	2 hours
	Community	<ul style="list-style-type: none"> ▪ FCHVs ▪ Mothers' group ▪ Community people 	During travel to the palika & facility
	Day summary/Slide preparation		
Day 2			
Morning	palika in the HQ	<ul style="list-style-type: none"> ▪ Elected members ▪ Executives 	2 hours

	Community	<ul style="list-style-type: none"> ▪ FCHVs ▪ Mothers' group ▪ Community people 	During travel to the palika & facility
	Prepare presentation/ Slide preparation		2 hours
Afternoon	District officials: Debriefing	<ul style="list-style-type: none"> ▪ Mayor (palika in the HQ) ▪ DPHO ▪ Health coordinator ▪ Medical Superintendent of hospital ▪ DCC coordinator ▪ DAHC official 	
Day 3: Travel to another district/travel back			

Pre-JAR Field Visit Tool

Institutions and officials to be interacted during the field visit	
1. DHO/DPHO	a. Health coordinators from nearby palikas
	b. DHO/DPHO, Supervisors, Store keeper, Account officials
2. palika	Elected members, Executives
3. Hospital	Medical superintendent, health workers, admin staff
4. PHCC / Health Post	In-charge, health workers
5. DAHC/AAA/Ayurveda Aushadhalaya	In-charge, health workers
6. Community	a. FCHVs
	b. Mothers' group members
	c. Community people
7. District Coordination Committee (DCC)	Members

Themes

1. Local governance for health **(LG)**
2. Service delivery at local government: Facility and community **(SD)**
3. Management of hospital services **(HM)**
4. Information management **(IM)**

1a. For Health coordinators from nearby palikas

Team members:

District:

Province:

Person(s) interacted with:

palikas covered:

Date:

[Note to the team: Review health profile of the palika prior to the field visit]

SN	Guiding Questions	Key points	Theme
1	Planning & budgeting and programme implementation status	<ul style="list-style-type: none"> ▪ Participation - role of health coordinators ▪ Use of evidence ▪ Health profile and situation analysis ▪ Timing ▪ Use of planning guideline received from the centre ▪ Allocation of budget for health from local resources ▪ Implementation status of 2017/18 AWPB ▪ Other specific issues/challenges as relevant in the local context 	LG

SN	Guiding Questions	Key points	Theme
2	Specific issues/challenges related to implementation of health programmes	<ul style="list-style-type: none"> ▪ Adequacy of budget ▪ Needs based activities ▪ Implementation challenges - mismatch in palika and health facility budget ▪ Health service delivery <ul style="list-style-type: none"> - Child health: Immunization, IMNCI, Nutrition - Maternal and new-born: Safe motherhood, FP, Abortion, - Communicable diseases: TB, HIV, Malaria - NCDs - PEN package ▪ Community interventions <ul style="list-style-type: none"> - Outreach clinic (PHCORC, EPI) - Family planning - Community mobilisation including FCHVs - BCC interventions ▪ Targeted interventions/Leaving no one behind (LNOB) ▪ Other specific issues/challenges as relevant in the local context 	SD
3	Does the municipality have adequate staff to deliver health care services?	<ul style="list-style-type: none"> ▪ Role of health section within the palika ▪ Sanctioned vs filled position at HFs ▪ Contract staff 	SD
4	Coordination with health institutions	<ul style="list-style-type: none"> ▪ Coordination with DHO/DPHO ▪ Coordination with HFOMC ▪ Coordination with Ayurveda facilities 	LG
5	Inter-sectoral coordination within palika	<ul style="list-style-type: none"> ▪ Planning ▪ Information sharing 	LG
6	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs 	SD
7	Information management	<ul style="list-style-type: none"> ▪ Unit for information management ▪ Reporting from facilities to palika and District: Public and private: Electronic, paper ▪ Feedback mechanism to the palikas and facilities ▪ Availability and use of data/information ▪ Health profile of palika 	IM

SN	Guiding Questions	Key points	Theme
		<ul style="list-style-type: none"> ▪ Licensing or renewal of health institution, clinic, pharmacy ▪ Challenges and way forward 	
8	What are the short and long-term top priorities of palika in health sector?	<ul style="list-style-type: none"> ▪ Challenges ▪ Way forward 	LG
9	How is the palika planning to manage resources for health?	<ul style="list-style-type: none"> ▪ Central grants ▪ Internal resources/taxation ▪ Insurance 	LG
10	Expectation from federal government support palika in strengthening health system	<ul style="list-style-type: none"> ▪ Implementation of central circular (usefulness, challenges) ▪ Financing for health ▪ Institutional arrangement ▪ Others 	LG

1b. For DHO/DPHO, Supervisors, Store keeper, Account officials

Team:

District:

palika:

Province:

Person(s) interacted with:

Date:

[Note to the team: Review profile of the District prior to the field visit]

SN	Guiding Questions	Key points	Theme
1	What is the status of programme implementation and challenges at palika level?	<ul style="list-style-type: none"> ▪ Implementation status of AWPB activities ▪ Human resource ▪ Mismatch of budget in District, palika, facility ▪ Challenges and way forward 	LG
2	What are the critical issues that need to be resolved to ensure smooth	<ul style="list-style-type: none"> ▪ Human resource ▪ Service delivery ▪ Mismatch of budget in District, palika, facility ▪ Challenges and way forward 	SD

SN	Guiding Questions	Key points	Theme
	delivery of health services?		
3	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/ challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs 	SD
4	Information management	<ul style="list-style-type: none"> ▪ Reporting status from facilities: Public and private: Electronic, paper ▪ Reporting status from palikas ▪ Feedback mechanism to the palikas and facilities ▪ Availability and use of data/information ▪ Challenges and way forward 	IM
5	Coordination	<ul style="list-style-type: none"> ▪ Working relation, coordination with palikas ▪ Working relation, coordination with health facilities 	LG

2. For palika: Elected members and Executives

Team members:

palika:

Province:

Person(s) interacted with:

Date:

[Note to the team: Review health profile of the palika prior to the field visit]

SN	Guiding Questions	Key points	Theme
1	Planning & budgeting and programme implementation status	<ul style="list-style-type: none"> ▪ Participation - role of health coordinators ▪ Use of evidence ▪ Health profile and situation analysis ▪ Timing ▪ Use of planning guideline received from the centre ▪ Allocation of budget for health from local resources ▪ Implementation status of 2017/18 AWPB ▪ Other specific issues/challenges as relevant in the local context 	LG
2	Specific issues/challenges related to implementation of health programmes	<ul style="list-style-type: none"> ▪ Implementation status of 2017/18 AWPB ▪ Adequacy of budget ▪ Need based activities ▪ Implementation challenges - mismatch in palika and health facility budget ▪ Health service delivery <ul style="list-style-type: none"> - Child health: Immunization, IMNCI, Nutrition - Maternal and new-born: Safe motherhood, FP, Abortion, 	SD

SN	Guiding Questions	Key points	Theme
		<ul style="list-style-type: none"> - Communicable diseases: TB, HIV, Malaria - NCDs - PEN package ▪ Community interventions - Outreach clinic (PHCORC, EPI) - Family planning - Community mobilization including FCHVs - BCC interventions ▪ Targeted interventions/Leaving no one behind 	
3	Staffing in palika and health facilities	<ul style="list-style-type: none"> ▪ Role of health section within the palika ▪ Sanctioned vs filled ▪ Contract staff 	SD
4	Coordination with health institutions	<ul style="list-style-type: none"> ▪ Coordination with DHO/DPHO ▪ Coordination with HFOMC ▪ Coordination with Ayurveda facilities 	LG
5	Coordination of health sector with other sectors within palika	<ul style="list-style-type: none"> ▪ Planning ▪ Information sharing 	LG
6	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs 	SD
7	Information management	<ul style="list-style-type: none"> ▪ Dedicated unit for information management ▪ Regular reporting from health facilities ▪ Licensing or renewal of any health institution, clinic, pharmacy ▪ Health profile of palika ▪ Availability and use of information ▪ Challenges and way forward 	IM
8	Short and long-term priorities of palika for the health sector	<ul style="list-style-type: none"> ▪ Challenges ▪ Way forward 	LG
9	Plan to manage resources for health	<ul style="list-style-type: none"> ▪ Grant ▪ Internal resources/taxation ▪ Insurance 	LG
10	Expectation from federal government support palika in strengthening health system	<ul style="list-style-type: none"> ▪ Implementation of central circular (usefulness, challenges) ▪ Health financing ▪ Institutional arrangement ▪ Others 	LG

3. For Hospital

Team members:

Hospital:

palika:

Province:

Person(s) interacted

with:

Date:

[Note to the team: Review profile of the Hospital prior to the field visit]

SN	Guiding Questions	Key points	Theme
1	Specific issues/challenges related to continuity of health services	<ul style="list-style-type: none"> ▪ Implementation status of general services ▪ Specialized services like Caesarean section ▪ Targeted interventions/Leaving no one behind (e.g. SSU, OCMC, geriatric services) 	HM
2	Quality of services	<ul style="list-style-type: none"> ▪ Functional status of quality improvement committee ▪ How is quality of service being monitored, improved ▪ Mortality and morbidity data of last and the previous fiscal year: <ul style="list-style-type: none"> • Maternal deaths • Still births • Neonatal deaths ▪ Challenges and way forward for quality improvement 	HM
3	Access and utilisation	<ul style="list-style-type: none"> ▪ Population sub-groups that have lower access to health services ▪ Health services that are available but not utilised ▪ Targeted interventions and the group ▪ Challenges and way forward for improving access and utilisation 	HM
4	Referral	<ul style="list-style-type: none"> ▪ Referral in ▪ Referral out ▪ Challenges in federal context 	HM
5	Hospital plan and implementation status (FY 2074/75)	<ul style="list-style-type: none"> ▪ Adequacy of budget ▪ Implementation challenges - mismatch in palika and health facility budget 	HM
6	Pharmacy management	<ul style="list-style-type: none"> ▪ Status ▪ Procurement ▪ Drugs availability ▪ Human resource 	HM

SN	Guiding Questions	Key points	Theme
		<ul style="list-style-type: none"> ▪ Pricing - free service ▪ Challenges and way forward 	
7	Staffing at hospital	<ul style="list-style-type: none"> ▪ Sanctioned vs filled ▪ Contract staff 	HM
8	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs 	HM
9	Information management	<ul style="list-style-type: none"> ▪ Dedicated unit for information management ▪ Regular reporting to palika/DoHS/MoH ▪ Challenges and way forward 	HM
10	Short and long-term top priorities of hospital?	<ul style="list-style-type: none"> ▪ Hospital management committee ▪ Challenges and way forward 	HM
11	Implementation of health insurance	<ul style="list-style-type: none"> ▪ Implementation status ▪ Challenges and way forward 	HM
12	Expectation from local, provincial and federal governments'		HM

4. For PHCC and Health Post

Team members:

Health Facility:

palika:

Province:

Person(s) interacted

with:

Date:

[Note to the team: Review profile of the facility prior to the field visit]

SN	Guiding Questions	Key points	Theme
1	Specific issues/challenges related to continuity of health services	<ul style="list-style-type: none"> ▪ Implementation status of general services ▪ Specialised services like Caesarean section ▪ Outreach services (PHCORC, EPI) ▪ BCC interventions 	

SN	Guiding Questions	Key points	Theme
		<ul style="list-style-type: none"> ▪ Targeted interventions/Leaving no one behind (LNOB) 	
2	Quality of services	<ul style="list-style-type: none"> ▪ Functional status of quality improvement committee ▪ How is quality of service being monitored, improved ▪ Mortality and morbidity data of last and the previous fiscal year: ▪ Challenges and way forward for quality improvement 	
3	Access and utilisation	<ul style="list-style-type: none"> ▪ Population sub-groups that have lower access to health services ▪ Health services that are available but not utilised ▪ Targeted interventions and the group ▪ Challenges and way forward in increasing access and utilisation 	
4	Referral	<ul style="list-style-type: none"> ▪ Referral in ▪ Referral out ▪ Challenges in federal context 	
5	Staffing in health facilities	<ul style="list-style-type: none"> ▪ Sanctioned vs filled ▪ Contract staff 	
6	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines ▪ Stock status of key drugs 	
7	Information management	<ul style="list-style-type: none"> ▪ Dedicated staff for information management ▪ Regular reporting to palika, DHO/DPHO ▪ Challenges and way forward 	
8	What are the short and long-term top priorities?	<ul style="list-style-type: none"> ▪ Health facility operation and management committee ▪ Challenges and way forward 	
9	Implementation of health insurance	<ul style="list-style-type: none"> ▪ Implementation status ▪ Challenges and way forward 	

5. For DAHC/AAA/Ayurveda Aushadhalaya

Team members:

Health Facility:

palika:

Province:

Person(s) interacted

with:

Date:

[Note to the team: Review profile of the facility prior to the field visit]

SN	Guiding Questions	Key points	Theme
1	Specific issues/challenges related to continuity of health services	<ul style="list-style-type: none"> ▪ Implementation status of general services ▪ Specialized services like Panchakarma/Snehan Swedan/Yog ▪ Outreach services (Gaughar/Sahari Clinic) 	
2	Quality of services	<ul style="list-style-type: none"> ▪ Monitoring of quality of service ▪ Challenges and way forward 	
3	Access and utilisation	<ul style="list-style-type: none"> ▪ Population sub-groups that have lower access to health services ▪ Health services that are available but not utilised ▪ Targeted interventions and the group ▪ Challenges and way forward in increasing access and utilisation 	
4	Staffing in health facilities	<ul style="list-style-type: none"> ▪ Sanctioned vs filled positions ▪ Contract staff 	
6	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Stock status of key drugs (Avipattikar, Trifala, Yograj, Guggul etc.) 	
7	Information management	<ul style="list-style-type: none"> ▪ Dedicated staff for information management ▪ Regular reporting to palika, DoA ▪ Challenges and way forward 	
8	Herbal medicine production	<ul style="list-style-type: none"> ▪ Status ▪ Storage ▪ Issues and way forward 	
9	Coordination	<ul style="list-style-type: none"> ▪ With palikas ▪ Involvement/Participation in National Health Programs 	
10	Short and long-term top	<ul style="list-style-type: none"> ▪ Health facility operation and management committee 	

SN	Guiding Questions	Key points	Theme
	priorities regarding Ayurveda in federal context	<ul style="list-style-type: none"> ▪ Challenges and way forward 	

6a. For Community: FCHVs

Team members:
FCHVs interacted
with:
palika:

Province:

Date:

SN	Guiding Questions	Key points	Theme
1	Specific issues/challenges related to continuity of health services	<ul style="list-style-type: none"> ▪ Vaccination ▪ Safe motherhood - ANC, delivery, post-partum ▪ Outreach services (Gaughar/Sahari Clinic) ▪ Awareness, health promotion 	SD
2	Access and utilisation	<ul style="list-style-type: none"> ▪ Population sub-groups that have lower access to health services ▪ Challenges and way forward in increasing access and utilisation 	SD
3	Logistics	<ul style="list-style-type: none"> ▪ Availability of health commodities 	SD
4	Information management	<ul style="list-style-type: none"> ▪ Regular reporting to facility ▪ Challenges and way forward 	SD
6	Coordination	<ul style="list-style-type: none"> ▪ With health facility ▪ With palikas 	SD

6b. For Community: Mothers' group members

Team members:
People interacted
with:
palika:

Province:

Date:

SN	Guiding Questions	Key points	Theme
1	Specific issues/challenges related to continuity of health services	<ul style="list-style-type: none"> ▪ Vaccination ▪ Safe motherhood - ANC, delivery, post-partum ▪ Outreach services (Gaughar/Sahari Clinic) ▪ Awareness, health promotion 	SD
2	Access and utilisation	<ul style="list-style-type: none"> ▪ Population sub-groups that have lower access to health services ▪ Challenges and way forward in increasing access and utilisation 	SD
3	Coordination	<ul style="list-style-type: none"> ▪ With health facility ▪ With palikas 	SD

6c. For Community people

Team members:

People interacted

with:

palika:

Province:

Date:

SN	Guiding Questions	Key points	Theme
1	Specific issues/challenges related to continuity of health services	<ul style="list-style-type: none"> ▪ Vaccination ▪ Safe motherhood - ANC, delivery, post-partum ▪ Outreach services (Gaughar/Sahari Clinic) ▪ Awareness, health promotion 	SD
2	Access and utilisation	<ul style="list-style-type: none"> ▪ Population sub-groups that have lower access to health services ▪ Challenges and way forward in increasing access and utilisation 	SD

7. For District Coordination Committee Coordinators

Team:

District:

palika:

Province:

Person(s) interacted with:

Date:

[Note to the team: Review profile of the District prior to the field visit]

SN	Guiding Questions	Key points	Theme
1	Challenges in terms of implementation of health activities at palika level?	<ul style="list-style-type: none"> ▪ Human resources ▪ Mismatch of budget in District, palika, facility ▪ Challenges and way forward 	
2	Critical issues that need to be resolved to ensure smooth delivery of health services	<ul style="list-style-type: none"> ▪ Human resources ▪ Mismatch of budget in District, palika, facility ▪ Challenges and way forward 	
3	Procurement and supply chain management	<ul style="list-style-type: none"> ▪ Issue/challenges to procure drugs and health related equipment ▪ Management of cold-chain ▪ Proper place for storing medicines 	
4	Coordination	<ul style="list-style-type: none"> ▪ Coordination with palikas ▪ Coordination with health facilities 	