NHSSP Nepal Health Sector Support Programme

Nepal Health Sector Support Programme

Quarterly Report

April – June 2011

Contents

Acronyms and Abbreviations

ANM	Auxiliary Nurse Midwife
ASRH	Adolescent Sexual and Reproductive Health
AWPB	Annual Work Plan and Budget
BCC	Behaviour Change Communication
CB-NCP	Community-Based Neonatal Care Programme
CE	Capacity Enhancement
CEOC	Comprehensive Essential Obstetric Care
CHD	Child Health Division
CSP	Context-Specific Planning
DFID	UK Department for International Development
D-G	Director General
DGO	Diploma in Gynecology and Obstetrics
DoHS	Department of Health Services
DPHO	District Public Health Office
DSF	Demand-Side Financing
DUDBC	Department of Urban Development and Building Construction
EAP	Equity and Access Programme
e-AWPB	Electronic Annual Work Plan and Budget
EDP	External Development Partner
EHCS	Essential Health Care Services
EOC	Emergency Obstetric Care
FHD	Family Health Division
FM	Financial Management
FMIS	Financial Management Information System
FMR	Financial Monitoring Report
FP	Family Planning
GAAP	Governance and Accountability Action Plan
GBV	Gender-Based Violence
GESI	Gender Equality and Social Inclusion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
HF	Health Financing
HIIS	Health Infrastructure Information System
HKI	Helen Keller International
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources for Health
HSG	Health Sector Governance
HSIS	Health Sector Information System
HSRU	Health Sector Reform Unit
HuRIC	Human Resources Management Information System
IEC	Information and Education Campaign
IMCI	Integrated Management of Childhood Illnesses
IUCD	Intrauterine Contraceptive Device

JAR	Joint Annual Review
LHGSP	Local Health Governance Strengthening Programme
LATH	Liverpool Associates in Tropical Health
LMD	Logistics Management Division
M&E	Monitoring and Evaluation
MCHW	Mother and Child Health Workers
MD	Management Division
MDG	Millennium Development Goal
MoHP	Ministry of Health and Population
MMR	Maternal Morality Ratio
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal, Newborn Health
MPPW	Ministry of Physical Planning and Works
NAMS	National Academy of Medical Sciences
NCASC	National Centre for Aids and Sexually Transmitted Disease Control
NESOG	Nepal Society of Obstetrics and Gynaecology
NGO	Non-Governmental Organisation
NHEICC	National Health Education, Information and Communication Center
NHSP2	Second Nepal Health Sector Programme
NHTC	Nepal Health Training Centre
NPC	National Planning Commission
NPHL	National Public Health Laboratory
OPM	Oxford Policy Management
OCMC	One-stop Crisis Management Centre
PHCRD	Primary Health Care Revitalisation Division
PLAMAHS	Planning and Management of Assets in Health Services
PPICD	Policy Planning and International Cooperation Division
PPMO	Public Procurement Monitoring Office
RHCC	Reproductive Health Co-ordination Committee
RHD	Regional Health Directorate
SBA	Skilled Birth Attendant
SC	Steering Committee
SMNH	Safe Motherhood and Neonatal Health
TA	Technical Assistance
TC	Technical Committee
TOR	Terms of Reference
TWG	Technical Working Group
VDC	Village Development Committee
WHO	World Health Organization

Introduction

The Nepal Health Sector Support Programme (NHSSP) is a programme of technical assistance (TA) to the Ministry of Health and Population (MoHP) Department of Health Services (DoHS) for the implementation of the Second Nepal Health Sector Programme (NHSP2). It is managed by the UK Department for International Development (DFID) on behalf of the pool partners in NHSP2. Options Consulting Ltd leads a consortium of its partners: Crown Agents, Liverpool Associates in Tropical Health (LATH), Oxford Policy Management (OPM), Helen Keller International (HKI) and Ipas.

September - December 2010 was the Inception period for NHSSP in which the consortium carried out a series of capacity assessments in eight thematic areas. The capacity assessment reports, which included proposals for the focus of technical assistance, were discussed with and approved by government in December 2010.

Implementation began in January 2011, and the first quarterly report on NHSSP activities was prepared at the end of March. This is the second quarterly report, for the period April to June 2011. Its purpose is to document the activities of NHSSP in support of the plans of various Divisions and Centres of MoHP/DoHS, describe the challenges experienced, and the priorities for the next quarter. It is hoped that this report will lead to useful discussion with government, and further guidance to NHSSP.

1. Summary of Key Events in this Quarter

In this period, a major activity was to assist with the preparation of the Ministry's Annual Work Plan and Budget (AWPB), in which the Advisors worked with their counterparts to prepare detailed draft budgets for the Divisions and to compile these into the overall budget.

There was a change in eight Directors who are the counterparts of NHSSP Advisors: in Logistics Management Division (LMD), Family Health Division (FHD), Child Health Division (CHD), Population Division, Personnel Division, National Health Education, Information and Communication Center (NHEICC), Policy Planning and International Cooperation Division (PPICD), and the Regional Director for the Mid-West Region, as well as other changes in senior and mid-level staff. This has a significant effect on programme momentum, and on the effectiveness and sustainability of capacity enhancing efforts.

New Advisors were recruited: Chhaya Jha and Sitaram Prasai for Gender, Equality and Social Inclusion (GESI), Dr L Pathak as Health Policy and Planning Advisor, Ramachandra Man Singh as Health Systems Governance Advisor. NHSSP regional staff were recruited as planned: each region is to have Specialists for GESI, MNCH and Monitoring and Evaluation / Systems Strengthening. By the end of June, staff were chosen for the Far West and Mid-West regions in consultation with the Regional Directors, and interviews were ongoing for the other regions.

2. Key Capacity Achievements and Activities by Thematic Area

All of the thematic areas of NHSSP can be considered to contribute to all three of NHSP2 objectives. However, the following section is structured so that the thematic areas most closely associated with objective 1 appear first, followed by those for objectives 2 and 3.
NHSP2 objectives:

1. Increase access to and utilisation of quality essential health care services;

2. Reduce harmful cultural practices and cultural and economic barriers to accessing health care services, and
3. Improve health systems to achieve universal coverage of EHCS.

The achievements in terms of the Capacity Enhancement (CE) of MoHP/DoHS are reported below. The NHSSP Advisors were involved in all these activities. They supported these government achievements mainly by working directly with counterparts and their staff (discussing, coaching, analysing, facilitating communication and decision-making) as well as funding activities such as workshops and studies.

Output 1: DoHS. Regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and underserved

Advisors:	Dr Maureen Darlang (ECHS Advisor), Dr Ganga Shakya (MNH Advisor)
Counterparts:	Dr Upreti CHD, Dr N Pratap, FHD

Essential Health Care Services:

***Roles, systems and structures*:**

- Advisors supported the development of an Adolescent Sexual and Reproductive Health (ASRH) communication strategy in partnership with GIZ.
- A review of the External Development Partner (EDP) Technical Assistance (TA) matrix of support to CHD was conducted. It is anticipated that the review will contribute to improved coordination of EDPs by CHD and to improved aid effectiveness and streamlining.

***Staff**:*

- One new nutrition staff post was included in the AWPB 2011/12. The post will be essential in ensuring sufficient government capacity to respond to a heavily increased workload and EDP funding in this area.

Skills:

- Advisors supported the Community-Based Neonatal Care Programme (CB-NCP) evaluation planning. The Integrated Management of Childhood Illness (IMCI) Section budget for AWPB was completed, helping to ensure a future focus on under-performing districts.
- Advisors supported FHD and CHD staff in the development of a concept paper for the piloting of context-specific planning (sub-district level planning) to enhance learning about strategies for reaching underserved populations.
- Context-specific planning with district staff started in three districts of Mid-West region to improve continuum of care of Maternal, Neonatal and Child Health (MNCH) services and improve access and utilisation, especially by women, poor and excluded people; six innovations were identified for piloting. The outputs of this pilot are intended to be:
    - Increased local capacity to solve system bottlenecks
    - Local innovations piloted to improve access to MNCH

- Strengthened referral system of the district (Maternal, Newborn Health (MNH))
- Improved links between centre, region and districts to address system bottlenecks.

Maternal Newborn Health:

Roles, systems, structures:

- As a result of advocacy and planning inputs from NHSSP in previous months, the Anesthesia Assistant training course started in April 2011 following the resolution problems regarding stipends. These members of staff are in short supply but are critical to keep CEOC sites functional.
- Advisors facilitated efforts within DoHS and other stakeholders to strengthen MNCH service integration (alignment) to increase effectiveness and efficiency of MNCH services and improve client satisfaction.
- Dr Ganga worked closely with National Health Training Centre (NHTC) Director and staff to revitalise the Skilled Birth Attendant (SBA) forum responsible for coordinating SBA training reviews. The formation of a task force to develop a quality improvement strategy in SBA training was an important milestone. Core to this effort will be the development of systems and tools to embed ongoing quality review and assurance processes within NHTC core functions.
- NHSSP facilitated Diploma in Gynaecology and Obstetrics (DGO) training which will increase the skills and competencies critical for safe delivery; criteria for qualification were agreed and their posting applications sent to MoHP for action.

Staffing*:*

- A vacancy in NHTC was filled which will support SBA training following targeted advocacy from NHSSP Advisors in partnership with counterparts. The filling of this post is an important step in ensuring delivery of Nepal commitments to Millennium Development Goal (MDG) 5.
- Dhading District Hospital carried out Caesarean Section for the first time after FHD organised a workshop to create an enabling environment, including: assistance to district for staff recruitment through the Institute of Medicine and National Academy of Medical Sciences (NAMS); the involvement of the Red Cross for blood transfusion; and support from other stakeholders with equipment.

Skills*:*

- The team focused on supporting FHD and NHTC counterparts in the development of skills in relation to:
    - The design of a study on Comprehensive Essential Obstetric Care (CEOC) sites' functionality, to prepare recommendations for reducing 'downtime' of these sites.
    - Developing an SBA policy, conducting a strategy review workshop, and reviewing the SBA road map.
    - Enhanced record-keeping and analysis of SBA training data. This CE was of particular value to the NHTC SBA training coordinator.
    - Dhading district planning carried out to strengthen referral system.
    - Designing a rural ultrasound pilot for Mugu district.

Tools*:*

- Guidelines for implementing clinical updates for Auxiliary Nurse Midwife (ANM)/staff nurse and Mother and Child Health Workers (MCHWs) in districts were agreed.

- A postpartum Family Planning (FP) and Intrauterine Contraceptive Device (IUCD) training package was agreed. This package will be central to plans to improve access to FP and modern contraceptive devices among poor and hard to reach women and families.
- Clinical referral protocols for a rural antenatal ultrasound programme were drafted.
- CEOC study tools were finalised.
- Final draft of blood transfusion training package was prepared by Red Cross and National Public Health Laboratory with support from Advisors.

Output 2: MoHP has capacity to develop and implement an effective Human Resources for Health (HRH) strategy for the health sector

Advisors:	Bill James supported by short-term consultant Bal Govind Bista
Counterpart:	Mr Bhatta to mid-April; Mr K.L. Lamsal, Human Resources (HR) and Financial Management (FM) Division

Roles, Systems and Structures:

- Two important areas of progress were made in moving forward the development of a coherent HRH strategic plan and its use to guide annual work plans:
    - A Country Coordination Forum for Human Resources meeting endorsed the process to date of preparing the HRH Strategy.
    - The June HR Technical Committee (TC) meeting endorsed progress and plans of the Technical Working Groups (TWG)s and a new timetable for the HRH strategy to include an HR profile and costings.

Skills:

- The team focused on supporting the development counterpart skills in relation to:
    - Conducting situational analyses and indentifying recommendations to feed into HR strategy development by five HR TWGs. MoHP officers have been facilitating the TWGs, writing up group outcomes and coordinating with various stakeholders.
    - Preparing and updating reports on HRH for the Global Health Workforce Alliance.
    - Preparing a proposal for the World Health Organization (WHO) to request their support to complete the HR profile.
    - Identifying HRH priorities for inclusion in the AWPB.

Other*:*

- The NHSSP International HR Advisor arrived in May.

Output 3: MoHP and DoHS has systems, structures and capacity to implement the GESI strategy

Advisor:	Hom Nath Subedi
Counterpart:	Dr Tinkari, Primary Health Care Revitalisation Division (PHCRD) and Secretary Sharma, MoHP

Roles, systems, structures

- A concept note for GESI institutional mechanism in MoHP was drafted with support from Advisors and discussed with DoHS and PPICD. Approval of this mechanism will be central to building the institutional structures necessary for the implementation of the GESI strategy.

Skills*:*

- Skills development work during this quarter has focused on the planning and budgeting of GESI activities. Specifically, CE has been provided to the Planning Section in MoHP and FHD to prioritise GESI activities for inclusion in the 2011-12 AWPB. Advisors worked closely with counterparts to ensure sufficient funding for activities detailed in the GESI strategic plan FHD reviewed proposals, provided feedback, and selected consulting firms for three studies: use of stretcher and bicycle ambulance, gender-based violence and social audit. This is a critical achievement towards the log frame milestones for 2012 (AWPBs developed that identify and prioritise GESI activities).

- District-level capacity enhancement focused on building the skills of Equity and Access Programme- (EAP)-focal persons and supervisors in 11 districts to use EAP tools. This is essential to support the effective monitoring EA implementation.

Tools*:*

- The Population Division are currently in the process of revising the One Stop Crisis Management guidelines developed with support from the NHSSP team, to incorporate more specific issues related to (Gender-Based Violence) GBV. The guidelines will act as a platform from which to guide the first phase of implementation in up to six hospitals. Practical lessons will be incorporated into the guidelines following initial implementation prior to full roll-out. The approval of the guidelines by an inter-ministerial committee in PM's Office has been an important achievement.

- Draft Terms of Reference (TOR) for development of comprehensive Social Audit guidelines for the health sector were prepared with PHCRD. This is the first step towards revising and piloting of the guidelines to include broader social entitlements.

- A concept note for NHSSP support to institutional strengthening of NHEICC was agreed by the NHEICC Director. This has been an important step forward in initiating CE of NHEICC which will be critical for effective Behaviour Change Communication (BCC) to reach the poor and underserved.

Output 4: MoHP and DoHS have capacity to develop and implement a transparent and sustainable supply and demand-side financing framework

Advisor:	Dr Suresh Tiwari (MoHP); Devi Prasai (DoHS)
Counterparts:	Mr Bhatta to mid-April; Mr K.L. Lamsal, HR and FM Division; Dr N Pratap FHD

Demand-Side Financing and the Aama Programme

Roles, Systems and Structures:

- A Demand Side Financing (DSF) review was completed, including the calculation of transaction costs of DSF schemes, thus providing a basis for merging the schemes, reducing transaction costs and promoting the strategic purchasing role of MoHP (with inputs from DDG, PPICD, Demography Section).
- On the Aama programme, support has been provided for the testing of field monitoring tools for effective tracking of scheme beneficiaries. In addition, ongoing support was provided to the updating and maintenance of the Aama database, which is essential for monitoring of funds flows to districts, supporting appropriate fund allocation, and monitoring trends in use over time.

Skills:

The team focused on supporting the enhancement of skills in relation to:

- Developing TOR, appraising proposals and preparing contracts for a rapid assessment of Aama programme.

Tools

- A study design and tools were developed for monitoring of Community-Based Health Insurance scheme.
- TOR were developed in partnership with PHCRD to design comprehensive Social Audit guidelines for the health sector.

Health Financing and Public Financial Management

Roles, Systems and Structures:

- The Electronic Annual Work Plan and Budget (e-AWPB) was upgraded to function as a web-based system, representing a key step in terms of enhancing systems for budget preparation and tracking. In addition, TOR were developed for a revision of e-AWPB to make it compatible with NHSP2.
- A Technical group under PPICD and Human Resources and Financial Management Division was formed, with a mandate to set up the process to prepare a draft Health Financing strategy.

Skills:

- Health Finance cluster group meeting developed understanding of the importance of a transactional accounting system.
- Health financing technical working team is preparing health financing and social health protection policy and concept notes.

Tools*:*

- A timeline for meetings in preparation of AWPB is under development.

- TOR and tools for the Health Service Tracking Survey were drafted and pre-testing of tools planned.
- TOR for costing a non-communicable disease control package was prepared with PHCRD, NHEICC and DDG.

Output 5: MoHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS

Advisors:	Ajit Pradhan (MoHP); Pradeep Poudel (DoHS)
Counterparts:	Dr Chand MoHP; Dr Tiwari, Management Division (MD)

Roles, systems, structures and performance

- A standardised content guide and presentation style was agreed for District Health Annual Reports which will assist with Village Development Committee (VDC)/facility-level planning, implementation and monitoring.
- During a Health Management Information System (HMIS) consensus building workshop, agreement and commitment was obtained by medical recorders from hospitals to comply with HMIS reporting requirements. This agreement will be critical to improving the uniformity and comparability of nationwide data.

Skills:

- Detailed work planning skills were developed amongst the Demography Section in FHD in relation to the institutionalising and monitoring of community-based verbal autopsies and facility-based Maternal Death Reviews.
- A workshop on improving reporting from tertiary level public and non-public facilities, supported the development of analytical skills, particularly bottleneck analysis.
- Eastern Regional Health Directorate and District staff were supported to review Emergency Obstetric Care monitoring.

Tools:

- Work to revise HMIS/Health Sector Information System (HSIS) indicators to match NHSP2 requirements was started by the HMIS Section, to be followed by development of tools and manuals.
- Planning began on a uniform coding system, which will enable linking of the eight information sub-systems used in the health sector.
- Standard template for the District Population Profile is in preparation.
- TOR, study design, data collection tools and analysis plan were agreed for 'Mismatch Assessment' which aims to improve data verification processes.
- TOR for Health Services Tracking Survey (previously called Health Facility Survey) under development.

Output 6: MoHP and the Ministry of Physical Planning and Works (MPPW) have capacity to develop and implement procurement in accordance with the procurement arrangements for the health sector during the implementation of the NHSP2 (2010–2015)

Advisors:	David Hepburn, Ron Marrocco
Counterparts:	Dr Sherpa to mid-April; Dr Lamichhane, LMD

Executive assistance was provided to LMD for procurement of numerous goods and services through the development of technical specifications and bidding documents and the evaluation of bids. This level of input is gradually lessening to a role of peer reviewing documents prior to submitting them for 'no objection', as LMD and NCASC staff skills improve.
A second Senior Procurement Advisor started in mid-April.

Roles, systems, structures and performance
Best-practice procurement processes were developed, as follows*:*

- Drafting of a Procurement Code of Ethics, which is a first step towards greater transparency. Multi-year tenders and contracts were let for four bids. This will help to ensure continuity of supply and will be expanded by LMD.
- Pre-shipment quality assurance has been obtained through an external service, for greater transparency of the quality assurance process.
- The development of a Specification Bank and production of a consolidated procurement plan are under discussion.
- Institutional development of LMD has been supported through the development of an Organogram for LMD and drafting of Job Descriptions for Procurement Officers.
- Systems development this quarter has focused on early planning of new sites for expansion of health facilities, so that construction processes can begin when the budget is disbursed.

Tools:
Tools development this quarter has focused on:

- Development of new bidding documents for services. These have already been used for procuring Non-Governmental Organisation (NGO) services for the HIV/AIDS programmes.
- Completion of standard drawings and guidelines for health facility construction. These will make construction procedures more transparent and accountable, and will serve to improve functionality of facilities.
- Database creation and assessment of facilities through institutionalisation of Planning and Management of Assets in Health Care System (PLAMAHS), and outsourcing of repair and maintenance activities.
- Operational Manual under development, including Code of Ethics, Specification Bank, Supply Chain Logistics, Complaint and Dispute Resolution, Quality Assurance Procedures.
- Report on seismic retrofitting of hospitals in Nepal, essential for risk mitigation.

Skills:
Counterpart skills have been supported to strengthen LMD capacity to:

- Develop multi-year contracts.
- Integrate Divisional procurement information into one annual, centralised procurement plan.

- Evaluate bids for procurement of goods and consultants' services by LMD and NCASC.
- The case study of a defective procurement has been used to highlight the importance of technical evaluations and pre-shipment inspection and how to examine the quality of goods.
- Site planning and design for a hospital at Lahan was carried out, and required LMD to resolve issues of functional requirements, flow requirements and site layout.

Output 7: PPICD has a clearly defined and functional role as the focal point of the planning and policy process for the whole health sector

Advisors:	Mr Ramchandra Man Singh; Dr L Pathak
Counterparts:	Dr Suvedi, MoHP

Two new NHSSP staff started on April 1: Dr Pathak as NHSSP's Health Policy and Planning Advisor/National Lead and Mr Ramchandra Man Singh as Health Systems Governance Advisor. The Advisors have worked with PPICD counterparts in the areas described below.

Roles, Systems and Structures:

- The Urban Health Policy was developed by the PHCRD following a standard format and process. This is a critical policy development for furthering EHCS access to unreached populations, many of whom reside in urban areas.
- Plans to conduct a critical review of the Reproductive Health Coordination Committee (RHCC) structure were endorsed. The review will lead to recommendations on how to better align the committee structure, TOR and membership to core components of EHCS and help improve efficiency.

Tools:

- Standard Operating guidelines to manage the Joint Annual Review (JAR) and AWPB processes are under preparation. These should help to improve the quality and timeliness of reports for JAR and the planning and conduct of the JAR meeting itself; and improve the preparation and completeness of the annual budget, reducing the delay in budget disbursement after its approval, and smoothing disbursements over the four quarters.

Skills:

Skills development through CE has focused on:

- Identification of Governance and Accountability Action Plan- (GAAP-) related activities for inclusion in AWPB 2011/12;
- Preparation for joint Government of Nepal- (GoN-) EDP meeting in June on AWPB.

REGIONAL DIRECTORATES

- NHSSP Regional level specialists (GESI, MNCH and Monitoring & Evaluation / Systems Strengthening) were recruited for five regions (in consultation with Regional Directors), and orientation of Far and Mid-West NHSSP regional staff was completed.

3. Key Activities Planned for the Next Quarter

- **EHCS**: Finalise district- level planning of activities to reach underserved populations in three districts of Mid-Western Region, and facilitate FHD and CHD to lead on guiding piloting and materials development; finalise IMCI maintenance strategy; facilitate coordination between CHD and FHD for maternal nutrition strategy development; complete orientation of NHSSP regional staff.
- **MNH**: FHD to develop strategic guidelines for strengthening district referral systems (with UNICEF); prepare proposal for re-positioning of FP.
- **GESI**: obtain approval of GESI institutional mechanism in MoHP, with formation of the Steering Committee, and the GESI teams in MoHP and DoHS; support to development of One-Stop Crisis Management Centres and Social Service Units; social audit guideline development.
- **Health Policy and Planning/Systems Governance**: develop an action plan for effective JAR process, including attention to the Joint Technical Assistance Approach; follow up Urban Health Policy with strategy development; complete review of RHCC to better align committee structures with NHSP2; initiate Local Health Governance Strengthening Programme (LHGSP) in Myagdi district.
- **Human Resources**: HR strategic plan drafted, including HR profile; training programmes assessment; review of HURDIC information system and management.
- **Health Financing**: Carry out the budget analysis for Financial Year 2011; implement health service tracking survey; implement various activities to strengthen financial management, including development of a transactional accounting system.
- **Demand-Side Financing**: Preparatory work for merging the DSF schemes.
- **Procurement and Infrastructure**: Finalise standard bidding documents for infrastructure, goods and services; link budgeting with annual procurement plan; introduce e-bidding for goods; make Health Infrastructure Information System (HIIS) web-based and real-time based; update and upgrade web-based HIIS to provide information on status of all health infrastructure; support completion of site selection for constructions for 2011/12; support CHD re needs assessment for newborn unit construction.
- **Monitoring and evaluation**: Develop plan for monitoring NHSP2 indicators; support HSIS piloting extension (if agreed); initiate process for uniform coding system; support development of maternal death review systems (with UNICEF).
- **Regional support**: Orient and support NHSSP regional staff along with RHD staff, to agree priority activities.

4. Challenges/Issues Encountered During this Quarter

This period was marked by ongoing political uncertainty, the heavy workload preparing the AWPB for 2011/12, and a considerable number of changes in leadership and staffing in MoHP and DoHS (eight new Directors). In Infrastructure, a major achievement has been the completion of the standard drawings and guidelines for health facility construction; however, their endorsement has been delayed by the transfer and retirement of two key people.

4.1 Time available between NHSSP and counterparts

Senior managers in MoHP and DoHS, who are the counterparts of NHSSP Advisors, are very busy people. Seven new managers had to learn about their programme mandate during this quarter,

while also gaining knowledge about NHSSP. There were, for example, three different focal points for the Demand-Side Financing issues. In addition, all managers were busy with preparation of the AWPB for 2011/12 and some had a considerable amount of international travel. All these factors made it difficult for NHSSP to get the managers' time to meet with them, agree work plans, and make decisions about the activities of the Advisors.

Several of the Advisors feel that they have produced less than they could have, if they had worked more independently. However, it is important for NHSSP not to work independently. NHSSP has to work *with* counterparts and their staff and not do work *for* them (as a typical short-term consultant does). This is a more sustainable way to agree the changes needed to improve systems, to improve processes and communication amongst the DoHS and MoHP at various levels, and to build the skills and knowledge of individuals.

However, it does mean that we should be clearer about what is expected from both the TA and from the government: Advisors can provide advice/support and specific outputs such as reports and studies; the government needs to provide people who are available to work with the Advisors and are committed to using the products of joint work, such as guidelines, financial systems, new databases and so on.

4.2 Understanding NHSSP and the implications of the 'Capacity Enhancement' approach

It will take time for everyone (including the NHSSP Advisors) to understand what are appropriate roles and activities for NHSSP. This needs continuing discussion, especially with new officials. There is a difference between the CE mandate of NHSSP, and the activities of more traditional types of projects.

The overall mandate of NHSSP is *Capacity Enhancement*, which we have defined as:

> *"the changes in organisational behavior, skills and relationships that lead to the improved abilities of organisations and groups to carry out functions and achieve desired outcomes".*

Thus both process and outcomes are included: both the efforts which are needed to improve organisational performance, and the results of efforts in terms of capacities developed and changed performance.

This means that NHSSP should not be doing the work of government staff (substituting for them), but assisting them (providing support) to carry out their roles. However, in unusual situations, it may be unavoidable. For example, the procurement Advisors spent a large proportion of their time this year procuring, rather than focusing on improving procurement systems, because the late budget approval in 2011 put severe pressure on LMD to achieve a year's procurement in a short time frame.

The CE role of NHSSP means that it has limited funds to support activities such as providing services in a district, unlike more traditional projects. NHSSP has some funds for workshops, piloting of new initiatives, and a limited number of surveys and studies. It cannot fund activities that might be desirable to do but were not included in the AWPB. This can be a source of frustration to counterparts. However, in the long term, it can help to strengthen the system by encouraging better use of Financial Assistance and changing unhelpful processes that prevent the appropriate use of government budgets.

5. Decisions/Actions Needed in the Next Quarter or Two Quarters

- Approval of the TOR of the Steering Committee for NHSSP, now that a Minister of Health is appointed.
- A meeting of the NHSSP Technical Committee.
- A decision on integrating the DSF schemes.
- Approval of GESI institutional mechanism in MoHP.
- Approval of Urban Primary Health Care Policy .
- Develop AWPB with Consolidated Procurement Plan;
- Approval of Procurement Code of Ethics, and Complaint and Dispute Resolution Procedure.

ANNEX 1 Capacity Enhancement

What is Capacity Enhancement?

Enhancing capacity, for our purposes, is defined as*: "the changes in organisational behavior, skills and relationships that lead to the improved abilities of organisations and groups to carry out functions and achieve desired outcomes."*

In order to enhance capacity in a sustainable way, a number of organisational processes and procedures may need to be developed or modified. New tools may need to be elaborated and the skills of staff developed to be able to use the new tools effectively. Sometimes staffing or infrastructure need to be expanded too. Skilled staff, armed with appropriate tools and infrastructure, depend for their ability to function on a foundation of good organisational systems, roles and structures. The diagram below shows this framework (taken from C. Potter and R. Brough (2004) 'Systemic Capacity building: a hierarchy of needs', Health Policy and Planning; 19(5): 336–345).

The development of tools and staff skills can be accomplished in a relatively short period of time; altering staff and infrastructure takes longer. Changing organisational systems is usually a long-term process.

How to interpret this report:

The report follows the CE framework introduced by Potter and Brough to MoHP in the January 21 workshop organized by PPICD and supported by WHO. This report focuses on work done or changes achieved by government which were supported by Advisors following this framework of: 1) tools, 2) skills, 3) staff and infrastructure and 4) roles, structures and systems.

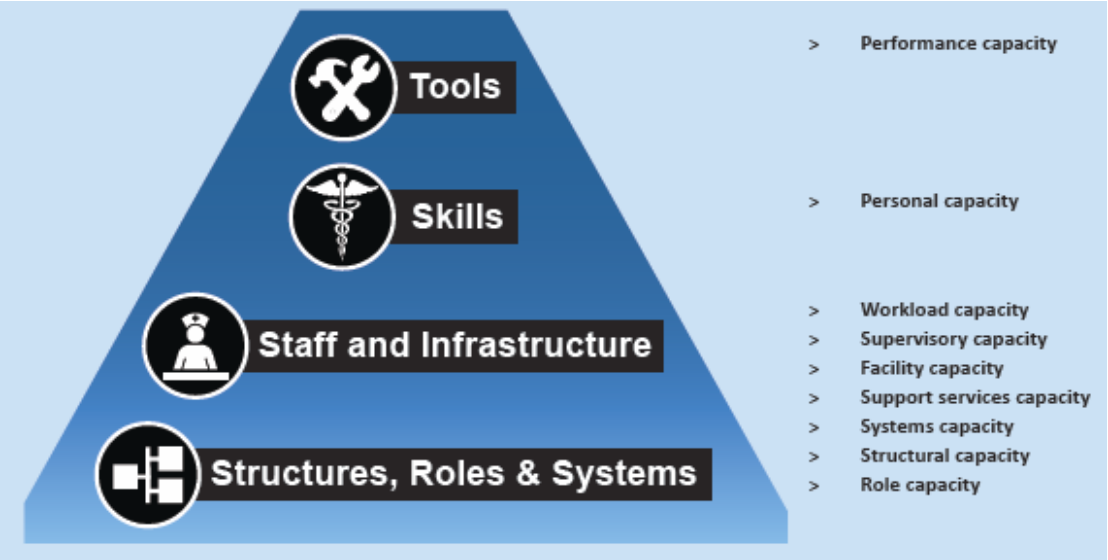
Where the NHSSP Advisors believe that tools have been prepared to be used in the system, these are reported as such. Developing tools often develops associated skills e.g. in writing good TOR, but we have not reported these twice (i.e. we have reported them as 'tools developed'). Fewer activities are reported under the category of 'Roles, Systems and Structures', because work in these areas takes a longer time to carry out.

Where there has been an observable change (such as the application of tools, the start of a long-awaited training programme, the use of findings from a review, or change in the functioning of a unit), this is reported as 'Performance', shown by an indented bullet point. It takes time to observe such changes, therefore they are reported less frequently.

Under 'Other', activities are reported which did not involve government staff closely (and therefore did not enhance tools, skills or systems), which do not fit under the categories in the CE framework, or are in preliminary stages.

These ideas are shown in the diagram below:

Capacity Enhancement Framework



Potter and Brough, 2004

The work of NHSSP Advisors is based on:

- the requirements of NHSP2;
- the ongoing activities and plans of the Divisions and Centres;
- the capacity assessment reports prepared by NHSSP in December 2010 outlining their strengths and needs; and
- the work plans of the Advisors. All work plans have been agreed with the Advisors' counterparts.

The counterparts of NHSSP Advisors are the heads or Directors of Divisions and Centres, such as Family Health Division; Policy, Planning and International Cooperation Division; Logistics Management Division, and so on. All of NHSSP activities are designed to enhance the capacity of MoHP/DoHS to carry out NHSP2.

The Advisors are responsible to provide assistance to the MoHP, which can be seen in the form of outputs (or deliverables): e.g. policy and strategy advice, designs, guidelines, trained people.

The MoHP is responsible to provide an environment which is conducive for technical assistance and to utilise the Advisors' outputs. This is a condition for achieving better, more efficient and effective systems. TA programmes do not achieve these results if the consultants' outputs and put them to use. Both have a role in CE.