# Nepal Health Sector Support Programme

## Quarterly Report

**January - March 2011**

# Contents

## List of Acronyms and Abbreviations

| | |
|---|---|
| AWPB | Annual Work Plan and Budget |
| BCC | Behaviour Change Communications |
| CE | Capacity Enhancement |
| CEOC | Comprehensive Essential Obstetric Care |
| CHD | Child Health Division |
| CSP | Context Specific Planning |
| D-G | Director General |
| DGO | Diploma in Gynaecology and Obstetrics |
| DPHO | District Public Health Office |
| DSF | Demand Side Financing |
| DUDBC | Department of Urban Development and Building Construction |
| EAP | Equity and Access Program |
| EHCS | Essential Health Care Services |
| FHD | Family Health Division |
| FM | Financial Management |
| FMIS | Financial Management Information System |
| FMR | Financial Monitoring Report |
| GBV | Gender Based Violence |
| GESI | Gender Equality and Social Inclusion |
| HRH | Human Resources for Health |
| HKI | Helen Keller International |
| HMIS | Health Management Information System |
| HSIS | Health Sector Information System |
| IEC | Information and Education Campaign |
| IMCI | Integrated Management of Childhood Illnesses |
| JAR | Joint Annual Review |
| LMD | Logistics Management Division |
| MD | Management Division |
| MMR | Maternal Morality Ratio |
| MNCH | Maternal, Neonatal and Child Health |
| NAMS | National Academy of Medical Sciences |
| NCASC | National Centre for Aids and Sexually Transmitted Disease Control |
| NESOG | Nepal Society of Obstetrics and Gynaecology |
| NPC | National Planning Commission |
| NPHL | National Public Health Laboratory |
| PHCRD | Primary Health Care Revitalisation Division |
| PLAMAHS | Planning and Management of Assets in Health Services |
| PPICD | Policy Planning and International Cooperation Division |
| RHD | Regional Health Directorate |
| SC | Steering Committee |
| SMNH | Safe Motherhood and Neonatal Health |
| TC | Technical Committee |
| TWG | Technical Working Group |

This is the first report to be prepared by NHSSP for Government senior management and counterparts, External Development Partners and NHSSP partners. We will seek your comments on how useful this report is to you, and ideas you have on how to improve it.

## Background:

The Nepal Health Sector Support Programme is a programme of technical assistance (TA) to MOHP/DOHS, managed by DFID on behalf of the pool partners in NHSP-2. Options Consulting Ltd leads a consortium of its partners: Crown Agents, Liverpool Associates in Tropical Health, Oxford Policy Management, Helen Keller International and Ipas. Between September and December 2010 was the Inception period for NHSSP in which the consortium carried out a series of capacity assessments in the thematic areas described below. The capacity assessment reports, which included proposals for the focus of technical assistance, were discussed with and approved by government in December 2010.

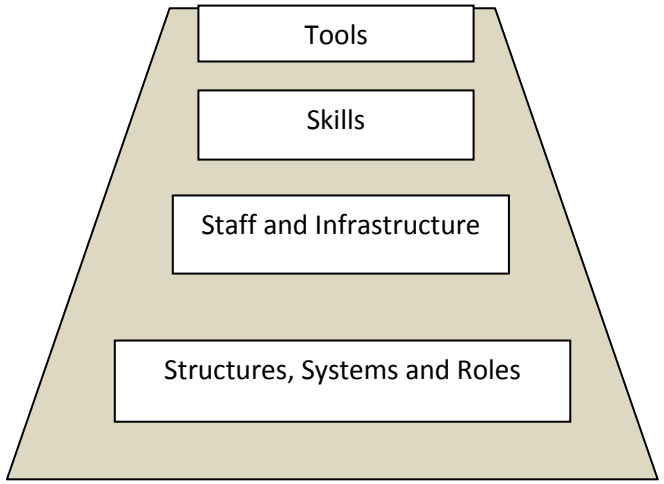
The purpose of this report is to document the activities of the Nepal Health Sector Support Programme (NHSSP) between January and March 2011 in support of the plans of the various Divisions and Centres of MOHP/DOHS. The work of NHSSP Advisors is based on: the requirements of NHSP-2; the ongoing activities and plans of the Divisions and Centres; the capacity assessment reports prepared by NHSSP in December 2010 outlining their strengths and needs; and the workplans of the Advisors. All workplans 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 NHSP-2.

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

In order to enhance capacity in a sustainable way, a number of organizational processes and procedures may need to be developed or modified. New tools may also need to be developed and the skills of staff developed to be able to use the new tools effectively. Sometimes staffing or infrastructure needs to be built as well. Skilled staff, armed with appropriate tools and infrastructure, depend for their ability to function on a foundation of good organizational 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 organizational systems is usually a long-term process.

## Capacity Enhancement Framework




- Performance capacity
- Personal capacity
- Workload capacity
- Supervisory capacity
- Facility capacity
- Support services capacity
- Systems capacity
- Structural capacity
- Role capacity

Potter and Brough, 2004

**How to interpret this report:** The report follows the Capacity Enhancement (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 advisers following this framework of: 1) tools, 2) skills, 3) staff and infrastructure and 4) roles, structures and systems.

Where the NHSSP Advisers 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.

## 1. Summary of Key Activities and Events in this Quarter

The Joint Annual Review (JAR) of January 25-28 was supported through the preparation of technical briefing papers and agenda planning. These were felt to help improve the quality of discussion and participation. A participatory evaluation of the JAR was also carried out for the first time, with findings and recommendations fed back to the NHSSP Technical Committee.

TORs and membership for the Technical Committee for NHSSP were agreed. The Steering Committee remains to be approved by the Minister. The Technical Committee met on February 25th and asked NHSSP to ask the government counterparts to approve the Advisers' Job Descriptions. This process is nearly completed. When completed, we will begin recruiting for the 15 posts to be based in Nepal's five Regional Directorates.

In terms of major achievements in the various thematic areas:

- Health Financing: a budget analysis report was used by policy makers to request additional health budget, and assisted in the preparation of the FMR and AWPB;
- Procurement and Infrastructure: the use of planning tools and procedures reduced duplications in infrastructure planning, saving about NRs 120 m (GBP 1.1 m); e-bidding was used for infrastructure procurement for the first time, a procedure which helps to eliminate cartels and increase competitiveness. This initiative received good national press coverage (in Kantipur) in March;
- Human Resources: the Technical Committee for Human Resources endorsed the process and work of its Technical Working Groups, which is to result in a Human Resources for Health Strategy by the end of June;
- EHCS: agreement was reached for Anesthetic Assistant training to begin in April following a long process of advocacy and planning.

## 2. Key Activities and Achievements by Thematic Area

All of the thematic areas of NHSSP can be considered to contribute to all three of NHSP-2 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, which are as follows:

1. Increase access to and utilisation of quality essential health care services;
2. Reduce cultural and economic barriers to accessing health care services and harmful cultural practices, and
3. Improve health systems to achieve universal coverage of essential health care services.

## 2.1 Essential Health Care Services:

***Roles, systems & structures*:**

- DoHS Nutrition Section Chief agreed to budget the equivalent of one staff salary for 2011/12 and planned for an O&M survey with a view to upgrading DoHS Nutrition Section to a Nutrition Centre.

***Skills:***

- The Integrated Management of Childhood Illness (IMCI) Section carried out a self-assessment of institutional capacity using the CE framework, with results fed into AWPB and NHSSP work plans;
- The IMCI Section's planning process was streamlined to focus refresher training on poorly performing districts;
- FHD and CHD staff reviewed a concept paper for the piloting of Context Specific Planning (sub-district level planning) in order to reach underserved populations, taking a continuum of MNCH care approach;
- The Mid-Western Regional Directorate successfully applied agreed criteria to identify underserved areas in 3 districts (Banke, Jajarkot, Kalikot) as pilot areas for the context-specific planning.

***Tools:***

- Planning tools for context specific planning and TORs for area mapping were developed.

***Other:***

- As a part of the Local Health Governance Strengthening Programme, NHSSP agreed to work in one district (to be decided with RHD) of the Western Region and participated in the steering committee meeting of Feb. 23 and TWG of March 15;
- The EHCS adviser supported staff from the Nutrition Section to coordinate Helen Keller Institute/NHSSP inputs.

## 2.2 Maternal Newborn Health:

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

- Advocacy and planning inputs led to NAMS launching a one year Anesthesia Assistant training course to start in April 2011.

***Staffing**:*

- 6 Safe Motherhood (SM) regional coordinators were contracted by FHD.

***Skills**:*

- FHD carried out its annual review and planning through a process which allowed participation of a wide group of stakeholders;
- The budgeting process improved through the integration of several line items and the removal of duplicated and redundant activities;
- The SM regional coordinators were oriented using updated tools for the monitoring of MNH and Aama programmes;
- FHD drafted the Safe Motherhood section of DOHS's Annual Report;
- Several FHD and DHO staff presented at the Nepal Society of Obstetrics and Gynaecology conference in Kathmandu.

***Tools**:*

- Guidelines for implementing the following were developed: the use of portable ultrasound machines in rural areas; MNH activities at district level; a diploma course in Gynaecology and Obstetrics (DGO) for public and private sector participants, and training in Blood Transfusion Services in association with the National Public Health Laboratory (NPHL).

***Other***

- Terms of reference were prepared for a study on CEOC functionality. These will be discussed with the Director General and other stakeholders.

## 2.3 Gender, Equity and Social Inclusion – Equity and Access Programme

***Skills**:*

- The Planning Sections in MoHP and FHD prepared GESI and Equity and Access Programme budgets for inclusion in the 2011-12 AWPB;
- FHD reviewed and updated the EAP implementation guidelines;
- 14 locally contracted district EAP focal persons were oriented on their roles and functions in a workshop organized by FHD;
- IEC/BCC materials were reviewed and finalized with NHEICC staff to improve the quality of visual and written messaging.

***Tools**:*

- MoHP prepared guidelines for the operation of One-Stop Crisis Centre for victims of gender based violence (GBV);
- FHD developed TORs to support NGO capacity building for the implementation of EAP activities.

***Other**:*

- Discussions were held with Health Secretary Sharma and several senior officials on establishing a GESI Unit within MOHP. The Secretary proposed the formation of a GESI task force to take this forward. TORs for high level strategic GESI support to MOHP were prepared.
- PHCRD mobilised technical support for the finalization of MoHP's Urban Health Policy. A stakeholder workshop is scheduled for May following which the final version will be forwarded to MOHP and the government for approval;
- EAP Adviser support was provided for the design of context specific planning tools and technical guidance to Regional Health Directorates.

## 2.4 Health Policy and Planning /Health Systems Governance

- Two new NHSSP staff started on April 1: Dr Pathak as NHSSP's Health Policy and Planning Adviser/National Lead and Mr Ramchandra Man Singh as Health Systems Governance Adviser.

## 2.5 Human Resources

***Roles, Systems and Structures:***

- A Country Coordination Forum for Human Resources (HR) was established to guide the process of preparing a HRH Strategy.

***Skills:***

- Five technical HR working groups (TWGs) worked to prepare a HR situational analysis to feed into strategy development. MOHP officers have been facilitating the TWGs, writing up group outcomes and coordinating with various stakeholders;
- Updated reports on HRH were prepared by MoHP officers for the Global Health Workforce Alliance;
- MoHP prepared a proposal for WHO requesting their support to complete the HRH profile;
- HRH priorities were identified for inclusion in the AWPB.

***Other:***

- The HR Technical Committee meeting of March 10 was supported by Tim Martineau, the NHSSP HR mentor from the UK, who also met with the HR TWGs. The TC meeting endorsed the progress and plans of the TWGs, and a timeline to produce a HRH strategy by June 30.
- The international HR Advisor will visit again near the end of April.

## 2.6 Health Financing and Public Financial Management

***Roles, Systems and Structures:***

- MoHP revised the electronic AWPB, linking it to the Financial Management Information System (FMIS). The eAWPB will be piloted in 3 districts.

***Skills and Performance:***

- MOHP produced an Annual Budget Analysis for 2010/11. This included preparing dummy tables, analysing and interpreting data, and writing the report in accordance with the standard format:
  - ❖ The report was discussed at the JAR in January, and was used by policy makers to request additional health budget;
  - ❖ Data from the report were used to prepare MoHP's Financial Management Report;
  - ❖ The report also resulted in the dummy tables being used to prepare the next AWPB.
- The Financial Management Section prepared a Financial Management Report in accordance with the WB format. The FM adviser worked to enhance the analysis, interpretation and reporting skills of the section's staff and to specifically underline the importance of timely FMR reporting;
- The Policy Planning and International Cooperation Division compiled several health financing studies which were presented at a WB supported Social Health Protection workshop in March. This compilation will inform the development of MoHP's health financing strategy;
- The PPICD reviewed last year's expenditure breakdowns and prepared programme and budget entries for the 2011-12 eAWPB in line with the NPC approved format.

***Tools**:*

- TOR for Health Financing cluster groups were prepared and are currently pending approval;
- TOR for the health facility survey (focusing on demand side financing) were drafted.

## 2.7 Demand-Side Financing and the Aama Programme (Feb – March only)

***Skills:***

- FHD developed a concept note for monitoring of the Aama programme, including the involvement of private sector organisations. The monitoring exercise will be funded by WHO;
- FHD staff prepared a report on Aama for the HMIS Annual Report.

***Tools**:*

- TOR for a Demand-side Forum were developed with a view to harmonizing all demand-side financing schemes;
- TOR for social audits and the rapid assessment of the Aama programme were prepared by FHD;
- An outline 3 year regional plan was developed with the Regional Health Directorate in Far Western Region;
- TOR for the maintenance of the Aama database in FHD were prepared.

## 2.8 Procurement and Infrastructure

***Roles, systems, structures and Performance***

Improved systems and tools were introduced in LMD, to follow best practice for procurement, in the following areas:

- buying, presenting and accepting bid documents;
- procedures for bid opening and closing;
- briefing notes for bidders to help them improve the quality of their bids
- pre-shipment, post-shipment and onsite inspection processes (arranged for SMNH equipment), to be continued by LMD
- e-bidding for infrastructure contracts which can lead to the elimination of cartels and extensive cost savings;
- a template for the procurement of consultant services
    - ❖ this template is now in use by NCASC.

***Skills and Performance:***

- Management Division staff managed the Evaluation of Expressions Of Interest (EOIs) process and proposals for training of the NCASC evaluation team;
- Training was provided on WB procurement procedures for senior managers in LMD;
- Guidance was also provided on quality inspection, reporting, follow up, handover, resolution of discrepancies, negotiations of procurement;

- LMD carried out AWPB planning using new software
    - ❖ this led to reductions in procurement duplications, saving about NPR 120 million (GBP 1.04 million).

***Tools:***

- LMD staff prepared specifications and cost estimates for SMNH equipment procurement for 2010/11. These technical specifications will be included in equipment specification bank;
- A draft infrastructure maintenance policy was prepared;
- Draft standard health facility designs for different ecological zones were prepared by DUDBC staff;
- Draft standard bidding documents were prepared by DUDBC;
- Database development and the assessment of facility status for inclusion in the PLAMAHS system was carried out by Management Division.

***Other:***

- Advisory support was provided for the introduction of e-bidding, the 'bundling' of procurement, multi-year contracts, storage improvements, and complaints procedures for specific procurements;
- A new Senior Procurement Adviser was recruited: Mr. Ron Marrocco will start in mid-April.

## 2.9 Monitoring and Evaluation

***Skills:***

- The HMIS Section facilitated discussions on the adoption of a uniform coding system;
- A detailed work plan was developed for institutionalizing the monitoring of community-based verbal autopsies and facility-based Maternal Death Reviews by the Demography Section in FHD

***Tools:***

- Work to revise HMIS/HSIS indicators, tools, database and the adoption of uniform coding system was started by the HMIS Section;
- TOR for the assessment of Health Sector Information System (HSIS) piloting, and the format for proposals were developed by the HMIS Section.

***Other:***

- Plans were prepared by the HMIS Section for a workshop with government and other key stakeholders on strengthening the HMIS and District Health Information Banks;
- Planning is underway with the Central Bureau of Statistics on calculating the MMR from 2011 census data.
- MoHP's Population Division in preparing District Population Profiles to support local area planning;
- NHSSP advisers supported the EHCS team in preparing studies to assess the functionality of CEOC sites, the piloting of context-specific planning and the health facility study.

## 3. Key Activities Planned for the Next Quarter

- EHCS: Sub-district level planning to reach underserved populations in 3 districts of Mid-Western Region: Banke, Jajarkot, Kalikot;
- MNH: Participation in the SBA policy and strategy workshop;
- GESI: Plan for dissemination of report on Suicide among Women; support to PHCRD to finalise the Urban Health Strategy;
- Health Financing: Develop a pilot linking the FMIS and eAWPB in 3 districts;
- Demand-Side Financing: Production and discussion of a review report of Demand Side Financing schemes;
- Procurement and Infrastructure: Finalise standard bidding documents for infrastructure, goods and services; development of an equipment specification bank; link budgeting with annual procurement plan; introduce e-bidding for goods; make HIIS web-based and real-time based
- Regional support: recruit staff to support RHDs, starting with mid-West and far-West Regions.

## 4. Challenges/Issues Encountered During this Quarter

This period was marked by ongoing political uncertainty, late release of the budget, a short period for annual planning and budgeting, and a number of changes in leadership and staffing in MOHP and DOHS.

### 4.1 Work Planning

The Technical Assistance (TA) work plans have been agreed between Advisers and their counterparts. However, new and unexpected issues which are not in work plans may arise frequently. When Advisers are requested to support these either through funding or time inputs into documents, meetings, workshops and so on, it may mean that other activities are delayed. All the Advisers wish to respond to government requests, but unexpected requests may require that Advisers review their work plans with counterparts to decide if the request can be dealt with, or if it means other activities must be delayed or dropped.

### 4.2 Understanding the practical implications of the Capacity Enhancement approach

It will take time for everyone (including the NHSSSP Advisers) to understand what are appropriate roles and activities for NHSSP. This will also need continuing dialogue, especially when managers and staff are transferred; new officials will need to understand the 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 organizations and groups to carry out functions and achieve desired outcomes".*

Thus both process and outcomes are included: both the efforts 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, but assisting them to carry out their roles. However, it can be difficult sometimes to distinguish between supporting someone and substituting for them eg. preparing slides for a presentation by a manager is a role for their staff, but if the staff don't have the information needed or the capacity to organize a presentation, then NHSSP can assist – but it builds capacity if the NHSSP Advisers help the staff to prepare the presentation, not do it alone. And in unusual situations, such as occurred with the late budget approval in 2011, this means that the pressure to achieve a year's implementation in a short time frame is considerable. In procurement, this meant that the Advisers spent most of their time doing procurement activities, rather than focusing on enhancing capacity for procurement.

The Capacity Enhancement role of NHSSP also means that it has very 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 can't fund activities that would be desirable to do but were not included in the AWPB. This can be a source of frustration in the short-term to counterparts. However, in the long-term, it can help to strengthen the system by encouraging better use of Financial Assistance and change of unhelpful processes that prevent the appropriate use of government budgets.

## 4.3 Ownership of reviews, studies, evaluations

A number of studies have been planned that NHSSP will carry out. The studies include: the health facility (focused on demand-side financing) survey; context-specific (sub-district) planning to reach underserved populations; review of demand-side financing schemes, CEOC functionality study, amongst others.

The appropriate involvement of government in these studies is important, if the results are to be used by government to help achieve NHSP 2 objectives. An appropriate role for government staff in seeing them through to completion needs to be agreed. Government staff do not need to be researchers, but they should have competencies in managing research and evaluation: defining the areas where information is needed, writing TORs and budgeting, preparing criteria for and assessing proposals, especially the methodology, reviewing and critiquing reports, planning for appropriate dissemination.

NHSSP staff need to ensure that government and other stakeholders are involved fully in the planned studies, and that government staff have the competencies to manage them, even though these studies were not initiated by government. Thus, we will be seeking to engage with the

key stakeholder Divisions around these studies to obtain their inputs and ownership, whilst seeking to build appropriate skills. This will also assist government to deal appropriately with the many other studies planned by other EDPs.

## 5. Decisions Needed in the Next Quarter

The work plans of Dr Pathak and Mr Man Singh need to be agreed with PPICD and made known to appropriate stakeholders.
A workshop on the way forward for HMIS and District Health Information Bank, as part of improving and integrating Health Information Systems.
Approval of the TORs of the Steering Committee for NHSSP, once a Minister of Health is appointed.