

# Nepal Health Sector Support Programme 2017-2022

## Achievements, Learning and Future Approaches

### INTRODUCTION

The Nepal Health Sector Programme III (NHSP3) is the UK's support to the health sector in Nepal. The UK has been a long-term partner of the Ministry of Health and Population (MoHP), Nepal, spanning periods prior to and for the duration of the health sector-wide approach, in place since 2004. NHSP3 covers financial aid (FA) for the health sector and associated technical assistance (TA). TA helps effective use of FA and enhances national capacity to deliver a resilient health system where no one is left behind. The Nepal Health Sector Support Programme (NHSSP), embedded TA components of NHSP3, works alongside complimentary UKaid TA and collaborates with other health partners to government.

The context has changed dramatically over the last five years of NHSSP. As responsive, flexible TA, we have been able to adapt our support to be relevant for the changing times, notably transition to federalism (from 2015) recovery from the earthquakes (2015) and response to Covid-19 (2020 ongoing). Whilst adapting our TA, we remained focussed on the steps needed to improve sector outcomes, laid out in the Ministry of Health and Population's (MoHP) Health Sector Strategy,

to which NHSP3 Outcomes are aligned. Our approach linked policy making with the annual planning and budget cycle and fed evidence back into policy. NHSSP was organised in to three thematic areas, Coverage and Quality, Leadership and Governance and Data for Decision-Making, linked to the outcomes. Our team worked "embedded" i.e., placed within, the health institutions we supported at federal, provincial, and local levels of government.

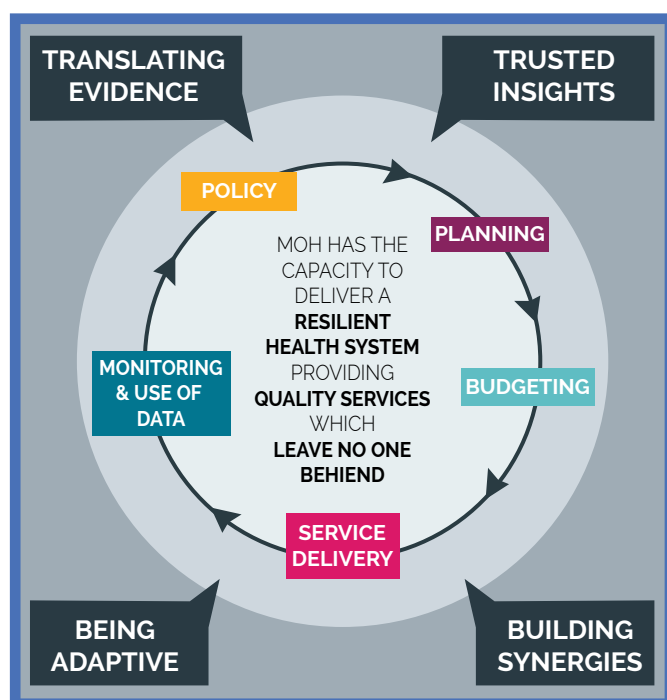
This is a summary of key achievements, learning, and ways forward. This report marks completion of the current phase of TA provided by the consortium partners, Options, Oxford Policy Management and Herd International. The UK continues to support the health sector in Nepal.

### KEY ACHIEVEMENTS AND LEARNING

#### *Supported health reform in the time of federalism: Analytics, policy development and new regulations*

NHSSP supported the Government of Nepal (GoN)/ MoHP for structural changes in the health sector in line with the new federal constitution which devolved accountability for health service delivery to seven provinces and seven-hundred and fifty-three local level governments (LLGs). We undertook a stock-take of unitary government policies to develop coherent policies for the federal context. We led or contributed significantly to development of over thirty different policies, strategies or guidelines that directed health sector functions in the new context. Key documents include:

- **Strategies:** Nepal Health Sector - Strategic Plan 2022-2030; National Health Financing Strategy; Public Procurement Strategic Framework (PPSF); Public Financial Management Strategic Framework (PFMSF)
- **Guidelines:** Health Sector Monitoring and Evaluation in Federal Context; Gender Responsive Budgeting Guideline for the Health Sector, 2076; Leave No One Behind budget marker-guideline 2078
- **Plans:** Safe Motherhood and New-born Roadmap 2030; Integrated Health Information Management Roadmap 2022; National Nursing and Midwifery Policy, Strategy and Action Plans 2019-2022



#### OUTCOME 1

Increased use of quality health services, particularly by the poor and disadvantaged

#### OUTCOME 2

Strengthened health sector management and governance at federal, provincial and local levels

#### OUTCOME 3

Evidence-based planning and decision making

An essential part of government's commitments federalism is delivery of Basic Health Services (BHS) by LLGs. NHSSP has supported key steps for this reform:

- Public Health Service Regulations setting out the responsibilities for service provision at each level of government
- Standard Treatment Protocols to ensure that service provision follows globally recommended practices.
- Facilitators guide for training and implementation guidelines for provinces and local levels
- A monitoring dashboard e-platform that all levels of government can use

**TA Learning:** This substantive support to MoHP during a time of change was possible as we could closely engage with the restructuring process. As embedded TA we were able to continuously participate in government process to track, agree and provide instrumental TA to support the development of several policies and to generate and analyse the evidence to effect change.

**System learning:** Many key drivers of change from the near complete NHSS remain relevant, such as supporting federalisation, strengthening responsiveness and resilience to future health shocks and climate change; and there is a critical need for focus on delivery of high quality and equitable health services.

**Enabled early learning through a "Learning Lab" approach in select Local Level Governments (LLGs)**  
 'Learning lab' refers to selected LLGs where contextually tailored, evidence-based interventions were implemented and tested with the aim of strengthening local planning and budgeting to leave no-one behind.

NHSSP provided flexible support to the local governments and tracked improvements in through a composite index measuring health services

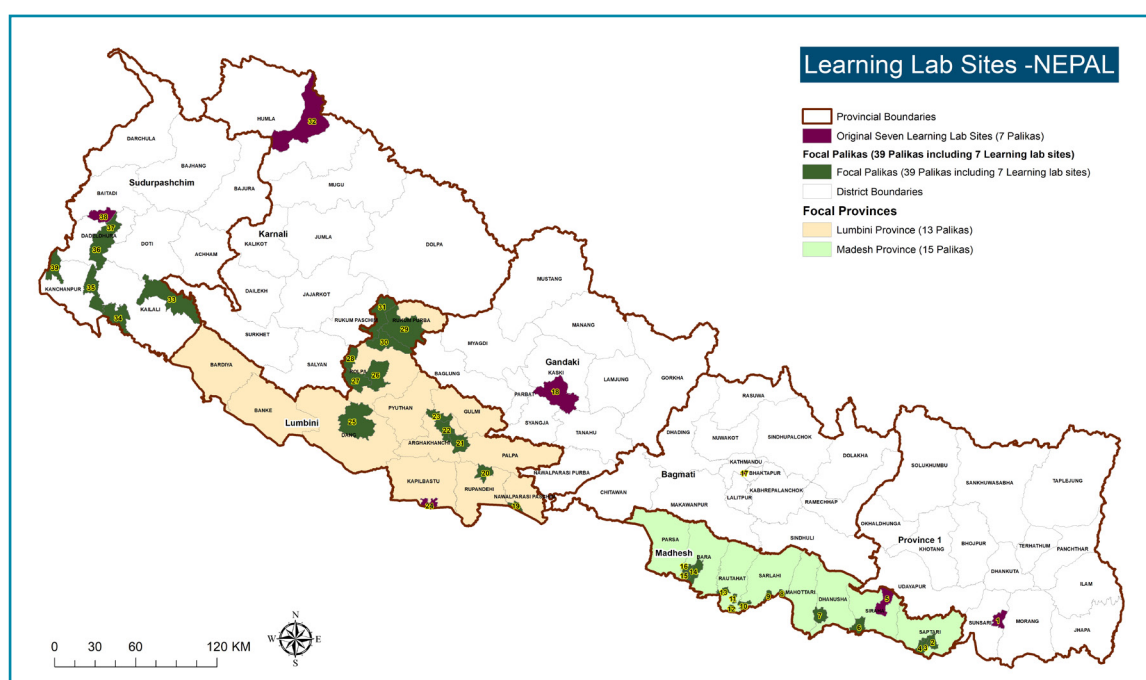
effectiveness. This index combined weighted scores of service availability and readiness, financial effectiveness, service coverage and health information system indicators. Composite scores of the focal local governments showed an improvement of nearly 20 points over the years of support, reflecting the effect of the tailored support provided to each of the local levels across the various technical areas

**TA Learning:** Establishing TA credibility and appreciation of its value takes longer at subnational levels where there was no direct relationship between financial aid from the UK and local workplans and budgets. However, the longstanding recognition of NHSSP at the federal level facilitated acceptance of embedded TA at sub-national level, as many government positions were devolved.

**System learning:** The first group of local level governments were an important vehicle for learning about the implementation of federalism in 'real time'. It helped identify the early gaps for coordination, collaboration, and coherence across the three levels of government and the emerging opportunities for strengthening local level health systems.

### Laid the foundations for local levels to improve service quality

Beyond the Safe Motherhood and Newborn Long-Term Plan, we helped government to develop tools to improve quality at different levels of the health system including clinical mentoring and the development of service standards. A clinical mentoring approach was successfully piloted by NHSSP, and subsequently scaled-up in 2017 by FWD. Assessment results show that services quality and readiness for signal functions at BC/BEONC and CEONC facilities improved after mentoring sessions.



NHSSP supported the development of the Minimum Service Standard (MSS) tools for the primary level health facilities which were successfully piloted in the Learning Lab sites (see above) and subsequently rolled out across the nation. NHSSP continued to support roll-out of MSS implementation across different levels of public health facilities. The average MSS score on governance and management and on clinical services improved in the Learning Lab sites.

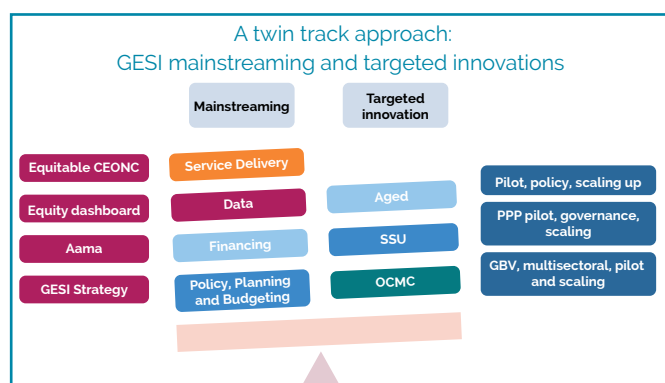
**TA learning:** TA effectiveness at the local level can be limited by a lack of clarity on roles, responsibilities, and accountabilities within the system. Real improvements to quality of care at the point of service delivery can be beyond TA influence at the local level, unless the more upstream challenges within health governance are addressed.

**System learning:** Although some of the foundations for improving the quality of services have been established, these mechanisms are insufficient and inconsistent. The absence of an accountable institutional home across governance levels dilutes the efforts due to challenges related to budgetary flows, allocations, and current supervisory mechanisms.

### Facilitated the creation of a gender and socially inclusive policy environment

NHSSP has supported MoHP to institutionalise GESI into the health system by taking a twin track and interconnected approach with activities in one area catalysing and contributing to progress in the other:

- mainstreaming GESI into the health system building blocks
- targeted innovations that pilot and test service delivery models for especially vulnerable populations.



Key achievements are institutionalisation in MoHP of Gender Responsive Budgeting and the Leave No One Behind (LNOB) budget marker that tracks the proportion of government health budget spent on for excluded and vulnerable populations. In targeted interventions have led to scaling up of hospital-based services for survivors of gender-based violence at One Stop Crisis Management Centre (OCMC) for disadvantaged groups at Social Service Units (SSUs).

**TA learning:** The twin track approach helped maintain momentum, engage a broad set of stakeholders with different perspectives and responsibilities, and navigate bottlenecks. However, to work within the complexity of the health system and the political environment requires flexibility and space for TA to adapt and be responsive to demands.

**System learning:** Mainstreaming GESI into governance, policy, planning, and information systems is complex and requires sustained leadership, commitment, and accountability to future-proof the health system for equity and inclusion. Targeted interventions for disadvantaged populations are a necessary but insufficient means of achieving equity, inclusion and UHC.

### Strengthened the evidence generation processes that can contribute to equitable planning and action

NHSSP has supported FMOHP, provincial and local governments to improve the data systems so that they generate high quality data and has enabled evidence-informed strategic decision-making by supporting data use through various mediums and fora.

In partnership with WHO and GIZ, NHSSP has helped MoHP develop an Integrated Health Management Information System (IHMS) Roadmap, 2021-2030. E-health initiatives have enabled better data sharing across governance levels. The electronic Logistics Management Information System was also expanded nationwide connecting local levels and public hospitals to a real time data system. Better use of data for decision-making is shown by an increase in budget allocation by local level governments for priority activities such as post-natal care, emergency obstetric care, referral services based in their Annual Workplans and Budgets (AWPBs), based on evidence.

**TA learning:** Improvements to large data systems are time and resource intensive. Although there is a growing acknowledgement and reference to the importance of data, concerted TA efforts are needed to gain buy-in at the facility level for ensuring data quality and regular data reporting.

**System learning:** Evidence generation and quality has improved significantly but its systematic use to develop contextually relevant local level project plans is still limited. Progress in making various types of data more accessible in terms of availability as well as understanding, has been instrumental in helping sub-national stakeholders to reflect on implications for their jurisdictions, but application of these findings to improved resource allocations and use must be strengthened further.

### **Raised the standards to which health infrastructure is built so that facilities are multi-hazard resilient**

Seismic and functional retrofitting of two large referral hospitals (Bhaktapur and Western Regional Hospitals) has been a flagship demonstration project, highlighting the validity and cost-effectiveness of the retrofitting approach. Key achievements include

- Demonstrated functional and 'green' (environmental) retrofitting to modernise these facilities, meet national standards, and improve energy efficiency and water management
- Compliance with the National Building Code (developed with significant NHSSP inputs as part of national improvements to seismic safety) ensuring that retrofitting follows top-level seismic and structural safety standards.
- Development of the National Health Infrastructure Development Standards (NHIDS) which are service construction standards, designs, and facility typologies.
- Multi-Hazard Resilient health infrastructure planning and development in three focal provinces where more than 100 people have been trained in Multi-Hazard Resilient planning.
- Embedded modern Health infrastructure standards, including for disability access, as part of national government procedures.

### **Supported the country to respond effectively to pandemics and other health emergencies**

- NHSSP was able to mobilise TA embedded in the MoHP and DoHS to provide surge capacity for preparedness and response from the onset of the epidemic and continued to be firmly placed at the heart of the action, in the Health Emergency Operations Centre (HEOC) and in the different MoHP and DoHS programme divisions.
- Team members actively contributed to discussions at the Incident Command System, HEOC, supporting decision-making and flow of information; they helped the ministry to develop technical plans, strategies, guidelines, standards, and protocols.
- In partnership with WHO, the NHSSP team worked to support the ministry to develop comprehensive Health Sector Emergency Response Plan for COVID-19, and to initiate activities that they conceptualised and supported.

### **FUTURE APPROACHES**

- Local levels can benefit from direct embedded TA, particularly in locations that face serious capacity and resource challenges. This creates local confidence in evidence-based planning and implementation. Broad support can be replaced with more specific TA in future.
- At local government level the space between political and technical decision making is narrow, implying that political decision-makers need the information and incentives to make the right decisions for health impact. 'Thinking and working politically' needs to go hand-in-hand with technical analysis and advice for effective subnational TA.
- TA can be inefficient in the current federal context without a high level of co-ordination by government to ensure that support aligns with needs at each governance level and geography. Strategic deployment of TA will help to address current concerns about the lack of capacity of subnational governments to assess and respond to local needs, enabling them to set priorities to meet national goals in a balanced manner.

### **REFERENCE DOCUMENTS AVAILABLE AT:**

**UKaid-NHSP 3 Nepal Health Sector Programme**  
([nhssp.org.np](http://nhssp.org.np))

e-Health initiatives developed with NHSSP support:

- Nepal Health Facility Registry (<https://nhfr.mohp.gov.np/>)
- National Health Sector Strategy- Results Framework monitoring portal (<http://nhssrf.mohp.gov.np/#/root/2/>)
- Good health practices (<https://goodpractices.mohp.gov.np/>)
- Routine Data Quality Assessment (RDQA) portal (<http://rdqa.mohp.gov.np/>)
- health equity monitoring portal with dashboards which includes data series from different sources like HMIS, NFHS, NDHS) (<http://hed.mohp.gov.np/>)
- Basic Health Service Monitoring platform (DASHBOARD)
- CEONC provision monitoring platform (CEONC provision monitoring dashboard)

