



Nepal Health Sector Support Programme (NHSSP)

Date: July 29, 2022



Contents

List of Abbreviations 3

Background 4

Process of development of BHS Monitoring Framework and Dashboard..... 5

 Inception meetings..... 5

 Technical working group 6

 Framework development..... 6

 Web based dashboard development 7

Some key learnings..... 7

Next Steps..... 7

Annexures 8

LIST OF ABBREVIATIONS

BHS	Basic Health Service
CSD	Curative Service Division
DoHS	Department of Health Services
FP	Family planning
HMIS	Health Management Information System
IHIMS	Integrated Health Information Management Section
IMNCI	Integrated Management of Childhood Illness
KPI	Key Performance Indicators
MNCH	Maternal Neonatal and Child Health
MoHP	Ministry of Health and Population
NCD	Non-Communicable Diseases
NDHS	Nepal Demographic and Health Survey
NHFS	Nepal Health Facility Survey
NHSSP	Nepal Health Sector Support Programme
PHS	Public Health Service
TWG	Technical Working Group

BACKGROUND

The 2015 constitution guaranteed free, basic and emergency health services for every citizen. The Basic Health Service (BHS) package is a comprehensive set of preventative, promotive, curative, rehabilitative, ayurvedic and allied health services that was approved in 2021 as a part of the 2018 Public Health Service (PHS) Act. The PHS Act, 2018 and Public Health Regulations, 2020 list nine service areas as the Basic Health Services that are to be delivered free of cost. While the PHS Act guaranteed that every citizen would receive free services, the PHS regulations outlined that all basic health service centres and other health institutions at each level of government would provide free services as designated in Schedule 1 of the PHS Act.

Each level of government is required to monitor the delivery of basic services from all levels of health facilities. A uniform and standardised framework that supports analysis, appropriately presents data and is relevant across all levels of governments is needed. In doing so, this enables the respective levels to monitor progress in service delivery and use. The Curative Service Division (CSD), a focal entity overseeing the implementation of BHS, envisaged a digital dashboard to support all levels to access the necessary and appropriate information. In addition, this dashboard was aimed as a way to encourage better use of the data and reduce the need for additional data collection.

Routine and survey data that is regularly gathered by the Ministry of Health and Population (MoHP) could provide useful information to track service progress at each level but also needed to be packaged appropriately to make it accessible and encourage better use of the existing data. Large amounts of this routine and survey data has been periodically analysed and synthesised in the past to support clinical, operational, and strategic decision-making by service providers and policymakers. The current requirement is to support the regular supply of analysed/synthesised information specifically packaged to monitor BHS, which could be referred to easily by decision-makers at each level. A set of Key Performance Indicators (KPIs) for each of the nine service areas of the BHS was presented through a dashboard.

Having identified the need for monitoring, the CSD requested Nepal Health Sector Support Programme (NHSSP) to support the development of the BHS monitoring framework and the dashboard. Following this, NHSSP has been providing technical assistance to CSD since January 2022. Hence, this document reports on the process NHSSP supported with. This process note is accompanied by the BHS monitoring framework (excel sheet); guideline for the monitoring framework; and the link to the BHS monitoring dashboard and the user guide.

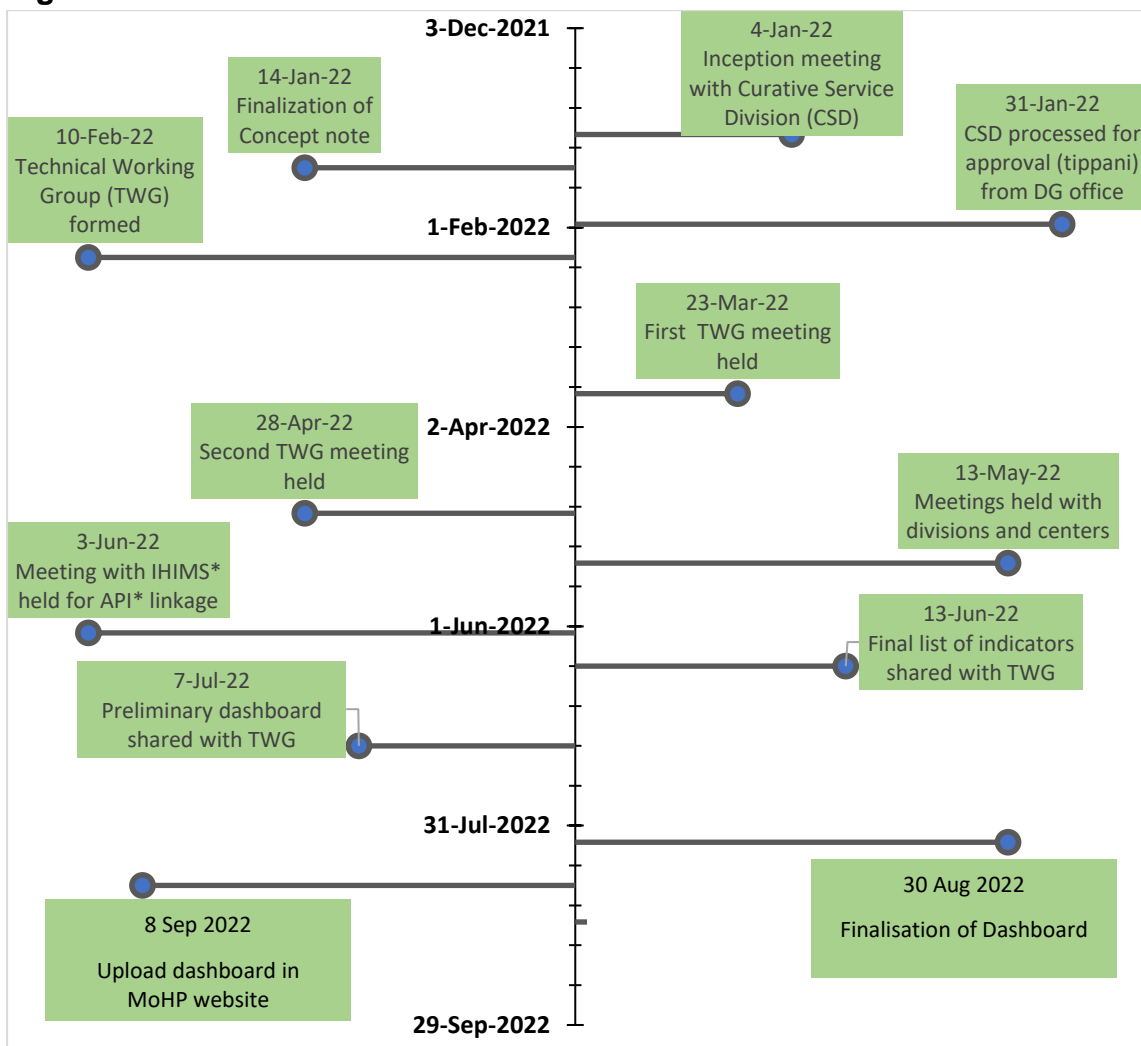
PROCESS OF DEVELOPMENT OF BHS MONITORING FRAMEWORK AND DASHBOARD

INCEPTION MEETINGS

The first step of TA support was to agree on the scope of the monitoring framework and the online data dashboard. An initial meeting was held between CSD and NHSSP to discuss and agree on how the dashboard would be undertaken as part of the Smart Health Initiatives of the MoHP, and that it would be hosted on the MoHP website. Following the agreement, NHSSP supported CSD to develop a concept note for developing the web-based platform for BHS monitoring focusing on its availability and utilisation. CSD shared this concept note and sought a formal approval from the Director General Office, Department of Health Services (DoHS).

In addition, CSD and NHSSP agreed on a timeline for completion of the task within June. However due to technological challenges and delay in the process for finalising indicators and receiving approval for dissemination in MoHP website it was delayed than agreed timeline. Figure 1 shows the timeline for the steps that were taken to finalise the dashboard

Figure 1 Timeline



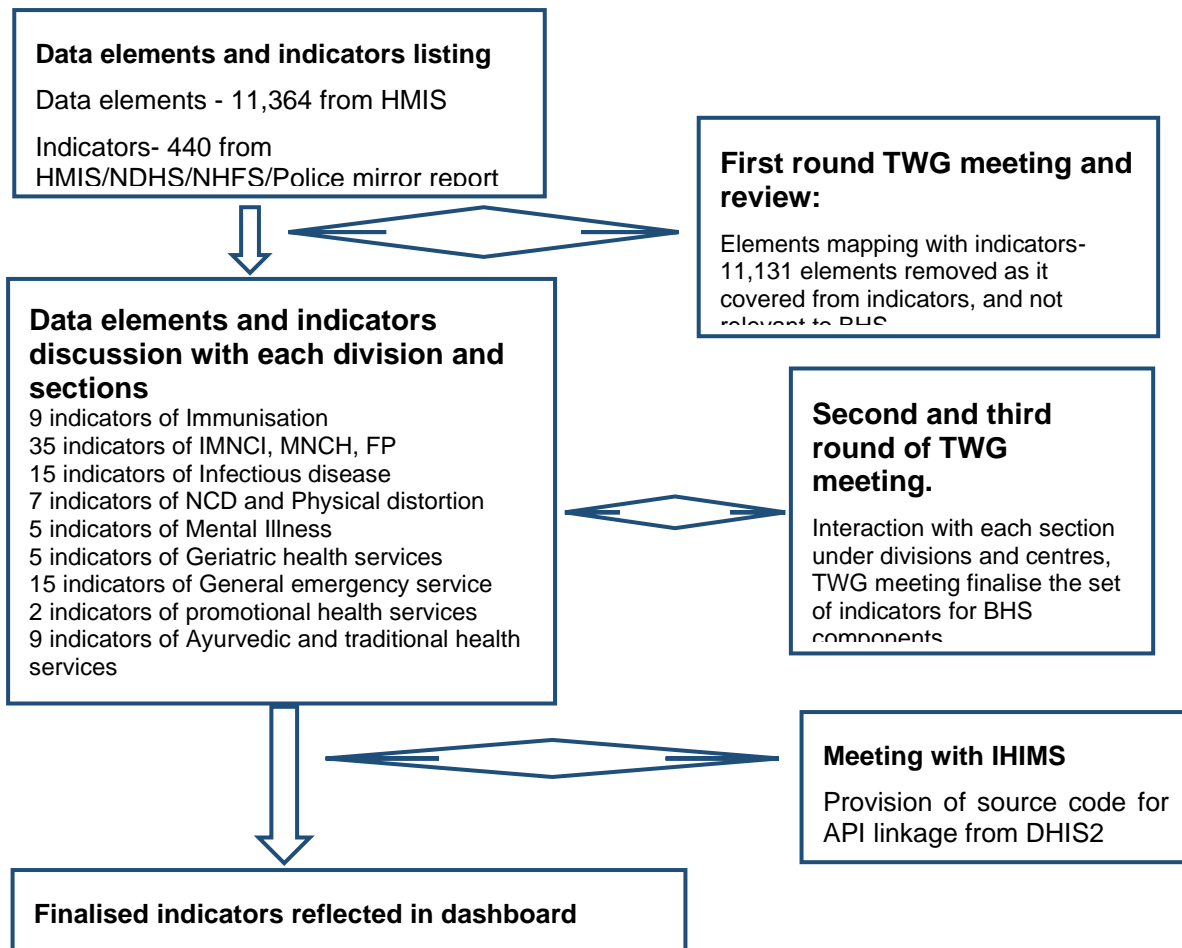
TECHNICAL WORKING GROUP

Upon receiving approval for the concept note from the Director General, a Technical Working Group (TWG) was formed consisting of representatives from relevant divisions and centres under the leadership of CSD Director (**Please see Annex 1 for the list of members in the TWG**). CSD also established a taskforce to identify a list of indicators to monitor utilisation and availability of BHS. This list of indicators was agreed with all the designated sections in DoHS before finalisation.

FRAMEWORK DEVELOPMENT

The taskforce prepared a list of indicators with available data along with the sources of data (e.g., routine information data, survey data). The indicators included would provide information on service availability as well as utilisation. A list of these indicators was shared at TWG meetings and subsequently some were selected as key indicators to ensure that they were representing each of the service areas. It was also important that the disaggregated data from the selected indicators was available. As displayed below, Figure 2 captures the details of the three rounds of TWG meetings for seeking inputs, approval of indicators and the framework. Please note the full list of indicators that were shortlisted for monitoring is provided in the monitoring framework.

Figure 2. Development of the Monitoring Framework



WEB BASED DASHBOARD DEVELOPMENT

The dashboard compiled with indicators for each BHS components was developed by a software company contracted by NHSSP on behalf of CSD. Draft versions of the dashboard were presented to the core-group in which they provided the required feedback for the final version. The final version is hosted on Health Dashboard under Smart Health Initiatives in the MoHP website in the link <http://128.199.69.221:8888/>. This will be shared with other stakeholders at the federal and provincial level as per the CSD’s suggestion.

SOME KEY LEARNINGS

Constituting a TWG and taskforce has been proven to be a conducive approach to create ownership of a product and the process for monitoring. This has been reinforced through the current process too.

Currently, it is important to have a clear understanding of roles and responsibilities from the various components within the government (e.g., MoHP and DoHS) so that the technical assistance can be tailored accordingly. A lack of clearly defining these roles and responsibilities is partly due to the nature of transition where certain responsibilities have been devolved to the sub-national levels too. The challenge, therefore, is finding clarity on operational aspects of additional oversight, supervision or support that might have to be done as a response to the tracking of progress via the dashboard.

Technological aspects including the process of creating linkages from a database such as HMIS to a visual dashboard can be challenging particularly with multiple access permissions that need to be set up and can only be identified through iterative processes. This can be time-intensive and could be more efficient if expert advisory support could be given to the software developers.

NEXT STEPS

NHSSP will support the dissemination and orientation of the dashboard to key stakeholders including MoHP/DoHS/CSD, the provincial and local level governments.

The use of dashboard needs to be promoted and advocated among a wider set of stakeholders. It also needs to be updated as per the availability of data on a periodic basis. CSD has budgeted for this activity in their annual work plan for FY 2022/23.

NHSSP will provide periodic technical support to ensure the smooth functioning of the system and subsequently hand this over to the focal person at CSD.

ANNEXURES

Annex 1 List of members in Technical Working Group

Name	Organisation
Dr. Pawan Jung Rayamajhi	Curative Service Division
Dr. Pomawati Thapa	Curative Service Division
Mr. Kamlesh Mishra	Curative Service Division
Dr. Amrit Pokhrel	Epidemiology and Disease Control Division
Ms. Amrita Pahadi	Family Welfare Division
Mr. Puskar Bijukshe	Integrated Health Information Management Section
Ms. Priyanka Khatiwada	Quality Standard and Regulation Division
Mr. Ravi Kant Mishra	Policy Planning and Monitoring Division
Mr. Kashim Shah	Nick Simon Institute
Ms. Kimat Adhikari	World Health Organisation
Ms. Milima Singh Dangol	Nepal Health Sector Support Programme
Dr. Paras Chipalu	Nepal Health Sector Support Programme

Annex 2 List of people involved in indicator finalisation and dashboard development

Name	Organisation
Dr. Amrit Pokhrel	Epidemiology and Disease Control Division
Dr. Phanindra Baral	Epidemiology and Disease Control Division
Dr. Rabindra Baskota	Epidemiology and Disease Control Division
Dr. Hemanta Ojha	Epidemiology and Disease Control Division
Mr. Bhola Roka	Epidemiology and Disease Control Division
Dr. Punya Poudel	Family Welfare Division
Mr. Sagar Dahal	Family Welfare Division
Ms. Kavita Aryal	Family Welfare Division
Mr. Dipak Jha	Family Welfare Division
Mr. Ashish Timalsina	Family Welfare Division
Ms. Amrita Pahadi	Family Welfare Division
Ms. Nisha Joshi	Family Welfare Division
Mr. Anil Thapa	Integrated Health Information Management Section
Mr. Puskar Bijukshe	Integrated Health Information Management Section
Ms. Suna Laxmi Karmacharya	Population Management Division
Ms. Shila Shrestha	National Health Education, Information and Communication Center
Dr. Babu Raja Amatya	Ayurved and Alternative Medicine Section, PPMD
Mr. Bishnu Dulal	Nepal Health Sector Support Programme
Mr. Harsha Raj Dahal	Nepal Health Sector Support Programme
Mr. Avay Raj Shrestha	World Health Organisation
Mr. Padam Dahal	GiZ

Name	Organisation
Mr. Binod Joshi	Track 20/Avenir Health
Gaurab Acharya	Nepal Health Sector Support Programme (Consultant)
Navaraj Bhattarai	United Nations Population Fund (Consultant)
Mr. Niraj Gorkhali	Smart Solutions
Mr. Sumair Pradhan	Smart Solutions