Technical Brief

September 2023

Implementation of Minimum Service Standards at Health Posts: Lessons Learnt

INTRODUCTION

A strong health system is defined by accessibility and the quality of care it provides. Universal Health Coverage and the Sustainable Development Goal 3, that the Nepal's health sector hopes to achieve, can be realised only when these foundations of access and quality of services are robust. Nepal's Ministry of Health and Population (MoHP) launched the Health Post Level Minimum Service Standards (HP-MSS) programme to improve the quality of health services in local health facilities. The MSS tool takes a comprehensive approach at the health facilities through assessing the status of governance and management, clinical services management, and support services management, identifying gaps and addressing the gaps to improve quality of care provided at these sites. It is designed as a self-evaluation tool which helps facility level management and providers identify issues that can be addressed by themselves or communicated to respective authorities for action. The standard-based assessments help them develop action plans which may require both technical and financial inputs and governance commitments.

HP-MSS findings discussion at Palhinandan municipality. (NHSSP)

The UK funded technical assistance to MoHP – the Nepal Health Sector Support Programme (NHSSP) has supported a comprehensive review aimed at understanding the present status of HP-MSS implementation at selected health facilities with a special focus on implementation of action plans. This brief provides a summary of the findings.

METHODS

A mixed-methods approach was used with a greater reliance on qualitative methods. The review covers four local governments from Lumbini (Palhinandan and Malarani) and Madhesh provinces (Dhangadimai and Malangawa) and included health facilities where at least two rounds of MSS assessments had been conducted and action plans had been developed.

Method	Data / Source	Objective
Quantitative	• Recent data from selected facilities HP-MSS assessments • Review action plan and its implementation status	To review the current status of HP-MSS implementation and action plan development following the HP-MSS assessment
Qualitative	• In-depth interviews • Focus group discussions.	To document the lessons learnt from HP-MSS implementation, process of developing and implementing action plans, its barrier and facilitators and its linkages to broader quality improvement initiatives

Table 1: Study methods and objectives

Totally 19 interviews and eight focus group discussions were held with participants from the Health Facilities, HFOMC, Local levels, District Health Offices, Provincial and Federal government.

FINDINGS

HP-MSS assessment process	Development of action plan	Implementation of action plan
• The HP-MSS implementation guideline recommends a six-monthly assessment at each health facility. However, inadequate budget at local levels and busy schedules of the municipal/ ward officials often hampered the regular conduction of assessments. • The provincial government primarily focuses on the Hospital MSS and provides support mainly in coordinating the implementation of HP-MSS. The district health office plays a crucial role in providing orientation, technical support, and coordination to municipalities and health facilities, while municipalities have the direct role of planning and implementing the MSS at health facilities. However, the level of coordination between the health office and local levels were not uniform and seemed to be "people dependent" rather than "system driven". Inadequate reporting channels also contributed to the incoherent implementation.	• During the MSS action plan development process, participants, including HFOMC members and health workers need to engage in several key steps. The study found that the process of action plan development in the selected health facilities followed the prescribed process. They conducted MSS assessments which supported them in identifying gaps. Action plans were developed based on the gaps identified. Local solutions that could be implemented at health facilities and had lower budgetary requirements were prioritized. However, prioritization of action plan development varied with the number of action plans ranging from 4 to 72 per health facility. • All the action plans developed had vital components such as description of the activity, responsible person and time frame for implementation. However, only half of the facilities included budgetary requirements in their action plans.	• Facilities which had budget requirements calculated for the action plans accomplished significantly more action points and resulted in improved MSS scores. Overall,38% of the action plans developed during the first assessment were completed in the follow up assessment. • Lack of resources that can be used flexibly at the health facilities, ward and the local levels were the most cited reasons for inability to implement the action plans. However, inconsistency in following up of the action plans developed in the previous assessment was also found with the MSS assessments being implemented as quality assurance events rather than a process which can support continuous quality improvement.

Effect of HP-MSS

MSS scores of the health facilities

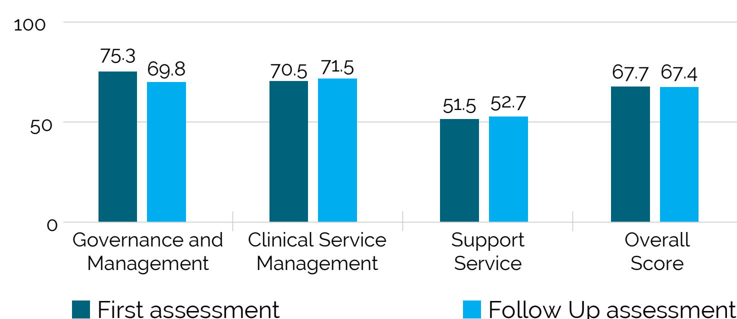

Figure 1: MSS scores (%) of the health facilities (n = 8)

The average scores were very similar in both first assessment (67.7%) and follow up (67.4%). Health facilities in Madhesh province had slightly higher MSS scores compared to Lumbini province in both assessments.

The score decreased from 75.3% to 69.8% in the 'Governance and Management' domain, while the scores slightly increased in 'Clinical service management' and 'Health post support service' domains. These findings suggested that the implementation of MSS did not contribute to overall improvement in service quality standards in health facilities. However, the qualitative findings highlighted several benefits of MSS implementation. MSS helped identify previously overlooked gaps in health facilities, leading to increased local-level investment in the health sector. Likewise, the gaps identified through MSS assessments often became priority items for advocacy for inclusion in the health sector's Annual Work Plan and Budget (AWPB), through regular HFOMC, ward and local level meetings. It has also supported the local political leadership with an understanding on the actual gaps and needs of the health facilities.

ENABLERS AND BARRIERS

Level	Enablers	Barriers
Health Facility	• Active formal governance structure at facility level (HFOMC) • Availability of HP-MSS guidelines and tools. • Technical and financial resources from development partners. • Good physical infrastructure • Availability of trained human resources	• Low understanding of the importance of MSS • Lack of regularly facilitative and supportive guidance. from local level and health office. • Local levels are irregular in conducting follow up at six months as directed by guideline. • Lack of budget at health facility level. • Lack of physical infrastructure and human resources at health facility. • Poor recording and reporting of HP-MSS. • Multiple assessments at health facility level with duplication of efforts.
HFOMC	• Multidisciplinary team (Political, technical and social) to figure out solutions of problems. • Commitment and willingness. • Capacity building of HFOMC members on HP-MSS. • Uniform understanding and voice for advocacy during AWPB.	• Irregular conduction of HFOMC meeting. • Multiple responsibilities of the HFOMC chair. • Availability of less time and multiple engagements leading to irregularity in HFOMC meeting. • Low understanding of the importance of MSS. • Low budget allocation for health facilities at the ward level.
Local level government	• Formal structure for governing quality of care mechanism. • Conditional grant from federal government, although limited. • Leadership commitment. • Increased allocation of local level budget in health sector. • Presence of supporting partners both financially and technically. • MSS focused review. • Platforms such as monthly meetings with health facilities.	• Lack of designated focal person at municipal level familiar with MSS. • Low understanding of the importance of MSS. • Conditional grant limited to solve the need of health facility and no flexibility to expend the budget. • Minimal budget allocation at local level for the gaps identified through MSS. • Poor recording and reporting of HP-MSS. • Inadequate human resources at the local level to implement numerous programmes. • Inadequate budget allocation for health.
Health office, province and federal level	• Functional linkages established in the guideline. • Designated focal person. • Trained resource person available. • Capacity building initiatives. • Multisectoral collaboration and coordination. • MSS focused review meetings. • Monitoring and supervision. • Allocation of funds for improving quality of care at local levels.	• Unavailability of focal person at health offices. • Paper based tool, so unable to look at the action point whenever required. • Lack of coordination between the local level, health office and province. • MSS at province focuses on Hospitals rather than health post so not felt in priority. • Poor recording and reporting of HP-MSS. • Poor supervision and monitoring.

LESSONS LEARNT

HP-MSS implementation is an important effort to enhance health care service readiness and quality at the facility level through standards-based identification of gaps and appropriate response. There is some useful learning that has emerged from this review from across the tiers of government as well as the health facilities.

- The success of HP-MSS is contingent on the extent of understanding of local stakeholders, including the health facility in-charge, HFOMC chair, Health Section Chief as well as the political and administrative leadership, regarding the significance of MSS. When there are either gaps in understanding or expectations from what the process can yield, it is not given the priority that it deserves.
- HP-MSS assessments are understood and implemented mainly as an 'event' that needs to be complied with, rather than as a continuous process for quality improvements at the facility level. Most people involved in the process seem to approach the assessments as a quality assurance process, which then gets focused solely on achieving a certain score for the facility. This is a challenge as stakeholders miss out on the details which will help sustain readiness and quality achieved previously on particular standards. For example, some of the indicators on infection prevention such as using the right disposal bins, can improve scores overall, but those that are on HFOMC functioning and governance which can actually sustain quality may not show any change.
- HP-MSS predominantly relies on self-assessment by facility staff, which may affect the quality of assessments and the ability to identify problems.
- Governance structures at the facility and local levels such as the HFOMC meeting, ward level meetings and local level monthly health facility in-charge meetings are the key opportunities that can prioritise, facilitate implementation and track action plans. However as mentioned above, the capacities of health workers, HFOMCs and ward chairs determines the extent to which

MSS action plans are developed appropriately and implemented. There is a two-way relationship between the HFOMC performance and the MSS scores as one affects the other.
- HP-MSS supports evidence-based budget planning and advocacy, and although the action plans may draw from the assessment results, their integration into the local level planning processes is sub-optimal. This lack of integration usually stems from limited political buy-in and the relatively low priority assigned to the health sector within the overall planning framework. The low budget ceilings on the flexible budgets, and lack of flexibility in conditional grants at times affects the extent of contextual utilisation of resources at the local levels.
- Weak and inappropriate prioritisation of actions seems to lead to over-ambition and poor implementation. Priority setting based on manageability, feasibility of implementation, potential impact and availability of resources can facilitate action plan implementation, and this might need more strategic technical thinking within the HFOMCs, facilities and local levels.

RECOMMENDATIONS

Strengthening HP-MSS action plan development, including the quality of the action plan can be done through some concerted measures such as

- Federal and provincial levels **providing comprehensive orientation and training on developing effective action plans** based on HP-MSS assessments, to all stakeholders involved in the process, and (district) health offices providing ongoing mentoring;
- Federal and provincial levels **strengthen health facilities and local levels understanding of HP-MSS as a continuous quality improvement process,** which also focuses on sustaining the standards achieved at each round of assessment;
- Health facilities **prioritising a small set of action points that can be addressed using locally available resources. For action points** requiring larger resources local levels need to coordinate with the federal and provincial government for the required fiscal space;

Making resources available to implement the action plans by

- **Increasing flexibility in financing mechanisms** from the federal and provincial level which allow use of resources for identified gaps and help create an enabling environment for MSS implementation. The levels of conditionality that currently accompany federal and provincial grants limit the extent to which gaps through MSS assessments can be addressed;
- Undertaking a stakeholder mapping to **identify potential partners** (public, private and development), **at the local levels, who can invest in facility level improvements** (e.g., infrastructure), to supplement local government resources;
- Enabling local levels to **use conditional grants strategically to address identified gaps.** For example, Aama funds for the facilities (i.e., not the transport incentive) can be used to improve maternal and newborn health services; and federal level strengthens local level capacities to allocate and spend from these funds.

Improve monitoring and evaluation through

- A greater involvement from the province and district (health office) level to **provide supportive supervision and planning support to the local levels,** and from the federal level to oversee support provided by provinces;
- Federal level prioritising **digitisation of HP-MSS tools and reporting systems** including tracking of action plans to enhance coordination and use of data;
- **Applying insights from hospital MSS,** such as a robust monitoring mechanism with dedicated human resources.
- Conducting joint assessments involving representatives from all levels to track MS results systematically which allows all levels to **jointly assess gaps and progress.** It can also facilitate the development of shared priorities and responsibilities for its implementation.

Building capacity and expertise through

- **Developing a pool of competent resource persons** at the provincial and local level who can provide ongoing support and guidance to local level and health facilities.
- **Including HP-MSS orientation and refreshers in HFOMC training,** particularly on the 'governance' component of the assessment; and orienting political and administrative leaders to generate commitment at local level.
- Federal and provincial levels **developing capacity building packages** for local levels on health service delivery management.

The federal government and external development partners can focus on **enhancing coordination and communication, across stakeholders both vertically and horizontally** at each governance level, to foster a shared understanding of assessment results and the importance and objectives of the action plans, share best practices, lessons learned, and success stories. A systemic approach that promotes synergies between programmes and quality of care interventions to develop comprehensive action plans and use available flexible funds can improve service quality.

September 2023
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