

Partnership in the Health Sector Program of Nepal

EXTERNAL DEVELOPMENT PARTNERS WORKING IN
THE HEALTH SECTOR

JOINT ANNUAL REVIEW
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External development partners in health sector

DFID

Gavi

Global Fund (GFATM)

GIZ/German Dvt. Cooperation

KfW/ GDC

KOICA

USAID

World Bank

UNAIDS

UNFPA

UNICEF

WHO

DFID-NHSSP – FY 15/16

Financial Aid funding to GoN budget for the health sector **£6,000,000**

Earmarked Financial Aid to the FHD budget for Family Planning **£514,760**

Technical Assistance **£4,000,000**

Highlights of the TA support to MOH as follows:

- **MOH/DoHS:** Coordination of 67 MOU for reconstruction with development of Guidelines and Standards to enable Build Back Better
- **LMD:** Support for the timely preparation of the CAPP, development of Standard Operating Guidelines and Framework Agreements
- **PPICD:** Support to the development of the NHSS-IP, documentation for the Federalism High Level Coordination group, updating AWPB guidelines, finalising JFA, DLI development
- **FHD:** Monitoring and technical support for the extension of CEONC to 69 districts; institutionalisation with NHTC of clinical mentoring for SBA

DFID-NHSSP contd:

- **HRFMD:** Support to roll out of TABUCS to all 75 districts and 304 cost centres;
- **FHD :** Support for integration of the Aama and New Born Care programmes
- **PHAMED:** Support to the up scaling SSU from 8 to 16 hospitals, OCMC from 21 to 29 districts, Social Audit Guidelines revised
- **PHAMED:** support to Improving availability and use of data with development and roll-out of routine data quality assessment system, expansion of MPDSR and EWAR (with EDCCD)
- **FHD:** Visiting Providers in place in 8 districts for provision of LARC services. Supported monitoring and supervision of FP services in all regions

Gavi-Contribution to health sector program FY 2015/16

Total (USD)	On budget	Off budget	Commodities
21.3 Million	3.06 Million as vaccine introduction grant	0.4 million as technical assistance through UNICEF and WHO	17.9 Million as commodity support for vaccines

Key achievements

- Campaign for vaccination against Japanese Encephalitis in 45 districts
- Introduction of HPV vaccines as demonstration project in 2 districts
- Introduction of Measles and Rubella Second dose vaccine in routine immunization nation-wide
- Introduction of pneumococcal vaccine in routine immunization nation-wide

German Dvt. Cooperation / GIZ

Contribution to health sector program FY 2015/16:

Total (Euro)	On budget	Off budget	commodities
5.98m (HSSP, S2HSP, Transition Project, Recovery Programme Nepal)		5.98m	

Key Achievements:

After the Earthquake:

- Conducted **detailed engineering assessment** of 764 health facilities (in cooperation with DFID)
- Contributed to improve delivery of essential healthcare services in selected districts
- Built **37 prefab health facilities** in Dhading and Nuwakot

GDC/GIZ continued:

- Supported Social Health Security Development Committee in the **roll-out of Social Health Insurance Programme** (in cooperation with KOICA)
- Supported the **roll-out of DHIS-2 based** in all 75 districts
- Jointly organized the **1st National Conference on Adolescent Health and Development**
- Contributed to starting a **Bachelors in midwifery Programme** in Nepal

GDC/ KFW

On-going:

- Detailed Designs of Jajarkot and Dailekh **district hospitals** – residual funds
- Consultancy Support to “Outsourcing of Maintenance of Medical Equipment in Health Facilities” District and below – residual funds
- Support to Social Marketing/Nepal CRS – residual funds

New Projects/Programmes:

- Support to NHSS through **pool funding** – **Euro 10 m.** – under preparation
- **Maternal and Child Health Project** in Mid and Far Western Regions – **Euro 10 m.** – project consultant selection phase.
- **Rehabilitation/Reconstruction of district hospitals** in Gorkha, Rasuwa, Dolakha and Ramechhap - **Euro 10 m.** – project consultant located @ MoH - Inception phase

KOICA

Contribution to health sector program FY 2015/16:

Key achievements – National Insurance Scheme:-

- supported set up institutional guideline on national health insurance program.
- 227 trained on SOP and insurance management information system (GIZ)
- Curriculum developed and 55 trained on health financing (GIZ)
- Supported initiation of health insurance system through national health insurance support program

USAID

Contribution to health sector program FY 2015/16:

Total (USD)	On budget	Off budget	Commodities
41.4m	2m	39.4m	2.2m (FP)

Key achievements:

With the leadership of the Government of Nepal, USAID supported the achievement of the following results:

- **Family Planning:** Achieved a 21% increase (16% to 37%) in availability and accessibility of all five temporary family planning methods, including Implant and IUCD, in all USAID-assisted delivery sites from 2015 to 2016.

USAID cont'd

- **Nutrition:** Achieved nearly universal exclusive breastfeeding among disadvantaged communities in USAID's project areas.
- **Maternal Health:** Helped to prevent 71,018 mothers from excessive blood loss after delivery.
- **Child Health:** Treated 306,377 children with diarrhea using zinc tablets and oral rehydration salts.
- **HIV/AIDS:** Provided HIV testing and counseling services to 35,424 individuals and provided care and treatment services to more than 4,550 individuals diagnosed with HIV.
- **WASH:** USAID provided support to Nepal's national movement towards Open-Defecation Free (ODF) status by increasing the number of households with improved sanitation facilities. As a result, 34 Village Development Communities achieved ODF status in 2016.

World Bank

Health Sector Management Reform Program-for-Results

Focus: Financial and Procurement Management, & Reporting and Information Sharing for Enhanced Accountability and Transparency

Total fund for the P-for-R is **\$150 million** for **FY 2016/17- FY2020/21**.
All on-budget support

There are **14 Disbursement Linked Indicators (DLIs)** with yearly targets and value attached to it (World Bank, DFID and GAVI)

For the first year (FY 16/17) DLIs, World Bank will disburse \$22 million provided that the first year targets are met by July 15, 2017

Risk- Some DLIs are nontransferable to next year, and country might lose money

DLI targets for FY 16/17 (by July 15, 2017)

DLI 1

- Training on the use of PPMO's online e-procurement completed for at least 20 MoH staff;
- Standard bidding documents for drugs and equipment developed for online e-procurement

DLI 2

- Guidelines for Grievance Redressal Mechanism endorsed by MoH

DLI 3

- Standard specifications for basic package of drugs to be procured by LMD endorsed by MoH

DLI 7

- Access to operate eAWPB provided to MoH, all its departments, divisions, and centers.

DLI targets for FY 16/17 (by July 15, 2017)

DLI 8

- MoH has issued a circular mandating expenditure reporting through TABUCS by all spending units

DLI 9

- All reports containing primary audit queries received by audited spending units available at the MoH and inventory of responses by date provided by individual audited spending units available at the MoH.

DLI 10

- **Plan for roll out of DHIS 2 finalized and DHIS 2 rolled out up to DHO level**

DLI 11

- Citizen engagement mechanism options and public reporting systems developed by MoH for feedback on availability of drugs and facility- level services and disaggregated by gender

UNFPA

Contribution to health sector program FY 2015/16 :-

Total (USD)	On budget	Off budget	Commodities
4.9m	270,000	2.7m (includes health response to GBV)	1.3m (FP) 570 000 (ERH kits)

Key achievements :-

- Supported the Reproductive Health and Gender-Based Violence response following the earthquake
- Together with FHD, Quality improvement and certification tool for Adolescents Friendly SRH services developed (2015), till date 31 HFs certified (1 SCF supported)

UNFPA cont'd:

- 4 public health institutions (BH, SZH, GH, PMWH) strengthened as **comprehensive training and service sites for SRH, and 2(Koshi, PMWH) on ASRH** including BPKHIS as the Obstetric Fistula center (52 cases treated in 2015) and GBV training and referral center.
- Supported the initiation of ICM/WHO standard bachelors level Midwifery education (Nursing council, MoH, Universities)

Multi-sector initiation/support :-

- Comprehensive sexuality education integrated in MOE SSDP
- Support to Safe houses – OCMCs
- Clinical protocol on health response to GBV (2015)

UNICEF

Contribution to health sector program FY 2015/16:

Total	On budget	Off budget	commodities
US \$ 25,722,505	US \$ 9,801,861	US \$ 2,249,147	US \$ 13,671,497

Key achievements:-

- Support to restore back the health services in Tertiary Hospitals and MNCH and immunization services in periphery health facilities by providing tents, human resources, maternity shelter homes, essential drugs, vaccines and commodities in the earthquake districts
- Support to prevent outbreaks of communicable disease by conducting MR campaign in the earthquake affected districts, prepositioning diarrheal kits in all earthquake affected districts, regional stores and central stores. –
- Support for building back better- construction of 74 Prefab HFs (still on going), reestablishing the disaster resilient cold chain system in the earthquake affected districts.
- Support for 5 component of EQ emergency response for Nutrition in 14 districts (IYCF-E, Management of Severe Acute Malnutrition in <5 years, supplementary feed, treatment and prevention of moderate Acute malnutrition in <5 children, micronutrient supplementation and maternal nutrition- counseling and iron folic acid supplementation for pregnant and lactating women.

UNICEF continued:

- Online inventory system for vaccine at central and regional medical stores
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- Support for development of SOP for newborn services for different level and newborn service training packages for different health workers.
 - Provide technical assistant for strengthening MNCAH services in regular program by establishing **Comprehensive Center of Excellence (CCE)** to ensure quality, availability and accessibility of health services closer to the communities in the 15 UNICEF focused districts.
 - Expansion of revised IMNCl program in 3 districts and community based PMTCT program in 9 districts.
 - Support implementation of Multisector Nutrition Plan in 28 districts.
 - Support the National Micronutrient Status survey.
 - Support regular specific Nutrition program (IMAM, micronutrients, IYCF, Golden 1000 Days)

WHO - Contribution to health sector programme FY 2015/16

Total USD	On budget	Off budget
4.8 million	\$ 2.2 million	\$ 2.6 million

Key Achievements:

- **Improved disaster preparedness** – six hub hospitals saturated (prepositioning & functional preparedness), 70 satellite hospitals equipped for functional preparedness (WHO, USAID, and other partners), health sector contingency plan developed in 70 districts; also integrating injury and rehab actions
- **Support to maintain polio free status**; support to **fully immunization initiative** – 21/75 districts declared FID (target: 100% by 2017); Support measles elimination by 2019: **nationwide measles rubella** follow-up campaign in 2015 & 2016
- **NCD** : priorities set, multi-ministerial oversight committee established; **“PEN package”** pilot in 2 districts; Tobacco Taxation Study; **Colposcopy service sites** strengthened in five regions (hospitals) to screen pre-cervical cancer cases following VIA at service sites

WHO ... Cont'd...

Health Systems Strengthening:

- Support to FHD in implementing **Maternal and Perinatal Death Surveillance and Response (MPDSR)** in six districts
- Support to MD in migrating HMIS in **DHIS-2** platform
- Support to MoH in producing and institutionalizing **National Health Accounts (NHA)**
- Support to MoH in establishing **Health Workforce Registry**
- **Mortality Statistics** Improvement Plan developed and national institutes identified for implementation
- Support to MOH on implications of **Federalism**
- Support to DDA on **registration of medicines**

Communicable and neglected tropical disease control

- Support to MoH in developing the **HIV Strategy**
 - Support to NTC in preparing the **TB Prevalence Study**
 - Support to expand **Kala-azar** programme from 12 to 18 districts (6 additional), and surveillance system strengthened
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Key joint achievements – 15/16

- Joint response & recovery from earthquake including significant support for medicines & commodities during earthquake and fuel crisis: most key indicators at least meeting pre-EQ levels
- Improved preparedness & pre-positioning: 6 hub & 70 satellite hospitals
- Endorsement of Nepal Health Sector Strategy (2015-2020) extended by one year and NHSS IP finalized
- Improved and transparent dialogue with partners and GoN for sector management.
- Impressive results being achieved at local level where collaborative Framework is being implemented (Pilot district - Pre JAR visit) with local level planning and spending.

Key joint achievements cont'd:

- Technical and financial assistance for development of a national e-Health Strategy 2016-2021.
- Development and endorsement of Nepal Every Newborn Action Plan 2015-2035.
- Support development of newborn services SOP for different levels & newborn service training packages for different health workers.
- Reforms in Financial Management system initiated
- TABUCS rolled out
- Introduction of social health protection programme in 8 districts by 01/2017

Key joint achievements cont'd:

- Annual review of the agreed action plan from the JAR (Aide mémoire) and Joint Consultative Meeting among MoH officials and development partners.
- Standardization of Infrastructures designs for health facilities
- Framework for procurement reform approved and being implemented
- Health Partnership forum revived
- JFA signed: commitment by both pool and non-pool partners to support the sector

Challenges

- Quality of care provided at both public and private health facilities
- HRH (in service training, absenteeism, frequent transfer, staff shortage)
- Procurement (Stock-outs of commodities, delay, capacity, reform)
- Supply chain Management (stock out, distribution, re-distribution)
- Need for continued improvement in budget performance and execution
- Institutionalising evidenced-based planning for health services, better linked to areas of greatest need and supported by appropriate budgets.
- Regulation of the private sector

Challenges continued

- Partners have own **Organizational Mandate**: EDP health group- can be platform to harmonize comparative advantages & support health sector as a whole
- **TA**: requests sometimes come late & through different 'doors'. Opportunity - partners can help relevant agencies to identify TA needs and embed them in the business plans during AWPB processes
- Partners in **JFA rely on country systems**- challenges arise when audit systems question the eligibility of expenditures & refund has to be made.
- **Better coordination** between divisions, centers for better planning and implementation of plans for better results and outcome.
- How to ensure **access and utilization of health services by the most disadvantaged communities including** overcoming current obstacle to enroll poor and disadvantaged people (no official list of the poor available → target group cannot be enrolled)

Prospects

- Use of data and evidence for decision making and future planning (NHFS, NDHS, NMICs...)
- Opportunity to harmonize government TA needs in line with EDP mandate and to focus further on skills transfer.
- Health Financing Strategy first important step towards costing different types of free health care packages and services
- Federalism provides challenges but also opportunities to suggest and implement reform- lessons can also be drawn from the collaborative Framework implementation (MOFALD/MOH).
- Rolling out of DHIS-2 software to facility level

Thank you

