Local Health Governance

(Decentralized Planning)

Pre – JAR field visits to Jhapa and Saptari districts

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Presentation Outline

- Background
- Findings
- Issues
- Recommendations

BACKGROUND

Team Members

- 1. Dr. Dipendra R Singh, Director, PHAMED
- 2. Mr. Bhaktaraj Joshi, Planning Section Chief, MOH
- 3. Mr. Sagar Ghimire, SPHA, MD/DoHS
- 4. Mr. Krishna Murari Neupane, Program Director, NPC
- 5. Mr. Jeevan Gyawali, SO, MOFALD
- 6. Mr. Dan VerSchneider USAID
- 7. Nur Pant, USAID
- 8. Latika Maskey Pradhan, UNFPA
- 9. Rob Timmons, H4L
- 10. Damodar Adhikari, H4L
- 11. Sitaram Prasai, NHSSP
- 12. Dhruba Thapa, H4L
- 13. Mina Thapa, UNICEF

Field Sites

- Team interacted with DPHO staff and District Health Governance Strengthening Task Force (DHGSTF) members in Jhapa and DPHO staff in Saptari.
- Team visited the following health facilities in two districts:

Jhapa	Saptari
a) Shantinagar HP	a) Hanuman Nagar HP
b) Baniyani PHCC	b) Sagarmatha Zonal Hospital
c) Lakhanpur HP	
d) Damak Hospital	
e) AMDA Hospital	

Program Introduction

- MOH and MoFALD signed important and one of the most promising reforms, in Nepal's health sector in recent memory: Collaborative Framework (CF) on Strengthening Local Health Governance
- CF provides platform to integrate public health into MOFALD's existing local development agenda
- Jhapa is one of the six demonstration districts, where Health for Life provides TA on MoH's request
- Health for Life helped to reform & build HFOMCs' capacity to collaborate, mobilize civil society organizations, explore and mobilize local funds to address local health needs

Program Introduction contd...

- HFOMCs enabled to draft Village Health Situation
 Analysis Report (VHSAR) using HMIS and other local
 data evidence for planning, and Annual Health
 Plans that are responsive to local needs
- Draft of local annual health plans discussed in Ward Citizen's Forums, endorsed by local Village/Municipal Councils with budget commitments and integrated into the larger development plans
- Collaborate with local stakeholders and partners to improve health service utilization and quality

FINDINGS Field Observation: Jhapa

- First year (2014/15) focused on formation of District Health Governance Strengthening Task Force (DHGSTF) and reformation of HFOMCs
- CF Flexible Health Grant directly /evenly distributed to all 56 HFs, which was mainly spent on orientation, procuring basic medical supplies and drugs to run the service - Jhapa
- Year two (2015/16) started with greater clarity,
 HFOMCs prepared VHSAR and health plans with prioritization for local and CF fund

- Real collaboration took place between DDC and DPHO when DDC allocated good amount to VDCs for health which gradually helped to achieve three milestones:
 - a) open defecation free (ODF) status;
 - b) full immunization declaration; and
 - c) establishment of child friendly program at local level
- FHG encouraged local resource mobilization (DDC-NPR 165,000 and VDC-NPR 315,000) that helped to expand outreach clinics and medical waste management



- CF provision has supported to:
 - revitalize HFOMCs (mobilized local resources for HF building and placenta pit, ANM quarter)
 - Facilitate evidence based local planning (VHSAR, Ward Citizen Form)
 - Generate revenues (VDC provided NPR 700,000 for health program)
 - form quality improvement (QI) teams (oriented and conducting self assessment to find gaps and plan)
 - strengthen capacity to develop VHSAR and formulate plans, d) meet HFOMCs regularly
 - conduct Social Audit

- Fund from VDC used on repair and maintenance of HF, infection prevention, and socio-psychosocial counseling
- NRN Hong Kong provided NPR 100,000 for lab staff and NPR 127,400 to establish lab in the health facility
- HFI shared "health workers behave humanly to clients and community needs addressed after CF implementation."
- Plan to open HF round the clock if some additional support provided, have prepared VDC health plan, are poised to implement whether they get FHG or not

Innovations

- Some local innovations pioneered:
 - ✓ Mobile health services: planned to bring services closer to community through mobile health services camps in nine locations
 - ✓ Monitoring BP in the community: FCHVs trained to take vital sign and provided first aid kit with BP set
 - ✓ Offered a gift package to mothers who has completed four ANC visits; has birth certificate of child; has vaccinated their child with BCG; and has constructed toilet
 - ✓ VDC procured drugs for HF from local resources
 - √ Teak wood plans cultivated for future income

Issues

- Institutionalization of entire CF provisions
- With reduction of FHG, DHGSTF finds hard time allocating limited funds to HFs that are best performing and marginalized low performing HFs leaving further behind
- How to bring low performing health facilities into FHG fold in addressing GESI?
- Policy provision for drugs procurement by VDC for HF;
 BP monitoring by FCHV in community?

Issues....

- Decreasing attendance in PHC/ORC needs to be critically reviewed to maintain the existing CPR rate- Saptari
- Community Health Units on high demand
- All positions are vacant in Kalyanpur PHCC
- Overall cleanliness/ services of Sagarmatha Zonal Hospital looks poor
- AMDA Jhapa supportive to peripheral HFs and positive in establishing functional referral system

Issues....

- Consistency of GoN programs across country would benefit evenly for example ASRH/AFHS program is available in Saptari district whereas Child Friendly Program is available in Jhapa
- Integration/institutionalization of Government endorsed programs/services across nation would be better rather than fragmentation of services based on donor support

Recommendations

- Flexible Health Grant under Collaborative Framework proved instrumental in mobilizing communities so the volume of grant needs to be continued /increased based on performance of all 6 districts
- Policy clarity needed for innovative activities carried out at local level- drug purchase, BP measurement by FCHVs

Thank You

