



# PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

## Quarterly Highlights: January to March 2014

This brief presents the achievements of MoHP's technical assistance support team in the first three months of 2014 against the three output areas of Phase 2 of the Nepal Health Sector Support Programme (NHSSP). All the following activities were led by the respective MoHP sections, divisions and centres with support from NHSSP. NHSSP expert guidance and funding support was a key factor in the following achievements and initiatives. Visit [www.nhssp.org.np](http://www.nhssp.org.np) for the full quarterly report and other publications, and follow us on Facebook ([Nepal Health Sector Support Programme](#)) and Twitter ([@NHSSP](#)) to see latest developments.

### Highlights

- ▲ The fourth Joint Annual Review (JAR) of progress in Nepal's health sector took place and the joint MoHP-external development partner (EDP) Aide Memoire was signed for the coming year.
- ▲ The Transactional Accounting and Budget Control System (TABUCS) was launched in all MoHP cost centres.
- ▲ NHSSP's log frame, including its outputs (see headings below) was revised to more effectively support the implementation of NHSP-2.

## Strengthening Core Health System Functions (Output 1)



### Health financing and financial management

- ▲ The TABUCS was rolled out to all MoHP's 278 cost centres, providing a key means of improving budgetary control in the public health sector. Over 200 finance and planning officers have been trained on its use.
- ▲ In January, MoHP endorsed its Internal Financial Control Guidelines and Audit Clearance Guidelines. These were distributed to all cost centres and district treasury controller offices.
- ▲ MoHP's Public Financial Management Committee and Working Committee finalised the Financial Management Improvement Plan for 2012/13 to 2015/16.

### Health procurement and infrastructure development

- ▲ A feasibility study was carried out on using the new Contract Management System of the Logistics Management Division (LMD) to show when and where deliveries of equipment and pharmaceuticals will be made and to inform the demand forecasting of these commodities.
- ▲ Quality assurance procedures for annual procurement plans and bid documents were agreed by LMD and DFID and incorporated in LMD's standard procurement process.
- ▲ A total of 979 technical specifications have been uploaded in to LMD's Technical Specifications Bank.
- ▲ In a breakthrough move, the National Development Council authorised MoHP to purchase land for the siting of new health infrastructure. This means that donated, purchased and existing owned land can now be used.

## Strengthening the Information and Monitoring System (Output 2)



### Monitoring, evaluation and research

- ▲ The roll out of MoHP's revised Health Management Information System (HMIS) continued with the training of 200 HMIS trainers, who have since trained hospital and health facility staff and female community health volunteers. The quality of training is being assured by New Era.
- ▲ The 2013 Service Tracking Survey was circulated to stakeholders for final review and work continued to harmonise the 'Service Tracking Survey', 'Service Provision Assessment', and 'Service Availability and Readiness Surveys' in a single 'Nepal Health Facility Survey'.

## Essential health care services

- ▲ The Management Division approved ToRs for three bodies that will monitor and manage the quality of maternal, neonatal and child health (MNCH) in health facilities: a Quality Improvement Technical Advisory Committee, a Quality Assurance and Improvement Technical Working Group, and hospital quality improvement committees.
- ▲ The Family Health Division (FHD) developed a toolkit for the quality improvement (QI) of maternal and newborn health services in hospitals. The toolkit was tested in Hetauda Hospital.
- ▲ A TARF-funded senior consultant visited ten referral hospitals to promote use of the special FHD fund to address overcrowding in maternity wards. This subsequently led to improvements in the number of beds and human resources available and the condition of labour rooms and operation theatres in several places.
- ▲ Support for the planning of health services in remote areas continued with the design of a pilot programme, which will be implemented in one remote district (Taplejung).

## Supporting Institutional Reform (Output 3)



### Policy and planning

- ▲ In January, MoHP and EDPs hosted the 2014 Joint Annual Review (JAR) of progress in Nepal's health sector and to identify priorities for 2014. The subsequent MoHP-EDP Aide Memoire for 2014 was prepared and signed in record time. NHSSP supported organisation of the event and preparation of the background papers.
- ▲ Participants in a high level workshop agreed on how the Nepal Health Sector Programme-3 (NHSP-3) will be developed and its nine thematic areas. Steering and advisory committees were formed and team leaders nominated to thematic groups. It was also agreed to form a project development team (PDT) to coordinate work and support the thematic groups.

### Gender equality and social inclusion

- ▲ Agreement was reached to study the viability of integrating MoHP's Equity and Access Programme (EAP) into the Ministry of Federal Affairs and Local Development's (MoFALD's) Local Governance and Community Development Programme (LGCDP).
- ▲ Efforts to enable disadvantaged people to access subsidised health care were advanced through a review of hospital social service units (SSUs), which identified ways of improving the SSU guidelines. It was also agreed to adopt an M&E framework to monitor SSUs.
- ▲ Preparations for scaling-up social auditing in health facilities were advanced by orientating 113 health officials and other concerned personnel. Further, the Primary Health Care Revitalisation Division (PHCRD) and seven development partners agreed a collaborative framework to support social auditing.
- ▲ A cross-ministry monitoring visit to Saptari and Sunsari one-stop crisis management centres (OCMCs) resulted in high level discussions on more integrated service provision to victims of gender-based violence. Recommendations on this are to be tabled at the next central level OCMC committee meeting.

### Public financial management

- ▲ A major review of the Aama Programme began with a central workshop on private sector involvement and a review of 10 private sector institutions to identify implementation bottlenecks.

## Progress of the Technical Assistance Response Fund

A Technical Assistance Response Fund (TARF) has been established under Phase 2 of NHSSP to fund initiatives proposed by MoHP and its EDPs. TARF funding has so far mostly been used by Department of Health Service divisions to hire expert technical advice. In this quarter experts worked with:

- ▲ the Family Health Division on reducing overcrowding in hospital maternity wards and improving access to obstetric and neonatal care in district hospitals;
- ▲ with LMD to build the capacity of procurement officers;
- ▲ with the Policy Planning and International Cooperation Division (PPICD) on policy development; and
- ▲ with the National Health Training Centre, (NHTC) on curriculum development.

The TARF also funded training on social auditing, GESI and health service induction. The main new TARF commitments were for PHCRD to monitor the social auditing of health service provision, and for MoHP to carry out a survey of its organisation and management.

The Nepal Health Sector Support Programme (NHSSP) is funded and managed by DFID to provide technical assistance to the Nepal Health Sector Programme (NHSP-2). Since it began in January 2011, NHSSP has facilitated a wide variety of activities in support of NHSP-2, covering health policy and planning, human resource management, gender equality and social inclusion (GESI), health financing, public financial management, procurement and infrastructure, essential health care services (EHCS) and monitoring and evaluation. NHSSP supports system strengthening, the development of policies and strategies, the carrying out of studies, reviews of areas of concern, and the taking forward of solutions.