



PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

Quarterly Highlights: January to March 2015

This brief presents the achievements of MoHP's technical assistance support team in the first quarter of 2015 against the three output areas of the second phase of the Nepal Health Sector Support Programme (NHSSP). Each of the activities described was led by the respective MoHP section, division or centre with NHSSP technical assistance and funding. Visit 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 keep up with latest developments.

Headlines

- MoHP's fifth Joint Annual Review (JAR) with its external development partners was held from 23–25 February 2015. The review assessed progress against the targets for 2014 of the second Nepal Health Sector Programme (NHSP), agreed new JAR action points, and facilitated agreement on the broad content of NHSP-3.
- A study found that the Logistics Management Division's Technical Specifications Bank provides very good value for money by realising a minimum return of (£)2.6 for every (£)1 invested.
- The piloting of MoHP's proposed Hospital Quality Improvement Process (HQIP) in Taplejung and Hetauda Hospitals has improved quality of care for relatively low additional investments in staff time and costs.
- The February mid-term review of the Remote Area Maternal and Newborn Pilot Project found good progress across its community, health facility and hospital level activities.

Strengthening Core Health System Functions (Output 1)



Health financing and financial management

- Important progress in public financial management was made through MoHP's submission of its Financial Monitoring Report (FMR) for the first quarter of 2015 within the agreed two months' timeframe and the achievement of a zero balance of DFID funds in the donor Pooled Fund.
- The clearance of audit queries from 2013/14 progressed as a result of MoHP referring such queries direct to cost centres rather than attempting to clear them from the centre.
- Technical assistance supported the National Health Training Centre (NHTC) to train 40 MoHP finance officers to operate the Transaction Accounting and Budget Control System (TABUCS).

Health procurement and infrastructure development

- A study of LMD's Technical Specification Bank showed that the costs of setting up and running it would be recovered within 3.3 years and that the bank is realising a minimum return of £2.6 for every £1 invested.
- Other procurement related progress saw the completion of a training plan for regional and district level procurement and of a supply chain review across all five regions.
- NHSSP supported Management Division and the Department of Urban Development and Building Construction (DUDBC) to identify priority secondary and tertiary level hospitals for building or upgrading. A prioritised list of projects was forwarded to the health minister for approval.
- The collection of data on the physical status of existing health facilities was completed by DUDBC staff using mobile phones and used to update Management Division's Health Infrastructure Information System (HIIS).
- Technical assessments were completed ahead of the proposed rehabilitation of Seti and Bheri Zonal Hospitals and Surkhet Regional Hospital.



Strengthening the Information and Monitoring System (Output 2)



Monitoring, evaluation and research

- ▲ The District Health Information Software (DHIS2) database was uploaded to the Health Management Information System (HMIS) website ready to facilitate the improved entry, management and analysis of health data.
- ▲ MoHP's health infrastructure records were codified and updated in line with the recently developed uniform facility coding system. This will support improved links between the various management information systems under MoHP.
- ▲ Technical assistance supported the development of a monitoring framework to track programme progress under NHSP-3, the compilation of results framework indicators for NHSP-3 and the pre-testing of tools for the Nepal Health Facility Survey, 2015.

Supporting Institutional Reform (Output 3)



Essential health care services

- ▲ The fourth self-assessment at Taplejung District Hospital under MoHP's pilot Hospital Quality Improvement Process (HQIP) showed improved performance across several health services and systems.
- ▲ Encouraging progress was made implementing plans to address overcrowding at referral hospitals. Follow up visits to six hospitals showed that the majority of action points had been implemented and that overcrowding was likely to reduce as a result.
- ▲ The comprehensive emergency obstetric and neonatal care (CEONC) mentor supported the improvement of services in nine district and two referral hospitals. The number of districts offering CEONC services has increased from 55 in December 2014 to 58 in March 2015.
- ▲ NHSSP is supporting Family Health Division (FHD) to test ways of improving access to maternal and newborn health services in remote areas via a pilot programme in Taplejung District. The February mid-term review found good progress and identified recommendations to address key challenges.
- ▲ NHSSP supported FHD to roll out the integrated Family Planning–Expanded Programme on Immunisation (FP-EPI) pilot by helping to orientate 156 health service providers in Sindhupalchowk district on running integrated clinics and informing 1300 health facility management and operation committee members and FCHVs about the programme.

Policy and planning

- ▲ The JAR 2015 Aide Memoire defined 14 actions for the year including putting in place mechanisms to implement NHSP-3, updating the Financial Management Improvement Plan, and implementing the procurement and supply chain management plan.
- ▲ The draft outcomes and outputs of NHSP-3 were discussed at the JAR and led to changes to the strategy document and results framework. A first draft of the Implementation Plan was prepared. Following this the Programme Development Team began preparing the final drafts of the strategy document and results framework.

Gender equality and social inclusion

- ▲ Operational guidelines for MoHP's social service units (SSUs) were approved by the health minister and TA continued to provide backstopping support in hospitals.
- ▲ The report of the 2014 national review workshop on one stop crisis management centres (OCMCs) was completed and shared with stakeholders. NHSSP also contributed to the UNFPA-supported development of clinical protocols for front line health workers to handle cases of gender-based violence.

Public financial management

- ▲ The eighth demand side financing rapid assessment report was disseminated in February at a meeting chaired by FHD's director to review the progress of the Aama Programme.
- ▲ Data collection, entry, cleaning and analysis were completed for the unit cost analysis of the Aama Programme and preparations made to assure data quality.

Progress of the Technical Assistance Response Fund

The Technical Assistance Response Fund (TARF) is funding important activities unforeseen in MoHP's annual workplan and budget. Since its launch it has funded 21 activities. Nine activities were ongoing and one new activity began, namely, support to the Department of Health Services (DoHS) inputs into NHSP-3. The bulk of the TARF's £500,000 has been spent or committed.

The Nepal Health Sector Support Programme (NHSSP) is funded and managed by DFID and provides 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 interest and the taking forward of solutions.