NHSSP Nepal Health Sector Support Programme

Health Policy and Planning

Capacity Assessment for Health Systems Strengthening

Dr. Carol Barker, Kapil Ghimire, Dr. Nirmal Pandey, Sarah Hepworth

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An assessment of capacity building for health systems strengthening and the delivery of the NHSP 2 results framework

Contents

Acronyms

AusAID	Australian Agency for International Development
DFID	UK Department for International Development
DoHS	Department of Health Services
EDP	External Development Partners
EHCS	Essential Health care Services
FY	Financial Year
GAAP	Governance and Accountability
GESI	Gender and Social Inclusion
GoN	Government of Nepal
HMIS	Health Management Information Systems
HPP	Health Policy and Planning
HSIS	Health Sector Information System
HSR-SP	Health Sector Reform Support Programme
HSRS	Health Sector Reform Section
HSS	Health Systems Strengthening
INGO	International Non Governmental Organisation
JAR	Joint Annual Review
LTTA	Long Term Technical Assistance
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MLI	Ministerial Leadership Initiative
MoHP	Ministry of Health and Population
NGO	Non Governmental Organisation
NHSP	Nepal Health Sector Programme
NHSP-IP2	Nepal Health Sector Programme – Implementation Plan 2
NHSSP	Nepal Health Sector Support Programme
PPICD	Policy, Planning and International Cooperation Division
PPP	Action Plan for Population Perspective
RTI	Research Triangle International
SBS	Sector Budget Support
SLTHP	Second Long Term Health Plan
SSMP	Support to Safe Motherhood Programme
STTA	Short Term Technical Assistance
SWAp	Sector Wide Approach
TA	Technical Assistance

Executive Summary

Concepts

Capacity: Used here to mean both training and Health Systems Strengthening (HSS); however it is considered that HSS is the important area for attention in NHSSP.

Policy and planning: Functions that must be developed and supported throughout the health system. All staff need to understand what the health sector is trying to do in its overall policy and community awareness of the vision for the health system is also needed. Planning should be supported as a function at all levels.

Background

This plan must be written in the context of significant political change and uncertainty. In particular federalism is clearly on the agenda as the way forward for the nation but it is not possible to know the likely timescale.

In this context, it must be accepted that the internal reorganisation of the MoHP, even if desirable, is not a practical possibility at present.

However long it takes to adopt federalism, work can begin in the MoHP by preparing a decentralised health system, and all efforts should be made to support that work.

Proposed approach to capacity development

The work of policy and planning has its focus in PPICD and that unit faces major challenges. It is unlikely that there will be a significant increase in the number of staff in the division and so it is important to maximise utilisation of existing human resources. Key approaches proposed are:

1. The *best use should be made of the new NHSSP LTTA*. For instance, since the division lacks a health economist, a background in economics should be a significant part of the requirement for one of the two posts being created.

2. *The importance of participation in the processes of policy development and of planning within all Ministry divisions* should be stressed. As a starting point it is proposed that a workshop be held for senior Ministry officials at which their role in planning, and the approaches they might take, would be explored jointly.

3. Every effort should be made to increase efficiency in working. A starting point should be to investigate the possibility of *integrating the work of the Joint Annual Review and of the National Annual Review.*

4. In the interest of efficiency but also as good practice, *inter-ministerial working should be encouraged.* This should involve making best use of technical skills wherever they presently are situated in the Ministry. It should also involve strengthening the role of PPICD as a focal point for cross-cutting issues, such as GESI and governance. Other important issues that have implications for several divisions include human resource strategy, financing policy, and the need to ensure the EHCS is maximising cost effectiveness as well as giving the public a service it wants.

5. There is need *to support the decentralisation process*. The Ministry does not need to concern itself with the various issues to be debated, such as number of states, but can prepare by

developing a health system with maximum bottom-up input and coherent links between community, district and region.

6. The Ministry needs to redouble its efforts to *communicate across government the particularities of the health sector* and what is essential to fulfilment of its role in implementing the stated right of all citizens to health and health care, for example the pivotal role of districts in health service delivery. The need for renewed efforts over cross-cutting issues such as gender and social inclusion, need to be explained and reinforced.

7. The Ministry will also need to *support the development of public awareness* via a communications strategy and via support for public debate.

Area for special study and policy development

On the basis of discussions within and beyond the MoHP and in view of the current situation, it is proposed that the area most in need of attention for policy development is that of the relationship with, and regulation of, the private sector.

It is proposed that an approach to developing a regulatory capacity should first of all focus on using the capacity of the NGO sector for self-regulation through audit, and that this should be built upon to instigate regulation of the for-profit sector, in the first instance, by community surveillance.

1. Introduction

Dr Carol Barker, Dr Nirmal Pandey undertook an assessment of the existing institutional capacity of the Ministry of Health and Population (MoHP)/ Policy, Planning and International Cooperation Division (PPICD) in Health Policy and Planning (HPP), during November 2010. Prior to this, an initial review of health policy and planning capacity was undertaken by Dr Nirmal Pandey and Sarah Hepworth in September 2010, which provided detailed background for this review.

This paper analyses the assessed capacity strengthening needs in the areas of health policy and planning in MoHP and presents the further thinking around the strategy appropriate to HPP, and the support required. Before proceeding to look at the detailed situation, it is important to clarify the way concepts are used here and the overall situation in which the analysis must take place.

Policy and planning: This terminology refers to functions that must be developed and supported throughout the health system. All staff need to understand what the health sector is trying to do in its overall policy and development of community awareness of the vision for health.

The World Health Organisation offers the following definition of *health policy*:

"Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people[1]."

This definition is somewhat narrower than that used by others, who prefer to stress that health policy is not merely a statement from the higher levels of an organisation, but also may be seen as an ongoing process in which dialogue within the organisation results in continuous debate about and improvement to policies. Furthermore, different types of policy may need to be defined and approved formally at different levels within an organisation, especially a decentralised one. This point is taken up in the discussion below.

Health planning is the process whereby resources are allocated as best befits organisational goals and within given resource constraints, and the subsequent monitoring and evaluation of the results achieved, all of which feeds into subsequent plans. Health planning has been described as *"a process whereby to build human resource capacity for strengthening decentralised health planning, especially at the district level, to improve accountability of health systems, elicit community participation for health, ensure equitable and accessible health facilities and to bring about convergence in programmes and services.[2]"*

Capacity: Used here to mean both training and health systems strengthening; however it is proposed that health systems strengthening is the important area for attention in NHSSP. This means priority should be given to the organisational arrangements and capacity needs that are appropriate within the present institutional context.

[1] http://www.who.int/topics/health_policy/en/ accessed December 2010.
[2] Kalita et al 2009, "Empowering health personnel for decentralised planning in India; the Public Health Resource network", Human Resources for Health Vol 7 http://www.human-resources-health.com/content/7/1/57

In line with the definitions offered above for policy and for planning, the ultimate need is to develop the capacity of the whole health sector to both undertake work in these areas and also to have an understanding of the role of different organisational levels. However, there must be a clear focus of initial effort and it is proposed that this should be to develop capacity within PPICD.

PPICD should thus be the focus for first efforts at developing an organisational home for the coordination of the policy and planning processes and functions within the entire sector, and for development of a leadership role in promoting the policy and planning processes at the different levels and institutions of the health system. This aim is to both foster a sustainable approach to policy and strategy development in the existing system and to prepare a system capable of supporting the decentralisation process.

Context: This plan must be written in the context of significant political change and uncertainty. In particular federalism is clearly on the agenda as the way forward for the nation but it is not possible to know the likely timescale.

In this situation, it must be accepted that internal reorganisation of the MoHP, even if desirable, is not a practical possibility at present. However long it takes to adopt federalism, work can begin in the MoHP by preparing a decentralised health system, and all efforts should be made to support this.

2. Background

The first Nepal Health Sector Programme (NHSP) was the first health Sector Wide Approach (SWAp) in Nepal, running from July 2004 to June 2010. DFID and the World Bank provided Sector Budget Support (SBS) from the outset, and the Australian Agency for International Development (AusAID) joined in 2009. Technical Assistance (TA) was provided to NHSP-1 through two DFID funded programmes: The Health Sector Reform Support Programme (HSR-SP) delivered by Research Triangle International (RTI) and Support to Safe Motherhood Programme (SSMP) delivered by Options.

NHSP-2 started in July 2010 and will run for five years. Currently, the same External Development Partners (EDP) are providing funding. Although the EDPs have all signed the Paris Deceleration, vertical funding streams and separate management structures do exist. Therefore as a step towards improved harmonisation, it was agreed that DFID would provide TA on behalf of the pooled donors. Under NHSP-2, just one TA programme, supporting the breadth of its implementation will be undertaken.

In reviewing the original proposals put forward for programme design, the EDPs were concerned that these were based significantly on the support of embedded staff, who might substitute for rather than develop local capacity. Thus it was requested that the approach to capacity development be clearly defined. A core team of just six embedded advisers was proposed, including a Health Policy and Planning (HPP) Adviser based in PPICD. It was agreed that the focus of the support provided by the six proposed core team members should be reviewed during inception and agreed with MoHP and EDPs. Additional embedded Long Term Technical Assistance (LTTA) would be subject to a review and agreed during inception.

The second Nepal Health Sector Programme (NHSP-2, 2010–2015) was launched to build upon the successes of NHSP-1 to enhance access to and utilisation of a set of defined Essential Health Care Services (EHCS), focusing on removing the disparities between relatively better off populations and those who are poor, vulnerable, and marginalised. The NHSP-2 is underpinned by a strong policy, the focus of which is to *"upgrade the health standards of the majority of rural population by*

strengthening the primary health care system and making effective health care services readily available at the local level". The current planning documents also stress the need to guarantee the access to enhanced quality health services to all citizens without discrimination.

The foundations of the current national health policy framework were established in the Nepal National Health Policy (1991), the aim of which was to bring about improvements in the health condition of the people in Nepal, with emphasis on:

- Preventive health services
- Promotive health services.
- Curative health services
- Basic primary health services, with one health post in each of the entire 240 electoral constituencies to be converted into a primary health care centre
- Ayurvedic and other traditional health services
- Community participation
- Human resources for health development
- Resource mobilisation
- Decentralisation and regionalisation
- Drug supply
- Health research.

Current thinking about policy is encompassed the Second Long Term Health Plan (SLTHP) 1997-2017 (FY 2054-2074) with an objective to improve the health status of the people of Nepal, particularly those whose health needs are often not met; the most vulnerable groups, women and children, the rural population, the poor, and the under-privileged and the marginalised (SLTHP, 1999). It sets out a plan towards *"a health system in which there is equitable access to coordinated, quality health care services in rural and urban areas, characterised by: self-reliance; full community participation; decentralisation; gender sensitivity; effective and efficient management; and private and NGO sector participation in the provision and financing of health services resulting in improved health status of the population"* (SLTHP, 1999).

The NHSP Implementation Plan, 2004–2009, was designed to implement the health sector reform strategy, which aimed to reduce maternal, infant and under-five mortality; decrease total fertility rates; increase contraceptive prevalence rate, skilled birth attendance, immunisation of children, knowledge about HIV transmission; and increase the proportion of the national budget allocated for health. This plan has been developed in consultation with all stakeholders through a Sector Wide Approach (SWAp), but without focusing on the policy and planning functions, although the programme design was not such as to preclude attention to these areas

The NHSP Implementation Plan 2 (NHSP-IP2), 2010–2015, builds on the progress made towards health outcomes in the preceding five years. The NHSP-2 goal is to improve the health and nutritional status of the Nepali population, especially the poor and excluded. The Government will contribute to poverty reduction by providing equal opportunity for all to receive high quality and affordable health care services. The three objectives set out in the results framework are:

- To increase access to and utilisation of quality essential health care services
- To reduce cultural and economic barriers to accessing health care services and harmful cultural practices, in partnership with non-state actors
- To improve the health system to achieve universal coverage of essential health services (NHSP-IP2, 2010).

These objectives form the basic structures of the health policy framework for Nepal, but are also supplemented by policies and strategies that encompass cross health sectoral policies. These include Governance and Accountability (GAAP), Gender Equity and Social Inclusion (GESI), human resources (Human Resource Strategy Options for Safe Delivery), health financing (Aama and Free Health Care), monitoring and evaluation (Monitoring Strategy and Toolkit for Pro-Poor EHCS), population policy and action plan, and sector wide three-year interim plans. There are also vertical/ sub-sector policies in areas such as HIV/AIDS (National HIV AIDS Action Plan 2008-2011) and safe motherhood (National Safe Motherhood Long Term Plan). Recently, an approach paper for a three-year plan, 2010/11-2012/13 was announced by the Government of Nepal (GoN), the focus of which is on guaranteeing access to enhanced quality health services to all citizens without discrimination, as enshrined in the Interim Constitution of Nepal. The policy and strategies of this paper are linked with the SLTHP, with some additional new areas of intervention.

2.1 Status of policy implementation

Despite the decade long insurgency and a protracted period of transition, the MoHP has succeeded in achieving good results, and Nepal has experienced two decades of steady improvement in health outcomes and outputs (NHSP-IP 2, 2010). Substantial progress was been made towards equality of access during National Health Sector Plan Phase I, 2004-2010, when Nepal met or exceeded nearly all the outcome and service output targets that were set for the period, and is on track to meet the child and maternal mortality Millennium Development Goals (MDG).

However, it is widely recognised that significant gaps exist between the policy framework and its successful implementation. The extent of these gaps is difficult to determine as there is no overall reporting framework adopted by the MoHP to regularly feedback on progress. The Department of Health Services (DoHS) does produce an annual report reviewing performance of the major programmes carried out through its network of health facilities, but this mainly focuses on the implementation of activities within vertical programmes and is not a strategic document reporting against progress towards achievement of policy objectives. It is also based on Health Management Information System (HMIS) data that has some inherent weaknesses that may undermine the veracity of the report. There are challenges to MoHP achieving the three objectives set out in the NHSP-2 results framework, due to barriers and bottlenecks that constrain policy implementation; these can be largely framed under seven broad areas:

- Institutional and organisational limitations and blockages, which may be exacerbated by political interference and uncertainty
- Human resource issues related to recruitment, retention and deployment, leading to staff shortages and skill gaps
- Planning mechanisms and processes that do not fully meet national needs, particularly related to transparency and social inclusion
- Absence of elected local government bodies and lack of decentralisation in the health system
- Lack of effective policy feedback and review mechanisms, affecting accountability and responsiveness
- Financial planning and management that requires strengthening
- Insufficient networking and coordinating mechanisms to deal with the growing NGO and private sectors.

However, despite these weaknesses there is strong commitment from the leadership of the MoHP to the achievement of improved health outcomes for the population of Nepal, with noteworthy progress towards attaining the MDG goals. To maximise the value of this commitment, capacity

needs to be built through structures and processes which allow health workers/managers and facilities to fulfil their potential.

It is suggested that health policy and planning should be seen as sector wide functions that must be developed and supported throughout the health system. A joint understanding of what the health sector is trying to do in its overall policy and community awareness of the vision for the health system is also needed. Planning should be supported as a function at all levels.

2.2 The PPICD

Within the MoHP, the Policy Planning and International Cooperation Division (PPICD) officially manages all areas of policy and planning and cooperation with national, international, I/NGO, and private sector stakeholders and is responsible for promoting public-private partnerships. The division falls under the responsibility of the Chief Public Health Administrator, who reports directly to the Secretary. It therefore holds a central position within the MoHP.

The Division has 12 staff (two positions are vacant), the majority of whom have been in place no longer than two years, with one or two exceptions. Most are placed in the Policy Planning and Programme Section, with only two persons in the Health Sector Reform Section (HSRS), plus a few support staff. The HSRS is responsible for interacting with and coordinating the EDPs and the work related to the Joint Annual Review (JAR), in addition to the health system reform. The team of the International Support, Scholarship, Institutional Cooperation and Coordination Section is entirely comprised of administrators and accountants, who have limited or no technical understanding of health. (Strictly speaking this latter section would be better located in Human Resources but it is understood that no structural organisational changes are likely in the short term. This report focuses on the other two sections as central to the Policy and Planning function.)

Whilst the role of the Division is ostensibly to manage all areas of policy and planning, in reality it principally looks after the formulation and finalisation of the Annual Work Plan and Budget (AWPB); providing feedback to the annual review meeting in coordination with other divisions and the DoHS; and providing inputs to the JAR. Periodically, it provides feedback from the Ministry to the National Planning Commission (NPC) during the formulation of periodic plans.

The PPICD suffers from constraints similar to those experienced across the Ministry, including frequent changes in government, frequent appointment of new leaders and/or transfer of staff. In practice senior officials spend most of their time on personnel management and non-policy issues (NHSP-IP 1). Job descriptions, roles and responsibilities exist for the different divisions; but not for staff by position.

2.3 Job Description of Policy, Planning and International Cooperation Division (PPICD)[3]

- To formulate short term and long term policy at the central and local level
- To provide guidelines for preparing the central and local level annual programmes of the development plans and finalise them to send to NPC for approval
- To formulate the relevant policy with regard to effective utilisation of external (donor) resources.

[3] Translated from Nepali by Nirmal Pandey.

Table 1: Job Description of Sections under PPICD

SN	Section	Job Description
1.	Policy, Planning, and Programming section	• To formulate, implement, evaluate, and analyse the health related central and local level short term and long term policy and planning. • To formulate periodic and annual plan and programmes and circulate guidelines for implementation. • To analyse health related programmes. • To select projects by analysing the programme of development plans. • To formulate the annual general and development budget of the Ministry and the offices under it. • To analyse and approve the programmes conducted by NGOs. • To analyse EDP funded programmes and projects. • To mange analyse, and prepare reports on utilisation of EDP assistance to be granted to the Ministry and the offices under it. • To carry out the work related to health economic and financial unit in a coordinated manner.
2.	International cooperation, Scholarship, and Association/Institution Coordination Section	• To formulate the policy related to mobilisation and effective utilisation of the foreign aid. • To coordinate and establish relationship with the EDPs. • To mobilise and coordinate I/NGOS. • To assist in tax waiver for programmes resulting from agreement between the GoN and EDPs. • To manage scholarships, training, and observation tours. • To formulate policy, planning, and curriculum in order to develop the HR.
3.	Health Sector Reform Section (HSRS)	• Coordination in the implementation of reform milestones as stated in the Nepal Health Sector Programme Work Plan. • Coordination between the EDPs for planning, programming, budgeting, review, and evaluation of their assistance. • Support in the development and review of health indicators. • Research and studies related to essential health services. • Development of health reform policies. • Piloting and action research for new health programmes.

2.4 Intra and Inter-Ministerial Links

The Ministry of Health and Population is responsible for policy making, planning, financing, international cooperation, human resources, monitoring and evaluation, as well as for the central and zonal hospitals.

During the last 10 years there has been progress in developing greater collaboration and coordination between government agencies, line ministries and other stakeholders. However there is scope for further increases in interaction, and cross -sectoral policies are rare.

Mechanisms have been built for coordination with the NPC, the Ministry of Finance and other sectors and stakeholders, including NGOs and the private sector, although the extent of their effectiveness remains unclear, which is also true for planning, budgeting, operations and monitoring mechanisms. There is also a need to strengthen internal communication and the system of policy monitoring, supervision, review, coordination, interfacing and setting up of linkages with other divisions in the Ministry and amongst the departments in the PPICD. Overall, a culture and system of intra-coordination needs to be fostered among divisions in the Ministry and the departments related to their fields of activity.

Health improvements require a broad based approach that encompasses the concerns and responsibilities of many ministries beyond that of health and population, including those related to economic development. Since health improvement and overall development are mutually dependent, inter-sectoral coordination is essential in the drive to achieve health goals in a sustainable way. Among those interviewed, it was suggested that MoHP needs to do more to "sell" itself to central government and other ministries, who fail to see that macroeconomic development is dependent on good health status. This also means that MoHP should work to transmit the message more widely that health improvement is a powerful political tool. The media in Nepal daily demonstrate the importance accorded by the population to health and health care, reflected in the constant and significant coverage given to health news items.

2.5 Institutional assessment

The MoHP has a hierarchy, not only for individual members of staff, but also with regard to departments engaging with managerial arrangements and decision making, or to pushing through change projects (such as the introduction of the Health Sector Information System (HSIS)). This organisational culture does not support the MoHP in developing as a self aware, self critical and learning organisation able to accept and manage change. Organisational systems and processes need further development in the areas of effective people management, internal communication, engagement between departments and divisions and externally with partners (private sector and international) and other ministries, as well as bringing in expert advice in order to ensure it provides excellent services in line with NHSP-2.

Structurally, the MoHP and DoHS has an organogram that, despite recent work, does not completely establish a logical and mutually reinforcing structure for delivering on the results framework. Some divisions retain overlapping and possibly duplicative functions.

2.6 Staffing and technical assistance

The PPICD team consists largely of administrators who have limited technical understanding of health. Where this does exist it tends to focus on curative care, to the exclusion of health promotion and disease prevention approaches. Whilst the presence of administrators is beneficial to detailed planning, lack of in depth technical capacity and understanding of public health can limit the ability to negotiate effectively with other divisions in the MoHP and other departments more broadly when it comes to budgeting and planning of activities. This, in turn, affects the ability to effectively coordinate planning between competing programmatic priorities, and capacity to judge the needs and requirements of the Ministry in executing the policies.

The Health Planning and Programming (HPP) Section is under-staffed, both in terms of numbers and expertise. This affects its ability to review all plans from different parts of the health sector, including those of EDPs.

As noted above, the International Cooperation section, focusing largely on scholarships and related issues, seems to be misplaced. Its functions include coordination of NGOs, but in a Ministry where NGOs are an important part of the health sector, their work should be the concern of those involved in more generic health planning in HPP.

The Health Sector Reform Section is also thinly staffed, with certain of its responsibilities taking up a major proportion of its resources. The JAR is quite crucial to the expansion, utilisation and sustaining of external assistance in the health sector. The preparation and regular work related to this are overseen by the Health System Reform Section (HSRS), which is headed by a Senior Deputy Public

Health Administrator supported by a very small staff complement, who are mostly not technical[4]. The Head of the Unit therefore has to look for the support from other divisions or from one of the EDPs, particularly for preparatory work for the JAR. In many countries such a unit would be staffed by numerous technical experts able to provide professional reports on topics related to external assistance. Moreover, this unit is also responsible for development of health reform policies, conducting research into health reform and other assigned work, as stated in the job description of the unit. With the present level of staffing, it is virtually impossible for the unit to do anything beyond coordination with the EDPs.

2.7 Technical assistance to PPICD

Most recently, the PPICD received TA under NHSP 1. However, this was largely restricted to transactional pieces of work (production of research, reports and presentations). Long term capacity building and skills transfer were not in the remit of the service provider. There is an expressed desire for continued technical support, however, it the vision within the Division appears to be for TA remaining as an extension of that provided under NHSP-1, restricted to draw down activities rather than broader capacity development.

TA to the MoHP before the SWAp was limited to sub-sectors, either through the government budgeted system or directly through EDPs in the areas of their preference. TA for the JAR has always been on an ad hoc basis, normally provided by one of the EDPs for a short period preceding the JAR.

The Ministerial Leadership Initiative (MLI) has focused on enhancing the capacity of the MoHP. MLI's engagement with the Minister and his leadership team has aimed to further innovation in pro-poor health policy development and formulation of alternative health financing mechanisms. MLI also conducted a capacity development exercise in March 2010 to help the MoHP implement NHSP-IP 2. This paper focuses on areas for improvement in sector organisation, management, governance, aid effectiveness, role of non-state actors, decentralisation, human resources, financial management, infrastructure, procurement, research, M&E, and GESI. MLI has conducted a number of training programmes for the MoHP on leadership, skill management, and negotiation, and is planning a workshop in January 2010 on capacity development in the health sector. The findings of the workshop will need to be noted for appropriate NHSSP action.

WHO is the other organisation proposing to offer resources for capacity building, although this is mainly in the form of funding for overseas scholarships for long courses. This kind of support can be invaluable if the government is able to identify and release candidates who, on return, might be committed to health sector planning and policy work. However, the current institutional environment does not support this. Health policy and planning are not understood as professional specialisations that should merit dedicated MoHP appointments. The MoHP therefore needs to advocate with central government to develop their understanding of the importance of these underlying issues and the opportunities they represent.

2.8 Capacity Development Strategy

Approach: As was set out in the preliminary remarks, this paper will focus on the immediate task of developing system capacity within the PPICD, as the work of policy and planning has its focus in PPICD and the unit faces major challenges. In the present job description, the PPICD has unique responsibility for policy formulation and for design of the planning system (via provision of guidelines). It is proposed that the PPICD should be seen as the focal point for an integrated system, in which all divisions contribute to a policy making and planning process that is coordinated and steered by PPICD.

[4] One has an MPH and the other is an administrator

PPICD needs to be supported in developing an effective role in relation to the whole health system. This will become of increasing importance with decentralisation, which will necessarily involve a shift from PPICD as the maker of policy, to a steering function across the whole health system.

This is in line with the WHO conceptualisation of a "stewardship role", in which the Ministry is responsible for good health of the population, but not necessarily for delivery of services in all cases. Rather it is concerned with provision of a steering or leadership role, ensuring that all institutions related to health care provision are working within a coherent strategy developed jointly under MoHP leadership. This should encompass all health care providers, private and public, profit and not for profit. It should further encompass all government sectors, the strategies of which contribute presently or potentially to good health, be it through ensuring the availability of food, legislating against behaviour leading to road traffic accidents, or provision[5] of education. This role is likely to involve a regulatory function.

The nature of policy and planning is in part determined by the organisational environment in which decisions are made. In this report, we are assuming that a high priority is to create an environment where a common understanding of goals is nurtured by all staff in whatever role they play, and in which innovation and creativity are highly valued. This has been described in the literature on organisational learning as a *"learning organisation".*

According to Peter Senge (1990: 3) learning organisations are:
"*…organisations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together."*

The basic rationale for such organisations is that in situations of rapid change only those that are flexible, adaptive and productive will excel. For this to happen, it is argued, organisations need to *"discover how to tap people's commitment and capacity to learn at all levels"* (*ibid.*: 4).

While all people have the capacity to learn, the structures in which they function are not always conducive to reflection and engagement. Furthermore, people may lack the tools and guiding ideas to make sense of the situations they face. Organisations that are continually expanding their capacity to create their future require a fundamental shift of mind among their members.

Systems thinking is the cornerstone of his approach, being *"concerned with a shift of mind from seeing parts to seeing wholes, from seeing people as helpless reactors to seeing them as active participants in shaping their reality, from reacting to the present to creating the future"* (Senge 1990: 69). Important characteristics of the systems approach (which is not in itself complex), are the focus on seeing long term implications as well as short term results of decision making, and alongside this the ability to see what can be altered within the existing organisational environment and what requires institutional change (or would do if this were possible).

The various elements that contribute to the style of a learning organisation are in general those that support a team approach to organisational development. Traditional leaders work from a top down perspective, in which they as individuals must provide the ideas and map the way ahead. In the learning organisation, leaders are designers, stewards and teachers. They are responsible for *building organisations* where people continually expand their capabilities to understand complexity, clarify vision, and improve shared mental models. They are responsible, and rewarded, for

[5] Senge, P. M. (1990) *The Fifth Discipline. The art and practice of the learning organization*, London: Random House. 424 + viii pages.

identification of what will improve organisational function, and for innovation. It is fundamental that this approach recognises the increased feelings of self-worth and job satisfaction that are possible when staff are allowed to be creative and indeed rewarded for good ideas.

It is clear that this approach to organisational development will not be one in which individual capacity development comes from being taught things. Rather, a learning process is to be fostered through the team approach on the job. This approach, *learning by doing*, allows potential to be unleashed in individuals and allows for creativity in the search for locally appropriate solutions to issues of policy application and resource allocation among other areas. *Learning by doing* seems risky at first glance, especially to those accustomed to a more hierarchical and structured mode of operation. However it holds much greater long term promise than other approaches, while creating minimal pressure on scarce resources to implement it.

In line with this thinking we propose that capacity development will need to focus on PPICD as the focal point of coordination between all MoHP divisions and all other parts of the health care system. At the same time, the learning organisation approach will only work if it is more widely adopted, and we would propose that in the first instance, capacity should be developed across the Ministry and in key constituent parts of the Department of Health Services.

Clearly, in defining PPICD's role, a priority will be to define its position and importance in relation to other divisions. We propose that PPICD should be developed as a division equal in importance to other divisions, all being answerable to the Secretary for Health. Other divisions should be nurtured and supported in their role of developing policy and contributing to strategic thinking for planning, in relation to their specialist areas. This should contribute to lightening the load of responsibility in PPICD itself, freeing the resources to allow it to think system wide.

3. Specific proposals

1. We should acknowledge that there will be no significant increase in the number of staff in the division and aim to make best use of what is there. The *proposals for technical advisers* (below) reflect the need to support the systems building work required by the institutional changes proposed.

2. *The importance of participation in the processes of policy development and of planning within all Ministry divisions* should be stressed. As a starting point it is proposed that a workshop be held for senior Ministry officials at which their role in planning and the approaches they might take would be explored jointly. This workshop should consider what organisational arrangements and practices would best support this role.

3. In the interest of efficiency, but also as good practice, *cross-ministerial working should be encouraged.* This should involve making best use of technical skills wherever they presently are situated in the Ministry. It should also involve strengthening the role of PPICD as a focal point for cross-cutting issues, such as GESI and governance concerns. Important issues that have implications for several divisions include human resources strategy, financing policy, population policy and the need to ensure that the EHCS is maximising cost effectiveness as well as giving the public a service it wants.

4. Every effort should be made to increase efficiency in working. A starting point should be to investigate the possibility of *integrating the work of the Joint Annual Review and of the National Annual Review.*

5. As mentioned, there is a need *to support the decentralisation process*. The Ministry does not need to concern itself with the various issues to be debated, such as number of states, but can prepare itself by developing a health system with maximum bottom-up input and coherent links between community, district and region.

6. The Ministry needs to redouble its efforts to *communicate across government the particularities of the health sector* and what is essential to fulfilment of its role in implementing the stated right of all citizens to health and health care, for example the pivotal role of districts in health service delivery. The need for renewed efforts over cross-cutting issues such as gender and social inclusion, need to be explained and reinforced.

7. The Ministry must also *support the development of public awareness* via a communications strategy and via support for public debate.

3.1 Areas for special study and policy development

It is proposed that a few areas be selected as early candidates for special study. These should be seen as priorities in providing a basis for strategic planning. They should be areas in which the technical advisers selected can support work even if a specialist short term expert is required for detailed study. These selected areas can also be used as to demonstrate the process of turning policy statements into activities contributing to their implementation, helping those involved to understand and institutionalise these processes.

In terms of special study, it is proposed that *the national health policy should be reviewed and revised.* This is envisaged to be mainly updating, as the original document remains representative of the general approach being followed since its drafting to the present day. However, in many areas policy development has taken place and some are of major significance, not least the recognition of health as a human right for all citizens. These new areas should be reflected in the national health policy document.

On the basis of discussions within and beyond the MoHP and in view of the current situation, it is proposed that the area most in need of attention for policy development is that of *the relationship with, and quality control of, the private sector.*

It is proposed that an approach to developing a regulatory capacity should first focus on using the capacity of the NGO sector for self-regulation through audit, and that this should be built upon to instigate regulation of the for-profit sector, in the first instance, by community surveillance.

A related area proposed for attention among respondents, is that of policy regarding rural and urban areas of Nepal. The official health policy retains a focus on rural poor. Yet since this was conceptualised, there have been important demographic shifts and Nepal today has a significant urban poor population. Arguably this remains to be reflected in policy development[6].

Additionally, thought is needed about areas requiring attention in relation to decentralisation. When we are clear that decisions are being reached as to the form that federalism will take, that also will bring about a need for policy development. In the immediate future it is proposed that *human resource arrangements under a decentralised system* will need attention.

We would propose that attention be given to the relationship of work in one selected area of Ministry concern with that of work in the DoHS. The proposed areas are those where population

[6] See discussions re area planning in the EHCS capacity assessment

concerns, as articulated in the newly proposed Action Plan for Population Perspective (APPP), and the concerns of the EHCS Programme, coincide. The APPP is a cross-cutting programme that has implications for the work of all Ministry and DoHS divisions, but this particular focus would allow attention to be given to a range of areas currently undergoing development, and would thus be timely.

Finally, the TA should be responsible for helping the MoHP divisions to develop clear and transparent procedures for priority setting in relation to policy development and related research.

3.2 Technical assistance to support the required development work

It is proposed that two long term technical advisers be appointed. The first of these will be the *Health Policy and Planning Adviser*, responsible for developing planning as a cross-Ministry function and for support to policy development as required, bringing lessons from international experience. As consideration of most policy issues has an economic aspect, this adviser should have as part of his/her background a qualification/experience giving competence in the use of economics concepts and approaches to policy issues. Part of his/her responsibilities should involve developing awareness of economic consequences of different policy approaches, and basic familiarity with tools commonly used to ensure the inclusion of economics considerations in policy making, such as estimation of cost effectiveness.

The second LTTA should be a *Governance Adviser*, responsible for ensuring that the SWAp is seen as an approach that encompasses all system levels and components and helping to develop methods to make this possible. This implies a broad remit which will include responsibility for supporting the development of management communication systems within the health sector while also supporting development of new links between public and private health care providers and with the other ministries with responsibility for areas of importance in improving population health status.

Suggested areas in which the use of additional *Short Term Technical Assistance* (STTA) may be appropriate are outlined. The criteria on which decisions about use of STTA in addition to LTTA should include:

- TA for areas where particular specialist knowledge is required
- TA for well defined pieces of work that are clearly defined as needs but which require concentrated attention in order to conduct the necessary studies/produce discussion papers.

Management of the TA will be in the first instance a part of the workload of long term advisers. However, it would be appropriate to ensure that one or more counterparts are adequately involved in the process of drafting terms of reference and accompanying briefing documents, consultant selection, and management of the process whereby STTA can produce the required predefined outputs, in order to build capacity in this area. The LTTA should have responsibility not only for making any one short term consultancy happen, but also for setting up a system to be followed in all future work requiring short term inputs.

Lastly, the subject of *counterparting* deserves mention. While a formal counterpart, who should be the senior member of the unit where the adviser is placed, is proposed, it is also proposed that there should be wherever possible, *multiple counterparting.* This would involve selection of one or more individuals best placed to spend time sharing in the thinking that goes into a piece of work and sharing in taking ideas forward. This is seen as a means of building an important base of knowledge and a shared approach to policy and planning across a range of officials. Multiple counterparting also allows for cross-divisional participation in important areas of work in a way that both creates shared understanding and also enriches the process to which it is applied.

In the employment of long term TA, it will be important to recognise that the achievements of the advisers should not be measured in terms of contribution to ongoing divisional work. It should not be the job of these advisers to ensure that existing routine activities are carried out, although it may well be important for the advisers to play a role in systematising the way in which these activities are carried out and in taking steps to ensure an institutional memory of previous experiences.

4. Risk assessment and risk mitigation strategy

The biggest risk is the threat of political instability during the programme period. This may cause frequent changes in leadership and lack of continuity among those who should be key players in taking the NHSP forward, and in making good use of the support offered by NHSSP. At a minimum level, political instability can be the cause of many lost working days for the programme. This risk is external to the programme and there is little that can be done to alleviate the potential situation or the problems that may result.

The next significant risk relates to inability to ensure adequate staffing of health facilities, notably the government ones. This is a risk that results from a variety of factors that together create a poor working environment for staff. In conjunction with the HR adviser, policy issues in relation to HR questions should be tackled as an early and urgent priority. This is an issue that can in part be tackled within the MoHP, but it is probable that MoHP will also need to engage in dialogue with the central government over some issues.

In introducing the approach of working towards a learning organisation, it is important to recognise that a way is found to achieve real ownership of what are stated as shared common goals that all staff members would wish to further within the health sector. In other words, it is not enough to have formal statements of common goals if those of individual staff members are quite different and relate to private or family concerns not to the betterment of the sector. It is difficult to guarantee alleviation of this risk. Part of the solution might result from the work on human resources described above. It will be of great importance to ensure the development of a workplace culture that does not merely approve of apparent loyalty, but which actively rewards creativity and innovation.

5. Recommendations and conclusions

It is recommended that the focal point for ensuring effective policy development and systematic planning throughout the health sector, should be located in the PPICD.

The PPICD will be a division of MoHP alongside other divisions but will play a key role in the coordination of policy and plan development and in the work required to ensure that cross-cutting issues are incorporated into all such work.

Capacity development in policy and planning should focus first of all on developing a shared understanding of the processes and their place in the organisational structure of the health sector. The prime responsibility of PPICD should be that of development of systems applicable at the different levels of service and for different providers.

PPICD should further be supported in ensuring a truly sector-wide approach in health provision.

The approach used for organisational development for PPICD and other MoHP divisions should be that of creating a learning organisation and the long term aim should be to ensure this approach is disseminated and taken up at all levels of health care.

It is proposed that two long term advisers be appointed to support the work of PPICD, drawing on short term consultancy inputs for work in specialist areas.

Annex 1

Health Policy and Planning / National Lead

EMPLOYER: Options Consultancy Services Ltd

REPORTING TO: Team Leader

DURATION: 31st August 2013

LOCATION: Based in Kathmandu, although some travel within Nepal is expected

COUNTERPART: Chief, PPICD, Ministry of Health and Population (MOHP)

Background

The Government of Nepal is committed to improving the health status of Nepali citizens and has made impressive health gains despite conflict and other difficulties. The Nepal Health Sector Programme-1 (NHSP-1), the first health Sector-Wide Approach (SWAp), began in July 2004, and ended in mid-July 2010. NHSP-1 was a highly successful programme in achieving improvements in health outcomes. Building on its successes, the MOHP along with External Development Partners have designed the second phase of the Nepal Health Sector Programme named as NHSP-2, a 5 year programme, which will be implemented from mid-July 2010. The goal of NHSP-2 is to improve the health status of the people of Nepal, especially women, the poor and excluded. The purpose is to improve utilisation of essential health care and other services, especially by women, the poor and excluded. Options Consultancy Services Ltd (Options) and partners are providing technical support to the GoN to implement NHSP-2.

Role Objective

The HPP Adviser will provide TA to support capacity development of the Policy and Planning and International Cooperation Division (PPICD) to ensure that PPICD develops sustainable approaches to policy and plan formulation and implementation in a period of rapid change. PPICD needs support in order to define its coordinating function within the MOHP and in the development of a flexible planning system appropriate for a learning organisation.

Specific Areas of Responsibility

Health Policy and Planning:

- Support the PPICD to ensure the coherence of the policy framework to support implementation of the NHSP-2 Results Framework, Governance Accountability Action Plan (GAAP) and Gender Equity and Social Inclusion (GESI) strategy, and to develop an updated statement of national health policy.
- Provide strategic leadership and oversight of Technical Assistance (TA) to support the capacity development of PPICD to ensure effective implementation of policy frameworks.
- Support the development of an effective policy, monitoring, review and feedback mechanism, documented and systematised, to be employed by agencies and organisations providing health services and to be overseen by PPICD.
- Provide strategic leadership and oversight of TA to ensure effective cross departmental working in MOHP. In particular, provide capacity building support to PPICD to ensure effective linkages between financial and health planning, to assess their effects on resource use efficiency, effectiveness and equity and develop an effective planning mechanism for achievement of the

NHSP-2 results framework. Support the PPICD in ensuring that its policy and planning work adequately takes account of economic analysis.

- Provide strategic leadership and oversight to TA to facilitate the formation of systemic linkages across the MOHP Divisions and Departments, and between the MOHP and other ministries, government bodies and other health related institutions required for effective implementation of NHSP-2.
- Ensure the effective functioning of the TA support to Essential Health Care Services (EHCS) in the Department of Health Services (DOHS), for implementation of the health policy frameworks for delivery of quality, accessible and integrated EHC/Maternal, Neonatal, and Child Health (MNCH) services.
- Provide oversight to TA support within the Division to ensure that the Joint Annual Review (JAR) assessment process and annual planning and review cycle management inform future policy and planning and is effectively managed by MOHP.
- Critically review existing practice and actively seek to support efficiency savings in the amount of formal annual reporting currently undertaken
- Review the role of the various divisions of MOHP in preparing formal reports and work to ensure that capacity already existing is fully utilised.
- Play a lead role in supporting the MOHP in developing advocacy for a wide-ranging approach to health and development and an appreciation of the conditions in which the MOHP can work to fulfil the constitutional requirement to see health as a human right for all Nepali citizens
- Establish agreement between major stakeholders concerning the prioritisation of special studies relating to policy and planning and support the arrangements for such studies to be undertaken.

Organisational Development:

- Facilitate discussions within MOHP to identify core areas for organisational development to support effective systems for policy and planning implementation, and identify and oversee appropriate TA for organisational development.
- Support the MOHP organisationally to prepare for Federalism by working for the creation of a decentralised system in which responsibilities for policy development are clearly defined but allow for dialogue, and planning is actively undertaken at all levels. This work will include attention to the role of regional offices.
- Work with the HR adviser to support the MOHP to develop mechanisms to improve retention of the workforce, and to map out appropriate HR management approaches in a decentralised health system.

Health Planning:

- Support the HPP division in developing an effective planning process, which engages all levels of the health system: DOHS, regions, civil society and private sector.
- Review of the planning system including links with the National Planning Commission, ensuring it is fit for purpose
- Support the development of decentralised planning mechanisms in preparation for federalism, as the approach to federalism becomes clearer over time, but also in the context of delegating authority for planning whatever system is eventually adopted.
- Support the HPPICD to institutionalise planning skills in terms of having policies, procedures and systems in place for health planning, which are used.

Person Specification

Specification	Essential	Desirable
Education and	• Degree at Master's or doctoral	• Knowledge of health policy and/or

training	level, or other appropriate qualification, in public health, social science, economics, management studies or other related discipline from recognised university	health economics and financing • Knowledge of the fields of poverty monitoring and social inclusion
Experience	• A sound appreciation of Nepal's development agenda • A commitment to participation by stakeholders, and the promotion of human rights within a Nepali context • Understanding of policy processes including policy development and policy analysis • Knowledge of integrated primary health care and the management implications of an integrated approach • Some experience of using consultants, preparing TORs and monitoring progress and outputs • Significant experience in health sector planning and planning cycle management	• Previous work experience within the Nepal Government Public Service, and understanding of inter-Ministerial relationships • Previous work experience involving the Sector Wide Approach to Health • Understanding of organisational development and of change management • Previous experience of dissemination to a wide and varied audience • Experience of managing research
Skills & abilities	• Excellent and demonstrable written and spoken English and Nepali • Demonstrated organisational skills • Report writing skills	
Special aptitudes	• Excellent interpersonal skills	
Interests	• Understanding of the policy process and how it relates to planning	
Disposition	• Committed to team working; committed to organisational structures favouring initiative – taking and creativity over and above maintenance of status quo	
Circumstances	• Willing to travel throughout Nepal as required in the conduct of work and by the IL	

Job Description: Health Systems and Governance Adviser

EMPLOYER: Options Consultancy Services Ltd

REPORTING TO: International Lead

DURATION: to 31st August 2013

LOCATION: Based in Kathmandu, although some travel within Nepal is likely

COUNTERPART: Chief, PPICD, Ministry of Health and Population (MOHP)

Background

The Government of Nepal is committed to improving the health status of Nepali citizens and has made impressive health gains despite conflict and other difficulties. The Nepal Health Sector Programme-1 (NHSP-1), the first health Sector-Wide Approach (SWAp), began in July 2004, and ended in mid-July 2010. NHSP-1 was a highly successful programme in achieving improvements in health outcomes. Building on its successes, the MOHP along with External Development Partners have designed the second phase of the Nepal Health Sector Programme named as NHSP-2, a 5 year programme, which will be implemented from mid-July 2010. The goal of NHSP-2 is to improve the health status of the people of Nepal, especially women, the poor and excluded. The purpose is to improve utilisation of essential health care and other services, especially by women, the poor and excluded. Options Consultancy Services Ltd (Options) and partners are providing technical support to the GoN to implement NHSP-2.

Role Objective

The Governance Adviser will provide technical and practical support to the Policy and Planning and International Cooperation Division (PPICD) of the Ministry of Health and Population, and in particular the Health Sector Reform Unit (HSRU), increasing capacity such that the PPICD becomes the focal point for collaborative work across divisions and with other levels of the health system in relation to policy and planning. S/he will play an important role in furthering mechanisms to optimise cross-sectoral working and in the integration of cross-cutting issues in policy and planning work. The Adviser will work to ensure that practice within the division informs future policy and practice, reflects the principles of the Paris Declaration and supports good governance of the health sector.

Specific Areas of Responsibility

- Develop a technical assistance workplan (building on TA plan from the HPP capacity assessment), covering the areas outlined below, aligned to the NHSP-2 results framework, the GAAP and the GESI with clear deliverables and agree it with counterpart and work in accordance with workplan

Aid Effectiveness

- Document good practices in relation to health sector governance and aid effectiveness and advise on those examples most relevant to the Nepal situation, in order to propose best practice for furthering optimal health outcomes
- Support the MOHP and SWAp partners in reviewing and implementing the jointly agreed Nepal Health Partnership Compact in the light of the NHSP-2.
- Review and strengthen the annual review processes such that effective practice and joint ownership are best served and that reporting to health providers, civil society and other stakeholders as well as satisfying the terms of the Joint Financial Agreement signed between pool donors and MOHP is conducted in the most cost-effective manner possible.

- Facilitate the signing and implementation of the draft Joint Technical Assistance Arrangement between government and EDPs.
- Critically review existing practice and actively seek to support efficiency savings in the amount of formal annual reporting currently undertaken
- Review the role of the various divisions of MOHP in preparing formal reports and work to ensure that capacity already existing is fully utilised.

Coordination and governance

- Provide strategic leadership and oversight of TA in conjunction with the chief counterpart and whichever special counterparts are designated for this work, to facilitate the formation of systemic linkages across the MOHP Divisions and Departments, and between the MOHP and other ministries, government bodies and other health related institutions required for effective implementation of NHSP-2.
- Give attention to the relationship of work in one selected area of Ministry concern with that of work in the Department of Health Services (DOHS) in order to facilitate such implementation. The proposed areas are those where population concerns as articulated in the newly proposed Action Plan for Population Perspective (PPP), and the concerns of the Essential Health Services Programme, coincide.
- Provide capacity enhancing support to PPICD to ensure effective linkages across MOHP for implementation and monitoring of NHSP -2.
- Provide strategic leadership and direction in the area of evidence and information systems needed for planning, implementation and monitoring of NHPS-2, in particular the systems for identifying information needs and prioritisation, coordination of planning of evidence gathering and dissemination and its feed into MOHP/DOHS planning.
- Work with the HF Advisers to support MOHP in its relations with MoF for planning, budgeting and reporting issues, developing systems to assist with the smooth implementation of the SWAP in order to make the best use of the Financial Assistance and encourage an increase in the number of pool fund partners.

Decentralisation and federalism

- Take a lead role in the area of assisting MOHP to prepare for further decentralisation and/or federalism, in particular by dialoguing with central government federalism processes, and preparing a strategic assessment of the current situation of regions in the health system, and the implications of increased decentralisation and federalism for the functions, structures and processes of MOHP at all levels.

Organisational Development

- Facilitate discussions within MOHP to identify core areas for organisational leadership and development to support effective systems for policy and planning implementation, and identify and oversee appropriate TA for organisational development.
- Support the MOHP organisationally to prepare for further decentralisation/federalism by working on the creation of a decentralised system in which responsibilities for policy development are clearly defined but allow for dialogue and planning is actively undertaken at all levels. This work will include attention to the role of regional offices.
- Work with the HR advisers to support the MOHP to develop mechanisms to improve management and retention of the workforce, and to map out appropriate HR management approaches in a decentralised health system.
- Analyse the institutional environment of the MOHP to develop strategies for adaptation to or for facilitating change in particular aspects, so that the context for MOHP is conducive to its functioning.

Knowledge management and workplace environment

- Facilitate the development of a knowledge management system in MOHP, in line with ongoing initiatives (through WHO and MLI), including the maintenance of the web-site, records and documents, and development of systems for enhancing institutional memory, especially in light of frequent staff transfers
- Assist PPICD, along with relevant Divisions and external Ministries and agencies, to develop a strategy for communication within MOHP to support organisational change and for maintaining an overall positive workplace and work environment.
- In support of the above responsibilities, take a lead role in prioritised special studies by elaborating the objectives of each study, setting out terms of reference for the work and ensuring its execution, with shared involvement of at least one designated MOHP counterpart for each study.

Person Specification

Specification	Essential	Desirable
Education and training	• Degree at Master's or doctoral level, or other appropriate qualification, in public health, social science, economics, management studies, law or other related discipline from recognised university	• Understanding of human rights issues in a health service context
Experience	• A sound appreciation of Nepal's development agenda • Appreciation of aid effectiveness and current international knowledge of how it is achieved • A commitment to participation by stakeholders, and the promotion of human rights and good governance within a Nepali context • Excellent understanding of organisational development and change and the implications of alternative approaches • Experience of using consultants, preparing TORs and monitoring progress and outputs	• Previous work experience within the Nepal Government Public Service, and understanding of inter-Ministerial relationships • Previous work experience involving the Sector Wide Approach to Health • Understanding of knowledge management systems within organisations • Previous experience of dissemination to a wide and varied audience
Skills & abilities	• Excellent and demonstrable written and spoken English and Nepali • Demonstrated organisational skills • Report writing skills	
Special aptitudes	• Excellent interpersonal skills	

Interests		
Disposition	• Committed to team working; committed to organisational structures favouring initiative – taking and creativity over and above maintenance of status quo	
Circumstances	• Willing to travel throughout Nepal as required in the conduct of work and by the Team Leader, up to 20% of time, for up to 2 weeks at a time	