



# PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

## QUARTERLY HIGHLIGHTS: April to June 2012

This Pulse brief is the second in our series of quarterly news updates from MoHP's TA support team. Be sure to visit us at [www.nhssp.org.np](http://www.nhssp.org.np) and on Facebook for more details of the latest developments and publications.

### Points to Note

- ▶ Review of 1991 National Health Policy completed
- ▶ Draft Social Audit Operational Guidelines provisionally approved by Health Secretary for implementation
- ▶ Benefit Incidence Analysis prepared, assessing which groups benefit from public health expenditure
- ▶ Health building standard designs and guidelines applied in new constructions

### 1. Health Policy and Planning and Health Systems and Governance



#### *Developing policies and systems that meet emerging health needs more effectively*

- ▶ Terms of reference and outline working paper agreed for developing a Public Private Partnership policy, which will include a quality assurance system for private health services.
- ▶ Review of the 1991 National Health Policy completed, identifying progress made and learning that will feed into development of a new national health policy.
- ▶ Strengthening of local health governance continued, including bottom up planning (from districts) and development of a model for assessing local health needs.
- ▶ Drafting of the NHSP-2 Implementation Plan begun, as required by Cabinet.

### 2. Health Financing



#### *Improving performance and accountability in the health sector*

- ▶ Benefit Incidence Analysis prepared to identify groups benefiting from public health expenditure. This will feed into a National Health Financing Strategy and National Health Insurance Policy.
- ▶ A concept note and implementation plan have been developed for the Transaction Accounting and Budgeting Control System (TABUCS).
- ▶ User manual, software manual, and coding manual for budget heads developed to strengthen e-AWPB preparation process. AWPB 2011/12 and Annual Audit Report posted on MoHP website.
- ▶ Business plan for 2012/13 prepared to accompany the AWPB, and format agreed for future plans.
- ▶ Draft Financial Monitoring Report manual prepared.

### 3. Human Resource Management



#### *Supporting the delivery of good health services through a well managed workforce*

- ▶ Terms of reference agreed for assessment of NHTC institutional capacity, to recommend strategies for improvement and support revision of the 2004 National Health Training Strategy.
- ▶ Human Resources for Health strategic plan translated into Nepali; costed proposal for implementation forwarded to the Health Secretary for submission to Cabinet.
- ▶ Full draft of a roadmap for workforce planning developed; proposals requested for HR profiling in public and private sectors and selection of an appropriate agency in process.



#### 4. Essential Health Care Services (EHCS) including Maternal Neonatal and Child Health



##### *Providing a package of services that meets basic health care needs*

- ▲ Operational research projects (strengthening district referral systems; integrating family planning services in immunisation clinics; strengthening delivery of postnatal care) progressing well. Over 150 clinic staff in Kalikot received FP training; job aids, service and monitoring guidelines are ready, plus materials for training FCHVs and facility management committees.
- ▲ Outline of a Health Sector Strategy for Maternal Under-nutrition finalised with two-day workshop planned to take development forward and incorporate expert advice. Components for sick child feeding and maternal nutrition incorporated into the Essential Nutrition Action Package.
- ▲ Design work begun on an appraisal of options for reducing over-crowding of delivery cases in referral hospitals, which is due to increased demand.
- ▲ Action taken by FHD in response to the 2011 CEONC Readiness Study and table of further programme and policy steps developed.
- ▲ Assessment of skilled birth attendant training sites provided recommendations for quality improvement and will support further programme expansion; refresher training conducted at 19 training sites and trainers prepared for several new training sites.
- ▲ Training provided by IPAS to 27 health workers from Myagdi and Kalikot districts for comprehensive abortion care services and ToT given to 66 health facility in charges and ANMs for training 672 FCHVs on RH information sharing.

#### 5. Gender Equality and Social Inclusion (GESI)



##### *Ensuring health services serve everyone who needs them*

- ▲ Final draft Social Audit Operational Guidelines piloted in 21 health facilities and provisionally approved by the Health Secretary for implementation in 20 districts under the 2012/13 AWPB.
- ▲ GESI Technical Working Groups now functioning in five Regional Health Directorates and 18 districts; members received orientation on the GESI framework and institutional arrangements.
- ▲ Government training curricula and plans, especially AWPBs, reviewed from a GESI perspective.
- ▲ Rapid PEER research study designed to assess barriers to accessing health services; researchers recruited and trained.
- ▲ Review of the Equity and Access Programme initiated, with support to ensure funding for its effective implementation under the AWPB.

#### 6. Procurement and Infrastructure



##### *Good health services need reliable supplies and high quality buildings*

- ▲ Consolidated procurement plan for 2012/13 nearing completion; multi-division meeting convened to explain preparation procedures.
- ▲ Process for using certified producers completed<sup>1</sup>; improved bidding and contracting procedures in place; multi-year contracts increased to 12 for 2011/12 and 2012/13.
- ▲ Plans to hire biomedical engineers well advanced.
- ▲ Updating of Health Infrastructure Information System (HIIS) almost complete. It will be web-based and include a full list of public and private health facilities, to better support planning, budgeting and monitoring of construction, repair and maintenance of facilities. Although still pending formal approval, health building standard designs and guidelines are being applied in new constructions. Service providers report their satisfaction with the designs.

#### 7. Monitoring and Evaluation



##### *Learning from experience to improve service*

- ▲ NHSP-2 revised monitoring framework approved by MoHP and implementation plan now under development.
- ▲ Report on achievements made against NHSP-2 logical framework targets in 2011 completed.
- ▲ Revision of indicators, tools and reporting process for HMIS/HSIS started for testing in 2012/13 together with software development and associated training. This will enable disaggregation of data by caste and ethnicity, cover public and private health facilities, integrate vertical reporting systems and meet the needs of all programme divisions and centres.
- ▲ Plan prepared for strengthening and institutionalising Maternal and Perinatal Death Review at central, regional and health facility levels. Revision of tools in process and web database planned.

NHSSP (Nepal Health Sector Support Programme) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since its inception in January 2011, NHSSP has facilitated a wide variety of activities in support of the NHSP-2 objectives, covering health policy and planning; health financing; human resource management; essential health care services (EHCS); gender equality and social inclusion (GESI); procurement and infrastructure; and monitoring and evaluation. For more information visit our website: [www.nhssp.org.np](http://www.nhssp.org.np)

<sup>1</sup>Certified under WHO Good Manufacturing Practice (GMP) and Certificate of Pharmaceutical Production (COPP)