



PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

Quarterly Highlights: April to June 2015

The devastation caused by the 7.9 magnitude earthquake of 25 April and the multiple aftershocks meant that many of the efforts of MoHP's technical assistance support team went to assisting the Ministry of Health and Population (MoHP) in emergency relief and recovery work. The focus of the Nepal Health Sector Support Programme shifted overnight to supporting needs assessments, data collection, coordination efforts, recovery planning, information management and the supply of emergency medicines and equipment. Accordingly, this pulse report describes both the earthquake response efforts and regular NHSSP-2 programming. All the activities were led by the respective MoHP section, division or centre. 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.

Main Highlights

- ▲ Advisers worked closely with ministry counterparts in post-earthquake thematic clusters and groups to support post-disaster needs assessments (PDNAs), to prepare district status updates, and on other urgent activities.
- ▲ Highlights from the regular programme were the updating of the final design of the Nepal Health Sector Programme-3 (NHSP-3), the progress made entering expenditure data into the Transaction Accounting and Budget Control System (TABUCS), and the developments in service quality monitoring at district hospitals and service performance at referral hospitals.

Strengthening Core Health System Functions (Output 1)



Health procurement and infrastructure development

- ▲ NHSSP technical assistance supported the Logistics Management Division (LMD) to assess emergency procurement needs, procure supplies and manage the storage and distribution of drugs and equipment to the hardest hit areas. Support also went to train MoHP managers and district officials on procurement to resupply facilities.
- ▲ Procurement against the Consolidated Annual Procurement Plan (CAPP) slowed due to the emergency. A sizable proportion of LMD procurement is therefore being rolled over to 2015/16. The new procurement monitoring and contract management systems are enabling the adjustment of forecasts.
- ▲ 446 health facilities were completely damaged by the earthquakes. NHSSP's infrastructure adviser played a central role in preparing a health infrastructure master plan for affected areas and a plan for assessing damage. Designs, bills of quantity and construction guidelines were prepared for prefabricated health buildings.

Health financing and financial management

- ▲ By the end of June, 76% of the 2014/15 financial expenditure of MoHP's 286 out-of-Kathmandu cost centres had been entered into the TABUCS. This high level of reporting clears the way for assessing why some expenditure was not entered. A post-earthquake review found that the TABUCS IT infrastructure needs rebuilding in five districts.
- ▲ The Office of the Auditor General's audit of MoHP's accounts for FY 2013/14 found that the proportion of queries against audited expenditure had decreased from 13.8% the previous year to 11.5% (NPR 2.39 billion). The new practice of requiring responses to audit queries directly from cost centres has contributed to this improvement.



Strengthening the Information and Monitoring System (Output 2)



Monitoring, evaluation and research

- ▲ NHSSP's M&E Advisor helped develop the emergency information management system and data collection tools, analysed data and prepared regular updates for MoHP's Health Emergency Operation Centre (HEOC).
- ▲ Advisers supported MoHP to assess the impact and sector response to the earthquakes, to support health facilities and district health offices to recover lost service data, and to monitor services in temporary camps and resettlement areas.

Essential health care services

- ▲ The quality improvement committee at Hetauda Hospital successfully carried out its fifth review and action planning cycle under the Hospital Quality Improvement Process (HQIP). Visits to ten referral hospitals showed how in-house planning and action and review cycles are similarly helping to increase capacities and service quality.
- ▲ MoHP efforts to improve maternal and neonatal health (MNH) in underserved remote areas continued in Taplejung. Exposure visits for nurse-midwives, training on abortions and refresher trainings improved the skills of health staff.
- ▲ An assessment was carried out of the ability of comprehensive emergency obstetric and neonatal care centres (CEONCs) to provide caesarean sections in districts affected by the earthquakes. The CEONC mentor and NHSSP advisers then helped the Family Health Division (FHD) plan human resource and budget needs to restore services.
- ▲ An assessment in the worst-affected districts found that 116 of the 370 birthing centres had been severely damaged. This guided FHD on allocating temporary accommodation (tents and prefab. buildings) to restore MNH services.
- ▲ Intensified support was provided to improve family planning services in the most-affected districts.

Supporting Institutional Reform (Output 3)



Policy and planning

- ▲ As noted, NHSSP support for MoHP planning switched its emphasis to disaster response activities. This included supporting the design of the PDNA process including developing a needs assessment tool for use in affected districts. Advisers supported MoHP to prepare a Health Sector Recovery Plan.
- ▲ The earthquake set back the development of NHSP-3 and the holding of joint consultative meetings by one month. The NHSP-3 document was revised in June to account for post-disaster reconstruction and rehabilitation priorities and is considered operational by MoHP from July 2015

Gender equality and social inclusion

- ▲ NHSSP advisers helped coordinate the emergency response and supported the gender based violence, mental health/psychosocial, and protection clusters to produce a directory of health-related services for earthquake survivors.
- ▲ Needs assessments at three social service units (SSUs) found that they had had effectively coordinated free round-the-clock services for earthquake victims. Visits to five referral hospitals found they had managed their greatly increased caseloads by operating 24 hours and through temporary service camps.
- ▲ Gender equality and social inclusion (GESI) mainstreaming training took place for health facility in-charges and district supervisors in 17 districts.

Public financial management

- ▲ FHD shared preliminary findings from the Aama Unit Cost Study at a high level workshop in June. The main recommendation was to conduct a normative costing and vetting exercise against the actual unit cost findings.

Progress of the Technical Assistance Response Fund

The Technical Assistance Response Fund (TARF) is funding activities unforeseen in MoHP's annual workplans. Seven ongoing activities continued including building the capacity of MoHP officials on public financial management and remedial design work at Bheri, Seti and Surkhet hospitals. One new activity, to develop a manual and build capacity for managing health social security, began in this quarter.

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.