



PULSE UPDATING YOU ON HEALTH DEVELOPMENTS

QUARTERLY HIGHLIGHTS: January – March 2013

This Pulse brief is the fourth in a series of quarterly news updates from MoHP's TA support team. All activities were led by the respective MoHP Divisions and Centres and supported by NHSSP TA. Be sure to visit us at <u>www.nhssp.org.np</u> on Facebook and on Twitter for more details of latest developments and publications.

Headlines

- An independent Mid-term Review of NHSP-2 was completed and priorities to 2015 identified.
- ▲ MoHP hosted a successful 2013 Joint Annual Review.
- **Data collection for the Human Resources in Health (HRH) profile assessment was completed.**
- ▲ Operational Guidelines for Mainstreaming Gender Equality and Social Inclusion (GESI) in the Health Sector were drafted by Population Division.
- ▲ A first Health Management Information System (HMIS) Bulletin covering 5 years of data against NHSP-2 logframe indicators was prepared.

1. Health Policy and Planning and Health Systems and Governance



- MoHP successfully hosted the 2013 Joint Annual Review (JAR). Advisers supported the preparation of eight thematic briefing papers. The JAR helped **highlight progress made in the previous year and identify priority issues for 2013 as captured in the Aide Memoire.**
- A 3-day workshop on planning the 2013/14 Annual Work Plan and Budget was held for division heads. This will **improve the budget preparation process, support inclusion of cross cutting themes such as GESI and multi-year contracting, and increase overall accuracy.**
- ToR were prepared for the development of standard performance based contracts for hospitals. These will provide a first opportunity to implement MoHP's new State Non-state Partnership Policy and improve access to services for underserved populations.

2. Health Financing

- Family Health Division (FHD) drafted a monitoring and evaluation framework for demand-side financing (DSF) schemes (e.g. Aama). This will help **track progress made in implementing and harmonising DSF schemes and reduce total transaction costs**.
- A capacity assessment for piloting the Transaction Accounting and Budget Control System (TABUCS) in eleven cost centres was completed. TABUCS will **improve the speed and accuracy of budgeting and provide safeguards against irregular spend.**
- MoHP's National Health Insurance Policy was endorsed by the steering committee and a draft design document prepared for implementing the policy in selected districts. This will **allow the national health insurance approach to be tested and modified ahead of possible scale-up**.
- An independent review of MoHP's internal financial control systems was completed. Implementation of the recommendations will **reduce the number of irregular or unauthorised financial transactions.**

3. Human Resources



- The HRH Strategic Plan was officially launched and disseminated. Once implemented, the strategy will **improve workforce planning, deployment, retention and performance**.
- Progress was made in collecting, entering and analysing data collected through the HRH profile assessment. This information will **inform workforce planning in 2013-14 and beyond**. The MoHP-led Workforce Planning Technical Working Group was successful in securing funding for regular meetings. The working group will **improve clarity on the roles and functions of training institutions, notably the Nepal Health Training Centre (NHTC)**.



Essential Health Care Services (EHCS) including Maternal, Neonatal and Child Health

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- Phase 1 of an analysis of the situation of maternal, neonatal and child health (MNCH) services in remote areas was started. Understanding the difficulties faced in accessing services in remote areas will result in **improved strategies for service delivery and referrals in underserved areas**.
- FHD and the regional health directorate (RHD) reviewed implementation of the integration of family planning services in the Expanded Programme of Immunisation (EPI) in Kalikot district. Integrating Family Planning (FP) within EPI will **increase FP take up and reduce total transaction costs.**
- FHD was supported to explore government and partner reproductive health clinics where high numbers of intra-uterine contraceptive devices (IUCD) and implant services are provided in order to increase the number of IUCD training sites. Increasing the number of training sites will **improve IUCD related skills in the sector and increase service availability.**
- Helen Keller International (HKI) supported the Nepal Health Education and Information Communication Centre (NHEICC) to integrate key nutrition messages for mothers and babies and adolescent girls in birth preparedness packages. This will **improve healthy behaviours related to maternal and neonatal nutrition.**

5. Gender Equality and Social Inclusion (GESI)



- Operational Guidelines for Mainstreaming GESI in the Health Sector were drafted and submitted to the health secretary for approval. Implementation of the guidelines will help **institutionalise GESI through effective planning, budgeting and programming.**
- Guidelines for the establishment and implementation of GESI institutional mechanisms were approved by the health minister. These assign responsibilities for taking GESI forward across the health system and **clarify lines of reporting and accountability in the sector**.
- The National Health Education, Information and Communication Centre (NHEICC) developed draft implementation plans for its communication strategies for safe motherhood, neonatal and child health, adolescent sexual and reproductive health and family health. Implementation of these plans will help **improve awareness levels of service availability and healthy behaviours.**

Procurement and Infrastructure



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- 600+ technical specifications have so far been uploaded on to Logistic Management Division's (LMD) website (**www.dohslmd.gov.np**) for readers to access. The specification bank was introduced at the annual meeting of the Bio-medical Engineering Association of Nepal (BEAN). Specifications will help **improve levels of bidder compliance and the quality of goods procured.**
- Several minor policies and procedures were prepared for inclusion in LMD's Operations Manual (Procurement). These cover framework contracts, contract amendments and bid securities. A strategic paper on framework contracts was forwarded to the Department of Health Services' (DoHS) director general and LMD's director. These policies and procedures will **improve procurement efficiencies and increase the likelihood of improved practices being sustained**.
- In **Infrastructure**, upgrading of the Health Infrastructure Information System (HIIS) was completed and now includes output formats for planning, monitoring and reporting. An effective HIIS **will improve infrastructure planning, construction and maintenance.**
- Terms of reference were prepared for a review of MoHP funded infrastructure procurement for health facilities. This will **clarify the responsibilities of MoHP and the Ministry of Urban Development (MoUD) leading to improved decision-making and transparency.**

7. Monitoring and Evaluation



- MoHP was supported during the NHSP-2 Mid-term Review (MTR) and JAR 2013 to identify progress made against NHSP-2 indicators, remaining gaps and priority areas to 2015.
- Management Division developed field testing and scaling up plans for the revised HMIS. Once rolled out, the revised HMIS will allow **improved tracking of health outputs and outcomes in the sector**.
- A first HMIS Bulletin covering 5 years of data based on the revised indicators was prepared. This demonstrates the ability of regular MOHP monitoring to track NHSP-2 indicators.
- ePopInfo (a user-friendly electronic database that provides accurate information on population characteristics, health service provision and water and sanitation) was developed for posting on MoHP's website. This will **improve the presentation of key health data to the general public.**

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