



PULSE UPDATING YOU ON HEALTH DEVELOPMENTS

QUARTERLY HIGHLIGHTS: Oct to Dec 2012

This Pulse brief is the third 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 www.nhssp.org.np and on Facebook for more details of latest developments and publications.

Headlines

- MoHP's State, Non-State Partnership Policy was endorsed by the Ministry.
- MoHP's Human Resources for Health Strategic Plan was approved by Cabinet.
- MoHP's Financial Management Improvement Plan (FMIP) was endorsed by the Ministry.
- The World Bank approved Logistic Management Division's Annual Consolidated Procurement Plan for 2012-13.
- MoHP's Social Service Unit Guidelines were finalised ahead of piloting in eight hospitals.

1. Health Policy and Planning and Health Systems and Governance

- Developing policies and systems that meet emerging health needs more effectively
 - A policy on State, Non-State Partnership was endorsed by MoHP. This will help **facilitate multiyear contracting of private sector agencies and individuals for health related services.** Draft District Planning Guidelines were finalised. Once endorsed by the Steering Committee these will help **improve local planning and monitoring processes**.
 - MoHP's Governance and Accountability Action Plan (GAAP) was revised to improve ease of monitoring. Once approved, this will **improve understanding of progress made against GAAP indicators.**
 - An annual calendar of health sector events was developed. This will improve MoHP planning by reducing the likelihood of **MoHP events clashing with international conferences etc.**
- A workshop on 'Experiences of the SWAp in Nepal's Health Sector' was organised for senior MoHP and other government officials. This improved understanding of SWAp implementation.

2. Health Financing Improving performance and accountability in the health sector The Financial Management Improvement Plan (FMIP) was endorsed. This will help improve financial reporting and auditing in the Ministry. System specifications for the Transaction Accounting and Budget Control System (TABUCS) were

- System specifications for the Transaction Accounting and Budget Control System (TABUCS) were finalised and eleven cost centres selected for piloting. TABUCS will improve the speed and accuracy of budgeting and provide safeguards against irregular spend.
 - Institutionalisation of the Rapid Assessment of Demand Side Financing (DSF) programmes within FHD was completed. This **reduces FHD's dependency on external agencies for DSF monitoring**.

3. Human Resources



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

- Dissemination plans were made for the newly approved HRH Strategic Plan. Once implemented, the strategy will **improve workforce planning**, **deployment**, **retention and performance**.
- Data collection is ongoing on the number and types of HRH in the public and private sectors. This information will **inform and enhance workforce planning in 2013-14 and beyond.** Following the recent NHTC institutional assessment, agreement has been reached on the role
 - of the National Health Training Institute as a training management body. This will **improve clarity** on the roles and functions of training institutions and the quality of training.



4. Essential Health Care Services (EHCS) including Maternal, Neonatal and Child Health	
Provia	 ling a package of services that meets basic health care needs Child Health Division's Nutrition section completed the final draft of its strategy to address maternal under-nutrition with the support of Helen Keller International (HKI) and the World Food Programme (WFP). This strategy will inform government and EDP planning and programming on nutrition within and beyond the health sector. Following 2012's study on overcrowding at higher level hospitals, a review of options for improving delivery care at referral hospitals and strategically located birthing centres was completed. Implementation of recommendations promises to help improve referral practices and patient care. Family Health Division held a participatory Reproductive Health (RH) Review and Planning meeting with related Divisions, Centres and RH partners. Strategic recommendations for RH programming were produced for incorporation in 2013-14 work plans. The Integrated Management of Childhood Illnesses (IMCI) section of Child Health Division
	completed a five-year costed work plan for the community based IMCI and newborn care programme. This will improve IMCI and newborn care programming.
5. Gender Equali	ty and Social Inclusion (GESI)
	ing health services serve everyone who needs them
	MoHP's Social Service Unit (SSU) Guidelines were finalised ready for piloting in eight hospitals. A road map for establishing and strengthening SSUs was also prepared. These documents will facilitate the effective functioning and scale up of SSUs across the country.
	Harmonised Social Audit Guidelines for health facilities were finalised following extensive piloting. These will help improve the accountability of health providers to local service users.
×	Guidelines on the division of GESI responsibilities in MoHP at central, regional and district levels were approved. GESI Operational Guidelines will be prepared in early 2013. These documents will support the roll-out of GESI responsive programming across the Ministry .
N	The National Health Education, Information and Communication Centre developed a series of draft District Behaviour Change Communication Strategic Plans. Once implemented, these will help improve awareness levels on key health concerns and service availability.
6. Procurement and Infrastructure	
Good	health services need reliable supplies and high quality buildings
	Over 400 technical specifications for hospital furniture, instruments, equipment and drugs were prepared and uploaded to LMD's website. These will help improve the quality of goods procured and levels of bidder compliance in future procurement rounds.
	A market survey of 44 drugs was completed and presented to LMD. This establishes a baseline for cost comparisons in the future.
×	A Value for Money study on e-bidding for construction showed that this reduced the costs of construction and made the tendering process more efficient and transparent .
	A study of the new standard integrated designs for health facilities showed that their use resulted in significant cost savings and improved service provision .
	The Health Infrastructure Information System was updated ahead of being launched as a web based system in 2013. This allows improved monitoring of construction and financial progress.
7. Monitoring and Evaluation	
Learni	ing from experience to improve service
	Tools, indicators and the reporting process for the Health Management Information System were substantially revised, in preparation for field testing and roll out in FY 2013/14 .
	The NHSP-2 Logframe progress report for 2012 was completed so allowing an assessment of on-track and off-track indicators to be made.
•	Work to standardise the format for district population profiles began. This will allow ready comparison of data across districts.
	Progress was made on producing annual and quarterly Health Management Information System (HMIS) Bulletins to improve the frequency and timeliness of reporting .
×	Further progress was made on revising the Maternal and Perinatal Death Review process and tools to improve accuracy of reporting .

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