

# Highlights of Health Sector Support in Nepal 2016/17

Learning from field level project implementation  
support provided by EDPs during transition

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MINISTRY OF HEALTH

# Outline

1. Overview of field level project implementation support by EDPs (only a few examples)
2. Field level engagement success factors
3. Key Achievements/Results
4. Challenges
5. Opportunities

# Examples of EDP supported Projects/Programme at Field Level

## Field level support examples by EDPs:

1. **UNFPA: Certification of Adolescents Friendly Health Service Center**
  - ✓ NHSP target: 1,000 Adolescent Friendly Service Sites to be established by end of 2015.
  - ✓ Quality Improvement & certification tool for AFS endorsed in 2015
  - ✓ The process of AFHS certification started towards end of 2015.
2. **WHO: Health Emergency Programme**
  - ✓ Support Ministry of Health on health sector emergency preparedness and response planning
  - ✓ Hospital Safety interventions: Hub hospitals at Kathmandu valley, Mid & Far western regions (Province 5&7)
  - ✓ Establish Health Emergency Operations Centers
3. **UNICEF&WHO: Full Immunization Declaration Initiative/Multi Sector Nutrition Programme (MSNP)**
  - ✓ Full Immunization of children with all 11 vaccines , Periodic Routine Immunization in flood affected districts
  - ✓ Technical/financial support to regular/emergency nutrition services in 14 earthquake and 18 flood affected districts, expansion of treatment of SAM (IMAM) in 4 districts, IFA supplementation for adolescent girls in 6 additional districts and Infant and Young Child Feeding linked with Cash Grant in 3 additional districts
4. **GIZ: Support to the Health Sector Programme (S2HSP):**
  - ✓ Strengthen Health System (Health Insurance, Quality Improvement, HRH, Governance, Digitalization of HIS, Adolescent Health and Development)
5. **USAID (H4L/PSM/Suaahara): Support for the Health Sector Service Delivery and Supply Chain Management System**
  - ✓ Strengthen Health System (Quality Improvement, Planning and Budgeting, ASRH, PSM Strengthening)
  - ✓ Support to MoH to accelerate roll-out of MSNP through strengthened local governance across 40 districts
  - ✓ Technical support to MoH to strengthen behavior change communication for FP and nutrition

# Local level engagement process (success factors)

1. Ownership at all administrative level of the country
2. Improving local health governance: medical services and public health aspects
  - a) Improving steering structures, intersectoral, multi-stakeholder engagement, and private-public collaboration
    - i.e. A strong national level collaboration between MoH & MoFALD (for Full Immunization Process)
    - i.e. Establishing the nutrition and food security steering committees at districts and Pallika levels with all key sectors
  - b) Addressing public health topics, e.g. medical waste management, health promotion with focus on urban health management and adolescent health
  - c) Fostering citizen engagement
3. Using data/information for improved planning and budgeting and development of the plan for LDO/DDC & ward in collaboration with district health official on resource mobilization
4. Improving organizational capacities and management procedures e.g programme implementation and service delivery mechanism, procurement and supply chain management at local level. (i.e. Health Service Providers as well as LDO/DDC and Ward Chair/Secretary and health management at municipality level)
5. Development and use of standards and Quality Improvement (QI) tools for quality improvement and verification of certification/declaration process
6. A joint monitoring visit of central, district and relevant partners is held to validate and certify the centers
7. Mainstreaming nutrition in local planning process

# Key Results

- 51 HF certified as AFSC ( 45 with UNFPA support ; SCI, MSI)
- A total of 1415 Health Service Providers trained (1073 from UNFPA support)
- The QI tool is used every six months by HFs to self assess and maintain their certification status
- Provided nutrition interventions to 478,335 children and 348,874 pregnant women.
- Equity gap between DAGs and non-DAGs completing 4 ANC visits reduced from 22% to 11% over 5 years in Suaahara project areas.
- SMART Jeevan Campaign increased CPR among married women 18-29 from 25% to 34% and FP use within 6 months of delivery from 9% to 25% in covered areas.



Health Emergency Operation Center (HEOC)



- Health Emergency Operations Centers (HEOC) established at the regional headquarters which will readily become the Provincial HEOCs. Resources ready to establish HEOC in two more provinces.
- District Contingency plans for health and nutrition emergencies available at 75 districts.



# Key Results Continued..

- Full immunization initiative started since 2012 in Accham. Since then 34 districts fully immunized until now.
- Launching of Multisector Nutrition plan II ( 2018-2022) and Commitment to make Nutrition Friendly Local Governance in 308 Pallikas



**प्रतिबद्धता**

“स्थानिय श्रोतको उपयोग स्वामित्व र सहभागीता पूर्ण खोप गा.वि.स. सुनिश्चितता हाम्रो प्रतिबद्धता”

यस शंखुपाटिचौर गा.वि.स. का १२-२३ महिनाका सवै बालबालिकाले पूर्ण खोप लगाएको सुनिश्चितता गर्दै आगामि दिनहरूमा पनि सवै बालबालिकालाई पूर्ण खोप प्रदान गराउने प्रतिबद्धता व्यक्त गर्दछौं

**स्वास्थ्य चौकी सहयोग समिति र सम्पूर्ण गा.वि.स. परिवार**

को अध्यक्ष बनेका हुन्	को अध्यक्ष बनेका हुन्	को अध्यक्ष बनेका हुन्
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**याङ्वरक गाउँपालिका**  
मेदिवुङ, धुपु, पाँचथर  
११ न. प्रदेश, नेपाल

**प्रतिबद्धता**

२०७४ श्रावण २६

नेपालमा मात्र विश्व पोषण दिवसमा सुधार ल्याउन नेपाल सरकार, सघात राष्ट्र मधीय विकासहरू, विकास साझेदारहरू, निजी क्षेत्र र नागरिक समाजका प्रतिनिधिकरूपमा २०६९ साल जसोज ४ गते प्रतिबद्धताको घोषणा पत्रमा हस्ताक्षर गर्दै बहुक्षेत्रीय पोषण योजना २०६९-२०७३ कार्यान्वयन गर्दैरहेको छ। नेपालले सन् २०३० सम्ममा कुपोषणलाई जराय गर्ने अन्तर्राष्ट्रिय प्रतिबद्धता व्यक्त गरेको छ। विषयमा स्थानीयस्तरमा जिल्ला समन्वय समितिको (सावि)को जिल्ला विकास समिति संयोजनकारी भूमिकामा स्थानीय विकास र विपणनत कार्यालयहरू मार्फत यो योजना कार्यान्वयन भई रहेकोमा हाल नयाँ सहिदान जारी भई सघ, प्रदेश र स्थानीय तहसक अधिकारहरू स्पष्ट भई आएका छन्। आज यो कार्यक्रमको सफल कार्यान्वयनको कर्तव्य हाम्रो भएको छ। आज मिति २०७४ श्रावण २६ गते यस गाउँपालिकामा निर्वाचित पर्याप्तकारीहरू हामी बहुक्षेत्रीय पोषण योजनाको अतिमसुझकरणमा उपस्थित भई निम्नानुसारका क्रियाकलाप पूर्ण रूपमा कार्यान्वयन तथा सहभागीता जनाउने गाउँपालिकामा यस योजना सफल सञ्चालन गर्ने प्रतिबद्धता जाहेर गर्दछौं।

**प्रतिबद्धता:**

- बहुक्षेत्रीय पोषण योजनाले सुनिश्चित गरेको सुपुष्कर प्राप्त गर्ने योजना प-सन्देशको।
- गाउँपालिकाको सवै वडाहरूमा बहुक्षेत्रीय पोषण योजना विचार आगामी ५ वर्षे विषयमा पुग्न गर्ने सञ्चालन र मानव श्रोतको उपयोग सुदृढ गर्नेछौं।
- सवै सार्वजनिककार्यलाई अतिबाधै रूपमा विचारण गर्ने बातावरण सुदृढ गरी सुपुष्करीय विषयको व्यवस्था गर्नेछौं।
- सर्वकारी तथा सर्वकारी अगावार्द कार्यालय अन्तर्गत पोषण भन्ना प्रदान गर्नेछौं।
- गाउँपालिकाको सवै तह र सञ्चालन समितिकरमा क्रियाकलाप सञ्चालन गर्ने सञ्चालनको अतिमसुझकरणको सुनिश्चिततामा जोड दिनेछौं।
- अतिमसुझकरणमा प्राप्त ज्ञान, शैली र मानव श्रोतलाई व्यवहारमा पार्नु गर्ने सवै तहमा गर्नेछौं।
- विषयक सञ्चालन अतिमसुझकरण, कार्यालय तथा सञ्चालन सञ्चालनको सुनिश्चिततामा लागि सहयोगी विकासकार्य प्राप्त गर्नमा जोड दिनेछौं।
- सवै तहमा बहुक्षेत्रीय पोषण योजना तर्जुमा गरी त्यसको प्रभावकारी कार्यान्वयन तथा अनुदान, सुपुष्कन र पर्यटकीयको सुनिश्चिततामा जोड दिनेछौं।
- यो योजना सञ्चालन गर्ने मधीय, शारीरिक, ज्ञान स्थानीय तह सञ्चालन विकास साझेदार एवम् सर्वोच्च विकासको सुनिश्चिततामा जोड दिनेछौं।
- सकस, सघात र पूर्ण पोषणकार्य घर, टोल, वडा, गाउँ समन्वय सञ्चालन गर्दै आगामी ५ वर्षे विषय प्राप्त वास्तविक गाउँपालिकामा सुपुष्कन गर्नेछौं।

नेपाल सरकार, स्वास्थ्य विभाग, पोषण विभाग, याङ्वरक गाउँपालिका, मेदिवुङ, धुपु, पाँचथर, ११ न. प्रदेश, नेपाल

गाउँपालिका स्तरीय अभिलेखिकरण गोष्ठी, २०७४ साल श्रावण २६ गते विहीवार

# Key Results Continue..

- Health profiles of 3 municipalities prepared (incl. private facilities)
- Budgeted plans ready in 5 municipalities
- Digitized HIS established – HMIS reporting directly from facilities
- Conceptualized an integrated municipal healthcare waste management model – *to be used in Bidur municipality*
- More than 450 000 persons enrolled in the health insurance in 25 districts (not a decentralized activity – national system)
- On-site mentoring and coaching of more than 1000 clinical and management staff including higher level clinical specialist and frontline health workers in MNCH

*Hospital administrator entering data in service utilisation, Kailali*



A32

*Enrolment assistant taking a picture of a new member of the scheme in Kailali, Far West*



**Slide 7**

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Insert here photo of GIZ programme?

Author, 1/30/2018



# Key Results Continue..

- Oriented and conducted annual planning and budgeting for newly elected officials and government in 152 municipalities and nearly 1,000 wards in 24 districts reaching 10,000 participants
- Developed a QI system for peripheral HFs operating now in 616 HFs and tablet-based QIMIS rolling out in 34 HFs
- Informed 181,577 adolescents on ASRH through the m4ASRH program and 30,000 students in 254 schools in the Mid-West and West
- Gave communities a voice and improved services at HFs through 690 Radio Bahas programs in the Mid-West and West



# Lessons learned: challenges

1. Multi and Inter-sectoral coordination and collaboration is critical (i.e. adolescent health, nutrition).
2. Greater clarity required on the role of the province, district, local government administrations in emergency management. Structure and functions of the decentralized health system to be finalized for effective planning of technical assistance to all levels.
3. Technical and managerial skill gap for sector programme management at municipal level
4. Insufficient availability and pre-qualification of HR for new functions (not adequate staff mix).
5. Clarity required on accountability and management oversight of resources which already exists at district level like, district vaccine stores.

## Lessons learned : challenges cont...

6. Need to define basic health service package.
7. Service certification/monitoring gap during transition period in absence of D/PHO.
8. Expansion of e-reporting, revisit routine HIS to capture progress (AH, newborn) as basis for evidence-based decision making at any level.
9. Communication and reporting mechanism (timeliness, accuracy and consistency of reporting) and programmatic interface among federals, province, district and local bodies to be worked out.
10. Need for District Contingency Plans and District Rapid Response Teams to be reconfigured to correspond to evolving institutional arrangements post-decentralization.
11. Accessibility and quality of health service to unreached area.

# Lessons learned- opportunities

1. Federalization could be an opportunity to sensitize local bodies in investing in young people's health and nutrition to reap the benefit of demographic dividend.
2. Strong buy-in and support from local level actors (mayors and deputy mayors of municipalities) during inception and implementation period would lead to allocation of additional resources at local level to sustain the programme success
3. Intra-agency collaboration with a governance programme is useful: health and nutrition is better integrated in the overall reform



Thank you