

Health Service Delivery at Local Level



Joint Annual Review (JAR) Meeting

31 January-1 February 2018

Kathmandu

Program Implementation

Progress/status

- Around half of the programmes have been implemented.
- Palika's started defining the functions, institutional set up, technical know-how, policy for health services.
- Local governments paying attention for essential services for e.g; immunization services, birthing centres, outreach clinics etc.
- Elected bodies principally aware of the responsibility regarding delivery of health services at local level.
- No significant interruption of regular programmes

Program Implementation

Best practices/innovations

- Godawari Municipality has plan to contribute 50% premium cost for insurance
- Five year health plan is prepared, to be endorsed by Palika (Barahtaal rural municipality)

Program Implementation

Issues, challenges, bottlenecks

- Institutional and individual capacity of Palika in health sector's programme management
- Co-ordination among DHO, Palika and Health Coordinators
- Budget mismatch: eg: Microscopy services and Aama Surakshya Programme
- Overlap in program and budgeting (district and local level) created confusion

Program Implementation

Lessons learnt and way forward

- Conditional grant ensured the budget for health programmes
- Readiness of local government to allocate resource for health, needs strong planning and technical back up
- Orientation of Chief Administrative Officer (Local Level) and Health Coordinators on programme implementation

Human Resource Management

Progress/status/Issues

- Health Workers were found to present and providing services
- Positions filled in most of health facilities; Around 11 % post of HWs are vacant in province 6.
- Local governments committed to manage skilled staff and willing to seek support from DHO
- Inadequate health staff particularly at Mahanagar Palika
- Confusion at local level regarding HRM.(eg; deputation, leave etc)

Human Resource Management

Progress/status/Issues

- Health workers in hospital and community deprived of the incentives like 'Over time, night duty, field allowance' posing threat to service interruption in future
- Limited human resource with special skills e.g.; OT nurse, SBA, anesthesia assistant
- No residence available for doctors inside hospital premises

Human Resource Management

Lessons learnt and way forward

- Deputation of qualified health coordinator/ Capacity building
- Coordination and guidance from DHO/DPHO to health coordinators at Palika.
- O&M survey of Palikas and KARMACHARI SMAYOJAN as early as possible.
- At least one Public Health Officer is need in each health unit of PALIKA.
- Organization Structure based on functional analysis

Drugs and Supply

Progress/status

- Some Palikas have procured and some started the process and some yet to procure drugs,
- Most Palikas have allocated fund for drug procurement
- DHO/DPHO and some Palikas are providing medicine as per need of health facility and level of stock in hand.

Drugs and Supply

Issues, challenges, bottlenecks

- Limited stock of drugs in most Palikas
- Stock out of few drugs has been observed in some Palika
- Inadequate budget allocation in DPHO/Palika for drug procurement
- Lack of precise plan for storage and quality monitoring of medicine purchased by Palika.
- Health coordinators have limited knowledge on procurement and LMIS

Drugs and Supply

Way Forward

- Orientation on program implementation (especially health procurement, on line reporting HMIS, LMIS)
- Transition and long term plan for
 - Supply chain management
 - Cold chain management
 - Monitoring and management of the stock

Service Provision at Health Facility Level

Progress/status

- Palikas are taking initiation to establish UHC and CHU in unreached settlement.
- Municipalities have given priority to implement social health insurance for all to increase access to BHS.
- Targeted interventions being implemented
- Birthing centres are functional
- Difficult to serve equitably and conduct outreach clinics with limited resources and infrastructure

Service Provision at Health Facility Level

Issues, challenges, bottlenecks

- No clear quality improvement initiative is seen
- Little coverage of health insurance, enrollment is low
- Availability of service in time and availability of drugs, HR retention
- Understanding of institutional arrangement, mechanism, resources for UHC at Palika level

Service Provision at Health Facility Level

Lessons learnt and way forward

- Make local government more accountable to manage health services.
- Improve referral mechanism
- Need for maternity home stay at BCs
- Social accountability and more citizen engagement in health sector
- Develop and equip health facilities with modern technology and create conducive environment for health workers and client

Services provision (community based)

Progress/Status

- Community based health services are not hampered
 - EPI Clinics, Outreach Clinics are running uninterruptedly
 - FCHV and MGs are doing their works as usual
 - Mothers groups prepare **sarbottam pitho** and provide to needy people at low cost
- Same level of enthusiasm among mother's group and FCHVs
- Strong network between Mother's group, FCHVs and women due to "saving and credit finance scheme"

Services provision (community based)

Way Forward

- Guideline needed for effective mobilization of FCHVs
- Palikas should be capacitated to take ownership to expand Urban health centers and CHU as per need.

Thank You