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# Progress of the Health Sector (2016/17)

Joint Annual Review 2018

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Key Achievements, Challenges & Way Forward



Government of Nepal  
Ministry of Health  
Kathmandu  
2018

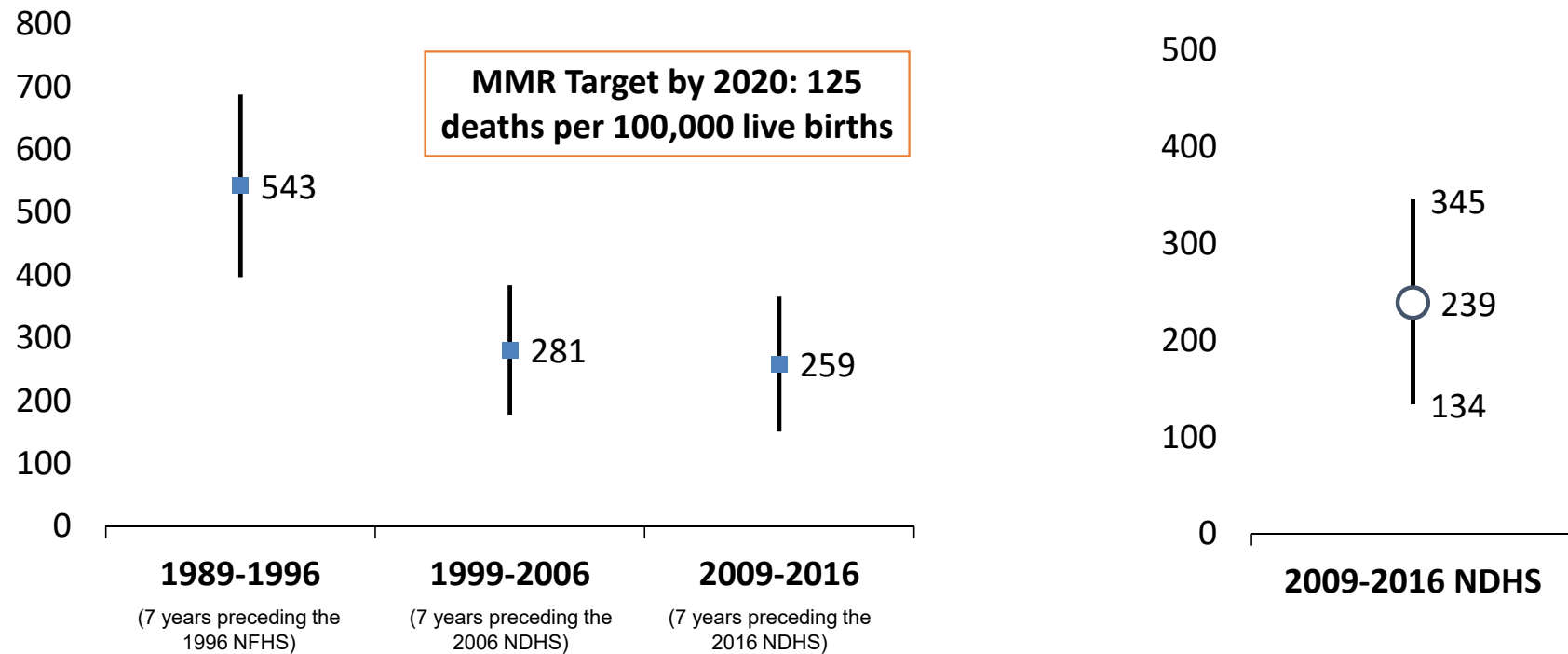
# Overview of Progress

# Maternal Mortality Ratio

(NHSS RF G1; SDG)

## Pregnancy-related deaths per 100,000 live births

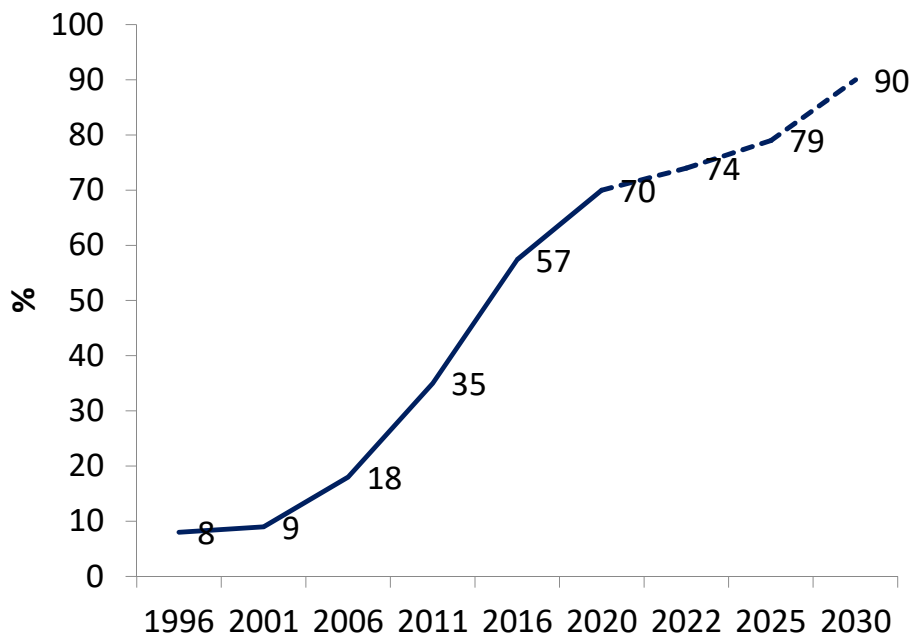
## Maternal deaths per 100,000 live births



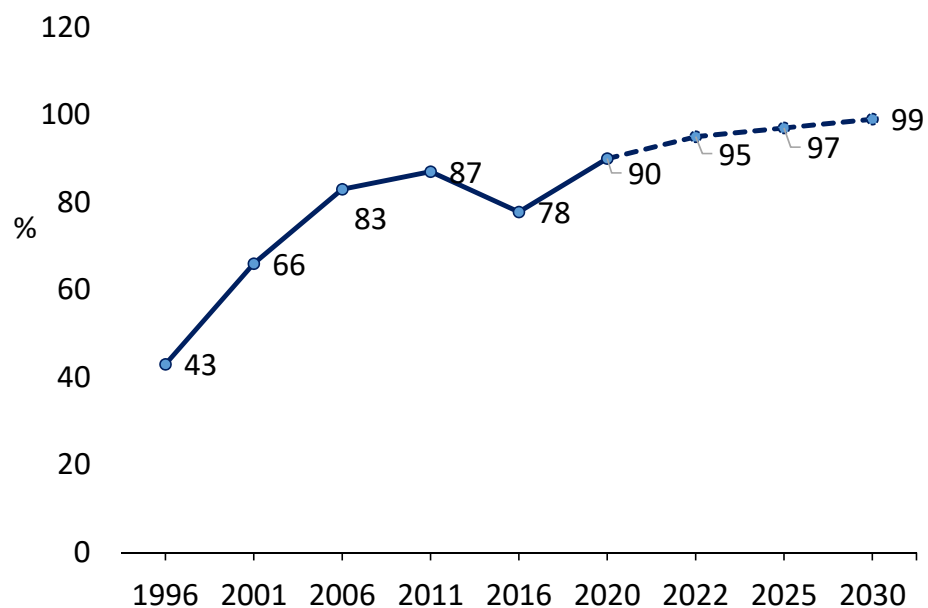
Source: Data for 1996 from NFHS, rest of the data from succeeding NDHS

# Institutional Deliveries and Immunization

**% Institutional deliveries, 1996 to 2030**  
(NHSS RF OC3.3; SDG)



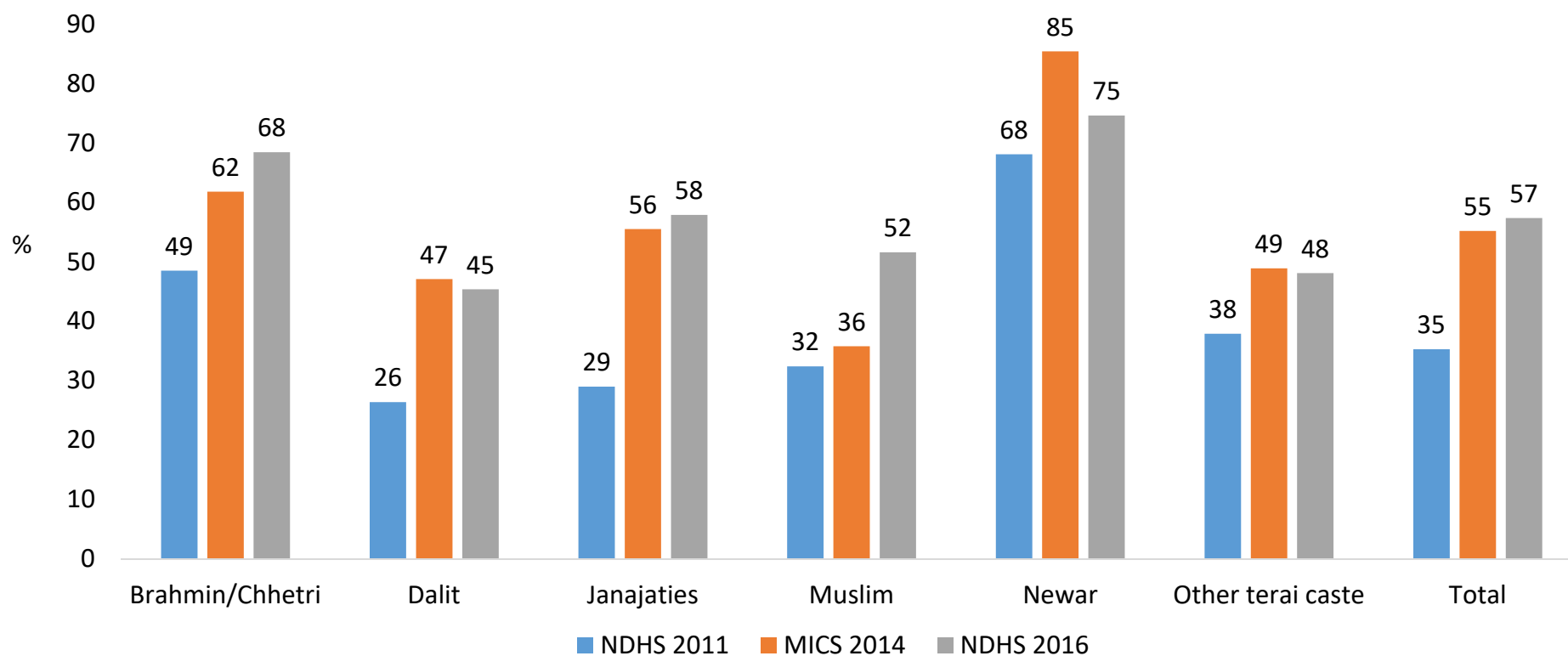
**% Fully immunized children, 1996 to 2030**  
(NHSS RF OC3.2)



Source: Data for 1996 from NFHS, rest of the data from succeeding NDHS

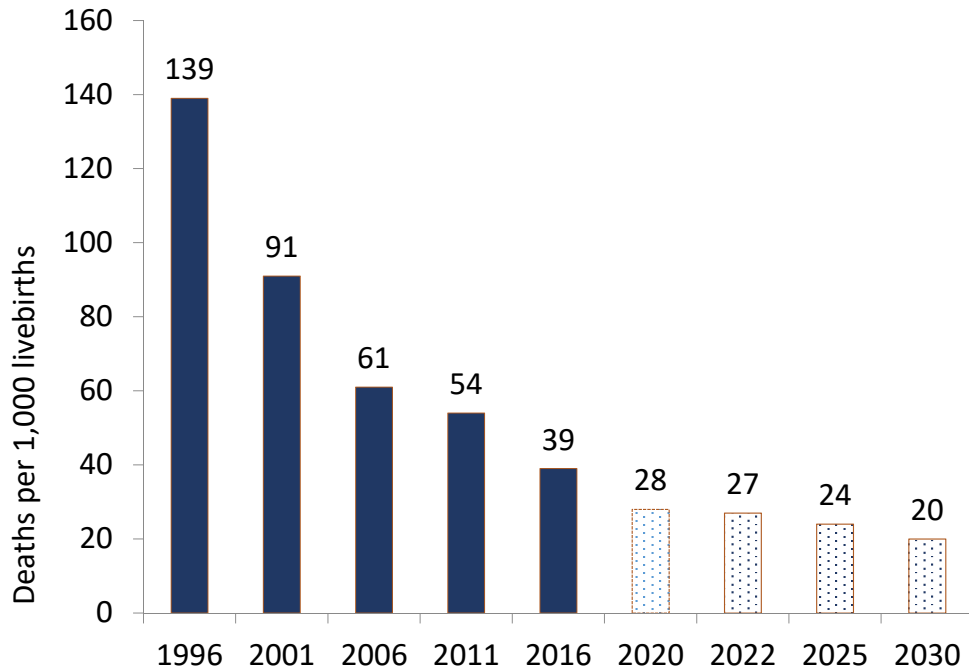
# Institutional Deliveries by Caste Group

**% of live birth by delivery at health facility**  
(Institutional deliveries) (NHSS RF OC 3.3)

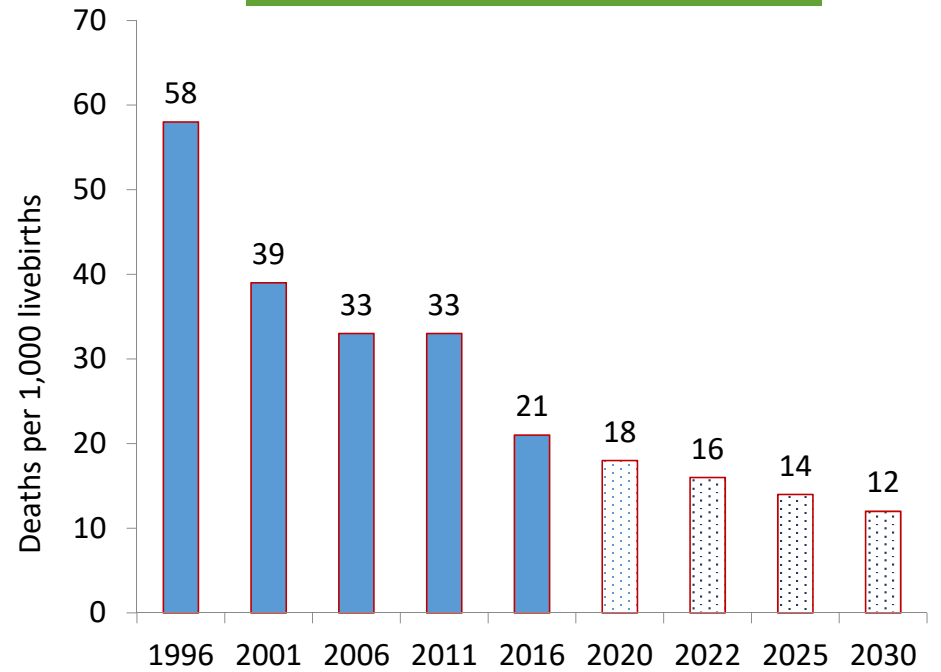


# Child Mortality

**Under five child mortality rate**  
(NHSS RF G2; SDG)



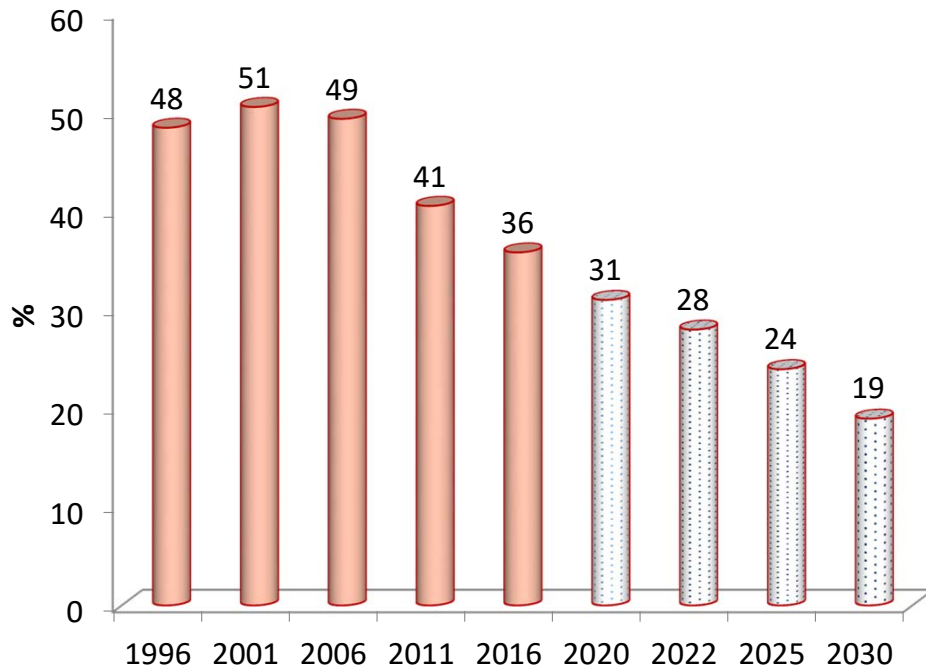
**Goal 3: Neonatal mortality rate**  
(NHSS RF G3; SDG)



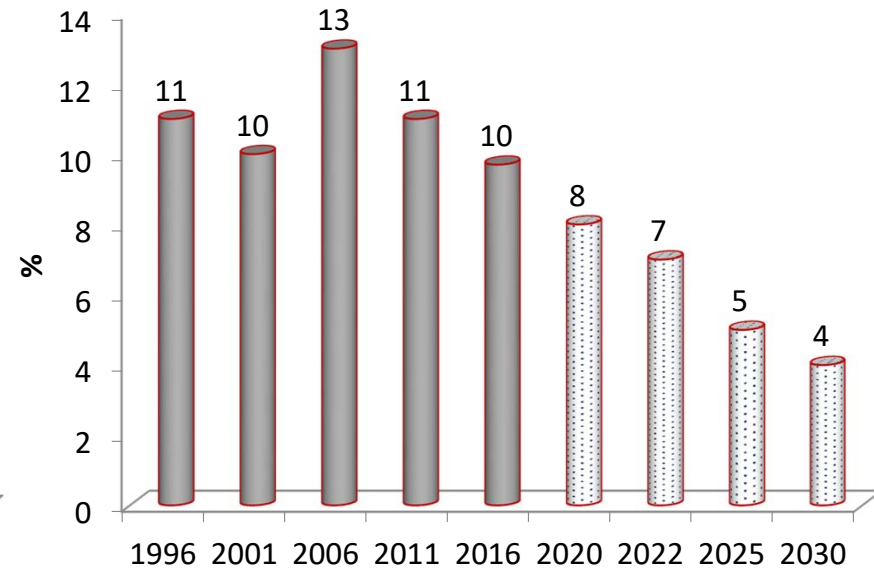
Source: Data for 1996 from NFHS, rest of the data from succeeding NDHS

# Child Nutrition

## Goal 5: Stunted children (NHSS RF G5: SDG)



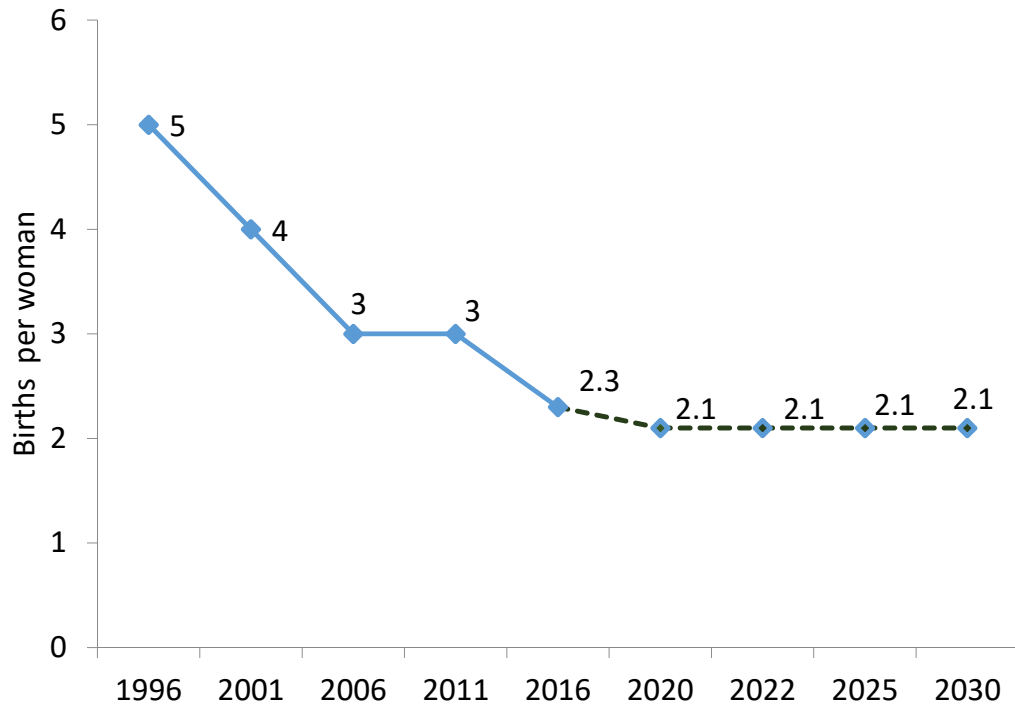
## Wasted children (SDG 2.2.2)



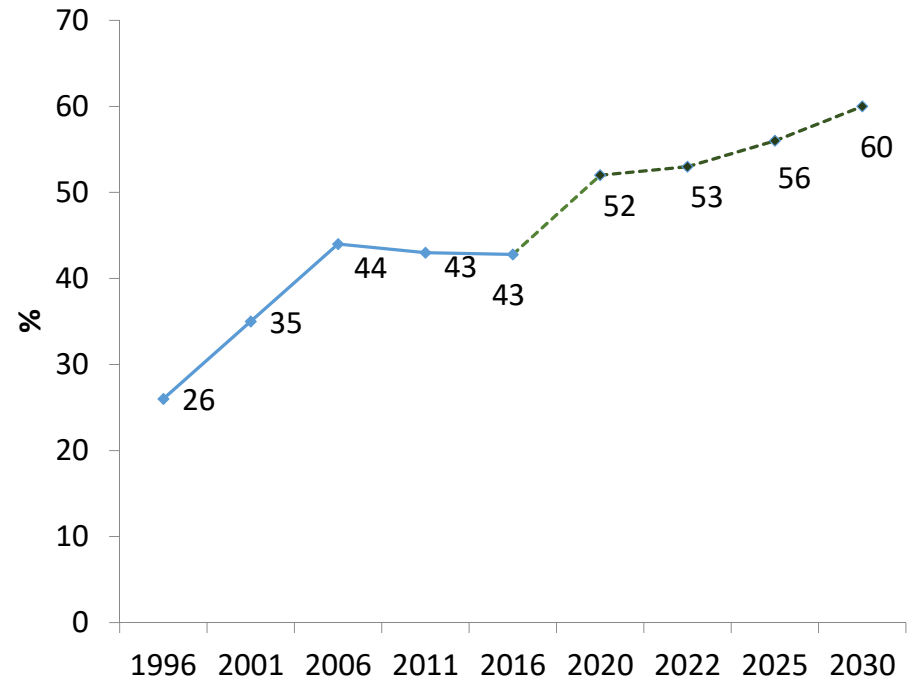
Source: Data for 1996 from NFHS, rest of the data from succeeding NDHS

# Fertility and Family Planning

**Total fertility rate**  
(NHSS RF G4; SDG)



**Contraceptive prevalence rate (modern)**  
(SDG 3.7.2)



Source: Data for 1996 from NFHS, rest of the data from succeeding NDHS



# NHSS Goal Level Indicators

Goal	Indicator	Target 2017	Achievement 2017	Target 2020
G1	Maternal mortality ratio (per 100,000 live births)	148	239	125
G2	Under five mortality rate (per 1,000 live births)	34	39	28
G3	Neonatal mortality rate (per 1,000 live births)	21	21	17.5
G4	Total fertility rate	2.2	2.3	2.1
G5	% of children under age 5 years who are stunted (~2SD)	34	35.8	31
G6	% of women aged 15-49 years with body mass index (BMI) less than 18.5	13.0	17.3	na
G7	Life lost due to road traffic accidents (RTA) per 100,000 population	23.0	7.1	17.0
G8	Suicide rate per 100,000 population	15	17.8	14.5
G9	Disability adjusted life years (DALY) lost: Communicable maternal, neonatal & nutritional disorders; non-communicable diseases; and injuries	7487726	9228540	6738953
G10	Incidence of impoverishment due to OOP expenditure in Health	20	na	20

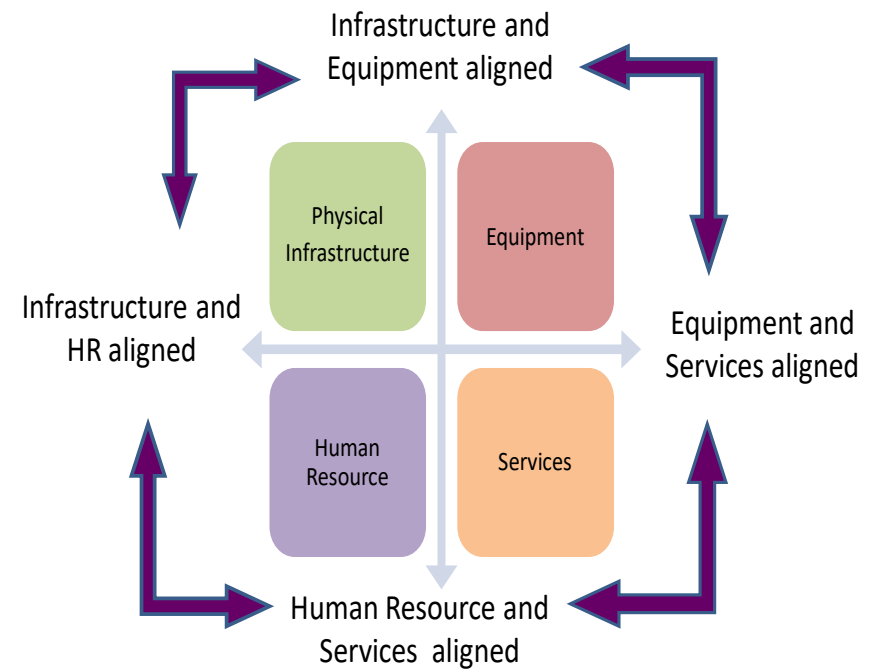
## Key Achievements, Challenges & Way Forward

# Outcome 1: Rebuilt & Strengthened Health Systems: Infrastructure, HRH, Procurement, & Supply Chain Management

## Outcome 1a: Infrastructure

- **Nepal Health Infrastructure Development Standards 2074 (2017)**

- Endorsed by the cabinet
- Classifies health institutions by health services
- Health institutions classified into five levels:
  - Community level (HP or CHU)
  - Primary Hospitals
  - Secondary Hospitals
  - Tertiary Hospitals
  - Academic or Super-specialty hospitals



## Outcome 1: Rebuilt & Strengthened Health Systems: Infrastructure, HRH, Procurement, & Supply Chain Management

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### **Reconstruction & Recovery Activities**

- *Progress in construction of health facilities through EDPs*
  - 367 repair & reconstruction activities (worth 7.5 billion NPR).
  - 276 have been completed
- *Damage Assessment of Health facilities*
  - Detail engineering assessment of 17 districts completed
- *Formation of Project Coordination Unit (PCU)*
- *Retrofitting of Western Regional Hospital (Pokhara) & Bhaktapur District Hospital initiated*
  - Destructive, non-destructive & geo-technical investigation completed
  - Site surveys conducted, drawings of all existing blocks prepared & consultation carried out

# Outcome 1: Rebuilt & Strengthened Health Systems: Infrastructure, HRH, Procurement, & Supply Chain Management

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## **Regular Construction Activity**

- *Progress in Construction through the DUDBC*
  - Improved building construction completion rate (131/676 in 2015/16 Vs. 228/704 in 2016/17)
  - Reduction in no. of sick projects
- *Development of policy/standard & capacity enhancement*
  - Identified gaps on existing policy/standards on health infrastructure.
  - Initiated the process of developing Health Infrastructure Seismic Retrofitting Standards
  - Earthquake Appraisal Report – overview of DRR activities & policies concerning MoH
  - Climate Change & Health Infrastructures Framework developed
  - Training Needs Assessment for the development of multi-hazard resilient health infrastructure

# Outcome 1: Rebuilt & Strengthened Health Systems: Infrastructure, HRH, Procurement, & Supply Chain Management

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## **Challenges**

- Systematic mechanism to retain institutional memory
- Institutional structure/functions & roles of different govt. in federal context
- Capacity & willingness of Local Government to adopt standard practices
- Incomplete Health Infrastructure Information System (HIIS) database

## **Way Forward**

- Orientation to stakeholders at the local level on health Infrastructure
- Mechanism for regularly updating HIIS
- Execution of analysis for– repair, reconstruction & upgrading, DRR, & climate change induced hazard mitigation for health facilities

# Outcome 1.b- Human resources for health

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- Improved vacancy fulfilment rate for doctors (*DoHS, 2016/17*):
  - Province 5: 44%      Vs. 36% availability of medical officers (NHSS, 2015)
  - Province 6: 45%
  - Province 7: 39%
- Availability of nursing staff (99%) in province 7 much better than others
- 5,417 HRH were trained by the NHTC in FY 2016/17 (*NHTC annual report 2073/74*)
- HR registry is being developed
- Staff Adjustment Act promulgated

# Outcome 1.b- Human resources for health

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## Challenges

- Long recruitment process & retention problem
- Dual practice still prevailing
- Poor matching of performance & productivity with career opportunities/benefits
- Absenteeism – due to *Kaaj*/study leave, in-service training
- Acute shortage of skilled HR in CEONC sites due to delays in local contracting

## Way Forward

- Speed up recruitment process – centre should play a stimulating role
- Capacity development at provincial & local level to implement HRH Strategic Roadmap
- Deployment strategy for MBBS, MD, MS, MCH, DM etc graduated with govt. scholarship
- Implement HRH retention strategy & guidelines
- Revise in-service training programmes to minimize absenteeism and promote task-shifting



## Outcome 1.c Procurement & Supply Chain Management

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- Formation of a Comprehensive Annual Procurement Plan (CAPP) monitoring committee
- Codification of drugs (108 Drugs) & equipment (1089 equipment) completed
- Technical Specification Bank scientifically restructured & mandatorily used
- Two e-government procurement trainings conducted at the central level
- Multi-year procurement is ongoing for specified medical items

## Outcome 1.c Procurement & Supply Chain Management

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- ***Changing Cost Estimation practices:*** Endorsements of all final rates within cost estimates as per CAPP timeframe
- ***Cost saving in procurement:*** 17% of cost saving compared to estimated costs for procurement
- ***Approval of Bidding Documents:*** two sets of SBDs for procurement of drugs & equipment drafted, sent for approval
- ***Procurement Type & Modality:*** open, competitive, & transparent modality of bidding is the most commonly used method (85.15%) in the DoHS

# Outcome 1.c Procurement & Supply Chain Management

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## Challenges

- Linkages of technical specifications of drugs & equipment in preparing SBDs
- Existing LMIS not comprehensive to inform the quantification & forecasting of drugs
- Capacity of LMD to conduct market analysis, cost analysis, sourcing analysis, & Procurement Risk Analysis for the procurement management system
- No function assigned to the federal government for procurement of drugs

## Way Forward

- Develop SOPs for quantification, forecasting, & procurement and disposal of drugs
- Increase use of ICT through e-bidding & the e-GP system
- Strengthen pre & post-bid information systems such as the LMIS, Procurement Audit System, & Contract Management System
- Establish a Procurement Clinic for strategic actions for troubleshooting

## Outcome 2: Improved Quality of Care at Point-of-delivery

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### **Major Progress in 2016/17**

- **Acts & standards**

- National Health Act drafted
- Health Institution Quality Assurance Authority Act drafted
- National Policy of AMR drafted
- National Action Plan for Anti-Microbial Resistance (AMR) drafted

- **New Initiatives**

- Minimum Service Standards (MSS) implemented - 75 district level hospitals
- Follow up of MSS implementation with self-assessment tools for maternity care in ten district hospitals
- On-site coaching & mentoring of MNH staff, training site quality improvement for FP & IMNCI

## Outcome 2: Improved Quality of Care at Point-of-delivery

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### **Highlights of 2017/18**

- Stock taking of all existing standards, protocol, & guidelines to identify the need to update them in the federal context
- Annual report on Quality of Care is being produced
- Guidelines for establishing hospital (25 beds) shared to local levels
- Orientation package to locally elected representatives & health staff emphasizing quality of care
- Minimum Service Standards for different level of health facilities is being defined
- Revision of standard treatment protocol is in progress
- The Drug Policy 2074 has been drafted by the DDA

## Outcome 2: Improved Quality of Care at Point-of-delivery

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### Challenges

- Oversight & steering structures have limited resources for QI activities
- Coordination among & between quality assurance & improvement structures
- Analysis & use of routine data to measure & improve quality of care
- Capacity to oversee & steer quality assurance mechanisms at local level

### Way Forward

- Review & institutionalise the quality improvement & assurance governance structures
- Bring all private hospitals under a licensing framework including e-licensing submission
- Incorporate quality improvement processes & indicators in routine monitoring systems
- Develop MSS for all levels of health facility
- Develop legal framework for regulation of drugs & lab services

## Outcome 3: Equitable Distribution & Utilisation of Health Services

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### Major Progress in 2016/17

- National Strategy on Reaching the Unreached endorsed
- Remote Areas Guidelines for IMNCI endorsed
- Basic health service package drafted
- UHCs expanded & Urban Health Promotion Centres established

### Highlights of 2017/18

- SSU established in 16 additional hospitals – priority given to districts where social health insurance (SHI) is implemented
- “Ultra-poor” being enrolled in SHI programme through government subsidies in 13 districts
- Specific targeted interventions, e.g.
  - FP micro-planning (in 25 poor performing districts),
  - Visiting providers for Long Acting Reversible Contraceptives (in 18 remote districts),
  - Immunisation micro-planning for poor performing VDCs & “fully immunised VDCs”

## Outcome 3: Equitable Distribution & Utilisation of Health Services

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### Challenges

- Access to C-section (life saving services) is still limited
- Coverage of health insurance & its alignment with free health care
- Difficulties in accessing Deprived Citizens' Treatment Fund by genuine poor
- Availability of geriatric & disability friendly health services

### Way Forward

- Finalize basic health services package
- Effective implementation of national strategy on reaching the unreached
- Revise *Aama* guidelines to include transport subsidy for referral of obstetric emergencies
- Expand coverage of health insurance as mandated by SHI Act
- Revise SSU guidelines in the changed context
- Develop geriatric health care strategy/guidelines; guidelines for disability friendly services



## Outcome 4: Strengthened Decentralised Planning & Budgeting

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### **Major Progress in 2016/17**

- Training to planning officers of 35 MoH entities - with focus on LMBIS & eAWPB
- Training to accountants & account officers at district level on TABUCS
- Developed planning & budgeting guidelines for all planning entities under MoH
- Conditional grant for hospitals & PHCCs continued
- Planning & budgeting for 2017/18 based on federal structure

## Outcome 4: Strengthened Decentralised Planning & Budgeting

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### Highlights of 2017/18

- Grants to local level in two components: an **equalisation grant** & a **conditional grant** - as per constitutional provision & federal structure
- Equalisation grant is unconditional by nature but conditional grant is earmarked to specific sector
- **Local Level Operation Act- 2017**: defines overall mandate of local governments & their operational procedure
- **Inter-governmental Fiscal Management Act- 2017**: defines the basis for allocation of funds across different governments

# Outcome 4: Strengthened Decentralised Planning & Budgeting

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## Challenges

- Institutional structure yet to be approved - roles of different levels in planning & budgeting still not very clear, mainly role of D(P)HOs
- Rational allocation of budget to provinces & local level
- Ensuring horizontal & vertical harmonisation of planning & implementation of health sector activities
- Timely implementation of planned activities & utilisation of the allocated budget

## Way Forward

- Develop a manual to guide planning & budgeting at local & provincial level
- Revise e-AWPB planning framework to make it consistent with LMBIS & NHSS outcomes
- Track implementation challenges & successes at the local level
- Engage with provinces and Local Governments, monitor progress & performance
- Document case studies & success stories in the federal context and disseminate learning

## Outcome 5: Improved Sector Management & Governance

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### **Major Progress in 2016/17**

- Functional analysis & assignments of federal, province, & LGs endorsed
- Initiated health sector restructuring as per federalism
- Deputation of human resources in all local governments (Palika level)
- Induction package/orientation to elected local representatives (3 provinces)
- Identified 'learning lab sites', one in each province – to enhance capacity of LGs
- Performance based approach (DLI) adopted for the donor funding
- Drafted National Health Act, Partnership Policy & Mental Health Policy
- Revitalised Nepal Drugs Limited

# Outcome 5: Improved Sector Management & Governance

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## Highlights of 2017/2018

- New National Health Policy (2017) drafted & submitted to cabinet for approval
- Governance structure of health sector (at three levels) submitted to MoGA
- Established Federalism Implementation Unit (FIU) in MoH
- Handed over local health facilities (PHCs, HPs, CHUs, & *Ayurveda Aushodhlaya*) to LGs
- Developed guideline for registration, licensing & renewal of private health institutions for LGs
- Orientation package for the Local Level developed
- Health Insurance Act promulgated
- Formed multi-sectoral steering committee & TWG for the revision of GESI strategy

## Outcome 5: Improved Sector Management & Governance

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### **Challenges**

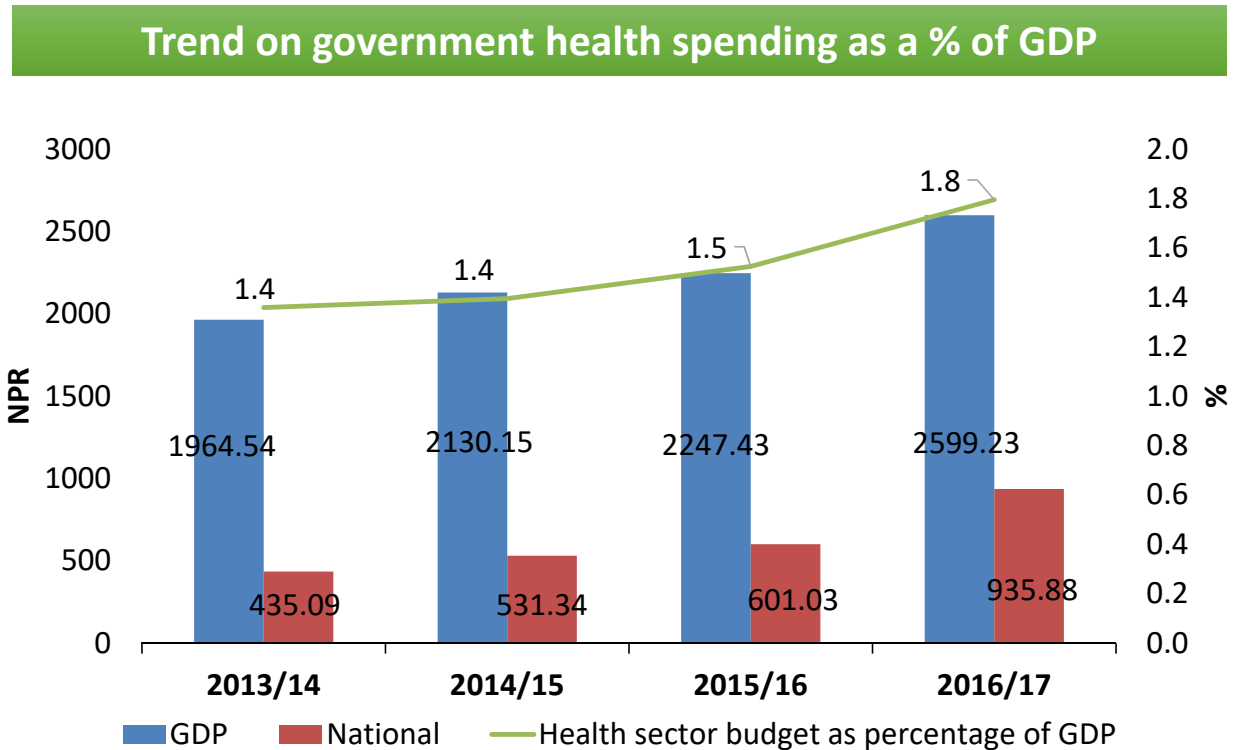
- Capacity of LGs for managing health functions
- Health competing with other sectoral priorities at local level
- Good balance of curative services and public health interventions at local levels
- Harmonised engagement of development partners & other stakeholders in federal structure

### **Way Forward**

- Continuous engagement in finalising health governance structures at all levels
- Develop relevant tools & guidelines to facilitate AWPB process at the local level
- Update TABUCS in the federal context & support for its effective implementation
- Implement learning lab concept under the operational research framework
- Revise GESI strategy in the federal context

# Outcome 6: Improved Sustainability of Healthcare Financing

- Govt. spending on health as a share of GDP is increasing, albeit marginally
- We see 0.4% increase compared to the baseline year & 0.2% increase compared to the NHSS target



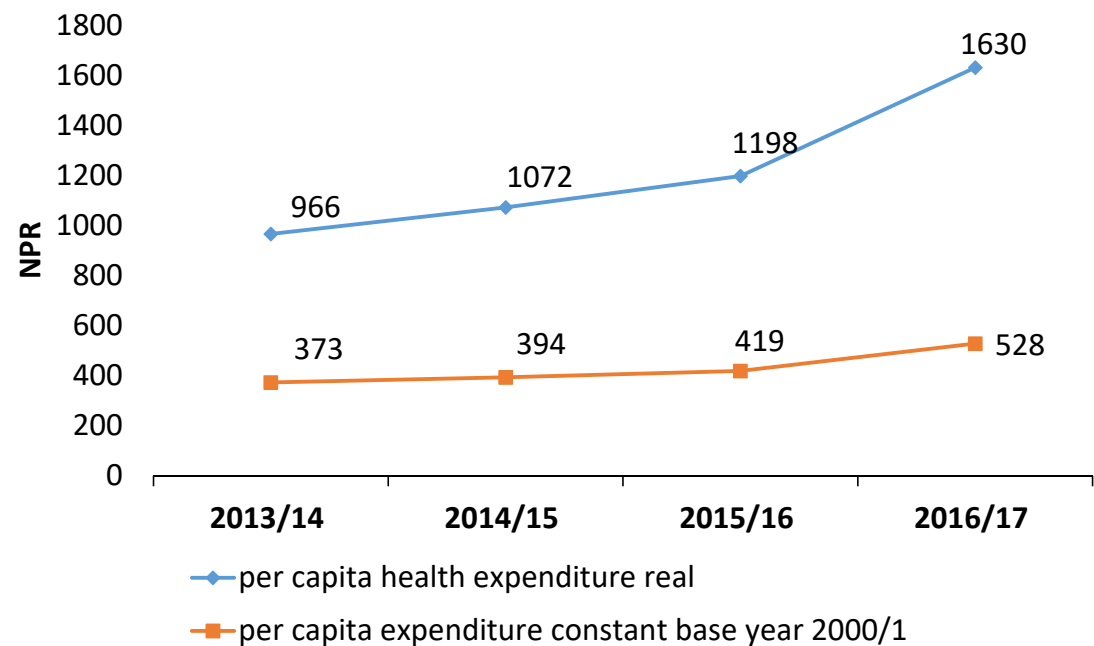
Source: BA FY2017/18

Note: GDP in NPR million, National Budget in NPR

## Outcome 6: Improved Sustainability of Healthcare Financing

- Low-income countries should spend USD 86 per capita (or 5% or more of GDP) to promote universal access to primary care services
- Nepal is spending far below the recommended amount to achieve universal access to primary care services

### Per capita Government Health Spending



Source: BA FY 2017/18



## Outcome 6: Improved Sustainability of Healthcare Financing

### Challenges

- Decreasing trend of health expenditure in relation to total government budget
- High share of OOP expenditure for health
- Fragmented approach to management of various social health protection schemes
- Institutionalisation of NHA to routinely monitor health expenditure

### Way forward

- Advocate for increasing government investment in the health sector
- Assess the root causes of low budget absorption & take action
- Ensure adequate financing for delivery of basic health services at the local level
- Support provincial & local governments for increased spending in health

# Outcome 7: Improved Healthy Lifestyles & Environment

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## **Major Progress in 2016/17**

- Integration into primary care & revision of standard treatment protocol for mental health
- GBV clinical protocol rolled out in 18 hospitals
- PEN protocol endorsed & PEN package piloted in 2 districts, expanded to 8 more districts.
- Water quality surveillance standard developed by EDCCD is being implemented
- Developed & endorsed the Health National Adaptation Plan on climate change for Nepal

## **Highlights of 2017/18**

- Developed community based mental health care packages
- 29 Urban Health Promotion Centers being established – 11 in Kathmandu

# Outcome 7: Improved Healthy Lifestyles & Environment

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## Challenges

- Harmonization of activities for NCDs at the local level
- Capacity on water quality surveillance
- Referral provisions for people with GBV & mental health problems
- Not enough budget allocated as per costed PEN implementation plan
- Linkage of PEN package with other programmes like Safe motherhood or health insurance

## Way Forward

- Implement community based mental health care package to mainstream services at local level
- Revisit multi-sectoral NCD plan considering changed federal context
- Incorporate NCD data management into current HMIS training package
- Strengthen integrated surveillance of communicable diseases & NCDs
- Implement the health national adaptation plan to climate change

# Outcome 8: Strengthened Management of Public Health Emergencies

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## **Major Progress in 2016/17**

- Guidelines for disaster & epidemic management updated
- RRT training package & RRT guideline revised
- Procurement of RRT deployment kits
- Nepal's Post-earthquake communications plan endorsed

## **Highlights of FY 2017/18**

- Highway RRT guideline is being developed
- Management of health sector response to floods & landslides
- National conference for rapid response teams conducted (Dec 19-20, 2017)

# Outcome 8: Strengthened Management of Public Health Emergencies

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## Challenges

- Budget to timely address emergency situations
- Supply of essential medicines & prepositioning of supplies at strategic locations
- Construction & restoration of damaged health facilities post-earthquake 2015
- Gaps in coordination & communication with Public & Private Hospitals during emergencies

## Way Forward

- Prepositioning essential lifesaving drugs & supplies in strategic locations
- Enhance capacity of humanitarian aid workers on disaster management
- Effective information management through EWARS
- Establish emergency response fund at all levels
- Establish operational Incident Command System (ICS) at institutions for emergencies

## Outcome 9: Improved Availability & Use of Evidence in Decision Making Processes at All Levels

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### Major Progress

- National e-Health Strategy endorsed – eHealth roadmap finalization is in process
- Initiated development of unified coding & web-based health facility registry
- Standardization of the e-attendance system & web-based grievance management system
- Health sector M&E plan drafted addressing data needs and use in federal context
- Dashboards developed to visualize progress on NHSS RF & key results from national surveys
- HMIS in DHIS2 platform updated to incorporate the latest federal structure
- Findings of NDHS 2016 disseminated & further analysis of 2015 NHFS is being conducted

## Outcome 9: Improved Availability & Use of Evidence in Decision Making Processes at All Levels

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### Challenges

- Quality data to meet the health sector data needs
- Use of evidence in decision making at all levels
- Use of integrated information management leveraging ICT at all levels
- Slow progress in the institutionalization & regularization of NHA

### Way Forward

- Develop strategies, standard protocols, & guidelines for improved information management leveraging ICT
- Finalize the health sector M&E & survey plan in the federal context
- Develop central standard data repository system
- Standardize, develop, strengthen, & institutionalize e-health initiatives at all levels

Thank You