

National Annual Review 2017/18

Summary of relevant issues and possible actions



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System Building blocks

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS

FINANCING

GOVERNANCE

ACCESS
COVERAGE
QUALITY
SAFETY

Overall goals / outcomes

IMPROVED HEALTH

RESPONSIVENESS

FINANCIAL PROTECTION

IMPROVED EFFICIENCY

1. Service Delivery

Issue	Possible actions
Achievement vs SDG target not on track – particularly RMNCH	<ul style="list-style-type: none"> ▪ Focused intervention to address equity gap – micro planning ▪ Finalize and implement SMNCH road map
Increasing incidence of NCDs	<ul style="list-style-type: none"> ▪ Promote ayurveda, natural care and other services in planning phase ▪ Multi sectoral approach (health in all policies) – agriculture, road, livestock.... ▪ Provision in Public health Act
Functionality of BC and CEONC	<ul style="list-style-type: none"> ▪ Identify the root causes of non-function and manage – address relocation, mobilize existing HR, equipment ▪ Enhance existing rather than establishing new ones
Quality assurance in public and private hospitals	<ul style="list-style-type: none"> ▪ Implement MSS and address the gaps identified ▪ Revision of Health institution establishment.. guideline
Insurance issue	<ul style="list-style-type: none"> ▪ Enrollment of formal and semi-formal sector along with targeted groups ▪ Strengthening of hospitals: Upgrade of secondary, tertiary hospitals and academy at different levels

Service Delivery

Issue	Possible actions
Timely completion of all (including sick) projects and maintenance of health buildings	<ul style="list-style-type: none">▪ Quarterly review meeting with DUDBC and respective levels of government to discuss on progress and ensure quarterly expenditure on construction and maintenance▪ Develop accountable mechanism with sub national government
Provincial structures of reference laboratory, DDA, and DoA	<ul style="list-style-type: none">▪ In progress (DoA structure proposal submitted to Cabinet)
Health service in all level	<ul style="list-style-type: none">▪ Minimum level health Service to be started in 1200 wards▪ Upgrade PHC and Health Posts to 15 bedded hospital▪ At least one Doctor in 460 Palika

2. Human Resource

Issue	Possible actions
Capacity of the health team specially at local level	<ul style="list-style-type: none">▪ <i>Karmachari samyojan</i>▪ Finalize health structure at the local level▪ Capacity enhancement activity in next AWPB▪ All guidelines, protocols and other related documents available in MoHP website
Positions occupied by staff on study / special leave	<ul style="list-style-type: none">▪ Reserve pool at the federal level and contract at respective levels
Specialized doctors posts vacant and overall HR management	<ul style="list-style-type: none">▪ Mobilization of MD/MS Scholarship doctors - in action▪ O&M survey▪ Upgradation of hospitals▪ Uniformity in minimum benefits including salary in all type of health facilities
Many actors for staff transfer	Update PIS <i>Karmachari Samayojan</i>

3. Information Management

Issue	Possible actions
Financial reporting from local level	<ul style="list-style-type: none">▪ Coordination with MoF to implement standard system to track allocation and expenditures
Incomplete and delay reports from health facilities to HMIS and LMIS	<ul style="list-style-type: none">▪ M&E in Federal Context Guideline is available▪ Ensure online data entry at local level▪ Provide access to all local government and Province to enter HMIS data in DHIS2 platform▪ Institutionalize regular data review meeting at all levels as a routine practice▪ Integrated capacity development for all information systems: (HMIS, LMIS, EWARS)
Very low reporting from private facilities	<ul style="list-style-type: none">▪ Provision in the Public Health Act 2075▪ Include private hospitals in capacity building
Inadequate availability of tools for information systems	<ul style="list-style-type: none">▪ Tool templates to be provided by Federal and Local/Province to manage printing.

4. Governance and Leadership

Issue	Possible actions
Current organogram	Revision in progress
Sequencing of Policy, Act, Regulation	<ul style="list-style-type: none">▪ List the Acts, Regulations and Policies that will be developed with time frame and share▪ Coordination at all levels
Management of hospitals at different levels	Decision has been made, will be circulated to all levels

5. Supply Chain Management

Issue	Possible actions
Delay in procurement and supply	<ul style="list-style-type: none"> ▪ Framework agreement guideline approval process in progress ▪ Technical support to province for procurement and supplies related issues
Mechanism of supply chain management	<ul style="list-style-type: none"> ▪ Three tier supply chain management system to be developed <ul style="list-style-type: none"> ▪ Federal (federal level health facilities and 7 provinces) ▪ Provincial (provincial level health facilities and 753 local) ▪ Local (within the local government)
Inadequate storage capacity for drugs and commodities at local and province level	<ul style="list-style-type: none"> ▪ Sharing of district stores by multiple nearby palikas ▪ MoHP will support and facilitate local governments to establish their own stores (EDPs are encouraged to provide support) ▪ Development of model cold chain system in selected local governments ▪ Province level medical stores will be established in Province 2, Gandaki and Karnali provinces – in progress
Maintenance of medical equipments	<ul style="list-style-type: none"> ▪ Nation wide maintenance of equipments in action

6. Health Financing

Issue	Possible actions
<p>Mismatch of budget:</p> <ul style="list-style-type: none">▪ Hospital budget at Local level;▪ Local level budget at Provincial level	<ul style="list-style-type: none">▪ MoHP to coordinate with MoF for budget transfer▪ Will be addressed in the next AWPB▪ Develop mechanism of Monitoring & Evaluation for the utilization of budget
<p>Too many activities under conditional grant</p>	<p>Clustering activities with clear guidelines for implementation</p>
<p>Scattered health financing System</p>	<p>Upcoming health policy addresses this issue</p>

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