

District Investment Case

July 2013— March 2015



Strategic and evidence-based problem solving approach to support better MNCH care

Project Summary

Project Objectives

- To implement the investment case and facilitate decentralized planning, budgeting and management in seven UNICEF working districts
- To provide support for monitoring and supervision to the two districts to successfully implement the action plan developed by the districts in the previous phase and monitor the progress

Team Members:

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The District Investment Case (DIC) is a strategic and evidence-based problem-solving approach to support better maternal, neonatal and child healthcare planning and budgeting. It highlights the urgent need to accelerate progress towards health related MDGs 1, 4, 5, 6 and 7 by describing health problems prevalent in Nepal in the area of maternal newborn and child health. DIC analysis is based within a bottleneck framework, and is designed to identify current barriers to better coverage and performance, and to work out the costs and impacts of potential interventions to improve performance and overall equity. DIC analyses can also be seen as a means to advocate for accelerated progress towards achieving health-related MDGs, based on evidence.

This project investigates the constraints that exist in the health system of the districts that hinder the achievement of desired health outcomes. Based on these findings through a consultative process with district stakeholders, it proposes strategies that districts can adopt to better achieve those outcomes. In doing so, DIC takes into account the feasibility of implementing options at the district level from different dimensions (e.g. policy issues, finance, cultural barriers, etc.). The key and central feature of this approach is that the whole process is driven by evidence (both local and international).

Implementation of DIC is usually a five-step process which starts from advocacy with the government and ends with presenting results (cost and impact) to the stakeholders and creating a buy-in for implementation. The results produced are a blend of extensive stakeholder consultation using local data to identify constraints through developing strategies to overcome them and simulating the outcomes including costs using a tool call Marginal Budgeting

for Bottlenecks (MBB). The whole process is grounded in evidence starting from identifying constraints to calculating the impact.

The DIC was undertaken in 2012 in five districts of Nepal (Dadeldhura, Jajarkot, Kapilvastu, Dhading and Udayapur) with technical assistance from Nepal Public Health Foundation (NPHF), New ERA, University of Queensland, and UNICEF. In 2013, Health Research and Social Development Forum (HERD) and NPHF were entrusted by UNICEF to provide technical support to conduct DIC in eight districts in Nepal, namely Humla, Mugu, Dhanusha and Saptari by HERD and Achham, Baitadi, Bajhang, and Bajura by NPHF. Similarly in 2014, HERD was responsible to conduct in Rautahat, Mahotari and DOTI and NPHF in Jumla, Kalikot, Dolpa and Parsa districts.



Group Work in Saptari



Senior Government Officials during DIC Workshop at Dhanusha

