



Joint Annual Review (JAR) 2014/15

Review of NHSP-2 Results Framework

Dr G D Thakur
Chief

Public Health Administration, Monitoring and Evaluation Division
Ministry of Health

15 March 2016



Presentation Outline

- Review of NHSP-2 Results Framework
- Application of Evidence in NHSP-2
- Gender Equity and Social Inclusion (GESI) in NHSP-2



Review of NHSP-2 Results Framework



NHSP-2 Results Framework

Outputs	Outcomes	Purpose	Goal
1. Reduced cultural and economic barriers to accessing health care services 2. Improved service delivery	1. Increased and equitable access to quality essential health care services	Increased utilisation of health services, and improved health and nutritional behaviour of the people, especially by the poor and excluded	Improved health and nutritional status of people, especially the poor and excluded
3. Improved sector management 4. Strengthened human resources for health 5. Improved M&E and health information 6. Improved physical assets and logistics management 7. Improved health governance and financial management 8. Improved sustainable health financing	2. Improved health systems to achieve universal coverage of essential health care services		
9. Increased health knowledge and awareness	3. Increased adoption of healthy practices		

Indicators: 87

Goal: 12 | Purpose: 14 | Outcomes: 19 | Outputs: 42



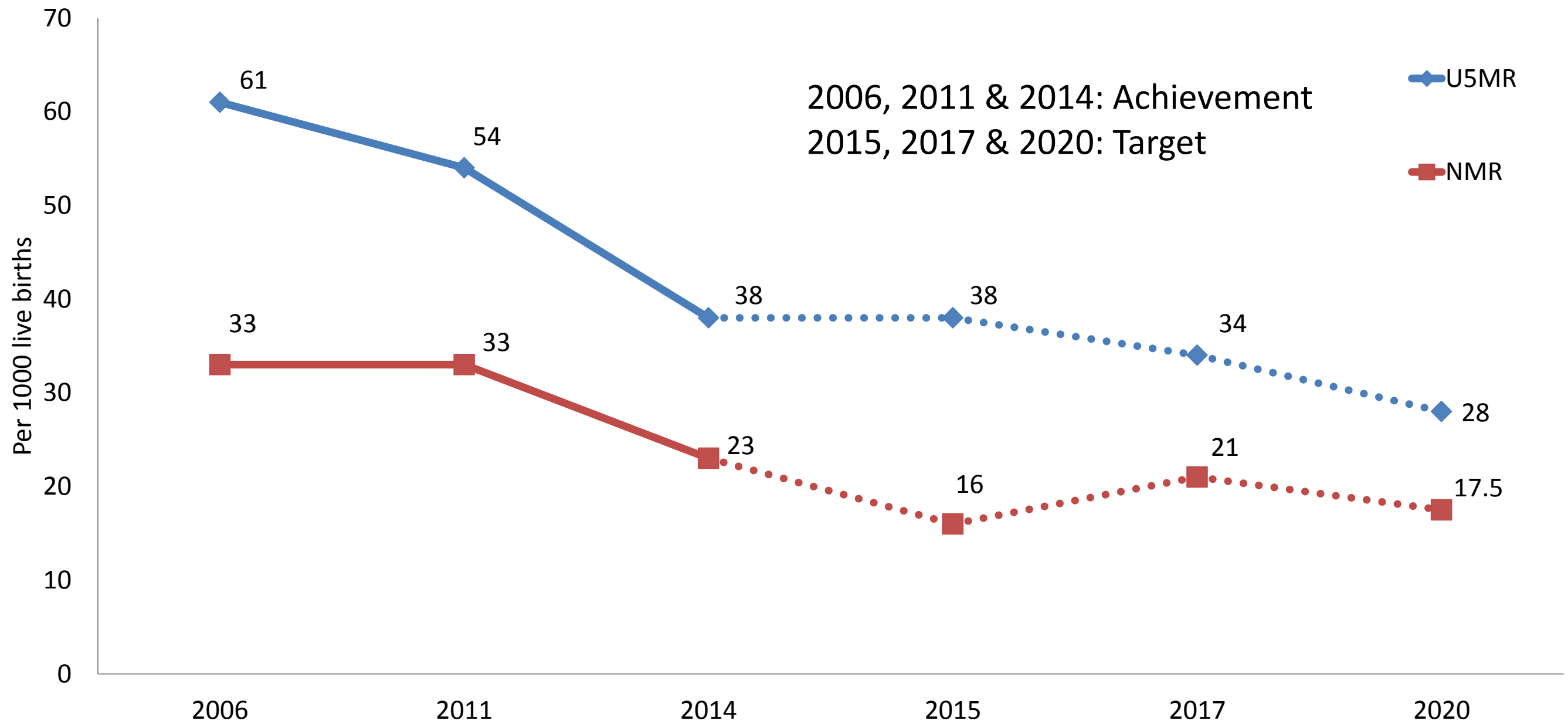
Major Sources of Information

- Routine MISs: HMIS, HIIS, LMIS, TABUCS
- Surveys:
 - Nepal Demographic Health Survey (NDHS) 2011
 - Nepal Living Standard Survey 2011
 - Household Survey 2012
 - Nepal Multiple Indicator Cluster Survey (NMICS) 2014
 - Service Tracking Surveys (STS) 2011, 2012, 2013; Nepal Health Facility Survey (NHFS) 2015
 - Facility Based Assessment for Reproductive Health Commodities and Services (FARHCS) 2014
 - Nepal Maternal Morbidity and Mortality Study (NMMS) 2008/09
 - NCD Risk Factors: STEPS Survey 2013
- Annual Reports of DoHS
- Review and Assessment Reports
- Analysis Reports (including further analysis)
- Global Estimates, Country Profiles
- Scientific Journal Articles

These sources have helped in better shaping of National Health Policy 2014, NHSS 2015-20, programme specific strategies, guidelines, protocols and annual work plans



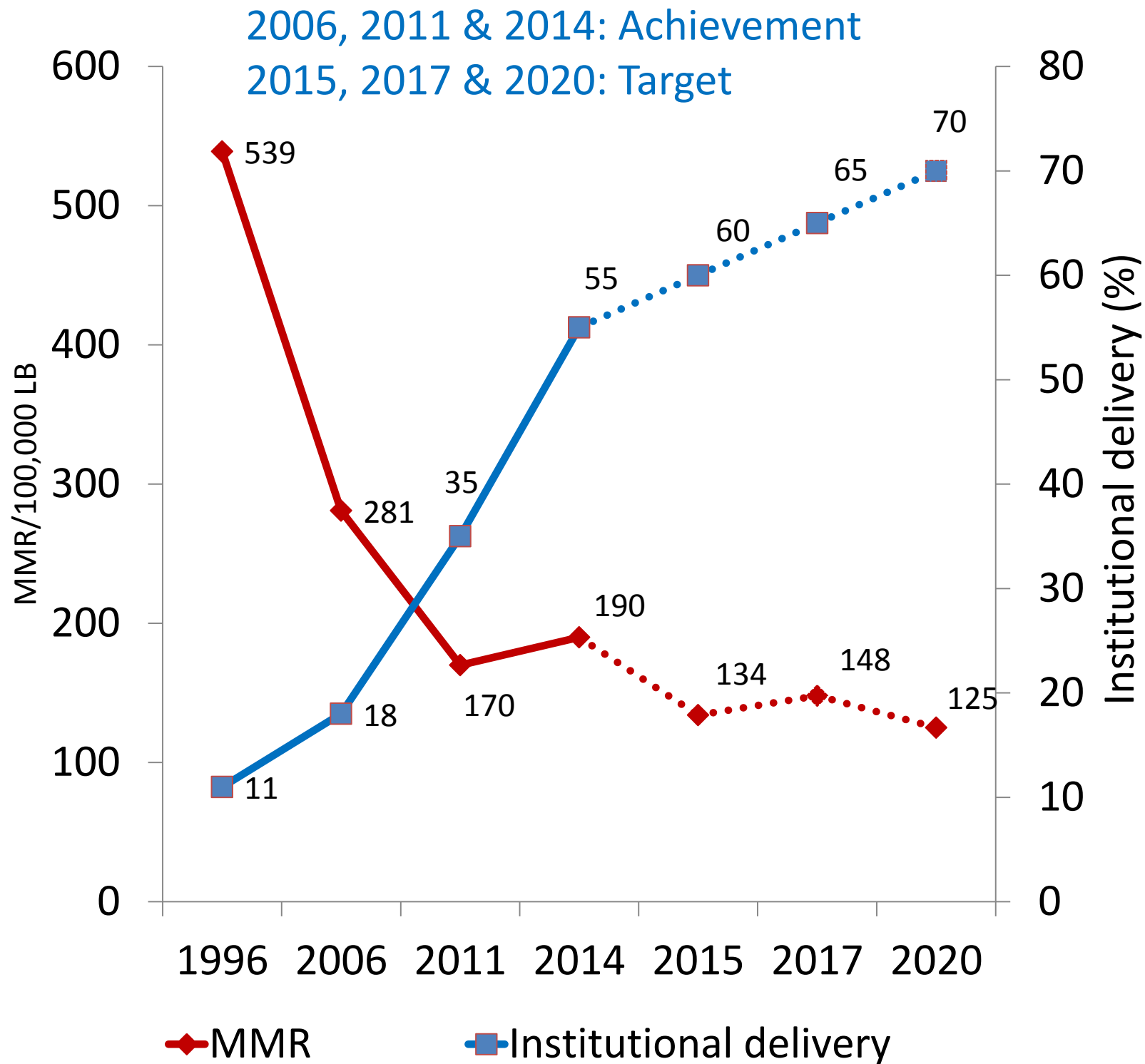
Childhood Mortality



Source: NDHS 2006, 2011; NMICS 2014, NHSS 2015-20



MMR and Institutional Delivery



Source: NDHS 2006, 2011; NMICS 2014, NHSS 2015-20

Institutional maternal death increased from 21% in 1998 to 41% in 2008/09.

Over 80% women who died at facility from maternal causes had emergency admission

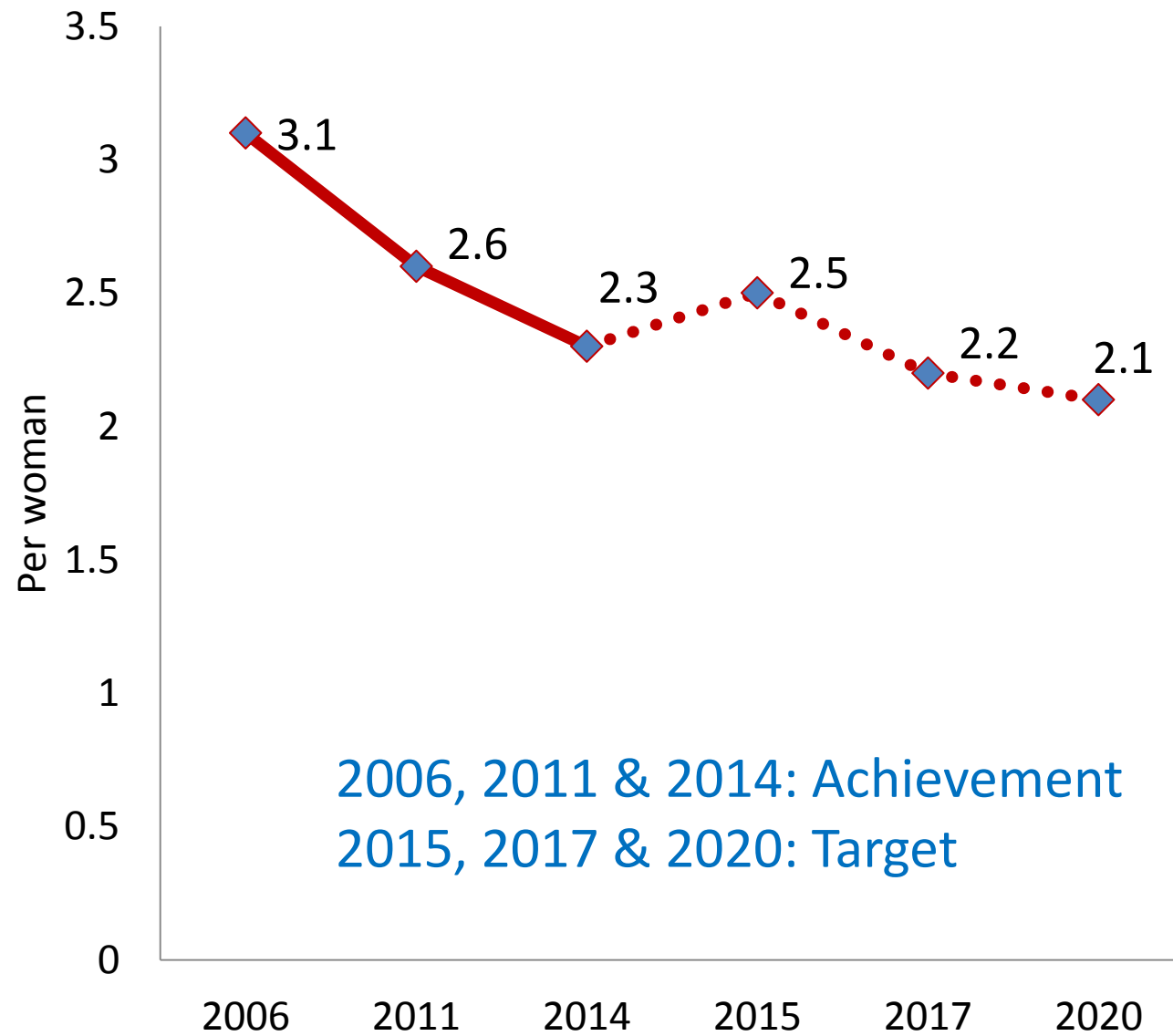
Needs to improve facility readiness

Source: MMMS 2008/09

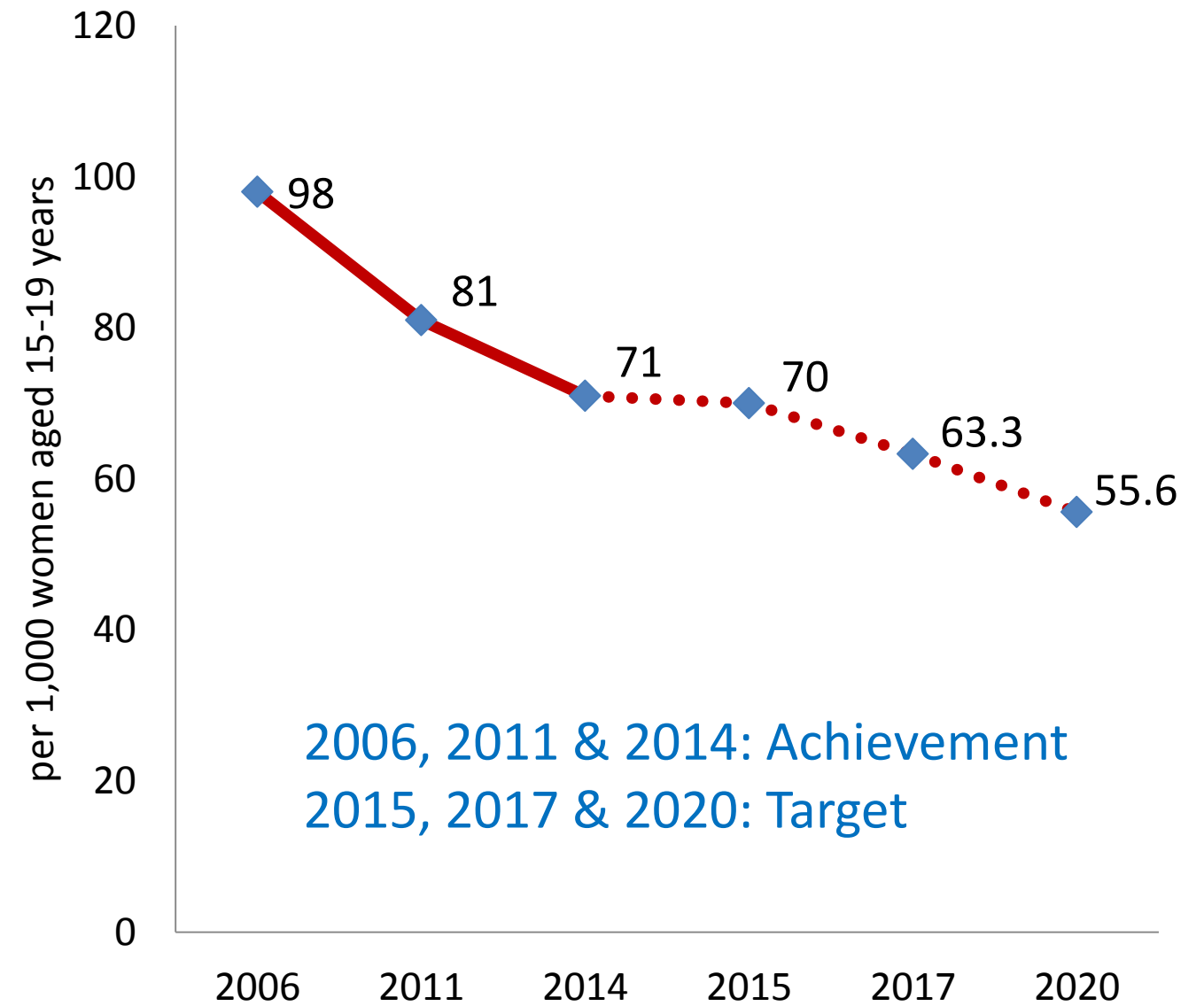


TFR and AFR

Total Fertility Rate



Adolescent Fertility Rate

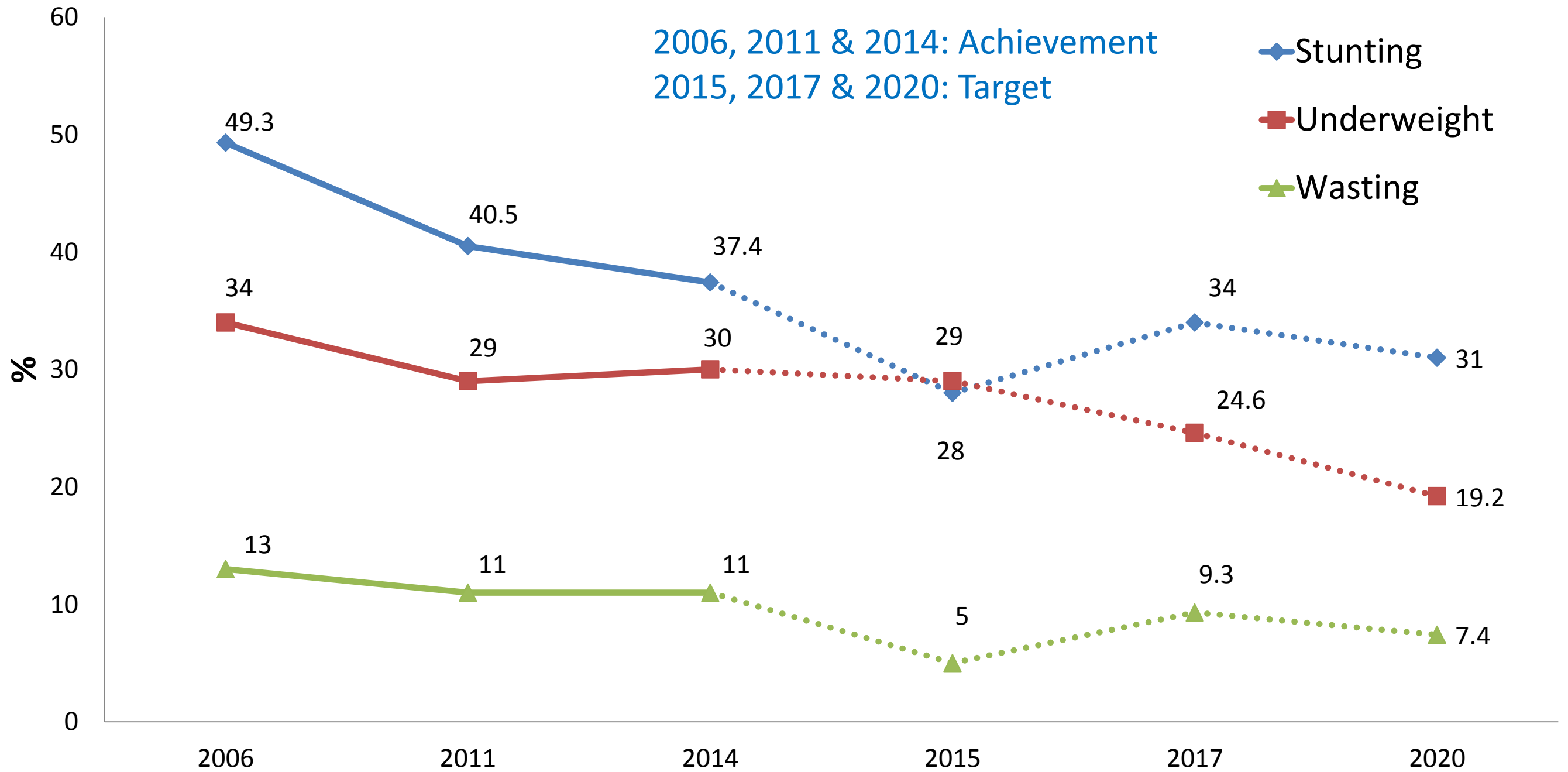


Source: NDHS 2006, 2011; NMICS 2014, NHSS 2015-20

Source: NDHS 2006, 2011; NMICS 2014, SDG 2015-30



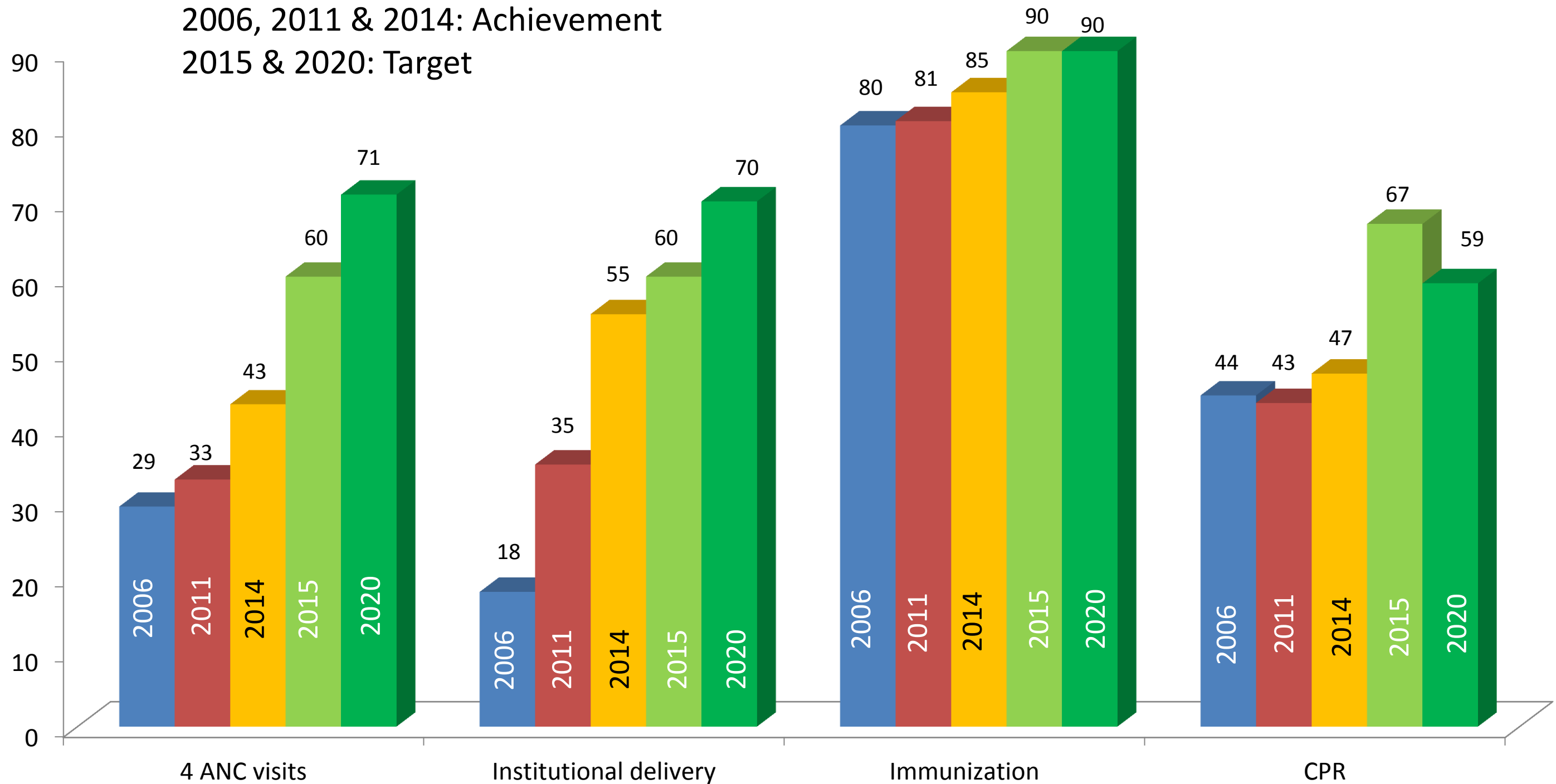
Stunting, Underweight and Wasting





Continuum of Care

2006, 2011 & 2014: Achievement
2015 & 2020: Target





Key Achievements on M&E

- NHSP2 M&E framework developed in 2012; and regularly monitored
- Strengthening of MISs – e.g.,
 - HMIS revised and moving towards DHIS2 platform – roll out in progress
 - EWARS moving towards DHIS2 platform – roll out in progress
 - HHS improved
 - TABUCS developed and implemented
- HR capacity building: Basic M&E, Impact evaluation, GIS application in public health, use of open source software (DHIS2, OpenMRS), exposure visits
- e-Health initiatives initiated at different levels: EIRS in Kanchanpur, EHR in Bayalpata hospital, m-health in Baglung, OpenMRS in WRH Pokhara, Vax Trac in Dadeldhura



Key Achievements on M&E Contd...

- Surveillance systems strengthened: EWARS, MPDSR, CRVS
- Scoping exercise on Burden of Disease for improving in-country database
- M&E TWG as one of the key driving forces
- Harmonization of surveys – e.g. NHFS 2015: Preliminary report in April
- NDHS 2011, NMICS 2014: Completed; NDHS 2016 in progress
- Tuberculosis prevalence survey and micronutrient survey – in progress
- Results Framework developed along with the NHSS 2015-20 document
 - Compendium of indicators with definition of each indicator
 - Provision of Programme specific M&E framework



Key Achievements on M&E Contd...

- Improved consensus between MoH and partners on
 - electronic reporting and recording in MISs
 - strengthening of MISs with interoperability
 - survey harmonization
 - strengthening CRVS – health as supporting sector
 - strengthening of MPDSR as a tool for improving quality of service
 - establishing and institutionalizing a central databank for improved data availability and use
 - multi-sectoral collaboration and inter-link: Councils, Police, line ministries
 - better collaboration for resource harmonization



Post Earthquake Context

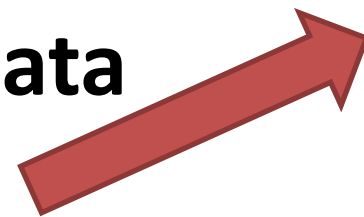
- Establishment and operationalization of Information Center at HEOC
 - Daily situation update report prepared and disseminated widely
 - Hospital based surveillance initiated
- Review of health sector response to the Gorkha Earthquake 2015 and lessons learnt – on progress
- Build Back Better: E-reporting from health facilities in 14 earthquake affected districts – on progress



Way forward

**Survey plan with focus on survey harmonization:
National data needs, data quality and comparability (NDHS, NMICS)**

Few examples of data (in)comparability



Indicator	NDHS 2011	NMICS 2014
Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	7	75
Percentage of most recent live births (in the last 2 years) weighing below 2,500 grams at birth	12.4	24.2



Way Forward

- Develop M&E plan
- Endorse and implement e-health strategy
 - Harmonize e-health initiatives
 - e-recording and reporting
 - Interoperability
 - Central databank
- Capacity building: Infrastructure, technology, HR
- Improve availability and use of quality data
- Effective implementation of NHSS 2015-20



Evidence Generation and Use during NHSP2 Period



Application of Evidence: Few examples

Key issues	Response	Outcome
<p>Stagnant CPR</p> <p>From 44.2% in 2006 to 43.1 % in 2011</p>	<ul style="list-style-type: none">• Supply chain management improved• Expansion of service and training sites• On-site coaching• FP integrated with EPI clinics in some districts• Post partum IUCD included in revised SBA curriculum	<ul style="list-style-type: none">• Unmet need has slightly declined from 27% in 2011 to 25% in 2014.• CPR increased from 43.1% in 2011 to 47.1% in 2014.

Source: NDHS 2006, 2011; HMIS; NMICS 2014



Application of Evidence: Few examples

Key issues	Response	Outcome
<p>Stagnant neo-natal mortality ratio</p> <p>33/1000 live birth in 2006 and 2011</p>	<ul style="list-style-type: none">• IMNCI programme strengthened• Chlorohexidine promoted• CEONC fund expanded• Demand side financing schemes expanded• Birthing centres established/strengthened at strategic locations	<ul style="list-style-type: none">• Neonatal mortality reduced from 33/1000 live birth in 2011 to 23/1000 live birth in 2014.

Source: NDHS 2006, 2011; NMICS 2014



Application of Evidence: Few examples

Key issues	Response	Outcome		
MMR Substantial progress in reducing MMR but still a large number of women are dying giving birth	<ul style="list-style-type: none">• BC, BEONC and CEONC sites increased• Quality of service improved• CEONC fund expanded• Demand side financing schemes expanded• Use of Misoprostol promoted in case of home delivery.		<u>2011</u>	<u>2014</u>
		4 ANC (%)	50.1	59.5
		Institutional delivery (%)	35.3	55.2
		SBA delivery (%)	36	55.6
		PNC first checkup (%)	44.5	57.9
		TFR (per woman)	2.6	2.3
		CPR (%)	43.2	47.1

Source: NDHS 2011; NMICS 2014



Application of Evidence: Few examples



Key issues	Response	Outcome
TB Increasing number of MDR and XDR TB	<ul style="list-style-type: none">• DOTS centers scaled up• DOTS Plus and DR management program implemented and scaled up• Prevalence survey initiated	<ul style="list-style-type: none">• Case finding improved• Success rate improved



Application of Evidence: Few examples

Key issues	Response	Outcome
HIV Gap in HIV case detection and estimated cases Treatment adherence	<ul style="list-style-type: none">• Targeted integrated services (STI, HIV TC, Opportunistic Interventions)• Integrated PMTCT, HTC, ART scaled up at public facilities• Capacity building• Regular update of national treatment guidelines as per evidence	<ul style="list-style-type: none">• HIV incidence reduced• PMTCT, HTC, ART coverage improved



Application of Evidence: Few examples

Key issues	Response	Outcome
Malaria Malarial epidemic	<ul style="list-style-type: none">• Rapid Diagnostic Test• ACT (drug)• Bed nets (LLIN) distribution• Training• Surveillance• Multi sectoral partnership	<ul style="list-style-type: none">• Malaria cases reduced• No outbreak• No malarial death since 2012



Progress report on GESI for NHSP-2



Integrating GESI into health system

- Operationalize institutional structure for integrating GESI in health sector and functioning from center to facility level and formation of GESI Section in MoH.
- TWGs formed/oriented in all districts. Focal persons oriented in MoH, DoHS, all RHDs and 75 districts.
- GESI and equity integrated in major policies and guidelines such as National Health Policy, Urban Health Policy, Population Policy, Nepal Health Sector Strategy and program implementation guidelines.



Integrating GESI (cont'd)

- Progress made in integrating GESI into AWPBs and business plan and inclusion of disaggregated data for specific indicators in the revised HMIS since 2014/15.
- Five training curriculum reviewed from GESI perspective and modules prepared; capacity building of NHTC and RHTC staff.
- GESI concepts/application integrated into induction & upgraded training curriculum.



Integrating GESI (cont'd)

- GESI training roll-out across 31 districts using GESI operational guidelines.
- **NDHS Further Analysis:**
 - Still wide disparities exist between income quintiles, caste/ethnic groups.
- **PEER Study**

Conducted to **identify the barriers** to accessing health services of 6 social groups in 4 districts using a PEER approach.

 - **Findings:** service related barriers; barriers based on social relationships; financial barriers; caste based barriers; geographical barriers.



GBV and One-stop Crisis Mgt Center (OCMC)

- Developed and revised OCMC guidelines, on-going backstopping, national reviews and workshop to plan OCMCs future direction and strengthening.
 - 20 OCMCs established till date; 35 total by 2017/18
 - 4420 GBV survivors received services
- Developed and operationalize GBV clinical protocol (TA lead: UNFPA).
- Development of integrated (multi-sectoral) national guidelines for GBV survivors (final draft completion).



Social Service Unit (SSU)

- Developed and revised SSU guidelines; on-going backstopping and annual national reviews to plan future direction and strengthening.
 - 8 pilot SSUs operational; MoH decided to scaling up SSUs incl. 6 more planned in 2015/16
 - Over 100,000 clients received free or partially free services
- Designed software for SSU MIS and capacity building of SSU staff.
- Managed free care support to earthquake survivors.



Social Service Unit (SSU)

- Mid-term review (2013); final evaluation of SSU pilot (2015) and prepared future road map.

Evaluation findings:

- High patient satisfaction; more accurate targeting of beneficiaries
- Reduced workload of providers and managers
- High cost-benefit ratio (1:41)
- Increased access of poor and disadvantaged to referral hospital services



Social Auditing (SA)

- Developed and operationalize social audit guidelines.
- Social audits in 1252 facilities across 55 districts in 2015/16.
- Pilot and evaluate social audit approach (2013) and process evaluation (2015).

Evaluation findings:

- **Improved access to services:** increased Aama and ANC entitlements, longer opening hours, etc.
- **Improved service quality:** fewer stock outs, improved privacy.
- **Improved accountability and management:** display of Aama/ANC beneficiary names, more regular HFOMC meetings, more local initiatives to improve health services.



GESI Challenges

- Implementation of GESI provisions in policies, programs and guidelines.
- Intersectoral collaboration to address needs of women, the poor and other excluded people.
- Strengthen service provider abilities to recognize barriers faced by women, poor and excluded.
- Response to SSU/OCMC needs and to social auditing demands.



Way forward

- Ensure that newly formulated and revised policies integrate GESI and equity concerns.
- Continue integrating GESI into AWPBs and business plan with adequate funding and roll-out of the GESI Operational Guidelines in remaining districts.
- Strengthen the functioning of OCMCs, SSUs, and social auditing and implementation of GBV national Integrated Guidelines after approval by Cabinet.



THANK YOU

Reflections on Lessons Learned and Challenges in the Health Sector Under NHSP-2



Joint Annual Review (2014/2015)

Mahendra Prasad Shrestha

Chief, Policy, Planning and International Cooperation Division

March 2016

Key Achievements under NHSP II (2010-2015) – Health Service Delivery

- Improved Service Delivery and health outcomes with respect to NHSP2 result framework
- Significant improvements in maternal and child health
- Defined the Basic Health service Package and assuring its delivery as a state responsibility
- Foundation for Social Health Insurance
- Significant reduction in inequities – increased utilization of health care services

Key Achievements under NHSP II (2010-2015) – Sector Management

- Strengthened sector management through coordinated sector-wide approach, greater MoH–EDP collaboration and joint working
- Development of Adequate policy framework (NHP , NPP, Urban Health Policy, National Blood Transfusion Policy etc)
- Development of NHSS for 2015-20
- Establishment of Health as a Development Agenda and Access to Basic Health Service as a fundamental human right.

Key Achievements under NHSP II (2010-2015) – Sector Management

- Increased multi-sectoral response in health (e.g. nutrition, WASH, Road Safety, NCD)
- FMIP roadmap for FMIP and procurement reform developed
- Strengthened Partnership allowed rapid scale-up of proven initiatives like Aama Programme, CB-IMNCI
- Improved planning and review processes (Development of business plans; regular JCMs and JARs, Involvement of MoFALD 14 step planning)

Key Achievements under NHSP II (2010-2015) – Sector Management

- Substantial improvements in financial management; e.g. TABUCS and demand side-financing schemes
- Amended Health Service Act (2013) in place and more inclusive recruitment happening with upgrading of more than 2205 SHPs into HPs

Key Achievements under NHSP II (2010-2015) – Health Systems

- Improvements in Public Financial Management (roll-out of TABUCS; e-AWPB)
- Strengthened procurement process (initiated consolidated procurement, technical specifications bank, procurement)
- Improved health infrastructure
- Improved M&E systems with increased results orientation
- Increased use of e-technologies
- Better mainstreaming of GESI in Health

Challenges

- Reducing the financial hardship and risk of impoverishment while seeking health care.
- Seeking adequate financing to meet the health care need of the people
- Managing human resources in health
- Ensuring the quality of care at point of delivery
- Enormous scale of post-earthquake reconstruction work and re-establishing systems and services.
- Reducing persistent inequities (e.g. among urban poor and certain ethnic groups)
- Maintaining an uninterrupted supply of essential medicines and logistics

Challenges

- Fragmented information systems and use of evidence
- Shifting burden of diseases and appropriate health system response
- Improving curative services without losing focus on preventive and promotive public health programs
- Ensuring appropriate functional assignment and responsive restructuring of the health care delivery system in line with the federal structures
- Governing and regulating the sector at large
- Harmonizing Technical Assistance and fostering partnership
- Mapping contributions in the health sector (e.g. I/NGOs mostly operate outside the purview of MoHP, private sector contribution)

Opportunities

- Matured Sector:
 - More than a decade long experience of SWAp
 - Implementation of two sector program in collaboration with EDPs
- Continuous commitment of the government and partners to invest in health
- BHS delivery realized as a state responsibility
- Growing private sector investment in health
- Overall improvements in the socio-economic status of the citizens
- Clear identification of Sector Priorities :National Health Policy 2014 and NHSP III
- Federalism will open avenue to increase participation, need based plan development and improved health sector governance

Way Forward

- Reform the health sector in line with the spirit of federalism provisioned in the constitution
- As per Development Cooperation Policy, make earnest effort to attract more investment in health sector through national systems (on-budget, on-treasury)
- Work on the unfinished agenda of improving PFM and procurement systems
- Develop appropriate partnerships arrangement with academia and private sector to avail quality health services at a reasonable cost.

Way Forward

- Strengthen multi-sectoral collaboration
- Systematic assessment of TA need and subsequent Technical Assistance plan for NHSP-III
- Targeted programs for unreached populations (ie. urban poor)
- Improve Human Resources Management to deliver quality health services
- Offer protection to citizens from health related catastrophic expenses
- Integration of health security arrangement under one umbrella system
- Develop a sound disaster management system building upon the learning of Gorkha earthquake response
- Offer greater flexibility in planning and managing programmes

Thank you