UKPHS NEPAL HEALTH SYSTEM PRIORITIES

OVERVIEW OF FINDINGS:

Nepal has made significant progress against the Nepal Health Sector Strategy 2015-2020, including: a reduction in maternal and neonatal mortality, a reduction in the percentage of children under-five years who are stunted, and the number of lives lost due to road traffic accidents per 100,000 of the population cut by two-thirds. However, progress against other key maternal, newborn and child health (MNCH) indicators is slow, with the under-five mortality rate increasing in the last few years, for example.

Aside from MNCH, the suicide rate continues to increase, as does the number of disability adjusted years lost due to communicable diseases, NCDs and injuries. NCDs represented 66% of the leading causes of death in 2017.

Following the declaration of a new constitution in 2015, the unitary government of Nepal switched to a federal government, consisting of federal level, seven provinces and 753 local governments (Palikas). The government system has been restructured with an objective to provide equitable access to quality health services, however the roles and responsibilities have not yet been clearly defined, and some Palikas lack the capacity to manage the health system.

CONCLUSIONS AND PRIORITIES FOR UKPHS:

Based on a detailed analysis of the key priorities, a review of current gaps in support, and assessment of where the Health Partnership model could add most value, the stakeholders consulted agreed that the overall focus of the UKPHS programme in Nepal should be:

PROVINCIAL AND LOCAL GOVERNMENT

In the last five years, Nepal has seen fundamental changes in national administrative, legal and political systems. The constitutional amendment of 2015 redefined the structure of the government in Nepal and under the Federal system, the government is divided into three tiers - at the local/palika, provincial and federal level. There are currently 753 local governments, 7 provincial governments (subdivided into 77 districts) and 1 federal/central government. The 2015 Constitution provided these local and provincial authorities with greater political, fiscal and administrative powers, concurrently with the federal government. The new distribution of powers allows for greater participation at the local level. The recent transition is proving challenging for local governments, particularly in: policy formulation and implementation; planning and coordinating health service delivery; budgeting; and maintaining efficient and effective collaboration between federal, provincial and local government levels. The generation and communication of data from local facility to Palika to federal level has been impacted by the transition, and capacity development support is required to improve these processes.

HEALTH WORKFORCE IN MATERNAL, NEWBORN AND CHILD HEALTH

The availability and distribution (both geographically and skills mix) of the health workforce in MNCH remains a challenge to increasing access and quality of service provision, especially to reaching marginalised populations. While there is an oversupply of some cadres (e.g. doctors and nurses), other cadres and specialist skills are scarce, particularly nurses and midwives, and across the maternal, newborn and child health workforce. Support focused on monitoring and mentoring of health workers involved in C-Section is particularly crucial.

COMMUNITY BASED HEALTH SERVICES

Given the increasing burden of NCDs, public health education and the quality of, and access to, local community health services to address these was identified as another key gap. Within the UKPHS therefore, capacity development for community-based health workers, including female community health volunteers, should be provided in NCDs, environmental health, services for aging populations, Gender Equality and Social Inclusion (GESI), mental health, adolescent health and physiotherapy. Community members also need more information on public health, and on when and how to access services.

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NEPAL PRIORITIES | INITIAL THEORY OF CHANGE

	Human Resources for Health		Leadership & Governance	Health Information Systems	Community Health Promotion
	MNCH	Community Based Services			
Indicative Activities	Support for: · CPD and evaluation criteria for N/M registration and licensing · Specialist, advanced and leadership N/M training · CPD for C-section clinical mentorship for doctors, OT nurses and anaesthetists · Monitoring C-sections · Quality of N/M clinical learning environments · Provincial health training centres · Midwifery faculty	· Capacity development of facility and community-based health in the areas outlined in the narrative above · Development of suicide monitoring and surveillance systems and capacity development for facility and community-based health workers in prevention and postvention services	· Organizational support to Nursing Council Support to Palikas & provincial government in: · Policy formulation; Planning, budgeting and financial management; Planning & managing health workforce; Monitoring delivery of integrated services & quality of care; Hospital/facility planning, leadership and management; Establishing plan for public health emergency preparedness	· Generation and use of data for decision-making at Palika and facility level · Strengthen medical records · Strengthen the conduct and use of research/evidence for decision-making · Creation of a digitalised learning platform to assist municipalities in disease screening, remote surveillance and allow for remote support, technica advice and case management	· Support demand creation for MNCH services · Support implementation of community participation and accountability mechanisms · Orient health workers in the use of mobile health for health education
Indicative Outputs	· No. of N/Ms trained & deployed · No. of health workers trained in monitoring C-section · No. of midwifery tutors trained & mentored · CPD developed for N/M and C-Section clinical mentors · No. of clinical learning environments improved · Evaluation criteria for evaluating CPD linked to licensing developed	· No. of facility and community-based health workers trained in the areas outlinedin the narrative above · No. of One Stop Crisis Management Centres and other GBV services supported	· No. of Nursing Council representatives trained & processes strengthened Palikas/Provincial govt. no. of: · Policies/strategic plans produced · Systems/processes improved · Officials, health coordinators, hospital and health facility managers receiving support in planning, budgeting, and leadership and management · Provincial public health emergency preparedness plans	· No. of data collectors at HF level staff trained in data collection · No. of managers at HF, district and provincial level trained in use of data for decision making · No. of new information management tools/ platforms developed and embedded · No. of learning platforms operational and embedded within information management systems at a municipal level	· Community participation & accountability mechanisms reviewed and supported · No. of health workers trained in and with access to mobile health platforms
Indicative Outcomes	· Improved N/M availability and accessibility · Improved quality of C-sections · Improved quality of pre-service midwifery training · Quality clinical learning environments available and staffed with adequate number of skilled preceptors · Increased access to quality MNCH services for all	· Local facilities providing quality GBV services · Improved information, diagnosis and referrals available for local communities · Improved information, diagnosis and referrals available for local communities in NCDs, environmental health, services for aging populations, GESI, adolescent health, physiotherapy and mental health	· Improved capacity of Nursing Council to monitor N/M training, regulation and licensing · Effective implementation of integrated PHC services · Improved link between health facilities, Palikas and national level · Palika/provincial gov. able to formulate and enact policies · Strengthened provincial systems for responding to public health emergencies	· Palikas/provincial governments able to generate, manage and use data for decision making · Municipalities able to utilise information through learning platforms contributing to increased consistency in case management, screening and data sharing	· Greater community demand for, and accountability of, local health services · Mobile health platforms integrated into community health promotion
Potential Impact	**improved MNCH outcomes through strengthened governance and leadership and use of evidence**				