

**Ministry of Health and Population
Health Sector Reform Unit
International Health Partnership Secretariat**

Proposal for Strengthening Health Sector

1. Background

International Health Partnership has selected Nepal as one of the seven countries to implement the first round of the programme. The Nepal Health Sector Program (NHSP) is led by the Ministry of Health and Population (MOHP) and supported by 11 External Development Partners (EDP), who are signatories to a Statement of Intent to guide the partnership for health sector development in Nepal. DFID and the World Bank are pooled financiers, the other EDPs use parallel financing mechanisms, but within the umbrella of the NHSP implementation plan, based on a jointly developed Health Sector Strategy.

Since restoration of the parliament and democracy in April 2006, positive changes have taken place in the development of health sector in Nepal. MOHP, under the new government, issued a 10 points guideline making health fundamental human rights of Nepali people. The Government of Nepal (GON) has started providing free essential health services in the periphery level and plans to expand it up to district hospital level.

This proposal aims to develop a national health plan linked to results and supported by partners, design and implement a country-led compact with involvement of partners, supporting for the intensification of free health care and motivating health workforce to scale up health services to ensure its reach to the unreached.

2. Objectives

The objective is to accelerate action to scale up coverage and use of health services to achieve results stated in the Nepal Health Sector Programme – Implementation Plan (2004-2009), Three-year Interim Plan (2008 – 2010) and deliver improved outcomes against the health related MDGs. The specific objectives are:

- To improve partnership and coordination among health sector stakeholders,
- To devise appropriate policy options in health sector, and
- To scale up health services through results-based planning, monitoring and evaluation.

3. Deliverables

Activity	Time Frame															Responsibility	
	2008												2009				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Category 1: Strengthening ways of working between government, national and international stakeholders.																	
1.1 Prepare national compact.																	HSRU ¹ /MOHP with EDPs support
• Assign IHP responsibility within Health Sector Reform Unit of MOHP	■																
• Form a task force					■												
• Prepare draft compact					■												
• Get commitment and signature of GON and EDPs					■	■	■	■	■	■	■	■					
1.2 Create stakeholders' forums for health sector policy dialogue at national, regional and district level (GON, civil society and private sector).					■	■	■									HSRU/MOHP	
1.3 Organise Health Sector Development Partners Forum meeting regularly.					■	■	■	■	■	■	■	■	■	■	■	HSRU/MOHP with EDPs support	
Category 2: Strengthening health sector coordination capacity in agencies and government.																	
2.1 Develop coordination among the concerned ministries, universities and institutions and private sector to introduce appropriate skill mix.					■	■	■	■								HSRU/MOHP	
2.2 Build coordination capacity of MOHP, Regional Health Directorates, District Health Offices/ District Public Health Offices (DHO/DPHO), hospitals, civil society and Health Management Committees.					■	■	■	■	■	■	■	■				HSRU/MOHP with EDPs support	
2.3 Strengthen the newly adopted ministerial level sector co-ordination mechanism.					■	■	■	■	■	■	■	■	■	■	■	HSRU/MOHP	
Category 3: Joint analytical studies to assess health system and agency constraints to scaling up health services.																	
3.1 Conduct studies :					■	■	■	■	■	■	■	■				HSRU/MOHP	
• To introduce local governance service systems in health sector to introduce					■	■	■	■	■	■	■	■					

¹ Health Sector Reform Unit

Activity	Time Frame															Responsibility	
	2008												2009				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
subsidiary principles in health service delivery <ul style="list-style-type: none"> To sustain Community Drug Programme after introduction of Free Care Policy 																	
<ul style="list-style-type: none"> Conduct rapid assessment on implementation of free health care provisions all over the country 																	
<ul style="list-style-type: none"> Develop scaling-up strategy of free health services leading to universal health care 																	
<ul style="list-style-type: none"> Document learning form emerging experiences in universal free health care 																	
Category 4: National events to disseminate new knowledge, promote learning and build national consensus on health sector policy options for scaling up health services.																	
4.1 Update National Health Policy and Health Sector Plan and Programmes.																	HSRU/MOHP with support from Stakeholders
<ul style="list-style-type: none"> Organise stakeholders participatory workshops at central and regional level 																	
<ul style="list-style-type: none"> Review Policy and Plan 																	HSRU/MOHP
<ul style="list-style-type: none"> Disseminate for stakeholders' feedbacks and comments 																	
<ul style="list-style-type: none"> Prepare final draft and submit to GON for approval 																	HSRU/MOHP
4.2 Provide critical HR to critical locations for short-term deployment for uninterrupted service delivery owing country's overall transition context.																	HSRU/MOHP with EDPs support
4.3 Introduce health work force motivation schemes in remote districts for the retention of																	HSRU/MOHP

Activity	Time Frame															Responsibility		
	2008												2009					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
staff in such areas.																		
4.4 Assist MOHP in organisational re-engineering and capacity development																		HSRU/MOHP with EDPs support
4.5 Support to implement the performance based management system for organisational effectiveness.																		HSRU/MOHP
5. Contribution to inter-regional guidance on good 'practices' for engaging national and international stakeholders in country health sector planning, monitoring, review and coordination.																		
5.1 Provide piloting support to backup MOHP-initiated monitoring network to make it functional down to the Village level.																		HSRU/MOHP

Annex: Activity Costing

Activity	Milestone	Estimated Costs (US \$)
1.1 Prepare national compact		
<ul style="list-style-type: none"> Assign IHP responsibility 	IHP activities started implementation with logistics	10,000
<ul style="list-style-type: none"> Form a task force 	5 persons task force	
<ul style="list-style-type: none"> Prepare draft compact 		
<ul style="list-style-type: none"> Get commitment and signature 		
1.2 Create a stakeholders forum	5 sub-sector forums	15,000
1.3 Organise HSDPF meeting	14 meetings	1,000
2.1 Develop coordination among the concerned agencies	Initiation of skill mix	15,000
2.2 Build coordination capacity	Training and coordination planning at central, regional and selected 10 districts	20,000
2.3 Strengthen the newly adopted ministerial level sector co-ordination	Coordination mechanism functional and results documented	15,000
3.1 Conduct studies	2 studies	95,000
4.1 Update National Health Policy		
<ul style="list-style-type: none"> Organise stakeholders forum 	6 workshops at national and regional level	60,000
<ul style="list-style-type: none"> Review Policy and Plan 		25,000
<ul style="list-style-type: none"> Disseminate for stakeholders' feedbacks and comments 		4,000
<ul style="list-style-type: none"> Prepare final draft and submit to GON for approval 		
4.2 Provide critical HR	21 remote districts	160,000
4.3 Introduce health work force motivation schemes	21 remote districts	280,000
4.4 Assist MOHP in organizational re-engineering and capacity development	Restructured organogram submitted to GON for approval	50,000
4.5 Support to implement the performance based management system	Best performers in 10 best performing districts	25,000
5.1 Provide piloting support to backup MOHP-initiated monitoring network	Monitoring networks framed at central, regional, district and village level	25,000
Total		800,000