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HEALTH FOR LIFE **TECHNICAL BRIEF**

STRONGER SYSTEMS, HEALTHIER LIVES JANUARY 2017

HFOMCs Improve Health Facility Performance

Background

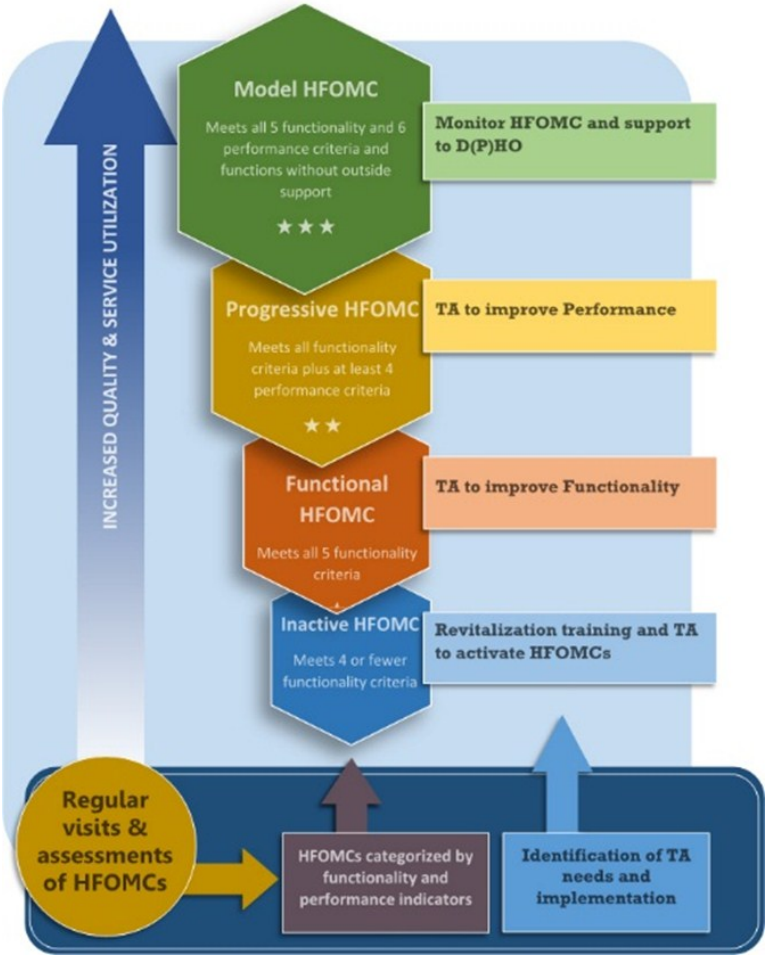
Health Facility Operation and Management Committees (HFOMCs) are the local health governance bodies responsible for the functioning of peripheral health care facilities (health posts and primary health care centers). In 2003 the Ministry of Health developed a set of HFOMC guidelines which laid out the composition of the committees, their responsibilities and the goal/objective of providing effective health services and maintaining accountability and transparency in day-to-day management functions.

It was soon discovered, however, that there were problems in the HFOMCs' ability to carry out their duties, a fact that was confirmed by development partners and government agencies involved in health sector decentralization. Furthermore, early efforts to address the issues were uneven, as each of the external development partners collaborating with the National Health Training Center (NHTC) and Management Division of the Department of Health Services used their own unique training packages. Despite a number of attempts aimed at closing the gap in capacity in the last few years, many HFOMCs, lacking the necessary skills and expertise, fell into disuse.

Health for Life's Approach

Health for Life is a USAID-funded health system strengthening project that is providing technical assistance to HFOMCs to help build their capacity to effectively manage local health facilities. This is achieved in two sequential steps: first, by reforming the HFOMCs according to the guidelines, and second through coaching, mentoring and supporting local networking, in addition to assisting with HFOMC self-assessments based on the functionality and performance criteria. The revitalization training package, which was developed in collaboration with the NHTC, forms the foundation of the assistance, and emphasizes review of objectives, management approaches, GESI and disaster preparedness, as well as preparing HFOMCs for self-assessments.

A significant portion of the HFOMC revitalization training focuses on building the skills necessary to use the self-assessment tools. By rating themselves using a series of criteria focused on functionality and performance, the HFOMCs develop a clearer picture of the volume and quality of health services provided by the health facility, and how to identify and rectify gaps . Based on the self-assessment, HFOMCs are grouped into one of four categories – inactive, functional, progressive or model – that Health for Life uses to determine the type of technical assistance required to build their capacity to manage local health facilities more effectively.



Results

Percentage of HFOMCs meeting specific Functionality and Performance indicators in Health for Life's high-priority VDCs

Functionality	2014/15	2015/16
% of HFOMCs composed according to the HFOMC guidelines	95	98
% of HFOMCs that met at least 12 times in the past year	92	98
% of HFOMC meetings called by written invitations or had fixed dates	96	100
% of HFOMCs that documented decisions in the last meeting	96	100
% of HFOMC meetings with participation by at least one Dalit member	95	98
% of HFOMCs meetings with participation by at least one female member	95	98
% of clients reporting HF is open between 10 a.m. and 3 p.m.	97	98
Performance		
% of HFOMCs that implemented special programs for marginalized groups	82	91
% of HFOMCs with QI Teams	82	96
% of HFOMCs that mobilized at least 50,000 NPR in the past year	96	91
% of HFOMC meetings held where *Dalit and/or women raised issues*	83	94
% of HFs that carried out a Social Audit (following MoH guidelines)	69	81
% of HFs completing an Annual Health Plan in the past FY	99	99

In Health for Life's core program districts, health facilities have shown encouraging progress as the HFOMCs' functionality improves through Health for Life's step-by-step technical assistance. HFOMCs have become more proactive and performance has improved at health facilities as a result. HFOMCs were categorized based on functionality and performance measures. By June of 2016, out of the 141 high-priority village development committees (VDCs) in the core program districts, the percentage of HFOMCs that were considered non-functioning fell from 22 percent to just 3.5 percent.

Health facility readiness assessments among high-priority VDCs in the core project districts have revealed that more than half of the facilities assessed are better prepared to deliver services than they were two years ago, based on the assessment's four domains—basic amenities, basic equipment, medicines and supplies, and infection prevention. Infection prevention readiness, in particular, has improved markedly; chronic stock-outs of tracer drugs and commodities, however, continue to reduce readiness scores at many facilities.

A critical function of the HFOMCs is to develop village health plans based on the evidence collected during the self-assessment process. One indication of success has been the ability of the HFOMCs to mobilize resources for health-related activities. The percentage of HFOMCs that have mobilized more than NRs 50,000 has increased from 59 percent in 2013 to 97 percent in 2015. Critically, this is not only a measure of their ability to improve health services locally, but is a reflection of the importance that health is commanding in the local development agenda.

In addition to improvements to the health facilities, the resources committed by the Village and Municipal Councils enables the HFOMCs to make hiring decisions locally, an ability that is particularly important to ensuring round-the-clock availability of services at birthing centers.

Recommendations

Despite the initial management capacity-related challenges, the HFOMCs have shown progress towards fulfilling the objectives laid down in the 2003 guidelines. Producing concrete, demonstrable results of success is not easy in a brief time period and in a socio-political context where illiterates, Dalits, Janajatis and women need to work as a team alongside university graduates and government bureaucrats.

It is recommended that three key elements be continued and refined in the future:

- Applying not only a traditional training approach, but also mentoring, coaching and supporting networking with CBOs to create synergy, mobilize resources and raise awareness
- Harmonizing the relationship between the Facility In-Charge and the HFOMC itself, so that they can work together more effectively as a team
- Continuing support in the form of supervision and monitoring by the District Development Committee, the District (Public) Health Office and other line agencies through the Local Health Governance Strengthening Task Force.

Equitable access to service is still a persistent problem for marginalized and disadvantaged groups, and in the absence of local elections, the present HFOMC Chair may need to delegate his/ her authority to an acceptable member within the HFOMC to be more representative of the community. In the long run, Government of Nepal needs also to review the guidelines to make them more practical for HFOMCs in a federal structure.

Health for Life

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