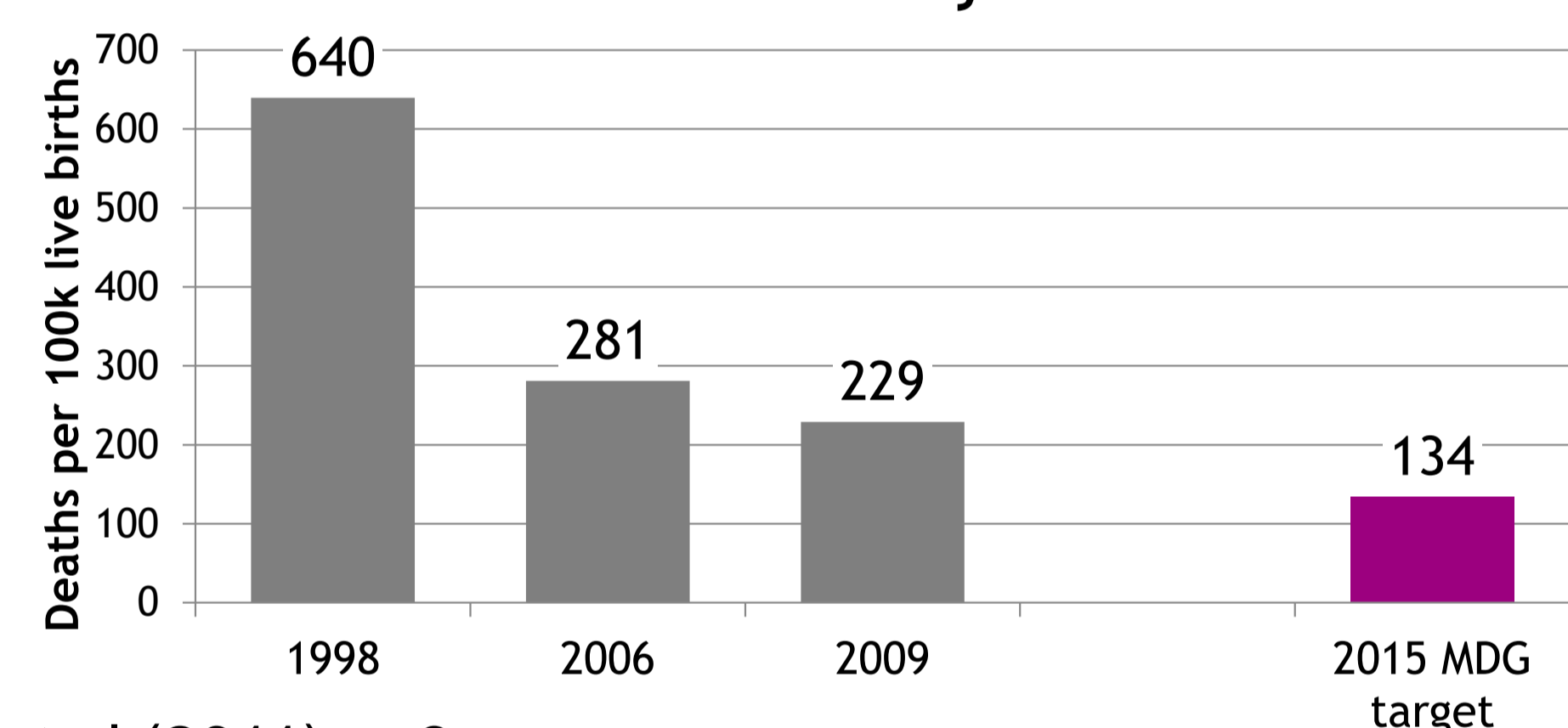




Background

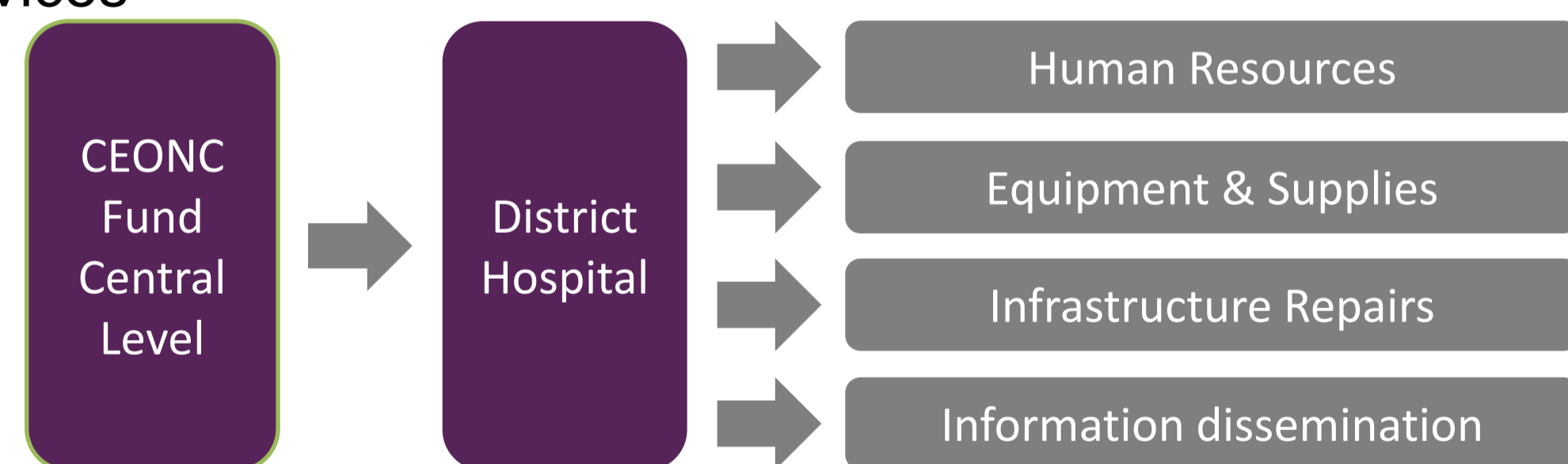
- Mechanisms used to allocate financial resources to health facilities can have a big impact on the efficacy and equity of service provision [1]
- Ring fenced funding at facility level for specific health services is one mechanism proposed to supplement hospital payments and ensure service availability [1].
- Nepal has seen a significant decline in maternal mortality in recent years. However, efforts are still required to meet target of further reducing the Maternal Mortality Ratio (MMR) [2]

Maternal Mortality Ratio



Devkota et al (2011) p. 6

- In 2008/9 the government of Nepal introduced an innovative policy response, developing a special fund provided directly to facilities for Comprehensive Emergency Obstetric and Neonatal Care (CEONC) services



- As a policy mechanism, the fund was conceived as a 'quick fix' solution to decentralise decision making and allocation of resources to service providers until the government were able to increase the official allocation of human resources (HR) for CEONC services
- Despite having access to the CEONC fund, utilisation rates by districts substantially vary (from 12% to over 90%), availability of services remains low and the impact on quality of care is unknown [2]
- The government has now expanded the fund to cover almost all districts in Nepal. It is therefore important to review its effectiveness as a mechanism to increase availability of CEONC services

FACTORS THAT IMPACT THE AVAILABILITY OF CONTINUOUS COMPREHENSIVE EMERGENCY OBSTETRIC AND NEONATAL CARE (CEONC) SERVICES IN DISTRICT HOSPITALS WITH A FOCUS ON THE COMPREHENSIVE EMERGENCY OBSTETRIC CARE FUND

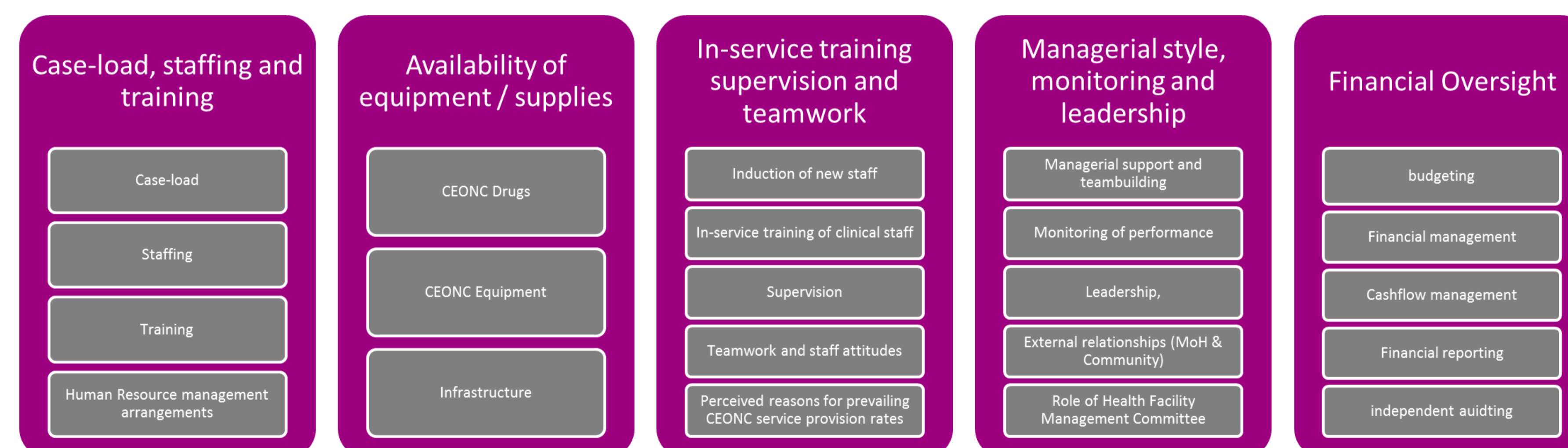
Pushpa Chaudary; Alison Dembo Rath; Suresh Mehata; Maureen Dar- lang; Sarah Hepworth

Methodology & Conceptual Model

A qualitative study, incorporating semi-structured interviews with key informants at district and central level and field observations in seven district hospitals. The Seven districts were purposefully sampled stratified by high or low proportion of caesarean sections against a high or low allocation of CEONC fund.

- proportion of caesarean sections (CS) against total deliveries (using CS as a proxy indicator for CEONC services) meets or exceeds 5% of normal births;
- proportion of CS against total deliveries is below 5% of normal births;
- High allocation of CEONC fund budget for the financial year;
- Low allocation of CEONC fund budget for the financial year.

The study utilised an conceptual model adapted from the management framework developed by Puoane et al (2008) and the five management domains identified by Funk et al's (2013). These frameworks were combined and adapted, to take into account social and organisational structures that may impact availability and delivery of CEONC services in Nepal



Findings

- The fund is highly appreciated and is perceived to have made a positive contribution to the ability of districts to deliver CEONC services. Since the 2011 study on CEONC readiness there has been a substantial increase in overall knowledge, uptake and utilisation of the CEONC fund. However, there has been a narrowing in the scope of the fund over time.
- Late decision making about funding levels has resulted in last minute ad hoc adjustments to the fund distribution arrangements which prevent proper financial and developmental planning and hence inefficient use of resources.
- The central management of staff although largely appropriate does not always match local needs resulting in over provision of some cadres and under provision of others.
- Broader health systems issues affect the district hospitals ability to utilise the fund effectively:
 - Weaknesses in the financial management arrangements both of the fund and by hospitals including a disconnect between local needs and what financial support is actually made available; Differing hospital approaches to the management of budgets; Confusion between different funding programmes, potentially resulting in incorrect financial reporting of spend;
 - Late availability of cash in the financial year resulting in irregular financing flows;
 - Inadequate arrangements for the management of human resources including: Weaknesses in the allocations of staff because different needs of different sized hospitals are not properly recognised; Not enough financial resource is available for training in some hospitals with particular training needs; Weaknesses in the recruitment and staff contracting processes.



Institutions



Recommendations

- Family Health Division (FHD) of the Ministry of Health should seek clarification of the budget envelope from the Ministry of Finance earlier in the financial year to allow for adequate planning and better allocation of resources.
- District hospitals should be given more responsibility for developing and planning their own budgets. As the CEONC fund has expanded to so many districts it is inefficient to retain planning centrally and can lead to inappropriate allocation of funding.
- Budget release from the centre causes significant gaps in availability of services. Formal legal assurance from the MoH that any funds spent up front will be reimbursed could encourage District Hospitals to utilise other income streams to temporarily fill gaps in funding.
- Part of the CEONC fund should be invested in strengthening the management and leadership of health facilities as their ownership and oversight of services impacts availability.
- In districts where the HR market is poor, some CEONC fund should be allocated for in-service training.

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