

Introduction to Learning Laboratories Approach

Introduction

The federal context in Nepal means that governance structures have been re-shaped to three spheres of government: federal, provincial (7) and local (753). There are opportunities and challenges to ensure the delivery of quality health services. Opportunities include the potential for needs-based planning and budgeting; ensuring that no one is left behind; and increasing accountability of government and service providers to the people. Some of the anticipated challenges include harmonising planning and budgeting across three levels; ensuring quality of care; effective regulation and partnership with the private sector; and management of information systems and referral systems.

The Ministry of Health and Population (MoHP) has initiated an approach to support local government (LG) to undertake its new duties, progress further on the significant health gains achieved over the last decades, and increase emphasis on providing quality services to under-served and vulnerable population groups. The UKAid-funded Nepal Health Sector Support Programme (DFID-NHSSP) 2017-2020 has been supporting the MoHP for the effective implementation of this approach in coordination with other development partners. The Learning Laboratory (LL) approach was conceptualised by the MoHP in consultation with DFID-NHSSP.

This learning brief introduces the approach, where it is being implemented and how, and the objectives. This will be followed by regular updates particularly focussing on progress made, successes and challenges, and lessons learnt which can usefully inform other local, provincial and federal governments and partner organisations.

Learning Labs

LL refers to selected LG sites where contextually tailored, evidence-based interventions will be implemented and monitored with the aim of enhancing the capacity of LG to deliver quality basic health services which leave no one behind.

To identify where LLs would most appropriately be located, site selection criteria were agreed (Box 1); and in 2018 MoHP and DFID-NHSSP officials jointly undertook a scoping exercise. Baseline information including service utilization data using the health management information

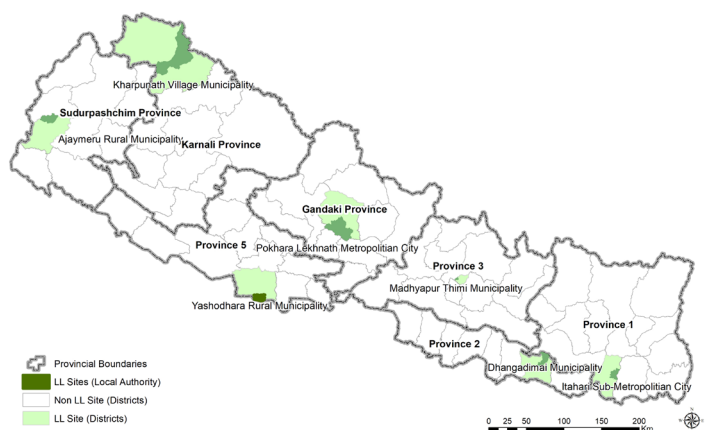
system (HMIS), the local health profile, and a preliminary context assessment were documented and sites identified (Figure 1).

Box 1: Learning Lab selection criteria

LLs were selected to ensure the following representation:

- All types of local government
- All types of geography – mountain, hill and terrain
- Are from each of the seven provinces
- Opportunity to collaborate with other partners and private sector to optimise synergies and value for money
- Site with poor health indicators and underserved communities

Figure 1: Learning Lab sites



Objectives

The overall strategic objective of LLs is to strengthen the local health system for improved delivery of quality basic health services in the federal context. There are three specific objectives which aim to:

1. Facilitate LG to use a locally appropriate framework and tools to enhance capacity for the improved delivery of quality basic health services
2. Enhance the capacity of LG to design and implement evidence-based policies, strategies and interventions with mainstreaming gender equality and social inclusion
3. Facilitate the monitoring of progress, document lessons learned and consolidate interventions to inform scale up.



Brief Profile of the LL

The size of the population, number of wards, area and presence of public health facilities in LL sites are presented in the table below.

Local Level	Population		No of wards	Area (skm.)	Public health facilities*			
	2011	2018*			Hospital	PHCC	HP	Other health units
Itahari sub-metropolitan	140,517	167,988	20	93.8	0	1	4	4
Dhangadhimai municipality	47,449	52,121	14	159.5	0	0	6	2
Madhyapur Thimi municipality	83,036	98,820	9	11.5	2	0	5	6
Pokhara metropolitan	414,141	479,963	33	464.2	2	2	19	17
Yashodhara rural municipality	38,952	44,436	8	67.6	0	0	8	0
Kharpunath rural municipality	6,011	6,824	5	880.0	0	0	4	0
Ajayameru rural municipality	17,066	18,927	6	148.9	0	0	5	3

Source: Ministry of Federal Affairs and General Administration, <http://www.mofaga.gov.np>

*Health Management Information System, MoHP

Expected outcomes

The MoHP's aim in the federal context is to promote and sustain health outcomes in line with Nepal's Health Sector Strategy (NHSS) and Sustainable Development Goals (SDGs). LLs will contribute by generating a consolidated understanding of successes and challenges in the delivery of quality health services. Learnings generated from the LL sites will be the crucial resources for the MoHP to make rational decisions and will contribute in the development of policy and regulatory frameworks, standards, guidelines and other supportive documents for the implementation of the programs at the local level.

Implementation arrangements

Context and flexibility: The LL approach takes into account the local context, identifying issues that may facilitate or hinder health service delivery at the local level. These can include competing local development priorities; emerging health needs; the local political economy, stakeholder relationships; governance and accountability; and the institutional capacity to deliver equitable and quality basic health services.

Oversight by the MoHP: The Health Coordination Division of the MoHP will oversee and coordinate LL implementation and learning. This Division will also coordinate with other external development partners which will enable shared learning across partners and government.

Implementation sites: The seven LLs cover all levels of LG (metropolitan city, sub-metropolitan city, municipality and rural municipality) in different geographic locations. The local Municipal Health Team will lead the implementation of the interventions with technical assistance from DFID-NHSSP. In the LL sites, MoHP together with NHSSP will contribute in the capacity enhancement of the LGs, with the provision of field based staff. Opportunities will be explored to engage with the proximal LGs such as to strengthen referral mechanisms and supply chain management.

Tools for implementation: Some standard tools for capacity assessment and enhancement include organisational capacity assessment tool (OCAT), minimum service standards (MSS) which assesses facility readiness to deliver quality health services; and routine data quality assessment (RDQA) which will be implemented in all the sites. Besides these, regular programme activities and tools will also be implemented. The basic health care package, planning and budgeting guideline, and gender responsive budgeting are among the other standards and guidelines that will be implemented at the LL sites.

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Progress to date

- Health sector profiles of each of the learning lab sites have been developed to support the evidence based planning process.
- Local Level Governments were supported to conduct an annual review of health sector progress of fiscal year 2017/18 and facilitated participation of officials from LL sites in the national annual review of the health sector.
- 20 facilitators for OCA have been trained from the National Health Training Centre (NHTC) (15) and NHSSP (five). NHTC is leading the roll out of the OCA at LL sites.
- Five-day collaborative workshops were held at Dhangadhimai Municipality (Province 2), Itahari Sub-Metropolitan (Province 1) and Yashodhara Rural Municipality (Province 5). During these workshops the OCA tools were adapted to the local context, the capacity assessments undertaken and municipal action plans drafted to address the identified gaps. Learning from the implementation of the OCA was documented to inform roll-out in other sites.
- MSS has been implemented at all health facilities in the three LL sites: Itahari Sub- metropolitan municipality (Province 1), Dhagadimai rural municipality (Province 2) and Yashoshara rural municipality (Province 5). Based on the gaps identified, the action plans have been developed to address the gaps.
- Implementation of RDQA has been completed in all public health facilities of Itahari Sub Metropolitan City (Sunsari district, Province 1) and is ongoing in Dhangadimai Rural Municipality, Siraha district, Province 2.
- A LL Coordinator and six LL Officers have been contracted (one for each LL) and will be responsible for facilitating and supporting all LL activities in their respective sites.

Process documentation

Successes, challenges and other learnings from the LL sites will be continuously documented. It is expected that learning briefs and periodic discussions on the issues, challenges and lessons will inform federal, provincial and local levels to inform decision making process and formulation of annual and periodic plans and guidelines.

Disclaimer: This material has been funded by UKAid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.