NHSSP

Technical Brief

Assessment of Health Facility Operations and Management Committees (HFOMCs) in Nepal

Introduction

The Government of Nepal (GoN) introduced Health Facility Operation and Management Committees (HFOMCs) in 2003 as the facility level health governance mechanism that could help achieve efficiency and responsiveness in health system. In 2015, following federalism these committees were revived under the jurisdiction of local governments, with the potential to link health facilities, the local government, and the local communities better. As health is guaranteed as a fundamental right by the Constitution of Nepal with the local governments responsible for delivering 'basic health and sanitation', it is crucial for health services to respond to local demands.

HFOMCs are expected to play a wide-ranging role in health governance and management from implementation to ensuring social accountability. The committee membership is mandated in a way that planning and solutions are rooted in local knowledge of health sector needs and reflect the community voice. HFOMCs include a Ward Chair, an elected official as the Chairperson, and an elected female Ward Member as Vice Chair. Other members include the Health Facility In-charge, the Female Community Health Volunteers (FCHV), Teachers and others.

Under the leadership of the Curative Services Division, Department of Health Services of Ministry of Health & Population, the UK funded Nepal Health Sector Support Programme (NHSSP), an embedded technical assistance team, undertook an assessment of HFOMCs at local-level clusters to understand the level of HFOMC's activity, their influence within the health system decision-making, and the engagement between HFOMCs and local communities. The study aims to inform a strategic approach that empowers HFOMCS to play a more effective role in local health systems.

Methods

A mixed-methods approach was used for this study with a greater reliance on qualitative methods. The assessment covers five health facilities from four local governments in Lumbini and Madhesh provinces. In Lumbini province, Dharna, and Laxmipur health posts were selected from Dang district while Khanadaha health post from Arghakhanchi district was selected. In Madhesh province, Khutauna and Sangrampur health posts were selected from Sarlahi district.

Altogether 31 interviews and two focus group discussions were held with 28 men and 22 women participating. The respondents were from HFOMCs, Palika, the Health Office, the provincial government and the federal government (Department of Health Services- DoHS)

Findings

HFOMC Formation: The HFOMC Reference Guideline (2019) recommends the committees' tenure to be five years from its formation, which should align with the local election cycle. Although many HFOMCs were either not been formed or were delay after the very first local elections in the federal context in 2017, following the subsequent round of elections in 2022, there were formed more rapidly. All HFOMCs in the five selected facilities were formed within a few months of the elections.

Role Clarity: Most HFOMC members who were interviewed were unclear about their role and in four out of the five HFOMCs included in the study, members had not received any training or orientation about their

roles and responsibilities in relation to the committee. The Ward Chairs and Health Facility In-charge generally had more clarity about their role and work with the latter having worked in the health sector from pre-federal times which contributed to their understanding of HFOMCs.

Frequency of Meetings: Committees are required hold meetings at least once every three months[1], but the frequency at which they met in reality varied in the study areas. In some facilities, meetings took place monthly while in others it was dependent on members' availability and were less frequent. All interviewed Ward Chairs however reported allocating their time to attend the HFOMC meetings even if it they could manage only a brief attendance.

Budget for HFOMC activities or cost: Some wards and palikas had a dedicated budget line within the health sector for health facilities. Aside from this, there was no dedicated budget for HFOMCs such as for their capacity building, meeting costs, or other activities either in the palika budgets or those from the federal level. Often committee members who worked outside the health sector (e.g., teachers) were unaware of budget allocations.

HFOMCs role in health sector planning: The study found that HFOMC participation in ward-level planning processes varied. Most HFOMC members who were interviewed had not been involved in a planning process for 3-4 years due to COVID-19 and as they had assumed office after the budgeting process has been completed in 2022. In some cases, HFOMCs had been successful in prioritising local health needs when they documented it during or after a meeting, while others their requests were overlooked by officials, particularly when the HFOMC responsibilities were not fully understood. Across interview sites, it was found that medicine availability, staff supervision, national health programmes, human resource issues, logistics management, including infrastructure needs, were the most commonly discussed issues at HFOMC meetings.

MSS and HFOMC functions: The Minimum Service Standard (MSS) Checklist (2020) for Health Posts has six indicators for each 'sector/ sub-sector' under 'good governance' and 'institutional management' themes that are related to HFOMC functions. The analysis of data from the most recent MSS self-assessments on the HFOMC functions for all five health facilities found that out of eight priority agenda items that HFOMCs need to discuss only two HFOMCs discussed all agenda items whereas one did not include any at all. Only two HFOMCs prepared and approved the annual plan at the start of the fiscal year. In one facility, while the MSS score showed the health facility had conducted social audits, interviews with the HFOMC members and local-level officials confirmed that it was not done. Similar mismatches raise questions about the MSS self-assessment and a better understanding is needed on how HFOMCs have engaged with the data.

Review of reported activities: Most respondents felt that the Ward Chair's leadership and their influence in the municipality level political dynamics were the most

[1] HFOMC Reference Guideline (2019)

important element for an HFOMC functioning especially when engaging in meetings during the annual planning process. Health facilities where Ward Chairs advocated for resources had new medical equipment or more community outreach initiatives. For example, in one health facility, the HFOMC had made a formal request to purchase medical equipment which was channelled through the Ward Chair directly to the palika authorities. In other health facilities, the HFOMCs helped bring funds to appoint a doctor or provide a birthing centre helper with a monthly allowance.

Social audits and accountability: The federal government had provided conditional grants to all palikas to conduct social audits, but these were unspent in 2019-20 due to COVID-19, and in the following year no allocations were made from the federal level. Interviewed respondents confirmed that palikas had not initiated any social audits by themselves since 2018. Only one health facility in this study had undertaken a social audit with support from a non-governmental organisation.

Overall, most respondents felt that HFOMCs gave them greater legitimacy to voice the needs identified at the community level especially when it came to informing municipality decision-making, and that it had a key role to play in the local health system.

Key Enablers and Barriers to HFOMC functionality

Enablers

- Ward Chair's leadership and contribution to local health system.
- Proactive engagement of Health facility In-charge for securing better resources.
- Local government budget allocations to the health sector for local level decision-making and respond to emerging issues.

Barriers

- Lack of clarity on HFOMC members' roles.
- Lack of health sector knowledge among non-health sector representatives (e.g. teachers)
- Weak participation from FCHVs, who are meant to be an important link for raising community concerns and strengthening accountability.
- Lack of budget for building HFOMC capacities
- Absence of an institutional support system – like federal or provincial engagement for budgets or staff

Ways Forward

HFOMCs have the potential to strengthen local health systems and bring community voices to the forefront. Despite this they have not been prioritised within the local health system currently. Based on the findings, approaches to strengthen HFOMCs are outlined below.

HFOMCs

- HFOMCs can pursue the cause of quality of care in maternal and child health services, by creating awareness and motivating community members to improve service use. In locations where community uptake of services such as immunisation, post-natal care, family planning have been noted to be particularly challenging, HFOMCs can proactively plan and undertake micro-level activities that encourages better use of services, and simultaneously ensure that the content of this care is right (e.g. ensuring full ANC provision moving beyond ANC visits per se).
- As HFOMCs are public entities that are closest to the local communities, they can act as conduits for information sharing on local government health decisions thereby contributing to transparency and accountability. This could be through various modes such as social audits, posters, or other open forums that include question and answer sessions with service users.

Local governments

- Decision-makers in the palikas need to be sensitised so that they acknowledge and leverage HFOMC's potential to improve health service delivery effectiveness. The collective decision-making process adopted by HFOMCs places them as valuable democratic partners for local level health governance and accountability.
- Although HFOMCs are not cost centres per se, and it may not be viable to provide them such authority in the recent future, palikas can empower HFOMCs where feasible, by providing small grants and programme advances that can allow HFOMCs to have a flexible pot of money to respond to any small yet urgent community health needs. This amount can be committed by palikas in their annual plan and budgets. Ward offices can advocate with palikas for these funds for HFOMC strengthening and the amount requested can be based on an appraisal of needs identified through MSS assessments or other mechanisms. The use of these funds and financial transactions can be audited and physical assets verified every fiscal year as part of the annual process that health facilities and local levels undertake.
- Palikas should organise training/orientation programmes for HFOMCs to bring clarity on their role, also considering the specific needs of different category of members, and a second training/

orientation, reflection and experience sharing meeting after HFOMCs complete their half term.
- Palikas and Ward Offices should enable engagement of health facility and HFOMC in ward level planning process. Participation and/or meaningful representation of HFOMC voices in social development committees should also be made possible.

Provincial and Federal governments

- Provincial health offices can play a strong role in building capacities of HFOMCs as well as enabling cross-learning across facilities and palikas. Knowledge exchanges and sharing between well-performing HFOMCs and those yet to establish fully, facilitated by the provincial health offices can allow learning and an openness to new ways of working at the grassroots level.
- The recognition accorded to these committees (e.g. by having included measures of HFOMC performance in tools such as the MSS), indicates the strategic importance of HFOMCs for health governance. Relevant departments/divisions within the MoHP can enable this to progress further by articulating a clear strategy and vision for HFOMCs at the national level, that exploits the potential of these committees fully. Explicit references to the role of HFOMCs in relevant policy and programme commitments can also help provincial and local governments realise that this is a priority area for development.

Partners

- Development partners can invest in empowering local communities to build their voices and demand quality services, and advocate with HFOMCs for greater accountability. This could be accompanied by working at across governance levels to strengthen the role of HFOMCs as the lynchpins for micro-level changes. Coalescing the individual goals and actions of FCHVs, elected representatives and health providers and managers, into a package that allows for more efficient use of resources could be a way forward.

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