



Ministry of Health & Population



Development of NHSP-3 Strategic Surveys Plan



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Suresh Mehata



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LIST OF ACRONYMS

AWPB	annual work plan and budget
EDP	external development partner
HRH	human resources for health
M&E	monitoring and evaluation
MoHP	Ministry of Health and Population
NDHS	Nepal Demographic and Health Survey
NHFS	Nepal Health Facility Survey
NHRC	Nepal Health Research Council
NHSP	Nepal Health Sector Programme
NHSP-1	First Nepal Health Sector Programme
NHSP-2	Second Nepal Health Sector Programme
NHSP-3	Third Nepal Health Sector Programme

1. DEVELOPMENT OF THE NHSP-3 STRATEGIC SURVEY PLAN

Background

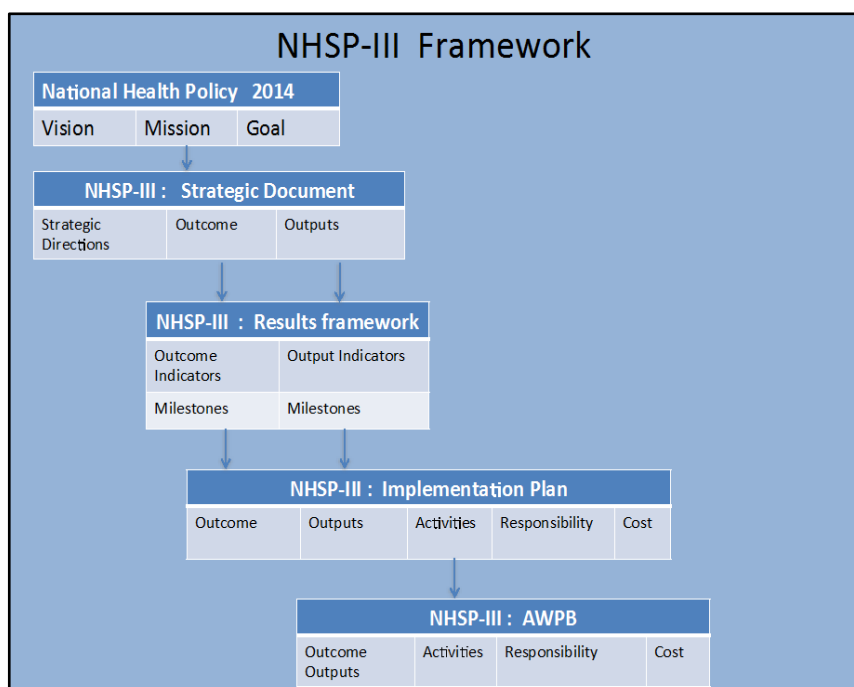
The Global Ministerial Summit held in Mexico in 2004 recognized research as an essential component of strong health systems whose function is to inform the action needed to improve people's health and accelerate the rate of global, regional and national development. It further noted that, historically, the crucial research needed to strengthen health systems and services has been under-funded.

The declaration of the Mexico summit called on the international health research community to lend strong support for global, regional and national research partnerships to develop essential drugs, vaccines, diagnostics and health care systems and to ensure the equitable delivery of health care services. Accordingly, ministers from developing countries and officials from the international development community recommended that 2% of all health budgets and 5% of all development aid be allocated to health research. However, such commitments have proved merely aspirational failing to translate into action by national governments and development partners alike.

The key health policy documents of the Government of Nepal include the Second Long Term Health Plan (1997-2017), Three Year Plan (2013/14-2016/17) and the National Health Policy 2014 all call for an increase in the resources available to the health sector to improve the quality of evidence available to bridge the gap between what is known and what is actually carried out in practice. Evidence based policies, plans and interventions are seen as essential for health systems development and the attainment of equitable health outcomes and Nepal is seen to have a generally track record in this area.

Several important research related activities have recently taken place including formulation of the National Health Research Policy 2014 and development of the health research system within the policy, coordinating health research with health programme planning and implementation, and prioritizing health system research, health economic research and public health research.

The Ministry of Health and Population (MoHP) formulated the First Nepal Health Sector Programme for the period 2004-2010 (NHSP-1) and is currently implementing the Second Nepal Health Sector Programme for the period 2010-2015 (NHSP-2). MoHP, with support from development partners, is in the process of developing the next five year programme, the Third Nepal Health Sector Programme for



the period 2015-2020 (NHSP-3). The NHSP-3 development process is primarily guided by the outcomes of a multi-stakeholder NHSP-3 process design workshop held in Pokhara in December 2013, although it also takes into account lessons learned during the NHSP-1 and NHSP-2 development and recommendations from the mid-term review of NHSP-2.

NHSP-3 consists of three core and complementary documents as follows:

1. A strategy document that provides strategic direction to the health sector at large;
2. A monitoring and evaluation (M&E) framework and strategic survey plan to measure the progress of different actors in implementing the strategy; and
3. An implementation plan (IP) that forms the basis for MoHP to develop its Annual Work Plan and Budget (AWPB) for the next five years.

2. RATIONALE

The Nepal Health Sector Programme requires information to monitor progress against its objectives. However, only some of this information is available from the government's routine data collection systems, principally the Health Management Information System (HMIS). There is a clear need for additional data collection through surveys and research in order to monitor and evaluate the effectiveness of various programmes and NHSP-3 as a whole.

It is also important to develop a sustainable health survey/research system that is compatible with the national health system and harnesses and further develops existing survey and research partnerships. In addition, it is important to make collective and collaborative efforts to generate the evidence base needed to guide the formulation of health policies, strategies and health sector reform initiatives and to improve access, equity and the quality of health care interventions.

During NHSP-2, several household level surveys collected data on occasionally overlapping indicators at times unsynchronized with government planning cycles. Key surveys included the Nepal Demographic and Health Survey (NDHS) and the Household Survey and the Multiple Indicator Cluster Survey (MICS). Similarly, two national health facility surveys were carried out - the Service Tracking Survey (STS) and the United Nations Population Fund's National Health Facility Survey while discussions also took place on the introduction of a Service Provision Assessment (SPA) and a Service Availability and Readiness Assessment (SARA) health facility survey. Against this backdrop, MoHP and its external development partners (EDPs) recognized the need to consolidate and harmonize the surveys through a single national Nepal Health Facility Survey (NHFS) able to satisfy both NHSP-3 data requirements and the reporting needs of individual EDPs. Accordingly, the 2015 Nepal Health Facility Survey was approved and its design initiated.

This strategic survey plan ensures that the survey needs to track progress against the NHSP-3 M&E strategy, notably its M&E framework indicators. Further, it will help ensure that the data disaggregation specified in the NHSP-3 M&E framework to track inequalities in health status and service access by various sub-groups is available. This will help build on earlier evidence that universal health coverage monitoring and indicators can influence the development of national health information systems and support evidence based planning for effective policy and strategy development.

The NHSP-3 strategic survey plan is being developed to reflect a five year vision for health surveys/research in Nepal and to provide direction for the further strengthening of the Nepal Health Research Council (NHRC).

3. PURPOSE AND OBJECTIVES OF THE NHSP-3 STRATEGIC SURVEY PLAN

The purpose of this plan is to enable NHRC to provide the research inputs needed by MoHP to develop evidence based health policies, strategies, plans and programmes able to improve the health status of the Nepalese population and make more informed and effective programme decisions. The terms of reference are attached as Annex 1. The specific objectives are to:

1. be an integral part of the NHSP-3 strategy, results framework and evaluation and ensure that all surveys/research are strategically planned for the effective monitoring of NHSP-3, and
2. ensure value for money for MoHP by avoiding the duplication of surveys and waste of scarce resources.

4. NHSP-3 STRATEGIC SURVEY PLAN DEVELOPMENT PROCESS

The NHRC Public Health Administration, Monitoring and Evaluation Division/PHAMED (MoHP) has prepared the strategic survey plan as a part of the NHSP-3 M&E strategy to ensure the survey needs and timing allow the effective monitoring of progress.

NHSP-3's M&E strategy preparation process ensured that the strategic survey plan was developed alongside the NHSP-3 strategy document in consultation with concerned stakeholders including senior officials at programme divisions and centres and EDPs.

5. KEY SURVEYS/RESEARCH NEEDED AND TIMING

The following surveys with study populations and timings comprise the Strategic Survey Plan:

Survey/research	Study population	Timing	Remarks
Nepal Health Facility Survey	Facility based	2015	
National Micronutrient Status Survey (NMSS)	Population based	2015	
Nepal Tuberculosis Prevalence Survey	Population based	2015/16	
Burden of Diseases estimates (National and Sub-national)	Population based estimates using secondary data	2015/16	
Nepal Demographic and Health Survey (NDHS)	Population based	2016	
Nepal Mental Health Survey	Population based	2015/16	
Nepal Disability Survey	Population based	2016/17	
Nepal Multiple Indicators Cluster Survey/ Nepal Household Survey	Population based	2017	To assess the mid-line status of NHSP-3
Nepal Health Facility Survey (NHFS)	Facility based	2017	A miniature of NHFS 2015 in order to track the progress and evaluate the mid-term status of NHSP-3
Mid-term review of NHSP-3	Using secondary data source	2017	
Non-communicable Disease Risk Factors Prevalence Survey	Population based	2018	
Maternal Mortality and Morbidity Survey	Population based	2018/19	In order to understand the cause of maternal death in Nepal
Nepal Health Facility Survey	Facility based	2020	
Nepal Demographic and Health Survey (NDHS)	Population based	2020/21	To assess the end-line status of NHSP-3
End-line review of NHSP 3	Using secondary data source	2020	

6. KEY RESEARCH GAPS

The key research gaps identified by NHRC (Annex 2) have been taken from the latest draft NHSP-3 M&E framework (Annex 3) and draft Implementation Plan (Annex 4) and the Burden of Disease scoping report recommendations (Annex 5). They highlight the following:

- **Health policy and systems operational/action research**
 - Measuring the impact and effectiveness of health policies and updating policies on the basis of the available evidence
 - Operational research for piloting new programmes
- **Universal health coverage**
 - Operational research to understand the barriers and approaches necessary to achieve universal health coverage
 - A recognition that priority should be given to an operational social health protection scheme as a complementary strategy for universal health care services at district level
- **Health economics and health financing studies**
 - Costing of interventions
 - Cost benefit analysis
 - Equity in resource allocations
 - How to remove bottlenecks and improve fund flow mechanisms at various levels?
- **Reproductive, maternal, newborn and child health**
 - Impact of incentive schemes on institutional deliveries/deliveries by skilled birth attendant
 - Bottlenecks/barriers for the uptake of reproductive maternal, neonatal and child health services in remote areas and in marginalized populations
 - Adolescent health including reproductive health: sexuality, early marriages and pregnancy
- **Human resources for health**
 - Effective strategy for the deployment and retention of human resources for health (HRH)
 - Effective strategy for capacity development of HRH
 - Impact of new human resources policies on retention of staff in remote areas
- **Gender Based Violence**
- **Accidents and injuries**
- **Suicides**
- **Effective strategy to ensure quality health services at the point-of-care**
- **Health impact of climate change and global warming**
- **Effective strategy to increase the uptake of health services among the urban-poor**
- **Anti-microbial resistance patterns and the mechanisms of resistance**

- **Health impact of pollution**
- **Impact of pesticides on human health**
- **Research on issues of migrant populations**
- **Barriers to the utilization of health facilities – why are private facilities preferred?**
- **Rational use of drugs and diagnostics**
- **Altitude sickness**
- **Tropical diseases:** kalazar, malaria, different dimensions of TB (BoD, socio-economic burdens, open border issues, medical device reporting (MDR), extensively drug resistant (XDR), TB/HIV co-infection
- **Emerging infections:** dengue, brucellosis, avian influenza
- **Epidemiological research to address present disease control challenges and respond to expected epidemiological transitions**
 - Mapping of diseases will be carried out using the geographic information system (GIS) for taking effective control measures
 - Genome mapping will also be conducted as relevant
- **Bio-medical research**
 - Disease patterns – understanding pathogens
 - Molecular diagnostics techniques
 - Immunological techniques
 - High altitude medicine
 - Bio-medical technologies
- **Logistic Management Information System (LMIS)**
- **Research/survey on mortality and morbidity**
 - Emphasis should be in placed on collecting adult all-cause mortality data for both men and women using the sibling history method
 - Nationally representative surveys to estimate the prevalence of leading causes of the burden of diseases
 - The three major types of conditions include:
 - Respiratory diseases (such as chronic obstructive pulmonary diseases COPD and asthma)
 - Musculoskeletal disorders (including lower back pain, neck pain and osteoarthritis)
 - Mental disorders (such as depression, anxiety, schizophrenia, bipolar and childhood mental disorders)

7. CONCLUSIONS

The strategic survey plan will help national health surveys and various operational and action research initiatives to monitor progress against the NHSP-3 results framework and evaluate effective strategies to achieve its goals. Efforts will also be made to integrate elements of surveys supported by

other development partners in order to provide a comprehensive strategic survey plan able to meet the sector's information requirements and plan future initiatives.

8. RISKS

The development of the strategic survey plan has depended greatly on the development of NHSP-3's M&E framework. Given that the NHSP-3 M&E framework and implementation plan may change prior to finalisation, there may be a need to revisit the strategic survey plan later in the year.

9. REFERENCES

MoHP, 2004, First Nepal Health Sector Programme (2004 – 2010), MoHP
MoHP, 2010, Second Nepal Health Sector Programme (2010 – 2015), MoHP
MoHP, 2013, Nepal Health Sector Programme-II, Mid Term Review Report

10. LIST OF ANNEXES

Annex 1: Terms of reference
Annex 2: Research priority by NHRC
Annex 3: Latest draft of NHSP-3's M&E framework
Annex 4: Latest draft Implementation Plan
Annex 5: Burden of disease scoping report recommendations