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PROMOTING GENDER EQUALITY AND SOCIAL INCLUSION IN LOCAL HEALTH GOVERNANCE IN NEPAL

Brief

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Since 1999, Nepal has moved toward decentralization of its health sector, with the primary objective of involving local communities in planning for provision of high-quality health services.

As part of its decentralization strategy, in 2002 Nepal's Ministry of Health and Population (MOHP) initiated a process for handing over management of local health facilities to Health Facility Operation and Management Committees (HFOMCs). HFOMCs are responsible for overall oversight, management, and operations of the health facilities. They manage health facility staff, maintain physical infrastructure of the health facilities, ensure a proper supply of medicine and equipment, mobilize resources, plan and implement health programs, communicate and coordinate with other actors in the health system, and promote good governance. In addition to their operational and management functions, HFOMCs bridge the gap between communities and health providers, ensuring that health providers are responsive to community needs and offering a mechanism for communities to hold health providers accountable.

HFOMC guidelines require wide and inclusive community participation, especially of women and disadvantaged groups, including lower-caste and indigenous communities. HFOMCs also include a variety of community representatives, such as female community health volunteers, social workers, teachers, health facility staff, and village development committee officials. The government believes that having a diverse composition will enable HFOMCs to manage the facilities equitably and effectively.

To strengthen the capacity of HFOMCs to reach marginalized communities and make health services more inclusive, the Gender, Policy and Measurement

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Program (GPM)—an activity of the Health Policy Project (HPP) and MEASURE Evaluation, which are supported by the U.S. Agency for International Development—is partnering with the Suaahara Project, a Nepalese health project led by Save the Children. GPM seeks to design, implement, and evaluate a scalable intervention to overcome barriers to HFOMC participation for women and disadvantaged groups. The project will also strengthen the capacity of HFOMCs to engage externally with the broader community to improve health services. GPM will be implemented through Suaahara in collaboration with the Nepalese government and will be evaluated independently by MEASURE Evaluation.

GESI: Two Ideas, One Goal

Gender equality and social inclusion (GESI) are among the primary objectives of the Gender, Policy and Measurement Program in Nepal.

Gender equality is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. To promote gender equality, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field (Interagency Gender Working Group, 2013).

Social inclusion is defined as the removal of institutional barriers and the enhancement of incentives to increase access of diverse individuals and groups to development opportunities (World Bank Sectoral Analysis Sourcebook, 2003).

Gender and Social Inclusion

Nepal's rugged geography isolates many communities and can mean lengthy travel to get to health facilities. Access to high-quality health services is also restricted by such demand-side barriers as inadequate infrastructure, lack of transport, high cost of care, and poorly trained staff (ADB et al., 2011; Namasivayam et al., 2012).

The country's ethnic, religious, and caste diversity also presents significant barriers to delivering equitable and high-quality health services, as does gender inequality. Women and girls suffer low status and discrimination, as well as low educational attainment and household wealth status, which impede their access to information and ability to participate in household decision making, including decisions about their own health and well-being. Excluded groups, including Dalits, Terai, disadvantaged Janajatis and Madhesis, and Muslims consistently have disproportionally low health indicators (Bennett et al., 2008) and experience inequality in access to healthcare.

In light of these challenges, the government has prioritized mainstreaming gender equality and social inclusion (GESI) into the country's health policies, programs, and plans to improve the quality of and equitable access to health services for all. The 2009 Health Sector Gender Equality and Social Inclusion Strategy, which focuses broadly on the whole health system, aims to make HFOMCs inclusive and equitable, hold local bodies responsible for participatory planning based on the needs and demands of target groups, and create trust and positive relations between healthcare providers and communities through regular meetings and other interaction. The strategy outlines tools, such as social audits and social mapping, that can be used to identify disadvantaged groups and hold health facilities accountable to communities. The Health Sector GESI strategy and related documents inform GESI mainstreaming efforts in the health sector.

The HFOMC Capacity Strengthening Program

In 2002, the government of Nepal launched a process for strengthening the capacity of HFOMCs to manage and govern local health facilities through the National Health Training Centre (NHTC). The NHTC developed and implemented what is now referred to as the Health Facility Management Strengthening Program (HFMSP) in 13 districts. The HFMSP consists of a package of interventions to develop the knowledge and skills needed by HFOMCs to manage and operate local health facilities.

The Benefits and Costs of Diversification

In scale-up terminology, the method of adding to an existing intervention is known as grafting or diversification: "testing and adding a new innovation to one that is in the process of being scaled up" (Simmons et al., 2010). Diversification is typically used when new needs or gaps are identified during the scale-up process, as is the case in Nepal.

One of the main concerns about diversification is the increased scale-up burden resulting from the addition of new components. Therefore, GPM and Suaahara will undertake efforts to retain scalability of the HFMSP through targeted and focused integration of GESI. During design and implementation of the intervention, GPM and Suaahara will carefully monitor and minimize additional costs and labor inputs needed to implement the HFMSP approach.

The interventions include capacity self-assessments, training, monitoring visits, review meetings, and promotional activities. So far, the HFMSP has achieved such improvements as increased revenues and greater levels of membership of Dalits and women (NFHP II, 2012).

Global evidence shows that supporting local health governance structures can be an effective strategy for improving service delivery and access to care (Brinkerhoff, 2011; Loewenson et al., 2004; McCoy et al., 2011). Studies and program evaluations across the globe have shown that local health committees are effective in managing and increasing access to and satisfaction with health services, particularly among the poor, leading to increased use of antenatal care, improved community health indicators, and extended outreach services to distant communities (McCoy et al., 2011).

Given the inclusive HFOMC structure and its mandate to ensure that health services are accessible to all, HFOMCs have the potential to play an important role in ensuring quality and equity in health services through broad social participation. Yet monitoring studies of internal HFOMC processes show that women and disadvantaged groups often do not regularly attend meetings and, when they do, seldom bring issues to be discussed (Suvedi et al., 2012). Disadvantaged groups and women are often not fully empowered to meaningfully participate in HFOMC processes and also suffer stigma and discrimination from higher-status groups that participate in HFOMCs. There is little evidence to suggest that HFOMCs are taking active measures to identify the needs of disadvantaged groups and to respond to those needs, or that they have the skills and tools to do so. In addition, mechanisms have not been established for use by communities to hold health providers accountable.

Strategic Approach

To achieve the goal of improving family planning and maternal and neonatal health outcomes among marginalized groups, the intervention seeks to strengthen the capacity of HFOMCs to address gender equity and social inclusion. GPM and Suaahara, in close collaboration with the government, are identifying and testing a scalable intervention to strengthen the knowledge, skills, and processes of the local health committees. The goal is to increase the committees' responsiveness to the needs of women and other marginalized groups and translate those needs into action to strengthen systems for improved responsiveness, oversight, and accountability.

To address the GESI-related gaps that have emerged, GPM and Suaahara are supporting the government to adapt the HFMSP to better integrate and operationalize GESI-related concepts, tools, and approaches.

From Governance to Health Services

Through development of monthly and annual workplans, HFOMCs establish programs and initiatives for improving delivery of health services. Below are some examples of how HFOMCs could translate greater awareness of GESI into improved equity in health programs and services:

- Mobilizing resources for an immunization outreach clinic in geographically isolated communities
- Responding to complaints about repeated stockouts of women's preferred contraceptive methods by regularly tracking supply
- Leading cultural sensitivity training for health providers to reduce discriminatory attitudes and behaviors
- Conducting community outreach campaigns to promote women's health as a right.

The adapted program will help HFOMCs apply participatory approaches and tools to identify the community groups that are not using health services, analyze the reasons for non-use, and then apply this information to develop programs and initiatives to reach excluded groups and increase their use of health services. The program will also help HFOMC representatives who are female or from historically marginalized groups develop the skills and confidence to participate in committee and decision-making processes.

GESI and Governance In Action

By providing training, planning, and monitoring tools for GESI at the community level, GPM and Suaahara are strengthening local gender and health governance systems. They also plan to develop a scalable model that can be rapidly mainstreamed within existing government programs and initiatives and scaled up nationally to ensure that women and other disadvantaged groups are empowered to meaningfully participate in committee meetings and decision-making processes, and that health providers are responsive to the needs of these community groups. A selection of the GESI and governance tools and approaches are described here.

Community Mapping

To ensure equity in health services, HFOMCs will conduct community mapping exercises to identify hard-to-reach community groups and households. The goal is to identify community groups and households that are not using health services, identify the barriers to using health services, and develop steps to overcome those barriers. Following a thorough and participatory mapping exercise, HFOMCs will be able to target and engage with excluded groups throughout planning, implementation, and monitoring of their programs.

Community Feedback Mechanisms

Community feedback mechanisms are an important aspect of participation because they provide a means for community members who might not otherwise have a voice to express their preferences, concerns, and ideas for improving health services. HFOMCs will use numerous tools to encourage community feedback on health services, including community discussion groups, citizen forums, and public meetings. The findings from these feedback mechanisms will inform development of a committee workplan to address the problems raised. In this way, the committee will be able to identify reasons for exclusion from health services and develop solutions to increase access to services.

Discussion groups will be used to explore the perspectives of women and disadvantaged groups on what constitutes high-quality healthcare and on the

strengths and gaps of health providers in meeting their quality standards. Issues may include provider attitudes, consistent supply of necessary medicines or equipment, cultural sensitivity of services, availability of health services, and time spent in the waiting area. The discussions will also explore other gender, social, and economic barriers to using health services, such as women needing permission to use family planning services, opportunity costs for traveling to a health facility, or norms that promote home deliveries. Community members from different backgrounds have varied viewpoints, needs, and preferences about accessing and using health services, so HFOMCs will target community members from diverse backgrounds, particularly those with low use of health services.

Throughout Nepal, Ward Citizen Forums (WCFs), which allow communities to voice their concerns and ideas about local issues to village development councils, are another mechanism for providing space for communities to participate in local health governance processes. GPM will collaborate with community mobilizers, who are responsible for raising communities' awareness of public resources and services and strengthening the capacity of individuals and groups to claim those services and resources, to mobilize mothers' groups and other community groups to participate in WCFs and pressure HFOMCs to be responsive to the needs of women and disadvantaged groups. Similarly, women representatives and representatives of disadvantaged groups will be coached on how to voice their preferences to influence HFOMCs, WCFs, and other community-level entities and participate in the decision-making processes of the committee.

Accountability Tools

Holding health providers accountable for meeting the needs of marginalized groups is an important aspect of governance. HFOMCs conduct routine monitoring of health facilities and health providers. Using updated supervision tools, HFOMCs will also monitor GESI-related indicators, such as whether women and disadvantaged groups receive timely and thorough services according to health service standards, are treated respectfully by health providers, and are satisfied with the services they receive. The supervisory tool will provide a mechanism for HFOMCs to provide feedback to health providers on their performance in promoting GESI.

In addition to adapting supervisory tools for health facilities, HFOMCs will institutionalize a process for providing quarterly progress updates to communities on actions they've taken to address community concerns and preferences. Equipping HFOMCs with tools to be more transparent about their programs, budgets, and progress will help provide communities with the information they need to hold HFOMCs accountable to the commitments they've made.

Evaluating Governance Outcomes

Under GPM, MEASURE Evaluation will design a mixed-method impact evaluation of the intervention to understand the impact of GESI-integrated capacity-strengthening HFOMC activities on access to maternal and child health and nutrition services. In addition to health and service outcomes, the evaluation will measure key governance outcomes associated with voice, accountability, and transparency and, particularly for HFOMC members, will examine GESI-related outcomes. The quantitative, quasi-experimental component of the evaluation requires baseline and endline household surveys in the same control and intervention communities. The difference-in-difference technique and/or propensity score matching methods will be used to estimate the program impact.

The qualitative component will allow the evaluation to gain a more in-depth understanding of the impact of the intervention to capture the unintended, indirect effects of the intervention, and to better assess the quality and character of the intervention implementation. It will involve work with HFOMC members and health facility staff and clients in intervention areas. The results are expected to be available in late 2015 and will be used to inform the government's plans for consolidating, expanding, and institutionalizing the HFOMC capacity-strengthening program nationally. The Health Policy Project/MEASURE Evaluation's GPM program will also ensure that the results are shared at the local level with participating HFOMCs, health facilities, and communities.

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