# Evaluation Study of Decentralized Health Facilities in Nepal

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**Background**

After the enactment of Local Self Governance Act (LSGA) and its regulation 1999, Government of Nepal decided to decentralize management responsibility to its lower authorities. Although the government and its stakeholders who are involved in health sector decentralization have produced different studies, the comprehensive study covering the wider community coupled with literature review, self-observation and alongside the international experience was yet to be carried out. It was realized that a review of all related documents on decentralization of health facilities and handover status with the verification of SHPs with empirical data need to be carried out. This study is the one that has been carried out to realize those needs.

**Methods**

Retrospective review coupled with cross sectional descriptive study was conducted. Information was basically collected from primary sources while literature review served the secondary source of information. Purposive sampling technique was applied putting the geographic regions into strata. Five districts, each representing each development region were selected. They were Jhapa, Lalitpur, Kaski, Banke and Kanchanpur. In-depth interviews and focused group discussions were carried out covering 30 SHPs (20% of the total handed over SHPs). Besides, on-site observation of few SHPs per district was also carried out. The data received were triangulated with other respondents. For in-depth interviews, key informants of central, district and village level were contacted. This research also reached out to the health management committee, SHP In-charges and exit clients level.

**Results**

All categories of respondents and Sub-health post stakeholders were found positive towards the current effort of government in decentralizing its health services to local communities and emphasized the need of decentralized management of health services. However, this has also many weaknesses. Such weaknesses were found to be related with policy, process and most importantly with the mentality shift. The role at managerial level were found to be somewhat functioning. The health workers were not committed and motivated, health facilities lack required necessities, and there was no proper mechanism for staff professional development. Supply systems have always suffered from weak management. At the client level, very less amount of work was done to improve their service utilization part.

**Conclusions**

The effort of government to decentralize its health services to local communities is most exciting and encouraging thing. In order to exploit the potentials of the decentralization in a full manner, the government, in particular the Ministry of Health and Population should document the impacts to date, learn from its experience and must demonstrate commitment to decentralization endeavors.

**Keywords:** community; decentralization; health facilities; local self governance act; sub-health posts.