



# **Performance of Health Facility Operation and Management Committees (HFOMCs) in Nepal: A Self-evaluation study**

**Presented By**

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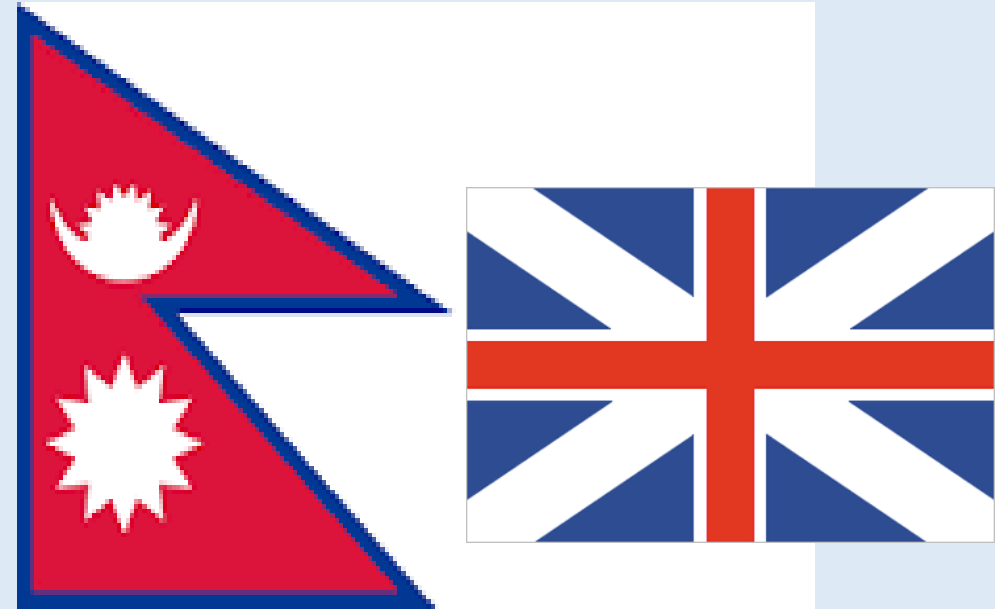
**11<sup>th</sup> April 2025**

# Impact of Federalization in Nepal's Health System – research project

- Funding: Health Systems Research Initiative (MRC, FCDO, Wellcome Trust)
- Collaboration: Nepal -3, UK -4 institutions
- Multidisciplinary team/expertise
- Started April 2020- 2024

## Characteristics of the Study

- Multiyear longitudinal
- Participatory approach
- Mixed-method study

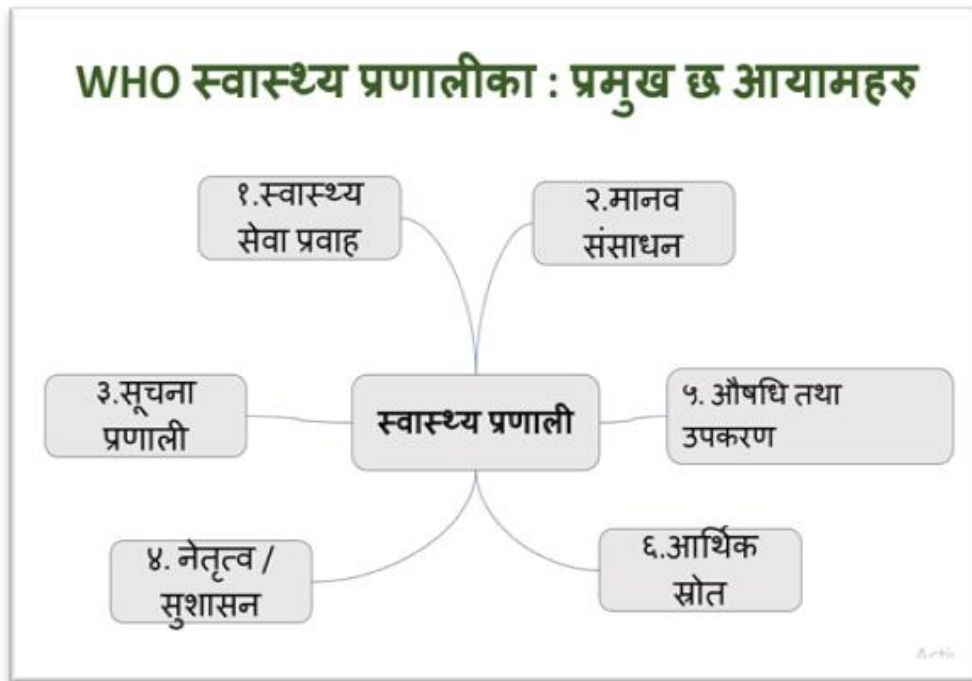


**Ethical Approval:** Nepal Health Research Council, University of Sheffield

# Research Question:

What is the impact of federalism on Nepal's health system (from the federal government to local service provision/all levels)?

## Area of Study



**Five  
priority  
areas  
for  
action**

**1: Building capacities  
for health system  
planning and  
management at local  
level**

**2: Improving the  
management, development,  
distribution and retention of  
human resources for health**

**3: Enhancing coordination and  
communication between  
different levels of government**

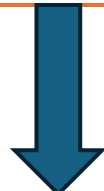
**5: Making and  
implementing  
legislation, regulations  
and policies**

**4. Collecting, sharing  
and utilising high-  
quality data to inform  
decision-making**

**Priority area 1: Building capacities for health system planning and management at local level**



**Activity 1: Capacitate local government on health system management, including services, HR planning, procurement, and finance**



**Research team felt need for assessing HFOMCs performance**

# Problem Statement and Rationale of the Study

- **HFOMCs** were created as local bodies to oversee health facilities in 2003 AD
- Their goal is to improve the **efficiency and responsiveness** of local health services (MOHP and BEK/NHSSP, 2023)
- Nepal's shift to federalism decentralizes health services, offering opportunities and challenges in local governance, management, and resource allocation (Wasti et al., 2023)
- Evaluating **HFOMC performance** is essential for evidence-based reforms to enhance health outcomes

- **HFOMC Guideline 2075** outlines their primary role in overseeing health facilities, ensuring efficient services with accountability and transparency (MOHP, 2018)
- HFOMCs face challenges like **inactivity**, **political bias**, and a focus on infrastructure over **service quality** (Fehringer et al., 2015; Morrison et al., 2020)
- Despite being central to decentralized governance, evidence on **HFOMC functionality** across different regions in Nepal remains limited
- This study **evaluated HFOMC performance** through self-reported assessments in diverse ecological and socio-political contexts

# स्वास्थ्य चौकी संचालन तथा व्यवस्थापन समितिको गठन संरचना

## : (७ सदस्यीय)

	महारउपरनगरपालिका प्रमुख र गाउँपालिकाका अध्यक्ष	संरक्षक
१	महा/उप/नगरपालिका/गाउँपालिका भित्र पर्ने स्वास्थ्य चौकीमा अवस्थित वडाको प्रमुख	अध्यक्ष
२	समितिले मनोनित गरेको निर्वाचित महिला सदस्यहरूमध्येबाट एक जना	उपाध्यक्ष
३	स्वास्थ्य चौकी रहेको क्षेत्रको विद्यालयका प्रमुख/प्राचार्य मध्येबाट एक जना महिला	सदस्य
४	स्थानीय व्यापार संघको प्रतिनिधि एकजना	सदस्य
५	समितिबाट मनोनित स्वास्थ्य क्षेत्रको जानकारी महिला स्वास्थ्य स्वयंसेविकाहरू मध्येबाट एकजना	सदस्य
६	वडा कार्यालयका अधिकृत	सदस्य
७	स्वास्थ्य चौकी प्रमुख	सदस्य सचिव



# OBJECTIVES OF THE STUDY

Assess the performance of HFOMCs based on institutional capacity and committee empowerment, health facility management, and the status of health services

Identify strengths, challenges and areas of improvement for management of HFOMCs

# Methodology

- Cross-sectional study; Part of a larger longitudinal project evaluating the impact of federalization on Nepal's health system ([www.nepalfederalhealthsystem.com](http://www.nepalfederalhealthsystem.com))
- Two local areas per district were selected to ensure both urban and rural representation
- 
- Late 2023 (November-December) across 64 HFOMCs

**Nawalparasi District (Lumbini Province):**  
Ramgram Municipality (urban) and Susta Rural Municipality (rural) representing Terai region

**Sindhupalchowk District (Bagmati Province):**  
Chautara Sangachowkgadhi Municipality (urban) and Panchpokhari Thangpal Rural Municipality (rural) representing Hilly region

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**Mugu District (Karnali Province):**

Chhayanath Rara Municipality (urban) and Mugum Karmarong Rural Municipality (rural) representing Himalayan region

# Data collection method and analysis

- Data collection tool: Government of Nepal's HFOMC Self-Evaluation Tool with **51 indicators**, assessing three key components,
  1. **Institutional capacity & committee empowerment**
  2. **Health facility management, and**
  3. **Health services status**
- **Self-reported performance:** Based on consensus from >50% of committee members, reflecting collective strengths, limitations, and improvement areas
- Designed to ensure **accountability, transparency**, and identify **gaps** in governance and service delivery (Ministry of Health and Population, 2018)
- Descriptive statistics to summarize findings

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तयार गरिएको नमुना कार्यविधि  
(Health Facility Operation and Management  
Committee- A reference guideline for local level)

२०७५

# OVERALL FINDINGS

Overall performance score across all HFOMCs = 73.9%, indicating moderate functionality

Nawalparasi West performed the best (77.6%), followed by Mugu (73.1%) and Sindhupalchowk (70.6%)

Local level performance ranged from 81.9% in Panchpokhari Rural Municipality to 52.1% in Mugum Karmarong

Variations highlighted inconsistencies within and across districts, pointing to localized factors that influence committee functionality

While Sindhupalchowk scored the lowest overall (70.6%), its rural municipality Panchpokhari had the highest local score (81.9%)

Functionality is not just determined by district-level leadership but is also strongly influenced by local factors such as governance, resource availability, and geography

## KEY STRENGTHS AND CHALLENGES: HFOMC SELF-EVALUATION BASED ON THREE COMPONENTS

01

### Institutional Capacity and Committee Empowerment

- High participation of women and marginalized communities (96.9%)
- High meeting attendances (96%)
- Weak transparency (only 46.8% publicly displayed progress reports and just 42.1% displayed their annual action plans)
- One-fourth HFOMCs do not held meetings regularly

02

### Health Facility Management

- Strong coordination with local government (95.3%) but significant operational challenges
- Inadequate infrastructure management (53.1%)
- Only 37.5% developed structured supervision plans
- Supervision of health staff and community health volunteers (32.8% and 46.8% of HFOMCs respectively)

03

### Status of Health Services

- Antenatal care (89.1%)
- Immunization (81.2%)
- Iron-folic acid supplementation (92.2%), and
- Availability of family planning commodities (96.9%)
- Presence of Skilled Birth Attendant during deliveries (29.7%)

# RECOMMENDATIONS



Ongoing capacity-building to empower local representatives and orient newly elected soon after election



Establish formal systems for monitoring and evaluating health services and human resources for health



Critically analyse and prioritise the budget based on need for infrastructure development

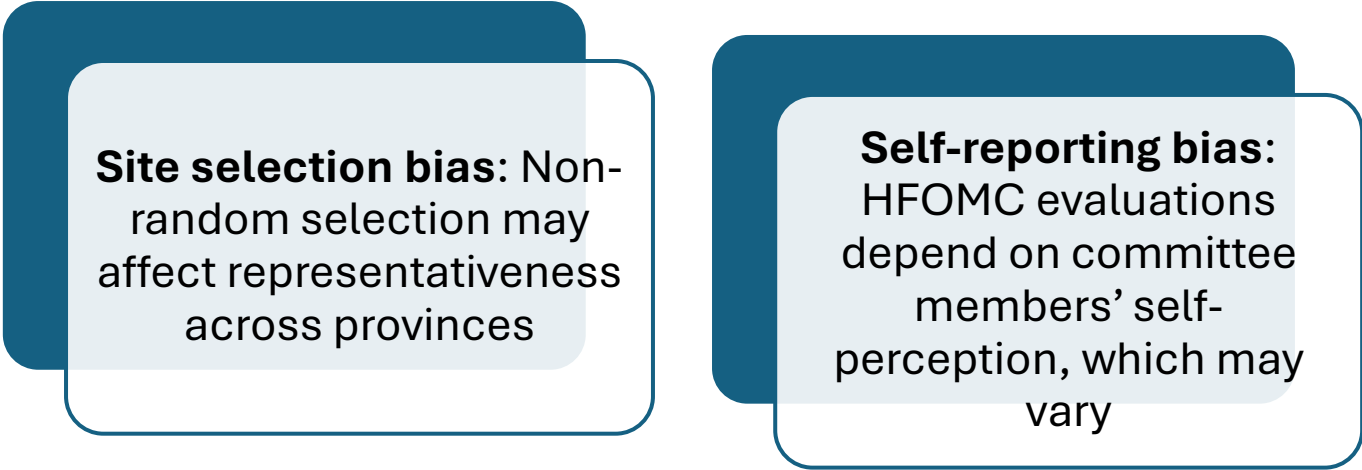


Ensure complete adherence to HFOMC formation guidelines



Promote transparency by making progress reports publicly available to build community trust and accountability

## POTENTIAL BIAS OF THE STUDY



**Site selection bias:** Non-random selection may affect representativeness across provinces

**Self-reporting bias:** HFOMC evaluations depend on committee members' self-perception, which may vary

## FINANCIAL SUPPORT

This study is part of a broader research project funded by the **UK Medical Research Council, Economic and Social Research Council, Foreign Commonwealth and Development Office, and Wellcome Trust** (Grant Ref. MR/TO23554/1)

More information:  
[www.nepalfederalhealthsystem.com](http://www.nepalfederalhealthsystem.com)

# CONCLUSION

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**Weak governance practices** (irregular meetings, poor transparency, lack of follow-up on action plans) undermine HFOMC effectiveness, despite efforts at inclusivity and strong coordination post federalisation

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Though the **self-evaluation format** introduces potential bias, but the challenges highlighted in self-reported data emphasize the urgent need for attention to prioritise strengthening and sensitizing HFOMCs on each local level health planning

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Committees require both **capacity** and a supportive **environment** to effectively translate intentions into impact



# ACKNOWLEDGEMENT

- Heartfelt appreciation to all the HFOMC members of Nawalparasi West, Sindhupalchowk and Mugu districts for their active contributions, dedication, and consent to provide data for the study
- Equally grateful to all six local levels, municipality offices and their health section for their invaluable support and contributions

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FOR YOUR KIND ATTENTION