



# PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

## BUILDINGS THAT WORK FOR HEALTH SERVICES

*Improving quality of services and saving money*

- » Apart from personnel costs, building construction and maintenance comprise the largest budget item in the health sector
- » Without well maintained, good quality buildings, quality of health care suffers
- » Many health facilities are in poor condition, badly located and lacking in basic services such as clean water and effective sanitation
- » Older facilities are often not fit for purpose as their designs do not meet the needs of modern health services
- » In the past, construction work carried out for the health sector has not taken into account the specialised needs of health services, which are quite different from those of other public buildings

### The Story So Far

In recent years new systems have been put in place to address the poor quality and condition of many health facilities and ensure new buildings are of a high standard. An added benefit is significant cost savings in building work and service provision.

- » **Standard integrated designs** are now used for all new health facilities, including specialised hospitals. This reduces individual design and building costs and makes health services more efficient, as patients and staff can move more quickly between the places they are most likely to need and the facilities are easier to keep clean.
- » **E-bidding** is now used for all bids submitted for civil works, making processes more transparent, giving all potential contractors a fair chance to bid and reducing the scope for cartelling and other unfair practices. This has resulted in a trend towards lower bids, by as much as 25% to 30%, as contractors try to secure the work without knowing what others are bidding.
- » **The Health Infrastructure Information System (HIIS)** is being updated to include more detailed spatial data on buildings, such as location, geographical orientation, accessibility, catchment and proximity to other facilities and population centres. This makes it easier to decide whether a facility should be upgraded, expanded, closed or moved. It will also support monitoring of construction, upgrading and maintenance work and promote financial transparency. As it is web based, the HIIS can be updated from the centre or districts.
- » **The Repair and Maintenance Strategy (2008)** is based on the concept of regular, planned maintenance to keep buildings in good condition, rather than allowing them to deteriorate to the point where major work is required or the building becomes unusable.



Western Regional Hospital

## How this was Achieved

The Ministry of Health and Population (MoHP) worked closely with the Department of Urban Development and Building Construction (DUDBC), the body responsible for all government construction work, to develop new systems and approaches that meet the particular needs of the health sector. This helped DUDBC to learn about health related technologies and enabled MoHP to understand the realities of building work. Communications with local partners, such as communities, building contractors, health managers and staff, have been enhanced to ensure their full participation and a final product that local people and health workers are happy with – a quality building in a convenient location.



Labour Room Western Regional Hospital

## Impact: Better Services at Lower Cost

Benefits of the new systems include:

- » Standard health facility designs that are cheaper to build and operate, and provide a better service environment - more efficient designs save health staff time, reducing the cost of service provision and improving quality and cleanliness
- » Greater transparency through e-bidding opens up work to a wider range of contractors and supports award of contracts on the basis of technical merit and fair cost estimates; potentially achieving better quality work at lower cost
- » Improved contract management processes, with better communications, participatory decision making and effective monitoring, help to ensure a

better final product; a health facility that is owned by the community and more likely to be used

- » More appropriate selection of sites for new health facility buildings, upgrading or repair/ maintenance work, ensuring limited budgets are used to best advantage
- » Regular maintenance to keep buildings in good working order and avoid wasting money on the major repairs needed when a building has been allowed to deteriorate seriously.

Overall, these benefits translate into a better service environment, resulting in a positive feedback loop of raised staff morale and increased job satisfaction, improved reputation of the facility within the community and greater utilisation. Money saved can be used to provide additional services and undertake other improvements.

## Next Steps

- » A phased master plan has been developed for conversion of all existing health facilities to the standard designs. A new guideline will further enhance coordination between MoHP, DUDBC and the local contractors, communities and health staff.
- » E-bidding is currently limited to e-submission for national competitive bidding, and a study is under way to assess its performance and make any recommendations needed for improvement. Following this the system will be extended to cover preliminary qualification, the next stage of processing, entailing selection of eligible bid documents for further evaluation.
- » The existing repair and maintenance plan will be updated and upgraded to be GIS based, linked with the HIIS. Work progress will be entered into the system at district level, enabling the Finance Section to easily monitor progress and release further budget instalments accordingly. Progress reports can be taken directly from the system as required, saving on monitoring costs.
- » A system for regular updating of the HIIS by districts will be put in place, which will automatically update the procurement plan and generate the regular civil works progress reports required by World Bank and MoHP. Data on existing equipment availability in each facility can be updated in the same way.

NHSSP (Nepal Health Sector Support Programme) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since its inception in January 2011, NHSSP has facilitated a wide variety of activities in support of the NHSP-2 objectives, covering health policy and planning; human resource management; gender equality and social inclusion (GESI); health financing; procurement and infrastructure; essential health care services (EHCS) and monitoring and evaluation. For more information visit our website [www.nhssp.org.np](http://www.nhssp.org.np)