**Format forthe Mid Term Evaluation of the Achievement of Sector Outcomes of the Strategic Action Plan (2009 – 2013) of the Government of Maldives**

*(Affordable and quality health care for all)*

1. **Sector Overall Progress (500 words)**

***{A description of the extent to which the Sector Outcomes as specified in the policy goals were realized in the period under review}***

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| Strengthened health promotion, protection and advocacy for healthy public policies:  In order to strengthen health promotion, Nationwide campaigns have been carried out through various public health programs and community awareness programs conducted related to public health issues (including Communicable diseases, non communicable diseases, maternal and child health, environmental health). Tobacco bill was passed by the parliament and regulations are being formulated. Developed micronutrient policy, National strategy for Active and Healthy Ageing, Antenatal and postnatal care protocols for nurses.  In addition, awareness programs were conducted on food safety regulation and standards for industry, consumer and other relevant people. Registration and inspections of food establishments is ongoing. Also, MFDA has been managing and coordinating food safety policies and projects (WHO FOS food safety program, counterpart for SMTQ project).  In 2009, with the assistance from Turkey, health care workers were trained in the area of reproductive health, maternal nutrition and swine flu for pregnant and reproductive aged women. With the assistance from WHO, health promoting and sensitization programs were conducted. SAARC assistance was given for the project on strengthening maternal, child health and immunization including plans to develop new born care units, new born stabilization units and new born corners in all health facilities.  Ensure easy access to quality and modern healthcare services for all:  To provide affordable health care for all, Universal Health Insurance Scheme ‘Madhana’ opened for all citizens in 2009 (66504 people, 31% of the population currently covered under the scheme. Madhana plus (accessing health care from selected International Hospitals) introduced in January 2010, 1887 people registered in this scheme. In January 2012 Aasandha scheme for all has been introduced to all hospitals in Maldives and slowly it is implementing to clinics as well.  Access to essential health services increased through Telemedicine Technology which was introduced to the Maldives in 2009. Currently this service is provided in 39 islands. Several donor assistance is incorporated in the establishment of telemedicine, including khaleefa foundation aid for kiosk project, world bank funded IHDP telemedicine component and Dhiraagu grant aid G.Dhthinadhoo telemedicine project.  Project on establishment of community pharmacies in access is hoped to be major breakthrough in efforts to provide easy access to health care services. World bank funded community pharmacy policy was endorsed in 2009 and currently 11 contracts signed and 09 community pharmacies exist.  Build a competent and professional health service work force:  Efforts to build a competent, professional health service work force, capacity building programs conducted on doctors, nurses, health care workers and other administrative staff.  Continuous professional development of Health care workers on topics on RH counseling, essential new born care, breast feeding counseling, management of pregnancy, childbirth and newborn, growth monitoring, gender based violence, communicable diseases management and surveillance, non-communicable diseases including tobacco cessation etc.  140 completed short term trainings in the areas of health management, health care waste, social protection, food safety, nursing/medicine, health promotion, health care financing, quality management and project management (2010)  Sent 15 (Currently 89 students are undertaking various trainings abroad. 17 were send from January to September 2011) in the areas of management, general medicine, specialty, sub-specialty, public health, food sciences, psychology, biomedical engineering, counseling and primary health care management. Health law and human sciences. 17 students returned after completing studies.11 returned after completing long term studies, from January to September 2011. 40 students undertaking nursing (long term diploma) in FHS (2010).  In order to build competent health professionals in the sector, several donor agencies have given assistance by providing financing and technical guidance. Such include assistance from Caritas Italiana, IDB fund, Saudhi fund, khaleefa foundation and WHO.  Build a culture of evidence based decision making within the health system:  Online application of the vital registration system started 2010 in IGMH and data entry to the birth component of the online system done by labor room staff after the birth. However, death component is not fully functional due to limitation of resources and full implementation of delayed due to unavailability of facilities in IGMH. Also, in 2010 implementation was initiated in Hithadhoo Regional hospital on trial basis. The main issue in implementing the service in other hospitals in on pending due to non-availability of network connections for the system.  In 2010, an assessment on the VRS was underway which include assessment of the overall performance of the system based on the WHO guidance tool, a validation study on the reporting cause of death and study on completeness of VRS.  The preliminary report of the Maldives Demographic Health Survey was compiled and first Demographic Health survey was conducted.  Established Logistic Management Information System for management of contraceptives and contraceptive forecasting  Functional Analysis of Reproductive Health Services was conducted  Social mapping of Most at Risk Population for HIV/AIDS done  Medical Record Officers at all hospitals were given Health Information System training in 2010 and 11 staff from NHL were trained under IDB (TA-for upgrading national health laboratory project)  Establish and enforce appropriate quality assurance and regulatory framework for patient and provider safety:  Mechanism established for reviewing medico legal cases and addressing patient safety issues. To achieve the MDG goal 5, reviewing of all the maternal deaths and 8% of perinatal / neonatal cases reviewed in the year 2010 and recommendations sent to the concerned persons and health facilities. The alleged cases of medical negligence investigated- approximately 63% were reviewed, whereas, the rest is in progress.  Inspection of health facilities were conducted for all private allopathic and traditional/alternative clinics in Male’ with a total of 84 inspections in 2010. Allopathic health facility regulation drafted, traditional and alternative medicine committee re-nominated.  Three staffs from Quality Assurance and Improvement division was trained as lead auditors for quality management system and in the year 2010 service interruption audit was conducted for tertiary and secondary hospitals.  In 2009, NHL microbiology laboratory was approved ISO-17025 accreditation. Furthermore, selected chemical analysis were accredited on 2010  Enhance emergency response capability of health systems:  In 2009 tsunami Sop was developed for the health sector in central level with assistance from UNDP. Protocols and guidelines were prepared for influenza A (H1N1) and awareness campaigns conducted on influenza A (H1N1) at national level. During the influenza outbreak in 2009, temporary quarantine facility with necessary equipment was established in Hulhumale’ hospital.  Nationwide early warning system in place and functional for public health emergencies.  Conducted Training workshop on community based disaster risk management and Training of Trainers on emergency fist aid. |

* 1. **Progress on Key Sector Outcomes**

***{For each sector outcome briefly describe the achievement made and the extent to which implementation was carried out as envisaged by the Strategies / Intervention List of the SAP. If there were any deviations what were they and the causes}***

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| Outcome | | Progress | Issues |
| 1. | Strengthened health promotion, protection and advocacy for healthy public policies | * Nation wide campaigns have been carried out in different public health programs e.g. Nutrition reproductive health etc. * Ongoing community awareness programs conducted related to public health issues * Breast milk substitute code introduced. * Tobacco control Act passed and some regulations under it are being enforced, while the rest are being formulated. * Food bill translated into Dhivehi. Awareness created on enforced food regulations. Received stakeholder comments and sent to AG office * Initiated registration of food establishment (5%) * 100% inspection of food establishments in Male',hulhumale,vilingili and its registration * 100% registration of fishing vessels (export) * 70% registration of food facilities and local food products * The establishment of risk assessment and monitoring unit in MFDA * risk assessment system in place * Monitoring 100% of the locally processed food products on a risk basis * -workshops conducted on risk assessment and formulation of a system to monitor risk assessment * Conducted risk assessment study in local market (Male') * With the assistance from Turkey, health care workers were trained in the area of reproductive health, maternal nutrition and swine flu for pregnant and reproductive aged women. * 8 Corporations formed. * Workshop held to review the existing health master plan (2206-2015) with all the relevant stakeholders and revised version sent to NPC for endorsement. * Workshop conducted on Health sector reform, decentralization and corporatization of health and family services. | - Deterioration of delivery of PHC and hence community participation due to emphasis on curative care.  - Shortage of skilled local health professionals at all levels of health system.  Inter sectoral coordination (integrated vector management, solid waste management, safe water, climate change adaptation)  - Limited number of active NGOs working on specific health issues/limited capacity of NGOs and private sector |
| 2. | Ensure easy access to quality and modern healthcare services for all | * 22% of the population currently covered under Universal Health Insurance Scheme ‘Madhana’ * Madhana plus was introduced and 1887 people registered in this scheme. * Public health bill currently in parliament committee stage. * Telemedicine units established in 4 islands. * Community pharmacy contracts signed for 11 islands, 9 community pharmacies exist. * At National Blood Transfusion Services (NBTS) blood collection started. * Conducting blood camps both in Male’ and nearby islands. * ECI Immunoassay Analyzer (for TTI screening) installed in 1st week of Feb 2012 * Conducting blood camps with the help of private companies (resorts, hotels in Male, NGOs…etc) | -Lack of integrated targeting mechanism for vulnerable groups  - Lack of enough space at NBTS premises.   * Not able to give service due to delay in procurement of consumables * Working with ‘zero’ budget for blood camps & hence face difficulties. |
| 3. | Build a competent and professional health service work force | * Work force plan draft was reviewed in 2010. * Capacity building programs for doctors, nurses, and health care personnel, administrative and other supportive staffs. * Continuous professional development of Health care workers and administrative workforce | - Skilled professionals in small islands are underutilized and inadequately sensitized to the changes in the demographic and epidemiological profile  - Lack of skilled local health professionals at all levels of the health system due to the absence of a well-defined human resource plan and limited training opportunities in the country  - Limited access to training opportunities abroad due to inadequate financial allocation.  - Difficulties in recruiting of health care professionals due to lack of incentives and a high rate of expatriate workforce |
| 4. | Build a culture of evidence based decision making within the health system | * Medical Record Officers at all hospitals were give Health Information System training (3 days) in 2010 * At IGMH all births are entered to e-VRS (estimated to be 1/3 of all births ) * IGMH &Hithadhoo Regional Hospital electronically linked to VRS * For archival of information, electronic database was developed for archiving research information and data * staff trained on NHA in 2011. * Non Communicable Diseases Database integrated into the hospital Information system in two islands (out of 4 focus islands) | Inadequate budget shortage of skilled staffs for inspection of health facilities at atoll level  The major issue in achieving the targets is lack of funds.  - No proper HIS mechanism and linkage of data systems  -limited capacity for data analysis at atoll level |
| 5. | Establish and enforce appropriate quality assurance and regulatory framework for patient and provider safety | * 12% of Inspection of all health facilities in Male’ and 3% at atoll level. * The alleged cases of medical negligence investigated- approximately 63% were reviewed, whereas, the rest is in progress. * 100% of all maternal deaths reviewed. * Mechanism established for reviewing medico legal cases and addressing patient safety issues. * Staff trained on conducting clinical audits * IGMH Lab & NHL microbiology accredited to ISO 9001 * Health service regulation sent to PG * Revised medicine regulation sent to parliament. * Allopathic regulation revised and sent to parliament –Gavaaidhu committee. | - Lack of a legal framework (Laws and regulations) to protect the patients and providers is leading to mismanagement of medico legal issues resulting in loss of trust and confidence in the health system  - Lack of standards, guidelines and operating procedures to regulate health facilities, services and health care providers  - Lack of capacity for monitoring, evaluating and auditing the quality of health service provision  - Lack of institutional mechanism for enforcing the legislation passed. |
| 6. | Enhance emergency response capability of health systems | * Early warning system for public health emergencies developed and in place * National health emergency operation centre established in 2009 for the H1N1 emergency. * Community awareness created on H1N1 * H1N1 vaccine provided for the vulnerable population * Conducted Training workshop on community based disaster risk management with a drill held on Laamugan, 45 participants attend.   Conducted Training course on Training of Trainers on emergency fist aid held Aa. Rasdhoo, 26 persons trained. | Lack of finalized emergency preparedness plan. DM bill still in AG. |

* 1. **Institutional Achievements in relation to the Sector Outcomes**

**{Briefly d*escribe the role of key institutions in relation to the key sector outcomes and their achievements*}**

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| Name of Institution(s) | | Major Responsibilities towards outcomes | Achievement |
| 1. | Centre for Community Health and Disease Control | Conduct disease control and prevention programs  Conduct Health promotion activities to improve the health and wellbeing of individuals and families  Development of regulations, guidelines on related health services and public health issues  Monitoring and supervision of related health services and public health programs | Facilitated to conduct all public Health programs nationwide  Conducted health promotion activities in all public health areas to general public, health care workers, students and at risk populations  Tobacco control Act has been passed in 2010.  Developed a national strategy of healthy and active ageing, micronutrient policy, management of pregnancy, childbirth and newborn  Several assessments have been conducted to monitor the progress of the programs/events  Developed a national action plan on health promotion  Developed national strategic plan on HIV/AIDS for 2013 - 2016  Protocols developed for nurses on ‘management of pregnancy, childbirth & newborn  Capacity building of health care providers on various areas related to public health & health services  Equipments sent to all hospitals to establish newborn care units in all health facilities   * Vaccine management * Nutrition * Maternal &child health * Environmental health * Communicable disease * Non Communicable Disease * Disease surveillance   Supervision and monitoring of public health related activities conducted at atoll and islands |
| 2. | Maldives Food and Drug Authority | * Setting up of the National policy and regulations, guidelines and standard and certification for the Food, drinking water, Medicine, and other pharmaceuticals, vaccines and other biological, medical gases and devices. * Monitoring and certification of the processing , storage of Food, drinking water, Medicine, and other pharmaceuticals, vaccines and other biological, medical gases and devices. * Import of the above mentioned products to Maldives and safe discard of those products * -Develop and regulate standards of imported, exported and locally consumed foods * -Develop and regulate standards of locally produced and imported pharmaceuticals, vaccines and other biological, medical gases * -Check and certify products, establishments and outlets * - Provide health laboratory service to the standard of a reference laboratory | Drafted and translated Food bill  - Registration of Food products and facilities  - Accreditation of the NHL laboratory to ISO 17025  - Full filling the EU Gaps.  -Revising the medicine regulating and getting the parliament approval.  - Draft Medicine Act and sent to AG office for translation.  - Pharmacy inspection of all pharmacies in Male’, Hulhumale; villingili and Hulhule.  - Draft regulation on regulating herbal medicines.   1. All Restaurants cafes and food outlets inspected, graded and register updated. 2. All SOPs for inspection and licensing for Restaurants cafes and food outlets developed 3. Risk based Inspection of all imported foods started from 1st Jan 2011, All SOPs developed and training provided to all staff. 4. Pharmacovigilance activities initiated and associate membership of WHO pharmacovigilance monitoring centre achieved. 5. Training of facilitators (3 months) on IPR and access to medicine. And sensitization of stakeholders. 6. Promoting Rational use of antibiotics initiated and Sensitization of health professionals conducted. 7. Product registration system for local food products establish and initiated 8. “Hikikandumas” Standard developed and finalized. |
| 3. | National Social Protection Agency | Strengthen the social protection system of the Maldives | Universal Health Insurance Scheme ‘Madhana’ opened for all citizens in 2009 (66504 people, 31% of the population currently covered under the scheme. Madhana plus (accessing health care from selected International Hospitals) introduced in January 2010, 1887 people registered in this scheme.  In January 2012, health insurance scheme in a new name “AASANDHA” was opened to cover all Maldivians. Social Health Insurance act ratified in 29th December 2011, which would further strengthen the scheme. |
| 4. | Health Information Project Monitoring and Coordination Section. | * To promote and develop a high quality approach to how we deliver services. * To ensure high quality customer standards are maintained through effective Monitoring Setting up of regulations, guidelines, standard and certification (good standing) / registration of health and social care professionals. * Monitoring and inspection and supervision of health and social care facilities. * Licensing and regulation of government and private health facilities. * Reviewing of cases through formed committees. | * 12% of Inspection of all health facilities in Male’ and 3% at atoll level. * The alleged cases of medical negligence investigated- approximately 63% were reviewed, whereas, the rest is in progress. * 100% of all maternal deaths reviewed. * Mechanism established for reviewing medico legal cases and addressing patient safety issues. * Staff trained on conducting clinical audits |
| 5. | Health Information Project Monitoring and Coordination Section | Preparation of medical records and documentation standards, monitoring, auditing, archive research information, strengthen policies on standardized medical records, prepare procedures and protocols to implement mortality and morbidity coding in hospitals and monitor progress, publish statistics, maintain local, regional and global statistics relevant to health sector | * Trained MROs at atoll hospitals * Started archiving of all research information and available data. * IGMH and Hithadhoo regional hospital are linked electronically to the VRS |
| 6. | Training Section | Maximize training opportunities in country and abroad, attract and retain competent local professionals in the health system. | Capacity building programs conducted for doctors, nurses, health care workers and other administrative staff. |
| 7. | Health Information Project Monitoring and Coordination Section | Coordination and monitoring of projects/programs, prepare mid term and annual reports on programs by UN/other foreign agency, Monitor all projects relevant to health sector and send reports to PO, With assistance from WHO monitor country cooperative strategies, preparation of project proposals, coordination of aid mobilization, preparation of work plans relevant to health centre, monitor foreign funds allocated for projects/programs, coordination of strategic plans relevant to health sector, Get inputs from department/sections and compilation of MoHF’s master plans and sector plans, monitoring sector plans and compilation of evaluation reports, assist in alignment of sector plans to the National Strategic Action Plan, Represent Maldives in international plans relevant to health sector and follow up, Assist department/divisions in compilation of cabinet papers on policies relevant to health sector, monitoring of corporations, coordinate drafting of policies/acts, Revision of policies, follow up and reporting | * Telemedicine units established in 3 islands under IHDP. * Telemedicine Kiosk units established in Thinadhoo donated by Dhiraagu. * Telemedicine Kiosk units established in 30 islands under UAE/KhaleefaZaid Bin Al-Nahyaan Foundation. * Foundation stone of Halfway House was laid by Vice President Dr. Mohamed Waheed Hassan Manik at Hulhumale’ under Caritas Italiana Project. * Foundation Stone of Maternity Waiting home at Kulhudhuffushi and Thinadhoo was laid by Minister Dr. Aminath Jameel under Saarc and Caritas Italiana Project Aid * NICU equipments under Saarc Maternal Project supplied to selected islands. * 2 staffs trained under WHO fund. * Training workshop of STATA was conducted for relevant staff of MoHF and DNP. * Training Workshop on Health & Human Right was conducted for relevant staffs of MoHF government Offices and Donor Agencies with assistance of WHO * Decentralization workshop was conducted for all Health Corporations and relevant government Offices and Donor Agencies with assistance of WHO and in collaboration with Local Government Institute/Bandos. * Loan Aid from Saudi and OFID fund to construct 100 bedded Hospital with Furniture & Equipment. * Loan from IDB to construct Isolation facility at Hulhumale’; includes civil works, equipment, Furniture, training and establish PMU. * Medical Equipment was donated by Korean Government. * Health Educational materials (delivery modules x 2) was donated by Medtech Maldives * Medical Equipments was bought under Indian Credit Scheme. * First Responders training with a drill was conducted in Male’ for volunteersof MRC with colobaration with MRC. * 8 Corporations formed. * Workshop held to review the existing health master plan (2206-2015) with all the relevant stakeholders and revised version sent to NPC for endorsement. Workshop conducted on Health sector reform, decentralization and corporatization of health and family services. * Community pharmacy contracts signed for 10 islands,9 functional pharmacies,11 community pharmacies exist * Thalasemia Control bill is in Majlis committee stage (2012) * Medical negligence Act has shared with DRP with the comments from MOHF. * Health Care Professional Act has been incorporated all comments from MoHF and sent to AGO * Health Service Act. Zero darft has been draft and shared for technical comments internally (2012) * Medical Device Act – first draft has been drafted |
| 8. | Disaster Risk Reduction Unit | Prepare disaster related plans and SoP, Coordinate and conduct awareness programs on community preparedness on emergency and disaster situations, Monitoring, assessing and give technical guidance on disaster preparedness in health facilities, conduct programs on disaster risk reduction. | Awareness campaigns conducted on influenza A (H1N1) at national level.  Nationwide early warning system in place and functional for public health emergencies.  Conducted awareness programs in national and island level. |
| 9. | National Blood Transfusion Services (NBTS) | * Promote voluntary blood donation to achieve 100% VNRBD. * Conduct blood camps, collect, test and process blood for transfusion. | * 36% VNRBD achieved * 24 blood camps conducted (both in Male’ & nearby islands) * 2012 January to March: 5 blood camps ; total 177 donated. |

1. **Overall Assessment of Sector Performance related to key aspects**

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| Operational Progress(300 words)  **{*Explain the Extent to which implementation was carried out as envisaged by the Strategies / Intervention List of the SAP. If there were any deviations why was this and what where they.*}** |
| Several campaigns have been carried out to strengthen health promotion. In addition, a mechanism is established for reviewing medico legal cases and addressing patient and provider safety. Ongoing cases are reported and reviewed and training given to health professionals in the sector. The main challenge to achieving this is the lack of legal framework to protect the patients and providers leading to mismanagement of medico legal issues resulting in loss of trust and confidence in the health system.  In efforts to establish standardized medical records system, 2 hospitals are linked electronically to the VRS and database is developed for archiving research information and data. However, due to limited capacity for data analysis at atoll level and inadequate budget slows down the process.  Also, the recent redundancy program on downsizing the public sector will also have a huge impact on the operational capacity of Mohf as it limits the human resources and might hinder in the process of achieving the outcomes. |
| Financial Performance (200 words)  **{*To what extent was the budget allocation utilized and if budgetary shortfalls were encountered what were the likely causes what impact did it have in regard to pursuing the Strategies / Intervention List of the SAP*}** |
| In every year detailed budget is worked out, to achieve the sector outcomes. However, approved budget for department/divisions is limited sometimes not sufficient to carry out the planned activities. The remaining activities are re-prioritized which have implications on achieving the outcomes identified in SAP. In addition, Budgetary short falls occurred during the government transition period, with funds release getting delayed at Moft.  Vaccine, contraceptives, vitamin A, chemicals for vector control and drugs for treatment of HIV,TB,malaria and filaria are procured through government funds and are adequate. However, funding for conducting trainings and public awareness programs are arranged through collaboration with UN agencies as government funding for these activities are insufficient. |
| Institutional Linkages (100 words)  **{If *any institutional linkages were expected to be developed during the implementation, to what extent were they achieved. If not what were the main causes and what was the affect on the implementation.*}** |
| * Technical guidance and support is provided by various sectors including, President’s office, Department of national planning, Attorney General’s office, Ministry of Economic development, Maldives water and sewerage company, Ministry of fisheries and agriculture, Ministry of finance and treasury, MRC, Health Corporations, Ministry of Education, Prosecutor General’s Office, Parliament, NGOs, JJU, Local Government Authority, Local councils, Ministry of Housing and Environment, Ministry of Human resources youth and sports, Civil Society, private sector and external organization (commonwealth, world bank and UN agencies). * Partnership with NGOs is not always successful, as government financial rules and procedures are not conducive to collaboration with the small number of active NGOs. |
| Sustainability (100 words)  **{*To what degree could the operational aspects; including institutional linkages if any can be carried forward and describe any essential criteria required to facilitate this*}** |
| In order to achieve the sector outcomes, maintain/improve the sector progress, MoHF will need to sustain the institutional linkages established and address the gaps. |

1. **Key Issues encountered**

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| *Institutional (200 words)*  ***{Discuss the Strategic position of the Lead Agency and how it affected the Implementation of Strategies/ Operational Performance}****:* |
| Major issues encountered consist for the implications on efficiency processes consist of health sector reformation (including administrative restructuring of MoHF, corporatization and decentralization). As a consequence of the major transformations and transitions, many of the project implementations have been delayed as it caused change in functions of the government ministries and departments. Due to the major reformations operational difficulties were faced at ground level in continuing with existing programs. Apart from the change in managerial and technical staff at all levels; major changes also occurred for the internal policies, procedures and protocols.  Lack of established legal frame work for health service delivery and quality assurance was a barrier to enforce quality assurance of the system.  Lack of standards, guidelines and operating procedures to regulate health facilities, services and health care providers as well as lack of institutional mechanism for enforcing the legislation passed.  The major difficulty face in ensuring the mandate of MFDA is lack of proper legal frame work addressing the food and medicine safety in the Country. The absence of such legal frame work hinders the regulatory function of the MFDA.  Successful implementation of some of the projects heavily depended on the inter-sectoral collaboration which was again not sufficient. There were also limitations due to inadequate technical and financial support for the projects.  It is noteworthy, that the periodical monitoring of the projects took place, yet there were no clear resolution for the ground issues and impeding factors for the actual project implementation.  Major health issues were additionally burdened by the challenges due to the socio-cultural transition and emerging issues such as substance use and related problems, non communicable diseases, mental health issues and gender based violence etc. There are no full-fledged programs to address these issues. Health care providers lack understanding and capacity to manage these issues competently in their working environment. Diseases and problems related to environmental health are also on the rise. |
| *Implementation (200 words)*  **{*Matters relating to implementation finances, human resources, monitoringand oversight*}** |
| One of the major issues encountered in implementation is the limited number of technical dedicated personnel working in the sector such as intheinspection and supervision of food and medicine as well as the lack of technical staff in the monitoring, evaluation and auditing the quality of health service provisions.In addition, one of the major functions in the sector is in monitoring the progress of project implementation, without adequate skilled staff working in this area is a major drawback, since without a good evaluation, areas to be improved cannot be identified easily.  The recent administrative restructuring of MoHF regarding corporatization and decentralization with staffs getting transferred and some revision to be made to the mandate. This again backlogged a lot of work. This issue was again made worse as a lot of staff from MoHF took leave under the Government redundancy program, leading to major challenges in meeting the deadlines and remaining staffs having to multi-task and not getting the opportunity to specialize in a specific area.  Another subsequent difficulty is the, procedure within the civil service and as well as in the MoHF, which makes it impossible to replace those staff who resign their job. Thus this leaves a severe shortage in the performance of the activity and delays in the implementation of the work.  Another factor is the issue with the budget controls made by MoFT, which leads to implementation of the projects getting delayed. We hope that with the recently introduced budgeting, more priority will be given to achieving the outcomes and required funds allocated to the activity.  During the process of implementation of VRS in hospitals several issues are encountered such as death component is not fully functional in IGMH due to limitation of resources and full implementation of delayed due to unavailability of facilities. The main issue in implementing the service in other hospitals in on pending due to non-availability of network connections for the system.  Internal procedures and government procedures, though in place to facilitate, sometimes takes valuable time and energy to navigate.  Inadequate working condition for the staff within the sector makes the situation further difficult. Eg; break down of the Air conditioner, no proper work station for staff. |
| *Environmental :(100 words)*  **{*Environmental 9including Operational aspects) aspects which were encountered and need to be addressed*}** |
| * Emerging issues such as climate change and its impact on human health * Urbanization and its consequent health effects * Capacity building of staff for relevant areas such as health impact assessments * Capacity building of staff for relevant areas such as risk assessments and monitoring of regulatory work. |
| *Political(100 words)*  **{*Political considerations encountered and to be addressed*}** |
| Conflicts due to major transitions within the sector due to corporatization and decentralization contributed to subsequent changesto be made to the sector mandates and transfer of human resource. Thus leading to slow implementation as a lot of time was taken for the proper functioning of the processes with awareness programs conducted to address the issues which arose regarding decentralization and corporatization.  Staff redundancy was another issue which immensely slowed down implementation of various programs due to limited human resource. |
| *Socio/ Cultural(100 words)*  **{*Socio Cultural considerations encountered in respect of operation and implementation*}** |
| * Fluctuation of inflation * Drug abuse related problems, Violence * Change in religious beliefs * Community sensitization on individual rights * Congestions and related issues * Increase in Expatriate workforce |
| *Gender (100 words)*  **{*Gender related issues encountered during operation and implementation*}** |
| * Gender based violence, abuse at workplace. * Gender Equality/Gender mainstreaming policy of the government of Maldives was finalized and endorsed by the cabinet; however the policy is not implemented at sectoral levels. * Certain job opportunities are not given to women or men refuse to attend to some works. * Lack of sensitization, understanding and related issues of Gender at policy level have a major impact on implementation of gender related activities. * Gender gaps in the sectoral action plans. |
| Statistical and Data Collection (100 words)  **{*All the data sources used. Other factors which surfaced in the operation and implementation*}** |
| MDHS, MICS, CCHDC program records, VRS, BBS.  Limited human resources to undertake research and data collection, hence hinders in achieving the sector outcomes. |

1. **Lessons Learnt (300 words)**

**{Discuss the Lessons Learnt in the process of carrying out interventions relevant to realization of the Sector Outcomes as specified in the SAP. Focus on the involved agencies and other stakeholders (including beneficiaries) and their willingness and capability to continue the interventions. If not what additional measures would need to be taken to strengthen them}**

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| Lack of trained and dedicated staff in the institution is a challenge as well as since most of the staff have to multi task and are not specialized in a specific area, it leads to delays in meeting the deadlines, and thus the performance of the staff is not up to the expected level.  To achieve the outcomes specified in the SAP, activities are aligned to policy/strategy in budget planning every year. However, the limited fund received from government due to budget controls is not sufficient to carry out the activity and achieve the outcomes.  It was also evident that lack of finalized plans and legal framework did hinder achievement of outcomes. |

1. **Partnerships (200 words)**

**{*Describe any partnerships established with a donor, private sector of civil society organization to achieve an outcome(s)*}**

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| CCHDC, in partnership with WHO, UNICEF, UNFPA,UNDP, GFATM and World Bank (through IHDP) gets technical and financial assistance to conduct public health related acitivities. Procurement of vaccines,contraceptives and TB drugs takes place through UNICEF, UNFPA and GDF respectively (though paid by the government) which ensures that the vaccines and drugs received are of good quality and cost less.  In order to build competent health professionals in the sector, several donor agencies have given assistance by providing financing and technical guidance. Such include assistance from Caritas Italiana, Khaleefa foundation and WHO.  In 2009, with the assistance from Turkey, health care workers were trained in the area of reproductive health, maternal nutrition and swine flu for pregnant and reproductive aged women. With the assistance from WHO, health promoting and sensitization programs were conducted. SAARC assistance was given for the project on strengthening maternal, child health and immunization including plans to develop new born care units, new born stabilization units and new born corners in all health facilities. World bank funded integrated human development project focused on 4 sub components under health services component; rationalizing care for non communicable diseases by developing standard treatment protocols and standard operating procedures, telemedicine, community pharmacies and nutrition.  World bank funded community pharmacy policy was endorsed in 2009 and initial works started in 2010 and 10 contracts signed.  Khaleefa foundation funded telemedicine kiosk project concept developed and MOU signed. Also, world bank funded IHDP telemedicine project initiated in 2009. Dhiraagu grant aid G.DhThinadhoo project was developed in 2010. Dhiraagu and US company;AMD Solution signed the agreement to carry out this project in 2010.  From Turkey assistance project on hospital requirement on necessity basis both surgical and medical was initiated in 2009. Funding was provided by Libya government for project on upgrading k.maafushi health centre. |

1. **Follow-up Actions & Recommendations (400 words){Recommendations for strengthening, reorienting and/or revising the implementation mechanisms and strengthening the key agencies and other stakeholders for achieving Sector Outcomes in future periods}**

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| * Managerial decisions to lead and coordinate * Provide required human resource for inspection and supervision of health facilities, monitoring of programs/projects * Evaluate internal quality system and strengthening the existing system. * Maximize training opportunities and focus on producing HR workforce specialized in specific areas. * Sufficient funding and resources to be provided for prioritized activities to achieve the sector outcomes. * Legal frameworks finalized and implemented to strengthen MoHF’s functions. * Proper Planning and monitoring of the SAP annually. |

**Name of Officer:** Mariyam Raufa

**Designation:** Senior Project Officer

**Date:** 1st April 2012