NHSSP Nepal Health Sector Support Programme

Nepal Health Sector Support Programme

Quarterly report

Reporting Period: July – September 2012

Contents

Acronyms

4ANC	Four Antenatal Care Visits
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AWPB	Annual Work Plan and Budget
BCC	Behaviour Change Communication
BEONC	Basic Essential Obstetric and Neonatal Care
BIA	Benefit Incidence Analysis
CAC	Comprehensive Abortion Care
CAPP	Consolidated Annual Procurement Plan
CB-IMCI	Community-based Integrated Management of Childhood Illnesses
CE	Capacity Enhancement
CEONC	Comprehensive Essential Obstetric and Neonatal Care
CHD	Child Health Division
CS	Caesarean Section
D(P)HO	District Public Health Office(r)
DFID	UK Department for International Development
DG	Director-General
DHO	District Health Office(r)
DoHS	Department of Health Services
DSF	Demand-Side Financing
DUDBC	Department of Urban Development and Building Construction
e-AWPB	Electronic Annual Work Plan and Budget
EAP	Equity and Access Programme
EDP	External Development Partner
EHCS	Essential Health Care Services
EOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunisation
ERHD	Eastern Region Health Directorate
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FM	Financial Management
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FP	Family Planning
FY	Fiscal Year
GAAP	Governance and Accountability Action Plan

GBV	Gender-Based Violence
GESI	Gender Equality and Social Inclusion
GMP	Good Manufacturing Practice-certified
GoN	Government of Nepal
HF	Health Financing
HFOMC	Health Facility Operation and Management Committee
HHS	Household Survey
HIIS	Health Infrastructure Information System
HKI	Helen Keller International
HMIS	Health Management Information System
HP	Health Post
HPP	Health Policy and Planning
HR	Human Resources
HRH	Human Resources for Health
HSG	Health Sector Governance
HSIS	Health Sector Information System
HTSP	Healthy Timing and Spacing of Pregnancy
HuRIS	Human Resources Management Information System
HW	Health Worker
ICB	International Competitive Bidding
IEC	Information and Education Campaign
IMCI	Integrated Management of Childhood Illnesses
IP	Implementation Plan
IUCD	Intrauterine Contraceptive Device
JAR	Joint Annual Review
LATH	Liverpool Associates in Tropical Health
LHGSP	Local Health Governance Strengthening Programme
LMD	Logistics Management Division
M&E	Monitoring and Evaluation
MA	Medical Abortion
MCH	Maternal and Child Health
MD	Management Division
MIS	Management Information System
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal and Newborn Health
MoF	Ministry of Finance
MoHP	Ministry of Health and Population
MPDR	Maternal and Perinatal Death Review
NCB	National Competitive Bidding
NCP	Neonatal Care Programme
NDHS	Nepal Demographic and Health Survey
NGO	Non-Governmental Organisation
NHEICC	National Health Education, Information and Communication Centre

NHRC	National Health Research Council
NHSP-2	Second Nepal Health Sector Programme
NHSP-2 IP	Second Nepal Health Sector Programme Implementation Plan
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPC	National Planning Commission
NR	Nepalese Rupees
OCMC	One-stop Crisis Management Centre
OPM	Oxford Policy Management
OR	Operational Research
PAFP	Post Abortion Family Planning
PEER	Peer Ethnographic Evaluation and Research
PFM	Public Financial Management
PHAMED	Public Health Administration, Monitoring and Evaluation Division
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalisation Division
PHN	Public Health Nurse
PNC	Postnatal Care
PP	Procurement Plan
PPICD	Policy Planning and International Cooperation Division
PPMO	Public Procurement Monitoring Office
PPP	Public-Private Partnerships
RD	Regional Director
RH/SMNH	Reproductive Health/Safe Motherhood and Neonatal Health
RHCC	Reproductive Health Coordination Committee
RHCT	Regional Health Coordination Team
RHD	Regional Health Directorate
SBA	Skilled Birth Attendant
SC	Steering Committee
SMNCH	Safe Motherhood, Neonatal and Child Health
SNP	State Non-state Partnership
SSU	Social Service Unit
STS	Service Tracking Survey
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TC	Technical Committee
TOR	Terms of Reference
TWG	Technical Working Group
VDC	Village Development Committee
VfM	Value for Money
WB	World Bank
WHO	World Health Organisation
WRHD	Western Region Health Directorate

1. Introduction

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit this quarterly report for the period of July to September 2012, the seventh quarter of this programme.

NHSSP is a programme of Technical Assistance (TA) to the Ministry of Health and Population/Department of Health Services (MoHP/DoHS), managed by the UK Department for International Development (DFID) on behalf of the pool partners in the Second Nepal Health Sector Programme (NHSP-2). Options leads a consortium of its partners: Crown Agents, Liverpool Associates in Tropical Health (LATH), Oxford Policy Management (OPM), Helen Keller International (HKI), and Ipas. The inception period for NHSSP was between September and December 2010. During that time, the consortium carried out a series of capacity assessments covering each output of NHSSP described from section 2 onwards. The capacity assessment reports, which included proposals for the focus of TA, were approved by government in December 2010.

The purpose of this report is to document the activities of NHSSP between July and September 2012 in support of the plans of the various Divisions and Centres of MoHP/DoHS. The work of NHSSP Advisors is based on: the requirements of NHSP-2; the ongoing activities and plans of the Divisions and Centres; the capacity assessment reports prepared by NHSSP in December 2010 outlining their strengths and needs; and the work plans of the Advisors. All work plans have been agreed with the Advisors' counterparts. The counterparts of NHSSP Advisors are the heads or directors of Divisions and Centres, such as Family Health Division (FHD); Policy, Planning and International Cooperation Division (PPICD); Logistics Management Division (LMD), and so on. All NHSSP activities are designed to enhance the capacity of MoHP/DoHS to carry out NHSP-2. Enhancing capacity, for our purposes, is defined as: *the changes in organisational behaviour, skills, and relationships that lead to the improved abilities of organisations and groups to carry out functions and achieve desired outcomes.*

2. Summary of Progress

Overall Context

The Government of Nepal (GoN) approved an ordinance budget to cover four months of expenditure, as it cannot approve a full budget. Under the Interim Constitution, the partial budget is not allowed to exceed one-third of the previous year's expenditure for a particular heading. This especially affects new activities and development work, such as construction. There continues to be no political consensus on whether the government should call for elections in May 2013 (as it has done), or whether the Constituent Assembly should be reinstated.

NHSSP Activities

Work from this and previous quarters culminated in the production of 12 publications, covering Health Financing (HF), Maternal and Child Health (MCH), Gender Equality and Social Inclusion (GESI), and Monitoring and Evaluation (M&E). An innovation requested by government and External Development Partners (EDPs) was the production of MoHP's first Annual Business Plan (for 2012/13), which is intended to be continued each Fiscal Year (FY). NHSSP helped to develop the format and provided guidance to Divisions to clarify their ideas about GESI within their areas of work.

Key achievements in each of the NHSSP thematic areas in this quarter include:

In Essential Health Care Services (EHCS)/Maternal and Newborn Health (MNH), a draft strategy to address maternal under-nutrition was reviewed at a workshop. The Integrated Management of Childhood Illnesses (IMCI) Section of Child Health Division (CHD) was assisted in completing the first draft of the Community-based IMCI (CB-IMCI)/Neonatal Care Programme (NCP) multi-year costed plan, and in implementing and monitoring immunisation intensification activities focused on poor-performing districts. Together, NHSSP and FHD reviewed Obstetric First Aid training materials for remote district Health Workers (HWs), prepared Postnatal Care (PNC) checklists and leaflets, and revised the Aama Programme guidelines to include the 4ANC initiative. NHSSP assisted the National Health Training Centre (NHTC) in reviewing the quality of training of Skilled Birth Attendants (SBAs) in 19 sites, and a training plan for 2012/13 was produced.

For GESI, the National Health Education, Information and Communication Centre (NHEICC) was supported to develop district Behaviour Change Communication (BCC)/Information and Education Campaign (IEC) planning tools. Support to the Primary Health Care Revitalisation Division (PHCRD) included Social Audit piloting, and orientation training on the Social Audit guidelines, which will be amended after reviewing different pilot experiences of NHSSP, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and MoHP. A road map to establish and strengthen Social Service Units (SSUs),

and a MoHP work plan for a Gender-based Violence (GBV) National Strategy were prepared with Population Division. GESI inputs were provided to the revision of NHTC curricula and Health Management Information System (HMIS) indicators, to the Nepal Demographic and Health Survey (NDHS) and other surveys, to the NHSP-2 Implementation Plan (NHSP-2 IP), and to the development of various programme implementation guidelines. GESI Technical Working Groups (TWGs) were formed at Regional Health Directorate (RHD) and District Public Health Office (D(P)HO) levels, and training provided to GESI focal persons in MoHP and DoHS on GESI mainstreaming.

Health Policy and Planning (HPP) and Health Systems Governance (HSG) advisors continued work on work to develop two policies: Urban Health and State Non-state Partnership (SNP). The NHSP-2 implementation plan (NHSP2-IP) was developed and reviewed, and the review of the National Health Policy 1991 was finalised, which provides the basis for development of a new National Health Policy.

The Human Resources for Health (HRH) Strategic Plan was submitted to the Cabinet after consultations with the Ministry of Finance (MoF) and National Planning Commission (NPC). The HRH assessment (which will obtain data on the number and charaticstcs of all HRH activity in the public and private health sectors) was planned with the contractor; fieldwork will begin in October. An institutional assessment of NHTC was carried out and discussed with stakeholders. NHSSP also began mapping of Human Resources (HR) activities and funding across Divisions, Sections and Centres, to analyse how HR functions are performed and coordinated, and help identify the strengths and weaknesses of current structures, systems, functions, and processes.

In Health Financing, the MoHP formed a Public Financial Management (PFM) Committee under the leadership of PPICD, to guide the work planned in HF, Financial Management (FM) and governance. The Benefit Incidence Analysis (BIA) report was produced and orientation provided to various stakeholders, as a basis for the new HF strategy. An implementation plan for the Transaction Accounting and Budget Control System (TABUCS) has been prepared, as well as a draft audit clearance manual and a Financial Monitoring Report (FMR) manual. The Aama Programme and the Four Antenatal Care (ANC) Visits (4ANC) scheme have been integrated, revised guidelines disseminated, and an M&E framework prepared.

In Procurement, the first draft of the Consolidated Annual Procurement Plan (CAPP) was presented to the World Bank (WB) in August, which is earlier than in previous years and represents encouraging progress towards having a CAPP approved at the same time as the Annual Work Plan and Budget (AWPB) in any FY. Two Biomedical Engineers were hired and have started work on producing a specification bank for equipment. A survey of drug pricing was performed and a database was set up to allow systematic tracking of drug procurement. Various improvements to practice within LMD were instituted: use of World Health Organization's (WHO) Good-Manufacturing-Practice- (GMP-) certified producers, lab tests to ensure quality of drugs, multi-year contracts, a template for acceptance of goods into the LMD store, a Code of Ethics, and others.

In Infrastructure, the standard designs for health facilities were discussed by Department of Urban Development and Building Construction (DUDBC) and DoHS, and are close to endorsement. These are expected to improve the quality of construction of buildings and their functionality, and to reduce costs. Typical costings for 25- and 50-bed hospitals were completed for Management Division (MD), to help in

estimating costs or seeking grants. Joint DUDBC, DoHS, and District Health Office (DHO) monitoring was supported to resolve issues in long-delayed construction projects. The Health Infrastructure Information System (HIIS) continued to be upgraded and updated. Value for Money (VfM) evaluations of two activities, the integrated building designs and e-bidding for construction, showed that large cost savings were obtained; the final reports will be available next quarter.

In Research and M&E, the combined efforts of EDPs, NHSSP, and government resulted in the publication of a NHSP-2 Monitoring Framework, an M&E Implementation Plan (IP), and a report on the 2011 achievement status of the NHPS-2 log frame indicators, using various data sources. A plan for improving the quality and timeliness of the DoHS annual report was agreed with DoHS and is being followed up. The Maternal and Perinatal Death Review (MPDR) process will be improved through the use of revised tools, guidelines, and training, all of which are under development. Indicators, tools, and reporting processes for the HMIS have been extensively revised and will be field tested before finalisation. The Service Tracking Survey (STS) 2011 report was finalised with MoHP, and data collection for the STS 2012 and the Household Survey (HHS) 2012 was completed.

3. Detailed Thematic Updates

Output 1: DoHS/Regions have capacity to deliver quality and integrated EHCS, especially to women, the poor, and underserved.

3.1.1 EHCS

Implementation and monitoring continued for the three Operational Research (OR) studies. As part of the **'strengthening district referral system'** OR study, Advisors supported the District Public Health Officer (D(P)HO) of Banke District to meet with ambulance service providers and identify challenges to reaching remote areas and making referrals. A small working group was formed to identify solutions to these challenges. It is anticipated that by identifying locally appropriate solutions to issues causing referral systems to fail, blockages will be overcome and local referral systems will be strengthened. Findings from the study in Banke will be used to inform government thinking about how best to support districts to improve referral system management through local planning.

In Kalikot District, Health Facility Operation and Management Committees (HFOMCs) were oriented to the **'Integration of Family Planning (FP) with the Expanded Programme of Immunisation (EPI)'** OR. All Female Community Health Volunteers (FCHVs) attended training on messaging around Healthy Timing and Spacing of Pregnancy (HTSP), and the first round of monitoring of all EPI clinics was also completed. It is anticipated that the study will provide evidence about the feasibility of integrating FP and EPI services in order to improve FP coverage.

The **'strengthening delivery of Postnatal Care (PNC)**' OR aims to improve the quality and comprehensiveness of PNC. A PNC checklist (job aid) has been developed and is being trialled. This quarter, Advisors supported FHD to conduct a mid-term review of the PNC checklist, which was revised based on the recommendations of the participants (staff who are using the PNC checklist in health facilities). A full evaluation of the trial will be conducted in the final months of the programme and findings will be used to inform government guidelines on PNC service provision nationwide.

NHSSP TA supported the Immunisation Section of the CHD to implement and monitor the **immunisation intensification** initiative, which aims to increase immunisation rates in districts with poor coverage. NHSSP supported an assessment of immunisation services and utilisation in Kathmandu municipality. The study will be used to inform immunisation plans in the municipality and target areas where immunisation coverage is poor.

Advisors and TA supported the IMCI Section of CHD to complete the first draft of the CB-IMCI/NCP multi-year plan and an initial costing of the multi-year plan. An analysis of the cost for the next five years (2012/13 - 2016/17) was also initiated with support from NHSSP. As a result of this work, the CHD has a plan in place to maintain the success of the existing CB-IMCI and ensure that neonatal care needs are covered. The CHD will present the multi-year plan and budget to relevant donors and partners in the last quarter of 2012.

TA assisted the MoHP to develop a "Health Sector Strategy to Address Maternal Under-nutrition". A two-day workshop was held to develop a first draft of the strategy, and build consensus on next steps. Once completed, the strategy will be used to guide GoN initiatives to accelerate and sustain reduction of chronic under-nutrition and micronutrient deficiencies in adolescent girls, pregnant women, and breastfeeding mothers. Work on the final document is ongoing.

3.1.2 MNH

Data collection was completed for an appraisal of options for **dealing with increasing demands for delivery in higher-level hospitals**. The review will focus on identifying current utilisation patterns in higher-level facilities; the impact of overcrowding on quality of care; the impact of current utilisation patterns on income by facility; and current strategies being employed to cope with increased demand for services. This study will inform an appraisal of options, to determine what immediate, medium- and longer-term strategies would be appropriate to address overcrowding in higher-level facilities.

FHD were supported with ongoing work to **expand SBA training**. NHTC was supported to conduct an SBA trainers review and planning in 19 SBA training sites. Training plans were produced by all training sites for 2012/13, and quality improvement areas were discussed. NHSSP Advisors also supported NHTC to finalise SBA training sites in consultation with SBA trainers.

Advisors supported **Comprehensive Essential Obstetric and Neonatal Care (CEONC) planning** with hospital and community stakeholders in Bhojpur Hospital; CEONC services were also reviewed in Bara Hospital. Advisors worked with FHD to track the continuity of Caesarean Section (CS) services in CEONC districts. Most districts were continuing the services.

NHSSP's work to support the improved availability of **safe abortion** continued to gather pace. A total of 21 Medical Abortion (MA) providers have been listed in Myagdi and Kalikot districts, and eight sites in Myagdi and seven sites in Kalikot are currently providing services. Post-abortion Family Planning (PAFP) is being piloted in the Maternity Hospital, Kathmandu. A baseline assessment of Comprehensive Abortion Care (CAC) providers' current knowledge on PAFP was conducted, and materials for PAFP counselling were developed and are being pre-tested.

Work to support the improved **availability of FP methods** continued with a particular focus on Intrauterine Contraceptive Devices (IUCDs). Advisors worked with the FHD on the IUCD and implant service site expansion plan and training for the NHSP-2 IP. There was also follow-up to SBA training in Surkhet and Baglung to ensure that trainees received sufficient exposure to IUCD insertion.

Output 2: MoHP has capacity to develop and implement an effective HRH Strategy for the health sector.

The **HRH Strategic Plan** has been submitted to the Cabinet for approval after consultation with the MoF and the NPC. A plan for disseminating the HRH Strategic Plan is now under development.

Following submission of costed HR activities for the AWPB (2012/13), a budget of 2.8 million Nepalese Rupees (NRs) was released for the first quarter of the financial year, with NR 1 million allocated to the **Human Resources Management Information System** (HuRIS). HR planning and management software and information systems were identified so as to support the improved use of HuRIS – essential for the future management of HRH.

HR-related activities are being undertaken by a number of Divisions and Sections across the MoHP and DoHS. For example, some of the Divisions conduct training for HWs, while others are involved in the local recruitment of HWs. The 2012-2013 AWPB is being examined to determine which activities other Divisions within MoHP and DoHS are undertaking, and what funding is available for these. This will provide information on how HR functions are performed and coordinated, and on the different HR roles and responsibilities. It will also help to identify strengths and weaknesses of the current structures, systems, functions, and processes. Committed donor funds for each of the HR activities have also been identified.

The contract for the **HRH assessment and profile of the public and private sector** is about to be signed. The contractor has agreed to prepare preliminary findings of the assessment for the 2013 Joint Annual Review (JAR) and submit a final report by February 2013. Ethical clearance for the assessment is being arranged by the MoHP. The Ministry is also providing support and publicity for the assessment at regional meetings. A monitoring and supervision plan will be developed for the core technical team on which the MoHP, NHSSP, and WHO are represented. More comprehensive HR data and evidence are crucial to the implementation of the HRH Strategic Plan, to the development of HR projections and the determination of future requirements, and to the M&E of the impact of HR polices and interventions on production, recruitment, distribution, and attrition. The profiling is a critical step in this process which will support improved planning and management of HRH. Both a monitoring and supervision framework and research and study protocols for HRH assessment were prepared. These tools will be available for the MoHP should they wish to undertake HR profiling in the future.

The groundwork is being prepared for developing the **workforce plan** once the HRH assessment data is available. Workforce planning approaches were explained and discussed with the MoHP. The resulting plans will support the MoHP in decision making regarding what methods/models of workforce planning they wish to employ, and will increase understanding of the benefits and limitations of any approaches if/when they undertake further workforce planning in the future.

An **institutional assessment of NHTC** took place in July 2012 and the report is being compiled. This work will support the strategic development of NHTC as the identified body which supports all in-service training in Nepal. The assessment sets a baseline to inform and direct future capacity building inputs to the NHTC. This will be critical in supporting the improved capacity of NHTC to effectively direct and manage in-service training for the health sector.

Output 3: MoHP and DoHS have systems, structures, and capacity to implement the GESI Strategy.

NHSSP Advisors supported the PHCRD and selected districts to implement **Social Audits** in line with the comprehensive Social Audit guidelines developed earlier in the year. Pilots have recently been completed in Rupandehi and Palpa Districts, and lessons learned from these; other pilots conducted by NHSSP, GIZ, and MoHP have been used to improve and strengthen the guidelines ahead of approval and national roll-out scheduled from 2013. A mechanism for monitoring piloted Social Audits is being discussed with the Rupandehi and Palpa D(P)HOs, and monitoring support will be provided in the next quarter. NHSSP Advisors also supported the PHCRD to prepare the 2011/12 Social Audit Implementation Report (using reports received from different districts). These reports and monitoring tools will be used to ensure that issues identified through audits are addressed at the appropriate level.

The NHEICC intends to develop IPs for a series of national **BCC/IEC strategies**, and this quarter, NHSSP supported preparations by developing Terms of Reference (TOR) for this work. It is anticipated that the plans will be used to guide BCC interventions in a range of areas including Safe Motherhood, Neonatal and Child Health (SMNCH), FP, and Adolescent Sexual and Reproductive Health (ASRH). Work will begin next quarter.

Advisors worked with the Population Division to develop a road map for establishing and strengthening **SSUs**. At the request of the Population Division, work to revise the SSU guidelines was also initiated based on piloting of SSUs in eight hospitals.

Continued support was provided to the Population Division on **One-stop Crisis Management Centres** (OCMCs) in eight hospitals. Advisors also supported the Population Division to prepare a MoHP work plan for a GBV National Strategy, at the request of the Prime Minister's Office. The plan will be used to guide implementation of GBV activities across the country.

Work to establish effective **GESI leadership and coordination structures** continued. TWGs have now been formed in a total of 41 districts (including those committees formed last quarter), and each district

received a brief orientation on the GESI concept and framework, and GESI institutional arrangements. As a result of previous work in this area, institutional bodies are now driving forward the GESI agenda; the GESI Steering Committee (SC) is fully functional, and recently met to discuss GESI guidelines. Technical support was also provided to the Population Division to develop a concept note on institutional modalities for GESI mainstreaming across the MoHP into GESI guidelines, based on experiences. The draft guidelines were presented to the GESI SC for approval. Once they have been adopted, the guidelines will help define the roles and structure of GESI-related institutions across the MoHP.

NHSSP GESI Advisors continued to provide direct assistance in the review of tools and systems as part of ongoing **GESI mainstreaming work:**

- NHTC training modules and materials were reviewed from a GESI perspective. A GESI focus has been integrated in training packages for SBAs, Assistant Health Workers, HFOMCs, and FCHVs. These revisions will ensure that GESI will now feature as a core element of training for managers and frontline HWs. Further work to review the training curriculums is ongoing.
- The NHSP-2-IP was reviewed from a GESI perspective, and the GESI section of the plan was developed in consultation with stakeholders.
- HMIS indicators were reviewed, and indicators essential for disaggregation have been identified. This will ensure that information gathered from across the health system can be used to monitor progress on GESI-related issues.

However, various tools were also developed to assist government counterparts and departments to **apply a GESI focus in their work.** Frameworks for conducting a capacity assessment and for reviewing NHTC training curricula from a GESI perspective were developed and shared. Technical support was provided to PHCRD to review and revise the past year's programme implementation guidelines from a GESI perspective. Skills for mainstreaming GESI into programme guidelines were practiced during a three-day GESI orientation and training event for GESI focal persons from various Divisions and Centres of DoHS and MoHP.

Work to better understand the **issues affecting six social groups' access to selected health services** has continued across six districts. Fieldwork for the rapid PEER study is complete; the team is working on data processing, analysis, and reporting.

A report of the **Equity and Access Programme** (EAP) was finalised and is ready for circulation. The review endorses the validity of EAP's design and its potential to raise access to health services, empower individuals, and improve the well-being of targeted communities. However, the review also identifies a number of implementation bottlenecks which are limiting its effectiveness. The report outlines several strategic conditions which need to be met in order to ensure the continued viability of the programme. NHSSP Advisors will continue to work with PHCRD, RHDs, and DHOs to identify next steps.

Output 4: MoHP and DoHS have capacity to develop and implement a transparent and sustainable supply- and Demand-side Financing (DSF) framework.

A **BIA report** has been finalised and published. MoHP is taking BIA as the key reference document for the HF Strategy. An orientation on BIA has been provided to officials from MoHP, DoHS, MoF, academia, Non-governmental Organisations (NGOs), research agencies, and professional bodies. This will support the effective utilisation of the BIA as a tool to inform and shape an evidence-based HF Strategy.

MoHP has formed a **PFM Committee** under the leadership of PPICD. The main task of the committee is to provide technical support in HF, FM, and governance. MoHP's Finance Section is now responsible for organising monthly meetings of the PFM Committee, and PPICD has been taking the responsibility of preparing the draft HF Strategy. This demonstrates increased ownership and responsibility of the MoHP towards PFM and its institutionalisation.

A detailed **TABUCS IP** has been prepared. TABUCS will improve and streamline budgetary control and FM procedures contributing to a reduction in fiduciary risk.

MoHP has updated its **website**, on which it posts planning, financing, and staff transfer information, thereby improving transparency and accountability in FM matters. An IT focal person has been identified and is taking a lead role in disseminating information through the website. This responsibility now lying with government will support the institutionalisation and normalisation of reporting, and contribute to improved transparency and accountability of the MoHP in financial matters.

The **Aama Programme** and the 4ANC scheme have been integrated. The revised Aama guidelines were published and distributed in a workshop as well as in regional review meetings. This will streamline DSF initiatives, capitalising on economies of scale, simplify the requirements for managing the scheme, and reduce the potential for confusion for service providers and recipients of the incentives. The “Rapid Assessment of the Demand-side Financing Schemes: Aama Programme and 4ANC” Report was also finalised and published on the NHSSP website. This is an important management and diagnostic tool, identifying areas of fiduciary risk that will inform future management of the various DSF schemes.

Using the pool fund, NHSSP hired a local consultant to support FHD in maintaining the Aama Programme database, which is essential for the monitoring of fund flows to districts, and for programme reporting. An M&E framework for monitoring the Aama Programme and the 4ANC visit scheme has been prepared which will support the roll-out of the integrated scheme.

MoHP has re-activated the **audit committee** and finalised its TOR. The committee has authorised DoHS to organise an orientation event for the account officers from all 284 cost centres. This will support the timely delivery of trimesterly FM reports. Mr. Shiva Simkhada and the Chief of the DoHS Finance Section are coordinating the process of reducing the audit queries and increasing the proportion of audit clearances. This will improve FM processes with the MoHP, and support the achievement of non-qualified audit reports. A draft audit clearance manual was prepared with the involvement of the officials working in the FM Section.

Advisors supported MoHP in preparing the **FMRs** and developing a FMR preparation manual, which is now available for use.

Output 5: MoHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS.

The Public Health Administration, Monitoring and Evaluation Division (PHAMED), MoHP, with support from development partners and NHSSP, has prepared and published **a NHSP-2 Monitoring Framework** based on the Results-based Monitoring and Evaluation Guidelines (2010) recommended by the NPC. PHAMED produced a document showing the achievement status of the NHSP-2 log frame indicators in 2011, using the different sources available.

The Management Information System (MIS) Section, with support from NHSSP, has prepared a plan for **improving the quality of the DoHS annual report**, and for producing a draft report by the time of the national annual review in November. This will support more timely dissemination of results, increase transparency of the department, and enable the annual report to be a more useful and informative document.

NHSSP and various experts are working closely with FHD officials to strengthen and institutionalise the **MPDR** process, which will enable the government to identify and address the contributory factors relating to maternal and perinatal death. Tool revision is under way and there is a plan to develop a web-based database system, and train staff involved in the review, recording, and reporting process. FHD, with support from NHSSP, is revising the MPDR forms based on the suggestions received from the users and experts. A user-friendly guideline will be developed once the tools are finalised, thereby increasing uptake of the methods, and improving implementation.

NHSSP supported the effective implementation of the **annual regional review of all five regions**. This will improve the use of information to make evidence-informed decisions regarding the development of future regional activity plans.

The MIS Section, Management Division, with support from NHSSP, has revised the **indicators, tools and reporting process for the HMIS**. This revision addresses the needs of NHSP-2, and the relevant Millennium Development Goals, national policies, strategies, and guidelines, including the Health Sector Information System (HSIS) National Strategy. The MIS Section is planning to field test the tools in selected health facilities in selected districts for one month. This will be followed by tool finalisation, software development, and orientation/training for all staff involved in data collection, recording and reporting. The revised tools will be implemented in all 75 districts from 2013/14.

The revised HMIS/HSIS tools and reporting process will help develop a HMIS that:

- meets the current needs of NHSP-2 and the Divisions and Centres;
- enables data to be disaggregated by caste and ethnicity for selected indicators;
- provides facility-level data;
- covers public and non-public facilities;
- feeds into a District Health Information Bank;
- integrates vertical reporting systems like the Aama Programme and Emergency Obstetric Care (EOC) monitoring.

A draft users' manual has also been developed to facilitate effective implementation of the revised tools.

Advisors worked closely with MoHP officials to finalise the STS 2011 report, which has been made public and is available on the MoHP and NHSSP websites. The National Health Research Council (NHRC) provided ethical approval for undertaking the **HHS and STS 2012**. Data collection for both surveys has been completed. GoN officials, including the members from the technical working committee, M&E, and programme persons from different Divisions, Centres and Sections, actively participated in fieldwork for the two surveys. The surveys are expected to be completed by the end of 2012; the findings will be shared in the JAR, and also used for the mid-term review of the NHSP-2.

Advisors and consultants are also working closely with government officials in further analysis of the NDHS 2011.

Output 6: MoHP and the Ministry of Physical Planning, Works and Transport have capacity to develop and implement procurement in accordance with the procurement arrangements for the health sector.

3.6.1 Procurement – Goods and Services

One Regional and one National Biomedical Engineer have been hired, and are concentrating on developing a **specification bank** that is now well under way. Training on using and maintaining the specification bank will be conducted for LMD staff, who will assume responsibility for keeping the bank up to date. A survey of the **drugs most commonly procured by LMD** has also been completed, with support from a locally contracted IT expert. A database has been populated in Microsoft Access as it is a readily available tool. If maintained, the database promises to be an important reference when assessing new bids; however, poor archiving of contract data at LMD may threaten its sustainability. A report comparing the prices paid for drugs procured by LMD over the last three years against prices on the retail market was also prepared and presented to LMD for comment and implementation.

The first draft of the **CAPP** was prepared and presented to the WB for review in August. Following a number of meetings between LMD and WB staff, amendments were made to the CAPP. At the time of writing, the CAPP is in its final stages prior to the issuing of a No Objection Letter. This has been achieved considerably earlier (by eight months) than in previous years and represents encouraging progress towards having a CAPP approved at the same time as the AWPB and by the end of the Financial Year. The process for developing the next Procurement Plan (PP) will be adapted next year to try to ensure that ***all*** MoHP institutions' PPs are incorporated in the CAPP. The start of the process will be brought forward to January 2013 in an attempt to conclude the process by 15 July 2013.

At the suggestion of NHSSP Procurement Advisors, the **functions of Procurement and Contract Officers** have been separated both by application and physically, with the POs now occupying a separate part of the building in a secure area. This has resulted in suppliers and their agents being isolated from the procurement function of LMD, with a consequent lessening of interference by the suppliers in the procurement process, which by its nature needs to be confidential.

Various improvements to the practices within LMD were instituted and expanded:

- The number of multi-year contracts in place has continued to grow: 12 such contracts are now in place for 2011-2012 and 2012-2013.
- A template for Acceptance of Goods into the LMD store has been developed and is in use. Guidelines and training of other personnel in the same matter will follow, and will be disseminated down the supply chain to regional and district levels. This will help ensure that accurate records are kept about which goods have been delivered and accepted.

- A report has been prepared on the Reasons for Rejection of Bids during LMD's evaluation of the bids. This will help LMD to devise interventions for bidders to improve their success.
- WHO GMP-certified producers and manufacturers are now required to have a valid Certificate of Pharmaceutical Production as a matter of course, without which bids fail as non-responsive. These are both requirements of NHSP-2.

Unfortunately, the Complaints Resolution Procedure that was developed earlier in the year has not yet been taken into use, even though a large number of complaints have been received during the year. Nevertheless, it needs to be stated that not one of the complaints registered has been upheld by any of the receiving agencies, including the WB.

Although **e-bidding** software has been developed, it has not been possible for it to be implemented, as e-bidding procedures are not allowed by the WB for International Competitive Bidding (ICB) procedures. They are permitted for National Competitive Bidding (NCB) procedures, but only following review and 'no objection' by the WB. Notwithstanding, a decision has been taken to abandon the LMD e-bidding procedure and rely on that of the Public Procurement Monitoring Office (PPMO), which has been developed by consultants and is currently understood to have been launched as a pilot scheme in some ministries, but not MoHP.

3.6.2 Infrastructure

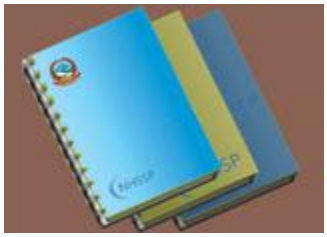
HIIS data upgrading work is ongoing. Advisors have developed a form to be filled in by Department of DUDBC Division Officers, collecting information about all health buildings constructed since 2005/6. The data will be fed into HIIS and will ensure that accurate information about the status of buildings across the country is available centrally. The revised HIIS will tie financial disbursement for building projects with progress reported in the system. The system will be web-based and will include some spatial data that is required for planning. The improved system will allow MoHP to monitor and plan infrastructure development works being implemented by DUDBC more efficiently and effectively. This will also help DUDBC to produce PPs and progress reports, and maintain updated records, which has historically been a problem.

A meeting was organised between the Director-General (DG) of DoHS, the Director of MD, and technical staff members from DUDBC and NHSSP to finalise the **health building standard designs and guidelines**. The concepts behind all the designs were presented and explained to the DG and other staff members from different Divisions of DoHS. These designs, once completed, are expected to improve the quality of construction of buildings and their functionality, and to reduce building costs.

Support has been provided to DUDBC to **prepare a PP** for the ongoing and proposed civil works for 2012/13. The PP is yet to be finalised. Earlier, procurement support was also provided for the site selection of proposed sites for this FY. Some site verification work is still ongoing.

Joint DUDBC, DoHS, and DHO **monitoring visits** were supported to monitor ongoing and recently completed construction projects. This quarter, visits were made to several 'sick' projects where construction is long-delayed. Technical support was provided to resolve the issues causing delays, such as land disputes; after the visits, construction resumed on most of the sites. In addition, the joint visits allowed staff to explore the linkages between different units and support services.

Advisors supported the government to **access external funding for construction projects**. Typical costings for 25- and 50-bed hospitals were completed, helping MD to estimate the costs for this level of hospital; these costings will be used in seeking grants for development of 25- and 50-bed hospitals. In addition, the MoHP was supported in completing the Foreign Aid Grant Proposal Form for a 200-bed General Hospital for the Far-Western Development Region and a 200-bed Maternity Hospital for Sarlahi District.



Output 7: PPICD has a clearly defined and functional role as the focal point of the planning and policy process for the whole health sector.

Good progress was made this quarter in the development of two key policies, with support from NHSSP. Firstly, a draft Policy on SNPs for the Health Sector in Nepal has been developed for further consideration by MoHP. The policy builds on previous experience of working with the non-state health sector in Nepal, laying the foundations for a clearer delineation of roles and responsibilities between the government, private-for-profit, and private-not-for-profit sectors. The policy also sets the stage for the development of uniform guidelines according to different types of partnership models (contracts) in order to institutionalise a transparent and accountable approach to working with the non-state sector.

Secondly, support was provided to PPICD/PHCRD to develop an **Urban Health Policy**. The draft policy has been finalised and sent to MoHP for further action.

The **NHSP-2 IP** was developed, with extensive support from NHSSP Advisors. Concerned MoHP officials were involved in their respective areas; during the development process there appears to have been strong government buy-in to the plan. The draft NHSP-2 IP was discussed at a workshop attended by GoN officials, EDPs and other stakeholders. The resulting plan, once finalised, will help ensure that the objectives, strategies, and major activities planned in NHSP-2 are implemented smoothly within the programme timeframe.

A review of existing **National Health Policy** (1991) has been completed, printed, and circulated. It provides the basis for development of a new National Health Policy. It remains unclear whether a new National Health Policy can be developed in light of the current political situation.

In addition to its support in the development of policies and strategic plans, NHSSP has continued to provide support to strengthen local planning processes. The MD of DoHS was supported in the development of district planning guidelines. A preliminary draft has been circulated to Technical Working Committee members for their feedback. The Local Health Governance Strengthening Programme (LGHSP) pilot in Myagdi district also continues. Profiles of 12 Village Development Committee (VDCs) have been finalised and will be used as a basis for planning.

4. Regional Update

Common themes for progress from the regions included:

- Continued expansion of the GESI programme through orientation programmes and the formation of more TWGs.
- Development of job descriptions for RHD positions.
- Training for counterparts in documentation, analysis, and presentation of data, as well as computer skills, including the use of PowerPoint and website management.
- Increased use of computers for RHD work, including website development and management.
- Increased involvement of RHD staff in preparing presentations for the annual review.
- Improvements made in M&E capacity in various areas, including GESI, Maternal, Neonatal and Child Health (MNCH), programme reviews, preparation of village and regional health reviews.
- Improvements in HMIS reporting and presentation of the data.
- Creation of documentation, information, and education centres in the RHDs.
- Enhanced capacity for EAP implementation is expanding to different districts.
- Regular Regional Health Coordination Team (RHCT) meetings have improved coordination and communication with state and non-state actors.
- Continuing work on HR inventories, in some cases leading to hiring new personnel.
- Development of various tools for different purposes, including guidelines, monitoring formats, reporting templates, data collection tools, and checklists.

Challenges and Responses

- Staff vacancies and absenteeism continue to pose challenges, although certain positions have been filled. To counter absenteeism, Regional Advisors advocate for planned rather than ad hoc field visits. In some cases integrated programme supervision is being facilitated to compensate for the unfilled positions.
- Some challenges related to lack of computers and limited computer skills are being overcome through the provision of computers and computer training.

To improve the sharing of information from field visits, a regular system of information sharing is being promoted within the RHDs.

More detailed regional updates are provided **in Annex 1**

5. Challenges

EHCS/MNH

- Timely approval and release of full GoN budget.
- Communication with Kalikot district is difficult for Ipas, particularly given the lack of a Public Health Nurse (PHN) to serve as a focal person.

GESI

- **Ensuring good quality delivery services at grass-root-level health facilities**: In many cases services are not provided continuously owing to the lack of female service providers, particularly contracted nursing staff.
- **Ensuring quality in programme implementation:** Districts normally receive a heavy programme budget in the last trimester, making it very busy for general programme implementation. In this way, quality may be compromised.
- **Effective service to GBV survivors:** HR capacity needs to be strengthened. Ongoing TA by regional and central teams will be essential.
- **Integration of GESI into selected curricula:** Ensuring that the NHTC own this process is a challenge. A dedicated team working on identifying and developing related materials for each specific subject will be difficult to manage.

HF

- Finalising the TABUCS pilots in ten cost centres and scaling up the TABUCS in all 284 cost centres.
- Implementing the Aama and 4ANC M&E framework across the country.
- The huge amount of audit irregularities (NR 2.42 billion).
- The absence of a public service parliamentary committee, which is a key player to ensure good governance.
- Transfer of HR with expertise in PFM.
- Linking the FMR with the implementation progress report

HR

- Limited choice of capable contractors (for HRH assessment).
- Collaboration with other agencies (Muli-lateral, Bi-lateral and NGOs).
- Limited MoHP staff available with whom to work.
- Transfers of senior staff working on HR.
- Political uncertainty, e.g. budgets approved for only four months at a time.
- Fragmented HR functions and uncoordinated and ad hoc HR interventions.

Procurement and Infrastructure

- The executive procurement aspect of the project continues to take up a great deal of the Procurement Advisors' time. (Procurement)
- Persuading LMD to adopt the procedures that have been and are being recommended is challenging. (Procurement)
- The frequent travel of government officials, coupled with their own priorities, causes difficulties in scheduling workshops, meetings or discussions. For example, the finalisation workshop for HIIS has been much delayed. (Infrastructure)
- Haphazard site selection and the upgrading of peripheral facilities to 15-bed hospitals based on political influence results in the development of unproductive health facilities and a wastage of money in construction. (Infrastructure)

6. Selected Upcoming Activities

EHCS/MNH

- Mid-term review of EPI/FP integration in Kalikot District.
- Quantitative evaluation (data analysis) of the PNC strengthening intervention. A qualitative evaluation will be performed in January/February 2013.
- Support CHD to finalise the multi-year plan for CB-IMCI/NCP.
- Start the process of developing a synthesis paper for reaching the unreached, under the umbrella of operational guidelines for GESI mainstreaming.
- Finalisation, endorsement, and dissemination of the Maternal Under-nutrition Strategy.
- Consultative meetings with CHD, NHTC, RHD, and FHD to prepare a roll-out plan and next steps for operationalising the Maternal Under-nutrition Strategy.
- Support FHD with the workshop on "appraisal of options for increased demand of institutional deliveries in higher-level hospitals".
- Support NHTC for development of quality improvement tools for CEONC (Advanced Skilled Birth Attendant) training and service.
- Coordination with NHEICC to broadcast safe-abortion-related messages on radio in Kalikot and Myagdi Districts (Ipas).

GESI

- Draft GESI operational guidelines will be developed in consultation with Divisions, Centres, regions, and districts.
- Support Divisions and Centres at DoHS to revise programme implementation guidelines from a GESI perspective.
- Finalise the barrier study report after sharing study findings and recommendations with barrier study TC, key concerned Divisions and Centres, and DFID.
- Share the EAP review findings and facilitate the process of multi-year contracting.
- Initiate the Urban Health Strategy development process following approval of the Urban Health Policy.
- Provide technical support to the Population Division for the revision of SSU guidelines and for the orientation programme on SSU establishment and operationalisation in eight hospitals. A concept note on the implementation modality will be prepared and the implementation process will be initiated.
- Support to the Population Division will be continued to assess and establish OCMCs in two hospitals, and to strengthen the OCMCs established in eight hospitals.

- Continue formation, orientation, and strengthening of GESI TWGs, through regional specialists.
- Finalise guidelines for mapping of unreached areas and groups. Continue mapping of unreached communities, groups, and clusters, and planning to respond to their needs.
- Provide technical support to PHCRD for the revision and finalisation of the new piloted comprehensive Social Audit guidelines, and for obtaining MoHP approval.
- Provide technical support to PHCRD for the preparation and dissemination the Social Audit Report.
- Monitor the Social Audit piloting carried out in 21 health facilities of Palpa and Rupandehi districts through NHSSP TA.
- Support NHEICC in finalising a district-specific BCC/IEC Strategic Plan for Banke and Sindhupalchok districts, and in monitoring its implementation.
- Support NHEICC in developing a draft BCC/IEC IP for various BCC/IEC strategies, including SMNCH, FP, and ASRH.
- Support the organisation and delivery of GESI training to focal persons of zonal and regional hospitals and private medical colleges.

HF

- Finalise the TABUCS system design; prepare the system and users' manuals of TABUCS; implement TABUCS pilot in 10 selected cost centres.
- Finalise the FMR preparation manual.
- Prepare the standard procedures for DSF rapid assessment.
- Continue to provide technical support in revising the Aama Excel database.
- Finalise the M&E framework of the Aama Programme.
- Carry out a review of the DSF schemes.
- Prepare policy briefs based on the Aama Programme and 4ANC.
- Conduct a desk review on current health education and communication activities on the DSF schemes.

HPP/HSG

- MoHP will proceed further on the draft policy report on Public-private Partnership (PPP) through the SC. A workshop will be held with representation of concerned stakeholders.
- Finalise the Governance and Accountability Action Plan (GAAP) indicators.
- Finalise the NHSP-2 IP.
- Finalise and sign the Joint Technical Assistance Agreement.
- Begin preparation of the JAR.
- Follow up with government to get approval for the Urban Health Policy.
- Develop District Planning Guidelines.

HR

- Coordinate and monitor the HRH assessment.
- Finalise the dissemination plan for the HRH Strategic Plan.
- Hold stakeholder consultations in preparation for workforce planning.

- Begin Phase 2 of the institutional assessment of NHTC – developing the road map for the transition and implementation of the recommendations of the assessment.

M&E

- Support MD in field testing of the revised recording and reporting tools for HMIS.
- Support finalising the tools based on the results of the field test.
- Support development of a database and training of staff involved in recording, reporting, and data management.
- Support MoHP in preparation for implementation of the revised tools across the country from the next FY.
- Support different Divisions, Centres, and Sections in preparation of the annual report 2011/12.
- Initiate the process for developing a uniform coding system.
- Support the Population Division, MoHP, in preparation of a district population profile.
- Support further analysis of the NDHS 2011.
- Continue supporting FHD in institutionalising and strengthening the MPDR system.
- Continue supporting MoHP in the analysis of and report preparation for STS 2012 and HHS 2012.

Procurement

- Develop chapters for the procurement manual.
- Develop and conduct two more workshops for suppliers.
- Work on development of a technical specification system to be implemented at the homepage of LMD.
- Finalise a paper on quality assurance in the different steps of the procurement cycle of LMD.
- Introduce a formal process for a Declaration of No Conflict of Interest in all stages of the procurement cycle where it is required.
- Revise the Complaints Resolution Procedures.
- Analyse former studies about the supply chain for MoHP and draw out their recommendations. Follow up on these.
- Develop a project paper for how to approach the work plan's tasks on supply chain issues.

Infrastructure

- Development of a standard list of equipment and instruments for Health Posts (HPs), Primary Health Care Centres (PHCCs), and District Hospitals.
- Inclusion of health waste management systems in the standard health facility construction guidelines.
- Initiation of Part 2 – sanitary/plumbing – and Part 3 – electrical guidelines – for standard designs.
- Finalise the procurement plan for civil works.
- Completion of HIIS upgrading work. This work has been delayed mainly because of delayed responses from the districts regarding the progress of infrastructure. It is expected to be completed in the next quarter so that the project to make the HIIS web-based can begin.
- Completion of printing of standard bidding documents (including guidelines planned for the next quarter) has been delayed, primarily because the DG wanted to understand and comment on the designs before they went for final endorsement. After a one-day workshop, a few minor changes are required on the standard designs. Although minor, the changes will affect the entire set of drawings, so this work is expected to be completed only during this quarter.

7. Payment Deliverables

Nine payment deliverables were submitted this quarter;

- A quarterly progress and performance report (Q2 2012)
- Road map for development of staffing projections
- A final STS report
- Aama programme rapid assessment report
- A review of Social Service Units
- An IMCI maintenance strategy and multi-year plan of action (jointly supported with UNICEF)
- A benefit incidence analysis report
- Two detailed value for money case studies
- The NHSP2 - implementation plan

The following deliverables are proposed for quarter 4 2012

- A draft Maternal Nutrition Plan
- A third detailed value for money case study
- A final draft CBIMCI/NCP multiyear costed plan
- A draft PPP policy report completed for MoHP review and approval
- Increased demand for institutional delivery at higher level facilities in Nepal – a presentation of preliminary findings and discussion of options at FHD workshop
- A market analysis of the 100 most commonly procured drugs in Nepal
- TABUCS design
- Quarterly progress and performance report (Q3 2012)
- Revised HMIS indicators, recording tools and reporting tools developed

Deliverables identified for presentation in quarter 1 2013 include;

- A fourth value for money case study
- Updated Social service unit guidelines prepared by Population Division with support from NHSSP and ready for sign off by MoHP
- Increased demand for institutional delivery at higher level facilities in Nepal – a draft report for discussion at JAR.
- 2012 Household Survey final report
- PEER Report on Barriers to service uptake
- GESI Operational Guideline
- Quarterly progress and performance report (Q4 2012)
- HR profile
- Institutional Capacity Assessment of National Health Training Centre

Annex 1. Regional Summaries

1. EASTERN REGION

Supporting GESI mainstreaming at district and regional levels:

- GESI TWGs were formed in four districts, and focal persons were identified in order to coordinate and implement GESI-related activities. GESI orientation was provided to TWG members.

Enhancing HRH systems:

- Advisors worked with RHD administrative staff to update regional-level HR profiles. Morang and Sunsari District administrative staff were also coached on how to update the District HR profile summary. In response to newly updated information about regional-level vacancies, the RHD made efforts to fill selected posts on contract.

Supporting effective management reviews

- TWGs have been formed for effective management of the annual regional review. The key partners in the region provided technical, logistical, and financial support to the annual regional review and planning meeting.

Supporting improved monitoring, collection, and analysis of health service data:

- A monitoring sheet for key health service indicators was prepared and updated based on HMIS data of Nepalese FY 2068/069 in order to compare progress and provide feedback in FY 2069/70. The monitoring sheet is displayed at the RHD and will be updated by the respective regional focal persons. The RHD technical team was oriented on the HMIS data sheet in order to minimise HMIS data inconsistencies.
- Support was also provided to Statistical Officers in Ilam and Sunsari Districts to enable them to calculate and analyse the disaggregated service data by gender, caste, and ethnicity.
- A regional-level grading tool was created for D(P)HOs. Based on this tool, programme-specific low- and high-performing districts were identified, and they shared strengths, issues, and problems for further actions and planning.
- Advisors provided technical support to Dhankuta District to prepare the district health profile and annual report.

Supporting development/implementation of effective systems and processes within the RHD:

- JDs of the Regional Health Director, Public Health Administrator, and Planning Officer were drafted for submission to MD.
- A presentation and communication skills training event was provided to the regional team.

- Regional counterparts were trained on Eastern Region Health Directorate (ERHD) website management, and began uploading relevant information.

CHALLENGES AND RESPONSES

- Vacant positions and absenteeism of regional counterparts remains a constant challenge, leading to fewer opportunities for regular interactions and joint work with the regional team. In response, counterparts were regularly sensitised on the importance of staying in the RHD rather than going on individual field visits. They were also encouraged to benefit from teamwork.
- Difficulties are faced in reporting and monitoring the activities carried out by the private sector (polyclinics, nursing homes, pharmacies, and academic institutions) working within the region. In response, formats for updating the necessary information on the private sector were developed and shared with all districts within the region.
- Most of the key development partners have their own interests and are located in the geographically accessible plain areas.
- Improvement has been noted in that districts are following the reporting deadlines.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning:

- Finalise the regional annual calendar of operations and joint integrated supervision plan of the region for FY 2069/70 (2012/13), and provide necessary support to the districts to finalise their annual calendars of operation and supervision plans.
- Finalise and share (publish) the updated Regional Health Profile.
- Support the first quarterly review and planning meetings in selected districts.
- Provide necessary support to the districts to upgrade Basic/Comprehensive Essential Obstetric and Neonatal Care (BEONC)/CEONC sites, and expand birthing centres, and IUCD and implant sites.

M&E:

- Monitor NHSP-2 at the regional level: develop a regional M&E framework in line with the national framework.
- Analyse HMIS data sheets and provide written feedback to the districts on a monthly basis.
- Conduct reviews in old CEONC sites.
- Analyse the EOC report of the first quarter and provide feedback to the districts.

HSIS:

- Prepare and upload relevant information onto the RHD website.
- Support equipping an information centre at the RHD with a desktop computer, and prepare a catalogue of documents.

- Update the monitoring sheet for major health service indicators displayed at the RHD.
- Follow up with districts on updating the private sector profile.
- Support preparation of the Regional Annual Report, FY 2068/69.
- Follow up in the four pilot districts (Sunsari, Ilam, Sankhuwasabha and Udaypur) for regular recording and reporting of social inclusion data.

2. CENTRAL REGION

CAPACITY ENHANCEMENT (CE)

Supporting improved availability of EHCS:
Advisors facilitated a CEONC review and planning workshop and also supported the planning and implementation of a Health Camp in Sarlahi. Tools for recording and reporting work on the Antenatal Rural Ultrasound Programme were developed and used.

Supporting GESI mainstreaming at district and regional levels:
District-level GESI TCs were formed in nine districts, and Advisors supported GESI sensitisation training.

Supporting improved monitoring, collection, and analysis of health service data:
Advisors continued to support the data verification skills of RHD officials and the Statistical Officer. Particular emphasis was given to strengthening the capacity of district focal persons to maintain records and monitor programme achievements. Enhanced the skills of PHNs and service providers in verification, analysis, and use of data, and in recording and reporting on the Aama Programme and the Antenatal Rural Ultrasound Programme.

CHALLENGES AND RESPONSES

- During this quarter, the Regional Director (RD) was transferred and his replacement was assigned only at the end of the quarter.
- Although the Statistical Officer post was filled, other technical positions remain vacant.
- Challenges to the implementation of EAP in Parsa District were overcome, and CEONC services were restarted in Makwanpur District.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning
- Facilitate the preparation of a regional calendar of operation and calendars of operation for selected D(P)HOs.
- Provide exchange visits for programme personnel and Management Committee members to strengthen birthing centres.

- Continue support to districts in planning for reaching excluded populations to improve access to EHCS.
- Support Management Committees and DHOs in strengthening CEONC service sites in Sarlahi and Rautahat Districts.
- Support establishing and strengthening blood banks and operating theatres in CEONC service sites.
- Facilitate regularising RHD staff and internal meetings.
- Facilitate updating the Regional Health Profile.

M&E

- Continue the monitoring of SBA training sites.
- Provide TA to regional review workshops, and for report writing.

HSIS

- Disseminate the report of the study on the Role of Local Support and Performance of Birthing Centres during the Annual Regional Review.
- Support the region with the regional review workshop and preparation of the regional report.
- Continue to assist the RHD and districts in using the office website and in uploading information.

Coordination

- Continue facilitation of RHCT meetings and update the RHCT profile.
- Ensure regular Reproductive Health Coordination Committee (RHCC) meetings in the districts with productive outputs.
- Provide technical support for GESI committee formation and orientation in the remaining districts.
- Undertake interaction and orientation with the private and non-government sectors on the regional health programme.
- Continue support to the OCMC operation in Makawanpur and to the establishment of new centres in Sarlahi and Kavre Districts.

3. WESTERN REGION

Supporting GESI mainstreaming at district and regional levels:
GESI TWGs have been formed in three districts, and training has been provided to TWG members.

Supporting development/implementation of effective systems and processes within the RHD:
The RHD received three computers from MoHP during this reporting period, and Advisors supported staff to gradually shift from paper to computer-based working. Work on the Western Region Health Directorate (WRHD) website has begun and documents are being uploaded.

Supporting improved planning and coordination:

Advisors helped produce a draft Regional Health Profile, which will be used to inform regional plans. Data collection tools for the LHGSP were also developed, and Village Health Profiles of 12 LHGSP VDCs in Myagdi District were prepared.

Advisors also worked with nursing staff in a birthing centre in Tanahun District to help build their planning skills. The staff will apply these skills when preparing a MNCH plan.

CHALLENGES AND RESPONSES

The difficulties posed by the lack of computers and computer skills in the RHD are being overcome by the provision of several computers and the training of 15 RHD staff in basic computer skills.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning

- Revise and finalise the Regional Health Profile.
- Provide technical support to LHGSP Myagdi to train HFOMCs in health planning and to prepare a periodic village health plan.
- Provide technical support to organise a JD finalisation workshop and finalise the drafted JDs.
- Provide technical support in ultrasound training to nursing staff at Western Regional Hospital.
- Pre-test the mapping guideline in one VDC in Kaski district and finalise it for distribution.
- Provide technical support to establish OCMCs in Tanahun and Nawalparasi districts.

M&E

- Undertake monitoring of selected districts (Manang, Gorkha, Nawalparasi, Gulmi, Arghakhanchi, Baglung, Myagdi, and Rupandehi) with counterparts, in consultation with the RD.
- Analyse and prepare a report on RHCC meeting minutes for at least half of the region's districts.
- Collect and analyse service data of Kaski, Nawalparasi, and Mustang districts on a quarterly basis.
- Undertake a periodic review of GESI inclusion in the health programme.
- Provide technical support to update nursing staff on MNH.
- Support strengthening the SSU in the Western Regional Hospital and the OCMC in Dhaulagiri Zonal Hospital.
- Provide intensive TA and M&E support in one social inclusion pilot district.

Information Management

- Support RHD to establish an Information Centre.
- Support counterparts and other WRHD programme staff to prepare an annual health report of the Western Region.
- Support counterparts to prepare information for inclusion on the WRHD website.
- Prepare a Regional Review Meeting Process Report.

Coordination

- Provide technical support to selected districts to strengthen coordination between District Development Committees /VDCs and health institutions for social mobilisation.
- Provide technical support to form GESI TWGs in nine districts and to make more functional those formed in seven districts in FY 2068/2069.
- Organise a coordination meeting between the DHO and Nepal Red Cross Society to establish a blood bank in Syangja district.
- Organise a Regional Health Net Meeting and explore the possibility of intensifying GESI in their work.

4. MID-WESTERN REGION

Supporting improved availability of EHCS:

- Enhanced capacity of District PHNs and nursing staff of B/CEONC sites in monitoring EOC services in 14 B/CEONC sites.
- HWs of hospitals and health facilities trained on the PNC checklist for the operational research in Banke district.
- Revised EOC service assessment tools.
- Completed assessment of EOC service availability and utilisation in 23 B/CEONC sites.
- Assessed the infrastructure of the CEONC site in Rukum.

Supporting GESI mainstreaming at district and regional levels:

- Provided GESI orientation in Salyan and Rukum districts.

Supporting development/implementation of effective systems and processes within the RHD:

- Revised TOR of RHCT.

Supporting improved planning and coordination:

- Enhanced the presentation skills of RHD focal persons and increased their involvement in preparing presentations for the annual regional review.
- Three RHD staff trained on the website operating system.
- Updated regional profiles of birthing centres, and B/CEONC and FP service sites.

Supporting improved monitoring, collection, and analysis of health service data:

- Use of a process of onsite assessment and analysis to enhance the capacity of Statistical Assistants and Medical Recorders on disaggregated data analysis and utilisation.

CHALLENGES AND RESPONSES

The following challenges are being faced:

- The practice of sharing the findings of field visits is weak; in response, we are advocating the establishment of a regular system of sharing this information.
- Staff movement occurs on an ad hoc basis; in response, we are advocating for and coordinating well-planned staff movement.
- In response to the frequent interruption of Internet services, we regularly follow up on the maintenance of our Internet server.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning

- Complete the Regional Health Profile.
- Form GESI TWGs in Dang, Rolpa, Jajarkot, Kalikot etc.
- Support organising quarterly meetings of GESI TWGs in the districts.
- Update HR profile related to Birthing Centre, B/CEONC, and child health (immunisation).

M&E

- Support finalising the regional monitoring checklist from GESI and MNCH perspectives.
- Develop an integrated supervision plan for the RHD.
- Provide integrated supervision to districts from the RHD.
- Complete the EOC service assessment.
- Undertake monitoring visits to OCMCs.

Information System

- Formation of a district health information management committee in Banke district.
- Meet with EDPs/International NGOs/NGOs/private hospitals to bring their service statistics into the HMIS.
- Strengthening of the information bank.
- Establish a regional health documentation centre.

Coordination

- Celebration of a 16-day campaign against GBV in the unreached areas of all 15 districts.
- Internal knowledge management and sharing meeting in the RHD.

5. FAR-WESTERN REGION

CAPACITY ENHANCEMENT

Supporting improved availability of EHCS:

- Coordinated with the CEONC site in-charge and the D(P)HO/PHN for orientation on the newly upgraded CEONC site in Doti district.

- On-site coaching on the updated Aama Surakchha Programme guideline has been provided in Tikapur Hospital, Sewa Nursing Home, and Doti Hospital.
- On-site coaching has been given to SBAs during the third stage of labour management in Darchula district.

Supporting GESI mainstreaming at district and regional levels:

- Social Audit is being performed in selected VDCs.
- EAP is being implemented in Kanchanpur, Darchula, Baitadi and Doti districts.
- A guideline was prepared for the GBV eradication fund.

Supporting development/implementation of effective systems and processes within the RHD:

- JDs have been finalised for several positions in the RHD, including Medical Officer, Health Assistant, and EPI Supervisor.

Supporting improved planning and coordination:

- Coordinated with EDPs for technical and financial support to the regional review.
- Supported preparation of the periodic plan of Darchula district.
- The updated Aama Surakchha Programme guideline has been circulated to focal persons (PHNs) in all districts.
- Continued support in maintaining records and reporting appropriately is being given to district focal persons, including PHNs.

Supporting improved monitoring, collection, and analysis of health service data:

- Analysis and interpretation skills have been improved during annual review preparation.
- D(P)HO of Doti district has taken initiative to follow up with Police Hospital information in the regular MIS system.

CHALLENGES AND RESPONSES

As previously noted, some focal persons are not aware of the NHSSP working modality and expect direct support at the activity level. Change in this regard is difficult to see in a short period of time.

NHSSP staff working together as the RHD's team during the annual review meeting provided an example of how the work should be done.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning:

- Finalise the regional strategic planning document.
- Provide support to EPI microplanning at the district level.

M&E:

- Improve the monitoring system including joint monitoring plan.

- Establish a quarterly follow-up feedback mechanism.

Information System:

- Establish an information centre including a small library within the RHD.
- Support the RHD in writing the annual regional report.
- Write a concept note [protocol] for a small-scale study of Community-based Neonatal Care Programme effectiveness in proposed launch districts.
- Facilitate an exchange visit programme of birthing centres, inter-district and region.

Coordination:

- Provide TA, orientation, and coordination in RHCT meetings, and include the GESI perspective.
- Continue coordination with all districts to conduct RHCC reactivation meetings.
- Provide GESI orientation to the regional team.
- Focusing on one district, support the D(P)HO, one PHCC, one HP, and one Sub-Health Post to analyse health service utilisation from a GESI perspective, using disaggregation of data.
- Analyse the utilisation of free health services in Regional, Zonal, and District Hospitals by ethnicity and wealth quintile.
- Strengthen OCMCs.
- Support and provide orientation about OCMCs and other GESI-related activities to stakeholders.
- Provide TA for the EAP and Social Audit.
- Celebrate Ending GBV Day.

Annex 2 – Publications Produced During This Period

Rapid Assessment of the Demand-side Financing Schemes: Aama Programme and 4ANC

Benefit Incidence Analysis in Health

MoHP Business Plan – 2012/2013

Standard Operating Manual for e-AWPB

Financial Management Implementation Plan

Health Sector Strategy for Addressing Maternal Under-nutrition (Draft)

Community-based Integrated Management of Childhood Illnesses /Community-based Neonatal Care Programme Multi-year Work Plan 2012-2015

Social Service Unit Report

Review of Social Audit Guidelines and Practices in Nepal (Draft)

A Road Map for Establishing and Strengthening Social Service Units

Health Sector Social Audit Operational Guidelines 2068 (2012) (Draft)

Assessing the Value for Money of Technical Assistance provided by NHSSP to the Nepal Health Sector: Two Case Studies (Draft)

Monitoring and Evaluation Framework

NHSP-2 Logical Framework 2010 - 2015, Achievements in 2011 against Targets