NHSSP Nepal Health Sector Support Programme

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Nepal Health Sector Support Programme

Quarterly Report

Reporting Period: October – December 2014

Contents

Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
AWPB	annual work plan and budget
BNMT	Britain-Nepal Medical Trust
CA	Constituent Assembly
CAPP	consolidated annual procurement plan
CBIMCI	community based integrated management of childhood illness
CBNCP	community based newborn care package
CEONC	comprehensive emergency obstetric and neonatal care
cGMP	current good manufacturing practices
CHD	Child Health Division
CIAA	Commission for the Investigation of the Abuse of Authority
CMAM	community based management of acute malnutrition
CMS	contract management information system
CPN (Maoists)	Communist Party of Nepal (Maoists)
CPN (UML)	Communist Party of Nepal (United Marxist Leninists)
C/S	caesarian section
DDC	district development committee
D(P)HO	district (public) health office(r)
DfID	UK Department for International Development
DG	Director General
DHIS-2	District Health Information System-2
DHO	district health office(r)
DoHS	Department of Health Services

DUDBC	Department of Urban Development and Building Construction
EAP	Equity and Access Programme
EDP	external development partner
ENAP	Every Newborn Action Plan
EOC	emergency obstetric care
EPI	Expanded Programme on Immunisation
FCGO	Financial Comptroller General's Office
FCHV	female community health volunteer
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FMT	Fund Management Team
FP	family planning
FY	fiscal year
GAAP	Governance and Accountability Action Plan
GBP	Great British Pound
GBV	gender-based violence
GESI	gender equality and social inclusion
GIS	geographic information system
GiZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
H4L	Health for Life
HF	health facility
HFOMC	health facility operation and management committee
HIIS	Health Infrastructure Information System
HIV	human immunodeficiency virus
HMIS	Health Management Information System
HR	human resources
HuRIS	Human Resource Information System

ICB	international competitive bidding
IHME	Institute of Health Metrics and Evaluation (University of Washington)
INGO	international non-governmental organisation
IT	information technology
JAR	Joint Annual Review
KFW	Kreditanstalt für Wiederaufbau (German Development Bank)
LGCDP	Local Governance Community Development Programme
LMD	Logistics Management Division
LMIS	Logistic Management Information System
M&E	monitoring and evaluation
MD	Management Division
MDG	millennium development goal
MIS	management information system
MNCH	maternal, neonatal and child health
MNH	maternal and newborn health
MoF	Ministry of Finance
MoFALD	Ministry of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
MoU	memorandum of understanding
MS	medical superintendent
NC	Nepali Congress
NCB	national competitive bidding
NGO	non-governmental organisation
NHRC	Nepal Health Research Council
NHSP-2	Second Nepal Health Sector Programme
NHSP-3	Third Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPAS	Nepal Public Sector Accounting System

NPC	National Planning Commission
NSI	Nick Simons Institute
O&M	Organisation and Management
OAG	Office of the Auditor General
OB/GYN	obstetrics/gynaecology
OCMC	one-stop crisis management centre
OPM	Oxford Policy Management
OPMCM	Office of the Prime Minister and Council of Ministers
PAF	Poverty Alleviation Fund
PBGA	performance based grant agreement
PD	Population Division
PDT	Project Development Team
PEER	peer ethnographic evaluation and research
PFM	public financial management
PHCC	primary health care centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PNC	postnatal care
PO	procurement office(r)
PPICD	Policy, Planning, and International Cooperation Division
PS	procurement specialist
PSI	Population Services International
QA	quality assurance
QA&ITWG	quality assurance and improvement technical working group
QI	quality improvement
QITAC	quality improvement technical advisory committee
QoC	quality of care
RA	rapid assessment

RH	reproductive health
SARA	Service Availability and Readiness Survey
SBA	skilled birth attendant
SAVE/SCI	Save the Children International
SM	safe motherhood
SMNSC	Safe Motherhood and Neonatal Steering Committee
SNP	state non-state partnership
SPA	Service Provision Assessment
SSU	social service unit
STS	Service Tracking Survey
TA	technical assistance
TABUCS	Transaction Accounting and Budget Control System
TAG	technical advisory group
TARF	Technical Assistance Resource Fund
TB	tuberculosis
ToR	terms of reference
ToT	training of trainers
TWG	technical working group
UML	United Marxist Leninists
UNDB	United Nations Development Business
UNFPA	United Nations Family Planning Association
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	village development committee
WB	World Bank
WB-PQ	World Bank procurement quality
WDO	Women's Development Office
WHO	World Health Organization

1. Introduction

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit this quarterly progress report for the period October – December 2014. This period marks the fifth operational year of the programme and the second of its second phase.

NHSSP is a programme of Technical Assistance (TA) to the Government of Nepal's (GoN's) Ministry of Health and Population (MoHP) and its Department of Health Services (DoHS), managed by the UK Department for International Development (DfID) on behalf of the pooled funding partners of the Second Nepal Health Sector Programme (NHSP-2).

Phase 1 of NHSSP ended in August 2013. Under phase 2, Options leads a consortium of partners comprised of itself, Crown Agents and Oxford Policy Management (OPM). In September 2013, an inception period took place during which priority work areas, outputs and a new draft log frame were developed. In addition, a flexible Technical Assistance Resource Fund (TARF) was created under MoHP's Policy Planning and International Cooperation Division (PPICD) to support new initiatives proposed by MoHP and its external development partners (EDPs). The phase 2 log frame was further revised during the DfID Annual Review in January 2014 and progress against each of its outputs for this quarter is described in detail in Section 3.

The work of NHSSP's advisors is based on:

- the requirements of NHSP-2;
- the on-going activities and plans of the various MoHP departments, divisions and centres;
- the NHSSP phase 2 inception report, and
- the individual year 2 work plans of advisors that were revisited and updated with GoN counterparts and DfID and finalised on 1st September, 2014 .

All work plans have been agreed with advisors' counterparts who are mostly the heads of divisions and centres including Family Health Division (FHD), PPICD, Logistics Management Division (LMD) and others. All NHSSP activities are designed to enhance the capacity of MoHP/DoHS to deliver NHSP-2 and, most recently, to prepare the ground for NHSP-3. Enhancing capacity, for NHSSP 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 (October 2014 – December 2014)

Nepal hosted the 18th SAARC regional meeting between 26-27th November during which the importance of achieving universal health coverage, improving health regulatory systems, preparedness for emerging and remerging diseases, and the challenges posed by anti-microbial resistance and non-communicable diseases were stressed. The meeting applauded the progress made by SAARC countries in the last decade in response to AIDS and set a target to end the AIDS epidemic in the region by 2030.

The meeting also approved the upgrading of its TB Reference Laboratory in Kathmandu to a supra-national reference laboratory and members reiterated their strong commitment to good governance for sustainable development by promoting accountability, transparency, the rule of law and people's participation at all levels of governance.

New Health Minister Khagaraj Adhikari and Health Secretary Shanta Bahadur Shrestha continued to promote Nepal's nascent National Health Policy (2071) which envisions, somewhat ambitiously, of establishing at least one health centre in each village, primary health care centres in areas having populations of 20,000 and 25-bed hospital in population centres of greater than 100,000.

Progress made between October and December 2014 against programme logframe outputs is summarised as follows:

In Strengthening Core Health System Functions

The principal achievement under **procurement** was the receipt by LMD of a no objection letter from the World Bank for its revised consolidated annual procurement plan (CAPP), 2014/15. LMD's web-based technical specification bank for medical equipment, drugs and other materials reached 1169 entries (209 pharmaceuticals and 960 equipment) against combined phase 1 and 2 targets of 400 and 1100 respectively. This leaves 261 pharmaceuticals and 140 equipment remaining by the end of the current year.

Good progress was made with the electronic Contract Management Information System (CMS) and related demand forecasting and delivery information systems through the preparation and approval of a rollout plan for central/regional warehouses and divisions. This will help strengthen supply chains of drugs and equipment.

A 'Workshop on Procurement Reform in the Health Sector' organised by the DoHS/LMD recommended the repositioning of LMD within MoHP's structure, increasing its level of autonomy and recruiting professional procurement experts to help run it. An O&M study to examine these proposals is now underway.

Important evidence of progress in **public financial management** (PFM) was MoHP's submission of the 3rd Financial Monitoring Report (FMR) for 2013/14 and 1st FMR for 2014/15 in the quarter and the preparation of a central book of audit queries. 98% of this year's financial data has been entered into TABUCS to date which now also contains MoHP budget authorisations uploaded directly into the system. A TABUCS monitoring framework was also prepared and uploaded.

Health infrastructure planning advanced with the development of a GIS referenced 'layer' identifying the location of health facilities for incorporation within Management Division's Health Infrastructure Information System (HIIS). Related work to use spatial mapping to delineate clusters of health facilities and so identify suitable locations for new secondary and tertiary level hospitals for various districts, zones and regions also began.

In Strengthening Information and Monitoring Systems

Monitoring and evaluation. International TA from the University of Oslo assessed the IT environment for the upgraded health management information system (HMIS), check various input and output reports, create VDC specific layers and develop a Nepali calendar within the District Health Information System - 2 (DHIS-2) (www.dhis2.org) operating platform. The five HMIS coordinators appointed last quarter to troubleshoot HMIS problems began their support to districts and facilities as required.

A schema for the development of a uniform data coding system across the nine MISs maintained by MoHP is being developed and will shortly be finalised and forwarded to MoHP for approval.

In a further development, work was completed by MoHP and EDPs with NHSSP support on the customisation of tools for the Nepal Health Facility Survey (NHFS) to be implemented from 2015 onwards. A NHFS workshop was held and with 50 participants following which the development of Computer Assisted Personal Interviewing (CAPI) and Computer-assisted Field Editing (CAFÉ) began. A scoping exercise for the proposed Burden of Disease study was also carried out by separate consultants.

Under **essential health care services** the piloting of the hospital quality improvement process (HQIP) continued with QI committees in Taplejung and Hetauda carrying out additional planning-review cycles to promising effect. Further, Options organised a regional QoC 'Café' under its corporate social responsibility programme to explore QoC from systems', providers' and users' perspectives.

Activities to support the implementation of strategies to address overcrowding in tertiary facilities included the finalisation of 2014/15 action plans and monitoring frameworks for three referral hospitals. In addition, the district health officer (DHO) in Banke district agreed to implement the strategic birthing centre approach and began orienting health facility operation and management committees (HFOMCs) on their roles and responsibilities. Further, a first meeting was held with a district ambulance management committee with a view to establishing a 24 hour free ambulance service to strategic birthing centres.

MoHP's efforts to improve MNH programming in underserved remote areas continued in Taplejung with both hospital and community level activities carried out. A first batch of SBAs completed training placements and learned and practiced critical life-saving skills. The equity and access component was reviewed and gaps in social mobiliser skill sets identified and appropriate support provided.

Programmatic support to FHD to help meet family planning requirements saw coordinators for three of the five proposed pilots deployed to districts. A FP/EHC office was also appointed in Kathmandu. In a further development, MoHP endorsed Save the Children International's (SCI's) revised community based integrated management of newborn and child illness (CB-IMNCI) package for roll out across the country and SCI trained up 27 master trainers.

In Supporting Institutional Reform Processes

Under **health policy and planning**, the first draft NHSP-3 strategy document was reviewed and received during a first Steering Committee meeting prior to circulation to EDPs. Draft monitoring frameworks for both the strategy document and draft implementation plan were prepared.

The preparation of pre-JAR 2015 discussion papers began although some uncertainty currently exists about the exact JAR dates.

Gender equality and social inclusion related advances included early indications from MoFALD that it is willing to integrate health social mobilisation into its Local Governance and Community Development Programme (LGCDP). Following feedback received from DfID on the rapid assessment, an action plan for further operational research in two VDCs of one district was submitted to DfID for approval. MoFALD has agreed in principle to the research (though prefers the term 'Case Study') and is developing selection criteria with which to chose an appropriate district.

Backstopping support to Social Service Units (SSUs) was provided at three hospitals including guidance on the preparation of case studies for presentation to forthcoming annual review meetings. Cross-ministry collaboration to treat victims of gender based violence and address underlying causes included an annual national review workshop which reviewed achievements, good practices, lessons learned and recommendations for the strengthening and scaling up OCMCs. Further, training on psycho-social counselling was provided for 20 health staff and safe home staff from three districts with support from the Asia Foundation.

Progress in **public financial management** included the sharing of preliminary findings of the Aama unit cost study with FHD and the preparation of a management note to help translate findings into policy recommendations.

Technical Assistance Response Fund (TARF) Funding

TARF funded activities in the quarter were as follows:

- Short term support for the costs of a bio-medical engineer, mechanical engineer and procurement specialist for four months from October 2014 at the request of LMD.
- Support for the costs of a procurement reform consultant at the request of LMD.
- Support for the costs of an SBA trainer for 9 months at the request of NHTC.
- Extension of CEONC mentor till July 2015 at the request of FHD.
- Extension of 3 PDT NHSP-3 consultants till March 2015 at the request of PPICD.
- Extension of 2 Procurement Specialists for seven months (Jan- July 2015) at the request of LMD.

- Support to MoHP/DoHS for PFM capacity building including clearing audit queries.
- Support for remedial design work for Surkhet, Seti and Bheri Hospital infrastructure from MD.

Summary details of the expenditure on the TARF to date are as follows:

Descriptions	Amount	Remarks
Total Fund Value	£500,000	
Spent to end November 2014	£129,009	
Additional committed to date	£209,869	
Potential applications to July 2015	£40,727	
Projected remaining Balance	£120,395	

Additional support

In addition to the activities funded under NHSSP phase 2, Options is managing several sub-contracts on behalf of DfID as outlined below and described in greater detail in the appropriate sections of this report.

a) In Monitoring and Evaluation (M&E)
At the request of Management Division (MD), a contract was awarded to the local consultancy New ERA to assist the division in assuring the quality of training on the revised HMIS at all levels and across all districts (see 3.1.2).

b) In Financial Management
Funds were provided for training and the roll out of TABUCS at all cost centres across the country (see 1.2.1).

c) In Essential Health Care
SAVE continued their effort to strengthen new born care in Nepal, completing assessments and training as described in Annex 2 and the remote areas study got underway.

14 NHSSP and 3 sub-contract payment deliverables and 5 publications were produced in the quarter with all final, non-sensitive documents uploaded to the NHSSP website (www.nhssp.org.np). NHSSP's website has had 16,700 hits since Jan 2013 and over 120 NHSSP documents have been posted to MoHP's website (http://www.mohp.gov.np/index.php/publication-1/reports/nhssp-report). NHSSP Facebook page 'likes' at the end of the quarter totalled 5000 and 170 people currently follow the programme on Twitter.

3. Detailed Quarterly Updates

TA Output 1:
Core Health System Functions Strengthened

NHSP-2 Outputs: **Improved physical assets and logistics management (7)**
Improved heath governance and financial management (8)
Improved sustainable health financing (9)

Indicator 1.1: Logistics Management Division's (LMD's) capacity for transparent and timely procurement

1.1.1. Increase Logistics Management Division's (LMD's) capacity to conduct procurement and contract management in a transparent, timely and accountable manner in line with procurement guidelines and the Consolidated Annual Procurement Plan (CAPP)

The CAPP for 2014/15 received a final no objection letter (NOL) from the World Bank on 10th October 2014. This now clears the way for LMD to begin procurement activities. In order to facilitate this, agreement was reached to extend the contracts of the two incumbent TARF funded procurement staff and to recruit two additional specialists. A simple procurement plan monitoring report was also introduced into LMD's Procurement Unit although the late approval of the CAPP means the procurement plan is unlikely to be fully implemented in the year.

Adviser efforts in the coming quarter will focus on preparing the ground to ensure that 2015/16's CAPP better reflects the consolidated needs of all divisions and centres and is approved earlier in the financial year.

1.1.2 Quality assurance (QA) procedures for annual procurement plans and bid documents established and disseminated with approval by DfID and Logistics Management Division (LMD)

QA procedures were completed by advisers for all documents submitted for review but LMD's continuing tendency to by-pass procedures for many national competitive bids (NCBs) is undermining QA system integrity. Since this is not being utilised, consideration is now being given to discontinuing NHSSP's involvement in QA in year 2 and preparing a review of procurement in LMD since 2010 instead, to include suggestions on how to better conduct procurement under NHSP-3.

NHSP-3 follow on: Possible use of review findings to influence procurement design under NHSP-3 (see Procurement Reform below).

1.1.3 Support improvements in systems, procedures and processes for procurement and contract management

The development of LMD's electronic Contract Management Information System (CMS) continued with additional features added and training in procurement and CMS' use completed in Kathmandu. A tentative procurement training plan for the regions was prepared.

Visits to regional and district centres to review supply chain processes (including procurement and contract management) continued with one trip undertaken. One meeting of the 'Friends of LMD' coordination group also took place.

In the coming quarter, regional and district visits will continue for training on supply chain coordination purposes along with dissemination using a contact management system (CMS).

1.1.4 Strengthen linkages between procurement, contract management and finance through an electronic contracts management system

Good progress was made in demand forecasting and delivery information with the rollout plan approved for full implementation in central/regional warehouses and divisions and implementation started.

A series of meetings between DoHS' Finance Section and LMD on the roll-out of the system was held and a major CMS system workshop carried out on 24 November. A full scale trial of the CMS linkage system with the Finance Section will begin in December.

In the next quarter, implementation of the demand forecasting and delivery information reporting systems will begin. Security access levels for reports will also be discussed by LMD/Finance Section with the DG and, following approval, the system will be rolled out.

1.1.5 Enhance value for money in procurement practices by improving LMD knowledge of the supplier market for selected procured goods

No significant developments reported in this area in the quarter.

1.1.6 Expand capacity of Logistics Management Division (LMD) to effectively ensure quality of goods procured through use of technical specification bank and appropriate use of biomedical engineers

LMD's web-based technical specification bank for medical equipment, drugs and other materials reached 1169 entries (209 pharmaceuticals and 960 equipment) against combined phase 1 and 2 targets of 400 and 1100 respectively. This leaves 261 pharmaceuticals and 140 equipment remaining by the end of the current year. The databank is hosted on LMD's website (www.dohslmd.gov.np). To date, the bank has received 2037 hits and 1950 downloads of specifications have taken place.

LMD's and NHSSP's biomedical engineers have now visited fifteen hospitals in eight districts to promote use of the bank and coached LMD's bio-medical engineers in appropriate post-shipment inspections including the rejection of sub-standard equipment.

In the coming quarter, TA will continue to design, draft and upload further specifications, visit Nepal's three other regions to promote use of the bank and assist in facilitating independent third party quality assurance of specifications.

Procurement Reform. A 'Workshop on Procurement Reform in the Health Sector' was organised by the DoHS/LMD on Sep 19 in Kathmandu. The meeting made three core recommendations:

- elevate LMD within MoHP's structure and provide it with full authority to oversee procurement in the health sector
- clearly define LMD's scope of work
- establish positions for professional procurement experts having clear ToR within the restructured LMD.

A short concept paper was prepared, discussed with key stakeholders and taken forward by MoHP's Procurement Reform Committee which requested an organisation and management (O & M) study to inform the restructuring of LMD. Accordingly, a detailed organisational development paper is being prepared by an O&M team.

The goal of the proposed LMD restructuring is 'to improve efficiency and effectiveness in the health sector procurement, distribution and management of drugs, equipment and services to ensure value for money' and the expected outcomes are to:

1. Strengthen institutional aspects of public health sector procurement
2. Improve supply-chain management and put in place an effective partnership mechanism
3. Institutionalise the internal control system to reduce fiduciary risks in procurement.

Indicator 1.2 Timeliness of Budgeting and Financial Reporting

1.2.1. Improve budgetary control by supporting roll out of Transaction Accounting and Budget Control System (TABUCS) nationally and building capacity of **Ministry of Health and Population (MoHP) to effectively manage and use TABUCS**

Up to the end of November, 98% of the year's financial expenditure had been entered into TABUCS. MoHP is now able to produce budget and expenditure data by programme and entities in a single page printout. In addition, MoHP sent budget authorisations for approved annual programmes to all cost centres via TABUCS. This has saved DoHS' finance section considerable time and improved the timeliness of forwarding authorisations.

MoHP's financial monitoring report (FMR) is now included in the TABUCS and DfID can access the report using its own username and password. A TABUCS monitoring framework has also been prepared, endorsed and uploaded into the system. TABUCS's Facebook page now has over 1000 friends.

NHSP-3 follow-on: anticipated activities include:

- Linking TABUCS with other MIS including the Treasury Single Account, Line Ministry Budget information system, HMIS, the Human Resource Information System (HuRIS), Health Infrastructure Information System (HIIS) and Logistics Management Information System (LMIS)
- Ensuring consistency between TABUCS and the Nepal Public Sector Accounting System (NPSAS)
- reporting system, and
- Upgrading TABUCS to include an inventory control and procurement system.

1.2.2. Capacity of Ministry of Health and Population (MoHP) cost centres to deal with audit queries and provide financial reports built

In the reporting period, MoHP prepared a central record book of audit queries containing item-wise queries with descriptions and amounts from the FY 2012/13 audit. In compiling this document, TA supported MoHP to describe the audit queries and their clearance by cost centres.

Planned TA activities for the coming quarter include supporting regional training for cost centre staff, running an audit query workshop and supporting ongoing efforts to clear individual audit queries. The main risks associated with this work are failures of staff to comply with the guidelines and the limited availability of funds to train them.

NHSP-3 follow on: Recommended activities include strengthening the institutional set up to support implementation of the internal financial control and audit clearance guidelines and the development of an internal control system. This may include establishing dedicated audit clearance units within MoHP and DoHS. Provision should also be made to review and update both guidelines in the light of experience in 2014/15.

1.2.3. Support wider public financial management (PFM) programmes by providing inputs on issues including fiduciary risk review (and supporting Financial Management Improvement Plan (FMIP) governance structures)

The rationalisation of MoHP's Financial Monitoring Report (FMR) templates (from 33 to 6) reported in the last quarter has already contributed to improvements in the timeliness of reporting with the 3rd FMR Report for FY 2013/14 and 1st FMR Report for FY 2014/15 submitted in the quarter.

Three documents on performance based grant agreements (PBGAs) with hospitals were completed, namely: a report on PBGAs with a monitoring framework and a literature review on the contracting of private hospitals and the purchasing of hospital services in Nepal: next steps to develop a common understanding on service purchasing from hospitals.

NHSP-3 follow on: Recommended activities to be taken forward include establishing a PFM committee in DoHS and developing a comprehensive PFM framework incorporating Governance and Accountability Action Plan (GAAP), FMIP and Procurement Improvement Plan (PIP) indicators.

Indicator 1.3: Availability of Standards and Criteria for Expansion of Health Infrastructure

1.3.1 Support rationalisation and coordination of procurement planning for infrastructure (including maintenance)

Following MoHP's approval of the consolidated infrastructure procurement plan which was prepared using improved selection criteria in the last quarter, TA inputs focused on building Management Division's and DUDBC's capacity to both defend and implement the plan.

Progress was also made in preparing a GIS referenced 'layer' of health facilities for integration within the Health Infrastructure Information System (HIIS). Once completed, this will improve the visualisation of existing facilities and help improve planning related to locating new facilities.

The principal risk associated with the new infrastructure selection criteria is the potential non-compliance of district authorities with land selection guidelines arising from pressure by local communities and other government entities.

NHSP-3 follow on: Institutionalising the process of infrastructure planning in compliance with official selection criteria will be a key infrastructure objective. Further, concerted efforts will be needed to bring all construction works funded from MoHP's budget under the aegis of Management Division.

1.3.2. Improve monitoring of health infrastructure projects by strengthening the Health Infrastructure Information System (HIIS)

The training of technical staff on the use of HIIS and district level verification of GIS coordinates of facilities continued. Work to delineate clusters of health facilities and identify suitable locations for new secondary and tertiary level hospitals for various districts, zones and regions advanced with the support of MoHP's joint secretary. These inputs have the potential to improve the equitable distribution of facilities across the country, so improving referrals.

In the coming period, work to delineate whole health districts, zones and regions based on distance (accessibility) and population criteria will be taken forward with a view to endorsement in early 2015. The main risk associated with this activity is that it may be blocked by political interests.

NHSP-3 follow on: The principal challenge here will be to institutionalise the system once endorsed, a process that is estimated to take between and two and three years.

Rehabilitation of Zonal and Regional Hospitals: A multi-disciplinary team (architects, structural, electrical and sanitary engineers, quantity surveyor and demographer) was formed for an independent assessment of Bheri and Seti Zonal Hospitals and Surkhet Regional Hospital. This assessment will take place in January 2015.

Infrastructure Contract Management: In order to improve construction monitoring, supervision and quality control, DUDBC has made a proposal to increase the number of its divisional offices from 25 to 43. An O&M survey to explore how this might be done is now underway.

TA Output 2:
Information and Monitoring System Strengthened

NHSP-2 Output: Improved monitoring and evaluation (M&E) and Health Management Information System (HMIS) (6)
Improved Service Delivery (4)

Indicator 2.1: Monitoring and evaluation (M&E) framework for strategic plan developed and evaluation tools institutionalised in MoHP

2.1.1 Support the integration of the Ministry of Health and Population (MoHP) and the Department of Health Services (DoHS) Management Information Systems (MISs) by developing a unified coding system

A schema for the development of a uniform data coding system across the nine MISs maintained by MoHP is being developed and draft will shortly be forwarded to MoHP for further feedback and finalisation. The development of a uniform data coding system will facilitate the greater integration and analysis of datasets across the health sector.

2.1.2 Support the roll out of the revised Health Management Information System (HMIS) to ensure quality data and promote better use of data (including disaggregated data)

NHSSP, jointly with WHO and Health for Life, continued its support to Management Division for the development and roll out of the revised HMIS. During the reporting period, John Lewis and Morten Olav Hansen, DHIS experts from University of Oslo worked with the Nepal team to assess the server environment at HMIS; check data entry forms and output reports; create VDC layers in the hierarchy to allow VDC level analysis; develop a Nepali calendar (Vikram Samvat) in DHIS2; create GIS spatial coordinates for regions, districts and the locations of health facilities; create user roles for data entry, data approval, analysis at all levels of the health administrative hierarchy, and host the customized DHIS2 Nepal database online with SSL certificated (https://hmisnepal.org).

The five HMIS coordinators appointed in the last quarter worked with regional and district health staff to identify those districts and health facilities requiring focused technical support to improve the use and quality of HMIS data. In addition to providing this support, the team presented at the regional reviews and inputted into the preparation of annual reports.

During the reporting period, additional HMIS tools were printed and supplied to districts with shortfalls. This was a stop-gap measure prior to regular government supplies reaching health facilities.

Preparation of a compendium of HMIS indicators is now underway and similar plans have been made for a compendium of NHSP-3 results framework indicators. This will help health managers and workers

develop a common understanding of indicator definitions and their effective use under the new sector plan.

During this period NHSSP advisors continued working with the medical superintendent and medical recorder of Lumbini Zonal Hospital in Rupandehi district, to improve the medical record system. A plan was developed jointly for implementation in the next quarter.

2.1.3 Support the generation of primary information for NHSP-2

NHSSP's M&E and Research advisors continued to support MoHP in preparing its NHSP-3 strategy document, in particular by providing evidence to inform its preparation process and the M&E strategy and results framework. The latter includes details of indicators, disaggregation levels, targets and sources of measurement. This work was carried out in coordination with WHO, UNFPA, UNICEF, Health for Life and other partners.

2.1.4 Improve the availability and use of evidence/data for planning and policy design by strengthening information sources

TA worked closely with MoHP and development partners (incl. USAID, WHO, UNFPA and New ERA) and various programme divisions and centres to customize tools for the proposed Nepal Health Facility Survey 2015 (NHFS 2015). MoHP then held a two days workshop in November attended by 50 participants for its finalisation following which the design of Computer Assisted Personal Interviewing (CAPI) and Computer-assisted Field Editing (CAFÉ) programmes began.

Training for pre-testing the tools will take place in January 2015 ahead of implementation in February. The training of enumerators will take place in March and data collection will take four months between April and July. The preliminary report will be produced in October 2015 and finalised in February 2016.

Also in this period, Prof. Theo Vos and Aastha KC from the Institute for Health Metrics and Evaluation (IHME)/University of Washington undertook a scoping exercise for the Burden of Disease (BoD) study. The key objectives were to identify opportunities to refine country level BoD estimates for Nepal; collaborate with in-country partners to ensure quality in country level estimates, and determine the feasibility of estimating the burden at the sub-national level in the near future. NHSSP's research advisor worked closely with the team throughout and a detailed report will be shared with stakeholders in December 2014.

2.1.5 Support the generation and analysis of primary information for NHSP-2 and to inform NHSP-3

see 2.1.4.

Indicator 2.2: Quality of care (QoC) in maternal health services

2.2.1 Support the development of a system and tools for monitoring and managing the quality of maternal, neonatal and child health (MNCH) in health facilities.

In this reporting period, the piloting of the hospital quality improvement process (HQIP) continued as planned. The QI committees in Taplejung and Hetauda district hospitals conducted two and one follow up monthly meetings respectively. Taplejung completing all 15 tasks in its action plan (mostly related to infection prevention, FP counseling, citizens' charter and Aama fund recipients postings, filling of partographs, and supplies/logistics etc) and identified 4 new tasks. Hetauda had completed 10 of its 16 planned tasks (related mainly to supplies/drugs, equipment, and HR).

The national level QAI TWG could not meet due to the vacancy of the post of section chief of QA section in Management Division while the QI TAC could not meet due to its members' busy schedules.

Options organized a half day sharing of regional experiences and discussion on quality of care using a 'Knowledge Café' format under its corporate social responsibility programme. Participants from India, Burma and Options UK also visited Hetauda hospital to observe HQI processes in practice and to understand the challenges and lessons learned.

In the coming quarter, efforts will be made to link hospital QI processes with the wider hospital management strengthening programmes being supported by the Nick Simons Institute. This will be taken forward with concerned GoN divisions and partners in the context of strengthening support to district hospitals.

NHSP-3 follow on: Based on learning from the Hetauda and Taplejung pilots, the hospital QI process should be scaled up in a phase-wise manner to cover all district hospitals. The development of tools and mechanisms for QI processes at referral hospitals should also be considered.

2.2.2 Support the implementation of strategies to address overcrowding in tertiary facilities

In the last quarter, MoHP approved FHD's budget for referral hospitals following which FHD staff, the CEONC senior consultant and NHSSP TA supported three referral hospitals, Narayani Sub-regional Hospital, Bheri Zonal Hospital and Seti Zonal Hospital, to finalise their 2014/15 action plans and develop monitoring frameworks.

In addition, the DPHO of Banke District signed an MoU with NHSSP to implement the strategic birthing centre approach at five health facilities. The DPHO's staff began orienting the respective health facility operation management committees (HFOMC) on the approach and their roles and responsibilities. The DPHO also conducted a first meeting of a district ambulance management committee along with

ambulance providers with a view to setting up a free 24-hour ambulance service for these strategic birthing centres.

An evaluation of the approach taken to support the three referral hospitals and strategically located birthing centres is scheduled for May/June 2015.

NHSP-3 follow on: The continued provision of TA assistance to FHD to enable referral hospitals to overcome overcrowding at maternity wards and so improve the quality of care will be needed.

2.2.3 Support effective implementation of comprehensive emergency obstetric and neonatal care (CEONC) funds

FHD, supported by the TARF-funded CENOC mentor, visited Ghorahi and Tulsipur hospitals in Dang; Bheri Zonal Hospital (BZH) in Nepalgunj; Rumjatar hospital, and Okhaldhunga and Solukhumbhu hospitals. The mentor conducted CME for all doctors and nurses and demonstrated all steps for C/S operations (except in BZH). He also facilitated the continuation of CEONC services in relation to HR and equipment availability and the layout of labour rooms (e.g. in Ghorahi) using the CEONC budget.

In BZH, the mentor discussed action planning and how to win commitments from the hospital team. He also facilitated FHD for the posting of doctors in Gorakha, Syangja, Tanahu, Dailekh, Taplejung, Rolpa, Sindhuli and Sindhupalchowk district hospitals where CEONC services are not functioning due to the unavailable of doctors.

In Lahan hospital the CEONC programme resumed after 4 months on non-functionality and developed an action plan for fiscal year (2014/15). FHD also conducted a feasibility study ahead of launching the Aama programme in Phul Kumari Memorial Hospital (private) in Karjanha village Sihara district.

In the coming quarter, TA will continue to support the strengthening and expansion of CEONC services.

NHSP-3 follow on: Support for the production and availability of HR to enable service strengthening and expansion to new CEONC sites linked to Management Division's hospital quality of care improvement budget. The strengthening of hospital development committees to ensure sustainability of service provision should also be a central activity.

2.2.4. Support review, planning and budgeting of Family Health Division/Child Health Division (FHD/CHD) and others

NHSSP TA helped FHD complete the revision of district implementation guidelines for 2014/15 which are now ready to be issued to districts. Advisers also supported the implementation of FP programmes both at district and national levels including FP micro-planning training and FCHV day celebrations.

In addition, TA helped Management Division inform the national QA steering committees of progress made in establishing QA and QI systems for quality improvement at the point of service delivery, including appropriate monitoring mechanisms. TA also contributed to finalising district operational

guidelines for Management Division's QA budget allocation. This budget also included the district hospital quality improvement fund.

With the financial support of TARF, NHTC recruited a mentor for SBA trainers who visited Bheri and Surkhet hospital training sites and provided coaching on maintaining records/logbook; use of the CTS approach; the use of teaching models for normal delivery; MVA/IUCD insertion and breeched deliveries, and the use of partographs. Subsequently, trainers began written peer assessments of performance.

The mentor also provided inputs to the NHSP 3 results and monitoring framework and the Nepal Health Facility Survey and continued to help FHD prepare for the Annual RH Review meeting to be held in January 2015.

FHD finalised an Obstetric First Aid Training of Trainer (OFA TOT) manual and developed slides for training with support from NHSSP and conducted a ToT training.

2.2.5. Support to disseminate study findings on integration of FP services in EPI clinics

(see 2.2.7)

2.2.6. Support to design and preparation of remote areas MNH pilot in Taplejung district

NHSSP TA continued to support the DHO in Taplejung to implement the remote areas MNH pilot. Planned activities were carried out as scheduled at both health facility and community levels with HFOMC committees implementing around 50% of planned activities.

The first batch of five SBAs completed their two weeks placements at Koshi Zonal Hospital on a rotational basis. They built their confidence on complications management including assisted vaginal deliveries, manual vacuum aspiration of retained products of placenta and the insertion of IUCDs. The major challenge faced was the DHO's ability to mobilise district supervisors and ensure the continued presence of health workers, including locally contracted staff, at their posts.

The first equity and access programme review was conducted and identified gaps in programme implementation and the abilities of some social mobilisers to carry out their tasks. The facilitators reinforced key MNH messages and taught mobilisers how to use various approaches for effective group mobilisation and the preparation of the forthcoming quarterly plan.

An M&E agency, HERD, was also recruited from 5 applicants using clear selection criteria, and is currently finalising the process monitoring plan.

In the coming quarter, the DHO will organise a district consultation to improve the distribution of commodities and a mid-term review of the whole initiative (probably in February 2015). The latter is expected to provide early insights into the value and feasibility of adopting a remote areas approach.

2.2.7. Support to design and implementation of interventions to reach un-reached population in family planning

In the reporting period, the Family Planning (FP) pilot interventions *Tippani* was approved by DG/DoHS following which district coordinators for Sindhupalchowk, Baitadi, and Ramechhap helped DPHOs to implement the pilots. At central level, the FP/EHC officer and FP coordinator worked to both strengthen EHCS activities and establish a common understanding on pilot implementation modalities with DfID/USAID/HERD.

In addition, a district consultation meeting took place in Ramechhap on the visiting server provider model and a tripartite MOU was signed between NHTC, Chhetrapati FP Welfare Centre (CFWC) and NHSSP on FP training (implants). The first of three rounds of 8-day FP competency based training took place for 8 service providers at Chhetrapatic Family Welfare Centre.

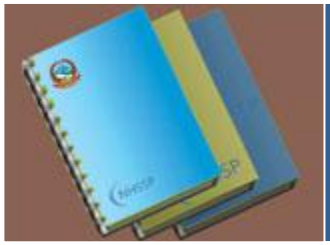
In Sindhupalchowk, the DPHO drafted an FP/EPI pilot implementation plan at the DHO in Chautara, while in Baitadi, the district coordinator made an introductory visit to Darchula DHO and observed VSC camps conducted jointly by FPAN and DHO. He noted that DHO/Baitadi was already providing IUCD and implant services during VSC camps.

In the next quarter, two revised concept notes on visiting providers and the FP/EPI model will be shared with DfID and HERD, a 2-day orientation for district supervisors/health facility in-charges will be conducted at DHO Chautara; an FP coordinator and M&E officer will be recruited; 4 visiting providers will be selected; an MOU will be signed between NHTC, CFWC/ICTC and NHSSP on FP training (NSV/ML) for Baitadi and Darchula.

Support for the design and preparation of new born care support through SCI (Save the Children International)

MoHP endorsed the revised CB-IMNCI package for rolling out across the country. In addition, SCI supported the training of 27 master trainers from 4-10 November in Kathmandu. The training of health workers at district level on IMNCI also began as did the on-site coaching of staff at facility for MNH service quality improvements.

SCI's quarterly progress report is included as Annex 2.



TA Output 3:
Institutional Reform Processes Supported

NHSP-2 Outputs: **Improved Sector Management (2)**
Improved Sustainable Health Financing (9)
Reduced cultural and economic barriers to accessing health care services (1)

Indicator 3.1: Draft NHSP-3 Document

3.1.1 Support to strategic planning for NHSP-3

Following preparation of the zero draft NHSP-3 document last quarter, the first Steering Committee Meeting took place on 14th November, 2014. This meeting approved the strategic directions and target outcomes of the document and took stock of the alignment of its strategies with the policy elements of the new National Health Policy 2014.

The PDT core group released the first draft of various NHSP-3 documents including a draft M&E framework and an M&E plan for the Implementation Plan. Draft 1 of the NHSP-3 document was forwarded to DfID on November 27 for their review. A one-day consultation meeting between senior officials of MoHP/DoHS and EDPs took place in December 11 to refine the document which was then shared at national and regional reviews and with regional directorates.

Next steps include developing the Implementation Plan (IP) which will be finalised in consultation with the director general and divisional directors. All divisions have nominated a focal person to work with the IP development team.

3.1.2 Support the development of the five-year (2015-2020) health sector strategic plan

Preparation of the NHSP-3 Implementation Plan (NHSP-3 IP) began in the last quarter following the recruitment of a TARF funded national expert. As noted, work to prepare a monitoring framework for the implementation plan is now underway.

The JAR 2014 is likely to have a strong bearing on the NHSP-3 IP and the preparation for pre-JAR reports began in the reporting period. These will be submitted for MoHP and EDP review in January.

The major risk to this activity is that Nepal's new constitution or federal structure will create obstacles or policy ambiguities that limit MoHP's abilities to implement NHSP-3. Such politically triggered risks largely lie beyond the Ministry's control.

3.1.3 Strengthen State Non-state Partnership (SNP) functions within Policy, Planning and International Cooperation Division (PPICD)

No new developments in the reporting period.

Indicator 3.2: Refocused and sustainable Equity and Access Programme (EAP)

3.2.1 Technical strengthening, expansion and improved sustainability of the Equity and Access Programme (EAP)

In the reporting period, MoFALD gave early indications of its willingness to integrate MoHP's Equity and Access (EAP) Programme into its Local Governance and Community Development Programme (LGCDP). This followed completion of a rapid assessment of Health and Governance Social Mobilisation Programmes in two districts carried out under PHCRD from which a summary note was produced with key findings and recommendations on the way forward.

Following feedback received from DfID an action plan for further operational research in two VDCs of one district was submitted to DfID for approval. MoFALD has agreed in principle to the research (though prefers the term 'Case Studies') and has undertaken to develop criteria to select an appropriate district.

The main risk that could undermine this work is if LGCDP/MoFALD proves unwilling to implement the action plan for operational research.

NHSP-3 follow on: Use the findings of the operational research to help operationalise the Collaborative Framework between MoHP and MoFALD to support harmonisation of social mobilisation programmes and demand side accountability approaches.

3.2.2 Social service units (SSUs) piloted across 8 zonal and referral hospitals and an institutional home for SSUs established

The revised SSU operational guidelines were formally approved by Minister. Backstopping support was provided to SSUs in Maternity, Bharatpur and Seti Hospitals and guidance on the preparation of case studies given to selected SSUs (Bharatpur, Bheri and Seti) to help them document compelling cases and good practices for presentation at forthcoming annual review workshops. In addition, ToR for the evaluation of the performance of pilot SSUs were drafted.

In the next quarter, an annual review workshop of SSUs will be organised by Population Division and a report prepared. The SSUs will be visited to review progress and performance, and capacity building inputs made by Population Division and NHSSP. TA will also help develop a road map for SSUs under NHSP-3.

The main risk that could undermine government support for SSUs is if they generate too large a demand for subsidised and free health services such that government is unable to meet it.

NHSP-3 follow on: SSUs potentially play an important role in improving access to health services among underserved populations, yet they remain a long way from being institutionalised. Developing the SSU model further (e.g. coordination of hospital social protection programmes) based on the process

evaluation and support for SSUs strengthening and gradual roll-out in all referral hospitals should be taken forward under NHSP-3.

3.2.3 Scale up of social audits based on lessons learned from piloting

PHCRD decided not to increase the number of districts to be tracked using social auditing in the year but rather increase the number of health facilities audits in districts selected last year.

The main risk to this work stream is that social audits are not treated seriously but carried out merely in compliance with a requirement from the centre. Social audits need to follow the approved guidelines and locally prepared work plans, with good support from district stakeholders, if they are to be effective.

NHSP-3 follow-on: The strategy for social auditing under NHSP-3 should be based on the recommendations of the planned process evaluation (2014–2015). Ways to harmonise social audits with local government social audits should also be investigated.

3.2.4 Pilot One-Stop-Crisis Management Centres (OCMCs) and develop a multi-sectorial response to gender based violence at the district level

An OCMC annual national review workshop was held between October 18th and 19th in Sauraha, Chitwan. Representatives from MoWCSW, the Nepal Police, Women Development Offices, OCMC staff, Hospital Superintendents, the Office of the Attorney General, MoHP, DoHS, RHD, CDO, WHO and UNFPA attended. The workshop reviewed achievements, good practices, lessons learned and recommendations for strengthening and scaling up OCMCs. NHSSP provided technical support for the workshop and prepared the workshop report.

TA support was also provided for the UNFPA supported development of GBV Clinical Protocols for front line health workers. These will be forwarded to MoHP for approval in early 2015.

Basic psychosocial counselling training was organised for 20 health staff and safe home staff from Dang, Bardiya and Kanchanpur districts with support from The Asia Foundation. Psycho-social support and communications training for police officers will take also place for staff from 24 police women and children units in the Kathmandu valley in early 2015. This will be followed by police officer training in (a) the 16 OCMC target districts and (b) regional training schools and the police academy.

Earlier in the year, the GBV National Coordination Committee decided to prepare a set of integrated National GBV guidelines. The Ministry of Women, Children and Social Welfare and the Ministry of Health and Population were assigned to lead this process and NHSSP has provided TA to develop ToR for the consultants. The roles of MoWCSW and MoHP and an oversight committee will be finalised in the coming quarter and consultants appointed.

In the current financial year, MoHP (Pop. Div.) allocated a budget for 16 OCMC districts to organise 16 days of anti-GBV awareness events as requested by NHSSP. Initiating by DfID and NHSSP under the leadership of the Prime Minister's Office, the campaign, which included a talk show on Nepal Television, took place in December.

The main challenge facing OCMCs is to make them real one-stop service centres through exemplary collaboration between district and central levels and different sectoral organisations at local level.

NHSP-3 follow-on: A key means of promoting integrated service provision is the production of integrated (umbrella) guidelines for supporting gender-based violence survivors, which should be developed under NHSP-3.

Indicator 3.3: Aama unit costs identified

3.3.1 Review the Aama Programme

On 6th November preliminary findings of the Aama study were shared among the rapid assessment implementation committee members in a meeting attended by FHD's director. Comments were provided on the further analysis of several indicators and it was recommended that quantitative findings be backed up with more qualitative information. The consultants (NEPA) will incorporate the comments and recommendations received in the final document which is due for submission in December.

Following the further analysis, the key findings and potential solutions were captured in a brief management note and forwarded to the Director General for approval. An updated list of private facilities implementing Aama was also prepared.

NHSP-3 follow on: Key activities identified for implementation under NHSP-3 include harmonising the Aama programme within a broader framework of social health protection, and further developing modalities for involving private sector institutions in Aama implementation through SNP arrangements. Specialised technical support will also be needed to help MoHP link Aama with any national social health insurance programme.

3.3.2 Conduct Unit Cost Analysis of Aama

In the reporting period, data cleaning and entry were completed and preliminary descriptive tables produced. These were discussed within the unit cost team and with the consultants. The unit cost team subsequently recommended holding a one day workshop to identify the treatment regimes in use by public and private facilities in order to verify the findings.

Further, a scope of work for a consultant was prepared and includes a data quality assurance function. An analysis plan has been developed and thoroughly discussed within the team. The OPM team in Oxford will support the analysis and assure overall quality of the report. The health financing team in Nepal will write a policy note and help translate the findings into policy level recommendations.

The main risk affecting this initiative is that FHD may lack the resolve to revise the Aama programme guidelines based on the findings of the costing study.

NHSP-3 follow on: Under the next five year programme, FHD is advised to integrate Aama into the proposed national social health protection framework.

3.3.3 Develop Aama Family Health Division (FHD) plan of action and/or review Aama guidelines

Findings from the Aama rapid assessment and unit cost analysis will be used to prepare revised guidelines in time for implementation during 2015/16. Priority activities for the coming quarter include preparing a draft plan of action based on the review's findings, discussions with stakeholders on the expansion of Aama in private facilities including an assessment of budgetary implications. A simplified monitoring and evaluation framework will also be produced for Aama implementing facilities.

4. Payment Deliverables

17 payment deliverables were submitted in the reporting quarter:

GESI 1.1	Rapid assessment of health and governance social mobilisation programmes in selected areas.
CB-IMNCI 3	District rapid assessment and plan of action and monitoring plan completed and signed off by DHO in one district.
4.4	Roll-out plan designed and agreed. Estimated roll out start date agreed
EHCS 9.1	Activities to reduce overcrowding in three referral hospitals (including referral arrangements, HR and infrastructure improvement) identified through workshops and linked with AWPB
EHCS 10.2	Central level QA committee and monitoring system in place
M5	Quarterly report
5.2	World Bank letter of non-objection of CAPP received and plan published on LMD website
NHFS - 1	Contract signing 10% of total costs
CB-IMNCI 4	Need assessments and plans of action completed and signed off by DHO in remaining agreed districts
16	System Established for Monitoring Performance Based Contracts
M6	Quarterly report
BOD	Burden of disease report
HMIS	Additional printing & distribution costs
HMIS	Distribution of materials
21.2	NHSP3 M&E framework developed with selected indicators, disaggregation level, targets and sources of measurement in coordination with WHO, UNFPA, H4L and other partners
10.1	A quality assurance system established in two hospitals
T4	TABUCS link with other MIS

Annex 1: Publications Produced

The following publications were prepared in the reporting period:

GESI	Rapid assessment of health and governance social mobilisation programmes in selected areas
Management	June-Sept Quarterly report
Health Policy & Planning	First Draft NHSP-3 Strategy and M&E framework
EHCS	CB-IMNCI District rapid assessment and plan of action and monitoring plan
M&E	Burden of disease report

Annex 2: Technical Assistance for Strengthening Nepal's Newborn Care Programme

Quarterly Report for the period October – December 2014

Save the Children

Technical Assistance for the Strengthening the Newborn Care Programme in Nepal

Save the Children International/SNL-DfID Programme in Nepal

Table of Contents

ABBREVIATIONS

CBIMNCI	Community Based Integrated Management of Neonatal and Childhood Illness
CBNCP	Community Based Newborn Care
CHD	Child Health Division
CNCP	Chlorhexidine Navi (Cord) Care Programme
DfID	Department for International Development
DHO	District Health Office
ENC	Essential Newborn Care
EPI	Expanded Programme on Immunisation
FCHV	Female Community Health Volunteers
GON	Government of Nepal
HA	Health Assistant
HF	Health Facility
HP	Health Post
IDF	Integrated Development Foundation
IRHDTC/Nepal	Integrated Rural Health Development Training Centre
LMD	Logistics Management Division
MTOT	Master Training of Trainers
NHTC	National Health Training Centre
ORC	Out Reach Clinic
PHCC	Primary Health Care Centre
SBA	Skilled Birth Attendant
SC	Save the Children
SN	Staff Nurse
SNL	Saving Newborn Lives
TSV	Technical Support Visits
VDC	Village Development Committee

Overview of Key Project Activities

1. Central level activities

1.1 Endorsement of CB- IMNCI package:

Based on the evidence from an assessment on the CBNCP programme, a decision was taken by the Child Health Division and partners to develop the CB-IMNCI package by integrating the CB-IMCI and CB-NCP packages. The process to finalise and have this package endorsed by the Government began during the previous reporting period. However, all key steps from the previous and current reporting period are outlined below to illustrate the process as a whole.

- A nine member technical working group (TWG) was formed to develop the IMNCI package for both the health facility and community levels. The TWG reviewed the evidence from the CBNCP assessment, the IMCI-related progress report from HMIS and the revised WHO technical guidelines. In addition technical inputs from experts such as senior consultant paediatricians were received during the preparation of package. The TWG frequently consulted with FHD, CHD and NHTC, EDPs and partners for clarification of technical and programme management issues such as case management at community level, supplies of equipment to FCHVs, and the duration of HF and community level training.

- The development of the IMNCI package was led by CHD and consisted of the following members:

	Name	Organization
1	Mr. Ram Bhandari (Co-coordinator)	IRHDTC
2	Mr. Dilip Chandra Poudel	Save the children
3	Mr. Babu Ram Acharya	H4L
4	Dr. Meera Thapa	WHO
5	Dr. Niraj Nakarmi	JSI
6	Dr. Ashish KC	UNICEF
7	Mr. Dipak Raj Chaulagain	CHD
8	FHD representative	FHD
9	Mr. Resham Khatri	CB-NCP secretariat

- Once drafted, the CB-IMNCI package was shared with Senior Paediatric Consultants for finalisation.
- A two day workshop was held at Dhulikhel on 4 -5 September 2014 with financial support from UNICEF and SCI/DfID.
- The final package was forwarded to Director General (DG) of DoHS, who prepared a justification note with the support of Save the Children/DfID to endorse the package.
- This was shared with the Secretary and after a lengthy process of follow up, the package was endorsed by the government on 14 October 2014.

- Based on the approved package, a MTOT was conducted which was followed by HF and community level trainings organised by GoN and partners.

1.2 Recruitment of consulting firms for facilitation of HF and community level trainings:

The provision of quality IMNCI training at health facility and community levels is one of most important components of this project. Save the Children therefore recruited three consulting firms to support the DHO in the facilitation of these trainings.

During the reporting period, consulting firms were selected through a competitive bidding process in line with the rules and regulation of SCI Nepal, with a detailed TOR being prepared and published in the daily newspaper. The three consulting firms selected were:

1. Kamana Health for Rasuwa district
2. Integrated Development Foundation (IDF) for Nuwakot district
3. Integrated Rural Health Development Training Centre (IRHDTC) for Nawalparasi district.

1.3 Implementation of Master Training of Trainers (MTOT) on IMNCI package:

In close coordination with CHD and NHTC, Save the Children organised the first MTOT on the IMNCI package from 4 to 10 November 2014 at the Maternity Hospital, Kathmandu. The main objective of the course was to develop a group of facilitators to provide training to health facility staff and to test the new IMNCI package.

The training was provided to 27 participants, and facilitated by senior consultant paediatricians and programme experts who were involved in designing the IMNCI package. The 27 participants were from the following organisations:

- DHO (Nawalparasi, Nuwakot and Rasuwa): 14 (doctors, focal persons/HA, Staff Nurse/SBA)
- 3 consulting firms: 5 (medical doctors)
- Child Health Division: 2 (programme technical staff)
- National Health Training Centre: 1 (programme technical staff)
- SCI central and field staff: 5 (programme technical staff)

Following the first MTOT, a one day workshop was organised by the CHD to refine the training materials, as per suggestions and feedback received on the technical content and language of the training.

1.4 Printing of IMNCI training materials

Training materials are a pre-requisite for MTOT, HF and FCHV level CB-IMNCI training. In order to conduct the training based on the approved package, the materials listed below were printed, supplied and used during the training.

S.N	Name of Training material	Quantity printed
1.	Chart booklet (Treatment protocol)	890
2.	Participants hand book for HF level training	810
3.	Facilitators guide for HF level training	-

4. Photograph booklet	230
5. FCHV flip Chart	2470
6. Programme Management module	230
7. IMNCI Flex charts (11 X 11)	11 sets
8. Pre/post test questionnaire	-

1.5 Supplies of programme commodities and treatment protocols:

Based on the district situation assessments, an estimate was prepared for the various commodities required for the three districts. Based on this estimate, project staff coordinated with the CHD and LMD to provide the supplies of equipment and drugs to DHOs from the LMD store through the GoN supply mechanism. Accordingly the following supplies were provided:

- ARI Timer 200 pcs (one for each HF in all three districts)
- Bag and Mask 60 pcs (one for each BC/BEONC sites)
- Insulin syringe 6,500
- Gentamycin injection 2,800 vials

In addition, Save the Children procured and supplied 8,000 tubes of chlorhexidine gel to Nawalparasi, Nuwakot and Rasuwa. In Nuwakot and Nawalparasi, CHX interventions began prior to this project. However, in Rasuwa the CHX interventions were to be planned in line with this programme. Therefore, the project also coordinated with the Chlorhexidine Navi Care Programme (CNCP) to supply 270 CHX dolls to Rasuwa to introduce the CHX programme. These dolls are being distributed to all HFs and FCHVs for the counselling of mothers.

Case management protocols for under-5 cases including neonates were also provided during the training to HF level technical staff. National medical standards (the protocols for BC/BEONC sites) were copied and supplied along with onsite coaching at BC and BEONC sites during technical supportive supervision at all three districts.

1.6 Field visit for monitoring of IMNCI HF level training:

The Save the Children team monitored the quality of HF level training using the training monitoring checklist in all three districts. Project staff observed the full two days of training in all districts and provided suggestions and feedback for improvements to the facilitators, focusing on issues such as training materials, physical facilities and the effective use of time.

Demonstration on "How to resuscitate the Newborn using bag and mask"

The monitoring team also met with the DHO and programme focal staff members to discuss the need to raise awareness on their ownership

of the programme and their further support of the programme implementation.

During HF level training the SCI team visited each district twice in order to monitor the training. As per our observations, the DHO/facilitators were actively facilitating the trainings, adequate training materials were available in all sites, and the facilitators were following the facilitator's guide.

Classroom session of the training

Based on the availability of cases in the district hospital, the facilitators' team demonstrated management techniques using real life cases (i.e. immediate newborn care, neonatal and under-5 cases) in the district hospital. Hence, one to two clinical sessions were carried out.

In addition, the IMNCI training was also monitored by Dr. Puspa Chaudhary, Director of the Family Health Division and Dr. Maureen Dariang from NHSSP in Nuwakot. Both provided valuable feedback and guidance to the participants, focusing on coverage and quality of ANC institutional delivery, neonatal and under 5 case management.

Transformation of skills for nursing staff

1.7 MNH support activities:

In line with the agreement with consulting firms, additional nursing staff were assigned to provide MNH technical/clinical support. The Senior MNH coordinator from Save the Children oriented the additional nursing staff on clinical skills standardisation before deploying them to the field for on-site coaching and supportive monitoring at birthing centres, BEONC and CEONC sites. The participants fed back that they felt they had received clear guidance on the monitoring process and therefore were confident in carrying out their roles.

To strengthen the quality of service and management of the BC and BEONC sites and to ensure the availability of essential medical standards and protocols/job aids, the senior MNH Coordinator undertook a technical support visit (TSV) to Nawalparasi and Rasuwa districts for on-site coaching and supportive supervision. She was accompanied by Dr Maureen from NHSSP and Mr Bishwa Ram Shrestha, DHO Nuwakot during the visit of some of the birthing centres at Nuwakot. The following pictures demonstrate the outcomes of technical support visits at birthing centres.

1.7.1 Photographic Evidence of the outcomes from the Technical Support Visits in Birthing Centres:

Before the TSV to Laherepouwa HP of Rasuwa

After the TSV to Laherepouwa HP of Rasuwa

Working closely with HFOMC members and BC staff to set up the birthing centre in Rasuwa

Nuwakot birthing centre after TSV and onsite coaching (DHO Nuwakot and Dr. Maureen from NHSSP also monitored this centre)

Nawalparasi after Technical Support Visit and onsite coaching

1.8 Procurement and delivery of surgical equipment for the project district:

Based on the findings of the rapid assessments in Nuwakot, Nawalparasi and Rasuwa, a list of critical surgical equipment required by BC, BEONC and CEONC sites was prepared. This equipment was procured by the Save the Children Nepal country office in line with the organisation's procurement policy/guidelines.

Details of the critical surgical equipment procured are given in the table below:

PR line item	Description of Goods / Services	Unit	Quantity
	Already procured		
01	Baby/ mothers wrapper- per metre	Mtr.	220
02	C/S set	Set	2
03	Cupboard	No.	15
04	Delivery set	Set	47
05	Doppler for CEONC/BEONC including BC (colour screen with digital)	No.	29

06	Episiotomy set	Set	29
07	Focused light for newborn- Halogen	No.	31
08	High vaginal tear inspection set	Set	40
09	Hysterectomy set	Set	2
10	Instrument trolley - Epoxy coated	No.	41
11	MVA set	Set	10
12	Oxygen plant/ Oxygen cylinder with metre	No.	12
13	SS Drum medium (9”x 11")	No.	20
14	SS Drum small (9”x 6")	No.	42
15	Oxygen tube 10 cm diameter		66
16	Thermometer- Digital		180
17	Suction machine, foot cum electric	No.	49
18	Vacuum set with silicon cup	No.	8
19	Autoclave electric 12x 22"	No.	13
20	Suction catheter, plastic	No.	66
	In process		
21	Neonatal resuscitator model	No.	25
22	Newborn resuscitation bed wooden	No.	34

1.9 Meeting with Options and DfID: Save the Children staff participated in a meeting with DfID Nepal and NHSSP on 15th December 2014. During the meeting, Save the Children provided brief updates on project activities, and received feedback and suggestions on the report of the district situation assessment of Rasuwa.

1.10 Project log frame and M&E plan: A draft project log frame was developed and sent to SCI/UK M&E team for review and feedback. Similarly, a draft M&E plan was also developed; both documents will be finalised during the TA visit from SCI/UK M&E team.

2.0 District Activities

2.1 HF level training on IMNCI

During this reporting period, CB-IMNCI Health facility level training was completed in Rasuwa and Nuwakot and is continuing in Nawalparasi which will be completed by 25 January 2015.

Opening session of HF level training in Nawalparasi

Participants thus far have fed back that they felt the training was effective in updating their knowledge and awareness of amended protocols such that they could now better manage the cases of sick neonates and under-5 children.

All health workers in the districts, including SBAs, were trained on CB-IMNCI training. During the training, focus was given to the management of sick neonates and under-5 children, management of low birth weight, and birth asphyxia, counselling to the mothers on BPP, ENC and recording/reporting based on the HMIS system. Participants were also oriented on how to facilitate FCHV level training in the community. The duration of the training was five days in Nawalparasi and six days in Nuwakot and Rasuwa (as these were non CBNCP districts as per the guidelines). Details of the training are given in the following table.

District	**# of Batch**	**Total participants Trained**	**Category of the participants**				
			Male	Female	Doctors	HWs/DHO	SBA/Nursing
Rasuwa	4	86	44	42	3	50	33
Nuwakot	12	248	130	118	12	141	95
Nawalparasi	10	208	109	99	8	123	74
Total	**26**	**542**	**283**	**259**	**23**	**314**	**202**

***Note: Remaining 10 batches of training being conducted in Nawalparasi*.**

2.2 District monitoring support:

2.2.1 Nawalparasi

Joint Supervision Visits

In close coordination with the DHO, a joint supportive monitoring visit to birthing centres and BEONC sites was been carried out from 14th - 19th November 2014, led by Mrs. Bindu Bajracharya from Save the Children. During the visits, particular attention was paid to the following:

- Orientation on proper maintenance of meeting minutes of HFOMC and TSV.
- Orientation provided to health workers on filling the CB-IMCI Register.
- Establishment of a neonatal corner at all the visited birthing centres
- Cleaning of delivery rooms and staff oriented on maintenance of hygiene standards in these rooms
- Nursing staffs were coached about immediate newborn care and Neonatal Resuscitation within one minute after delivery.

Visited BC and BEONC sites in the district included:

1	Amarapuri Health Post
2	Pithujighat Health post

3	Prithivi chand Hospital
4	Manari
5	Amarban
6	Chormara
7	Nabalpur
8	Palhee

Additional Support from Save the Children project staff

Save the Children staff members provided the following additional support in the district during the reporting period:

- Support to DHO focal persons to prepare the invitation letter to the health workers for the training, with follow up via telephone
- Monitoring of the semi-annual Vitamin A and de-worming campaign (19th – 20th October 2014) for under-5 children, which is a priority programme of the government. A total of eight different wards across 5 VDCs (Palhi, Harpur, Manari, Amarban and Dumkibash) were visited using the government standard checklist for the semi-annual Vitamin A supplementation campaign.
- Support was provided to the DHO during the celebration of Hand Washing Day on 15th October 2014. The day was organised by the DHO and Suahaara team to promote hand washing in different schools/communities across the district. Save the Children staff also participated in the celebration of FCHV Day on 10th December 2014. DHO took the lead in coordinating the participation of INGOs, local NGOs and stakeholders to celebrate FCHVs day in the districts. During this event, the best performing FCHVs of the district were awarded by the DHO.

Vitamin A dose being provided by FCHV

2.2.2 Nuwakot

HF level training on IMNCI Programme

Based on the detailed implementation plan of DHO, CB-IMNCI training for health workers was carried out in 12 batches in Nuwakot. Due to time constraints, two batches of training were carried out simultaneously in the district. Altogether 248 health workers, including doctors, health workers and nursing staff, were trained on the IMNCI programme. The district-based programme officer provided coordination, monitoring and facilitation support for the training to ensure quality. In addition, clinical sessions were carried out in each batch to demonstrate delivery and management of sick newborn and under-5 cases at district hospitals.

Joint monitoring and technical support visit to Birthing Centres

Joint technical support visits were conducted at CEONC/BEONC/Birthing Centres in order to improve quality and effective service delivery. Two sets of visits were made for this purpose; the first on 14th - 18th October and second on 18th – 22nd December 2014. The public health nurse and child health focal person from the DHO and Save the Children staff jointly visited the health facility and provided technical support on antenatal, delivery, postnatal, neonatal and child health services. During the visits, nine different types of maternal health related charts were supplied to birthing centres to display in ANC and delivery room. Essential materials such as delivery sets, episiotomy sets, high vaginal tear inspection sets, and digital thermometers in addition to other instruments were supplied. Reproductive guidelines and clinical protocols were also provided in each visited birthing centres.

During the second visit, a MNH consultant from the consulting firm IDF Nepal joined the team to learn the TSV process and activities, and enable its consultant to perform TSV in other the birthing centres. This is especially important as it was agreed that IDF Nepal would provide TSV support in birthing centres to strengthen the services. Visited birthing centres were:

First visit (14th -18th October 2014)

- District Trishuli Hospital-CEONC site
- Kakani PHCC-BEONC site
- Samari HP/BC
- Nuwakot HP/BC
- Khadgabhanjyang HP/BC
- Bageshwori HP/BC

Second visit (18th -22nd December 2014)

- District Trishuli Hospital –CEONC site
- Deurali PHCC-BEONC site
- Ratmate HP/BC
- Nuwakot HP/BC
- Chaughada HP/BC

2.2.3 Rasuwa

Joint Technical Support visits

To strengthen the birthing centre services and facilities, a joint technical support visit was conducted with DHO and Save the Children central level staff which focused on ANC, delivery and immediate newborn care at Laharepauwa health post. At the visited HF, the team set up the birthing centre, established a new born corner using available local resources. A meeting was held with HFOMC members to discuss their support to birthing centre. The major points of the discussion focused on raising awareness in the community about ANC visits, institutional delivery and PNC visits. The HFOMC also discussed their roles in the effective functioning of birthing centres.

During the TSV, the team provided clinical protocols along with other logistic and equipment (mentioned below) to Laharepauwa health post i.e.

- SS Drum-1 pic
- Delivery set-1 set
- Epi Set-1 set
- High vaginal Tear set-1 set
- Digital thermometer-1 pic
- Resuscitation Doll- 1pic

HF and FCHV level training on IMNCI Programme

To maintain the quality of IMNCI HF level training, district based staff coordinated with the DHO and consultant facilitators. Altogether 86 health workers were trained on the IMNCI package. The training also introduced the Navi Care intervention programme and home based management for premature and low birth weight babies using foot length measurement. After completing the training, district based staff coordinated with the DHO to provide the programme commodities e.g. CHX tube, insulin syringe, gentamycin injection vial to the HF staff.

Before beginning the FCHV level training sessions, an orientation session was organised for the DHO and consultant facilitators on the training content and methods of facilitation. FCHV level training on IMNCI began in Rasuwa from 23 December 2014 and, to date, 5 batches of training have been completed with 45 FCHVs across 5 VDCs (Goljung, Thuman, Chilime, Timure and Ramche) trained. Facilitation of the training is being done jointly by Kamana Health and DHO/HF staff. FCHV level training will be completed in Rasuwa by 22 January 2015. Save the Children's district based programme staff monitored the training to maintain the quality.

Additional support from Save the Children Staff:

In addition to implementation of the IMNCI programme, district based Save the Children staff provided support on several important activities, including:

- Collecting the HMIS data from HFs, focusing on safe motherhood programme, PSBI/LBI treatment, treatment of pneumonia, and use of Zinc/ORS to treat under-5 diarrheal cases. Save the Children staff shared this information with the DHO focal points in order to help improve the coverage and quality of these indicators. Based on this data, DHO and Save the Children staff will plan to visit the low performing HFs to provide additional technical support.
- Providing support to store staff of DHOs and improve record keeping practice on the web based LMIS.
- Participating and providing support to organise the "World Hand Washing Day- 2014" celebration event in Rasuwa. The central focus was to demonstrate six steps of hand washing to school students and provide an opportunity for them to practice proper hand washing. Around 150 participated.
- Participating in World Pneumonia Day-2014 at Dhunche. An interaction session has been

organised with the FCHVs on how the pneumonia treatment programme is being run in the communities.

Save the Children district based staff also initiated to revive the quality assurance technical group in the district. This group consists of the DHO and programme focal persons such as members of CB-IMNCI programme, Family Planning/ Reproductive Health/ Nutrition/ EPI, statistical officers and store keeper. The purpose of this group is to help improve the quality of health service deliveries on MNCH programmes in the district and the committee leads the discussion on current health issues and identifies ways to improve/manage them. The DHO team has decided to reform the QA committee by 15th January 2015. DHO team expressed their commitment to hold QA meeting monthly to discuss on the progress, issues, upcoming activities and support needed for improving MNCH activities in the district.

Challenges

- One key challenge raised this quarter is the transfer of government staff engaged in the programme to other districts. There is a risk that any new incoming government staff members may not be as aware, trained or engaged with the programme, which could impact progress.