

Electronic Consolidated Annual Procurement Plan (e-CAPP) of FY 2020/21

*Produced within Agreed Timeframe, Incorporating Relevant
Information from all Procurement Entities of F-MoHP*



This report on *“Electronic Consolidated Annual Procurement Plan (e-CAPP) Produced within Agreed Timeframe, Incorporating Relevant Information from all Procurement Entities of F-MoHP”* has been prepared by Federal Ministry of Health and Population (F-MoHP) with the technical and financial assistance by UKaid/NHSS P3.

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ABBREVIATIONS

ADP	Annual Development Program (NPC Form No.1)	PHCRD	Primary Health Care Revitalization Division
AGO	Auditor General's Office	PIP	Procurement Improvement Plan, 2017-21
APP	Annual Procurement Plan	PPMD	Policy Planning and Monitoring Division of MoHP
AWPB	Annual Work Plan and Budget	PPMO	Public Procurement Monitoring Office
CCMC	COVID-19 Crisis Management Committee	PPR	Public Procurement Regulations, 2007
CHD	Child Health Division	PPSF	Public Procurement Strategic Framework
CMC	CAPP Monitoring Committee	SBD	Standard Bidding Documents
CMPP	Consolidated Master Procurement Plan	SNGs	Sub-National Governments
COA	Chart of Accounts	TABUCS	Transaction Accounting & Budget Control System
COVID 19	Corona Virus Identified in 2019	TIU	TABUCS Implementation Unit
CSD	Curative Service Division	TSB	Technical Specification Bank
DfID	Department for International Development		
DoHS	Department of Health Services		
DoDA	Department of Drugs Administration		
DoAA	Department of Ayurveda and Alternative Treatment		
DUDBC	Department of Urban Development and Building Construction		
EDCD	Epidemiology and Diseases Control Division		
EDPs	External Development Partners		
e-CAPP	Electronic Consolidated Annual Procurement Plan		
e-GP	Electronic Government Procurement		
FMIP	Financial Management improvement plan, 2017-21		
FPPA	Financial Procedures and Accountability Act		
FPR	Financial Procedure Regulation		
FWD	Family Welfare Division		
GoN	Government of Nepal		
LMBIS	Line Ministries Budget Information System of MoF		
MD	Management Division		
MoD	Ministry of Defence		
MoF	Ministry of Finance		
MoHA	Ministry of Home Affairs		
MoHP	Ministry of Health and Population		
MoPPT	Ministry of Physical Planning and Transport		
MPP	Master Procurement Plan		
NHSP	Nepal Health Sector Program		
NHSS	Nepal Health Sector Strategy, 2016-22		
NHSSP	Nepal Health Sector Support Program		
NPC	National Planning Commission		
NSSD	Nursing and Social Security Division		
PEs	Procuring Entities		
PFMC	Public Financial Management Committee of MoHP		

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CHAPTER 1- INTRODUCTION

1.1 Background

The Constitution of Nepal has established federalism as the foundation of governance, prosperity, and delivery of quality health services to the people at large. In this regard, the Government of Nepal (GoN) distributes the roles and responsibilities amongst all spheres of government. The delivery of basic and quality health services requires effective management of hospitals, procurement and distribution of quality medicines and equipment. The Federal Ministry of Health and Population (F-MoHP) is committed to provide such services by means of making available free medicines and medical equipment including services and technical human resources. The Nepal Health Sector Strategy (NHSS, 2015-20) addressing the health challenges of Nepal ensures access to free basic health care services with quality, more transparency, and accountability to the people. To implement this strategy, F-MoHP requires to develop the capacity of its departments, councils, academies, centres, hospitals and Procuring Entities (PEs) to be involved in procurement proceedings. F-MoHP has endorsed the Financial Management Improvement Plan (FMIP, 2016-2021) and Procurement Improvement Plan (PIP, 2017-2021) under this strategy. Both the documents outline the importance of improving procurement practices in the health sector by implementing reform initiatives that will contribute to resolving the current issues related to the procurement cycle. As a part of this realisation, the Consolidated Annual Procurement Plan Monitoring Committee (CAPP-MC) has been established at the Department of Health Services (DoHS) for monitoring of procurement cycle. And the Department of Drug Administration (DoDA) and Department of Ayurveda and Alternative Treatments (DoAA) are also committed to starting the functionality of APP through Consolidated Annual Procurement Plan (CAPP) and making the monitoring of CAPP through the PFM and CAPP-MC more effective.

Nepal Health Sector Support Program (NHSSP-3) funded by the Department for International Development (DfID) is committed to support the F-MoHP for achieving strategic goals of NHSS including leaving no one behind (LNOB) in service delivery and reserving the value for money (VfM) in the expenditures. Public Financial Management (PFM) as one of the components of NHSSP-3 is developing more streamlined, efficient, accountable and transparent procurement systems in order to establish good procurement management practices which is also one of the major agendas of the government's procurement reform in the health sector.

1.2 Rationale

Procurement planning is not only a tool by which future actions on procurement can be better forecasted and managed but also is a kind of powerful monitoring tool. It is needed to acquire the required medical goods, services, and civil works in time, with quality and within the estimated cost. An effective Procurement Plan

assures procurement with Economy, Efficiency, Efficacy, Transparency, Accountability and Competition resulting to the VfM.

Initiatives on preparation of APP of all PEs in the health sector have been practiced since the inception of the Public Procurement Act/Public Procurement Regulations (PPA/PPR) in 2007. As an impetus of NHSP-1 and 2, the evolution of CAPP of various divisions functioning under the DoHS has been monitored effectively from FY 2014/15 by the then Logistics Management Division (LMD) of DoHS, and now supported by NHSSP-3. LMD/DoHS while preparing departmental CAPP of FY 2017/18 committed in its report that CAPP must be prepared for the Federal Ministry level under which several PEs exist (Vertical Dimension). Likewise, the CAPP should include all goods, civil works, consulting services and other services to be procured under F-MoHP in each fiscal year (Horizontal Dimension). So efforts have been made to include all APPs and consolidate them in a single federal document of F-MoHP vertically and horizontally. The CAPP prepared in FY 2017/18 was not sufficiently comprehensive in terms of procurement cycle and tracking implementation of APPs. Therefore, the PIP 2017-21 planned to step towards consolidation of all APPs of PEs under F-MoHP. And with this momentous effort the federal CAPP (F-CAPP), FY 2018/19, has been prepared comprehensively incorporating all PEs under F-MoHP for the first time, and so all the procurement disbursements to its federal PEs are tracked in order to ensure effective monitoring and VfM.

The rationale for preparing CAPP is more pronounced by the legal mandate including Financial Procedures and Accountability Act (FPAA), PPA and PPR. Since the initial year of NHSSP-3, significant effort has been made to consolidate the APPs prepared by the various divisions of DoHS, and monitor its implementation by the CAPP-MC established under the leadership of DG, DoHS in FY 2017/18. A landmark achievement in preparing comprehensive Federal CAPP of Health Sector incorporating all PEs under F-MoHP started first time in FY 2018/19, so that all the procurement related disbursements from MoHP to all its federal PEs are tracked in order to ensure effective monitoring. However, these manual efforts to prepare CAPP are time consuming and cumbersome, and due to this reason F-MoHP is now preparing F-CAPP using electronic platform of e-CAPP module in TABUCS.

As mandated by the PIP, all PEs under F-MoHP must prepare APPs using e-CAPP module and to prepare the CAPP. In the FY 2019/20 and onwards F-MoHP took initiation to make CAPP available through online system. The CAPP includes all multi-year contracts where the procurement activities started in the previous Financial Year(s) are continuing into the year of the CAPP as deferred liabilities. In this regard, consolidation system of APPs of all the PEs under F-MoHP has developed an electronic system of procurement planning (e-CAPP) included in TABUCS as a separate module.

1.3 Legal Framework

The provision of preparing APPs has been included in Article 9(3) of FPAA, Article 4-6 of the PPA and Rule 3-8 of the PPR. As per the Rule 20 of FPR, all APPs shall be prepared as part of AWPB in the due course of budget preparation process. In the case of multi-year procurement, it requires to incorporate the budget as per the Master Procurement Plan (MPP). Some specific provisions shown below are the legal and mandatory actions that should be taken in preparing the procurement plan:

- A PE must prepare a MPP in a situation when the project period is more than one year or the value is more than NPR 100 million in a year. **(Rule 7(1) of the PPR)**
- Package of proposed bid shall not be different from MPP. While slicing and packaging such task should not limit the competition. Large packaging limiting the competition shall not be allowed until and unless the interrelated nature of procurements requires it. **(Rule 3A added by the 6th Amendment of PPR in FY 2018/19)**
- A PE planning to procure more than one million Rupees in a year needs to prepare an APP. **(Rule 8(1) of the PPR)**
- The APP shall be prepared as part of the estimated AWPB of the forthcoming fiscal year. **(Article 9(3) of FPA Act, 2076 & Rule 20(1) of the FPR, 2064)**
- The chief of the public entity shall send a copy of the APP, accompanied by the estimated AWPB for the forthcoming financial year to F-MoHP and MoF. **(Rule 8(4) of the PPR)**
- The chief of public entity shall, upon receipt of the approved AWPB for the current financial year, accordingly revise the APP prepared, approve it and send a copy of such plan to F-MoHP. **(Rule 8(5) of the PPR)**
- The competent authority shall monitor the completion of procurement proceedings as per APP. **(Rule 8(6) of the PPR)**

1.4 Objectives

The overall purpose of this task is to prepare and finalize the comprehensive federal CAPP in electronic platform (e-CAPP) for the procurement of medical goods, civil works, consulting services, and other services under F-MoHP's annual work plan and budget (AWPB) for FY 2020/21. The specific objectives are:

- ensure medical goods, civil works, consulting and other services are procured and delivered in a timely manner, so that adequate stocks of essential drugs and equipment are maintained for effective supply chain management;
- manage the workload of the procurement officers over the year making them responsible to accomplish milestone activities as per the procurement plan;

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- support the formation of bid evaluation committees in a timely manner and ensure that members are made responsible to accomplish milestone activities of the procurement plan;
 - support existing PFM and CAPP Monitoring committee for monitoring of procurement and supply chain management function under F-MoHP; and
 - facilitate finance section for the preparation of the cash flow plan for the payment schedules as per CAPP.

The purpose of this task shall cover only the process followed for preparation of the federal level's APPs and their aggregation into a comprehensive CAPP under F-MoHP by using the online system. This does not cover AWPB and procurement activities, procurement process applied to sub-national governments' (SNG) level of health governance. It also does not include health sectoral medical goods and health infrastructural procurement functions performed by other Line Ministries/Departments like DUDBC, Ministry of Physical Planning and Transport (MoPPT), Ministry of Home Affairs (MoHA), and Ministry of Defence (MoD). It also does not cover MPPs or the process to aggregate them into a CMPP.

1.5 Methodology

This section highlights the methodology used while developing and finalising both APP and CAPP in the federal ministerial level in health sector. The respective federal PEs have prepared their APPs that are now available at <https://tabucs.gov.np>. The detailed list of federal PEs under the F-MoHP is included in **Annex-1**. The Bottom-up and participatory approach has been adapted to consolidate the APPs of all PEs under F-MoHP into one single and comprehensive platform which helps in producing e-CAPP at federal level. Federal AWPB of F-MoHP entered in the Line Ministries Budget Information System (LMBIS) of the Ministry of Finance (MoF) is used as a prima-facie Annual Development Plan (ADP) document (NPC Form No.1 and Budget Form No. 6.4.1) for the preparation of APP for FY 2020/21.

Individual APP of all PEs are prepared as part of the estimated ADPs of the forthcoming fiscal year in the format prescribed by the NPC form no.1 as per Rule 20(1) of FPR. On the compilation process these ADPs of all federal Departments and PEs under F-MoHP are jointly collected and compiled by AD and PPMD of F-MoHP in the due process of budget preparation. An e-AWPB is prepared on the base of ADPs proposed by individual PEs along with the supporting document as APP for FY 2020/21. In this course of game changing in the FY 2019/20, e-CAPP module is included in TABUCS which supports in preparing, updating and consolidating APPs. A one-day orientation training was provided to related officials of all federal PEs under F-MoHP in March 2019, and a training and preparatory workshop have been continued in FY 2020/21 too. Participants of this program in FY 2020/21 are listed in **Annex-2**. After the training the online system of data entry, linking AWPB with APP, analytical tables for CAPP, and real time tracking system are included in the system.

All PEs under F-MoHP have been given access to the e-CAPP module by defining their user **name and password** by the system. The F-MoHP assigns a user name and password to all PEs in FY 2019/20; these were renewed and continued in FY 2020/21. A Mobile Support Team (MST) has been mobilised to PE-level for support and data entry of AWPB into e-CAPP module as a new approach in FY 2019/20. This was a new concept applied this time for **“on-the-job”** modality of learning by doing training as well as technical support for data entry into the system at field level offices which is continued in FY 2020/21 too.

F-MoHP have organised this support program to all PEs responsible to prepare APPs and MPPs. After the completion of online data entry into the e-CAPP module in TABUCS, a two-day orientation and data entry webinar was organised to streamline this process, share the individual approved AWPB/APP, and build consensus for the final CAPP. All 31 PEs inside Kathmandu valley under F-MoHP participated in this orientation workshop and the participants from 18 PEs situated outside of the Kathmandu valley used zoom facility to participate in this webinar. After all this a final e-CAAP report for FY 2020/21 was prepared. Classification of PEs and the Model of this Orientation and data entry program is included in **Annex-3**. The NHSSP TA team has supported to shape the CAPP and other relevant documents required to organise the workshop and webinar. List of the participants of this orientation and data entry workshop and webinar are included in **Annex-4**. Importantly, SNGs can also use this software, process, methods, formats and guidelines included in this report as a reference for their APP/MPP and CAPP procedures. As a live document F-MoHP will use the software for online-update of APP. Thus, the figures and amount included in this report being in real time basis may differ to online system.

1.6 COVID Context

The World is suffering from Novel Corona Virus (later COVID-19) after 26th December 2019 and Nepal is also facing this pandemic situation since 23rd January 2020, when the first case in Nepal was seen. The WHO declared the outbreak of Novel Corona Virus a Public Health Emergency of International Concern on 30th January 2020. After several cases appeared in Nepal, the GoN declared a stage of National Lock-down on 24th March 2020 as an emergency measure. The GoN and F-MoHP formed a High Level Committee for COVID-19 Crisis Management (CCMC). And, CCMC decided to procure medical goods and equipment through emergency procurement modality of PPA/PPR by F-MoHP and later on by MoD. Likewise, an extension program of Laboratory facility of RT-PCR in 25 places was executed immediately on 29th March 2020, with a view to upgrading national capacity for facilities to provide 11,000+ RT-PCR tests within 24/7 timeframe in near future.

F-MoHP and DoHS applied emergency procurement method in the procurement of medical goods and equipment to address the COVID epidemic, though there have been several issues of time, cost, and quality of purchase. By the extension of Lock-down and testing facility availability in most of the Provinces, the spread rate of COVID slowed in June 2020. From 11th June 2020, GoN eased the Lock-down motion with some restrictions. A partial lifting of Lock-down on 22nd July 2020 was still in place at the time of writing.

CHAPTER 2- CAPP PREPARATION PROCESS

2.1 Current Status

The first health sector CAPP was prepared by the then LMD incorporating all the Divisions of DoHS in FY 2011/12 first time. After FY 2017/18 it was further expanded to all modalities of procurement of DoHS by endorsing Procurement Improvement Plan (PIP 2017/18–2021/22) into practice by F-MoHP. The existing PIP was endorsed including the CAPP reform agenda by F-MoHP in late FY 2017/18. Under the policy of PIP, the federal level CAPP became the practice in F-MoHP in FY 2018/19 for the first time. Since this year the progress made in the implementation of CAPP has been reviewed in the meeting of PFM committee and CAPP-MC in every quarter. In this context, FY 2017/18 was the first year of its execution and the progress made in the implementation of PIP was discussed at meetings of the PFM committee. The update and digitalisation of the Technical Specification Bank (TSB) was started in FY 2017/18 to improve the procurement cycle. A total of 2100 system users have been logged in, about 19,000 searches for different TS found, and downloads of various TS has been recorded at 27,000 times through the TSB system up to the end of 15th July 2020. It is important to note that various officials from SNG level have also logged into the system to use it. Apart from that, MD has taken the lead role in preparing, endorsing and despatching the SOP and TSB manuals applicable for all spheres of governments. The health sector Electronic Government Procurement (eGP) system manual has been endorsed by the DoHS and was already dispatched to the SNG level. These initiatives not only improve the capacity of federal PEs but also facilitates the process of strengthening procurement functions in all spheres of Governments.

In FY 2017/18, 90% of CAPP value moved into the procurement cycle. This was an improvement from around 80% in FY 2016/17. In the same year, the then LMD/DoHS initiated the use of e-GP-II, and in FY 2018/19 and 2019/20 almost 98% of procurements have been made through the use of e-GP-II. Now the e-CAPP module of TABUCS includes CAPP of DoHS since FY 2012/13 as an historical record of CAPP in health sector which is in the website of F-MoHP. Likewise, the MD's website includes e-TSB, GHRM and IMS to facilitate procurement and supply chain management under F-MoHP. Under the existing scenario, F-MoHP has 49 federal PEs including 53 cost centres. The following common procedural methods were adapted to consolidate the APPs in each year since FY 2017/18:

- APP preparation is done by different PEs as a part of the estimated AWPB and sent to F-MoHP through the respective departments. It should be tied up with e-AWPB of concerned procuring entities. Upon receipt of the approved program and budget for each fiscal year as per Red Book, the concerned PEs revised their individual MPP and APP in the e-CAPP having with technical support from NHSSP. The web-based e-CAPP system consolidates and analyses the procurement budget.

- On compilation of the program activities of each PE, points were identified where consolidation is possible. Discussions were carried out to update eventual changes in procurement initiation time, solicitation time, delivery schedule, and contract completion period.
- F-MoHP conducted a workshop/webinar inviting all the federal PEs, with their draft of individual APP, and facilitate group discussions. This workshop identified the issues with clarifications to finalise the individual APP. The finalised APPs were then compiled to a single document by the system as e-CAPP. NHSSP-TA team supported to shape the e-CAPP and other relevant documents required to organise the workshop/webinar.
- Upon receipt of the approval of CAPP, the procurement process started accordingly and the system will be updated periodically, which will give the actual picture of the procurement plan, its implementation, and any changes made.
- The PEs can adjust their individual APP as the procurement practice moves on and enter the revisions into the e-CAPP system. A copy of such plan will also be sent to the Treasury and Accounts Comptroller Office and Public Procurement Monitoring Office after approval.

F-MoHP officials have been involved in the entire process of CAPP development. The MD/DoHS presented CAPP implementation status of FY 2019/20 and preparation for FY 2020/21 in the departmental preparatory meeting of DoHS including all divisions. The Chief of MD/DoHS will present the e-CAPP procedures followed in FY 2020/21 in an upcoming CAPP-MC meeting. Similarly, other entities have also presented their respective APPs to the chief of the entities. The chief of Finance Section of F-MoHP will present the e-CAPP procedures and learnings of preparing e-CAPP in the next PFM committee meeting. The F-MoHP has already assigned the Member Secretary of the TABUCS Implementation Unit (TIU) to monitor the implementation of federal e-CAPP. It will support in institutionalising the e-CAPP at the F-MoHP.

2.2 Preparation of online APP

The first important step before initiating the APP from all the PEs under F-MoHP is to make a decision on the items to be procured for coming fiscal year. For this, a list of drugs, vaccines, contraceptives and medical equipment to be procured and distributed to the health facilities needs to be prepared and finalised. After finalisation of procurement need, all PEs shall prepare their AWPB for budget process along with their APP as a support document. For instance in the DoHS level, MD should take the lead role in ensuring the procurement of drugs using the approved essential drugs from TSB. Likewise, DoDA, DoAA, and all federal level PEs shall follow this procedure. The lists of equipment will, however, be based on actual indents from the health facilities, which should be consolidated every year before bids are invited. Upon receipt of the approved AWPB for the forthcoming financial year, the concerned federal PEs shall revise their individual APP and send the

same to the respective Departments. The e-CAPP module consolidates, analyses, updates and keeps a record of the implementation.

2.3 Planning Considerations for COVID Response

After the WHO declaration of epidemic, GoN formed High level Committee for COVID-19 Crisis Management (CCMC) to address the situation. The CCMC decided to rescue the students and other Nepalese from abroad, and after that the emergency procurement planning started for materials required for managing, testing, and protecting frontline stakeholders and meeting quarantine requirements. Initially in the *pre-lockdown stage*, F-MoHP exercised for item identification, forecasting and quantification of essential logistics for COVID response and management. EDPs like WHO, DfID/NHSSP and USAID provided TA support for development of technical specifications and other support in this regard. In this first stage, planning considerations were taken with keeping the very few positive cases assumed for treatment, so that the calculation was based on consultation with Bir Hospital for 75 expected severe and 300 isolation cases only.

In the *lockdown stage*, another assumed calculation was based on the expansion of ICU capacity at Sukraraj Infectious and Tropical Disease Hospital as dedicated COVID Hospital with 50 beds ICU and 100 beds Isolation ward. However, only 50% of this estimation was instructed to be procured by F-MoHP under the provision of procurement in special circumstances as per PPA/PPR (Emergency Procurement). The technical specifications and standards of some items were new for MD/DoHS at that time. However, MD organized a formal meeting with prospective suppliers on 8 March 2020, to know about the specifications and market conditions. MD/DoHS also organized a meeting on 18 March with all the EDPs for emergency logistics management and management of essential materials for COVID-19 response.

After the declaration of lockdown by GoN on March 24, 2020, the assumption estimated for positive cases was approximately 1500, and quantification of logistics and emergency procurement planning of additional medical supports began again. Several discussions with the suppliers and other stakeholders were held for need identification and quantification. Demands from the quarantine centres in the provinces were also considered. The GoN decided to procure the majority of materials by government to government process and the responsibility was given to Nepal Army for such procurement initiation. Out of the total procurement requirements, only 15% was given to MD/DoHS. MD/DoHS prepared immediate ad-hoc procurement plan and initiated procurement process under the emergency procurement provisions of PPA/PPR.

As the number of people in quarantine centres and the number of positive cases increased, an Incident Command System (ICS) Logistic Cluster formed at F-MoHP, including representatives of WHO and DfID/NHSSP.

The cluster listed the ICU consumables and medicines required for above the estimated 1500 cases along with organization of suppliers' meeting for drug manufacturers and suppliers. The quantities were procured under emergency procurement provision. The cluster began to estimate the materials required if the COVID-19 positive cases reached to 15,000 and the number of people in quarantine/holding centres reached to 50,000. The cluster also prepared Supply Guidelines for distribution of items procured by MD and by the Nepal Army, as well as grants received from various sectors.

2.4 Compilation of APPs

F-MoHP prepares and finalises e-CAPP where it includes all the procurement activities for the forthcoming fiscal year of all the federal PEs, including the entire process within the given timetable. As a federal ministry, F-MoHP has one Ministerial procuring entity itself, three federal departments and 45 PEs like centres, boards, councils, and hospitals which are individual PEs. Upon the receipt of approved AWPB for FY 2020/21, the concerned federal PEs revised their individual APP as per budget and sent the same to the respective Departments and F-MoHP for final compilation as a comprehensive CAPP document. This process was done by using e-CAPP module included in TABUCS in this fiscal year. A separate module in TABUCS was designed and tested before AWPB and APP preparation process. One preparatory workshop for all divisions of DoHS was held on 17-18th July 2020, and orientation training to all other PEs were conducted to familiarise the system to 49 PEs on 22nd July to 5th August, 2020. However, 25 PEs could not participate in the orientation training and so a virtual webinar was conducted on 5th to 12th August 2020. The list of webinar participants is in **Annex-4**.

F-MoHP has designed, piloted, and initiated an e-CAPP module in TABUCS software in FY 2018/19. Reform initiatives are executed each year up to and including this FY 2020/21. In FY 2019/20, within the TABUCS module, an e-CAPP module icon is included on the home screen, allowing access to authorized persons that can access the module at <http://tabucs.gov.np/new>. User IDs and Passwords were given to all procuring entities for the use of e-CAPP and all of them have already entered their procurement data since this fiscal year.

Additionally, some restructuring in the e-CAPP module was completed in FY 2019/20 and intended to implement in FY 2020/21. In FY 2020/21, all 49 PEs (except 18 PEs not physically participating due to Corona hazard, but online data entry has been done through Zoom facility) participated in a two-day group workshop on e-CAPP orientation and data entry program, organised by F-MoHP on 22nd July - 12th August 2020. Data entry was completed by 15th August 2020, which is a great achievement of timeliness in CAPP consolidation process. See **Table 1** for a summary view of three years of F-CAPP development process.

Table 1: Three Years of F-CAPP development process FY 2018/19- 2020/21

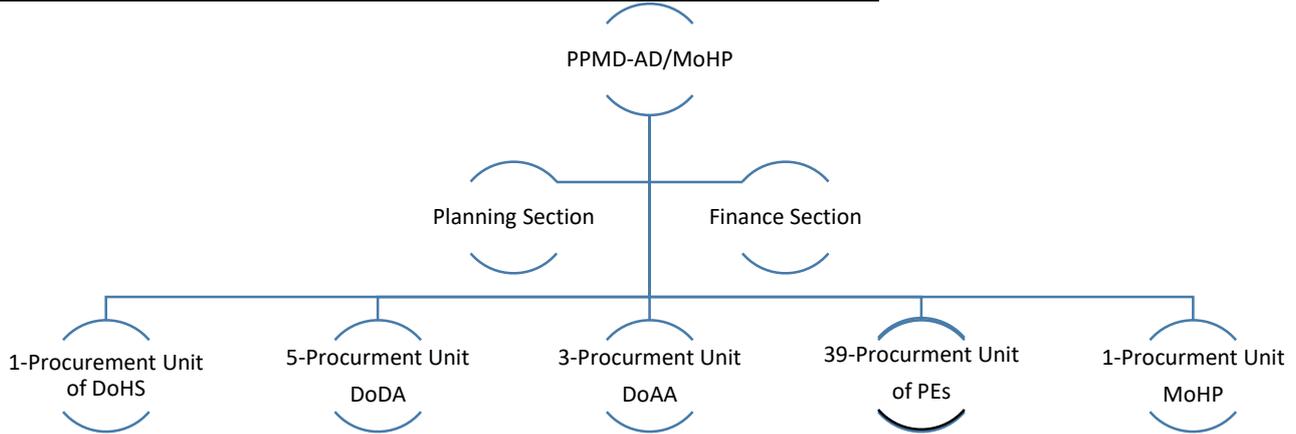
Group of Procuring Entities	FY 2020/21 Procurement Budget (NPR million)	FY 2019/20 Procurement Budget (NPR million)	FY 2018/19 Procurement Budget (NPR million)
MoHP & Hospitals	1566.10	1029.78	1084.6
DoHS & Programs	2665.57	2536.12	1992.02
DoDA & Programs	408	81.52	79.0
DoAA & Programs	499.8	6.3	11.59
Board & Academies	1998.86	1779.71	2827.271
Grand Total	6321.32	5433.43	5994.481
% of Procurement Budget	10.42	12.73	17.44
Number of Procuring Entities	49/49	47/48	28/41
Compilation of APPs	Online	Online/Offline	Offline/Manual

Source: CAAP Reports of three fiscal Years of MoHP Generated through: http://www.tabucs.gov.np/summary_reports

2.5 Consolidation Process

The Bottom-up approach was adapted to consolidate all the APPs of all federal PEs under F-MoHP in order to make a single and comprehensive CAPP document in FY 2020/21 through online e-CAPP procedures. PPMD and AD/F-MoHP are jointly responsible for AWPB and procurement planning like CAPP and compilation of APPs in first phase. In the second phase, CAPP Consolidation is the joint responsibility of departments given by e-CAPP module of TABUCS. This is a first attempt of F-MoHP in preparing a comprehensive CAPP through online procedures using TABUCS since FY 2019/20 onwards. In the second stage of consolidation process, all the federal PEs prepared their individual APP as a part of the AWPB of FY 2020/21 using online APP after finalization of AWPB in LMBIS.

These changes have delayed the entire CAPP preparation process in each year. In FY 2018/19 the F-CAPP workshop was organized in June 2018, which is delayed by a month. Likewise, in FY 2019/20 it was conducted in August 2019, which was delayed by two months. In this FY 2020/21, F-MoHP started the whole process in mid-July and completed the process in mid-August 2020, which is seen as a slight improvement. F-MoHP is considering fixing the CAPP by each 15th September of the year as a benchmark of CAPP execution, which means that there is no space for PEs to change their APPs. However, in practice they can revise their Plan as per the legal mandate, which will be recorded in the e-CAPP module. Therefore, the progress and any changes can be tracked using e-CAPP module by F-MoHP while in implementation. The following diagrammatic approach was adapted to collect and consolidate all the APPs from the concerned departments and PEs.

Figure 1: Comprehensive e-CAPP Consolidation by Institutions

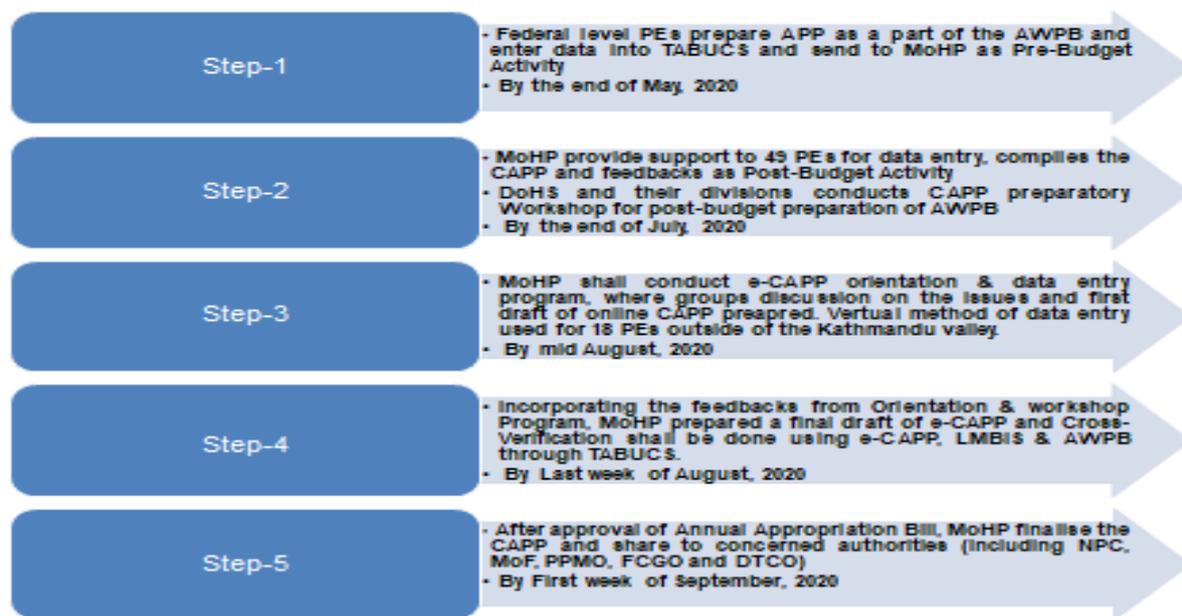
APP was prepared as part of the estimated ADPs of the forthcoming fiscal year in the format prescribed by the NPC form no.1 as per FPR. In the compilation process these ADPs of all Departments and PEs under F-MoHP are collected and compiled by the Planning Section of the PPMD/F-MoHP in the due process of budget estimation and formulation procedures. AWPB is prepared on the basis of ADPs proposed by individual PEs along with the supporting document as APP. After the compilation of AWPB along with APPs of 49 PEs as pre-budget activity, formal CAPP consolidation process shall start from bottom as shown in **Figure 1**.

As **Figure 1** depicts, there are 49 federal level PEs that are incorporated in this CAPP report. It should be noted that there are five dependent cost centres within DoHS, four independent cost centres within DoAA, and five independent cost centres within DoDA that are consolidated into one or more APPs of DoHS, DoAA and DoDA respectively. Despite the COVID-19 impact on consolidation process, the following **Figure 2** (next page) depicts the procedural approach and methodology adapted to consolidate all the APPs from 49 PEs by using e-CAPP module of TABUCS.

A Sample Summary report of e-CAPP module of TABUCS for the FY 2020/21 is included in **Annex-5**. The details of other reports and procurement summary reports can be accessed and retrieved from the report sections of <https://www.tabucs.gov.np>. The system also can be used for customized report generation.

2.6 COVID Impact on Consolidation Process:

The national Lock down started March 24, 2020 at pre-budget time and so direct access to federal level PEs was very restrictive. APPs from all federal PEs were collected electronically while preparing their budget, and consolidation was done as pre-budget activity (**Step-1**). Despite the physical interaction prohibitions in the lock down stage, as post-budget activity, F-MoHP provided support to 49 PEs by classifying them into three groups for data entry and compilation activity (**Step-2**).

Figure 2: CAPP Consolidation Process

The first group of activities was the Opening Ceremony for the **“e-CAPP data entry and interaction program”** which was organized on 22nd July 2020, at the MoHP Meeting Hall. Thirty-five PEs/Cost centres inside the Kathmandu valley participated in the opening ceremony program. The following day this became the orientation and data entry program of the e-CAPP process. The second group of activities was data entry and training classes which started from 23rd July to 4th August 2020, for 35 PEs inside the Kathmandu valley, at the Computer Laboratory of SAIPAL Technology Office Complex, Kathmandu. The third group of activities for 18 PEs/Cost Centres which were outside of the Kathmandu valley were data entry and compilation sessions started from 5th to 12th August 2020, through Zoom, and were linked by the SAIPAL Technology Office, Anamnagar, Kathmandu with collaboration of F-MoHP and NHSSP. So, by mid-August data entry and compilation of APPs into the e-CAPP module of TABUCS was completed and proceeded for further action (Step-4).

2.7 Reporting Structures in e-CAPP module of TABUCS

A reform initiative of e-CAPP module of TABUCS mainly intends to cover the reporting formats approved by the Auditor General’s Office (AGO) very recently. According to the Chart of Accounts (COA) of these developments, the eight following AGO forms are incorporated into the e-CAPP module as an output report of e-CAPP system:

1. AGO Form No. 504: Contract Running Bill
2. AGO Form No. 506: Letter of Credit Records
3. AGO Form No. 507: General Ledger of Contracts

4. AGO Form No. 508: Variation Order Form
5. AGO Form No. 509: Variation Accounts
6. AGO Form No. 510: Work Completion Report
7. AGO Form No. 513: Letter of Credit Accounts
8. AGO Form No.604: Bank Guarantee Accounts

Similarly, the system has been designed to address the health sectoral specific report requirement as follows:

1. Annex-1: Summary CAPP Report
2. Annex-2: Detailed Procurement Plan for Goods, Civil Works, and Consultancy Services
3. Annex-3: Procurement Item Mapping Report
4. Annex-4: Contract Summary Report
5. Annex-5: Contract Summary Report of Planned Cost Estimates
6. Various types of home screen auto generated Reports.

Some customized readymade procurement reports can be seen on the home screen of the e-CAPP module of TABUCS which is always appearing when we enter into the module. All these reports can be generated in both Nepali and English languages. We can find different summary and detailed reports as mentioned above in the following web addresses:

- Home Screen of e-CAPP module auto generates figures and pie charts on procurement status in the real time and date through the address of the:
tabucs.gov.np:8008/tabucs/apphome.asp?m=1005222501464787330#capp_report
- Summary report of total procurement by the PEs can be seen through the address of the:
tabucs.gov.np:8008/tabucs/apphome.asp?m=100522501464787329#capp_report/search_summary_planned_estimate.asp
- Report of Consulting and other services can be seen through the address of:
tabucs.gov.np:8008/tabucs/capp_report/report_procurement_plan_service.asp?ty=3
Report of Goods and Works can be seen through the address of:
tabucs.gov.np:8008/tabucs/capp_report/report_procurement_plan_goods.asp?ty=3

2.8 Comprehensive CAPP Budget Analysis

The National Budget for FY 2020/21 is NPR 1474.65 billion, and of this NPR 115.06 billion is for the National Health Account Budget which is almost 7.8% of national budget. NPR 90.69 billion is appropriated for health sectoral budget which comprised 66.9% for federal level, 5.07% for provinces and 28.02% for local level health expenditures. NPR 60.68 billion (4.11% of National Budget) is allocated for F-MoHP in FY 2020/21 including

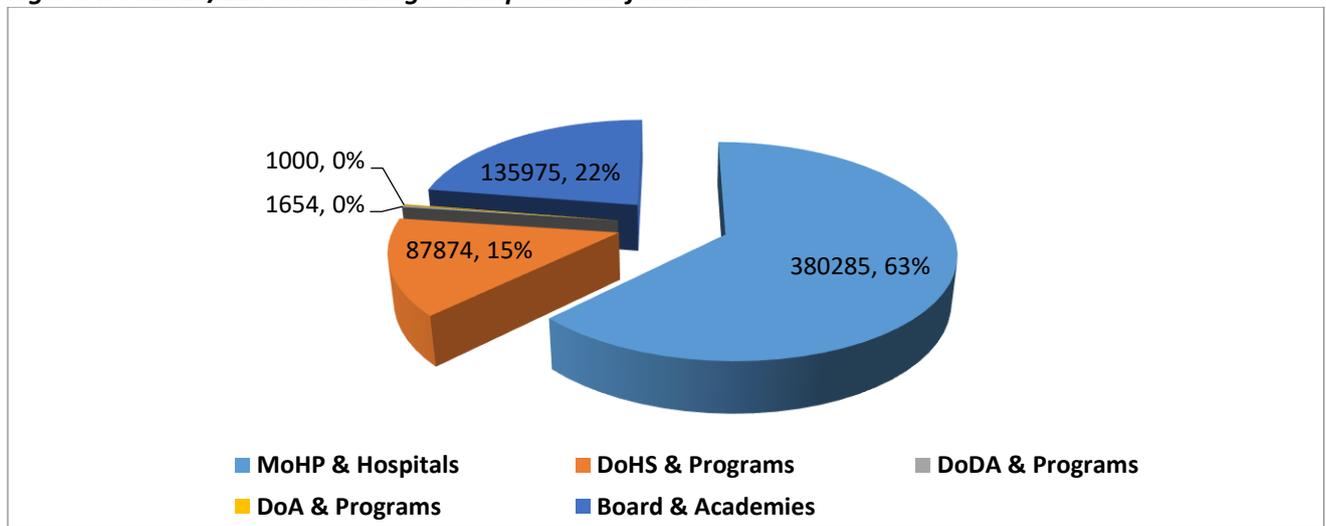
fiscal transfers to SNGs also. Over the last three years of budget scenarios NH Account is incremental. See **Figure 3**.

Figure 3: National Budget Scenarios over last three years

NATIONAL BUDGET SCENARIO							
SN	HEALTH BUDGET	NPR in billion	%	NPR in billion	%	NPR in billion	%
		2018/19		2019/20		2020/21	
1	NATIONAL HEALTH ACCOUNT	65.34	5	78.40	5	115.062	7.8
2	FEDERAL HEALTH BUDGET	56.41	4.29	68.78	4.49	90.69	6.15
3	F-MOHP BUDGET	34.08	60.4	42.67	62.04	60.68	66.91
4	PROVINCIAL BUDGET	4.18	7.4	4.88	7.1	4.6	5.07
5	LOCAL BUDGET	18.15	32.2	21.23	30.87	25.41	28.02
6	EDPs BUDGET	11.83	34.7	8.79	20.6	38.31	63.13
7	PROCUREMENT BUDGET	5.94	17.5	5.43	12.7	6.32	10.42

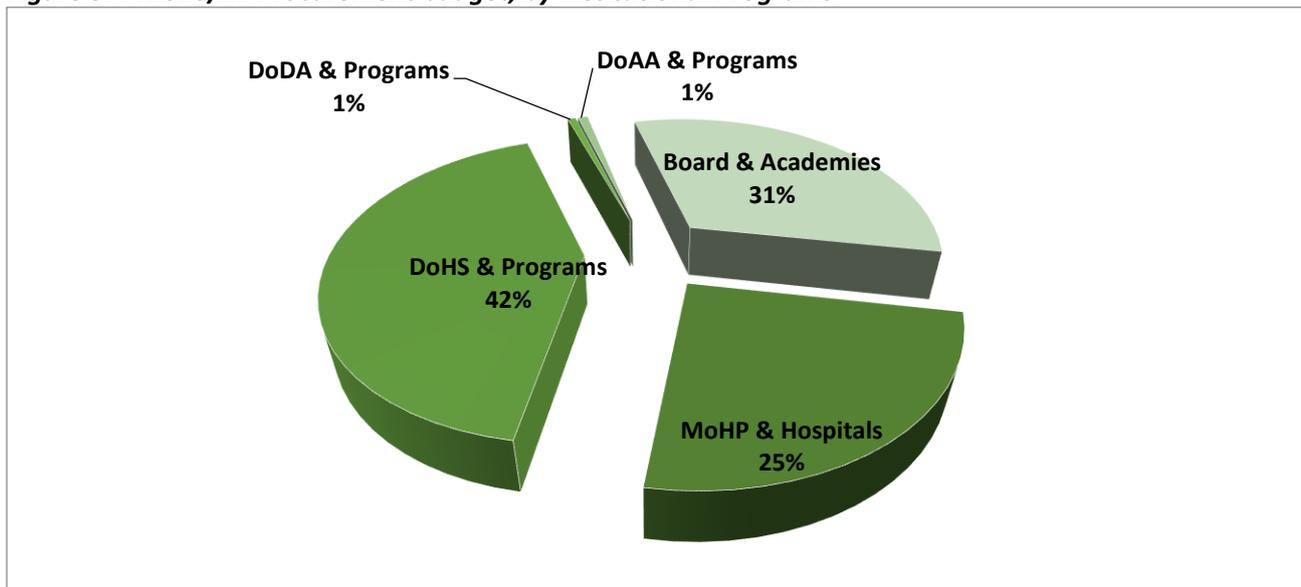
There are 49 PEs with their 54 cost centres and related 53 Budget Codes associated with procurement function under F-MoHP. As per the approved AWPB (Red Book) of Health sector a total of NPR 60.68 billion is allocated for F-MoHP in FY 2020/21. As seen in **Figure 4**, NPR 38.03 billion (63%) is for F-MoHP and central level tertiary hospitals. A total of NPR 13.6 billion (22%) is for Board, Councils and Academies. DoHS received NPR 8.79 billion (15%) for its federal programs and the rest of about 1% budget is for DoAA and DoDA.

Figure 4: FY2020/21 Federal Budget Composition of MoHP



Out of total budget of NPR 60.68 billion almost NPR 6.32 billion (10.42%) is for federal health sector procurement budget which comprises institutional programs as 42% for DoHS and its programs, 31% is for Board and Academies, 25% for F-MoHP and central hospitals and the rest 2% are for DoAA and DoDA programs respectively. This sum of procurement budget of NPR 6.32 billion does not include Fiscal transfers and Grants to hospitals to all SNG levels or civil works budget for hospital infrastructure development expenditure through DUDBC of MoPPT. So excluding these external items, **Figure 5** and **Table 2** shows the summary picture of total budget with procurement by group of institution, programs, and by their procurement types:

Figure 5: FY2020/21 Procurement budget, by Institutional Programs



Similarly, the Procurement budget is also apportioned among these five groups of institutional programs of health sector. Out of total, 18% of procurement budget is for F-MoHP and its central hospitals, 48% is for the DoHS group of programs, 32% is for Board and Academies and the rest 2% is for DoDA and DoAA programs. It should be noted that the fiscal transfers and hospital grants and NPR 14.4 billion for DUDBC/MoPPT have high chances of procurement. If we count both in the total procurement, the proportion is more than 60%.

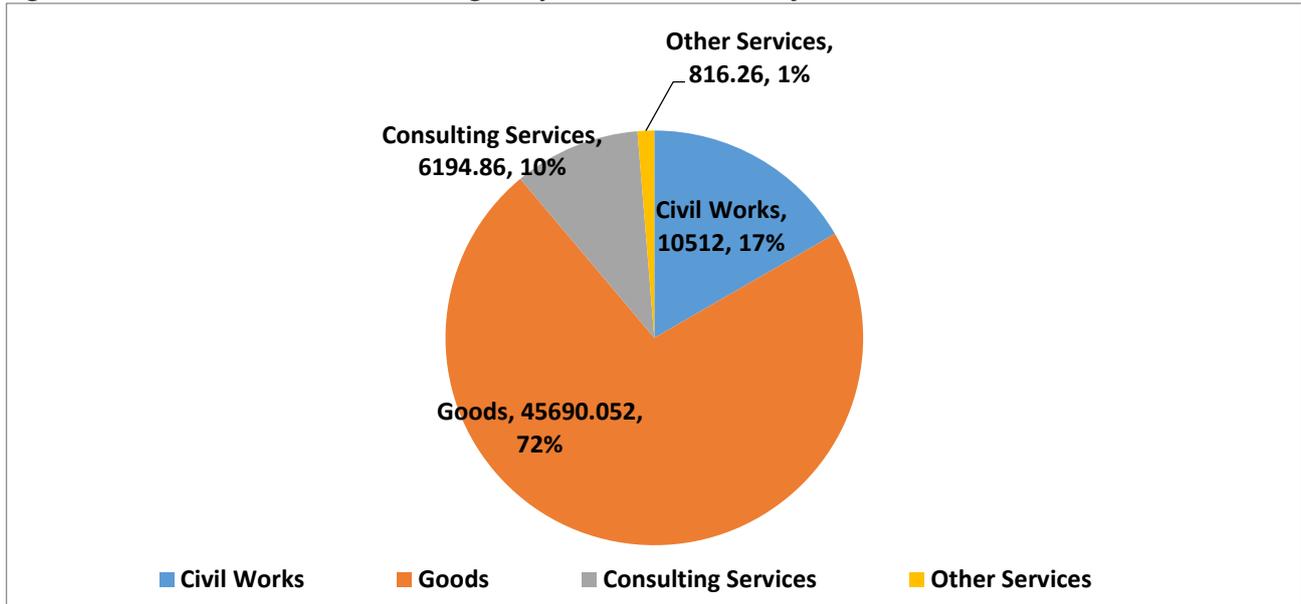
Federal DoHS is the largest buyer of medical goods and equipment among others PEs under F-MoHP. Out of total procurement budget, procurement of medical goods and equipment consumes almost 72% of procurement budget apportioned. Similarly, Civil Works reserves the 17%, Consulting Services holds 10% and rest of 1% is for Other Services of procurement budget. See **Figure 6**.

Table 2: Total Federal budget and Procurement budget for FY 2020/21 (NPR million.)

S.N	Active Budget Code of FY 2020/21	Description	Total Budget 2020-21 2077-78	Procurement Budget of FY 2077/78 (2020/21 NPR in Million)								
				Procurement Budget	PB %	Civil Works (A)	Goods (B)				Consulting Services ©	Other services (D)
							Total Goods (B)=B1+B2+B3	Drugs (B1)	Vehicle and Goods (B2)	Medical Equipment (B3)		
0	370	MoHP Grand Total	60678.8	6321.32	10.42	1051.2	4569.05	1413.84	909.17	2246.00	619.49	81.63
1	37000	MoHP & Hospitals	38028.5	1566.10	4.12	159.2	944.94	68.60	79.42	796.92	461.96	0
2	37001	DoHS & Programs	8787.4	2665.57	30.33	20.0	2447.23	1097.23	740.42	609.57	116.72	81.63
3	37002	DoDA & Programs	165.4	40.8	24.67	16.5	19.3	0	1.4	17.9	5.0	0
4	37003	DoAA & Programs	100.0	49.98	49.98	43.0	3.28	0	3.28	0	3.7	0
5	37031-61	Board & Academies	13597.5	1998.86	14.70	812.5	1154.26	248.01	84.65	821.6	32.1	0
6		% of Total Budget	100	10.42	-	1.73	7.53	2.3	1.5	3.70	1.02	0.13
7		% of Proc. Budget	-	100	-	16.63	72.28	22.37	14.38	35.53	9.80	1.29
8		% of Goods Budget	-	-	-	-	100	30.94	19.90	49.16	-	-

Source: Appropriation Bill of FY 2077/78 (Budget Speech and Red Book)/MoF & MoHP's Federal Procurement Budget Summary Report through <http://www.tabucs.gov.np/>

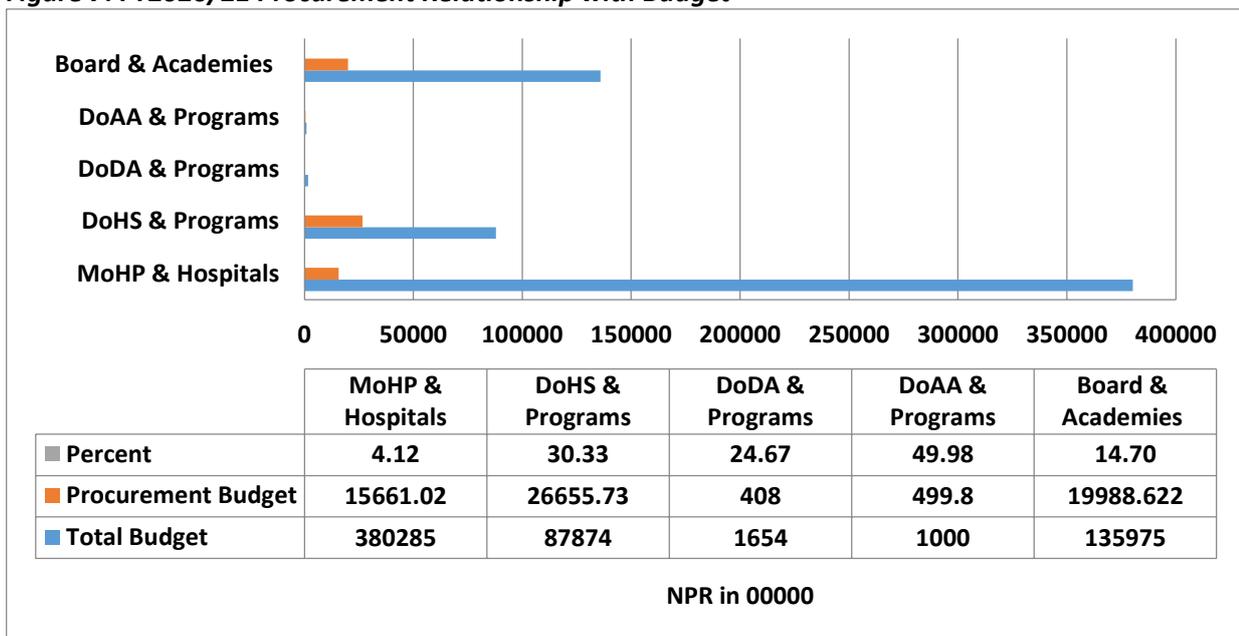
Figure 6: FY2020/21 Procurement Budget, by Procurement Classification



Example of Report Generation through: <http://www.tabucs.gov.np/apphome.asp?m=1005222501464787330>

Among NPR 6.32 billion of procurement budget, procurement of medical goods and equipment holds 72% of budget. Out of this total procurement of medical goods and equipment budget, about 49% budget is for medical equipment, 31% is allocated for procurement of drugs, and 20% is for vehicle and others type of goods for hospitals.

Figure 7: FY2020/21 Procurement Relationship with Budget



As seen in **Figure 7** above, there is no consistent relationship between procurement and total budget in different organizations under F-MoHP. Despite the large budget segments, F-MoHP and Board and Academies

budget have low proportion (4.12% and 14.7% respectively) with procurement budget. However, DoAA and DoHS budgets have allocated a relatively higher proportion of procurement budget (49.98% and 30.33%), and DoDA has its moderate role. It should be noted that this budget only reflects budget from F-MoHP which excludes the budget from internal revenue generation.

2.9 CAPP Forecasting of Procurement Contracts

Procurement budget of NPR 6.32 billion is planned for 419 contracts of all type and modalities of procurement. There are four type of procurement with five procurement modalities planned to use in this fiscal year. These planned number of contract estimates are reported and summarized through e-CAPP module of TABUCS as shown in **Table 3** below. It consists of 277 (66%) contracts for medical goods, 34 (8%) contracts of civil works, 40 (10%) contracts for consulting services and 68 (16%) contracts for other services required in the FY 2020/21.

Likewise, the above-mentioned procurement types used in F-MoHP planned to use five types of procurement modalities. International Competitive modality covers 26 (6.2%) contracts, National Competitive modality is comprised of 243 (57.9%) contracts, Sealed Quotation method is about 65 (15.5%) contracts, Direct Procurement modality covers 84 (20.2%) contracts, and a one contract remains for Catalogue Shopping modality.

Table 3: Planned Selection of Procurement Type and Modality in FY 2020/21

S N	Procurement Type				Total no. of Contract	Planned % of Modality	
	Medical Goods	Civil Works	Consultii Service	Other Services			
Procurement Modality							
1	Open Bid Method (ICB)	23	2	1	-	26	6.2%
2	Open Bid Method (NCB)	186	28	29	-	243	57.9%
3	Sealed Quotation Method (SQ)	35	4	4	22	65	15.5%
4	Catalogue Shopping (CS)	1	-	-	-	1	0.2%
5	Direct Purchase (DP)	32	-	6	46	84	20.2%
Total		277	34	40	68	419	100%
Planned % of Type used		66%	8%	10%	16%	100%	

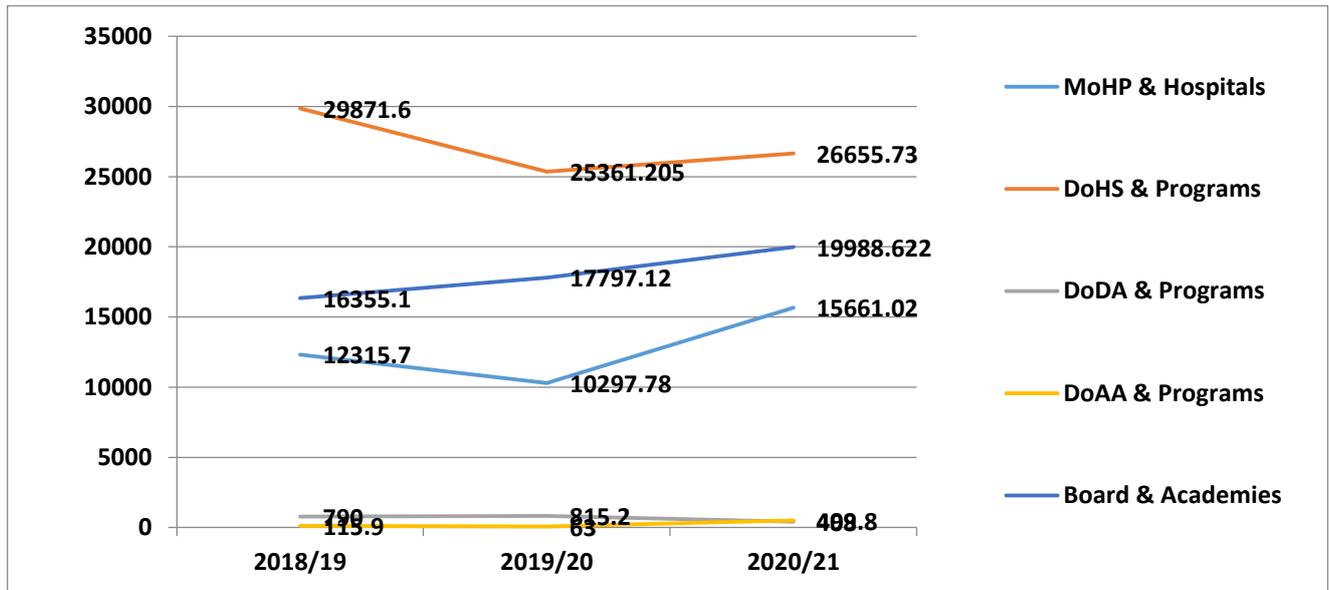
Source: e-CAPP System Report-2020/21 generated through http://www.tabucs.gov.np/capp_report

2.10 COVID Impact on Procurement Budget

Tremendous increments in the National Health Budget in this FY 2020/21 have been seen due to COVID response and its management impacts. Last year the health sector proportion of the National Budget was almost 5%; this year it is 7.8%. More than 60% of the National Health sector budget covers the procurement budget of medical goods and supplies, Civil Works of health Infrastructures, and Laboratory and other Services required. However, unplanned expenses of about NPR 8.8 billion for prevention and control of the epidemics

was incurred within various ministries in FY 2019/20. It has great impact on the procurement budget and its planning for FY 2020/21.

Figure 8: Procurement Budget Trends shown in last three fiscal years



The procurement budget, especially in health infrastructure, is more incremental than ever in the history of health budgets in Nepal. F-MoHP has established 34 new laboratories in the Centre, Provinces and Local levels as an emergency response for COVID control and management. It is a great infrastructural achievement due to COVID-19 in Nepal. In FY 2020/21, additional budget of NPR 31.78 billion was appropriated for COVID-19 Prevention and Control, Health Infrastructure Development, and Health Sectorial Reform Program under F-MoHP as follows:

Budget Code 37000114: Health Sector Reform Program:	NPR 11.43 billion
Budget Code 37000116: Integrated Health Infrastructure Development Program:	NPR 14.35 billion
Budget Code 37000118: COVID19 Prevention and Control Program:	NPR 6.0 billion

However, the health infrastructure development function is governed by the DUDBC of MoPPT with the TA support of NHSSP, not covered in the CAPP module. So procurement planning in MoPPT governs the facts and figures of Civil Works procurement functions of F-MoHP too. Likewise, procurement of civil works, medical goods and supplies in MoHA and MoD has separate procurement planning of the respective ministries and due to that reason could not be consolidated in CAPP or here in this report.

CHAPTER 3 – CONCLUSION AND WAY FORWARD

3.1 Conclusion

F-MoHP prepares the e-CAPP that is in compliance with the existing procurement acts, regulations, and the Public Procurement Monitoring Office's (PPMO) prescribed procedures. The APP and CAPP templates are designed to fulfil the requirements to be followed by PEs. Additionally, e-CAPP report is mandated by the PIP. A well-prepared CAPP and its timely endorsement ensure effective procurement management functions, ensure efficiency, assure quality, and maintain transparency. The other components of the procurement cycle are crucial to prepare, update, and revise the APP and CAPP. Since this is a first e-CAPP and second federal CAPP practice of F-MoHP it requires institutional home with clear terms of reference. For now, the PFM committee can monitor the progress made in the implementation of F-CAPP. F-MoHP needs the required resources to establish an entity, and to monitor CAPP implementation through e-CAPP/TABUCS and quality assurance through cross verification. The absence of standard timelines for the preparation and finalisation of APP/CAPP can cause delays in the endorsement of CAPP, which in turn also leads to procurement delays. This e-CAPP provides comprehensive information on the annual procurement activities of the entities functioning under F-MoHP. It does not include the APP of the grants provided to SNG level. Additionally, it does not include the procurement from local resources.

3.2 Challenges

3.2.1 Delay in preparing APP and CAPP

In the FY 2020/21, F-MoHP experienced a short delay in finalising APP and CAPP mainly due to COVID19 impact on consolidation process and not having timely linkages of e-AWPB of LMBIS data to TABUCS. The introduction of restructured e-CAPP in this year has contributed in reducing time to prepare APP and CAPP. However, due to the poor linkages between e-AWPB/LMBIS and TABUCS, institutional arrangements for COVID responses and software modifications that have been required for addressing COVID19. F-MoHP has not been able to pay much more attention to finalise CAPP within the first month of this FY 2020/21.

3.2.2 Functional and Institutional Ownership

There was no structured practice of preparing federal CAPP at F-MoHP level. The PEs under F-MoHP have been executing their APPs individually. So it is realised that CAPP must be prepared for the Federal Ministry level under which several PEs are exist. The CAPP should include all modality of procurement like goods, civil works, consulting services, and other services to be procured. In the absence of a proper institutional home, it has been difficult to own the system and monitor the progress made in the implementation of e-CAPP by F-MoHP.

3.2.3 Support to SNGs

MD has been established to procure and manage supply chain of essential medicines and medical equipment required by various divisions under the DoHS. Previously DoHS's divisions used to prepare their individual MPP and APP; MD providing technical support to the divisions in preparing CAPP based on individual APP. Now, there are three spheres of Governments: Federal, Provincial and Local Government. The proposed organogram has merged current LMD under MD as a section. This brings an important question of the coordination within DoHS and outside DoHS to provide technical support to SNGs. However technical support from NHSSP-TA is provided as procurement clinic function to the SNG level for a short run, it should be institutionalised for long run. In FY 2017/18 it was 119 procurement clinics and in FY 2018/19 it is 205 and in FY 2019/20 it was 88 procurement clinics operated in the PEs of F-MoHP.

3.2.4 Uniformity in CAPP execution

There are several types of PEs under F-MoHP, some of them enjoy independency in decision making through their Development/Management Committees. These types of PEs earn their own income and expend on procurement of drugs and equipment which could not incorporated in the present e-CAPP. Likewise, some PEs expend on procurement through their program budget which is appropriated in separate activity budget code other than procurement budget code and due to the reason CAPP doesn't incorporate these figures at present. This type of procurement through their own resources and program budget is not incorporated in this CAPP. Most of the hospitals earn their own source of income and at this moment they are not incorporating the procurement program in their APP and therefore is not incorporated in the CAPP.

3.2.5 Epidemic response in CAPP execution

The COVID-19 epidemic is a challenge for CAPP management. Limited knowledge about corona virus is another challenge to control and management. After the formation of the High Level Committee for COVID-19 Crisis Management (CCMC), emergency procurement planning started for materials required for managing, testing and protection of frontline stakeholders. Initially under the direction of CCMC, and in coordination with EDCCD, CSD, MD, and with support of EDPs, F-MoHP exercised for item identification, forecasting and quantification of essential logistics for the COVID-19 response and management. EDPs such as WHO, DfID/NHSSP and USAID provided TA support for development of technical specifications. All this was executed on an ad hoc basis.

From the pre-lockdown to post-lockdown stage most of the procurement planning was for logistics support and laboratory items like PPE, equipment and kits. CCMC already decided to procure these items through special procurements modality under PPA/PPR. However, time, cost, and quality concerns are very much challenging in the emergency procurement seen in the organizations involved in FY 2019/20. Scattered procurement planning and separate procurement systems were adopted under the institutions involved under

MoHP, MoD, MoHA and SNGs. **Table 4** depicts the procurement scenario of medical goods and equipment by MD/DoHS:

Table 4: Procurement for COVID-19 Response in FY 2019/20

S.N.	Procurement of Medical Goods and Logistics	Cost Estimate (NPR)	Contract Amount (NPR)	Method of Procurement	Remarks
1	Thermal Scanner and Infrared Non Touch Hand Thermometer	15051000.00	6,396,430.54	RFQ	
2	Essential Logistics For N-Corona Virus Management	15051000.00	7,222,962.00	RFQ	
3	Essential Logistics For COVID-19 Response	280000000.00	276,549,430.00	RFQ	Cancelled
4	Procurement of ICU Equipment & others for COVID-19	48474700.00	37,267,225.80	RFQ	
5	General Bed and Accessories For Isolation Ward	51415000.00	35,482,000.00	RFQ	
6	Procurement of Hand Sanitizer	1842000.00	2,034,000.00	DP	
7	Hand Sanitizer	1044000.00	1,152,600.00	DP	
8	Gum Boot for PPE	2320000.00	1,999,139.50	DP	
9	PPE items For COVID -19 Control and Prevention	402297145.72	338,051,630.55	S-NCB	
10	Laboratory items For COVID -19	56488706.00	45,216,950.00	S-NCB	
11	Different items For COVID -19 Control and Prevention	58507919.60	27,461,373.00	S-NCB	
12	RDT Kit for COVID-19	115418000.00	63,873,250.00	RFQ	
13	Drugs for COVID-19	75000000.00	45,418,140.00	S-NCB	
14	RT-PCR & RNA and VTM For COVID -19	102039101.04	311,089,000.00	S-NCB	
15	RDT Kit for COVID-19	102039101.04	77,536,560.20	DP	
16	ICU Consumables for COVID-19	78050000.00	29,496,479.50	S-NCB	
17	Automated RNA Extraction Machine and RNA Extraction Kit	252500000.00	146,822,030.00	S-NCB	
18	RDT Kit for COVID-19	9600000.00	94,500,000.00	DP	
	Total NPR Value	1,667,137,673.40	1,547,569,201.09		

Source: CAAP Reports of three fiscal Years of MoHP Generated through: http://www.tabucs.gov.np/summary_reports

After the epidemic declaration, some exercise on estimation basis of scenario, estimates of people in quarantine and isolation, forecasting and quantification of logistics and procurement modality related issues have become major challenges. Several discussions with the suppliers and other stakeholders were conducted for need identification and quantification. Demands from the quarantine centres in the provinces were also considered. GoN decided to procure the majority of materials by G-2-G process and the major responsibility was given to the Nepal Army for such procurement. MD/DoHS prepared immediate ad-hoc procurement plan and initiated procurement process under the emergency procurement provisions of PPA/PPR. Such types of institutional challenges require further reform.

As the number of people in quarantine centres and, at the same pace, the number of positive cases increased, an Incident Command System (ICS) Logistic Cluster formed at F-MoHP chaired by the Director of MD, consisting as members of Chief of LMS, WHO and DfID/NHSSP Representatives. The cluster listed the ICU consumables and medicines required for estimated cases along with organization of suppliers' meeting for drug manufacturers and suppliers. However, the quantities were also procured under emergency procurement provisions, and these committees formed in MoHP and DoHS faced challenges in procurement for maintaining time, cost, and qualities.

3.3 Way Forward

3.3.1 Procurement Process Timeline

F-MoHP needs to formulate a practical timeline to guide the timely completion of APP and CAPP along with its AWPB. We recommend a functional linkage between AWPB and APP. This can be done through a system harmonization with LMBIS and TABUCS. The e-APP module included in TABUCS can interface with LMBIS. However, F-MoHP requires getting the approval from MOF, which will allow to link e-APP with LMBIS. This will address confusion in budget execution and APP finalization.

3.3.2 Institutional capacity in procurement

As GoN has merged LMD into MD, this has significantly reduced the institutional capacity of federal procurement function. It is important to note that large number of vaccines, medicines, and equipment are still being procured and supplied by EDPs. Securing budget and sustaining in-country procurement capacity is a growing concern for Nepal's health sector. The evidence suggests that Nepal needs an independent national procurement agency to address many procurement-related hurdles. We recommend EDPs to bring this issue to the notice of GoN.

3.3.3 e-APP linked with e-AWPB

Development of the e-CAPP needs to be fully coordinated with the annual budgeting process. A first draft of the APP should follow shortly after the first draft of the AWPB. The finalisation of the APP should happen after the approval of the AWPB. There is strong data linkage between e-APP, e-AWPB, LMBIS and e-CAPP. So a proper digital communication between these systems will contribute in timely completion of e-APP/e-CAPP. The e-CAPP module in TABUCS will support in linking APP/CAPP with LMBIS/AWPB/TABUCS. Institutionalization of this mechanism is must for tracking the progress made in implementation of e-CAPP.

3.3.4 Mandatory use of Technical Specification Bank (TSB)

Almost all technical specifications of medicines are used from TSB. However, the PEs themselves estimate the technical specifications of medical equipment. These entities are using TSB only for the reference for their own specifications. MD/DoHS have developed an on-line specification bank system, i.e. TSB, where approved specifications can be uploaded and all PEs could easily access them. This has greatly improved the quality control and transparency in the procurement system of F-MoHP. F-MoHP needs to further improve the TSB of medicines and equipment as per Minimum Service Standard (MSS). We recommend F-MoHP to further restructure and update the TSB as per MSS.

3.3.5 Use of e-GP Portal

F-MoHP should promote and facilitate to use the e-GP Portal of PPMO provided for procurement within all health sectorial PEs in each fiscal year. All procurement process should be carried out through e-GP system, which will improve the overall procurement functions of F-MoHP. F-MoHP needs support to and from PPMO to make health sector friendly SBDs into the e-GP system. Moreover, this system should also restructure to capture the procurement function of Framework Contracting as well as Emergency Procurement in epidemics.

3.3.6 Update of CAPP-MC and PFM Committee

F-MoHP needs to formulate CAPP monitoring committee in DoDA, DoAA and other relevant PEs to review and monitor the progress made in the implementation of e-APP/e-CAPP. DoHS have already formulated CAPP-MC, which is active in monitoring progress. The Committee shall focus on CAPP's time plan and its implementation, review the progress of PIP, review the report of oversight agency, review the usage of TSB and make recommendations for the reform of procurement process. PFM Committee of F-MoHP is committed to monitor the meeting of CAPP-MC every three months in each department. F-MoHP needs to update the current ToR of PFM and CAPP-MC Committee to monitor the progress made in the implementation of e-CAPP.

3.3.7 Institutionalization in epidemic response

Epidemic crises are almost common in Nepal each year. So F-MoHP needs to formulate permanent institutional arrangements for Epidemics Control and Monitoring Committee (ECMC) in federal, province and local level to overcome the crisis. This committee will facilitate institutional coordination between relevant SNGs and organizations along with EDPs. GoN and other relevant oversight agencies will review and monitor the progress made in the implementation of the decisions of ECMC for crisis management.

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Annex-1: List of Federal Procuring Entities of F-MoHP

Ministry of Health and Population FEDERAL PROCURING ENTITIES

S.N.	Name of Organisation	Location	Spending Unit
1	Ministry of Health and Population	Ramshahpath, Kathmandu	1
2	Department of Drug Administration	Bijulibazar, Kathmandu	1
3	Department of Ayurveda & Alternative Treatment	Teku, Kathmandu	1
4	Department of Health Services	Teku, Kathmandu	1/5 Div.
5	Health Insurance Board	Teku, Kathmandu	1
6	Nepal Health Education, Information and Communication Centre	Teku, Kathmandu	1
7	National Health Training Centre	Teku, Kathmandu	1
8	Nepal Public Health Laboratory	Teku, Kathmandu	1
9	National AIDS and Sexual Disease Control Centre	Teku, Kathmandu	1
10	Sukraraj Tropical and Infectious Disease Hospital	Teku, Kathmandu	1
11	National Tuberculosis Centre	Thimi, Bhaktapur	1
12	Shahid Dharmabhakta National Transplant Centre	Bhaktapur	1
13	Nepal Netrajyoti Sangha	Tripureshwar, Kathmandu	1
14	Nepal Eye Hospital	Tripureshwar, Kathmandu	1
15	Nepal Health Research Council	Ramshahpath, Kathmandu	1
16	National Academy for Medical Sciences, Bir Hospital	Mahabaudhha, Kathmandu	1
17	Paropakar Maternity Hospital	Thapathali, Kathmandu	1
18	Singhdurabar Vaidhyakhana	Anamnagar, Kathmandu	1
19	Kanti Children Hospital	Maharajgunj, Kathmandu	1
20	T.U.Teaching Hospital, Suresh Wagle Memorial Cancer Centre	Maharajgunj, Kathmandu	1
21	Manmohan Cardiothoracic Vascular Transplant Centre	Maharajgunj, Kathmandu	1
22	Bisweswar Prasad Koirala Lions Eye Research Centre	Maharajgunj, Kathmandu	1
23	Shahid Gangalal National Heart Centre	Bansbari, Kathmandu	1
24	Patan Academy of Health Sciences	Lagankhel, Lalitpur	1
25	Pashupati Homeopathy and Yunani Centre	Pulchowk, Lalitpur	1
26	Bisweswar Prasad Koirala Institute for Health Sciences	Dharan, Sunsary	1
27	Bisweswar Prasad Koirala Cancer Hospital	Bharatpur, Chitawan	1
28	Karnali Academy of Health Sciences	Jufal, Jumla	1
29	Vectorborne Disease Control, Research and Training Centre	Hetauda, Makawanpur	1
30	Koshi Hospital	Biratnagar, Morang	1
31	Narayani Hospital	Birgunj, Parsa	1
32	Bharatpur Hospital	Bharatpur, Chitawan	1
33	Dadeldhura Hospital	Dadeldhura	1
34	Bheri Hospital	Nepalgunj, Banke	1
35	Rapti Academy of Health Sciences	Dang	1
36	Pokhara Academy of Health Sciences	Pokhara	1
37	National Pharmaceutical Laboratory	Bijulibazar, Kathmandu	1
38	DoDA/Branch Office	Biratnagar, Morang	1
39	DoDA/Branch Office	Birgunj, Parsa	1
40	DoDA/Branch Office	Nepalgunj, Banke	1
41	Mental Hospital	Lagankhel, Lalitpur	1
42	Girija Prasad Koirala National Respiratory Treatment Centre	Tanahun	1
43	Sushil Prasad Koirala Prakhar Cancer Hospital	Khajura, Banke	1
44	National Pharmacy laboratory	Kathmandu	1
45	NAMS/National Trauma Centre	Mahaboudhha, Kathmandu	1
46	Ayurveda Clinic	Nardevi, Kathmandu	1
47	National Ayurveda Research and Training Centre	Kirtipur, Kathmandu	1
48	Gajendra Narayan Singh National Hospital	Rajbiraj, Saptary	1
49	Ram Raja Prasad Singh Academy of Health Sciences	Bara	1

Annex-2: List of Participants in e-CAPP Preparatory Workshop 17-18th July, 2020

SN	Name of Participants	Designation	Name of Organisation
1	Mr. Laxman P Aryal	Secretary	Ministry of Health and Population
2	Dr. Roshan P Pokhrel	Chief Specialist	Ministry of Health and Population
3	Dr. Dipendra R Singh	Chief Specialist	Ministry of Health and Population
4	Mr. Raghuram Bista	Joint Secretary	Ministry of Health and Population
5	Dr. Gunaraj Lohani	Joint Secretary	Ministry of Health and Population
6	Dr. Ramesh K Kharel	Director	MD/Department of Health Services
7	Dr. Basudev Pandey	Director	EDCD/Department of Health Services
8	Mr. Chudamani Bhandary	Chief of LMS	MD/Department of Health Services
9	Mr. Diwakar Ghimire	Chief Fin. Officer	Department of Health Services
10	Dr. Jhalak Gautam	Sr. HA	FWD/Department of Health Services
11	Mr. Muktinath Neupane	Chief Fin. Officer	Ministry of Health and Population
12	Dr. Taranath Pokhrel	Director	CSD/Department of Health Services
13	Miss. Roshani Laxmi Tuitui	Director	NSSD/Department of Health Services
14	Dr. Surendra P. Chaurasiya	SHA	MD/Department of Health Services
15	Dr. Bhim Singh Tinkary	Director	FWD/Department of Health Services
16	Mr. Gagan S Bista	SO	MD/Department of Health Services
17	Mr. Sushil Nepal	CO	MD/Department of Health Services
18	Mr. Bharat Bhandary	EPI Officer	FWD/Department of Health Services
19	Mr. Dipak Jha	Sr. PHO	FWD/Department of Health Services
20	Mr. Badebabu Thapa	SPO	MD/Department of Health Services
21	Mr. K.B. Chanda	SPHA	MD/Department of Health Services
22	Mr. Om P Upadhyaya	IO	MD/Department of Health Services
23	Mr. Bednath Swatee	Chief	MD/Department of Health Services
24	Mr. Saroj Adhikary	SO	MD/Department of Health Services
25	Mr. Kamalesh Mishra	PHI	MD/Department of Health Services
26	Mr. Top B Thapa	PHI	MD/Department of Health Services
27	Mr. Uttamraj Pyakurel	VCI	EDCD/Department of Health Services
28	Mr. MD Adhikary	SPHA	EDCD/Department of Health Services
29	Mr. Puskar Bijuckchhe	SO	FWD/Department of Health Services
30	Mr. Ran B Gharty	PHI	MD/Department of Health Services
31	Miss. Yasoda Baral	NO	NSSD/Department of Health Services
32	Mr. Harihar Sharma	SPHO	FWD/Department of Health Services
33	Mr. Gyan B BC	PHI	MD/Department of Health Services
34	Mr. Thakur Mani Sharma	AO	Department of Health Services
35	Mr. Srikrishna Paudel	LO	Department of Health Services
36	Mr. Madhav Raj Ojha	SO	MD/Department of Health Services
37	Mr. Indra Gautam	US	Department of Health Services
38	Dr. Pomawati Thapa	Section Chief	CSD/Department of Health Services
39	Mr. Dipak Adhikary	PHO	MD/Department of Health Services
40	Mr. Krishna P Subedi	EPI Officer	MD/Department of Health Services
41	Miss. Anju Adhikary	NO	FWD/Department of Health Services

FACILITATORS

SN	Name	Designation	Name of Organisation
42	Mr. Baburam Humagain	SP	DfID/NHSSP
43	Mr. Ramkaji Bhomi	PS	DfID/NHSSP
44	Mr. Khagendra Adhikary	Assistant	LMS/MD/DoHS
45	Mr. Pankaj Adhikary	Developer	Saipal Technology
46	Mr. Bishnu Barakoti	Developer	Saipal Technology

This e-CAPP Preparatory Workshop was held on 17-18th July, 2020 at Dhulikhel Lodge Resort, Dhulikhel, Kabhre.

Annex-3: Group-wise Model of e-CAPP Orientation and Data Entry Program

Batch 1: Inside Kathmandu Valley

Date: 23 July to 24 July 2020 Venue: Saipal Technologies, Anamnagar Time: 8 AM to 5 PM

SN	Organization	Address	Participant
1	DoHS, Curative Service Division	Teku,	2
2	DoHS, Epidemiology and Diseases Control Division	Teku,	2
3	DoHS, Family Welfare Division	Teku,	2
4	DoHS, Management Division	Teku,	2
5	DoHS, Nursing and Social Security Division	Teku,	2

Batch 2: Inside Kathmandu Valley

Date: 26 July to 27 July 2020 Venue: Saipal Technologies, Anamnagar Time: 8 AM to 5 PM

SN	Organization	Address	Participant
1	Department of Ayurveda & Alternative Treatment	Teku	2
2	Department of Drugs Administration	Bijulibazar	2
3	Health Insurance Board	Teku	2
4	Kanti Children Hospital	Maharajgunj	2
5	National Pharmacy Laboratory	Kathmandu	2

Batch 3: Inside Kathmandu Valley

Date: 28 July to 29 July 2020 Venue: Saipal Technologies, Anamnagar Time: 8 AM to 5 PM

SN	Organization	Address	Participant
1	National Academy of Medical Sciences, Bir Hospital	Mahaboudha	2
2	National Centre for Aids and STD Control	Teku	2
3	National Health Training Centre	Teku	2
4	National Health Education Information and Communication Centre	Teku	2
5	National Public Health Laboratory	Teku	2
6	National Trauma Centre	Mahaboudha	2

Batch 4: Inside Kathmandu Valley

Date: 30 July to 31 July 2020 Venue: Saipal Technologies, Anamnagar Time: 8 AM to 5 PM

SN	Organization	Address	Participant
1	National Tuberculosis Centre	Thimi	2
2	Nepal Eye Hospital	Tripureswor	2
3	Paropakar Maternity Hospital	Thapathali	2
4	Saheed Dharmabhakta National Transplant Centre	Bhaktapur	2
5	Sukraraj Tropical and Infectious Diseases Hospital	Teku	2

Batch 5: Inside Kathmandu Valley

Date: 2 August 2020 Venue: Saipal Technologies, Anamnagar Time: 8 AM to 5 PM

SN	Organization	Address	Participant
1	Ayurveda Hospital	Naradevi	2
2	National Ayurveda Teaching Hospital & Research Centre	Kathmandu	2
3	B.P. Koirala Lions Eye Hospital	Maharajgunj	2
4	Manamohan Cardiothoracic Vascular and Transplant Centre	Maharajgunj	2
5	Mental Hospital	Lagankhel	2

Batch 6: Inside Kathmandu Valley**Date: 3 August 2020 Venue: Saipal Technologies, Anamnagar Time: 8 AM to 5PM**

SN	Organization	Address	Participant
1	Ministry of Health and Population	Ramshah Path	2
2	National Ayurved Research and Training Centre	Kathmandu	2
3	Nepal Health Research Council	Ramshah Path	2
4	Nepal Netra Jyoti Sangh	Tripureswor	2
5	Pashupati Homeopathy Hospital and Unani Medical	Hariharbhawan	2

Batch 7: Inside Kathmandu Valley**Date: 4 August 2020 Venue: Saipal Technologies, Anamnagar Time: 8 AM to 5PM**

SN	Organization	Address	Participant
1	Patan Academy of Health Sciences	Lagankhel	2
2	Saheed Gangalal National Heart Centre	Bansbari	2
3	Singhadurbar Baidhyakhana	Singhadurbar	2
4	TUTH/Suresh Wagle Memorial Cancer Center	Maharajunj	2

Batch 8: Outside Kathmandu Valley**Date: 5 August to 6 August 2020 Medium: Zoom Time: 11 AM to 2 PM**

S N	Organization	Address	Participant
1	B.P. Koirala Institute of Health Sciences	Dharan	2
2	B.P. Koirala Memorial Cancer Hospital	Chitwan	2
3	Bharatpur Hospital	Bharatpur	2
4	Bheri Hospital	Nepalgunj	2
5	Dadeldhura Hospital	Dadeldhura	2
6	Ramraja Prasad Singh Academy of Health Sciences, Bara	RRPS Academy of Health Sciences, Bara	2

Batch 9: Outside Kathmandu Valley**Date: 9 August to 10 August 2020 Medium: Zoom Time: 11 AM to 2 PM**

SN	Organization	Address	Participant
1	DDA Regional Office	Parsa	2
2	DDA Regional Office	Banke	2
3	DDA Regional Office	Morang	2
4	Girija Prasad Koirala National Center for Respiratory Disease	Tanahun	2
5	Karnali Academy of Health Sciences	Jumla	2
6	Koshi Hospital	Biratnagar	2
7	Narayani Hospital	Birgunj	2

Batch 10: Outside Kathmandu Valley**Date: 11 August to 12 August 2020 Medium: Zoom Time: 11 AM to 2 PM**

SN	Organization	Address	Participant
1	Pokhara Academy of Health Sciences	Pokhara	2
2	Rapti Academy of Health Sciences	Dang	2
3	Regional Tuberculosis Center	Pokhara	2
4	Sushil Koirala Prakhar Cancer Hospital	Banke	2
5	Gajendra Narayan Singh Hospital	Rajbiraj, Saptari	2
6	Vector Born Disease Control Research and Training Center	Hetauda	2

Annex-4: List of Participants in e-CAPP Data Entry & Orientation Program 22nd July-12th August, 2020

SN	Name of Participants	Designation	Name of Organisation
1	Miss.Narayandevi Shrestha	Accountant	Department of Drug Administration, Bijulibazar
2	Mr. Chudamani Shrestha	AO	Department of Drug Administration, Bijulibazar
3	Mr. Surya P Bhusal	AO	Department of Aayurveda & Alternative Treatment, Teku
4	Mr. Khimraj Rijal	Sr.KN	Department of Aayurveda & Alternative Treatment, Teku
5	Mr. Krishna B. Adhikary	AO	Health Insurance Board, Teku
6	Mr. Himlal Gyawali	PHO	Health Insurance Board, Teku
7	Mr. Suresh Shrestha	CO	Aayurved Hospital, Nardevi
8	Mr. Tekraj Bhatta	Accountant	Aayurved Hospital, Nardevi
9	Mr Sunil Raj Sharma	Director	Nepal Health Education, Info and Communication Centre, KTM
10	Mr. Bharat B Kunwar	HEO	Nepal Health Education, Info and Communication Centre, KTM
11	Mr. Manoj Kumar Joshi	Acc. Officer	National Health Training Centre, Teku
12	Mr Baburam Bhusal	SPHO	National Health Training Centre, Teku
13	Mr Sitaram Pantha	NS	Nepal Public Health Laboratory, Teku
14	Mr Gopal Adhikary	CO	Nepal Public Health Laboratory, Teku
15	Mr Dipak Dahal	Stat. Officer	National AIDS and Sexual Disease Control Centre, Teku
16	Mr. Rambabu Rijal	AO	National AIDS and Sexual Disease Control Centre, Teku
17	Dr Sagar Rajbhandary	Director	Shukraraj Tropical and Infectious Disease Hospital, Teku
18	Mr.Purnananda Neupane	Assistant Accountant	Shukraraj Tropical and Infectious Disease Hospital, Teku
19	Mr. Devraj Bhandary	SO	National Tuberculosis centre, Thimi
20	Mr. Abdesah Shah	AO	National Tuberculosis centre, Thimi
21	Mr. Puk Lal Ghising	AO	Nepal Health Research Council, Kathmandu
22	Mr. Hukum P. Pokhrel	PCO	Nepal Netra-tyoti Sangha, Tripureswar
23	Mr. Manish Sharma	Fin.Off.	Nepal Netra-tyoti Sangha, Tripureswar
24	Dr Sangeeta Mishra	Director	Paropakar Maternity & Welfare Hospital, Thapathali
25	Mr. Bharat Rijal	Accountant	Paropakar Maternity & Welfare Hospital, Thapathali
26	Mr. Dev B. Kc	AO	Singhdurabar Vaidhyakhana, Anamnagar
27	Mr Basant Sharma	AO	S.D.National Transplant Centre, Bhaktapur
28	Mr. Dipak Tiwary	Planning Chief	T.U.Teaching Hospital, SWMCC, Maharajgunj
29	Miss. Tulasi Baral	Head Assistant	Manmohan Cardiothoracic Vascular Transplant Centre, KTM
30	Dr Prem Narayan Srivastav	Chief	Pashupati Homeopathy and Yunani Centre, Lalitpur
31	Mr. Gokarna Paudel	Accountant	Pashupati Homeopathy and Yunani Centre, Lalitpur
32	Mr. Bamdev Aryal	SO	Pashupati Homeopathy and Yunani Centre, Lalitpur
33	Dr Taranath Pokhrel	Director	CSD/Department of Health Services, Teku
34	Mr. Kamallesh Mishra	PHI	CSD/Department of Health Services, Teku
35	Mr. Saroj Adhikary	MLT	CSD/Department of Health Services, Teku
36	Miss Roshani Laxmi Tuitui	Director	NSSD/Department of Health Services, Teku
37	Miss. Yasoda Baral	NO	NSSD/Department of Health Services, Teku
38	Miss. Amrita Pahadi	CNO	NSSD/Department of Health Services, Teku
39	Dr. Ramesh K Kharel	Director	MD/Department of Health Services, Teku
40	Mr Dipak Adhikary	PHO	MD/Department of Health Services, Teku
41	Mr Sushil Nepal	SO	MD/Department of Health Services, Teku
42	Dr. Bhim S. Tinkary	Director	FWD/Department of Health Services, Teku
43	Mr. Prakash Adhikary	PO	FWD/Department of Health Services, Teku
44	Mr. Pushkar Bijukchhe	SO	FWD/Department of Health Services, Teku
45	Mr. Uttamraj Pyakurel	VCI	EDCD/Department of Health Services, Teku
46	Mr. Krishna Raj Pandey	SO	EDCD/Department of Health Services, Teku
47	Dr Mohanraj Shrestha	Director	Mental Hospital, Lagankhel
48	Mr. Ram K. Makaju	AO	Mental Hospital, Lagankhel
49	Mr. Phadindra Giri	CO	Ministry of Health and Population, Kathmandu
50	Mr. Surya B. Khadka	SO	Ministry of Health and Population, Kathmandu
51	Mr. Chhabi Paudel	AO	Ministry of Health and Population, Kathmandu
52	Mr. Sudip Aale Magar	PHO	Ministry of Health and Population, Kathmandu

SN	Name of Participants	Designation	Name of Organisation
53	Mr. Shyam Thapa	Assistant	Ministry of Health and Population, Kathmandu
54	Mr. Roshan Shrestha	CO	Ministry of Health and Population, Kathmandu
55	Dr Krishna P Paudel	Director	Kanti Children Hospital, Kathmandu
56	Mr. Dhan B. Sunar	Nayab Subba	Kanti Children Hospital, Kathmandu
57	Mr. Bhakta N. Shrestha	Accountant	Kanti Children Hospital, Kathmandu
58	Mr. Bhupal Acharya	Sr. Advisor	Shahid Gangalal National Heart Centre, Bansbary
59	Mr. Vivek Thapa	AO	Shahid Gangalal National Heart Centre, Bansbary
60	Mr. Binay K. Chaudhary	AO	Nepal Aayurved Research & Training Centre, Kirtipur
61	Dr Santosh Paudel	Chief	National Trauma Centre, Kathmandu
62	Miss Juna Khadka	AO	National Trauma Centre, Kathmandu
63	Mr. Somnath Adhikary	Accountant	National Trauma Centre, Kathmandu

**Participants in e-CAPP Webinar: Virtually Presented through Google Zoom facility (VPZ):
5-12th August, 2020; Coordinating Office Venue: SAIPAL Office Complex, Anamnagar**

SN	Name of Participants	Designation	Name of Organisation
64	Mr Bimal Bhatta	CO	Sushil P. Koirala Prakhar Cancer Hospital, Banke
65	Mr Indra Yadav	CO	Bheri Hospital, Nepalgunj
66	Mr Binod Kumar Lal Das	Accountant	Bishweswar P. Koirala Institute for Health Sciences, Dharan
67	Mr Bhriku Koirala	CO	Bishweswar P. Koirala Cancer Hospital, Chitawan
68	Miss Nirmala Paudel	Accountant	Pokhara Academy of Health Sciences, Pokhara
69	Mr Virendra Shah	CO	Narayani Hospital, Birgunj
70	Mr Man Kumar Rai	CO	Koshi Hospital, Morang
71	Mr Pradip Dewan	CO	Bharatpur Hospital, Chitawan
72	Mr Chakra B Budha	CO	Dadeldhura Hospital, Dadeldhura
73	Mr Sameer Neupane	Accountant	Karnali Academy of Health Sciences, Jumla
74	Mr Suman Phuyal	Sub-Accountant	DoDA/ Branch Office, Morang
75	Mr Sudeep Majhi	Accountant	DoDA/ Branch Office, Parsa
76	Mr Nayan B Kchhetry	Sub-Accountant	DoDA/ Branch Office, Banke
77	Mr. Kumar Pokhrel	PHI	Vector Born Disease Control & TC, Hetauda
78	Mr. Kameswar Rohit	Nayab Subba	Gajendra Narayan Singh Hospital, Rajbiraj, Saptary
79	Mr. Surya Khadka/MoHP	SO	Ram Raja Prasad Singh Academy of Health Sciences, Bara
80	Mr Rajeev Pokhrel	CO	Rapti Academy of Health Sciences, Dang
81	Mr Roshan Acharya	CO	Rapti Academy of Health Sciences, Dang
82	-	Handed Over to SNG	Regional Tuberculosis Center, Pokhara
83	Mr Raghunandan Shah	Accountant	National Medicine Laboratory, Kathmandu
84	Mr. Ramhari Sharma	PO	Bishweswar P. Koirala Lions Eye Research Centre, Kathmandu
85	Mr. Ramesh Adhikary	AO	Nepal Eye Hospital, Tripureswar
86	Miss Gayatri Lamsal	CO	National Academy for Medical Sciences, Bir Hospital, KTM
87	Mr Prakash Thapa	CO	Patan Acedeny of Health Sciences, Lalitpur
88	Miss Uma Bhandary	CO	G.P. Koirala National Center for Respiratory Disease, Tanahun

INVITEES

SN	Name of Invitees	Designation	Name of Organisation
1	Mr. Laxman P. Aryal	Secretary	Ministry of Health and Population
2	Dr. Roshan P Pokhrel	Chief Specialist	Ministry of Health and Population
3	Mr. Mahendra P. Shrestha	Chief Specialist	Ministry of Health and Population
4	Dr Dipendra R. Singh	Director General	Department of Health Services
5	Dr. Bikas Devkota	Joint Secretary	Ministry of Health and Population
6	Dr. Gunraj Lohani	Joint Secretary	Ministry of Health and Population
7	Miss Shailaza Regmi	Joint Secretary	Ministry of Health and Population
8	Mr Raghuram Bista	Joint Secretary	Ministry of Health and Population
9	Dr Jageshwar Gautam	Chief/HCD	Ministry of Health and Population
10	Dr Basudev Upadhyay	Director General	Department of Ayurveda and Alternative Treatment

11	Mr Narayan Dhakal	Director General	Department of Drug Administration,
12	Mr. Muktinath Neupane	Under Secretary(Fin)	Ministry of Health and Population
13	Mr. Lilaraj Paudel	Under Secretary	Ministry of Health and Population
14	Mr. Diwakar Ghimire	Under Secretary(Fin)	Department of Health Services
15	Dr. Sameer K Adhikary	Sub-Spokesperson	HEOC/Ministry of Health and Population

SUPPORT/FACILITATORS

SN	Name of Facilitators	Designation	Name of Organisation
16	Mr. Ramesh Kumar Sharma	SPPA	DfID/NHSSP
17	Mr. Baburam Humagain	SP	DfID/NHSSP
18	Mr. Dipak Maharjan	AO	Ministry of Health and Population
19	Mr. Ramkaji Bhomi	PS	DfID/NHSSP
20	Mr. Bhanu Bhakta Niraula	FA	DfID/NHSSP
21	Mr. Pankaj Adhikary	System Developer	Saipal Technology
22	Mr. Madan Gurung	Off. Manager	Saipal Technology

Opening Ceremony of this ***“e-CAPP data entry and Orientation program”*** was organized on 22nd July, 2020 at the Meeting Hall of Ministry of Health and Population, Kathmandu and data entry and training session’s classes from 23rd July-12th August, 2020 were at Computer Laboratory of SAIPAL Technology Office Complex, Kathmandu. Zoom facility were developed and linked by the SAIPAL Technology with collaboration of F-MoHP and NHSSP.

Annex-5: CAPP Summary Report, FY 2020/21

S.N	Budget Code	Implementing Agency	Procurement Categories (In NPR Million)				Total
			Goods	Civil Works	Consulting Services	Other Services	
1	37000011	Ministry of Health and Population, Kathmandu	9.80	0.00	2.56	0.00	12.36
2	37000013	Pashupati Homeopathic & Unani Clinic, Lalitpur	4.00	1.20	0.00	0.00	5.20
3	37000101	Kanti Children Hospital, Kathmandu	141.60	10.00	47.40	0.00	199.00
4	37000102	Shukraraj Tropical & Infectious Disease H., Kathmandu	44.60	17.50	5.00	0.00	67.10
5	37000103	Paropakar Maternity Hospital, Kathmandu	36.00	51.50	0.00	0.00	87.50
6	37000104	Nepal Eye Hospital, Kathmandu	18.62	0.00	0.00	0.00	18.62
7	37000105	BP Koirala Cancer Hospital, Chitwan	224.10	0.00	0.00	0.00	224.10
8	37000106	Manmohan CV and T Center, Kathmandu	150.00	0.00	0.00	0.00	150.00
9	37000107	Sahid Gangalal N.H.C., Kathmandu	2	30	6	0	38
10	37000108	Teaching Hospital, Kathmandu (Suresh Wagle)	166.5	30	0	0	196.5
11	37000109	Health Tax Fund, Kathmandu	0	0	400	0	400
12	37000110	Ayurveda Hospital, Kathmandu	8.9	0	0	0	8.9
13	37000111	Singhdurbar Baidhkhana, Kathmandu	2.42	14.5	1	0	17.92
14	37000112	BP Koirala Lions Eye Study Center, Kathmandu	10	0	0	0	10
15	37000113	Nepal Netra Jyoti Sangh, Kathmandu	0.9	0	0	0	0.9
16	37000114	Ministry of Health and Population, Kathmandu	5	4.5	0	0	9.5
17	37000115	Human Organ Transplant Center, Bhaktapur	120.5	0	0	0	120.5
18	37001101	National Tuberculosis Center, Bhaktapur	10	0	0	0	10
19	37001102	National Centre for AIDs & STD Control, Kathmandu	314.47	0	4.49	0	318.97
20	37001103	Department of Health Service, Kathmandu	1447.55	0	0	0	1447.55
21	37001105	Department of Health Service, Kathmandu	419.92	0	0	0	419.92
22	37001107	Department of Health Service, Kathmandu	89.2	0	110.53	0	199.73
23	37001108	Department of Health Service, Kathmandu	3.82	0	0	0	3.82
24	37001109	National HEI and Communication Center, Kathmandu	0.2	0	1.6	81.63	83.43
25	37001110	National Health Training Centre, Kathmandu	3.6	0	0	0	3.6
26	37001111	Vector born disease Control Programme, Makawanpur	0.36	0	0.1	0	0.46
27	37001112	National Public Health Laboratories, Kathmandu	146.2	20	0	0	166.2
28	37001115	Department of Health Service, Kathmandu	11.6	0	0	0	11.6
29	37001116	Department of Health Service, Kathmandu	0.3	0	0	0	0.3
30	37002011	Drug Management Office, Morang	0.8	5	0	0	5.8
31	37002011	Drug Management Office, Parsa	0.3	0	0	0	0.3
32	37002011	Department of Drug Administration	2.9	8.5	5	0	16.4
33	37002011	National Mediciens Laboratory, Kathmandu	15	3	0	0	18
34	37002011	Drug Management Office, Banke	0.3	0	0	0	0.3
35	37003011	Dept. of Ayurved and Alternative Treatment, Kathmandu	3.28	43	3.7	0	49.98
36	37031101	Social Health Security Development Committee	77.55	0	5.3	0	82.85
37	37041011	Nepal H.R.Council, Kathmandu	1.5	0	0	0	1.5
38	37061011	Koshi Zonal Hospital, Morang	67.5	0	0	0	67.5
39	37061011	Narayani Sub-Regional Hospital, Parsa	28.29	30	0	0	58.29
40	37061011	Bharatpur Hospital, Chitwan	62.5	10	0	0	72.5
41	37061011	Mental Hospital, Lalitpur	8	0	0	0	8
42	37061011	National Trauma Center, Kathmandu	30	0	0	0	30
43	37061011	National Ayurved R. and Training Center, Kathmandu	3.2	0	0	0	3.2
44	37061011	GPK National Resperatory Center, Tanahu	1.5	0	0.5	0	2
45	37061011	SK Prakhar Cancer Hospital, Banke	1	0	3.3	0	4.3
46	37061011	Bheri Zonal Hospital, Banke	4	0	0	0	4
47	37061011	Sub Regional Hospital, Dadeldhura	14.5	0	0	0	14.5
48	37061011	Gajendra Narayan Singh Hospital, Rajbiraj	10.98	0	0	0	10.98
49	37061012	NAMS/Bir Hospital, Kathmandu	324.96	722.5	15	0	1062.46
50	37061013	B.P. Koirala Institute of Health Sciences, Dharan	230.19	0	0	0	230.19
51	37061014	Karnali Academy of Health Science, Jumla	34	0	0	0	34
52	37061015	Patan Academy of Health Science, Lalitpur	65	0	5	0	70
53	37061016	Rapti Academy of Health Science, Dang	38.1	0	0	0	38.1
54	37061017	Pokhara Academy of Health Science, Pokhara	151.5	50	3	0	204.5
Grand Total			4569.01	1051.2	619.49	81.63	6321.32

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