



Nepal Health Sector Support Programme III (NHSSP – III)

**Web-based Grievance-handling and Redressal
Mechanism in Use by Management Division**

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**Ministry of Health and Population
Department of Health Services
Management Division
May 2019**

Abbreviations and Acronyms

AWPB	=	Annual Work Plan and Budget
CAPP	=	Consolidated Annual Procurement Plan
CAPP-MC	=	Consolidated Annual Procurement Plan Monitoring Committee
CSD	=	Curative Service Division
DG	=	Director General
DLI	=	Disbursement-linked Indicator
DoHS	=	Department of Health Services
EDCD	=	Epidemiology and Disease Control Division
EDP	=	External Development Partner
FMoHP	=	Federal Ministry of Health and Population
FWD	=	Family Welfare Division
FY	=	Fiscal Year
GHRM	=	Grievance-handling and Redressal Mechanism
GoN	=	Government of Nepal
ICT	=	Information and Communication Technology
ID	=	Identification
IT	=	Information Technology
LMS	=	Logistics Management Section
MD	=	Management Division
MoHP	=	Ministry of Health and Population
NHEICC	=	National Health Education Information and Communication Centre
NHRC	=	Nepal Health Research Council
NHSP	=	Nepal Health Sector Programme
NHSP-II	=	Second Nepal Health Sector Programme
NHSSP	=	Nepal Health Sector Support Programme
OPMCM	=	Office of Prime Minister and Council of Ministers
SMS	=	Short Message Service
SNG	=	Sub-national Government
VAS	=	Value-added Service
VfM	=	Value for Money

EXECUTIVE SUMMARY

The Management Division (MD) of the Department of Health Services (DoHS) is the authority responsible for the procurement and supply chain management of health commodities, pharmaceuticals and non-pharmaceutical goods, including contraceptives, equipment, instruments and accessories. To perform this task, MD estimates needs, invites bids and receives goods, which are then distributed to various facilities. Combining these roles integrates the functions of procurement, warehousing and distribution. During these phases, various grievances may occur for instance, the unavailability of free medicines, the inferior quality of medicines or the unavailability or poor quality of equipment. At the same time, bidders and suppliers may have grievances regarding procurement and its related processes. Realising the need of a systematic and easy-to-access system to receive, handle, analyse and redress such grievances in the health sector, MoHP has agreed with External Development Partners (EDPs) to design and implement an electronic grievance-handling and redressal mechanism. The Nepal Health Sector Support Programme (NHSSP) supported MD to design, update and implement the web-based grievance-handling and redressal mechanism to allow easy access for people lodging complaints and grievances related to procurement and the supply chain.

DoHS-MD officials' capacity to institutionalise and use the GHRM system was enhanced during the phases of design and implementation. A dynamic web-based portal was designed on the Web platform and linked with MD's website, making it accessible to public users through a web-based window as well as by smart phone and Short Message Service (SMS). Public users do not need to log in or register in order to lodge a grievance. They can also view the status of their grievance by entering the "tracking number" provided by the system. Similarly, office users can work on any grievance relating to them, register manual grievances, view new grievances lodged and take relevant actions through their respective user accounts and discrete dashboards. The system receives and handles grievances lodged by the public in different categories and on different dates and provides reports as required by the management by category, by period, by the government entity, by redressed/un-redressed or as a summary report. Government officials are involved in the entire process of handling grievances. In consultations with various departments and partners, the design of web-based GHRM has been completed in August 2018. The system was piloted at LMD and made it available through the public domain since October 2018. The design and initial pilot was presented to the CAPP MC in 21 Feb 2019 and adjustments made in light of their feedbacks. Thirty-seven grievances were received between October 2018 and April 2019, consisting of 35 grievances in MD and one each in the Family Welfare Division (FWD) and the Store and Distribution Unit. Of those grievances, 34 (92%) had been redressed, and three not yet redressed, as of the first week of May 2019.

Nevertheless, people remain more familiar with traditional methods of lodging complaints and grievances by word of mouth and paper-based letters. The web-based system needs to be promoted through different media in coordination with the National Health Education Information and Communication Centre (NHEICC). Furthermore, an incentive package should be devised to help build the capacity of government officials in the efficient handling and redressing of grievances. At the same time, complainants must be assured of confidentiality and that action will be taken, so as to encourage genuine grievances to be submitted. It is also

recognised that the current system must be upgraded to address grievances regarding the health sector in all spheres of government.

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CHAPTER 1 - INTRODUCTION

1.1 Background

The Federal Ministry of Health and Population (MoHP) annually purchases a large number of pharmaceutical and non-pharmaceutical goods including contraceptives, equipment, instruments and accessories. The Management Division (MD) of the Department of Health Services (DoHS) is responsible for the procurement and supply chain management of health commodities. Presently, MD has a network of two central medical stores (at Teku and Pathalैया), five provincial medical stores and 77 district stores. One of the vital components of the procurement cycle is ensuring that high-quality products are received and distributed in the stores or warehouses. The procurement cycle at MD begins with estimating needs, bidding, receiving supplies and distributing them to the various facilities. Procurement of medical goods takes place in both local and international markets. MD integrates all logistics systems by engaging in procurement, warehousing and distribution of medical goods, vehicles and transportation services. Thus, various grievances may arise regarding, for instance, unavailability of free medicines, inferior quality of medicines, and unavailability or poor quality of equipment. Similarly, other stakeholders in the procurement process, such as bidders, may have to lodge their grievances regarding procurement, under-/overstock, expiration of medicines, or other related processes.

The Government of Nepal (GoN) has started receiving and responding to complaints manually. The Office of Prime Minister and Council of Ministers (OPMCM) established the telephone hotline “Hello Sarkar”, which has now been transformed into a web-based system. This system is broad and generic in terms of overall governance: there was no systematic, electronic web-based system to receive, handle and analyse grievances in the health sector. Each procuring agency used to receive complaints through manual processes, i.e. complaints boxes, registration of complaints or by telephone. In order to ensure a timely response to complaints, FMoHP agreed with External Development Partners (EDPs) to design a system. Towards the end of the Second Nepal Health Sector Programme (NHSP-II) it was agreed to initiate the process of designing a Grievance-handling and Redressal Mechanism (GHRM) in the health sector.

1.2 Rationale

GoN is committed to make public service delivery system more accountable, responsive and people-centred in all spheres of government. An essential prerequisite for this is to have robust public grievance-handling, redressal and monitoring mechanisms, particularly in the health sector which has a large public interface. The GHRM is an important and integral part of health governance. Implementation of such a mechanism contributes to the integrity of public procurement as well as assisting the relevant government agencies in procurement by ensuring quality, efficiency, transparency, accountability and Value for Money (VfM). It contributes effectively to good governance in the public procurement sector and has the potential to provide full assurance of quality control regarding health sector goods and services.

FMoHP has agreed with EDPs to include the GHRM as one of the indicators for disbursement (Disbursement-linked Indicator (DLI)2). The Nepal Health Sector Support Programme (NHSSP)

has supported DoHS in preparing the concept note on the GHRM, which has been agreed by EDPs, and the payment on this DLI has been made. DoHS has used the Annual Work Plan and Budget (AWPB) fund to develop electronic and web-based GHRM software. This task was included in the Consolidated Annual Procurement Plan (CAPP) – for Fiscal Year (FY) 2017–18. NHSSP has provided technical support in designing, testing, piloting and training. These actions formed part of DLI 2, which has been agreed, and payment has been made. The third and important DLI is to ensure the use of the GHRM by users, stakeholders, DoHS and MD. This requires MD to be capable of running the system, preparing the outputs and responding promptly to complaints.

This report supports MD in achieving DLI 2.3 and helps responsible officials to develop their skills in analysing information from the system. It is important to note that there are several procurement-related complaints at Sub-national Government (SNG) level. The current system has not been designed to address the needs of SNG, however, the system can be expanded to incorporate their requirements and produce comprehensive analytical reports.

1.3 Objectives

The purpose of this assignment is to contribute to making the public procurement process more transparent, accountable and efficient through the introduction and use of a web-based GHRM. The specific objectives are to:

- a. Support MD/Logistics Management Section (LMS) to update and implement the web-based GHRM
- b. Provide easy access for people lodging complaints and grievances related to procurement and supply chain through the web-based GHRM.

1.4 Methodology

A desk review has been carried out to review the different modules within the GHRM. This has been useful in generating reports on complaints and redressal which have been shared and discussed with DoHS officials. NHSSP has oriented the respective officials from different Divisions to responding to complaints using the GHRM. In order to ensure the frequent submission of genuine complaints, NHSSP has supported MD in delivering presentations on the GHRM at both the CAPP-MC and the Suppliers' Conference. Information on the GHRM has been disseminated through the Procurement Handbook to SNGs and through a Public Notice to all at MD. Regular updates on progress made in the implementation of the GHRM have been presented at meetings of CAPP-MC, supporting its institutionalisation at MD.

1.5 Scope of the Task

The scope of this task is to build the capacity of DoHS-MD officials in institutionalising and using the GHRM system. Necessary updates on the system are performed by MD with technical support from DFID/NHSSP. During this process, the team reviewed the telephone hotline "Hello Sarkar", which has been transformed into a web-based system established at the Office of Prime Minister and Council of Ministers (OPMCM). This system is broad and generic in terms of overall governance; the health procurement related issues could not be analysed using this system. However, the GHRM can be interfaced with "Hello Sarkar".

Additionally, the grievance redress system (GRS) functional under the Department of Road (DoR) has been reviewed and taken some components in this system. The World Bank has provided technical support to DoR while developing GRS. The international experiences were considered while developing GRS. A team from DoR has presented a detail system design components to LMD. Based on the critical review of these two systems and requirement of health sector DFID/NHSSP has provided technical support to LMD in designing the GHRM system. DoHS/MD/LMS officials are involved in the entire process of handling grievances. NHSSP will support the Information Technology (IT) Officer to prepare a presentation on GHRM use to be delivered in different forums, including the CAPP-MC. The progress made in the adoption of the GHRM has been appreciated by the CAPP-MC.

CHAPTER 2 - WEB-BASED GHRM SYSTEM

2.1 Institutional Arrangement

The DoHS leads five Divisions and five centers in procurement and supply chain management. Responsibility for the five former Regional Health Directorates and the District Public Health Offices, District Health Offices, District Hospitals, Health Posts, and Primary Health Care Centers has been transferred to their respective Provinces and Local Governments. The Centers are independent organisations with their own programme and budget, however, supply chain management comes under the responsibility of MD. The Centers and provincial and local organisations are not fully covered within the scope of the existing GHRM.

At the federal level, for federal procurement requirements, MD/LMS is the responsible PSCM agency. Consequently, MD has a lead role in grievance-handling and redressal for all the federal level spending units.. This GHRM is currently limited to federal level procurement.

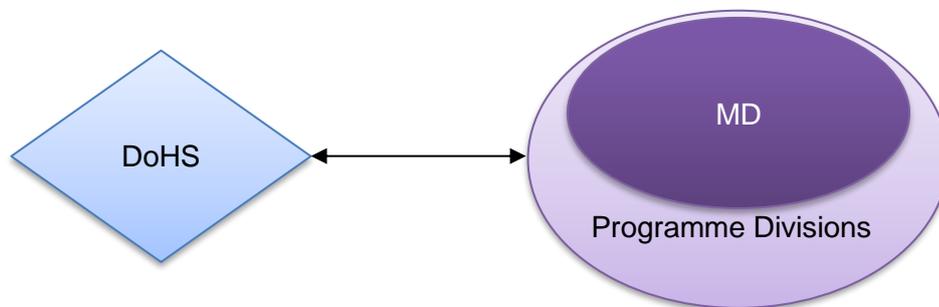


Figure-1: Current role of MD in GHRM

MD is responsible for the upgrading and use of the existing GHRM. Since this is web-based, the current GHRM can also be used by the interested provincial and local governments. They can access the system at http://dohslmd.gov.np/ghrm/pages/contact_us.

2.2 Focal Person

MD has nominated the Chief of LMS as the focal person responsible for the management of the GHRM. The focal person has the authority to handle grievances lodged within the GHRM system. S/he shall sort registered grievances into the relevant DoHS Divisions (or MD, if related to procurement and supply chain cycle). The focal person can consult the directors of other Divisions regarding the execution of grievances lodged and has responsibility for coordinating with all Divisions for the timely processing of responses. A brief progress report on any grievances lodged and resolved should be submitted to the Director General (DG). An Information Technology (IT) Officer is currently designated responsible for operating the web system and generating the reports.

2.3 GHRM System

2.3.1 Workflow of GHRM

The GHRM system has a two-way information flow system. Information flows from one Division to another and both ways within the Divisions and DoHS. There is an in-built internal messaging facility in the system (on-line system) from one Division to another or within the Divisions for sharing of information, instructions, clarifications or opinions. Internal memos, verbal discussions and other forms of information-sharing tools are used within the offices.

Any grievances lodged have to be “answered” immediately and the Division/office/section concerned must provide available data and information relevant to each grievance to the Director of MD. Until such time as satisfactory answers have been received, the Director of MD will carry out further queries, seeking relevant clarification, information, and facts. Following the approval of the concerned authority within the DoHS or Divisions, the person who lodged the complaint (“lodger”) will be notified, and copies of the response made shall be provided to the DG and all concerned offices.

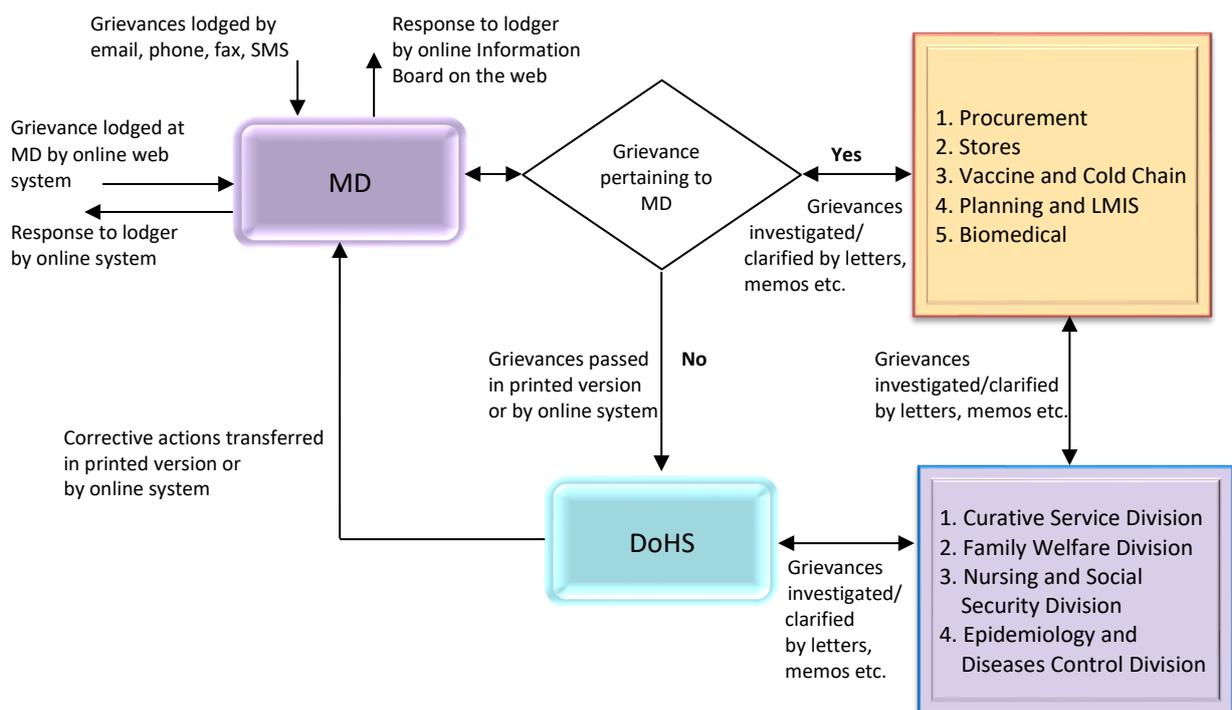


Figure-2: Workflow of GHRM

Combinations of grievances can be lodged by the general public or suppliers such as someone lodging a complaint at one Division against another Division, or, lodging at DoHS against MD or any Division. In such cases, relevant data shall be gathered within DoHS/MD and internally verified; timely responses using the GHRM system shall be provided.

The GHRM system includes the following major components:

- Forwarding grievances registered by written letter, official memo etc. to concerned offices/sections/Divisions within specified days of registration;
- Forwarding grievances for clarification by internal messaging through the GHRM system (online) within specified days of registration;
- Seeking approval in consultation and coordination with the competent authority of each office/section/Division;
- Forwarding grievances lodged at, but not related to, MD to the DoHS Complaints Section (Gunaso Sakha) in printed form, requesting that DoHS take corrective action;
- Reviewing the GHRM system through regular monitoring and periodic status reports generated by the GHRM system; and
- Reviewing selected processed grievances during an annual workshop in order to identify grievance-prone areas, disseminating conclusions to concerned officials and agencies for systematic reform initiatives.

2.3.2 Lodging and Registration

The GHRM system allows the public to lodge or register their grievances at any time. A lodger can register his/her grievances through the system on MD's website or by email, phone, fax, mobile Short Message Service (SMS) or in person. In all cases, the lodger will be given a registration number for tracking and a response period within which s/he will receive a reply. The identity of the lodger will be protected and kept confidential.

The screenshot shows the 'Grievance Handling and Redressal Mechanism' interface. At the top, there are two buttons: 'LODGE GRIEVANCE' and 'VIEW GRIEVANCE STATUS'. Below this is a progress bar with three steps: '1 Grievance Details', '2 Receiving Office Details', and '3 Your Personal Details'. The '1 Grievance Details' step is active. The form includes a dropdown menu for 'Select grievance category', a text input field for 'Grievance Details', an 'Upload additional document (if any)' section with a 'Browse...' button, a radio button selection for 'Do you want password for this grievance?' (with 'No' selected), and a 'Captcha' section with an 'MWSCa' logo and a text input field. At the bottom, there are 'Back', 'Next', and 'Cancel' buttons.

Anonymous grievances shall be registered separately; there will be no attempt made to discern the identity of the lodger. Such grievances shall be addressed in time. Care shall be taken to appropriately manage the lodging of spam grievances by verifying the authenticity of the mobile number of the lodger¹. IT Officers will assess the situation and take any necessary action.

¹ The lodger will receive an auto-generated message reading, "Thank you for lodging a complaint ..."

2.3.3 Types of Grievances

Grievances received and redressed are categorised by their subject matter and urgency. The categories of grievances are included in the system.

a) On the basis of subject matter²:

- i. Free medicine is not available (mentioning the name of medicine)
- ii. Inferior quality of drugs
- iii. Irregularities in procurement and corruption
 - Bias in specification/eligibility/qualification
 - Unusual terms and conditions of bidding
 - Unclear decision-making process
 - Delay in supply
 - Delay in payment
- iv. Overstock and expired medicine
- v. Unavailability and poor status of equipment

b) On the basis of urgency:

On the basis of urgency grievances are further categorised into three broad classes:

- i. Category 1 - Grievance of high priority; those concerned with lack of service provision to the people, such as lack of medicine, poor quality of medicines etc.
- ii. Category 2 - Grievances of priority; those concerned with financial irregularities and corruption, or lapses in programming or budgeting, causing harm to government and people (bidders and the general public). However, grievances are considered high-priority when related to matters that – in the absence of a rapid response – would be likely to cause harm to government and people.
- iii. Category 3 - Ordinary grievance; those that are not causing harm to government and people, but concern poor governance.

2.3.4 Allocating Response Period

The GHRM system permits the concerned focal person to fill out the period of response for each particular grievance lodged at the time of registration. The response period encompasses the total time required to: (a) register the grievance, (b) categorise the grievance, (c) process the grievance internally and (d) seek departmental approval from the competent authority to respond to the lodger. The timeframe for responding³ to a grievance lodged in the GHRM system depends on its urgency:

- Within two days for high-priority grievances
- Within five days for priority grievances
- Within seven days for ordinary grievances.

² The scope of subjects should gradually be increased during the next phase of system improvement.

³ The lodger will receive a response about what action is taken regarding his/her grievance.

The timeframe for each class of grievance can be extended with the approval of the concerned higher authority of the organisation.

2.3.5 Response Process

Only MD shall provide an “answer” to DG for him/her to resolve the case. During the preparation of such answers, MD shall collect relevant data/evidence/proof from its own supporting sections such as the stores, the technical, accounts or procurement sections, or the concerned programme Divisions. Once answers have been prepared, they shall be submitted to DG for approval. Responsibility for the final decision made in response to a grievance lies with the Director of MD and the DG.

2.4 IT System Features

A dynamic web-based portal has been designed on the Web platform. The portal has web-based system facilities that run in a browser. The portal is linked from the “Grievance” link on the MD website, <http://www.dohslmd.gov.np>. An IT Consultant was hired to develop and train relevant staff at MD, other Divisions and DoHS. When a grievance is lodged, letters, internal memos, verbal discussions and other forms of enquiry and sharing tools are used within the Division and within the sections of MD to prepare the answer. If necessary, MD will communicate to Divisions that they are to prepare the “answer”. The system can be integrated to allow grievances to be sent by SMS through a short code, comprised of a four-digit number, managed by a third-party Value-added Service (VAS) provider. Self-generated auto responses and auto answers would then be sent to lodgers⁴. For further enhancement of the system, a mobile app may be developed later with standard templates of grievances in text and/or picture formats on the display of the app screen.⁵ The GHRM can be expanded with the provision of a call centre⁶ with a toll-free number at DoHS/MD to record word-of-mouth grievances by phone.

2.5 Management and Recording of Grievances

The received grievances, status of redressal, redressed grievances and the replies are kept in systematic records. The records are prepared as per the categories of grievances. Reports on grievances received and addressed are produced periodically and will also be reflected in the Annual Report. The annual report shall comprise both self-generated reports from the web-based GHRM system and manual records.

⁴ This application is not integrated yet: it will involve an annual subscription fee for the VAS and four-digit client number.

⁵ This will be developed in the upgrading stage only.

⁶ If planned in the next phase.

Grievance Handling and Redressal Mechanism for Logistics Management Division

Dashboard

Grievance Management

Register New Grievance

New Grievances 7

Under Process 0

Transferred

Accomplished

Delayed Grievances

Reports

Sub Users

Profile

View Profile

Change Password

Sign Out

✉ List of Newly Received Grievances

Filter By Type: All records Search 2

10 entries per page Search here... 3

4
5

Registration Date	Registration Number	Lodged By	Grievance Type	Details	View Details / Take Action
2018-08-15	08-2018-JU8QR5	Public Prabhash	Irregularities in procurement and corruption	this is test from dryice	Click to View
2018-08-14	08-2018-JD8JMR	Public प्रभाष कुमर शर्मा	Inferior quality of drugs	टेस्ट फ्रॉम ड्राई-आइस	Click to View
2018-08-13	08-2018-CPLMDQ	Public Anonymous	Free medicine is not available (mentioning the name of medicine)	Text	Click to View
2018-06-20	06-2018-4WLBUP	Public Anonymous	Inferior quality of drugs	tesy	Click to View

Showing 1 to 4 of 4 entries First Previous 1 Next Last

While grievances are being processed, the identity of the lodger shall be kept confidential as per the laws of Nepal.

2.6 Limitations of System

Grievances occur in all spheres of government. In the health sector, grievances often concern service delivery, treatment facilities, infrastructure, procurement and supply. The first step of the GHRM is to establish the system at MD and redress issues around procurement and supply chain within DoHS. The present system cannot capture the grievances of provincial and local governments' procurement and supply issues. A larger system, capturing procurement and supply chain issues of those provincial and local governments, can be developed in the future. Similarly, categories of grievance covering service delivery and other factors can also be added onto the present system.

CHAPTER 3 – EVIDENCE, CONCLUSIONS AND WAYS FORWARD

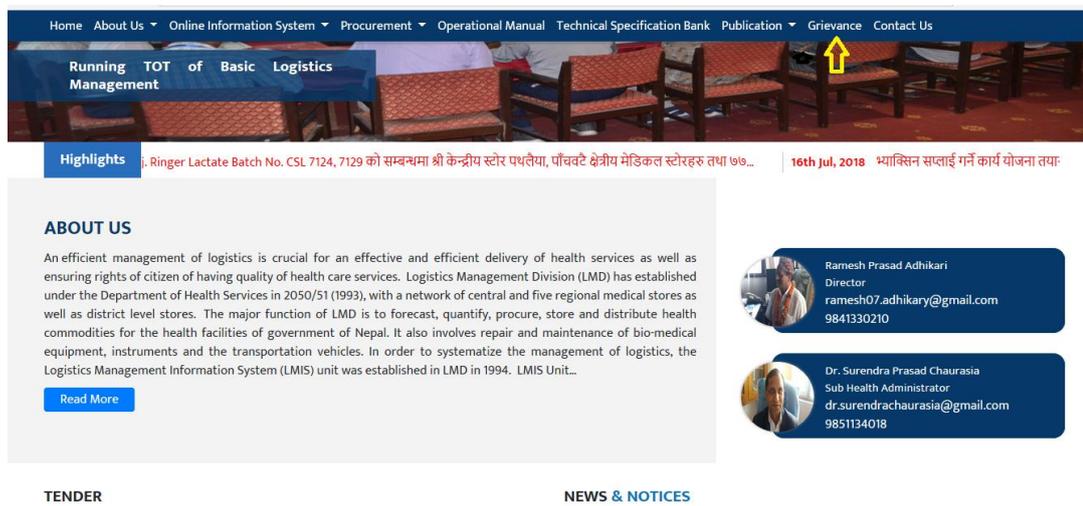
3.1 Introduction

The GHRM is a centralised web-based system through which users can direct grievances to different offices and view the status of their complaints by entering their unique tracking number. At the same time, the system allows MD to capture the dates of grievances, analyse their content and provide responses through the same web portal. The system has the following basic features for users:

- Responsive layout:** the system can be accessed on the web, through a mobile browser or any other smart device such as an iPad or tablet.
- Dual language support:** the system is available both in English and Nepali.
- Multiple files uploadable:** the system supports multiple file uploads.
- Email and SMS notification:** if the user chooses to provide an email address and/or mobile phone number the system will send notifications regarding the progress of the grievance.
- Easy to use:** the system is designed in a very simple way, reducing tedious work for the user.

3.2 Linking GHRM with MD’s Website

MD has its own domain and URL: <http://www.dohslmd.gov.np>. The GHRM is located on the MD website. The menu “Grievance” is the entry point of the GHRM.



The menu opens the homepage of the GHRM, which is the landing page for all users. There are three types of users of the GHRM: Public users, Office users and the Admin user.

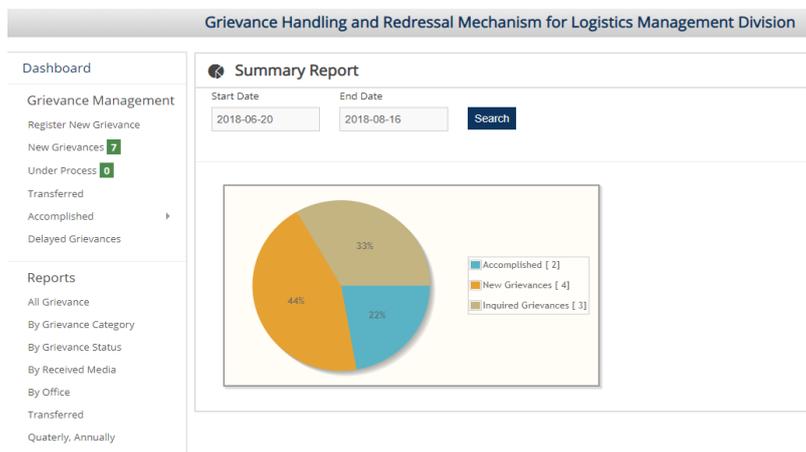
Public users do not need to log in or register to lodge a grievance. On the home page, public users will find a navigation menu, social network links and a language selection tab; there are two main tabs to “Lodge Grievance” or “View Grievance Status” shown in the screenshot below. Users can click on “Lodge Grievance” if they wish to lodge a new grievance. Users can

also check the status of an older grievance by clicking “View Grievance Status”. This will give details of the progress of any grievance being processed. Users can then upload any document, image or video in support of their grievance; the maximum file size is 10MB. Users can opt to use password protection on their grievance. The password will be demanded when the user tries to view the status of his/her complaint.



Providing personal details is also optional for the public user. Users can click on “Yes” to provide personal details. If the user clicks on “No”, the grievance will be lodged as anonymous. Every grievance lodged will be given a Grievance ID (‘tracking number’). A public user will have to use this ID to track the status and progress of his/her grievance. Reminders about or clarifications of previous lodged grievances can be reported here. There is a “Reports” menu for public users, from where the public can view/download any grievance report or document uploaded by the MD Admin user. This also functions as the online information board for public users who have lodged grievances anonymously or manually.

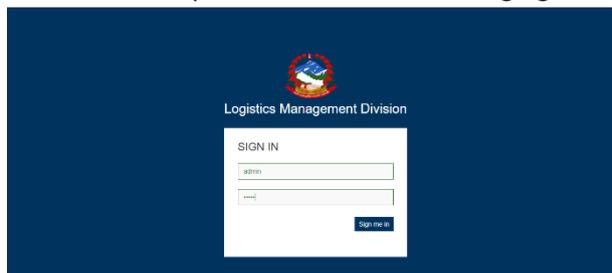
Office users are the administrators of their own area, they can work on any grievance relating to them. Users can register manual grievances, view new grievances lodged and take relevant actions. Discrete user accounts are created by the system administrator; privileges afforded to one user may differ from those given to another, depending on their level within the hierarchy of the organisation. Office users can log in from the home page of the system, providing the correct username, password and entering the Captcha code. Once a user logs in s/he will be redirected to the dashboard, as shown in the screenshot on the left. The navigation menu allows users to manage a grievance, view reports, manage users and manage his/her own profile. The dashboard includes different charts and figures for a quick analysis of Grievances and Redressals.



The responsible officer from MD can register any offline grievances reported to the department through modes such as walk-in, letters, SMS or email. To register such offline grievances, s/he needs to fill in the Grievance Registration Form

provided by the system by clicking on “Register New Grievance”. In the course of processing and redressing grievances the office user can send an internal enquiry within the same office or an external enquiry outside the office (within MD as well as within DoHS Divisions) adding comments in the comment box, which can be viewed by other office users. Similarly, grievances can be transferred to other office users if a given grievance is not related to the identified entity. Once a grievance is resolved, the office user can click “Accomplished”.

The Admin user is the system administrator, who controls the entire system. The Admin user is also the site super admin and has different roles and responsibilities such as managing office users within the hierarchy; creating user groups; adding/editing/deleting offices that will be responsible for operating the GHRM; managing grievance parameters, categories, status messages, and auto-escalation time periods for grievances; report management; activity log management; and profile management.



3.3 Reports

Operational training was completed in August 2018, and following the nomination of a focal person, the GHRM system has been active within MD since October 2018. Nevertheless, far fewer grievances have been lodged through the online system than received by hand on paper. Manual grievances are registered on the system by the MD Office User. The system can generate various reports of grievances lodged under process, transferred and resolved (accomplished) by date, grievance category, grievance status, source, or office. For example, there is also an option to view the reports with different filters. Some examples of reports are given below:

Table 3.1: Grievances received by entity in the period from 1 October 2018 to 30 April 2019

S.N.	Office Name	Total Received	Resolved	Yet to Resolve	Resolved Percentage
1	Management Division	35	34	1	97%
2	Store and Distribution Unit	1	0	1	0%
3	Family Welfare Division	1	0	1	0%
	Grand Total	37	34	3	92%

Table 3.2: Grievances received in the month of March 2019

S.N.	Office Name	Total Received	Resolved	Yet to Resolve	Resolved Percentage
1	Management Division	20	20	0	100%
	Grand Total	20	20	0	100%

Table 3.3: Grievances received in the month of April 2019

S.N.	Office Name	Total Received	Resolved	Yet to Resolve	Resolved Percentage
1	Management Division	1	0	1	0%
2	Family Welfare Division	1	0	1	0%
	Grand Total	2	0	2	0%

Table 3.4: Summary report of grievances for the period from 1 October 2018 to 30 April 2019

S. N	Receiving Office Details	Numbers	
1	Grievances received within the report period (by method of submission)	Numbers	
	Web	7	37
	Written letter (manual entry)	30	
2	Grievances received online (by office category)	Numbers	
	Head Office	6	7
	Section Office	1	
3	Grievances received (by category)	Numbers	
	Free medicine is not available	4	37
	Irregularities in procurement and corruption	31	
	Overstock and expired medicine	1	
	Unavailability and poor status of equipment	1	
4	Grievances resolved/accomplished (by category)	Numbers	
	Free medicine is not available	2	34
	Irregularities in procurement and corruption	30	
	Overstock and expired medicine	1	
	Unavailability and poor status of equipment	1	
5	Grievances not resolved/accomplished (by category)	Numbers	
	Free medicine is not available	2	3
	Irregularities in procurement and corruption	1	
6	Average time taken to resolve/accomplish grievances (by category)	Days	
	Free medicine is not available	4	
	Irregularities in procurement and corruption	42	
	Overstock and expired medicine	2	
	Unavailability and poor status of equipment	2	

Monthly reports are prepared in various forms as required and an annual report will be prepared at the end of each FY. A sample report generated by the system is given in **Annex I**. Caution needs to be taken in interpreting “Irregularities in procurement and corruption” in Table 3.4. This classification comprises indicators such as delays in payment, delays in supply and unclear decision-making processes. The 31 complaints enumerated above do not constitute instances of irregularity or corruption.

3.4 Use of GHRM Presented in CAPP-MC Meeting

Realising the importance of a GHRM in procurement and supply chain, a meeting of the CAPP-MC decided to design, pilot and implement the system. Decision 8 of the CAPP-MC meeting dated 16 January 2018 states that it is necessary to act immediately to prepare the GHRM system. The completed and functioning GHRM system was presented at the meeting of the CAPP-MC held on 21 February 2019. Following comments of the EDPs, the system has been

updated and implemented. Reports on the use of GHRM were presented at the latest CAPP-MC meeting, held on 30 April 2019, at which the committee noted its appreciation of the improvement and accomplishment of the system. The CAPP-MC has decided to promote the system using various media.

3.5 Promotion

People are more familiar with traditional methods of lodging complaints and grievances, such as word-of-mouth or paper-based letters. Since uploading the GHRM system onto the MD website, MD has been trying to promote the system to the public as well as to suppliers. However, the number of grievances submitted via the ICT system is significantly less than the paper-based grievances received. A notice was posted on the notice board of MD in order to disseminate information about the system, a copy of which is given in **Annex II**. Further, a Suppliers' Conference was organised by MD, with the support of NHSSP, at which suppliers were informed about the GHRM system, its features and the procedures for lodging grievances and tracking the status of lodged grievances. Forty-nine suppliers' representatives attended the conference on 28 April 2019.

3.6 Conclusion

The GHRM has been introduced to resolve prevailing issues and fully automate the grievance-handling and redressal process so that the user can receive proper feedback and be notified of action taken regarding the grievance lodged. The GHRM is directly accessible to the public user through a web-based window, on a smart phone or by SMS. Further, grievances received in person, by telephone or on paper can also be registered on the system. The GHRM is a live system and can be updated at any time.

The design, piloting and implementation of the GHRM at DoHS/MD has been successful. Reports produced by the GHRM provide evidence that the system has been used by public and office users and the Admin user. The findings within the reports have supported FMOHP and EDP officials to provide their input for its improvement. The leadership of MD has shown strong commitment to the implementation of the GHRM. This has been evidenced through the assignment of a focal person and the delivery of presentations on the GHRM in the CAPP-MC and the Suppliers' Conference. This report concludes that overall design of the GHRM system has fulfilled the requirements outlined in DLI. The integration of the system within the MD's website has promoted broader use by the public. The system is sufficient to address needs at the federal level.

The existing system has the provision to register different forms of grievances related to various sectors including service delivery and financial management. However, there are no such modules to categorise, analyse and report. Additionally, there is no capacity in MD to manage an expanded GHRM. The procurement budget has been transferred to provincial and local government; this demands the implementation of the GHRM at both levels. The current design of the GHRM system needs to be developed further to incorporate broader health sector requirements including SNGs.

3.7 Challenges and Way Forward

The GHRM system faces the following challenges; the MD has proposed the respective ways forward:

Challenges	Way forward
<ul style="list-style-type: none"> • Full implementation of GHRM within the scope of MD 	<ul style="list-style-type: none"> • Build the capacity of selected officials • DoHS to include GHRM as one of the performance indicators for office chiefs • Present progress made in GHRM implementation in CAPP-MC
<ul style="list-style-type: none"> • Limited coverage in terms of health systems and spheres of government 	<ul style="list-style-type: none"> • Reshape the system to address health system and SNG requirements
<ul style="list-style-type: none"> • Limited use of the system by public users 	<ul style="list-style-type: none"> • Promotional strategy to be developed in coordination with NHEICC • Disseminate GHRM system through different media
<ul style="list-style-type: none"> • Lack of interface with other systems 	<ul style="list-style-type: none"> • Establish functional linkages with other relevant systems
<ul style="list-style-type: none"> • Fear of citizens/consumers to report malpractice 	<ul style="list-style-type: none"> • Assurance of confidentiality, assurance of action and incentive mechanism
<ul style="list-style-type: none"> • Reluctance of bidders to complain 	<ul style="list-style-type: none"> • Assurance of confidentiality, assurance of action and incentive mechanism
<ul style="list-style-type: none"> • Non-motivation of officers to forward negative feedback to higher executives 	<ul style="list-style-type: none"> • Incentive package for best-performing staff

Good governance is a part of the national development strategy through the promotion of transparency, accountability, responsiveness, clean administrations, and ethical behaviour. It is important to note that a comprehensive national GHRM framework and system needs to be developed and implemented. A forum of national procurement assembly would be a right mechanism to discuss the issues and foster the right solution.

ANNEXES

Annex I: A Sample of Report Generated by GHRM

(Total Grievances lodged to MD in the month of March 2019)



Government of Nepal Ministry of Health and Population DEPARTMENT OF HEALTH SERVICES

List of grievances on Management Division From: 2019/03/01 To: 2019/03/31 (www.dohsmd.gov.np/ghrm)

Type	Registration No.	Details	Registration Date
Irregularities in procurement and corruption	03-2019-VZKBK	Request for amendment of some technical specification so some equipment which details are as provided in the attachment below.	2019-03-05
Irregularities in procurement and corruption	03-2019-AXJL1S	Request for Clarifications to be provided regarding some specifications related to tender enquiry vide(ICB)IFB No: DOHS/G/ICB-44/LMD/2075-76. AS mentioned in the attachment below.	2019-03-05
Irregularities in procurement and corruption	03-2019-CZQDWF	Request for amendment of the clauses in IFB No: DOHS/G/ICB-44/LMD/2075-76	2019-03-05
Irregularities in procurement and corruption	03-2019-ECZ4BY	Request for amendment of specifications to be made in order for Konica Minolta DR Systems be able to bid.	2019-03-05
Irregularities in procurement and corruption	03-2019-2ZOVEF	Request to amendment specifications regarding the tender No: IBF No-DOHS/G/ICB-44.1/LMD	2019-03-05
Irregularities in procurement and corruption	03-2019-BMSVQI	Request regarding amendment in specification of Platelets Apheresis(DOHS/G/ICB-44.7/LMD/2075-76)	2019-03-05
Irregularities in procurement and corruption	03-2019-U2NQKF	Request for amendment of specifications regarding the tender published on date February-1 2019 of International Competitive Bidding(ICB),IFB No: DOHS/G/ICB-44/LMD/2075-76 for procurement of medical equipment, some points in the compliance of needs to be revised so that most of the bidder can participate in the bidding process.	2019-03-05
Irregularities in procurement and corruption	03-2019-EOKTSK	Request to make some revision in some points of compliance sheet of following mentioned slices of International Competitive Bidding(ICB),IFB No: DOHS/G/ICB-44/LMD/2075-76 for procurement of medical equipment so that most of the bidder can participate in the bidding process.	2019-03-05
Irregularities in procurement and corruption	03-2019-PMB6L1	Amendment Request for Monitor Tender Specifications.	2019-03-05
Irregularities in procurement and corruption	03-2019-OKJR46	Amendment Request for USG Machine Portable Color Doppler.	2019-03-05
Irregularities in procurement and corruption	03-2019-XXXAQO	Request for change in the specifications Ref: DOHS/G/ICB-44.1/LMD/2075-76(USG MACHINE COLOR DOPPLER-27)	2019-03-05
Irregularities in procurement and corruption	03-2019-HIUZJW	Request for change in the specifications Ref: DOHS/G/ICB-44.9/LMD/2075-76(Flat Panel Detector Systems-5)	2019-03-05
Free medicine is not available	03-2019-BUNF4N	म आहले लालतपुरमा बाहु। मैले एवगत चार बष देखि लड्केसरको औषध कनेर खाइराखेको छु। सरकारले नःशुक ददने औषधमा लड्केसरको औषध पाइन्छ क पाइदैन ? पाइन्छ भने कहाँवाट पाउन सकाछ ? यसको लाग के गर्नु पर्छ ?	2019-03-29



Government of Nepal
Ministry of Health and Population
DEPARTMENT OF HEALTH SERVICES

List of grievances on Management Division From: 2019/03/01 To: 2019/03/31 (www.dohslmd.gov.np/ghrm)

Tye	Registration No.	Details	Registration Date
Irregularities in procurement and corruption	03-2019-YISCA9	Request for Amendment of specifications regarding the tender issued for the Procurement of Hospital Equipment No: DOHS/G/ICB-44.1/LMD/2075-76---USG MACHINE COLOR DOPPLER,IFB No: DOHS/G/ICB-44.1/LMD/2075-76	2019-03-05
Irregularities in procurement and corruption	03-2019-DE4KOK	Request for Amendment of specifications regarding the tender issued for the Procurement of Hospital Equipment No: DOHS/G/ICB-44/LMD/2075-76.--CR Systems, IFB No: DOHS/G/ICB-44.8/LMD/2075-76	2019-03-05
Irregularities in procurement and corruption	03-2019-RXZ1FD	Request for Amendment of specifications regarding the tender issued for the Procurement of Hospital Equipment, IFB No: DOHS/G/ICB-44/LMD/2075-76--Flat Panel Detector Systems No: DOHS/G/ICB-44.9/LMD/2075-76.	2019-03-05
Irregularities in procurement and corruption	03-2019-YUUIR3	Request for Amendment of specifications regarding the tender published for the Procurement of Hospital Equipment IFB No: DOHS/G/ICB-44.4/LMD/2076-76 USG Machine Color Doppler.	2019-03-05
Irregularities in procurement and corruption	03-2019-0X3KV0	Request for Amendment of specifications of CR Systems No: DOHS/G/ICB-44.8/LMD/2075-76.	2019-03-03
Irregularities in procurement and corruption	03-2019-MRMG1I	Request for Amendment of specifications of Flat Panel Detector Systems No: DOHS/G/ICB-44.9/LMD/2075-76.	2019-03-03
Irregularities in procurement and corruption	03-2019-5VYRUA	Amendment of specifications requested for USG Machine Doppler,IFB No: DOHS/D/ICB-44.1/LMD/2075-76.	2019-03-05

This is the official Web-based Grievance-handling and Redressal Mechanism at Logistics Management Division, Nepal. The web site is owned by Department of Health Services,
Government of Nepal

Annex II: Notice Posted on MD Notice Board for Promotion of GHRM System



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
व्यवस्थापन महाशाखा
सूचना

यस स्वास्थ्य सेवा विभाग, व्यवस्थापन महाशाखाबाट गरिने खरिद तथा वितरण प्रणालीलाई बढी प्रभावकारी बनाउन यससंग सम्बन्धित सबै पक्षको गुनासो एवं सुझावहरु संकलन तथा समाधानका लागि यस महाशाखाले विद्युतीय गुनासो व्यवस्थापन तथा समाधान प्रणाली (Web Based Grievance Handling and Redressal Mechanism) विकास गरि चालु गरिसकेको हुनाले सो प्रणाली प्रयोग गर्नु हुन सम्बन्धित सबैलाई जानकारी गराउंदछौं । उक्त प्रणाली प्रयोग गर्न यस महाशाखाको वेबसाइटको लिङ्क <http://dohslmd.gov.np/ghrm> मा गई Lodge Grievance मार्फत गुनासोहरु पठाउन सकिने छ । साथै यहाँहरुका गुनासोहरुको जवाफ e-mail मार्फत नै प्राप्त गर्न सकिने छ, वा View Grievance Status मार्फत यहाँहरुको गुनासोको अवस्था बारे जानकारी प्राप्त गर्न सकिने छ ।

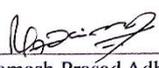
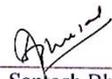
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Annex III: List of Participants, Training Agenda and Certificate

List of Participants

1. Babu Ram Lamichhane, Under Secretary, MD
2. Gagan Singh Bista, Section Officer, MD
3. Deepak Adhikari, Public Health Officer, MD
4. Om Prasad Upadhyaya, Immunization Supervisor Officer, MD
5. Shankar Prasad Kandel, Public Health Inspector, MD
6. Madhav Raj Ojha, Section Officer, MD
7. Deepak Dahal, Statistical Officer, FWD
8. Krishna Raj Pandey, Statistical Officer, EDCC
9. Bade Babu Thapa, Sr. Pharmacy Officer, MD
10. Santosh Mishra, Mechanical Engineer, MD
11. Khagendra Adhikari, Computer Officer, MD
12. Chaandra Kanta Subedi, Data Analyst, MD
13. Ram Kaji Bhomi, Procurement Specialist, NHSSP
14. Sumitra Thapa, Pharmacy Officer, MD
15. Uma Kumari Rijal, Nursing Officer, CSD
16. Lalan Prasad Shah, Public Health Inspector, MD
17. Phanindra Giri, Computer Officer, DoHS

Certificate of Training

	<p>Government of Nepal Ministry of Health and Population Department of Health Services Management Division</p>
<h2>CERTIFICATE OF PARTICIPATION</h2>	
<p>This is to certify that Mr./Ms./Dr. <u>DEEPAK ADHIKARI (PHO)</u> has participated in</p>	
<p>The Operational Training of the Grievance Handling and Redressal Mechanism (GHRM) System held On 17 August 2018.</p>	
<p> Ramesh Prasad Adhikari Director Management Division Department of Health Services</p>	<p> Santosh Bhusal Chief Executive Officer Dryice Solutions Pvt. Ltd.</p>
<p>Date: 17/08/2018</p>	

Operational Training Agenda
Grievance Handling and Redressal Mechanism

Management Division Logistics Management Section Teku, Kathmandu			
17 August 2018			
Time/ Length	Session	Method	Facilitator
10:00 AM – 10:30 AM	• Registration and Introduction		LMD
10:30 AM – 11:00 AM	• Introduction of GHRM ○ GHRM Features ○ GHRM Work Flow	• Slides	Dryice Solutions
11:00 AM – 12:00 PM	• Public Use Case ○ Lodge Grievance ○ View Grievance Status	• Demo • Practice / Exercise	Dryice Solutions
12:00 PM – 12:30 PM	Tea Break		
12:30 PM – 01:30 PM	• Handling Grievances ○ Grievance Management ○ Register new grievance ○ Manage grievance status ○ Reports ○ Sub users management ○ Profile Management	• Demo • Practice / Exercise	Dryice Solutions
01:30 PM – 02:30 PM	Lunch		
2:30 PM – 03:30 PM	• Administrative Controls ○ User Management ○ Organization Management ○ Grievance Management ○ Miscellaneous Management	• Demo • Practice / Exercise	Dryice Solutions
3:30 PM – 04:00 PM	• Feedback and comments	• Group Discussion	Dryice Solutions
4:00 PM – 04:30 PM	• Summary and Closing		LMD

Annex IV: Minutes of CAPP-MC Meeting

Ministry of Health and Population
DEPARTMENT OF HEALTH SERVICES

CAPP Monitoring Committee Meeting Minute

Venue: Meeting Hall of DoHS, DG Office
Time: 11:00 AM – 1:00 PM
Chair: Dr. Guna Raj Lohani
Co-chair: Mr. Ramesh Prasad Adhikari
Presence: List attached

The CAPP Monitoring Committee (CAPP-MC) meeting was held on 30th day of April 2019 (2076-01-17) under the chairmanship of Director General of DoHS, Dr. Guna Raj Lohani.

Agenda

1. Review of decisions of previous meeting
2. Progress review of CAPP 2075-076
3. Reports of web based GHRM system
4. Other procurement issues

Proceedings

1. Mr. Gagan Sing Bista, Section Officer of MD welcoming all the participants started the meeting.
2. The meeting started with introduction of all the participants making familiar to the Secretary of Ministry of Health and Population, Mr. Ram Prasad Thapaliya.
3. Mr. Deepak Adhikari, PHO of MD presented the current progress status of procurements under DoHS CAPP 2075-076.
4. After detail discussion on the Procurement issues the second presentation on use of web based GHRM system delivered by the IT Officer of MD, Mr. Pritesh Singh.
5. The Secretary of MoHP pronounced with thanks for having opportunity to be part of the meeting.
6. Finally, the Director General summing up the meeting asked to note the decisions of the meeting and thanked all the participants with special thanks to NHSSP for organizing the meeting.

Discussions

1. The discussion started with reviewing of the decisions of last meeting.
2. In the course of presentation on procurement status, the participants discussed about the procurement activities focusing on the reasons of no bid received in the invitation of bids for SNCU, NICU, KMC equipment. Similarly participants tried to know the reasons of removed items for CAPP in revision.
3. Some of the items of CAPP are not required to procure this year due to change in program, allocation of budget to other offices, and requirement change. Discussion held on these issues and realized to update the CAPP.


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4. Discussions also focused on stock, supply chain issues of CBIMNCI materials, FP commodities like DMPA and Condoms. The meeting tried to clarify who should be responsible for procurement of IMNCI materials? There is already some budget have been sent to Provinces on this head.
5. It is appreciated that LMS provided TA to Provinces 1, 3, 4 and Karnali for procurement of Vitamin A and Fortified Flour. Rest of the provinces have procured themselves It is realized to have a comparative study on the procurement of provinces done with assistance for MD and procurement done by provinces themselves.
6. The concerned raised by suppliers on recently conducted suppliers are discussed. The participants appreciated the initiation of interacting with suppliers.
7. It is informed that a web based Grievance Handling and Redressal Mechanism (GHRM) is in use in the Management Division. The reports of grievances and redressed grievances generated by the system was presented and acknowledged by the meeting that the system should be promoted to more people.
8. Discussion among participants made to coordinate with provinces for procurement, supply chain and maintaining optimal stock of medicines and commodities throughout the nation as a parental role. It is realized that continuous support should be provided the provinces.

Decisions

Meeting concluded with the following decisions:

1. It is decided to update the DoHS CAPP by removing the non-procuring items.
2. It is decided to discuss about stock analysis including market analysis of IMNCI materials and FP commodities (especially DMPA and Condom) in Pipeline Monitoring meeting.
3. The technical specifications in the TSB needed to be updated and revised. Therefore MD will initiate the updating process. NHSSP will provide STTA support for this activity.
4. It is acknowledged the progress in implementation of GHRM system in MD and it is decided to promote the system.
5. The Director of MD will prepare a road-map (focusing on the budget, procurement and stock) about implementing the discussions and decisions of today's meeting to achieve a good outcome.
6. It is expected to finish the procurement decision in time and by next meeting our achievement would be 100% in number.
7. The next meeting of CAPP Monitoring Committee will be held in July 2019.


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