Financial Management Improvement Plan (FMIP)

FY 2012/13 to FY 2015/16



Ministry of Health and Population Ramshahpath, Kathmandu, Nepal December, 2012 **The Financial Management Improvement Plan (FMIP)** - **FY 2012/13 to FY 2015/16** has been prepared by Ministry of Health and Population (MoHP), Government of Nepal. Technical and Financial assistance for the work was provided by NHSSP

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Preface

The Ministry of Health and Population (MoHP) has taken several steps during the preparation and finalisation of this *Financial Management Improvement Plan (FMIP) - FY 2012/13 to FY 2015/16.* We have realised the importance of strengthening financial management practices across the MoHP which will help achieve the targets outlined in the Governance and Accountability Action Plan (GAAP) of the Nepal Health Sector Programme-2. This plan intends to strengthen the MoHP's current practices on financial planning, accounting procedures, the internal control system, financial reporting, monitoring, auditing and transparency measures. It further intends to enhance the capacity of the human resources working in the planning and financial management sectors. We are considering this document as a live document which can be revised and improved as per the need.

We would like to offer our special thanks to the EDPs for providing technical inputs during preparation and finalising of this document. We also value the inputs from departments, centres and divisions under the MoHP. Last but not least we are thankful to NHSSP for its technical and financial support in preparing and finalising this important document.

Ministry of Health and Population Ramshahpath, Kathmandu, Nepal

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1. Background

Financial management refers to the capacity to plan in accordance with national policy and fiscal framework, to prepare budgets and ensure their timely release, to ensure transparent and timely accounting for spending, and to provide follow up financial auditing of expenditures, including assessment of value for money. There is wide agreement that effective institutions and systems of financial management have a critical role to play in supporting implementation of policies of national development and poverty reduction. During NHSP-1 and the initial period of NHSP-2, activities were implemented to strengthen the financial management system and thereby improve performance in financial management. This has contributed to timely budget release, improved financial reporting and improved absorption capacity. In particular, efforts during the initial stage of NHSP-2 have already resulted in a reduction in audit queries at all levels and prompt responses to any such queries that do arise. MoHP has prepared a concept note on the Transactional Accounting and Budget Control System (TABUCS) and included it in the current AWPB-2011/12. There has been a significant improvement in reducing irregularities against audited expenditures, from 9% in 2009 to 7% in 2010, and an increase in the proportion of irregularity clearances, from 35% in 2008/9 to 46% in 2009/10. In order to strengthen the current good practices and implement new initiatives, this Financial Management Improvement Plan (FMIP) has been prepared and endorsed by Ministry of Health and Population (MOHP).

2. Purpose

The Financial Management Improvement Plan (FMIP), which is an addendum to the Plan contained in the Governance and Accountability Action Plan (GAAP), intends to strengthen the MoHP's current practices on financial planning, accounting procedures, internal control system, financial reporting, monitoring, auditing and transparency measures. The plan also intends to enhance the capacity of the human resources working in the planning and financial management sectors. The objectives and their indicators are included in the following table. The FMIP draws on the audit observations and also on the categories included in the internationally-recognised standardised approach to public financial management, known as PEFA – the Public Expenditure and Financial Accountability framework (<u>www.pefa.org</u>).

3. Key Results

The overall thrust of implementing the Financial Management Improvement Plan is to reduce the fiduciary risk and to improve the overall financial accountability in the health sector. Following are the key Results Indicators:

- Volume of irregularities in the audit report reduced to about 30%;
- Trimester progress reports are prepared within 45 days of the end of the trimester;
- Audit reports are prepared and submitted within 9 months of the end of fiscal year;
- Funds are disbursed to hospitals based on performance.

Key Objectives	Key Activities	Responsible Agencies	Key Indicators	Reporting Frequency	Expected Results	Remarks
Overall Objecti	ve :Financial Management Improve	ment Plan (FMIP)	developed, endorsed	and implemented		
1. Re-activate the online connectivity with Financial Comptroller General's Office (FCGO) financial database	 1.1 Carry out the need assessment for software compatibility and send request letter to FCGO 1.2 Develop and install the software at MOHP 1.3 Enter into an MOU with FCGO to establish online connectivity with FCGO financial database 	Finance section of MoHP	Need assessment report finalised Request letter submitted MOU for online connectivity with FCGO's financial database established	October/November 2012	- Submission of Financial Monitoring Report (FMR) to EDPs within 40 days after each trimester	
2. Strengthen the existing financial management information system and reporting mechanism	 2.1 Design and pilot the transaction account and budget control system (TABUCS) 2.2 Finalise the TABUCS with feedback from piloted spending units 2.3 Implementation of TABUCS in all spending units 2.4 Prepare FMR using manual 	Finance section of MoHP/ DoHS/ NHSSP	 -TABUCS system designed and piloted -TABUCS software finalised - TABUCS software installed in 265 spending units - FMR prepared 	September 2012- June 2013 June 2013 July 2013-September 2013	 Using TABUCS, FMR will be submitted to EDPs within 30 days after each trimester Submission of implementation progress report (IPR) to EDPs within 30 days after each trimester One website to work on the 	

4. Financial Management Improvement Plan (FMIP) – FY 2012/13 to FY 2015/16

Кеу	Key Activities	Responsible	Key Indicators	Reporting Frequency	Expected Results	Remarks
Objectives		Agencies				
	and software		using the TABUCS	Second trimester	TABUCS and	
	2.5 prepare the implementation		- IPR prepared	report FY 2013/14	eAWPB	
	progress report (IPR)		using the TABUCS	Second trimester		
	2.6 Link TABUCS with Electronic Annual Work Plan and Budget		 TABUCS and eAWPB website 	report FY 2013/14 August 2013 to		
	(eAWPB)		merged	September 2014		
3. Improve	3.1. Strengthen the capacity of	MoHP/Depart	- Authorisation	-Within two months	- Fund flow traced by	
the fund flow	MoHP and DoHS to send annual	ments	letter and annual	of start of each fiscal	spending units	
mechanism	work plans with authorisation	Divisions/	work plan received	year	A	
and	letter within one month of	Centres	on time	Tring actor wise	-Absorption capacity	
absorption	budget approval		2001 abcorntion	-Trimester wise	analysed by spending	
capacity	3.2 Coordinate with FCGO to		- 80% absorption	release within two months of each	units	
	ensure the timely budget release		rate reported	trimester		
	from the District Treasury			timester		
	Controllers Office (DTCO)					
	3.3 Implement a fund flow tracking system		-Fund flow tracking system developed	December 2013		

Key	Key Activities	Responsible	Key Indicators	Reporting Frequency	Expected Results	Remarks
Objectives		Agencies				
4. Strengthen	4.1 Formation of financial	MoHP/	-Organise one	August 2012	-Compliance report	
the internal	management technical	Departments/	meeting on		of internal audit	
financial	committee within MoHP	Divisions/	trimester basis		-Timely production of	
control		Divisions/			progress reports	
system	4.2 Strengthen the internal audit	Centres	-Internal audit in			
	mechanism		trimester basis	FY 2012/13 onwards	- MoHP reports	
	4.3 Introduce Performance		-7 hospitals		annually on the	
			•		services purchased	
	based contracting for hospital		performance-based		from hospital	
	services		contracts signed in			
	2.4 Introduce guidelines on		FY 2012/13		-MoHP produces a	
	internal control procedures		-Guidelines		road map for	
	internal control procedures				expanding	
			prepared		Performance Based	
					Contracts (PBC) for	
					purchasing other	
					tertiary care services	
					-Guidelines printed &	
					disseminate to each	
					spending units	
5. Prevent	5.1 Formation of audit	MoHP/ DoHS	-one meeting in	August 2012	-Manual Printed and	
and reduce	committee		every trimester		distributed to each	
the audit			organised		spending units	
irregularities	5.2 Audit clearance manual			March 2012		
	development		-Audit clearance	March 2013		
			manual produced			
	5.3 Workshop on audit clearance				-Estimate the cost of	
			-Workshop on		performance audit	

Кеу	Key Activities	Responsible	Key Indicators	Reporting Frequency	Expected Results	Remarks
Objectives		Agencies				
	procedures		audit clearance	November 2012	and request OAG to	
			manual organised		conduct 20 audits in	
					each year	
			-To conduct	Neversher 2012 May		
			training on audit	November 2013-May	-Addition of one	
	5.4 Capacity building of financial		clearance each at	2013	module for audit	
	officers on audit clearance		one region		clearance progress	
	officers off addit clearance				tracking in TABUCS	
			-To request OAG to		C C	
			include two more		-More than 80%	
	5.5 Introduction /strengthening		programs in 5	March 2013 – March	submitted and 50%	
	performance based audit		districts for	2015	irregularities settled	
			performance audit			

Кеу	Key Activities	Responsible	Key Indicators	Reporting Frequency	Expected Results	Remarks
Objectives		Agencies				
6. Develop	6.1 Capacity Building of	MoHP/DoHS/	-Organise one	FY 2013/14	-100% submission to	
the capacity	members of audit committee	NHSSP	Workshop for audit		clear the audit	
of human			committee each		irregularities	
resources	6.2 Training on Financial		year			
working in	Management to Office Chief and				-At least 30% audit	
financial	Account Chief				irregularity cleared	
management	6.3 Training on the TABUCS		-4 days training		-Status of audit	
(MoHP/DoHS	0.5 Training on the TABOCS		, .	March 2013		
and spending	6.4 Abroad training/exposure on		/workshop at each		irregularity by	
units)	Financial Management for 6		region		spending unit	
unitsj	people from MoHP/DoHS		-Trainings for	July 2013 to	-Final Financial	
	people non work y bons		spending units	December 2013	Management	
	4.5 Prepare <i>Financial</i>			Determber 2013	-	
	Management Handbook and		using TABUCS		handbook used by all	
	finalize it through workshops		manual and		spending units	
			software			
7. Strengthen	7.1 Monitoring by MoHP,	MoHP/	-2 districts of each			
monitoring	Departments, Divisions and	Departments/	region			
and feedback	Centres	RHDs/Divisions		Each year- starting	MoHP will include the	
mechanism		/Centres/DPHO	-each district per	from 2013/14	Public Financial	
	7.2 Monitoring by RHDs	/DHO	year		Management (PFM)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			monitoring plan in the	
	7.3 Monitoring by district		-each health facility		AWPB	
	7.4 Feedback to Audit committee		per year			
			Poporting of		PFM-M&E guidelines	
	7.5 Feedback to Financial		-Reporting of		prepared	
	Management Committee		monitoring from			
			RHD to audit			
			committee and			

Key Objectives	Key Activities	Responsible Agencies	Key Indicators	Reporting Frequency	Expected Results	Remarks
			financial			
			management			
			committee			

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