



Nepal Health
Sector Support
Programme

Nepal Health Sector Support Programme

Quarterly Report



Reporting period: April – June 2012

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Acronyms

4ANC	4 antenatal care programme
AA	Anaesthetic Assistant
ANM	Auxiliary Nurse Midwife
ASBA	Advanced Skilled Birth Attendant
AWPB	Annual Work Plan and Budget
BIA	Benefit Incidence Analysis
BTS	Blood Transfusion Service
CAC	Comprehensive Abortion Care
CEONC	Comprehensive Essential Obstetric and Neonatal Care
CHD	Child Health Division
CS	Caesarean Section
D(P)HO	District (Public) Health Officer
DFID	UK Department for International Development
DGO	Diploma in Gynaecology and Obstetrics
DHO	District Health Office
DOHS	Department of Health Services
DSF	Demand-side financing
e-AWPB	Electronic Annual Work Plan and Budget
EAP	Equity and Access Programme
EDP	External Development Partner
EHCS	Essential Health Care Services
EPI	Expanded Programme of Immunisation
FCHV	Female Community Health Volunteer
FHD	Family Health Division

FP	Family Planning
FY	Fiscal Year
GAAP	Governance and Accountability Action Plan
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GMP	Good Manufacturing Practice
GON	Government of Nepal
HDC	Hospital Development Committee
HDI	Human Development Index
HEFU	Health Economics and Financing Unit
HFOMC	Health Facility Operation Management Committee
HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources for Health
HSIS	Health Sector Information System
HSIS-NS	Health Sector Information System – National Strategy
HTSP	Healthy Timing and Spacing of Pregnancy
HURIS	Human Resources Management Information System
IMCI	Integrated Management of Childhood Illnesses
JAR	Joint Annual Review
LMD	Logistics Management Division
MBBS	Bachelor of Medicine/Bachelor of Surgery
MD	Management Division
MDG	Millennium Development Goal
MDGP	Medical Doctor General Practitioner
MIS	Management Information System
MNCH	Maternal, Neonatal and Child Health

MOF	Ministry of Finance
MOGA	Ministry of General Administration
MOHP	Ministry of Health and Population
MPDR	Maternal and Perinatal Death Review
MPPW	Ministry of Physical Planning and Works
NCASC	National Centre for Aids and Sexually Transmitted Disease Control
NHEICC	National Health Education, Information and Communication Centre
NHSP2	Second Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPHL	National Public Health Laboratory
OAG	Office of the Auditor General
ObsGyn	Obstetrician/Gynaecologist
OCMC	One-stop Crisis Management Centre
OFA	Obstetric First Aid
OR	Operational Research
PEER	Participatory Ethnographic Evaluation and Research
PFM	Public Financial Management
PHAMED	Public Health Administration, Monitoring and Evaluation Division
PHCRD	Primary Health Care Revitalisation Division
PNC	Postnatal Care
PPICD	Policy Planning and International Cooperation Division
PPP	Public-Private Partnership
QI	Quality Improvement
RD	Regional Director
RF	Results Framework
RHD	Regional Health Directorate
SBA	Skilled Birth Attendant

SMNSC	Safe Motherhood and Neonatal Support Committee
SSU	Social Service Unit
STS	Service Tracking Survey
TA	Technical Assistance
TABUCS	Transaction Accounting and Budgeting Control System
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organization

1. Introduction

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit this quarterly report for the period of April to June 2012, the fifth quarter of implementation.

NHSSP is a programme of Technical Assistance (TA) to the Ministry of Health and Population (MOHP) and the Department of Health Services (DOHS), managed by the UK Department for International Development (DFID) on behalf of the pool partners in support of the Second Nepal Health Sector Programme (NHSP2). Options Consulting Ltd leads a consortium of its partners: Crown Agents, Liverpool Associates in Tropical Health, Oxford Policy Management, Helen Keller International, and Ipas.

The purpose of this report is to document the activities of the NHSSP between October and December 2011 in support of the plans of the various divisions and centres of MOHP/DOHS. The work of NHSSP Advisors is based on: the requirements of NHSP2; the ongoing activities and plans of the divisions and centres; the capacity assessment reports prepared by NHSSP in December 2010 outlining their strengths and needs; and the work plans of the advisors. All work plans have been agreed with the advisors' counterparts.

For the purposes of NHSSP, Capacity Enhancement is defined as:

the changes in organisational behaviour, skills and relationships that lead to the improved abilities of organisations and groups to carry out functions and achieve desired outcomes.

A diagrammatic representation of Potter and Brough's Capacity Enhancement framework (2004) is provided below.



2. Summary of Progress

Overall Context

The period up to 27 May saw considerable disruption in the form of bandhs, demonstrations, and hunger strikes. On 27 May, the Constitution was not delivered and the Constituent Assembly was dissolved. A general election was announced for 22 November 2012.

The revised Health Service Act has been sitting in the Constituent Assembly since January. This legislation is needed to rationalise staffing decisions and fill vacant posts, including those of doctors in hospitals, some of whom went on strike to protest against the low staffing levels.

Six central staff transfers occurred in this period: Dr Chand was made head of Policy Planning and International Cooperation Division (PPICD), where Dr Sherpa became Director-General of the Department of Health Services; Dr Naresh Pratap K.C. became Director of Logistics Management Division (LMD); Dr Saroj Rajendra was made head of Management Division (MD); Dr KK Rai became head of National Centre for Aids and Sexually Transmitted Disease Control (NCASC); and Dr Senendra Uprety became head of Family Health Division (FHD).

Three new Regional Directors (RDs) were also appointed, in the Far-Western, Western, and Central Regions. Only one RD has remained in post since the beginning of NHSSP.

NHSSP Activities and Achievements this Quarter

In Essential Health Care Services (EHCS), a Health Sector Strategy for Maternal Under-nutrition has been reviewed by the maternal nutrition core group and External Development Partners (EDPs). An appraisal of options for reducing over-crowding of delivery cases in referral hospitals is being designed. Three Operational Research (OR) projects are under way: 1) strengthening of district referral systems, 2) integrating family planning services in Expanded Programme of Immunisation (EPI) clinics, and 3) strengthening the delivery of Postnatal Care (PNC), involving the development and piloting of training manuals, job aids, service guidelines and monitoring guidelines.

In Safe Motherhood, Skilled Birth Attendant (SBA) training sites were reviewed and a series of recommendations for follow-up were identified. SBA modular training was initiated in private sector service sites, and refresher training was conducted in 19 SBA training sites. Issues identified through a review of Comprehensive Essential Obstetric and Neonatal Care (CEONC) site functionality were followed up by the inclusion of recommended activities in the Annual Work Plan and Budget (AWPB) 2012/13. Training of Trainers (TOT) for abortion services was given to 66 health workers, who will in turn train 672 Female Community Health Volunteers (FCHVs).

In Gender Equality and Social Inclusion (GESI), the Social Audit Operational Guidelines were piloted in 21 health facilities (report due in August) and were provisionally approved for implementation in 20 districts under the AWPB 2012/13. GESI Technical Working Groups

(TWGs) became functional in five Regional Health Directorates (RHDs) and 18 districts, and GESI focal persons were nominated in MOHP, DOHS, the RHDs, and in all 75 districts. Programme guidelines and budgets in the DOHS were reviewed from a GESI perspective.

In Health Policy and Planning and Health Systems Governance, the Terms of Reference (TOR) for developing a Public–Private Partnership (PPP) policy were agreed and an outline for a working paper was accepted by the Technical Committee. A consultant was hired to draft the NHSP2 Implementation Plan, as required by Cabinet. The National Health Policy (1991) was reviewed as input to the preparation of a new national health policy. Drafting of an Urban Health Policy continued with Primary Health Care Revitalisation Division (PHCRD).

In Human Resources (HR), the Human Resources for Health (HRH) strategic plan has been translated into Nepali, and a costed proposal based on the plan has been prepared for submission to Cabinet. Proposals for conducting an HR profile in both the public and private sectors in Nepal have been requested. A review of the National Health Training Centre (NHTC) was planned, and TOR to revise the National Health Training Strategy were agreed.

In Health Financing, a Benefit Incidence Analysis (BIA) was prepared, as an input to a National Health Financing Strategy and health insurance policy. The Transaction Accounting and Budgeting Control System (TABUCS) is progressing: a concept note, implementation plan, and first draft of software have been developed. The e-AWPB preparation process has been strengthened by the development of a user manual, a software manual, and a coding manual for budget heads. The AWPB for Fiscal Year (FY) 2011/12 and Office of the Auditor General's (OAG's) annual audit report are posted on the MOHP website. Business plans were prepared by MOHP to accompany the AWPB, and the format agreed for future plans. A draft Financial Monitoring Report manual has been prepared.

In Procurement, a consolidated procurement plan for 2012/13 is close to completion. The process of using World Health Organization (WHO) Good Manufacturing Practice-certified (GMP) producers has been completed. Improved procurement procedures are in place for bidding and contracting, and the number of multi-year contracts has been increased, with a total of 12 in place for 2011/12 and 2012/13. Plans to hire Biomedical Engineers are well advanced; three people are expected to be in place by July.

In Infrastructure, the Health Infrastructure Information System (HIIS) has been updated to support planning, budgeting, and monitoring of construction, repair, and maintenance of facilities, and will be made web-based for use by districts. Health building standard designs and guidelines were discussed at a workshop, to be endorsed shortly. A comprehensive list of public and private health facilities has been included in the HIIS.

In Monitoring and Evaluation, MOHP has approved a monitoring framework for NHSP2, and the associated implementation plan is now under development. Revision of indicators, tools, and the reporting process for Health Management Information System (HMIS)/Health Sector Information System (HSIS) has started; these will be tested, along with software development and training, in 2012/13. A plan for improving the implementation of Maternal and Perinatal Death Reviews (MPDRs) has been prepared, which includes the revision of tools and development of a web-based database. An analysis of progress, using the NHSP2 logframe indicators, has been prepared.

3. Detailed Progress Update



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

3.1.1 Essential Health Care Services

Structures, Roles, and Systems

NHSSP continued to support the implementation of **three OR projects**: 1) strengthening district referral systems, 2) integrating Family Planning (FP) services into EPI clinics, and 3) strengthening PNC delivery.

There was good progress on the FP/EPI pilot in particular. Draft training guidelines and materials on the training of EPI clinic providers on Healthy Timing and Spacing of Pregnancy (HTSP) were completed, tested, and used for training more than 150 health workers in Kalikot district. A flow chart to guide health workers on screening for FP service needs was also developed.

An orientation and planning guide for Health Facility Operation Management Committee (HFOMC) members on the integration of FP in EPI clinics was also developed, and a training guide and materials for training FCHVs on HTSP were completed. District supervisors and health facility in-charges were trained to become trainers for the HFOMC and FCHV levels.

Finally, a monitoring plan for OR on the integration of FP services in EPI clinics was developed.

Work continued on the **development of guidelines for reaching unreached and underserved populations**. Intensive discussion was held with Child Health Division (CHD) on how to mainstream GESI in the Integrated Management of Childhood Illnesses (IMCI) and Newborn Care Multi-year Plan and Annual Work Plan. CHD agreed to review the micro-planning guidelines from a GESI perspective and to include “reaching unreached children” as one of the strategic areas to be addressed in the multi-year work plan.

Work on the development of the **Health Sector Strategy for Maternal Under-nutrition** continued and an outline for the strategy was finalised following in-depth discussions with the FHD and CHD and concerned EDPs. A two-day workshop in quarter three will take place to ensure that feedback from stakeholders and specialists is incorporated.

In other **nutrition work**, the sick child feeding and maternal nutrition components have been incorporated into the essential nutrition action package and discussions about how to incorporate maternal under-nutrition messages within the National Maternal Nutrition Communication Strategy were initiated with the National Health Education, Information and Communication Centre (NHEICC).

NHSSP and the United Nations Children's Fund (UNICEF) collaborated to develop the **Integrated Management of Childhood Illnesses and Newborn Care Strategy and Multi-Year Work Plan (2012-17)**. A finalised strategy and plan will be ready in quarter three.

Tools

The following materials for various levels of health workers, including FCHVs, were developed and tested by two NHSSP Consultants under the leadership of FHD:

- An **Obstetric First Aid (OFA) draft training manual and trainer's guide**, developed and updated based on field testing in Kalikot district;
- A **job aid and guidelines for postnatal FP counselling**, developed based on HTSP, and piloted;
- A **PNC checklist for service providers and a PNC information leaflet for pregnant mothers and their families**.

3.1.2 Maternal and Newborn Health

Structures, Roles, and Systems

NHSSP Advisors have worked intensively to **follow up on the findings from the CEONC Readiness Study** conducted in late 2011. A summary of progress and next steps is provided in Annex 1. In addition to work to overcome structural challenges to CEONC functionality, NHSSP supported facilitation of a CEONC workshop in Taplejung. Caesarean Section (CS) and blood transfusion were initiated in Taplejung in April, and 12 CSs have been performed since.

NHSSP started work on an **appraisal of options for dealing with the increased demand for institutional delivery at higher-level facilities** which is causing overcrowding in hospitals. TOR were finalised and consultants recruited and FHD formed a key informant group for the study. A preliminary meeting of the group was held to discuss the rationale and objectives of the appraisal, select study sites, and agree the group's role in the review.

Work to support **the expansion of SBA training** continued this quarter. NHSSP worked with the NHTC, the Nick Simons Institute, and Population Services International to conduct an SBA training site assessment and support training to staff nurses and Auxiliary Nurse Midwives (ANMs).

The SBA Forum meeting formed a TWG to develop a Quality Improvement (QI) tool for CEONC service and training.

Skills

TA was provided to support the NHTC in delivering SBA refresher training at 19 SBA training sites and in preparing new SBA trainers for training sites in several hospitals.

Ipas also conducted a number of training sessions, including: Comprehensive Abortion Care (CAC) training in the Western Regional Hospital; Medical Abortion training for ANMs in Myagdi; and a TOT course for Health Post in-charges and ANMs in Kalikot and Myagdi. The newly skilled trainers will go on to train over 670 FCHVs.

Tools

NHSSP supported NHTC to develop a draft **Advanced SBA Clinical Update Training Guide** for Medical Doctor General Practitioners (MDGPs)/Gynaecologists. Training for MDGPs/Gynaecologists is planned in several districts.

As part of Ipas's ongoing work to extend safe abortion services, especially to poor populations, a **performance improvement checklist for CAC services** was presented during the CAC training. A presentation for FCHVs on the current legal status of abortion services was also prepared and presented during the TOT training. Increasing health provider awareness of abortion legislation is an important step in improving general knowledge about availability of abortion services.



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

Structures, Roles, and Systems

Work to support NHTC through an **assessment of institutional capacity and revision of the National Health Training Strategy** continued. The purpose of this assessment is to review the institutional capacity of NHTC, recommend strategies and options for improving the management and delivery of its current mandate, and to facilitate and support the revision of the 2004 National Health Training Strategy. The review will take place in quarter three.

The **HRH strategic plan** has now been translated into Nepali and a stakeholder meeting was organised in June for inputs into a final draft. A costed proposal based on the plan has been forwarded to the Secretary of MOHP through the Joint Secretary (HR and Financial Management Division) prior to submission to Cabinet after endorsement by the Minister. Prioritisation of the activities, with costings from the HRH strategic plan, has been completed for inclusion in the next AWPB (2012/13) and forwarded to the MOHP's Planning Division.

As a first step in developing a robust **projection of HRH requirements**, a full draft of the road map for workforce planning was developed. The plan will be presented at a stakeholder meeting in July. Requests for proposals for the HRH assessments and profiles of both the public and private sectors were also issued this quarter, and selection of an appropriate agency is under way with the guidance of an Evaluation Committee comprising members from MOHP, WHO, and NHSSP.

Skills

NHSSP Advisors and TA supported MOHP counterparts to:

- Design appropriate surveys to identify numbers of health workers;
- Prioritise and cost HRH activities for the AWPB;
- Develop TOR for the HRH assessments.

Tools

A road map for workforce planning is being developed, and briefing note for the HRH strategic plan was prepared. In addition, the translation of a briefing note on the HRH strategic plan and AWPB into Nepali improved the accessibility of these key documents.



Output 3: MOHP and DOHS have systems, structures, and capacity to implement the GESI Strategy.

Structures, Roles, and Systems

As part of ongoing work to **institutionalise GESI within government structures** and systems, GESI TWGs were formed and made functional in five RHDs and in eighteen districts of four regions (excluding Central Region) with the support of NHSSP TA. A brief orientation on the GESI framework and GESI institutional arrangements (including the roles and responsibilities of the TWGs) was provided in all five regions and in the eighteen districts. All districts that received orientation subsequently identified hard-to-reach communities in order to address the basic health needs of poor and excluded populations. GESI Focal Persons were also nominated in all divisions and centres of DOHS and MOHP, in all five RHDs and in all 75 districts.

The final draft **Social Audit Operational Guidelines** were piloted in 21 health facilities. The Secretary of Health provisionally approved the draft guidelines and instructed that implementation begin in 20 districts as a part of the AWPB. Based on the outcome of implementation, NHSSP will make necessary amendments to the Guidelines in consultation with Population Division ready for final approval.

Technical support was provided to carry out a study of current social service practices, processes, and provisions for poor and marginalised target groups¹. Based on the guidelines and study findings, Population Division has planned an orientation programme on the establishment of **Social Service Units (SSUs)** and their functioning to be organised in each hospital early in the next fiscal year (2069/70). In the meantime, the MOHP has sent authorisation letters with budgets to establish units in eight hospitals.

The GESI team reviewed a number of government plans and documents from a GESI perspective. In particular, the advisors worked with individual divisions in the development of their AWPBs for the coming year. Five training curricula were also reviewed from a GESI perspective.

A **review of the Equity and Access Programme (EAP)** was initiated and a review team was formed. The team is made up of PHCRD staff, international and local consultants involved in the review, and NHSSP Advisors. In addition, backstopping support was provided to PHCRD, RHDs, and District Health Offices (DHOs) to ensure that funds for the effective implementation of the EAP were incorporated into the AWPB.

A rapid Participatory Ethnographic Evaluation and Research (PEER) study on **barriers to accessing health services** was designed. The researchers have now been recruited and trained.

¹ Koshi, Bharatpur, Gandaki, Bheri, Seti, Bir, Maternity and Kanti Hospitals

Skills

Population Division, the NHSSP team, and their counterparts continued to provide follow-up support on **One-stop Crisis Management Centres (OCMC)**, with periodic reporting to the Prime Minister's Office. Backstopping support was provided to Population Division for the effective implementation of the following programmes being supported by the United Nations Population Fund (UNFPA): psycho-social counselling training to OCMC Focal Persons (nursing staff) and orientation on Gender-based Violence (GBV) to hospital staff. Orientation has already been given in four hospitals and will be given in a further three hospitals in the next fiscal year.

Backstopping support was provided to the PHCRD for the effective implementation of those social audits included in this year's AWPB.

As noted above, regional workshops on GESI mainstreaming were conducted for all five regions' regional and district health personnel. This helped to create a common understanding of GESI concepts and strengthened skills for GESI mainstreaming in planning, programming, and monitoring.

TA was provided to the Population Division and DOHS divisions to identify and propose GESI-related activities in the next AWPB.

Tools

- Technical support was provided to revise the OCMC guidelines to address the constraints to establishing a OCMC at the Maternity Hospital, Thapathali, with the objective of catering to the needs of the three Kathmandu Valley districts.
- Backstopping support was provided to the Population Division for the effective implementation of the UNFPA-supported "Development of Referral Protocols – A User's Guide Related to GBV".
- A framework for the assessment of activities and financial allocations was developed based on the health sector's GESI Strategy. Technical support was also provided to develop a checklist to identify and integrate GESI-related activities in the AWPB.
- GESI-related activities for FY 2069/70 were identified and included in the format used for the Joint Consultative Meeting between MOHP/DOHS and EDPs.
- Technical support was provided in designing and applying step-by-step tools to identify unreached communities and address the barriers that prevent them from accessing services.



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

Structures, Roles, and Systems

NHSSP is conducting a **BIA** with the purpose of assessing which groups benefit from public expenditure on health in Nepal. The findings will be an important input to the MOHP's National Health Financing Strategy.

There is good progress with work to strengthen web-based financial management information systems. The MOHP has formed a Technical Committee and taskforce to implement **TABUCS**: a concept note, implementation plan, and first version of the TABUCS software have been developed. A coding manual for budget heads and a user's manual and software manual have been developed to strengthen the e-AWPB preparation process.

MOHP has posted the current (FY 2011/12) AWPB on its website (www.mohp.gov.np). This is an important development in strengthening **financial governance and accountability systems**. Similarly, the OAG posted MOHP's annual audit report on its website, and carried out a performance audit of selected MOHP activities.

The MOHP has re-activated the **audit committee and finalised its TOR**, and a member of staff has been given responsibility for coordinating a process of reducing audit queries and increasing the proportion of audit clearances. NHSSP aims to work closely to support work clearing audit queries in the final year of implementation.

A **business plan for 2012/13** was prepared and the MOHP agreed to institutionalise the practice of business planning in future years. MOHP also issued an instruction to all divisions and centres to include GESI activities in their business plans.

NHSSP provided support to the MOHP to incorporate the NHSP2 logical framework within the e-AWPB, and the MOHP is now able to analyse the budget by both output indicators and NHSP2 objectives.

The process of formulating a **national health insurance policy is under way**. The activities of the Health Economics and Financing Unit (HEFU) are under review and the MOHP has agreed to include provision for strengthening HEFU in the health insurance policy. With this policy provision, NHSSP can then work with MOHP to enhance the staffing and infrastructure of HEFU.

Skills

- Officials working in the financial management section were involved in preparing a draft audit clearance manual.
- NHSSP's Public Financial Management (PFM) Advisor and Information Technology (IT) Consultant are developing the technical capacities of members of the TABUCS task force.

- NHSSP supported MOHP to design a summary format of the AWPB for uploading to the MOHP website.
- TA inputs helped strengthen the skills needed to finalise the format and content of the financial monitoring report preparation manual.

Tools

A number of health finance tools were developed this quarter:

- A budget heading and sub-heading coding manual;
- An audit clearance manual;
- A framework and template for the AWPB;
- A coding manual for budget heads, user manual, and software manual;
- A framework for a national health insurance policy;
- A BIA framework;
- A Financial Monitoring Report preparation manual; and
- Guidelines and a format for the business plan.



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

Structures, Roles, and Systems

The FHD, with support from NHSSP, has developed a plan for strengthening and institutionalising a **MPDR** at central, regional, and health facility levels. The plan will be executed with support from EDPs, experts, and professional organisations including the National Society of Obstetricians and Gynaecologists and the Nepal Paediatric Society.

It is hoped that a web-based database system can be used in the revised review process. Staff involved in all stages of the processes will be trained and national-level stakeholders will be oriented on MPDR. It is anticipated that the improved review process and enhanced capacity of central-level staff to influence the policy based on the evidence generated from the MPDR will ultimately improve the quality of care at hospitals.

The Public Health Administration, Monitoring and Evaluation Division (PHAMED), MOHP, with support from NHSSP and other development partners, has prepared a **NHSP2 Monitoring Framework** based on the Results-based Monitoring and Evaluation Guidelines (2010) recommended by the National Planning Commission. This framework builds on: the revision proposed by the NHSSP inception report; the consensus-building workshop to strengthen HMIS/HSIS; the workshop to review and revise the NHSP2 Results Framework (RF); and issues raised by different stakeholders including EDPs and programme divisions at different forums. The NHSP2 Monitoring Framework has now been approved by the Secretary, MOHP.

The NHSSP team has been working closely with PHAMED as part of work to ensure that **data are used effectively to measure progress against the NHSP2 RF**. NHSSP TA supported PHAMED in developing a “traffic light” analysis of NHSP2 logframe indicators. The traffic light analysis is the presentation of the progress of the logframe indicators.

With the support of NHSSP, the Management Information System (MIS) Section, MD of DOHS, has started reviewing and **revising the indicators, tools, and reporting process for HMIS/HSIS** in light of the relevant Millennium Development Goals (MDGs), NHSP2 objectives, other national policies, strategies, and guidelines, including the Health Sector Information System – National Strategy (HSIS-NS). This follows the recommendations of the Technical Working Committee to strengthen HMIS and the Health Sector Information System (HSIS).

A detailed implementation plan for this review and revision exercise was developed by MD, with support from NHSSP, and has been approved by the DOHS and MOHP. The plan sets out the following goals: to revise indicators and tools by September 2012; to complete other preparatory tasks such as testing of the tools, software development, and training in FY 2012/13; and to implement the revised tools and reporting process in all 75 districts from

2013/14. The MD is advocating at the MOHP level to ensure adequate budget provision to develop software and training staff involved in data collection.

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

- Enables data to be disaggregated by caste and ethnicity;
- Covers all public and non-public facilities and provides facility-level data;
- Feeds into a District Health Information Bank and is linked to other MIS using a uniform coding system;
- Integrates vertical reporting systems like the Aama programme and Emergency Obstetric Care monitoring; and
- Meets the current needs of NHSP2 and the programme divisions and centres.

Advisors supported Government of Nepal (GON) officials to develop a TOR for the **2012 Household Survey and Service Tracking Survey (STS)**. A Technical Working Committee has been formed to oversee these two national-level surveys, and the detailed methodology and the tools have been approved. The proposed designs have been sent to National Health Research Council for ethical approval. The surveys will be completed by the end of 2012 in time for the Joint Annual Review (JAR) and the mid-term review of NHSP2.

NHSSP and MIS Section of MD have developed a plan to improve future DOHS **Annual Reports** starting with the 2011/12 report.

Skills

Advisors have been working closely with and supporting different divisions, centres, and sections to improve the **annual report** and revise HMIS indicators to satisfy the NHSP2, MDGs, government policies, strategies, guidelines, and programmes.

Tools

The FHD, with support from NHSSP, is revising the MPDR forms based on the suggestions received from the users and experts. A user-friendly guideline will be developed once the tools are prepared.

Extensive work is under way to revise the HMIS tools. Guidelines and manuals to facilitate effective implementation of the revised tools will be developed once they are finalised.

Advisors have also been working closely with GON staff in the preparation of tools for the STS and household survey 2012.



Output 6: MOHP and the Ministry of Physical Planning and Works (MPPW) have capacity to develop and implement procurement in accordance with the procurement arrangements for the health sector.

3.6.1 Procurement

Structures, Roles, and Systems

Considerable work has taken place to support the development of a **consolidated annual procurement plan** this quarter. The divisions have provided their input, and information is being collated into a consolidated plan for submission to the MOHP and World Bank (WB). It is hoped that the final plan will be submitted to the MOHP by the end of this FY, which would represent a vast improvement from previous years.

A multi-divisional meeting was convened to explain procedures for the development of the consolidated plan; moving forward, LMD plans to hold regular briefings with the divisions to give updates on progress with their procurements.

Work to introduce an **e-bidding process for procurement** has been hampered by the International Competitive Bidding Procedures, which do not allow e-bidding on international procurements, and only permit e-bidding for national competitive bidding procedures with a WB 'no objection'. LMD has the basic infrastructure in place for e-bidding, but a decision has been taken to abandon the LMD e-bidding procedures and rely on those of the Public Procurement Monitoring Office (PPMO), which are near completion.

The refusal of the WB to allow pre-bid conferences is hampering work to improve the quality of submitted bids. Consequently a number of bids continue to fall at the first hurdle. We would ask that the EDPs request the WB to permit pre-bidding conferences to be reintroduced.

Plans are well advanced to hire three **Biomedical Engineers** to finalise the Specification Bank, enhance the capacity of the LMD Biomedical Engineers, and assist with technical evaluations.

Skills

Training for the one Biomedical Engineer in place has taken place, focusing on the acceptance of received goods. As a consequence, a template for Acceptance of Goods to LMD has been developed for future use. Guidelines and training of other personnel will follow.

The process of using WHO GMP-certified producers has been completed, and improved procurement procedures are in place for bidding and contracting. The number of multi-year contracts has also been increased, with a total of 12 in place for 2011/12 and 2012/13

Tools

Completion of the **Specification Bank** awaits the start of Biomedical Engineers. In order to ensure that LMD is able to maintain the Specification Bank after its completion, training for relevant staff will be arranged.

A **market analysis of prices paid for the 100 drugs** most commonly procured over the past three years is under way and will be completed in quarter three.

Good progress has also been made with a number of procurement-related tools:

- The **Complaints Resolution Procedure** has been accepted by LMD but not yet used;
- The procurement for a **pre- and post-shipment inspections** regime has been launched; and
- Templates have been presented and taken into use for: bid opening procedures; bid security calculations; bidder database; award of contracts; uploading of awards of contracts to Market and United Nations Development Business Online; and contract management.

3.6.2 Infrastructure

Structures, Roles, and Systems

The **HIIS updating work** is nearing completion. Data upgrading based on information received from different divisions and units under MOHP has been entered and the upgrade will be complete by the end of July. It is anticipated that the upgraded HIIS will allow monitoring of the physical and financial progress of all ongoing construction activities.

The **standard building designs**, although pending formal approval, have already been applied and service delivery has begun in some of the newly constructed buildings. When interviewed during a recent field visit, service providers working at the new facilities reported that they were satisfied with the designs and manner of construction. The process for seeking formal endorsement of the standard designs and guidelines is under way.

NHSSP provided **executive TA support on several construction and infrastructure projects**, including work for the Safe Motherhood Network Federation; the development of technical drawings for two hospitals, and support to DFID for the quality inspection of some equipment.

Skills

Support was provided to arrange a **joint monitoring visit of health infrastructure constructions**. The joint visit team included officials from MD, Department of Urban Development and Building Construction (DUDBC), and local staff of DUDBC and the DHO. The visit provided a valuable opportunity for cross-team learning and skills transfer. Information about design features was explained to local DUDBC staff and instructions were given about how to rectify any mistakes observed.

Tools

A draft **list of public and private health facilities** has been prepared and updated in HIIS. The list has been disseminated to different stakeholders for feedback. Once finalised, this will be useful for different planning and monitoring purposes. The list of private facilities will be the beginning of an inventory and can be used as the basis for further development.



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

Structures, Roles, and Systems

NHSSP Advisors and Consultants are currently working on a number of key health policies including the development of a **public private partnership (PPP) policy** and a **review of the National Health Policy (1991)**.

The Technical Committee facilitating the development of the PPP policy is functional and has agreed to an outline for the PPP working paper. A completed policy will be finalised in quarter three, paving the way for a system of quality assuring for private health service providers.

The review of the National Health Policy (1991) has been developed in partnership with PPICD and it will be ready for dissemination and consultation in quarter three. The review focuses on progress against the current policy and issues to consider in developing a new health policy.

NHSSP is also supporting improvements to government planning processes in several ways. The team has continued to support PPICD/MD in drafting a **planning guideline focusing on bottom-up planning from the district**. Follow-up work is under discussion, to build on the planning guidelines in the next round of district-level planning in October.

Work in support of **the Local Health Governance Strengthening Programme** in Myagdi district also continues. Local surveys and focus group discussion tools have been developed for use during the needs assessment process. It is hoped that the development of a replicable model for assessing local health needs will allow localised planning to be rolled out across the country in line with national policy.

NHSSP also supported the MOHP Technical Group to develop a report for the Office of the Prime Minister and Council of Ministers detailing **plans for the transition to federalism**. NHSSP focused on identifying criteria to use in assigning functions to various levels of government in a federal structure.

NHSSP started work to develop the **NHSP2 Implementation Plan**. A first draft is under review by the divisions and centres.

Tools

A number of reports and government documents were produced this quarter, including:

- The 2012 JAR report, containing the proceedings of the meeting along with all thematic reports submitted for the JAR and the Aide Memoire; and
- A Nepali version of NHSP2 (prepared for publication).

4. Challenges Experienced

All advisors report challenges associated with frequent staff transfers and the limited availability of counterparts. Political disruptions were also a particularly issue this quarter.

GESI

- This year, many GESI-related activities have been identified by the divisions and centres, building on what they had already been implementing; however, TA support is expected to reach across many different areas and GESI is not sufficiently funded.
- Ensuring that OCMCs are effective and able to support GBV survivors requires dedicated attention and support. Coordination among five ministries is also required. HR capacity needs to be strengthened. Ongoing TA by the regional and central teams will be essential.

Health Financing

- Linking 1,700 activities with the NHSP2 RF indicators is a major challenge. Since some activities can contribute to more than one indicator, continuous discussion with concerned stakeholders is required.
- Implementation of the national health insurance policy without an autonomous national purchasing agency will raise issues related to technical and allocative efficiency.
- Some policy makers assume that health insurance will reduce the GON's investment in health. However, after the introduction of insurance, demand will rise and ultimately more investment will be required.

Procurement

- The executive procurement aspect of the project continues to take up an inordinate amount of the Senior Procurement Advisor's time.
- A further, and most time-consuming, constraint is the time required and taken to draft responses to complaints. Not a single complaint (of a dozen or so) has been upheld this year.

Infrastructure

- It has been observed that licensing of private sector hospitals and clinics falls under the responsibility of different line agencies at different levels within the government. This makes updating the list of private facilities very difficult. This issue needs to be dealt with at a high level and a system established to ensure that all licensing and registration goes through a single agency able to monitor the quality of services from these institutions.

5. Selected Upcoming Activities

EHCS

- Continue training and facilitation at health facility level to implement the integration of FP services in EPI clinics in Kalikot district. Monitoring of all three OR projects will also continue.
- The IMCI and Newborn Care Strategy and Work Plan (2012-17) will be finalised.
- The Health Sector Strategy for Maternal Under-nutrition will be completed.

Maternal and New-born Health

- Support NHTC to arrange the Advanced Skilled Birth Attendant (ASBA) update training of district-level MDGPs/Gynaecologists.
- Support NHTC in the development of a QI tool for monitoring CEONC services and training.
- Support the regional Maternal, Neonatal and Child Health (MNCH) teams to review CEONC sites and birthing centres.

HR

- The road map for workforce planning will be completed and presented to the MOHP to begin the process of selecting the most appropriate way forward.
- Further plans for strengthening the Human Resources Management Information System (HuRIS) will be developed, along with ways of linking it with the Personal Information System of the Ministry of General Administration (MOGA).
- The NHTC institutional assessment will take place.

GESI

- GESI operational guidelines will be drafted.
- The PEER research on barriers to use of services will be initiated.
- Technical support will be provided to PHCRD for finalising the Social Audit Operational Guidelines and obtaining MOHP approval.
- The EAP review will be completed and the findings shared.

Health Financing

- The BIA will be completed and a training session on findings will be organised.
- A number of pieces of work on DSF will move ahead: the guidelines and communication materials for the Aama and 4 antenatal care (4ANC) visits programmes will be published; the six-monthly Aama and 4ANC progress reports will be submitted to DFID; and an integrated DSF Monitoring Framework will be prepared.
- The concept note and detailed action plan for TABUCS will be completed and detailed plans for piloting in selected districts will be developed.

Procurement and Infrastructure

- A paper on quality assurance in the different steps of the LMD procurement cycle will be finalised.
- Bid evaluation reports will be evaluated to find patterns in reasons for rejection of the bidders at different stages of the procurement process.
- The standard designs and guidelines for infrastructure that have already been developed will be printed following formal endorsement.
- The web-based HHS will be initiated and DHO and DUDBC staff members will be trained in its use.

Health Policy and Planning

- Proposed revisions to the Governance and Accountability Action Plan (GAAP) will be consolidated based on the recommendations of the workshop and other emerging issues.
- A draft PPP policy for the health sector in Nepal will be submitted to the MOHP.
- Support will be provided to the PPICD in conducting a workshop on the National Health Policy (1991) review.
- A workshop will be held to discuss the draft Urban Health Policy with stakeholders outside MOHP.

6. Payment Deliverables

Five payment deliverables were submitted and approved this quarter;

- Completed ICB6 evaluation
- Social audit guidelines developed for piloting (to contribute to an increase in the number of health facilities undertaking social audits)
- A quarterly progress and performance report (Q1 2012)
- A suite of Standard Bidding Documents
- A road map for development of staffing projections completed

The following deliverables are proposed for quarters 3 and 4 of 2012, and quarter 1 of 2013.

Quarter Three 2012:

- Final STS report
- IMCI Maintenance strategy
- Quarterly progress and performance report
- Benefit incidence analysis
- Rapid assessment
- Value for Money case studies
- NHSP-2 Implementation plan
- Review of Social Service Units

Quarter Four 2012:

- Public Private Partnerships policy report
- TABUCS design completed
- Revised MIS indicators, recording tools and reporting tools
- Market analysis is of 100 most commonly procured drugs
- Quarterly report
- HR profile
- Household Survey

Quarter One 2013:

- Increased demand for institutional delivery at higher level facilities in Nepal - an appraisal of Options.
- Peer report on Barriers to service uptake
- GESI Operational Guideline
- Quarterly report
- Institutional capacity assessment of NHTC

Annex 1: Readiness of CEONC in Nepal: Follow-up Actions

Introduction

Given that nearly half of Nepal's maternal deaths occur in hospitals or in transit, it has become imperative to focus on the readiness of district-level hospitals to respond to women who present with the maternal complications that kill. FHD therefore conducted a study of 18 CEONC district hospitals to assess the readiness of CEONC sites and inform an improvement strategy and plan, asking: What are the bottlenecks? What works? What does not, and why?

This study aimed to explore the context in which district-level hospitals operate and the contributing factors that affect their readiness to provide CEONC services. These factors are analysed using a health system framework and include both direct inputs into service delivery – such as HR and training, infrastructure, supplies, and equipment – and the enabling environment for service delivery, specifically leadership, management, and budget processes.

The health system framework (adapted from Ergo et al. 2010) includes the following components (see Figure 1):

- The health care sector, with two sub-components: the enabling environment (including leadership and management) and service delivery;
- The community, with the two sub-components of physical environment and social environment;
- The households, which are analysed using household characteristics and individual factors; and
- The four control knobs at the top of the framework, which disaggregate health systems strengthening initiatives or processes that could stimulate changes in the health system and eventually lead to the desired impact on maternal and neonatal morbidity and mortality. These are policies and regulation, organisation, financing, and communication.

Using CS utilisation as a proxy for the overall readiness of CEONC services, the study found that readiness was low. While CSs should account for no less than 5% of total expected births in a catchment area, an average of only 0.4% of births were delivered by CS in the study hospitals¹.

This low proportion is mainly caused by CS services being inconsistently available throughout the year, despite these districts being recipients of the CEONC fund. Hospitals face many challenges in hiring a CEONC team, including: a lack of appropriate applicants; a lack of understanding of the CEONC fund's terms of use; late release of the allocated budget; and friction between the lesser-paid government staff and the private sector team.

Significant contributory factors to the latter two problems include inadequate leadership and management. Management responsibility is shared between the Medical Superintendent, the Hospital Development Committee (HDC) and the District (Public) Health Officer (D(P)HO). In some cases this shared responsibility works well, especially where there is dynamic leadership as in Gorkha district. When it fails, however, the lack of management results in poor communication and coordination, further aggravating relationships between contracted and government staff and hampering continuous service provision.

Other major constraints to the consistent provision of CEONC services include a lack of equipment and infrastructure, and inadequate information management. Further, staff are exposed to the pressure of increasing and sometimes unrealistic expectations from patient parties

Despite the adequate supply of necessary drugs to respond to obstetric complications in most facilities studied (e.g. oxytocics, magnesium sulphate), the operating table was often in need of repair, supplies for newborn resuscitation were sadly lacking, and electrical outages and lack of water in the Operating Theatre were common. Many facilities also lack adequate staff quarters, thereby constraining the provision of 24/7 services.

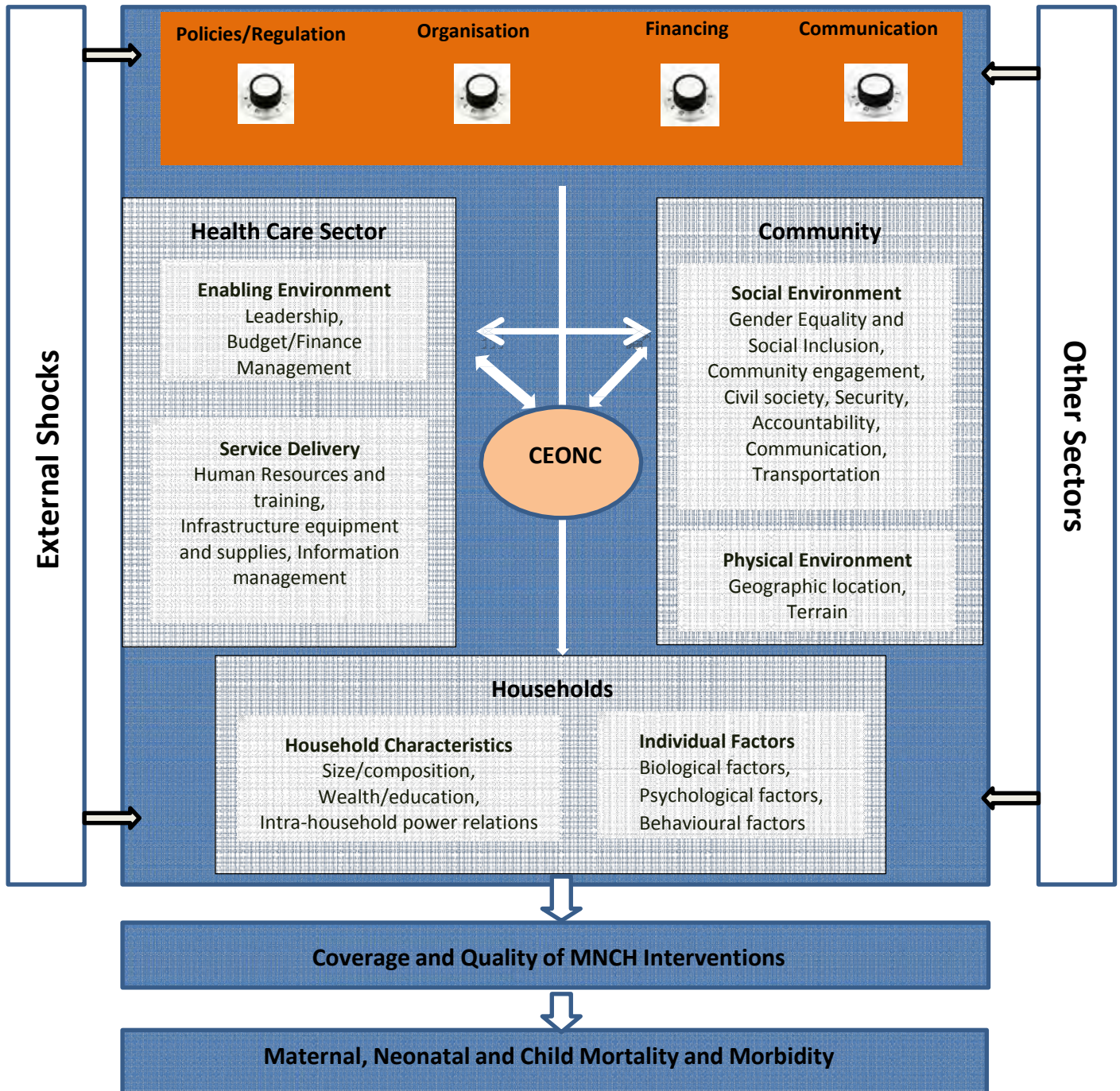
Regarding information management, the study found that while maternity registers may be filled in, the numbers recorded were not always consistent with those reported in the HMIS. Even at hospital level, the reporting was found to be complex and difficult for providers to carry out.

Finally, the community can be a key enabler to CEONC service provision, as in Syangja and Hetauda, where resources were raised for the development of the hospital. In other districts, however, health providers can feel threatened by patients' families, who act in an aggressive manner or ask for written guarantees before operations. This climate of fear, accentuated by excessive political interference and bullying from the cadres of political parties, caused unnecessary referrals.

¹ The vast majority of these hospitals were the only ones providing CSs in their district, such that 0.4% of CSs is a good estimate of the total proportion of CS births in the catchment area.

Figure 1: Guiding Framework for Determining Readiness of CEONC Facilities

Health System Control Knobs



Follow-up Actions

Given the importance of the findings there has been aggressive follow-up from the study report during the period January to June 2012. A number of important steps have been taken by FHD at the programmatic level. Further actions now need to be taken, primarily at the policy level by the MOHP, but also at the level of implementation by the Regional Division and DHOs, and at the facility levels themselves by HDCs. FHD now has to facilitate both upwards and downwards actions in order to bring about a rapid improvement in the functionality/readiness of district hospitals to provide CEONC services to mothers and their infants, especially in districts with a low Human Development Index (HDI).

The table below shows actions taken in the last five months and future actions needed. These are reported using the framework which guided the study (Figure 1 above). These actions have been discussed in the Safe Motherhood and Neonatal Support Committee (SMNSC) during May with the participation of about 40 stakeholders. The SMNSC has endorsed these proposed actions and this final table incorporates suggestions made by committee members.

Table of Actions to Improve the Readiness of District Hospitals to Provide CEONC in Low-HDI Districts

Green = activities included in AWPB

	Health System Control Knobs and Issues Identified From Study	Study Recommendations	Actions Taken by May 2012	Next Steps Required	Decision Level
Policies/Regulation					
1.	No sanctioned posts for MDGP/ Obstetrician/ Gynaecologist (ObsGyn) and Anaesthetic Assistant (AA) in district hospitals	Continuity of the CEONC fund as a transitional strategy until the recommended staffing is available through the government-sanctioned posting	CEONC fund budget provision made in AWPB to 2015 A Tippani about multi-year contracting of staff has been filed to the MOHP	Policy change for multi-year contracting needed for effective recruitment and retention. NHSSP will continue to advocate for change.	MOHP and Ministry of Finance (MOF)

	Health System Control Knobs and Issues Identified From Study	Study Recommendations	Actions Taken by May 2012	Next Steps Required	Decision Level
2.	Unable to attract enough MDGPs for contract posts	Review the career structure for MDGPs in order to make it more attractive	An Organisation & Management survey was conducted. Recommendations to create MDGP/ObsGyn/ AA post at district level were made in the survey and these posts have been approved by MOHP and MOF. Responsibility for finalizing the posts now sits with MOGA	Continue advocacy and follow-up in MOGA for further actions required	MOGA
3.	Inadequate availability of ObsGyns and AAs for districts	Continuity and promotion of the Diploma in Gynaecology and Obstetrics (DGO) training programme	<p>The scholarship for DGO training has been continued and expanded to include private doctors as there are not enough GON candidates for training.</p> <p>Two GON and eight private doctors are enrolled on the Diploma in 2011/12.</p> <p>Budget for the for diploma is included in 2012/13 AWPB</p>	<p>Post-DGO recruitment guidelines (for private scholarship holders) need to be developed for coming years.</p> <p>Ensure that 12 candidates are enrolled next year</p> <p>Guidelines for private doctors on employment terms and condition need to be developed</p>	MOHP/DOHS
Organisation					
4.	Regular disruption of CEONC service availability because in place in many facilities only a single CS provider and inadequate support team is	All CEONC districts should have at least one MDGP/ObsGyn and one or two ASBAs plus support team (two AAs, Operating Theatre nurse)	Continued training of Bachelor of Medicine/Bachelor of Surgery (MBBS) staff to provide CEONC services and AA training to Health Assistants and staff nurses to support continuity of service.	Need to advocate for appropriate posting of staff in CEONC sites and advocate for supportive supervision to be made available.	DOHS/MOHP
		Encourage medical college to place resident	Advocated before MOHP to discuss with medical college posting resident	Continue to advocate for change	DOHS/MOHP

	Health System Control Knobs and Issues Identified From Study	Study Recommendations	Actions Taken by May 2012	Next Steps Required	Decision Level
		postgraduates in district CEONC hospitals	postgraduates in district CEONC hospitals.		
		Develop and implement plan to increase the number of trainee ASBAs and AAs	<p>There is ongoing ASBA and AA training for both GON and contracted staff.</p> <p>The 2012/13 AWPB includes funding to train enough addition ASBA and AA staff to provide staff for 60 CEONC districts by 2015.</p> <p>10 AAs trained in 2012</p>	14 AAs training next year as AA training sites are increased in number to six	FHD/NHTC
5.	Lack of equipment and maintenance	Update CEONCs to present-day standard	NHSSP plans to support NHTC to development QI tool for CEONC services and training sites. The NHTC's SBA Forum meeting agreed that this is a priority issue and a working group was formed to support this area.	Conduct a workshop with the working group to develop QI tool for CEONC services	FHD/NHTC
		Establish earmarked budget for regular repair and maintenance	<p>Budget allocation for repair and maintenance included in 2012/13 CEONC budget.</p> <p>There have been initial discussions to link LMD and regional maintenance technicians with CEONC sites.</p>	<p>Implementation Guidelines will be updated to include reference to repair and maintenance budgets.</p> <p>Regional staff to facilitate contact between CEONC sites and regional technicians. Guidelines will be updated to include advise on the use of technicians for repair and maintenance</p>	FHD
		Implement system to improve	For new sites, initial equipment will be supplied		FHD/LMD

	Health System Control Knobs and Issues Identified From Study	Study Recommendations	Actions Taken by May 2012	Next Steps Required	Decision Level
		resupply (under "PULL" system) and maintenance of operating theatre equipment on demand	from the centre (FHD/LMD). Budget for repair, maintenance and replacing equipment will need to be given to districts for local management. Funds for local management of equipment resupply have been included in district budgets		
6.	Lack of blood supplies	Strengthen Blood Transfusion Service (BTS) in CEONC site	Funding for an immediate response has been earmarked by National Public Health Laboratory (NPHL) and Red Cross in work-plans and budgets. Equipment has been supplied to sites with identified problems and training has been provided to technicians in five sites.	Training and equipment supply is planned in a further 5 sites for next year	FHD/ NPHL/ Central Red Cross
7.	Lack of Operating Theatre registers and proper recording	Improve quality of monitoring data, including maternal and perinatal death audit, and better use of data to inform decision and policy making	Review of MPDR implementation in 16 hospitals by FHD completed	Plans to review MPDR tools and to use MPDR process in more districts in 2012/13	FHD
8.	Issues in local management of CEONC	Leadership and management training for HDCs and Hospital Directors and Managers needed	Four hospitals received orientation on roles and responsibilities of HDC during CEONC planning workshop	Need to plan leadership and management training for HDCs and Hospital Directors and Managers. FHD has planned CEONC planning workshop for five new sites for next year	MD/FHD

	Health System Control Knobs and Issues Identified From Study	Study Recommendations	Actions Taken by May 2012	Next Steps Required	Decision Level
9.	District managers expressed a preference for central recruitment of personnel	Hiring and contracting of personnel with specialist and advanced skills should preferably be performed by the district to enhance accountability		No plans to change district level recruitment	FHD/DHO
10.	Incomplete compliance with TOR and performance monitoring (night referral, leaving before contract period)	Implement stronger regulation of private sector provision in relation to PPP/private partners	Regional support teams are providing help to monitor contracts and performance	FHD to provide clearer TOR to ensure that contract includes capacity development of GON staff and make further responsibilities clear and explicit	FHD/RHD
11.	Weaknesses and localized problems identified within individual facilities that were surveyed	Facility-specific recommendations	Individual reports have been shared with respective facilities. Where equipment gaps identified, coordinated with LMD to supply equipment as needed. In some sites budget for local procurement made available through AWPB 2012/13 BTS training has also been conducted in a number of sites where weaknesses were identified	Plugging gaps is an immediate concern; in the longer term, support is required through facility-level QI plans e.g. via visit by regional staff (MNCH coordinator etc.)	FHD
Financing					
12.	Discontinuity of service due to staffing gaps arising from	Continuity of the CEONC fund as a transitional strategy until the	CEONC fund budget provision made to 2015 Files for multi-year	Follow up discussions on multiyear contracting	FHD/MOHP

	Health System Control Knobs and Issues Identified From Study	Study Recommendations	Actions Taken by May 2012	Next Steps Required	Decision Level
	delays in receiving fiscal year budgets	recommended staffing is available through the government-sanctioned posting Introduce multi – year contracting	contracting have been discussed with high MOHP officials and submitted to DOHS and MOHP by FHD.		
13.	Lack of equipment and maintenance	Establish earmarked budget for regular repair and maintenance	See point 5 above	See point 5 above	FHD/ LMD
Communications					
14.	Lack of understanding of CEONC fund management by hospital/ management committee	Ensure clear guidance for hospital in-charges and HFOMCs to enable effective management of fund and ensure compliance with the guideline.	On-going to support provided to hospital in-charge as needed.	FHD to develop more explicit implementation guidelines for CEONC fund management	FHD

Annex 2: Regional Summaries

1. EASTERN REGION

CAPACITY ENHANCEMENT

The Eastern Region reported the following capacity enhancement achievements:

Structures, Roles and Systems

- A GESI Technical Working Group was formed in the District Health Office, Panchthar.
- A system for regular monitoring of the performance of CEONC funded districts within the region has been initiated at the RHD.

Staff and Infrastructure

- Identified focal people in 5 districts for implementation of GESI related activities and the Social Audit.
- Provided support to RHD to develop a priority list for the expansion of birthing centres within the region, including coordination and networking with local government authorities to hire the key staff and upgrade the infrastructure.

Skills.

- Provided technical support to the OCMC staff in Panchthar and Sunsari districts to strengthen the case recording system of GBV survivors.
- An orientation was conducted for the district focal persons on the guideline for Maternal and Perinatal Death Review (MPDR) and case definitions of the major obstetric complications during the EOC review meeting.
- The skills of the regional and district counterparts were enhanced in the areas of verification, analysis and use of EOC data.
- The skills of the regional counterparts and Statistical Assistants/Officers on HMIS data management were enhanced, particularly in tracing the inconsistency of data in the reports generated at various levels.
- Provided technical support to the district focal persons for conducting MNH clinical update training programmes for the nursing staff.

Tools

- A monitoring profile for Safe Motherhood and Family Planning was developed together with the regional counterparts.
- A CEONC planning workshop was undertaken in Taplejung district hospital.
- A monitoring format was developed for the analysis of major indicators on a monthly basis and for providing feedback to the districts.

CHALLENGES AND RESPONSES

The following challenges were noted:

- Districts not following the reporting deadlines provided by the RHD. In particular some resistance occurs to sending reports concerning the management of complications under the Aama programme, and progress reports following national campaigns. In response, counterparts were sensitised during programme reviews on timely submission of the required reports and information
- The RHD finds it difficult to follow the agreed schedules due to other priorities that must be accomplished before the end of the fiscal year.
- Absenteeism among the RHD staff remains a constant challenge despite serious efforts made to address it.
- Regular sensitising has been done to regional and district counterparts to reduce and/or change their expectation level regarding financial benefits and to focus their concentration on those activities with no direct incentives.

The following results have been seen:

- The regional counterparts' understanding of the core components of regional health system strengthening has gradually developed through constant sensitisation and interaction
- A feeling of ownership has gradually developed among the RHD counterparts about facilitating GESI plans, despite initial resistance.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning:

- Provide technical assistance to RHD to develop an Annual Calendar of Operation for FY 2069/070.
- Provide technical support to the RHD to conduct an annual programme performance review and planning meeting for FY 2068/069.
- Undertake participatory vulnerability mapping of unreached areas and social groups and identify barriers in at least four districts.
- Attend quarterly reviews of some low performing districts, facilitate a gaps analysis and prepare an action plan to offset the gaps.
- Provide technical support to the districts to develop their annual work plans.
- Provide necessary support to the districts to upgrade B/CEONC sites, and to expand birthing centres, IUCD and implant sites.

Monitoring and Evaluation:

- Review and update existing MNH tools for monitoring and supervision and follow up with the districts for their effective implementation.
- Provide technical support to the RHD to develop an annual supervision and monitoring plan for the region.
- Technical support will be provided for piloting the Social Audit.
- A monitoring workshop will be organised in Taplejung to review the performance of the CEONC site after the hospital planning workshop.

- Organise M & E workshop for the regional staff in line with NHSP-2.

Health Sector Information System:

- Collect and analyse the disaggregated data of maternal health service receivers in Dhankuta district hospital.
- Facilitate the establishment of Information Centres in the districts.
- Provide technical assistance to the districts to conduct GESI inclusive IEC/BCC and advocacy activities.

Coordination:

- Provide technical assistance to the D(P)HOs to conduct their internal coordination meetings on a monthly basis.
- Form GESI Technical Working Groups in the remaining districts and provide orientation to the members.
- Ensure regular Reproductive Health Coordination Committee meetings in the districts.

2. CENTRAL REGION

CAPACITY ENHANCEMENT

The Central Region reported the following capacity enhancement achievements:

Structures, Roles and Systems

- Strengthened the system of joint regional supervision with qualitative and quantitative checklists.
- Coordinated and facilitated GESI orientation for district and regional officials from all 19 districts.

Staff and Infrastructure

- The Social Audit was completed in Rasuwa.
- Some districts recruited staff members to support the operation of priority programmes, such as CEONC operations, establishing Birthing Centres and OCMCs.
- An Integrated Child Health Review was facilitated.

Skills

- District focal persons strengthened their capacity to maintain records and monitor the achievements of their respective programmes.
- The skills of the district supervisors in analysing RH programmes, especially for EOC, were enhanced during a regional level workshop.
- Facilitated training Urban Health Workers in EHCS-Child Health, Family Health and GESI.

Tools

- A checklist for GESI monitoring at district level was prepared.
- A case history template for OCMC was prepared and used.
- The RHCT TOR and RHCT coordination guidelines were updated and endorsed.
- A concept note and contents for Leadership and Management Training were prepared.

CHALLENGES AND RESPONSES

The following challenges were noted:

- Vacant positions of the key staff at the RHD and in the D(P)HOs. Moving ahead without key staff is very difficult. The team has coordinated with the RHD and NHSSP central team to advocate for the assignment of staff from MoHP and DoHS.
- The EAP programme in Parsa district could not be implemented despite serious efforts.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning:

- Provide training to district managers on Appreciative Inquiry (AI) based supervision and monitoring.
- Support the districts and the region in their annual review and planning.

Monitoring and Evaluation:

- Strengthen the district monitoring and documentation system by assisting during the annual review.
- Conduct training on supportive supervision skills to regional and district managers. This had been planned for this quarter but was postponed for technical reasons.
- Monitoring of trained providers of Rural Ultrasound, SBA Training Sites, CEONC Centres, BEOCs and Birthing Centres.
- Support implementation and reporting of the Social Audit in Kathmandu, Rautahat and Dhanusha.

Health Sector Information System:

- Support the region in the regional review workshop and in preparing its regional report.
- Assist in the disaggregated data analysis of maternal health service receivers in Bharatpur Hospital.

Coordination

- Finalise the RHCT Coordination Guideline in coordination with the NHSSP Far Western Regional Team.
- Update the RHCT profile and resource mapping.
- Ensure regular and productive district level Reproductive Health Coordination Committee meetings.
- Provide technical support to the GESI committee formation and for GESI orientation.
- Provide orientation to the private and non-government sectors on the regional health programme.

3. MID-WESTERN REGION

CAPACITY ENHANCEMENT

Describing its progress, the Mid-Western Region reported the following capacity enhancement achievements:

Structures, Roles and Systems

- Supported and facilitated the regional review and planning of the Integrated Child Health Programme, the National TB Programme, data verification and a client-centred quality care plan.
- Monitored the EAP in Dailekh and organised a sensitisation meeting on GESI in HD of Dailekh and Bardiya districts.

Skills

- Orientated regional and some district level staff and stakeholders on GESI, NHSP-2 and the GESI institutional structure of MoHP.
- Trained service providers on HTSP, on the process of HFOMC and FCHV training (DTOT) and on the EOC job aid in Kalikot district.

CHALLENGES AND RESPONSES

The following challenges were noted:

- Nepal bandhs and strikes.
- Many activities were conducted in an improper way during the last month of the fiscal year.
- Transportation problems in mountainous district.

The following actions have been taken:

- Encouraged increasing the active involvement of focal persons in key events.
- Provided laptop to RD enhance his capacity and to overcome gaps in infrastructure.
- Installed power back up system in the regional office.
- Encouraged counterpart to remain in their posts and begin working together.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning:

- Prepare the annual operational plan of RHD for 2069/70; Prepare the annual operational plan of districts for 2069/70
- Form a GESI Technical Working Group in Dang, Salyan, Rolpa, Rukum, Jajarkot, Kalikotetc
- Develop a concept note for a capacity enhancement workshop of HF level staff and HFOMC to entice local resource mobilization

Monitoring and evaluation:

- Assess the key bottlenecks of the health system.
- Finalise the concept note for periodic EOC service availability, and the utilisation assessment in B/CEOC sites in MWRHD.
- Implement a client satisfaction survey in hospitals in the MWR.
- Assess the HMIS data quality and service utilisation by population sub-groups in the MWR.
- Carry out joint monitoring and supervision visit with counterparts and EDPs in low performance districts.
- Map unreached areas in at least one VDC of two districts to identify barriers to service use / uptake.
- Support PHCRD in implementing the Social Audit in the planned districts.
- Monitor the identification of IUCD cases by the FCHV in targeted VDCs in Surkhet.

Information system

- Strengthen the information bank.
- Establish a regional documentation centre.
- Establish a GESI related resource pool in the region.
- Initiate the publishing of a regional quarterly health bulletin.
- Support to develop and implement a regional monitoring checklist.

Coordination

- Help prepare the Regional Health Directory.
- Provide GESI orientation to the police.

4. Western Region

CAPACITY ENHANCEMENT

The Western Region reported the following capacity enhancement achievements:

Structures, Roles and Systems

System strengthening occurred in the RHD and D(P)HOs in the following areas:

- RHD collecting Safe Motherhood and EOC reports from each health institution;
- Five GESI Technical Working Groups were formed, one in the RHD and four in D(P)HOs.

Skills

- Fifteen staff members were trained in the GIS assisted planning process.
- Training was provided in EOC and Child Health Programme gap analysis, preparation of an action plan and report.
- Staff of programme VDCs received training in understanding LHGSP.
- PHN, Statistics Officer/Assistant, Medical Recorder, and Nursing In-charge were trained to calculate the EOC process indicators and to compile the EOC progress report.
- Data verification and gap analysis training was provided for Statistics Officer/Assistant.
- Capacity enhancement training was provided for EAP partner NGOs.

Tools

- Step by Step Report Writing Guideline for Public Health Professionals.
- Draft Guideline for mapping of hard to reach areas and population.
- Child health and EOC programme review templates.
- Institution survey tools and FGD Checklist for LHGSP Myagdi.

CHALLENGES AND RESPONSES

The following challenges were noted:

- Most staff working in the RHD lack basic computer operation skills; some counterparts have no computers. In response, the Regional Director has requested MoHP to supply computers. It is expected that the MoHP will allocate some budget for computers next year. The Western Region Team is planning to provide basic computer training to RHD staff in one computer institute during July and August 2012.

KEY ACTIVITIES FOR NEXT QUARTER

Health Planning:

1. Pre-test and finalise the guideline on mapping hard to reach areas and populations.
2. Prepare Village Health Profile of 12 Local Health Governance Strengthening Programme VDCs in Myagdi district

Monitoring and Evaluation

- Conduct a Health Institutions Survey in LHGSP Myagdi district of 12 health institutions.
- Conduct 12 FGDs in LHGSP Myagdi district to gather qualitative information.
- Provide technical support to conduct a Social Audit in four districts.
- Introduce periodic programme review according to a GESI perspective.
- Provide TA to the district for a MNH update for nursing staff to strengthen institutional delivery.
- Provide TA to organise AI training to stakeholders and nursing staff in Tanahun district.
- Provide TA for a CEONC performance review meeting in Syangja district.
- Provide monitoring to districts on the functionality of CEONC services in Nawalparasi hospital.

Information Management

- Provide TA in district and regional level annual performance review meetings.
- Provide TA to prepare annual health reports of the D(P)HO, hospitals and RHD.

Coordination

- Provide TA to selected districts to organise RHCC meetings.
- Facilitate the Regional Health Net Meeting.
- Provide GESI orientation and assist the formation of GESI TWG in the remaining districts.

5. FAR-WESTERN REGION

CAPACITY ENHANCEMENT

The Far-Western Region reported the following capacity enhancement achievements:

Structures, Roles and Systems

- Sensitised Management Division about the regional website and required action is being taken, including training and orientation.
- A recommendation was made to the RD to mainstream police hospital information and services, including the Aama Suraksha programme.
- The Women and Child Development Office, the DPHOs of Kailali, Kanchanpur and Dadeldhura and EAP partners have been sensitised about Gender Based Violence.
- Regular regional health coordination team meetings have improved communications and coordination with both state and non-state actors.

Staff and Infrastructure

- Regular sharing of work plans with the RD and focal persons has improved the working relations.
- Sharing the strength and weakness of birthing centres has helped improve their quality in Doti and Kailali districts.

Skills

- Provided technical skill training, including analysis and interpretation of family health and child health data in Regional Child Health review and EOC reviews.
- Facilitated NID planning at the regional level to focus on hard to reach and low coverage areas of each districts.
- D/PHO focal points are capable of carrying out the Social Audit with assistance and reference materials provided.
- Developed the practice of regional sharing after supervision in order to address field level problems immediately.

Tools

- Technical Working Groups were formed in Dadeldhura, Kailali, Kanchanpur and Doti.
- GBV has been included in the content of health workers training.
- GESI action plan has been prepared.
- CBNCP district level planning has been prepared and support and orientation provided in Kanchanpur district.
- A draft regional profile has been prepared including GESI and MNCH perspectives.

CHALLENGES AND RESPONSES

The following challenges were noted:

- Some important posts are vacant because of low retention and frequent transfer, and problems of poor motivation and absenteeism persist.
- Regional staff have a limited presence in the Regional office in Doti since most programmes are organised in Dhangadhi.

- The GESI concept is taken as an NHSSP programme.
- Harmful cultural practices are a barrier, especially for utilisation of MNCH services.

The following actions have been taken:

- Field visit findings are always shared with the RD and solutions to problems explored.

KEY ACTIVITIES FOR NEXT QUARTER

Planning:

- Facilitate and support strategic planning of Bhajang and Darchula districts.
- Support preparation of an annual plan and an operational plan for the RHD for the next fiscal year.
- Organise a ToT programme for GESI focal persons.
- Hold an interactive workshop on chhaupadi and its implications for health services.
- Establish an emergency fund for GBV in two districts.

Monitoring and Evaluation:

- Support and conduct integrated child health supervision and monitoring visits to three districts.
- Analyse the three health institutes and one hospital management committee, including the SSU.

Information system:

- Activate regional office web-sites after receiving training from the MIS section in Kathmandu.
- Establish a Regional Information committee and work towards an information bank.
- Coordinate with the Army hospital and review the status of the HIS, including the MNCH programme.
- Assess the cultural barriers to selected caste/ethnic groups accessing health care services.
- Mapping unreached areas and social groups, and identify barriers to be addressed in two districts.

Coordination:

- Provide technical assistance, orientation and coordination in RHCT meetings, including the GESI perspective.
- Continue co-ordination with all districts to conduct RHCC reactivation meetings.
- Provide GESI orientation to the regional team and the district technical group in five districts.
- Strengthen the One-Stop Crisis Management Centres.
- Provide technical assistance for the Equity and Access Programme and the Social Audit.

Annex 3: Progress against the Log Frame

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
Output 1 DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served	1.1 Coordinating Committee functioning effectively to support integrated and coordinated EHCS programming	A review of committees have been completed and three main issues identified with the current organisation of working groups have been identified: duplication of responsibility; poor coordination between groups; and lack of capacity to deal with heavy pressure exerted by EDPs. Maps to visually represent these issues and the existing committee structure are under development and will be used to present findings and identify next steps during the next quarter.	There have been long delays with the consultant hired for this review – who was side-lined onto other areas of work identified as a priority by the government (CEOC study). There was also resistance from the former D-G, which made it difficult for the consultant to proceed.	Complete report and maps, and share with stakeholders to identify possible ways of overcoming issues identified	If the report gets the attention it should when it is ready, then a revised process for communicating and making decisions should increase the efficiency and effectiveness of the committees that govern EHCS
	1.2 Remote area and referral guidelines are expanded to	All tools and reports related with Operational Research – FP/EPI integration, referral strengthening, PNC	Delay in implementation of OR	Continue training at VDC level for FP/EPI integration Finalisation of IMCI multi-	If the ORs are successful, scaling up of FP/EPI integration will increase

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
	incorporate broader EHCS packages and underserved populations (through Area planning) and operational nationally	<p>strengthening - include considerations for reaching the unreached.</p> <p>Incorporated strategy for reaching un-reached in IMCI multi-year work-plan</p> <p>Safe abortion training for staff from two remote districts was provided</p>		<p>year work-plan</p> <p>Ensure GESI approaches included in Health Sector Strategy for Maternal Nutrition</p> <p>Continue monitoring of ORs</p> <p>Mid-term assessment of PNC-OR</p>	<p>reaching un-reached women in family planning through targeting women who comes to EPI clinics with their children</p> <p>Implementation of IMCI multi-year plan will enhance reaching children who did not get services from IMCI Referral case studies will help in developing referral guideline by FHD especially in remote areas.</p>
<p>Output 2</p> <p>MOHP has capacity to develop and implement an effective HRH strategy for the health sector</p>	<p>2.1 HRH strategic plan developed and used to guide annual workplans and regularly updated</p>	<p>The HRH plan was translated into Nepali and a stakeholder meeting was organised in June for inputs into a final draft. A costed proposal based on the plan has been forwarded to the Secretary of MoHP through the Joint Secretary - HR and Financial Management Division prior to submission to Cabinet after endorsement by the Minister</p>	<p>The slow pace of the working committees has frustrated progress</p>	<p>Submit plan to Cabinet for approval</p>	<p>The HRH strategy has been approved by the country coordination committee and awaits approval by the Minister</p>

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
	<p>2.2 Staffing projections available to inform training plans</p>	<p>A full draft of the road map for the production of the workforce plan is nearing completion and will be presented at a stakeholder meeting in July.</p> <p>Requests for proposals for the HRH assessments and profiles of both the public and private sectors have been issued. Selection of an appropriate agency is underway under the guidance of an Evaluation Committee comprising members from MoHP, WHO and NHSSP. The assessments and profiles will be an important step in identifying what existing HRH resources are available.</p>		<p>Complete roadmap on workforce planning and present to the MoHP to begin the process of selecting the most appropriate way forward.</p> <p>Contracts for the HRH assessment, including profiles for public and private sector will be awarded and work initiated.</p>	<p>Roadmap for production of workforce plan nearly completed.</p>
<p>Output 3</p> <p>MOHP and DOHS has systems, structures and capacity to</p>	<p>3.1 AWPB integrates GESI reflecting GESI strategy</p>	<p>FHD, CHD, NHTC, PHCRD and MD were supported closely to develop GESI related activities in their annual work plans for coming year. Discussions with LCD, LMD to identify potential activities are underway.</p>	<p>While many GESI related activities have been identified by the Divisions and Centres, there is an expectation that NHSSP TA will support much of the work, and consequentially</p>	<p>Support the Divisions and Centres in preparing guidelines for GESI related activities in the approved AWPB and provide assistance for implementation of the identified activities.</p>	<p>Increased representation of GESI activities in AWPB for coming financial year.</p>

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
implement the GESI strategy		<p>A framework for the assessment of activities and financial allocations was developed based on the health sector's GESI strategy.</p> <p>Technical support was provided to DoHS to develop a checklist to identify and integrate GESI related activities in the AWPB. The PPICD format for preparing the business plan of FY 2012-2013 had a separate section on GESI and this enabled each Division and Centre to specify GESI related activities.</p> <p>NHSSP provided technical support to the Population Division for finalising the objectives and contents of the GESI operational guidelines. A working group has now been formed to draft these guidelines.</p>	insufficient funding is being allocated to ensure long term sustainability.		

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
	<p>3.2 Leadership and coordination structure in place to drive implementation of the GESI strategy</p>	<p>GESI TWGs were formed and made functional in five RHDs and in eighteen districts of four Regions. GESI Focal Persons were nominated in all Divisions and Centres of DoHS and MoHP, in all five RHDs and in all 75 districts.</p>	<p>GESI institutional structures are now in place at all levels of the government. However, ensuring that these groups are operating effectively and sustainably will be an on-going challenge.</p>	<p>Continue to support new GESI working groups and ensure that government staff are oriented to GESI issues.</p>	<p>A GESI TWG is in place under the Chairpersonship of the Director-General of Health Services. TWGs are also functional in all RHDs. Focal people and working groups have been initiated to</p>
<p>Output 4</p> <p>MOHP and DOHS have capacity to develop and implement a transparent and suitable supply and demand-side financing framework</p>	<p>4.1 Functional health financing expertise in MOHP and DOHS</p>	<p>The NHSP-2 logical framework was incorporated within the eAWPB.</p> <p>NHSSP supported MoHP to design a summary format of the AWPB for uploading to the MoHP website.</p> <p>A framework and template for the AWPB were developed.</p> <p>The current fiscal year's (FY 2011/12) AWPB on the MoHPs website and the Office of the Auditor General (OAG) has posted the MoHP's annual audit report on its website, and carried out a performance audit of</p>	<p>The absence of a parliamentary committee on health financing, which is a key player to ensure proper governance.</p> <p>The many budget headings and sub-headings cause a problem when preparing brief reports.</p> <p>Linking 1700 activities with the NHSP-2 RF indicators is a major challenge. Since some activities can</p>	<p>Report of service tracking survey with policy briefs</p> <p>Report of budget analysis for FY 2011</p> <p>Workshop on output based budgeting</p> <p>Cluster group meetings for health financing strategy and financial management</p> <p>Support for meetings of</p>	<p>MoHP is now able to analyse the budget by both output indicators and NHSP-2 objectives.</p> <p>Greater transparency is achieved through posting of budgets and audit reports on MOHP website.</p> <p>MoHP agreed to institutionalise the</p>

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
		<p>selected MoHP activities. One person in MOHP has been assigned the responsibility of maintaining the web-site.</p> <p>MoHP was supported to prepare business plans for 2012/13.</p>	<p>contribute to more than one indicator, continuous discussion with concerned stakeholders is required.</p>	<p>TWG on health financing strategy</p> <p>Programme review meeting with account officers.</p>	<p>practice of preparing 3 year business plans in future years.</p>
	<p>4.2 Implementation of systems to provide regular monitoring and information of demand side finance scheme</p>	<p>A rapid assessment of the Aama programme was conducted</p>	<p>Staff in FHD are insufficient in number and skills to carry out this work, although funding for hiring outside assistance for DSF monitoring has been included in the FHD AWPB.</p>	<p>Complete Rapid Assessment and prepare policy brief</p> <p>Publish the guidelines and communication materials for the Aama and 4ANC visits programmes.</p> <p>Organise a workshop on the integration of the Aama and 4ANC visits programmes.</p> <p>Submit the six monthly Aama and 4ANC progress reports to DFID.</p> <p>Prepare the integrated DSF monitoring framework.</p>	<p>DSF integration framework developed, to support improved economy and efficiency of DSF schemes.</p> <p>Strengthened methodology for rapid assessment of DSF schemes developed</p>

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
	<p>4.3 Improved systems to ensure timely and accurate reporting of expenditure</p>	<p>A concept note, implementation plan and first version of the TABUCS software were developed.</p> <p>TABUCS budget sub-heads were incorporated into the existing web based e-AWPB</p> <p>The e-AWPB preparation process has been strengthened by the development of a coding manual for budget heads, user manual and software manual.</p>	<p>Delays in approval of TABUCS from EDPs</p>	<p>Develop ToR for TABUCS including division of responsibilities between Govt. and NHSSP</p> <p>Start scale-up the TABUCS in all 265 cost centres.</p>	<p>TABUCS formally included in the AWPB.</p> <p>A web-based AWPB system has now been introduced and in use.</p>
<p>Output 5</p> <p>MOHP has capacity to strengthen and effectively use an information system to support planning and delivery of quality EHCS</p>	<p>5.1 Health Management Information System (HMIS) functioning effectively and informing local area planning and monitoring across Nepal</p>	<p>Initiated process of reviewing and revising the indicators, tools and reporting process for HMIS/HSIS in light of the relevant Millennium Development Goals (MDGs), NHSP-2 objectives, other national policies, strategies and guidelines, including the Health Sector Information System – National Strategy (HSIS-NS).</p> <p>A detailed implementation plan for HMIS review and revision</p>	<p>Senior staff changes in Management Division and PHAMED in MOHP delayed decision-making</p>	<p>Continue the revision of indicators and tools, and the review process for HMIS</p> <p>Support field testing the revised tools; developing a database and training the involved staff in recording, reporting and data management.</p> <p>Continue work developing a uniform coding system.</p>	<p>A HMIS TWG has been formed and made recommendations about the strengthening of HMIS and HSIS.</p> <p>Mis-match assessment into why HMIS and vertical programme reporting systems do not always agree</p> <p>IT review of HMIS complete</p>

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
		<p>exercise was developed with support from NHSSP, and has been approved by the DoHS and MoHP.</p> <p>Began revision of the Maternal and Perinatal Death Review system</p>		<p>Support MoHP in preparation of the NHSP-2 M&E Implementation Plan.</p> <p>Continue to support FHD in institutionalizing and strengthening the Maternal and Perinatal Death Review system.</p>	
	5.2 Additional monitoring data (not covered by HSIS) generated	Draft STS 2011 completed and revisions based on feedback from government and EDPs started		<p>Finalize STS and HHS tools</p> <p>Initiate data collection for 2012 studies</p> <p>Finish 2011 STS report</p> <p>Start follow up on 2011 STS</p>	STS 2011 complete and draft report prepared
<p>Output 6</p> <p>MOHP and MPPW have capacity to develop and implement procurement in accordance with the</p>	6.1 Recommended standards and procurement documents for best practice applied and adopted	<p>Templates have been presented and taken into use for:</p> <ul style="list-style-type: none"> • Bid Opening procedures • Bid Security calculations • Bidder Data Base • Award of Contracts • Uploading of Awards of Contracts to Market and United Nations Development Business 	<p>The Executive Procurement aspect of the project continues to take up an inordinate amount of the SPAs' time.</p> <p>Lots of time required and taken to draft responses to</p>	<p>Recruit and induct three biomedical engineers to support specification bank work</p> <p>Develop chapters for the Procurement Manual.</p> <p>Develop and conduct sensitisation workshops</p>	<p>Procurement/operational manual fully developed for works</p> <p>Standard Bidding documents in place</p> <p>Procurement planning undertaken by LMD and</p>

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
procurement arrangements for the health sector during the implementation of the Nepal Health Sector Plan 2 (2010-2015)		<p>Online</p> <ul style="list-style-type: none"> Contract Management <p>Work on consolidated procurement plan for 2012/13 was started.</p>	<p>complaints.</p> <p>Poor quality inputs from Divisions and Centres to consolidated procurement plan.</p>	<p>for suppliers.</p> <p>Develop and conduct workshops for LMD staff members in procurement.</p> <p>Finalise a paper on Quality Assurance in the different steps of the LMD procurement cycle.</p> <p>Assist the NCASC in their work on spreading good procurement and warehouse practice to the regional and district level warehouses.</p> <p>Develop a set of guidelines for Acceptance Checks to be used when LMD receives goods.</p>	<p>the Divisions with the procurement plan for 2011 / 2012 completed and no objection received from WB. 80% of procurement contained in 2011/2012 plan is underway / complete.</p>
	6.2 Implementation of transparency and disclosure measures developed and adopted	Complaints Resolution Procedure that was developed last year and was re-presented to LMD has been accepted.	International Competitive Bidding Procedures are a major barrier to the use of e-bidding for	Work on development of a Technical Specification system to be put on the LMD website.	Draft Procurement Code of Ethics developed and presented to LMD.

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
			<p>both international and national tenders.</p> <p>The refusal of the WB to allow Pre-Bid Conferences is hampering the improvement of submitted Bids, which continue to be imperfect and result in a number of Bids that persist in failing at the first hurdle.</p>	<p>Take the Complaints Resolution Procedures into use.</p> <p>Introduce a Declaration of No Conflict of Interest in all stages of the Procurement Cycle where required.</p> <p>Complete the assimilation of the Code of Ethics.</p>	<p>Complaint and Dispute Resolution process approved.</p>
<p>Output 7</p> <p>PPICD has clearly defined and functional role as the focal point of the planning and policy process for the whole health sector</p>	<p>7.1 PPICD leading and implementing JAR process</p> <p>7.2 PPICD has updated and disseminated national health policy and nationally agreed planning guidelines for health</p>	<p>JAR reports published.</p> <p>Review of 1991 national health policy complete.</p> <p>Work on developing NHSP-2 Implementation Plan underway.</p>	<p>Delays in completing review of district planning guidelines due to consultant illness and other work priorities.</p>	<p>Support PPICD to start planning next JAR and MTR.</p> <p>Support PPICD to conduct a workshop to share findings of the reviewed National Health Policy-1991.</p> <p>Conduct health needs</p>	<p>Successful JAR conducted with support of NHSSP advisors.</p> <p>Standard operating guidelines for JAR have been produced.</p> <p>Urban health policy drafted and awaiting review.</p> <p>Review of 1991 national health policy conducted, as basis for drafting of</p>

OUTPUTS	INDICATORS	ACTIVITIES OCCURRED IN REPORTING PERIOD	CHALLENGES	PLANNED OUTPUTS / ACTIVITIES FOR NEXT QUARTER	PROGRESS AGAINST OUTPUTS
	units	Federalism review conducted	No MoU in place to support LHGSP work in Myagdi – holding up progress.	<p>assessment in Myagdi district as part of local health governance planning pilot.</p> <p>Finalize NHSP-2 Implementation Plan.</p> <p>Complete PPP policy drafting.</p> <p>Review district planning guidelines with MOHP/DOHS and NHSSP Regional Specialists and make plans to pilot.</p> <p>Hold consultation workshop on urban health policy and plan for development of strategy.</p>	<p>new national health policy.</p> <p>Federalism review conducted.</p>