



Quarterly Report

October 2011 - December 2011



Nepal Health
Sector Support
Programme

Strengthening Health Systems—Improving Services

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ACRONYMS AND ABBREVIATIONS

AA	Anaesthesia Assistant
ANM	Auxiliary Nurse Midwife
ASRH	Adolescent Sexual and Reproductive Health
ASBA	Advanced Skilled Birth Attendant
AWPB	Annual Work Plan and Budget
BCC	Behaviour Change Communication
BIA	Benefit Incidence Analysis
CB-IMCI	Community Based Integrated Management of Childhood Illnesses
CB-NCP	Community Based Neonatal Care Programme
CE	Capacity Enhancement
CEOC	Comprehensive Essential Obstetric Care
CEONC	Comprehensive Essential Obstetric and Neonatal Care
CHD	Child Health Division
CSP	Context-Specific Planning
COPP	Certificate of Pharmaceutical Product
DDC	District Development Committee
DFID	UK Department for International Development
D-G	Director General
DGO	Diploma in Gynaecology and Obstetrics
DoHS	Department of Health Services
DHO	District Health Office(r)
D/PHO	District Public Health Office(r)
DSF	Demand-Side Financing
DTT	District Technical Team
DUDBC	Department of Urban Development and Building Construction
EAP	Equity and Access Programme
e-AWPB	Electronic Annual Work Plan and Budget
EDP	External Development Partner
EHCS	Essential Health Care Services
EOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunisation
ERHD	Eastern Region Health Directorate
ERMS	Eastern Region Medical Store
ERTC	Eastern Region Health Training Centre
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FM	Financial Management
FMIS	Financial Management Information System
FMR	Financial Monitoring Report
FP	Family Planning
FWRHD	Far Western Regional Health Directorate

GAAP	Governance and Accountability Action Plan
GBV	Gender-Based Violence
GESI	Gender Equality and Social Inclusion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GON	Government of Nepal
GMP	Good Manufacturing Practice
HF	Health Financing
HIIS	Health Infrastructure Information System
HKI	Helen Keller International
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources for Health
HSG	Health Sector Governance
HSIS	Health Sector Information System
HSRU	Health Sector Reform Unit
HuRIS	Human Resources Management Information System
IEC	Information and Education Campaign
IMCI	Integrated Management of Childhood Illnesses
IUCD	Intrauterine Contraceptive Device
JAR	Joint Annual Review
JFA	Joint Financing Agreement
LHGSP	Local Health Governance Strengthening Programme
LATH	Liverpool Associates in Tropical Health
LMD	Logistics Management Division
M&E	Monitoring and Evaluation
MCHW	Mother and Child Health Workers
MD	Management Division
MDG	Millennium Development Goal
MDGP	Medical Doctor General Practitioner
MIS	Management Information System
MoGA	Ministry of General Administration
MoHP	Ministry of Health and Population
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal, Newborn Health
MPPW	Ministry of Physical Planning and Works
MWR	Mid Western Region
NAMS	National Academy of Medical Sciences
NCASC	National Centre for Aids and Sexually Transmitted Disease Control
NESOG	Nepal Society of Obstetrics and Gynaecology
NGO	Non-Governmental Organisation
NHEICC	National Health Education, Information and Communication Centre
NHSP-2	Second Nepal Health Sector Programme

NHTC	Nepal Health Training Centre
NPC	National Planning Commission
NPHL	National Public Health Laboratory
OAG	Office of the Auditor General
OBB	Output Based Budgeting
OPM	Oxford Policy Management
OCCM	One-stop Crisis Management Centre
PHC-RD	Primary Health Care Revitalisation Division
PHM&ED	Public Administration, Monitoring and Evaluation Division
PLAMAHS	Planning and Management of Assets in Health Services
PMSS	Planning, Monitoring and Systems Strengthening
PNC	Postnatal Care
PO	Procurement Officer
PP	Procurement Plan
PPP	Public-Private Partnerships
PPICD	Policy Planning and International Cooperation Division
PPMO	Public Procurement Monitoring Office
RD	Regional Director
RH/SMNH	Reproductive Health/Safe Motherhood and Neonatal Health
RHCC	Reproductive Health Coordination Committee
RHCT	Regional Health Coordination Team
RHD	Regional Health Directorate
SBA	Skilled Birth Attendant
SC	Steering Committee
SMNCH	Safe Motherhood, Neonatal and Child Health
SMNSC	Safe Motherhood and Newborn Sub Committee
SPA	Senior Procurement Advisor
SSU	Social Service Unit
TA	Technical Assistance
TAG	Technical Advisory Group
TAS	Transactional Accounting System
TC	Technical Committee
TOR	Terms of Reference
TWG	Technical Working Group
VDC	Village Development Committee
WB	World Bank
WHO	World Health Organisation
WRHD	Western Region Health Directorate

1. INTRODUCTION

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit this quarterly report for the period of October to December 2011, the fourth quarter of this programme.

The Nepal Health Sector Support Programme is a programme of technical assistance (TA) to MOHP/DOHS, managed by DFID on behalf of the pool partners in NHSP-2. Options Consulting Ltd leads a consortium of its partners: Crown Agents, Liverpool Associates in Tropical Health, Oxford Policy Management, Helen Keller International and Ipas. Between September and December 2010 was the Inception period for NHSSP in which the consortium carried out a series of capacity assessments covering each output of NHSSP described in section 2.1 onwards. The capacity assessment reports, which included proposals for the focus of technical assistance, were discussed with the Government of Nepal (GON) and External Development Partners (EDPs) and approved by Government in December 2010.

The purpose of this report is to document the activities of the Nepal Health Sector Support Programme (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 NHSP-2; 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. The counterparts of NHSSP Advisors are the heads or directors of Divisions and Centres, such as Family Health Division; Policy, Planning and International Cooperation Division; Logistics Management Division, and so on. All of NHSSP activities are designed to enhance the capacity of MOHP/DOHS to carry out NHSP-2.

Enhancing capacity, for our purposes, is defined as: *the changes in organisational behaviour, skills and relationships that lead to the improved abilities of organisations and groups to carry out functions and achieve desired outcomes*. A diagrammatic representation of Potter and Brough's Capacity Enhancement framework (2004) is provided on page 41 of this report.

2. SUMMARY OF KEY EVENTS IN THIS QUARTER

Context

Political achievements during this period included the signing of a seven-point peace agreement on November 1 by the leaders of the major political parties. The tenure of the Constituent Assembly (CA) was extended for the fourth time to May 27, 2012 (plus 15 days added recently). This is intended to be the last extension, and must be followed by a referendum or election.

In late December Dr Mishra was appointed as Secretary for Health. Dr Sharma resigned effective January 15, 2012. The Cabinet made a decision to have one Secretary in MoHP.

The Directors of National Health Training Centre (NHTC) and Management Division retired at the end of December. Mr N.L.Deo was appointed as the new Director of NHTC.

NHSSP Activities

A series of workshops were held in this period:

- NHSP-2 Results Framework workshop Oct 7 – the workshop report indicates the follow-up work to be done in order to finalise the indicators.
- Human Resources workshop Oct 14 to further develop the HR Strategic Plan.
- Output-Based Budgeting workshop Oct 18 – a draft report will be finalised in the next quarter.
- Comprehensive Emergency Obstetric and Neonatal Care (CEONC) Study – Preliminary Results workshop Oct 19 – the study report is to be finalised in January 2012.
- Governance and Accountability Action Plan (GAAP) workshop Oct 20 – the workshop report set out a plan of action to revise the GAAP indicators.
- Service Tracking Survey (STS) Preliminary Findings Dec 1 – the survey report is to be finalised in the next quarter.

A meeting between NHSSP, DFID, AusAid and Secretary Sharma was held in November to review NHSSP progress and plans. It was noted that the Steering Committee for NHSSP was still not constituted. MoHP's National Review was held Nov 24-26, and was attended by NHSSP staff.

NHSSP held an internal review workshop on December 8 with Kathmandu and regional-based staff, in preparation for DFID's annual programme review scheduled for January. Immediately before, a meeting of the Regional Specialists was held (December 6 and 7) to discuss the concept of regional strengthening.

During this period, the NHSSP website has been launched (www.nhssp.org.np), an NHSSP Facebook page opened, and a brochure produced.

Key achievements in each of the NHSSP thematic areas include:

EHCS (Essential Health Care Services)

- Maternal nutrition strategy development process was started with the formation of Maternal Nutrition Core Working Group under NUTAC (Nutrition Technical Advisory Committee).
- Supported Family Health Division (FHD) for review and planning of Reproductive Health/Safe Motherhood and Neonatal Health(RH/SMNH) for next Annual Work Plan Budget (AWPB).
- Integrated Management of Childhood Illnesses (IMCI) strategy and multi-year work planning process was started.
- Supported Nepal Health Training Centre (NHTC) to draft Advanced Skilled Birth Attendant (ASBA) and Medical Doctor General Practitioner (MDGP) and Gynaecologist updated training curricula and recruited a consultant for quality improvement in SBA training.

GESI (Gender Equality and Social Inclusion)

- Supported Population Division to establish One-stop Crisis Management Centres (OCMC) in five Hospitals and Regional Health Directorates (RHD) to implement 16-day Gender Based Violence (GBV) campaign.
- Social Audit Operational Guidelines were drafted and approved and are being piloted in Rupandehi and Palpa districts.
- Formation of a GESI Technical Working Group (TWG) at DoHS was facilitated, with Director-General as chairperson.
- Contracting by District Health Offices (DHOs) of NGOs for implementation of the Equity and Access Programme (EAP) in 15 districts begun.
- A professional photographer was commissioned to record images of the challenges faced when accessing care, particularly by the poor and excluded, and of the health services provided. This collection will be used in NHSSP and government reports, guidelines, manuals etc to illustrate messages and convey information effectively.

Health Policy and Planning/Health Systems Governance

- Planning of all aspects of the Joint Annual Review (JAR) January 16-18 was a focus for this quarter, especially the preparation of reports and background documents, the agenda and ToR for joint pre-JAR field visits. Two background reports were mainly drafted by government, whilst others were drafted by NHSSP based on extensive inputs from government staff. This is an improvement from last year when consultants prepared the background papers.
- Local Health Governance Strengthening Programme (LHGSP) was started in Myagdi district of Western Region with formation of District Technical Committee; District Coordinator to start in January.
- Draft Urban Health Policy prepared (in Nepali) – to start approval process. It will be translated into English during the next quarter.

Human Resources

- A costed draft HR Strategic Plan was prepared, to be discussed by the HR Country Coordination Forum and by the JAR in January.

Health Finance

- Transactional Accounting and Budget Control System (TABUCS) was agreed to be included in the annual work plan and budget and piloted in five districts.
- Web-based annual work plan and budget system has been introduced; the Ministry, centres and divisions are using the system to prepare their annual work plans, which can be uploaded and integrated at the Policy Planning and International Cooperation Division (PPICD).
- MoHP has uploaded the national as well as district wise budget on its website.
- A MoHP Budget Analysis for 2011/12 was prepared.

Procurement and Infrastructure

- Final post-delivery inspection of DFID-procured equipment was completed and compliance notices issued to suppliers.
- FHD was supported to decide on the distribution of the Safe Motherhood and Newborn Health (SMNH) equipment stored at Pathlaiya Central Store.
- Procurement by means of multi-year contracts (initiated last year) has been increased for 2011-2012.

Monitoring and Evaluation

- MoHP was facilitated to hold workshops to review indicators in the NHSP-2 Results Framework and Governance and Accountability Action Plan.
- Management Division was supported to prepare an implementation guideline for the Health Sector Information System (HSIS) pilot districts.

3. CAPACITY ACHIEVEMENTS AND ACTIVITIES ACCORDING TO NHSP-2 STRATEGIES



Essential Health Care Services and Maternal and Newborn Health

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
3.1 Essential Health Care Services (EHCS)	
<ul style="list-style-type: none"> Address GESI-related barriers by identifying target groups, increasing access to and use by the target groups of universal and targeted free care programmes Conduct context specific analysis of current issues in the health sector and design and implement interventions for specific poor, vulnerable and marginalized caste and ethnic groups and areas Enhance or modify services to be sensitive to GESI to ensure equitable access 	<p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> Discussion with the GESI team on drafting of Strategic Guidelines for reaching the un-reached and underserved populations. Technical briefing papers for operational research (four topics – Referral system strengthening, Integration of FP services in Expanded Programme of Immunisation (EPI) clinics, On-site capacity enhancement of Skilled Birth Attendants (SBA) on IUCD skills, strengthening delivery of postnatal care(PNC)) have been drafted and are ready to be shared for discussion with Government of Nepal (GON) and other partners. Supported FHD for review and planning of the RH/SMNH programme of FHD with related divisions, centres and external development partners, and obtained strategic direction for the RH/SMNH programme for the coming year. <p><u>Tools</u></p> <ul style="list-style-type: none"> Baseline data collection tools for operation research were completed with feedback from FHD and CHD. Baseline data collection started in Kalikot, Jajarkot and Banke districts.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>4.1.1 Family Planning and Population <i>Accelerate progress towards replacement level of fertility by:</i></p> <ul style="list-style-type: none"> Integrate FP services with other services <p>4.1.5 Child Health – <i>reduce under-five mortality to 38 and infant deaths to 32 per 1000 live births by 2015</i></p> <ul style="list-style-type: none"> implementing CB-IMCI Integrate tested CB-NCP interventions with CB-IMCI after evaluation and into SM package Incorporate CB-IMCI protocols into pre-service curricula Maintain quality by training, supervision, monitoring and periodical review Revitalise the programme in low performing districts <p>Nutrition: - <i>reach targets of MDG1 – improve nutritional status of children and women</i></p> <ul style="list-style-type: none"> Implement the Multi-Sectoral Nutrition Plan– including a community-based nutrition programme 	<p><u>Skills</u></p> <ul style="list-style-type: none"> Supported FHD and NHTC in preparation of IUCD strengthening in SBA training sites. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> IMCI strategy and multi-year work planning process was started with the support and facilitation of UNICEF, Save the Children, Nepal Family Health Project NHSSP. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> Maternal nutrition strategy development process was started with the formation of a Maternal Nutrition Core Working Group under NUTAC (Nutrition Technical Advisory Committee). <p>Other activities – participated in and provided inputs</p> <ul style="list-style-type: none"> NHSSP annual review. DoHS annual performance review meeting. Uterine prolapse mainstreaming strategy development workshop organised by FHD. Reproductive Health Coordination Committee (RHCC) review meetings with consultant and within NHSSP. NHSP-2 Results Framework indicators revision workshop.
2.2 Maternal Newborn Health (MNH)	
<p>4.1.2 Safe Motherhood – <i>reach MDG 5 by 2015</i></p>	<p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> Supported the regional Maternal, Neonatal and Child Health (MNCH) specialists with their regional health strengthening plan in MNCH.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> - Strengthen community support organized through FCHVs - Expand SBA training – 5000 to be trained by 2012 - Invest in BEOC and CEOC facilities, deploy staff, and use existing NGO or private facilities if no public facilities - Strengthen and expand blood centres, improve HR skills, start accreditation process <p>4.1.4 Newborn Care - <i>reduce neonatal mortality to 16/1000 by 2015</i></p> 	<p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> - Recruited a short term SBA training consultant to support NHTC for quality improvement in SBA training as per maternal and newborn care (MNC) QI tools. <p><u>Skills</u></p> <ul style="list-style-type: none"> - Supported NHTC for follow up of SBA training in Bhairhawa SBA training site to assess and provide onsite feedback/ support for improvement of quality of training and service as per standard MNC QI tools. <p><u>Tools</u></p> <ul style="list-style-type: none"> - Supported NHTC to draft ASBA and MDGP/Gynaecology updated training curriculum <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Facilitated FHD for MOU with NAMS for training to private doctors on a bonded scholarship. National Academy of Medical Sciences plans to start in Baishakh(April). <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Provided technical support to CEONC study report writing, finalisation, and dissemination. - Supported FHD and DHO to facilitate CEONC workshop in Argakhanchi and Baitadi to create an enabling environment for CEONC service. - Supported DHO (Kalikot) to implement strengthening the district referral system for MNH (Kalikot staff). - Supported DHO to orient VDC secretaries in Banke district on their roles and the support they could provide to improve MNH services within their district (Regional staff). <p><u>Skills</u></p> <ul style="list-style-type: none"> - Supported Nepal Public Health Laboratory and Nepal Red Cross Society for blood transfusion service (BTS) training for five CEONC districts: Baitadi, Bhojpur, Khotang, Taplejung and Udaypur. - Supported FHD for sharing challenges of service delivery in Safe Motherhood Network Federation Conference. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Supported FHD in preparation of review and planning of the RH/SMNH programme with related divisions, centres and external development partners and obtained strategic direction

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> - Incorporate newborn care in child survival and safe motherhood programmes - Strengthen newborn care services at various levels of health institutions, as per National Neonatal Health Strategy 2004 • CB-IMCI to be implemented at community level, • CB-NCP to be integrated with SM and CB-IMCI programmes 	<p>for the Newborn Care programme for the coming year.</p> <p>Other Activities –participated in and provided input</p> <ul style="list-style-type: none"> - NHSSP Annual review. - DoHS annual performance review. - Uterine prolapse mainstreaming strategy development workshop organised by FHD. - NHSP-2 Results Framework indicators revision workshop. - Anaesthesia Assistant (AA) Course meeting. - Training working group meeting of National Health Training Centre (NHTC). - Chlorhexidine Technical Advisory Group Meeting of FHD.



2.3 Gender Equality and Social Inclusion / Equity and Access Programme

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSP THEMATIC AREA
<p>6.8 Gender Equality and Social Inclusion</p> <ul style="list-style-type: none"> - Accelerate the process of establishing Social Service Units in hospitals - Support the establishment of One-stop Crisis Management Centres in hospitals, starting with a pilot 	<p><u>Tools</u></p> <ul style="list-style-type: none"> - Technical support was provided to develop a ToR for an in-depth study of existing social service practice and process in selected regional and sub-regional hospitals to understand the strengths, weaknesses and lessons learned. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Technical support was provided to the Population Division to establish OCMCs in five hospitals: Doti, Kanchanpur, Bardiya, Baglung and Panchthar. - Gender Based Violence (GBV) concept and OCMC Operational Guideline orientation was provided to District Coordination Committee members and other stakeholders. - Continued follow-up on the OCMCs is being provided by Regional GESI Specialists together with their counterparts. - A preparatory meeting was held with Maternity Hospital management to establish an OCMC for GBV survivors from Kathmandu Valley. - Technical support was provided to carry out a 16-day GBV campaign in respective Regional Health Directorates (RHDs) with awareness programmes, radio jingles, rallies, workshops, orientations, interviews on FM radio and meetings with journalists. <p><u>Skills</u></p> <ul style="list-style-type: none"> - Technical support was provided to the Population Division to submit a proposal to UNFPA for support for psychosocial counselling training to OCMC focal persons (Nursing staff) and for the development of a referral protocol for GBV. Based on the proposal, UNFPA has agreed to provide the support as requested by the Population Division.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> - Update social audit guidelines, disseminate and use community scorecard, and provide training for undertaking social audits • Strengthen GESI unit at the Ministry and roll out to district level, describing roles and responsibilities of departments and sections, regional directorate, D/PHO and Social Service Units for GESI at hospitals. 	<p><u>Tools</u></p> <ul style="list-style-type: none"> - A draft of Social Audit Operational Guidelines has been prepared based on stakeholder consultations and a review of existing guidelines of Aama and Free Health Care, and of the current practices in the Ministry of Local Development and Ministry of Education. It is now being piloted in Rupandehi and Palpa districts. <p><u>Skills</u></p> <ul style="list-style-type: none"> - NGOs (one in each district) have been selected to facilitate the Social Audit Operational Guidelines piloting process. A three-day training to the respective D/PHO and NGO staff was completed. After the first few health facility audits, which will be considered as piloting the guidelines, a technical review meeting will revise them as necessary. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Formation of a GESI Technical Working Group (TWG) at DoHS was facilitated under the Chairpersonship of the Director General of Health Services. A brief orientation on the GESI framework and the GESI institutional arrangements (including the roles and responsibilities of the TWG) was provided. A GESI Focal Person was nominated for the GESI-TWG from each division and centre. - The EAP programme is housed in the Primary Health Care Revitalisation Division (PHC-RD) in line with the expanded scope of its coverage (including Safe Motherhood, Neonatal and Child Health; Free Health Care; Reproductive Health; Nutrition, etc.). This year EAP implementation is planned for a total of 21 districts, and the NGO contracting process is already being started. Fifteen out of 21 districts have called for proposals from NGOs. <p><u>Skills</u></p> <ul style="list-style-type: none"> - Detailed planning, programming and regular review and reflection on completed activities is being held with the Population Division at MoHP and PHC-RD in DoHS. A team approach is applied in planning, facilitating and implementation of the activities carried out by the Population Division and PHC-RD.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Enhance capacity of service providers to deliver EHCS to poor, vulnerable, marginalized castes and ethnic groups in an equitable manner, and make service providers responsible and accountable • Address GESI-related barriers by identifying target groups, increasing access to and use by the target groups of universal and targeted free care programmes (including use of Remote Area Guidelines, rapid assessment of free health care in low HDI districts etc) • Conduct context specific analysis of current issues in the health sector and design and implement interventions for specific poor, vulnerable and marginalized caste and ethnic groups and areas • Enhance or modify services to be sensitive to GESI to ensure equitable access • Develop and implement IEC programmes to improve health seeking behavior of the poor, vulnerable and marginalized groups: materials, media • Develop urban health policy and strategy 	<p><u>Tools</u></p> <ul style="list-style-type: none"> - A draft concept note was developed for a study identifying GESI-related barriers to health service utilisation by selected social groups. - A draft concept note was developed (for discussion) for the assessment of how well women, the poor and excluded have been able to access free health care services in selected districts. <p><u>Tools</u></p> <ul style="list-style-type: none"> - The National Health Education, Information and Communication Centre (NHEICC) was supported to develop a ToR for a consultant to prepare an implementation plan for MNCH, FP, and adolescent sexual and RH communications strategies. <p><u>Tools</u></p> <ul style="list-style-type: none"> - The urban health policy draft has been given to a local consultant to review, edit, and develop in the format for the Cabinet, as suggested by different stakeholders and EDPs.



2.4 Health Policy and Planning / Health Systems Governance

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>5.6 Partnerships</p> <ul style="list-style-type: none"> - Develop a comprehensive policy and clear strategy for non-state sector's contribution to health service delivery • Prepare Act/Regulations for Non-State partners/NGOs • Establish focal unit within the MoHP to provide institutional home to coordinate with non-state organisations and promote partnerships <p>5.7 External Development Partners</p> <ul style="list-style-type: none"> • Improve the coordination of Technical Assistance – require TA missions and TORs be agreed to by Ministry; develop an annual TA plan as an adjunct to the AWPB and an outcome of the JAR; all TA proposals to be undertaken on behalf of the SWAp partnership, in response to needs identified by the ministry • Strengthen SWAp management capacity, especially in HSRU • Develop a more balanced partnership, including a stronger focus on EDP performance assessment as well as government performance in implementing 	<p><u>Tools</u></p> <ul style="list-style-type: none"> - Consultants (national and international) have been identified to develop policy on Public-Private Partnerships(PPP) in the health sector. Improvements in the draft ToR were made in consultation with the senior MoHP officials and the proposed consultant. The national consultant will start the work in the next quarter. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - For the preparation of technical reports, as mentioned in Joint Financing Agreement (JFA) presented during the JAR, responsibilities were distributed to different groups composed of MoHP officials and NHSSP advisors. The reports thus prepared were reviewed by senior government officials. <p><u>Skills</u></p> <ul style="list-style-type: none"> - Facilitated MoHP officials to reach a common understanding on the progress (changes) made in the draft Joint Technical Assistance Arrangement (JTA) and for its finalisation. - Facilitated MoHP officials to reach a common understanding in the Mutual Accountability Matrix developed by EDPs. - Supported strengthening management capacity in Health Sector Reform Unit/Policy Planning and International Cooperation Division (HSRU/PPICD) in the preparation of the JAR. In this process, facilitation was provided to HSRU/PPICD to lead the whole process by holding joint preparatory meetings of MoHP and EDPs at regular intervals.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>NHSP-2.</p> <p>6.7 Governance and Accountability</p> <ul style="list-style-type: none"> - Establish mechanism for a functional downward accountability that helps develop local ownership eg. involving local stakeholders in health planning and management through participatory planning, regular social and public audits • Define the role of local government in PHC, with clear functional assignments with financial backup • Expand efforts to build capacity of local government units and HFMC, providing flexible grants • Expand piloting of the Strengthening of Local Health Governance Programme to other districts • Establish a mechanism for effective coordination and collaboration with other sectors 	<p><u>Tools</u></p> <ul style="list-style-type: none"> - In course of preparations for the JAR, supported the development of: work plan; framework for the reports to be submitted in the JAR; ToR for joint field visits; proposed themes for the JAR, mutual accountability report, and other issues related with the JAR. <p><u>Tools</u></p> <ul style="list-style-type: none"> - Review workshop and planning exercise for Regional Specialists was held to clarify the programme, their roles and responsibilities. - A draft note on the Regional Health System strengthening programme, the planning matrix and regional reporting template was prepared for the guidance of NHSSP Regional Specialists and the Regional Health Directorate staff. - NHSSP Regional Specialists are now knowledgeable about the systems to strengthen, and have the capacity to plan for strengthening the regional system. - Regional Specialists and Regional Health Directors identified the needs for TA support for their regions. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Support was provided to pilot the Local Health Governance Strengthening Programme (LHGSP) in Myagdi district of the Western region. A coordinator was recruited, to start in January. <p><u>Tools</u></p> <ul style="list-style-type: none"> - A district level advocacy meeting was completed and a District Technical Team (DTT) formed, with a District Coordinator placed in Myagdi by NHSSP to support the DTT team for the pilot period. <p><u>Skills</u></p> <ul style="list-style-type: none"> - DHO and its staff were oriented to the LHGSP programme and its technicalities, including the advocacy process, and the linkages between MoHP, MoLD, the RHD and other stakeholders. The DHO managed the entire process as member secretary of the District Committee. - The District Development Officer chaired the session, and all stakeholders working in the district were involved, including government, non-government, and the private sector. Representatives of MoLD and Regional Director of Western Region as MoHP representative participated.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Improve transparency and reduce fiduciary risks through public disclosure activities eg. website, radio/TV, newspapers, and through performance auditing, public hearings and social and public auditing • Implement and monitor the GAAP and update during the JAR 	<p><u>Tools</u></p> <ul style="list-style-type: none"> - A Nepali translation of the English version of NHSP-2 was prepared. This will be finalised in the next quarter and once approved will be disseminated widely throughout MoHP at all levels, to facilitate understanding and implementation of NHSP-2. <p><u>Skills</u></p> <ul style="list-style-type: none"> - In close coordination with responsible government officials, supported implementation and monitoring of the GAAP against the indicators prescribed in the matrix, as well as in preparation of the progress report on GAAP 2010/11 presented during the JAR. <p><u>Tools</u></p> <ul style="list-style-type: none"> - Supported MoHP in the development of the ToR and Objectives for the GAAP review workshop. <p>OTHER ACTIVITIES:</p> <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Supported PPICD/Management Division in writing up the existing planning situation and making recommendations for future planning guidelines as background information for the consultant on planning guidelines. <p><u>Tools and skills</u></p> <ul style="list-style-type: none"> - Interviewed directors and concerned officers of PPICD and Management Division, as well as regional directors and DHOs, on the planning process. The format of the interview was designed to enhance the skills of those interviewed. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Supported PPICD to initiate review of existing National Health Policy-1991. <p><u>Tools</u></p> <ul style="list-style-type: none"> - A ToR for a consultant has been developed and a consultant identified with the PPICD chief and approved by DFID. Note: PPICD chief later asked to hold the process as the Ministry has other priorities to accomplish. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Supported FHD to initiate the RH committee structure review process, as endorsed by Reproductive Health Coordination Committee (RHCC) meeting, DG and FHD Director in order to strengthen the RHCC. A consultant has been hired.



2.5 Human Resources

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>6.3 Human Resources</p> <p>-Revisit the HR development strategic plan of 2003, to deal with issues of insufficient numbers, inequitable distribution, retention, productivity, skill mix, promotional opportunities and career ladders, participation of dalits and other excluded groups in the workforce, and increased demand for services following expansion of free health care.</p> <ul style="list-style-type: none"> • Develop a robust projection of human resources up to 2015 	<p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Following feedback at the October meeting of the HR Technical Committee and wider stakeholder consultation, further progress was made on the development of a coherent Human Resources for Health (HRH) strategic plan. Two further drafts of the HRH strategic plan were developed and reviewed by key stakeholders. - A methodology for costing the activities in the plan was developed, which can be used to adapt to changes in implementation plans and scheduling <p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> - A short-term solution to provide the necessary technical cover for the international consultant who left in September has been put in place. Recruitment of a national HR support person is in progress. Initially this post was for an advisor, but following the recruitment process it was decided to change the nature of the job. International STTA support is planned for the coming quarter. <p><u>Skills</u></p> <ul style="list-style-type: none"> - The team focused on supporting the development of counterpart skills in relation to preparing and reviewing a full draft of the HRH strategy including developing appropriate problem analysis, justifications for the inclusions of strategies, and the development of detailed implementation plans. This made the detailed costing exercise possible.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	<ul style="list-style-type: none"> - Skills for marketing the plan through presentations and formal and informal briefings are being developed. <p><u>Tools</u></p> <ul style="list-style-type: none"> - An approach to developing HR projections was discussed as part of process of developing the HRH strategic plan. - A greater consensus was achieved on what data is needed for developing workforce projections and which stakeholders need to be involved.



2.6 Health Financing

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>6.5 Financial Management</p> <ul style="list-style-type: none"> - Strengthen web-based financial management information system, connected with FCGO's system - Introduction of a database for preparing and analyzing the AWPB - Simplify the structure of the budget sub-heads 	<p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - A Transaction Accounting and Budget Control System (TABUCS) is now formally included in the annual work plan and budget. TABUCS will be piloted in 10 cost centres from 5 selected districts. (The specific role for the work has been assigned to the TABUCS task force.)The technical task force includes GiZ and WB. <p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> - The TABUCS Technical Committee has authorised the Finance Section to take a lead role for the pilot in selected districts/cost centres. <p><u>Skills</u></p> <ul style="list-style-type: none"> - Skills related to preparing the concept note, ToRs and costing have been developed in the Finance Section. <p><u>Tools</u></p> <ul style="list-style-type: none"> - Tools include a concept note, costing framework and software development process. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Web-based annual work plan and budget system has been introduced. Ministry, centres and divisions are currently using the system to prepare the annual work plan. The individual work plans can now be uploaded and integrated at the PPICD. - Using TA from NHSSP, the budget sub heads are currently being simplified in the web-based annual work plan and budget system. <p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> - PPICD has officially nominated Mr. Rajan Adhikari to take a lead role in upgrading and

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> - Improve transparency of financial information and audit reports by posting on the Ministry website and other measures - Enhance accountability mechanisms and verify performance through the use of measures to improve accountability to users eg. social audits, posting of information on services available, prices and budgets, periodic Performance Audit 	<p>implementing the web-based annual work plan and budget system.</p> <p><u>Skills</u></p> <ul style="list-style-type: none"> - Training on using the web-based annual work plan and budget system has been provided to the users from the centres and divisions. <p><u>Tools</u></p> <ul style="list-style-type: none"> - The web-based annual work plan and budget system has been upgraded. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - MoHP has uploaded the national as well as district wise budget on its website. - The Office of the Auditor General (OAG) has conducted performance audits randomly. MoHP has instructed centres and divisions to implement the social audit measures in the free care and Aama programmes. - A Demand Side Financing (DSF) integration framework has been developed and forwarded to MoHP. This has included measures to improve transparency and accountability. <p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> - PPICD has officially nominated Mr. Rajan Adhikari to take a lead role in updating the website periodically. - FHD has recruited five Safe Motherhood regional coordinators who will be responsible to ensure the transparency of the Aama programme. <p><u>Skills</u></p> <ul style="list-style-type: none"> - Documents can be prepared for uploading in the website. - Skills required for designing the methodology of a rapid assessment study have been provided. <p><u>Tools</u></p> <ul style="list-style-type: none"> - A timeline was prepared for uploading the relevant documents in the MoHP website. - A memorandum to PPICD for the integration of the DSF scheme was prepared. - A ToR for the rapid assessment of DSF schemes has been finalised. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> • A financial management improvement plan has been prepared by MoHP's Finance Section and included in the current AWPB. • STS has provided information for the GAAP, RF indicators, financial management and service

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> Implement financial management actions specified in the GAAP including: improvements in financial management systems at central, district and facility level; timely action on audit irregularities through a clearance committee; improvement in procurement at central and district level; enhancing alternative assurance arrangements such as social audit and performance audit; implementation of transparency and disclosure measures Establish a permanent Ministry working committee to follow up on the implementation of the improvements, including audit irregularities and recommendations Move toward Output-Based Budgeting 	<p>delivery.</p> <ul style="list-style-type: none"> MoHP has included the procurement plan in the annual work plan and budget. A Technical Committee has been formed to improve the procurement plan under the co-leadership of the Chief of PPICD and the Chief of HR and Financial Management sections. <p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> Mr. Shiva Simkhada, Chief of Finance Section, is taking the lead role to implement the financial management improvement plan. <p><u>Skills</u></p> <ul style="list-style-type: none"> Preparation of the above plan was supported. <p><u>Tools</u></p> <ul style="list-style-type: none"> Monitoring framework. Methodology and data collection tools for rapid assessment. Financial management and Aama tools included in STS. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> The Financial Management Committee has been formed under the leadership of the Secretary. The Finance Section has prepared a plan to organise a meeting every month. An Output-Based Budgeting (OBB) workshop has been conducted. MoHP plans to implement OBB in TB, child health, NHTC and Aama programmes. A ToR for Benefit Incidence Analysis (BIA) has been finalised. PHC Revitalisation Division was supported for the review of community health insurance and subsequently prepared the plan of action for the year 2012/13. PHC Revitalisation Division was supported to prepare the urban health policy. MoHP was supported in preparing the technical reports for JAR and organising the JAR. <p><u>Tools</u></p> <ul style="list-style-type: none"> BIA by using the Nepal Living Standards Survey data set is being planned. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> The Finance Section has prepared and submitted the Financial Monitoring Reports(FMRs) to the World Bank (WB).

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Carry out timely submission of trimesterly FM reports • Set deadlines for key budget decisions • Update Financial Regulations for Hospitals and Management Committees 	<p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> • Mohan Thapa from the Finance Section has the main responsibility to prepare the FMRs. <p><u>Skills and Tools</u></p> <ul style="list-style-type: none"> • Excel based tools are being used to prepare the FMRs. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> • MoHP has prepared the annual calendar for the preparation and finalisation of budget. • The Finance Section has included an activity in the AWPB to prepare the financial regulations for hospitals. <p><u>Skills</u></p> <ul style="list-style-type: none"> • Skills were provided to prepare the annual operational calendar for financial management. <p><u>Tools</u></p> <ul style="list-style-type: none"> • The framework for financial regulations was prepared.



2.7 Procurement and Infrastructure

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSP THEMATIC AREA
<p>6.6 Procurement and Distribution</p> <ul style="list-style-type: none"> Develop a specification bank of standards/qualities of commodities and instruments to be procured for each tier of health facility, and carry out market surveys on products and prices regularly to maintain the data bank up to date Require the Divisions to prepare procurement plans as part of their annual budget planning Prepare consolidated annual procurement plan 	<p><u>Tools</u></p> <ul style="list-style-type: none"> A Specification Bank has been drafted and is currently being reviewed prior to being officially presented to the Logistics Management Division (LMD). When presented, it will be up to LMD to keep it maintained up-to-date. In order to achieve this, a certain amount of training will be essential for one or more of the Bio-Medical Engineers. <p><u>Skills</u></p> <ul style="list-style-type: none"> The Divisions provided input with the assistance of the LMD Procurement Officers. The information was collated into a composite draft procurement plan by the Senior Procurement Advisors (SPAs) and the result has been submitted to the World Bank for ‘no objection’. The Divisions were unable to provide their own procurement plans as part of their annual budget planning. However, this is at variance with the World Bank’s request that LMD provide the Procurement Plans on behalf of the Divisions. This is unwise as it removes ownership from the Divisions, which is where it ought to lie. Nevertheless, LMD should be able to judge from past procurements what the likely orders will be. LMD should prepare its own plans so that it is in a position to challenge the Programme Divisions on their quantities and commodities. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> Completed the concept and finalised the ToR for Health Infrastructure Information System(HIIS) upgrading and updating work. Once upgraded/updated this system will support annual planning and budgeting, the projection of a regular repair and maintenance budget, and will help in prioritising the different sites for future infrastructure expansion work.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Revise procurement policy and guidelines for MoHP • Introduce e-bidding process for procurement, providing orientation to the bidders and staff, and including mechanisms for pre-bid consultation and for managing complaints 	<p><u>Skills</u></p> <ul style="list-style-type: none"> - Supported Department of Urban Development and Building Construction (DUDBC) staff to prepare a revised procurement plan (PP) based on WB guidelines. This has built the skill and confidence of the staff concerned to prepare and update the PP more independently in future. Also support was provided to collect old information on constructions to update the PP, which has provided a good lesson to DUDBC regarding proper record keeping of old data. - Supported DUDBC to prepare, compile and submit the ex-post review documents to WB. Standard lists were prepared for the documents and the files were completed accordingly, compiled in order and the required documents communicated to the districts. This has increased awareness and skill among the technicians about the WB requirements on different stages of contract execution. - Long standing issues between WB and DUDBC on the threshold for prior review have been answered by DUDBC with technical support from NHSSP. Technical support has also made DUDBC more aware of the requirements to be fulfilled and the reasons for meeting donor requirements before executing any tendering process or in the process of tendering. <p><u>Tools</u></p> <ul style="list-style-type: none"> - Prepared a planning calendar for the execution of infrastructure construction. - Preparation of the Revised Procurement Plan (Infrastructure) incorporates all the past data and records and issues, and includes all the revisions in the original plan, time extensions and estimated budget. This will serve as a living document for future reference and updating. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - e-Bidding has still not been implemented in LMD. LMD has the basic infrastructure in place (server and software for uploading/downloading of bidding documents). PPMO must set the pace for the stages of implementation. - Draft Complaint and Dispute Resolution Procedures were delivered to LMD in July. It is reported that it has been passed on to the Director General for approval, comment, or amendment. There has still been no response. - e-Bidding has been on-going for Civil Works for the past two years. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - This year's Procurement Plan includes the procurement of a consultant to provide pre- and post-

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Develop a system for quality assurance for all goods and commodities procured at central and district level • Introduce quality control mechanisms, including the use of WHO GMP certified producers, lab tests to ensure quality of drugs and commodities, partnership with private laboratories • Improve efficiency through multi-year contracts, and further develop the practice of central bidding and local purchasing for essential drugs • Improve district capacity for management of district level procurement 	<p>shipment inspections. This contract has not yet been let.</p> <ul style="list-style-type: none"> - All bid documents now require suppliers/manufacturers of all drugs and appropriate commodities to provide proof that they hold WHO Good Manufacturing Practice (GMP) and Certificate of Pharmaceutical Product (COPP) certificates in their bids. Those who do not comply are automatically declared as non-responsive. - Lab tests are perceived as an on-going problem. It is reported that the Department of Drug Administration (DDA) does not have sufficient capability to undertake this important function. Currently, LMD is relying upon private laboratories. <p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> - Supported Family Health Division to make corrections in the SMNH equipment stored at Pathlaiya Central Store, so that it can be distributed at the earliest to different sites for initiation of service delivery. <p><u>Skills and Tools</u></p> <ul style="list-style-type: none"> - Procurement by means of multi-year contracts that was initiated last year continues and has been increased for 2011-2012. The Procurement Officers (POs) are now capable of carrying this out. Central bidding and Local Purchase has also been implemented but the procurement failed. - Multi-year contracting is also on-going for Civil Works. <p><u>Staff and Infrastructure</u></p> <ul style="list-style-type: none"> - Supported Hetauda Regional Office in for internal design, contracting out and monitoring of construction of office space for the regional office. Both technical support staff and regular staff were included. - Supported DUDBC in the design of Martadi Hospital in Baitadi District based on the existing terrain, functional linkages and the sanitation needs. Several rounds of consultations were provided to architects and engineers before finalising the drawings. This has helped to increase the skill of the technicians and enhanced their capacity to understand the requirements in

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Improve quality of health services through annual review of quality of drugs, equipment and facilities and conducting social audits • Adopt multi-year framework for contracting for essential drugs, commodities and equipment 	<p>hospital design.</p> <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - In order to provide a consolidated procurement plan for 2011-2012, a review of quality of drugs and equipment was undertaken by the Programme Divisions. The results were subject to scrutiny from the Senior Procurement Advisors. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - A multi-year framework has been adopted. <p>OTHER ACTIVITIES</p> <p>Tools</p> <ul style="list-style-type: none"> - Support was also provided to DFID for preparing way forward in resolving the DFID direct procurement of SMNH equipment. This is now moving in the right direction and is expected to end within a month. - Supported DUDBC to develop the design of a typical children’s hospital. This can be used as a tool in future for construction of children’s hospitals in other districts. This is an integrated specialised hospital. - Supported PPICD for preparation of a proposal, including a detailed estimate and typical work schedule for the construction of a health post. This can serve as a tool for construction funding and planning in future for the MoHP.



2.8 Monitoring and Evaluation

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<p>6.9 Research, Monitoring and Evaluation</p> <ul style="list-style-type: none"> - Develop a monitoring and evaluation plan and implement as part of annual programme implementation, including regular supervision to solve problems identified by M&E activities - Review monitoring of all programmes, including free care, to ensure data will be able to measure progress as characterized by NHSP-2 Results Framework (including HFMC functioning, disaggregated data...) • Synchronise government and EDP efforts in M&E and survey research to report at NHSP-2's beginning, midterm and end 	<p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Public Administration, Monitoring and Evaluation Division (PHM&ED), MoHP has initiated the process of developing a monitoring and evaluation framework for NHSP-2 with support from NHSSP and WHO. - Discussion with MoHP officials is on-going for development of a NHSP-2 Implementation Plan. <p><u>Skills</u></p> <ul style="list-style-type: none"> - MoHP was supported to prepare a number of reports for the JAR to monitor different indicators in the NHSP-2. - Supported MoHP to prepare progress reports against the NHSP-2 Results Framework (RF) and Governance and Accountability Action Plan (GAAP) indicators and to share them in the JAR. <p><u>Tools</u></p> <ul style="list-style-type: none"> - Discussion with Management Division, DoHS and PHM&ED, MoHP is on going for developing guidelines and manuals to facilitate implementation of M&E framework once it is developed. - MoHP was facilitated to hold workshops to review indicators in the NHSP-2 RF and GAAP. This exercise will help move ahead with developing the NHSP-2 Implementation Plan. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - Sharing and discussion with EDPs is on-going to synchronise government and EDP efforts in M&E, eg. DHS, STS, Household Survey, Service Provision Assessment (SPA). - NHSP-2 RF and GAAP indicators have been reviewed based on the latest available surveys such as NDHS 2011, Census 2011 and STS 2011 (preliminary reports), and Health Management Information System (HMIS) 2010/11.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Decentralize M&E activities and strengthen capacity below federal level to analyse and use information • Review HSIS pilot results and revise so as to ensure the measurement of progress in achieving health-related MDGs and outcomes, and targets for NHSP-2 objectives 1,2 and 3 	<ul style="list-style-type: none"> - Management Division is developing a training workshop on data analysis and its utilisation in planning and monitoring at district level, in coordination with NFHP/USAID and NHSSP. - Management Division, DoHS was supported in preparation for and implementation of national review, including its documentation. - Family Health Division completed national annual RH review with support from EDPs including NHSSP. - Regional Health Directorates were supported in preparation of Regional Annual Reviews. - District/public health offices were supported in preparation of district review and planning. - The Technical Working Committee formed to strengthen HMIS and HSIS piloting met twice. The second meeting formed six task forces to review and revise HMIS and HSIS indicators and tools in light of the NHSP-2; relevant Millennium Development Goals; other national policies, strategies and guidelines; and needs of the concerned programme Divisions and Centres. - NHSSP contributed to the HSIS quarterly review in Rupandehi district, which has helped in on-going revision of HMIS and HSIS tools and indicators. <p><u>Skills</u></p> <ul style="list-style-type: none"> - Management Division prepared HSIS activities implementation guideline for the HSIS pilot districts, supported by NHSSP. - Management Division completed review of HMIS recording and reporting tools with support from different divisions and centres and NHSSP. - Management Division has initiated the process of preparing DoHS annual report for the fiscal year 2010/11. NHSSP is supporting Management Division to make the annual report more analytical, comprehensive and user-friendly. <p><u>Tools</u></p> <ul style="list-style-type: none"> - MoHP has approved the Technical Working Committee and its ToR to strengthen HMIS and HSIS piloting. - Management Division is preparing for the development of a uniform coding system to facilitate integration of different Management Information Systems (MIS) within MoHP in the long run in line with the HSIS national strategy. - Management Division completed an IT review of HMIS and HSIS with support from NHSSP. Findings and recommendations of this assessment will support addressing the IT problems and

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
<ul style="list-style-type: none"> • Continue with household surveys annually, health facility surveys and annual social audits at each health institution • Include GESI related issues in M&E at central and local levels, including disaggregated data collection 	<p>in integration of different MIS within MoHP in the long run in line with the HSIS national strategy.</p> <p><u>Skills</u></p> <ul style="list-style-type: none"> - MoHP, with support from NHSSP, completed fieldwork and disseminated the preliminary findings of the Service Tracking Survey (STS) and the final report is expected to be made public by March 2012. - Advisors are supporting MoHP in planning of the Household Survey and the next STS for 2012. - Management Division has initiated the process of preparing an electronic 'Health Facility Directory' with basic information on each of the public and non-public health facilities to support D(P)HOs and Management Division in overall monitoring of the health facilities. This will be connected to HIIS, along with other exercises like the health facility mapping being done by HMIS. <p><u>Structures, Roles and Systems</u></p> <ul style="list-style-type: none"> - MIS Section, Management Division is reviewing the piloting of social inclusion (disaggregated data collection) in 19 districts with support from NHSSP.

2.9 Regional Directorates

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSP THEMATIC AREA
	<p><u>Common Themes for progress from the regions included:</u></p> <ul style="list-style-type: none"> - Preparation of regional and some district calendars of operations has been completed. - An improved understanding of GESI has been reached, and GESI situation analysis and profiles are being developed. - Reporting and data collection is improved, including the preparation of some annual regional or district reports. - More regular meetings are being held, with improved documentation. <p><u>Challenges</u> relate to lack of knowledge and skills of counterparts, their working style and attitude, and the number of vacant positions, as well as their limited understanding of GESI.</p> <p><u>Actions on challenges</u> were</p> <ul style="list-style-type: none"> Seeking logistical support for counterparts. Counselling and meetings to improve attitudes, and to orient them on the GESI perspective. Continued interaction on the need for a better health system. Seeking higher level officers to prioritise programme.

3. CHALLENGES IDENTIFIED BY DIFFERENT ADVISORS

ECHS/MNH

- The process of Technical Advisory Group approval for Operational Research is very slow.
- Working with various EDP partners takes time and can slow processes.
- Central level GON counterparts are busy and not always available.
- GON processes are slow and time-consuming.

GESI

- **GESI mainstreaming:** Though GESI mainstreaming is considered as a mandatory provision in NHSP-2, there is very limited willingness and initiative to operationalise GESI in programming, implementing and monitoring at both centre and regions.
- **Mainstreaming GESI at the regional level:** The scarcity of middle level managers and institutional constraints in availing resources and exercising authority means that GESI needs continuous advocacy and capacity building.
- **Effective service to GBV survivors:** Ensuring that OCMCs are effective and able to support GBV survivors requires dedicated attention and support. Also requires coordination among five Ministries: Ministry of Home, Ministry of Women, Children and Social Welfare, Ministry of Law and Justice, Ministry of Health and Population, Ministry of Local Development. There is little existing experience as this is a new concept in Nepal. Human resources capacity for this needs to be strengthened; counsellors with the required skills and understanding are limited. On-going technical assistance by regional and central teams will be essential.
- **Continuous social mobilisation services at the community:** Ensuring continuous social mobilisation services at the community level requires a multi-year agreement with NGOs. Multi-year contracting is important for continuous work at the community level as otherwise NGOs and other providers find it difficult to work regularly with the community. Community empowerment through EAP social mobilisation work requires long term involvement and engagement with the community and cannot be left in the middle if the contract finishes.
- **Disaggregation of data/information:** The disaggregation necessary for real understanding of the disparities and issues of different social groups is a challenge as the Health Management Information System (HMIS) and other planning and monitoring systems still need to be revised to include such dimensions.

HRH

- The Country Coordination Forum (CCF) meeting to approve the plan was postponed twice.

- International advisor's work was interrupted by illness for several weeks contributing to delays in developing sufficient detail in the plan to enable costing to be carried out.
- Delays occurred in implementing the HRH profile work, due to the need to hold the CCF first.
- The major focus was on finalising the HRH strategic plan, so it may be difficult to take the recommendations forward this quarter.

FM

- A major challenge is to address the issues related to timely preparation of AWPB and the functional participation of EDPs during the AWPB process. There are some technical questions concerning whether or not to link all the NHSP-2 RF indicators to all the activity items of MoHP. The issues related to financial management, irregularities and response to the auditor's report need to be addressed through strong technical support to the Finance Section.
- A second challenge is to complete the piloting phase of TABUCS and roll out it across the country by the next fiscal year. MoHP has allocated NPR 2 million; however, this budget is not sufficient for the piloting. Discussion is going on to explore the additional funding required for TABUCS.
- A third challenge is to implement the OBB through the selected centres and divisions. The directors from the selected centres and divisions are not technically convinced about launching the OBB in their offices.
- The more crucial challenge is continuation of the spending tendency in the last trimester. Importantly, despite the late programme approval there is 100% expenditure in allocated funds for supervision. This is one of the many instances that can be systematically addressed through the involvement of account officers during the planning and review meetings.

Procurement and Infrastructure

- Efforts are on-going to establish and institutionalise a proper record keeping system within DUDBC, with a pool of people who fully understand procurement plan preparation and the needs of the World Bank, MoHP and other donors. In the context of frequent changes in leadership and transfers of staff members, this effort may face difficulty with vanishing institutional memory and skilled HR.
- Efforts continue to reduce the SPAs engaging in executive procurement at the expense of more strategic inputs to improve the performance of LMD.

4. KEY ACTIVITIES FOR NEXT QUARTER

EHCS/MNH

- Continue support CHD to develop IMCI maintenance strategy and multiyear plan (in coordination with UNICEF and other EDPs).
- Support CHD for immunisation intensification (request from CHD director, detailed activities not yet discussed).
- Continue support to CHD and FHD to start the process to develop Maternal Nutrition Strategy (through HKI).
- Support FHD to start the process to develop strategic guidelines for strengthening district referral system (in collaboration with UNICEF), to be followed by development of operational guidelines.
- Discussion with various stakeholders on strategic guidelines for reaching the un-reached – using informal meetings and various forums organised by NHSSP (with GESI).
- Support FHD to develop operational guidelines for implementing remote area guidelines for safe motherhood.
- Support NHTC to start the process of NHTC capacity assessment and revision of national health training strategy (with LATH).
- Finalise baseline report for operations research.
- Facilitate FHD, CHD, RHD and DHO to design operational research, develop a monitoring framework, and implement the research in Kalikot, Jajarkot and Banke districts (assuming TAG endorsed).
- Staff recruitment for Jajarkot and possibly for Banke district (assuming endorsed by Technical Advisory Group).
- Participate in Community Based Neonatal Care Programme (CF-NCP) evaluation process.
- Continue support to Kalikot and Banke districts on implementation of district referral system strengthening.
- Support FHD to monitor rural ultrasound service and referral fund implementation in Dhading and Mugu (regional team support).
- Facilitate FHD for CEONC workshop in Khotang and Bhojpur District Hospitals to create enabling environment for CEONC service and blood transfusion service.
- Facilitate linkage with DOHS/MoHP for trained ASBA, AA and DGO to be posted in appropriate sites.
- Support FHD and CHD for preparation of annual work plan for 2012/13.
- Disseminate the CEONC study to EDPs, DOHS, regions and districts, and follow up on its recommendations.

GESI

- Backstopping support and monitoring will be given to the recently started OCMCs through regional teams and NHSSP team of MoHP/DoHS.
- A draft GESI Implementation plan is to be developed to translate the NHSP-2 commitments and the GESI strategy into action.
- A Guidance Note on how to mainstream GESI in the health sector will be initiated based on inputs collected through consultations and workshops.

- The formation of GESI Technical Working Groups (TWGs) in five regions and orientation to TWGs on GESI framework and their roles and responsibilities is on-going.
- GESI training on GESI mainstreaming and operationalisation will be provided in five regions.
- Operational research will be designed to inform the implementation of NHSP-2 objective number 2: “To reduce cultural and economic barriers to accessing health care services and harmful cultural practices in partnership with non-state actors”. This is required in order to understand the barriers and inform the development of appropriate MoHP strategies.
- An assessment of how well women, the poor and excluded have been able to access free health care services is being conceptualised. The study will be done under the guidance of PHC-RD once the concept note is drafted.
- Social Audit Operational Guidelines will be finalised after completing the field testing process, and there will be support for translating the social audit guidelines into English and completing the government approval process. The social audit will be initiated in 21 facilities of Rupandehi and Palpa districts, and the lessons learned used to inform the next AWPB.
- A detailed assessment of actual social services being provided (what services, who accesses them, how social services are implemented, what lessons have been learned) will be conducted in selected regional and sub-regional hospitals. Based on this on-site observation/assessment and the lessons learned, a consensus of key stakeholders will be developed regarding the implementation modalities of Social Service Units in hospitals, within the framework of the existing guidelines.
- Complete EAP reference manual update and continue support to PHC-RD and D(P)HO in contracting NGOs for EAP implementation and their capacity building.
- Provide technical support to PHCRD in developing Urban Health Strategy. Develop ToR for consultancy.
- The Urban Health Strategy draft must be sent to PPICD before going to the Cabinet for endorsement. The draft must also be disseminated among all government/non-government sectors and municipalities.
- Support NHEICC for development of implementation plan for MNCH, FP, and adolescent sexual and RH communications strategies.
- Support NHEICC for development of a district specific BCC/IEC communication strategic plan in one sample district based on national implementation plan.

HSG/HPP

- Efforts will be concentrated on facilitating the implementation of the recommendations of the GAAP workshop.
- Continue strengthening PPICD in policy and planning processes.
- Support PPICD/Management Division to develop Planning Guidelines.
- Support PPICD in reviewing National Health Policy-1991.
- Support PPICD in the endorsement process of the Urban Health Policy.

- Support PPICD, divisions and centres to initiate a 3-year costed Implementation Plan for NHSP-2.
- Support RHD/D(P)HO to initiate planning processes in the regions.
- Support FHD in reviewing the process of finalising the RH committee structure.
- Orient DTT and selected VDCs for Base line survey in Myagdi district for LHGSP.
- Review and disseminate planning guidelines consultancy report.
- Design ToR for consultancy on regional strengthening activities.
- Design ToR for consultancy on development of Public-Private Partnership Policy.

HRH

- Preparation of final draft and presentation to CFF (mid Jan); briefing note for plan produced; plans developed for dissemination plan for HRH strategic plan and translation into Nepali.
- Development of HRH profile (by WHO and NHSSP) as baseline for development of workforce projections.
- Broad plan for developing workforce projections to be developed.

HF

- Report of Service Tracking Survey with policy briefs.
- Support for the AWPB preparation process.
- Support for revising Web-based annual work plan and budget.
- Workshop on aligning e-AWPB activities with NHSP-2 result framework.
- Support for the development of HF strategy.
- Design and implementation of TABUCS piloting.
- Conduct the DSF rapid assessment to report on the transparency and disclosure measures.
- Hold cluster group meetings on HF and FM.
- Design the cross verification of free care, Aama and financial management tools for Household Survey.
- Support FHD to merge the 4th Antenatal Care incentive and Aama (revised guidelines).
- Hold workshop on Output-Based Budgeting.
- NHSSP will recruit a PFM advisor who will prepare the FM improvement framework.

Procurement and Infrastructure

- The training of Bio Medical Engineers in the writing of generic specifications, the upkeep of the specification bank and the ability to undertake technical evaluations continues to be critical. STTA input is planned for the next quarter but that will not resolve all the problems.
- STTA for Quality Assurance is planned for the next quarter.
- Attempts continue to reduce the amount of executive procurement being undertaken by the SPAs in LMD.
- Draft a standard bidding document template for Goods under WB Guidelines.
- HHS upgrading work will be completed by the next quarter.
- Completion of printing of standard bidding documents, including guidelines.
- Completion of endorsement of standard designs including standard guidelines which address site selection criteria, site upgrading criteria, need assessment guidelines, construction and monitoring guidelines.
- The procurement plan will be made web-based so that it can be updated and uploaded by each district regularly on a monthly basis.

Monitoring and Evaluation

- Support MoHP in preparation of the NHSP-2 Implementation Plan.
- Support MoHP in preparation of a Monitoring and Evaluation Framework for NHSP-2 and RF revision.
- Support Management Division in preparation of a Health Facility Directory.
- Support Management Division in developing a Uniform Coding system.
- Support Management Division in reviewing HMIS and HSIS indicators and tools.
- Finalise the STS 2011 report and disseminate the findings.
- Plan with MoHP for the next Household Survey.

5. VALUE FOR MONEY DELIVERED IN THE LAST QUARTER

EHCS

Improving the quality of training of SBAs and updating the curriculum of Advanced SBA and MDGP/Gynaecology training programmes will result in more effective training, which is a key input to having more competent and committed personnel.

GESI

Organising GESI orientation to the district team (including health facility in-charges) during quarterly review or monthly meeting saves cost of separate training (efficiency).

HPP/HSG

As NHSSP advisors supported government officials in preparing the technical reports for the JAR, the involvement of external consultants was minimised (economy).

Procurement and Infrastructure

- More time will be saved in the future by DUDBC in the preparation of the Procurement Plan. Timely preparation of the procurement plan with the improved planning cycle can enhance the completion rate of infrastructure, reducing delays and conflicts. Time saved has value for money, and the earlier the handover, earlier the service, with more people benefitting earlier from the service.
- Also support in developing integrated designs will save more time in future for similar designs. This includes cost savings due to well thought-out designs, which are better linked and have all expected functions and services designed and implemented in one plan, so improving quality and functionality of facilities.

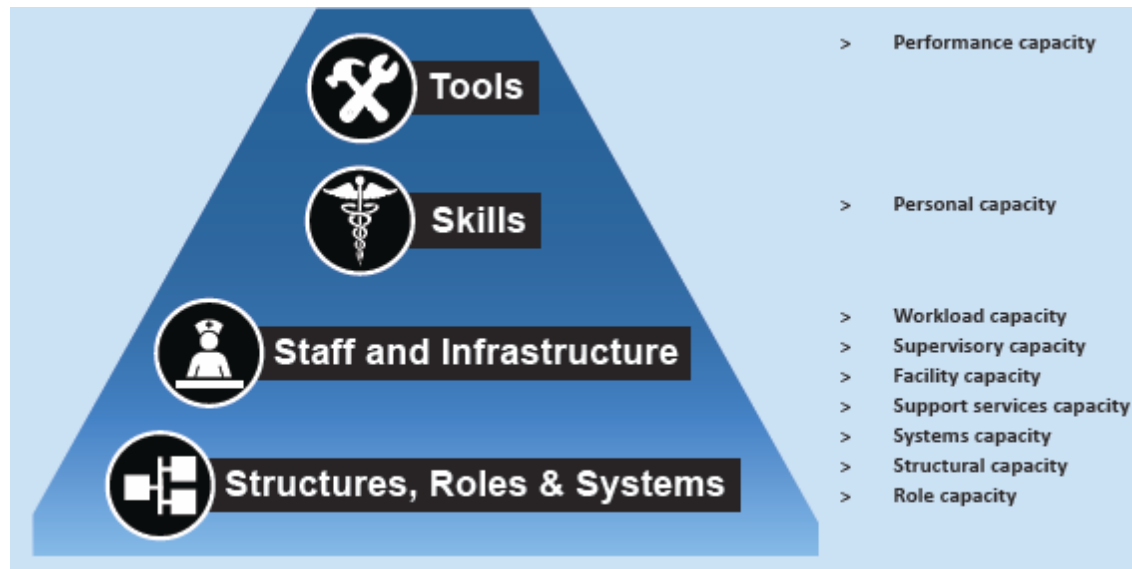
Monitoring and Evaluation

Integration of monitoring and supervision visits with health campaigns at regional and district levels has reduced travel and workshop costs (economy) and also time spent away from regular work (efficiency).

Service Tracking Survey

Tools from separate studies were combined into one study, and this methodology will be used annually to enable trends to be tracked (economy, efficiency). Modifications to methodology may be made to improve its effectiveness, without damaging the ability to analyse trends.

ANNEX 1: Capacity Enhancement Framework



Potter and Brough, 2004

ANNEX 2: REGIONAL SUMMARIES

1. Eastern Region (October – December 2011)

Describing its progress under logframe output 1: “the DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served,” the Eastern Region reported the following capacity enhancement progress.

SKILLS

- District/Primary Health Officers (D/PHOs) of Bhojpur and Dhankuta districts were supported to initiate discussion with respective Local Development Officers (LDOs) to include local level health programmes in Village Development Committee (VDC) and District Development Committee (DDC) planning.
- Technical support was provided to prepare progress reports and presentations.
- GESI understanding was developed among the ERHD, ERMS and ERHTC teams.
- Technical support was provided to D/PHOs of Morang, Taplejung and Khotang to initiate EAP.
- Understanding of D/PHOs of Bhojpur and Taplejung regarding the development of an annual work plan from the GESI perspective was developed.
- Technical support was provided to public health nurses (PHNs) to analyse facility wise deliveries on a monthly basis, and feedback was initiated to the respective health facilities on promoting institutional deliveries.
- Technical support was provided to Sunsari and Panchthar district hospitals in preparation for the establishment of OCMC for GBV survivors.

STRUCTURE, ROLES AND SYSTEMS

- Dialogue was initiated with DHO/Dhankuta and the hospital team to establish a Maternal and Perinatal Death Review Committee.
- For the first time GESI matters were included in the regional annual report of ERHD.
- Written feedback to districts following monitoring and supervision visits from the RD was initiated.
- Focal persons were identified (two for each thematic area) for GESI, PMSS and MNCH.
- Discussions were held with the RHD team members regarding formation of a Regional Health Coordination Team.
- Initial dialogues were conducted with Taplejung and Panchthar D/PHOs regarding the formation and mobilisation of GESI Technical Working Group.

CHALLENGES AND RESPONSES

- Finding that the expectations of regional counterparts went beyond NHSSP's log frame, these expectations were addressed during orientation to the regional team in Nov 2011 on NHSP-2 and the role of NHSSP in regional health system strengthening.
- Key positions at the RHD are vacant (Planning Officer, Statistical Officer, Senior PHN).
- Meeting with counterparts and RD is difficult as they are infrequently present in the regional office.
- As GESI is new to the health sector, sensitising the regional team to GESI is taking time (particularly in the case of caste and ethnicity). Efforts are being made to arrange meetings and persuade counterparts of GESI's importance in the health sector. Also, by conducting joint supportive supervision with counterparts, the regional team is trying to sensitise them to GESI matters.
- Disaggregated data collected at the facility level not being included in HMIS, resulting in difficulty in analysing the situation and reviewing the progress from a GESI lens. At the facility level service register there is a practice of recording the service receiver's name, caste and gender but there is no room to include all the detailed information in the existing HMIS.

KEY ACTIVITIES FOR NEXT QUARTER

NHSSP advisors will support their RHD counterparts in the following areas:

Health Planning

- Provide support to develop action plans for a few low performing districts to mitigate the gaps and improve the districts' performance in terms of quality service coverage.
- Provide technical support for a CEOC planning workshop in Bhojpur, Taplejung and Khotang districts.
- Provide support to Okhaldhunga district for integrated micro planning workshop (Immunisation, CB-IMCI and Safe Motherhood).
- Provide support to districts for expansion of birthing centres, IUCD and implant service sites in accordance with DoHS/MoHP policy.
- Update the GESI profile/situation of Eastern Development Region.
- Prepare a profile of EDPs working in EDR.
- Prepare a regional health profile.

Monitoring and Evaluation

- Undertake monitoring and supervision visits to the low performing districts.
- Provide technical support to the RHD team to organise and manage review meetings/workshops.
- Revise and update the existing integrated monitoring and supervision checklist (from GESI perspective).
- Map unreached areas and social groups, and identify barriers to be addressed in at least two districts.

Health Sector Information System

- Document and share best practices on EHCS from a GESI perspective.
- Update gender and socially disaggregated human resources information in the RHD and the D/PHOs.

Coordination

- Facilitate formation and mobilisation of Regional Health Coordination Team (RHCT).
- Facilitate regular monthly sharing meetings with EDPs working in the health sector.
- Organise an internal monthly coordination meeting within the RHD.

VALUE FOR MONEY

- NHSP-2/GESI orientation was imparted to the D/PHO teams of Bhojpur and Taplejung districts during the district level trimester review meeting, saving time (efficiency) and financial resources (economy) of both the district and NHSSP team.
- NHSSP team is using the internet services of the RHD office instead of having installed separate internet facility in NHSSP regional office, thus saving money.

2. Central Region (October – December 2011)

Describing its progress under logframe output 1: “the DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served,” the Central Region reported the following capacity enhancement progress.

TOOLS

- An annual calendar of operations was developed.
- A regional health profile was prepared.
- A qualitative supervision checklist was developed.
- A joint supervision plan was developed.
- An annual health report was produced.
- A concept note was developed for improving the Health Sector Information System (HSIS).
- A checklist was prepared for collecting information from non-state actors working in health.

SKILLS

- The skills of programme supervisors/RHD focal persons in preparing action plans for their respective programmes were improved.
- The skills of regional supervisors in qualitative monitoring were developed through the use of checklists.
- The supervision skills of district supervisors were enhanced through in-situ orientation and discussions on the Integrated Supervision Guideline (ISG) which addresses supervision planning, maintaining logbooks, providing feedback, reporting and follow up activities.
- The skills of district supervisors in recording, reporting, verification, analysis and the use of data were improved.
- District focal persons began monitoring programme achievements and maintaining appropriate records.
- Regional officials began developing their inter-and intra-sectoral coordination skills.

STAFF AND INFRASTRUCTURE

- Summary information on EDPs and supporting agencies working in health was included in the RHD's annual report.
- RHD offices were upgraded to accommodate NHSSP's advisors.
- The RHD was supported to establish a One-stop Crisis Management Centre (OCMC) in Hetauda Hospital, Makwanpur and in organising the 16-day campaign against gender based violence.
- Implementation of the Equity and Access Programme begun in three districts (Rasuwa, Chitwan and Makwanpur).

STRUCTURES, ROLES AND SYSTEMS:

- Regional health planning and monitoring systems were strengthened through the development of an annual calendar of operations, regional health profile and annual report.
- District level supervision by regional directorate staff was improved through the use of qualitative checklists.
- Joint supervision by RHD staff during district level visits was improved, thereby increasing the likelihood of quality service delivery across the full continuum of care.
- Improved monitoring of health programmes was achieved through strengthened supervision, the provision of feedback to districts and by following up on action points during monthly RHD meetings which were guided by a formal agenda.
- District information was compiled and analysed, thereby improving information management.
- The RHD's documentation centre will continue to be an important resource for the improved management of health services.
- Regular regional health coordination team meetings, chaired by the RD, have improved communications and coordination with both state and non-state actors.

- NHSSP's advisors orientated RHD staff on NHSP-2 and NHSSP's role in enhancing capacity. This was seen to improve levels of awareness and overall coordination.

CHALLENGES AND RESPONSES

- Limited office space and delays in providing work space for NHSSP's advisors remain as challenges, but discussions are on-going to make the best use of the available space.
- Some key staff positions at the RHD remain vacant. In coordination with the RHD and Regional Director, key functions have been assigned to the staff available based on their positions, interests and capacities.
- Trimester and annual reviews are not yet purposeful and fail to incorporate GESI issues. This has been discussed with the RD who has encouraged staff to prioritise GESI programming. In this regard, interactions with RD focal points for programme improvements continue.

KEY ACTIVITIES FOR NEXT QUARTER

NHSSP advisors will support their RHD counterparts in the following areas:

Health Planning

- Support regional level trimester and annual planning for the coming financial year.
- Orient regional officials on health planning, including the improved use of information and facilitating districts to develop calendars of operations.
- Prepare an implementation plan for priority programmes in selected districts (e.g. EAP, OCMCs and SSUs).
- Prepare a plan to reach excluded populations in order to improve their access to EHCS.

Monitoring and Evaluation

- Support the RHD to update the office website, including the uploading of new information.
- Strengthen the district monitoring and evaluation system.
- Orient regional officials on supportive supervision skills (based on appreciative inquiry) and help facilitate effective reporting, the provision of feedback, appropriate action taking and logbook maintenance.
- Support the continuous monitoring of SBA training sites, CEOCs, BEOCs and Birthing Centres.

Health Sector Information System

- Ensure the regular and complete updating of the HMIS together with improved progress and financial reporting from districts and the region as a whole.
- Support the RHD in updating the office website and uploading new information.
- Support the RHD to improve the HSIS and facilitate improved information management.
- Analyse the disaggregated data on maternal health service users from Bharatpur Hospital and Narayani sub-regional hospital.
- Carry out a study on the socio-economic and cultural barriers that limit the use of EHCS among excluded groups.

Coordination

- Facilitate regular regional health coordination team (RHCT) meetings including the preparation of appropriate ToRs.
- Prepare a RHCT profile and update the regional resource map.
- Ensure the regular coordination of reproductive health inputs in the region.

VALUE FOR MONEY

Approximately £2650 was saved from the allocated budget, primarily through the sharing of office space and other resources with RHD staff and by combining work tasks through joint monitoring and supervision. Money was also saved on maintenance of a OCMC which came in under budget.

3. Western Region (October – December 2011)

Describing its progress under logframe output 1: “the DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served,” the Western Region reported the following capacity enhancement progress.

TOOLS

- A framework for writing the annual review meeting report was developed.
- A revised framework was prepared for writing the annual regional report.
- A monthly feedback sheet was developed for the districts.
- Guidelines for FCHV interaction were prepared.
- A mapping framework for reaching hard to reach areas and populations was drafted. This must be finalised and approved by the RHD.
- A MNCH supervision checklist was drafted. This must be finalised and approved by the RHD.

- A template was developed for collecting NGO and private sector information for mapping purposes and for the annual report.

SKILLS: The following skills of the RHD counterparts, programme staff and district level programme supervisors were enhanced:

- Preparing an annual calendar of operations.
- Analysing the programme gaps during the trimester review meeting and preparing an action plan for implementation during the next trimester.
- Writing annual review meeting reports.
- Analysing the progress of the district during the monitoring and evaluation visits.
- Analysing GESI in the health programme.
- Coordinating within the RHD and outside with I/NGOs and EDPS.

STAFF AND INFRASTRUCTURE

- An annual calendar of operations display board was installed in the Regional Health Director's office by NHSSP.
- A display board indicating district progress on key health indicators for two months was installed by WRHD in its meeting hall. A feedback sheet is prepared after review of each district and dispatched to the district with a cover letter by the Regional Health Director.
- The Regional Health Director has assigned one member of the programme staff to work on coordination with I/NGOs and EDPS.

STRUCTURES, ROLES AND SYSTEMS

- The RHD team has internalised the GESI perspective.
- Technical assistance to counterparts helped to strengthen the following: HMIS data analysis, report writing using analysed HMIS-based routine data, the inclusion of I/NGO and EDP contributions in the WRHD annual report, the GESI analysis of the programme, and analysis of programme gaps.

CHALLENGES AND RESPONSES

- The attitude and behaviour of staff on improving planning, monitoring, information management and coordination for system strengthening has been a challenge. The response has been to discuss and lobby with staff individually as well as in a group on the need for a better health system.
- Logistic support is required for some counterparts as they have no computers for their work. Computer support on their behalf was requested during the NHSSP annual review meeting.
- The lack of GESI disaggregated information has constrained the identification of excluded areas and social groups. In response, piloting for mapping the hard to reach area and population is planned in Kaski district for next quarter.

KEY ACTIVITIES FOR NEXT QUARTER

NHSSP advisors will support their RHD counterparts in the following areas:

Health Planning

- Provide technical assistance to develop a regional profile.
- Provide technical assistance to counterparts and other programme staff to organise regional programme review meetings every six months, and to plan for the following year.
- Provide technical assistance in planning and implementation of a local health governance strengthening programme in Myagdi district.
- Provide technical assistance for mapping hard to reach areas and social groups in Kaski district on a pilot basis.
- Support the establishment of a One-stop Crisis Management Centre (OCMC) in Tanahun Hospital.
- Provide technical assistance to strengthen the Social Service Unit (SSU) in Western Regional Hospital.
- Provide technical assistance to identify major gaps in emergency obstetric care (EOC) and the child health programme, and to develop a plan to address those gaps.
- Provide technical assistance to the region and D(P)HOs to form GESI technical working groups and to make them functional.
- Facilitate the mapping of I/NGOs, EDPs and the private sector active in the region, to be followed by the development and publication of their profiles.

Monitoring and Evaluation

- Provide technical assistance to organise a monitoring and evaluation orientation to WRHD staff who are involved in the integrated supervision and monitoring of districts.
- Provide technical assistance to prepare feedback sheets to monitor districts' progress on a trimester basis.
- Provide technical assistance to districts and WRHD to prepare monitoring forms on implementation of the 2067/068 regional review meeting recommendations.
- Provide technical assistance for a trimester review of regional epidemiology and child health programmes.
- Provide technical assistance to analyse the EOC report and check the functionality of the districts' CEOC, BEOC and birthing centres.
- Finalise the supervision checklist for the MNCH programme, the monthly delivery reporting format by birthing centres, and the MNH service delivery status checklist.
- Provide technical assistance to the Equity and Access Programme.
- Facilitate a study on the socio-economic and cultural barriers of selected ethnic groups.

- Facilitate supervision and monitoring in the districts with counterparts and other programme staff, including staff from MNCH and GESI.
- Provide technical assistance for piloting of the Social Audit.

Health Sector Information System

- Provide technical assistance to establish an information bank at the RHD.
- Provide technical assistance to counterparts to initiate the process of forming Health Information Management Committees in the RHD, D(P)HOs and hospitals, by developing ToRs for the committees and having them approved by the RHD.
- Provide technical assistance in HMIS data analysis.
- Facilitate the mainstreaming of GESI in information, communication and education materials (IEC) at the RHD and in behavioural change communication(BCC) materials in the districts.
- Facilitate the preparation of a caste and sex disaggregated data analysis report on maternal health service receivers in the Western Regional Hospital and Dhaulagiri and Lumbini zonal hospitals.

Coordination

- Develop a ToR for Western Regional Health Network.
- Continue support for the RHD to organise coordination meetings with EDPs/INGOs.

VALUE FOR MONEY

A one-hour presentation was made to share NHSSP goals, objectives, impact and outcome indicators to about 60 staff during a trimesterly review meeting in Kaski and Nawalprasi districts without involving any additional cost.

4. Midwestern Region (October – December 2011)

Describing its progress under logframe output 1: “the DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served,” the Midwestern Region reported the following capacity enhancement progress.

TOOLS

- A pre-planning exercise model was developed.
- An operational planning format was developed.
- Geographical and ethnic mapping was facilitated.
- A campaign on Violence against Women was carried out.
- IUD/Implant/birthing sites planning formats were developed.
- Regional monthly monitoring formats were developed.
- EOC monthly reporting formats were developed.

SKILLS

- Context specific planning was facilitated.
- The Gender Equality and Social Inclusion process was internalised.
- Preparation of the regional progress report was facilitated.
- Evidence based monitoring was facilitated.
- Onsite coaching and computer literacy classes were held.

STAFF AND INFRASTRUCTURE

- Focal persons and officers were assigned by the Regional Health Director.
- New administrative staff joined the RHD.
- Auxiliary Nurse Midwives and Vaccinators were recruited by the districts.
- SBA and IUCD training was planned for health workers.

STRUCTURES, ROLES AND SYSTEMS

- Capacity assessment, including an analysis of available human resources, was carried out.
- Reporting mechanisms and regular sharing meetings were established.
- One Stop Crisis Centres were established.
- Networking with non-state agencies was undertaken.

CHALLENGES AND RESPONSES

- Staff availability in the regional office, as well as vacant posts and a lack of suitable counterparts has been a challenge. Recommendations have been made to fill the vacant posts.
- The practice of short stays in districts during the monitoring and supervision visits by regional office staff tends to reduce credibility and the quality of work. In response, joint and integrated team visits have been made to districts for onsite meetings with staff.
- In response to issues with programme accountability and financial transparency, the RD has been requested to develop a regional strategy.
- Regional counterparts lack knowledge on their assigned areas and have no computer skills. Therefore, onsite coaching and computer literacy classes have been undertaken.

KEY ACTIVITIES FOR NEXT QUARTER

NHSSP advisors will support their RHD counterparts in the following areas:

Health Planning

- Develop advocacy tools to support the GESI perspective.
- Strengthen the system of client centred quality care through a capacity building workshop to develop a plan on quality care.
- Advocacy and lobbying will be undertaken with DDCs/VDCs for local resources.

Monitoring and Evaluation

- Provide integrated capacity building workshops in low performing districts.
- Carry out a situation analysis of cold chain and vaccine sub-centres.
- Initiate operational research in the MWR.

Health Sector Information System

- Develop an information profile on government and private hospitals in the region.
- Carry out a situation analysis of the region based on the NHSP-2 process indicators.
- Prepare monthly reviews of the programme based on HMIS reports.
- Establish a regional health information bank and a regional health documentation centre at the RHD.
- Update the RHD website regularly.

Coordination

- Form GESI working groups at regional and district levels.
- Initiate regular Reproductive Health Coordination Committee meetings in districts.
- Support the selection of NGOs for the Equity and Access Programme.

VALUE FOR MONEY

- A DDC and VDC planning exercise, which developed a matrix applied by 15 districts, was conducted during an EPI workshop, thus saving money.
- Private health clinics in Rapti Zone have decided to provide free care (not medicine) to people categorised by the government as part of their social security support. This provides considerable savings to the programme.

5. Far Western Region (October – December 2011)

Describing its progress under logframe output 1: “the DOHS / regions have capacity to deliver quality and integrated EHCS, especially to women, the poor and under-served,” the Far Western Region reported the following capacity enhancement progress.

TOOLS

- Field reports have been shared during regular staff meetings.
- An improved annual report of the FWRHD was published and promptly disseminated to relevant stakeholders.
- Presentations were made on domestic violence and One stop Crisis Management Centres.
- Radio broadcasting was presented on Gender Based Violence.

SKILLS: The skills of RHD counterparts and other key staff were enhanced in the following areas:

- Preparing an annual calendar of operations.
- Writing the annual review workshop report.
- Analysing GESI in the health programme.
- Coordinating between the RHD and EDPs.

STAFF AND INFRASTRUCTURE

- The selection process for NGOs to run EAP programme in Baitadi, Diarchula, Doti Hospital and Kanchanpur districts has been improved.
- Regular staff meetings of the NHSSP team are conducted, with participation of the RHD.

STRUCTURE, ROLES AND SYSTEMS

- The annual calendar of operations is displayed.
- GESI has been internalised by the RHD team.
- The contributions of key I/NGOs and EDPs have been included in the FWHRD annual report since the last fiscal year (2067/068).
- The Sudur Paschim Radio took ownership of GBV issues based on the regional initiative and committed to run the programme during all 16 days of the campaign from their own resources.
- A Regional Health Coordination Team meeting has been conducted in order to develop a common understanding on health issues among the RHD, EDPs and other stakeholders. The annual programme and budget has been shared. This helped to develop a common understanding of the programme.
- The RHD has taken responsibility for GBV issues and provided technical support to the DPHO in Dadeldhura and Doti for the GBV campaign and radio programme.

CHALLENGES AND RESPONSES

- Inadequate knowledge and skills of counterparts in GESI, a lack of coordination and sharing culture among team members, and lack of a regular integrated monitoring and supervision plan have been challenges. As a response, regular meetings have been conducted among the team along with lobbying for sharing on GESI related issues. Both individual and group discussions on the need for a better health system have been held.
- An additional difficulty results from the inadequate technical skills and academic qualifications of the counterparts. To help resolve this, computer support for counterparts was requested during NHSSP annual review meeting.

KEY ACTIVITIES FOR NEXT QUARTER

NHSSP advisors will support their RHD counterparts in the following areas:

Health Planning

- the process of collecting information regarding GOs, I/NGOs, EDPs and the private sector working in the health field to develop a Regional Health Profile.
- Continue the mapping exercise designed to collect information regarding hard to reach areas, unreached communities, underutilised services, and disaggregated data.
- Support the RHD to develop a joint work-plan with the NHSSP team.
- Prepare bottom-up planning guidelines.

Monitoring and Evaluation

- Prepare monitoring and evaluation guidelines.
- Strengthen and regularise the supervision and monitoring system, including the feedback and follow up mechanism.
- Strengthen district and regional review meetings to identify the gaps.

Health Sector Information System

- Initiate the process of establishing an information bank at the RHD.
- Strengthen the HMIS software/hardware system with support from MIS Section, MD.
- Prepare guidelines to maintain the quality of data on service provision.
- Strengthen the system of analysing HMIS data to generate information.
- Collect information regarding services provided by GOs, I/NGOs, EDPs and private sector health institutions that are currently not included in the HMIS.

Coordination

- Develop coordination strategies and guidelines at different levels, i.e. inter-, intra- and multi-sectoral.
- Continue to strengthen and regularise the coordination system in all sectors for maximum benefits in terms of harmonisation, planning, information, service delivery and human resources.

VALUE FOR MONEY

A two-hour GESI orientation was conducted during the district level training programme in Achham, saving both time and money, efficiency and economy.

Annex 3: Publications

The following publications were produced during this period:

- Suicide Among Women in Nepal
- Report on Demand Side Financing
- Human Resource Information Systems Assessment
- Training Capacity Assessment and Strategy Development

These and other reports are available on the NHSSP website: www.nhssp.org.np