Quarterly Report

January 2012 - March 2012

NHSSP Nepal Health Sector Support Programme

Strengthening Health Systems-Improving Services

CONTENTS

ACRONYMS AND ABBREVIATIONS

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
CCF	Country Coordination Forum
CAC	Comprehensive Abortion Care
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
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(P)HO	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
HERD	Health Research and Social Development Forum
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
HTSP	Healthy Timing and Spacing of Pregnancy
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
LMD	Logistics Management Division
MA	Medical Abortion
M&E	Monitoring and Evaluation
MCHW	Mother and Child Health Workers
MD	Management Division
MDG	Millennium Development Goal
MDGP	Medical Doctor General Practitioner
MPDR	Maternal and Perinatal Death Review
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
MPDR	Maternal and Perinatal Death Review
MPPW	Ministry of Physical Planning and Works
NCASC	National Centre for Aids and Sexually Transmitted Disease Control
NDHS	Nepal Demographic and Health Survey ()
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	National Health Training Centre
NFHP	Nepal Family Health Programme
NPC	National Planning Commission
OAG	Office of the Auditor General
OBB	Output Based Budgeting
OFA	Obstetric First Aid
OPM	Oxford Policy Management
OCMC	One-stop Crisis Management Centre
PHCC	Primary Health Care 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
PPP	Public-Private Partnerships
PPICD	Policy Planning and International Cooperation Division
PPMO	Public Procurement Monitoring Office
PSI	Population Service International
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

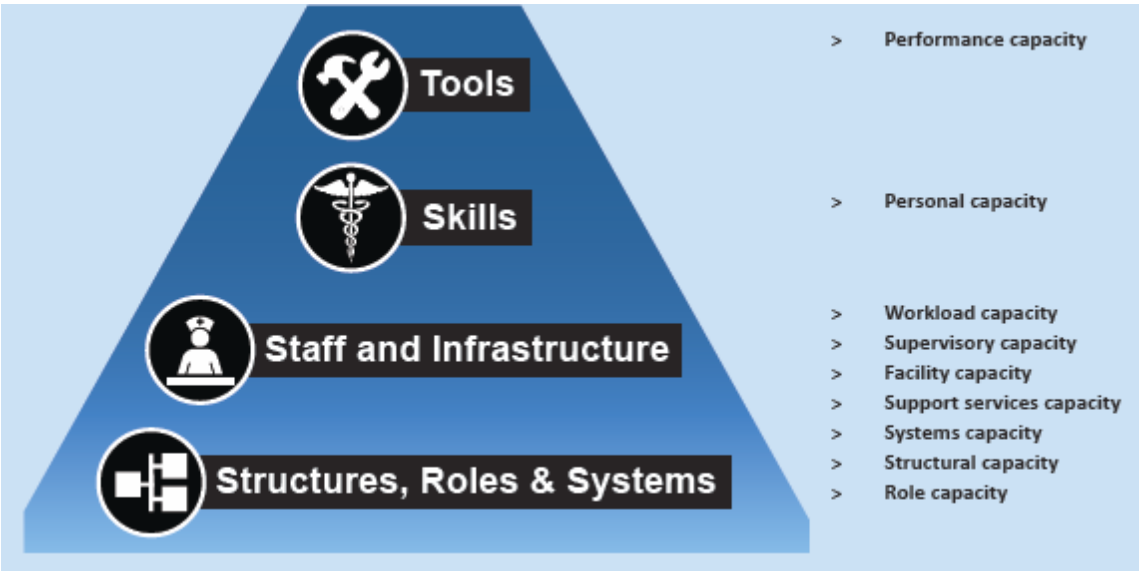
INTRODUCTION

The Nepal Health Sector Support Programme (NHSSP) is pleased to submit this quarterly report for the period of January to March 2012 the fifth quarter of this programme.

NHSSP 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 January to March 2012 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 below.



1. Summary of Key Events in this Quarter

The Joint Annual Review (JAR) was held in January. It was attended by more people than in previous years and was assessed as being very well prepared and successful in achieving its objectives. The field trip organised before the JAR was especially appreciated. The report of the JAR is nearly finalised.

DFID conducted its annual review of DFID support to the health sector. For NHSSP this consisted of reviewing progress against our logframe. The report was favourable overall, and indicated that NHSSP activities were achieving the results expected.

A number of promotions to Grade 11 along with staff transfers were made. These affected the heads of Policy Planning and International Cooperation Division (PPICD), Curative Division and the M&E Division at the Ministry of Health and Population (MoHP). At the Department of Health Services (DoHS), the Directors of the Family Health Division (FHD) and the Management Division (MD), and the Deputy Director-General were changed.

The NHSSP Steering Committee was approved by the Secretary.

NHSSP hired new staff in order to implement work plans agreed with MoHP: a Public Financial Management Advisor, and two Research Associates.

Context

The deadline for finalising the Constitution is May 27, with the Supreme Court indicating that no extensions will be entertained.

NHSSP Activities

Key achievements in each of the NHSSP thematic areas in this quarter include:

In Essential Health Care Services (ECHS), NHSSP and The United Nations Children's Fund (UNICEF) worked with the Child Health Division (CHD) to develop the Integrated Management of Childhood Illnesses and Newborn Care Strategy and multi-year work plan. Indicators for newborn care were developed, to be added to the NHSP-2 Results Framework.

For Safe Motherhood, training materials, manuals and guidelines were developed to support Postnatal Care (PNC) and IUCD services, and Obstetric First Aid. The findings of the Comprehensive Emergency Obstetric and Neonatal Care (CEONC) site readiness study were incorporated into FHD's Annual Work Plan and Budget (AWPB). A baseline survey of abortion care in Myagdi and Kalikot districts identified gaps to be filled in 34 sites in those districts.

In Gender Equality and Social Inclusion (GESI), capacity building was emphasised this quarter: focal persons have been nominated in all divisions and centres of DoHS and MoHP and in all five regions; orientation on the GESI framework was provided in 11 districts; GESI Technical Working Groups (TWGs) were made functional in two Regional Health Directorates (RHDs) and seven districts; and three

workshops on GESI mainstreaming were conducted with District Public Health Officers (D(P)HOs) and other district personnel. Social Audit Operational Guidelines were tested, revised and submitted to MoHP for approval.

In Health Policy and Planning, and Health Systems Governance, a number of initiatives were underway: a report on the functions of various levels of the health system under federalism, a review of options for NHSSP's regional strengthening programme, a review of planning processes in MoHP, and a review of the National Health Policy 1991 and subsequent policy developments.

In Human Resources, the Country Coordination Forum meeting to discuss the draft Human Resources for Health (HRH) Strategy, held January 13, was chaired by the Secretary and well attended by 90 participants from government and External Development Partners (EDPs), as well as non-government sectors, including professional associations and academics. The document is being translated, for approval by Cabinet.

In Health Financing, the Technical Committee for the Transaction Accounting and Budget Control System (TABUCS) was formed and a funding proposal to DFID was submitted, to improve financial management at all levels of the system. Progress towards Output-Based Budgeting was made through developing new formats in the eAWPB. An audit analysis report was prepared and is being used by MoHP, intended to reduce the audit irregularities.

In Procurement, the Divisions were assisted to prepare procurement plans along with their AWPB, to be collated into a composite draft procurement plan. This is being done six months earlier than last year, and should result in more timely procurement in the next FY. The use of multi-year contracts has increased. The requirement for manufacturers to be certified under WHO Good Manufacturing Practice has now been incorporated into all bidding documents as appropriate.

In Infrastructure, substantial progress was made on upgrading and updating the Health Infrastructure Information System (HIIS), to support infrastructure planning and budgeting, including the projection of regular repair and maintenance budgets. Coordination between the Department of Urban Development and Building Construction (DUDBC) and Management Division allowed for budget allocation for data collection in districts and training on HIIS updating. Guidelines have been updated to deal with various infrastructure issues.

In Monitoring and Evaluation, an implementation plan was developed with Management Division for an extensive revision of tools and indicators in the Health Management Information System (HMIS), in line with recommendations of the M&E Technical Working Group to strengthen the HMIS and Health Sector Information System (HSIS) in accordance with the NHSP-2 Results Framework. An electronic Health Facility Directory was set up in HMIS, as part of the HIIS of DUDBC. With FHD, the Maternity Register used in hospitals and primary health care centres (PHCCs) was revised, and the tools and review processes for the Maternal and Perinatal Death Review were revised for scaling up.

In the regions, tools for monitoring and reporting are being improved, and progress is being made on GESI through an increased focus on hard to reach areas and marginalised groups. Some improvements have been made to the physical infrastructure of RHDs, including the provision of computers in some regions.

2. CAPACITY ACHIEVEMENTS AND ACTIVITIES BY THEMATIC AREA

Essential Health Care Services and Maternal and Newborn Health

NHHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
Essential Health Care Services (EHCS)	
- 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	**Structures, Roles & Systems** - Work continued with the development of strategic guidelines for reaching unreached and underserved populations in partnership with the GESI team. A draft guideline was developed for discussion with counterparts. NHSSP made a presentation to the Family Health Division (FHD) and Child Health Division (CHD) directors on "reaching the unreached" that was developed based on the guidelines. Both directors appreciated the presentation and said it had led to a focus on reaching Madhesi Other Backward Castes (OBC) and Terai Dalits for immunisation. The process of implementation of the guidelines by CHD was also aided by supporting an analysis of districts' performance and becoming involved in the micro-planning process at the district level. - Work continued in preparation for four areas of operational research (OR**):** Referral system strengthening, Integration of Family Planning (FP) services in Expanded Programme of Immunisation (EPI) clinics, On-site capacity enhancement of Skilled Birth Attendants (SBAs) on IUCD skills, and Strengthening delivery of Postnatal Care (PNC). - Baseline survey reports have been completed and are being used for designing the interventions of the OR. A number of meetings were held with FHD/CHD directors and FHD

NHHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
4.1.1 Family Planning and Population *Accelerate progress towards replacement level of fertility by*: - Micro-planning to raise CPR in low CPR districts and populations - Offer 5 FP methods in all health posts, PHCCs and health posts; VSC in district hospitals - Integrate FP services with other services - Reduce barriers, including adolescent friendly services - Public private partnerships to raise awareness, increase access and demand	programme focal persons (RH coordinator, FP/ Female Community Health Volunteer (FCHV) focal person, SM coordinator) for design of the interventions. Discussion was also held with health facility level staff in Dhading district on their perceptions of the integration of FP into EPI clinics and on the Post Natal Care (PNC) job aid. The concerned Village Development Committee (VDC) has already integrated injectables in their EPI outreach clinics, resulting in 30 new users within 6 months. - NHSSP also held discussions with Health Research and Social Development Forum (HERD) for the support of design, monitoring and evaluation of integration of FP services or services provided at PHC/ORC (family planning, antenatal care, postnatal care, growth monitoring, and treatment for minor illness) into EPI clinics in Kalikot districts. **<u>Staff and Infrastructure</u>** - A short-term District Coordinator was recruited to support the Banke DPHO to implement operational research on PNC and on-site capacity building of Skilled Birth Attendant (SBAs) in IUCD skills, and to follow up on the implementation of referral system strengthening in the district. **<u>Skills</u>** - VDC secretary orientation on their roles in strengthening the district referral system and MNH services was conducted in Kalikot and Jajarkot districts. The VDC secretaries have made a commitment to support improving MNH service delivery at the health facility level. - A one-day orientation for Non-Governmental Organisation (NGO) workers on danger signs for mothers and babies was conducted in Kalikot district. This training was designed to support implementation of the referral system strengthening plan. **<u>Structures, Roles & Systems</u>** - Supported FHD in preparing a Reproductive Health (RH) and Safe Motherhood, Neonatal and Child Health (SMNH) plan for 2012-13 to expand and strengthen CEONC and birthing centres and to promote long acting family planning methods, focusing on low performing districts. - Supported the National Health Training Centre (NHTC) to strengthen IUCD clinics at Skilled Birth Attendant (SBA) training sites and to strengthen the capacity of Female Community Health Volunteers (FCHVs) to make IUCD referrals in Baglung and Surkhet SBA training sites.

NHHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
4.1.5 Child Health – *reduce under-five mortality to 38 and infant deaths to 32 per 1000 live births by 2015*	**Structures, Roles & Systems** - Work continued in facilitation and support to develop the Integrated Management of Childhood Illnesses (IMCI) and Newborn Care Strategy and multi-year work plan (2012-17) with support from UNICEF and NHSSP. A two-day planning workshop and follow up meetings were held to set the goal, objectives and targets; prioritise strategies and activities; identify indicators for milestones and for monitoring. Discussion was also made to identify newborn indicators to be added to the NHSP-2 revised Results Framework.
- Monitoring and evaluation of programme implementation, coverage and impact	- Supported development of a simple monitoring tool that could be used at both national and district level for categorising the performance of the districts and VDCs.
- Build capacity of health providers	- A field trip was made to Maidi VDC of Dhading district for a strategy discussion with health workers and FCHVs on IMCI and newborn programmes. The Operational Research (OR) on integration of the Extended Programme of Immunisation (EPI) and Family Planning (FP), and on Postnatal Care (PNC) were also discussed.
Community-based IMCI: - Revitalise the programme in low performing districts	**Structures, Roles & Systems** - Supported CHD in preparing an IMCI plan for 2012-13 for improving performance in low performing districts and reaching unreached children. CHD has requested NHSSP and Population Service International (PSI) to support a pilot study on "Reaching unreached children in IMCI" to be started in 2012 fiscal year.
Nutrition: *- reach targets of MDG1 – improve nutritional status of children and women* - Implement the Multi-Sectoral Nutrition Plan– including a community-based nutrition programme	- Supported Helen Keller International (HKI) in work planning for 2011-12. Supported the Maternal Nutrition Strategy core working group in the initial period of the group work. The group now meets weekly. • HKI is assisting MoHP in developing a Health Sector Strategy to Address Maternal Under-Nutrition. The following outputs have been completed for development of the strategy: o Literature review for the strategy o Causal analysis for maternal under-nutrition o Conceptual framework of the causes of maternal under-nutrition o Table of contents for the development of the strategy

NHHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	○ Time line to complete the strategy by May 2012 • Working to integrate key nutrition messages into existing child and maternal health programmes, HKI participated in a workshop and contributed to identifying key Essential Nutrition Actions, and Infant and Young Child Feeding messages for integration into the newly revised CB-IMCI protocols and a reference manual developed by the CB-IMCI section of CHD. • In order to improve collaboration and coordination with CHD and FHD and other key stakeholders, HKI supported the CHD/Nutrition section through workshops and consultative meetings, resulting in the active participation of FHD, CHD and other key stakeholders. • HKI has initiated discussions with NHTC and CHD/Nutrition section on possible strategies to strengthen the capacity of the Regional Health Directorates (RHDs) and Regional Health Coordination Teams (RHTCs) to support nutrition programme implementation. • HKI assisted with finalising the Joint Action Plan for the School Health and Nutrition Programme for FY 2069/2070 as part of the MoHP/CHD, Nutrition section and MOE/DOE Five Year Joint Action Plan for the School Health and Nutrition Program (SHNP) 2067/68-2071/72 through a series of consultative meetings and national workshops with the involvement of MoHP, MoE, DoHS/Nutrition section and DoE.
Maternal Newborn Health (MNH)	
NHSP-2 STRATEGIES	**CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA**
4.1.2 Safe Motherhood – *reach MDG 5 by 2015* - 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	**<u>Tools</u>** - Two consultant gynecologists /obstetricians were contracted to develop the following training materials: • Training materials and guidelines for training outreach service providers on Healthy Timing and Spacing of Pregnancy (HTSP) (with a focus on post-partum FP) including a simple job aid; • Orientation materials and a PNC job aid to be used following institutional delivery; • Guidelines for on-site coaching related to IUCD insertion skills and the orientation of SBAs on IUCD services;

NHHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- 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 - Upgrade 1000 sub-health posts to health posts with birthing units	• A training manual for trainers and participants on Obstetric First Aid (OFA) training including a flow chart on OFA. **Structures, Roles and Systems** - Facilitated and supported NHTC in its follow up of SBA training sites to assess and provide feedback on the quality of training in Surkhet, Baglung, and Birganj, and the Institute of Medicine and Pokhara SBA training sites. - Supported NHTC in planning SBA and MNH related training for 2012-13. **Structures, Roles and Systems** - Supported the Family Health Division in sharing the Comprehensive Essential Obstetric and Neonatal Care (CEONC) study findings in the JAR, Safe Motherhood Network Federation (SMNF) conference, the Nepal Society of Obstetrics and Gynaecology (NESOG) conference and Safe Motherhood and Newborn Health Subcommittee (SMNHSC). - Recommendations of the CEONC study were incorporated in FHD's Plan of 2012/13: continuing the Comprehensive Essential Obstetric Care (CEOC) fund, Human Resources (HR) contracting, training at least two Advanced Skilled Birth Attendants (ASBAs) in CEONC sites where doctors are available, continuing Diploma in Gynaecology and Obstetrics (DGO) training, advocacy for multiyear contracting etc. - As a follow up to the CEONC recommendations discussions were held concerning the possibility of multiyear public private partnerships for CEONC services under the CEOC Fund with FHD, MoHP, Nick Simons Institute (NSI) and International Nepal Fellowship (INF). - Supported FHD, the regions and the districts of Khotang and Nawalparasi to facilitate CEONC workshops to create an enabling environment for CEONC and to improve the quality of service. **Skills** - FHD staff and regional staff were involved in CEONC workshops in assessing, planning and giving feedback on the quality of services and also on strengthening management committees. **Tools**

NHHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Extend safe abortion services, especially to poor populations	- Supported the Health Management Information System (HMIS) and FHD in reviewing the Maternity Register for labour rooms. Based on NHSSP advocacy, Nepal Family Health Programme (NFHP) supported printing the register for distribution to all birthing centres and hospitals, which will lead to proper recording of obstetric complications managed in hospitals and birthing centres. **Structures, Roles and Systems** - Supported Ipas in planning Comprehensive Abortion Care (CAC) and medical abortion (MA) programmes for reaching underserved populations in Kalikot and Myagdi. A baseline provider assessment for CAC was completed in four health facilities (two district hospitals and two Primary Health Care Centres) using FHD approved tools. A baseline provider assessment for MA was completed in 25 Health Posts (HPs) in Myagdi and Kalikot, and in five Birthing Centres. The baseline survey identified gaps that need to be filled in all 34 sites to make quality Safe Abortion Services effective. **Staff and Infrastructure** - The names of the CAC and MA trainees were collected and coordination with Nepal Health Training Centre (NHTC) is underway to use the Redbook Fund to conduct CAC training in both districts. **Skills** - The capacity of Public Health Nurses (PHNs) and DHOs of both districts were enhanced on using the baseline tools for CAC if they are needed for other new health facilities in these districts. - The capacity of PHNs at FHD, Kalikot and Myagdi, was developed so they will be able to take a lead role in implementing the programmes in these two districts. **Tools** - Updated FHD approved tools were used in both districts for the Baseline Assessment of CAC.
- Strengthen and expand blood centres, improve HR skills, start accreditation process	**Skills** - Supported the National Public Health Laboratory and the Nepal Red Cross in planning Blood Transfusion Service (BTS) training and service.

Gender Equality and Social Inclusion / Equity and Access Programme

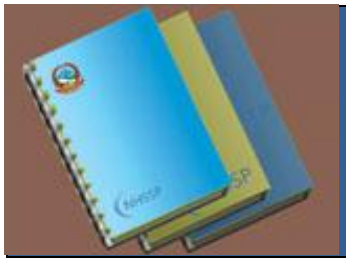
NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
4.1.8 Health Education and Communication – *increase knowledge and demand for quality essential health services and improve behaviours regarding key health issues* - Strengthen institutional capacity of NHEICC, RHDs, DHOs and hospital to provide BCC and coordination with other organisations - Develop and implement IEC programmes to improve health seeking behavior of the poor, vulnerable and marginalized groups: materials, media **6.8 Gender Equality and Social Inclusion** - Accelerate the process of establishing Social Service Units in hospitals	**Skills** - Capacity building was carried out with selected National Health Education, Information and Communication Centre (NHEICC) staff and NHSSP regional and central staff in planning, developing and delivering locally relevant Health Promotion (HP) and Behaviour Change Communication (BCC) programmes. - NHEICC was supported to develop a Terms of Reference (TOR) for a consultant to support preparation of an implementation plan for communications strategies regarding Maternal, Neonatal and Child Health (MNCH), FP, and Adolescent Sexual and Reproductive Health (ASRH). - Preparatory work has been done with NHEICC to develop an implementation plan for BCC strategies for MNCH, FP, and ASRH, and a district specific BCC/IEC strategic plan in a sample district. **Tools** - Technical support was provided to carry out a rapid assessment of current social service practices, processes and provisions for poor and marginalised target groups in three hospitals: Koshi, Bheri and Bharatpur. A draft report was prepared and circulated for internal discussion and feedback within the Ministry. **Structure, Staff and Systems**

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Support the establishment of One-stop Crisis Management Centres in hospitals, starting with a pilot	- Continued follow-up on the One-stop Crisis Management Centres (OCMC) is being provided by the Population Division and Regional GESI Specialists together with their counterparts, with periodic reporting to the Prime Minister's Office on GBV. - Technical support was provided to review the proposal sent by the Maternity Hospital, Thapathali to establish a OCMC for GBV survivors. **Skills** - Backstopping support was provided to the Population Division for effective implementation of the following programmes initiated with technical support from UNFPA: psychosocial counseling training to OCMC focal persons (Nursing staff), development of referral protocols for GBV, and preparation of a handbook related to GBV.
- Update social audit guidelines, disseminate and use community scorecard, and provide training for undertaking social audits	**Skills** - Provided technical support in preparation for the orientation training on the new Social Audit Operational Guidelines for D/PHO focal persons of the 20 districts where the Social Audit is planned under the AWPB this year. **Tools** - Using the draft Social Audit Operational Guidelines, a field testing exercise was completed in six health facilities (2 Primary Health Care Centres (PHCCs), 2 Health Posts (HPs) and 2 Sub-Health Posts (SHPs) – one of each in Rupandehi and Palpa districts). Based on the outcome of the field testing, the Social Audit Operational Guidelines have been revised and finalised by a technical committee formed at DoHS. The final Social Audit Operational Guidelines have been submitted to MoHP for approval. - Technical support was provided to make an English translation of the new Nepali Social Audit Operational Guidelines.
- 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	**Structure, Staff and Systems** - GESI Technical working groups (TWGs) were formed and made functional in two Regional Health Directorates (RHDs) and in six districts of the Eastern Development Region and one district of the Far-western Development Region. A brief orientation on the GESI framework and GESI institutional arrangements (including the roles and responsibilities of the TWGs) was provided in eight districts of the Eastern and three districts of the Far-western Development

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
hospitals. - Prepare additional guidelines to implement GESI's mandate from central to local level - Develop indicators on GESI for analysis, monitoring and evaluation at each level and link with HMIS; - Review HSIS for adequacy of GESI data - Train health workers to employ a GESI perspective - Include GESI related issues in plans, programmes, budgeting and M&E at central and local levels - Include GESI related issues in programme implementation by health service providers	Regions. All the districts that received orientation identified hard-to-reach communities to address the basic health needs of the poor and excluded. - GESI Focal Persons were nominated in all the divisions and centres of DoHS and MoHP and in all five RHDs. - GESI specialists were recruited, oriented and posted in three different regions (Eastern, Mid-western and Far-western). **Structure, Staff and Systems** - The possible levels of caste/ethnicity and regional identity disaggregation in HMIS were discussed with HMIS and the need for further work within DoHS/MoHP and at the National Planning Commission (NPC) level was identified. - A technical committee has been formed under the chairpersonship of the chief of the Population Division of MoHP for further analysis, including disaggregation of the Nepal Demographic and Health Survey (NDHS) from a GESI perspective. All EDPs have been invited to share what aspect of the additional analysis they will support. The Population Division will coordinate and ensure that key aspects are all funded for further analysis. **Tools** - The curricula of five training programmes (SBA, FCHV, Upgrading Health workers, BCC and Health Facility Operation Management Committee (HFoMC) were reviewed from a GESI perspective. These will be discussed with the GESI Focal Persons after their orientation (planned for early May) and then shared with the Training Review Technical Committee headed by NHTC. **Structure, Staff and Systems** - Technical support was provided to all five RHDs to initiate analysis of regional information and situations from a GESI perspective. - Technical support was provided to all five RHDs to carry out regular monitoring, review and feedback to D(P)HOs from a GESI perspective. **Skills** - Three regional workshops on GESI mainstreaming were conducted with D(P)HOs and other

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- 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	district level health personnel. This has enabled a common understanding of GESI concepts and strengthened skills for GESI mainstreaming in planning, programming and monitoring. The participants also provided inputs for guidelines to mainstream GESI. This has enabled the divisional and regional level leadership to manage GESI issues in responsive and effective ways. - Programmes of FY 2068/69 were reviewed from a GESI perspective to identify strengths and areas of improvement as inputs for the next FY AWPB. These will be discussed in detail and finalised with the GESI Secretariat, Population Division. - Regular review and reflection of on-going and completed activities has been held with the Population Division at MoHP and the Primary Health Care Revitalisation Division (PHC-RD) at DoHS. A team approach has been applied in implementation of the activities carried out by the Population Division and PHC-RD. **Tools** - GESI related activities for Financial Year (FY) 2069/70 were identified and included in the proposals discussed in the Joint Consultative Meetings of MoHP/DoHS with EDPs. - Technical support was provided to the Population Division in drafting the GESI Implementation plan based on NHSSP-2 and GESI strategy. **Skills** - Technical support was provided to organise and facilitate training inputs for local NGO partners contracted in 15 districts to build their capacity for EAP implementation. Implementation has already begun. **Tools** - Technical support was provided in revising and developing the EAP training programme manual (in line with the expanded scope of its coverage, including Safe Motherhood, Neonatal and Child Health, Free Health Care, Reproductive Health, Nutrition, adolescent health etc.). **Tools** - A ToR for a study on identifying socio-cultural and economic barriers of selected caste/ethnic groups in accessing health services was developed and finalised with DFID Nepal. A study design workshop will be held in May and training on the Rapid Participatory Ethnographic

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
interventions for specific poor, vulnerable and marginalized caste and ethnic groups and areas - Develop urban health policy and strategy	Evaluation and Research (PEER) methodology of the research will be provided to the study team, consisting of a lead researcher and field researchers. **Tools** - Supported Primary Health Care Revitalisation Division (PHC-RD) to carry out preparatory work in relation to developing the Urban Health Strategy. Formal strategy development work will be carried out after the Urban Health Policy is approved. Approval is pending.



Health Policy and Planning / Health Systems Governance

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
5.6 Partnerships - 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	**Structures, Roles & Systems** - Formal approval was granted for the NHSSP Steering Committee. - To provide guidance and facilitate the development of a Public Private Partnership Policy (PPP) in Nepal, a steering committee and a technical committee have been formed with the participation of different stakeholders. The Secretary, MoHP is the coordinator of the steering committee and the Chief, HSRU is the coordinator of the technical committee. **Tools** - Consultants (national and international) have been recruited to develop a PPP policy in the health sector. The national consultant has started preliminary work.
5.7 External Development Partners - Provide increased direction from the Ministry on where EDPS that are not providing pool funding should focus their support - Ask EDPs to align their planning and approval cycles with government cycles, as far as is practicable	**Structures, Roles & Systems** - Support has been given to divisions of DoHS to develop the NHSP-2 Implementation Plan. **Tools** - The TOR for the development of the NHSP-2 Implementation Plan has been developed and consultants have been identified. **Tools** - Supported PPICD/HSRU in the preparations and during the proceedings of the JAR in January 2012. Distributed all the technical reports to the EDPs prior to the meeting and supported the facilitation of the JAR proceedings.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Develop a more balanced partnership, including a stronger focus on EDP performance assessment as well as government performance in implementing NHSP-2. **6.7 Governance and Accountability** - 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	**Skills** - The draft report on the JAR proceedings was shared with MoHP officials. **Tools** - Supported PPICD/HSRU (Health Sector Reform Unit) in organising the Health Sector Development Partners Forum meeting held on 16 February 2012. The Aide Memoire for the JAR of January, 2012 was formally signed at this meeting. **Skills** - At the above meeting, a consultant from NHSSP, Prof. Andrew Green, made a presentation on contemporary issues in the health sector. He shared 10 specific challenges faced by most health systems around the world and discussed each of them. **Tools** - A consultant worked with PPICD to prepare a report which reviewed current planning processes and which led to the development of district planning guidelines. - Supported MoHP in the analysis of health sector functions and their assignment to different levels of government in the context of federalism, through a consultant's report. **Skills** - Discussion was held on the draft report on federalism with the Technical Working Group engaged in preparation for federalism in the ministry. **Structures, Roles & Systems** - The Regional Health System Strengthening programme has been on-going. **Skills** - The RHDs have improved their capacity to plan for strengthening the regional system. **Tools** - The work performance of the regional specialists has been reviewed and their job descriptions reviewed and updated. - A preliminary draft report on capacity enhancement within Regional Health System Strengthening has been prepared. **Structures, Roles & Systems**

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Expand piloting of the Strengthening of Local Health Governance Programme to other districts - Improve transparency and reduce fiduciary risks through public disclosure activities eg. website, radio/TV, newspapers, and through performance auditing, public hearings and social and pubic auditing - Implement and monitor the GAAP and update during the JAR	- Support was given to pilot the Strengthening of Local Health Governance Programme in Myagdi district of the Western region. • The road map has been prepared and 12 VDCs were selected. • District Technical Team (DTT) orientation was completed. • Orientation of VDC and health facility staffs is complete. • Three Health Facility Management Committee orientations have been completed. **Skills** - The Local Development Officer (LDO), District Health Officer (DHO) and their staff have taken the lead and now own the process. - The District Coordinator of NHSSP is supporting the district technical team and its process. **Tools** - All the technical reports distributed during the January 2012 JAR have been uploaded onto the NHSSP website, and will be uploaded to the MoHP website. **Tools** - Supported preparation of the Governance and Accountability Action Plan (GAAP) progress report, which was presented in the January 2012 JAR. **ADDITIONAL ACTIVITIES** **Structures, Roles and Systems** - PPICD (MoHP) was supported in the annual planning process, leading to increased understanding of the tools and processes of the AWPB. - PPICD/PHC Revitalisation Division (MoHP) was provided technical support to develop an urban health policy. The draft policy is now going through the approval process. - PPICD was supported to initiate review of the existing National Health Policy-1991, and the preliminary draft report has been completed.

Human Resources

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
6.3 Human Resources - 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. - Develop a robust projection of human resources up to 2015	**Structures, Roles & Systems** - The draft HRH strategic plan was presented to the Country Coordination Forum at a workshop on 13 January. A briefing note on the plan was developed for this meeting and the JAR. A final version of the plan was submitted to the MoHP in February and is now being translated into Nepali for submission to the Cabinet for approval. - Prioritisation of the activities from the HRH strategic plan is being carried out in order to ensure that HR activities (including staff increases) from the HRH Strategic Plan are included in the next AWPB (2012/13). Costing is in progress to contribute to the budget submission. - The Human Resources for Health (HRH) profile, which will provide necessary data on public and private sector staffing for the workforce plan, is being developed by a team involving MoHP, WHO, and NHSSP. Assistance has been provided with developing a road map and terms of reference for the HR assessment of the public and private sectors. - A road map for the production of the workforce plan is being developed to assist the MoHP and stakeholders to decide on the appropriate approach for Nepal based on international experience. **Skills** - Support has been provided for carrying out appropriate surveys to identify the numbers of health workers. - Prioritisation and costing of activities for the AWPB have been taking place. **Tools** - Road Maps for the HRH profile are complete, and are in progress for Workforce planning, guidance notes on HRH profile, templates for HRH profile, and briefing note for HRH strategic

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- ***NHTC*** - *R*estructure as an autonomous health training centre to conduct both national and international training programmes	plan. **Structures, Roles & Systems** - Planning the institutional review of NHTC and development of TORs for national and international consultants to carry out the review is well underway. (The following activity was reported by the EHCS advisor.) **Structures, Roles & Systems** - Supported NHTC to design the process of assessing its institutional capacity and revising the national health training strategy (2004). **Note** Kamal Khadka joined the NHSSP as National HR Officer to work in an embedded post in the MoHP to support on HR matters in general and more specifically on the implementation of the HRH strategy.

Health Financing

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
4.1.11 Curative Services – *80% of population to be living within 30 minutes travel time to a health or sub-health post* - Develop a referral policy and system, in coordination with the health financing strategy **6.5 Financial Management** - Strengthen web-based financial management information system, connected with FCGO's system - Introduction of a database for preparing and analyzing the AWPB	**Structures, Roles & System** - MoHP has formed a technical working committee to lead the process of preparing the health financing strategy. **Skills** - Shared literature on the health financing strategy and organised discussions with MoHP officials. **Tools** - A list of relevant documents was provided. **Structures, Roles & Systems** - The Transaction Accounting and Budget Control System (TABUCS) technical committee (TC) was formed and the TC has submitted a funding proposal to DFID. - A draft database which is in line with the NHSP-2 Results Framework has been prepared and is now being used by all centres and divisions. **Skills** - Proposal preparation skills have been developed. **Tools** - The costing of TABUCS has been completed. - A framework for the Electronic Annual Work Plan and Budget (eAWPB) was prepared.

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Improve transparency of financial information and audit reports by posting on the Ministry web-site 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 - 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	**Structures, Roles & Systems** - MoHP posted the AWPB 2011/12 on its webpage. **Skills** - Formatting for the total AWPB 2011/12 was finalised. **Structures, Roles & Systems** - MoHP is currently discussing its role in the Performance Audit. The chief of PPICD agreed to include a Performance Audit as one of the activities in MoHP's AWPB. He also became convinced to send the allocated budget to the Office of the Auditor General (OAG). **Skills** - The OAG now has the technical skills required for the Performance Audit. **Tools** - Meetings and discussions have been held to create a common understanding about Performance Audits. **Sructures, Roles & Systems** - -MoHP agreed to send instructional letters to all cost centres regarding timely spending and reporting. - MoHP requested divisions to include procurement plans during the preparation of the AWPB, during its presentation in the JCM and in the eAWPB. **Staff and Infrastructure** - MoHP's finance section is working with the DoHS finance section to encourage the acceleration of spending in this FY and the preparation of the indicative procurement plan for the next FY AWPB. **Skills** - The indicative procurement plan was included in the current eAWPB and planning process. **Tools** - Formats for the indicative procurement plan have been developed. **Structures, Roles & Systems**

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Establish a permanent Ministry working committee to follow up on the implementation of the improvements, including audit irregularities and recommendations - Include GESI related issues in plans, programmes, budgeting and M&E at central and local levels - Move toward output-based budgeting - Carry out timely submission of trimesterly FM reports	- -MoHP has regularised the meetings of the financial management committee, which has been instrumental in reducing the audit irregularities. **Skills** - An audit review framework was prepared which has been useful in reviewing the level of audit irregularities. **Tools** - The audit analysis report was prepared and is now being used by MoHP. **Structures, Roles & Systems** - MoHP has included GESI as a major issue to be considered in preparing the AWPB. **Skills and Tools** - A data entry format has been prepared and is now being used for the eAWPB, which represents progress toward the output-based budgeting (OBB) format. **Structures, Roles & Systems** - As a step toward OBB, MoHP has decided to include the impact and output indicators of NHSP-2 in the AWPB 2012/13. **Skills** - Capacity in preparing the OBB formats and including them in the existing eAWPB was enhanced. **Tools** - Programme and system formats have been designed and included in the eAWPB. **Structures, Roles & Systems** - The Financial Monitoring Reports (FMRs) were prepared and submitted to the EDPs on time. **Skills** - The skills needed for cross verification of the data from the Financial Comptroller General's Office (FCGO)and MoHP's cost centres were developed. **Tools** - Preparation of a draft manual for FMRs was completed.

Procurement and Infrastructure

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
6.6 Procurement and Distribution - 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	(These two functions are being reported separately this quarter to avoid confusion.) **PROCUREMENT** **Tools** - The Specification Bank is continuing to be amended by incorporating the past three iterations into a single document. When presented, it will be up to Logistics Management Division (LMD) to keep it maintained and up-to-date. In order to achieve this, a certain amount of training will be essential for the Bio-Medical Engineers, procurement officers and relevant staff in User-entities. **Skills** - The divisions have been invited by Logistics Management Division (LMD) to provide their input to the procurement plan with the assistance of the LMD Procurement Officers. The information will again be collated into a composite draft procurement plan with the assistance of the Senior Procurement Advisors (SPAs) and the result will be submitted by LMD to the Bank for 'no objection'. Note that this activity is taking place a full six months earlier this year than last year. **Structures, Roles & Systems** - The structure remains in place from last year's Procurement Plan exercise. **Structures, Roles & Systems** - Guidelines for the Procurement of Consultants' Services have been presented to LMD for

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- 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 - Develop a system for quality assurance for all goods and commodities procured at central and district level	introduction and use. - Guidelines for the Procurement of Goods were presented to the World Bank (WB) for Peer Review on 8 March 2012. When comments have been received and incorporated, the document will be presented to LMD for introduction and use. **Structures, Roles & Systems** - Although e-Bidding software has been developed, it has not been possible to implement it yet because such e-Bidding procedures are not allowed for International Competitive Bidding (ICB) Procedures. They are permitted for National Competitive Bidding (NCB) Procedures but only following review and 'no objection' by the WB. They have yet to be presented to the Bank for 'no objection'. Nevertheless, LMD has the basic infrastructure in place (server and software for uploading/ downloading of bidding documents). The Public Procurement Monitoring Office (PPMO) has come some way toward the stages of implementation but thus far are not ready to proceed. However, the recent experience of suffering three days without Internet connection bodes ill for e-Bidding procedures. - Pre-Bid Conferences were being held regularly but these have been forbidden by the WB except for procurements of considerable complexity and more usually for Civil Works. In order to overcome this prohibition, the SPAs intend to introduce suppliers' sensitisation workshops in lieu where the common errors in presentation of bids will be discussed. **Tools** - A Draft Complaints Resolution Procedure was developed during the penultimate reporting period and was presented to LMD (18 July 2011) for comment and acceptance. To date there has been no response. **Structures, Roles & Systems** - The first step has been taken on this, as the document flow for the development of a bid document has been agreed with LMD, and includes quality assurance steps**.** This work is to be continued for all processes of the main procurement activities. **Structures, Roles & Systems & Skills** - The requirement for manufacturers to be certified under WHO GMP has now been

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- 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 - Enhance the storage and distributive capacity of central, regional and district medical stores - Adopt multi-year framework for contracting for essential drugs, commodities and equipment	incorporated in the Bidding Documents for all procurements where appropriate. - Lab tests are conducted to ensure the quality of drugs where appropriate, usually by an independent private laboratory within Nepal. **Structures, Roles & Systems** - Multi-year contracts were introduced last year, and have been increased. A total of six are in place for 2011-2012. - The Central Bidding, Local Purchase (CBLP) procurement launched last year was unsuccessful and LMD was unable to carry out its procurement. This requirement has been put into abeyance for the present. - A paper on strategic use of framework contracts was developed, including a comparison between framework contracts and multi-year contracts. **Skills** - One bio-engineer been trained and the SPAs have assisted him in checking for acceptance of received goods. As a consequence, a template for Acceptance of Goods to LMD has been developed for future use. - Guidelines and training of other personnel in the same matter will follow, and can be disseminated down the supply chain to regional and district levels. - Cooperation has been initiated with the National Centre for Aids and Sexually Transmitted Disease Control (NCASC) on their development of training material for the regional and district medical stores. It is not clear how involved the SPAs will be in this work. **Structures, Roles & Systems** Adopted, in place and in use. **OTHER ACTIVITIES PROMOTING GOOD OFFICE PRACTICES** **Tools** The following have been introduced in an attempt to improve office practices, with mixed results: - The use of 'Lever Arch Files' – in use

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	- The use of desk diaries – provided by the project – in use - The use of a 'Year-to-View' Wall chart for planning purposes – provided by the project. Not yet in use - The purchase of one laptop computer per Procurement Officer (PO) – intermittently used by some but not all POs - Job Descriptions for the POs – not yet adopted - Code of Ethics – not yet adopted - SPAs recommended that the specific individual procurement plan for each procurement be inserted in the appropriate procurement file to make updating of the consolidated procurement plan easier. This has not been adopted, making extra work for the POs when they are required to update the procurement plans (6-monthly). **Skills** - Assisted NCASC over a three-week period for evaluation of the applications for ten consultancy positions, as well as assisting on the written tests and interviews of the applicants.
6.6 Procurement and Distribution - Develop a system for quality assurance for all goods and commodities procured at central and district level - Maintain the data bank up to date - Require the Divisions to prepare procurement plans as part of their annual budget planning - Improve district capacity for management of district level procurement - Improve quality of health services through annual review of quality of drugs, equipment	**INFRASTRUCTURE** **Structures, Roles & Systems** - HIIS upgrading and updating work has been initiated. Data inputs, data verification, collection of information from different divisions and departments within MoHP and from the Department of Urban Development and Building Construction (DUDBC) were all completed. Preparation of a workshop for disseminating the progress made on HIIS and the envisaged benefits of HIIS to MoHP in planning, policy, and budgeting, including reporting, monitoring and record keeping has been completed. - Preparation of necessary inquiry sheets to be sent to the district together with infrastructure details was completed. The sheets contain all the details of construction work initiated in the last five years through DUDBC and will be filled out by district divisional offices to be fed into the system. - Necessary coordination has been made with Management Division for the allocation of budget in the AWPB for data collection in the districts through DUDBC and for the training of district

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
and facilities and conducting social audits	level staff, both at the health offices and the district offices of DUDBC, on HIIS updating using the web based updating system. Once upgraded/updated this system will support annual planning and budgeting and also support the projection of the regular repair and maintenance budget. The system will further help in prioritising different sites for future infrastructure expansion work. This will have a broader impact in both policy and planning for future infrastructure development work and can be used as an advocacy tool against the haphazard development of health infrastructure. - An infrastructure standard guideline has been updated based on different practical problems and issues discovered during field visits. Many problems have been addressed by the updates, such as limitations on land area in certain areas and alternatives for this, details of support services requirements at different levels, and what must be included in the estimates. The use of signboards in each room of a new health facility as per the design and many other issues which can help enhance transparency, increase coordination between the local health office and the construction implementing agency, and promote efficient use of the new infrastructure have been covered. This guideline will be presented to PPICD/MoHP for endorsement. **<u>Staff and Infrastructure</u>** - Monitored the completed internal design of office space for the regional office technical support staff and regular staff at the Hetauda regional office. The contractor was instructed to complete the necessary improvements before receiving the final payment. - Supported ADRA Nepal in recruiting an Engineer to oversee the construction of birthing centres in different remote districts of Nepal. In the process supported design of the questionnaire, marking the answer copies, interviewing candidates and recommending the potential candidates. Also supported ADRA in understanding the requirements for the construction of health facilities and the importance of following the standard design and guidelines. This will support the government plan to upgrade all SHPs to HPs and duplication will be avoided. **<u>Skills</u>** - Supported DUDBC in the design of the Maternity Hospital in Janakpur. The conceptual design has been finalised and is ready for detailing. Also supported the modification of store design for Saptari Rajbiraj as per the site conditions. Supported DUDBC in designing the District

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Enhance the storage and distributive capacity of central, regional and district medical stores	Ayurveda Health Centre and Clinic. The requirements have been identified and the general layout is in progress. Design of the Children's Hospital for Lahan was also finalised with help from NHSSP. This has helped to increase the skill of the technicians and enhanced their capacity to understand the requirements of hospital design. **Tools** - Supported UNHABITAT in developing Hospital and School Safety Toolkits, peer reviewed the tools developed, and participated as expert in the workshop organised by MoHP for finalising the tools. Provided UNHABITAT feedback on the existing HIIS to avoid duplication in the tools. These tools can be included in the Health Infrastructure standard guidelines to assess the safety of the proposed sites and facility design in two stages: one at the need assessment stage and other before the approval of design. This tool assesses the safety of hospitals against seismic, fire, flood and wind hazards. - Support was provided to a DFID consultant to develop certain data analysis for WASH in Health Infrastructure developed in Nepal. The analysis was made for calculating the total investment made in water supply, sanitary/plumbing and drainage in the construction of health facilities planned in the year 2010/11 and 2011/12 (during NHSP-2) and the expected number of beneficiaries. **Staff and Infrastructure** - Supported DFID, FHD, LMD in handing over SMNH equipment stored at the Pathlaiya central store to FHD. Also supported preparation of the distribution list. Supported LMD to identify the equipment in different packages and prepare the packages.

Monitoring and Evaluation

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
6.9 Research, Monitoring and Evaluation - 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…)	**<u>Structures, Roles & Systems</u>** - MoHP was supported to initiate the process of reviewing and revising the indicators, tools and reporting process for HMIS/HSIS in light of the relevant Millennium Development Goals (MDGs), NHSP-2, other national policies, strategies and guidelines. This will help to develop a HMIS that: • enables data to be disaggregated by caste and ethnicity; • provides facility level data; • covers all public and non-public facilities; • feeds into a District Health Information Bank (DHIB) and is linked to other MIS using a uniform coding system; and • meets the current needs of NHSP-2 and programme divisions and centres. This is in line with the recommendations of the Technical Working Committee to strengthen HMIS and the Health Sector Information System (HSIS). - A detailed implementation plan for this revision exercise was developed by Management Division (MD), with support from NHSSP. - Once the tools are revised this will require software development and orientation/training to all the staff involved in data collection, recording and reporting. Management Division, therefore, has planned and proposed these activities for next year's AWPB. **<u>Tools</u>** - Discussion has been held with Management Division (MD), DoHS on developing guidelines and manuals to facilitate effective implementation of the revised tools once the task of revision is

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- Synchronise government and EDP efforts in M&E and survey research to report at NHSP-2's beginning, midterm and end	complete. **Structures, Roles & Systems** - Public Health Administration, Monitoring and Evaluation Division (PHA, M&ED), MoHP, has drafted a NHSP-2 Monitoring Framework based on the Results Based Monitoring and Evaluation Guidelines (2010) recommended by the National Planning Commission. This framework builds on the revision proposed by the NHSSP inception report, the consensus building workshop to strengthen HMIS/HSIS, the workshop to review and revise the NHSP-2 Results Framework and issues raised by different stakeholders including EDPs and programme divisions at different forums. - NHSSP continued discussions with MoHP officials on the development of the NHSP-2 M&E Implementation Plan. **Skills** - Advisors worked closely with and supported different divisions, particularly the Management Information System (MIS) Section of MD in preparation of the DoHS Annual report for the fiscal year 2010/11. - The Nepal Demographic and Health Survey (NDHS) 2011 main draft report was reviewed and feedback was provided to the authors for finalisation. **Tools** - MD 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/PHOs and MD in overall monitoring of the health facilities. This will be part of the HIIS supported by NHSSP, along with other exercises such as the health facility mapping being performed by HMIS.
- Decentralize M&E activities and strengthen capacity below federal level to analyse and use information	**Structures, Roles & Systems** - MD trained statistical officers/assistants from 15 districts on data analysis to generate information for use in planning and monitoring at district level, in line with the NHSP-2 strategy to decentralise M&E activities. NHSSP supported MD to design the course. **Skills** - Supported Child Health Division to develop a multi-year plan for CB-IMCI and CB-NCP, including

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
- 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 - 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	the monitoring plan. - Family Health Division conducted a 'Maternal and Perinatal Death Review' (MPDR) with participation from all the hospitals implementing MPDR. NHSSP is supporting FHD in reviewing and revising the tools and review process, and in its institutionalisation and scaling up. **Structures, Roles & Systems** - Findings and recommendations of the IT review of HMIS and HSIS supported addressing IT issues and the integration of different MIS within MoHP, in line with the HSIS national strategy. Data entry is envisioned to occur at the district level. **Skills** - Advisors have been and continue working closely with MoHP officials on finalising the service tracking survey (STS) 2011 report. **Tools** - Advisors worked with GoN staff on the preparation of tools for the STS and household survey 2012. This work will continue. **Skills** - MIS Section, MD met with GESI experts for review and revision of the caste/ethnicity classifications being used in HMIS tools. Consultation and advocacy with other stakeholders is on-going. - FHD in coordination with the MIS Section, MD, was supported to revise the 'Maternity Register' for PHCCs and hospitals. The register has now been endorsed by the HMIS. It will be referred to as 'HMIS 10A'. NFHP is supporting printing and distribution to the health facilities.
	2.10 REGIONAL DIRECTORATES (See Annex 1: Regional reports) **Common Themes for progress from the regions included:** 1. Tools and skills for monitoring and reporting are being developed and upgraded. 2. Progress is being made on GESI through an increased focus on hard to reach areas and

NHSP-2 STRATEGIES	CAPACITY ACHIEVEMENTS AND ACTIVITIES BY NHSSP THEMATIC AREA
	marginalised groups. 3. Technical support, training and orientation are being provided to enhance the capacity of regional and district teams and focal persons in various topic areas. 4. Initiatives are being undertaken to enhance communications and coordination among the various levels and actors in the health sector. **Challenges** relate to vacant counterpart positions, and absenteeism among counterparts, as well as their sometimes limited skills and understanding. The response has been to advocate for vacant positions to be filled, and to provide capacity enhancement and counselling to existing staff to improve their performance. In addition improvements are gradually been made to improve the weak physical infrastructure of some RHDs, including the provision of computers, although some regions have not yet received computers that were requested. **Value for Money** has been achieved by combining orientation and training programmes with regularly scheduled meetings and by expanding these programmes to cover more areas. In addition, money has been saved by coordination that maximises the use of RHD vehicles and services, and by convincing RHD to expend its funds for priority activities.

3. CHALLENGES IDENTIFIED BY DIFFERENT ADVISORS

Essential Health Care Services

- The change of Directors at FHD and at NHTC has presented challenges.
- Staff shortages at UNICEF have hindered the process of some work where cooperation was planned, including development of the IMCI/Newborn care and Referral guideline.
- The OR plan on EPI/FP integration was changed due to duplication of work with UNICEF in Jajarkot district.

Maternal and Newborn Health

- The availability of GoN central staff with leadership capacity can present a challenge due to their busy schedules.
- Delays occurred in DGO training for private candidates after approval was from obtained from MoHP.

Ipas faced the following challenges in its work:

- Communications and transportation were major problems in Kalikot district.
- Staff transfers have resulted in the need to orient a new DHO and Public Health Nurse in Kalikot, as those who were oriented have been transferred to Kathmandu.

Gender Equality and Social Inclusion

- **GESI mainstreaming:** Though GESI mainstreaming is considered a mandatory provision in NHSP-2, operationalising GESI in programming implementing and monitoring is limited at all levels, from the centre to the district level. Mainstreaming GESI at the regional level is especially difficult, due to the scarcity of middle level managers and to institutional constraints against exercising authority. Continuous advocacy and capacity building are required.
    - Even with such advocacy and capacity building input, participants may not be able to apply what they have learned without system level changes.
    - Because the GESI mainstreaming work must happen in a sequential manner, progress is delayed when the capacity building of the service providers and the responsible focal points does not occur on time.
- **Effective service to GBV survivors:** Ensuring that OCMCs are effective and able to support GBV survivors requires dedicated attention and support. Coordination among five Ministries is also required: Ministry of Home; Ministry of Women, Children and Social Welfare; Ministry of Law and Justice; Ministry of Health and Population and Ministry of Local Development. There is little existing experience as this is a new concept in Nepal. Human resource capacity needs to be strengthened. Counselors with the required skills and understanding are limited. On-going technical assistance by regional and central teams will be essential.
- **Disaggregation of data/information:** Achieving the disaggregation necessary for a true understanding of the disparities and issues of different social groups is a challenge since the

HMIS and other planning and monitoring systems still need to be revised to include such dimensions.

- **Social mobilisation:** 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 a long term involvement and engagement with the community and cannot be left in the middle if the contract finishes.

Human Resources

- The slow pace of working through the committees and with other stakeholders is a challenge, as is the limited availability of MoHP staff with whom to work.

Health Financing

- The transfer of responsible human resources from the Ministry to the Department level has created difficulties for planning and implementation. In particular, the transfer of the Chief of the Human Resource and Financial Management Division of MoHP has hampered improvements in Public Financial Management.
- Development of the TABUCs is time consuming, and is a major reform agenda that requires the continuous engagement of the Human Resource and Financial Management Division in close coordination with PPICD, which is not happening as often as necessary.
- Consensus needs to be built within MoHP regarding implementing the financial management actions specified in the GAAP.
- The disclosure of financial information is not taking place at all levels.
- Continuation of the meetings of the permanent Ministry working committee on FM has presented a challenge.
- Identification of scientific ways to allocate the budget with different output and impact indicators has been a challenge.
- Technology based skills for preparing financial reports are lacking.

Procurement

- The main challenge is in the development of technical specifications, as neither the SPAs nor the LMD have an adequate level of technical expertise or the time available to devote to this activity.

Infrastructure

- The frequent unavailability and recent transfer of key officials in the Ministry has delayed the Health Infrastructure Information System (HIIS) workshop, as has the lack of a director at Management Division. Although the work has not stopped because of the delay, it is felt that the good feedback which could have been received has been missed. The new officials who have joined MoHP do not understand the NHSSP Programme, and their roles. Until they understand it will be difficult for them to understand important issues, and perhaps by the time they understand, new officials may take charge.

- MoHP is sending funds directly to many Zonal, Regional and Central Hospitals for construction work. This has not been accounted for in the DUDBC procurement plan, since they do not have the authorisation for the funds. The Zonal, Regional and Central Hospitals do the tendering directly, and do not prepare any procurement plan. Nor do they have any system of reporting progress to MoHP. This does not comply with the Joint Financing Agreement. No one knows which bidding process or documents are being followed, or which designs are being followed. No one in the Ministry knows whether the buildings comply with the National Building Code for seismic design and other needs such as fire safety, staircases, wind hazards, standard dimensions for the flow of people and so on, since these documents are not available. A major chunk of infrastructure construction work is thus completely left out of the regular monitoring and reporting system. This was earlier reported to the World Bank and DFID but neither party showed any concern about the issue. This will definitely derail the process that has been developed and progress that has been made on regular reporting on construction work, which is almost 20 % of the MoHP's annual budget.
- Following and understanding the needs of the World Bank is difficult, since we have no direct communication with the WB and they deal directly with the district division offices or the health building unit at DUDBC. In response, DUDBC offices tend to bypass us in the process of bid document preparation and submission to WB. This makes it difficult to maintain uniform standards and we lack knowledge of any new requirements from WB staff members. Many such instances have been noticed.

Regional issues

- In the regions, the Specialists noted that there are important HR issues which affect progress: vacancies in key posts in regional directorates, the low level of qualifications and expertise in existing regional staff, and a high level of absenteeism among some regional counterparts.

Key activities for the next quarter

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

ECHS/MNH

- Support FHD to hold a follow up meeting on the Comprehensive Essential Obstetric and Neonatal Care (CEONC) Readiness study with key MoHP and DoHS counterparts.
- Support NHTC to hold an SBA forum meeting to review SBA training sites, follow up on the findings and discuss further improvements.
- Prepare a study on the heavy caseload referral to CEONC hospitals, which are overcrowded, and make corresponding recommendations on how to ensure that the demand is occurring at the most appropriate level.
- Finalise the training materials on HTSP, the PNC job aid, IUCD insertion and OFA training in consultation with FHD and NHTC.
- Provide support to NHTC in assessing its institutional capacity and revising the National Health Training Strategy (2004):
  - Support the formation of the core working group, and the development of the ToRs for the core working group and for the consultants;
  - Hire an international consultant based on the time frame agreed with NHTC and the core working group; and
  - Serve as a member of the core working group.
- Participate in the integration of MNCH training with Save the Children, NFHP and JHPEIGO (an affiliate of John Hopkins University). The process will start with the integration of training at the district level.
- HKI will carry out the following activities:
  - Finalise the Health Sector Strategy to Address Maternal Under-Nutrition.
  - Hold consultative meetings with RHD and RHTC on the operational aspects of maternal under-nutrition and other nutrition messages.
- Ipas will carry out the following activities:
  - Coordinate with NHTC to conduct CAC and MA training in a timely manner.
  - Produce site specific plans to address the identified gaps, including training.
  - Send the necessary items to the sites according to the gaps identified during the Baseline Assessment.
  - Conduct monitoring to ensure that the service is available.
  - Provide capacity building on monitoring CAC services.
  - Provide orientation to the NHEICC Team about the project.
  - Organise a meeting of the SMNH partners to share their knowledge and the activities of the Safe Abortion Programme.

- Participate in the integration of MNCH training with Save the Children, NFHP and JHPEIGO (an affiliate of John Hopkins University). The process will start with the integration of training at the district level.

Gender Equality and Social Inclusion

- Provide backstopping and monitoring support to the OCMCs through the NHSSP team together with the government, regional and MoHP/DoHS structure.
- Refine and finalise a draft GESI Implementation plan based on the inputs of the GESI Focal Persons and Technical Working Group of DoHS.
- Based on a review of the last year's programme, this FY AWPB will include GESI mainstreaming activities more systematically by divisions and centres.
- Undertake a review of the training curriculums to be shared in the Training Review Technical Committee and identify the future steps.
- Conduct the study on "Understanding the socio-economic and cultural barriers to accessing health services and well-being among selected poor and excluded groups". The study will use the "Rapid PEER (Participatory Ethnographic Evaluation and Research) tool, and it will be carried out between May to July and the draft report prepared by September 2012
- Prepare and share draft of GESI Operational Guidelines with Technical Working Groups and GESI Focal Persons for feedback.
- Hold consultation meetings on GESI with Heads of divisions and centres of MoHP and DoHS to develop a common understanding on the GESI mainstreaming framework.
- Work on formation of GESI Technical Working Groups in the remaining three RHDs (Western, Central and Mid-western) and provide orientation to the TWGs on the GESI framework and their roles and responsibilities. In addition, continue to further roll out the formation and orientation of TWGs in the districts.
- Design and conduct operational research 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. A study design workshop will be held in late April and field work will begin after that.
- Provide technical support to PHC-RD in implementation of the Social Audit (training at centre and regional levels for implementing NGOs and government officials) in the 20 districts planned under the AWPB. Similarly, provide technical support to complete the social audit in the 15 remaining facilities of Rupandehi and Palpa districts. Experiences will be shared widely.
- Hold consultation meetings to finalise the report on SSUs with concerned officials of MoHP and DoHS. A consensus of key stakeholders will be developed regarding the implementation modalities of SSUs in hospitals, within the framework of the existing guidelines. Finally, an orientation workshop will be organised for the representatives of six hospitals (Koshi, Bheri, Gandaki, Seti, Bharatpur and Bir) and Social Service Unit (SSUs) will be established in those hospitals.
- Provide technical support to conduct a qualitative review of the existing Equity and Access Programme (EAP) programme implemented under the AWPB.
- Provide on-going monitoring support of the implementation status of action plans developed during the Social Audit in selected districts.

- Support NHEICC in the development of an implementation plan for MNCH, FP, and adolescent sexual and RH communications strategies.
- Support NHEICC in the development of a district specific BCC/IEC strategic plan (based on national implementation plan) in two sample districts.
- Conduct two regional workshops to D(P)HOs and other district level health personnel in the Western and Central development regions) on GESI mainstreaming.
- Provide on-going technical support to all five RHDs to carry out the regular function of monitoring, review and feedback to D(P)HOs from a GESI perspective.

Health Policy Planning/Health Sector Governance

- Produce the final report on 'Designing federal structures in Nepal: analysis of functions and their assignment to different levels of government'.
- Work with a joint committee of MoHP officials and EDPs to review the recommendations made by the GAAP workshop held in October, 2011.
- Provide support to the Steering committee and the Technical committee for developing PPP policy in the health sector so that it is functional and provides strategic direction and technical inputs for this work. The international consultant will start the assignment.
- Publish the JAR Proceedings.
- Finalise the report on the review of planning processes.
- Continue support to PPICD/Management Division in developing the District Planning Guideline.
- Support PPICD in finalising the review of the National Health Policy-1991.
- Support PPICD in the endorsement process of the Urban Health Policy
- Support PPICD and the divisions and centres to initiate a five-year costed action plan for the NHSP-2 Implementation Plan.
- Support the divisions and centres to prepare the AWPB.

Human Resources

- Complete the translation of the HRH strategic plan.
- Complete the roadmap on workforce planning and present it to the MoHP to begin the process of selecting the workforce planning approach.
- Let the contract for data collection for the private health workforce study.
- Agree on the plans to integrate the HR data collected into existing HR databases (e.g. HURIS).
- Develop further plans for strengthening HURIS and for linking it with the Personal Information System being finalised by the Ministry of General Administration.
- Finalise the HR component of the AWPB for FY 2012/13.
- Begin the institutional assessment of NHTC.

Health Financing

- Prepare the outline of the HF strategy, and hold discussions and meeting of the cluster groups.
- Design, provide training for and pilot the TABUCS, if funding is available.

- Ensure that financial reports are uploaded onto the MoHP's website.
- Review the process of the performance audit.
- Provide feedback on the national guidelines for social auditing.
- Review the OAG's 49th report.
- Undertake analysis of the budget 2012/13 considering the GESI perspective.
- Hold a workshop to finalise the eAWPB.
- Prepare a manual for FMR preparation.

Procurement

- Develop chapters for the Procurement Manual.
- Develop and conduct sensitisation workshops for suppliers.
- Develop and conduct workshops for the LMD staff members in procurement.
- Work on development of a Technical Specification System to be implemented at the homepage of LMD.
- Finalise a paper on Quality Assurance in the different steps of the LMD procurement cycle.
- Assist the NCASC in their work on spreading good procurement and warehouse practice to the warehouses at regional and district levels.
- Develop a set of guidelines for the Acceptance Check to be used when LMD receives goods.
- Analyse the bid evaluation reports to find patterns in reasons for rejection of the bidders at different stages of the procurement process.
- Develop a market and price system and a TOR for a consultant to obtain the data for the system.
- Introduce a Declaration of No Conflict of Interest in all stages of the Procurement Cycle where it is required.

Infrastructure

- Complete the HIIS upgrading work
- Train DHO and DUDBC staff members on the use of and the web based updating of HIIS.
- Plan new sites for the next fiscal year.
- Conduct Joint Monitoring visits.
- Complete the printing of standard bidding documents, including guidelines. This was originally planned for this quarter, but has been moved to the next quarter due to delays in organising the dissemination workshop caused by the transfer and unavailability of Ministry officials which were noted above as challenges.

Monitoring and Evaluation

- Implement the revision of indicators, tools and review process for HMIS.
- Initiate the process for developing a uniform coding system.
- Prepare a health facility directory in coordination with HIIS and other MIS.
- Support MoHP in finalising the M&E framework.
- Support MoHP in preparation of NHSP-2 M&E Implementation Plan.
- Support FHD in institutionalising and scaling up of the Maternal and Perinatal Death Review.

- Support conducting and supervising the service tracking survey (STS) 2012 and household survey (HHS) 2012. Undertake analysis, report writing, printing and dissemination of both surveys.

4. Value for Money delivered in the last quarter

EHCS

In Banke district, a half day orientation was held for VDCs secretaries on their roles and the support they could provide to improve MNH services within their district during the last quarter. As the orientation was added to the regular monthly meeting of the District Development Committee (DDC)/VDC, the programme cost less than NRs. 40,000. 30 VDC secretaries attended the meeting. Nine VDCs in a remote part of Banke district have followed up by committing to provide NRs. 900,000 more for 2012/13 than for the current fiscal year (2 million vs 1.1 million). The actual amount provided will still need to be verified at the end of the fiscal year. Other factors that might influence these contributions could not be determined.

GESI

A decision was made to conduct only one study on Basic Health Care and Demand Side Financing, although originally two were planned. The Terms of Reference for assessment of Basic Free Health Care was included in the ToR for the rapid assessment of selected Demand Side Financing schemes. This saved the cost of undertaking a separate study.

Health Financing

Designing, Piloting and Scaling-up the Transaction Accounting and Budget Control System (TABUCS)

We have provided initial technical support in identifying the major Public Financial Management (PFM) problem that can be addressed through NHSSP's technical assistance. The Health Financing team, a short term consultant and a group of Government of Nepal (GoN) officials agreed to design a technology based accounting and budgeting system that can help ensure the quality and timeliness of financial monitoring reports (FMRs). NHSSP supported preparation of the concept note, which was well received by MoHP. Based on the concept note MoHP formed a technical committee and decided to prepare a proposal. NHSSP again provided technical inputs in preparing the technical and financial proposals which were agreed by MoHP. DFID has shown an interest in providing extra funding and MoHP has included TABUCS as one of the activities in the AWPB 2011/12. Additionally, other EDPs (WB and GIZ) have expressed interest in providing technical and financial support to TABUCS. At the same time MoHP has decided not to provide additional funding (about NRs. 2 million) to prepare new accounting spreadsheets for D(P)HOs. In this way, TABUCS has already contributed towards VfM and has considerable potential to reduce the existing reporting and monitoring costs of PFM.

Use of Available Skills within MoHP

We have encouraged Mr. Rajan Adhikari to use his technical skills to upload documents (as per the provision of GAAP) onto MoHP's website. This has reduced the cost required for consultant/s. This example not only promotes VfM in terms of saving money but also ensures the VfM of the training provided to the MoHP officials.

Human Resources

The HRH strategic plan will help to ensure that inputs to improve Human Resources (HR) are provided in a more coordinated way and will reduce overlap.

Infrastructure

It has been observed that e-bidding has increased competition in the bidding process, and on average the quoted prices have been reduced by 25% from the estimated costs. This indicates we are saving money from e-bidding, but in some cases where costs have gone down drastically below the estimates – e.g. 40% below – the risk that the contractor may try to compromise the quality is high. Therefore strict monitoring and supervision will be required.

ANNEX 1 - REGIONAL SUMMARIES

1. EASTERN REGION (January – March 2012)

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:

TOOLS

- Monthly monitoring was carried out and an analysis profile created for the immunisation programme.
- Meetings were held with various partners and EDPs, and among the regional team.
- A matrix was developed for facilitating discussion on the future role and direction of the RHTC.
- Joint integrated supportive supervision was carried out.
- A mapping was done of EDPs working in the health sector.
- Focus Group Discussions were held with marginalised groups of people.
- Mapping was carried out of unreached and underserved VDCs and populations both at the district level and to target selected VDCs.

SKILLS

- Provided facilitation support to the DHOs of Khotang, Dahnkuta, Okhaldhunga, Solukhumbu and Sankhuwasaba districts to initiate discussion with their respective LDOs in order to include local level health programmes in VDC and DDC planning.
- Provided technical support to D(P)HOs of Morang, Taplejung and Khotang districts to accelerate the Equity and Access Programme (EAP).
- Conducted orientation to the DHO team on national policy, plans and programmes in relation to maternal and newborn health care during the quarterly programme review in Dhankuta.
- Developed an understanding of GESI with respect to NHSP-2 and NHSSP among the RHD and D(P)HO teams.
- Provided orientation to the GESI Technical Working Group in the RHD and the DHOs of Dhankuta, Khotang, Okhaldhunga, Solukhumbu and Sankhuwasabha districts.
- Developed the skills of the DHO teams to facilitate the mapping process for health service delivery in order to identify unreached VDCs and populations.
- Provided orientation to the DHO staff in Sunsari to ensure proper operation of the one-stop crisis management centre (OCMC) for gender based violence survivors.
- Supported the regional and district teams to prepare plans of action informed by evidence on gaps and issues.
- Provided support to RHD counterparts in the preparation of progress reports and presentations.
- Developed the regional counterparts' skills in conducting GESI orientation for the GESI TWGs to be formed in the districts.
- Worked with the regional counterparts to develop a monthly monitoring and analysis profile and to develop their supervision plans.

- Provided technical support to district focal persons in undertaking MNH update training for Skilled Birth Attendants.

STAFF AND INFRASTRUCTURE

- Updated the human resources inventory of the region and districts with gender and caste disaggregation.
- Updated the current human resource status in B/CEOC sites and birthing centres within the region.
- Identified GESI focal persons in Taplejung, Panchthar, Khotang, Okhaldhunga, Solukhumbu and Sankuwasaba DHOs.

STRUCTURES, ROLES AND SYSTEMS

- Formed a Regional Health Coordination Team (RHCT) and a Task Force Committee to outline the roles and future direction of the RHD.
- Included at least one GESI session in all review meetings and orientation/training programmes conducted by the RHD.
- Formed GESI TWGs in the RHD and in the DHOs of Dhankuta, Khotang, Okhaldhunga, Solukhumbu and Sankhuwasabha districts.
- Functionalised the monthly coordination meetings among the regional team and with EDPs working in the health sector within the region.
- Operationalised One Stop Crisis Management Centres in Panchthar and Sunsari districts.

CHALLENGES AND RESPONSES

- Regional counterparts are rarely present in the regional office. The response has been to discuss this issue with them and to prepare a quarterly work plan for the region (based on the annual work plan) to fix the schedule of each activity. The counterparts are gradually feeling the significance of their presence at the office and following the agreed work plan.
- The understanding among the regional counterparts on the core areas of health system strengthening is different than what we expected. In response, a brief orientation was conducted on health system strengthening for all regional staff in the presence of RHCT members. Due to regular and consistent sensitising on the role of NHSSP and the concept behind providing technical assistance for regional health system strengthening, the counterparts' expectations are changing.
- As GESI is new to the health sector, sensitising the regional team to a GESI perspective is taking time, with some resistance particularly in the case of caste and ethnicity. By regularly discussing GESI issues during monthly coordination meetings, regional counterparts are now becoming sensitised to undertaking their routine activities with a GESI perspective.
- Lobbying is continuing at both regional and district levels for key vacant positions to be filled.

KEY ACTIVITIES FOR THE NEXT QUARTER

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

Health Planning

- Provide technical support to the RHD for a regional Emergency Obstetric Care (EOC) and integrated child health review workshop.
- Facilitate CEOC planning workshops in Bhojpur and Udayapur districts.
- Conduct mapping of unreached areas and social groups and identify barriers to be addressed in some VDCs of Terai districts.
- Facilitate preparation of the periodic health plan of Dhankuta district.
- Attend quarterly reviews of some low performing districts (identified after the half yearly regional review meeting) and provide technical support for devising issue based plans of action.
- Provide technical support to the RHD to initiate specific interventions in low performing districts.
- Provide technical support to districts to conduct MNH update training for SBAs.
- Facilitate the establishment of a Social Service Unit in Koshi Zonal Hospital.
- Facilitate the development of evidence-based district specific plans of action to intensify the routine immunisation programme.

Monitoring and Evaluation

- Conduct an analysis of disaggregated information on human resources within the region.
- Document case studies of EHCS from a GESI perspective.
- Undertake close monitoring and provide technical guidance for the smooth functioning of the OCMCs in Sunsari and Panchthar district hospitals.
- Revise and update existing integrated monitoring and supervision checklists from a GESI perspective.

Health Sector Information System

- Finalise EDP mapping and prepare an analytical report to be documented at the RHD and shared with the RHCT members.
- Provide technical support to RHD counterparts for review meetings and workshops on HMIS data verification.

Coordination

- Regularise the monthly internal coordination meeting among the RHD team members.
- Facilitate and continue the scheduled meetings among RHCT members.
- Work with the Task Force Committee to outline the role and future direction of the RHCT.
- Form GESI Technical Working Groups in the remaining districts and provide orientation to the members.
- Document and share best practices on EHCS from the GESI perspective.

VALUE FOR MONEY

- Up to NRs. 30,000 was saved by using the RHD vehicle whenever possible, particularly for travel between Dhankuta and Biratnagar, rather than hiring private vehicles at a cost of NRs. 4000-5000 per trip.

- Approximately NRs. 30,000 was saved by conducting a GESI and reproductive health orientation for the DHO Dhankuta team during their scheduled quarterly programme review meeting.

2. CENTRAL REGION (January – March 2012)

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

- A checklist for in depth interviews for small scale studies was prepared.
- A Focus Group Discussion guideline was developed for community and health workers.
- A guideline cum proposal for a qualitative study concerning local support and the performance of birthing centres was written.
- A district situation analysis checklist was prepared.
- The joint supervision plan was updated.
- A case study template and MOU guideline was prepared for DHO and partners.
- A concept note for improving the Regional Health Information System was developed and shared.
- A concept note for periodic planning was developed and shared.

SKILLS

- The skills of RHD officials in preparing proposals and tools for small scale qualitative studies on maternal and newborn health were improved.
- The skills of RHD and D(P)HO staff to collect qualitative information by using checklists and guidelines were developed.
- The facilitation and supervision skills of regional supervisors and district supervisors in the Maternal, Neonatal and Child Health (MNCH) and GESI programmes were enhanced.
- The skills of district supervisors in verification, analysis and use of data, and recording and reporting during field visits were enhanced.
- District focal persons began maintaining records and monitoring the achievements of the respective programmes.
- The capacity of districts in revitalisation of some programmes, including GESI, was enhanced.
- The RHD was supported in monitoring private and NGO-operated hospitals and polyclinics.
- Support was provided for the planning and implementation of an Integrated Public Health Campaign.

STAFF AND INFRASTRUCTURE

- Upgrading of the RHD office was completed and the facilities are now operating smoothly.
- EAP implementation was carried out in two districts, Rasuwa and Chitwan.
- A Research Assistant was mobilised for information collection.
- The districts recruited some important staff members to support the operation of priority programmes, such as CEONC operations and the establishment of birthing centres.

STRUCTURES, ROLES AND SYSTEMS

- A system of regional supervision was established through the use of qualitative checklists.
- Health programmes were monitored by a system of supervision, follow up and feedback.
- The compilation and analysis of district information was continued, improving information management.
- The coordination guidelines helped to strengthen the Health Sector Information System and coordination between the government and non-government sectors.
- RHD's Resource Centre continues to be an asset for better management of resources in strengthening health services.
- Regular RHCT meetings, chaired by the RD, improved coordination and communication with state and non-state actors.
- RHD staff were oriented about NHSP-2 and NHSSP's facilitating role as a part of the regional health system. This served to improve internal coordination.

CHALLENGES AND RESPONSES

- Leadership turnover in the region and district has been a problem, but the regional team has facilitated the RHD and districts in assigning staff as focal persons in the key programmes.
- Vacant positions of key staff at the RHD and in the D(P)HOs include Statistical Officers, Public Health Officers, and Public Health Nursing Officers. The regional team is coordinating with the RHD and the Regional Director to advocate for the assignment of staff from MoHP and DoHS.
- To overcome the insufficient use of supervision guidelines and checklists prepared by DoHS, the team has been encouraging use of the guidelines and providing feedback to the districts.
- Start-up and implementation of programmes has been slow, especially for joint and partnership activities like EAP and the Social Audit. In response, the team has been facilitating the overall EAP implementation process.

KEY ACTIVITIES FOR THE NEXT QUARTER

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

Health Planning

- Support district periodic planning in selected district(s).
- Orient district officials about health planning and the use of information.
- Prepare an OCMC implementation plan in Makawanpur district.
- Facilitate districts in planning to extend access to EHCS for excluded populations.

Monitoring and Evaluation

- Strengthen the district monitoring and evaluation systems through training, facilitation during visits, and the district quarterly review.
- Organise training for district managers on supportive supervision skills.

- Provide continuous monitoring for the SBA Training Sites, CEONC Centres, BEOCs and Birthing Centres, and for the trained providers.
- Organise a monitoring workshop to strengthen the CEONC Centres in Dhading, Sarlahi and Bara districts.

Health Sector Information System

- Complete the report on the study of the Role of Local Support and Performance of Birthing Centres and disseminate the findings.
- Ensure regular and complete HMIS as well as physical and financial reporting from districts and the region.
- Support and facilitate the RHD and districts to use the office web-site and to upload information on the web page.
- Prepare a disaggregated data analysis of maternal health service receivers in Bharatpur Hospital.

Coordination

- Prepare Coordination Guidelines for the Regional Health Coordination Team.
- Update the RHCT profile and resource mapping.
- Facilitate regular RHCT meetings.
- Ensure regular Reproductive Health Coordination Committee (RHCC) meetings in the districts and focus on the support of the DDC and other partners in allocating resources for the expansion of Birthing Centres to increase institutional delivery.

VALUE FOR MONEY

Approximately *£2050* were saved during this quarter in the following ways*:*

- Field expenses of the study on Role of Local Support and Performance of Birthing Centres saved *£1000* over a 10-day period*.*
- Sharing a vehicle with other partners during joint monitoring and supervision saved *£750.*
- Using RHD's office assistant for regular cleaning and other work saved £300 over the three-month period.

3. WESTERN REGION (January – March 2012)

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 half yearly performance review template that links with the MDGs was developed for the districts.
- A follow up form for implementation of recommendations from the annual meeting was developed.
- A ToR has been drafted for the Health Information Management Committee that is expected to be formed in the D(P)HO, Zonal and Regional Hospitals, and the RHD.

- A ToR for the Regional Health Net has been developed, for coordination among NGOs, the private sector and EDPS.
- An MNH supervision checklist was revised and circulated to the D(P)HOs for their use.
- An MNH service delivery status checklist (by health facility) was developed.
- A list of personnel involved in the safe motherhood programme was developed, including their contact details.

SKILLS: The following skills have been strengthened:

- The skill of RHD staff to conduct a gap analysis in review programmes and to prepare an action plan to address the gaps;
- The skill of selected D(P)HO staff to conduct a gap analysis and prepare an action plan to address the gaps;
- The skill of RHD staff, including non-technical persons, on integrated supervision and monitoring of D(P)HOs and health facilities;
- The skill of the Statistics Assistant/Officer on data management, particularly in tracing the inconsistency of data in reports generated at various levels within the district.
- The skill of the RHD staff on coordination among NGOs, the private sector and EDPs.

STAFF AND INFRASTRUCTURE

- A Local Health Governance Strengthening Programme (LHGSP) project unit office has been established within the DHO in Myagdi district.

STRUCTURES, ROLES AND SYSTEMS

- The practice of writing reports after the completion of meetings, workshops and training programmes has been strengthened.
- The roles of the DHO, DDC, VDC and local health institutions have been clearly defined in the LHGSP in Myagdi district.
- The integrated supervision and monitoring system from RHD to D(P)HO was strengthened as non-technical persons accompanying the M&E team were trained.
- A system of following up on the recommendations of performance review meetings has been started by the RHD.
- The RHD family health programme supervisor began compiling and analysing the MNH reports received from the districts.
- A system has been initiated of programme supervisors from the districts reporting to the RHD on safe motherhood services by health institutions.
- The system of reviewing the service statistics (HMIS 32-37) before the 20th of each Nepali month has been strengthened.
- Internal coordination meetings for performance review of the districts were organised at the RHD on 4th January and 5th March 2012. Such district performance review meetings have now been routinised.
- Coordination among the DHO, DDC, VDC and Health Institutions has been strengthened by the LHGSP in Myagdi district.

CHALLENGES AND RESPONSES

- A low level of ownership in the Local Health Governance Strengthening Programme (LHGSP) is found in some VDCs in Myagdi district. The response has been to increase the number of interactions and meetings with VDCs and stakeholders in such cases to enhance their feeling of ownership.
- Some counterparts working in the RHD have no computers. Although the RD has requested MoHP to provide computers, none have yet been received.
- The regional GESI counterpart was transferred to Mustang and has not yet been replaced. The recent transfer of several other staff has aggravated the HR situation in the RHD.

KEY ACTIVITIES FOR THE NEXT QUARTER

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

Health Planning

- Technical assistance will be provided to develop the regional health profile.
- Technical assistance will be given for VDC orientation to the LHGSP.
- Technical assistance will be provided to develop the VDC profile of LHGSP VDCs in Myagdi district.
- Technical assistance will be provided to review regional performance in the child health programme.
- Technical assistance will be provided to review regional performance of EOC service sites and services.
- Technical assistance will be given to districts to provide an MNH update to nursing staff.
- Technical assistance will be provided to strengthen institutional delivery services in Tanahun district.
- The mapping framework will be piloted in one district.
- Mapping will be carried out on hard to reach areas and social groups in Kaski district on a pilot basis.
- The Social Service Unit (SSU) will be strengthened in the Western Regional Hospital.
- Technical support will be provided to the region and the D(P)HO to form GESI technical working groups, and continued support will be given to make them functional.
- Mapping of the I/NGO, EDP and private sectors will be carried out.
- A profile of EDPs and I/NGOs active in the region will be developed and published.
- Support will be provided for implementation of a Public Health Campaign (Janswasth Aviyan) in Baglung district.

Monitoring and Evaluation

- Monitoring and evaluation of Gorkha, Gulmi, Arghakhanchi, Rupandehi, Kapilvastu, Nawalparasi and Manang districts with counterparts.
- Monitoring of districts on the functionality of CEONC service sites.
- Technical support will be provided to the Equity and Access Programme.
- Support will be provided to carry out a study on the socio-economic and cultural barriers of selected ethnic groups.
- Technical support will be provided for piloting of the Social Audit.

Information Management

- Technical assistance will be provided to develop report writing guidelines for the annual report for the District Public Health and Statistic Officers.

- Technical assistance will be provided to train approximately 25 statistics officers and programme supervisors (16 from D(P)HOs, 3 from zonal and regional hospitals and 7 from the RHD), who are regularly involved in preparation of the annual report.
- Technical assistance will be provided to develop information for the RHD website.
- Technical asistence will be provided to form Health Information Management Committtees in D(P)HOs, zonal and regional hospitals and the RHD.
- GESI will be mainstreamed in IEC materials at the RHD and in BCC materials in the districts.
- A caste and sex disaggregated data analysis report will be prepared on maternal health service receivers in the Western Regional, Dhaulagiri and Lumbini Zonal hospitals.

Coordination

- Technical assistance will be provided for internal and external coordination meetings.

VALUE FOR MONEY

- A two-day orientation on integrated supervision and monitoring was organised for 25 RHD staff on 12-13th January 2012. This was not a budgeted programme either in RHD or in NHSSP and was managed solely by RHD internal resources. This is a good example of value for money.
- The National TB Center provided budget for only TB related data management training for the Statistics Assistants/Officers working in D(P)HO and RHD in Western Region. The RHD modified this training at the same cost and the Statistic Assistants/Officers were trained on the whole of HMIS data management, particularly focusing on minimising the inconsistency of data in various reports. This is another example of value for money.

4. MID-WESTERN REGION (January – March 2012)

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 Mid-western Region reported the following capacity enhancement progress:

TOOLS

- In order to receive complete, accurate and timely HMIS reports a flex chart was developed for reporting the status of districts, hospitals and private sector facilities.
- A flex chart was developed and is being used for quarterly monitoring of health programmes based on key health indicators in the districts and the region.
- Technical support was provided to the regional hospital to develop an "*IUCD users referral card*" for distribution to FCHVs in two VDCs – Latikoili and Uttarganga. This is for referring women who plan to use IUCDs to the SBA training centre at the hospital.
- A format was developed for strengthening district and facility based EOC services. It is being used for developing district action plans.
- A staff movement board was designed for display on the wall of the RD office. It serves to maintain the staff movement record for HR monitoring.

SKILLS

- Appreciative inquiry training provided to staff at the RHD, the regional hospital and DHO Surkhet has enhanced their capacity for programme planning and implementation.
- A continuing education programme was initiated to enhance the capacity of RHD staff in different thematic areas.
- Support provided to the SBA training team at the regional hospital (the SBA training site) has enhanced their capacity in training methods.
- Advocacy to the RHD team on the importance of an EOC monitoring system based on analysing EOC data and sharing findings and facilitating has convinced the team of the importance of EOC monitoring.
- Orientation and regular guidance to the RHD and focal persons on updating a monthly performance monitoring sheet in the thematic areas of child health and family health has improved their up-to-date knowledge and data analysis, and enabled them to make regular follow up to the districts on thematic progress.
- Orientation and support has enhanced the capacity of the SM regional coordinator on the reporting system for the Safe Motherhood Programme. The coordinator has developed a safe motherhood related performance monitoring sheet for collecting obstetric morbidity reports from hospitals and initiated its use for regular monitoring of programme performance.
- Support was provided to DHO and NHSSP district staff in Context-Specific Planning districts to prepare and conduct community mobiliser training on danger signs and referral support. This has created awareness of obstetric danger signs and referral plans have been made for saving mothers' and babies' lives.
- The involvement of the thematic supervisor half yearly report writing and making half yearly presentations has improved these skills.

STAFF AND INFRASTRUCTURE

- Desk top computers have been provided to focal persons in family and child health and to the HMIS section for effective recording, reporting and monitoring.
- Technical support was provided to the RHD to develop a need assessment for construction of a birthing centre building. The priority list was finalised and submitted by the RHD to the LMD/DoHS for further planning and prioritising of the construction.
- Furniture and materials were provided to the regional hospital to strengthen the MCH clinic by promoting quality IUCD services. This has helped to maintain privacy, prevent infection and promote proper arrangement of materials.
- The RHD focal person was facilitated to support the DHO's recruitment process for Assistant Nurse Midwives (ANMs). A total of 235 ANMs were recruited and placed in birthing centres. In Jumla and Pyuthan the focal person also provided information and guidance on retaining trained SBAs.

STRUCTURES, ROLES AND SYSTEMS

- Regular monthly staff meetings are now being held at the RHD for sharing and better coordination.
- The RHD focal persons are regularly updating the programme performance monitoring sheet.
- The focal persons have become involved in developing the regional half yearly report and making presentations at the regional review meeting.

- A sharing meeting organised on the importance of a health information system and information bank made the RHD staff aware of and committed to establishing a regional information bank.
- A One-Stop Crisis Management Centre was established in Baridiya district hospital.
- The NGO contracting process for the EAP was initiated in Dailekh, Jajarkot, Rukum, and Salyan districts.
- A committee was formed to review the ToR of the Regional Health Coordination Team.
- A draft copy was developed of a ToR for Maternal and Perinatal Death Review (MPDR) committee formation at the regional level to strengthen the quality of EOC services by a case review in the referral hospitals.
- An orientation programme was supported for DDC and VDC secretaries in Kalikot and Jajarkot to strengthen the health and referral systems.
- A regional half yearly review of population programmes in the Mid-Western Region was supported.
- The regional half yearly review was more interactive and issue-based, and identified successes, strengths and areas to be improved.
- The regional half yearly RH review and the EOC review were more interactive, issue and outcome based.

CHALLENGES AND RESPONSES

- The issue of absenteeism of the RHD staff is being addressed by advocating with the RD for regular staff attendance and developing a staff movement board for HR monitoring. In addition, the RD has been requested to give more time to the region.
- The unavailability of counterparts in planning, monitoring and system strengthening due to transfer has been a challenge. Work has been initiated with the counterparts who are available, and they are encouraged to remain in their posts for an extended time.
- In response to the weak technical skills of programme focal persons, an education programme for capacity enhancement has been developed and is continuing. Efforts are made to increase the active involvement of focal persons in key events.
- The weak physical infrastructure in the RHD has been improved with the provision of two desk-top computers.
- There is no Statistics Officer in the RHD, and a focal person has been initiated into keeping records and making reports and documentation.

KEY ACTIVITIES FOR THE NEXT QUARTER

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

Health Planning

- Strategic planning for Mugu district.
- Prepare an assessment of the key bottlenecks in the health system.
- Support MNH update training in low MNH performance districts.

Monitoring and evaluation

- Establish a regional documentation centre.
- Carry out an assessment of the cold chain.
- Finalise the assessment of free health care in the regional hospital.
- Finalise the draft concept note for MPDR committee formation and regional MPDR committee formation.
- Support context specific operational research implementation activities.
- Carry out joint monitoring and supervision visits with counterparts in low performance districts.
- Develop an information profile for state and non-state hospitals.
- Initiate a reporting system on CB-NCP in the RHD.
- Initiate a small scale local governance and health workers capacity building intervention for strengthening the health system.

Information system

- Establish an information bank.

Coordination

- Finalise the ToR of the RHCT.
- Create a Regional Health Directory.
- Hold regular monthly meetings.

VALUE FOR MONEY

- Almost NRs. 60,000 was saved by conducting a workshop on strategic planning in Salyan district in connection with a district quarterly review programme, thereby eliminating extra travel costs of health facility in-charges.
- Continuing the education programme at the RHD will promote capacity enhancement of the RHD staff at a low cost.

5. FAR-WESTERN REGION (January – March 2012)

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

- A concept note was prepared for the strategic planning of Kanchanpur district.
- Regional staff meetings were organised to review achievements and issues to be addressed.
- A notice board containing the annual plan and actual achievements has been posted in the regional director's office.
- A proposal for web-site design and training for the Far-western Region has been developed and submitted to NHSSP DoHS.
- Additional activities for focusing on hard to reach areas were proposed during the review workshop.
- Development of monitoring and evaluation framework for inclusion in the strategic planning document of Kanchanpur district has been discussed.

SKILLS

- The statistics assistants of Kanchanpur, Achham and Darchula districts were taught presentation skills and what to consider in preparing graphs and charts.
- Support was provided in data entry and the reporting template in order to complete the strategic planning document of Achham district.
- Data utilisation training has been organised in coordination with the Management Division to teach about the importance and use of data.

STAFF AND INFRASTRUCTURE

- Upgrading of the existing regional office has been initiated.
- The RDH has been sensitised about the vacant posts to be filled, including the Statistics Officer.

STRUCTURES, ROLES & SYSTEMS

- Coordinated the organisation of Leadership and Governance training for D(P)HOs, the RD and EDP coordinators to enhance the capacity of regional and district health officers.
- Presentations were made on NHSP-2, local governance and the importance of planning during the strategic planning workshop organised in Kanchanpur district.
- Kanchanpur and Darchula districts have been sensitised to the importance of focusing on hard to reach areas.
- A forum has been formed for organisations working on HIV/AIDS to coordinate among themselves and with the regional directorate, to share common problems and to avoid duplication of efforts.
- The Regional Office has reactivated the joint supervision programme for district health facilities.
- Private sector review meetings were initiated to channel information through the existing MIS system.
- Regular RHCT meetings have been held.
- Meetings were organised with UNFPA, UNICEF and GIZ to promote regular interaction with the EDPs.

CHALLENGES AND RESPONSES

- Difficulties remain in dealing with counterparts because of their inappropriate levels and inadequate technical skills. Efforts are made to adjust to the situation and support them to perform better.
- Districts are not fully in control of the Regional Office so that advice given is not taken seriously.
- Staff are generally attracted to activities that provide some financial benefit and neglect those that do not.
- The response to these issues has been to make requests and suggestions.
- The physical infrastructure is very congested and poor, including the toilets and sanitation. Estimates have been made for minor construction and repairs to be made in the Regional Office.
- The RHD has been informed of vacancies, including the statistics officer.

KEY ACTIVITIES FOR THE NEXT QUARTER

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

Planning

- Facilitate and support strategic planning in Bhajang, Bajura and Darchula districts.
- Actively support preparation of a far-west regional strategic plan in coordination with the regional director.
- Provide support in writing Kanchanpur district's strategic planning document.
- Support and facilitate Leadership and Governance training for D/PHOs, RD and Coordinators of EDP working in far-western region.

Monitoring & Evaluation

- Continued support and participation in joint supervision.

Information system:

- Communicate with NHSSP/DoHS in preparing the regional office web-site. This will be done in coordination with Management Division of DoHS centrally.
- Take a leading role in supporting data utilisation training.

Coordination:

- Provide technical assistance and coordination for the RHCT meeting to be held in April.
- Continue holding regular sharing meetings, including staff meeting at the RHD.
- Continue active participation in NEDSOD.
- A board providing information on staff movements will be displayed.

VALUE FOR MONEY

- NRs. 75,000. was saved when the NHSSP team convinced the RHD to expend funds from its remaining budget to support a private sector meeting that NHSSP had agreed to finance.
- Over NRs. 25,000 has been saved in fuel and overtime cost through effective arrangements for vehicle movement. Integrated visits are encouraged to reduce expenses.

ANNEX 2 – LIST OF PUBLICATIONS PRODUCED DURING THIS PERIOD

- Transaction Accounting and Budget Control System (TABUCS)
- Budget Analysis Report – 2011/12
- Workshop Report on Output Based Budgeting
- Readiness of Comprehensive Emergency Obstetric and Neonatal Care in Nepal (CEONC)
- Workshop Report on Governance and Accountability Action Plan Review
- Consensus Building Workshop on Strengthening the Health Management Information System
- HMIS IT Systems Review

The reports are available on the NHSSP website: www.nhssp.org.np