NHSSP Nepal Health Sector Support Programme

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Nepal Health Sector Support Programme

Quarterly Report

Photo: DFID

Reporting Period: April - June 2015

Contents

Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
AWPB	annual work plan and budget
BNMT	Britain-Nepal Medical Trust
CA	Constituent Assembly
CAPP	consolidated annual procurement plan
CBIMCI	community based integrated management of childhood illness
CBNCP	community based newborn care package
CEONC	comprehensive emergency obstetric and neonatal care
cGMP	current good manufacturing practices
CHD	Child Health Division
CIAA	Commission for the Investigation of the Abuse of Authority
CMAM	community based management of acute malnutrition
CMS	contract management information system
CPN (Maoists)	Communist Party of Nepal (Maoists)
CPN (UML)	Communist Party of Nepal (United Marxist Leninists)
C/S	caesarian section
DDC	district development committee
D(P)HO	district (public) health office(r)
DfID	UK Department for International Development
DG	Director General
DHIS-2	District Health Information System-2
DHO	district health office(r)
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
EAP	Equity and Access Programme
EDP	external development partner
ENAP	Every Newborn Action Plan
EOC	emergency obstetric care
EPI	Expanded Programme on Immunisation
FCGO	Financial Comptroller General's Office
FCHV	female community health volunteer
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMR	Financial Monitoring Report
FMT	Fund Management Team
FP	family planning
FY	fiscal year
GAAP	Governance and Accountability Action Plan
GBP	Great British Pound
GBV	gender-based violence
GESI	gender equality and social inclusion

GIS	geographic information system
GiZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
H4L	Health for Life
HF	health facility
HFOMC	health facility operation and management committee
HIIS	Health Infrastructure Information System
HIV	human immunodeficiency virus
HMIS	Health Management Information System
HR	human resources
HuRIS	Human Resource Information System
ICB	international competitive bidding
IHME	Institute of Health Metrics and Evaluation (University of Washington)
INGO	international non-governmental organisation
IT	information technology
JAR	Joint Annual Review
KFW	Kreditanstalt für Wiederaufbau (German Development Bank)
LARC	long acting reversible contraception
LGCDP	Local Governance Community Development Programme
LMD	Logistics Management Division
LMIS	Logistic Management Information System
M&E	monitoring and evaluation
MD	Management Division
MDG	millennium development goal
MIS	management information system
MNCH	maternal, neonatal and child health
MNH	maternal and newborn health
MoF	Ministry of Finance
MoFALD	Ministry of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
MoU	memorandum of understanding
MS	medical superintendent
NC	Nepali Congress
NCB	national competitive bidding
NGO	non-governmental organisation
NHRC	Nepal Health Research Council
NHSP-2	Second Nepal Health Sector Programme
NHSP-3	Third Nepal Health Sector Programme
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NPAS	Nepal Public Sector Accounting System
NPC	National Planning Commission
NSI	Nick Simons Institute
O&M	Organisation and Management
OAG	Office of the Auditor General
OB/GYN	obstetrics/gynaecology
OCMC	one-stop crisis management centre
OPM	Oxford Policy Management
OPMCM	Office of the Prime Minister and Council of Ministers
PAF	Poverty Alleviation Fund

PBGA	performance based grant agreement
PD	Population Division
PDT	Project Development Team
PEER	peer ethnographic evaluation and research
PFM	public financial management
PHAMED	Public Health Administration, Monitoring and Evaluation Division
PHCC	primary health care centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PNC	postnatal care
PO	procurement office(r)
PPICD	Policy, Planning, and International Cooperation Division
PS	procurement specialist
PSI	Population Services International
QA	quality assurance
QA&ITWG	quality assurance and improvement technical working group
QI	quality improvement
QITAC	quality improvement technical advisory committee
QoC	quality of care
RA	rapid assessment
RAMP	remote area maternal and newborn health pilot
RH	reproductive health
SARA	Service Availability and Readiness Survey
SBA	skilled birth attendant
SAVE/SCI	Save the Children International
SM	safe motherhood
SMNSC	Safe Motherhood and Neonatal Steering Committee
SNP	state non-state partnership
SPA	Service Provision Assessment
SSU	social service unit
STS	Service Tracking Survey
TA	technical assistance
TABUCS	Transaction Accounting and Budget Control System
TAG	technical advisory group
TARF	Technical Assistance Resource Fund
TB	tuberculosis
ToR	terms of reference
ToT	training of trainers
TWG	technical working group
UML	United Marxist Leninists
UNDB	United Nations Development Business
UNFPA	United Nations Family Planning Association
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	village development committee
WB	World Bank
WB-PQ	World Bank procurement quality
WDO	Women's Development Office
WHO	World Health Organization

1. Introduction

NHSSP is a programme of technical assistance (TA) to the Government of Nepal's (GoN's) Ministry of Health and Population (MoHP) and its Department of Health Services (DoHS), managed by the UK Department for International Development (DfID) on behalf of the pooled funding partners of the Second Nepal Health Sector Programme (NHSP-2).

This quarterly report covers the period April to June 2015 during which Nepal suffered a 7.9 magnitude earthquake and a 7.3 magnitude aftershock some two weeks later. The quakes killed over 9000 people, destroyed more than 600,000 homes in 14 adjoining districts (Sidhulpalchowk, Kathmandu, Nuwakot, Dhading, Gorkha, Rasuwa, Kavre, Bhakatapur, Lalitpur, Dolakha, Makwanpur, Ramechhap, Okhaldhunga and Sindhuli) and the Kathmandu valley, thereby affecting a combined population of 5,600,000.

The death toll from the earthquake makes this Nepal's worst ever natural disaster. In its aftermath, MoHP responded quickly to prioritise emergency services, collect key data, coordinate numerous external relief agencies and provide emergency funding for both public and private health facilities.

In support of these efforts NHSSP's advisers worked closely with their ministry counterparts through various post-earthquake thematic 'clusters' and working groups to provide technical support for urgent activities including designing and carrying out multi-sectoral post disaster needs assessments (PDNA) and planning in affected districts and preparing daily and weekly district level status updates.

Drawing on PDNA findings, the government projected total recovery costs across the country at $6.7 billion of which pledges have been received from the international community for around $4.4b or two thirds of the requested amount. Some caution is needed in interpreting these commitments which comprise a mixture of humanitarian aid, fresh pledges and the re-allocation of funds from existing portfolios. Similarly, the accuracy of PDNA requirements is now being verified through more detailed and in-depth technical assessments.

Of the new commitments made to the health sector, DFID contributed an additional $15.5 million (GBP 10m) comprising a mix of financial and technical assistance for the period August 2015 to July 2016. New anticipated new work streams includes supporting district level response plans, restoring basic services and health infrastructure, psycho-social counselling, physical rehabilitation, and the monitoring of service availability and use of relief and regular budget funds across districts.

The onset of monsoon rains at the end of this reporting period presents compounded public health concerns in earthquake affected districts. The loss of control among earthquake survivors over their immediate environment presents severe challenges in relation to food production and supply, nutritional status, shelter, water quality, sanitation and ease of access to basic services at surviving

health facilities. Further, increases observed in the frequency and severity of landslides, road closures and bridge failures are limiting access to health facilities in the worst affected districts and slowing supply efforts. Nepal faces a long and challenging road to recovery.

Background to NHSSP

Phase 1 of NHSSP ended in August 2013. Under phase 2, Options leads a consortium of partners comprised of itself, Crown Agents and Oxford Policy Management (OPM). In September 2013, an inception period took place during which priority work areas, outputs and a new draft log frame were developed. In addition, a flexible Technical Assistance Resource Fund (TARF) was created under MoHP's Policy Planning and International Cooperation Division (PPICD) to support new initiatives proposed by MoHP and its external development partners (EDPs). The phase 2 log frame was further revised during the DfID Annual Review in January 2014.

The work of NHSSP's advisors is based on:

- the requirements of NHSP-2;
- the on-going activities and plans of the various MoHP departments, divisions and centres;
- the NHSSP phase 2 inception report;
- the individual year 2 work plans of advisors that were revisited and updated with GoN counterparts and DfID and finalised on 1st September, 2014, and
- The requests of MoHP for technical support in the post-earthquake response period.

All adviser work plans have been agreed with respective ministry counterparts who are mostly the heads of divisions and centres including Family Health Division (FHD), PPICD, Logistics Management Division (LMD) and others. All NHSSP activities are designed to enhance the capacity of MoHP/DoHS to deliver NHSP-2, prepare the ground for NHSP-3 and respond to urgent needs. Enhancing capacity, for NHSSP 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'.*

2. Summary of Progress

Overall Context (April – June 2015)

April's earthquake and multiple aftershocks significantly disrupted the implementation of adviser work plans which were overshadowed by the urgent need to support national emergency relief and recovery efforts in order to immediately save lives and 'build back better'. Accordingly, the focus of TA efforts shifted overnight from log-frame focused programming to supporting various needs assessments, data collection, coordination, recovery planning, information management and the supply of emergency medicines and equipment. For this reason, the balance of reporting between emergency and regular programming in each section of this report varies with the degree of involvement of individual advisers in response efforts.

NHSSP support to MoHP by thematic over the reporting period is summarised as follows:

In Strengthening Core Health System Functions

TA supported LMD to carry out assessments of emergency procurement requirements, quickly procure emergency supplies and manage the storage and onward distribution of drugs and equipment to the hardest hit areas. A major challenge proved to be managing supplies donated by numerous external relief and donor agencies. Training support on executive procurement for MoHP managers and district level officials was provided to help them resupply earthquake affected health facilities quickly and, in the longer term, help prevent stock outs at health facilities.

Procurement progress against the 2014/15 Consolidated Annual Procurement Plan (CAPP) slowed as a result of emergency response activities and a sizable proportion of LMD procurement will now roll over into 2015/16. The recently developed procurement monitoring system and contract management system are now available to adjust procurement forecasts and track procurement progress and supply.

Evidence of improvements in **public financial management** (PFM) was noted in the reporting period with the transaction accounting and budget control system (TABUCS) reporting the entry of 76% of this year's financial expenditure through 201 cost centres by the end of June. This high level of reporting clears the way for more focused assessments of why some expenditure has not been entered. A review of the post-earthquake status of TABUCS infrastructure in 15 districts showed that it needs to be rebuilt/replaced in five districts.

Further indicators of PFM improvements were evident with the publication of the Office of the Auditor General's (OAG's) audit of MoHP for FY 2013/14. This noted that the total value of audit queries against audited expenditure was NPR 2.39 billion (11.53%), down from 13.79% in the previous year. The practice

of requiring responses to audit queries direct from cost centres is seen to have contributed to this improvement.

Health infrastructure inputs in the quarter were driven by the urgency of assessing the physical status of health facilities in the worst affected districts. Accordingly a 14 district health infrastructure master plan was prepared along with a costed plan for engineering assessments of all damaged health facilities to being in July. Designs, specifications, bills of quantity (BoQ) and construction guidelines were also prepared for the prefabricated health structures that will need to be deployed in the recovery phase.

In Strengthening Information and Monitoring Systems

Monitoring and evaluation. Under its rapid emergency response plan, MoHP established an Information Management Unit under its Health Emergency Operation Centre (HEOC). NHSSP's M&E Advisor helped develop the information management system, designed district data collection tools, analysed data and prepared daily, later weekly, situation updates to inform ministry and EDP officials. Several NHSSP advisers also worked intensively to design PDNA tools and support their implementation in districts. Further support was provided for data analysis and the preparation of a central level recovery plan.

Under **essential health care services** the piloting of the hospital quality improvement process (HQIP) continued to produce encouraging results with the quality improvement (QI) committee in Hetauda carrying out a fifth planning, action and review cycle following good progress with round four actions. The central level QAI TWG met and made a number of recommendations for incorporation in the QI Implementation Guidelines, however, the HQIP evaluation planned for this quarter was postponed to July as a result of the earthquake.

Activities to address overcrowding in tertiary facilities involved follow up visits to ten referral hospitals (7 zonal, 1 regional and 2 sub-regional) during which it was also clear that repeated in-house planning, action and review cycles can help the hospitals increasing their capacities and service quality.

In the aftermath of the earthquake, the abilities of comprehensive emergency obstetric and neonatal care centres (CEONCs) to provide caesarean sections (C/S) in the fourteen worst affected districts was assessed. The CEONC mentor and NHSSP advisers then helped FHD plan human resource (HR) and budget requirements to restore these services. The CEONC mentor and NHSSP advisers continued to support FHD to ensure district hospitals generally are able to provide quality CEONC services. Support visits were made to 14 sites in this reporting period and all CEONC services were restored. Further, new CEONC services were begun at Burtibang Hospital, Baglung district.

MoHP's efforts to improve maternal and neonatal health (MNH) programming in underserved remote areas slowed in Taplejung as a result of the earthquake which triggered a major landslide and limited mobility in two of six pilot VDCs. Several activities continued however including a VDC level MNH needs assessment and exposure visits for auxiliary nurse midwives (ANMs) to improve normal and complicated delivery skills. Further, a district level orientation on medical abortion was also organised for 49 participants. Essential equipment and supplies were also provided to remote area maternal and newborn health pilot (RAMP) intervention health facilities to help improve service quality and two

batches of MNH update training were run all nursing staff working at birthing centres (BCs) in the district.

Technical support to MoHP to improve family planning in the post earthquake period included adviser participation in various reproductive health (RH) and family planning (FP) cluster and technical working group meetings including inputs into post disaster transition and recovery planning for EHCS/FP at (i) national level, (ii) in 14 earthquake affected districts, and (iii) in 2 earthquake affected districts (Dolakha and Ramechhap). FP inputs were also incorporated in MoHP's Transitional and Recovery Programme (July 2015-July 2016).

NHSSP TA also led a joint team for a PDNA exercise in Ramechhap during which plans were made to July 2015 and for FY 2015/16. Intensified support to improve FP services (esp. long acting reversible contraception [LARCs]) in the 14 highly affected districts and two focal districts (Ramechhap and Rasuwa) was also provided.

Under **health policy and planning**, the earthquake is seen to have set back NHSP-3 development processes by approximately one month and similarly impacted on the AWPB process, joint consultative meeting (JCM) preparation and development of MoHP's E-health strategy. This said, the NHSP-3 document was successfully revised in the light of post-disaster reconstruction and rehabilitation priorities.

NHSSP support for MoHP planning necessarily switched its emphasis to disaster response activities. These included supporting the design of the PDNA process including the development of a needs assessment tool for use in earthquake affected districts. NHSSP's adviser tested the tool during a visit with PPICD's chief to Rasuwa district and with DPHO in Kathmandu. TA also provided support to MoHP to prepare the ministry's Post-disaster Recovery Plan.

Gender equality and social inclusion (GESI). As with other work streams, post disaster priorities overshadowed regular programming and saw advisers provide intensive support to MoHP across GESI and other health service areas. At national level, coordination and support was provided to several clusters and groups (including gender based violence (GBV), mental health/psychosocial and protection clusters) to finalise ToR, agendas, training content, the service directory, and referral pathways as a part of emergency response efforts.

Technical inputs were also provided to the District Health Sector Recovery and Revitalisation Plan and the longer term Health Sector Recovery Plan. The latter proposes the establishment of One Stop Crisis Management Centres (OCMC) and Social Service Units (SSU) in each earthquake-affected district.

At district level, rapid needs assessments were carried out at OCMCs in Hetauda, Kathmandu, Dhulikhel, Baglung, Dang, Panchthar, Solukhumbu, Bardiya, Tanahu, Doti and at SSUs in Bharatpur, Pokhara and Kathmandu. SSUs, it was noted, appear to have been effective in coordinating free, round-the-clock services for earthquake victims. Visits were also made to Maternity Hospital, Dhulikhel Hospital, Bharatupr Hospital, Hetauda Hospital and Western Regional Hospital to assess the effectiveness of services available to survivors. While seriously overcrowded, these hospitals appeared able to manage significantly increased caseloads by operating 24 hours and setting up temporary service camps.

Under **public financial management** FHD shared preliminary findings from the Aama Unit Cost Study during a well attended high level workshop in June. The main recommendation was to conduct a normative costing and vetting exercise against the actual unit cost findings. FHD's unit cost study team will take this forward for both the maternal condition and newborn condition by the end of July.

Technical Assistance Response Fund (TARF) Funding

TARF funded activities in the quarter comprised several continuing activities and one new initiative as follows:

1. 6 months' consultant support for NHSP-3 IP development at the request of DoHS's Director General.
2. Initiatives for improvements in PFM and related capacity strengthening of MoHP officials.
3. Continued financial support for three procurement specialists as requested by LMD.
4. Continued financial support for the CEONC mentor as requested by FHD.
5. Continued financial support for remedial design work for health infrastructure in Bheri, Seti and Surkhet Hospitals.
6. Continued financial support for the skilled birth attendant (SBA) mentor at the request of the National Health Training Centre (NHTC)/FHD.
7. Support for the development of a new Health Act as requested by MoHP (now received).

   The new proposal approved was:

8. Developing an accounting manual with associated capacity building on "Social Protection & Security Office (Health Insurance)".

Summary details of actual and planned TARF expenditure to date are as follows:

Descriptions	Amount	Remarks
Total Fund Value	£500,000	
Spent to end June 2015	£298,388	
Additional committed to date	£171,349	
Value of applications under consideration	£4,138	Biomedical engineer (Sept-Dec 15)
Projected remaining balance	£26,125	

Additional support

In addition to the activities funded under NHSSP phase 2, Options is managing several sub-contracts on behalf of DfID as summarised below and described in greater detail in the appropriate sections of this report.

a) In Monitoring and Evaluation (M&E)

Support to MoHP from NHSSP and ICF Macro on the design and implementation of the Nepal Health Facility Survey (2015) continued in the quarter. Data collection began on 20th April in Jhapa (5 teams), Morang (10 teams) and Sunsari (5 teams) under the close supervision of experts from MoHP, ICF International, NHSSP, QA members and New ERA. A post-survey review to discuss challenges in using the tools and tablets etc was carried out and further data was collected by New ERA, NHSSP, ICF and Public Health Administration Monitoring and Evaluation Division (PHAMED). Field work was halted following the earthquake but resumed in the far and mid-west regions in late May. Data collection is expected to be completed by the end of September.

b) In Financial Management

As noted above, the roll out of TABUCS at all MoHP cost centres allowed 76% of this year's financial expenditure to be captured by the end of June. Despite the disruption to work plans, NHTC provided TABUCS training to 50 finance staff from MoHP in the quarter. Post earthquake, the status of TABUCS implementation was tracked and showed that its IT infrastructure needs to be replaced in Okhaldhunga, Sindhupalchowk, Rasuwa, Nuwakot and Gorkha districts.

c) In Essential Health Care

SAVE continued their efforts to strengthen new born care in Nepal, with three additional batches of community based integrated management of neonatal and childhood Illness (CB-IMNCI) training carried out for 68 new and recently health staff. Multiple community level staff support visits were also carried out. Following the earthquake, project activities were revised including the replacement of the planned formal evaluation with a learning assessment. SAVE's quarterly report is included as Annex 2.

The following NHSSP and sub-contract payment deliverables were submitted during the period:

Mngmt	M7	Quarterly report
Proc	4.5	Roll out completed
TARF	Q6.2	TARF quarterly invoice
NFPP	FP2	Printing and distribution of IEC and job aids completed
NHFS	3	Submission of main training completion report (30% of total costs)
Proc	6.2	Equipment specifications - development/quality assurance and LMD website uploading

All final, non-sensitive documents were uploaded to the NHSSP website (www.nhssp.org.np). NHSSP's website has had 18,500 hits since Jan 2012). NHSSP's Facebook page 'likes' at the end of the quarter totalled 6300 and 250 people currently follow the programme on Twitter.

3. Detailed Quarterly Updates

TA Output 1:
Core Health System Functions Strengthened

NHSP-2 Outputs: **Improved physical assets and logistics management (7)**
Improved heath governance and financial management (8)
Improved sustainable health financing (9)

Indicator 1.1: Logistics Management Division's (LMD's) capacity for transparent and timely procurement

1.1.1. Increase Logistics Management Division's (LMD's) capacity to conduct procurement and contract management in a transparent, timely and accountable manner in line with procurement guidelines and the Consolidated Annual Procurement Plan (CAPP)

TA provided support to LMD for emergency needs assessments, emergency procurement and the storage and onward distribution of medical equipment and supplies, some of it donated by external agencies. Training support on executive procurement for MoHP managers and district level officials was provided to enable them to resupply earthquake affected health facilities quickly and prevent stock outs in the future.

NHSSP's international procurement advisory inputs drew to a close at the end of the reporting period although national support for executive procurement is continuing until the end of July. The disruption caused by the earthquake slowed CAPP procurement activities and a sizeable proportion of total procurement will now need to be carried forward to 2015/6. The contract management system (CMS) pipeline report developed with NHSSP support is available to support forecasting adjustments.

1.1.2 Quality assurance (QA) procedures for annual procurement plans and bid documents established and disseminated with approval by DfID and Logistics Management Division (LMD)

As noted in previous reports the procurement QA system introduced in LMD to help assure the quality of items procured under both international and local competitive bidding was selectively implemented by LMD. For this reason, the final report from Crown Agents will now focus on a review of LMD procurement since 2010 including lessons learned and recommendations to improve procurement under NHSP-3.

1.1.3 Support improvements in systems, procedures and processes for procurement and contract management

LMD's innovative electronic Contract Management Information System (CMS) is now operational across the country with TA supporting regional training workshops in Central, Eastern and Far Western Regions held. Training support in Western and Mid-Western Regions is being provided by Health for Life (H4L).

Visits to regional and district centres to review supply chain processes, including procurement and contract management, were completed as planned. The need for operation and maintenance budgets to enable the sustained use of advanced medical equipment has been stressed to LMD.

1.1.4 Strengthen linkages between procurement, contract management and finance through an electronic contracts management system

Implementation of the demand forecasting and delivery information system and roll out plan continued in central/regional warehouses and all divisions.

1.1.5 Enhance value for money in procurement practices by improving LMD knowledge of the supplier market for selected procured goods

The VFM case study on LMD's technical specification bank was disseminated in the quarter. This estimated a minimum return of £2.6 to every £1.0 invested in developing the bank.

1.1.6 Expand capacity of Logistics Management Division (LMD) to effectively ensure quality of goods procured through use of technical specification bank and appropriate use of biomedical engineers

LMD's web-based technical specification bank for medical equipment, drugs and other materials reached 1532 entries (472 pharmaceuticals and 1060 equipment) against combined phase 1 and 2 targets of 400 and 1100 respectively. Additional pharmaceutical specifications were added during the quarter. The databank is hosted on LMD's website (www.dohslmd.gov.np). Approval and the uploading of the new specifications is expected in July.

LMD's and NHSSP's biomedical engineers continued their efforts to promote use of the bank across the country and have now visited a total of 21 regional, zonal and central hospitals.

Indicator 1.2 Timeliness of Budgeting and Financial Reporting

1.2.1. Improve budgetary control by supporting roll out of Transaction Accounting and Budget Control System (TABUCS) nationally and building capacity of **Ministry of Health and Population (MoHP) to effectively manage and use TABUCS**

As noted above, by the end of June 2015, 76% of the year's financial expenditure had been entered into TABUCS through 201 cost centres. The post-earthquake status of TABUCS implementation was monitored in the 15 hardest hit districts and this showed that TABUCS infrastructure needs to be rebuilt in Okhaldhunga, Sindhupalchowk, Rasuwa, Nuwakot and Gorkha. Despite the disruption to work plans, NHTC provided TABUCS training to 50 MoHP finance staff in the quarter.

Planned work, now deferred, includes:

- Linking TABUCS with other MIS including the Treasury Single Account (TSA), Computerised Government Accounting System (CGAS), Line Ministry Budget Information System, HMIS, the Human Resource Information System (HuRIS), Health Infrastructure Information System (HIIS) and Logistics Management Information System (LMIS)
- Ensuring consistency between TABUCS and the Nepal Public Sector Accounting System (NPSAS) reporting system
- Upgrading TABUCS to include an inventory control and procurement system
- Providing additional hardware and software support in 11 districts
- Creating a TABUCS data centre and IT section in MoHP (NPR 10 million allocated in 2015/16)
- Continuing TABUCS user training by NHTC (NPR 1.8 million allocated in 2015/16).

1.2.2. Capacity of Ministry of Health and Population (MoHP) cost centres to deal with audit queries and provide financial reports built

A TARF funded specialist helped finalise the PFM curricula for trainers and trainers of trainers with a view to reduce the number of audit queries raised each year and improve responses to them. These courses aim to build sustainable financial management capacity within MoHP's programme managers and finance officers. Note that the training courses originally planned for April have been re-scheduled for July.

Looking forward, priority tasks include strengthening the institutional set up to improve implementation of MoHP's Internal Financial Control Guidelines and Audit Clearance Guidelines and introducing an effective internal control system. This may require the establishment of dedicated audit clearance units in MoHP and DoHS. Provision should also be made to update both guidelines in the light of experiences in 2014/15.

1.2.3. Support wider public financial management (PFM) programmes by providing inputs on issues including fiduciary risk review (and supporting Financial Management Improvement Plan (FMIP) governance structures)

The finance ministry's Office of the Auditor General published its general audit of MoHP for FY 2013/14. This, for the first time, captured expenditure from each cost centre rather than working from aggregated totals at the centre. Encouragingly the total value of audit queries against audited expenditure was NPR 2.39 billion (11.53%), down from 13.79% in the previous year.

In undertaking the audit, OAG also carried out performance-based audits in five districts (Siraha, Dhankuta, Ilam, Kalikot, and Banke) and assessed the effect of service delivery at Bir Hospital, Kathmandu. This improved audit process, made possible by improved MoHP financial systems and data availability, is seen by TA as a valuable contribution to reducing fiduciary risk.

Following the earthquake, the World Bank extended its deadline for the submission of this year's financial management improvement plan (FMIP) which will include inputs from MoF, NPC, FCGO and EDPs, to 30 September. This plan may include establishing a PFM committee at DoHS and preparing

a comprehensive PFM framework with key indicators drawn from MoHP's Governance and Accountability Action Plan (GAAP), FMIP and Procurement Improvement Plan (PIP).

Indicator 1.3: Availability of Standards and Criteria for Expansion of Health Infrastructure

1.3.1 Support rationalisation and coordination of procurement planning for infrastructure (including maintenance

With an estimated 84% (375 out of 446) of all 'completely damaged' health facilities located in the 14 worst affected districts, repairing, rebuilding or replacing infrastructure in these areas is a priority. Accordingly, NHSSP's infrastructure adviser worked closely with government colleagues to:

- prepare a detailed health infrastructure master plan in the 14 most affected districts. This was produced using GIS maps to determine the sizes and types of facilities needed in relation to population sizes and catchment areas. This master plan was included in MoHP's newly prepared Reconstruction and Rehabilitation Guidelines to be used by all agencies identifying facilities requiring attention
- prepare a detailed and costed plan for engineering assessments of all damaged health facilities. This plan was subsequently forwarded to DFID and GIZ for funding
- prepare designs, specifications, bills of quantity (BoQ) and construction guidelines for prefabricated health structures and accelerate negotiations for the construction of new hospitals in priority districts. Note that MoHP's Recovery/reconstruction Proposal Review Sub-committee approved 126 new health facilities in the reporting period and began construction of facilities in Rasuwa and Nuwakot districts
- prepare a MoU with 11 donors for the supply of prefabricated health facilities and essential equipment and establish rehabilitation centres in the worst affected districts
- facilitate discussions with DFID on calculating the costs of repairing nine hospitals in the Kathmandu valley and one in Chautara, and conduct visual assessments at other hospitals and department buildings;
- liaise with DUDBC to obtain safety certification for MoHP's main building, thereby allowing it to resume operations.

Additional support beyond MoHP was provided to:

- the Earthquake Engineering Research Institute to assess the condition of selected health Infrastructure in the Kathmandu valley including Tribhuvan University Teaching Hospital, Nepal Medical College and Thapathali Maternity Hospital;
- a team of British infrastructure engineers including arranging a briefing workshop
- a team of UK doctors to help them secure work space at the Nepal Medical College in order to support emergency relief activities.

1.3.2. Improve monitoring of health infrastructure projects by strengthening the Health Infrastructure Information System (HIIS)

Despite the earthquakes, reasonable progress was made updating Management Division's web-based Health Infrastructure Information System (HIIS) with data now collected on 50 % of all recently upgraded sub health posts. This activity was carried out in coordination with DHOs, DUDBC district offices and RHDs. These data will be uploaded to the HIIS in the coming quarter.

Rehabilitation of Zonal and Regional Hospitals:

Architectural, structural, electrical and sanitary designs for Gangalal Hospital, Mid-western Regional Hospital Surkhet, Bheri Zonal Hospital and Seti Zonal Hospital were completed and presented to local stakeholders for approval prior to being forwarded to DUDBC for procurement of a suitable contractor. These new designs have been informed by local disease and morbidity data, populations and catchment areas.

TA Output 2:

Information and Monitoring System Strengthened

NHSP-2 Output: Improved monitoring and evaluation (M&E) and Health Management Information System (HMIS) (6)
Improved Service Delivery (4)

Immediately following the earthquake, TA supported MoHP to establish an Information Management Unit under its Health Emergency Operation Centre (HEOC). The M&E Advisor helped develop the system, design data collection tools for districts including hospital based syndromic disease surveillance, orient staff/volunteers, carry out data analysis, produce daily situation update reports for the health minister, secretary and other officials. The daily situation updates were seen as effective in helping key decision makers respond to the disaster using accurate district level data.

In June, the information system was handed over to the Epidemiology and Disease Control Division (EDCD) at DoHS with NHSSP TA providing support during the transition. The EDCD now produces weekly updates in two parts: 1) the post earthquake situation; and 2) the Early Warning Reporting System (EWRS) report. This input has helped EDCD resume its earlier practice of analysing and reporting EWRS data.

NHSSP Advisors were also heavily involved in helping MoHP design PDNA tools in line with National Planning Commission guidelines and supporting their implementation at district level. Assistance was also provided for data analysis and the preparation of recovery plans at the central level.

Indicator 2.1: Monitoring and evaluation (M&E) framework for strategic plan developed and evaluation tools institutionalised in MoHP

2.1.1 Support the integration of the Ministry of Health and Population (MoHP) and the Department of Health Services (DoHS) Management Information Systems (MISs) by developing a unified coding system

The schema developed in late 2014 for a unified coding system that assigns a unique code to each health facility is in the process of being endorsed by MoHP. The official list of health institutions was updated with inputs from Management Division (from its HMIS and HIIS) and LMD (from its LMIS) and individual districts. Once endorsed the system will be rolled out across the ministry.

NHSSP advisors also worked with MoHP and EDP officials to develop an e-Health strategy and revise the Health Sector Information Strategy (2007). They also reviewed the various MISs in order to identify bottlenecks and ways to overcome them in order to establish functional linkages.

2.1.2 Support the roll out of the revised Health Management Information System (HMIS) to ensure quality data and promote better use of data (including disaggregated data)

The five HMIS coordinators continued to support regional, district and health facility staff to improve the use and quality of HMIS data in collaboration with programme focal persons in RHDs. Management Division also began to roll out the customized DHIS2 Nepal database (https://hmisnepal.org) in the fourteen districts hardest hit by the earthquake including intensive support in Ramechhap and Dolakha districts. HMIS data currently being entered into the old database at district level will be transferred into the Nepal DHIS and output reports generated. NHSSP and GiZ are providing support to MoHP to institutionalise DHIS2 at each level in the health system.

In response to a request from DoHS, and with support from health partners, NHSSP began coordinating the printing and distribution of HMIS recording and reporting tools for fiscal year 2015/16. Supporting partners include UNICEF, UNFPA, GiZ, Save the Children, NSI, JSI, Health for Life, Ipas and PSI Nepal. This process, initiated by Management Division and NHSSP, is seen as a good example of effective agency collaboration in support of DoHS needs.

2.1.3 Support the generation of primary information for NHSP-2

The preparation of the NHSP-3 programme monitoring framework reported in the last quarter represents the culmination of efforts made to gather evidence from NHSP-2 to inform the design of NHSP-3.

2.1.4 Improve the availability and use of evidence/data for planning and policy design by strengthening information sources

Several NHSSP advisors provided hands on support to MoHP for the preparation of evidence-based annual work plans and budgets (AWPBs) which were based, in part, on the use of disaggregated social data. The 2015-6 AWPB was submitted and approved but may be revised in the light of post disaster recovery priorities.

NHSSP advisors also helped MoHP prepare 12 month post-disaster transition and recovery plans. Further, under the M&E and Research work stream, the following additional activities were undertaken in support of:

- MoHP to conduct a review of the health sector's response to the earthquake including lessons learnt
- MoHP to assess earthquake impact on health systems (service availability, readiness and quality of care)
- health facilities and DHOs/DPHOs to recover key data lost in the earthquakes
- health facilities and DHOs/DPHOs to monitor service delivery and utilisation particularly in temporary camps and resettlement areas
- districts in tracking follow up cases particularly HIV, TB and leprosy patients; pregnant women; and children to be immunised particularly those residing in temporary camps or resettlement areas.

Following the training in March of 85 enumerators and 8 supervisors for MoHP's 2015 Nepal Health Facility Survey (NHFS), data collection got underway. This took place between April 20-23 with teams deployed in Jhapa (5 teams), Morang (10 teams) and Sunsari (5 teams) under close supervision and monitoring by experts from MoHP, ICF International, NHSSP, QA members and New ERA. A daily review of field work including listening to the experiences of team members and providing feedback on technical and managerial aspects of the survey was introduced. A post-survey review to discuss challenges faced in the use of tools and the tablets etc was also carried out and further data was collected jointly by New ERA, NHSSP, ICF and PHAMED.

Field work was halted in the aftermath of the earthquake but resumed in far and mid-west regions in late May. Data collection is now ongoing and is expected to be complete by the end of September.
It should be noted that the World Bank in collaboration with NHSSP is planning to conduct a health facility survey in several non-sampled health facilities of NHFS 2015 in 6 districts: Baglung, Kailali, Ilam, Gorkha, Kapilvastu and Udayapur, in order to assess service availability, readiness and quality of service at the point-of-care.

2.1.5 Support the generation and analysis of primary information for NHSP-2 and to inform NHSP-3

see 2.1.4.

Indicator 2.2: Quality of care (QoC) in maternal health services

2.2.1 Support the development of a system and tools for monitoring and managing the quality of maternal, neonatal and child health (MNCH) in health facilities.

The HQIP process continued in the two pilot hospitals in Taplejung and Hetauda. In Hetauda a 5th self-assessment was carried out on April 23th and a new action plan prepared with 8 key activities. 4 out of seven actions had been completed from the 4th action plan. The planned HQIP evaluation was postponed due to the earthquake.

At central level, a second Quality Improvement Technical Advisory Committee (QI TAC) meeting was held on 19th April at DoHS in the presence of the Director General and facilitated by Dr. Bhim Acharya, Director of Management Division. 15 participants attended with all divisions and MoHP represented. Dr. Bhim presented progress made in the QA/QI system, revisions made to National QAI Implementation Guidelines, the Hospital QI process, HF QA system, HMSP, and MPDR. This was followed by an update on QI TAC and QAI TWG functionality. The meeting recommended that:

- provision be made in the National Quality Assurance and Improvement Implementation Guidelines for a member secretary for the QAI TWG and Hospital QI committees, and
- QA in the district public health system should cover all health facilities in the district, include a feedback mechanism for health workers and make provision for follow up visits in order to encourage improvements.

Looking forward, the final evaluation of the HQIP will now take place in July. TA are also planning to support FHD to implement HQIP tools in 10 districts and scale up in (two/three) earthquake affected districts. Based on learning from the Hetauda and Taplejung pilots, it is recommended that the hospital QI process be scaled up in a phase-wise manner to cover all district hospitals in the country, especially those in earthquake affected districts. The development of tools and mechanisms for QI processes at referral hospitals should also be taken forward.

2.2.2 Support the implementation of strategies to address overcrowding in tertiary facilities

TA continued to support FHD through phone calls and site visits to follow up on progress made in 10 referral hospitals (7 zonal, 1 regional and 2 sub-regional) against action plans made to reduce overcrowding. In this regard, the following progress was reported:

	Name of Hospital	Progress Made Against Action Plan
1.	Seti Zonal Hospital, Kailali	Assessment completed and decision taken to build a new maternity/birthing unit having 70 beds
2.	Janakpur Zonal Hospital	2 Ob/Gyn doctors, 5 Staff Nurses, 1 Anaesthetic Assistant, 1 Lab Assistant, and 9 ANMs recruited. A cautery machine was supplied to the OT and a basin for hand washing retained. The doctors' room was renovated.
3.	Koshi Zonal Hospital, Biratnagar	2 MOs for the maternity ward; 1 OB/Gyn doctor, 1 anaesthetist, 12 SNs, 4 ANMs, 1 lab technician, 1 recorder and 4 cleaners/helpers were recruited and 10 delivery sets procured. Rusted beds and trolleys were painted with enamel and toilets in the PNC, gynae and paying wards, and waiting area were repaired.
4.	Rapti Zonal Hospital, Tulsipur, Dang	The hospital purchased the following: C/S sets (2); laparotomy set (1); exploration set (1); patient trolley (2); instrument trolley (2); beds (23); I/V stand (12); exhaust fan (3); A/C units for the labour room and dressing room; instrument rack (1); rack for changing dress in the OT (1); side light/focus light (2); bed locker (25); inverter/solar power system for the labour room and OT (2); doppler (2); pulse oxymeter for post-operative and labour wards and the OT; delivery bed (1); examination bed (1).
5.	Mechi Zonal Hospital	2 SNs, 2 ANMs, 1 part time anaesthetist and 1 Anaesthetist Assistant hired. Cardiac monitor (1) and folding bed (2) for post op care and pulse oxymeter (2) purchased. 2 anaesthesia machines and a generator repaired.
6.	BZH Bheri Zonal Hospital, Nepalgunj, Banke	Ob/Gyn (1), Anaesthetist (1), SN (4) and ANM (1) hired. 1 Fumigation machine, 1 Autoclave for OT; 4 folding beds and an emergency drug rack purchased. CSSD now well managed including: improved ventilation and furnishings; properly sterilized and stored reusable equipment and supplies; power back up, and other equipment.

		Dhobighat (laundry area) constructed. Labour room for 24 hour emergency management established including well reporting, handover/takeover system and well maintained emergency drug tray
7.	Lumbini Zonal Hospital, Butwal	1 anaesthetist, 2 SNs, 5 ANMs and 4 sweepers/helpers recruited Doppler, laryngoscope, vacuum set (1), perilight (3), mother and baby suction machines (2) purchased; A/C installed in the labour room; cautery machine received from LMD and supplied to the OT; and tender issued for anaesthesia machine with ventilator. Walls in labour room painted; roof above labour room repaired using HDC budget; floor, wall and ceiling in labour room repaired; nets and glass installed in windows of maternity ward.
8.	Sagarmatha Zonal Hospital, Rajbiraj	2 SN, 4 ANMs and 1 sweeper for the OT recruited. Double drum, doppler, suction machine, chair for post-operative ward, buckets for IP purchased. Toilets in maternity repaired and tiles laid on floor and walls.
9.	Gandaki Western Regional Hospital, Pokhara	3 doctors (MOs) recruited. Doppler (2) , and pulse oxymeter, bed side locker (5), semi folding bed (5), IV stand (6), patient trolley (1), examination bed (1) purchased and A/C installed in the OT and labour room. Tender issued for anaesthesia machine and cardiac monitor, and trolley.
10.	Rapti Sub-regional Hospital, Ghorahi, Dang	MO (1), SN (6), ANM (8), helper (7) and guard (4) recruited.
2.2.	Narayeni Sub-regional Hospital, Birgunj	No progress made in this quarter despite follow up.

Strategic location of BCs in Banke:

All 5 BCs at intervention sites agreed to provide free ambulance services and 3 began to operate.

Looking forward, the continued provision of TA to FHD to enable referral hospitals to overcome overcrowding of maternity wards and improve quality of care will be needed. Learning on making free referrals available from strategic birthing centres to CEONCs will also inform other referral support in the two districts. An evaluation of the approach to support the three referral hospitals and strategically located birthing centres is scheduled for September/October 2015.

2.2.3 Support effective implementation of comprehensive emergency obstetric and neonatal care (CEONC) funds

In the aftermath of the earthquake, the status of CEONCs and their abilities to provide caesarean sections (C/S) in affected districts was assessed. The CEONC mentor, together with NHSSP advisers, then helped FHD to plan HR and budgetary requirements for the continuation of CEONC services in earthquake affected districts.

The CEONC mentor and NHSSP staff also continued to provide assistance to FHD to enable district hospitals to provide quality CEONC services. Support visits were made to 14 sites in the quarter and CEONC services were restored. In addition, CEONC services began in Burtibang hospital, Baglung district and feasibility assessments were carried out in Rampur, Palpa and Manthali PHCCs in Ramechhap.

Similarly the status of birthing centres in the 14 worst affected districts was assessed. Out of the 370 BCs existing, 116 (31%) were severely damaged and 144 (39%) partially damaged. This information provided the evidence for FHD to send temporary infrastructure (tents) to restore MNH services in these districts.

Regarding the status of CEONC fund utilisation, 28 percent had been expended by the end of the 2nd quarter of FY 2071/2072 in 50 CEONC funded sites.

Clinical coaching to the C/S team at Lahan hospital

A meeting with the Lahan hospital team

2.2.4. Support review, planning and budgeting of Family Health Division/Child Health Division (FHD/CHD) and others

TA supported FHD to prepare its AWPB for 2072/73 which makes budgetary provision for hiring an appropriate number of ANMs to cope with service demands. Advisers also helped FHD monitor utilization of its CEONC fund, 28 percent of which had been expended at 50 CEONC sites by the end of the 2nd quarter of FY 2071/2072.

CHD was supported to collect data on the status of skilled HR in the 14 earthquake affected districts with a view to re-establishing basic IMNCI services in these districts.

2.2.5. Support to disseminate study findings on integration of FP services in EPI clinics

(see 2.2.7)

2.2.6. Support to design and preparation of remote areas MNH pilot in Taplejung district

Immediately following the earthquake, all field visits to the remote area pilot were postponed. A major landslide in Taplejung limited RAMP activities in two out of six VDCs (Thinglabu and Santhakra). Health workers and EAP social mobilisers worked in their respective VDCs to assess the MNH situation including identifying the number of affected pregnant and lactating mothers. One pregnant mother was provided with health care.

ANMs (non-SBAs from Change HP and Sablakhu HP) participated in district hospital exposure visits in April in order to improve their normal and complicated delivery skills. Four participants from the DHO participated in medical abortion training at Koshi Zonal Hospital, Biratnagar from 5-9 April. This training enabled participants to start medical abortion services in their respective health facilities.

An orientation programme on medical abortion was organized on 12 April in coordination with FHD and IPAS. There were 49 participants including key stakeholders such as the CDO, LDO, DSP, media persons and NGO representatives.

Essential equipment and supplies were provided to RAMP intervention health facilities to help improve the quality of services. In addition, two 2 batches of MNH update training took place in May for all nursing staff working at BCs.

TA support was provided the DHO in Taplejung to review and present their half yearly regional performance. A review of HMIS data in May and June was also carried out to enable staff to analyse and present data in order to develop action plans to address the gaps identified. Further, two batches of HMIS training for new HR were held in May and June.

Looking forward, the DHO will continue to provide oversight and monitoring of the programme at VDC level. Project staff will focus on the support and monitoring of EAP activities and establishment of referral funds at health facility and community levels. Evaluation of RAMP will begin in mid-August 2015.

2.2.7. Support to design and implementation of interventions to reach un-reached population in family planning

Support provided to MoHP in the post earthquake period included participation in various RH and FP cluster and technical working group meetings and inputs into post disaster transition and recovery planning for EHCS/FP support at (i) national level, (ii) in 14 earthquake affected districts, and (iii) in 2 earthquake affected districts (Dolakha and Ramechhap). FP related inputs were also incorporated in MoHP's Transitional and Recovery Programme (July 2015-July 2016).

At district level, NHSSP TA led a joint team for a health sector PDNA exercise in Ramechhap which prepared plans to July 2015 and for FY 2015/16. Intensified support to strengthen FP services (esp. LARCs) in the 14 highly affected districts and two focal districts (Ramechhap and Dolakha) was provided.

Regular programme activities continued to the extent possible including district level planning workshops in Baitadi and Darchula districts and finalisation of a concept note and implementation guidelines for VSC+ pilot interventions. However, a decision was taken not to include Sindhupalchowk as an FP/EPI pilot district due to the disruption caused by the earthquake, but rather work to strengthen its existing FP program. HFOMC/FCHV and health worker orientation for VP interventions were completed. The following table provides a status update on activities in the quarter:

SN	Variables	Status
1	District implementation planning meeting/workshop in Darchula and Baitadi	Completed
2	Revision and sharing of VSC+ concept note	Completed and shared
3	Preparation of implementation guide for VSC+ pilot	Completed and shared
4	Completion of HFOMC/FCHV orientation in Ramechhap	Completed and reported
5	Continuation of delivery of integrated FP/EPI services in Sindhupalchowk and VP services in Ramechhap	Continuing despite April earthquake
6	Initiation of VSC+ intervention in Baitadi and Darchula	Rescheduled in July
7	Technical support visits to all pilot districts	Continuing

In addition, NHSSP's FP advisers supported district teams and DHOs to carry out district needs assessments on the status of human resource skills and instrument/equipment availability (e.g. OT Tables, NSV, minilap sets, IUCD/Implant insertion and removal sets). TA then coordinated with NHTC to provide FP training, including implant insertion and removal, to providers in pilot districts.

Regular coordination with FHD/LMD continued in order to prevent stock-outs of FP commodities in pilot districts while IEC materials and job aids (decision making tools, and WHO MEC wheel) were reprinted and distributed to Sindhupalchowk, Baitadi and Darchula. The possibility of a partnership with Marie Stopes International to implement VSC+ pilot interventions in Darchula was explored.

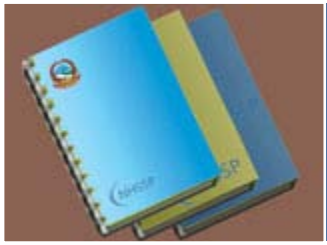
Close coordination with donors, DHOs and the M&E agency to ensure the smooth running of the FP pilots/interventions continued and the VSC scoping report prepared by HERD/MM was reviewed and suggestions provided.

In pilot districts, inputs from visiting providers (VP) in Ramechhap and VSC+ in Baitadi and Darchula continued. However coaching and IUCD service delivery were interrupted in Ramechhap as a result of the damage caused to a high proportion of health facilities. Initiation of VSC+ pilots in Baitadi and

Drachula was delayed due to the unavailability of FHD staff to participate in a joint planning meeting for over a month. The proposed value for money evaluation will cover VSC+ pilot districts only.

Support for the design and preparation of new born care support through SCI (Save the Children International)

SCI's quarterly progress report for the quarter is included as Annex 2.



TA Output 3:
Institutional Reform Processes Supported

NHSP-2 Outputs: **Improved Sector Management (2)**
Improved Sustainable Health Financing (9)
Reduced cultural and economic barriers to accessing health care services (1)

Indicator 3.1: Draft NHSP-3 Document

3.1.1 Support to strategic planning for NHSP-3

The earthquake is seen to have set back the NHSP-3 development process by approximately one month and similarly affected the AWPB process, JCM preparation and development of MoHP's E-health strategy. However the NHSP-3 document was successfully revised in the light of the post-disaster situation and additional content added to capture post-disaster reconstruction and rehabilitation priorities in the sector.

NHSSP support for planning switched to disaster response activities. These included supporting the design of the PDNA process including a needs assessment tool for use in affected districts. NHSSP's planning adviser deployed the tool during a visit with PPICD's chief to Rasuwa district and with DPHO in Kathmandu.

TA also provided support to MoHP for the preparation of its Post-disaster Recovery Plan and served on several technical and coordination committees, revising plans and budgets as required. Guidance was provided on emergency procurement and negotiating emergency provisions e.g. the reimbursement of fees for private medical facilities.

3.1.2 Support the development of the five-year (2015-2020) health sector strategic plan

By the end of the reporting period the NHSP-3 development process was broadly back on track. A meeting of the High-Level Committee and Steering Committee took place just after this reporting period (on 19th July) during which final feedback on the draft NHSP-3 documents was received. Once incorporated, MoHP will submit the NHSP-3 strategic document and results framework to cabinet for approval following which the NHSP-3 Implementation Plan will be finalised by MoHP.

The AWPB process also advanced with one JCM taking place in June. Another JCM is planned for the first week of August during which MoHP will share its business plan with EDPs. MoHP's E-health Strategy development process has also resumed.

3.1.3 Strengthen State Non-state Partnership (SNP) functions within Policy, Planning and International Cooperation Division (PPICD)

No new developments in the reporting period.

Indicator 3.2: Refocused and sustainable Equity and Access Programme (EAP)

3.2.1 Technical strengthening, expansion and improved sustainability of the Equity and Access Programme (EAP)

As with other work steams, post disaster priorities overshadowed regular GESI programming and led to advisers providing intensive support to MoHP across GESI and other health service areas. At national level, coordination and support was provided to several MoHP clusters and groups (including GBV, mental health/psychosocial and protection clusters) to finalise ToR, agendas, training content, the service directory (which describes services available for survivors such as case management, psychosocial support, legal aid, safe houses) including referral pathways as a part of emergency response effort.

Technical inputs were provided to the Government's District Health Sector Recovery and Revitalisation Plan and the longer term Health Sector Recovery Plan. The latter proposed the establishment of one stop crisis management centres (OCMC) and social service units (SSU) in each earthquake-affected district.

Further, TA worked with UNFPA to roll out GBV clinical protocol training in the 14 worst affected districts to include the placement of mobile health camps and short-term shelter homes for newly delivered mothers and those at the delivery stage in these districts.

At district level, rapid needs assessments were carried out at OCMCs in Hetauda, Kathmandu, Dhulikhel, Baglung, Dang, Panchthar, Solukhumbu, Bardiya, Tanahu, Doti and at SSUs in Bharatpur, Pokhara and Kathmandu. SSUs, it was noted, appeared to be effective in coordinating free, round-the-clock services for earthquake victims. Visits were also made to Maternity Hospital, Dhulikhel Hospital, Bharatpur Hospital, Hetauda Hospital and Western Regional Hospital to assess the effectiveness of services available to survivors. While seriously overcrowded these hospitals appeared able to manage significantly increased caseloads by operating 24 hours and setting up temporary service camps.

During these rapid assessments and site visits, orientation was provided to hospital staff on MoHP's revised OCMC and SSU guidelines. The importance of psychological first aid to help patients access the practical and emotional care needed was stressed together with the importance of appreciating that some people are more at risk than others following a disaster, notably children and adolescents, those with chronic health conditions, pregnant women, the elderly, the socially excluded and victims of gender based violence.

As a result of the disaster, many regular planned activities at district and central levels were disrupted partly due to difficulties experienced accessing key MoHP staff. The following activities were delayed:

- progress review of OCMCs and SSUs through government red-book in some districts
- training on GESI mainstreaming to the GESI TWG of MoHP and DoHS
- completion of the evaluations of SSUs and the social audit process
- Cancellation of the training of trainers course on GBV for police officers and training to In-charge officials at Women and Children Service Units (women cell) in OCMC districts due to the diversion of funds for relief efforts.

- orientation to SSU staff on interpersonal communication and counselling skills
- the development of Integrated Guidelines for the Delivery of Integrated Services to GBV survivors.

Several activities did however continue including the sharing of preliminary findings of the SSU evaluation by the consultants during the annual SSU annual review workshop on June 26-27. This workshop was well attended by the ministry and participants included the Secretary, DG, Population Division Chief, PPICD Chief, Curative Division Chief, PHCRD Chief and the Medical Superintendents, SSU Chiefs and Account Officer of the eight pilot hospitals. Recommendations will be taken forward to help shape the future of SSUs.

In addition, training on gender and social inclusion mainstreaming to health facility in charges and district supervisors in 17 districts took place as planned. This training has proved pivotal in increasing knowledge and skills from GESI perspective to increase access and utilisation of health services and address the disparity in service delivery for women and excluded groups.

Looking forward, several new work streams will need to be taken forward in the earthquake recovery context including:

- Developing the capacity to deliver psychosocial and mental health services in earthquake affected districts
- Monitoring the equity of health services during the disaster response
- Assessing and adapting the design of OCMCs and SSUs in affected districts
- Assessing and supporting the recovery of community health centres and urban health clinics
- Developing a GESI TA exit plan

3.2.2 Social service units (SSUs) piloted across 8 zonal and referral hospitals and an institutional home for SSUs established

see 3.2.1

3.2.3 Scale up of social audits based on lessons learned from piloting

As noted, the social audit evaluation was delayed by the earthquake and will be completed by end August 2015. Early findings suggest varied quality in implementation. The two districts where NHSSP provided initial technical support appear to have maintained a higher level of quality than others.

3.2.4 Pilot One-Stop-Crisis Management Centres (OCMCs) and develop a multi-sectorial response to gender based violence at the district level

As noted above, TA worked with UNFPA to roll out GBV Clinical Protocol training in the 14 worst affected districts to include the placement of mobile health camps and short-term shelter homes for newly delivered mothers and those at the delivery stage in these districts.

Indicator 3.3: Aama unit costs identified

3.3.1 Review the Aama Programme

In the post earthquake period, NHSSP's health financing team has prepared ToR to conduct an

assessment of functionality of the Aama Programme in selected earthquake affected districts. Consultants have been hired and the assessment will be completed by the middle of August 2015. A simplified monitoring tool was developed for the assessment which will help identify any additional support needed to implement the Aama programme in these districts.

Regarding the PFM regular work stream, on 8th June 2015, preliminary findings from the Aama Review were shared among wider stakeholders, external development partners and representative from the MoHP and DoHS. The final report is expected by the end of August.

Seven private firms declared an interest to providing consultancy service for third party monitoring of the Aama programme. Out of these, six were screened and have been requested to provide technical and financial proposals to conduct the Rapid Assessment round IX for the running fiscal year FY 2014/15. Only, three firms had provided technical and financial proposals by the end of the reporting period. A clear risk to the feasibility of carrying out the rapid assessment is the potential shortfall of government funds in the post-earthquake period. If this proved to be the case, external support may be required.

Looking forward, **k**ey activities identified under NHSP-3 include harmonising the Aama programme within a broader framework of social health protection, and further developing modalities for involving private sector institutions in Aama implementation through state non-state partnerships. Specialised technical support will also be needed to help MoHP link Aama with any national social health insurance programme.

3.3.2 Conduct Unit Cost Analysis of Aama

FHD shared preliminary findings from the Aama Unit Cost Study with key stakeholders at the June 8th workshop which was attended by representatives from MoHP, DoHS, EDPs and other interested groups. The main recommendation made was to conduct a normative costing and vetting against the actual unit cost findings. The unit cost study team in FHD will take this forward for both the maternal condition and newborn condition by the end of July and present the findings separately. The OPM team in Oxford will support data analysis and assure the overall quality of the report following which the health financing team in Nepal will write a policy note and help translate the findings into policy level recommendations.

The main risk potentially affecting this initiative is that FHD may lack the resolve to revise the Aama programme guidelines based on the findings of the costing study. Integrating the free new born care component into the Aama programme without this additional assessment exercise will hamper understanding of the program and impact on reporting.

Looking forward**,** FHD is advised to integrate Aama into the proposed national social health protection framework.

3.3.3 Develop Aama Family Health Division (FHD) plan of action and/or review Aama guidelines

As noted above, a priority activity for the coming quarter includes a normative costing exercise for free newborn care. This will include (i) identifying sick newborn conditions to be treated free of cost, (ii) estimating the cost of care (direct and indirect), (iii) formulating free newborn care guidelines or incorporating the free newborn care within FHD's programme implementation guidelines for the

upcoming fiscal year.

Another important task will be to review continuity of the Aama programme in private facilities based on the findings of the unit cost study, rapid assessments and rapid monitoring. A wider level stakeholder discussion will be needed to take this forward to include an assessment of the budgetary implications of adding or removing certain components of the current programme.

4. Payment Deliverables

Six payment deliverables were submitted in the reporting quarter:

Mngmt	M7	Quarterly report
Proc	4.5	Roll out completed
TARF	Q6.2	TARF Quarterly invoice
NFPP	FP2	Printing and distribution of IEC and job aids completed
NHFS	3	Submission of main training completion report (30% of total costs)
Proc	6.2	Equipment Specifications - Development/ Quality Assurance and LMD Website Uploading

Annex 1: Publications Produced

The following publications were disseminated in the reporting period:

Quarterly Progress Report (Jan-March 2015)
Quarterly Progress Pulse Report (Jan-March 2015)
Regional Knowledge Café – Improving the Quality of Maternal and Newborn Care (Pulse Report)
Progress on the Technical Assistance Response Fund (TARF) (Pulse Report)
Delivery Information and Demand Forecasting – Roll Out Activity Report
Family Planning in Baitadi and Darchula – Planning Report
Family Planning in Sindhupalchowk and Ramechhap – Planning Report
Printing and Distribution of IEC Materials and Job Aids
M&E: Development of NHSP-3 Strategic Surveys Plan
Technical Specification Bank – Value for Money Case Study

Annex 2: Technical Assistance for Strengthening Nepal's Newborn Care Programme

Save the Children International/SNL-DFID Programme in Nepal

Quarterly Report

April-June 2015

List of Abbreviations

ARI	Acute Respiratory Infection
ANM	Auxiliary Nurse Midwives
BC	Birthing Centres
BEONC	Basic Emergency Obstetric and New-born care
CEONC	Comprehensive Obstetric and New-born care
CHD	Child Health Division
DFID	Department for International Development
DHO	District Health Office
FCHV	Female Community Heath Volunteers
FHD	Family Health Division
GoN	Government of Nepal
HFOMC	Health Facility Operational Management Committee
HP	Health Post
IMNCI	Integrated Management of Neontal and Childhood Illness
IP	Infection Prevention
MNH	Maternal and Neonatal Health
MoHP	Ministry of Health and Population
NHSSP	Nepal Health Sector Support Programme
PSBI	Possible Severe Bacterial Infection
SCI	Save the Children International
SNL	Saving New-born Lives
TSV	Technical Support Visit
VDC	Village Development Committee

Project: Technical Assistance to Strengthening the Newborn Programme in Nepal

Reporting Period: April - June 2015

Project District: Nuwakot, Rasuwa and Nawalparasi

Since April 2014, DFID/NHSSP, in partnership with Save the Children, has been providing technical assistance to the Ministry of Health and Population (MoHP) in Nepal to strengthen newborn care approaches through the implementation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) programme. This quarterly report documents the activities carried out during the fifth quarter of this project, covering the period of 1st April to 30th June 2015.

This quarter witnessed a devastating earthquake in Nepal on 25th April 2015 that significantly affected 14 districts. These include two of the targeted project districts, Rasuwa and Nuwakot. The earthquake killed more than 9,000 people and millions were left homeless. In addition, the health systems in Rasuwa and Nuwakot were significantly impacted, with widespread damage to health facilities occurring. Table 1 summarises the key impact of the earthquake on health systems in the two project districts.

Table 1: Snapshot of Impact of the Earthquake on Health Services of Rasuwa and Nuwakot

Particulars	Rasuwa (No.)	Nuwakot (No.)
Deaths	597**	1086**
Health Worker Deaths	3***	1***
Injured	7949**	662**
HWs Injured	9***	4***
Total HFs	19*	68*
Total HFs damaged	15**	45**
Total no of BCs	12*	23*
BCs completely damaged	5***	10***
Partially damaged	2***	13***

Sources of information: * CBS, 2011; **PDNA Reports, MoHP, 2015; *** District situation update reports

In light of the impact of the earthquake, modifications were made to the planned activities for the remainder of the project in agreement with Options/NHSSP.

Overview of Key Project Activities from April to June, 2015

2.2.1. 1. CB-IMNCI training for new/transferred HF staff:

A key challenge encountered throughout the project has been the replacement of trained health workers with untrained ones, as a result of transfers or new recruitment. As a result, there have been several requests from the District Health Office (DHO) to carry out additional batches of training for

new staff in post. Following approval from Options/NHSSP, three additional batches of training were carried out in this quarter including one in Nuwakot and two in Nawalparasi. Details of participants are presented in Table 2 below.

The training in Nuwakot was carried out in the last week of March 2015 but not reported in our last quarterly report, due to a lack of field level information. In Nawalparasi, two batches of training were carried out from 8th-12th June 2015 and 14-18th June 2015, each with 20 participants. The training was based on the approved CB-IMNCI package and followed the same procedures as used in earlier trainings in both districts.

Additional batches of training were planned in Nuwakot and Rasuwa by the end of July 2015, but these could not take place due to the earthquake. Project activities were subsequently revised and new activities agreed with Options/NHSSP to address the post-earthquake CB-IMNCI and MNH programme.

Table 2: Details of the CB-IMNCI new/transferred health workers training

District	Dates	Batch #	Target	Participants Trained	Category of the participants				
					Male	Female	Doctors	HWs/ DHO	SBA/ Nurse
Nuwakot	25-30 March	1	28	28	21	7	1	27	0
Nawalparasi	8-12 June & 14-18 June	2	40	40	25	15	0	33	7
Total			**68**	**68**	**46**	**22**	**1**	**60**	**7**

The duration of the training in each district depended on whether or not the district had implemented the previous Community Based Newborn Care programme (CB-NCP). A five day course was conducted in Nawalparasi, which was a CB-NCP district, while a six day course was implemented in Nuwakot (a non CB-NCP district). However, there were several staff located in Nawalparasi who had not received previous CB-IMCI/ CB-NCP training. Therefore, to address the skills gaps, more time and attention was provided to these participants and to the reinforcement of these skills during the training.

Based on this experience, the project recommends that the training duration should be determined by the individual health worker's status in relation to CB-IMCI/CB-NCP training. Similarly, the grouping of participants should be based on participants' prior training experience on CB-IMCI/CB-NCP.

HW practicing filling in the CB-IMCI OPD register during a follow up visit

2. Follow up after training on CB-IMNCI

According to the CB-IMNCI guidelines, training follow up should be conducted in intervals of 2 to 3 months, following the completion of health facility (HF) level training. For this reason, SCI and DHO staff jointly conducted follow up visits of the CB-IMNCI training to identify remaining gaps in the IMNCI programme at the health facility level, key challenges faced by

trained health workers and to reinforce and strengthen the skills of the health workers, particularly for under 5 case management and overall management of the CB-IMNCI programme.

Table 3: Details of follow up visits after training

District	Date	No. of Ilaka level sites	HWs involved in follow up	HF in-charges involved in follow up	Categories of HWs involved in follow up				
					Male	Female	Doctors	HWs	Nursing staff
Rasuwa	4-24 April	5	26	18	20	6	0	22	4
Nuwakot	11-25 April	10	95	64	64	31	5	71	19
Nawalparasi	28 Apr – 13 May	13	126	74	93	33	1	98	27
Total		**28**	**247**	**156**	**179**	**70**	**6**	**191**	**50**

Prior to this activity, contracted consulting firms were oriented on the tools developed for follow up visits, surveys, data summary sheets and questionnaires. During the follow up visits, the teams observed case management practices for children under 5 and babies under 2 months by health workers, while also assessing CB-IMNCI registers, records and reports.

During follow up visits, it was observed that the knowledge and skills of the health workers were satisfactory, with more than 90 percent of health workers correctly stating the assessment, classification and treatment required for each case. However, while health workers could correctly identify and classify the major illness of each case, when the team observed the case records of actual treatment, there was a clear gap between knowledge and practice. It was found that only 61%, 80% and 79 % of cases in Rasuwa, Nuwakot and Nawalparasi respectively were treated correctly. It became apparent that while health workers were able to recall the more frequent signs and symptoms of illness, they often missed the less frequent symptoms such as bulging fontanel, nasal flaring, and grunting.

It was also evident that there were gaps in recording, reporting and case management for infants under two months in relation to standard protocols.

In light of the above, health workers were provided with onsite coaching to improve their knowledge and practise of proper case assessment, classification and treatment. Since most of the health workers had received treatment protocols and guidelines post training, they were strongly advised by the district CB-IMNCI focal person to refer to them if they were ever uncertain. Written feedback in the register itself was provided by the team and, finally, in-charges were requested to prepare action plans for the upcoming three months based on the findings. Though the action plan was developed by the health facility in charges, its implementation and follow up still remains a challenge since the limited duration of the project will restrict opportunities for follow up and Technical Support Visits (TSV) from the partner's side. For this reason, it is recommended that follow up after training should be fully integrated into government plans to help sustain and maintain programme activities, while ensuring quality service in the long run.

All health facility in-charges have been followed up across facilities in all three districts including in five Primary Health Care Centres (PHCCs), eight Health Posts (HPs) and 63 Sub Health Posts (SHPs) in Nawalparasi, one PHC, 11 HPs and six SHPs in Rasuwa and three PHCs, 11 HPs and 53 SHPs in Nuwakot. In addition to health facility in-charges, an additional 65 technical staff members were also involved in the follow up at the ilaka level health facilities.

In summary, the key recommendations from this initiative were to further emphasise the case assessment and practice of correct treatment during training through practical exercises, to strengthen the recording and reporting system at the health facility level and to also improve the logistic management system. After completing the follow-up visits, a dissemination meeting was conducted to present the key findings and recommendation to improve the programme in Nawalparasi. The dissemination meeting in Nuwakot and Rasuwa could not be held due to the earthquake. The dissemination held in Nawalparasi not only intended to share the findings but also to influence the DHO to take responsibility for relevant recommendations over the weeks following the meeting. In addition, the action plan developed at the facility level was handed over to the CB-IMNCI focal person and DHO.

3. Joint TSV and clinical coaching

During this reporting period, a second round of technical support visits was conducted in Nawalparasi across 19 BCs/BEONCs/CEONCs with a focus on knowledge and skills enhancement following the MNH update. The key findings of the second round of TSVs in Nawalparasi are summarised below:

- The delivery rooms and newborn care sites were well organised and well maintained, in comparison to the first visit.
- In the case of equipment and supplies in delivery rooms, complete sterilised delivery sets were available, except for BP instruments which were missing/non-functioning during the visit.
- There was good availability of the magnesium sulphate and an adequate supply of essential drugs, which had not been the case during the first visit.
- Knowledge of SBA was satisfactory. However, most of the SBAs were unable to recall the BPP component.
- Oxygen cylinders were empty and needed re-filling in several of the birthing centres.
- Some birthing centres such as Kumarwarti SHP and Dumkibas HP required extra attention as these facilities were still less equipped and the nursing staff were not adequately competent or knowledgeable.

The second set of TSVs proved to be useful in identifying high delivery BC/BEONCs/CEONCs which required more frequent follow ups to improve service quality and coverage. The second TSVs also further identified the key skills needed among nursing staff that required further coaching support, such as BPP and use of the Doppler.

Post-earthquake TSV support

Following the earthquake, the need for TSVs and clinical coaching was more evident and efforts were intensified to revitalise the CB-IMNCI and MNH services in the most affected project districts. The total number of birthing centres (BCs)/Basic emergency obstetric care (BEONCs)/comprehensive emergency obstetrics and new-born care centres (CEONCs) visited are presented in Table 4.

Table 4: Number of BCs/BEONCs/CEONCs visited

Districts	No of Birthing Centers	No of BEONC sites	No of CEONC sites	Total
Nuwakot	16	2	1	19
Rasuwa	6	1	1	8
Nawalparasi	13	5	1	19
Total visit	**35**	**8**	**3**	**46**

During the earthquake, ten BCs and five BCs were completely destroyed in Nuwakot and Rasuwa respectively. Save the Children, alongside the DHO and partners such as GIZ and UNICEF, supported the re-establishment of damaged birthing centres. GIZ and UNICEF provided tents and other vital equipment whilst Save the Children provided technical support, coordination and modest supplies such as blankets, wrappers and neonatal beds to help restore services. Through prompt coordination and active engagement of all partners, the majority of the birthing centres were promptly restored to functionality, relocated in tents or moved to relatively safe areas.

The response following the earthquake also helped to identify important lessons on how service strengthening efforts acted as a catalyst to post disaster responses.

MNH Specialist, and SCI coach the staff at BCs

Set up of birthing corners after the earthquake in Rasuwa

Firstly, Save the Children's role in strengthening CB-IMNCI and MNH services helped to facilitate the post disaster response, thanks to the engagement and close coordination established with government counterparts. The district level presence of Save the Children allowed staff to work directly with the DHO, helping to streamline the response and the distribution of relief items.

Save the Children's pre-earthquake role also meant that staff had up to date information on the service and response needs at a district level, and as they had been involved in the management of the programme, this experience further accelerated pre and post-disaster service delivery.

Finally, the rapid assessments that had been conducted and ongoing site visits during the programme meant that Save the Children and government counterparts were well informed on how best the services could be revitalised at each site. Initial TSVs had provided guidance on how service quality could be strengthened and Save the Children, DHO and government staff were able to draw on these findings during the response.

4. Infection Prevention (IP) Orientation and IP Supplies

The prevention of infection at health facilities following the earthquake was a key concern as the disruption to health systems increases the risk of unhygienic practices, which is detrimental to maternal and newborn health. Considering the risk of hospital related infection. Save the Children quickly organised IP orientation at district level, with the involvement of key staff from birthing centres. It was intended that the trained staff would act as the IP focal person for their respective health facilities and support orientation of the whole site at individual birthing centres.

Following a detailed discussion with the DHO, it was decided to conduct a two day IP orientation from 23 to 25 June 2015.

A total of 51 staff including doctors, ANMs, nursing and support staff from BC/BEONC sites in Nuwakot were oriented at the district level. These participants are now expected to roll out orientation in their respective birthing centres/ BEONCs/CEONCs together with the consultants hired by SCI.

Practical on chlorine water preparation

Hand washing demonstration

The sessions were facilitated by highly competent facilitators from the Maternity Hospital, Thapathali and Bir Hospital. Following the training, various IP supplies such as colour coded buckets and shoes and aprons for labour rooms were provided.

The training will be gradually provided to all peripheral birthing centres during whole site coaching at respective BC/BEONC/CEONCs.

5. FCHV level training:

During the reporting period, 18 batches of FCHV level training were due to be carried out. These sessions were conducted from 29 March to 13 April in Nawalparasi. A total of 262 FCHVs received training making a total of 704 FCHVs out of 714 FCHVs. FCHV training in Rasuwa and Nuwakot was completed in the fourth quarter of the project and has been reported accordingly. The detailed FCHV training report was been submitted under Milestone 7.

6. VDC/HFOMC members' orientation**:**

With the aim of raising awareness of the CB-IMNCI package at a community level and improving the uptake of services by mothers, orientation sessions for Village Development Committee (VDC)/Health

Facility Management Committee (HFOMC) members were carried out in the remaining 18 sites where training had earlier taken place in Nawalparasi. The orientation sessions aimed to optimise the use of local resources from VDCs, foster support to FCHVs and increase the use of MNCH services. The sessions were jointly facilitated by staff from consulting firms and the DHO, and emphasised the implementation modality of the CBIMNCI package and various roles. The members were also oriented on the key interventions in CBIMNCI, use of chlorhexidine (CHX) and available MNH services through health facilities and FCHVs. A total of 246 VDC/HFOMC members were oriented across the 18 sites, bringing the total number of VDC/HFOMC members trained in Nawalparasi to 630.

7. Mothers' group orientation**:**

Orientation for mothers' groups was provided to continue to raise awareness in the community and deliver key MNH messages to encourage the uptake and utilisation of services. This orientation was carried out in each ward the day after FCHV training. A total of 7,886 mothers were oriented during this reporting period and in total 15,623 mothers attended awareness raising sessions across all wards of Nawalparasi district. A detailed report on this orientation was submitted in as Deliverable 7 of the project.

8. Orientations to drug retailers/pharmacists

A one day orientation session was provided to local drugs retailers in Nawalparasi. This initiative had been recommended by the Child Health Division (CHD) in light of the role of the private sector in the management of sick newborns and children. The orientation focused on the management of acute respiratory infection (ARI), diarrhoea, possible severe bacterial infection (PSBI) and counselling on birth preparedness. This activity was carried out in close coordination with the DHO and Drug Retailers Association in Nawalparasi. Altogether, a total of 158 participants attended the orientation.

As there were increasing concerns about the misuse of drugs within the private sector, the orientation aimed at strengthening understanding of the proper and ethical distribution and use of drugs for the management of under 5 pneumonia, diarrhoea cases and PSBI for infants under two months. During the orientation, Save the Children distributed the CB-IMNCI handbook developed by CHD. The participants remarked that the handbook was user friendly and comprehensive, although the orientation was quite brief.

Table 5: Details of Drug Retailers Orientation

Venue	Dates of Training	Total Number	Male	Female
Parasi	21-22 June	43	36	7
Jagannathpuri	23-24 June	41	29	12
Dumkibaash	25-26 June	39	19	20
Dumkauali	28-29 June	35	14	21
Total		**158**	**98**	**60**

9. Supply of commodities to health facilities:

During the follow-up visits after HF training, programme commodities including drugs, equipment and programme forms and registers were supplied to health facilities from the DHO store. The list of items supplied during the follow up sessions is presented in Table 6.

Table 6: List of Equipment supplied during the training follow up

Item	Supplied Quantity (Number)
Functioning timer	31
Chart booklet	19
Dee-lee suction/Penguin Suchtion	115
Insulin Syringe	2620
ORS Packet	1850
Chloroquine tab	800
Ringers Lactate bottle	160
Thermometer	1
Weighing Scale	1
Bag and Mask	1

Similarly, during technical support visits aimed to revive MNH services, supplies such as bed sheets, towels and baby wrappers were provided to the health facilities. The detailed list of items is presented in Annex I.

10. Meeting with the NHSSP/Options

During this period, a meeting with NHSSP/Options was held on 1st June 2015, with the purpose of finalising the additional post-earthquake activities for Rasuwa and Nuwakot districts. The following activities were agreed:

1. CB-IMNCI revitalisation at HF and FCHV level
2. Orientation on infection prevention for HWs/nursing staff
3. Supplies for MNCH activities
4. Third round of TSVs at birthing centres in Nuwakot

11. Management Support at the District Level

Following the earthquake, the need for effective coordination, management and delivery of relief items among partners became acutely evident at a district level. As Save the Children and DFID staff members had a local presence and were working closely with the DHO, it was possible for them to support the re-establishment of the MNH and CB-IMNCI services while also playing a pivotal role in coordinating the efforts of various partners. Save the Children largely focused on supporting post-earthquake situation assessments, mapping and coordinating resources between partners, conducting needs

assessments of stock and drugs and supplying CB-IMNCI and MNH items from the centre to the peripheral level.

In summary, district based officers from SCI/SNL provided support in the following areas to bolster the management of the post-earthquake response:

- Coordination with district disaster response committee (DDRC), DHO and different organisations for post-earthquake emergency response
- Support in planning health systems recovery in the medium to long term
- Support in the formation of PHC and ilaka level rapid response teams (RRT) for outbreak prevention
- Support for regular emergency response reporting to the DHO
- Support to maintain HMIS recording and reporting, the strengthening of birthing centres and the IMNCI programme
- Support to supply needs-based essential medicines and equipment to peripheral health facilities and birthing centres, including BEONC and CEONC sites.
- Support to provide MNCH commodities, availability of treatment protocols and guidelines
- Support for daily recording and reporting processes using the format developed by MoHP for reporting earthquake updates
- Conduct meetings with DHO and other organisations to identify ongoing needs and recommend appropriate actions
- Support for planning for the set up of tents and commodities to restore services at completely damaged peripheral HFs
- Regular follow up and monitoring of the key commodities at district and peripheral HFs
- Re-setup of clean, tidy and equipped labour rooms
- Technical supportive supervision and coaching clinical skills (use of partograph, BPP flipchart, normal delivery including immediate newborn and postpartum care, high vaginal tear inspection, first and second degree tear repair, newborn resuscitation (bag and mask ventilation) MRP, MVA, vacuum extraction, use of oxygen)
- Support on recording and reporting systems at district, hospital and peripheral health facilities such as sending LMIS and HMIS tools to peripheral health facilities
- Technical support for recording and reporting process at district and peripheral health facilities and in particular IMNCI and MNH recording and reporting
- Strengthening the supply chain and stock balance of essential drugs based on the EOP and ASL methods
- Promote the timely purchase of medicine at district level for delivery to peripheral HFs
- Support storekeepers in supplying medicines and logistical commodities to completely damaged peripheral health facilities.

12. Printing and Supply of Materials to Child Health Division (CHD) and Family Health Division (FHD)

As requested by CHD and FHD, the following materials were printed and supplied to concerned divisions to be used in training and orientation for the IMNCI programme. Treatment protocols for maternal, neonatal and child health are now being distributed in different districts and health facilities to be used for case management. Details of the printing support provided are summarised below in Table 7.

Table 7: List of resource materials printed and provided to CHD

S.N	Name of Resource Materials	Number
1	CB-IMNCI Chart Booklet	6000
2	CB_IMNCI Facilitators Guide	200
3	CB-IMNCI Participants Manual	700
4	CB-IMNCI Flip Chart	150
5	CB-IMNCI Programme Introductory Flex	2000
6	CB-IMNCI Leaflet/Pamphlet	10000
7	Pocket Booklet	6000

Further, the following documents will be printed and supplied to FHD in the next quarter.

Table 8: List of Resource materials to be printed and supplied to CHD

S.N	Name of Resource Materials	Number
1	National Medical Standard vol III	1000
2	National RH Protocol for SN/ANMs	1000
3.	National RH Protocol for medical doctors	

13. Future Activities

a. Health Facility level CB-IMNCI review monitoring meeting in Nawalparasi

To improve and maintain programme quality, IMNCI review meetings will be carried out in Nawalparasi. As per the suggestion of the CB-IMNCI Chief, this activity will be carried out after 16th July 2015 or at the beginning of the new Nepali fiscal year. A two day meeting will be carried out involving all the HF in-charges, and SCI has prepared and provided guidelines to the DHO, consulting firms and SCI district based staff.

b. IMNCI revitalization in Rasuwa and Nuwakot

Given the effect of the earthquake on the health system and in particular the CB-IMNCI and MNH programme, it is imperative that programmes be reframed to revive, revitalise and strengthen the CB-IMNCI programme. Therefore, Save the Children in consultation with CHD and Options/NHSSP undertook to prepare a plan to revitalize the CB-IMNCI programme. This activity has already started and is expected to complete by 15th August, 2015.

This will be a one day activity carried out jointly with the DHO technical team in each health facility/VDC of Nuwakot and Rasuwa district. Half the day will be utilised for TSV and half for FCHV orientation for the revitalisation of the IMNCI programme in the district. At the HF level, the team will observe under 5 case management records in the CB-IMNCI OPD register and the previous month's HMIS tools. In order to identify gaps in case management and recording and reporting, on-site coaching will be provided to health facility staff to reinforce their knowledge and skills on the management of sick children and neonates. Based on the

requirement of the health facilities, IMNCI related supplies will be provided e.g. ARI timer, IMNCI treatment protocol and drugs. At the end of the TSV, all HFs will prepare an action plan for the next three months.

The second half will be utilised to monitor the post-earthquake performance of FCHVs, orient them on major content areas focusing on BPP, new-born and under 5 care using the CB-IMNCI flip chart, and psychosocial counselling will also be provided. During orientation, all the FCHVs in affected project districts will be provided with CB-IMNCI/MNH essentials containing 30 different items.

c. Orientation on infection prevention at birthing centre/BEONC sites

Orientation on IP at the district level was carried out in the quarter and will be cascaded down to birthing sites in Rasuwa and Nuwakot. After the earthquake, most of the health facilities are operating out of temporary shelters or tents, and the risk of infection is therefore very high. Keeping this in mind, and in order to maintain the quality of delivery services, a one day orientation is planned for all staff of birthing centres of Nuwakot and Rasuwa district. This activity will be carried out jointly by the DHO, consulting firms and SCI staff. This activity is currently ongoing and is expected to be completed by 30 July, 2015.

d. 3rd round TSV at Nuwakot

The birthing centres of Nuwakot were severely affected by the earthquake and require external support to re-establish delivery rooms and new-born corners. Therefore, in-coordination with the DHO, a third round of TSV will be carried out at all birthing centres to improve and maintain the quality of the MNH programme.

Annex I:

List of MNH Logistic Supply from SCI

1.1 Nuwakot

Birthing Centre		Resuscitation Bed	Weaning Scale	Bed Sheet	Baby Wrapper	BP Set	Thermometer	Calcium Gluconate	Plastic Baata	Plastic Bucket	Blanket Adult	Blanket Baby	Rubber Bed Sheet	Apron	Sleepers(Chappal)	Hand Towel	Syringe 10 cc	R.H.Protocol and NMS	Calcium gluconate	Shop cash	Juge	Syringe 20 cc	Total	Date of supply
1	Trisuli District Hospital	1	1	5	16	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**50**	**03-June- to 28-June-2015**
2	Kharanitar PHC	1	1	5	8	1	1	1	0	2	1	1	2	2	3	1	2	2	1	1	1	2	**39**	
3	Kakani-PHC	0	0	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**40**	
4	Deurali PHC	0	0	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**40**	
5	Chaughada HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
6	Kahule HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
7	Samundratar HP	1	1	5	8	1	1	1	0	2	1	1	2	2	3	1	2	2	1	1	1	2	**39**	
8	Khadgabhanjang HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
9	Rautbeshi HP	1	0	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**41**	
10	Nuwakot HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
11	Chaturali HP	1	0	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**41**	
12	Bungtang SHP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
13	Phikuri HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
14	Saley Maidan HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	

15	Bhadratar HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
16	Bagesori HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
17	Rattmate HP	1	1	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**42**	
18	Gerkhu SHP	0	1	5	16	1	1	1	0	2	1	1	2	2	3	1	2	2	1	1	1	2	**46**	
19	Sikharbesi HP	0	0	5	8	1	1	1	3	2	0	1	2	2	3	1	2	2	1	1	1	2	**39**	
20	Samari HP	0	1	5	16	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**49**	
21	Lachyang	0	0	5	8	1	1	1	3	2	1	1	2	2	3	1	2	2	1	1	1	2	**40**	
22	Kutumsang community center	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
	Total Supply	**15**	**15**	**105**	**192**	**21**	**21**	**21**	**54**	**42**	**20**	**21**	**42**	**42**	**63**	**21**	**42**	**42**	**21**	**21**	**21**	**42**	**695**	
Proposed BC																								
Birthing Center Need based Instrument supply		**Resuscitation Bed**	**Weaning Scale**	**Bed Sheet**	**Baby Wrapper**	**BP Set**	**Thermometer**	**Calcium Gluconate**	**Plastic Baata**	**Plastic Baaltin**	**Blanket Adult**	**Blanket Baby**	**Rubber Bed Sheet**	**Apron**	**Sleepers(Chappal)**	**Hand Towel**	**Total**							
23	Jiling HP	x	x	4	4	x	x	x	x	x	x	1	x	x	x	1	**10**							
24	Tupche HP	x	x	4	4	x	x	x	x	x	x	1	x	x	x	1	**10**							
25	Duepipal	x	x	4	4	x	x	x	x	x	x	1	x	x	x	1	**10**							
26	Thprek	x	x	4	4	x	x	x	x	x	x	1	x	x	x	1	**10**							
27	Sunkhani	x	x	4	4	x	x	x	x	x	x	1	x	x	x	1	**10**							
28	kingtang	x	x	4	4	x	x	x	x	x	x	1	x	x	x	1	**10**							
	Total Supply			**129**	**216**							**27**				**27**	**399**							

I.2 Rasuwa

Date of supply		3-Jun	2-Jun	3-Jun	4-Jun	18-Jun	17-Jun		30-Jun	Proposed 5 July	Proposed 7 July	Prop'd 8 July	Total
S. N.	Items equipment and supplies	Jibjibe PHC (BEOC)	Ramche HP (BC)	Bhorle HP (BC)	Lahare pauwa HP (BC)	Syafru besi HP (BC)	Goljung HP (BC)	Thambu chet HP (BC)	Timure HP (BC)	Dadagau n HP (BC)	Parchang HP (BC)	Yarsha HP (BC)	
MNH supplies for BEONC/BC sites													
1	B.P.set with Stethoscope set	1	1	1	1	1	1	1	1	1	1	1	**11**
2	Digital Thermometer pics	1	1	1	1	1	1	1	1	1	1	1	**11**
3	Syringe 20 cc	2	2	2	2	2	2	2	2	2	2	2	**22**
4	Syringe 10cc	4	4	4	4	4	4	4	4	4	4	4	**44**
5	Calcium gluconate	2	2	2	2	0	0	0	0	0	0	0	**8**
6	Bag and Mask	1	1	1	1	1	1	1	1	1	1	1	**11**
7	R.H.Protocol and NMS	2	2	2	2	2	2	2	2	2	2	2	**22**
8	CHX Gel	50	0	25	100	50	30	45	50	50	50	50	**500**
9	Foot Length Card (Pcs)	100	100	100	100	100	100	100	50	50	50	50	**900**
10	Bed Sheet	4	4	4	4	4	4	4	4	4	4	4	**44**
11	Baby Wrappers	5	5	5	5	5	5	5	5	5	5	5	**55**
12	Mother Blanket	1	1	1	1	1	1	1	1	1	1	1	**11**
13	Baby Blanket	1	1	1	1	1	1	1	1	1	1	1	**11**
14	New Born Care Table set	1	1	1	1	1	1	1	1	0	0	0	**8**
15	ss drum middle sz	1	0	1	0	0	0	0	0	0	0	0	**2**
16	Plastic Tray	1	0	2	2	2	2	2	2	2	2	2	**19**
17	Butter fly Cannula	0	0	0	0	18	18	18	0	0	0	0	**54**
18	Suction Catheter	0	0	0	0	8	10	8	5	5	5	5	**46**
19	Cord Clamp	0	0	0	0	10	10	10	10	10	10	10	**70**
20	Dee Lee	2	2	2	1	0	0	0	0	0	0	0	**7**

	Suction												
IP Supplies for BEONC/BC sites													
1	Hand Towel	1	1	1	1	1	1	1	1	1	1	1	**11**
2	Bowl(R,B,G)	3	3	3	3	3	3	3	3	3	3	3	**33**
3	Bucket with Tap	1	1	1	1	1	1	1	1	1	1	1	**11**
4	Bucket ONLY	1	1	1	1	1	1	1	1	1	1	1	**11**
5	Soap Dish	1	1	1	1	1	1	1	1	1	1	1	**11**
6	Virex	2	2	2	2	2	2	2	2	2	2	2	**22**
7	Rubber Sheet	1	1	1	1	0	0	0	0	0	0	0	**4**
8	Soap	5	5	5	5	5	5	5	5	5	5	5	**55**
9	Plastic Jug	1	1	1	1	1	1	1	1	1	1	1	**11**
10	Apron Plastic	0	0	0	0	3	0	0	0	0	0	0	**3**

1.3 Nawalparasi

Birthing centre visited	**Delivery recorded during last three months of FY 2071/72**	**Date visited**	**Digital Thermo meter**	**Oxygen cylinder**	**Medicine Trolley**	**Suction machine**	**Cupboard for**
Shivmandir HP	0	03-June	2	1	1	1	1