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Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
April 2020 to June 2020

Options

Oxford Policy Management

HERD International

BREVIATIONS

2019-nCoV	2019 Novel Coronavirus
ADB	Asian Development Bank
AM	Aide Memoire
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AS	Additional Support
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BHSP	Basic Health Services Package
BoQ	Bill of Quantity
BPKIHS	B.P. Koirala Institute of Health Sciences
CAPP	Consolidated Annual Procurement Plan
CB-IMCI	Community-based Integrated Management of Childhood Illness
CCMC	Coronavirus Crisis Management Centre
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CMC	Case Management Committee
CMC-Nepal	Centre for Mental Health and Counselling – Nepal
COVID-19	Coronavirus Disease 2019
CS	Caesarean Section
CSD	Curative Services Division
CVICT	Centre for Victims of Torture
DDA	Department of Drug Administration
DFID	UK Department for International Development
DG	Director-General
DHIS2	District Health Information Software 2
DHO	District Health Office
DMT	Decision-making Tool
DoHS	Department of Health Services
DPR	Detailed Project Report
DUDBC	Department of Urban Development and Building Construction
e-GP	electronic Government Procurement
E&A	Evidence and Accountability
eAWPB	electronic Annual Work Plan and Budget
eCAPP	electronic Consolidated Annual Procurement Plan
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
EHR	Electronic Health Records
eLMIS	electronic Logistic Management Information System
EPI	Expanded Programme on Immunization
ERP	Emergency Response Plan

EWARS	Early Warning, Alert and Response System
FA	Financial Assistance
FCAN	Federation of Contractors' Associations of Nepal
FCGO	Financial Comptroller General Office
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMoHP	Federal Ministry of Health and Population
FMR	Financial Monitoring Report
FMR-3	Third Financial Monitoring Report
FMSF	Financial Management Strategic Framework
FP	Family Planning
FPAN	Family Planning Association of Nepal
FPIU	Federal Programme Implementation Unit
FWD	Family Welfare Division
FY	Fiscal Year
GAVI	Gavi, the Vaccine Alliance
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GHRM	Grievance-handling and Redressal Mechanism
GHSC-PSM	Global Health Supply Chain – Procurement and Supply Chain Management
GHITA	General Health Technical Assistance
GIZ	German Corporation for International Cooperation
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HA	Health Assistant
HC	Health Coordinator
HEOC	Health Emergency Operations Centre
HFOMC	Health Facility Operation and Management Committee
HI	Health Infrastructure
HIIS	Health Infrastructure Information System
HIS	Hospital Safety Index
HMIS	Health Management Information System
HP	Health Post
HQIP	Hospital Quality Improvement Process
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HVAC	Heating, Ventilation and Air Conditioning
IA	Internal Audit
IAIP	Internal Audit Improvement Plan
ICU	Intensive Care Unit
IHIMS	Integrated Health Information Management Section
ISC	Itahari Sub-metropolitan City
IT	Information Technology

IUCD	Intrauterine Contraceptive Device
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
KfW	German Development Bank
LL	Learning Lab
LMBIS	Line Ministry Budgetary Information System
LMD	Logistics Management Division
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
M&V	Monitoring and Verification
MA	Market Analysis
MC	Monitoring Committee
MD	Management Division
MEOR	Monitoring, Evaluation and Operational Research
mHealth	Mobile Health
MIS	Management Information System
MNH	Maternal and Neonatal Health
Mockito	Ministry of Communication and Information Technology
MoF	Ministry of Finance
MoFAGA	Ministry of Federal Affairs and General Administration
MoSD	Ministry of Social Development
MoWCSC	Ministry of Women, Children and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response
MR	Measles Rubella
MSS	Minimum Service Standards
MTR	Mid-term Review
NCD	Non-communicable Disease
NDHS	Nepal Demographic Health Survey
NESOG	Nepal Society of Obstetricians and Gynaecologists
NFDN	National Federation of the Disabled Nepal
NGO	Non-governmental Organisation
NHEICC	National Health Education Information and Communication Centre
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NITC	National Information Technology Centre
NJAR	National Joint Annual Review
NNRFC	National Natural Resources and Fiscal Commission
NPC	National Planning Commission
NPHL	National Public Health Laboratory
NPR	Nepalese Rupees
NRA	National Reconstruction Authority
NSI	Nick Simons Institute
NSSD	Nursing and Social Security Division
NTCC	National Tuberculosis Control Centre

OAG	Office of the Auditor General
OCA	Organisational Capacity Assessment
OCAT	Organisational Capacity Assessment Tool
OCMC	One-stop Crisis Management Centre
OJT	On-the-job Training
OPD	Outpatient Department
PAHS	Pokhara Academy of Health Sciences
PBGA	Performance-based Grant Agreement
PD	Payment Deliverable
PDI	Post-delivery Inspection
PFM	Public Financial Management
PFMSF	Public Financial Management Strategic Framework
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PNC	Postnatal Care
PoAHS	Pokhara Academy of Health Sciences
PPE	Personal Protective Equipment
PPFM	Procurement and Public Financial Management
PPICD	Policy, Planning and International Cooperation Division
PPMD	Policy, Planning and Monitoring Division
PPMO	Public Procurement Monitoring Office
PPSF	Public Procurement Strategic Framework
PSD	Partnership for Sustainable Development
QIP	Quality Improvement Plan
QSRD	Quality Standard and Regulation Division
RA	Rapid Assessment
RAN	Retrofitting Alliance Nepal
RANM	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RHITA	Retrofitting Health Infrastructure Technical Assistance
RM	Rural Municipality
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RPIT	Retrofitting Project Implementation Committee
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SAS	Safe Abortion Services
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SMNH	Safe Motherhood and Neonatal Health
SMT	Senior Management Team
SOP	Standard Operating Procedures
SSBH	Strengthening Systems for Better Health

SSU	Social Service Unit
STP	Standard Treatment Protocol
STTA	Short-term Technical Assistance
SU	Spending Unit
SuTRA	Sub-national Treasury Regulatory Application
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TL	Team Leader
ToR	Terms of Reference
ToT	Training of Trainers
TPO	Transcultural Psychosocial Organization
TSB	Technical Specification Bank
TWG	Technical Working Group
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VfM	Value for Money
VSP	Visiting Service Provider
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WRH	Western Regional Hospital

CONTENTS

ABBREVIATIONS 1
EXECUTIVE SUMMARY 7
1. INTRODUCTION 10
1.1 The Development Context 11
1.2 Sector Response and Analysis 12
1.3 Changes to the Technical Assistance team 14
1.4 Payment Deliverables 15
1.5 Logical Framework 15
1.6 Value For Money 15
1.7 Technical Assistance Response Fund 16
1.8 Risk Management 16
2. HEALTH POLICY AND PLANNING 17
3. HEALTH SERVICE DELIVERY 23
4. PROCUREMENT & PUBLIC FINANCIAL MANAGEMENT 30
5. EVIDENCE AND ACCOUNTABILITY 35
6. HEALTH INFRASTRUCTURE 46
7. GENDER EQUALITY AND SOCIAL INCLUSION (GESI) 52
CONCLUSIONS 57
ANNEX 1: WORKSTREAM ACTIVITIES 59
ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER 98
ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER 99
ANNEX 4 LOGFRAME UPDATE 100
ANNEX 5 VALUE FOR MONEY (APRIL – JUNE 2020) 114
ANNEX 6 RISK MATRIX 118

EXECUTIVE SUMMARY

Précis

This report is the twelfth quarterly update of the Nepal Health Sector Support Programme III (NHSSP III), covering the period from 1 April to 30 June 2020. This report highlights the achievements in both our previously planned non-COVID-related work as well as the still evolving portfolio of support to the Federal Ministry of Health and Population (FMoHP) and Department of Health Services (DoHS) COVID-19 response. Indeed, much focus remained on the COVID-19 response and addressing the secondary impacts of COVID-19 on routine health services, as requests for support came to all NHSSP work streams throughout the quarter. Delays or postponement of field activities were the main COVID-related programme impact, due to lockdown and travel restrictions, but much technical assistance continued virtually. Although the team settled into a "new working norm", NHSSP remained adaptive to changing needs in a dynamic setting. The FMoHP has outlined a bold structural reform package in the coming quarters, yet COVID-19 persists and continues to hamper plans. We outline below the implications of this on programming and transitioning to the reshaped extension in the next quarter.

Development context

This reporting period was ominously dominated by COVID-19, affecting not only the sick and their families, and people who lost their lives, but the entirety of society including existing systems, organisations, and individuals. Nepal observed a complete lockdown of the country as one measure to slow down COVID-19 transmission while upscaling preparedness measures. Businesses and industries were closed, and heavy restrictions on people's mobility were imposed, including a short and long-distance travel ban. All scheduled national and international flights were halted; only limited chartered flights were allowed to rescue stranded passengers. Schools, academic institutions, trade agencies, and other institutions categorised under "non-emergency services" remained closed. The ground crossing Points of Entry (PoE) at the Nepal-China border and the Nepal-India border were closed and regularised only for authorised entry. Only limited institutions and offices that were providing emergency services were partially operational. The extended lockdown, deteriorating economic conditions, and limited social support have resulted in several unintended consequences including limited access to and availability of basic services including healthcare - both clinical and public health programmes. In such context, the delivery mechanism of routine healthcare was badly affected, especially in the last months during lockdown.

A few key positions were transferred in the FMoHP. Mr Laxman Aryal joined as the new Secretary of the FMoHP (replaced Yadav Prasad Koirala), Dr Dipendra Raman Singh appointed as the new Director-General (DG) of the DoHS (replaced Mr Mahendra Shrestha), Dr Bikash Devkota transferred to the Quality Standards and Regulation Division and Dr Jageswor Gautam transferred from the Maternity Hospital to the FMoHP's Health Coordination Division as Chief. Likewise, the Cabinet appointed Dr Khem Karki as Expert Adviser to the FMoHP.

Technical Assistance

Despite the difficulties arising from COVID-19, NHSSP staff were able to continue providing Technical Assistance (TA) according to work plans in a rapidly changing environment. Many Kathmandu-based activities were able to continue through a combination of in-person and

virtual presence. As anticipated, many field-based activities were cancelled or postponed due to travel restrictions and re-prioritisation of the FMoHP activities towards COVID-19 response. Each of the work streams was deeply involved in COVID-19 response activities. Examples of successes in both COVID- and non-COVID-related areas this quarter include, but are not limited to:

- the JCM and AWPB were prepared and conducted, and the Policy and Programme for FY2020/21 was prepared and disseminated, highlighting an ambitious structural reform programme in the coming year;
- NHSSP staff participated in high-level groups planning the proposed structural reforms (i.e., Centre for Disease Control, National Food and Drugs Administration Authority, National Authority for the Accreditation of Health Institutions, and an umbrella Act to manage health academies);
- a policy coherence analysis is almost complete, and it will support policy development decisions at sub-national level;
- progress is being made on the Nursing and Midwifery Strategy 2020-30, and the "Standards for Midwifery Led Birthing Unit" were drafted;
- eight new OCMC centres were opened despite lockdown and mobility restrictions;
- repurposing decanting spaces in Pokhara and Bhaktapur Hospitals as COVID-19 treatment spaces was completed;
- participation in high-level committees and Clusters dealing with COVID-19 responses continued;
- support continued for COVID-19 data management and risk communication;
- monitoring of RH, FP, and OCMC services continued; an open source application was developed to more effectively monitor those RH/FP services;
- awareness about increasing gender-based violence (GBV) under lock down conditions was raised through multiple channels including TV and radio.

Further examples and details can be found below in the technical sections of the report and in Annex 1.

In this reporting period, four Payment Deliverables (PDs) were approved and invoiced. NHSSP submitted 'COVID -19 Delivery Plan' to DFID to apprise them about the status of the PDs (as submitted in the NHSSP3 Extension Phase proposal) and put forward suggestions for any alternative PDs for the first and second quarter of the financial year (April to June and July to September 2020). Consequently, NHSSP submitted to DFID the ToRs of PDs until September 2020. ***Please see Annex 3 for details of PDs approved by DFID this quarter.***

Conclusions and strategic implications

At the end of the last quarter we anticipated that the GoN, FMoHP, and DoHS would be under strain in dealing with COVID-19, and this has been the case. By June 30th the daily number of COVID cases was on the rise and expected to peak in July or August. Known COVID-related mortality has been low, and hospitals have generally not been overwhelmed. Still, non-COVID health services, both preventive and curative, have suffered and will require as much attention as COVID services going forward. The implications for the programme include the following:

1. Implications for NHSSP III programming in the next quarter
    - **Work plan and deliverables**: Some levels of restricted mobility may continue to hinder physical movement and inter-province travel. Work planning has been completed that

takes this into account. Payment deliverables have been adjusted and agreed with DFID.

- **Human and financial resources**: The repurposing of some staff job descriptions to focus on the COVID-19 response will continue. Working from home and afar will continue, and travel started once restrictions are lifted. Additional STTA already hired to take up the surge in COVID-19 activities will continue until no longer needed.

2. Implications for the extension
   - Technical and programmatic strategy
     i. **Technical approach broadly remains the same** though there was a change in focal provinces from Karnali to Sudarpaschim (in addition to Provinces 2 and 5). Both the provincial roll-out and Learning Labs scale-up require discussions with Provinces and Municipalities that are better done in person. These negotiations may, therefore, be hampered by travel restrictions, allowing therefore only remote communication and negotiations.
     ii. **COVID-19 related payment deliverables** need to be agreed once the contract extension is signed.
     iii. **Increased need for flexibility**, including deliverables, in response to changing circumstances and priorities at the FMoHP as well as at provincial and municipal levels will be needed by all stakeholders.
   - HR
     i. **Staff restructuring and new recruitment and deployment,** especially for the sub-national teams, may be hindered if travel restrictions persist or expand, especially in the focal provinces (2, 5, and Sudarpaschim).

1. INTRODUCTION

This document aims to apprise the Nepal Federal Ministry of Health and Population (FMoHP) and the UK Department for International Development (DFID) of the progress of the Nepal Health Sector Support Programme III (NHSSP III). The reporting period is from **1 April to 30 June 2020.**

The response to the COVID-19 pandemic continued to dominate programme activities during this quarter, all while conducting as much of the planned work as possible. The NHSSP offices remained officially closed, though limited use started as the movement restrictions relaxed. Much of the work was therefore done remotely, save for attendance at the FMoHP and DoHS for critical in-person meetings. We outline below both the achievements in our previously planned work and the portfolio of COVID-19 response support to the FMoHP and DoHS.

Regarding previously planned work, many key activities continued despite lockdown measures, though most activities in the field were postponed. In policy and planning, the team supported the pre-budget Joint Consultative Meeting (JCM) and implementation of the Annual Work Plan and Budgeting (AWPB) process. The health budget increased dramatically, reflecting perceived needs due to COVID-19; though to counteract reduced GoN revenues, the budget will rely on a heavy increase in loans from external development partners (EDPs). The FMoHP highlighted an ambitious structural reform program to create several new organizations and alter existing institutions. NHSSP staff are already included in the working groups preparing for the new organizations. Specific policy work that progressed included the Nursing and Midwifery Strategy 2020-30 and drafting of “Standards for Midwifery Led Birthing Unit”. The Public Health Service Regulation, which includes Basics Health Services Package, was submitted to the Cabinet. Terms of Reference (ToRs) were created for the development of “Guidelines and plan of action for repair and maintenance of health facilities under the provincial government” as well as for a “Land acquisition and relocation policy for health facilities”. Under GESI, the revised “GBV Clinical Protocol and the National Health Sector Social Accountability Directives” were approved by the Health Minister. This report also outlines similar progress at federal, provincial, and local levels in technical assistance across all the work streams that was largely conducted virtually.

The GoN’s structure and processes for managing the COVID-19 pandemic evolved over the quarter, and NHSSP staff in all work streams continued to be integrated where feasible. Staff are embedded in senior-level committees that are leading and coordinating FMoHP’s response. NHSSP has been instrumental in supporting strengthening procurement processes, including COVID-19 emergency procurement and related costings. We continued to adapt the daily Situation Reports to meet the evolving needs of FMoHP officials. We continued monitoring RMNCH/FP service and commodities availability, introducing a phone-based application for that purpose, and used those data for influencing policy-makers at the FMoHP and DoHS. We provided support at our Learning Lab (LL) sites to develop and implement COVID-19 response plans. We successfully converted the decanting spaces into COVID-19 related wards in the Bhaktapur and Pokhara Western Region hospitals. We not only monitored OCMC service availability and utilisation but also helped open eight new OCMCs despite the lockdown. Daily update calls are held with DFID, biweekly coordination calls with DFID and WHO, and numerous ad hoc calls and meetings as required. Details of all of these activities and more are found below.

1.1 THE DEVELOPMENT CONTEXT

This reporting period was ominously dominated by COVID-19. It has affected day to day life of people while portending future uncertainties including slowing down the country's economy. It has not only affected the sick and their families, and people who lost their lives, but the entirety of society including existing systems, organisations, and individuals. COVID-19 vaccine development, being a new viral disease affecting humans for the first time, is yet to be assured. Hence, as in many other countries, Nepal observed a complete lockdown of the country in the last four months, taking it as one measure to slowdown COVID-19 transmission while upscaling preparedness measures. Businesses and industries were closed, and heavy restrictions on people's mobility were imposed including a short and long-distance travel ban. All scheduled national and international flights were halted; only limited chartered flights were allowed to rescue stranded passengers. Schools, academic institutions, trade agencies, and other institutions categorised under "non-emergency services" remained closed. The ground crossing Points of Entry (PoE) at the Nepal-China border and the Nepal-India border were closed and regularised only for authorised entry. Only limited institutions and offices that were providing emergency services were partially operational. The extended lockdown, deteriorating economic condition, and limited social support have resulted in several unintended consequences including limited access and availability of basic services including healthcare - both clinical and public health programmes. In such context, the delivery mechanism of routine healthcare was badly affected, especially in the last four months during lockdown, which has affected the health and well-being of all people, particularly youth, women and girls, children, people with disability, and the poor and marginalised including the urban poor and destitute.

One of the challenges faced by the government was managing the Nepalese abroad who wanted to return home during the COVID-19 crisis. Hundreds of Nepalese stranded in a number of countries, especially a large number of economic migrants in India and Middle Eastern countries, were willing to return home but travel was restricted in those countries and at home. The government arranged a number of chartered flights to bring Nepalese from abroad, and twenty ground crossing PoEs were opened on the Nepal-India border to allow Nepalese in India to come home. These decisions were made under very difficult circumstances, hence management of returnees, including quarantine centres, was not prepared in advance. Managing thousands of returnees every day for almost five months, with proper quarantine services with basic standards, was almost unfeasible. Several schools were turned into quarantine centres by the local government; they were crowded, and many of them lacked basic hygiene standards, health care, and emergency transportation services. Quarantine management faced a number of challenges, which turned to public frustration when a number of deaths were recorded in quarantine facilities. It was also believed that poorly managed quarantine facilities may have become the source of infection as almost ninety percent of COVID-19 cases were from the quarantine. It was clear that resource management, as well as coordination and communication across the three tiers of government and other relevant authorities, was lacking in quarantine management.

While contending with the COVID-19 crisis, this reporting period had other activities impacting a wider scope of health sector reform towards a high-quality, more responsive, and resilient health system. The government presented its policy, programme, and annual budget for the next fiscal year which was endorsed by the parliament. The annual budget of the FMoHP, combined with health sector conditional grant for province- and local-level, is NPR 93.57 billion

for the next FY 2020/2021. That is 6.1 percent of the total federal budget and a 31.86% increase compared with the previous year's health budget. That makes this year's health budget an historic landmark for the health sector. The annual workplan and budget has a number of long-term programmes related to sector reform, of which four areas can be considered of wider importance: a) establishment of the Centre for Disease Control, which can potentially be an apex body to oversee the management and control of communicable and non-communicable diseases; b) establishment of a National Food and Drugs Administration Authority for the integrated management of food and drugs related affairs; c) establishment of a National Authority for Accreditation of Health Institutions; and d) development of an umbrella act for effective management of academies of health sciences. As conditioned in the Public Health Act, the Public Health Services Regulations, which include the basic health service package as an annex, have been developed and submitted to the Cabinet for their endorsement. Likewise, the FMoHP has initiated work on 'one health worker, one institution' and organisational restructuring at federal, provincial and local levels as per the spirit of the policy and programme of FY 2020/21.

A few key positions were transferred in the MoHP. Mr Laxman Aryal joined as the new Secretary of the MoHP (replaced Yadav Prasad Koirala), Dr Dipendra Raman Singh appointed as the new Director-General (DG) of the DoHS (replaced Mr Mahendra Shrestha), Dr Bikash Devkota transferred to the Quality Standards and Regulation Division and Dr Jageswor Gautam transferred from the Maternity Hospital to the FMoHP's Health Coordination Division as Chief. Likewise, the Cabinet appointed Dr Khem Karki as Expert Adviser to the MoHP.

1.2 SECTOR RESPONSE AND ANALYSIS

Building on the foundation (system, organisation, and structure) laid in the previous quarter for COVID-19 management, the Government of Nepal (GoN) further expanded scopes and operations of these establishments, with some additional structures and a number of new approaches, to aid preparedness and response measures. A number of policies and plans were developed by the MoHP for COVID-19 response: Health Sector Emergency Response Plan - COVID Pandemic, COVID and Non-COVID Health Service Provision Interim Guidelines, Dead body management protocol, National testing guidelines, Information management plan, Guidelines on RT-PCR testing services at private laboratories, Guidelines for formation and operation of case investigation and contact tracing teams at local level, Guidelines for logistics support, Isolation guidelines, Guidelines for repatriation and quarantine of Nepali citizens from China, RMNCH service guidelines in COVID pandemic, and Cost estimate for COVID-19 response plan, among others.

The focus of the GoN's Health Sector Emergency Response Plan for COVID-19 Pandemic, a key COVID-19 plan of the sector, largely remained around public health and social measures, hospital-based interventions, and management and oversight. It has extensive focus on behaviour change and social measures to implement precautionary practices such as hygiene protocol (e.g., regular hand washing, avoidance of face to face interaction), social/physical distancing and wearing of masks, and reduced mobility of people. While focusing on behaviour change for COVID-19, the government also extended its efforts to strengthen health systems' capacity especially hospital readiness, laboratory management, public health interventions, information management system, logistic management, health workforce management, and overall management oversight.

In addition to the three primary hospitals identified for COVID-19 management in Kathmandu Valley, all the central hospitals, provincial hospitals, medical colleges (teaching hospitals), and all hub-hospitals were designated to provide clinical care for COVID-19. A total of 111 hospitals were designated across the country to run COVID clinics and 28 major hospitals to treat COVID-19 cases with more than 2000 hospital beds for isolation management of COVID-19 suspected and confirmed cases. However, there were major challenges to be addressed in hospital readiness, health workforce management especially duty roster for clinical care personnel, supply of essentials including personal protective equipment, appropriate transportation services for patients, distribution of cases across the hospitals, and quality assurance mechanisms of laboratories. Though the MoHP had endorsed the principles and guidelines for partnership with the private health sector, engaging the private health sector in COVID-19 response has been minimal. Evidence suggests that the private health sector has a wider presence in Nepal especially in urban areas with considerably high service utilisation by various strata of people. They bring technologies and services that may not be readily available in government facilities. Minimal engagement in the COVID-19 response, with appropriate partnership and regulatory mechanisms, is a missed opportunity. The MoHP has, however, recently explored the possibility of engaging selected private labs.

Multisectoral coordination was put under the Corona Crisis Management Centre (CCMC) for proper implementation of COVID-19 related policies and coordination. The CCMC at the federal level is led by the Deputy Prime Minister and includes Ministers from several Ministries (Finance; Home Affairs; Federal Affairs and Local Development; Industry, Commerce and Supplies; and Health and Population), Chief of the Army Staff, and Chief Secretary. It is a high-profile structure following the formerly established High-level Coordination Committee for the Prevention and Control of COVID-19. Likewise, the CCMC structure was expanded to all provinces and districts, making it a decentralised multisector structure for COVID-19 response. However, coordination mechanisms, division of roles in policy formulation, logistic management, and implementation arrangements were raised as concerns, limiting effective execution of coordination mechanisms.

Provincial governments played key roles in coordination, logistics management and supply, capacity enhancement (especially for contact investigation and tracing), laboratory and hospital services, and risk communication. However, lack clarity on roles, lack of timely communication and coordination, and suboptimal information management and its use in decision making have been issues hampering effective implementation. Local governments provided ground level support in COVID-19 response, along with a key role played in co-management of quarantine centres across the country and contact investigation and tracing. With lack of adequate preparedness to manage returnee migrants, especially people returning from India and Middle Eastern countries who needed to be in quarantine for 2 weeks, was one of the major hurdles experienced at the local level.

While the COVID-19 labs were expanded between April and June with increased number of RT-PCR tests, the FMoHP's target to perform 10,000 RT-PCR tests per day is less than half way to its achievement. While the MoHP needs to increase the number of tests among target populations, it requires a functional mechanism for laboratory quality assurance. Another important area in COVID-19 response is information management. None of the existing information platforms is able to collect required information on COVID-19, or has not been used extensively for this purpose, except only some features of HMIS, LMIS and EWRDS. A new information platform and a mechanism to operationalise the platform needed to be

generated. At the federal level information is collected by four different entities: Health Emergency Operation Management Centre at MoHP, Epidemiology and Disease Control Division at DoHS, CCMC, and National Disaster Management Centre (indeed, there may be other entities collecting information in parallel). However, there is lack of a central platform/mechanism where all information can be linked, analysed, disseminated, and used for decision making and inform policy and implementation arrangements. Some epidemiological analyses are routinely presented to high level MoHP officials, but this could have been strengthened had there been comprehensive analyses across various response areas (such as procurement, supplies, laboratory services, individual case management including clinical diagnosis analysis, management and financial information, compliance of public health standards) and fed to the policy practitioners for evidence-based decisions.

While the entire health system focus was diverted to COVID-19 containment measures, concerns were raised on the access to and utilisation of routine health services during the lockdown period. In response, the MoHP had a stocktake of non-COVID health services using daily/monthly reporting in DHIS2 platform. Related to this, the MoHP issued directives and a guideline to the health institutions to resume non-COVID health services while managing COVID-19 responses. However, full resumption of basic services was hampered due to lockdown and diversion of health workforce in COVID-19 response. Stakeholders' engagement was sought by activating various clusters and sub-clusters such as health cluster, RH cluster, and nutrition clusters. These clusters and sub-clusters had a number of (virtual) meetings which may have helped strengthen sector coordination. It is an area to be further reflected upon and analysed to understand the contribution of such clusters and their modes of operation in such pandemic situations.

We know that Nepal faces a number of vulnerabilities, all leading to increased fragility, natural calamities, and public health emergencies. Managing this pandemic in Nepal - preparedness and response to COVID19 - has become a real test that assessed Nepal's ability to tackle such emergencies. Most importantly it has exposed how, in the early stage of federalism, the three tiers of government work in such situations: strengths and weakness of systems, organisations, and individuals; how the external and internal environment affect or facilitate the process and outcome; how key stakeholders including development partners and technical agencies contribute (or otherwise) to their mandate; what expectations community/people have from their government; and how resilient the health system is in the federal context in tackling such situations with no or minimum losses. Certainly, it presents a new opportunity to have a comprehensive analysis of health system response to COVID-19, so that key lessons are not missed.

1.3 CHANGES TO THE TECHNICAL ASSISTANCE TEAM

The Deputy Team Leader continued providing the leadership of the programme. The Special Programme Advisor has been providing technical leadership to the programme and supporting the Senior Management Team (SMT). The NHSSP SMT has been managing the scheduled activities in a timely manner, and the whole team continued supporting MOHP in both COVID and non-COVID activities. NHSSP hired a number of consultants to support the team on both regular and also COVID-19 activities. All scheduled payment deliverables were completed on time. Recruitment of the Team Leader (TL) is underway with a number of potential candidates being interviewed. No additional recruitment took place in the programme in this quarter. Four international consultants provided remote support in the quarter. NHSSP staff were regularly briefed about the COVID-19 situation and asked to take preventive measures. The SMT

encouraged staff to work from home and only come to office for critical support/meetings when required. NHSSP developed an "Office returning plan" that assures safe hygiene practices when staff return to the office. ***Please see Annex 2 for details.***

1.4 PAYMENT DELIVERABLES

In this reporting period, four Payment Deliverables (PDs) were approved and invoiced. NHSSP submitted 'COVID -19 Delivery Plan' to DFID to apprise them about the status of the Payment Deliverables (as submitted in the NHSSP3 Extension Phase proposal) and put forward suggestions for any alternative Payment Deliverables (PDs) for the first and second quarter of the financial year (April to June and July September 2020). Likewise, during this quarter, NHSSP submitted to DFID the ToRs of PDs until September 2020. ***Please see Annex 3 for details of PDs approved by DFID this quarter.***

1.5 LOGICAL FRAMEWORK

The logical framework presents progress status on Milestone 1 (July 2020) of the DFID - Nepal Health Sector Programme 3 Log frame indicators related to NHSSP. The sources of data for monitoring the log frame indicators include the programme documents, FMoHP's routine information systems like HMIS, LMBIS/TABUCS/SUTRA, FMoHP records, national level surveys/assessments, and global studies/projections like Global Burden of Disease (BoD). The data from the routine MISs have been extracted at the end of June 2020. The progress on these indicators will be updated again once the routine systems get complete data which will be around the end of October 2020. ***Please see Annex 4 for details.***

1.6 VALUE FOR MONEY

NHSSP is committed to maximising the impact of DFID investment in Nepal by embracing Value for Money (VfM) principles in its programme. NHSSP has been reporting on four indicators that have been guided by key VfM principles: ***Economy, Efficiency, Effectiveness*** *and* ***Equity****.*

In this reporting period, the average unit cost for Short Term Technical Assistance (STTA) was £565 for international Technical Assistance (TA) and £169 for national TA. The average unit costs of both national and international STTA were below the programme benchmark of £ 611 and £224 respectively. The international STTA provided remote, desk-based support to the programme. Likewise, the use of both national (57%) and international (43%) STTA in this quarter compared well with our programme indicators. Like the preceding quarter this quarter also witnessed less use of national STTA as travel to the field was limited from the month of February onwards by the government's nation-wide lockdown.

In this reporting period, 44% of the budget was spent on administration and management, which is higher than the programme benchmark. The office running costs increased as expenses were incurred for COVID-19 related precaution items. The NHSSP offices were disinfected and infection prevention protocols were maintained. So far, the programme has submitted 86 PDs; all submitted PDs have been approved by the GoN and signed off by DFID. ***Please see Annex 5 for details.***

1.7 TECHNICAL ASSISTANCE RESPONSE FUND

NHSSP has not received any application for the Technical Assistance Response Fund (TARF) in this quarter and there are no payments due for the remaining amount of this fund. NHSSP has discuss the potential areas of use of these funds with new officials in the Health Coordination Division and DoHS. We discussed the potential areas for the use of these funds in the new situation. NHSSP is expecting funding proposals in the next quarter.

1.8 RISK MANAGEMENT

NHSSP identified few risks in line of in line of COVID-19 response. These risks identified have been evaluated and discussed in the SMT meetings. NHSSP communicated its risk management approach to DFID, namely to identify the ongoing and potential risks that are specific to the programme. NHSSP's risk management is further enhanced by well-established relationships with GoN counterparts and other partners both at federal and sub-national level.

A total of four additional risks (two for GHITA and two for RHITA programme) were identified and evaluated in this quarter, as follows***. For details please refer Risk Matrix in Annex 6.***

GHITA Matrix:

R9. Transmissions from asymptomatic and pre-symptomatic cases reported elsewhere increase fear of service providers that may cause poor quality of service provided.

R10. Ability to access services by clients/users declines due to the fear of getting infection from health services, and difficulty in getting transport and travel.

RHITA Matrix:

R15. Delay in construction works for main retrofitting works due to unavailability of construction materials and construction workforce in full scale and within time (impact due lockdown situation).

R16. Travel restriction may compromise the time and the quality of construction work.

Based on the analysis of the current risk matrix against given criteria, the overall risk rating for this quarter was set at medium ***– please see Annex 6 for the new risks in the risk matrix***.

2. HEALTH POLICY AND PLANNING

Summary

The GoN presented the Policy and Programme 2077-78 (2020-21) and the Annual Work Plan and Budget (AWPB) documents for the next fiscal year in the parliament, which have emphasized the COVID-19 response management in terms of programme as well as budgetary allocations. FMoHP's annual budget for the coming FY 2077-78 (2020-21) combined with health sector conditional grant for province and local level is 93.57 billion NPR, which is 6.1 % of the total national budget and is 31.86% higher than the previous year's budget. Municipal allocation for the health sector in the LL sites has also increased as compared to the last fiscal year. The Public Health Services Regulations document, which includes the Basic Healthcare Services Package as an annex, has been submitted to the Cabinet for their endorsement.

NHSSP is currently supporting the MoHP in drafting legislation for regulating non-governmental health institutions including their establishment, particularly at the local level. Among the Learning Lab sites, Kharpunath Rural Municipality (KRM) has endorsed their Five-Year Periodic Plan. Following the training provided last quarter in three LL sites for online reporting, HMIS reporting has improved over the last few months. NHSSP had also followed-up with continuous tracking and support to the individual health facilities to maintain updated reports. Four out of seven LL sites have maintained 100% on-time reporting for the last five months of the FY 2019/20, despite the difficulties caused by COVID-19 and the lockdown.

Most LL sites have been affected by COVID-19, except KRM which reported no cases of COVID-19 as of end of June 2020. LL sites faced challenges in the initial weeks due to influx of returnee migrants, sub-standard quarantine and isolation facilities, shortage of PPE and test kits, delays in the testing due to limited capacity, and weak coordination and communication. Still, all LL sites have coped well with the situation and in a more systematic manner in the last month of this quarter.

For updated Activities – please see Annex 1.

RESULT AREA: I2.1 THE MOHP HAS A PLAN FOR STRUCTURAL REFORM UNDER FEDERALISM

Organisational reforms proposed: The Policy and Programme 2077-78 (2020-21) has proposed four major organisational reforms in the health sector. These include:

- Establishment of a Centre for Disease Control (CDC) which can potentially be an apex body to oversee the management and control of communicable and non-communicable diseases.
- Establishment of the National Food and Drugs Administration Authority for the integrated management of food and drugs related affairs which are currently regulated by two different entities (i.e. one under FMoHP and the second under Ministry of Agriculture)
- Establishment of a National Authority for the Accreditation of Health Institutions
- Introduce a common umbrella Act to manage health academies

A steering committee led by the Health Secretary (of which NHSSP Strategic Advisor is also a member), and a number of thematic committees have been formed to undertake the work to initiate these reforms. These reform areas have been discussed at the policy level in the

health sector over the last few years. NHSSP supported the FMoHP in preparing a list of potential activities to be undertaken for the proposed reforms, for internal consultation.

As per the Policy and Programme of 2077-78 (2020/21), the FMoHP has also initiated work on the health sector organisational restructuring at all spheres of governance, and the procedures for operationalizing the 'One doctor/health worker- One health institution' concept. Committees have been formed for both tasks and FMoHP has asked for views and suggestions on these through a public notice.

NHSSP has continued to support the drafting of the new National Health Training Strategy (NHTS) that was initiated in the previous quarter. A first draft of the strategy that takes into account the current federal context and health sector needs was developed and then discussed at a consultation meeting organised by the National Health Training Centre (NHTC) on 29 January 2020. A revised draft was thereafter developed and has now been submitted to the NHTC for their input. A wider consultation has been suggested to finalise the draft but the current lockdown may delay the process.

Regulatory framework: The Public Health Services Regulations, to which the BHSP is annexed, has been submitted to the Cabinet for their endorsement after incorporating feedback from other ministries. NHSSP is currently supporting the FMoHP to draft legislation specifically for regulating non-governmental health institutions including their establishment at local level, as existing guidelines refer to regulation of the private sector health institutions generally. NHSSP has hired a legal expert as STTA to support this area.

Policy Coherence Analysis: In the last quarter NHSSP worked on translating the functions of the three spheres of the government and health sector policies, and then mapping statements of the functions and policies by the health system building blocks and thematic areas. In this quarter the team worked on analyzing the alignment of the health sector policies of each sphere with the major constitutional provisions including state policies, functions as defined in the FAA. The report based on this analysis is currently being developed.

OCA: The Learning Resource Package on OCA (which includes a Reference Manual, a Trainers' Guide, and a Participants' Handbook) was updated in the last quarter based on the feedback from the NHTC. The final drafts were submitted to NHTC for any further consultations and final endorsement. However, as it will not be possible to conduct any consultative workshops with stakeholders, due to COVID-19, NHSSP will undertake any updates and corrections to the OCA documents directly in consultation with NHTC. With the endorsement of the learning package, the use of OCA within the health sector will be formally taken up by NHTC on a regular basis.

Concept note for the selection of LGs in NHSSP extension phase: In the expected NHSSP extension phase, the local government support (via the Learning Lab approach) is planned to be expanded to an additional 31 sites. NHSSP has been developing a concept note that articulates clear selection criteria to facilitate selection of municipalities (palikas) in the focal provinces. This is being done based on key indicators on access to and utilisation of health services, health system capacity and potential risk of COVID-19. Contiguous palikas will be selected as clusters, based on the mapping of health facilities, the potential to strengthen the referral system, and facilitate cross-palika learning and exchange. This will help enhance the efficiency and effectiveness of TA.

RESULT AREA: I2.2 DISTRICTS AND DIVISIONS HAVE THE SKILLS AND SYSTEMS IN PLACE FOR EVIDENCE-BASED BOTTOM-UP PLANNING AND BUDGETING

Planning and Budgeting: Annual Work Plan and Budgeting (AWPB) for FY 2020/21 was presented on 28th May 2020 in the Parliament. Although the overall national budget decreased slightly (by 3.8%) compared to the previous year, the share of health (FMoHP) budget (excluding conditional grants) increased from the earlier 2.8% of the national budget to 4.1% for 2020/21 and this amounts to 60.68 billion NPR. The share of the health sector conditional grants for local level has also increased from last year's 1.4% to 1.7% of the overall national budget for 2020/21. Although the amount of the provincial level health sector conditional grant was reduced for 2020/21, compared to the previous year, it has remained nearly the same in terms of proportion of the national budget. The total annual budget of the FMoHP combined with health sector conditional grant for province and local level is 93.57 billion NPR for 2020/21 which is 6.1% of the total national budget and is 31.86% higher than the previous year. (Also see Result Area: I4.1 on NHSSP support to AWPB process)

FMoHP has sent the circular to prepare the implementation guidelines for the programmes and activities planned through conditional grants, particularly for the provincial and local levels. All Divisions and Centers of the Ministry are currently developing the draft guidelines for each programme, which will be compiled, edited, and consolidated to ensure coherence in programme implementation.

Planning and budgeting at the local level: In each of the LL sites, the Annual Work Plan and Budget was presented or the discussion was formally initiated on Ashad 10th (June 25th) which is the last date for the municipalities to present their annual plan in the local assembly. To facilitate evidence-based planning at the local level, NHSSP supported the process by developing municipality-specific Fact sheets and Profiles on the health sector, and in the planning of the potential activities to be included in the AWPB.

By the end of June, Itahari Sub metropolitan City, Dhangadhimai Municipality, Pokhara Metropolitan City, Kharpunath Rural Municipality and Ajayameru Rural Municipality had organised their municipal assembly and endorsed the AWPB for Fiscal Year 2020/21. The increases in the health budget at the national level are reflected at local level too, as the LL sites have received an increased health budget from federal level as well as the local allocation. The municipal health budget allocations range between 10% and 79%. A comparison of the health budget for the LL sites for FYs 2019/20 and 2020/21 is presented in Table 1 below. (For a comparison of the entire health sector budget see Result Area: I4.3)

Table 1: Comparison of health sector budget at LL sites

LL Site	2019/20 (*Amount in million NPR*)			2020/21 (*Amount in million NPR*)			% change	
	Federal grant	Local level allocation	Total	Federal grant	Local level allocation	Total	Federal grant	Local level allocation
Itahari *	42.5	14.0	56.5	45.3	25.0	70.3	6.7%	78.6%
Dhangadhimai	24.7	14.0	38.7	36.2	15.4	51.6	46.8%	10.2%
Pokhara	137.9	61.5	199.4	193.4	95.1	288.5	40.2%	54.6%
Kharpunath	19.6	10.5	30.2	21.7	14.0	35.7	10.6%	32.9%
Ajayameru	23.0	5.5	28.5	27.7	9.2	36.9	20.5%	65.9%
Total	**306.8**	**122.2**	**429.0**	**398.4**	**158.7**	**483.0**	29.9%	29.8%

Proposed budget for 2020/21; budget data not approved/available for others
Source: compiled from the respective sites

RESULT AREA: I2.3 POLICY, PLANNING AND INTERNATIONAL COOPERATION DIVISION IDENTIFIES GAPS AND DEVELOPS EVIDENCE-BASED POLICY

Reporting of HMIS: Following the training provided in three LL sites on online reporting, HMIS reporting has improved in the latest months. The team has also provided continuous follow-up support and tracking at the individual health facility level to improve its reporting status. Four out of seven LL sites have maintained 100% on time reporting for the last five months of the FY 2019/20 despite the difficulties caused by COVID-19 and the lockdown. A comparison of the status of on-time reporting to HMIS, between the current versus previous fiscal year (FY 2018/19) also shows there have been improvements across all LL sites. (Also see Result Area: I5.2 for details on HMIS reporting status)

The monthly health sector review meeting was also organised at Dhangadhimai, Pokhara, Yasodhara and Kharpunath and Ajayameru during the month of June.

e-LMIS: After the e-LMIS was set up at five LL sites in early March, management of the logistics and supply chain has been easier in these sites. The system has helped to maintain real time update and facilitated supply chain management with the health facilities. Although e-LMIS was also planned for Madhyapur Thimi, its installation was affected by the lockdown. Similarly, considering the local capacity and connectivity issues, installation of e-LMIS was considered for the next phase at Yasodhara and Kharpunath. At Kharpunath and Yasodhara, HSSOs oriented the health section on the reporting on LMIS and the stock-taking of Authorised Stock Level and Emergency Order Point of commodities for the reporting and planning for the procurement.

During the COVID-19 pandemic, the stock-out of essential medicines and commodities including the commodities for COVID-19 response such as Personal Protective Equipment (PPE) was reported from Itahari, Dhangadhimai, Pokhara, Ajayameru and Yasodhara. HSSOs supported in procurement planning process such as forecasting, quantification, specification of the procurement items based on the local context.

Other major activities conducted at the LL sites during this quarter include drafting of the Contingency Disaster Plan in Pokhara, quarterly review of Tuberculosis program held on 15th June in Yasodhara, 3-day trainings on infection prevention and waste management for Office Assistants and health facility staff at Kharpunath respectively on 22-24 and 26-28 of June. Similarly, training on Rota Vaccine program was completed at Ajayameru and Itahari in coordination with Provincial Health Offices; and dashboard with the results from Minimum Service Standard (MSS), Essential Medicine List and Citizen Charters were prepared for display at health facilities in Dhangadhimai. HSSOs in respective sites facilitated the process and provided technical inputs in accomplishing those activities. Completed details are provided in the monthly progress reports of the LL sites submitted to DFID.

RESULT AREA: I2.5 FMOHP IS COORDINATING EXTERNAL DEVELOPMENT PARTNERS TO ENSURE AID EFFECTIVENESS

A pre-budget JCM between the FMoHP and EDPs was organised on 11th May 2020. The meeting focused on the COVID-19 response management, review of the Aide Memoire, preparation of the AWPB and EDPs' support for the coming FY. Discussions were also held on the process for the development of the next phase of the Nepal Health Sector Strategy 2021–25, for which FMoHP is beginning to set-up the structure. This has been delayed due to the immediate priorities on COVID-19 response management.

SUPPORT IN RESPONSE TO COVID-19

After the announcement of nationwide lockdown on 24th March, subnational governments primarily focused on formation of Rapid Response Teams, risk communication and community mobilisation, operating health desks at points of entry (POE) at the national borders, and quarantine management for the returnee migrants. Gradually, the priority shifted towards the identification of probable and suspected cases and testing and isolation of confirmed cases. Currently, the case investigation and contact tracing (CICT) of the confirmed cases has been a key priority particularly at the LG level to prevent community transmission.

Although there were no cases of COVID-19 reported in the previous quarter across LL sites, the total number of confirmed cases reported from LL sites in this quarter is 233 (as of 2nd July 2020) with the highest number of cases reported from Yasodhara Rural Municipality (total 168) followed by Pokhara Metropolitan City (total 44). As the concerns about the low utilisation of the routine health services during the lockdown period emerged, the situation at LL sites was monitored through HMIS data and discussions with concerned officials, as service uptake in these sties too had decreased in comparison to previous years. In the meantime, FMoHP circulated various interim guidelines and protocols to help continue the delivery of basic health services such as immunization, maternal and child health and reporting of HMIS data. By the end of June 2020, immunisation services resumed in all LL sites following the precautionary measures.

A brief update on the LL's response in planning and implementation for the prevention and control of COVID-19 has been presented below. NHSSP staff of respective LL sites supported the following response activities.

- Management of public quarantine facilities and isolation centres to manage suspected COVID-19 cases and their testing and isolation management;
- Formation of various teams such as Rapid Response Teams and CICT teams and their mobilization for case investigation and contact tracing;
- Coordination/collaboration with stakeholders and facilitation of all decision-making processes via meetings and consultation with district administration, the police and provincial and federal ministries;
- Risk communication and community mobilization for dissemination of COVID-19 preventive measures through Hotline Telephone services and Information, Education and Communication (IEC) materials; establishment of handwashing corners at specific public locations;
- Supporting the tracking of returnee migrants through different approaches such as community visit, tracking app, GIS software and collection of information. For example, PMC used the "Pokhara Metropolitan City Disaster Response System" to gather the information on the migration status, travel history (Internal or external), demographic details, self-assessment for screening for COVID-19 sign and symptoms; and it was helpful in planning of quarantine, isolation, and relief management in the disaster and emergency situation. This application was developed and provided by Smart Palika (https://smartpalika.org/smart-palika-covid19-tracker/) free of cost to interested Local Government;

- Establishment of COVID-19 management fund and management and distribution of relief package for the needy people such as disadvantaged groups, daily wage workers;
- Establishing the Health Desk and fever screening clinics at health facilities and PoE at the borders;
- Disinfection of public places by disinfection spray;
- Screening, sample collection, and facilitating testing at quarantine facilities;
- Facilitation in procurement and supply chain management of essential medical commodities such as PPE, Infrared Thermometer, and other essential items;
- Orientation on national and provincial guidelines and protocol, and consultation on their feasibility with municipal health division/section to implement the response activities;
- Facilitation on key municipal level meetings and discussion, and engagement in developing the response management plan;
- Planning the establishment of 50-bedded transit isolation centre for treatment and care of asymptomatic COVID-19 confirmed cases in Dhangadhimai Municipality;
- At all LL sites, HSSOs continuously engaged in preparing COVID-19 situation update reports and reporting to district level as well as to central NHSSP team. They were also sharing the available national guidelines and protocol, and facilitating discussions with municipal teams to manage the outbreak response activities;
- There were many challenges in the initial phase such as influx of returnee migrants, sub-standard quarantine and isolation facilities, shortage of PPEs and test kits, delays in the testing due to limited capacity, and weak coordination and communication. LL sites are coping with the situation in a more systematic manner in recent weeks.

PRIORITIES FOR THE NEXT QUARTER

- Support the preparation of the consolidated implementation guideline for the province and local levels for FY 202/21;
- Support in preparing documents for the major organisational reforms in the health sector as proposed in the Policy and Programmes 2020/21 document;
- Consultation on the draft National Health Training Strategy and OCA Resource Package for their finalisation and endorsement;
- Report writing analysing policy coherence in light of the Functional Analysis and Assignments and existing policy documents;
- Follow-up assessment of OCA, MSS, and RDQA in remaining LL sites considering feasibility at the local level;
- Prepare a report on learning at the local level focusing on planning and budgeting;
- Continue producing periodic updates on the COVID-19 situation and monthly progress reports from LL sites;
- Provide technical support for 2nd JCM of this year to be organised in the month of July 2020.

3. HEALTH SERVICE DELIVERY

Summary

The NHSSP Service Delivery (SD) team continued to support its counterparts in planning, budgeting, developing guidelines for AWPB, and for the COVID-19 response focusing on continuity of RMNCAH/FP services. CEONC functionality stagnated during this quarter mainly due to conversion of three hospitals into COVID-19 hospitals. Most of AWPB planned activities could not be implemented during this quarter except a few Palikas starting Visiting Service Provider (VSP), Roaming Auxiliary Nurse Midwife (RANM), PNC home visit, QIP, clinical mentoring, and MSS. National-level support to finalise national documents progresses well for NMS volume 3 and "Nursing and Midwifery Strategy 2020-30" with a few delays. Major setbacks were in progress with the physiotherapy skill transfer as evaluation could not be done before COVID, and SBA strategy revision due to disagreement on the terminology and training of ANMs resulting in a "Tipanni" circulating among decision making bodies. We participated as RH sub-cluster members to support development of "Interim guideline for delivery of RMNCAH services" and plans for roll out of orientation to providers and managers nationwide. The M-Health for FCHV (mobile Chautari) pilot was completed, and findings presented to the TAG.

For updated Activities – please see Annex 1.

RESULT AREA: I3.1 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

Functionality of CEONC Sites: Off-site support and monitoring to ensure the functionality and quality of CEONC services continued this quarter and information from all CEONC sites was gathered. Functionality of CEONC sites varied over the three months, and the most recent data showed that 77 CEONC sites are functional across 69 districts. Five districts remain without an established CEONC site (Table 2). In the last quarter of the year, CEONC functionality usually is the highest, but this year there is a decline in the number of functional sites as 2 hospitals in Province 2 and one from Province 5 have been converted to COVID-19 hospitals[1] and are not providing other services. COVID-19 is also assumed to be affecting staff recruitment and transfers as well as no-leave provision during this time which could be reason for an overall decline.

Table 2: Status of CEONC functionality over the Quarter April - June 2020

	Provinces							Total	Previous Qtr.
	P1	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**		
Established sites	18	9	14	10	13	11	12	**87[2]**	**85**
	Number of functioning CEONC sites								
Chaitra	14	9	12	8	12	9	11	**76**	77 Poush
Baisakh	15	8	13	9	13	9	11	**78**	77 Magh
Jestha	15	7	14	8	12	10	11	**77**	76 Falgun
	Number of districts with CEONC services								
Districts with CEONC	14	8	12	9	11	10	9	**72**	72

[1] Narayani hospital (Parsa), Bhim hospital (Rupandehi), Kalaiya hospital (Bara)

[2] Last quarter, we did not count two sites in total established sites – Siraha hospital (newly established in January 2020) and Okhaldhunga hospital

District without CEONC			1	3	1			**5**	5
	Number of districts with functioning CEONC sites								
Chaitra	13	8	10	7	10	8	9	**65**	65 Poush
Baisakh	14	7	11	7	11	8	9	**65**	66 Magh
Jestha	14	7	12	7	11	9	9	**69**	66 Falgun

Monitoring CS: Four tertiary hospitals where Robson classification for CS was introduced had to prioritise COVID-19 case management and therefore were unable to implement Robson's classification. This will be followed it up when the COVID-19 situation relaxes.

mHealth Pilot: During this reporting period, BBC MA completed their contract on the pilot intervention for testing the mhealth tool for FCHVs. A Technical Advisory Group (TAG) meeting was conducted and BBC MA and the Nursing and Social Security Division (NSSD) presented the evaluation findings of the mHealth for FCHV. The TAG appreciated the pilot and evaluation findings which showed improved knowledge, capacity and confidence of FCHV in their interactions with GoN. The TAG decided to form a small group including Divisional Directors and one statistical expert to prepare a brief report incorporating results, learning, experience and challenges of Mobile Chautari pilot. The TAG also requested for the continuation of the project. NHSSP will follow up in next quarter on the decisions of the TAG meeting.

The final evaluation report of the mhealth pilot was submitted to DFID as payment deliverable. Broadly, the evaluation which included an analysis of the IVR data, baseline and endline quantitative surveys and end of project qualitative research, showed that there was a high uptake of the mhealth tool, improved FCHV knowledge and confidence levels, helped provide a structure to mothers group meetings, and enhanced the trust and relationship between FCHVs and the communities. A number of useful recommendations have been made based on the learning on how the pilot intervention could be improved for scale-up.

PNC: NHSSP TA continued to support PHD/FWD for PNC home visit microplanning programme. In this quarter, a total of 21 palikas initiated PNC home visit; five palikas have completed the orientation but have not yet started home visits. The orientations for palikas in Province 2, 3, and 7 are delayed due to COVID-19 and related lockdown.

Family Planning: NHSSP TA continued off-site monitoring of VSP and RANM implementation in 98 palikas (34 districts) and 124 palikas (43 districts) respectively, mainly through off-site support to Health Coordinators (HC). Twenty-eight palikas (including two LL palikas) have started the VSP programme and 31 palikas (including one LL palika) have started the RANM programme in this quarter. Till 1st week of July 2020, a total of 36 palikas has implemented VSP and 54 palikas RANM programme in 2076/77. The main reasons for delays in starting and lower numbers of palikas implementing VSP and RANM is due to delays in the release of budget to palikas resulting in delays in recruitment of VSP and RANM, and of course later affected by the COVID-19 outbreak.

No FP/EPI integration was implemented in this reporting period. All seven Provincial Health Directorates could not conduct ToT at provincial level due to COVID-19 outbreak and lockdown. This has stalled the FP/EPI programme implementation at all 13 district health offices.

Of the 6,100 VSCs targeted, 913 (15%) were performed in 6 federal hospitals as of end of June 2020. Female sterilization contributed 13% of the total VSCs. Delays in starting and

cessation of VSCs during COVID-19 lockdown period (since March 2020) may have contributed to lower performance.

RESULT AREA: I3.2 RESTORATION OF SERVICE DELIVERY IN EARTHQUAKE-AFFECTED AREAS

Physiotherapy Pilot: The implementation of this pilot intervention was completed in the previous quarter, and the planned evaluation could not take place due to the movement restrictions since March 2020. NHSSP has therefore postponed the evaluation to the end of the year which will take place after conducting a brief refresher training of the Health Assistants.

RESULT AREA: I3.3 THE FMOHP/THE DOHS HAVE EFFECTIVE STRATEGIES TO MANAGE THE HIGH DEMAND (OF MNH SERVICES) AT REFERRAL CENTRES

On-site Birthing Units: A draft on "Standards for Midwifery Led Birthing Unit (OMBU)" was prepared by a consultant and FWD with the support of GIZ. NHSSP TA provided feedback and inputs to the draft document.

Aama Programme Review: The programme review report is yet to be formally shared and discussed with FMoHP and this has been delayed further due to the Ministry's COVID-19 priorities.

RESULT AREA: I3.4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and Protocols: The Director and two section chiefs[3] of the Curative Services Division (CSD) started undertaking a review of the updated Standard Treatment Protocols (STP), but subsequently had to re-prioritise COVID-19 response, and thus there has been no progress in this area. The draft was already submitted to DFID in the previous quarter.

MSS: The MSS for Health Posts is being implemented by CSD in 2019/2020 FY and NHSSP has continued to provide TA for its planning, implementation, and monitoring. In this quarter, NHSSP has continued coordination and desk-based monitoring across provinces and has provided off-site support to health offices for palika-level orientation in two districts. Health office focal persons from 38 districts and 169 palika level health staff have been provided MSS orientation so far, and 217 health posts have completed the MSS self-assessment. In this quarter, 161 health posts completed MSS self-assessment including those in LL sites. Some palikas in Provinces 2 and 5 have had to postpone implementation of MSS due to COVID-19 response.

Quality Improvement Process (QIP) at hospital and BC/BEONC: FWD provided the budget to 65 hospitals and 528 palikas in FY 2019/20 for conducting the Quality Improvement self-assessments followed by facility level improvements, and on-site SBA clinical mentoring. TA continues to monitor and motivate clinical mentors at hospitals to conduct QI and SBA clinical mentoring at their hospitals during lockdown period. In total 31 Provincial hospitals[4] implemented QIP along with SBA clinical mentoring in this quarter. QI scores from 17 hospitals

[3] Director and two section chiefs are MDGP doctor and they plan to review and give inputs to the STP.

[4] First phase QI implemented 13 hospitals: *Ilam, Bhojpur, Okhaldhunga, Udayapur, Siraha, Jaleswor, Trisuli, Nuwakot, Manang, Parbat, Lumbini province hospital Butwal, Bardiya, Dailekh and Doti.* Second Phase QI implemented 18 hospitals/CEONC PHCC: *Panchthar, Terathum, Solukhumbu, Gajendra Narayan Saptari, Manthali PHCC Ramechhap, Hetauda, Gulmi, Kapilwastu, Rolpa, Rapti Province Dang, Karnali province and Mehelkuna hospital (BEONC) Surkhet, Achham, Bajura, Bajhang, Darchula, Baitadi, Mahakali hospital.*

which had done a second QI assessment during this quarter showed improvements in the QI scores as well as the signal functions (Table 3 and 4). During this quarter, SBA clinical mentors facilitated QI self-assessment at 45 BC/BEONCs. Clinical mentors are starting to report these QIP assessment scores using the ODK mobile application. Till date, a total of 67 health facilities' QI self-assessment scores have been reported.

Table 3: HQIP self-assessment scoring: 8 quality domains readiness (17 CEONC hospitals)

8 QUALITY DOMAINS		Green		Yellow		Red	
		Last assessment	Current assessment	Last assessment	Current assessment	Last assessment	Current assessment
1	Management	7	12	10	5	0	0
2	Infrastructure	16	15	1	2	0	0
3	Patient Dignity	10	11	7	6	0	0
4	Staffing	13	15	4	2	0	0
5	Supplies and Equipment	8	9	8	7	1	1
6	Drugs	6	6	10	11	1	0
7	Clinical Practice	4	3	11	12	2	2
8	Infection Prevention	5	8	12	8	0	1
		69	**79**	**63**	**53**	**4**	**4**

Table 4: self-assessment scoring: Signal function readiness (17 CEONC hospitals)

9 SIGNAL FUNCTIONs		Green		Red	
		Last assessment	Current assessment	Last assessment	Current assessment
SF1	Parenteral antibiotics	17	17	0	0
SF2	Parenteral utero tonic drugs	10	11	7	6
SF3	Parenteral anti-consultants	15	17	2	0
Sf4	Manual removal of placenta (MRP)	12	12	5	5
SF5	Removal of retained products (MVA)	17	17	0	0
SF6	Assisted vaginal delivery (Vacuum)	17	17	0	0
SF7	New born resuscitation	17	17	0	0
SF8	Perform blood transfusion	11	15	6	2
SF9	Perform surgery (CS)	17	17	0	0
		133	**140**	**20**	**13**

Clinical Mentoring: NHSSP TA continues to support AWPB planning and implementation of onsite SBA clinical mentoring to service providers through SBA clinical mentors. FWD and MoSD expanded this to 539 Palikas and 65 hospitals in FY 2019/2020 and to date, 210 clinical mentors have been developed. During this quarter, 107 SBA clinical mentors provided on-site clinical mentoring to 655 MNH service providers from 30 hospitals and 48 providers in BC/BEONC. The mentors reported scores achieved by the mentees using ODK mobile applications. The training of three batches of Clinical Mentors and development of the Clinical Mentor training sites at Karnali provincial hospital, PoAHS, Koshi Zonal Hospital and Janakpur hospital have been delayed due to COVID-19.

RESULT AREA: I3.5 SUPPORT FWD IN PLANNING, BUDGETING, AND MONITORING OF RMNCAH AND NUTRITION PROGRAMMES

SMNH Roadmap: There has been no further activity on the Roadmap this quarter.

Nursing and Midwifery Strategy and Action Plan 2020–30: The NSSD with the support of the NHSSP consultant presented the strategy and action plans to the FMoHP officials including the Health Secretary, professional bodies and supporting partners, and technical comments were elicited. A peer review of the final draft and costing of the action plans has been suggested at the meeting. A decision on whether the strategy needs approval from the FMoHP or by the Cabinet needs to be taken. The NSSD with the support of the consultant is currently revising the strategy and thereafter peer review and costing of the action plans will be supported by NHSSP.

SBA Strategy: There has been no progress on this as FMoHP feedback/approval on the Tipanni[5] submitted is still awaited. The DG has forwarded the Tipanni to FMoHP.

AWPB: The TA supported budget allocation at different palikas and hospitals and has also supported drafting of the AWPB implementation guidelines of FWD.

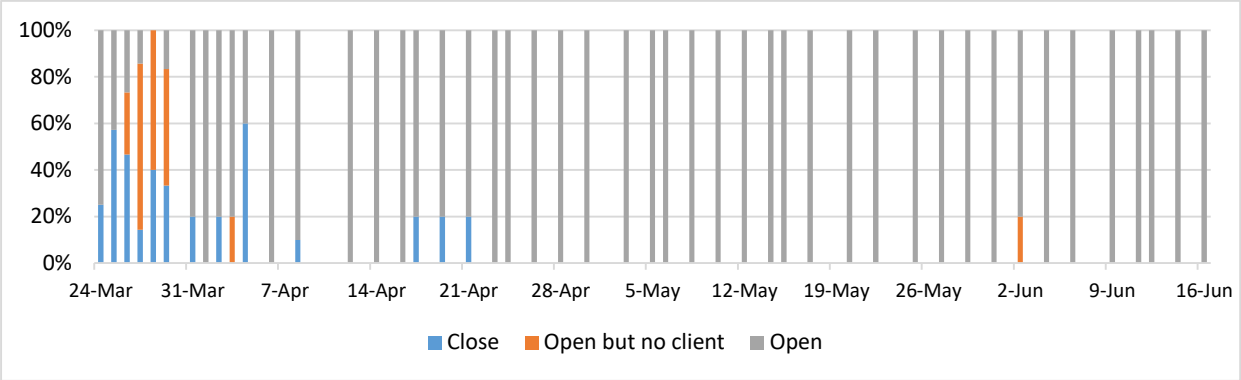
SUPPORT IN RESPONSE TO COVID-19

This quarter, NHSSP Service Delivery team and other EDPs have been providing support to the FMoHP/DoHS to support the health sector response to COVID-19. The specific areas of support by the SD team include:

- Continued participation in the RH sub-cluster to support the FWD, DoHS and FMoHP in preparing an implementation plan for RH Emergency Response Plan (ERP);
- Development of the interim guidelines for health workers to provide RH services, with lead role on developing sections focusing on MNH (Antenatal Care, PNC) and FP; the interim guideline was approved by MoHP in May 2020;
- Preparation of interim guideline orientation plan to orient managers and service providers in eight districts; and orientation of provincial health and nutrition clusters;
- Develop an additional module to the mobile reporting tool (ODK application) for monitoring of CEONC functionality to include information on maternal and perinatal deaths;
- Orientation of 141 staff mainly clinical mentors, nursing in-charges, and public health nurses and a few doctors from 106 sites (99 hospitals and 7 PHCC) on ODK reporting tools;
- Support to FWD in monitoring of service availability and utilisation of MNH, FP, and SAS services at the BC/BEONC sites during the lockdown period. Analysis of this monitoring data has shown that in earlier days of lockdown, some facilities were closed and although others were opened no services were utilised. However, after a month of lockdown almost all the health facilities started to provide ANC and delivery services (Figure 1). However, stock-out of essential medicines for MNH services started to increase from May 2020. Stock-out of MNH drugs was reported as follows: 5% (of 95 sites) BC/BEONC in April, 85% (of 71 sites) in May 2020 and 94% (of 120 sites) in Jun/Jul 2020.

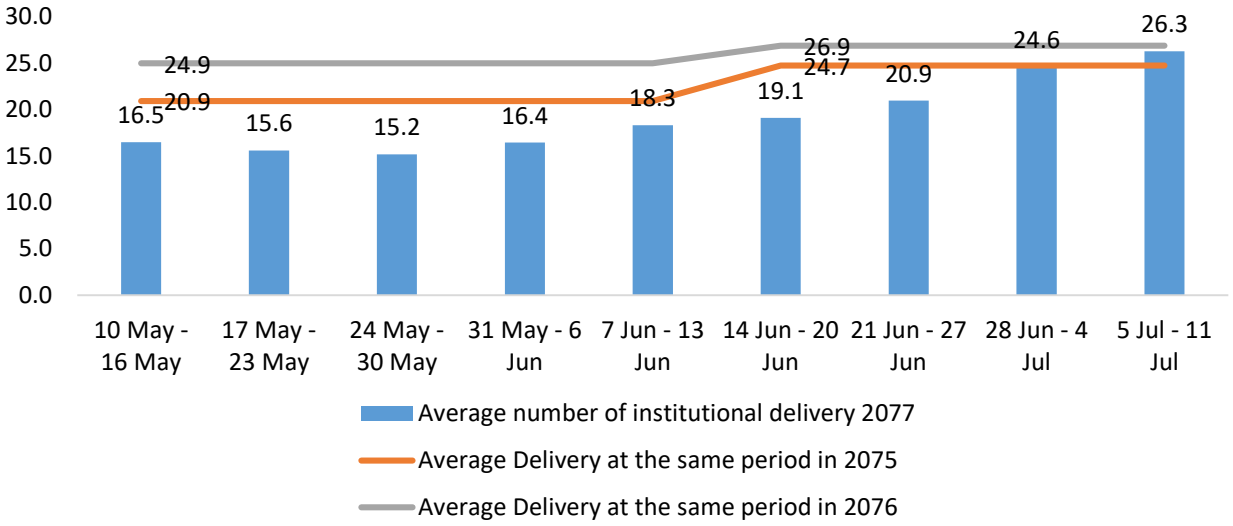
[5] An official memo (Tipanni) on issues of "ANM training and job-title of SBA" that was submitted to the DG was sent back with recommendations from the NHTC and NSSD. The MNH section of the FWD has resubmitted the memo in last quarter.

Figure 1 Availability of ANC services in BC/BEONC sites



- Continued reporting monitoring data to DFID, FWD, and the RH sub-committee for response/action to ensure service delivery across different levels. Institutional deliveries at the ODK-reporting hospitals (94 hospitals) increased over the last few weeks and is now almost similar to the level of the same week of 2019;

Figure 2 Delivery service: Average number of deliveries at health facility per week in the CEONC monitoring sites within COVID-19 Pandemic



PRIORITIES FOR THE NEXT QUARTER

- Prepare and finalise COVID-19 response plan as per re-shape planning;
- Complete orientation of managers and service providers on interim guidelines in eight districts;
- Continue monitoring MNH, FP, and SAS delivery and utilisation alternate days (at BC/BEONC) and weekly (hospitals) and ad hoc (private hospitals) until FMoHP starts its daily online monitoring system;
- Provide inputs to the Rapid Assessment tool for RH/PHC service as part of RH sub-cluster activity;

- Continue the planned activities which have been delayed from last quarters, if feasible:
  - Support the dissemination of the SMNH Roadmap 2030;
  - Support finalisation of Nursing and Midwifery Strategy and Action Plan 2020–25 (revising after the meeting with the health secretary on 2nd July 2020);
  - Finalise and disseminate the SBA Strategy and Training Strategy (pending the approval of the tipanni);
  - Continue technical support to CEONC sites, implement and monitor clinical mentoring/HQIPs, including mentors' development and training site development and mobile reporting;
  - Continue support to training site quality improvement at three referral hospitals; and
  - Disseminate the Aama Review report and support the revision of the Aama Programme Strategic Framework and Operational Guidelines.

4. PROCUREMENT & PUBLIC FINANCIAL MANAGEMENT

Summary

Over this quarter, the NHSSP PPFM team has worked on making updates to the existing Public Financial Management Strategic Framework (PFMSF) and Public Procurement Strategic Framework (PPSF), and received feedback from all concerned authorities and External Development Partners (EDPs). The team also supported the preparation of the management note for Aama Rapid Assessment (RA) XIII, and the AWPB 2020/21 process. The team has led on the support to draw up a COVID-19 related costing for the GoN's response to the pandemic, helped finalise the specification of COVID-19 supplies, and provided regular updates on the Consolidated Annual Procurement Plan (CAPP). Progress and results from all these activities were shared and discussed at the regular meeting of the Public Financial Management technical committee on 26th June 2020.

For updated Activities – Please see Annex 1.

RESULT AREA: I4.1 EAWPB SYSTEM BEING USED BY THE MOHP SPENDING UNITS FOR TIMELY RELEASE OF THE BUDGET

Budget Analysis and AWPB Process: Findings from the health sector Budget Analysis (BA) were shared with the new Chief of PPMD, Dr Guna Raj Lohani. NHSSP supported the FMoHP in preparing a brief presentation on Annual Health Sector Planning, including BA findings, for the meeting of federal and provincial ministers. The team also supported FMoHP in preparing for the AWPB workshops held in all provinces, which included preparing a presentation with the latest guidance from the MoF in planning and budgeting, budget analysis findings, and a session plan. Provincial consultations were later cancelled following COVID-19 response measures.

RESULT AREA: I4.2 TABUCS IS OPERATIONAL IN ALL MOHP SPENDING UNITS, INCL. THE DUDBC

Updated Audit queries: Audit queries of FY 2018/19 have been collected from all 43 Spending Units and are currently being analysed.

Second FMR: The 2nd FMR of FY 2019/20 was submitted to DFID on 29th June 2020. In this trimester, the FMoHP has asked for the reimbursement from DFID and on June 21, 2020. DFID has provided GBP 1 million for the hospital retrofitting projects.

Audited Financial Statement: The audited financial statement of FY 2018/19 was developed and has been submitted to EDPs (World Bank) on 16th June 2020.

RESULT AREA: I4.3 REVISE, IMPLEMENT, AND MONITOR THE FMIP

Public Financial Management Strategic Framework (PFMSF) 2020/21-2024/25: A taskforce formed by FMoHP reviewed the draft of PFMSF (FMIP). Due to COVID-19, this draft could not be shared with provincial authorities. However, it was shared with EDPs and feedback was received. Now it is in the process of endorsement from the FMoHP which will be followed by its printing and dissemination.

Regular Support to the Audit Committee: NHSSP regularly provides support to FMoHP to address any audit queries all year round. In this quarter, NHSSP/PPFM team supported the response on the draft version of the 57th Annual Audit Report of Office of the Auditor General (OAG).

Regular Support to the technical committee: Due to COVID-19, scheduled PFM and Audit Committee meetings were not organized.

Rapid Assessment (RA) of the Aama Programme: Following the Government's decision to divert all consultancy services related budget for the COVID-19 response, FMoHP/FWD requested DFID- NHSSP to fund the Aama programme RA Round XIII. A ToR with a separate note on the challenges of conducting RA in a COVID-19 context was crafted and shared with DFID, and the Request for Proposals (RfP) was published on May 16th 2020. Technical proposals only via electronic submission were requested first. Three consultancy firms submitted their technical proposals which was reviewed by a five-member technical review committee from NHSSP and Options. All the agencies passed the technical assessment and were requested to submit the financial proposal, which was reviewed by a separate financial review committee. The contract was awarded to SAIPAL, who had the highest overall scores.

Joint Consultative Meeting (JCM): The first virtual JCM was held on 11th May and included discussions on the provisional budget and the ceiling provided to health sector, FMoHP and its entities, key highlights of Policy and Programme 2020/21, and identified funding gaps and challenges. The for FY 2020/21 budget for MoHP is 60.67 billion NPR compared to FY 2019/20 when it was 42.67 billion NPR. The breakdown of the budget by its key components is provided in the Table 5 below. Final budget will be discussed in the next quarterly report.

Table 5: Provisional MoHP budget by composition for FY2020/21 compared to FY2019/20

Details	FY 2019/20 (in NPR)		FY 2020/21 (in NPR)		% Change	
	Amount	Percentage	Amount	Percentage		
Recurrent	34,490,800	74.9	45,410,700	74.8	31.7	
Capital	8,180,100	25.1	15,268,100	25.2	86.6	
Total	**42,670,900**	**100**	**60,678,800**	**100**		
Administrative	2,870,200	5.3	2,828,200	4.7	-1.5	
Program Cost	39,800,700	94.7	57,850,600	95.3	45.4	
Total	**42,670,900**	**100**	**60,678,800**	**100**		
GoN	33,882,800	79.4	22,363,700	36.9	-34.0	
EDP (Grant)	4,818,100	11.3	7,358,100	12.1	52.7	
EDP (Loan)	3,970,000	9.3	30,957,000	51.0	679.8	
Total	**42,670,900**	**100**	**60,678,800**	**100**		
	Source: MoF, Red Book FY 2020/21					

Birthing Centre Update: NHSSP is supporting FWD to undertake the status update of birthing centres in the country. Two STTAs started updating the list of birthing centres from 753 Palikas including Aama implementing private facilities. This task will also include the update on service continuation of Aama programme, Safe Abortion Service (SAS) implementation, receipt of transport incentive by women after delivery and number of deliveries, which have been affected due to COVID-19.

Budget Analysis of Health Sector: A ToR for the Budget Analysis of health sector for this year has been prepared and discussed with PPMD, and this will include a special feature on COVID-19. A consultant ToR is being prepared and who will be hired early next quarter.

FMoHP Business Plan: The FMoHP Business Plan Guideline update could not be initiated due to the current focus on COVID-19 response and recovery. The initial round of meeting that was planned to be held at FMoHP for implementing the plan in two public hospitals and other entities could not be held. The activities will be resumed in the next quarter.

RESULT AREA: I4.4 LOGISTICS MANAGEMENT DIVISION IS IMPLEMENTING STANDARDISED PROCUREMENT PROCESSES

Consolidated Annual Procurement Plan (CAPP): The CAPP of 47 federal procuring entities has been prepared in the e-CAPP module of TABUCS and are in execution. FMoHP is currently leading on the overall responsibility of monitoring its implementation. The monthly monitoring and updating is simultaneously being done at DoHS. The Contract Management System (CMS) has been added as a separate module in the e-CAPP. The e-CAPP and CMS are integrated within TABUCS where budget and expenditure against procurement can be tracked. The quarterly CAPP-Management Committee (CAPP-MC) meeting could not be held this quarter given the demands of COVID-19 procurement management that had to be dealt by the DG and Directors. However, CAPP progress and problems are regularly discussed at meetings in the DG Office, where the officials from all Divisions are present.

Public Procurement Strategic Framework (PPSF): The revised Nepali and English versions of the PPSF are ready and awaiting endorsement from the PFM committee. Although the PFM committee meeting could not be held due to COVID-19, informal consultations are ongoing for its finalisation.

Market Analysis (MA) of Essential Medicines: The draft report of MA is being reviewed and updated with more information and data by an international consultant and is expected to be finalised in the next quarter.

Technical Specifications: The updated and revised technical specifications, which were validated at a workshop, are in use for the procurement process. As the CAPP-MC meeting could not be held in this quarter, specifications have not been uploaded in the TSB yet, and are expected to be by next quarter. The 260 specifications of medicines and surgical consumables will be the reference for evaluating the quality of these items. In addition, technical specifications of medicines, consumables and equipment necessary for COVID-19 management have also been finalised and is currently being used in the procurement process.

Progress Against the CAPP: CAPP execution in DoHS is found satisfactory. By the end of the quarter CAPP execution is measured at 89% of the planned value. Sixty-six percent of total planned value have been contracted to different suppliers. These values were 99% and 58% in the same period of FY 2018/19. The following table summarizes the comparison of CAPP execution in FY2018/19 and FY2019/20 and improvement is seen in all indicators in FY 2019/20 compared to last fiscal year.

Table 6 comparison of CAPP execution in FY2018/19 and FY2019/20

Time	Indicator	Values are in millions (NPR)										
		As on CAPP		Started Bidding Processes		Contract Signed			Use of e-GP		Non e-GP	
		Number	Planned	Number	Planned	Number	Planned	Actual	Number	Value	Number	Value
End of June 2020	Total	68	2,795.12	49	2,497.09	30	1,830.22	1,640.69	26	1631.38	4	9.31
	% of Planned			*72.0*	*89.34*	*44.12*	*65.48*		*86.67*	*99.43*	*13.33*	*0.57*

End of June 2019	Total	72	1,599.70	68	1,587.50	51	931.49	836.99	39	826.77	12	10.22
	% of Planned	*0*	*0*	***94.44***	***99.22***	***70.83***	***58.23***	***0***	***76.47***	***98.78***	***23.53***	***1.22***
	Source: DoHS/LMS, June 2020											

Capacity Development: Capacity development of the government officials involved in procurement was continued through telephonic and in-person mentoring sessions. The team also provided advisory support to resolve difficulties related to emergency procurement. A Standard Operating Procedure (SOP) for emergency procurement that is specific to the COVID-19 pandemic was prepared and sent for approval to the FMoHP. Similarly, an interim supply chain guideline for COVID-19 response items was prepared and distributed to provinces.

Organisation of Suppliers' Meeting: Three suppliers' meetings were conducted at the DoHS/LMS to cope with the challenge of emergency procurement of goods for COVID-19 and to locate suppliers as well as to find the technical specifications. Local Nepali suppliers were encouraged to search for appropriate materials and ensure timely supply to cope with increasing demand of materials.

SUPPORT IN RESPONSE TO COVID-19

The NHSSP/Procurement and Public Financial Management (PPFM) team have been actively engaged with FMoHP and DoHS in day-to-day discussions focused on COVID-19 response planning and budgeting. Key support provided in this quarter was on developing the Health Sector COVID-19 Response Plan and the COVID-19 Rapid Response Action Plan, and providing regular support in organising Health Cluster meetings and the Incident Command System's meetings.

NHSSP worked along with WHO consultants on the forecasting and quantification of health commodities required for managing quarantine and maintaining the centres for returnees from different points of entry (along the national border). The team was also involved in preparing the distribution plan for the procured commodities from the Management Division, Nepal Army and commodities received from various EDPs and NGOs to the provinces and local levels.

PRIORITIES FOR THE NEXT QUARTER

- Support FMoHP to implement budget/AWPB related to COVID-19;
- Provide procurement related support to the COVID-19 response;
- Prepare the third FMR for FY 2019/20;
- Continue updating PFMSF and initiate provincial consultations;
- Finalise PPSF;
- Start the process of contracting consultants and initiating Budget Analysis of FY 2020/21;
- Continue monitoring implementation progress of the federal CAPP;
- Discuss implementation modality of RA in COVID-19 context, and complete field work;
- Update the Internal Control Guidelines and Audit Status Report;
- Finalise Federal CAPP in the e-CAPP module;
- The existing Business Plan guidelines will be updated with a consideration of the impact of COVID 19; and MoHP endorsement will be sought. PPMD will be recommended to implement the updated guidelines in two federal-level hospitals initially;

- Provide technical support in preparing the 2nd JCM to be held in July 2020.

5. EVIDENCE AND ACCOUNTABILITY

Summary

There has been steady progress on the Evidence and Accountability (EA) related planned activities during this quarter. Key achievements include: addition of features in the RDQA for making it more user-friendly, secondary analysis of availability and utilisation of services during COVID-19 pandemic, and supported DoHS to customise the DHIS2 platform for daily reporting of service statistics and COVID-19 related data from health facilities and local levels working together with the WHO and GIZ. Two national level surveys are currently in the process of developing questionnaires and are in discussions within the Technical Working Group: Nepal Health Facility Survey 2020, and Nepal Demographic and Health Survey 2021.

During this quarter the team continued its support to the FMoHP in developing plans, guidelines, and tools related to COVID-19; and analysis of the data and preparation of the status update reports for better planning of response initiatives. The team has also developed a repository of the guidelines, plans, and policies developed for COVID-19 by Government of Nepal which will soon be made public through the NHSSP and MoHP websites.

For updated Activities – please see Annex 1.

RESULT AREA: *I5.1* QUALITY OF DATA GENERATED AND USED BY DISTRICTS AND FACILITIES IS IMPROVED THROUGH THE IMPLEMENTATION OF THE ROUTINE DATA QUALITY ASSESSMENT SYSTEM

RDQA: The team provided continued support to the PPMD-FMoHP in improving the electronic RDQA tools and the e-learning materials, based on user feedback and lessons learned during implementation. Subsequently, the team supported in improving the dashboard and adding features in the application to make it more friendly for the local level administrators and users. RDQA implementation was completed in Madhyapur Thimi Municipality, Yasodhara and Dhangadhimai Rural Municipality in the last quarter. Itahari sub-metropolitan city had also started for the second round of RDQA but this was paused due to the COVID-19 pandemic and the lockdown.

RESULT AREA: *I5.2* FMOHP HAS AN INTEGRATED AND EFFICIENT HEALTH INFORMATION SYSTEM AND HAS THE SKILLS AND SYSTEMS TO MANAGE DATA EFFECTIVELY

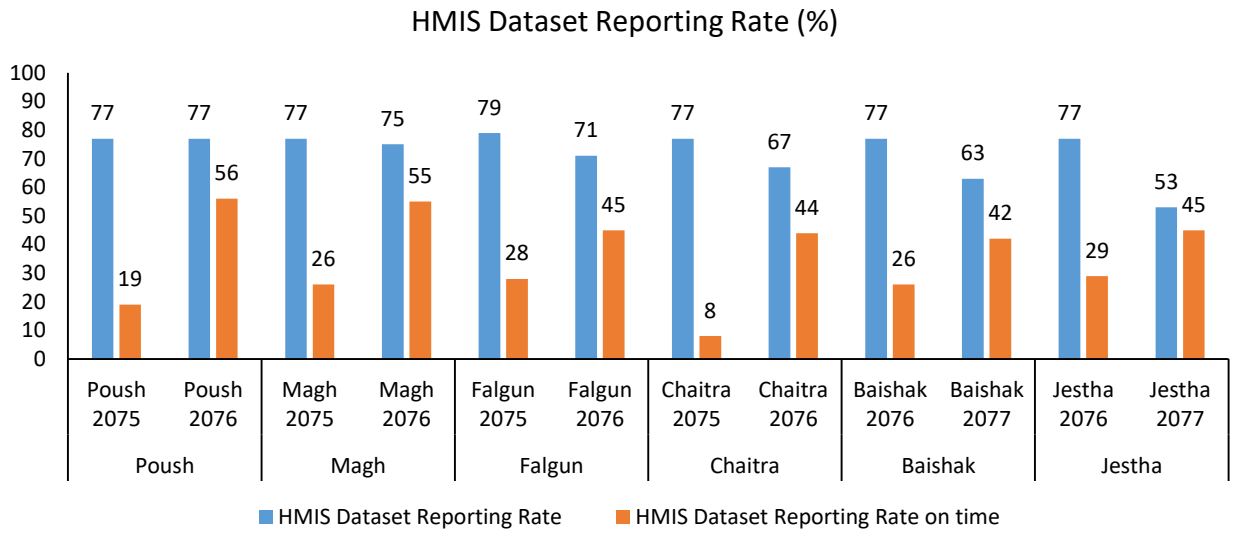
eHealth: In the last quarter the draft National eHealth Guidelines and EHR Guidelines were shared with the Quality Standard and Regulation Division (QSRD) for their review. The finalisation process has been delayed due to FMoHP's re-focus of priorities on activities related to the COVID-19 pandemic response. The team is following up with the QSRD and the IT Section to speed up the process.

This quarter, the EA and GESI teams continued working with the Population Division, FMoHP, and IHIMS, DoHS, to digitise the recording and reporting tools of OCMC and SSU. The paper-based tools were jointly reviewed and modified in alignment with the digitisation requirements. The Population Division and IHIMS have agreed to use the DHIS2 platform and build functional linkages between their systems to allow better data analysis, including sharing of facility codes, organisational structures and the data analysis. The Population Division has

also coordinated with the Information Management Team in the Health Insurance Programme to align the SSU monitoring process and tools with those of the Health Insurance Programme.

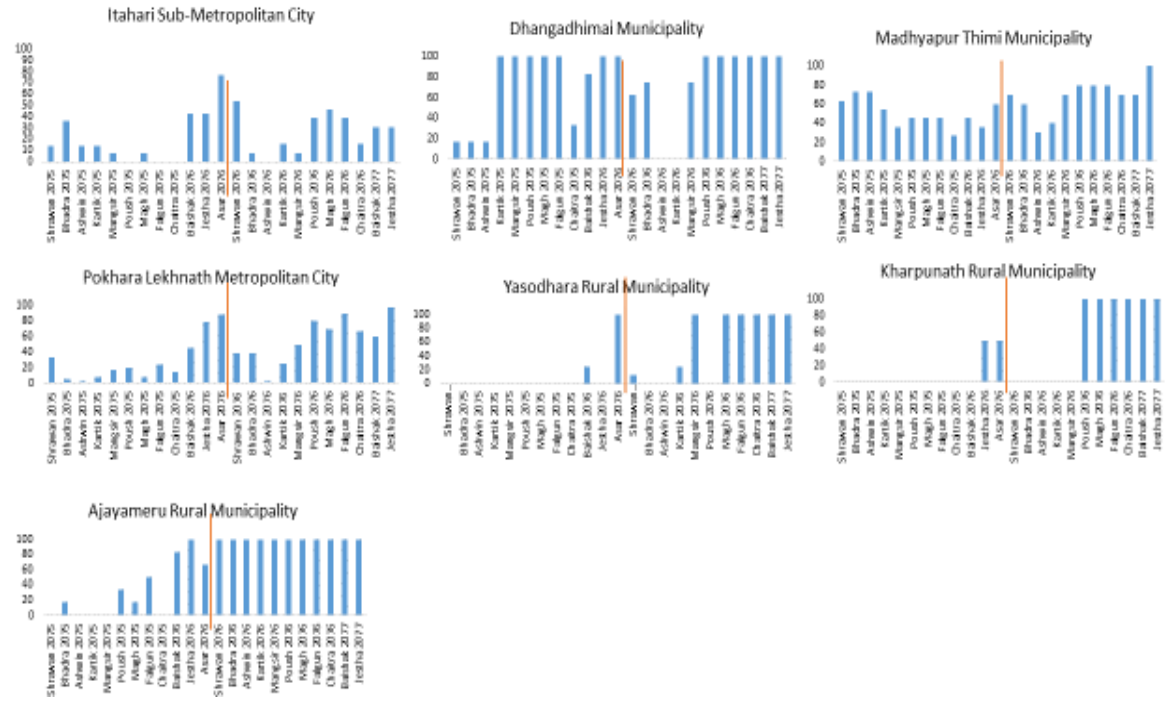
HMIS Reporting Status: This quarter NHSSP continued technical assistance to IHIMS to help identify discrepancies in the HMIS dataset and address gaps, and supported online mentoring to the provincial, local governments and health facilities. This proactiveness and stable analysis of the available data has been effective in improving the on-time reporting, improving data quality and use of the data. This quarter there has been improvement in on-time reporting from facilities compared to the same months of the last fiscal year (Figure 3). However, there has been a marginal decline in on-time reporting as compared with months of the previous quarter, which could be because of COVID-19.

Figure 3 HMIS dataset reporting rate



A comparison of on-time HMIS reporting from health facilities in LL sites over this FY with the last FY shows that there has been marked improvement in timeliness of reporting across nearly all LL sites. Four out of seven LL sites (Yasodhara, Kharpunath, Dhangadhimai and Ajayameru Municipalities) have maintained the 100% on-time reporting from the last five months of the FY 2076/77 in comparison with the previous fiscal year (FY 2075/76) (Figure 4).

Figure 4 HMIS Public Health Facility HMIS On Time Reporting Rate (%) at LL sites



RESULT AREA: *I5.3* MOHP HAS ROBUST SURVEILLANCE SYSTEMS IN PLACE TO ENSURE TIMELY AND APPROPRIATE RESPONSE TO EMERGING HEALTH NEEDS

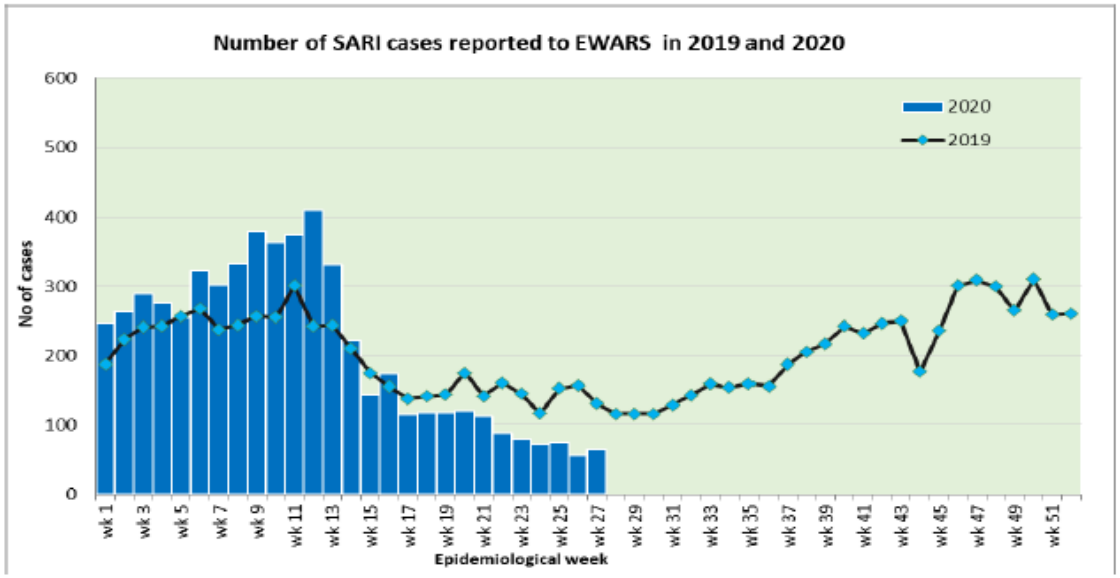
MPDSR: During this quarter NHSSP continued its support to the FWD in analysing the data from the existing MPDSR database. MPDSR software was reviewed, problems/bugs identified, and possible solutions were communicated to the FWD IT consultant. NHSSP has developed a STATA.do file to analyse the existing MPDSR data and the analysis is in progress. The planned support to two local governments implementing the MPDSR system (Pokhara Metropolitan City and Itahari Sub Metropolitan City) in strengthening the surveillance and response mechanism and to carry out further analysis of the MPDSR data at the local level has been delayed due to the COVID-19. This support to the LL sites will be initiated in the next quarter. With focus on monitoring of maternal and perinatal deaths during COVID-19 pandemic, Family Welfare Division on 18 Jestha 2077 (31st May 2020) circulated a directive to all the 753 local levels and all public and private hospitals, irrespective of the local levels and hospitals currently implementing MPDSR, for event-based real-time reporting of all maternal and perinatal deaths using the MPDSR system so that the response initiatives could be initiated at the earliest. NHSSP together with WHO will work with FWD in monitoring of MPDSR implementation and providing mentoring support to the provinces, local levels and hospitals as needed.

EWARS: The weekly reporting 'Early Warning and Reporting System (EWARS)' has now been upgraded to report the SARI (Severe Acute Respiratory Infection) cases on daily basis to facilitate monitoring of the SARI cases so that these are tested with RT-PCR for COVID-19 as per the National Testing Guidelines. A total of 10,542 SARI cases were reported in 2019 (Jan-Dec) and 4,910 cases till 27th week, whereas a total of 5,708 cases have been reported

in 2020 by 27th week. Figure 5 below shows the trend of SARI cases reported in 2019 and 2020 by the epidemiological weeks. Of the total 82 sentinel sites in 2019, 69 sites reported, and in 2020 out of the 118 sentinel sites in place, 84 sites have reported.

Figure 5: Number of SARI cases reported to EWARS in 2019 and 2020

- 66 cases of SARI are reported this week. The majority of these cases were from Jhapa (9 cases), Rolpa (8 cases), Lalitpur (6 cases), Dolakha (4 cases) and Surkhet (3 cases).
- 131 cases of SARI were reported this week in 2019.



Note:

- *The number of reporting sites per week in 2020: 80 (for weeks 10 and 11), 84 (for week 12), 77 (for week 13), 73 (for week 14), 74 (for weeks 15-16), 76 (for weeks 17-18), 80 (for weeks 19-20), 81 (for week 21), 80 (for week 22), 85 (for week 23), 80 (for week 24), 79 (for week 25), 77 (for week 26) and 78 (for week 27).*
- *The number of reporting sites per week in 2019: 51 (for weeks 10-12), 52 (for week 13), 55 (for weeks 14-19), 59 (for weeks 20-21), 58 (for week 22), 56 (for week 23), 58 (for week 24), 67 (for weeks 25-26) and 76 (for week 26).*

Please note that above graph reflects 2020 data that is available to date, and these numbers could be different going forward, and although sites established in previous year(s) are expected to continue reporting the following years, there could be gaps and this needs further analysis by sites. NHSSP will continue working with WHO and GIZ in supporting EDCD in strengthening of EWARS with focus on timely reporting, wider coverage of the sentinel sites, analysis of the data and its use in planning and response.

Daily reporting from health facilities and local levels: The Health Sector Emergency Response Plan: COVID-19 Pandemic, 2077, calls for a system to monitor the daily activities, service utilisation including that of critical health care services, and provide feedback on a real time basis. In alignment with this provision of the plan, NHSSP, WHO, and GIZ have been supporting the FMoHP/HEOC and IHIMS in developing a web-based application in DHIS2 platform to monitor the tracer indicators on service utilisation from health facilities and COVID-19 related information from the local levels on daily basis. IHIMS, Management Division, DoHS has initiated providing mentoring support to the local levels for its implementation.

Tracer indicators related to COVID-19	Tracer indicators on service utilisation
1. Number of quarantine centres in the municipality 2. Number of persons in quarantine 3. Number of persons released from quarantine 4. Number of COVID-19 suspected persons in quarantine 5. Number of RDTs done 6. Number of RDT positive cases 7. Number of RT-PCR tests done 8. Number of RT-PCR positive cases 9. Number of deaths due to COVID-19	1. Number of OPD visits 2. Number of fever cases in OPD 3. Number of fever cases in emergency 4. Number of persons served in COVID clinic 5. Number of COVID-19 confirmed cases 6. Number of COVID-19 recovered cases 7. Isolation beds in the facility 8. Number of children immunized (any vaccine) 9. Number of women who visited facility for ANC service (any) 10. Number of institutional deliveries 11. Number of TB patients (any) 12. Number of HIV patients (any) 13. Number of maternal deaths

This surveillance system developed in the DHIS2 portal particularly to address the data gaps in responding to the COVID-19 pandemic is expected to be useful for any future disasters as well for timely (daily) reporting from the local levels to the provincial and federal governments. The Figures 6 and 7 below show the dashboard and the data entry platforms.

Figure 6: COVID-19 Pandemic Daily Reporting

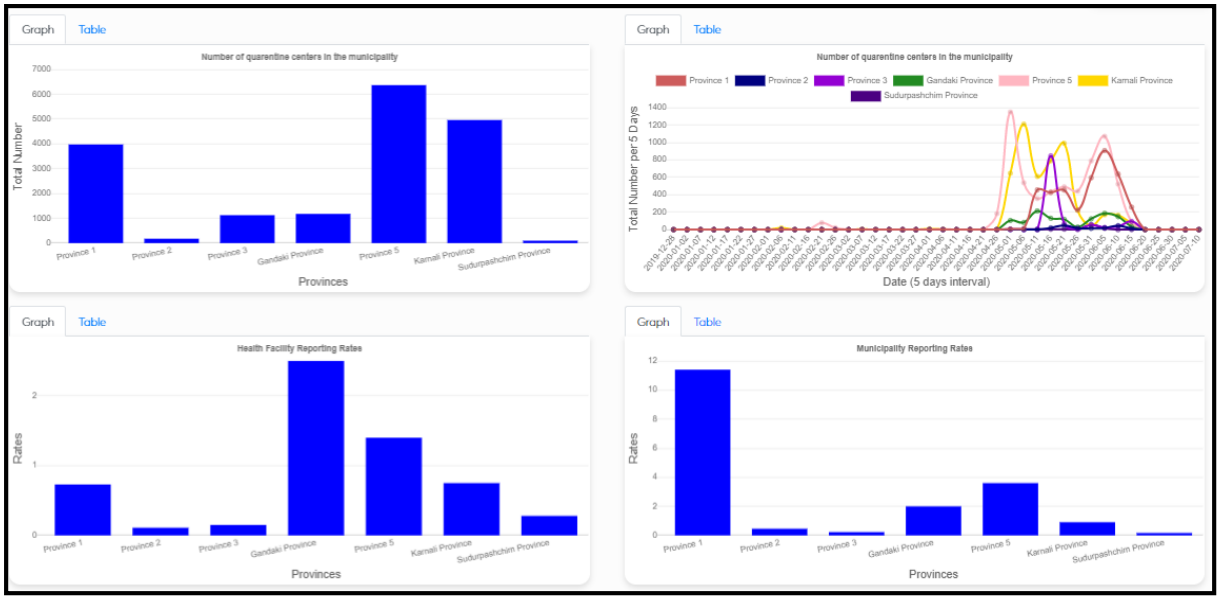
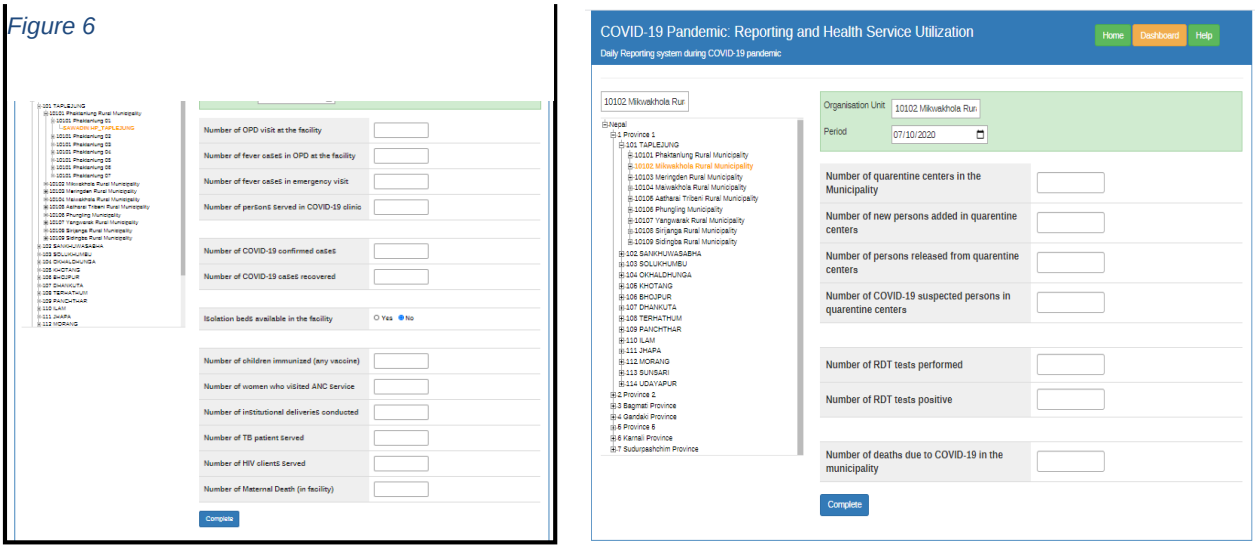


Figure 6



RESULT AREA: *I5.4* FMOHP HAS THE SKILLS AND SYSTEMS IN PLACE TO GENERATE QUALITY EVIDENCE AND USE IT FOR DECISION MAKING

Harmonization of surveys to meet the health sector data needs:

As envisioned in the 'Health Sector Monitoring and Evaluation in Federal Context, 2018', national M&E guidelines, two national level population-based surveys and one health facility-based survey are currently in operation or in plan.

Nepal Health Facility Survey (NHFS) 2020: Pre-testing of the survey tools was planned in March 2020 but it could not take place due to COVID-19 and the lockdown. USAID has informed FMoHP that a local implementation partner has been selected (New ERA) to conduct the survey. During this quarter, the TWG discussed about the new questions to be added to assess the health facility's readiness to respond to COVID-19 and other disaster. NHSSP has been contributing to the survey as a member of the technical committee.

Nepal Demographic and Health Survey (NDHS) 2021: As per the survey plan the next round of NDHS is planned in 2021[6]. NHSSP has been contributing to the survey as a member of the technical committee. The first TWG meeting of the NDHS 2021 has discussed and agreed on the following action points:

1. Discuss with NHRC to explore need and possibility of including the geriatric population to get the NCD indicators without duplicating with the STEPS survey completed in 2019;
2. Explore possibility of including RH morbidity related questions that include breast cancer, cervical cancer, uterine prolapse and obstetric fistula;
3. Explore possibility of including questions/modules to be able to assess the pre- and post-COVID-19 results;
4. Discuss with CBS to explore need and possibility of including disability module, without duplicating with the Census 2021;

[6] The link for the DHS-8 Core questionnaires - https://dhsprogram.com/publications/publication-dhsq8-dhs-questionnaires-and-manuals.cfm . These questionnaires will be customized to fit the national context.

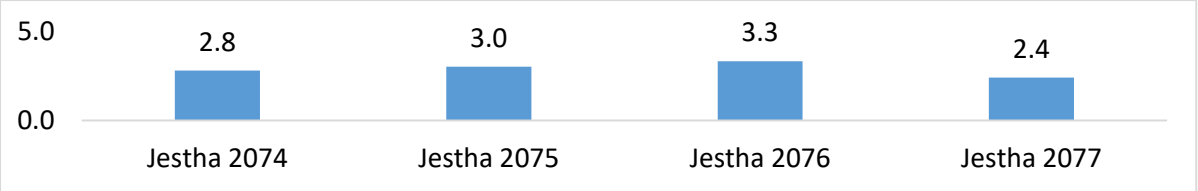
5. Discuss with NCASC and the stakeholders working in the HIV/AIDS to explore need and possibility of including sexual minority population in the survey;
6. Ensure that the sample design is robust enough to allow representative sample at the provincial level;
7. The survey should take appropriate measures while conducting the survey in COVID context;
8. Ensure that indicators to monitor quality of care are well captured by the survey.

Nepal Multiple Indicator Cluster Survey (NMICS) 2019[7]: Central Bureau of Statistics (CBS) has recently released a report with the key indicators from the NMICS 2019. The NMICS was conducted from May to November 2019 as a part of sixth-round of the global MICS household program, with the technical and financial support from United Nations Children's Fund (UNICEF) Nepal. The NMICS 2019 is a national survey of 12,800 households and includes data on women aged 15-49, men aged 15-49, children under-five years, and children 5-17 years. Water quality testing for E. coli and arsenic was also performed in 2,536 households. The findings of the survey are useful to monitor 15th Five Year Development Plan (2076/77-2080/81) of Government of Nepal and the Sustainable Development Goals. NHSSP had provided technical input to the CBS through the MoHP in finalisation of the questionnaire.

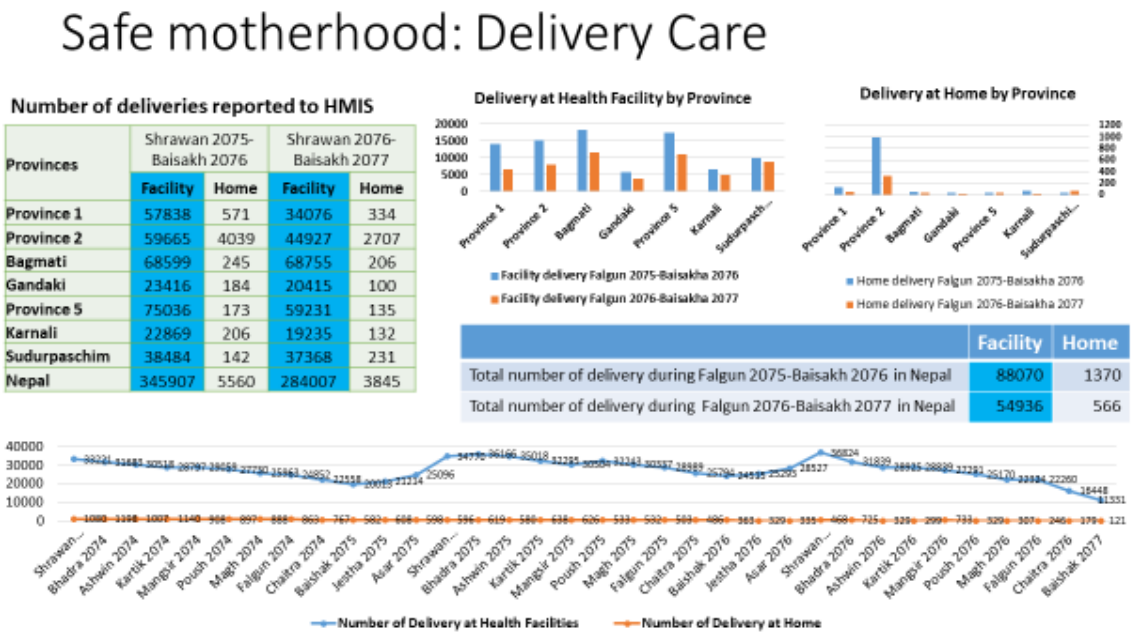
Analysis of service utilisation data: EA and SD teams supported FWD in analysing key health service utilisation data from HMIS to track the effect of COVID-19 on service utilisation. Analysis of the data shows that there has been decline in utilisation of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in this quarter compared to the same period of the last year. It is important to note that all data for the current fiscal year has not been entered completely and HMIS on-time reporting is around 40% for each month of this quarter.

An analysis of the HMIS data shows that the average number of institutional deliveries per day per facility has decreased by 27% in Jestha 2077 compared to Jestha 2076.

Figure 7 Average number of deliveries at health facility per day per facility in the CEONC monitoring sites



[7] The NMICS report on key indicators is available at: https://www.unicef.org/nepal/media/9076/file/NMICS_2019_-_Key_findings.pdf



Provinces	Shrawan 2075-Baisakh 2076		Shrawan 2076-Baisakh 2077	
	Facility	Home	Facility	Home
Province 1	57838	571	34076	334
Province 2	59665	4039	44927	2707
Bagmati	68599	245	68755	206
Gandaki	23416	184	20415	100
Province 5	75036	173	59231	135
Karnali	22869	206	19235	132
Sudurpaschim	38484	142	37368	231
Nepal	345907	5560	284007	3845

Table 7 ***Comparison of key health statistics for April to June 2019 and 2020***

Programme / Indicator	Chaitra		Baisakh		Jestha	
	Chaitra 2075	Chaitra 2076	Baisakh 2076	Baisakh 2077	Jestha 2076	Jestha 2077
Family Planning						
Permanent FP method from public camp – new users	408	631	255	215	301	214
Permanent FP method from public facility – new users	485	143	343	178	282	74
Temporary FP method, Intrauterine Contraceptive Device (IUCD) and implant – new users	11223	4963	9928	3419	11731	4603
Temporary FP method, pills and Depo-Provera – new users	34238	26276	30839	27156	32588	26153
SMNH Programme						
Four antenatal care (4ANC) visits as per protocol	25801	16334	26451	16384	30895	15630
Institutional delivery	28649	20951	27518	18143	28615	13935
Community-based Integrated Management of Childhood Illness (CB-IMCI)						
2-59 months children with diarrhoea – no dehydration	32473	19813	38465	20534	37015	15824
2-59 months children with diarrhoea – some dehydration	5461	3069	6686	3386	6692	2475
2-59 months children with diarrhoea – severe dehydration	212	73	144	53	134	65
Nutrition						
Postpartum mothers receiving Vitamin A capsules	16862	12595	18518	12338	17675	9692
Pregnant women receiving 180 iron tablets	21755	16487	24024	14348	24267	13968
Registered for growth monitoring–new visit, 0–23 months – normal	66295	32877	64450	38483	62559	34377

Programme / Indicator	Chaitra		Baisakh		Jestha	
	Chaitra 2075	Chaitra 2076	Baisakh 2076	Baisakh 2077	Jestha 2076	Jestha 2077
Registered for growth monitoring – new visit, 0–23 months – moderate	1612	862	1623	505	1864	517
Registered for growth monitoring – new visit, 0–23 months – severe	462	145	521	299	637	118
Outpatient Department (OPD) visits (New)						
Total new OPD visits female	1057929	850623	1063307	693849	1185479	652517
Total new OPD visits male	771077	636099	792549	532229	879793	486017
Cardiovascular & Respiratory Related Problems-Acute Rheumatic Fever	1357	561	1285	568	801	501

Note: Data extracted from HMIS on 10 July 2020 so the figures for the year 2076 might change on completion of the HMIS data entry for the fiscal year.

Equity analysis: NHSSP also supported FMoHP in monitoring the progress on DLI-12, equity indicators. Table 8 below shows that based on the data extracted from the HMIS database on 10 July 2020, all the three indicators (mCPR, pneumonia cases treated with antibiotics and institutional delivery) are on track to meet the target. However, the analysis shows that there has been decline in performance of both the top and bottom ten districts over the last three years which highlights the need of tailored interventions to maintain the achievements made so far and to reduce the equity gaps among the districts.

Table 8 ***DLI12: Equity in essential health service utilisation improved [Indicators: a. mCPR; b. Institutional delivery; and c. Pneumonia cases treated with antibiotics]***

Indicators	FY 2074/75 (2017/18)			FY 2075/76 (2018/19)			FY 2076/77 (2019/20) as of 10 July		
	Average of top 10 districts	Average of bottom 10 districts	Difference between top 10 and bottom 10 average	Average of top 10 districts	Average of bottom 10 districts	Difference between top 10 and bottom 10 average	Average of top 10 districts	Average of bottom 10 districts	Difference between top 10 and bottom 10 average
Contraceptive prevalence rate	53.8	24.7	29.1	53.5	26.8	26.7	50.5	19.7	30.8
% of women delivered in a health institution	86.4	18.6	67.8	98.5	20.9	77.5	84.0	19.3	64.7
Percentage of pneumonia cases treated with antibiotics	48.2	9.8	38.4	35.0	8.3	26.6	32.4	6.7	25.6

Mortality monitoring via ODK template: EA and SD teams have jointly supported Family Welfare Division to develop an application in Open Data Kit (ODK) platform to facilitate the Clinical Mentors in monitoring of CEONC services. During the COVID-19 pandemic, the ODK platform has been upgraded to include reporting of maternal, perinatal and neonatal deaths taking place at the CEONC sites on weekly basis. An analysis done based on the information collected through the ODK platform shows that a total of 9 maternal deaths, 83 still births and 245 early neonatal deaths were reported during the 8 weeks of monitoring.

Table 9

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Total
	28 Baisakh to 03 Jestha	04 - 10 Jestha	11 – 17 Jestha	18 – 24 Jestha	25 – 31 Jestha	32 Jestha – 06 Asar	07 – 13 Asar	14 – 20 Asar	
CEONC sites reporting	96	97	97	97	95	88	70	38	
Number of maternal deaths	3	1	1	1	2	1	0	0	9
Number of still births	16	28	15	3	8	7	4	2	83
Number of early neonatal deaths	36	36	35	41	29	27	30	11	245

NHSSP also supported MEOR in monitoring of key indicators related to the family planning programme using HMIS data.

Support to NHTC in development of induction package: NHSSP continued its support to the NHTC in developing a generic induction training package for the health officers, in response to a request from the NHTC. The generic package includes an overall orientation to the health sector and the GoN priorities based on the national policies, programmes, guidelines, structures and the federal context. Local consultants have been identified for development of the package, but the process has been delayed due to COVID-19. NHTC is planning to accomplish the task within the next three months.

RESULT AREA: *I5.5* THE FMOHP HAS ESTABLISHED EFFECTIVE CITIZEN FEEDBACK MECHANISMS AND SYSTEMS FOR PUBLIC ENGAGEMENT IN ACCOUNTABILITY

Knowledge Café: This quarter there were three Knowledge Café events on issues related to COVID-19. The first one was conducted at the FMoHP meeting hall on 12 May 2020, whereas the last two events were virtual as there was nation-wide lockdown in the country. Topics were:

1. Efforts to control COVID-19: learning from China
2. Clinical spectrum and transmission dynamics of COVID-19
3. Landscape of COVID-19 testing

Analysis of the evidence and overall facilitation for these Knowledge Café events was done by DFID-NHSP/MEOR in coordination and collaboration with NHSSP. The evidence discussed in these sessions have helped the FMoHP in contextualization and adaptation particularly in the areas of updating the guidelines and taking the local context tailored response initiatives based on the national, international and global evidence generated so far.

SUPPORT IN RESPONSE TO COVID-19

This quarter NHSSP, along with WHO, provided support to the FMoHP in various aspects of the health sector response to COVID-19, which include:

- Development of plans, guidelines, protocols (e.g., Health sector emergency response plan - COVID-19 pandemic, COVID-19 and non-COVID-19 health service provision interim guidelines, National testing guidelines, Information management plan, Guidelines for formation and operation of case investigation and contact tracing teams at municipality

level, Isolation guidelines, and Guidelines for repatriation and quarantine of Nepali citizens from China. The team has also developed a repository of the guidelines, plans and policies developed for COVID-19 by Government of Nepal'

- Strategic level inputs to the MoHP officials in formulating policies, planning, monitoring, decision making and daily operation in COVID-19 management;
- Development of information management plan including recording and reporting tools in COVID-19 context with focus on digitization, integration and harmonization;
- Development of guidelines and tools for verbal autopsy of the COVID-19 deaths;
- Analysis of the data and preparation of daily situation updates (e.g., Epidemiological analysis, performance of laboratories, logistics availability, preparation of daily SitRep);
- Development of daily reporting web portal in DHIS-2 platform from municipalities and health facilities for monitoring of health facilities' readiness and utilisation of regular health services in COVID-19 pandemic;
- Engagement and technical contribution in various committees, task teams formed by FMoHP.

Priorities for the next quarter

- Support PPMD/FMoHP, IHIMS Section, DoHS, and the LL sites to implement RDQA and provide mentoring support as needed;
- Support Population Division in developing a web-based application for recording and reporting of the SSU and OCMC related data in DHIS2 platform in alignment with HMIS;
- Together with WHO support FWD in monitoring of MPDSR implementation and providing mentoring support to the provinces, local levels and hospitals as needed;
- Continue working with LL sites and IHIMS at the federal level for improvement in data quality and its use;
- Continue working with WHO and GIZ in supporting EDCD in strengthening of EWARS with focus on timely reporting, wider coverage of the sentinel sites, analysis of the data and its use in planning and response;
- Support strengthening and institutionalization of daily reporting from local levels and health facilities to respond to disease outbreaks and disasters;
- Support NHTC in developing generic induction training package for health officers;
- Analysis of service utilisation data to better inform the monitoring and planning;
- Provide technical inputs to the MoHP in carrying out NFHS 2020 and NDHS 2021;
- Continue working with MEOR in supporting MoHP in organizing Knowledge Café series;
- Provide strategic level inputs to the FMoHP officials in formulating policies, planning, monitoring, decision making and daily operation in management of COVID-19.

6. HEALTH INFRASTRUCTURE

Summary

During this quarter, the NHSSP HI team has initiated the work in two crucial areas of policy development: the repair and maintenance action plan at the provincial level and land acquisition and relocation policies at the federal level applicable to provincial level as well which are important for rational development of sustainable health infrastructure. Support was provided to DUDBC in the evaluation process of tender documents for the main retrofitting works for Pokhara. Support was provided to FMoHP to help identify potential health facilities in each province with the capacity to be converted into COVID-19 treatment centres, through a detailed mapping of health facilities.

Health Infrastructure team members were actively involved in various capacity enhancement activities. The team continued to provide TA directly to provincial and local governments and through collaborations with other EDPs for upgrading different hospitals, including updating standards and support in designing different health facilities as requested by FMoHP and review of different tenders, evaluation and contract documents for construction of health facilities received through FMoHP.

Construction of decanting space for both the Priority Hospitals Bhaktapur and Western Regional Hospital (WRH) has been completed after repurposing both the spaces as COVID-19 treatment Centres. Letter of Intent (LOI) has been published for signing of contract for the successful bidder for main retrofitting works in Pokhara. Retendering of Bhaktapur main retrofitting works was published for Bhaktapur main retrofitting works. Monitoring and verification of the completed decanting spaces was completed by the third party contracted by DFID.

For updated Activities – please see Annex 1.

RESULT AREA I6.1: POLICY ENVIRONMENT

Health Infrastructure (HI) team prepared the Terms of Reference (ToR) for the development of guidelines and plan of action for repair and maintenance of health facilities under the provincial government and submitted it to DFID for approval. The draft guidelines and plan of action for repair and maintenance are being developed by the HI team members in consultation with officials from Management Division/DoHS. This will draw on the first-hand experiences from different site-visits, interactions with stakeholders, documentation of past efforts on repair and maintenance in the health sector. Discussions for various events and official interactions have been useful for gathering inputs to the policy development work. The guideline and plan of action will be forwarded to the provincial level government (MoSDs) for their review and inputs before its finalised.

The team also prepared ToR for the development of land acquisition and relocation policy for health facilities. As many health facilities are located in marginal lands or not appropriately located in terms of accessibility[8] (source: HIIS), this document can help streamline issues. A review of existing legal provisions, current practices and efforts of the government for the land

[8] Almost 40 % of health facilities did not have their land under their ownership as analysed during the survey conducted in 14 districts during damage assessment after the earthquake in 2015.

acquisition, relocation efforts are being shared and discussed with concerned officials for developing the policy document.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

Bid Evaluation Support to DUDBC:

As part of capacity enhancement, HI team has continued support to DUDBC FPIU, Kaski through online means to complete the technical bid evaluation for the main retrofitting works at WRH (PAHS). Six bidders were successful in qualifying technically and the technical evaluation report has been approved by the Director General's office. HI team also supported the verification of the financial documents in bid evaluation process which has also been completed and approved by DUDBC. A letter of intent (LOI) has been published for the successful bidder - BKOI- Rautaha-PK J.V who will sign a contract for a value of NPR 610423303.5. It is expected that the contractor will be mobilised on the site by the end of July.

Support in Karnali:

Support was also provided to the Karnali Province MoSD and FPIU DUDBC for the evaluation of the technical and financial bids of landscaping work in Provincial level hospital in Surkhet. The design support to Karnali Province continued during the quarter by developing detailed architectural, structural and other supporting drawings for Salyan Hospital. In the last quarter proposed conceptual design was presented and agreed at a meeting organised by MoSD, Surkhet. The meeting was attended by high-level officials and provincial level ministers. As requested by the MoSD during the meeting, new block design for Rukum District has also been initiated and a draft conceptual plan has been developed. As per the request received from MoSD, Karnali Province design and tender documents submitted for Dailekh was split into two phases to reduce the implementation cost in the first phase.

Other Design Support:

- Support was provided to MoHP to coordinate and organise technical support for Defect Liability period (DLP) inspection of the JICA supported reconstruction projects: Bir Hospital and Paropakar Maternity and Women's Hospital on 14th and 15th of May 2020.
- As member of the evaluation committee at MoHP, support was also provided to MoHP for the evaluation of technical and financial proposal for the hiring a consultant for KfW supported FC Recovery Project.

Design Updates:

- As part of updating and making the standard designs of health facilities more adaptable by the local and provincial government's typical structural design of Primary hospitals B1, B2 and B3 were initiated and completed during the quarter.
- Design of three types of provincial medical stores was completed during the last quarter. More details (Architecture, Sanitary and Electrical) including detailed cost estimates were completed during this quarter.
- Support was provided to Bhaktapur Hospital for the Technical review of HVAC design proposed by Bhaktapur Hospital for the repurposing of decanting space into ICU for COVID treatment.

- Supported NPHL in developing the Master Plan of infrastructure to upgrade current NPHL into National Level Diagnostic Laboratory as per the vision of the Government of Nepal.
- Support provided to MoHP for the development of the architectural design of 300 and 50-bedded infectious disease Hospital and 50 bedded emergency units for tertiary Hospitals in different provinces.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Repurposing of Decanting Space as part of COVID Management Centre:

After the lockdown on March 24, 2020, both hospitals – Western Regional Hospital/ Pokhara Academy of Health Sciences (PAHS) and Bhaktapur Hospital - in coordination with the respective provincial government and local municipality decided to repurpose the decanting space into COVID-19 treatment centres, in consultation with NHSSP team and with the official agreement from DFID. Based on this decision the construction work of decanting blocks in Pokhara and Bhaktapur was continued in close coordination with DUDBC, complying with the operational guidelines (that had been drafted by NHSSP HI team and agreed with DUDBC and MoHP). Hospital authorities was also involved in the consultations for the repurposing.

DFID M&V Team Review:

DFID's M&V team completed their final review of the construction of decanting blocks at both the hospitals. The team visited the Bhaktapur construction site on May 26, 2020, and reviewed the on-site work. However, for Pokhara the team reviewed the work on the decanting blocks virtually on May 27th- 29th, 2020. The virtual review process included the verification of works through the video clips and photographs of the construction work supported by reports, documents and logbooks, inventories, site records provided by NHSSP. Online meetings and discussions with the review team were held using Skype and Zoom. The M&V team provided their feedback/comments and recommendations for some of the construction items to be rectified and completed pre- and post-handover. NHSSP in coordination with DUDBC and the contractor has completed most of this work.

Completion and Handover of Decanting Blocks

The construction of the decanting blocks in both the priority hospitals has been completed and handed over to the respective hospitals. Both the decanting spaces were repurposed as COVID-19 treatment centres before the handover. In Bhaktapur, the handover programme was organized on 29 May 2020 chaired by the Chairperson of Hospital Management Committee of Bhaktapur hospital and attended by Mr Mahendra Shrestha Director-General, Department of Health Services (DOHS), Mr Maniram Gelal Director-General DUDBC, Mr Machkaji Maharjan Project Chief (form DUDBC) engineers from DUDBC, Mr Milan Suwal Chairman of Hospital Management Committee, Medical Superintendent Dr Sumitra Gautam hospital staff members from Bhaktapur Hospital, Nepal Health Sector Support Programme (NHSSP) team and the representatives from the contracting agency. Acting UK Ambassador to Nepal and Head of DFID Nepal her excellency Ms Lisa Honan and other DFID representatives and Dr Bikash Devkota from Ministry of Health and Population (MOHP) attended the program virtually.

The repurposed decanting blocks at Pokhara were handed over to the hospital on June 24, 2020. An official handover programme has been proposed for date as planned event in June was postponed following a COVID-19 related death and body management issues at the

hospital. At present, both hospitals are in the process of installing oxygen pipelines and HVAC systems in the ICU and CCTV cameras inside the building. The NHSSP team is providing technical support to the hospital for all modification and installations needed.

In the meantime, the contractor's team are working on the site for rectification of work as suggested by the NHSSP team and third-party M&V team. Some minor re-doing of finishing works and the corrections as suggested are being carried out at the site including the landscaping work outside the completed space. The contractor has submitted the final bills invoices for payment and DUDBC is finalizing the final billing and payments to conclude the project with NHSSP support.

PD R2: Decanting Block Construction:

The PD R2: Decanting Block construction completion milestone has been approved by DFID based on the recommendation from M & V team.

Videography and Photography of the progress of construction of decanting spaces in Pokhara were done during the quarter, which was very useful in the publishing of an article on Options website and was tweeted by DFID twice using the materials (https://options.co.uk/news/nepal-opens-options-covid-19-treatment-facilities).

Updating of Retrofitting Design:

On DFID's request, HI team in the last quarter had reviewed the retrofitting design of both priority hospitals in line with the revised NBC 105, 2019 (under the process of endorsement by the Government) and evaluated the implication of the new provisions on the approved design and seismic safety level of the hospital buildings. The findings of the analysis have been shared with DFID. After approval from DFID in design modification and cost variation, the design details, revised drawings and cost estimation have been submitted to DUDBC for the approval and for incorporating them in the tendering process. Currently, it is under consultation with DUDBC to incorporate the changes in design drawings and BOQ.

Updating of Activity Schedules and Milestones:

To analyse the impact of COVID -19 on the retrofitting works due to use of the decanting spaces in both the priority hospitals as COVID-19 treatment centres, two scenarios were analysed. The first was with an assumption that the decanting block could be occupied for COVID-19 treatment until October 31st and in the second assumption until December 31st. Followings details were prepared for both scenarios:

- Impact on DLIs and update the milestones and disbursement amount accordingly.
- Rescheduling of human resources and construction materials in line with the updated activity schedule
- Verification of all the estimates against the design drawings for both hospitals

Following this analysis, the revised activity schedules and estimates were submitted to DFID and agreed.

Progress main retrofitting works:

The technical bid evaluation for Pokhara was approved by DUDBC, Kathmandu. The notice in this regard was published on 13 June 2020. All the successful bidders were invited for the financial opening of bids on 21st of June at DUDBC, Pokhara. The successful financial bid has been evaluated and LOI for signing the contract has been issued to the successful bidder.

Re-tendering of main retrofitting works for Bhaktapur was published during the quarter. Out of the total four bidders who had applied for the bid, two withdrew their bids within the stipulated period. Now, there are only two remaining bids for evaluation.

As soon as the response from DUDBC is received confirming and agreeing to adjust the design changes and variation that will occur due to the updated code in the contract process, the evaluation of bid documents for Bhaktapur will be initiated. A NHSSP team member will be joining the evaluation as soon as a positive response from DUDBC is received on adjusting the variation amount due to the upgrading of the designs for the OT block due to changes in the codal provisions under the endorsement process by the government. The evaluation committee members also need to judge why the two bidders had pulled out earlier.

Support in Response to COVID-19

Design of a COVID-19 response unit at TIA was completed and submitted to EDCD at DoHS on the request of Director-General. No response has been received from the government on the design submitted.

Completion of the conceptual design of 500 bed COVID-19 Treatment Centre on the request of PPICD

Preparation of provincial profile of health facilities in each province with the potentiality to be repurposed into COVID-19 treatment centres. All the design details, location maps, photographs of the potential facilities were drawn from HIIS and included in the profile.

Support was provided to MoHP for the development of GIS-based maps for the Level 1, Level 2 and Level 3 COVID-19 hospitals designated by the Health Service guidelines from MoHP.

Development of hospital profiles for the Level 1, Level 2 and Level 3 COVID-19 hospitals identified by the Health Service guidelines to support MoHP for the planning of converting the facilities into COVID-19 treatment centres.

Digitization of access points along the Nepal – India border and update of geo-database for using it to plan surrounding health facilities to be converted into COVID-19 treatment centres considering the influx of migrant workers through these border points.

Analysis of availability of the number of beds in health facilities and population served per health facility by type in provincial level to support the selection of additional province for expansion of NHSSP in line with the COVID-19 pandemic.

Technical support to Bhaktapur Hospital to organize the online handover programme of repurposed COVID-19 treatment centre at Bhaktapur Hospital.

PRIORITIES FOR THE NEXT QUARTER

- Mobilisation of the contractor for main retrofitting works in both the priority Hospitals;
- Relocation of a CCTV surveillance system in both the retrofitting sites for distance monitoring of the construction works;
- Orientation programme on construction health and safety and environmental protection, GESI/LNOB perspective including gender-based Violence GBV, major highlights of labour act 2017 will be conducted to the contractor personnel of main retrofitting project at WRH, Pokhara. The programme will majorly focus on the

compliance provisions inbuilt in the contract document which the construction contractor and the workers should follow during the commencement of the works;

- An orientation programme on retrofitting design aspects, project scheduling, project management aspects, and conditions of the contract, roles, and responsibilities of the concerned stakeholders will be conducted for the officials of the DUDBC FPIU, Kaski and the selected contractor for main retrofitting works. The purpose of the orientation is to make all stakeholders on their roles and responsibilities concerning the timely delivery of the output within the scope of the construction contract;
- Finalisation of the provincial level guideline and plan of action for repair and maintenance of the health facilities and the policy for the health infrastructure land acquisition and relocation;
- Support hospital management (both Bhaktapur and WRH, Pokhara) in the procurement process for the service decanting. For which a discussion meeting is proposed with the hospital management for the orientation to them on NHSSP's approach for service decanting and its principle. The bidding document will be presented to the hospital management and will get approved for the tender publication. The capacity enhancement of the hospital officials will be carried out simultaneously on the e-tendering and bid evaluation process;
- Continuous support in the procurement process for MSD and its ancillaries in priority provinces and respective DUDBC FPIUs;
- Updating of HIIS database and the web-based features;
- Completion of data analysis of Learning Lab districts which was delayed due to urgency for analysis of potentials sites and mappings of different potential health facilities which could be repurposed to COVID-19 treatment centres;
- Online hosting of 360-degree photos, captured by the Video/Photography assignment, aligned as a virtual tour of existing building blocks in the Western regional hospital, Pokhara.

7. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Continued progress has been made this quarter to improve the health sector's response to GBV. Eight new OCMCs were established despite Covid-19 emergency and lockdowns and virtual meetings were conducted to mentor and monitor OCMC service delivery, and to facilitate multisectoral coordination. Likewise, three new SSUs were also established and backstopping support was provided to other SSUs remotely.

Although the Cabinet approval of Health Sector GESI Strategy is delayed due to the COVID-19 emergency, the revised GBV Clinical Protocol and the National Health Sector Social Accountability Directives have been approved by the Health Minister. Standardisation of the psychosocial counselling training curricula package led by the NHTC is close to finalisation. The final draft report on the OCMC review has been prepared and shared with government bodies and EDPs. SSU, OCMC and Geriatric service guidelines for AWPB 2020/21 have been developed and submitted to MoHP for approval.

To raise public awareness on GBV and family violence during COVID-19 NHSSP supported the production and dissemination of radio jingles and the team participated in radio and TV interviews and talk shows. Coordination with National Federation of the Disabled Nepal (NFDN) to support people living with severe disabilities, has been a focus of attention. NHSSP/GESI team provided intensive support for FMoHP sourcing of clotting factor for people with haemophilia, and its inclusion in the Essential Drugs List and the AWPB for 2020/21.

For updated Activities – please see Annex 1.

RESULT AREA: I7.1 DISTRICTS AND DIVISIONS HAVE THE SKILLS AND SYSTEMS IN PLACE FOR EVIDENCE-BASED BOTTOM-UP PLANNING AND BUDGETING

Gender-Responsive Budgeting (GRB): Orientation and printing of Gender-Responsive Budget Guidelines have not taken place due to the COVID-19 pandemic. Orientation was conducted on the LNOB Budget Marker Guidelines (rationale, conceptual framework and budget marker process and indicators) to the new Joint-Secretary, PMD and her team upon their request.

RESULT AREA: I7.2 FMOHP HAS CLEAR POLICIES AND STRATEGIES FOR PROMOTING EQUITABLE ACCESS TO HEALTH SERVICES

GESI Strategy: The Health Sector GESI Strategy was revised to incorporate the comments of the Cabinet meeting and was resubmitted for Cabinet approval in early March 2020. From follow up with the Cabinet Secretary, we have learned that delays are due to the COVID-19 situation.

Mental Health Strategy: Approval of the National Mental Health Strategy and Action Plan led by EDCD has been halted to incorporate responses to COVID-19 and emergency situations.

OCMCs, SSUs and Disability: Revised OCMC Guidelines and the new Disability Inclusive Health Service Guidelines were shared with all OCMC-based hospitals for their information. NHSSP will also support printing of both of the approved guidelines. A joint dissemination plan will be developed and implemented with the EDCD, after the lifting of COVID-19 restrictions.

During this quarter, intensive support was extended to NFDN, Nepal Disabled Women Association, and Haemophilia Society for the import and management of the Clotting Factor (CF) to save the life of people with haemophilia. This involved rigorous follow ups at all levels, including with the Minster of FMoHP, and resulted in CF being delivered from abroad. NHSSP/GESI team successfully lobbied for CF inclusion in the essential drugs list in next year's AWPB. In addition, a virtual meeting was organized with all seven provinces to advocate for budget allocations for medicines for haemophilia survivors. Each province has subsequently made commitments, based on the caseload in each province, for the FY| 2020/21 AWPB.

NHSSP developed a concept note for a case study to assess gaps in access to health services and care of people living with severe disabilities [9] during lockdown and the COVID-19 emergency, to inform policy decisions. The concept note was shared with Population Management Division; Policy, Planning and Monitoring Division; and EDCD for their feedback. The study will be undertaken through telephone and internet-based interviews, in partnership with NFDN. The study methodology and interview checklists have been developed, and the study will be conducted in next quarter.

Social Audits: National Health Sector Social Accountability Directives were approved by the Minister in June 2020. NHSSP had supported the Curative Service Division (CSD) to develop the directives which provide a strategic framework for the evolution of social audit. CSD has requested NHSSP support for printing and dissemination of the directives.

AWPB: GESI team provided support to Population Management Division/GESI Section, Nursing and Social Security Division, Curative Service Division and all seven provinces to identify GESI activities, and lobbied for their inclusion in their AWPB.

RESULT AREA: I7.3 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

Strengthening and Scaling-up of OCMCs and GBV: With the onset of COVID-19 and the subsequent lockdowns, increased risk of GBV and family violence was anticipated and there are reports of increased GBV on various daily-news portals. In light of this, OCMCs across the country were advised to remain on high-alert to respond to the situation, in coordination with partners, especially the police and safe-homes. Regular follow-up has continued with all OCMCs to understand the prevalence of cases reported. Likewise, jingle messages were developed and shared with Radio Nepal and with all OCMCs immediately after lockdown. This helped create awareness about GBV and COVID-19 and who, how, and where to contact in order to access services from different stakeholders (OCMC, Nepal Police and National Women Commission, counselling services etc). Most of the OCMCs are airing the jingles, including from more than 200 community radios across the country, some of which are also disseminating the messages in local languages.

During this quarter, a talk show (*Sangharsa*) was televised by Nepal TV (NTV) on GBV-OCMC and how OCMC can be instrumental during the times of crisis. The show turned out to be very effective and has been replayed a couple of times by NTV. A number of partner organisations including government counterparts reported that the show provided them

[9] Haemophilia, spinal cord injury, intellectual disabilities, psychosocial disabilities, epilepsy, and persons having severe physical impairments

guidance to communicate with survivors/potential survivors, and helped in raising the awareness of general public.

Despite the COVID-19 emergency and lockdowns, NHSSP has held regular virtual meetings and coordinated with hospitals and stakeholders of Taplejung, Dolpa, Humla, Dadeldhura, Salyan, Kalikot and West Rukum districts and BPKIHS for establishing new OCMCs. As a result, eight new OCMCs were established in these districts within the lockdown period. This required rigorous advocacy, orientation and coordination with stakeholders. The FMoHP/GESI Section plans wider multisectoral orientation of stakeholders in the new OCMCs hospitals/districts in due course.

Mentoring, Monitoring, and Multisectoral Coordination Visits: Remote Case Management Committee (CMC)[10] meetings were held in ten district and referral hospitals[11] this quarter. The meetings focused on continuation of service delivery to GBV survivors in COVID-19 context. The OCMC of Koshi hospital provided sewing machines with tool boxes to six GBV survivors, and they also completed the annual review of OCMC.

The OCMC self-assessment scorecard was completed by 50 OCMCs during this quarter. This scorecard was introduced as a management tool in the latest version of the OCMC Operational Manual, 2020, and includes indicators on the OCMC service delivery capacity and the quality of OCMC's coordination and collaboration with health services and external agencies. An aggregate score of 75% has been set as a marker of acceptable functioning, and out of 50 OCMCs that reported, 36 scored 75% or above. On average, coordination and collaboration within the hospital scored highly, and preparation of a joint action plan with local GBV service providers including police and local government scored the lowest.

Intensive remote support was provided for the facilitation and coordination of 15 rape cases from Manthali, Sindhuli, Janakpur, Saptari, Gajendra Narayan Sing (Saptari), Udayapur, Dhankuta, Koshi, Pokhara, Palpa, Dhulikhel hospitals, and for provision of free care services and case management during the lockdown.

Management Reviews: The final draft report on "Review of the scale-up, functionality and utilisation, including barriers to access, of One Stop Crisis Management Centres" has been shared with MoWCSC, Nursing and Social Security Division, National Women Commission, Nepal Police, Office of the Attorney General, UNFPA, UNICEF for their feedback. NHSSP/GESI team presented the key findings and recommendations to DFID Nepal COVID-19 Response Team and the GBV sub-cluster, which was highly appreciated by the participants. The final report will be submitted to Policy, Planning and Monitoring Division and Secretary FMoHP by mid-July. Subsequently, key findings and recommendations of the report will be shared with relevant divisions in MoHP and DoHS.

Strengthening Reporting Systems: Competing priorities linked to COVID have resulted in a slowdown of the digitisation work on OCMC, SSU, and geriatric service reporting. NHSSP is providing TA support to this piece of work (Refer to Result area: i5.2 for further details). In the

[10] The CMC plays a vital role in the effective functioning of the OCMC. This committee includes nine members – medical officer, emergency in-charge of the hospital, nursing in-change, district police officer, officer from women police cell, district attorney, chief of local level health and social development division/section, representative from safe home and OCMC focal person. The CMC members meet once a month or as required for the management of cases that are complex in nature or cases requiring/// advance treatment/s or referral to higher centers

[11] Koshi Hospital, Biratnagar, Panchthar Hospital, Solu Hospital, Pokhara Hospital, Gajendra Narayan Sing Hospital, Hetauda Hospital, Janakpur Hospital, Huma Hospital, Jajarkot Hospital and Tamghas Hospital, Gulmi.

meantime, however, during the lockdown, NHSSP/GESI supported Population Management Division with the design and introduction of a simple electronic reporting format for gathering OCMC data by 3rd week of July. This data analysis is expected to shed light on access to OCMCs, and the number and types of GBV cases seen during lockdown. The rising attention given to GBV in the context of COVID-19 has also been reflected in the DoHS's Annual Report.

Training: FMoHP cancelled the clinical medico-legal training for medical officers, planned during this quarter from Province 1, 2, 5 and Gandaki, due to COVID-19.

Supporting the Rollout of the GBV Clinical Protocol: The revised GBV Clinical Protocol was approved by Minister in June 2020, and NHSSP had provided intensive support throughout the process. Koshi hospital organized two groups of On-the-Job-Training on the GBV clinical protocol for 24 health workers in June, with technical support from NHSSP. Plans to roll out the GBV protocol using internal hospital funds at two hospitals[12] were halted due to COVID-19.

Strengthening and scaling-up SSUs: Three new SSU[13] were established during this quarter in line with the AWPB via regular virtual meetings and coordination with hospitals. Backstopping support has been provided through telephone and virtual meetings to eleven SSUs[14] to ensure the continuation of services during lockdown.

RESULT AREA: I7.4 RESTORATION OF SERVICE DELIVERY IN EARTHQUAKE-AFFECTED AREAS

Support the Institutionalisation of Mental Health Services: With the NHTC as a lead, the Development and Standardisation of Psychosocial Counselling Training Curricula is close to finalisation. During this quarter, two rounds of TWG meetings and Steering Committee meeting were held to discuss the draft package (Trainer's Manual, Participants Handbook, Reference Manual and Supervisors Guide). NHSSP has been providing TA and Financial Assistance for this important piece of work. The entire curricula package will be completed by end August, 2020.

SUPPORT IN RESPONSE TO COVID-19

The following activities have been undertaken this reporting period:

- Live interview with British Forces Broadcasting Services (BFBS) on 30th April to increase awareness of GBV/OCMC. The interview focused on the GoN's policy instruments and mechanisms to provide services and justice to survivors, and tips on how to be safe from perpetrators within the home during lockdown and other times. The interview also provided guidelines and suggestions to making quarantine sensitive to the needs of women and men, children, persons with disability, and the elderly. It also discussed gaps in the government's response to GBV, and future plans;
- Interview for Radio Nepal was on 10th May 2077. The interview focused on GBV and the services of OCMCs during lockdown, gaps in the government response to GBV, tips for survivors, collaboration among three tiers of government, and future plan of FMoHP;

[12] Surkhet Provincial Hospital and Janakpur Hospital
[13] Rampur (Palpa), Twalihawa (Kapilvastu) and BPKIHS
[14] Koshi, Gajendra Narayan Sing, Bharatpur, Hetauda, National Trauma, Kanti Children, Bir, Lumbini, Pokhara, Bheri and Seti hospitals

- Shared the hotline numbers of Psychiatric Doctors and Clinical Counsellor. Distributed to all OCMC/hospitals and partners, the new WHO guideline on stress management entitled 'Doing What Matters in Times of Stress: An Illustrated Guide';
- Prepared draft protocol for OCMCs during lockdown and COVID-19 emergency and shared with Population Management Division/MoHP. The division sought the feedback of the MoWCSC, National Women Commission, World Bank and UNFPA. The protocol will be finalised, and approval process will be initiated by the Division in July 2020;
- Participated in various virtual meetings (protection cluster, GBV sub-cluster, GBV network, mental health sub-cluster, disability sub-cluster, National Women Commission, NFDN, UNICEF, etc) organized by EDCD/DoHS, Department of Women, Children, and Senior Citizen, Ministry of Women, Children and Senior Citizen, etc and updated participants about the support provided to OCMCs, GBV, disability and mental health;
- Provided detailed inputs and comments on the draft guideline on GBV service delivery during COVID-19 pandemic for Nepal Police. Provided inputs during drafting and comprehensively reviewed the draft protocol for safe home/rehabilitation centre during lockdown and COVID-19 emergency and submitted to National Women Commission. Comprehensively reviewed the draft interim guidelines for disability rehabilitation centres in COVID-19 pandemic and submitted to EDCD.

PRIORITIES FOR THE NEXT QUARTER

- Submission of PD #R7 report on "Case study on access to essential health services and care of people living with severe disabilities during lockdown and COVID-19 emergency";
- Finalisation of the Psychosocial Counselling Training Curricula, following NHTC standards;
- Support the government to develop the online reporting system for OCMCs, SSUs and Geriatric Services
- Development of OCMC Pulse report on access to GBV multisectoral services during lockdown and COVID -19 emergency;
- Continue working with different clusters to raise awareness on GBV-OCMC amidst the COVID-19 emergency;
- Support government to develop protocols for SSU to protect target group patients and SSU staff during lockdown and COVID-19 pandemic;
- Mentoring, monitoring, and multisectoral coordination visits for OCMC and SSU in BPKIHS, Koshi, Surkhet, and Pokhara Hospitals if the COVID-19 related restrictions are eased.

CONCLUSIONS

This quarter found the staff settling in to new ways of getting work done and staying in touch from home, and for staying safe when attending offices in person. At the time of writing all staff are well. As per our Duty of Care responsibilities for all our staff, and in accordance with our business continuity plans, workstream leaders are in regular contact with their teams. All staff are asked to take precautionary measures at home, at the offices, at FMoHP/DoHS, and at municipal offices should they be required to attend for meetings. SitReps and other vital information are shared daily with staff. Vital information includes that from WHO, DFID, FMoHP, and other critical sources. Any staff who become sick are advised to follow testing and home quarantine guidelines. Most of the staff have laptops and can access internet from home, though home-based internet service can be slow compared with that of the office.

At the end of the last quarter we anticipated that the GoN, FMoHP, and DoHS would be under strain in dealing with COVID-19, and this has been the case. By June 30th the daily number of COVID cases was on the rise and expected to peak in July or August. However, Federal officials have not said there is community transmission yet, though some feel it is happening undetected. Known COVID-related mortality has been low, and hospitals have generally not been overwhelmed. Still, non-COVID health services, both preventive and curative, have suffered and will require as much attention as COVID services going forward. The implications for the programme include the following:

3. Implications for NHSSP III programming in the next quarter
    - **Work plan and deliverables**: Some levels of restricted mobility may continue to hinder physical movement and inter-province travel. Work planning has been completed that takes this into account. Payment deliverables have been adjusted and agreed with DFID.
    - **Human and financial resources**: The repurposing of some staff job descriptions to focus on the COVID-19 response will continue. Working from home and afar will continue, and travel started once restrictions are lifted. Additional STTA already hired to take up the surge in COVID-19 activities will continue until no longer needed.
4. Implications for the extension
    - Technical and programmatic strategy
        i. **Technical approach broadly remains the same** though there was a change in focal provinces from Karnali to Sudarpaschim (in addition to Provinces 2 and 5). Both the provincial roll out and Learning Lab scale up require discussions Provinces and Municipalities that are better done in person. These negotiations may, therefore, be hampered by travel restrictions requiring only remote communication.
        ii. **COVID-19 related payment deliverables** need to be agreed once the contract extension is signed.
        iii. **Increased need for flexibility**, including deliverables, in response to changing circumstances and priorities at the FMoHP as well as at provincial and municipal levels will be needed by all stakeholders.
    - HR
        i. **Staff restructuring and new recruitment and deployment,** especially for the sub-national teams, may be hindered if travel restrictions persist or expand, especially in the focal provinces (2, 5, and Sudarpaschim).

In the next quarter we expect decisions on the extension of NHSSP III as well as the new NHSSP TL arrangements. We also expect our work to continue in three areas. Firstly, we will continue providing integral support to the government's COVID-19 response, adapting that support as the government responds to an evolving situation. Secondly, we will continue, to the extent possible, to support our more "routine" work. This includes, but is not limited to, mobilising contractor(s) for the main hospital retrofitting work, developing a web-based application for SSU and OCMC data in DHIS2, finalising the Public Procurement Strategic Framework, working with MEOR to organise Knowledge Cafes, supporting the dissemination of the SMNH Roadmap 2030 (if feasible), and supporting the preparation of the consolidated implementation guidelines for the province and local levels. Finally, we will carefully implement the transition to the new extended programme, adapting rollout and scale-up in accordance with FMoHP, Provincial, and Municipal priorities and capabilities.

ANNEX 1: WORKSTREAM ACTIVITIES

HEALTH POLICY AND PLANNING

Activity		Status	Achievements in this quarter	Planned activities for next quarter
	Result Area: 12.1 The MoHP has a plan for structural reform under federalism			
i2.1.1	Provide strategic support on structures and roles for central and devolved functions – federal/provincial	**Ongoing**	• For the analysis of the functions across three levels, functions of federal, province and local level and respective health sector policies were mapped by the health system building blocks and thematic areas. • Health sector constitutional provisions were reviewed to assess their linkage with defined functions and policy provisions • Report writing is in progress focusing on the functional and policy alignment across federal, province and local level.	Continue report writing on policy coherence across three levels of government
i2.1.2	Enhance capacity of PPMD and Health Coordination Division and respective divisions to prepare for federalism	**Ongoing**	• The Policy and Programme for the FY 2020/21 was presented in the parliament in May which has proposed a few major organisational reforms in the health sector. Those include • Establish the Food and Drugs Administration Authority for quality assessment and regulation of medicines, instruments and equipment • Establish national Health Accreditation Authority for quality assessment and certification of health institutions and health services • Establish Centre for Disease Control, and • Formulation of sectoral integrated acts to make health sector Commissions, Academics, Councils, Research Centres and Hospitals more efficient, organised and effective • NHSSP contributed in preparing the list of potential activities towards the proposed reforms for internal consultation of the MoHP. MoHP has also formed Committees to work on these reform areas.	Support in drafting technical notes/proposals in reform areas

			• MoHP has initiated working on organisational restructuring of the health sector at federal, provincial and local level as per the spirit of the policy and program of the 2020/21. • Similarly, the process of developing the working procedure for the operationalization of 'one doctor/health worker- one health institution' concept has been initiated. Committees have been formed for both of these tasks and MoHP has requested for suggestions by issuing public notice. NHSSP will extend technical support in these areas as per the need.	
i2.1.3	Develop guidelines and operational frameworks to support elected local government planning and implementation	**Ongoing**	• Trainers' Guide and a Participants' Handbook was updated based on the feedback from the NHTC. Final drafts have been submitted to the NHTC for necessary consultation and to proceed towards the endorsement. • In light of the current context of COVID-19, there may be limitations in conducting physical workshops with large number of participants in a single event. Therefore, necessary adjustment will be done in the OCA methodology in consultation with the NHTC before its endorsement.	Consultation on the OCA resource package and finalisation for their gradual rollout in additional sites
	Result Area: i2.2 Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting			
12.2.2	Support DoHS to consolidate and harmonise the planning and review process	**Ongoing**	• FMoHP sent the circular to prepare the implementation guideline for the programmes and activities planned particularly for the provincial and local level through conditional grants • Divisions and Centres are preparing draft guideline for the respective programmes which will be compiled, edited and consolidated ensuring the coherence in programme implementation	Support in preparing programme implementation guidelines
i2.2.3	Implement LLs to strengthen local health planning and service delivery	**Ongoing**	The brief update on the LL's response in planning and implementation for the prevention and control of COVID-19 has been presented below. NHSSP staff of respective LL sites supported in the response activities.	Continue the support at LL sites for: system-strengthening activities; situation monitoring; prepare a brief report summarising the

			• Management of public quarantine facilities and isolation centres to manage the possible suspects of COVID-19 and their testing and isolation management. • Formation of various team such as Rapid response team and CICT team and the mobilization for case investigation and contact tracing of the confirmed cases. • Coordination/collaboration with stakeholders and facilitation of decision making through meeting and consultation on district administration, the police and provincial and federal ministries • Risk communication and community mobilization for dissemination of COVID-19 preventive measures through Hotline Telephone services and Information, Education and Communication (IEC) materials; establishment of handwashing corners at specific public locations. • Tracking of returnee migrants through different approaches such as community visit, tracking app, GIS software and collection of information. For example, PMC used the “Pokhara Metropolitan City Disaster Response System” to gather the information on the migration status, travel history (Internal or external), demography details, self-assessment for screening for the COVID-19 sign and symptoms and helpful in planning of quarantine, isolation and relief management in the disaster and emergency situation. This application was developed and provided by Smart Palika (https://smartpalika.org/smart-palika-covid19-tracker/) free of cost to interested Local Government. • Establishment of COVID-19 management fund and management and distribution of relief package for the needy people such as disadvantaged groups, daily wage workers. • Establishing of the Health Desk and fever screening clinic at health facilities and Point of Entry (PoE); disinfection of public places by disinfection spray • Screening, sample collection and facilitating testing at quarantine facilities	learnings particularly in planning and budgeting

			• Facilitation in procurement and supply chain management of essential medical commodities such as Personal Protective Equipment (PPE), Infrared Thermometer and other essential items • Orientation on national and provincial guidelines and protocol and consultation on its feasibility with municipal health division/section to implement the response activities • Facilitation on key municipal level meetings and discussion and engaged in developing the response management plan. • Planning towards the establishment 50-bedded transit isolation centre for treatment and care of asymptomatic COVID-19 confirmed cases e.g. in Dhangadhimai Municipality. • At all LL sites, HSSOs continuously engaged in preparing COVID-19 situation update reports and reporting to district level as well as to central NHSSP team. They were also sharing the available national guidelines and protocol and facilitate the discussion with municipal team to manage the outbreak response activities. • Although there were many challenges in the initial phase such as influx of returnee migrants, sub-standard quarantine and isolation facilities, shortage of PPEs and test kits, delay in the testing due to limited capacity, weak coordination and confusion; LL sites are coping with the situation in a more systematic manner lately. • After training was provided in three of the LL sites for online reporting last quarter and with continuous follow up and tracking of the individual health facility's reporting status, HMIS reporting has improved in the latest months. • Four out of 7 LL sites have maintained 100% on time reporting for the last five months of the FY 2019/20 despite the difficulties caused by COVID-19 and the lockdown. Moreover, while comparing the on time reporting to the HMIS of the current versus previous fiscal year (FY 2018/19), there have been improvements in all LL sites. • The regular monthly health sector review meeting was organised at Dhangadhimai, Pokhara, Yasodhara and Kharpunath and Ajayameru during the month of June.	

			• Other major activities conducted at the LL sites during this quarter include drafting of the Contingency Disaster Plan in Pokhara, quarterly review of Tuberculosis program held on 15th June in Yasodhara, 3-day trainings on infection prevention and waste management for Office Assistants and health facility staff at Kharpunath respectively on 22-24 and 26-28 of June. Similarly, training on Rota Vaccine program was completed at Ajayameru and Itahari in coordination with Provincial Health Offices and dashboard for Minimum Service Standard (MSS), Essential Medicine List and citizen charters were prepared for the display in respective HFs in Dhangadhimai.	
	Result Area: i2.3 Policy, Planning and International Cooperation Division (PPICD) identifies gaps and develops evidence-based policy			
i2.3.3	Develop recommendations on institutional structures, including roles and responsibilities; manage SNS partnerships	**Completed:** Guideline on partner-ship in health sector developed and endorsed	• No activity planned for this quarter.	Support on implementation as necessary
i2.3.4	Review existing policy and regulatory framework for quality assurance in the health sector	**Ongoing**	• The Public Health Services Regulations, which include the BHSP as an annex, have been submitted to the Cabinet for the endorsement after incorporating feedback from concerned ministries. • Support is being provided to the MoHP in drafting a legislation on for the regulation of the non-governmental health institutions including their establishment. Until now, guideline has been the basis for such regulation of the private sector health institutions. A legal expert was hired as a STTA to support in this area.	Support will be provided as needed towards the implementation as necessary Continue supporting in preparing the legislation for the regulation of the non-governmental health institutions
i2.3.5	Assess institutional arrangements needed and develop implementation guideline for partnership in health sector (PD 49)	**Completed**: Finalised and endorsed by the Cabinet	• No major progress to report. Guidelines for the partnership in health sector has been endorsed by cabinet during the previous quarter.	Necessary support will be provided towards its rollout
i2.3.7	Revise/update major policies based on findings and emerging context	National Health Policy developed and endorsed	• No major progress to report	Analysis of policy coherence across the

				three spheres of government
	Result Area: i2.5 MoHP is coordinating External Development Partners to ensure aid effectiveness			
i2.5.1	Support strengthening and institutionalisation of Health Sector Partnership Forum	**Ongoing**	• No specific progress to report; various coordination and cluster meetings are taking place in response to COVID-19	No specific activity envisioned
i2.5.2	Support partnership meetings (Joint Annual Review (JAR), Mid-year review, Joint Consultative Meeting (JCM)) (PD 26 & 58)	**Ongoing**	• A pre-budget Joint Consultative Meeting between the MoHP and EDPs was organised on 11th May 2020. • The meeting focused on the COVID-19 response management, review of the Aide Memoire, preparation of the AWPB and EDPs' support in for the coming fiscal year. • Discussion were also made on the process for the development of the next phase of the NHSS for which MoHP had initiated to set up the structure which however was affected due to COVID-19 response management.	Support in organising JCM
i2.5.4	Support Mid-term Review (MTR) of Nepal Health Sector Strategy (NHSS)	**Completed**	• No major progress to report.	

HEALTH SERVICE DELIVERY

Activity		Status	Achievements this quarter April to June 2020	Planned activities for next quarter July to Sept 2020
	Result Area I3.1: The DOHS increases coverage of under-served populations			
i3.1.1	Support expansion, continuity, and the functionality of CEONC sites	ongoing	CEONC functionality monitored weekly; HR recruitment, COVID-19 PCT test and travel of newly recruited staff supported; supported AWPB budget allocation	Continue monitoring of CEONC sites and HR availability, reporting to FWD, DG and MoHP as necessary for action. On-site visit to non-functional and problematic sites if feasible.
	Robson's classification	no progress	Hospitals are not able to implement Robson's classification due to COVID	Follow up Robson's Classification implementation at four hospitals if COVID situation improve
I3.1.4	Facilitate the design and testing of RMNCAH, FP and nutrition innovations - mHealth for FCHV (mobile Chautari)	completed	End-line evaluation completed, report presented to the TAG, TAG recommended to form a small working group to prepare a brief report, and request for continuation of the project	Follow up on TAG recommendations; possibility of plan for small scale scale-up in LL sites
I3.1.5	Support the Family Health Division (FHD)/Child Health Division (CHD)/Primary Health Care Revitalisation Division (PHCRD) and District Health Offices (DHO) to improve RMNCAH and FP services in remote areas - PNC home visit	Ongoing with delays	Off-site support to Palikas on implementation guideline; monitoring of implementation status; AWPD budget allocation and implementation guideline for 2020/21	Continue desk monitoring to PNC home visit budget allocated Palikas for implementation; Update the list of PNC budget allocated Palikas FY 2020/2021

I3.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunization (EPI) clinics	ongoing with delays	36 palikas (for VSP) and 54 palikas (for RANM) implemented VSP and RANM programme in 2019/20FY. Of these, 28 (VSP) and 31 (RANM) palikas started the programme in reporting Qtr.	Off-site information collection on VSP, RAMN and FP/EPI programme implementation by the Palikas for FY 2019/20. Off-site facilitation to Palikas' HC and PrHO/PHD on the implementation guideline for implementation 2020/21 AWPB; NHSSP TA will support conduct FP/EPI ToT on request.
I3.1.9	Support to the FMoHP for improving delivery of nutrition interventions	delayed	Tipanni for approval from MOHP - DG approved and sent to MOHP, MOHP sent to Nursing Council for their feedback, FWD is waiting feedback from MOHP	Follow-up on MOHP's decision and finalise the strategy by end August 2020; Start development of revised SBA training manual and clinical mentoring guidelines (nutrition incorporated)
	Result Area I3.2: Restoration of service delivery in earthquake-affected areas			
I3.2.1	Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts	delayed	no activities could be done	plan for re-training of paramedics and evaluation planning as part of re-shape programming
	Result Area: I3.3 The FMoHP/the DOHS has effective strategies to manage the high demand (of MNH services) at referral centres			
I3.3.1	SMNH Programme Review and the development of the SMNH Roadmap 2030	delayed	costing of SMNH roadmap drafted	Draft costing shared and finalised with concerned division; draft summary briefs and disseminate the roadmap
I3.3.2	Support the FMoHP/ DUDBC to upgrade infrastructure for maternity services at referral hospitals	delayed	Inputs provided to OMBU standard drafted by FWD/GIZ	Support and follow-up at these three hospitals for planning and proposal development to be submitted to their respective MoSD

I3.3.3	Support the implementation and refinement of the Aama programme	delayed	plan to discuss during JCM not materialised	follow up within MOHP for a meeting to finalise the review report
	Result Area: I3.4 Continuous Quality Improvement institutionalised			
I3.4.1.	Support the DoHS to expand implementation of MSS and modular HQIP	ongoing with few delays	Provincial orientation could not be done; Desk monitoring done for HP MSS implementation; supported to Mahaottari for HP MSS Palika orientation; supported CSD for HP MSS budget planning for FY 2020/2021	TA support will be provided to Provinces for health office focal persons and Palika health coordinators orientation on HP MSS especially in province 5 (most probably virtual based on COVID-19 situations).
			Introduction of QIP at new hospitals could not be done; Reporting of QIP scores using ODK application started; Continue desk monitoring of hospital QIP implementation and clinical coaching	Continue desk monitoring to hospitals for QI implementation status along with clinical mentoring,
I3.4.2	Support the FHD to scale up on-site mentoring of SBAs		Clinical mentors training (3 batches) and establishment of clinical mentors training sites (4 sites) could not be done; Off-site support provided to hospitals for clinical mentoring; support AWPB budget allocation and drafting implementation guideline	On-site visit to clinical mentors if feasible; Continue desk monitoring through ODK mobile reporting APP and data; Off-site facilitation to HCs and clinical mentors for implementing AWPB budget in hospital and Palikas
I3.4.4	Support revision of the standard treatment guidelines/	no progress	BHS as part of PHA regulation is still in the Cabinet approval process	follow-up with TWG and finalising STP once the BHS package endorsed by the Cabinet.

	protocols and rollout of the updated guidelines	completed	NMS for RH vol 3: MNH - final draft, peer reviewed document completed; editing in process	NMS for RH vol 3: MNH – finalise and disseminate after endorsed by MOHP; Facilitate for inclusion of implementation plan in NHSS II (2021/26)
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment		Draft concept note on FP/LARC clinical coach/mentor	Finalise FP coach/mentor guideline with concerned divisions/centres; and plan for implementation within 2020/21 Conduct follow up visit to KZH Biratnagar Morang for skills assessment and coaching on FP and SBA, and to MWRH Surkhet Hospital
	Result Area: I3.5 Support FWD in planning, budgeting, and monitoring of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and nutrition programmes			
I3.5.1	Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance		support AWPB budget allocation and drafting implementation guideline	support AWPB budget allocation and drafting implementation guideline at provincial governments
	Support to COVID response			
Status	**Achievements this quarter April to June 2020**			**Planned activities for next quarter July to Sept 2020**
ongoing	Development of the interim guidelines for health workers to provide RH services, with lead role on developing sections focusing on MNH (Antenatal Care, ANC) and FP; the interim guideline approved by MOHP in May 2020. Prepare interim guideline orientation plan, plan to orient managers and service providers in eight districts, and orientation to provincial health and nutrition clusters Periodic monitoring of hospitals and BC/BEONC sites for MNH, FP and SAS availability, and utilisation and availability of Aama funds; and maternal and perinatal deaths Continued reporting monitoring data to DFID, FWD and the RH sub-committee for response/action to ensure service delivery across different levels			Prepare and finalise COVID-19 response plan as per re-shape planning Complete orientation of manager and service providers on interim guideline in 8 districts Continue monitoring MNH, FP and SAS delivery and utilisation alternate days (at BC/BEONC) and weekly (hospitals) and ad hoc (private hospitals) until FMoHP starts its daily online monitoring system Inputs to RA assessment tool for RH/PHC service as part of RH sub-cluster activity

	Develop mobile reporting tool (ODK application) for monitoring of CEONC functionality, delivery, CS, and maternal and perinatal deaths. Orientation of 141 staff main clinical mentors, nursing in-charges and public health nurses and a few doctors from 106 sites (99 hospitals and 7 PHCC) on ODK reporting tools	

PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4.1	**Electronic Annual Work Plan and Budget (eAWPB) system being used by FMoHP SUs for timely release of budget**			
I4.1.1	Develop AWPB Improvement Plan and report quarterly on progress, including training to the concerned officials	**On track**	- Updated changes in the TABUCS.	No activities
I4.1.2	FMoHP BA report with policy note produced by the Human Resource and Financial Management Division (HRFMD) using eAWPB (PD 50)	**On track**	- Process of capturing budget and financial data started.	Report will be finalised
I4.1.3	Revise eAWPB to include 766 (TBC) SUs and prepare a framework for eAWPB	**On track**	- The process updating system has been completed. The source code has been provided by FMoHP to FCGO.	No activities
I4.2	**TABUCS is operational in all FMoHP SUs, including DUDBC**			
I4.2.1	Revise TABUCS to report progress against NHSS indicators and DLIs	**Achieved**	- Collected participant list for the training on new Chart of Activity included in TABUCS (updated version). The user manual and training manual are being updated. - Training has been postponed due to COVID-19 pandemic	COVID-19 context to determine the training schedule. It might be in October to December. Discuss the possibility for providing online training
I4.2.2	Support FMoHP to update the status audit queries in all SUs	**On track**	- Audit queries of FY 2018/19 has been collected from 43 SUs.	Ongoing
I4.2.3	Support the FMoHP to update the Systems Manual, Training Manual and User Handbook of TABUCS and maintenance of the system	**On track**	- Continued support to users to operate the system.	Continue to support the update of the manuals

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4.2.4	Support TABUCS by continuous maintenance of software/hardware/connectivity/web page	**Ongoing support**	- Ongoing support.	Ongoing support
I4.2.5	Update TABUCS to be used in DUDBC and to include data on audit queries	**Ongoing support**	- Ongoing support	Ongoing support
I4.2.6	TABUCS training and ongoing support at DUDBC and concerned officials	**Ongoing support**	- Ongoing support	Ongoing support
I4.2.7	TABUCS monitoring and monthly expenditure reporting	**Ongoing support**	- Ongoing support	Ongoing support
I4.2.9	Support annual production of FMR using TABUCS (PD 28)	**On track**	- 2nd FMR of FY 2019/20 has been submitted to DFID on 29th of June. - Audited financial statement of FY 2018/19 has been submitted to EDPs (World Bank) on 16th of June.	3rd FMR of FY 2019/20 will be prepared
I4.3	**Revise, implement, and monitor the Financial Management Improvement Plan (FMIP)**			
I4.3.1	Update internal control guidelines	Ongoing	- Consultant hired for updating internal control guidelines in light of "Internal Control System Directives, 2019 (FCGO) and new Financial Procedural and Fiscal Accountability Act, 2019.	- Updating internal control guidelines will be continued
I4.3.4	Finalise, print and disseminate the FMIP	**Ongoing**	- A taskforce formed by FMoHP, reviewed the draft of PFMSF (FMIP). Due to COVID-19, this draft couldn't be shared with provincial	- FMoHP will endorse the PFMSF

Activity		Status	Achievements this quarter	Planned activities for next quarter
			authorities. However, it was shared with EDPs and feedback was received. In the process of endorsement by the MoHP	- PFMSF will be printed and disseminated - Continue updating PFMSF through provincial consultation
I4.3.5	Support monitoring of the FMIP in collaboration with the PFM and Audit Committees	**Ongoing**	- Due to COVID-19, no activities have been performed.	NHSSP/PPFM team will continue to support
I4.3.7	Build the capacity of FMoHP and DoHS officers in core PFM functions	**Ongoing**	- Due to COVID-19, no activity has been scheduled.	NHSSP/PPFM team thinking of providing training using the online platform
I4.3.8	Support the process of institutionalising the Internal Audit (IA) function through the Internal Audit Improvement Plan (IAIP) and IA Status Report (PD 43)	**PD 43 Achieved** **PD R15 on track**	- Internal and final audit data collected from all Spending Units, FCGO and OAG for audit status report.	Audit Status Report of FY 2018/19 will be prepared (PD-R15).
I4.3.9	Work with HRFMD on potential PFM system changes required in the devolved situation	**Initiated**	- No activities have taken place in this quarter.	As per FMoHP request NHSSP/PPFM team will provide technical support to these activities
I4.3.10	Support to PFM and Audit Committee	**Ongoing**	- Supported to response on the draft of 57th Annual Audit Report of OGA.	Support will continue for PFM and Audit Committee meetings.

Activity		Status	Achievements this quarter	Planned activities for next quarter
			- Due to COVID-19, scheduled PFM and Audit Committee meetings couldn't hold.	
I4.3.11	Support FMoHP in designing, updating, and rolling out Performance-based Grant Agreements (PBGAs) in hospitals	**Ongoing**	- No activity planned in this quarter.	Will start the process in Gangalal Hospital and two NGO hospitals
I4.3.14	Policy discussion on PBGA for hospitals in federal structure	**Not scheduled**	- No activity planned in this quarter.	Discuss in PFM Committee
I4.3.15	Expansion of PBGA in selected hospitals	**Not scheduled**	- No activity planned in this quarter.	Discuss in PFM Committee
I4.3.19	Discuss PBGA modality with the best-performing governments and providers	**Not scheduled**	- No activity planned in this quarter.	Two selected hospitals will be invited to the next PFM Committee meeting
I4.3.20	Initiate PBGA learning group	**Not scheduled**	No activity planned in this quarter.	No activities scheduled (It will be recommended to implement the PBGA during October-December quarter)
	Additional Support (AS)/work (not included in the work plan):			
AS.1	**Support on DLI No. 8:** Percentage of FMoHP's annual spending captured by the TABUCS	**Ongoing**		Data will be presented in EDPs meeting
AS.2	**Support on DLI No. 9:** Percentage of audited SUs responding to OAG's primary audit queries within 35 days	**Ongoing**	Primary Audit Report and responses on the report	

Activity		Status	Achievements this quarter	Planned activities for next quarter
			collected from SUs in this quarter (43 SUs)	Data will be presented in PFM meeting.
AS.3	Support FMoHP in COVID-19 budgeting, using references from the WHO and the recently developed policy-based costing;	**Achieved**	Supported FMoHP to develop COVID-19 budgeting in AWPB for FY 2020/21	Will support to follow up
AS.4	Considering the impact of COVID-19, update the existing business plan (BP) guidelines and endorse by FMoHP	**Ongoing**	Draft framework to revise BP in COVID-19 is prepared	BP will be updated in COVID-19 context
AS.5	Recommend the PPMD to implement the updated business plan guidelines in two federal level hospitals	**Ongoing**	No activities scheduled	No activities scheduled (It will be recommended to implement the BP during October-December quarter)

PFM (Procurement)

Activity Code	Activity	Status	Achievements this quarter	Planned activities for next quarter
I1.1	**LMD is implementing standardised procurement processes**			
I1.1.4	Preparation of Standard Operating Procedures (SOP) for Post-delivery Inspection (PDI) and quality assurance	**Ongoing**	- Draft version of PSI and PDI with quality assurance mechanism is ready and in internal discussion.	Draft SOP for PSI and PDI will be finalised Report of Market Analysis will be disseminated

			- An interim supply chain guideline for COVID-19 response items prepared and distributed to provinces - Report of Market Analysis is in review by International Consultant	
I1.1.6	Capacity building on the processes	**Ongoing**	- Six procurement clinics conducted in MD/DoHS and FMoHP. - Assisted Logistics Management Section in developing Technical Specifications of the medical goods required for responding and management of COVID-19. - An SOP for emergency procurement, considering the situation of COVID-19 pandemic prepared and sent for approval from MoHP.	Technical support by the procurement clinics and hands on support for preparing CAPP of new F/Y and on procurement functions will be continued
I1.1.7	Support PPMO for endorsement of SBDs of FA	**Ongoing**	- Draft Concept Paper and Facilitation Handbook on Procurement of Medical Goods Under Framework Contract prepared and submitted to MoHP - Hired a consultant for the Assessment Report	Continuous follow-up at PPMO and request FMoHP to follow up at PPMO to endorse SBD of FA
I1.1.8	Preparation and endorsement of SOP of FA	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.9	Provide TOT on FA through exposure /training	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	

I1.1.10	Training to FMoHP and MoSD staff on FA and new SBDs	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.11	Orient suppliers on FA, SBDs and others	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.12	Revise Federal Procurement Improvement Plan (PIP) and continuous monitoring and support to develop provincial PIP	**Ongoing**	- The Nepal Health Sector Public Procurement Strategic Framework (PPSF) in Nepali and in English versions are ready and under approval process at FMoHP.	The approved framework will be sent to provinces for preparing their PIPs
I1.1.13	Train all DoHS divisions on CAPP preparation and execution	**Ongoing**	- All DoHS Divisions are executing CAPP. - A separate Procurement Plan prepared for COVID-19 response and management; and implementing	Continuous support for preparing and execution of CAPP/eCAPP will be done throughout the year
I1.1.14	Support CAPP MC and regular meetings	**Ongoing**	- A formal CAPP MC meeting could not be held in this quarter due to COVID-19 - Director of MD and DG of DoHS changed in this period. A brief meeting was held to orient the newly appointed DG where progress on CAPP was also provided. Challenges in CAAP implementation was also discussed and possible solutions to expedite CAAP implementation were also discussed.	A formal meeting will be held in this quarter

I1.1.15	e-CAPP piloting and training and link with TABUCS	**Completed**	- New module, Contract Management System (CMS) added in e-CAPP and plotted with DoHS Data -	CMS will be implemented from next FY
I1.1.16	CAPP/ e-CAPP produced with agreed timeframe	**Completed/ongoing for next year**	- CAPP monitoring is continued	New CAPP/e-CAPP will be prepared for next FY. PD in August 2020
I1.1.17	Review of PPA and PPR for Health Sector Procurement	**Ongoing**	- Government has drafted second amendment on PPA	Follow up
I1.1.18	Support PPMO for endorsement of SBD for procurement of health sector goods	**Delayed** SBD for the procurement of health sector goods had already been prepared and submit-ted to the PPMO		Continuing efforts will be made to obtain endorsement from the PPMO
I1.1.19	Develop RFP document for multiple laboratory testing of medical goods and instruments	**Completed**	- RFP document developed	LMS will use this document
I1.1.20	Support PPMO for preparation of SBDs for, buy-back method and LIB	**Suspended** If the PPMO requests capacity-building programme on these procurement modalities, we will provide technical support	Postponed, will be performed If requested by PPMO.	Not scheduled

I1.1.21	Training for DoHS staff on catalogue shopping, buy-back method and LIB with guideline	**Suspended** PPMO has not yet issued necessary standard documents for these methods	Postponed	Not scheduled
I1.1.22	Capacity building on procurement system in federal, provincial and local government	**Ongoing** Facilitating the provincial government in procurement functions by visiting and distance coaching	- Capacity building by use of SOP for the standardisation of the procurement of drugs and e-GP is in continuous process. - Only Procurement Clinic and Telephone support provided in this quarter -	Continuous clinical support
I1.1.23	Implementation and monitoring of guidelines for catalogue shopping, buy-back method and LIB	**Suspended** PMO has not yet issued necessary standard documents for these methods	**Postponed**	Not scheduled
I1.1.24	Organisation of Suppliers' Conference	**Completed**	Three venders' meetings organised: 1. For surgical and general items for COVID-19 response and management 2. Drugs for COVID-19 3. Automated RNA Extraction Machine with RNA Extraction Kit	As per requirement another suppliers' meeting will be organised
I1.1.27	Develop and implement procurement monitoring framework	**Ongoing**	- . - Focal person at MoHP is monitoring the procurement execution against Fe-CAPP	Concept of procurement monitoring will be used in developing next e-CAPP

I1.1.26	Continuous implementation of procurement clinic at MD and FMoHP	**Ongoing**	- Six procurement clinics conducted in DoHS-MD.	It is a continuous process
I1.2	**LMD specification bank is used systematically for procurement of drugs and equipment**			
I1.2.5	Update electronic specification bank in federal, provincial and local governments through e-learning	**Ongoing**	- A Biomedical Engineer hired as short term to prepare technical specifications of COVID-19 equipment's.	The revised specification will be endorsed and will be used in further procurement
I1.2.3	Updating of specification bank with coding drug and equipment	**Ongoing**	- Revision and updating of pharmaceuticals, vaccines and medical equipment is continued. - All specifications of medicines revised and new specs of medicines and surgical consumables added.	• Modification of TSB software and uploading of specifications after approval.
I1.2.4	Integration of the system with TABUCS for monitoring purposes	**Not scheduled**	Integration is available.	
I1.2.6	Monitoring of TSB usage	**Ongoing**	- More than 1000 users registered in the TSB monitored. - More than 27,000 downloads and more than 19,000 searches for different specifications have been recorded to date.	It is a continuous process
I1.3	**PPMO e-GP is used by LMD for an expanded range of procurement functions**			
I1.3.3	Develop procurement audit (compliance) system	**Not scheduled**	Postponed	
I1.3.4	Web-based Grievance-handling and Redressal Mechanism (GHRM)	**Already Completed**		Continuous monitoring of use of the system by MD/DoHS

		The web-based GHRM is in use at DoHS-MD		
I1.3.5	Adapt LMIS to support Procurement Monitoring Report	**Not scheduled**	- NHSSP/TA is participating in SCM monitoring meeting and raising concerns on functionality of eLMIS.	
I1.3.6	Train FMoHP and MoSD staff on e-GP (Phase II)	**Not scheduled**		Training is planned
I1.3.13	Training module and session plan of procurement modules development	**Completed**	- Next round of training module and session plan to be prepared and share to NHTC	Possibility of training through Digital Platform will be explored

EVIDENCE AND ACCOUNTABILITY

Activity		Status	Achievements this quarter	Planned activities for next quarter
I5.1	**Quality of data generated and used by districts and facilities is improved through the implementation of the Routine Data Quality Assessment (RDQA) system**			
I5.1.1	Support development of RDQA tools for different levels and their rollout (PD 33)	**Completed:** The web-based RDQA tool along with the eLearning materials have been published on the MoHP website and are being implemented. Please visit www.rdqa.mohp.gov.np	- The RDQA tools were updated based on the feedback from users and learning from the implementation.	Support MoHP in monitoring of the progress, documentation of the lessons learned and institutionalization
I5.1.2	Support institutionalisation and rollout of RDQA at different levels	**Ongoing**: This was planned for the quarter but sudden diversion of the health workforce on COVID response paused it.	- Implementation at the local level delayed due to COVID-19.	Complete the implementation of RDQA in all LL sites Support to develop offline mode of the web-based RDQA for facilities that do not have access to the internet
I5.2	**MoHP has an integrated and efficient HIS and has the skills and systems to manage data effectively**			
I5.2.1	Support development of a framework for improved management of health information systems at the three levels of federal structures	**Completed:** 'Health Sector M&E in Federal Context'; an M&E guideline was developed last year.	- See I52.2	
I5.2.2	Support effective implementation of the defined functions at different levels	**Ongoing**	- Supported IHIMS in updating the draft of integrated IHIMS roadmap. - Continuously engaged with federal government and LL site counterparts in improving HMIS data quality including on-time reporting. - Supported MoHP to update the health facility registry.	Support LL sites for complete and on-time reporting from HFs. Support update of health facility registry on the basis of information collected from the respective LL sites
I5.2.3	Support development, implementation, and customisation of the	**PD completed:** A generic EHR module developed; and guidelines drafted	- Continued follow up with QSRD for finalisation and endorsement of the	Continue follow up for finalisation and endorsement of the EHR guidelines

Activity		Status	Achievements this quarter	Planned activities for next quarter
	Electronic Health Records (EHR) system (PD 45)		eHealth and EHR Guidelines, which has been delayed due to COVID-19.	
I5.2.4	Support development and institutionalisation of an electronic attendance system at different levels	**Not scheduled**	- No activities done as it is not the MoHP priority initiative at present.	Not scheduled
I5.2.5	Support expansion and institutionalisation of electronic reporting from health facilities	**Ongoing**	- Supported IHIMS to analyse the HMIS data, identify the areas of discrepancies in the dataset, address the gaps identified, follow up with the provincial and local levels and facilities for timely reporting and improving data quality. - Together with SD team provided technical backstopping on addition of maternal death questions in ODK tools in order to collect the information on maternal and perinatal mortality	Support LL sites in expansion of electronic reporting from health facilities
I5.2.6	Support development of an OCMC software and update the SSU software	**Ongoing**	- Worked with IT Section, MoHP; Nursing and Social Protection Division, Management Division DoHS and Population Division, MoHP to develop electronic recording and reporting from OCMC and SSU in DHIS2 platform in alignment with HMIS. - Supported in reviewing and finalising the OCMC and SSU tools before digitalisation.	Support digitisation of recording and reporting tools of OCMC and SSU in alignment with the HMIS
I5.2.7	Support development of guideline for effective	The National eHealth Guideline, Nepali version, developed with support from	- Followed up with QSRD for endorsement of the eHealth and EHR guideline.	Continue follow up for finalisation and endorsement of the guidelines and update the draft English version

Activity		Status	Achievements this quarter	Planned activities for next quarter
	operationalisation of eHealth initiatives (PD 66)	NHSSP (approved by DFID on 18 July 2019) is awaiting endorsement from the Minister		once the Nepali version gets endorsed.
I5.3	**MoHP has robust surveillance systems in place to ensure timely and appropriate response to emerging health needs**			
I5.3.1	Support strengthening and expansion of MPDSR in hospitals and communities	**Ongoing**	- MPDSR software was reviewed, problems/bugs identified, and possible solutions communicated to the FWD IT consultant - Data analysis is in progress. - FWD has circulated an instruction to all local levels and hospitals for event-based real time reporting of maternal and perinatal deaths to MPDSR system	Support local governments (Pokhara Metropolitan City and ISC) in strengthening surveillance and response mechanism Further analysis of MPDSR data to better inform strengthening of the programme
I5.3.2	Develop and support implementation of a mobile phone app to strengthen MPDSR	**Not scheduled**	- No activities done	Not scheduled
I5.3.3	Collaborate with health academic institutions to enhance their capacity to lead institutionalisation and expansion of MPDSR at the provincial level	**Ongoing**	- No specific activities done.	Not scheduled
I5.3.4	Develop e-learning package on MPDSR (web-based audio and visual training package) and institutionalise it	**Ongoing:** Some of the reference materials on MPDSR have been published on the FWD website (www.fwd.gov.np/mpdsr)	- No specific activities done	Update and/or develop e-learning materials related to MPDSR in line with the revised guideline.
I5.3.5	Support effective implementation of Early Warning, Alert and Response System (EWARS) in the DHIS2 platform with focus on use	**Ongoing**	- Engaged in strengthening of EWARS and in monitoring of SARI cases in COVID context.	Support preparing integrated roadmap in strengthening of the system in alignment with HMIS.

Activity		Status	Achievements this quarter	Planned activities for next quarter
	of the data in rapid response to the emerging health needs			
I5.4	**MoHP has the skills and systems in place to generate quality evidence and use it for decision making**			
I5.4.1	Support development and implementation of a harmonised survey plan to meet the health sector data needs	**Completed**	- NFHS 2020 questionnaire have been revised to include questions to assess the health facility readiness in COVID context - MoHP has formed TWG to carry out the NDHS 2021. - CBS has published a report with the NMICS 2019 key indicator	Provide technical inputs to the MoHP in carrying out NHFS 2020 and NDHS 2021
I5.4.2	Analyse HMIS and national-level survey data to better understand, monitor and address equity gaps (PDs 20 & 53)	**Ongoing**	- Supported IHIMS in the process of finalisation of HMIS data for FY 2018/19 and also supported in generation of local-level data to be published on the DoHS website; and in preparation of DoHS annual report 2018/19. - Supported HMIS to monitor on-time reporting and complete reporting; updated HMIS data of FY 2019/20, which included checking of data consistency and addressing the issues identified. - Supported SD team and FWD to generate evidence related to FP and safe motherhood. - Supported MoHP to develop a monitoring mechanism to monitor key health service statistics during lockdown.	Support IHIMS in preparation of DoHS annual report 2018/19. Analyse HMIS and survey data on specific areas in coordination with government counterparts and MEOR.

Activity		Status	Achievements this quarter	Planned activities for next quarter
I5.4.3	Support develop a survey plan to meet the health sector data needs with focus on NHSS RF and IP, SDGs and DLIs and its implementation	Covered in I5.4.1 above.	- Supported MoHP to monitor Sustainable Development Goal (SDG) 3 and DLI equity indicators.	Engage with MoHP in monitoring of NHSS RF, SDGs and DLIs
I5.4.4	Support MoHP in improving evidence-based reviews and planning process at different levels – concept, methods, tools, and implementation (including use of QIMIS)	**Ongoing**	- Supported IHIMS in planning of developing a mechanism to monitor health service utilisation in COVID context. - Together with SD team supported FWD to develop CEONC site monitoring, onsite coaching mentoring and quality mentoring data collection applications. - Reviewed and provided feedback on the Aama Review Report. - Supported LL sites in analysis of the service statistics. - Initiated documentation of the key milestones of the health sector in alignment with the periodic plans for strengthening of institutional memory, drawing lessons learned to better inform the next sectoral strategy.	Support development of a mechanism to monitor service utilisation in the COVID-19 context Support MoHP in the review of health sector milestones/ performance in different periodic plans/eras to better inform the preparation of next sectoral strategy
I5.4.5	Support development of evidence-based program briefs (two pages per programme) for elected local authorities and for dissemination	**Ongoing**	No specific activity done	Continue engaging with MoHP counterparts and MEOR in preparation and sharing of the programme/policy briefs

Activity		Status	Achievements this quarter	Planned activities for next quarter
I5.4.6	Support partners and stakeholders' engagement forums for better coordination and collaboration and informed decision making (Monitoring and Evaluation (M&E) TWG)	**Ongoing**	- Contributed in M&E TWG meeting particularly in review and planning of NHFS and NDHS	Continue supporting MoHP in coordination and collaboration with EDPs and stakeholders
I5.4.7	Support development of health M&E training packages for the health work force at different levels	**Ongoing**	- Supported NHTC in the process of developing an induction package, in response to a request from the NHTC, including M&E for health officers.	Support NHTC to develop the induction package
I5.5	**FMoHP has established effective citizen feedback mechanisms and systems for public engagement in accountability**			
I5.5.1	Strengthening and sustaining of social audit of health facilities – revise guideline in the changed context, develop reporting mechanism and enhance capacity of partner NGOs	**Ongoing**	- Covered in GESI section.	Covered in GESI section
I5.5.2	Support development and operationalisation of smart health initiatives, including grievance management system for transparency and accountability	**Ongoing**	- Provided technical inputs to the CSD, DoHS, in preparation of standards and guideline of telemedicine; and in developing electronic recording and reporting of MSS.	Support CSD, DoHS, in preparation of standards and guideline of telemedicine and in digitisation of MSS tools.
I5.5.3	Establish and operationalise policy advocacy forums through development of the approach and tools	**Ongoing**	- Worked with MEOR to prepare a log for the NHSSP III evidence products. - Together with MEOR supported MoHP in planning and operationalisation of Knowledge Café.	Work with MoHP and MEOR in institutionalisation of Knowledge Café.

HEALTH INFRASTRUCTURE

Activities		Status	Achievements this quarter	Planned for next quarter
	Result Area I7.1: Policy Environment			
I7.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	**Continuing**	- None	Continued support as required
I7.1.2	Upgrade the HIIS to integrate functionality recommendations	**Ongoing**	- Update of Geodatabase: administrative boundaries, transportation feature, border access points, health facility location - Data analysis, report generation and map development. - Development of Provincial health facility profiles for probable health facilities, which can be converted into COVID-19 treatment centres. - Development of health facility profiles for health facilities as designated in Health Service guidelines from MOHP to address COVID-19 pandemic.	- Updating the interface and features of online HIIS portal for customised access from provincial and local government levels. - Continual and regular updating of HIIS database, drawing from primary and secondary sources of information, data from the assessment of health facilities in districts with LL sites
I7.1.11	Assessment in LL centres	**Ongoing**	- Infrastructure specific detailed analysis is ongoing.	Data from the assessment will be analysed and tabulated into a draft report.
I7.1.4	Revision of the NNBC concerning retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	- Final Draft reports submitted by consultants incorporating the feedback provided by the HI team	Final Draft Report to be submitted to DUDBC for feedback collection. Handbooks to be finalised and final handbook to be presented

I7.1.5	Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)	**Completed on time**	- Comments awaited from National Research Centre for Building Technology on the final draft submitted.	Updating of the report and its content based on feedback and recommendations.
I7.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	**Continuous**	- none	The preliminary analysis report on the climatic designs of health facilities within the LL sites from the data collected through the assessment and secondary data from various sources.
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	- Different levels of government have adopted and are implementing the policies.	Provide support to the governments to implement the policies. Support development of design documents, bid document development, tender process and monitoring
I7.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with LNOB good practice and orient infrastructure stakeholders on these	**Ongoing**	- none	Continuation of the orientation programme to the selected contractor and their representatives for main retrofitting projects for both hospitals on GESI/LNOB, environmental protection, and health and safety issues
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Ongoing**	- Addition of upgrading criteria and selection of appropriate location is being drafted to be incorporated in the maintenance policy	The upgrading criteria and selection of appropriate location will be incorporated in the PD report for 'Provincial level HF repair and maintenance plan of action' and 'HF land acquisition and relocation Policy'.
I7.1.10	Development of recommendations on health facility waste management	**Ongoing**	- Final Draft handbook reviewed, and feedback provided to the consultant for the preparation.	Final draft report will be discussed and agreed with

	improvement, focusing on legal and coordination aspects			concerned stakeholder for finalisation.
	Result Area I7.2: Capacity Enhancement			
I7.2.1	Ongoing capacity development support to FMoHP/DUDBC, including capacity assessment, as well as the formation of a Capacity Enhancement Committee	**Ongoing**	- Detailed Project Report (DPR) of OPD block for Ramraja Prasad Singh Academy of Health Sciences completed and submitted. - Tender of City hospital in Budhanilkantha has been published by the Budhanilkantha Municipality, the contract has been signed. - Ongoing support for the reconstruction of health facilities. o DLP inspection for the JICA supported reconstruction projects: Bir Hospital and Paropakar Maternity and Women's Hospital. o Evaluated technical and financial proposal for the hiring of a consultant for KfW supported FC Recovery Project being a member of the evaluation committee at MoHP. - Prepared concept design of 500-bed isolation facility, 300-bed Infectious disease hospital and 50-Bed infectious disease Hospital and presented at MoHP - Prepared design of health centre at TIA for COVID response as per the request of DoHS has been prepared and submitted for endorsement. - Profile of potential health facilities were prepared using HIIS database. - Supported NPHL in developing the Master Plan of infrastructure to upgrade current NPHL into National Level Diagnostic Laboratory as per the vision of the Government of Nepal. - Design documents for the upgrading of Dailekh Hospital and Rukum Hospital were submitted in the previous quarter. As per further request from the MSD, Karnali province, the estimate of the Dailekh Hospital has been revised deducting the cost of maternity block. As per their request,	Completion of the handover process of Manthali Hospital in Ramechhap Ongoing support for the reconstruction of health facilities (now only the five KFW projects remaining) Prepare detailed design of 50 and 300-bed Infectious Disease Hospital.

			Design of new hospital block in Rukum hospital is being designed. - As a part of the capacity enhancement of the provincial government, NHSSP supported the Karnali province MSD, Provincial level Hospital, Surkhet, and FPIU DUDBC for the evaluation of the technical and financial bids of landscaping work in Surkhet hospital.	Continued support for COVID19 response. Continued support for upgrading of 5 hospitals (Humla, Dolpa, Rukum, Salyan and Dailekh) (procurement of works of Humla Hospital, Dolpa Hospital and Dailekh Hospital; and Completion of the detailed design of Salyan and Rukum Hospital)
I7.2.2	Training Needs Analysis for FMoHP, DUDBC and Construction Contractors and Professionals	**Completed**	- An ongoing process to address the new needs of training.	Draft TNA report for the provincial level and local level government will be prepared based on the federal level TNA report. The draft TNA will be circulated to the concerned provincial-level and local for feedback collection.
	Training programme implementation	**Planned**	- Completed in-service training for Senior Development Engineers from DUDBC.	Policy dialogue workshop on different infrastructure-related policy issues Workshop via possible means to collect the feedback from the

				provincial level government on provincial level HF repair and maintenance plan of action and guideline. The workshop shall be conducted via possible means An orientation programme to the selected contractor for both hospital main retrofitting project on the approach of DFID-NHSSP's retrofitting design, construction along with the requirement of Environment, health and safety management, GESI and LNOB context, cordoning, reroute and demolition plan. On-site training to the workers (skilled and unskilled) for the main retrofitting project in both hospitals on Occupation Health and Safety, GESI, GBV, and LNOB context including different perspectives of Labour act, Insurance etc. An Orientation programme is planned for the hospital management committee in both hospitals retrofitting projects on the use of the service decanting bidding document, document, service decanting schedule, calendar and strategies.
	Result Area I7.3: Retrofitting and Rehabilitation			

I7.3.1	Strengthening Seismic, Rehabilitation and Retrofitting Standards and orientation on the standards, including a report with recommendations (PD 16)	**Completed**	- Completed	Continuation of the orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards
I7.3.5	Design of retrofit works (structural/non-structural) with DUDBC (PD 29)	**Completed**	- Completed	Orientation to all stakeholders as appropriate on retrofitting works will be continued
	Engagement of FMoHP/DUDBC in design and tendering	**Continuous**	- Revision of design drawings, cost estimates of Bhaktapur Hospital's main retrofitting works completed and the revised drawings and cost estimations have been shared with DUDBC. - The work schedule of main retrofitting works considering different COVID pandemic scenario has been updated.	Presentation to DUDBC and reviewers on seismic design based on new NBC 105:2019 Orientation to all stakeholders on retrofitting works will be continued as appropriate
I7.3.7	Preparation of final drawings	**Completed**	- Final drawings on architectural, structural, electrical and sanitary for main retrofitting works completed.	Preparation of additional details and working drawings as required
I7.3.8	Production of BoQs	**Completed**	- Completed.	Updating the particular specifications in-line with the approved BoQ.
I7.3.9	Tender process and contractor mobilisation (PD 40)	**Continuous**	- The financial bid evaluation for main retrofitting works at WRH Pokhara completed. - A letter of intent to award the contract has been published for the lowest evaluated substantially responsive bid (LESRB). - Re-publication of tender notice for main retrofitting works at Bhaktapur Hospital has been completed. - Service decanting bidding document has been finalised	The contractor for the construction of Main Retrofitting at WRH Pokhara will be mobilised on site The tender process for service decanting at both hospitals will be completed

				Bid evaluation for main retrofitting works at Bhaktapur Hospital The bidding document for service decanting will be presented to the hospital management and will get approved for the tender publication
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	**Continuous**	- Construction of decanting blocks at both priority hospitals - WRH, Pokhara and Bhaktapur Hospital has been completed. - Completion of the final review of the construction work of decanting blocks at WRH & Bhaktapur Hospital by the DFID M&V team. - TWG has been supervising and monitoring the day-to-day construction works. The committee meeting takes place as required and contractors are accordingly instructed to rectify or improve the works. - Meeting of higher-level MC regularly.	Continuation of the supervision of construction works of main retrofitting in WRH Pokhara Continuation of the meetings for financial and physical progress updates

GENDER EQUALITY AND SOCIAL INCLUSION

Activity		Status	Achievements this quarter	Planned activities for next quarter
I2.2	**Result Area: Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting**			
I2.2.1	Develop GRB guidelines, (incl. in Y2 revision of GESI Operational Guidelines)	**Completed** and approved by Health Minister in December 2019	- No specific activities have taken place due to COVID-19 pandemic	-
I2.2.4	Develop LNOB budget markers at national and local level	**Completed**	- Briefed about the LNOB Budget Marker Guidelines to the new Joint-Secretary, PMD and her team upon their request.	Follow up on approval process; translate into English
I2.4	**Result Area: FMoHP has clear policies and strategies for promoting equitable access to health services**			
I2.4.1	Revise Health Sector GESI Strategy	**Completed**	- No specific activities have taken place due to delay in approval from the Cabinet.	-
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	**Delayed**	- No specific activities have taken place due to delay in approval of Health Sector GESI Strategy.	-
I2.4.3	Develop National Mental Health Strategy and Action Plan	**In Progress**	- Finalised the National Mental Health Strategy and Action Plan. The approval process was halted due to COVID-19.	
I2.4.4	Standardise Psychosocial Counselling Curricula	**In Progress**	- Final draft of psychosocial counselling training curricula package shared with Steering Committee during the meeting organized on 22nd June by NHTC. NHSSP has been providing technical support to NHTC for the development of this package. The training curriculum is close to finalisation.	Finalisation of Psychosocial Counselling Training Curricula
I2.4.5	Develop guidelines for disability-inclusive health services	Completed	- Approved by Health Minister in March 2020.	Printing the guidelines Case study on access to essential health services of persons living with severe disability during

				lockdown and COVID-19 pandemic
I2.4.6	Revise SSU and OCMC Guidelines	**Completed**: OCMC Guidelines **In Progress**: SSU Guidelines	- No specific activities have taken place due to COVID-19 pandemic. - Provided technical support to draft the OCMC, SSU and Geriatric AWPB (2020/21) guidelines	Follow up on approval process of SSU guidelines; print approved OCMC and SSU guidelines
I2.4.7	Develop SOP for Integrated Guidelines for Services to GBV survivors (Year 1), and support rollout of National Integrated Guidelines for the Services to GBV Survivors (Year 2)	**Not scheduled**	- -	-
I2.4.8	National and provincial-level reviews of OCMCs and SSUs	**Ongoing**	- Annual review of OCMCs and SSUs has been cancelled due to COVID-19.	-
I2.4.9	Capacity enhancement of GESI focal persons and key influencers from the FMoHP and DoHS on GESI and LNOB aspects	**Delayed**: Orientation to FMoHP and DoHS will proceed when the revised GESI Strategy receives Cabinet approval	-	-
I3.1	**Result Area: The DoHS increases coverage of under-served populations**			
I3.1.10a	Strengthening and scaling-up of OCMCs	**Completed**: GBV and psychosocial counselling training **Ongoing**: Establishment of new OCMCs; plan and conduct GBV medico-legal training	- Orientation through rounds of virtual meetings for the establishment of eight new OCMCs in Taplejung, BPKIHS, Dadeldhura, Humla, Dolpa, Salyan, Kalikot and West Rukum districts. Eventually, 8 new OCMCs were established during lockdown period. - Strengthen newly established OCMCs via advocacy and orientation from distance. - Planned GBV medico-legal trainings to medical officers from Province 1, Province 2, Gandaki Province and Province 5 have been halted due to COVID-19 emergency.	Strengthen newly established OCMCs Development of OCMC online reporting system

I3.1.10b	Support the strengthening of OCMCs through mentoring/ monitoring and multisectoral sharing and consultation	**Ongoing**: Regular consultations with key partners and hospital teams, coaching and mentoring from a distance.	- Follow-up support provided through phone call and virtual meetings to Koshi, Panchthar, Pokhara, Gajendra Narayan Sing, Solu, Hetauda, Janakpur, Humla, Jajarkot and Tamghas Hospitals; - Prepared draft protocol for OCMCs during lockdown and COVID-19 emergency and shared with PMD/MoHP to further share with the MoWCSC, National Women Commission and other stakeholders for their feedback.	Mentoring and follow-up support to newly established OCMC hospitals; multisectoral orientation at BPKIHS, Koshi, Pokhara and Surkhet Provincial Hospitals; The protocol for OCMCs during lockdown and COVID-19 emergency will be finalized.
I3.1.11	Supporting the rollout of the GBV clinical protocol	**Ongoing**	- GBV Clinical Protocol approved by Health Minister in June 2020. Support provided to Koshi Hospital for rollout of GBV clinical protocol with OCMC budget. .	Follow-up support and monitoring of training sites.
I3.1.12	Rolling out of the GBV SOP (after approval)	**Not scheduled**	-	-
I3.1.13a	Scaling up SSUs	**Completed**	- Orientation through virtual meetings for the establishment of new SSUs at BPKIHS, Rampur (Palpa), Tulsipur, Twalihawa Hospitals.	-
I3.1.13b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	**Ongoing**: Regular coaching and mentoring from a distance.	- Planned strengthening of SSUs online reporting system and backstopping support provided via virtual meetings.	Mentoring and follow-up support to select SSUs; support for development of online reporting system; development of protocol for SSU during COVID-19 pandemic.
I3.1.14	Capacity building to put LNOB into practice	**Ongoing**: Orientation regularly conducted to different stakeholders.	- Supported NFDN and Haemophilia Society immediate management of the Clotting Factor for saving the life of people with haemophilia, and to include in next year's AWPB as essential drugs items.	-

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Afeef Mahmood	April – June 2020	Review and quality assurance of costing of Safe Motherhood and Newborn Health Roadmap
2.	Deborah Thomas	April – June 2020	GESI support – case studies, GBV blogs
3.	Steve Topham	April – June 2020	Decanting space PD review, advisory support to HI team
4.	Anthony Bondurant	April – June 2020	Special Advisor
5.	Daniel Rosen	June – August 2020	Market Analysis of Essential Medicines in Nepal

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	DFID approval date
RHITA 3	40.2	Tender documents and invitation of tender for decanting service works completed for both priority Hospitals.	13-May-20
L&G - GESI	R3	Review of the scale-up, functionality and utilisation, including barriers to access, of One Stop Crisis Management Centres	20-May-20
Management	R4	Quarterly report 11 Jan- March	11-May-20
L&G - HI	R2	Decanting spaces construction complete for both the priority Hospitals,	08-Jun-20

ANNEX 4 LOGFRAME UPDATE

This section presents progress status on the milestone 1 (July 2020) of the DFID - Nepal Health Sector Programme 3 Log frame indicators related to NHSSP. The sources of data for monitoring the log frame indicators include the programme documents, FMoHP's routine information systems like HMIS, LMBIS/TABUCS/SUTRA, MoHP records, national level surveys/assessments and global studies/projections like Global Burden of Disease. The data from the routine MISs have been extracted at the end of June 2020. The progress on these indicators will be updated again once the routine systems get complete data which will be around end of October 2020.

The assumptions and remarks for the specific indicators are given in the Table below. Progress status on the milestone 1 (July 2020) are highlighted in Blue colour for easy reference.

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
Impact	Equitable health outcomes, and a stronger & more responsive health system						
I1	Under 5 mortality rate per 1000 live births	Planned	33.5	26.4	25.0	No milestone set	23.8
		Achieved		*MEOR to update*			
			Source				
			IHME GBD Study	IHME GBD Study	IHME GBD Study		IHME GBD Study
I2	Maternal Mortality Ratio per 100,000 live births	Planned	225	203	201	No milestone set	199
		Achieved		*MEOR to update*			
			Source				
			IHME GBD Study	IHME GBD Study	IHME GBD Study		IHME GBD Study
I3	DALYs for both sexes, all ages	Planned	9,228,540	8,925,392	8,880,765	No milestone set	8,836,361
		Achieved		*MEOR to update*			
			Source				
			IHME GBD Study				
OC1	Increased use of quality health services, particularly by the poor and disadvantaged						
OC1.1	Pregnant, postpartum women and children < 5 years receiving one or more nutrition related interventions during the past year (Data disaggregated by Province, Ecological zone, and where possible by socioeconomic status and ethnicity from other sources as available)						17,548,000

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
OC1.1a	Number of pregnant women who received 180 days iron tablet supplementation during the past year*	Planned	289,625	301,326	307,353	313,500	No milestone
		Achieved		241,595			
OC1.1b	Number of postpartum women receiving Vitamin A supplementation	Planned	325,151	263,813	269,089	274,471	No milestone
		Achieved		194,482			
OC1.1c	Number of children aged 6-59 months who received Vitamin A supplementation	Planned	2,043,770	2,213,753	2,258,028	2,303,189	No milestone
		Achieved		2,199,820			
		Source					
		DoHS Annual report 2017/18* & 2015/16		HMIS/DoHS Annual Report Milestone 1: HMIS 2019/20, 30 June 2020			
OC1.2	Equity gap reduced for essential Safe motherhood, child and FP services (DLI12.2)						
OC1.2	Safe Motherhood: Difference between the average of the top 10 and bottom 10 districts) in percentage of women who delivered in a health institution (DLI 12.2)	Planned	70%	Average 5% reduction in equity gap each year	Average 5% reduction in equity gap each year	TBD	No milestone
		Achieved		15% [Reduced from 77.5 in 2018/19 to 65.7% in 2019/20]			
			Source				
			NHRC DLI verification; Milestone 1: HMIS (30 June 2020)				
OC1.3	Family planning: Number of additional users of modern methods of contraception	Planned	493,000	790,530	911,160	995,874	No milestone
		Achieved		*MEOR to update*			
			Source				
			FP 2020 Annual Progress report 2016/17	FP 2020 Annual progress report			

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
OC2	Strengthened health sector management and governance at federal, provincial and local levels						
OC2.1	Local level composite index showing health service effectiveness at Learning lab (LL) municipalities	Planned	48.3	Composite index will be developed, field tested and agreed, baseline will be established and subsequent milestone will be developed	57.4	Existing LL: 60.3 New LL TBC May 2021	Existing LL: 61.7 New LL TBC May 2021
		Achieved		Baseline for the composite index (CI) established and agreed 48.3). Milestones for existing LL sites for Y2 and Y3 determined.			
			Source				
			Learning lab composite index sheet. Milestone 1: The figures might change once the HMIS data for the running fiscal year gets finalized.				
OC2.2	% FMoHP spending units whose entire expenditure (from all sources) captured by TABUCS in focal provinces	Planned	New indicator, baseline to be established in first year, milestone to be revisited accordingly	The province level TA is yet to be agreed and started. Thus, this has been shifted to 2020/21	TBC by June 2021	TBC by June 2021	No milestone
		Achieved		Not applicable			
			Source				
			TABUCS				
OC2.3	Budget absorption (% of allocated health budget expended) at: a) Federal sphere	Planned	83.1	90% (recurrent budget) & Financial Management Improvement Strategic Framework (FMISF) developed	90% & FMISF endorsed	90	No milestone
		Achieved		85%;			

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
				FMISF developed and endorsed by MoHP			
			Source				
			TABUCS, FMR				
	b) Provincial sphere in focal provinces	Planned	Currently, system is not in place to capture this information. Baseline will be established after the system is fully in place, which we expect to be in FY 2020/21	No milestone set	85	90	No milestone
		Achieved		Not applicable			
			Source				
			TABUCS/SuTRA				
OC3	Evidence-based planning and decision making at 3 spheres of government						
OC3.1	Evidence-based budget allocations for Federal funding at provincial and local levels;	Planned	New indicator, baseline to be established	Commitment to issuance of guidelines for conditional grants (health) agreed in Annual Aide Memoire (EDPs/MoHP). Unit cost data of COVID-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement in public	Guidelines for conditional grants (Health) developed Unit cost data of COVID-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement in public and private health facilities	Reduction in number of line items in conditional grants (health) after being implemented	No milestone

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
				and private health facilities			
		Achieved		Aide Memoire 2019 (Point 2c) states: Guidelines for health-related conditional grants go be given simultaneously with the budget. Unit cost of COVID-19 diagnosis and treatment has been developed and used to support planning, budget allocations and reimbursement			
			Source				
			MoHP guideline on conditional grants & Suppliers report				
OP1	Delivery of quality health services strengthened at provincial and local level, prioritizing LNOB						
OP1.1	Number of public CEONC sites with functional caesarean section service (Disaggregated by province and ecological region)	Planned	75	80	86	88	No milestone
		Achieved		76			
		Source					
		HMIS/DoHS Annual Report					
OP1.2	Public facilities in priority provinces compliant with BHCS protocols and guidelines (according	Planned	BHCS package has been drafted, but yet to be approved	BHCS package developed and approved by MoHP	Monitoring mechanism of BHCS established by FMoHP	Assessment on public facilities compliance to BHCS protocols in LL sites, completed	Action plan developed in response to assessment

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
	to established critical path)	Achieved		BHCS package developed and submitted to the Cabinet for approval.			
			Source				
			BHCS guidelines and protocols and monitoring system				
OP1.3	Number and percentage of OCMCs functional as per guideline (Disaggregated by Province and ecological regions)	Planned	20 (53%)	36 (67%) and review of OCMC utilisation and bottlenecks to use completed, Evidence of activities undertaken to strengthen response to GBV during the Covid-19 lockdown.	45 (70%) Action plan in relation to review completed, agreed and evidence of implementation	53 (76%)	56 (80%)
		Achieved		36 (67%) [36 of 54 OCMCs are functional] Review of OCMC utilisation and bottlenecks to use completed. Interim guidelines on OCMC services during COVID-19 lockdown developed, intensive follow up and support provided through phone to strengthen response to GBV			
			Source				
				OCMC reports Milestone 1: OCMC report as of end of June 2020			

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
OP1.4	Number of COVID-19 related hospitals and institutions supported through Financial Aid and technical assistance	Planned	0	TBA	TBA	no milestone	no milestone
		Achieved		Not applicable			
			Source				
			Supplier reports and FMRs				
	Actions to mitigate secondary health impacts of COVID-19, in particular RMNCAH services.	Planned	0	Qualitative assessment	Qualitative assessment	no milestone	no milestone
		Achieved					
			Source				
			Supplier reports - reports, monitoring, key informant statements				
OP1.5	% (and number) of eligible women who received Aama incentives on transportation (Disaggregated by province & Geography)	Planned	315,355	93 (302,360) & Aama review conducted and report finalised. Annual Aama Rapid assessment undertaken	94 (311,724) & Action plan / Roadmap based on Aama review developed and endorsed. Evidence of roadmap implementation documented	95 (321,341) & Rapid assessment of implementation of Aama revisions, in focal provinces and Learning Lab sites	No milestone
		Achieved		88% (348,289) Annual Aama rapid assessment completed, report write up is in progress			
		Source					
			HMIS 2017/18	HMIS/DoHS Annual Report, Aama review report, Roadmap and Rapid assessment of AAMA			
OP2	Multi-hazard resilient health infrastructure in focal provinces and vulnerable regions, supported and strengthened						
OP2.1	Two priority health facilities/hospitals retrofitted or rehabilitated with support from DFID's	Planned	Retrofitting of two priority hospitals proposed using DFID FA	Decanting spaces completed at Pokhara Western Regional Hospital and Bhaktapur Hospital; and	5 building blocks retrofitted in Pokhara Western Regional Hospital	TBC by May 2020	Retrofitting completed at Pokhara Western Regional

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
	earmarked Financial Aid and technical assistance (DLI);			repurposed as COVID-19 management centres	Structure of the new OT building at Bhaktapur Hospital completed.		Hospital and Bhaktapur Hospital
		Achieved		Decanting spaces completed and being used for management of the COVID-19 cases in both the hospitals			
		Source					
		NHSSP Programme reports					
OP2.2	Number of new facilities designs that adhere to standard design guidelines/ NHIDS, in selected municipalities of focal provinces	Planned	New Indicator	No milestone set	Pending conformation from Palikas up to 10 health facilities (Primary Level hospital 2, Ward level HFs 5 and Health Post 3)	No milestone set	Pending conformation from Palikas up to 15 health facilities At least 15 new facilities (Primary Level hospital 3, Ward level HFs 12 and Health Post 5)
		Achieved		Not applicable			
		Source					
		NHSSP Programme reports					
OP3	Federal, provincial and local level health policy, planning and accountability strengthened, to support effective health system management at all spheres						
P3.1	Critical pathway for development of coherent policies aligned to devolved functions at 3	Planned	Inventory for policies developed	Preliminary analysis report analysing the health sector functions of all three level of government as per	No milestone set	In-depth analysis of policy coherence across three level of government	Recommendations based on analysis advocated at all levels

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
	spheres of government			Functional Analysis and Assessment (FAA) COVID-19 relevant policies, plans and guidelines developed and disseminated.		(focusing on focal provinces and LL sites) completed	
		Achieved		Preparation of the report is in progress. COVID-19 related policies, plans and guidelines are developed and disseminated through MoHP website.			
		Source					
		NHSSP Programme Reports					
OP3.2	% increase in the number of SAHS supported CSOs that provided new data to the local planning and budget process generated through the expenditure tracking exercise (disaggregated by LLs and non-LL sites)	Planned	New proposed indicator, baseline not applicable	20	45	50	No milestone
		Achieved		*SAHS to report*			
		Source					
		CSO reports, CSO survey reports					
OP4	Effectiveness and accountability of financial and procurement systems strengthened at federal level and in focal provinces						

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
OP4.1	% FMoHP spending units using TABUCS (DLI 8)	Planned	MoHP has issued a circular mandating expenditure reporting through TABUCS by all spending units	90	95	95	No milestone
		Achieved		90			
		Source					
		TABUCS					
OP4.2	Public Procurement Strategic Framework (PPSF) developed, endorsed and implemented	Planned	48% procurement against CAPP	PPSF developed; 65% procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI) Technical Specification Bank (TSB) for COVID health commodities developed, disseminated.	PPSF endorsed, implemented & monitoring framework developed and 75% procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI) TSB used for 85% all FMOH covid-19 procurement	Public procurement strategic framework implementation monitored quadrimesterly and 85% procurement against CAPP	No milestone
		Achieved		PPSF drafted, being reviewed by task force of MoHP. 90% procurement done against CAPP. 100% of health commodities procured by MD based on TSB.			
		Source					

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
		Logistics Management Section, Management Division Record on Public Procurement Strategic Framework (PPSF) and NHRC DLI verification report					
OP4.3	% of audited spending units responding to the OAG's primary audit queries within 35 days (DLI 9)	Planned	56	65	70	75	
		Achieved		90			
		Source					
		OAG audit queries and audited spending units' response Milestone 1: MoHP records					
OP5	Quality evidence generated and used in decision making						
OP5.1	Percentage of health facilities reporting disaggregated data using District Health Information System 2 (DHIS2) in a timely manner (DLI 10)	Planned	23	35 & COVID-19 health information management system established and functioning	45 & COVID-19 health information management system functioning	55	No milestone
		Achieved		42 A web-based system has been established in DHIS2 platform for daily reporting of service delivery status during the pandemic from health facilities and COVID-19 management related information from local governments			
		Source					
			NHRC DLI verification report and suppliers report, HMIS web portal				
OP5.2	Percentage of municipalities engaged in the SAHS-supported dialogue forums that report	Planned	Not available	20	30	75	No milestone
		Achieved		*SAHS to report*			
			Source				
			Meeting minutes of events/SAHS progress report				

DFID - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	**Milestone 1 (July 2020)**	**Milestone 2 (July 2021)**	**Milestone 3 (July 2022)**	**Target (Dec 2022)**
	using results of SAHS APEA, situational analysis, mapping and/or analytical materials to inform decision-making						
OP5.3	Evidence generated within NHSP3 & its use by government and its counterparts	Planned	New indicator, not applicable	Repository of NHSP3 KM products developed & assessment protocol for evidence use developed KM products: 10 KM events: 2	Assessment on evidence use conducted and report disseminated* KM products: 10 KM events: 3	KM Products: 10 KM events: 3	KM Products: 3 KM events: 1
		Achieved		Four technical briefs are in progress (Distance and institutional delivery; *Aama* review, expansion of RT-PCR testing laboratory in Nepal and early neonatal mortality)			
		Source					
		Repository/Assessment report & copy of KM products					

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
IM1	The baseline for this indicator has been established using Nepal BoD (NBoD) data that comes from the Global BoD (GBD) Study at the IHME. The milestones here have been adopted from IHME SDG tool that gives projection for SDG Indicators. The baseline figure for 2016 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
IM2	The data for MMR will not be available from NDHS till 2026. Therefore, Nepal BoD (NBoD) data that comes from the Global BoD Study at the IHME will be used to track the results. The milestones here have been adopted from IHME SDG.

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
	The baseline figure for 2018/19 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
IM3	Target has been set assuming 0.5% decrease in DALYs from the previous year values (2017). With regards to Dec 2022 target, considering the current cycle of BoD results availability, there will be no new results available between July to Dec 2022, hence the same value for July 2022 has been used for Dec 2022 target. The baseline figure for 2016 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
OC1.1 and 1.2	Federal, provincial and local governments take ownership of the programme. Government will continue its efforts to coordinate and collaborate with local tiers to strengthen the implementation of the NHSS and the NHSP3 programme. Progress on strengthening the federalism system will enable continued progress on health sector reform There will be uninterrupted supply of commodities to health facilities in Nepal Staff redeployment will not interrupt the services
OC 2.1 and 2.2	Staff redeployment has no major effect on service provision Province and local government proactively reports regularly in financial reporting tools.
OC3	Conditional grants guidelines developed and endorsed will help planning the grants based on evidence and be more flexible reducing the number of activities under the grants. Federal and provincial/local governments are receptive towards the use of data and consider the use of evidence as a priority for planning
OP1.1, 1.2, 1.3 & 1.4	National policies, strategies, guidelines and protocols are updated and disseminated at all levels Provincial and local government takes ownership and are committed to deliver quality health services Provincial and local government follows/adapt guidelines, protocols, to deliver quality health services Assumptions for output Indicator 1.4a: The current Aama programme implementation guideline continues as it is now. The milestone needs to be revisited if the guideline changes in future.
OP 2.1 & 2.2	Developed plans are endorsed by government on time. Province are committed to support the development and endorse the developed plan on time Local government are supportive and receptive towards program
OP3.2	The proposed plan to restrict CSO activities does not materialize The upcoming planning process provide space to CSO unlike budget processes before this
OP4.1 & 4.2	Staff redeployment at FMoHP won't have an effect on the process, and spending units continues to use TABUCS or other FMIS. FMOHP committed towards transparency
OP5.1, 5.2 & 5.3	GoN committed to strengthen quality of data at all levels. Health Facilities and Palikas are trained on DHIS2 for timely reporting Staff redeployment won't have major effects on HF and Palikas GoN prioritize generating of evidence and is supportive towards partners for generation of evidence

ANNEX 5 VALUE FOR MONEY (APRIL – JUNE 2020)

Value for Money (VfM) for DFID programmes is about maximising the impact of each pound spent to improve poor people's lives. DFID's VfM framework is guided by four principles summarised below:

- **Economy**: Buying inputs of the required quality at the lowest cost. This requires careful selection while balancing cost and quality;
- **Efficiency**: Producing outputs of the required quality at the lowest cost;
- **Effectiveness**: How well outputs produce outcomes; and
- **Equity**: Development needs to be fair.

Detailed below are the indicators that NHSSP has committed to reporting on a Quarterly basis.

VfM results: Economy

Indicator 1: Average unit cost of Short-Term Technical Assistance daily fees, disaggregated by national and international

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period was £565 for international Technical Assistance (TA) and £ 169 for national TA. The average unit costs of both national and international STTA were below the programme benchmark of £ 611 and £224 respectively. All the international STTA provided desk-based support to the programme from distance.

International STTA	**Actuals to date (March 2017 – June 2020)**	**Average unit cost to date (March 2017– June 2020) ***	**Current quarter (April – June 2020)**	**Average unit cost (April – June 2020)**
Days	1,112	£573	137	£565
Income (GBP)	£ 637,383		£ 77,446	
National STTA	**Actuals to date (March 2017 – June 2020)**	**Average unit cost to date (March 2017 – June 2020) ******	**Current Quarter (April – June 2020)**	**Average unit cost (April – June 2020)**
Days	2,933	£174	184	£169
Income (GBP)	£ 511,613		£31,043	

* Programme benchmark for International STTA cost is £611
** Programme benchmark for National STT rate is £224

Indicator 2: % of total STTA days that are national (versus international)

The use of both national (57%) and international (43%) STTA in this quarter compared well with our programme indicators. However, like the preceding quarter this quarter also witnessed less use of national STTA as travel to the field was limited from the month of February onwards by the government's nation-wide lockdown. The international STTA provided support to the programme remotely, desk - based. The international support focused on quality assurance of payment deliverables, finalising GBV blogs and GESI cases studies, health infrastructure support and market analysis of essential medicines in Nepal.

STTA type	In client contract budget		Actuals to date (March 2017 – June 2020)		Current quarter (April – June 2020)	
	Days	%	Days	%	Days	%
International TA	2,291	44%	1,112	27%	137	43%
National TA	2,942	56%	2,933	73%	184	57%
TOTAL	**5,233**	**100%**	**4,046**	**100%**	**321**	**100%**

Indicator 4: % of total expenditure on administration and management is within acceptable benchmark range and decreases over lifetime of the programme

In this reporting period, 44 percent of the budget was spent on administration and management, which is higher than the programme benchmark. The office running costs increased as expenses were incurred for COVID 19 related precautions items, the NHSSP office were disinfected and infection prevention protocols were maintained. Similarly, audit fee was also paid in this quarter which increased the overall administrative cost.

Category of administration/ management expense:	Client budget		Actuals to date (April 2017 – June 2020)		Current quarter (April – June 2020)	
	GBP	%	GBP	%	GBP	%
Office running costs (rent, suppliers, media, etc.)	88,550	2%	125,450	6%	8,715	12%
Equipment	26,063	1%	43,633	2%	3,798	5%
Vehicle purchase	120,000	3%	52,875	3%		0%
Bank and legal charges	13,110	0%	4,267	0%	625	1%
Office set-up and maintenance	29,090	1%	50,073	2%	2,192	3%

Office support staff	383,318	9%	251,899	12%	10,875	14%
Vehicle running costs and insurance	73,998	2%	33,709	2%	560	1%
Audit and other professional charges	16,000	0%	39,179	2%	6,480	9%
Sub-total administration/ management	**750,129**	**18%**	601,086	30%	33,245	44%
Sub-total programme expenses	**3,385,899**	**82%**	1,420,133	70%	42,443	56%
Total	**4,136,028**	**100**	**2,021,218**	**100%**	**75,688**	**100%**

VfM results: Efficiency

Indicator (I5): Unit cost (per participant, per day) of capacity enhancement training/workshops (disaggregated by level, e.g. national and local)

During this quarter, three sessions of capacity enhancement trainings/workshops were conducted to 569 participants at the district and province level. The average costs per participant per day incurred for the training at local level was £ 2.43, which is below the benchmark cost. Participants received orientation on MSS score sharing, RDQA tool, and mobile reporting. During this period, no capacity enhancement trainings were conducted at National level.

Level of Training *	Cost per participant/day Benchmark** (GBP)	Actuals to date (January 2018 – June 2020) ***			Current Quarter (April – June 2020)		
		No. of capacity enhancement training conducted	No. of Participants	Average Cost Per Participant /Day (GBP)	No. of capacity enhancement training conducted	No. of Participants	Average Cost Per Participant /Day (GBP)
National	£ 62	29	1,066	£ 31	0	0	0
Local	£ 39	22	1,631	£ 20	3	569	£ 2.43

* The level has been reduced to two: National and Local, the district has been embedded into local

** The benchmark was set at the initiation of NHSSP (reference for cost taken from NHSP 2 and TRP programmes)

*** The data for this indicator was collected from January 2018 onwards.

VfM results: Effectiveness

Indicator 8: Government approval rate of TA deliverables as % of milestones submitted and reviewed by DFID to date

So far, the programme has submitted 86 PDs; all submitted PDs have been approved by the Government of Nepal and signed off by DFID.

	Payment Deliverables (March 2017 – June 2020)
Total technical deliverables throughout NHSSP – III including extension	150
PDs submitted to date	88
PDs approved to date	88
Ratio %	**100%**

ANNEX 6 RISK MATRIX

NHSSP identified a number of additional risks arising from COVID-19. The risks identified were evaluated and discussed in weekly SMT meetings and shared in monthly DFID meetings. NHSSP communicated its approach to risk management, namely to identify the ongoing and potential risks that are specific to the programme. NHSSP's risk management is further enhanced by well-established relationships with GoN counterparts and other partners at both federal and subnational level.

Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?	Additional controls/ planned actions	Assigned manager/ timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	GHITA											
R1	Reduced access to routine health care services for vulnerable populations, especially women, children, people living with disabilities and the elderly.	High	High		NHSSP will advocate and work with MoHP for service continuity and for special provisions in the COVID-19 context. Continue advocating for service sites to be made safe, using PPE and infection prevention, and for complication readiness as women/children will wait until they are seriously ill – messaging on danger signs.	Medium	Medium		Yes	NHSSP will advocate for rapid assessment of essential health services and for availability of ambulances and developing messages with BBC Media Action and RH cluster	SD/HPP team	Treat
R2	MoHP personnel and resources may be diverted	Medium	High		NHSSP will support MoHP in contingency planning.	Medium	Low		Yes	NHSSP will work closely with DFID and other partners to develop and implementation of hospital safety measures	PPFM/ HPP team	Tolerate

	towards preparedness and management of COVID-19, which might affect routine programming.				NHSSP will work with DFID to seek and target greater funds for the COVID-19 response. NHSSP will work with MoHP and DoHS to monitor routine service provision.							
R3	Procurement and provision of both routine and COVID-related equipment is delayed.	High	Medium		NHSSP will support emergency procurement policies and systems, as appropriate.	Medium	Medium		Yes		PPFM	Tolerate
R4	Reluctance to access health services, due to the fear of COVID-19, may lead to an increase in otherwise preventable morbidity and mortality.	Medium	High		NHSSP will help facilitate the creation and dissemination of messages related to service availability and use.	Low	Medium			NHSSP advisors will work with service providers and closely review routine data.	E&A/SD team	Tolerate
R5	NHSSP staff may be overstretched in their support to MoHP and may contract COVID-19 and fall ill.	Medium	High		In consultation with DFID, NHSSP will recruit STTA to support specific technical areas required to support MoHP. We will maintain staff safety and well beings as per the	Medium	Medium			NHSSP will continue to communicate the situation to all staff and make them aware that their safety comes first. Regular communication channels will be established with all staff. In addition, staff salary will be paid on time as usual.	TL	Tolerate

					Options duty of care protocol.							
R6	Continued lockdown may reduce the momentum of the programme.	Medium	High		NHSSP will maximise the IT system and provide support remotely to their counterparts and policy makers.	Medium	Medium		Yes	NHSSP advisors will support	SMT	Treat
R7	Increased risk of GBV and family violence in times of lockdown and reduced access to protection or service providers.				NHSSP will work with MoHP, MOWCSC, NWC and partners in the GBV sub-cluster to develop protocols for OCMCs and shelter home/rehabilitation centres.					Provide follow-up support to OCMCs/hospitals for continuity of services from hospitals and safe home/rehabilitation centres and share the status with the MoHP and partners.	GESI team	Treat

R8	Health workers lack PPE, leading to illness, mental stress and reduced motivation among health staff thereby reducing the capacity of the health system.				NHSSP work closely with the MoHP and other partners for the development and implementation of hospital safety measures, self-care and online counselling for providers.					Provide regular follow-up on for the implementation of guidelines on use of PPE as per the WHO and Nepal Medical Council standards.	SMT	Treat
R9	Transmissions from asymptomatic and pre-symptomatic cases reported elsewhere increase fear of service providers that may cause, poor quality of service provided	High	High		NHSSP continue advocating for PPE for health worker/service providers and support MOHP on development and implementation of hospital safety measures, self-care and online counselling for providers.	Medium	medium			1. Inability to do field visits and conduct on-site support to managers/service providers hamper effectiveness of our work.	SMT	Tolerate

R10	Ability to access services by clients/users decline due to the fear of getting infection from health services, and difficulty in getting transport and travel.				NHSSP alongside with RH sub-cluster partners, support FWD in implementation of the interim guideline focusing on orientation of health workers.	medium	medium			NHSSP will facilitate and encourage partners to provide on line orientation to the health workers.	SMT	Tolerate
R11	Conversion of the decanting block into COVID ward may increase in the cost of the project	High	High		We assume that there are no new and additional items required for works converting decanting space into COVID wards. However, it has been provisioned in the priced BoQ regarding day works (50 days each for skilled and unskilled manpower in WRH and 30 days each in Bhaktapur), which can be utilised for the payment of the additional manpower mobilised by the	Medium	Medium		Yes	NHSSP Site Engineer, in coordination with the respective PIUs of DUDBC, shall prepare the day logs of the manpower utilised and mobilised by the contractor. NHSSP Site Engineer shall supervise and inspect the works on a regular basis.	HI team	Treat

					contractor in this scenario.						
R12	Delay in completion of the decanting block in both hospitals	High	High		NHSSP is coordinating with DUDBC and respective PIUs to expedite the term extension process of the contractor in both projects.	Medium	Medium		Yes	NHSSP shall coordinate with the DUDBC regarding the term extension as per the GCC 61 force majeure for the period affected due to lockdown. For the period prior to lockdown, NHSSP has communicated with the DG of the DUDBC and concerned officials to expedite the term extension process.	NHSSP HI team	Treat
R13	Site Engineer, construction workers and contractor's personnel during the works may contract COVID-19 and fall ill (Health and Safety)	High	High		NHSSP has prepared a special construction guideline in Nepali based on DFID's guidelines. This guideline has been shared with the MoHP and DUDBC for endorsement.	Medium	Medium		Yes	NHSSP HI team, in coordination with the DUDBC PIU, will implement this guideline strictly at the construction site. Orientation to the workers and contractor's personnel will be carried out at the site prior to execution of work.	NHSSP HI team	Treat
R14	Overall delay in completion of the project caused by late completion of decanting block (COVID	High	High		NHSSP has earlier prepared the overall master schedule of the project, which defines the schedules of works for all	Medium	Medium		Yes	NHSSP HI team, in coordination with DUDBC and its respective PIUs, will update the schedule incorporating the delay arising due to force majeure.	NHSSP HI team	Tolerate

	pandemic: force majeure)				packages in both hospitals. This schedule is based on a most likely case scenario.						
R15	Delay in construction works for main retrofitting works due to unavailability of construction materials and construction workforce in full scale and within time (impact due lockdown situation)	High	High		NHSSP has prepared the detailed breakdown of the required resources required for the main retrofitting project. This resource management details will guide the daily resource requirement to control the work activities.	Medium	Medium		Yes	NHSSP HI team in coordination with the DUDBC and its respective PIU will share the resource management details with the contractor for the assurance of regular work. The team will make contractor agree for an alternative sequence of the work activity to reduce the probable delay due to some extent	NHSSP HI team	Tolerate
R16	Travel restriction may compromise the time and the quality of construction work	High	High		NHSSP along with DUDBC will make provision of distance online monitoring system. Site supervisor will continue presence in the construction sites. Documents and details prepared and disseminated to concerned technicians from	Medium	Medium		Yes	NHSSP will make details planning for travel and orientations in advance in coordination with appropriate government authorities. Will follow appropriate Coved 19 protocols during travel, monitoring, supervision, training and orientations.	Hi Team	Treat

					DUDBC to maintain quality.							

Risk Categories

Risk category	NHSSP interpretation
Tolerate	Risk beyond programme control, even with mitigation strategy in place, but not significant enough to disable the planned work in its status, even if it can affect overall end results
Treat	Risk the programme has means and plans to further minimise/mitigate as part of programme's key objectives
Transfer	Risk the programme identifies other stakeholders are better placed to minimise/mitigate further
Terminate	Risk beyond the programme control that would render some/all of the work impossible