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Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
April to June 2021

Options

Oxford Policy Management

HERD International

Contents

EXECUTIVE SUMMARY

Précis

This is the sixteenth Nepal Health Sector Support Programme III (NHSSP) quarterly update covering the period from 1 April to 30 June 2021. NHSSP focused on expanding programming and staffing, per the programme extension plan, while adapting to budget cuts for the remainder of this fiscal year. NHSSP continued to navigate through various stages of prohibitory orders as COVID-19 cases eventually dropped, but high positivity rates persisted.

Development context

Political disputes remained central in this quarter while the political parties continued to seek ways to form a government as per the constitutional provision. Following the reinstatement of the House of Parliament by the Supreme Court, a government was formed under the leadership of Mr. KP Sharma Oli, but he lost a confidence vote on 10th May 2021. The House of Representatives of the Federal Parliament was dissolved for the second time in five months on 22nd May 2021 following ongoing political disputes and the resulting failure of political parties to form a new government. New elections are planned in two phases on 12 and 19 November 2021.

These political uncertainties and frequent changes of council ministers, including the Minister for Health and Population, largely overshadowed government efforts to respond to COVID-19. A number of government orders and guidelines were issued in this quarter including an ordinance for the COVID-19 national response. Following rising case numbers, the Government of Nepal announced a lockdown on 26th April as a public health measure to slow the spread. All services were halted except for emergencies with restricted-service hours. The lockdown applied to all districts throughout this quarter. The continued rise in infection rates across the country overtook health system case management capacity. The result was that the highest number of cases and deaths were recorded in the quarter. Nepal continued its best efforts to secure COVID-19 vaccines including through: diplomatic engagement, requests to external development partners, encouraging private sector, and direct procurement from manufacturers. Even so, less than two percent of the population were fully vaccinated, with many waiting for a second dose. Government of Nepal approval for emergency use of six COVID-19 vaccines: Oxford–AstraZeneca (Covishield); Janssen (Johnson & Johnson); Sinopharm (Verocell); Covaxin; Sputnik V, and Sinovac.

Technical Assistance

Coordination of the Covid-19 response across the three tiers of government remained critical especially at the peak of case numbers. Procurement and continued supply of essential drugs and equipment for response management was an issue, particularly oxygen availability in hospitals. Sector coordination efforts including engagement of development partners remained high at national and sub-national levels; the main focus was sustaining availability of oxygen and other essential supplies. Priorities for NHSSP technical assistance (TA) were: support to coordination, regular support for routine healthcare services, and finalisation of Annual Work Plans and Budgets (AWPB). Despite wide prohibitory orders, many field-based activities took place. Achievements this quarter include, but are not limited to:

- Management: 46 new staff, mostly for subnational posting, were recruited, hired, and oriented. Programme budgets and deliverables were revised in response to UK Aid budget cuts.

- Leadership & Governance: The consolidated technical specifications for COVID-19 medicines, supplies, and equipment prepared in previous quarters were coded and uploaded in the TSB. The AWPB for fiscal year 2021/22 was presented. This included a 35.4% increase for the MoHP compared to the previous year. The post-budget Joint Consultative Meeting between MoHP and External Development Partners was held.
- Coverage & Quality: The post-natal care home visit microplanning guideline was finalised and approved. CEONC functionality improved, especially service readiness of monitored CEONC sites. Health workers' reorientation on the 'Interim guidance on RMNCAH service delivery in COVID-19 pandemic' was completed in 8 districts.
- Data for Decision Making: Completed pilot testing and digitisation of OCMC, SSU and Geriatrics recording and reporting tools in alignment with HMIS in DHIS2 platform and handed over to Population Division, MoHP. Continued support to MoHP in COVID-19 data analysis, and preparation of COVID-19 situation updates; these were provided to MoHP senior officials and BEK for better planning of response initiatives.
- Health Infrastructure: continued support to DUDBC planning, implementation, supervision, monitoring, resolving technical issues and project management support at both retrofitting sites. Continued TA to MoHP and to sub-national governments for enhancing their capacity in health infrastructure planning and upgrading of health facilities.
- Gender Equality and Social Inclusion: Revised guidelines for OCMCs, SSUs and geriatric services were finalised and approved. In-person and virtual support provided to OCMCs, SSUs and geriatric services. Multisectoral coordination and collaboration was facilitated at national level to support the functioning of OCMCs, and led to agreement to regularise multisectoral coordination meetings. The LNOB budget marker guideline was approved by the Minister.

Further examples can be found below in the workstream sections and in Annex 1.

NHSSP revised the Payment deliverable (PD) list for fiscal year 2021 in response to UK Aid budget cut. The programme submitted ToRs for PDs from April 2021 to March 2022 for review and approval; we await BEK approval. In this quarter, four PDs were submitted to BEK, three were approved and one is pending approval. ***See Annex 3 for the PDs submitted and approved by BEK this quarter.***

Conclusions and strategic implications

The main priorities of the quarter included scaling up programming along with recruiting and onboarding new staff, as previously planned, while managing budget cuts for the remainder of the fiscal year. We continued to support COVID-19 response coordination across the sector and between the three tiers of government while sustaining regular activities. These were implemented in the context of: (i) continued prohibitory orders limiting travel and office based work, in response to high COVID-19 case rates and positivity. NHSSP continued to require all public health and social measures to be observed as staff returned to offices. Ministry of Health and Population (MoHP) activities continued to focus on strengthening the COVID-19 response including rolling out COVID-19 vaccination. Secondly, the sub-national programme scale-up occurred amidst continued political uncertainty, though this did not seem to significantly impact programming.

We anticipate the following in the coming quarter:

COVID-19 response:

- **Rapid response plan and vaccinations:** The GoN Plan for July to December 2021 will begin. We anticipate a stronger push for vaccinations.
- **Subnational support**: with new recruits now posted at sub-national level, our staff are in place to support local government COVID-19 responses;

Implications for NHSSP programming include the following:

- **Integrated COVID-19 response activities**: We will continue to provide critical COVID-19 support while simultaneously implementing non-COVID-related activities;
- **AWPB implementation** – this will be a priority activity for most thematic areas;
- **The need for flexibility continues**: This includes deliverables, both payment and non-payment, in response to changing circumstances and priorities at all levels of government.

1. INTRODUCTION

This report presents progress of the Nepal Health Sector Support Programme III (NHSSP III) from **1 April to 30 June 2021**. We review the national context during the quarter and achievements in "regular" and COVID-19-specific support. By the end of the quarter NHSSP offices were open with a mix of in-person and virtual presence and activities resumed. New staff were in post at provincial-level in April, and at palikas by June.

1.1. The Development Context

Political disputes continued to dominate, and political parties tried to form a government in line with the constitution. Following reinstatement of the House of Parliament by the Supreme Court, a government was formed led by KP Sharma Oli as leader of the largest political party. This was conditional on a vote of confidence within 30 days from the date of appointment, but Mr Oli lost his confidence vote on 10th May. Meanwhile, the President asked political parties to demonstrate proof of support of a majority of lawmakers to form a new government. None of the political parties could secure majority support hence the current government became a caretaker government. Due to subsequent failure of political parties to form a new government the House of Representatives of the Federal Parliament was dissolved for a second time on 22nd May 2021.

These political uncertainties and frequent changes of council ministers, including the Minister for Health and Population, hindered government responses to COVID-19. A number of government orders and guidelines were issued in this quarter including an ordinance for the COVID-19 national response. The government announced a lockdown on 26th April as a public health measure to slow the rising numbers of cases. All except emergency services were halted. The lockdown continued throughout the quarter in one form or another in all districts. The continued rise in case numbers across the country exceeded the health system's case management capacity. As a result, the highest number of cases and the highest death rates since the start of the epidemic were recorded in the quarter. Nepal continued its best efforts to secure COVID-19 vaccines including through: diplomatic engagement, requests to external development partners, encouraging private sector, and direct procurement from manufacturers. Even so, less than two percent of the population were fully vaccinated, with many waiting for a second dose. Government of Nepal approval for emergency use of six COVID-19 vaccines: Oxford–AstraZeneca (Covishield); Janssen (Johnson & Johnson); Sinopharm (Verocell); Covaxin; Sputnik V, and Sinovac.

Coordination across all tiers of government was critical especially as cases rose to high levels. Managing the procurement and supply of essential drugs and equipment was a major challenge, particularly the availability of oxygen in hospitals. Coordination, including engagement of development partners was a priority at all levels with a focus on obtaining oxygen and other essential supplies.

1.2. Sector Response and Analysis

Despite the lockdown and other restrictions, cases continued to rise in Kathmandu Valley and other major cities during the quarter. At the end of the quarter (June 2021), Nepal had performed 3.5 million tests (mainly RT-PCR tests), of which 674,000 were positive. Nepal was classified under the "Community transmission stage" with the majority of cases found in major cities. Most cases (55% average) were in 20-44 age group with higher case numbers in Bagmati province. 9,112 COVID-19

deaths were reported (average 1.5% case fatality rate; over 6% on those aged above 60). Between 93% and 95% of cases recovered; 90% were managed in home isolation. 96 RT-PCR laboratories (60% public and 40% private) were operating by the end of the quarter[1] of which over half were in Bagmati province.

COVID-19 vaccination was a major priority. By the end of the quarter over 2.6 million people had received the first dose of vaccine, but only 29% had received a second dose. Vaccines were obtained through donation and direct procurement and were only available in designated health facilities. Vaccination was phased according to age, profession, and availability. Challenges included insufficient vaccine for the second dose (especially COVISHIELD), poor vaccine site management with overcrowding, low coverage of target populations, and supply chain management especially in remote districts. Implementation challenges included: delayed release of COVID-19 hazard allowances to health staff; shortages of oxygen; problems with case management at home and in quarantine centres; contact tracing and testing; health checks at border crossing points; and meeting surge needs of health workers especially for critical care services. At the same time a number of districts experienced floods and landslides, creating an additional public health emergency.

1.3. Changes to the Technical Assistance team

There were major changes to team composition this quarter as we moved to the extension structure. The Team Leader, Dr. Michael O'Dwyer, has provided overall strategic leadership and management support to the team. NHSSP completed recruitment and placement of provincial and Palika level staff including: 32 Health System Strengthening Officers (HSSOs), five Procurement and Public Financial Management (PPFM) Officers, and six provincial coordinators. We also recruited a Communication & Advocacy Manager, a Biomedical Engineer, and a Pharmacist at federal level, all of whom are in place. The Coverage and Quality (C&Q) thematic leader joined from 1st June. Five international experts were contracted to provide Short Term Technical Assistance (STTA) . ***See Annex 2 for details.***

1.4. Payment Deliverables

NHSSP revised the PD list for FY 2021 in response to budget cuts. ToRs were submitted for review and approval for PDs from Apr 2021 to Mar 2022. Four PDs were submitted to BEK: three approved ; one pending approval. ***See Annex 3 for the PDs submitted and approved by BEK this quarter.***

1.5. Logical Framework

This logical framework presents progress towards milestone 1 (July 2021). Logframe indicators monitoring data include updated figures from programme documents, routine information systems (HMIS, LMBIS/TABUCS/SUTRA), MoHP records, national level surveys/assessments, and global studies/projections (e.g., Global Burden of Disease). The data presented in the log frame are provisional and will be updated in upcoming quarters. Up-to-date figures for the outputs as of July 15, 2021, are provided in this report. ***See Annex 4 for details.***

[1] Bagmati 49; Lumbini 12; Province 2 10; province 1 9; Sudurpaschim 7; Gandaki 5; Karnali 4

1.6. Value for Money

NHSSP is committed to maximising the impact of UK government investment in Nepal following Value for Money (VfM) principles in programme implementation. NHSSP reports on four indicators as guided by key VfM principles: ***Economy, Efficiency, Effectiveness*** *and* ***Equity****.*

The average STTA unit cost this quarter was £493 for international TA and £255 for national TA. Use of international STTA (61%) was higher than national STTA (39%). International STTA supported review of the national nursing and midwifery strategy costing, geriatric strategy development, SMNH briefing, finalising PD ToRs, and reviewing the quarterly report.

25 per cent of the budget was spent on administration and management, which is within the programme benchmark. The major cost drivers were equipment purchase, and office set-up and running costs.

To date, the programme has submitted 113 PDs; 112 PDs have been approved by BEK. One PD, 'Progress Made in the Implementation of Public Financial Management Strategic Framework monitored' is awaiting approval. ***See Annex 5 for details.***

1.7. Technical Assistance Response Fund

No TARF applications were received during the quarter. NHSSP will continue to seek appropriate ways to use TARF in discussion with relevant officials in MoHP and with the provincial authorities

1.8. Risk Management

No additional risks were identified. However, NHSSP updated its existing risk register as per the new FCDO Risk Management Framework. Risks under the new category 'People' were identified. Similarly, ratings of "Likelihood" as per the new elements were revisited. NHSSP continues to monitor risks. New, current, and potential programme risks in the COVID-19 context will be assessed by the Senior Management Team and shared with BEK in the monthly meetings. ***See Annex 6 for the revisited risk matrix.***

1.9. Safeguarding

Options and its partners are committed to the highest standards of ethical conduct and integrity in programme management and implementation. Safeguarding is part of staff induction processes. New staff were oriented in safeguarding and ethical conduct. We have a zero-tolerance policy for bullying, harassment, discrimination, and sexual exploitation or harassment. It is vital that any harassment, fraud, misconduct or wrongdoing by staff or partners is reported and properly managed.

2. LEADERSHIP AND GOVERNANCE

Summary

The AWPB for fiscal year (FY) 2021/22 was presented: NPR122.79 billion was allocated to the MoHP including health sector conditional grants to provinces and local levels. As, The MoHP budget (including conditional grants) increased by 35.4% compared to the last FY and accounts for 7.45% of the total budget announced by the federal government. A post-budget Joint Consultative Meeting (JCM) between MoHP and External Development Partners (EDPs) was organised on 18 June 2021. The meeting focused on the highlights of the AWPB and commitments of the EDPs for FY 2021/22.

In line with the Public Health Services Regulations, Health Institutions Operational Standards were finalized and have been disseminated through the MoHP website. These set the basic requirements for the establishment and upgrading of all types of public and private sector health facilities.

A report on implementation monitoring of the Public Financial Management Strategic Framework (PFMSF) was submitted to BEK. MoHP internal control system guidelines were revised and final draft guidelines were prepared with NHSSP support. These are under review by the MoHP for further refinement. Consolidated technical specifications of COVID-19 medicines, supplies, and equipment previously prepared were coded and entered in a separate area for COVID-19 items in the TSB.

Support was provided for drafting of operational guidelines for a dedicated COVID-19 hospital in Janakpurdham, Province 2. Development of a COVID-19 preparedness and response plan was initiated in Lumbini province. Routine Data Quality Assessment was completed in three of the existing LL sites. Support to regularize routine health service delivery continues as part of TA e.g. orientation on revised RMNCAH guidelines, MSS roll out, and onsite coaching for data analysis of basic health services (BHS) utilisation.

For updated Activities – See Annex 1.

Health Policy and Planning

RESULT AREA I2E.1: FEDERAL GOVERNMENT SUPPORTED ON NEW HEALTH SECTOR STRATEGY DEVELOPMENT, CONDUCT OF NATIONAL ANNUAL REVIEW, AND OTHER KEY POLICIES

Annual Planning and Budgeting: Budget speech for FY 2021/22 was presented on 29th May 2021, through an Ordinance as the House of the Federal Parliament has been dissolved. The overall MoHP budget (including conditional grants) for FY 2021/22 increased by 35.4% compared to the previous FY. This is 7.45% of the total budget announced by the federal government. The highest budget increase was for the federal level (49.6%) followed by provincial (37.8%) and local (1.1%) levels. A major part of the federal level increment was for COVID-19 response management particularly vaccine procurement. NHSSP supported the MoHP to prepare the policy and programme framework and the AWPB , and to enter this into the Line Ministry Budget Information System (LMBIS).

Joint Consultative Meeting: A post-budget JCM was organised in a virtual platform on 18th June 2021. Highlights of the AWPB 2021/22 were presented by the MoHP and commitments for the upcoming fiscal year were shared by EDPs as per the framework of the NHSS. The JCM also discussed other sectoral priorities including: COVID-19 response management, development of the next sector strategy and amendment of the Joint Financing Agreement to cover extension of the current NHSS. The first meeting of the Technical Working Group (TWG) for the next NHSS was held on 25th June, and discussed the scope, process and timeline for strategy development.

National Health Financing Strategy: MoHP continued to develop a national health financing strategy (initiated in the previous quarter). This was to be completed within 100 days starting from March 9, 2021 as part of the Rapid Results Initiative framework but was delayed by the rapid surge of COVID-19 cases and lock down. A first draft of the strategy has been produced following consultation in thematic meetings and workshops based on inputs from selected experts.

Health Training National Strategy: Support was provided to refine the draft of the health training national strategy based on the inputs from the National Health Training Centre (NHTC). The draft was presented in the Policy Coordination Committee of the MoHP in June.

RESULT AREA I2E.7: DEVELOPMENT OF THE REGULATORY FRAMEWORK FOR EFFECTIVE MANAGEMENT OF HEALTH SECTOR

Development of Standards: Health Institution Operational Standards were refined and finalized s incorporating feedback from concerned centres and divisions of the MoHP and other stakeholders. These standards provide a framework to regulate the establishment, renewal, and upgrading of health institutions and have been disseminated through the MoHP website. Areas covered include physical infrastructure, human resources, and equipment. NHSSP supported MoHP to finalise these standards.

Procurement and Public Financial Management

RESULT AREA I4E.1: EFFECTIVENESS AND ACCOUNTABILITY OF FINANCIAL MANAGEMENT SYSTEM AND FUND TRANSFER MECHANISM STRENGTHENED AT ALL LEVELS

Monitoring of Public Financial Management Strategic Framework (2020/21–2024/25): The implementation of the PFMSF is ongoing after its endorsement by the MoHP in July 2020. The ministry has identified the need to monitor the implementation and achievements of the framework. A PFMSF monitoring report was prepared in this quarter and submitted to BEK.

Improved Internal Control through internal and final audit clearance: Internal audit queries data was collected from spending units and the Financial Comptroller General Office/District Treasury Comptroller's Offices (FCGO/DTCO) and internal audit data were verified.

Internal Control System Directives (ICSD): The PPFM team supported the MoHP to update internal control system guidelines in line with the Internal Control System Directives (ICSD) 2019, and the Financial Procedural and Fiscal Accountability Act, 2019, and Regulation, 2021. Final draft guidelines have been prepared with the support of NHSSP which is now in the internal review within the MoHP.

Update PFM training manual in line with the new FPA & FRA: Financial Procedure and Accountability Regulation, was rolled out from 1st February 2021 by GoN. PPFM team has reviewed the Financial Procedure and Accountability Act, 2019, and Regulation, 2021. AboutA 70 percent draft of training manual was completed in this quarter. The manual will be completed in the next quarter.

Support MoHP's PFM & Audit Committees: The PPFM team continued its support to conduct meeting of Audit and Internal Control Committee and Audit Support Committees. No formal PFM & Audit Committee meetings were held due to COVID-19, but informal meetings/discussions were continued. PPFM team supported MoHP on response to primary audit report of FY 2019/20 (2076/77).

RESULT AREA: I4E.2 TABUCS IS OPERATIONAL IN ALL MOHP SPENDING UNITS AND PROVINCIAL LEVEL

TABUCS Utilization: MoHP is using Computer Based Government Accounting Systems (CGAS) for expenditure accounting from FY 2020/21 to release funds. TABUCS is used to record audit queries, audit settled records, deposit accounts, the Consolidated Annual Procurement Plan, and the income

and expenditure of hospitals. PPFM team continues to support MoHP on these functions until all features of TABUCS will be available in CGAS.

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Financial Monitoring and Auditing: The FY 2020/21 FMR 2 was drafted and verified with FMIS and shared with EDPs and is under review. The annual Audited financial statement of FY 2019/20 has been prepared and presented to OAG for certification following which it will be sent to EDPs.

Capacity Enhancement: As the part of the annual planning process, support was provided to orientate planning focal personnel, particularly in the use of the LMBIS and MoHP AWPB processes.

RESULT AREA I4E.3: CONDUCT ANNUAL BUDGET ANALYSIS OF HEALTH SECTOR, NHSS INDICATORS, AND PRODUCE BRIEF POLICY NOTE

Budget Analysis (BA): A preliminary analysis of the budget for FY 2021/22 was conducted, presented at the second JCM, and shared with stakeholders. Detailed ToR for sub-national budget analysis by a third party were drafted and reviewed and a request for proposals will be published on 1st July.

RESULT AREA I4E.4: PRACTICE OF DEVELOPING COHERENT PROCUREMENT POLICY, STRATEGIC FRAMEWORK AND PLANNING INSTITUTIONALIZED AT FEDERAL GOVERNMENT

Consolidated Annual Procurement Plan: the DoHS CAPP was revised with a revised total budget of NPR 1,434 million (against and original budget of NPR 1,420 million) including extra funds for COVID-19 response and management. Bidding processes for 53 of 69 procurement items had started by the end of the quarter; contracts were issued for 34 items. This compares well with the same period last year, when only 26 contracts were completed. Use of the electronic Government Procurement (e-GP) system was 89.47% compared with 86.67% by end June 2020. The total value of contracts signed is almost half that last year, mainly due to devolution of procurement of basic health medicines and equipment to Sub-national Governments (SNGs). **See Table 1 (Annex 1, L&G) for details.**

Public Procurement Strategic Framework (PPSF): the health sector PPSF has been prepared to guide sub-national governments to develop Procurement Improvement Plans consistent with federal policies. The framework was updated and a Nepali language translation published. It is awaiting endorsement. The PPSF development process and importance was presented to the Policy Coordination Committee chaired by the Secretary on 28 June 2021.

Technical Specifications Bank: Consolidated technical specifications of COVID-19 medicines, supplies and equipment prepared in previous quarters now coded in the TSB. TSB upgraded with additional features including a separate COVID-19 section with 117 coded technical specifications.

Progress against the CAPP: Progress against the CAPP at DoHS is satisfactory: 73% of the CAPP value contracted by the end of this quarter. 99.24% value of the total signed contracts were processed through e-GP. The CAPP Monitoring Committee (CAPP-MC) monitors the CAPP progress. A formal CAPP-MC meeting could not be held this quarter, but progress is regularly reviewed by Directors.

Formation of Technical Committee: A technical committee of Biomedical Engineers was formed in coordination with the Director General, DoHS, including a Directive Committee led by the DG and a Technical Working Committee led by the Biomedical Engineer, Armed Police Force Hospital. This will

be a pool of technical resources for management and maintenance of medical equipment throughout Nepal. The NHSSP Engineer is part of Coordination and Monitoring wing of the Committee.

Capacity Development in Procurement: Capacity development of officials through procurement clinics has continued. Support was provided for timely execution of CAPP, technical specification, evaluation, and handling suppliers' queries. Capacity of officials was enhanced to facilitate procurement of COVID-19 vaccine, especially for correspondence with manufacturers and contract terms,

Subnational Programme Implementation

RESULT AREA I2E.4 (1.2.7): ENHANCEMENT OF PROVINCIAL CAPACITY BY USING THE FRAMEWORK OF ORGANISATIONAL CAPACITY ASSESSMENT TOOL AT PROVINCIAL LEVEL

Deployment of subnational staff: NHSSP subnational staff (Provincial Thematic Coordinators and HSSOs) were deployed to their duty stations in priority provinces and palikas. The scope of NHSSP TA and support modalities were presented to their counterparts. Offices are being set up. Provincial teams are taking stock of ongoing policy processes as a basis for tailored support.

Support in Policy and Programme: The Province 2 team has started reviewing the draft provincial health policy. Support was provided to draft the annual policy and programme and to prepare the AWPB for Province 2 and Lumbini with guidance from the NHSSP central team.

Capacity Assessment at Subnational level: The subnational team has been assessing capacity across priority provinces and LGs. The Coverage and Quality Coordinator has been facilitating the MSS review and orientation meetings organised by Province 2 health offices. RDQA was completed in three existing LL sites[2]. TA was provided to respective LG health sections to assess RDQA follow up.

Support in COVID-19 Preparedness and Response: Lumbini province has started to develop a COVID-19 response plan for another wave of COVID-19. NHSSP is supporting the process with provision of a dedicated consultant and inputs from concerned advisors. Context analysis and consultation with key stakeholders has started. In Province 2, support was provided to review and finalise hospital operational guidelines to deliver smooth and dedicated provision of services.

RESUL AREA I2E.5 (1.2.8): ENHANCEMENT OF LOCAL GOVERNMENT'S CAPACITY USING THE FRAMEWORK ORGANISATIONAL CAPACITY ASSESSMENT TOOL

Annual Workplan and Budgeting preparation: subnational staff supported analysis of service utilization data and situation assessment over the last three years to prepare AWPBs in priority provinces and LGs. Health sector profiles and factsheets for existing LL sites were also developed.

Support to conduct DHIS-2 review: District level DHIS-2 and eLMIS review meetings were held in two priority provinces. Province teams engaged in data analysis and identifying health facility reporting gaps in the DHIS-2 and eLMIS system. Support was provided to workshops in Mahottari and Rautahat districts (Province 2) and Rupandehi, Kapilvastu, Rolpa, and Pyuthan districts (Lumbini).

[2] Ajayameru Rural Municipality, Yasodhara Rural Municipality, and Kharpunath Rural Municipality

RESULT AREA I2E.9: SUPPORT DEVELOPMENT, IMPLEMENTATION, MONITORING AND REVIEW OF HEALTH PLANS FOR DELIVERING BHCS AND REFERRAL (ALSO MONITORING FOR LNOB)

Continuation of the health services: The subnational team provided technical support to routine health service delivery provision. The C&Q team oriented staff to revised RMNCAH guidelines, MSS assessment and progress monitoring, rapid assessment of RH/MNH services (Lumbini Province), coordination with provincial government for onsite coaching, and FP/EPI integration program.

SUPPORT IN RESPONSE TO COVID-19

- Support to Management Division for procurement of COVID-19 testing, and management of safety material, mainly through preparation of documents, evaluations, and contract awards.
- Prepare technical specifications of COVID-19 related items and uploading them in TSB.
- Support to SNGs to establish COVID-19 ICUs and establish oxygen Generation plants by functional support in procurement (preparing bidding documents and facilitating in eGP),
- Oxygen plant mapping (all hospitals); new plant pipeline status to calculate oxygen demand.
- Engagement of Biomedical Engineer in logistics management of equipment and consumables received from various donors/partners: inspection, packaging, and distribution.
- Planned support for preventive maintenance of COVID-19 equipment received and distributed. For this, a pool of biomedical engineers was formed under DG. NHSSP Biomedical Engineer is also a member of the pool. Hospitals will contact respective PHLMC and then DoHS for any maintenance support required. DoHS will depute appropriate engineer as needed.

PRIORITIES FOR THE NEXT QUARTER

Health Policy and Planning

- Support for the development of programme implementation guidelines for subnational levels.
- Ongoing support to refine and finalise the National Health Financing Strategy. This process is mainly lead by the WB from the EDPs side and NHSSP including other partners have been providing necessary support in drafting process.
- Support to the consultation and development process of the next sector strategy.
- Support to develop the COVID-19 rapid action plan including field observation and inputs collection from sub-national level.

Procurement and Public Financial Management

- Finalization of Internal Control System Guidelines and the PFM training manual.
- Preparation of Audit Status Report.
- Continued support to MoHP on other PFM activities.
- FMR 2 of FY 2020/21, and Audited Financial Statement of FY 2019/20, will be shared to EDPs.
- Draft of 3rd FMR, FY 2020/21 will be prepared.
- Preparation of Federal eCAPP of 2021/22.
- Continue procurement support particularly to COVID-19 response and vaccine procurement.
- Endorse PPSF and initiate for preparing PIP of SNGs.
- Continue monitoring of CAPP implementation.

Subnational Programme Implementation

- Facilitate AWPB Implementation guidelines drafting; COVID-19 Preparedness/Response Plan
- Stocktaking of health sector related policies in priority provinces.
- Continue support for the roll out of capacity assessment tools such as MSS and RDQA.
- Provide the technical support to establish and develop the training sites in priority provinces.
- Continue to support on COVID-19 response management.

3. COVERAGE AND QUALITY

Summary

Main achievements were finalisation and approval of the PNC home visit microplanning guidelines, improvement in CEONC functionality, improvement in service readiness of monitored CEONC sites, and completion of health workers' reorientation on 'Interim guidance on RMNCAH service delivery in COVID-19 pandemic' in 8 districts. COVID-19 related issues slowed progress.

Result Area: i3.1 The DoHS increases coverage of under-served populations

Basic Health Services

The final draft of the BHS Standard Treatment Protocol was submitted to MoHP for approval.

Functionality of CEONC sites

Continued off site TA was provided to monitor and resolve issues to ensure the functionality and quality of CEONC services. Human Resource constraints remain the major problem in non-functional CEONC sites. TA was provided to hiring of staff in Gokuleswor Primary Hospital, Darchula to help CEONC services function. The latest data on CEONC sites shows an improved functionality in this Quarter (Annex 1, C&Q, Table 1; attached excel sheet). The NHSSP also supported FWD in allocation of the CEONC fund in the AWPB.

Monitoring CS (Robson's classification)

TA was provided to the FWD/PHD to finalise implementation guideline for the National Robson Ten Group Classification System (TGCS). The guideline was translated to Nepali at government request and the final draft has been submitted to the Family Welfare Division (FWD) for approval. NHSSP also supported FWD to formulate provincial guidelines for Robson classification implementation.

Mobile Health (mHealth) pilot: NHSSP contributed to writing a journal article to be submitted by NSSD and BBCMA on the experiences and findings of mHealth for FCHV piloting. Dissemination of findings by NSSD to MoHP has been delayed and is now planned for the current quarter. NSSD has budgeted for implementation in 7 Palikas in the next FY 078/079; NHSSP will provide TA to support this.

Postnatal Care (PNC): TA was provided to FWD for finalisation of the PNC home visit microplanning implementation guideline, which has been now approved by the MoHP. TA is also being provided to continuously monitor the implementation of the guideline across 51 Palikas that have started implementation. An additional 64 Palikas have also recently completed the programme orientation.

Family Planning

***VSP and RANM*:** NHSSP provided TA to monitor 14 palikas where VSP and RANM programmes continued using 2020/21palika budget. HMIS data analysis for these 14 palikas during FY2020/21 showed an increase of 14.5% in LARCs new users compared to FY2019/20. This exceeds the overall national increase of 12.5% over the same period. HMIS data from 14 RANM palikas shows increased uptake of SARCs new users by 6.6%, ANC 1st visit by 0.9% and institutional deliveries by 14.4% compared to the previous year. However, ANC 4th visit decreased by 18% in 2020/21. The increase in SARCs new users, ANC 1st visits, and institutional deliveries are higher than national level performances **See Annex 1, C&Q, Table 2 and Table 3**

FWD reduced VSP programme coverage from 98 to 39 palikas and RANM programme coverage from 124 to 60 Palikas in AWPB 2078/79 despite promising results; this was due to other budget priorities. Palikas that had implemented these programmes in 2019/20 and had used their own resources to continue them in 2020/21 were prioritised in the FWD 2020/21budget. FWD is now reviewing the VSP/RANM AWPB programme implementation guide for AWPB 2021/22 with NHSSP TA.

***FP/EPI*:** A Master ToT was completed in Province 2, Gandaki, and Karnali provinces. Only one district (Rautahat) in Province 2 has completed the district-level and sub-district-level FP/EPI integration orientation. In AWPB 2078/79, FWD has retained the FP/EPI integration programme in the same 13 districts as previous years, as they had faced implementation challenges due to COVID-19 in 2077/78 FY. There is no activity budgeted for provincial level in AWPB 2078/79. Allocation at district level but not at sub-district level puts the FP/EPI integration implementation at health facility level at high risk of not happening. NHSSP TA is supporting the FP/RH section of FWD to address this issue through the AWPB programme implementation guide (2078/79) by guiding Palikas to budget and implement the FP/EPI programme.

***VSC*: Voluntary Surgical Contraception (VSC):** VSC implementation continues to face challenges of adequately trained human resources, reporting challenges, and the hospitals being designated as COVID-19 treatment centers in the past quarter. Only 52 VSC were provided in this quarter. This takes the total VCS provided to 291 in 11 months against a target of 6300.

Result Area: i3.2 Restoration of service delivery in earthquake-affected areas

Result Area: i3.3 The MoHP/the DoHS have effective strategies to manage the high demand (of MNH services) at referral centres

On-site birthing units: No progress during this quarter. FWD has allocated budget to four hospitals[3] to start on-site BU in 2021/22 FY.

Aama Programme Review: No progress in this quarter.

Result Area: i3.4 Continuous quality improvement institutionalised

Standards and protocols: PNC home visit implementation guidelines were finalised and approved. Clinical mentoring implementation guidelines are being translated into Nepali. Final draft of BHS STP has been submitted to Curative Service Division (CSD). Robson TGCS implementation guidelines have been translated into Nepali and a final draft submitted to FWD for approval. The MNH card has been

[3] Koshi hospital, Paropakar Maternity and Women's hospital, Bharatpur hospital and Lumbini Provincial hospital

finalised for use in target palika health facilities. FWD have budgeted for printing of the card; the initial stock of cards in target palikas will serve as a buffer until the new cards become available.

Finalisation of the NMS Volume 3: Final draft has been submitted and discussions on in the current quarter for its finalisation. UNICEF is the lead partner in this.

Minimum Service Standards

TA was provided to Province 2 to conduct the MSS orientation at the provincial level. 23 of 28 District Health Offices in the three NHSSP focus provinces have completed Palika HP MSS orientation; 8 of these have conducted Palika HP MSS orientation in this quarter. 69 palikas in the focus provinces have been oriented on the HP MSS; 67 palikas have started assessment at 309 health facilities (HFs).

Quality Improvement Process (QIP) and On-site clinical mentoring of SBA at hospitals and Birthing Centres (BCs)/Basic Emergency Obstetric and Neonatal Care (BEONC) sites:

NHSSP TA supported Province 1 to strengthen clinical mentor development training sites. 11 clinical mentors were trained in Koshi hospital in April. We supported FWD to conduct virtual refresher orientation to 182 SBA clinical mentors of 7 provinces. 76 clinical mentors facilitated 114 sites (25 CEONC and 89 BC/BEONC) to conduct QI and SBA clinical mentoring. They also provided mentoring sessions to 630 MNH service providers at these HFs (274 at CEONC sites and 356 at BC/BEONC).

QI and signal function scores of 18 hospitals[4] showed improvement compared with last assessment; signal function readiness also improved at CEONC sites **see Annex 1, C&Q, Tables 4 and 5**

Result Area: i3.5 Support FWD in planning, budgeting, and monitoring of RMNCAH and nutrition programmes

SMNH Roadmap 2030 and Strategy for SHP/SBA 2020-25 and Annual planning: SMNH roadmap and SHP/SBA strategy were printed and also disseminated through the MoHP website. SMNH roadmap development support to the Lumbini province has been delayed because of COVID.

AWPB: Support to FWD, NHTC, NSSD, and CSD for 2021/22 AWPB planning was completed for central level budgeting for federal and provincial levels. Recommendations from the SMNH roadmap and SHP/SBA strategy were included in the 2021/22AWPB: on-site birthing unit at referral hospitals (four sites), budget for refrigerators for oxytocin storage, C-section monitoring using Robson's classification, clinical mentors' package revision, clinical mentors' training site development, clinical mentors' training, nursing capacity enhancement at hospitals and roll-out of BHS. Currently NHSSP TA are engaged in providing support to draft the Annual Implementation guideline for 2021/22 for FWD.

Nursing and Midwifery Strategy and Action Plan 2020–30: Final draft submitted to MoHP through NSSD, who forwarded it to Ministry of Finance and National Planning Commission for their suggestions.

NHSSP TA engaged with NSSD on a concept note to strengthen nursing staff capacities through in-house mentoring. NSSD has now allocated budget for six federal hospitals across 5 provinces to implement an in-house coaching and mentoring programme for nurses. NHSSP will continue to

[4] Eighteen hospitals/CEONC sites: Jaleshwor, Bajura, Ilam, Dailekh, Rautahat, Pyuthan, Parbat, Gulmi, Syangja, Gorkha, Malangwa, Damauli, Dhaulagiri, Trishuli, Bhaktapur, Janakpur, Tikapur, Lamjung.

provide TA to NSSD in developing capacity assessment tools, coaching/mentoring guideline, and development of the learning resource package for the activity. The aim is to develop mentors at these six hospitals.

MPDSR: No inputs in the quarter, except notification of maternal deaths through ODK reporting.

In the reporting quarter, 20638 institutional deliveries were reported (16368 normal deliveries and 4278 needing CS). The average institutional delivery rate (for normal delivery) was 17 per institution and the average CS rate was 4.45 per institution. Of these deliveries, there were 453 perinatal death with a perinatal death rate of 2%. There were also 8 maternal deaths reported in this period.

Support in Response to COVID-19

TA continued to support the health sector response to COVID-19. The C&Q team supported:

- Continued participation in the RH sub-cluster to support the FWD, DoHS, and MoHP in the implementation plan for RH Emergency Response Plan.
- Continued monitoring of hospitals (ODK reporting) on MNH services (institutional delivery and C-section) and outcomes (maternal and perinatal deaths); reporting to NHSSP/BEK, FWD, and the RH Sub-committee for response/action to ensure service delivery across different levels.
- Reorientation of health managers (Palika Health Section Chief; HF in charges) in 8 districts on RMNCAH interim guidance through online interactions: 188 Palika level managers, 502 HF in-charges and staff, and 15 District Health Office staff. **see Annex 1, C&Q, Table 6**

Priorities for the next quarter

- Continue to participate in the RH sub-cluster support to the MoHP response to COVID-19 and its secondary impact on essential health services; monitoring MNH services and outcomes and reporting to appropriate bodies.
- Support the development of AWPB implementation guideline at the federal level.
- SMNH roadmap planning (Lumbini) and referral system strengthening plan (one province).
- Training sites quality assessment and improvement plan development (2 sites).
- PPIUCD training at Okhaldhunga hospital (support NHTC).
- Provide TA to NSSD to finalise the skill list for nursing capacity enhancement, develop a Learning Resource Package (LRP), and assess the current status of nursing skills.
- Finalise the BHS STP and develop a LRP based on finalised STP.
- Visit CEONC sites which have had issues in the functionality such as Mangalbare, Inaruwa, Bara, Rautahat, Sarlahi, Bagouda, Ratna nager Tadi.
- Dissemination report on mHealth for FCHV; scale up process planning with NSSD and MOHP.
- Referral planning in one of the provinces.
- Training site strengthening for FP and MNH services.
- Continue to support roll-out of HP-MSS at the palika level in focus provinces along with monitoring of implementation and response.
- Support to FWD for finalization and approval of Robson TGCS implementation guideline.
- Support to FWD/NHTC/PHD/PHTC for development of clinical mentors training sites in Province2, Karnali & Gandaki Provinces from GON budget.
- Support desk monitoring of clinical mentoring and HQIP at provincial hospitals and palika level.

Continue planned activities from the last quarters that have been delayed:

- Provincial level workshop for gaps identification and prioritisation based on SMNH roadmap 2030 (Lumbini province) and planning for referral system strengthening in one province.
- Continue support to approval of Nursing and Midwifery Strategy and Action Plan 2020–25.
- Support NHTC and NSSD to develop operational plan to implement SBA/SHP strategy 2020-25 and In-service training strategy for SBA/SHP 2020-25: carried forward from last quarter due to delay in NHTC final agreement on taking forward strategy for SHP/SBA into training.
- Finalisation and approval of the BHS STP. Develop the LRP based on the approved STP.

4. DATA FOR DECISION MAKING

Summary

Key achievements in the support provided to MoHP this quarter include:

- Completed pilot testing and digitisation of OCMC, SSU and Geriatrics recording and reporting tools in alignment with HMIS in DHIS2 platform and handed over to Population Division at MoHP.
- RDQA follow up assessment in all existing learning lab (LL) sites completed except in Pokhara Metropolitan City.
- Supported finalization of DoHS Annual Report 2076/77 and release of raw and analyzed data by local levels in the DoHS website.
- Continued support to MoHP in analysis of COVID-19 data, preparation of the COVID-19 situation updates and sharing with MoHP senior officials and BEK for better planning of response initiatives.
- Continued support in analysis of HMIS data and sharing with IHMIS section for quality improvement and use of the data in monitoring and planning.
- Extended support at provincial level to analyse HMIS data.
- Continued support to planning and preparation of maternal mortality study following Census 2021.

For updated Activities – See Annex 1.

OUTPUT 2.1 STRENGTHENING OF ROUTINE MISS

NHSSP and WHO are supporting update of the integrated health information management roadmap to strengthen routine information systems; the focus is on building interoperability between the various information systems. During this quarter two consultative meetings were held at federal level to collect feedback on updating the roadmap. A provincial level consultation is planned for upcoming quarter.

NHSSP continued to provide TA to IHMIS to strengthen the HMIS system by identifying discrepancies in the HMIS dataset and to address the gaps identified. This proactive and steady analysis of the available data has been effective in improving online reporting from facilities, on-time reporting, data quality, and data use. The percentage of HFs reporting on time (within 15 days of the next month) improved from 23% in 2017/18 to 61% by the end of May 2021 **See Annex 1, D4D, Figure 1**

NHSSP supported IHIMS to prepare analysis for global sharing at an event organized by WHO. Time series analysis was done using 'Holt–Winters seasonal smoothing method' to estimate the impact of COVID-19 on SBA delivery. In the first wave of COVID-19 (from Falgun 2076 to Falgun 2077) the observed SBA deliveries were nearly 8,000 less than expected **See Annex 1, D4D, Figure 2**

NHSSP supported the IHIMS section to finalize and release the Annual Report of fiscal year 2077/78 (2019/20)[5]. We supported IHIMS at federal and provincial levels to generate evidence using HMIS data. We also supported production of evidence on completeness and validation of data on key maternal and child health related indicators for Province 1 and Lumbini province. TA was also provided to prepare the draft provincial annual report in Province 2. NHSSP supported review of the reporting status of four hospitals[6], which highlighted the importance of timely reporting to improve data quality and data management. Paropakar maternity hospital accounts for 5.9% of total skilled birth delivery at national level and 27.7% in Bagmati province: in FY 77/78 data was not reported for 2 months and it is estimated that over 3,500 SBA deliveries were missed in the HMIS as a result.

NHSSP continued to support MoHP to analyse Severe Acute Respiratory Infection (SARI) cases reported by the Early Warning and Reporting System (EWARS)[7] so that they can be tested for COVID-19 as per the National Testing Guidelines. Despite expansion of EWARS sentinel sites from 82 in 2018 to 118 in 2021, there has been a sharp decline in the number of SARI cases reported in 2020 compared to 2019 and 2018 (**see Annex 1, D4D, Figure 3**). 12,553 SARI cases were reported in 2018, 10,594 cases in 2019, 7,843 cases in 2020 and 3,335 cases in first six months of 2021. This needs further analysis of data reported from operational sentinel sites. We will continue to support Epidemiology and Disease Control Division (EDCD) to strengthen EWARS, with focus on timely reporting, wider coverage of sentinel sites, analysis of data, and its use in planning and response. Trend analysis of SARI cases helps MoHP to track cases over the years and plan laboratory testing of cases for COVID-19.

The digitisation of OCMC, SSU, and geriatric service recording and reporting (RR) tools in DHIS2 platform was completed and the tools were successfully piloted at Lumbini Provincial Hospital. The digitised tool was handed over to MoHP, Population Division. NHSSP will support HMIS to develop guidelines for use of OCMC/SSU and geriatric RR tools in the upcoming quarter along with development of application programming interface (API) to link the developed system with the HMIS.

We have been supporting FWD to monitor the institutional delivery service using a comparative analysis of HMIS data and weekly reported data from CEONC sites via ODK template. **See Annex 1, D4D, Figure 3** which shows the marginal gap between the average number of institutional deliveries reported at HMIS in previous year and ODK in 2021.

OUTPUT 2.2 HEALTH FACILITY REGISTRY UPDATES

NHSSP team is working with Policy Planning and Monitoring Division (PPMD) to build functional linkages between health facility registries and other management information systems like HMIS. We

[5] The report and raw data are available at Annual Report- 2076/77 (2019/20) – Department of Health Services (dohs.gov.np).

[6] TUTH, Paropakar Maternity Hospital, Bhaktapur Cancer Hospital and Sagarmatha Provincial Hospital

[7] https://www.edcd.gov.np/resources/newsletter

are supporting review and update of all health facilities in target palikas of focal provinces to harmonise the health facility registry with other information systems: a concept note has been shared with PPMD; detailed discussions will be held in the next quarter to operationalize the task and update the registry.

OUTPUT 2.3 DIGITAL PLATFORM FOR RECORDING AND REPORTING OF THE MINIMUM SERVICE STANDARDS (MSS)

CSD with the support of Nick Simons Institute is digitizing the MSS tool to be implemented at hospitals and health facility level. NSI had piloted the tool in hospitals and the tool is under process of finalization. NHSSP held a virtual meeting with NSI to understand the progress in MSS tool digitization and discuss on the implementation of the tool at hospitals and health facilities once finalized. NHSSP will support the CSD in implementation of the digitized tools at the focal provinces and local levels.

OUTPUT 2.4 WEB BASED ROUTINE DATA QUALITY ASSESSMENT (RDQA) SYSTEM

NHSSP is supporting development of an offline version of RDQA tool to address poor internet connectivity at the request of MoHP. The online version is being updated and the off-line version will reflect these updates to increase use of the tool. The offline version will automatically synchronise with the database as and when internet connectivity is restored.

NHSSP supported follow up assessments of RDQA at LL sites[8]. **See Annex 1, D4D, Figure 5** which visualizes the improvement of system assessment scores in all subdomains for Kharpunath and Ajayameru Rural Municipality; the data management subdomain in Yashodhara Rural Municipality declined compared with the baseline. Ongoing implementation was halted in Pokhara Metropolitan City due to lockdown but will resume in next quarter. Rollout of RDQA is planned in selected hospitals of Province 2 and Lumbini and in HFs at all newly added LLs (local levels) in the next quarter.

OUTPUT 2.5 MONITORING OF BASIC HEALTH SERVICES (BHS)

NHSSP has initiated discussion on a possible modality to monitor the availability and utilization of BHS. A concept note is shared with PPMD and CSD. Planned formation of a TWG led by the Chief of Monitoring and Evaluation Section, PPMD, MoHP with participation from programme divisions, centers and supporting partner was halted due the focus of MoHP and concerned divisions on COVID-19 response.

A BHS monitoring framework was drafted on the basis of public health regulations with outputs and outcome in line with NHSS. The framework will be shared with MoHP and finalized in coming quarter.

OUTPUT 2.6 STRENGTHENING THE MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE SYSTEM (MPDSR)

NHSSP team members at national and provincial level are supporting the analysis of MPDSR data for strengthening the MPDSR system. In this quarter extensive support was provided in Lumbini province

[8] Completed in Kharpunath Rural Municipality-Humla, Ajayameru Rural Municipality- Dadeldhura, and Yashodhara Rural Municipality- Kapilvastu.

to verify the maternal deaths reported in MPDSR system and HMIS in DHIS-2 platform. The discrepancies in the two systems were observed in Bheri hospital and Rupandehi provincial hospital.

See Annex 1, D4D, Figure 6 for analysis of deaths reported in MPDSR platform by province for FY 2077/78: Lumbini province accounts for the highest number of deaths.

OUTPUT 2.7 EQUITY MONITORING

A report on Socioeconomic Determinants of Inequalities in use of Sexual and Reproductive Health services by currently married woman was published[9]. The research recommended policy and program activities to increase focus on poor and marginalized populations for equitable access of SRH services.

NHSSP is supporting FWD to prepare a manuscript on "*Socioeconomic determinants of inequalities in the use of modern contraception among currently married women in Nepal*" for the NHRC Journal for wider dissemination.

NHSSP is also supporting HMIS to examine the equitable utilization of the health service in different provinces. The findings are being used for internal discussions. HMIS followed up with health facilities and hospitals for completeness of reporting of data in province 1, Lumbini province and selected hospitals.

SUPPORT IN RESPONSE TO COVID-19

The D4D team continuously supports MoHP in management of COVID-19 related information including: analysis of data and preparation of daily situation updates (e.g., epidemiological analysis, performance of laboratories, logistics availability, SARS-COV-2 vaccination); technical support to development of Information Management Unit (IMU), DHIS2 platform for daily reporting of data related to COVID-19; and engagement in and technical contribution to various committees and task teams formed by MoHP.

Analysis showed the highest number of daily test and positive cases occurred in this quarter (April - June 2021). The highest number of RT-PCR test/day (22,353) was on 22 May, 2021. The highest number of RT-PCR positive cases/day was on 11 May, 2021 and the highest positivity rate per day (51.8%) was on 10 May, 2021.

COVID-19 deaths were high (48.3%) in government hospitals (federal 33.9% and provincial 14.4%); private hospitals accounted for 43.9% of total deaths in both waves. Death rates in home isolation were higher in the second than the first wave of the epidemic **See Annex 1, D4D, Figure 7**

OTHERS

- **Support to NHTC in development of induction package**: NHSSP supported NHTC to develop an induction training package for newly joined health officers. The package includes an overall orientation to health sector and GoN priorities based on national policies, programmes, guidelines, structures, and functions of different entities in the federal context. A final package

[9] available at http://www.nhssp.org.np/E&A-Report.html

with reference manual, training manual and Power Point presentation has been shared with NHTC and accepted by NHTC.

- **Maternal Mortality Study following Census 2021:** Central Bureau of Statistics halted the Census 2021 due to the surge of COVID-19 cases and the country-wide lockdown. As a result, the Maternal Mortality Study following Census 2021 was paused. NHSSP is engaging with the Population Management Division, MoHP to plan and prepare for the study. Training of trainers and verbal autopsy executors will begin once training restarts for Census supervisors and enumerators. It is hoped to resume census activities in August 2021 depending on COVID-19.

PRIORITIES FOR THE NEXT QUARTER

- Support MoHP, focal provinces, and LL sites in implementation, scale-up, and monitoring of RDQA.
- Support IHMIS to improve the coverage, timely and quality reporting from Hospitals; analyze and use data; and finalization of IHIMS roadmap.
- Support PPMD to roll out of digital recording and reporting system developed for SSU, geriatric, and OCMC-related services.
- Support MoHP in implementation of Maternal Mortality Study following Census 2021.
- Continue support to MoHP in COVID-19 data management and analysis.
- Support IHIMS to finalise IHIMS roadmap.
- Support PPMD to review and update health facility registry.
- Support PPMD and CSD to develop monitoring mechanism for BHS.

5. HEALTH INFRASTRUCTURE

Summary

The Health Infrastructure (HI) team support to DUDBC continues for planning, implementation, supervision, monitoring, resolving technical issues and project management support at both retrofitting sites. Coordination with the two hospital leadership teams continues for planning and management of decanting of services. Construction work at both sites is progressing. The HI team is continuously providing its support at both sites to maintain the quality of construction as per the prescribed standards and specifications, as well as monitoring compliance to health and safety, GESI/LNOB and environmental management and pollution issues.

The HI team also continued its TA to MoHP and to sub-national governments to enhance their capacity in health infrastructure planning and upgrading of health facilities. Support includes: policy documents; engineering design support; review of adjusted designs; updates to different types of handbooks, standards and guidelines; procurement support; evidence-based planning using the Health Infrastructure Information System (HIIS); orientations and consultations.

For updated Activities – See Annex 1.

RESULT AREA I6.15: POLICY ENVIRONMENT

The HI team has initiated the update of the Nepal Health Infrastructure Development Standards (NHIDS) along with its component incorporating all the documents developed for the design and implementation of upgrading of health facilities to primary hospital status initiated by MoHP. The

updated standards and components will also be useful in planning and implementation of any future upgrading or construction of health facilities at all levels of government.

Addition of a special feature to the HIIS platform on progress reporting of government initiated construction work is in progress. Features relating to the reporting and monitoring of construction of primary hospitals have been identified. Additional sub-domains of service delivery and GESI are being analyzed for eventual incorporation. A demonstration version of the updated HIIS is under development, and the modality for implementation and further development is under discussion.

The HI team has completed the preparation of ToR and formats for consulting services to monitor HF upgrading work planned and budgeted by the MoHP in this fiscal year.

District-level maps for LL sites have been developed to include additional palikas added under the Reshaping exercise.

District-level maps of health facilities with different levels of birthing services and number of births have been produced to support the planning of birthing services

RESULT AREA I6.2: CAPACITY ENHANCEMENT

Capacity enhancement activities included:

Onsite support and mentoring of DUDBC engineers and architects at both retrofitting sites on technical, managerial, and monitoring aspects of project implementation. Orientation training to the FPIU and the contractor's engineers and supervisors on retrofitting works has been planned for PAHS/WRH Pokhara to enhance capacity to implement the ongoing construction works maintaining the specified quality and standards. Briefing the new Hospital officials at PHS/WRH on the retrofitting project and support for decanting of services from the existing Maternity block has been planned for the same period.

The Project Office Urban Development and Building Construction (PUDBC) was supported to update cost estimates and the procurement document for the service decanting tender at Bhaktapur hospital. The updated tender document is being published through PUDBC.

Handbooks on HVAC, Sanitary, Electrical and Waste Management area design were completed and editing is underway. Following editing and quality assurance the handbooks will be published and used for capacity enhancement for government officials as part of institutionalizing standard practices.

Other support

The HI team has also provided the following support:

- Lease proposal for land for establishment of Ramraja Prasad Singh Academy of Health Sciences in Province 2: development conceptual design, costing, and detailed construction work ToR was supported by the team and approved by Cabinet. The conceptual master plan and implementation plan were presented to the project implementation committee on 29 June.

- Presentation of a review of the design of the National Public Health Laboratory under the DoHS/MoHP on 22 April.
- Backstopping support has been provided to DUDBC for the construction of Jajarkot Hospital supplying necessary details and revision as per the site conditions.
- Support to MoSD, Bagmati Province to review design of Saibu Health Post, Ward 18.
- Support to MoHP to develop project proposals for submission to the Qatar Government through the Ministry of Finance in April 2021. These proposal comprised construction and equipping of a Critical Care Unit (CCU) at Bheri Zonal Hospital, construction of OPD block at Gajendra Narayan Hospital, Rajbiraj and construction of National Diagnostic Centre in Kathmandu.
- Support to MoSD, Bagmati Province on design review of the MCH building at Ratnanagar Municipality Ward 2.
- Support to MoHP to review adjusted designs of primary hospitals submitted by different municipalities. 138 adjusted designs have been received of which 52 were approved after review; the rest will be revised and resubmitted in line with the feedback provided

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Pokhara progress in main retrofitting works

Finishing works at the Kitchen block at PAHS/WRH have been started after corrections of defecting columns. Support provided to FPIU/Pokhara for detailed analysis, development of defect correction procedures and completion of defect corrections. Completion is planned by Aug 2021.

The team conducted a survey of geometrical imperfections and Nondestructive Testing (NDT) for concrete quality at the CSSD/OCMC block as per FCDO's recommendations, and NDT for concrete quality in the Hospital Kitchen block and water tank. Structural analysis of observed geometrical imperfections was completed, solutions provided for defect corrections and agreed with the contractor. The solutions were reviewed and agreed by the third-party Monitoring & Review (M&R) team contracted through FCDO. Once corrections are complete the finishing works of the CSSD/OCMC block will begin. The construction of CSSD/OCMC block is planned for completion by middle of September 2021.

The construction of a 200,000-litre capacity firefighting water tank has been completed at the site.

Construction of a temporary covered pathway to connect the decanting space to the existing maternity block has been completed as requested by Hospital Management. This will make it easier to move patients from the operational theatre to the decanting space while the medical block is being retrofitted.

The design of a separate toilet facility with universal access has been produced for the Lab Block and agreed with the Hospital management.

Construction of a shed for the oxygen plant has been completed, and a purchase order for oxygen plant equipment has been placed by the contractor. If the plant equipment is shipped and arrives on time, installation of oxygen plant will take place over the next three months.

Repair and maintenance work of the Lab block is near completion and is expected to be complete before the end of July 2021.

The decanting of the maternity block to the new maternity building recently handed over to the Hospital by the contractor has been agreed with the Hospital management, and completion of decanting of the maternity block is anticipated to be complete by end of July 2021.

The HI team provided support for coordinating an online joint meeting between BEK, Hospital Management, FPIU/DUDBC, Contractor, and NHSSP on construction progress at PAHS/WRH, Pokhara on 13 May.

Bhaktapur progress in main retrofitting works

The foundation work for Bhaktapur OT building is underway with about 40% of the reinforcement work complete. A methodology and testing procedure for concrete mix design for Bhaktapur Hospital has been agreed with DUDBC. The concreting of the foundation is planned to be complete by 26 July. Cube testing of the concrete mix design for the foundation is in progress of which the 7-days cube testing results have been received and found to be compliant with the approved design and specification.

Decanting of the emergency block has also been initiated and is expected to be completed by 23 July.

SUPPORT IN RESPONSE TO COVID-19

- The HI team supported EDCD/DoHS in publication of the tender notice and technical evaluation of bids for the construction of the health help desk at Tribhuvan International Airport (TIA).
- The use of the converted decanting spaces as COVID-19 treatment units at both hospitals continued in the COVID-19 second wave.
- The contractor was supported with treatment for a COVID-19 infected worker and PCR testing of other workers at the WRH site with assistance from hospital management and staff

PRIORITIES FOR THE NEXT QUARTER

Policy Environment

- Completion of updating NHIDS and its components, and submission to MoHP for endorsement.
- Follow up on the repair and maintenance guidelines with provinces for approval process and organize orientation with relevant stakeholders for adaptation of the guidelines.
- Follow up on the land acquisition and relocation document and organize orientation to the MoHP for adaptation of the guidelines.
- Integration of information collected under different types of assessment in the HIIS, including relevant information from GESI, C&Q, and other work streams, and government information and progress-monitoring of planned construction.

Capacity Enhancement Activity

- Orientation to newly appointed officials at PAHS/WRH on the retrofitting project.
- Orientation to the contractor for service decanting on the decanting plan and strategy.
- Orientation to the contractors' engineers/architects, FPIU engineers/architects, and workers at site on health and safety, GESI/LNOB, and environment and pollution management at both construction sites.
- Orientation training on retrofitting techniques for construction workers and contractor's technical staff at both sites.

- Support EDCD/DoHS for financial evaluation of the bid and tender award for the construction of the health help desk at TIA.

Pokhara Main Retrofitting Works

- Completion of planning of first phase for decanting of services and preparation of timeline.
- Completion of decanting of Maternity block and initiation of retrofitting of the Maternity block.
- Technical and management support to DUDBC for completion of OCMC and Kitchen Block, and handover to Hospital after correction of defects identified and communicated to DUDBC. Originally scheduled to be handed over by April 2021.
- Development of waste management plan under the fourth contract package and support to DUDBC for contracting and implementation by August 2021.
- Support to DUDBC for completion of repair and maintenance of Lab Block within the agreed time schedule (by July 2021).
- Follow up on the shipment of equipment for the oxygen plant.
- Work out with Hospital authorities for decanting of more blocks for initiating retrofitting.

Bhaktapur Main Retrofitting Works

- Service decanting tender to be published and contract to be awarded.
- Orientation to the successful contractor on service decanting requirements and planning process.
- Completion of foundation of OT block.
- Completion of decanting of Emergency block and initiation of retrofitting of the block.
- Review of ongoing progress at the Bhaktapur site by the third-party M&V team contracted by FCDO.

6. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Support to development of strategies and guidelines continued this quarter. Revised guidelines for OCMCs, SSUs and geriatric services were finalised and approved. The LNOB budget marker guideline was approved by the Minister. The revised GESI Strategy of the Health Sector awaits Cabinet approval. The Geriatric Health Service Strategy has been drafted. Once the COVID-19 situation permits, a national consultation will be held to validate the strategy before finalisation.

In-person and virtual support was provided to OCMCs, SSUs and geriatric services. Multisectoral coordination and collaboration to support the functioning of OCMCs was facilitated at national level, and led to agreement to regularise multisectoral coordination meetings. Progress was made to institutionalise OCMC and SSU staff in hospital O&M listings, and forensic medical officer positions in 13 federal and provincial hospitals. The disruption of COVID-19 delayed some activities including the rolling out of gender responsive budgeting, and adjustments are being made for next quarter.

For updated Activities – 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: Orientation of wider stakeholders and printing of the GRB Guidelines continues to be delayed because of the COVID-19 epidemic. In response, soft copies have been shared with stakeholders at provincial and federal level, and virtual orientation is being considered.

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

GESI Strategy: Cabinet approval of the revised GESI Strategy is still pending after it was resubmitted to Cabinet in October 2020. Planned strengthening of the GESI Institutional Structure and development of the GESI Strategy Implementation Plan cannot progress without Cabinet approval. Dialogue has progressed in Province 2 on development of a Health Sector GESI Strategy and Implementation Plan: MoSD has initiated the process and formed a Steering Committee and Technical Working Group under the chair of Secretary and Health Director respectively.

LNOB Budget Marker Guideline: was approved by the Minister. NHSSP TA will facilitate implementation of the guideline at federal level with MoHP and in focal provinces and LL sites.

OCMCs, SSUs, geriatric and disability services: Considerable support was provided to respective policy level frameworks this quarter:

- Guidelines for OCMC, SSU and geriatric services: NHSSP supported the revision of OCMC, SSU and Geriatric Service Operational Guidelines, and these have been approved by MoHP.
- Following the report on the "digitalization of recording and reporting tools of service statistics related to OCMC and SSU", IHIMS and PMD agreed to the customization of IHIMS and roll out to hospitals. This includes the installation of a server to store the data reported from OCMC/SSU sites, the printing of client registers for OCMCs and SSUs, API development for the aggregated report into the IHMIS system, development of user manual, printing of tools for IHIMS, delivery of training to IHIMS technical team and orientation to medical recorders at hospitals. NHSSP will support PMD with implementation.
- Geriatric Health Service Strategy: Upon the request of MoHP, NHSSP provided technical support to the development of a new Geriatric Health Service Strategy. Several rounds of meetings were held with the Steering Committee and Technical Working Group with regards to the vision, objectives, strategies and overall framework of the strategy. Consultations were also completed with MoHP and DoHS officials, MoWCSC, MoFAGA, NPC, Ageing Nepal, Senior Citizen Society, National Senior Citizen Federation. At provincial level, consultations were held with MoSD of Lumbini Province, Butwal Sub-Metropolis and Lumbini hospital. A draft strategy has been prepared and once the COVID-19 situation allows, a national consultation workshop will be held to further validate the strategy.
- National Action Plan for People with Disability: Inputs were provided on the national action plan for people with disabilities developed by MOWCSC. Technical inputs were provided on an operational guideline on care of people with severe and complete disabilities developed by MoWCSC.
- Medico-legal services and institutionalization of OCMC and SSU: NHSSP supported PMD to issue a letter to all MoSDs and respective hospitals to include posts for OCMCs and SSUs in the O&M

survey. Quality Control and Regulation Division/MoHP was supported to create the post of Forensic Medical Officer in 13 selected federal and provincial hospitals.

- AWPB: Support was provided to all provincial MoSD for the inclusion of GESI activities in the next MoHP AWPB. At Federal level, orientation and consultative meetings were held with PMD, NSSD, NHTC, and EDCO and partners.

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

Strengthening and Scaling Up of OCMCs and GBV services: NHSSP has continued its support to strengthening and scaling up OCMCs and GBV services:

- Regular follow-up with all OCMCs continued, the number of cases reported were recorded, and support provided to adjust the functioning of centres to the COVID-19 context. The functionality assessment of OCMCs as per the logframe indicator, was completed.
- Multisectoral collaboration: NHSSP organised a virtual meeting on OCMC strengthening with Ministry of Women Children and Senior Citizen (MoWCSC), National Women Commission, Police headquarter, OAG and NSSD. The meeting was led by PMD/MoHP. NHSSP presented updates and key issues related to coordination and collaboration at federal and sub-national level to support the functionality of OCMCs. It was agreed that multisectoral coordination meetings will be held every two months as per the recommendation of the OCMC Strategic Review (2020).
- Sharing evidence and fostering commitment: NHSSP presented good practices, lessons learned and key issues on GBV and OCMCs to Deputy Mayors, District Attorney, District Police, OCMC Focal Persons and Province 1 partners in six selected districts, alongside PMD and NSSD officials. Upon the request of PMD/MoHP, NHSSP also presented evidence and key challenges on GBV and OCMCs to Homenet and Action Aid Nepal.
- Virtual mentoring, monitoring, and coaching was provided to OCMCs in 29 hospitals[10]. We provided regular follow up support to newly established OCMCs on service delivery, roles of different agencies, coordination, referral system, and recording/reporting. Backstopping support was provided to selected established OCMCs covering referral to higher level hospitals, case management, livelihood support, safe home services, coordination with local level through tele-communication, and virtual meeting with MeSU, doctors, and OCMC Focal Persons.
- We provided TA to PMD/MoHP to conduct clinical medico-legal training at Lumbini, Bagmati, and Province 2. Th is pivotal to strengthening the quality of GBV services and to enable survivors to pursue legal action. A total of 58 doctors were trained from OCMC based hospitals. Clinical Medico Legal training in Sudur Paschim has been postponed until the COVID-19 situation has improved.

Supporting the rollout of the GBV Clinical Protocol: With technical support from NHSSP, Surkhet OCMC organised two GBV clinical protocol training events for hospital staff (doctors, staff nurse and paramedics) using OCMC funds at Surkhet Provincial hospital. Altogether 24 staff were trained on the revised GBV Clinical Protocol.

[10] Khotang, Rasuwa, Kanti, Bir, Patan, Manang, Mustang, Dailekh, Darchula, Dadeldhura, Koshi, Inaruwa, Gajendra Nayaran, Janakpur, Gaur, Mahotari, Siraha, Hetauda, Bharatpur, Bhaktapur, Tanahu, Pokhara, Dhaulagiri, Lumbini, Prithivichandra, Lumbini, Gulmi, Kalikot and Surkhet

Strengthening and scaling up SSUs and geriatric services: NHSSP provided backstopping support to a number of SSUs including support on the new provisions in the revised SSU Operational Guideline[11], and mentoring and follow-up support to newly established SSUs and geriatric services.

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

Support the institutionalisation of mental health services: Discussions were held with NHTC Chief on the NHTC plan to roll out the Psychosocial Counselling Training Curricula training package (in collaboration with NHSSP and other partners) under the next AWPB.

SUPPORT IN RESPONSE TO COVID-19

The following activities have been undertaken this quarter:

- Participated in various virtual cluster meetings including protection cluster, GBV sub-cluster, GBV network, mental health sub-cluster and psychosocial support thematic working group. NHSSP updated participants about the support provided to OCMCs and GBV and disability services. Updates were provided about provisions in revised OCMC Operational Guideline, findings of case study on access to OCMC multisectoral services during COVID-19 lockdown, newly established OCMCs, MoHP's plan for next fiscal year.

PRIORITIES FOR THE NEXT QUARTER

- Technical support to MoSD of Province 2 to develop Health Sector GESI Strategy and Implementation Plan.
- Technical support to conduct Clinical Medico-Legal Training in Sudurpaschim Province.
- Support MoHP/PMD for the customization of IHIMS to include the recording and reporting tools for OCMCs, SSUs and geriatric services and roll out to hospitals.
- Finalize the Geriatric Health Service Strategy.
- Development of a roadmap to roll out standardised Psychosocial Counselling Training Curricula.
- Mentoring, monitoring, and multisectoral coordination visits to OCMCs, SSUs and geriatric services in Province 2, Lumbini and Sudur Paschim Provinces.
- Organize GBV clinical protocol training to hospital staff in select hospitals.

7. CONCLUSIONS

COVID-19 cases decreased but positivity rates remained high. The programme team continued to require all public health and social measures to be observed as staff returned to NHSSP offices. As per our duty of care responsibilities to 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 MoHP/DoHS, and at municipal offices should they be required to attend meetings. SitReps and other vital information, including information from the WHO, BEK, MoHP, are shared with staff. Any staff who become sick are advised to follow testing and home quarantine guidelines. Most members of staff have laptops and can access the Internet from home.

[11] Panchthar, BPKIHS, National Trauma Center, Gorkha, Dadeldhura, Darchula, and Syangja.

MoHP activities focused on the COVID-19 response, especially vaccine roll out. Priority was given to response coordination across the sector and between the three tiers of government, whilst ensuring maintenance of routine healthcare services. The AWPB was finalized. Recruitment and placement of staff at Provincial and Local levels launched subnational programme implementation, and we are now better placed to provide both COVID-19 and regular TA in focal provinces. Budget cuts for the remainder of the fiscal year have been accommodated while maintaining staff and key support activities.

We anticipate the following in the coming quarter:

COVID-19 response:

- **Rapid response plan and vaccinations:** The GoN Plan for July to December 2021 will begin. We anticipate a stronger push for vaccinations.
- **Subnational support**: with new recruits now posted at sub-national level, our staff are in place to support local government COVID-19 responses;

Implications for NHSSP programming include the following:

- **Integrated COVID-19 response activities**: We will continue to provide critical COVID-19 support while simultaneously implementing non-COVID-related activities;
- **AWPB implementation** – this will be a priority activity for most thematic areas;
- **The need for flexibility continues**: This includes deliverables, both payment and non-payment, in response to changing circumstances and priorities at all levels of government.

ABBREVIATIONS

ANC	Antenatal Care
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BEK	British Embassy, Kathmandu
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BoD	Burden of Disease
BoQ	Bill of Quantity
BPKIHS	B.P. Koirala Institute of Health Sciences
CAPP	Consolidated Annual Procurement Plan
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CICT	Case Investigation and Contact Tracing
CSD	Curative Services Division
DG	Director-General
DHIS2	District Health Information Software 2
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
eAWPB	electronic Annual Work Plan and Budget
eCAPP	electronic Consolidated Annual Procurement Plan
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
e-GP	electronic Government Procurement
eLMIS	electronic Logistic Management Information System
EPI	Expanded Programme on Immunization
EWARS	Early Warning, Alert and Response System
FCGO	Financial Comptroller General Office
FCHV	Female Community Health Volunteer
(F)MoHP	(Federal) Ministry of Health and Population
FMIP	Financial Management Improvement Plan
FMISF	Financial Management Improvement Strategic Framework
FMR	Financial Monitoring Report
FP	Family Planning
FPIU	Federal Programme Implementation Unit
FWD	Family Welfare Division
GBD	Global Burden of Disease
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HEOC	Health Emergency Operations Centre
HF	Health Facility
HI	Health Infrastructure

HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HP	Health Post
HQIP	Hospital Quality Improvement Process
HRFMD	Human Resource and Financial Management Division
HSSO	Health Systems Strengthening Officer
HVAC	Heating, Ventilation and Air Conditioning
ICSD	Internal Control System Directives
ICU	Intensive Care Unit
IHIMS	Integrated Health Information Management Section
IT	Information Technology
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
LARC	Long-acting Reversible Contraception
LL	Learning Lab
LMBIS	Line Ministry Budgetary Information System
LMD	Logistics Management Division
LNOB	Leave No One Behind
M&V	Monitoring and Verification
MA	Market Analysis
MEOR	Monitoring, Evaluation and Operational Research
mHealth	Mobile Health
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
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
MSS	Minimum Service Standards
NDHS	Nepal Demographic and Health Survey
NHSP3	Nepal Health Sector Programme 3
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NJAR	National Joint Annual Review
NMS	National Medical Standard
NPC	National Planning Commission
NPR	Nepalese Rupees
NSSD	Nursing and Social Security Division
O&M	Organisation and Management
OAG	Office of the Auditor General
OCA	Organisational Capacity Assessment
OCMC	One-stop Crisis Management Centre
ODK	Open Data Kit

OT	Operating Theatre
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
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPFM	Procurement and Public Financial Management
PPMD	Policy, Planning and Monitoring Division
PPMO	Public Procurement Monitoring Office
PPSF	Public Procurement Strategic Framework
QI	Quality Improvement
QIP	Quality Improvement Plan
RANM	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RHITA	Retrofitting Health Infrastructure Technical Assistance
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARC	Short-acting Reversible Contraception
SARI	Severe Acute Respiratory Infection
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SHP	Skilled Health Personnel
SMNH	Safe Motherhood and Neonatal Health
SNG	Sub-national Government
SOP	Standard Operating Procedure
SSU	Social Service Unit
STP	Standard Treatment Protocol
STTA	Short-term Technical Assistance
SuTRA	Sub-national Treasury Regulatory Application
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TL	Team Leader
TNA	Training Needs Analysis
ToR	Terms of Reference
ToT	Training of Trainers
TSB	Technical Specification Bank

TWG	Technical Working Group
VfM	Value for Money
VSC	Voluntary Surgical Contraception
VSP	Visiting Service Provider

ANNEX 1 WORKSTREAM ACTIVITIES AND TABLES

LEADERSHIP AND GOVERNANCE

a. Health Policy and Planning

Activity		Status	Achievements in this quarter	Planned activities for next quarter
I2E.1	**Result Area: 1.2.1: Federal government supported on new health sector strategy development, conduct of national annual review, and other key policies**			
1.2.1.1	Provide strategic support on development of next sector strategy	**N/A**	• The strategy development process has not yet started. Implementation phase of the NHSS was agreed to extend until mid-2022 jointly by MoHP and EDPs	Strategic support in development process
1.2.1.2	MoHP organises National Joint Annual Review (NJAR) and JCM	**N/A**	• NJAR organised in Dec 2020	Support in organising JCM
1.2.1.3	Support on other key policy and strategic framework of the sector	**Ongoing**	• A draft of the strategy, developed in the past with NHSSP support, was reviewed together with the NHTC officials and the draft was updated based on the feedback received during the meeting.	Support to finalise the draft
1.2.1.4	Support in annual planning and its implementation	**Ongoing**	• Support provided in preparing the policy and programme for the next fiscal year including synthesizing the inputs received from different entities • Technical support providing in the review of the draft work plan and budget for the next fiscal year	Support to finalise the annual work plan and budget and development of implementation guideline
I2E.7	**Result Area: 3.1.1: Development of the regulatory framework for effective management of health sector**			
1.3.1.1	Support in finalisation and operationalisation of PHS Regulations	**Ongoing**	• Support provided in reviewing and refining the draft standards developed in accordance with the provisions made in public health services regulation	Continue support to finalise standards

1.3.1.2	Support in legal framework in other priority areas		No major progress	Consultation and refinement of CDC and FDA legislations

b. Procurement and Public Financial Management (PPFM)

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4E.1	**- Effectiveness and accountability of financial management systems and fund transfer mechanisms strengthened at all levels**			
1.1.1	Public Financial Management Strategic Framework (Financial Monitoring Report) Prepared (Federal)	**Completed**	- The PFMSF prepared and endorsed by MoHP on 19th July, 2020. - No activity has been scheduled.	- No activity scheduled. - PFMSF activities will be monitored. It is PD for May, 2021.
1.1.1.5	Support monitoring of the PFMSF activities in collaboration with the PFM and Audit committees (COVID-19 update)	Ongoing	ToR developed for monitoring of the PFMSF and a national consultant hired on 26th March, 2021	PFMSF activities will be monitored and report will be prepared in May, 2021. It is also PD for May too.
1.1.1.6	Prepare FMIP for provincial government including COVID-19 update	Ongoing	No activity has been scheduled.	It is planned for November 2021. It is also a PD for November (PD 44)
1.1.1.7	Prepare FMIP for local government	Ongoing	No activity has been scheduled.	No activity has been scheduled.
1.1.1.8	Progress update on federal PFMSF	Ongoing	ToR developed for monitoring of the PFMSF and a national consultant hired on 26th March, 2021.	PFMSF activities will be monitored and its report will be prepared in May, 2021. It is also a PD for May too. (PD 31)
1.1.1.9	Regular progress update on provincial and local FMIP including COVID-19 (monitoring)	Ongoing	No activity has been scheduled.	No activity scheduled.

Activity		Status	Achievements this quarter	Planned activities for next quarter
1.1.2	Improved internal control through internal and final audit clearance (PD, Audit Status Report)	Ongoing	- No activity has been scheduled. - Internal audit queries data collected from spending units and FCGO/DTCO for PD, Audit Status Report.	- No activity scheduled. - Audit Status Report will prepare on August, 2021. - It is PD for August 2021. (PD-R38)
1.1.3	Update internal control guidelines as per the updated Internal Control System Directives, 2019 and new Financial Procedural and Fiscal Accountability Act, 2019	Ongoing	- Supporting to MoHP to updating the Internal Control Guidelines in line with "Internal Control System Directives (ICSD), 2019 (FCGO) and new Financial Procedural and Fiscal Accountability Act, 2019 and Regulation, 2021. - The final draft of ICSD has prepared PPPFM team and delivered to MoHP for review.	Internal Control System Directives will be finalized by MoHP through workshop in this quarter.
1.1.4	Update PFM training manual in line with the new FPA & FPR	Ongoing	- Financial Procedure and Accountability Regulation, 2021 has been just rolled out from 1st February, 2021 by GoN. - Reviewing the Financial Procedure and Fiscal Accountability Act, 2019 and Regulation, 2021 to update PFM training manual.	PFM training manual first draft will be prepared in this quarter.
1.1.4.6	Build the capacity of MoHP and DoHS level officers in core PFM function	Ongoing	Workshop on PFM function was not conducted due to COVID-19.	PPFM team will provide technical support if workshop/ training conducted by MoHP.

Activity		Status	Achievements this quarter	Planned activities for next quarter
1.1.5	Support MoHP's PFM & Audit committees to undertake regular meetings, and follow up implementation of meeting minutes	Ongoing	- Continue support to PFM & Audit committees. - The PFM Committee meeting could not hold due to COVID-19. - The Audit Support Committee meeting, chaired by Joint Secretary/MoHP, held on 2nd and 3rd March. The meeting decided to instruct all federal level health entities to update audit queries records and to be cleared at least 50% audit queries in current FY 2020/21.	PPFM team will continue its support.
1.1.6	Work with HRFMD (AD) on potential PFM system changes required in the devolved situation (Feed to provincial and local TA)	Initiated	No activities have taken.	PPFM team will provide technical support to these activities on MoHP request.
I4E.2	**TABUCS is operational in all MoHP spending units and provincial level**			
2.1.1	TABUCS is operational in all MoHP spending units and provincial level	On track	- Ongoing support, - GoN's health entities are using CGAS for budget and expenditure, because FCGO has made it mandatory from FY 2020/21. So TABUCS is being used by some hospitals only. But for audit records, deposit accounts and CAPP, TABUCS is being used at all federal health entities.	Support will be continued. Follow up consultation with National Health Training Centre.

Activity		Status	Achievements this quarter	Planned activities for next quarter
2.1.1.1	Revise TABUCS to report progress against NHSS indicators and DLIs/ Update User Manual, report including provincial level	Ongoing	Due to COVID19 no activities done	
2.1.1.2	Develop COVID-19 module in TABUCS	On track	No activities	No activities
2.1.1.3	Support SuTRA in updating chart of activities	On track	No activities	No activities
2.1.1.4	Support in continuous system upgrade and maintenance of TABUCS software/hardware/ connectivity/web page at federal and provincial level	Ongoing support	Ongoing support provided.	Ongoing support will be continued.
2.1.1.5	TABUCS training to concerned MOHP and provincial officials	Ongoing support	Ongoing support provided.	Ongoing support will be continued.
2.1.1.6	Support MoHP to prepare Financial Monitoring Report (FMR)	Ongoing support	Annual FMR of FY 2019/20 has been prepared	Annual FMR of FY 2019/20 will be finalized
2.1.1.7	Support TIU meeting and monitor implementation of meeting minutes	Ongoing support	Meeting couldn't be conducted due to COVID19	Support will be continued.
2.1.1.8	Support MoHP to produce annual Audited financial statement	On track	The annual Audited financial statement drafted.	Finalized the annual Audited financial statement.
2.1.1.9	Support MoHP to capture NPSAS report	On track	Ongoing support provided.	Ongoing support will be continued.
2.1.2	Improve budget absorption capacity of MoHP, MoSD and their spending units			
2.1.3	Policy discussion on Provincial FMR		No activities scheduled.	Will start policy dialogue
2.1.4	Annual Planning and Budgeting support to federal and provincial level		Ongoing support provided in federal planning and budgeting	Support in conducting JCM and finalizing AWPB process
I4E.3	**Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note**			

Activity		Status	Achievements this quarter	Planned activities for next quarter
3.1.1	Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note	Achieved	Not scheduled	
3.1.2	Budget Analysis Framework for Provinces (PD, Budget Analysis)	**Ongoing**	No activities scheduled	Prepare a third-party ToR for BA to be conducted at provincial and local level
3.1.3	Support MOHP in designing, updating, and rolling out PBGA in Hospitals	**Ongoing**	No activities scheduled	Activities scheduled for next year
3.1.4	Conduct Benefit Incidence Analysis (BIA) of the Health Sector	**Ongoing**	Initiated development of BIA ToR	Start and complete BIA report
3.1.5	Support MoHP's spending unit in preparing Business Plan		No activities scheduled	Preparing business plan of MoHP entities
3.1.6	Aama Programme Rapid Assessment	**Achieved**	No activities scheduled	No activities scheduled

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4E.4				
4.1.1	**Practice of developing coherent procurement policy, strategic framework and planning institutionalized at FG**			
4.1.1.1	Mapping of eAWPB for Procurement items	Not Scheduled	No activity	This activity will be started at the end of next quarter
4.1.1.2	eCAPP Development at federal level	Not Scheduled	No activity	" " " "
4.1.1.3	Consolidation of APPs in eCAPP System	Not Scheduled	No activity	" " " "
4.1.1.4	Support CAPP monitoring committee and regular meetings	Delayed	Formal CAPP Monitoring Meeting Could not be held but	A formal meeting will be organized in next quarter

Activity		Status	Achievements this quarter	Planned activities for next quarter
			monthly briefing among Directors of respective Divisions held at DG office	
4.1.1.5	CAPP/e-CAPP produced with agreed timeframe including COVID	On track	eCAPP of FY 2020/21 is available at https://tabucs.gov.np	Initiation for preparing new eCAPP of F/Y 2021-22 will be started at the end of next quarter
4.1.1.6	e-CAPP implementation with Contract Management module	On track	eCAPP implementation in progress	Use of Contract Management Module will be monitored
4.1.1.7	Piloting of eCAPP in Provinces	Delayed	No activity	Orientation of eCAPP will be done at Provinces
4.1.2	**Endorsement of Health Sector Public Procurement Strategic Framework by MoHP**			
4.1.2.1	Draft PPSF	Already Completed	Revision of PPSF with addition of intervention on Emergency Procurement completed	MoHP shall endorse the final PPSF
4.1.2.2	Review draft of PPSF	Already Completed	Same as above	Same as above
4.1.2.3	Workshop at province and National level	Suspended	Suggestions on draft PPFS collected	The PPSF will be circulated to SNGs after endorsement
4.1.2.4	Finalization of PPSF	Delayed	Review and final draft prepared	The final draft will be endorsed by MoHP
4.1.2.5	Support monitoring of the PPSF activities in collaboration with the PFM and Audit committees	On track	The monitoring mechanism discussed and TOR prepared	STTA/Consultant will be selected at the end of next quarter
4.1.2.6	Progress update on PPSF	Not Scheduled	No Activity	Information collected from SNGs
4.1.2.7	Update current PIP for provincial and local government	Not Scheduled	Framework for Provincial PIP discussed	STTA/Consultant will be selected at the end of next quarter

Activity		Status	Achievements this quarter	Planned activities for next quarter
4.1.2.8	Monitor PIP at provincial and local government	Not Scheduled	No Activity	
4.1.3	**Standardization of Procurement Process**			
4.1.3.1	Preparation of SOP for Post Delivery Inspection (PDI) and Quality Assurance Plan (QAP)	Delayed	Draft SOP prepared	SOP will be finalized
4.1.3.2	Prepare Pre-shipment inspection guidelines (PSI) and QA	Delayed	Draft prepared	New pharmacist will work on it
4.1.3.3	Continuous monitoring of use of SOPs and standard procurement process in MD and provinces	Ongoing	MD is using the SOPs	Application in Provinces
4.1.3.4	Support Training on SOP and QA at Province and Palika LM personnel	Delayed	No activity at Provinces and Palika	Working started at Provinces and Palikas
4.1.3.5	Continuous Implementation of Procurement Clinic at MD and MoSD	Ongoing	Thirteen Procurement Clinics conducted	Continuous support will be provided
4.1.4	**Systematic use of Technical Specification Bank for procurement of drugs and equipment**			
4.1.4.1	Updating and upgrading TSB including COVID	Ongoing	Updated specifications are submitted to Management Division	The specifications will be uploaded in TSB
4.1.4.2	Regular Updating of Specification bank with coding drug and equipment	Ongoing	Revision of specifications suggested for equipment	New Biomedical Engineer will work on it
4.1.4.3	Integration of the system with TABUCS for monitoring purposes	Not Scheduled	Integration is available	It will be available
4.1.4.4	Monitoring use of Technical Specification bank	Ongoing	More than 1200 users registered in the TSB monitored More than 31,000 downloads and more than 23,000 searches	Continue support

Activity		Status	Achievements this quarter	Planned activities for next quarter
			for different specifications have been recorded to date	
4.1.4.5	Support Training on use of Technical Specifications and evaluation in procurement process	Ongoing	DoHS-MD and many Hospitals are familiar to use the TSB	Support to Provinces will be done
4.1.4.6	Update the market analysis report	Ongoing	The MA report is ready	Periodic update will be scheduled
4.1.5	**Extended use of PPMO e-GP in procurement functions**			
4.1.5.1	Support PPMO on changes needed to e-GP for health sector procurement	Ongoing	Suggested PPMO to make the eGP system useful for emergency procurement	Continuous support
4.1.5.2	Support in the process of using eGP in selected provinces and local governments	Ongoing	Distance support from phone provided	Provincial PFM Officers will be present at Provinces Training will be planned at Provinces
4.1.6	Support in biannual Suppliers' Conference at provincial and local level	Not Scheduled	Participated on the Stakeholders' Interaction program organized by TI Nepal. The meeting was held among DoHS, PPMO and different medicine suppliers and suppliers' associations	Suppliers conference will be organized

c. Sub-national Programme Implementation

Activity	Status	Achievements in this quarter	Planned activities for next quarter

I2E.4	**Result Area: 1.2.7: Enhancement of provincial capacity by using the framework of organisational capacity assessment tool at provincial level**			
1.2.7.1	Consultation with Provincial stakeholders for subnational roll out plan	**Ongoing**	The consultation meeting with each Provincial Government stakeholders of priority provinces Province 2, Lumbini Province and Sudurpashchim Province organised. The staff recruitment process accomplished and the staff deployment process is ongoing.	Conduct capacity assessment for provision of TA
I2E.5	**Result Area: 1.2.8: Enhancement of Local Government's capacity using the framework organisational capacity assessment tool**			
1.2.8.1	Support to organise Organisational Capacity Assessment at existing LL sites.	**Ongoing**	The follow up OCA was conducted at Dhangadhimai Municipality.	Continue to support organise OCA in remaining LL sites.
1.2.8.2	Support to organise Minimum Service Standard (MSS) orientation and assessment at existing LL sites	**Ongoing**	The follow up MSS assessment was conducted at Dhangadhimai Municipality, Itahari Submetropolitan City, Ajaymeru Rural Municipality and Kharpunath Rural Municipality.	Continue to support organise MSS in remaining LL sites.
1.2.8.3	Support to Routine Data Quality Assessment (RDQA) at existing LL sites	**Ongoing**	In coordination with D4D team, RDQA follow up assessment was conducted at Itahari Submetropolitan City, Dhangadhimai Municipality, Madhyapur Thimi Municipality and Kharpunath Rural Municipality.	Continue to support organise MSS in remaining LL sites.
1.2.8.4	Support to develop Health Sector factsheet and Municipal Health Profile at existing LL sites	**Ongoing**	Health System Strengthening Officers (HSSOs) providing the support to draft the municipal health profile and health sector factsheet which are key documents to feed into the annual planning and budgeting process at respective LL sites.	Support to develop evidence based annual planning and budgeting
1.2.8.5	Support to conduct monthly health sector review meeting	**Regular**	Monthly health sector review meeting was organised on monthly basis at respective LL sites. HSSO supported to compile, review and cross check the monthly HMIS and LMIS reports and ensure entry into the DHIS-2 system	Continue to support to ensure timely and complete HMIS and LMIS reporting

I2E.7	**Result Area 3.1.1: Development of the regulatory framework for effective management of health sector (e.g., Regulation of Public Health Act or Regulation regarding health institutions establishment and upgrading)**			
3.1.1.1	Support in preparation of Act/Regulations for the establishment and operational of health institutions	**Completed**	• Supported Kharpunath Rural Municipality to develop Monitoring, Evaluation and Supervision Guidelines. The guidelines were endorsed by the municipal executive committee. • Support was provided to update the nutrition profile of Pokhara. • Facilitated the workshop on localisation of Sustainable Development Goals (SDGs) at Pokhara. Preliminary Draft of localised SDG indicators developed.	Support to implement the guidelines
I2E.9	**Result Area: 3.4.3: Support development, implementation, monitoring and review of health plans for delivering BHCS and referral (also monitoring for LNOB)**			
3.4.3.1	Support to draft AWPB at Local level	**Ongoing**	• Conducted Annual Health review meeting at Dhangadhimai Municipality to discuss on key agenda to feed into the AWPB. The key gaps identified from the capacity tools were presented. • Facilitated a meeting to discuss on drafting the AWPB at Kharpunath. • Facilitated a meeting of Pokhara Metropolitan City health division to draft the proposed program of AWPB of 2021/22 as requested by Federal MoHP.	Continue to support to conduct health sector review meetings to draft AWPB at respective LL sites -Support to finalise the AWPB with feeding in the evidences and gaps.
3.4.3.2	Support to implement BHCS as per the Municipal plan	**Ongoing**	• Facilitated the District/Local level quarterly review of TB program at Itahari and Dhangadhimai. • Supported to draft the Full Immunisation declaration Action plan at Yasodhara. • Facilitated the PNC home visit programme at Pokhara.	Continue to provide need based technical support in implementing BHCS

			• Facilitated the basic FCHV training to newly recruited FCHVs at Kharpunath. • Facilitated the onsite coaching on IMNCI programme across the health facilities of Ajayameru • Supported on establishing additional health facilities such as Community Health Units and Primary Hospital at Ajayameru and Kharpunath • Supported to conduct Organisation and Management survey at Pokhara and Itahari. • Supported to expand the use of eLMIS to four of the health facilities of Pokhara • Facilitated to organise Health Management Information System training at Kharpunath RM. • Supported to develop citizen charters and placing them on health facilities at Pokhara	

Table 1: Comparison of CAPP implementation at DoHS in FYs 2019-20 and 2020-21

												Values are in millions (NPR)
		As on CAPP		Started Bidding Processes		Contract Signed			Us of e-GP		Non e-GP	
		Number	Planned Value	Number	Planned Value	Number	Planned Value	Actual Value	Number	Value	Number	Value
End of June 2021	**Total**	**69**	**1,433.76**	**53**	**1,368.64**	**38**	**1,049.46**	**835.26**	34	828.91	4	6.35
	%age of Planned			*76.81%*	*95.46%*	*33.85%*	*73.20%*		*89.47%*	*99.24%*	*10.53%*	*0.76%*
End of June 2020	**Total**	**68**	**2,795.12**	**49**	**2,497.09**	**30**	**1,830.22**	**1,640.69**	26	1,631.37	4	9.32
	%age of Planned			*72.06%*	*89.34%*	*44.12%*	*65.48%*		*86.67%*	*99.43%*	*13.33%*	*0.57%*

COVERAGE AND QUALITY

Activity		Status	Achievements this quarter April to June 2021	Planned activities for next quarter July to Sept. 2021
i3.1.1	Support expansion, continuity, and the functionality of CEONC sites	ongoing	Technical assistance in monitoring and resolving issues to ensure the functionality and quality of CEONC services continued this quarter. Human Resources constraints remains the major problem in the CEONC sites that are non-functional. TA provided assistance in hiring of staff in the Gokuleshwor Primary Hospital of Darchula to help CEONC services function.	. Continue monitoring of CEONC sites, especially in recruitment of providers using CEONC fund, monitoring HR availability and functional status, reporting to appropriate level as necessary for action. On-site visit to non-functional and problematic sites if feasible.
	Support to develop orientation package for Health providers on Standard Treatment Protocols developed and implemented.	ongoing	NHSSP TA continued to support CSD in developing the Standard Treatment Protocol (STP) for providing BHS services. In this QTR, draft STP for BHS package was finalized and provided to CSD for their approval process. In addition to this, NHSSP TA also supported the CSD in the AWPB development and the implementation guideline for BHS rollout in the AWPD. CSD has allocated budget at federal, provincial (PHD) and province health office for BHS STP orientation.	Support CSD in developing the BHS STP orientation package (LRP), one batch of Master Facilitator development.

I3.1.4	Facilitate the design and testing of RMNCAH, FP and nutrition innovations mHealth for FCHV (mobile Chautari)	delayed	NSSD have allocated budget for implementation in 7 palikas. NHSSP had contributed to writing a journal article to be submitted by NSSD and BBCMA on the experiences and findings of mHealth for FCHVs piloting.	Dissemination of the findings and support NSSD in implementation of the program as per the AWPB along with support in implementation in the NHSSP budgeted palikas.
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	TA provided to FWD for finalization of PNC home visit microplanning implementation guideline, and it has been approved by MoHP. In the meantime, TA also provided continued desk monitoring support. 51 Palikas have started implementation and 64 Palikas have only completed the programme orientation for the guideline.	Provide support to FWD/PHD for PNC home visit microplanning implementation orientation to the province (new districts).
I3.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunization (EPI) clinics	No budget allocation of VSP/RANM for 2020/21 due to approval process problem at MoF.	Three provinces (Pr 2, Gandaki, and Karnali) have completed TOT at Provincial level and only 3 districts (of the 13 districts) could conduct FP/EPI programme implementation. NHSSP TA facilitated one FP/EPI ToT session virtually for Province 2.	Continue off-site information collection on and monitoring of FP/EPI and VSP, RANM programme implementation by districts and Palikas. NHSSP TA will mobilize VSP activities in 5 NHSSP focal palikas. NHSSP TA will also support to FWD in conducting FP/EPI ToT at districts.

I3.1.9	Support to the FMoHP for improving delivery of nutrition interventions	In progress, delay	Provided TA in "In-service training strategy for SBA/SHP 2020-25" development. The modules have been developed and being finalized.	Finalization of the modules and begin the development of the LRP.
i3.2.3	Introduce Robson's classification in public and selected private hospitals with caesarean sections and develop system for monitoring and response (federal and province)	Delayed	NHSSP supported FWD/PHD in developing National Robson TGCS implementation guideline and final draft has been submitted to FWD for approval. NHSSP also supported FWD in developing provincial implementation guideline for AWPB regarding Robson implementation.	Support FWD in finalizing and approval of Robson TGCS implementation guideline. Initiation of the Robsons Central level Monitoring committee.
I3.3.1	SMNH Programme Review and the development of the SMNH Roadmap 2030	Completed Delayed	SMNH roadmap printing completed and disseminated through MoHP website. SMNH roadmap planning support to Lumbini Province had been delayed because COVID-19 Pandemic.	Initiate SMNH roadmap planning discussion with Lumbini Province.
I3.3.2	Planning support for SMNH roadmap including hospital quality improvement plan and support to implementation (focused provinces) (with all streams)	Not planned last QTR		Preparatory meeting will be done with focus province (Lumbini and Sudurpaschim in coordination with UNICEF for Sudurpaschim)

I3.3.4	Referral system strengthened in selected clusters of Palikas and lessons learned shared for scale up	Not planned last QTR	NO activity in the quarter	Planning workshop with a province for development of a referral plan. Selection of clusters will also be done.
i3.4.1	Evidence-based clinical standards, protocols, and job aids revised at federal level and rolled out to focal service sites	In progress	- Final draft of Basic Health Service (BHS)- STP guideline has been completed and submitted to Curative Service Division for approval. - MNH card (with BPP card) has been sent for printing and will be distributed to health facilities of focused palikas to ensure availability at the health facilities. - Coaching mentoring implementation guideline has been submitted for nepali translation to proceed for approval process. - Robsons' implementation guideline has been translated to Nepali and submitted to FWD for approval. • NMS vol 3 final draft submitted to FWD	Support CSD in finalization of STP for BHS package. Distribute MNH Card to Focused Palikas and health facilities. Support FWD in finalizing Coaching mentoring implementation guideline.

i3.4.2	Support roll out of MSS (HP level) and monitoring of implementation and response	In progress	- To date, 23 out of 29 District Health Office in focused provinces (Province 2, Lumbini & Sudurpaschhim Province) have completed palika HP-MSS orientation out of which 8 districts conducted in this reporting period. - In our focused three provinces, during this QTR, 69 palikas have received orientation from provincial Health Offices of 3 focused provinces and 67 palikas initiated assessment at 309 health Facilities (HFs). - In Province 2, with the technical support of HSSO, 4 Palikas (Golbajar, Dhangadhimai, Mirchaiya, Bishnupur) of Siraha district and 2 Palikas (Boudhimai & Yamunamai) of Rautahat district conducted HP-MSS assessment in health facilities.	Support CSD/PHD at Province 2 for HP MSS orientation to Health Offices and continue desk monitoring of MSS implementation at NHSSP focus provinces through C&Q PC. Discussion with CSD/PHD for strengthening the reporting of HP MSS implementation (from HP to Palika to PHD). Continue to support in roll-out of HP-MSS at the palika level in focused provinces.
i3.4.4	Support for planning and implementation of clinical mentoring	Ongoing with delays	In the FY 2020/21, 61 out of 65 hospitals implemented clinical mentoring and QIP out of which 25 hospitals (15- first time, 10-second time) implemented mentoring in this quarter and 18 hospitals reported QIP. In addition, 89 BC/BEONC conducted clinical	Continue facilitation for implementation and desk monitoring to hospitals for QI implementation status along with clinical mentoring. Support FWD/NHTC/PHD/PHTC in sgtengthening of clinical mentors training sites in Province2 and province 5.

			mentoring and 79 BC/BEONC from 71 palikas implemented QIP in the reporting period. In this QTR, total 76 SBA clinical mentors provided on-site clinical mentoring to 630 MNH service providers (274 at hospital and 356 at BC/BEONC) at 114 health facilities (25 CEONC hospitals and 89 BC/BEONC). NHSSP also supported FWD in conducting virtual SBA clinical mentor refresher to 182 clinical mentors of 7 provinces in 12 batches in the reporting period. NHSSP also supported Province 1 to strengthen the clinical mentor development training site and 11 clinical mentors were trained in Koshi hospital of Province 1 in the month of April.	Support PHTC for clinical mentors' development in all 7 Provinces as per need. Support in desk monitoring of clinical mentoring and HQIP at provincial hospitals and palika level.
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	ongoing	NHSSP TA supported FWD in updating of FP QI tool/checklist and developing draft LARCs coach/mentor orientation package. NHSS TA also supported FWD to allocate budget and activity for PPFP/LARC coach/mentor in AWPB2078/79 in provincial level. NHSSP TA initiated consultation and coordination work with Pr 2 and Lumbini province to improve quality of FP/SBA	NHSSP TA will monitor and support implementation of AWPB 2078/79 PPFP/LARC coach/mentor activity at provincial level. NHSSP TA to FWD will conduct technical support visits to Janakpur Provincial hospital and Lumbini Provincial hospital to assess and improve quality of FP/SBA services, enhance FP/SBA training site and develop facility-based

			services, training and LARCs coach/mentor development in 2 federal level hospitals. NHSSP	LARCs coach mentors as part of the PD R 41.
I3.5.1	Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance	Ongoing with delay Completed Delayed/not completed	PNC home visit guideline has been approved by MoHP, Robson implementation guideline finalized but delayed in approval process. Draft SBA clinical mentoring guideline is on the process of Nepali translation, so it has been delayed to finalise. Annual budget plan: Supported to FWD, CSD, NSSD for AWPB processes for federal, provincial, and local level for 2021/2022 FY. Support Provincial government for AWPB planning for 2020/21 FY (Sudurpaschim, Lumbini and Province 2),.	Support FWD in finalization and approval of the SBA clinical mentoring and Robson TGCS implementation guideline. Support FWD, CSD, NSSD and NHTC for development of the implementation guideline for the AWPB 2021/2022.
i3.6	Support implementation of Aama Surakshya Programme review agreed recommendations.	Delayed	No activity in last QTR Meeting was not organized within MOHP to finalise the review report due to COVID.	Dissemination of the findings to the MoHP and relevant stakeholders and begin discussion on the revision of Aama program based on the recommendations from the review.

	Support the implementation and refinement of the Aama programme			
i3.9.2	Strengthening EHCS service delivery and improving access	Not planned last QTR	In this QTR, NHSSP TA initiated discussion on supporting FWD/MoHP for free inter health facility referral support for obstetric complication during COVID-19 pandemic as a COVID-19 response plan (as a humanitarian support) in 6 selected districts from 3 focus provinces. However, the implementation has been halted because of the lack of interest of the implementing partner and also because of the possible long term impact of NHSSP paying for the referrals. Continued participation in the RH sub-cluster to support the FWD, DoHS and MoHP in implementation plan for RH Emergency Response Plan (ERP) Continued monitoring of hospitals (ODK reporting) on MNH services (institutional delivery and C-section) and outcomes (maternal and perinatal deaths) and reporting to NHSSP/BEK, FWD and the RH Sub-committee for response/action to ensure service delivery across different levels Health managers (health section chief of palika and HF in charges) of 8 districts were re-	This activity has been aborted. Continue desk monitoring support for the ODK system and discussion on scale up of the ODK system.

			orientated on the RMNCAH interim guidance through online interactions in early June 2021. Totally, 188 Palika level managers, 502 HF in charges and staffs and 15 people from District Health offices were oriented.	
i3.9.3	post-COVID-19 service delivery planning: Nursing capacity development through mentors (including IPC focused) (NEW):	ongoing	NHSSP TA provided support to develop concept note for improving nursing capacity enhancement through in-house mentoring. This will support the implementation of the program in six Federal Hospitals [12] from 5 provinces. NHSSP will continue to provide TA to NSSD in development of the nursing capacity assessment tool, coaching/mentoring guideline and mentor development LRP.	Support NSSD to develop Nursing capacity assessment tool, coaching mentoring guideline and mentor development LRP.

[12] Koshi hospital Biratnagar from (province 1), Birgunj hospital (province 2), Bir hospital and Bharatpur hospital Chitawan (Bagmati province), Bheri hospital (Lumbini province) and Dadeldhura hospital (Sudurpaschim province)

Table 1: Status of CEONC functionality over the quarter April – June 2021

	Provinces[13]							Total	%	% previous quarter
	P1	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**			
Established sites	20	9	19	12	13	11	12	**96**		96
Number of functioning CEONC sites										
Chaitra	19	9	18	11	13	10	11	**91**	95%	92% (Poush)
Baisakh	19	9	18	11	13	11	11	**92**	96%	96% (Magh))
Jestha	16	9	18	11	13	11	12	**92**	94%	97%(Falgun)
Number of districts with CEONC services										
Districts with CEONC	14	8	12	8	11	10	9	**72**		72
Number of districts with functioning CEONC sites										
Chaitra	14	8	11	8	11	9	9	**71**	99%	97% (Poush)
Baisakh	14	8	11	8	11	10	9	**71**	99%	99% (Magh)
Jestha	13	8	11	7	11	10	9	71	96%	99% (Falgun)

Table 2: Trends of 11 months LARCs use in 14 palikas that have continued VSPs (source HMIS)

SN	Indicators	Shrawan 2075 to Jestha 2076	Shrawan 2076 to Jestha 2077	Shrawan 2077 to Jestha 2078
1	LARCs new users in 14 palikas (numbers)	1382	1094	1253
	% increase/decrease of LARCs new users from previous year in 14 palikas	-	decrease by 20.8%	Increase by 14.5%
2	LARCs new users in Nepal (numbers)	113,047	91897	103423
	% increase/decrease of LARCs new users from previous year in Nepal		decrease by 18.7%	increase by 12.5%

[13] Provinces' name (Province 3 – Bagmati, Province 4 – Gandaki, Province 5 – Lumbini, Province 6 – Karnali, Province 7 – Sudurpashchim)

Table 3: Trends of 11 months SARCs use and selected MNH indicators in 14 palikas that have continued RANMs (source HMIS)

SN	Indicators (In numbers)	Shrawan 2075 to Jestha 2076	Shrawan 2076 to Jestha 2077	Shrawan 2077 to Jestha 2078
1	SARCs new users in 14-palikas	7,509	8,178	8,712
	% increase/decrease of SARCs new users from previous year in 14 palikas	-	Increase by 8.9%	Increase by 6.6%
	SARCs new users in Nepal	525,645	506,679	522,682
	% increase/decrease of SARCs new users from previous year in Nepal		Decrease by 3.6%	Increase by 3.2%
2	ANC 1st visit Total	4,877	4,579	4,620
	% increase/decrease of ANC 1st visit from previous year in 14 palikas	-	Decrease by 6.1%	Increase by 0.9%
	ANC 1st visit Total-Nepal	403,214	391,830	389,543
	% increase/decrease of ANC 1st visit from previous year in Nepal	-	Decrease by 2.8%	Decrease by 0.6%
3	ANC 4th visit Total	3,444	3,284	2,692
	% increase/decrease of ANC 4th visit from previous year in 14 palikas	-	Decrease by 4.6%	Decrease by 18%
	ANC 4th visit Total-Nepal	323,644	308,190	316,230
	% increase/decrease of ANC 4th visit from previous year in Nepal	-	Decrease by 4.8%	Increase by 2.6%
4	Institutional Deliveries Total	3,304	3,405	3,897
	% increase/decrease of institutional deliveries from previous year in 14 palikas		Increase by 3%	Increase by 14.4%
	Institutional Deliveries Total-Nepal	374,522	387,447	366,919
	% increase/decrease of institutional deliveries from year in Nepal		Increase by 3.5%	Decrease by 5.3%

Table 4: HQIP self-assessment scoring: 8 quality domains readiness in 18 CEONC hospitals

QUALITY DOMAINS		Green		Yellow		Red	
		Last assessment	Current assessment	Last assessment	Current assessment	Last assessment	Current assessment
1	CEONC sites that were assessed (average scores of 8 domains[14])	60	79	65	60	19	5

Table 5: HQIP self-assessment scoring: Signal function readiness

SIGNAL FUNCTIONS[15]		Green		Red	
		Last assessment	Current assessment	Last assessment	Current assessment
1	CEONC sites that were assessed (average scores of 9 signal functions)	124	145	38	17

Table 6: Participants in the reorientation on the interim guidance on RMNCAH services in COVID-19 Pandemic

S.N.	Province	District	Palika	HF	Palika managers	HF- Incharges+staff	other (HO)	Male	Female
1	Province-2	Dhanusha	18	99	35	103	0	127	11
2	Sudurpaschim P	Dadeldhura	7	25	12	27	0	33	6
3	Lumbini P	Pyuthan	9	46	17	69		70	16
4	Lumbini P	Gulmi	12	72	23	79		67	35
5	Sudurpaschim P	Darchula	9	39	23	41	1	53	12
6	Sudurpaschim P	Kailali	13	42	24	48	2	57	17
7	Sudurpaschim P	Kanchanpur	8	21	18	27	0	29	16
8	Province-2	Siraha	17	108	36	108	12	138	18

[14]Management, Infrastructure, Patient Dignity, Staffing, Supplies and Equipment, Drugs, Clinical Practice, Infection Prevention

	TOTAL		**93**	**452**	**188**	**502**	**15**	**574**	**131**

DATA FOR DECISION MAKING

Activity number	Activities	Status	Achievement of this quarter	Plan for next quarter
Indicator 2.1 Strengthening of routine MISs				
2.1.1	Development of roadmap for strengthening of routine MISs with better linkages to each other	Ongoing	Two consultative meetings held at provincial level to collect feedback to update IHIMS roadmap	Hold consultation meeting with provincial focal persons and focal persons from functional MISs to update the roadmap
2.1.2	Supporting the implementation of MISs strengthening based on roadmap recommendations at Provincial level (2 & 5)	Not started		
Indicator - 2.2 Health facility registry updates				
2.2.1	Support the functioning of updated health facility registry as an interoperable Master Registry for all info systems	Ongoing	Concept note shared with PPMD to start discussion on update of health facility registry at federal and local level	Support to update the HF registry and make it functional at national and local level
2.2.2	Support provincial capacity enhancement to update and use the health facility registry	Not started		
Indicator - 2.3 Digital platform for recording and reporting of the minimum service standards (MSS)				
2.3.1	Supporting the roll-out of digital platform for MSS reporting at Tertiary and Secondary Hospitals in Focal provinces		Discussion held with NSI for possible ways of collaboration to roll out the MSS tool at provincial and local level	Meetings will be conducted with NSI to get update on development of tool for smooth roll out.

2.3.2	Support implementation of digital platform at Palika level - in LL sites (Learnings from RDQA documented and shared with provincial and federal government	Ongoing	Follow up round of RDQA completed in Kharpunath Rural Municipality-Humla, Ajayameru Rural Municipality-Dadeldhura and Yashodhara Rural Municipality- Kapilvastu. The implementation was halted due to lock down in Pokhara Metropolitan city	Complete RDQA in Kaski Metropolitan city
Indicator - 2.4 Web based Routine Data Quality Assessment (RDQA) system				
2.4.1	Supporting the updates to RDQA for federal level hospitals	Ongoing	Updates are being made in web based RDQA tool to deploy the updated version in offline version	Finalise the offline version of RDQA tool and deploy both updated online version and offline version in MoHP website.
2.4.2	Roll-out of RDQA at tertiary and secondary hospitals- Province 2 & 5	Ongoing	Discussions held with focal person in health directorate in Province 2 and Lumbini province to conduct RDQA in hospitals in upcoming quarter	Conduct RDQA at 6 tertiary and secondary hospitals in focal provinces
2.4.3	RDQA implementation and improvements to data quality at local level facilities (LL sites)	Ongoing	Orientation conducted to newly appointed HSSOs on RDQA system. HSSOs are approaching palika focal person to conduct RDQA in upcoming quarter	Conduct RDQA in health facilities of focal palikas in focal provinces.
Indicator - 2.5 Monitoring of Basic Health services				
2.5.1	Develop mechanism to monitor availability and utilisation of BHS	Ongoing	Developed concept note and framework for monitoring availability and utilization of BHS. The concept note is shared with PPMD and CSD	Facilitate to form TWG and develop the monitoring mechanism

2.5.3	Generate and feed evidence to support planning at provincial and local level	Ongoing	Supported in DHIS review workshops in Rautahat, Banke, Bardiya, Dang and Rukum East. Supported to generate evidences reporting status on key indicators in Lumbini province and province 1.	Continue the support and develop provincial factsheet
Indicator - 2.6 Strengthening the maternal and perinatal death surveillance and response system (MPDSR)				
2.6.1	Review of MPDSR system and analysis of available data	ongoing	Prepared presentation using MPDSR data in Lumbini province and presented to advocate on data discrepancies and timely update	
2.6.4	MPDSR data analysis to better inform the response at Provincial and Palika level	ongoing		
Indicator - 2.7 Equity monitoring				
2.7.1	Digital dashboards for monitoring equity (using MISs and survey data), quality of care, NHSS RF and SDG progress updated at the MoHP website	Ongoing	Issues on non-functioning digital dashboard notified to MOHP	Provide support to update the digital dashboards in MOHP website.
2.7.2	Customised digital dashboards for monitoring equity at provincial level developed	Not started		Concept note will be prepared and discussion will be held in focal provinces
2.7.3	Data analysis and use of equity data to inform planning and decision-making at all level	Completed	Completed in previous quarter	

Figure 1 HMIS reporting Status

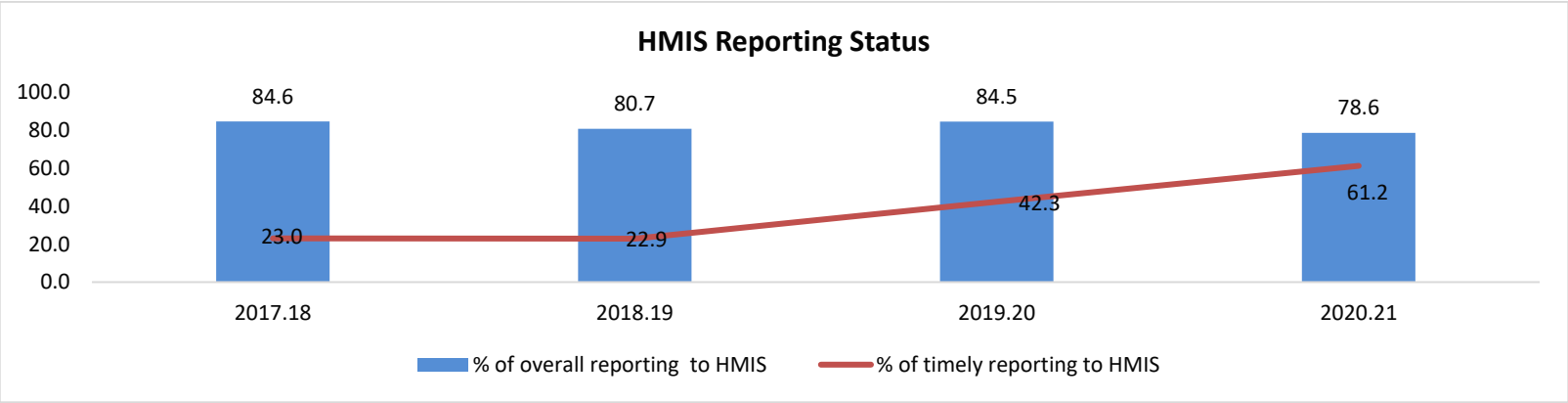


Figure 2 Effects on service utilization: delivery assisted by Skill Birth Attendance (SBA)

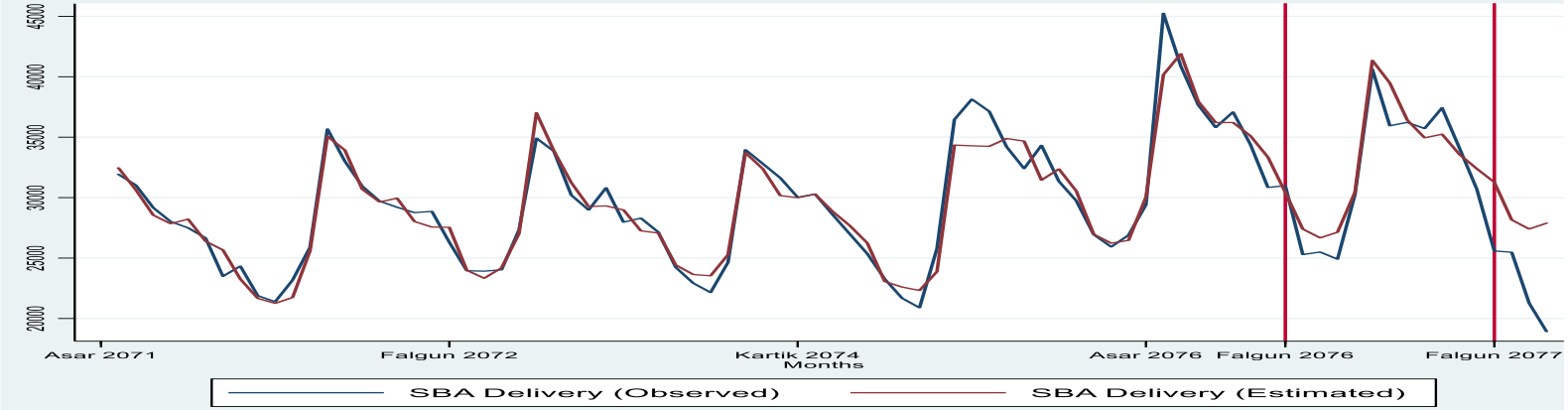


Figure 3 SARI Cases reported by year and week

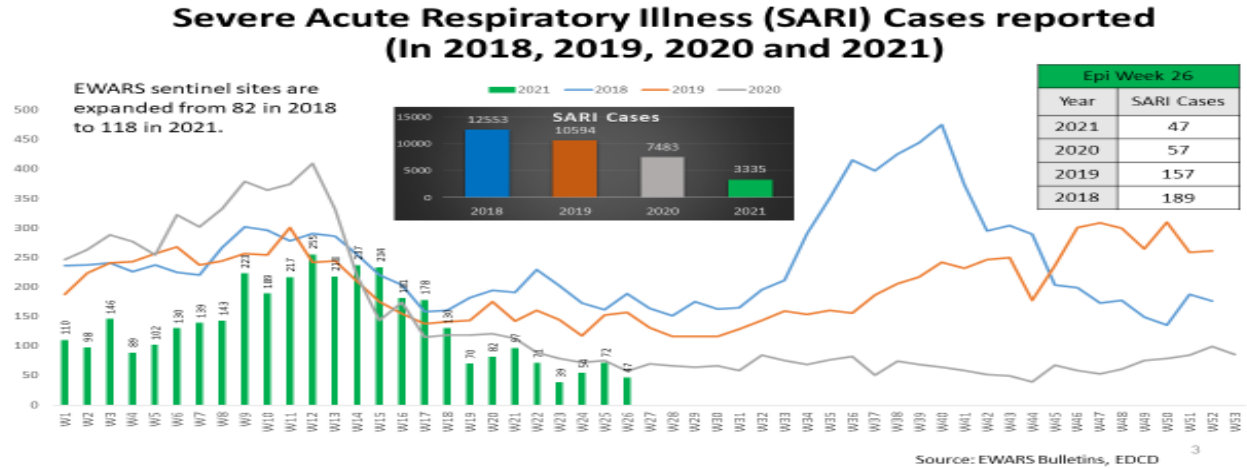


Figure 4 Average number of ID comparison with HMIS and report on ODK

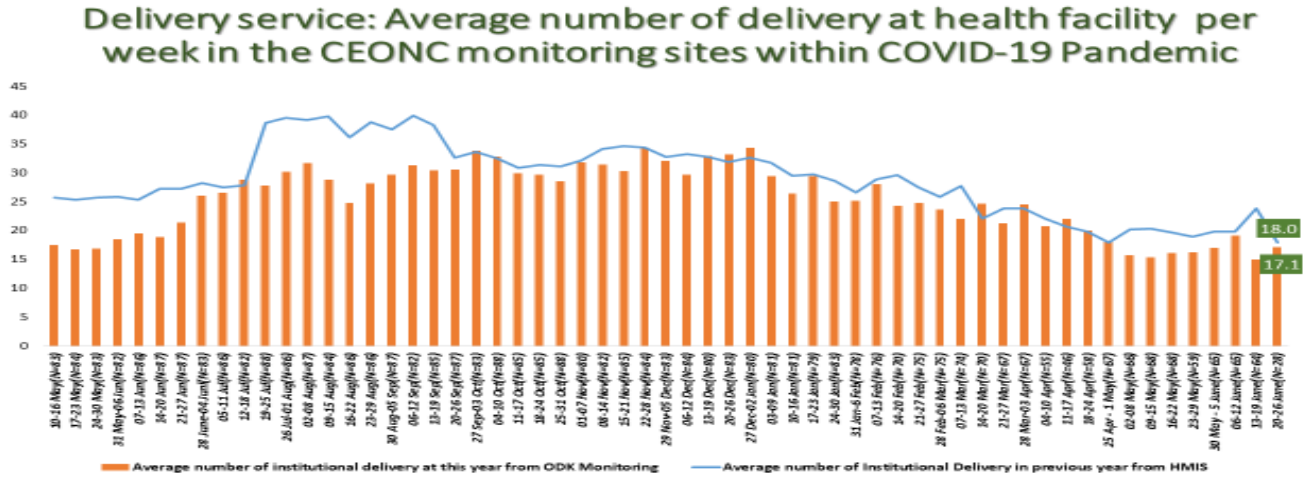


Figure 5 Comparison of Baseline and Follow up assessment scores on System Domain

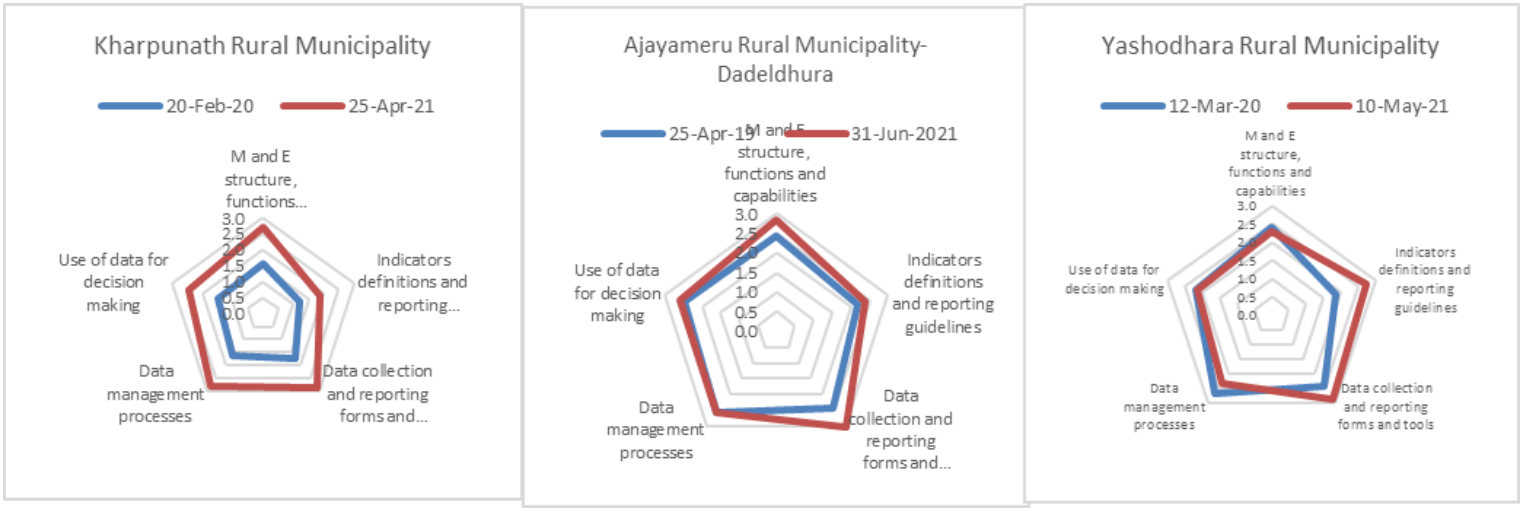


Figure 6. Analysis of maternal deaths reported in MPDSR platform

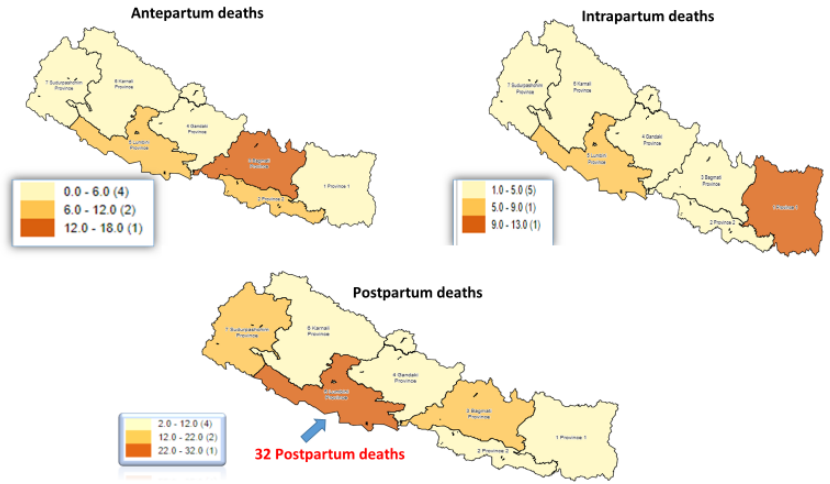


Figure 7 Place of Death of COVID-19 19 cases

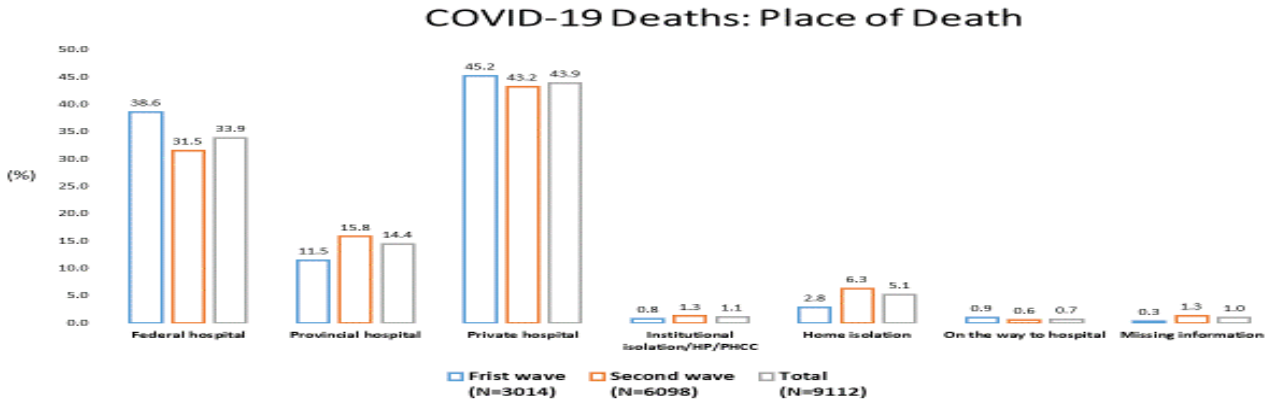


Table 1 Estimated total lost to report in HMIS from PMH

	Skilled Birth Attendants (SBA)Facility		Temporary FP Method-IUCD-New Users ≥20 Years		Total Abortion service received	
FY	# of Not reported months	Estimated total lost to report in HMIS	# of Not reported months	Estimated total lost to report in HMIS	# of Not reported months	Estimated total lost to report in HMIS
2075.76	1	1836	4	182	1	107
2076.77	1	1878	4	214	2	187
2077.78	2	3647	0	0	0	0

Table 2 COVID-19 statistics in 1st wave and 2nd wave

	1st Wave		2nd Wave	
	2076 Magh 9 – 2077 Chaitra 1		2077 Chaitra 2 Onwards	
Highest number of RT-PCR tests/Day	20,118	Kartik 5	22,353	Jestha 08
Highest number of RT-PCR positive cases/Day	5,743	Kartik 6	9,317	Baisakh 28
Lowest number of RT-PCR positive cases/Day	53	Chaitra 1	79	Chaitra 02
Highest positivity rate (%)/Day	34.8	Kartik 10	51.8	Baisakh 27
Highest number of active cases/Day	38,461	Kartik 27	110,263	Jestha 02
Highest number of deaths/Day	45	Kartik 25	246	Jestha 05
Highest number of districts reporting new cases/Day	71	Kartik 30	75	Baisakh 21

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**	Features regarding reporting and monitoring of construction of primary hospitals have been identified. Additional sub domains of service delivery and GESI are being analysed for incorporation. In liaison with consultant, a demo version of the updated HIIS is under development, and modality for implementation and further development under discussion.	Continuation of information integration from different sources, and updating of new infrastructure development plans into the system.
I7.1.11	Assessment of LL centres	**Ongoing**	Reports for LL Site (LL District and LL municipalities) are being compiled based on the analysed data and maps.	Report will be finalised during the quarter
I7.1.4	Revision of the Nepal National Building Code (NNBC) concerning retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	Drafts finalised and editing work in progress	Presentation of the handbooks to the Management Division / DoHS and MoHP for endorsement for publishing

I7.1.5	Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)	**Completed on time**	Comments still 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**	Analysis of health infrastructure in LL districts and location mapping of sites vulnerable to landslides and flooding completed	Recommendation being finalised
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	Review of 138 designs from different municipalities completed. Features regarding reporting and monitoring of construction of primary hospitals have been identified	52 adjusted designs approved, with remainder in follow up process. Features regarding reporting and monitoring of construction of primary hospitals to be added in HIIS after discussion with concerned stakeholders
I7.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with Leave No One Behind (LNOB) good practice and orient infrastructure stakeholders on these	**Ongoing**	The NHIDS and its components being updated.	The NHIDS and its component will be finalised and submitted to MoHP incorporating LNOB good practices required in the infrastructure development sector.
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Ongoing**	Follow ups with the provinces	Repair and maintenance support policy orientation at Federal and provincial level
I7.1.10	Development of recommendations on health facility waste management improvement, focusing on legal and coordination aspects	**Ongoing**	Preparation of Guidelines for design of waste management area draft finalised and being edited	Presentation to relevant stakeholders for publication of the handbook

	Result Area I7.2: Capacity Enhancement			
I7.2.1	Ongoing capacity development support to MoHP/DUDBC, including capacity assessment, as well as the formation of a Capacity Enhancement Committee	**Ongoing**	Organisation of different events for on-site capacity improvement of DUDBC staff members on site management issues and quality assurance mechanism at the retrofitting sites. Continued Capacity enhancement of municipality engineers / architects and concerned private sector consultants on health infrastructure planning and design. Tender published for all five hospitals. For upgrading of 5 hospitals (Humla, Dolpa, Rukum, Salyan and Dailekh) in Karnali Province completed	The onsite capacity improvements events to continue regularly and as required. Follow up and monitoring support. Backstopping for implementation as required.
I7.2.2	Training Needs Analysis for MoHP, DUDBC and Construction Contractors and Professionals	**Completed**	An ongoing process to address the new needs of training.	Continuation of assessment at retrofitting site and provinces and accordingly plan activities
	Training programme implementation	**Ongoing**	On-site training to the workers (skilled and unskilled) at Pokhara retrofitting sites on environment, health and safety management, GESI, Gender-Based Violence (GBV) and LNOB context, including different perspectives of Labour Act, Insurance etc.	- Next round of training in the Pokhara and Bhaktapur retrofitting sites on environment, health and safety management, GESI, GBV and LNOB context including different perspectives of Labour Act, Insurance etc. - Orientation to technical people from DUDBC and contractor on quality compliance and testing of materials and works.

				- Orientation to newly appointed officials at PAHS/WRH on retrofitting project - Orientation to the contractor for service decanting on decanting plan and strategy - Orientation training on retrofitting techniques for construction workers and contractor's technical staff at both the sites.
	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	Continued orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards at the provincial and local level.
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 MoHP / DUDBC in design and tendering	**Continuous**	- Bhaktapur Hospital's main retrofitting works completed, and contractor mobilised at site. - Service decanting tender document updated as per the additional equipment added by the Hospital. - Service decanting contractor mobilised at PAHS/WRH site - Waste management area design procurement process initiated for WRH Pokhara.	- Continued support to DUDBC in contract management. - Decanting of Maternity block completed in Pokhara. - Service decanting tender process completed for Bhaktapur. - Waste management design and estimation completed for WRH Pokhara

I7.3.7	Preparation of final drawings	**Completed**	All updated drawings provided to FPIU DUDBC	Preparation of additional details and working drawings as required will continue
I7.3.8	Production of BoQs	**Completed**	The BoQs updated as required at the site as per the site conditions	Revisions will continue depending on the site condition and availability of specified products in the market.
I7.3.9	Tender process and contractor mobilisation (PD 40)	**Continuous**	- Contractor mobilised at WRH Pokhara and main retrofitting works progressing. - Contractor mobilised at Bhaktapur and foundation work near completion	Continued technical and management support for the retrofitting work
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	**Completed**	- The Priority Hospitals again using the decanting space for treatment of second wave of covid-19. - Decanting of maternity block initiated in Pokhara in new maternity block and decanting of emergency block initiated in Bhaktapur in alternative space provided by the hospital	Continued technical and management support for retrofitting of both the priority Hospitals.

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 Year 2 revision of GESI Operational Guidelines)	**Completed**	No specific activities have taken place because of COVID-19 pandemic.	Printing the GRB Guidelines and possible virtual orientation
I2.2.4	Develop LNOB budget markers at national and local level	**Completed**	Minister approved LNOB budget marker guideline	Support the roll out of LNOB budget marker guideline.
I2.4	**Result Area: MoHP has clear policies and strategies for promoting equitable access to health services**			
I2.4.1	Revise Health Sector GESI Strategy	**Completed**	Waiting Cabinet approval.	Printing and dissemination of the strategy after approval.
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	**Not scheduled**	No specific activities have taken place because of the delay in approval of the Health Sector GESI Strategy.	
I2.4.3	Develop National Mental Health Strategy and Action Plan	**Completed**		
I2.4.4	Standardise Psychosocial Counselling Curricula	**Completed**		Develop plan for the roll out of the training package.
I2.4.5	Development of National Health Sector Social Accountability Directives	**Completed**	Conducted orientation to provincial MoSD, health directorate and provincial committee representatives on the directives and model social audit guideline in Province 1 & 2.	

I2.4.6	Develop guidelines for disability-inclusive health services	**Completed**	-	Facilitate MoHP to develop a plan to fill gaps identified by the study on the impact of COVID-19 on people with profound and severe disabilities.
I2.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	**Completed**: OCMC, SSU and Geriatric Health Service Guidelines	• Supported the revision of OCMC, SSU and Geriatric Operational Guidelines which were subsequently approved by MoHP. • Provided technical assistance to the development of Geriatric Health Service Strategy and submitted draft strategy to MoHP.	• Printing of revised SSU operational guidelines. • Finalise the Geriatric Health Service Strategy.
I2.4.8	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**		
I2.4.9	National and provincial-level reviews of OCMCs and SSUs	**Completed:** Annual review of targeted interventions		
I2.4.10	Capacity enhancement of GESI focal persons and key influencers from the MoHP and DoHS on GESI and LNOB aspects	**Delayed**: Orientation to MoHP and DoHS will proceed after the revised GESI Strategy receives Cabinet approval.	Conducted orientation on GESI/LNOB concepts and updates to new officials at GESI Section and Nursing and Social Security Division.	Ongoing

I3.1	**Result Area: The DoHS increases coverage of under-served populations**			
I3.1.10a	Strengthening and scaling up of OCMCs	**Ongoing**: Establishment of new OCMCs and strengthening of existing OCMCs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services.	• Strengthen selected OCMCs via follow-up support and mentoring from distance. • Finalized and submitted the online OCMC, SSU and Geriatric recording and reporting tools.	• Strengthen newly established OCMCs. • Operationalize OCMC, SSU and Geriatric online reporting system.
I3.1.10b	Support 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 and in person.	Follow-up support provided through phone calls/virtual meetings to Pokhara, Gajendera Narayan Singh, Hetauda, East Rukum, Bajura hospitals and 9 other hospitals in Province 2 and Lumbini Province. Visits were made to BPKIHS, Koshi, Lumbini, Palpa, Sankhuwasabha, Janakpur hospitals to strengthen OCMC, SSU and geriatric services.	Mentoring and follow-up support to newly established OCMC hospitals.
I3.1.11	Supporting the rollout of the GBV clinical protocol	**Completed**	Completed two GBV clinical protocol training events to hospital staff using OCMC funds at Surkhet Provincial hospital. Altogether 24 staff (4 doctors, staff nurse and paramedics) were trained on the revised GBV Clinical Protocol.	Printing of GBV clinical protocol.
I3.1.12	Rollout of the GBV SOP (after approval)	**Not scheduled**		
I3.1.13a	Scaling up SSUs and geriatric services	**Ongoing:** Establishment of new SSUs and strengthening of existing	Carried-out strategic meeting with the Vice-Chancellor, Director, Rector and Senior Management Team of the BPKHIS on GESI	Mentoring and follow-up support to newly

		SSUs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services.	targeted interventions and ownership of these crucial programs by the hospital and orientation to concerned focal persons on revised provisions on OCMC, SSU and Geriatric services guidelines.	established SSUs and Geriatric services.
I3.1.13b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	**Ongoing**: Regular coaching and mentoring from a distance and in person	• Finalized the digital software for SSUs. • Backstopping support provided to SSUs in Lumbini, Palpa, Koshi, BPKIHS, Janakpur and Syangja.	Mentoring and follow-up support to newly established and other select SSUs; operationalize SSU online reporting system.
I3.1.14	Capacity building to put LNOB into practice	**Ongoing**: Orientation regularly conducted to different stakeholders	• Conducted orientation to newly joined officials of GESI Section/MoHP and NSSD/DoHS about GESI/LNOB concept and achievements till date. • Brief orientation was conducted to OCMC- and SSU-based hospital staff to give priority in services to those coming from remote and target groups defined by MoHP.	Ongoing

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Anthony Bondurant	April – June 2021	Special Advisor – Technical support
2.	Alasdair Deas	March – April 2021	Editing and Quality Assuring the Safe Motherhood and New-born Health Roadmap
3.	Deborah Thomas	April – June 2021	GESI support – Geriatric strategy development, SMNH briefing
4.	Martin Ellory	April – June 2021	Copy editing support
5.	Steve Topham	April – June 2021	PD review, QAs of quarterly reports, advisory support to HI team

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	BEK approval date
Management	R30	Quarterly report 15 Jan - March 2021	23-May-21
HI	R34	Support to Karnali Province for Upgrading of District Hospitals	21-May-21
GESI	R25.1	Clinical Medico-legal training at provinces for the strengthening of OCMC services	03-Jun-21

ANNEX 4 LOGFRAME UPDATE

This logical framework presents updated figures based on the most recent data from the various sources to monitor the progress status on milestone 1 (July 2021). The figures have been updated based on the available information till March 31, 2021. The sources of data for monitoring the logframe indicators include programme documents, MoHP's routine information systems (HMIS, LMBIS/TABUCS/SUTRA), MoHP records, national level surveys/assessments, and global studies/projections such as Global Burden of Disease.

UK - 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		*GBD data not yet published*			
			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		*GBD data not yet published*			
			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		*GBD data not yet published*			
			Source				

UK - 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)**
			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
OC1.1 a	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		280951	195,324		
OC1.1 b	Number of postpartum women receiving Vitamin A supplementation	Planned	325,151	263,813	269,089	274,471	No milestone
		Achieved		239024	178,088		
OC1.1 c	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		2380276	2,307,511		
		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)						

UK - 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)**
OC1.2	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		4%	Average of top 10 districts in percentage of women who delivered in a health institution = 96.9 Average of bottom 10 districts in percentage of women who delivered in a health institution = 25.7 Difference between the average of top 10 and bottom 10 districts in percentage of women who delivered in a health institution=71.1		
			Source				
			NHRC DLI verification; Milestone 1: HMIS (30 June 2020)				

UK - 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)**
OC1.3	Family planning: Number of additional users of modern methods of contraception	Planned	493,000	790,530	911,160	995,874	No milestone
		Achieved		*780000*			
			Source				
			FP 2020 Annual Progress report 2016/17	FP 2020 Annual progress report			
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.	Overall composite index will be calculated at the end of the FY. (RDQA has been completed in three LL sites out of seven and other 4 LL sites will be completed within May 2021. Pokhara and		

UK - 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)**
					Kharpunath has completed the MSS assessment. Health budget expended at LL sites will be available at the end of FY. As of now, 62.1% of pregnant women who had four ANC check-ups as per protocol in LL site. In an average, 86.3% health facilities and 33.2% hospitals are reported on HMIS in timely manner from LL sites in the last eight months)		
			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	% MoHP spending units whose entire expenditure (from all sources)	Planned	New indicator, baseline to be established in first year,	The province level TA is yet to be agreed and started. Thus,	TBC by June 2021	TBC by June 2021	No milestone

UK - 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)**
	captured by TABUCS in focal provinces		milestone to be revisited accordingly	this has been shifted to 2020/21			
		Achieved		Not applicable	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		80%; FMISF developed and endorsed by MoHP	32%, FMISF developed		
			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,	No milestone set	85	90	No milestone

UK - 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)**
			which we expect to be in FY 2020/21				
		Achieved		Not applicable	Sector wise data is not available yet		
			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 and private health facilities	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

UK - 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)**
		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	Guidelines for conditional grants (Health) is being developed		
			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	Planned	75	80	86	88	No milestone
		Achieved		87	85 CEONC sites had conducted at least one CS case in the last three months		
		Source					
		HMIS/DoHS Annual Report					

UK - 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)**
	province and ecological region)						
OP1.2	Public facilities in priority provinces compliant with BHCS protocols and guidelines (according to established critical path)	Planned	BHCS package has been drafted, but yet to be approved	BHCS package developed and approved by MoHP	Monitoring mechanism of BHCS established by MoHP	Assessment on public facilities compliance to BHCS protocols in LL sites, completed	Action plan developed in response to assessment
		Achieved		BHCS package developed and approved by FMoHP, (BHCS package is a part of the Public Health Service Regulation 2077, which has been endorsed by the Parliament)	Conceptualized the monitoring mechanism of BHCS package and discussion was made with IHMIS and PPMD, MoHP		
			Source				
			BHCS guidelines and protocols and monitoring system				
OP1.3	Number and percentage of OCMCs functional as per guideline (Disaggregated by	Planned	20 (53%)	36 (67%) and review of OCMC utilisation and bottlenecks to use completed,	45 (70%) Action plan in relation to review completed, agreed	53 (76%)	56 (80%)

UK - 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)**
	Province and ecological regions)			Evidence of activities undertaken to strengthen response to GBV during the Covid-19 lockdown.	and evidence of implementation		
		Achieved		36 (67%) [36 of 54 OCMCs are functional] 14 new OCMCs established In-depth 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	This information is available at the end of the fiscal year		
				Source			
				OCMC reports			

UK - 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)**
				Milestone 1: OCMC report as of end of June 2020			
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		Qualitative report done and submitted			
			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		Number of eligible women for Amma	Total number of eligible women on		

UK - 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)**
				transport incentive=388090 Number of women received incentive on transportation=338260 % of eligible women who received incentive on transportation=87.2% Annual Aama rapid assessment completed, report write up is in progress	Aama incentives on transportation=354757 Total number of eligible women who received Aama incentives on transportation=318712 % of eligible women who received Aama incentives on transportation =89.8		
			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 BEK's earmarked Financial Aid and	Planned	Retrofitting of two priority hospitals proposed using BEK FA	Decanting spaces completed at Pokhara Western Regional Hospital and Bhaktapur Hospital; and repurposed as	5 building blocks retrofitted in Pokhara Western Regional Hospital Structure of the new OT building at	TBC by May 2020	Retrofitting completed at Pokhara Western Regional Hospital and Bhaktapur Hospital

UK - 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)**
	technical assistance (DLI);			COVID-19 management centres	Bhaktapur Hospital completed.		
		Achieved		Decanting spaces completed and being used for management of the COVID-19 cases in both the hospitals	90 % structural work of 2 new building (Pokhara) is completed		
		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	Five new hospitals designed that adhere to standard design guideline		
		Source					
		NHSSP Programme reports					

UK - 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)**
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 spheres of government	Planned	Inventory for policies developed	Preliminary analysis report analysing the health sector functions of all three level of government as per Functional Analysis and Assessment (FAA) COVID-19 relevant policies, plans and guidelines developed and disseminated.	No milestone set	In-depth analysis of policy coherence across three level of government (focusing on focal provinces and LL sites) completed	Recommendations based on analysis advocated at all levels
		Achieved		Report on "Preliminary analysis of the health sector functions of all three levels of government as per Functional Analysis and Assignments and relevant policies" has been developed.	Not applicable for this year		

UK - 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)**
				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		43			
		Source					
		CSO reports, CSO survey reports					
OP4	Effectiveness and accountability of financial and procurement systems strengthened at federal level and in focal provinces						
OP4.1	% MoHP spending units using TABUCS (DLI 8)	Planned	MoHP has issued a circular mandating	90	95	95	No milestone

UK - 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)**
			expenditure reporting through TABUCS by all spending units				
		Achieved		90	13.0		
		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-19 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 developed in English and Nepali languages and in	The new officials of Planning and Finance Sections of		

UK - 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)**
				process of endorsement by MoHP. 100% procurements by DoHS-MD are from CAPP. 70.39% of Planned value are contracted. 100% of procurement of health commodities, as specified in the list of health commodities procured by MD is based on TSB. Technical Specifications of COVID-19 Health commodities are developed and in process of uploading on TSB after endorsement.	MoHP are briefed about the PPSF document and its objectives. It is still in endorsement process at MoHP. New CAPP of 2020-21 prepared and implemented. Till March 31, 2021, MD has processed 95.42% in total CAPP value for procurement. The value of contract signed till March is 42.99% in total CAPP value of F/Y 2020-21. All procurement of health commodities by MD is based on TSB. Consolidated Technical Specifications of		

UK - 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)**
					COVID-19 Health commodities are approved by technical committee and are in use for procurement.		
		Source					
		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		97	Information available annually (end of fiscal year)		
		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	Planned	23	35 & COVID-19 health information management system established and functioning	45 & COVID-19 health information management system functioning	55	No milestone
		Achieved		44	61.5%		

UK - 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)**
	a timely manner (DLI 10)			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	COVID-19 vaccine related information functioning from DHIS2/HMIS and RT-PCR positive cases are recorded in EDCD reporting system		
			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 using results of SAHS APEA, situational analysis, mapping and/or analytical materials to inform decision-making	Planned	Not available	20	30	75	No milestone
		Achieved		90			
			Source				
			Meeting minutes of events/SAHS progress report				

UK - 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)**
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		Five technical briefs produced; 1. Distance to Health Facilities: How does it affect the uptake of Institutional Delivery Services in Nepal? 2. Trends and determinants of early neonatal mortality in Nepal 3. Reponses on COVID-19 19 Disease in Nepal: Laboratory Perspective 4. Initial crude estimates of the	Completed technical brief: 2 Drafting technical briefs: 2		

UK - 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)**
				effects of the COVID-19 pandemic on Immunization, Safe Motherhood and Family Planning program in Nepal 5. Global evidence and implications for Nepal's Aama Surakshya Programme			
		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. 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

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
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 MoHP won't have an effect on the process, and spending units continues to use TABUCS or other FMIS. MOHP committed towards transparency
OP5.1, 5.2 & 5.3	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

ANNEX 6 RISK MATRIX

General Health TA Risk Matrix

Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls	Net Risk		Risk Factor RAG rated	Net Risk Acceptable?	Additional control	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Strategy and Context											
R1	Continued lockdown may reduce the momentum of the programme.	Likely	Severe		NHSSP will maximise the IT system and provide support remotely to their counterparts and policy makers.	Likely	Moderate		Yes	NHSSP advisors will support Provincial and palika level staff engagement will be monitored; deployment as soon as possible	SMT	Treat
R2	COVID-19 spreading in KTM, NHSSP staff may be affected that may cause the delays in	Highly Likely	Major		PDs were reviewed and agreed with BEK those possible to complete in	Likely	Moderate		Yes	Staff are strongly suggested not to take risks. Staff to work from home	SMT	Treat

	submission of schedule deliverable.				the COVID-19 situation.					during periods of Highly Likely transmission. All staff to be offered vaccine.		
R3	Delay on MOU signed between BEK and MOF may delay in transition to sub-national level.	No longer relevant										
R4	Changes in UK Government leads to reduced commitment to aid budget, including budget for NHSSP 3 Extension.	No longer relevant										
	Policy and Programme Delivery											
R5	Government of Nepal may identify a different set of priorities or approaches at federal and sub-	Likely	Severe			Likely	Major			NHSSP will maintain close communication with BEK/FCDO Advisors regarding government	Team Leader	Tolerate

	national levels, than those presented in the Extension proposal.									consultations, especially should they lead to unanticipated variances in approach.		
R6	Inadequate political will to drive key reform processes for example procurement reform at federal and sub-national levels.	Likely	Major		NHSSP advisors work closely with senior staff in FMoHP to advocate, build understanding and buy in to planned reform processes.	Likely	Moderate		Yes	NHSSP advisors will continue to work closely with senior staff at Federal and sub-national level. Pace of changes will be carefully planned. Regular meeting of CAPP monitoring committee.	Team Leader /Data for Decision Making Technical Strategist /Strategic Advisor	Treat
R7	Uncertainty over the sub national structure may affect programme implementation.	Highly Likely	Severe		NHSSP Advisors are supporting the FMoHP to develop a health sector transition	Highly Likely	Major		Yes	NHSSP team will continue to work closely with FMoHP and take flexible and adaptive	Strategic Adviser and Leadership and Governance	Treat

					plan, informed by best available evidence. The Strategic Adviser is working closely with FMoHP and providing regular updates and advice to the NHSSP adviser for on-going work.					approaches, including creating an enabling environment for effective FA spend at sub-national levels.	Technical Strategist	
R8	Insufficient capacity of local government in Health sector management may affect timely delivery of quality health service.	Highly Likely	Major		Capacity building of local government including orientation on programme implementation guides and planning support in coordination with all	Highly Likely	Moderate		Yes	Regular engagement with the FMoHP and priority province and palika governments in planning processes. Subnational staff to provide hands-on	Concerned Technical Strategists and Provincial Advisers	Treat

					supporting partners EDPs.					support to augment capacity in light of additional COVID-19 related impact on capacity.		
R9	Competing priorities at the local level may result less attention to public health interventions	Highly Likely	Major		Support FMoHP in advocating for health and capacity building of local & provincial government including orientation on programme implementation guides and planning support in coordination with all supporting partners EDPs.	Highly Likely	Moderate		yes	NHSSP will support the roll out of Minimum Service Standards (MSS) in priority provinces and develop context-specific approaches to address local palika level (capacity building) needs. D4D team will support collection and analysis of public health data to be used	Coverage and Quality Technical Strategist	Treat

										for advocacy, and to inform planning and budgeting.		
R10	Change in FMoHP structure may affect the relationship management with the counterpart	Likely	Major		NHSSP advisers will engage with relevant department/units in strategic issues in terms of planning and implementation.	Possible	Minor		Yes	NHSSP will continue to participate in induction processes in the relevant department; and to maintain good working relationships with key officials.	All advisers	Treat
	Public Service Delivery and Operations											

R11	Reduced access to routine health care services for vulnerable populations, especially women, children, people living with disabilities and the elderly.	Highly Likely	Severe		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	Likely	Moderate		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

R12	MoHP personnel and resources may be diverted towards preparedness and management of COVID-19, which might affect routine programming.	Likely	Severe		NHSSP will support MoHP in contingency planning in close consultation with BEK. NHSSP will work with BEK to seek and target greater funds for the COVID-19 response. NHSSP will work with MoHP and DoHS to monitor routine service provision.	Likely	Major		Yes	NHSSP will work closely with BEK and other partners to develop and implement hospital safety measures.	PPFM/ HPP team	Tolerate
R13	Procurement and provision of both routine and COVID-related equipment is delayed.	Highly Likely	Major		NHSSP will support emergency procurement policies and systems, as appropriate.	Likely	Moderate		Yes		PPFM	Tolerate

R14	Reluctance to access health services, because of fear of COVID-19, may lead to an increase in otherwise preventable morbidity and mortality.	Highly Likely	Severe		NHSSP will help facilitate the creation and dissemination of messages related to service availability and use.	Highly Likely	Major			NHSSP advisors will work with service providers and closely review routine data.	E&A/SD team	Tolerate
R15	Increased risk of GBV and family violence in times of lockdown and reduced access to protection or service providers.	Highly Likely	Severe		NHSSP will work with MoHP, MoWCSC, NWC and partners in the GBV sub-cluster to develop protocols for OCMCs and shelter home/ rehabilitation centres.	Likely	Major		Yes	Provide folPossible-up support to OCMCs/hospitals for continuity of services from hospitals and safe home/rehabilitation centres and share the status with MoHP and partners.	GESI team	Treat
R16	Health workers lack PPE, leading to illness, mental stress and reduced	Highly Likely	Major		NHSSP work closely with the MoHP and other partners for the	Likely	Moderate		Yes	Provide regular folPossible-up on for the implementation of guidelines on	SMT	Treat

	motivation among health staff thereby reducing the capacity of the health system.				development and implementation of hospital safety measures, self-care and online counselling for providers.				use of PPE as per the WHO and Nepal Medical Council standards.		
R17	Trans-missions from asymptomatic and pre-symptomatic cases reported elsewhere increase fear of service providers that may cause poor quality of service provided.	Highly Likely	Major		NHSSP continue advocating for PPE for health workers/service providers and support MoHP on development and implementation of hospital safety measures, self-care and online counselling for providers.	Likely	Moderate		Yes	Inability to do field visits and conduct on-site support to managers/service providers hampers effectiveness of our work.	SMT	Tolerate

R18	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.	Highly likely	Major		NHSSP, alongside RH sub-cluster partners, support FWD in implementation of the interim guideline focusing on orientation of health workers.	Likely	Moderate		Yes	NHSSP will facilitate and encourage partners to provide online orientation to health workers.	SMT	Tolerate
R19	Coherent and routine reporting system may be affected due to structural change at local level	Likely	Moderate		Engage with FMoHP to provide onsite coaching to Local Government for electronic reporting of HMIS in DHIS2 platform.	Likely	Minor		Yes	NHSSP continues to engage with FMoHP to develop and monitor implementation plan. NHSSP will actively engage government and multiple stakeholder in data analysis, develop a MIS	Data for Decision Making Technical Strategist	Treat

										integration road map and support its implementation.		
R20	MoHP priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets at federal and subsequently, sub-national levels	Highly Likely	Moderate		The NHSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding of work plans. The NHSSP is being flexible and responsive to make certain that adapting plans will have limited impact on overall quality of delivery of the TA.	Possible	Minor		Yes	NHSSP team will continue to work closely with FMoHP colleagues and actively engage priority province and palika governments, and remain flexible and strategic.	Concerned Advisers	Treat

R21	Evolving priorities of FMoHP means that less attention is paid to NHSSP supported activities.	Likely	Moderate		NHSSP will engage with FMoHP and provide flexible and responsive support within the scope of NHSSP.	Possible	Minor		Yes	NHSSP team will work with other partners for resource leveraging.	Concerned NHSSP Advisers	Treat
R22	Highly Likely staff turnover in key government positions limits the effectiveness of capacity enhancement activities with FMoHP and the DoHS.	Likely	Moderate		NHSSP adopts capacity enhancement at institutional and system level besides individual capacity enhancement so that institutional memory remains in place.	Likely	Minor		Yes	NHSSP works with different cadre of Health Staff.	Concerned NHSSP Advisers	Tolerate
R23	Staff shortages at sub-national levels limits the effectiveness of capacity enhancement	Highly Likely	Major			Likely	Moderate		Yes	NHSSP team will work closely with FMoHP to monitor and support	Team Leader/Strategic Adviser	Tolerate

	activities at priority provinces and palikas.									transition plan, and take flexible and adaptive approaches, including provision of direct support at sub-national level during the Covid-19 crisis.		
R24	Health workers are not able to complete training/engage in programme activities due to workload, and/or frequent staff turnover, limiting effectiveness of activities to improve QoC.	Possible	Moderate		Capacity enhancement to improve quality of care will be planned with DHOs and facility managers; refresher trainings will be offered on a regular basis; focus is on building capacity and the functionality	Possible	Minor		Yes	NHSSP will actively encourage on site coaching /training and support training needs identification. This will be extended to province and palika levels, drawing on increased programme (HSSO) capacity. .	Concerned NHSSP Advisers	Tolerate

					of the facility, not just training.							
R25	Lack of clarity in the FMoHP structure that ultimately disrupt the service delivery functions at the local level.	Highly Likely	Moderate		NHSSP continues working with FMoHP to prioritise essential SD functions through regular monitoring and support.	Likely	Minor		Yes	NHSSP team working with Secretary and other relevant units to minimise the disruption through continued dialogue and support.	Strategic Adviser & Coverage and Quality Technical Strategist	Treat
R26	Lack of clarity and understanding at all three spheres of government on new mandated roles and responsibilities.	Highly Likely	Moderate		NHSSP uses the OCAT training and implementation as an opportunity to review and discuss the revised mandates of each sphere of government.	Likely	Minor		Yes	NHSSP continuing to advocate and guide TA that is aligned to revised mandates.	Team Leader/Strategic Adviser	Treat

	Financial and Fiduciary											
R27	The TA programme has limited funds to support the strengthening of major systems components such as HR systems.	Likely	Moderate		Support policy and planning in the MOHP. Engage with other EDPs who are supporting related areas.	Possible	Minor		Yes	Continue to work with FMoHP and WHO and other partners who may have financial resources to support these.	Advisers	Treat
R28	Financial Aid is not released for expected purposes.	Likely	Major		Planning and discussions with FMoHP and MoF. Health Financing TA will support the government in managing release of Financial Aid.	Possible	Moderate		Yes	Continue with regular and quality monitoring of FMR and regular meeting of PFM committee.	Data for Decision Making Technical Strategist and Data for Decision Making Convener	Treat
R29	Financial management capacity of subcontracted local partners is Possible.	Possible	Moderate		Carry out a due diligence assessment of major partners at the	Possible	Minor		Yes	Carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat

					beginning of the contract.							
R30	Weak PFM system leads to fiduciary risk	Highly Likely	Severe		To work actively to support the FMoHP in strengthening various aspects of PFM via an updated FMIP, regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of procurement improvement	Likely	Moderate		Yes	Continue to monitor risks and mitigate through periodic update of FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging FMoHP Secretary, FCGO and PPMO. Extend active engagement to priority provincial governments, to create an enabling environment for effective and	Data for Decision Making Technical Strategist and senior Procurement adviser	Treat

					plan (PIP) and establishment of a CAPP monitoring committee.					appropriate FA spend.		
R31	Devaluation of the £, including as a result of the UK exiting the EU (Brexit), reduces the value of FA and TA commitment.	No longer relevant										
R32	Increased pressure of corruption at provincial and local levels	Likely	Major		NHSSP takes take a zero tolerance approach to fraud and corruption.	Likely	Moderate		Yes	NHSSP staff will undergo additional training and support to resist pressure. Options' whistlebPossibleing policy will be rolled out to the NHSSP team.	Team Leader/Deputy Team Leader	Treat

	Safeguarding											
R33	Harm, abuse and exploitation of children and vulnerable adults (includes sexual harassment and exploitation).	Possible	Major		NHSSP takes a zero-tolerance approach to the abuse and exploitation of children and vulnerable adults. NHSSP, led by Options has systems in place to document, monitor and report on the implementation of its safeguarding policy. NHSSP adopts child and vulnerable adult safeguarding recruitment procedures for the selection of staff. NHSSP conducts due diligence on all	Possible	Moderate		Yes	NHSSP staff will undergo additional safeguarding training. Options' Child and Vulnerable Adult Safeguarding Policy will be rolled out to NHSSP staff. Updates to partner contracts will include compliance with BEK/FCDO's latest Supply Partner Code of Conduct.	Team Leader and Options' Safeguarding Lead (Director of Programmes)	Treat

					new partners and conducts regular due diligence checks on existing partners to ensure compliance with Options' and BEK/FCDO's Code of Conduct.							
	People											
R34	NHSSP staff may be overstretched in their support to MoHP and may contract COVID-19 and fall ill.	Possible	Moderate		In consultation with BEK, NHSSP will recruit STTA to support specific technical areas required to support MoHP. We will maintain staff safety and wellbeing as per the	Possible	Moderate		Yes	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	TL	Tolerate

					Options duty of care protocol.					addition, staff salary will be paid on time as usual.		
	Climate & environmental											
R35	Further earthquakes, aftershocks, landslides or flooding reverse progress made in meeting needs of population through disrupting delivery of healthcare services.	Likely	Major		Continue to monitor situation reports/GoN data; ensure programme plans are flexible, and re-plan rapidly folPossibleing any further events. Comprehensive security guidelines will be put in place for all staff.	Likely	Moderate		Yes	NHSSP will support MOHP to update disaster preparedness plan; and will work with other EDPs to identify ways to build a more resilient health system.	Concerned NHSSP Advisors	Tolerate

Health Infrastructure Risk Matrix

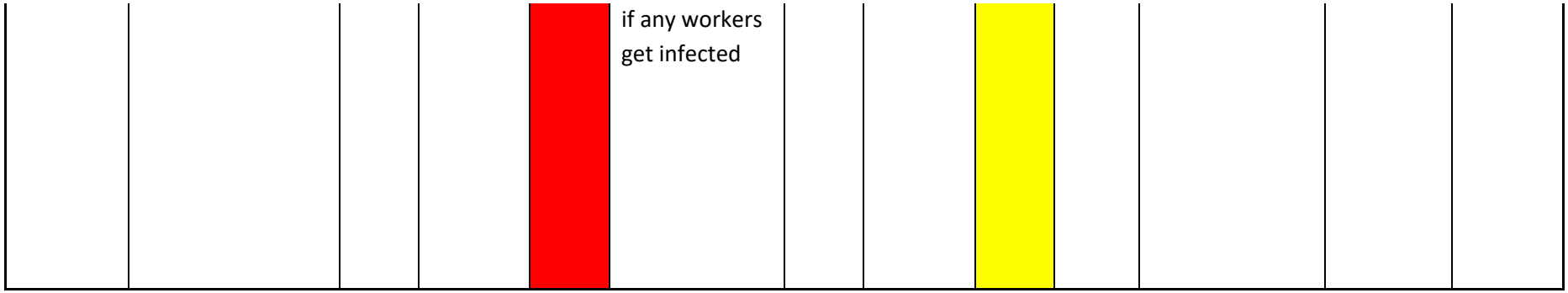
	Strategy and Context											

R1	Delay in the initiation of retrofitting works at PAHS/WRH Pokhara (due to use of the decanting block for COVID-19 treatment)	Highly Likely	Major		NHSSP and DUDBC FPIU, Kaski jointly coordinating with the hospital management for managing alternatives for decanting space to initiate the retrofitting works.	Likely	Moderate		yes	NHSSP in coordination with the DUDBC FPIU will revise and update the construction schedule based on the pandemic scenario to manage/control the completion of construction works within agreed schedule to the maximum possible extent.	NHSSP HI team	Treat
R1.1	Delay in decanting of emergency block in Bhaktapur due to its use for treatment of COVID-19 patient may have impact	Likely	Major		NHSSP and DUDBC FPIU, Kathmandu jointly coordinating with the hospital management	Likely	Moderate		yes	NHSSP in coordination with the DUDBC FPIU will revise and update the construction schedule based on the		

	on the agreed activity schedule				for managing alternatives					pandemic scenario to manage/control the completion of construction works within agreed schedule to the maximum possible extent.		
R2	Delay in progress of work as per the scheduled activities due to restricted movement. (restricted movement/transportation of construction material, human resource deployment etc.)	Highly Likely	Major		NHSSP is closely monitoring the progress at the site and coordinating with MoHP, DUDBC/ FPIUs and Hospital management to facilitate the contractor in execution of the work to the best possible extent despite the difficulties	Likely	Moderate		Yes	NHSSP in close coordination with DUDBC/ FPIUs will regularly update the documents with regard to work progress and mobilisation of resources to be used as verification tool for any claims related to the term extension as per the GCC	NHSSP HI team	Treat

										61 Force Majeure for the period affected due to lockdown		
	Reputational											
R3	Overall delay in completion of the project on time (due to COVID-19 pandemic- Force Majeure)	Highly Likely	Severe		NHSSP is adjusting the work activity schedule regularly, and taking any opportunities that can be used to provide works to the contractor to minimise the impact of COVID-19 in coordination with the Hospital Management and DUDBC (FPIU)	Likely	Major		Yes	NHSSP is regularly supporting DUDBC and its respective FPIUs to update the activity schedule and execute the work as per the updated activity schedule.		Tolerate
	People											

R4	Site Engineers, construction workers and contractor's personnel during the works may get infected with COVID-19	Highly Likely	Major		NHSSP has been regularly monitoring the safety requirements at the site as per the standard protocol agreed with DUDBC. Also special arrangements have been agreed between the Hospital Management and DUDBC regarding the necessary medical procedures (treatment , contact tracing and isolation) for personnel working at site	Likely	Moderate		Yes	NHSSP HI team, in coordination with the DUDBC FPIUs, is strictly monitoring the management of safety protocols at the site Orientation to the workers and contractor's personnel has been carried out at the site prior the work execution, and health and safety orientations are organised regularly.	NHSSP HI team	Treat


if any workers
get infected