Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
October to December 2020

Contents

EXECUTIVE SUMMARY

Précis

This report is the fourteenth quarterly update of the Nepal Health Sector Support Programme III (NHSSP), covering the period from 1 October to 31 December 2020. Attention remained on COVID-19 despite an apparent decline in cases started the end of the quarter. NHSSP joined others in focusing on the secondary impacts of COVID-19 on routine health and social services. The main COVID-related programme impacts were delays to or postponement of field activities because of lockdown and travel restrictions; however, much technical assistance continued virtually. NHSSP remained adaptive to changing needs, opening offices partially as government movement restrictions were lifted.

Development context

Nepal entered a new political context with the Prime Minister recommending dissolution of the House of Representatives of the Federal Parliament two years prior to its term end. The President endorsed the recommendation and new elections were announced to be held between 30 April and 10 May 2021. While the dissolution is now being debated in the Supreme Court, the political move resulted in fragmentation among political parties, including the ruling party, leading to political uncertainties. Following the new political move, the Cabinet of Ministers' was reshuffled and Mr. Hridayesh Tripathi was appointed as Minister for the MoHP. The main risk to NHSSP would be an impact on provincial and local level government which might affect the pace of our provincial roll out plan. Another risk is that some sector reform initiatives that require development or amendment of law such as the Centre for Disease Control, the Health Accreditation Authority, and the Food and Drug Administration may be delayed.

As in previous quarters, responses to the COVID-19 crisis have been the major undertaking of the Government of Nepal (GoN) and MoHP. The impact of COVID-19 on the country's economy and social lives has not lessened, although this reporting period saw a gradual withdrawal of public restrictions, increased mobility of people, and resumption of businesses.

Technical Assistance

GON activities in this reporting period mainly remained on strengthening COVID-19 response including preparation to bring COVID-19 vaccine to the country. Coordination across the sector and between the three tiers of government in COVID-19 response, and continuation of routine healthcare services, remained priorities. NHSSP staff continued to provide Technical Assistance (TA) according to work plans. Most Kathmandu-based activities were maintained through a mix of in-person and virtual presence. Many field-based activities were cancelled or postponed because of travel restrictions and re-prioritisation of MoHP activities towards the COVID-19 response. TA at municipal level in the Learning Lab (LL) sites continued, especially for COVID-19 response support. Most of the workstreams continued deep involvement in COVID-19 response activities. Successes in both COVID- and non-COVID-19-related areas this quarter include, but are not limited to:

- Preparation for, and support to implementation of, the National Joint Annual Review;
- Continued orientation and follow-up on the "Interim Guidelines for Delivery of Maternal Neonatal Child and Adolescent Health (RMNCAH) Services";
- Finalisation of "Skilled Birth Attendants/Skilled health personnel Strategy 2020-25", with approval by FWD;
- The Procurement and Public Financial Management (PPFM) team continued to lead on the COVID-19 support to MoHP, especially in updating and costing the COVID-19 response plan, and in preparing the Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment, and supporting development of COVID-19 vaccine technical notes and deployment plan;

- Continued support as a member of the Technical Working Group (TWG) to prepare the Nepal Health Facility Survey 2020, and Nepal Demographic and Health Survey 2021;
- Continued support for analysis of COVID-19 data, preparation of the COVID-19 situation updates, and sharing of the Situation Report with senior MoHP officials and the BEK;
- Health Infrastructure (HI) team supported the MoHP to develop upgrading guidelines for health facilities (HFs) and monitoring frameworks with implementation guidelines for the upgrading of HFs to primary hospital status in various municipalities;
- The process of setting up three new OCMCs through virtual meetings and virtual orientation was initiated. NHSSP also provided TA to establish two new SSUs and initiated the process for establishing geriatric services at two facilities. Mentoring and monitoring support was continued remotely to existing OCMCs, SSUs, and geriatric services.

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

Eleven PDs were approved and invoiced. NHSSP proposed a few changes in PDs since some are not achievable during the COVID-19 situation; these were accepted by BEK. All PD TORs were approved, and the delivery schedule is progressing as planned. ***Please see Annex 3 for details of PDs approved by BEK this quarter.***

Conclusions and strategic implications

This quarter saw a reduction in COVID-19 cases and relaxation of COVID-related restrictions. We continued to require all public health measures (e.g., masks, physical distancing, hand sanitising) to be observed as staff returned to NHSSP offices, while maintaining all duty of care responsibilities for staff. Still, GoN and MoHP activities mainly remained on strengthening COVID-19 response including preparation to bring COVID-19 vaccine to the country. Coordination across the sector and between the three tiers of government in COVID-19 response, and continuation of routine healthcare services, remained priorities. A key achievement was the review of health sector plans and progress in the National Joint Annual Review (NJAR) with participation of development partners, private sector, academia and subnational government. Accelerated efforts will be needed to progress organisational reform, uptake of evidence to policy and decision making, improving quality of healthcare, scaling up evidence-based approaches to address equity gaps in health outcomes, and strengthening health sector governance in the federal context.

We anticipate the following in the coming quarter:

COVID-19 spread and response

- **Reduction in the reported number of cases**: (with a reduction in the number of tests). The potential for a new variant(s) to enter Nepal has caused some concern;
- **Vaccines**: Focus on vaccine procurement and distribution via COVAX and the Indian government. It is estimated that COVAX will cover 20% of the population. Funding for vaccinations beyond this will continue to be a challenge for the GoN.

Implications for NHSSP programming, including preparation for sub-national roll out

- **Work plan and deliverables**: Some restricted mobility may continue, though inter-state travel has restarted. We expect to complete the planned payment deliverables;
- **Integrated COVID-19 response activities**: We will continue to provide critical COVID-19 support while integrating COVID-19 into ongoing work;
- **NHSSP extension**: recruitment for new Kathmandu- and Province-based staff will continue. In-person discussions with focal provinces will be required to pave the way for setting up NHSSP provincial operations;
- **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 document updates the British Embassy, Kathmandu (BEK) on progress of the Nepal Health Sector Support Programme III (NHSSP III) from **1 October to 31 December 2020**. We present the broader national context this quarter, again dominated by Coronavirus Disease 2019 (COVID-19), and our achievements in both "regular" and COVID-19-specific support. The NHSSP offices remained open but with restrictions on numbers of staff attending each day. Staff continued to work from home when not at the office. Most previously planned activities were conducted virtually. Several field-based activities, however, were postponed. Meetings with the MoHP and Department of Health Services (DoHS) were held almost daily, both in person and virtually. Coordination calls were held weekly with BEK, fortnightly with BEK and the World Health Organization (WHO), and monthly with other Nepal Health Sector Programme 3 (NHSP3) suppliers.

1.1. The Development Context

Nepal entered a new political context when the Prime Minister recommended dissolution of the House of Representatives of the Federal Parliament two years prior to its term end. The recommendation was endorsed by the President with announcement of new elections to be held between 30 April and 10 May 2021. Dissolution is now being reviewed by the Supreme Court. The political move resulted in fragmentation among political parties, including the ruling party, leading to political uncertainties. Following the new political move, the Cabinet of Ministers' was reshuffled and Mr. Hridayesh Tripathi was appointed as Minister for the MoHP.

Response to the COVID-19 crisis continued to be the major Government of Nepal (GoN) and MoHP undertaking. There was no reduction in the impact of COVID-19 on the economy and social lives, although this reporting period saw a gradual withdrawal of public restrictions, increased mobility, and resumption of businesses. While the reported number of COVID-19 cases gradually declined, a rigorous epidemiological assessment is yet to be made. The major government interventions were: enforcement of public health measures; strengthening hospital and laboratory services; and tracing, testing, and isolation of COVID-19 cases. The government continued to face challenges in upscaling the response, including: maintaining adequate supplies of drugs and equipment, continuing capacity development of healthcare providers, and supporting local government planning and basic healthcare delivery.

Coordination among the three tiers of government remained a focus. Key activities included maintaining policy discussions for subnational planning, mobilization of additional funds (especially for laboratory and hospital strengthening for COVID-19 response), and enhanced technical support to the subnational level along with dissemination of various guidelines. Unresolved issues include clarity on roles and responsibilities across the government tiers, adjustment of health workers at provincial and local level, use of evidence in decision making, and rational allocation of resources.

Partnership with external development partners, international/national non-governmental organisations, private healthcare providers, and community organisations continued to be a priority. Communication and collaboration among partners were seen to increase, largely focused on COVID-19 response.

1.2. Sector Response and Analysis

Federal government continues to deliver its functions despite new political developments in the country. Organisational reform initiatives such as establishment of the Centre for Disease Control (CDC), Accreditation Authority, and Food and Drug Administration made little progress. The concept note for these has been approved, and consultations have been held with provincial governments, the Ministry of Law and Justice, and the Ministry of Finance. However, development of related Acts has been slow. The government response to COVID-19 largely focused on preparation for COVID-19 vaccine through bilateral negotiations and the COVAX facility. Major achievements included developing and updating the COVID-19 rapid action plan, development of consolidated technical specifications, technical guidelines, vaccine deployment plan, and reimbursement of funds to subnational governments. An Integrated Information Management Unit (IMU) was formed to strengthen COVID-19 information

management using IMU digital platform. A few policies, strategies, and plans were developed to maintain routine healthcare delivery (these are outlined below).

MoHP successfully conducted the 2019/20 NJAR; a draft Aide Memoire has been shared among partners. Committees and TWGs have been formed to support annual work plan and budget implementation and new activities such as the Nepal Health Facility Survey 2020, and Nepal Demographic and Health Survey 2021. Provincial consultation was held on organisational reform and proposed legal arrangements particularly for the establishment of CDC and Accreditation Authority. A model framework was developed for regulation, operation and upgrading of private and non-governmental health institutions at the local level. MoHP launched a major initiative with an aim to establish 5-, 10-, or 15-bedded primary hospitals in 396 local levels within two years.

In summary: government activities in the reporting period focused on strengthening COVID-19 response including preparation to bring COVID-19 vaccine to the country. Coordination across the sector and between the three tiers of government in COVID-19 response, and continuation of routine healthcare services, remained priorities. Review of health sector plans and progress in NJAR with participation of development partners, private sector, academia subnational government has been a key achievement. However, accelerated efforts are needed to progress organisational reform, uptake of evidence to policy and decision making, improve quality of healthcare, scale up evidence-based approaches to address equity gaps in health outcomes and strengthen health sector governance in the federal context.

1.3. Changes to the Technical Assistance team

A new Team Leader, Dr. Michael O'Dwyer, joined NHSSP in October to provide overall strategic leadership and management support to the team. NHSSP recruited a site Engineer for Pokhara which had been vacant for a few months and initiated new staff recruitment as per the new structure. Recruitment was completed for Thematic Team Leads for Leadership and Governance (L&G) (joining end Jan) and Data for Decision Making (D4D) joining early Feb. The Coverage and Quality (C&Q) Theme Leader position was readvertised and will be completed by end Jan. Three international experts were contracted during this period to support the programme. ***Please see Annex 2 for details.***

1.4. Payment Deliverables

Eleven PDs were approved and invoiced. BEK accepted a few changes to PDs since some are not achievable during the COVID-19 situation. All PD TORs were approved, and the delivery schedule is progressing as planned. ***Please see Annex 3 for details of PDs approved by BEK this quarter.***

1.5. Logical Framework

This logical framework presents progress on milestone 1 (July 2020). Logframe indicators monitoring data include 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). NHSSP is working with MEOR on mid-year update for all Logframe milestones, to include updated figures based on the most recent data. Up to date figures on the July 2020 milestone for the outputs are provided in this report. ***Please see Annex 4 for details***.

1.6. Value for Money

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

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period was £539 for international Technical Assistance (TA) and £219 for national TA. The average unit costs of both national and international STTA were below the programme benchmark of £611 and £224 respectively. All the international STTA provided desk-based support remotely. National STTA provided both desk-

based and in-person support. Likewise, the use of both national (84%) and international (16%) STTA in this quarter compared well with our programme indicators. Inputs from national STTA increased compared to last quarter.

Four capacity enhancement sessions were conducted for orientation to the "Interim Guidelines for RMNCAH services in the context of COVID-19". There were 134 participants at national level, and 4,093 participants as local level. The average costs per participant per day incurred for the national training was £ 10, and for the local level was £ 8.90, which are below the programme benchmark costs.

To date the programme has submitted 104 PDs; all submitted PDs have been approved by the GoN and signed off by BEK. ***Please see Annex 5 for details.***

1.7. Technical Assistance Response Fund

NHSSP received a Technical Assistance Response Fund application to support the Maternal Mortality Study from the MoHP. The application was reviewed by NHSSP and submitted to BEK with recommendations for their consideration. NHSSP will continue to discuss the potential uses of this fund with the relevant officials in MoHP and potentially with the provincial authorities.

1.8. Risk Management

New current and potential programme risks in the COVID-19 context were identified and assessed by the Senior Management Team, and shared with BEK in the monthly meeting. The risk management system is enhanced by well-established relationships with GoN counterparts and other partners at both federal and sub-national levels. Two additional risks were identified in the general matrix:

> R13: Political crisis leading to dissolution of parliament, possible general election in April-May, and impact on provincial and local level government might affect provincial roll out plan.
>
> R14: Possible spread of new variant of COVID-19 if it does enter Nepal.

Regarding the possible impacts of the first risk, political instability may lead to delays in subnational expansion, and may delay reforms and new policy initiatives in MoHP.

See ***Annex 6 Risk Matrix*** for details of new risks and methods to manage them in the context of COVID-19. Previously identified and managed programme risks are not discussed in this report.

2. HEALTH POLICY AND PLANNING

Summary

The NJAR 2019/2020 was jointly organised by MoHP and EDPs in December 2020. Following four half-day review meetings, a business meeting between MoHP and EDPs was held on 15th December to discuss strategic areas in the health sector. NHSSP supported the MoHP in preparing the health sector progress report, facilitation and management of the review event, and development of post-NJAR summary report. Strategic priority actions for the coming year will be summarised in the NJAR Aide Memoire, which is to be mutually agreed by the MoHP and EDPs.

A report was produced on strengthening local planning and budgeting to deliver basic health services, focusing on implementation experience and learning from selected local levels (Learning Lab sites). This presented existing major provisions relating to planning and budgeting, practices from the selected local levels, and lessons and recommendations for strengthening the delivery of basic health services.

Establishment of municipal level hospitals was initiated in three LL sites in line with the government plan to establish a primary level hospital at each local level. Dhangadhimai municipality has developed regulations governing establishment and upgrading of private sector health facilities at municipal level.

For updated Activities – please see Annex 1.

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

Consultation on organisational reform and legal framework: NHSSP supported consultation with provinces on the legal framework and monitoring of COVID-19 preparedness and implementation status at provincial and hospital levels. NHSSP advisors joined two MoHP teams to visit different provinces to discuss the draft framework for organisational reforms and proposed legal arrangements particularly for the establishment of the CDC and Accreditation Authority. Establishment of the CDC and Accreditation Authority will be included in policy and programme plans for the current fiscal year.

Regulatory framework: Public health services regulations, as approved in the previous quarter along with basic health services package, were translated into English. The final draft of the model framework for municipal level legislation to regulate the establishment, operation, and upgrading of private and non-governmental health institutions at local level was prepared and translated into English. The draft legislation was prepared in coordination with the MoHP and was shared with the Ministry of Federal Affairs and General Administration (MoFAGA).

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

Strengthening planning and budgeting at local level: A report was produced on strengthening local planning and budgeting to deliver basic health services drawing on lessons from selected local levels (Learning Lab sites). This summarises existing major provisions in relation to planning and budgeting, practices from the selected local levels, and lessons and recommendations for strengthening basic health services delivery. Technical briefs were developed in English and Nepali presenting the major lessons and areas for improvement. Lessons from implementation will be used to inform planning. A presentation to the MoHP on key achievements of NHSSP including the Learning Labs, is planned for the next quarter.

Development of local level guidelines: Two guidelines concerning the health sector were finalised and endorsed by Dhangadhimai municipality: (1) municipal health institution registration, renewal and upgradation guidelines, 2077; and (2) municipal health staff service contract guidelines, 2077. NHSSP provided technical support to the guideline drafting process in coordination with the health section. The guidelines were finalized after consultation with stakeholders and incorporation of their feedback. Three LL sites (Pokhara, Itahari and Dhangadhimai) now have their own legal framework to regulate private sector health facilities at the municipal level.

Initiation for the establishment of primary level hospital at LG level: MoHP has initiated establishment of 5-, 10-, or 15-bedded primary hospitals in 396 local levels within two years. The first budget installment has been released. Foundation for the primary hospitals across 309 local levels was inaugurated on 30th of November where required land for the establishment of hospital was already acquired. Yasodhara, Ajayameru and Dhangadhimai LL sites inaugurated the foundation of primary hospitals as per the MoHP instruction. The MoHP provided the Terms of Reference (TOR), Engineering prototype design and monitoring framework to effectively implement the plan.

Pokhara Metropolitan City will upgrade the existing Shishuwa hospital to a secondary level metropolitan hospital; a Committee was formed and work has started to draft the proposal and development of TOR for the Detailed Project Report (DPR). The draft proposal was developed by the recommendation committee for land acquisition and to facilitate the feasibility study. The proposal and report were reviewed and submitted to the metropolitan authority for review and to begin development of the DPR. The NHSSP Health Systems Strengthening Officer (HSSO), Pokhara will be a member of the committee and provide technical inputs for the hospital upgrade to report drafting.

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

Annual health sector reviews at sub-national level: Local level annual health sector review meetings were organised at Pokhara Metropolitan City and Dhangadhimai Municipality in October. HSSOs of respective LGs participated and facilitated meeting preparation and organisation. Support was provided for doing comparative trend analysis of the major health indicators. During the review, major achievements, issues and challenges were presented and discussed with elected representatives. Following the local level and district level annual health sector review meetings, the provincial level health sector review was also held.

NHSSP HSSOs participated in annual health sector reviews in Gandaki, Sudurpashchim, and Province 2. During these events, three-year trends for health service utilization were reviewed and progress discussed, mainly focused on MCH, SM, FP, Nutrition programme, and COVID-19 response management. Progress, key issues and challenges of 2019/20 were discussed by provincial health offices, provincial hospitals, district hospitals and Ayurvedic health offices. Action plans were developed to address the issues.

Documentation of municipal initiation towards institutional delivery: A case study was drafted on the mobilization of Pregnant and Mother Groups (PMG) and Female Community Health Volunteers to promote institutional delivery in a rural municipality based on recent experience from Kharpunath Rural Municipality LL site. The aim is to achieve "Zero Home Delivery". As part of this initiative, a total of 15 PMGs were formed covering all the wards of the municipality. These newly formed PMGs are actively engaged in community level orientation and promotion of institutional delivery. The case study was also included in the health sector progress report prepared for the NJAR.

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

National Joint Annual Review: The health sector NJAR for the year 2019/2020 was jointly organised by MoHP and EDPs using a digital platform. Review meetings took place from 10th to 14th December 2020; a business meeting between MoHP and EDPs was held on the last day. The review objectives were to jointly appraise annual progress in NHSS implementation; and to review COVID-19 pandemic preparedness and response at all spheres of government. NJAR also aimed to ensure that all stakeholders have a shared understanding of achievements, problems and challenges in the sector and to identify strategic priority areas based on existing problems and challenges that need to be addressed. Over 270 participants joined the review meeting, including: officials and representatives from MoHP and its departments, divisions and centres; National Planning Commission; other ministries/ departments; provinces; local levels; councils; academic institutions; hospital; EDPs; health professionals; civil society organisations; media; and other stakeholders in the health sector.

A consolidated report presenting progress in the sector was shared with key stakeholders beforehand. Presentations were made by various federal level entities including National Planning Commission, Department of Urban Development Building Construction, seven provinces, and Municipal Association of Nepal. Following presentations and discussion, major strategic areas were identified for prioritization on the fourth day of the review. During the business meeting, MoHP and EDPs further discussed priority issues and agreed an action plan to be presented in a review aide memoire. NHSSP supported the MoHP in the preparation of the progress report, proceedings report, management of the digital platform for the review, and facilitation of the process including technical preparation.

SUPPORT IN RESPONSE TO COVID-19

Pokhara, Itahari, and Madhyapur Thimi LL sites recorded large numbers of active cases during this quarter; response activities were continued. Case numbers remained stable in the remaining LL sites

and response activities were reduced. Kharpunath has recorded no cases to date. The total number of new COVID-19 cases increased by more than two-fold nationally compared to the previous quarter, more than two and half fold in districts with LL sites, and nearly four times across LL sites at the end of the reporting period. The highest rise in cumulative COVID-19 cases was reported in Bagmati Province (3.4 times); Kaski district (5.7 times); and Pokhara Metropolitan City (6.0 times). Comparison figure on COVID-19 cases between 3rd and 4th Quarter of 2020 are presented in Table 1.

Table 1: Comparison of COVID-19 cases in the LL sites and corresponding districts

Province	Total Cases-cumulative		District	Total Cases-cumulative		LL site	Total cases - cumulative		Increase in this quarter (As multiple of previous quarter)		
	2-Oct-20	1-Jan-21		2-Oct-20	1-Jan-21		2-Oct-20	1-Jan-21	Province	District	LL site
Province 1	7395	30010	Sunsari	1916	9015	Itahari	600	3000	3.06	3.71	4.00
Province 2	15302	20647	Siraha	1485	2256	Dhangadhimai	23	43	0.35	0.52	0.87
Bagmati Province	32473	142860	Bhaktapur	2382	8875	Madhyapur Thimi	882	3233	3.40	2.73	2.67
Gandaki Province	4506	17414	Kaski	1048	7035	Pokhara	955	6684	2.86	5.71	6.00
Lumbini Province	11419	29185	Kapilvastu	1386	2183	Yasodhara	171	172	1.56	0.58	0.01
Karnali Province	3714	6445	Humla	7	35	Kharpunath	0	0	0.74	4.00	-
Sudur Pashchim Province	7641	14458	Dadeldhura	353	754	Ajayameru	24	69	0.89	1.14	1.88
Total	**82450**	**261019**		**8577**	**30153**		**2655**	**13201**	**2.17**	**2.52**	**3.97**

Increasing numbers of municipal staff including health workers were reported to have been infected in Itahari, Dhangadhimai, Madhyapur Thimi and Pokhara. Affected municipal authorities briefly closed their offices and non-emergency health care services but resumed services shortly afterwards.

Following decrease in numbers of cases and preference for home-based isolation, institutional quarantine and isolation centers are being phased out at the local level. The COVID-19 antigen-based test for diagnosis was rolled out at Pokhara and Itahari as per the federal testing guidelines.

In response to the rising number of cases, Federal MoHP set up five-bedded COVID-19 temporary hospitals in 649 LGs where there was no functional hospital, and allocated NPR one million to each LG. Kharpunath is running a hospital; Yasodhara, Dhangadhimai, and Ajayameru have started to establish hospitals., HSSOs at all LL sites help to prepare COVID-19 situation update reports. They are also sharing national guidelines and protocols, and facilitate discussion with municipal teams to manage outbreak response activities. NHSSP prepares monthly situation reports including support in LL sites.

PRIORITIES FOR THE NEXT QUARTER

- Support in finalising the aide memoire of the NJAR, and its implementation;
- Support to initiate preparation of the next Nepal Health Sector Strategy (NHSS);
- Expansion of the programme support at sub-national level as per the programme extension plan;
- Continue support in preparing legal framework for major organisational reforms in the health sector as proposed in the Policy and Programmes 2020/21 document; and

- Consultation with the NHTC and other key stakeholders towards finalising draft National Health Training Strategy and Organisational Capacity Assessment (OCA) Resource Package.

3. HEALTH SERVICE DELIVERY

Summary

Major achievements during the period include; finalisation and FWD approval of "Skilled birth attendants /Skilled health personnel strategy 2020-25"; finalisation of "In-service training strategy for SBA/SHP 2020-25" by NHTC; finalisation of "National guideline on the introduction and management of C-section monitoring at public and private facilities using Robson classification in Nepal"; costing of national "Nursing and midwifery strategy and action plans 2020-30"; completed follow-up interview of 460 plus health workers on implementation of interim guidelines for RMNCAH services during COVID-19; starting interaction with palikas' responsible persons for their further support to health facilities; improving functionality of CEONC services; and support to implementation and monitoring of AWPB activities.

For updated Activities – please see Annex 1.

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

Functionality of CEONC sites: Off-site support and monitoring to ensure the functionality and quality of CEONC services continued this quarter. NHSSP gave TA to support the recruitment of staff in two remote CEONC sites resulting in resumption of services at one site[1]. The most recent data on CEONC sites showed improved functionality in 90 out of 96 sites across 70 districts in last two months.

Monitoring Caesarean Section (Robson's classification): A meeting was held between experts and stakeholders to finalize the "National guidelines on the introduction and management of C-section monitoring at public and private facilities using Robson classification in Nepal". The final guide will be submitted for approval following WHO guidance on reference values of CS for the ten Robson groups.

Table 1: Status of CEONC functionality over the quarter October to December 2020

	Provinces[2]							Total	%	Reported Previous Qtr.
	P1	P2	P3	P4	P5	P6	P7			
Established sites	20	9	19	12	13	11	12	**96**	96	
	Number of functioning CEONC sites									
Ashwin	18	9	18	10	13	9	11	**88**	93	81 (93%) Ashar
Kartik	18	9	18	10	13	11	11	**90**	94	88 (91%) Shrawan
Mangsir	18	9	18	10	13	11	11	**90**	93	86 (89%) Badra
	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									
Ashwin	14	8	11	7	11	9	9	**69**	96	69 (96%) Ashar
Kartik	14	8	11	7	11	10	9	**70**	97	69 (96%) Shrawan
Mangsir	14	8	11	7	11	10	8	**69**	96	68 (94%) Badra

Mobile Health (mHealth) pilot: BBC Media Action submitted the final project report.

[1] Gokoleswar hospital, Darchula district (CS service functioning) and Sotang PHCC, Solukhumbu district (not yet functioning)

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

Postnatal Care (PNC): FWD prioritised PNC home visit programme scale-up, providing budget to 396 palikas from 54 districts in 2020/21 FY, and to 33 health offices of 7 provinces for palika orientation. NHSSP continues to provide online TA to provincial and local government on PNC implementation guidelines orientation and implementation status monitoring. TA supported PHD/FWD for virtual orientation on programme implementation guidelines to 33 province health offices and 5 palikas. 154 palikas in 40 districts now implement PNC home visits; 56 started this qtr. NHSSP presented findings from the PNC home visits in 30 rural municipalities as a poster at the 6th Global Symposium on Health Systems Research (Nov 2020). There was a 32% increase in three PNC visits among women who had institutional deliveries at these 30 rural municipalities (RM) compared with 30 RM without a home visit[3].

FP: The approved budget from MoF and MoHP accidently missed allocation for Visiting Service Providers (VSP) and Roving Auxiliary Nurse Midwives (RANM) along with all FP programme activities planned by FWD for 2020/21 FY at Palika level. NHSSP monitoring of 38 palikas and 54 palikas where VSP and RANM were implemented respectively during 2019/20 showed that 14 palikas continue VSP programme and 16 palikas continue RANM programme using their own budgets. HMIS data (five-month in 2020/21 FY) show encouraging increase in new users' LARCs in the 14 palikas where VSPs continued (56% increase) over the previous year (Table 2) exceeding the 40% national increase.

Similarly, HMIS data from 16 RANM palikas show increased uptake of SARCs new users by 19.5%, ANC 1st visit by 8.5%, ANC 4th visit by 1.6% and institutional deliveries by 10.9% in the first five-months period of 2077 (2020) when compared to same period in the previous year. All these increases are much higher when compared to the national level performance (Table 3).

Table 2: Trends of 5 months LARCs use in 14 palikas that have continued VSPs (source HMIS)

SN	Indicators	Shrawan 2075 to Mangsir 2075	Shrawan 2076 to Mangsir 2076	Shrawan 2077 to Mangsir 2077
1	LARCs new users in 14 palikas (numbers)	741	347	540
	% increase/decrease of LARCs new users from previous year in 14 palikas	-	decrease by 53%	Increase by 56%
2	LARCs new users in Nepal (numbers)	57,778	41,381	57,778
	% increase/decrease of LARCs new users from previous year in Nepal		decrease by 28%	increase by 40%

Table 3: Trends of 5 months SARCs use and selected MNH indicators in 16 palikas that have continued RANMs (source HMIS)

	Indicators (In numbers)	Shrawan 2075 to Mangsir 2075	Shrawan 2076 to Mangsir 2076	Shrawan 2077 to Mangsir 2077
1	SARCs new users in 16 palikas	3,991	4,045	4,836
	SARCs new users in Nepal	233,982	235,734	246,345
2	ANC 1st visit Total	2,045	2,034	2,208
	ANC 1st visit Total-Nepal	171,269	178,191	166,187
3	ANC 4th visit Total	1,672	1,642	1,669
	ANC 4th visit Total-Nepal	152,632	157,575	132,986
4	Institutional Deliveries Total	1,222	1,359	1,507
	Institutional Deliveries Total-Nepal	188,310	205,688	168,469

[3] Fiscal year compared 2016/17 and 2019/20. 48% points increase (37% to 85% PNC 3 visits) at PNC-home-visits palikas compare to 16% points increase (48% to 54%) in non-PNC-home-visit palikas.

NHSSP supported FWD to conduct three FP services studies. FP/EPI integration was not implemented in this reporting period, as training of trainers could not be done. Similarly, utilisation of Voluntary Surgical Contraception services by 10 federal hospitals receiving BEK FP/FA was poor (18 VSC in first five months versus 6000 VSC target set for 2020/21 FY) as a result of COVID.

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

Physiotherapy Pilot: No progress during this quarter.

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

On-site birthing units: No progress during this quarter.

Aama Programme Review: No meeting or follow-up this quarter.

RESULT AREA I3.4: CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and protocols: No progress this quarter, except Robson's classification guidelines (above).

Finalisation of the NMS Volume 3: No progress during this quarter.

Minimum Service Standards: TA continued to support Curative Service Division (CSD) to implement and monitor MSS at HP level, including finalization of MSS/HP level implementation guidelines and orientation of provincial office staff at district level on use of these. 278 palikas have now received orientation on MSS implementation; 417 health posts in 94 palikas are using these. In this quarter, 59 palikas were oriented by Provincial Health Offices, 6 palikas initiated implementation at 15 health posts.

Quality Improvement Process (QIP) at hospitals and Birthing Centres/Basic Emergency Obstetric and Neonatal Care (BEONC) sites: TA support to FWD to monitor and facilitate and encourage health coordinators, accountants/finance officers, and SBA clinical mentors to conduct 6 monthly QI and clinical mentoring at hospitals and BC/BEONC units (while visiting health facilities). During this quarter, 88 clinical mentors facilitated 11 hospitals (among 40 hospitals due to conduct QI) and 69 BC/BEONC conducted QI assessment and action planning.

QI and signal functions scores of 10 hospitals[4] declined compared with last assessment, mainly due to transfer of staff. QI scores improved at 4 BC/BEONC sites. Signal function readiness improved at both CEONC and BC/BEONC sites.

Clinical Mentoring: A total of 88 SBA clinical mentors provided on-site clinical mentoring to 310 MNH service providers (73 staff at hospitals and 237 at BC/BEONC) at 87 health facilities (8 CEONC hospitals and 79 BC/BEONC). NHSSP also provided off-site coordination support for two clinical mentor development training conducted by provincial training centres. 43 SBAs from 5 hospitals improved their clinical knowledge, skills and practice scores compared with previous mentoring sessions

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

SMNH Roadmap: NHSSP provided technical and financial support to FWD for a two-day workshop with MoSD, Provincial health Directorate office, and provincial health offices of 14 districts of Bagmati province. 44 participants discussed maternal and newborn health status; gaps of the province in relation to goal, outcomes, and outputs of SMNH roadmap 2030; and priority areas to be addressed during this

[4] Ten hospital/CEONC sites: Panchthar, Taplejung, Manthali PHCC in Ramechhap, Hetauda, Bharatpur, Trisuli, Bakula-Ratnanagar in Chitwan, Lamjung, Rolpa, Darchula.

fiscal year (that don't need budget) and to be included in the next fiscal AWPB. Printing of the SMNH roadmap was delayed following a change of minister and delay in signing forwarding letters by officials.

Nursing and Midwifery Strategy and Action Plan 2020–30: NHSSP provided TA to support NSSD to conduct a half-day meeting to re-calculate projections of the Nursing and Midwifery staff numbers based on the newly approved hospitals upgrade and expansion plan and costing based on this re-calculation. NSSD is waiting to get time with the new health minister to update him before finalizing and submitting the strategy and action plans.

SBA and SHP Strategy: A meeting in November 2020 of the Director General, DoHS and Directors of FWD, NHTC, and NSSD upheld the decision made by the MOHP in the official memo (Tipanni) to finalise the "SBA/SHP strategy 2020-25" and "In-service training strategy for SBA/SHP 2020-25". NHTC will approve the "In-service training strategy for SBA/SHP 2020-25" once they received official request letter from FWD, which will be done once FWD received forwarding letter from the DG.

AWPB: No specific activities except supporting implementation and monitoring of FWD and CSD AWPB activities (reported in different areas).

SUPPORT IN RESPONSE TO COVID-19

The specific areas of support by the SD team include:

- Continued participation in the RH sub-cluster to support the FWD, DoHS and MoHP in implementation of the RH Emergency Response Plan (ERP). This includes sharing findings of the follow up of 466 health workers (managers and providers) on their knowledge and implementation of the interim guidelines, and issues and challenges arising
- Ongoing monitoring of hospital MNH services (institutional delivery, C-section) and outcomes (maternal, perinatal deaths) (through online reporting using Open Data Kit platform); 140 hospital staff orientated on PPH management as per maternal deaths review recommendation during COVID.
- Developed follow-up interaction plan with Palika health chiefs and executive officers from 94 Palikas from 8 districts[5] in Province 2, Lumbini and Sudur Paschim provinces. The objectives were to facilitate support of health facilities by Palikas for implementation of the interim guideline and for sharing best practices among Palikas. Five interactions completed among planned 20 interactions.
- NHSSP, as a member of the TWG, is providing inputs in an FWD-lead initiative that aims to address the restricted access to SRH and FP service after COVID-19 crisis. FWD is leading drafting an SRH/FP Outreach Service guideline (interim). It is in final stages of approval from MoHP.

PRIORITIES FOR THE NEXT QUARTER

- Continue to participate in RH sub-cluster support to the MoHP's response to COVID-19 and its secondary impacts to essential health services; monitoring MNH services and outcomes and reporting to appropriate bodies;
- Continue interactions with remaining Palikas on support to implementation of interim guideline to deliver RMNCAH services;
- Plan for follow up of Health service providers for the implementation of interim guidelines to deliver RMNCAH services.

[5] 8 districts where orientation on interim guideline to deliver RMNCAH conducted by NHSSP. Siraha, Dhanusha, Pyuthan, Gulmi, Kailali, Kanchanpur, Dadeldhura and Darchula districts

PLANNED ACTIVITIES FROM THE LAST QUARTER THAT HAVE BEEN DELAYED

- Provincial level workshop for gaps identification and prioritisation based on SMNH roadmap 2030 and printing of the roadmap
- Support finalisation of strategies developed by NHTC and NSSD; revision of STP for BHS based on approved BHS package
- Disseminate the Aama Review report together with Aama rapid assessment report at MOHP level
- Support FWD (with Jhpiego) to organise webinar on global MPDSR experience sharing
- Support and discussion with FWD, NHTC, NSSD, CSD and NHEICC for 2021/22 AWPB planning
- Support to FWD/NHTC/PHD/PHTC for development of FP clinical mentoring materials, development of clinical mentors training sites (SBA and FP), and to conduct clinical mentors training and clinical mentor refresher workshop.
- Support to FWD/PHD especially in Lumbini province for developing resource person for Robson Implementation (C-section monitoring) at CEONC hospital.
- Support FWD for PNC home visit microplanning and clinical mentoring implementation guideline finalization and for approval
- MSS/HP orientation to provincial staff in selected provinces

4. PROCUREMENT & PUBLIC FINANCIAL MANAGEMENT

Summary

In this quarter, the PPFM team continued to update the Public Procurement Strategic Framework (PPSF) based on feedback from all concerned authorities and EDPs. The Public Financial Management Strategic Framework (PFMSF), as endorsed by the Health Minister on 19 July 2020 (and printed and sent to relevant public sector stakeholders), was completed in this quarter. The Aama Programme Rapid Assessment (RA) round-XIII, Health Sector Budget Analysis, monthly update of CAPP, and market analysis of medicines were completed. The PPFM team also continued to lead on COVID-19-related support to MoHP, especially in updating the COVID-19 response plan, preparing the Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment, and supporting development of COVID-19 vaccine technical notes and deployment plan.

For updated Activities – please see Annex 1.

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

Budget Analysis (BA): The analysis of health sector budget for FY 2020/21 was completed. The BA findings were used in the NJAR December 2020. For public use the report has been uploaded to NHSSP's website. It includes a special chapter to document MoHP COVID-19 budget and expenditure.

Updated Audit Queries: NHSSP/PPFM team supported MoHP to update the Audit queries of FY 2018/19 in Excel sheet. This updated status will be presented in a meeting of the PFM committee planned during the last week of January 2021.

Financial Monitoring Report (FMR): The third FMR of FY 2019/20 was finalized and submitted to EDPs on 30th November 2020. It included financial support from BEK, KfW, and GAVI. In this trimester, the ineligible amounts were deducted from the committed funds. For the accounting purpose, NHSSP/PPFM team will help MoHP to adjust these figures in the second trimester of FY 2021/22.

The First FMR of FY 2020/21 was submitted to EDPs on 11th December, 2020, including the final NFPP fund release. 10 million Euro from KfW for COVID-19 containment has been included in this FMR.

RESULT AREA: I4.3 REVISE, IMPLEMENT, AND MONITOR THE FINANCIAL MANAGEMENT IMPROVEMENT PLAN (FMIP)

Public Financial Management Strategic Framework 2020/21–2024/25): The PFMSF which was endorsed by the Health Minister on 19 July 2020 was printed and sent to all health entities of MoHP, including the Office of the Prime Minister and Council of Ministers, OAG, MoF, FCGO, and to Ministry of Social Development in all provinces on 23rd November, 2020.

Regular support to the Audit and Internal Control Committee Meetings: The NHSSP/PPFM team supported to conduct Audit and Internal Control Committee meeting, held on 30th November, 2020, chaired by Secretary, MoHP. Support was also provided to conduct the recurrent Audit Supportive Committee meeting, held from 19 to 24th November 2020, chaired by Joint Secretary, MoHP.

Internal Control System Directives (ICSD): The NHSSP/PPFM team supported MoHP to update the Internal Control Guidelines in light of the ICSD, 2019 (Financial Comptroller General Office, FCGO) and the new Financial Procedural and Fiscal Accountability Act, 2019. The final draft of the ICSD is prepared and submitted to MoHP on December, 2020. The daft ICSD is currently being reviewed by MoHP.

Regular support to the PFM Technical Committee: No meetings due to COVID-19.

RA of the Aama Programme: The RA round XIII was successfully completed and findings were shared with MoHP, DoHS and FWD. In the coming quarter a management note will be prepared and discussed with FWD officials followed with a field visit.

BC update: The birthing center update work was completed and shared with FWD.

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

Consolidated Annual Procurement Plan (CAPP): CAPP implementation in DoHS is in progress. Out of 65 procurement items in the CAPP, bidding of 28 items started by the end of this quarter. Out of that, six items are contracted and LOIs for seven items were published. Evaluation was completed for another seven items, which will be contracted in the next quarter.

PPSF: The new officials of Planning and Finance Sections of MoHP were briefed about the PPSF document and its objectives. It is a strategic document to guide sub-national governments in developing their Procurement Improvement Plans (PIPs) for the health sector. Once the PPSF is approved by MoHP, it will be sent to provinces for preparing their PIPs.

Market Analysis (MA) of Essential Medicines: Obtained the further inputs from stakeholder and finalised the MA report. The plan to disseminate the MA report is still pending due to the change in the ministerial portfolio. This report will be disseminated by the next quarter.

Technical specifications: A compilation of 302 technical specifications (TS) including medicines, vaccines and surgical items was formally submitted to Management Division/DoHS. A technical committee meeting discussed these TS in forwarded them for approval. Specifications were developed for pharmaceutical items to be procured by National Center for AIDS and STD Control. All specifications will be uploaded once approved. Planned uploading of the Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment is pending. Though the specifications have not yet appeared in the TSB they are being used in the procurement processes and the technical evaluation processes. It will be a priority work to upload all the specifications on TSB in the next quarter.

Progress against the CAPP: DoHS CAPP execution is monitored by CAPP Monitoring Committee (CAPP-MC). Due to COVID-19 a CAPP-MC meeting could not be held this quarter. However, the CAPP progress has been monitored and presented on the Pipeline Meeting held in this quarter. The progress is satisfactory in comparison to last F/Y in the same period and the use of e-GP is almost 100%.

Capacity development: Capacity building of the officials through procurement clinics continued in this quarter. Support was provided for timely execution of CAPP. The team also supported the documentation and specification preparation for procuring of COVID-19 related medicines, equipment, and essential safety materials under the separate COVID-19 response project of the World Bank and Asian Development Bank. Similarly, suggestions were provided on the methodology and procedures for procuring Vaccine for COVID-19. A concept note on Government-to-Government (G2G) procurement modality was provided to Management Division.

SUPPORT IN RESPONSE TO COVID-19

The PPFM team were continuously engaged with MoHP and DoHS in day-to-day discussions focused on COVID-19 response planning and budgeting. NHSSP also continued to support and provide inputs at the Health Cluster and the Incident Command System's meetings including discussions around COVID-19 vaccines. The support is in quantification and forecasting of COVID-19 items as per the Rapid Action Plan-2 (RAP) and help DoHS-MD in procurement activities. NHSSP is continuing to work along with WHO in developing technical specifications and quality assurance parameters for procuring them, including preparation of distribution plan to the districts and provinces. In this quarter we have provided support in the following specific areas:

1. Supported MoHP to prepare technical note for COVID-19 vaccine selection, procurement and deployment;
2. Supported MoHP in preparing vaccine deployment plan. The main inputs to this task were provided by UNICEF and WHO;
3. Supported MoHP in drafting the technical content of CDC to be established in this fiscal year; and
4. Supported MoHP to carry out the field monitoring of the COVID-19 containment in 7 provinces.

PRIORITIES FOR THE NEXT QUARTER

- Based on the Aama Programme RA-XIII, a management note will be prepared and discussed with MoHP, DoHS, and FWD officials;
- Field visit to further explore potential fiduciary risks of the Aama Programme RA-XII;
- Conduct field visits to obtain the information for FMR-2 for FY 2021/22;
- Provide procurement-related support to COVID-19 response and vaccine procurement;
- Disseminate the report on market analysis of the medicines;
- Obtain final approval of Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment;
- Finalize and endorse the PPSF;
- Continue monitoring implementation progress of the federal CAPP;
- Prepare the Audited Financial Statement for FY 2019/20;
- Monitor the PFMSF;
- Finalize and endorse the Internal Control System Directives through workshop.

5. EVIDENCE AND ACCOUNTABILITY

Summary

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

- Planning and implementation of the NJAR 2019/20;
- Planning and technical discussion with the programme divisions on the maternal mortality and morbidity study following the Census 2021;
- Planning of the COVID-19 mortality study;

- Support to NHTC to develop the induction training package including monitoring and evaluation and information management for health officers;
- Continued support as a member of the TWG to prepare the Nepal Health Facility Survey 2020, and Nepal Demographic and Health Survey (NDHS) 2021;
- Supported 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.

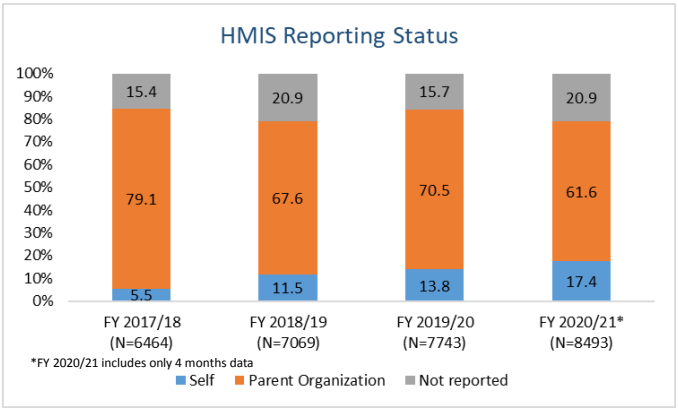
For updated Activities – please see Annex 1.

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

Implementation and scale-up of Routine Data Quality Assessments (RDQAs) at the local level was paused during this quarter since local governments' and HFs' immediate priority has been responding to the COVID-19 pandemic. However, implementation and rollout of RDQA have received high priority both in HMIS roadmap and guidelines on the public health analytics being developed by the IHIMS with support from development partners including WHO and NHSSP.

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

NHSSP with WHO supported MoHP to establish the COVID-19 Information Management Unit, and to develop a web-based daily COVID-19 case reporting system in the DHIS2 platform from COVID-19 designated hospitals. MoHP is using this system to reimburse COVID-19 case management costs to hospitals. NHSSP also supported drafting of the guidelines for integrated information management during COVID-19 pandemic and during other epidemics/disasters in the future. Likewise, this quarter NHSSP continued its support to the Population Management Division (PMD) in digitization of OCMC and SSU service-related recording and reporting tools in the DHIS2 platform in alignment with HMIS.



NHSSP has provided technical assistance to IHIMS to help identify discrepancies in the HMIS dataset and address gaps. We supported online mentoring to provincial and local governments and HFs. This proactive and stable analysis of the available data has been effective in improving online reporting from facilities, improving on-time reporting, improving data quality and use of the data. The percentage of HFs reporting on the DHIS2 platform has improved from 5.5% in 2017/18 to 17.4% in the first quarter of 2020/21. The Table below shows in increase in the percentage of HFs (public and private) that reported on time (within 15 days) from 42.4% in FY 2019/20 to 59.1% in the first two months of FY 2020/21.

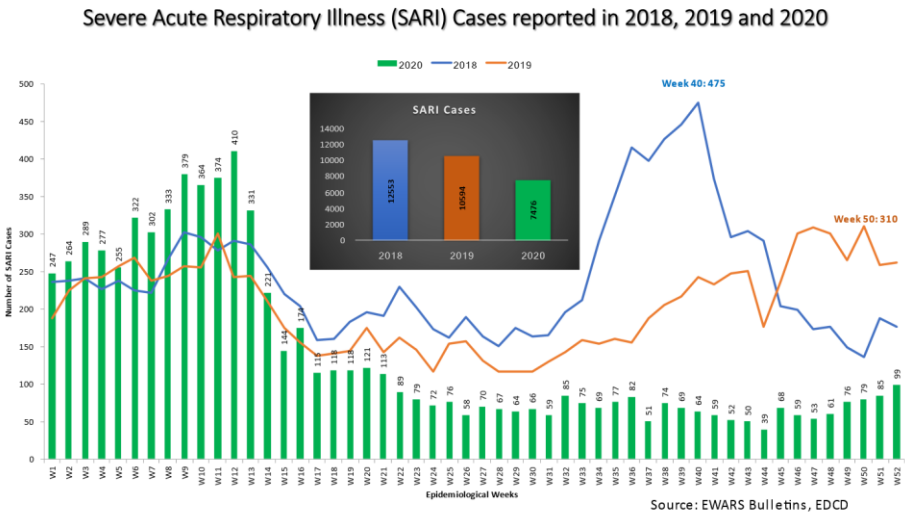
On time reporting from health facilities																		
	FY 2019/20												FY 2020/21					
	July/Aug 2019	Aug/Sept 2019	Sept/Oct 2019	Oct/Nov 2019	Nov/Dec 2019	Dec/Jan 2020	Jan/Feb 2020	Feb/Mar 2020	Mar/April 2020	April/May 2020	May/June 2020	June/July 2020	FY 2019/20	July/Aug 2020	Aug/Sep 2020	Sep/Oct 2020	Oct/Nov 2020	Nov/Dec 2020	July/Dec 2020
% of HFs (public and private) that reported on time (15 days)	34.4	29.4	20.3	36.7	48.5	54.2	53.8	43.2	40.6	39.1	41.8	66.3	**42.4**	54.2	62.0	51.9	59.2	68.1	**59.1**

% of public HFs that reported on time (15 days)	43.8	37.4	26.7	46.6	61.5	69.1	68.3	54.9	53.4	51.4	53.8	82.4	**54.1**	67.7	77.2	66.8	74.9	84.4	**74.2**

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

The NHSSP team, together with USAID, UNFPA, and GIZ, is supporting the Population Division, MoHP, in planning the Maternal Mortality Study (MMS) following Census 2021. As this study covers all maternal deaths that occurred in the last one year preceding the survey in the whole country, it will help in the scale up and institutionalization of the existing Maternal and Perinatal Death Surveillance and Response (MPDSR) system. This initiative will be accomplished under the leadership of the MoHP in close coordination and collaboration with the seven provincial MoSDs and development partners. During this quarter MoHP continued its consultation with supporting partners on the support mechanism and the study methodology.

Early Warning and Reporting System (EWARS): NHSSP continued support to MoHP in analysis of the Severe Acute Respiratory Infections (SARIs) cases received through the EWARS 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 2020, there has been a sharp decline in the number of SARI cases reported in 2020 compared to those in 2019 and 2018. The figure here shows that from the 17th epidemiological week of the year 2020, fewer SARI cases have been reported than in the corresponding weeks in 2019 and 2018. 12,553 SARI cases were reported in 2018, 10,542 cases in 2019 and 7476 cases in 2020.



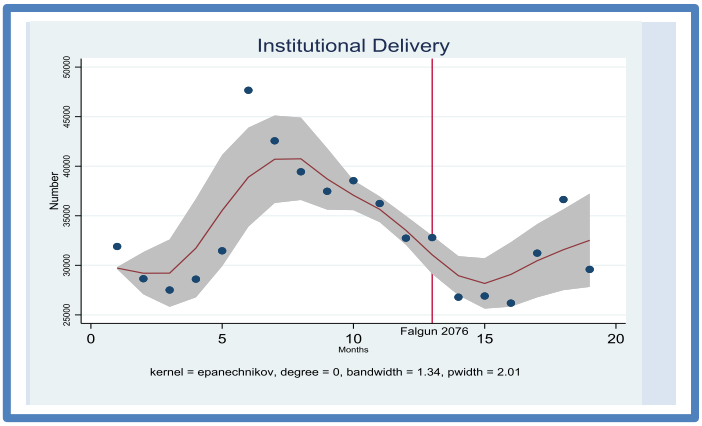
We will continue to support Epidemiology and Disease Control Division (EDCD) to strengthen EWARS, with a focus on timely reporting, wider coverage of sentinel sites and analysis of data and its use in planning and response.

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

The NHSSP team supported MoHP in planning and implementation of the NJAR 2020 held from 10 to 14 Dec 2020. The team provided specific support in compilation and analysis of data form different sources and preparation of the pre- and post-NJAR report which have already been submitted to MoHP and BEK.

As envisioned in the Health Sector Monitoring and Evaluation in Federal Context, 2018 National M&E Guidelines, one national-level population-based survey and one health-facility-based survey are currently in operation or planned. NHSSP, as a TWG member, supported the revision of the NHFS 2020 questionnaire to assess HF readiness in the COVID-19 context and in planning of the NDHS 2021. The NHSSP team continued supporting IHIMS to analyze HMIS data to assess the effects of COVID-

19 on utilization of selected services; the detailed analysis has been shared with FWD and IHIMS. The figure shows an analysis on trend of service utilization from Feb/Mar 2019 to Aug/Sept 2020, with Feb/Mar 2020 taken as the cut-off point to distinguish the pre COVID-19 and COVID-19 periods. A local polynomial regression with smoothing curve was used to examine the trend. The analysis shows that utilization of institutional delivery services declined during the lockdown period then started to increase gradually. A similar pattern was observed in the family planning and immunization services. Key findings of the analysis include:



- Delivery services were unavailable, drugs were stocked out, and ambulance services were unavailable for several days in a high proportion of the peripheral facilities;
- Over 50% of birthing centres and BEONC facilities were closed, while all referral hospitals remained open for institutional delivery except for a couple of days in the early lockdown period;
- The national level monthly rate of change for all service utilisation indicators declined from Falgun 2076 to Chaitra 2076. The magnitude of decline varied from 56% to 7% and by provinces and type of health facility, with a greater decline in peripheral health facilities;
- Institutional delivery services declined 18% between Falgun to Chaitra 2076 but increased by 19% from Jestha to Asar 2077;
- Impact on postnatal care services was less: return to above pre-COVID-19 levels by Bhadra 2077;
- No noticeable impact was observed in the timeliness of HMIS reporting in COVID-19 months, with an improvement seen in the long term (Falgun 2075 to Bhadra 207);
- Overall, improvement of timeliness of reporting as well as the percentage of facilities reporting to HMIS was attributed to regular monitoring and mentoring support from the Integrated Health Information Management Section to the provincial, local and hospital focal persons;
- There was a gradual increase in the number of One Stop Crisis Management Centre reporting sites over the year;
- The functionality of MPDSR systems in peripheral hospitals was more adversely affected by COVID-19 than federal level hospitals (e.g., no separate discussion of maternal deaths, inability to conduct verbal autopsy owing to feasibility issues);
- Inadequate institutionalisation of systems, poor access to internet facilities, and inadequate human resources and monitoring systems were identified as the major factors influencing the poor functionality of the MPDSR during the pandemic period;
- The number of permanent sterilisation procedures had the biggest decline of all the family planning methods, with a 56% decline in the number of procedures.
- New LARC users also declined in Chaitra 2076; numbers then increased to exceed pre-COVID-19 levels in the following few months. A similar pattern of institutional delivery service utilization is observed: institutional delivery service was lower in May-Aug 2020 than the same period of the previous year; service utilization then increased in Sept/Oct 2020 to the previous year's level.

Support to NHTC in development of induction package: NHSSP continued to support NHTC to develop an induction training package for health officers. The package includes an overall orientation to health sector and GoN priorities, based on the national policies, programmes, guidelines, structures, and functions of different entities in the federal context. A draft framework and manual have been prepared and shared with NHTC for review. The task is expected to be accomplished by next quarter.

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

NHSSP, together with Monitoring, Evaluation and Operational Research (MEOR), continued its engagement with MoHP in operationalization of policy advocacy forums including Knowledge Cafés. NHSSP contributed to an online survey on use of evidence in health decision making initiated by MoHP

with support from MEOR. This study is expected to help to improve evidence informed decision making in local context and in operationalization of policy advocacy forums.

SUPPORT IN RESPONSE TO COVID-19

NHSSP, along with the WHO, has been providing support to the MoHP in various aspects of the health sector response to COVID-19, which include:

- Development and revision of plans, guidelines and protocols;
- Development of a repository of guidelines, plans and policies related to COVID-19;
- Strategic-level inputs to MoHP officials in formulating policies, planning, monitoring, decision-making, and daily operation in COVID-19 management;
- Analysis of data and preparation of daily situation updates (e.g., epidemiological analysis, performance of laboratories, logistics availability);
- Development of daily reporting web portal in DHIS2 platform from COVID-19-designated hospitals;
- Engagement in and technical contribution to various committees and task teams formed by MoHP.

PRIORITIES FOR THE NEXT QUARTER

- Support MoHP, focal provinces and LL sites in implementation, scale-up and monitoring of RDQA;
- Support LL sites for complete and on-time reporting from HFs and analysis and use of data;
- Support Population Division in digitisation of recording and reporting of the SSU- and OCMC-related services in alignment with HMIS; and implementation of Maternal Mortality Study following Census;
- Support DoHS in finalization of HMIS data, and preparation of DoHS annual report 2019/20;
- Analyze HMIS and survey data on specific areas, coordinating with government and MEOR;
- Support NHTC to finalize the induction package; and
- Continue support to MoHP in response to COVID-19.

6. HEALTH INFRASTRUCTURE

Summary

This quarter the Health Infrastructure team supported the MoHP to develop implementation guidelines and monitoring frameworks for upgrading of HFs to primary hospital status in various municipalities.

The Department of Urban Development and Building Construction (DUDBC) was supported publish of a retendering notice and tender evaluation tender for Bhaktapur Hospital retrofitting work. MoHP was assisted with local level HI upgrading works and updating of HF standard prototype designs and costs, including COVID-19 infrastructure.

HI team provided capacity enhancement and TA to sub-national governments for upgrading hospitals.

New construction continues as part of Western Regional Hospital Pokhara (WRH). retrofitting contract. The latest milestone was verified by the BEK contracted third-party monitoring and verification team.

For updated Activities – please see Annex 1.

RESULT AREA I6.15: POLICY ENVIRONMENT

During this fiscal year MoHP approved and budgeted the upgrading of 396 municipality level HFs to primary hospital level in line with the National Health Infrastructure Development Standards 2074 (NHIDS 2017). The HI team provided support to MoHP in the following activities:

- Guidelines for preparation of detailed project reports (DPR) and monitoring of construction
- Production of Primary Hospital Guideline (2077/2020) for upgrading HFs and sample terms of reference (TOR) for the procurement of consultancy services for preparation of the DPR.

The HI team completed guidelines and plans for HF repair and maintenance; these were shared with Management Division (MD), DoHS, and Regional Health Directorates in Bagmati, Lumbini, and Karnali Provinces. The federal-level land acquisition and relocation policy developed and submitted to MD/DoHS for endorsement is now with MoHP for further discussion.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

Capacity enhancement activities included:

- Presentation on current HI documents and NHSSP support to Director General DoHS, MD Director and officials on 1 October
- Orientation on decanting services procurement and bidding document on 12 November for the DUDBC Federal Project Implementation Unit (FPIU) in Pokhara. This tender is the first of its kind in Nepal and final documents were presented on 7 December.
- On-site orientation to Pokhara contractor, workers and DUDBC FPIU officials on 11 November on environmental measures, health and safety, Gender Equality and Social Inclusion (GESI), and Gender Based Violence (GBV) issues.

Support to DUDBC: HI supported the Project Office of Urban Development and Building Construction, Kathmandu, in technical evaluation of bids for main retrofitting works at Bhaktapur Hospital; and identification of defects at the hospital's repurposed decanting space. The contractor has corrected these faults under the defect liability period. DUDBC was assisted with detailed design of an additional floor on the Maternity Block proposed by Bhaktapur Hospital to expand COVID-19 treatment services.

Support in Karnali Province: Direct HI development support to Karnali Province continued:

- Detailed architectural and engineering design, Bills of Quantity (BoQs) and estimates for Rukum Hospital completed and submitted to the Ministry of Social Development (MSD), in October; similar documents for Dolpa Hospital are expected to be finalised in early January 2021.
- Tender evaluation is in progress for upgrading works at Humla, Dailekh and Salyan District Hospitals through the DUDBC office in Jumla. Tender notices for the upgrading work at Rukum and Dolpa Hospital are expected to be complete by January 2021.

Other design support: Support was provided to MoHP to develop standard prototype designs for a 50-bed independent Infectious Disease Hospital to be built in six provinces (excluding Bagmati). The team also reviewed designs prepared by six municipalities (Devdaha, Myagde, Navadurga, Suryodaya, Tilottama and Waling) for upgrading of HFs to primary hospital level. Where needed, improvements to the submitted drawings have been provided to the municipality through MoHP.

The team is developing a detailed engineering design, BoQs and cost estimates of approved type designs for all three types of primary hospitals. The team supported MoHP to list and quantify equipment required on completion of a new surgical block in the National Academy of Medical Science, Bir Hospital. Cost estimates will be prepared to budget and procure equipment and furniture.

On 4 December the HI team presented the type design for a Provincial Medical Store to the DG DoHS, Director of MD, DoHS officials and EDP representatives. After incorporating feedback, the proposed designs were submitted to MD on 10 December for approval.

DoHS was supported on 8 December with information on health building standards and requirements to the KOICA officials and consultants supporting the upgrading of a hospital in Bhaktapur District.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Bhaktapur progress in main retrofitting works: Technical and financial evaluation of retendering of main retrofitting work was completed. Five bidders participated; three passed the technical evaluation. The technically qualified bidder with the lowest bid was selected, and forwarded to Health Building

Section (HBS) DUDBC for approval. Once approved, HBS will issue a letter of intent for award of contract to the successful bidder. Signing of the contract is expected by the third week of January 2021.

Pokhara progress in main retrofitting works: Work has been underway since 26 September, with progress on Kitchen Block, CSSD / OCMC Block, Kitchen link corridor, Water tank and Septic tank. excavation. The transformer for three-phase power supply is installed and awaiting operationalisation

The HI team members visited the Pokhara site several times during the quarter to support DUDBC and the contractor to resolve technical and contractual issues, and for supervision and monitoring to maintain the quality of construction and site management.;

Decanting Space: The HI team has submitted a delay analysis report to BEK for both the main retrofitting works, and the unavailability of decanting space due to repurposing to COVID-19 treatment facilities.

Bhaktapur Decanting Space: The repurposed decanting space is being used for general ICU patients and the COVID-19 isolation ward is being used as a high care unit. Hospital management favours converting the facility back to decanting space. However, concerns remain over future surges of COVID-19 cases, and management will discuss this further with provincial and Federal governments.

Pokhara Decanting Space: The HI team has engaged with WRH / Pokhara Academy of Health Sciences (PAHS) and FPIU Pokhara on options for alternative decanting spaces, as follows:

Scenario 1: work could slip by six months, assuming no other unforeseen delays
Hand over the new maternity block in January 2021; some of the blocks in the critical path for the retrofitting schedule can be decanted to this facility. The repurposed COVID-19 block will be returned by June 2021 (anticipating control of COVID-19 infection by then) and can then be used for decanting.

Scenario 2: work delayed by only three months, assuming no other unforeseen delays
The new maternity block will be used for COVID-19 space after handover in January 2021, releasing the repurposed space for services decanting. If control of COVID-19 infection is achieved by June 2021 the new maternity block will also be available for decanting.

Activity schedules for both scenarios were agreed with FPIU Pokhara. Hospital management has verbally agreed on the first scenario. Until the alternative decanting space is available, FPIU will issue a short-term activity schedule to the contractor. This will avoid any future claim by the contractor for compensation for idle human resources.

Monitoring and Verification of Milestone: The M&V team visited the Pokhara site 20-21 December to check progress against Milestone 4.1 deliverable - completion of foundation works for CSSD block (new construction), and provided feedback and suggestions. The team responded to the comments and submitted test results/evidence as required. BEK confirmed M&V team's verification of the milestone.

SUPPORT IN RESPONSE TO COVID-19

The HI team has provided extra technical support to MoHP's efforts to deal with COVID-19, including:

- Preparation of detailed architectural and engineering designs, BoQs and estimates for a Health Help Desk for land border entry points in Nepal.
- Preparation of the architectural design of a Health Help Desk at Tribhuvan International Airport (TIA), which is now with the Civil Aviation Authority of Nepal (CAAN) for approval.
- Preparation of detailed engineering designs and cost estimates for the construction of a provincial cold chain equipment warehouse for storage of COVID-19 vaccines.

PRIORITIES FOR THE NEXT QUARTER

- Confirming decanting spaces for both hospitals for initiation of the retrofitting works;
- Contract signing and initiation of main retrofitting works in Bhaktapur;
- Mobilisation of NHSSP Site Engineer at the WRH Pokhara retrofitting site;

- Orientation programme for the contractor personnel of the main retrofitting project at WRH Pokhara;
- Monitoring and supervision of ongoing retrofitting works in Pokhara;
- Visit Bagmati, Karnali and Lumbini Provinces on guidelines and action plan for HF repair and maintenance;
- Follow up with MoHP on the policy for HI land acquisition and relocation;
- Support to DUDBC in the retendering and procurement process for the service decanting contract for the WRH Pokhara for main retrofitting works and initiation of service tendering bid for Bhaktapur;
- Support to MoHP to review municipal designs for HF upgrading;
- Continued support in the HF upgrading works and procurement process to MSD and its ancillaries in priority provinces and respective DUDBC FPIUs;
- Continued support to MoHP for HI development works and expansion of COVID-19-related HFs;
- Updating of the Health Infrastructure Information System (HIIS) database and web-based features Completion of the report on Learning Lab (LL) districts.

7. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

NHSSP TA to GBV services continued despite the ongoing COVID-19-related challenges. The process of setting up three new OCMCs through virtual meetings and virtual orientation was initiated. TA was provided to establish two new SSUs and started to establish geriatric services at two facilities. Mentoring and monitoring support was continued remotely to existing OCMCs, SSUs, and geriatric services.

There has been significant progress on some of the strategies, guidelines and standards that were delayed by COVID-19. MoHP: resubmitted the revised GESI Strategy to Cabinet in October; approved the Psychosocial Counselling Training Curricula package, National Mental Health Strategy and OCMC Operational Guidelines; began approval process for SSU and Geriatric Service Operational Guidelines.

A case study was undertaken on Access to Essential Health Services and Care of People Living with Severe and Complete Disabilities during lockdown and the COVID-19 Emergency. This was led by the PMD, MoHP, in partnership with the National Federation of the Disabled Nepal (NFDN) and NHSSP. PMD is planning to share the key findings and recommendations with wider stakeholders, and develop an action plan to address the immediate and long-term gaps identified. ***Please see Annex 7 for the policy brief.***

For updated Activities – please see Annex 1.

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

Gender-responsive Budgeting (GRB): Delays in orientation of wider stakeholders and printing of GRB Guidelines continues because of COVID-19 an is unlikely to progress soon.

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

GESI Strategy: The revised GESI Strategy was approved by the Minister, MoHP and resubmitted to Cabinet in October 2020. Strengthening of the GESI Institutional Structure and development of a GESI Strategy Implementation Plan cannot progress without Cabinet approval of the revised Strategy; development of provincial GESI strategies is also obstructed.

Mental Health Strategy: MoHP approved the National Mental Health Strategy and Action Plan, including COVID-19 and emergency concerns. NHSSP provided detailed inputs to the final draft at EDCD's request. ECDE will lead strategy implementation. The next step is for ECDC to develop a roll out plan and include activities in the AWPB; the process will be supported by EDPs, including NHSSP.

LNOB Budget Marker Guidelines: NHSSP submitted revised Leave-No-One-Behind (LNOB) Budget Marker guidelines to PMD, who has initiated the approval process. Once the guideline is approved, NHSSP will facilitate implementation of this guideline at MoHP and subnational level with TA support.

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

- Guidelines for OCMC, SSU and geriatric services: NHSSP supported the revision of OCMC, SSU and Geriatric Operational Guidelines. The revised guidelines respond to the changed federal context, the findings of the strategic review of OCMCs (2020), and the policy decision to roll OCMCs and SSUs out to all 77 districts/hospitals. The OCMC Operational Guidelines were approved by MoHP and the other two guidelines are in approval process. NHSSP supported the printing of OCMC guidelines upon the request of MoHP.
- MSS for OCMCs and SSUs: support was provided to update SSU and OCMC MSS upon the request of Quality Measurement and Regulation Division/MoHP.
- Geriatric Health Service Strategy: MoHP requested NHSSP to provide technical support for development of a new Geriatric Health Service Strategy. The first meeting was chaired by Chief Specialist, MoHP. The final draft of the strategy is to be completed by the end of March 2021.
- GBV prevention and response in quarantine: NHSSP provided technical review and inputs to the Guideline for GBV Prevention and Response in Quarantine; this has now been approved by MoHP.
- National Disability Strategy and Action Plan: review and inputs were made to the final draft of this strategy and action plan which was revised to adjust to the changed context.
- Impact of COVID-19 on people living with severe and complete disabilities: NHSSP provided technical support to MoHP to conduct a Case Study on Access to Essential Health Services and Care of People Living with Severe and Complete Disabilities during Lockdown and the COVID-19 Emergency. This case study aims to inform policy decisions and was implemented in partnership with NFDN. The case study report, policy brief and PowerPoint presentation in English and Nepali were submitted to MoHP. PMD will hold a stakeholder meeting to share findings and recommendations and develop an action plan to address the immediate and long-term needs.

Medico-legal services: In response to government commitment to strengthen medico-legal services, which are a major bottleneck to GBV survivors securing justice, the Multisectoral Medico-Legal Service Implementation Committee is overseeing the assessment of standards at private teaching hospitals. NHSSP GESI Advisors participated in these meetings as an expert invitee. Based on the findings of the assessment, the Kathmandu Medical College, Bhaktapur and B&C Medical College, Jhapa have been approved to conduct medico-legal services as per the Medico-Legal Service Implementation Guidelines, 2075. The committee has requested all seven provinces to form a provincial-level Medico-Legal Service Coordination Committee. This has the potential to elevate the importance given to medico-legal training and standards across the country, and strengthen the quality of GBV services.

Social audits: Since approving the social accountability directives and model social audit guidelines in 2020 to reshape social audit to fit the changed context, progress has been slow. This quarter CSD held a Social Accountability and Social Audit TWG meeting to review progress. The meeting decided to conduct an orientation program to provincial health directorate on the social accountability directives and model social audit guidelines. A tentative plan to conduct the orientation program with the technical support of NHSSP has been agreed in select provinces; this is an important entry point for putting the new guidelines into practice. NHSSP has subsequently supported CSD in printing the directives.

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

Strengthening and Scaling Up of OCMCs and GBV services: Despite the challenges of COVID-19 NHSSP has continued its support to strengthening and scaling up OCMCs and GBV services:

- Regular follow-up with all OCMCs has continued: the number of cases reported was recorded, and support provided to adjust the functioning of centres in the COVID-19 context.
- New OCMCs: NHSSP responded to requests from MoHP and provinces to support the establishment of new OCMCs. Through regular virtual meetings and coordination with hospitals and stakeholders, the process of establishing three new OCMCs was initiated[6]; three other OCMCs[7] will be established next quarter. MoHP/GESI Section and NSSD/DoHS plan further orientation of multisectoral stakeholders in new OCMCs/hospitals with NHSSP technical support.
- Orientation of health workers on GBV and OCMCs was delivered at Kanti Children, Bir, Koshi, Inaruwa and Udayapur Hospitals. Training covered the OCMC conceptual framework, legal provisions, new provisions in recently approved guidelines, good practices/lessons learned and interim guidelines for OCMC during COVID-19 pandemic.
- Psycho-social counselling capacity: In coordination with partner agency (CVICT-Nepal) two psychosocial counsellors were provided to Kanti Children Hospital and Bir Hospital for three months to support newly established OCMCs upon their request. The counsellors provided counselling services to survivors and also supported capacity strengthening.
- Exchange and learning: A virtual cross-learning session with OCMCs across the country was facilitated, marking the 16 days of activism. The session focused on how OCMCs can be made functional so that GBV survivors access multi-sectoral services without hurdles. OCMC Chiefs from selected facilities shared insights and guidance on how OCMCs can be made functional and how meaningful coordination with partners can be achieved. NHSSP supported the supply of a Hoarding Board/Flex message on OCMC services to all 77 OCMCs across the country.
- Data and information management: TA was provided to the MoHP to digitise the recording and reporting of monitoring data of OCMCs, SSUs and geriatric services. The online reporting system is expected to be finalized early next quarter. This will be instrumental in improving management of services and informing related policy decisions.

On the occasion of 16 days GBV Activism (Nov 25th to Dec 10) Nepal Television produced a talk show on GBV and how OCMCs, MoHP and Nepal Police respond. Sitaram Prasai was invited to participate following his earlier and well received participation in a similar talk show previously. The show was hard talking and was replayed a couple of times by NTV. It was also linked to You Tube and Facebook. Partner organisations and government counterparts reported that the show was effective for policy advocacy, communication with survivors and those at risk, and raising the awareness of general public.

Supporting the rollout of the GBV Clinical Protocol: Plans to roll out the GBV protocol using internal hospital funds at two hospitals[8] were postponed because of COVID-19 and are pushed to next quarter.

Strengthening and scaling up SSUs and geriatric services: Establishment of two new SSUs[9] and geriatric services in two hospitals[10] started this quarter. This was undertaken via virtual orientation meetings and coordination with hospitals. NHSSP provided backstopping support through telephone and virtual meetings to thirteen SSUs[11] regarding the new provisions in the revised SSU Operational Guidelines, and to ensure the continuation of services during COVID-19.

[6] Manang, Mustang and Rukum East
[7] Lamjung, Rukum West and Nawalparasi East Districts
[8] Surkhet Provincial Hospital and Janakpur Hospital
[9] Jajarkot hospital and Karnali Academy of Health Sciences
[10] Dhaulagiri and Dadeldhura Hospitals
[11] Panchthar, Udayapur, Dhading, Gaur, National Trauma, Kanti Children, Bir, Sukraraj Tropical, Gorkha, Palpa, Gularia, Dailekh and Darchula Hospitals

Mentoring, monitoring and multisectoral coordination visits: NHSSP provided intensive remote support to referral hospitals[12]. Support focused on continuation of services to GBV survivors in the COVID-19 context and new provisions in the revised OCMC, SSU and Geriatric Operational Guidelines.

Data collection and compilation of 59 OCMCs of FY 2076/77 was completed and shared with D4D for analysis and reporting, and shared with PMD and Nursing and Social Security Division for information.

NHSSP facilitated the annual review of GESI targeted interventions (OCMC, SSU and Geriatric health service) with 16 federal hospitals organized by PMD. The workshop informed MoHP about the problems and challenges faced by hospitals, and shared good practices and lessons learned. This is an important reflection exercise in the government planning cycle, and with high level participation reinforces and strengthens management commitment to operationalise policy level changes at the hospital level.

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

Support the institutionalisation of mental health services: With NHTC as a lead, the Standardisation of Psychosocial Counselling Training Curricula package was developed with NHSSP's TA support, and approved by MoHP. This package includes a Trainer's Manual, Participant's Handbook, Reference Manual and Supervisor's Guide. To take this forward, NHTC plans to roll out the training package in collaboration with NHSSP and other partners.

SUPPORT IN RESPONSE TO COVID-19

The following activities have been undertaken this reporting period:

- Technical inputs to the development of Guideline for GBV Prevention and Response in Quarantine.
- Participation in virtual cluster meetings including protection cluster, GBV sub-cluster, GBV network, mental health sub-cluster, and disability sub-cluster. Meetings were organised by EDCD, Ministry of Women, Children and Senior Citizens (MoWCSC), National Women Commission, UNFPA, UNICEF, NFDN, VSO, FWLD, and TPO. NHSSP updated participants about the support provided to OCMCs and GBV, disability, geriatric and mental health services.

PRIORITIES FOR THE NEXT QUARTER

- Support to MoHP to develop the online reporting system for OCMCs, SSUs and geriatric services
- Virtual orientation meetings to hospital staff for the establishment of new OCMCs, SSUs and geriatric services
- Technical support for the development of Health Sector Geriatric Strategy
- Development of a roadmap to roll out the standardised Psychosocial Counselling Training Curricula
- Organize wider-level sharing meeting to disseminate disability case study report and development of action plan to address the gaps
- Technical support for the conduction of Clinical Medico-Legal Training in Lumbini, Bagmati, Province 1 and 2
- Continuation of work with different clusters to raise awareness on GBV/OCMCs in the context of the COVID-19 pandemic
- Mentoring, monitoring, and multisectoral coordination visits for OCMCs, SSUs and Geriatric in B.P. Koirala Institute of Health Sciences (BPKIHS), Lumbini, Palpa, Sankhuwasabha, Janakpur, Surkhet and Pokhara Hospitals
- Organize GBV clinical protocol training to hospital staff in selected hospitals

[12] Koshi Hospital, Panchthar Hospital, Udayapur Hospital, Gajendra Narayan Sing Hospital, Janakpur Hospital, Gaur Hospital, Sindhuli Hospital, Maternity Hospital, Bir Hospital, Patan Hospital, Dhading Hospital, Huma Hospital, Jajarkot Hospital, Dailekh Hospital and Mangalsen Hospital

8. CONCLUSIONS

This quarter saw a reduction in COVID-19 cases and relaxation of COVID-related restrictions. We continued to require all public health measures (e.g., masks, physical distancing, hand sanitising) 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, and other critical sources, are shared with staff. Any members of 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, though home-based Internet services can be slower than office-based.

GoN and MoHP activities mainly remained on strengthening COVID-19 response including preparation to bring COVID-19 vaccine to the country. Coordination across the sector and between the three tiers of government in COVID-19 response, and continuation of routine healthcare services, remained priorities. Review of health sector plans and progress in NJAR with participation of development partners, private sector, academia subnational government has been a key achievement. However, accelerated efforts are needed to have progress with organisational reform, uptake of evidence to policy and decision making, improving quality of healthcare, scaling up evidence-based approaches to address equity gaps in health outcomes while strengthening health sector governance in the federal context.

We anticipate the following in the coming quarter:

1. COVID-19 spread and response

- **Number of detected cases continues to reduce**: as are the number of tests conducted. The potential for a new variant(s) to enter Nepal has caused some concern.
- **Vaccines**: Focus will shift to acquiring and distributing vaccines via COVAX and the Indian government. Funding for vaccinations beyond the COVAX estimates (20% of population) will continue to be a challenge for the GoN.

2. Implications for NHSSP programming, including preparation for sub-national roll out

- **Work plan and deliverables**: Some restricted mobility may continue, though inter-state travel has restarted. We expect to complete the planned payment deliverables.
- **Integrated COVID-19 response activities**: We will continue to provide critical COVID-19 support while integrating COVID-19 into ongoing work.
- **NHSSP extension**: recruitment for new Kathmandu- and Province-based staff will continue. In-person discussions with focal provinces will be required to pave the way for setting up NHSSP provincial operations.
- **The need for flexibility continues**: This includes timing of deliverables, both payment and non-payment, and work plan timelines in response to changing circumstances and priorities at all levels of government.

ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BEK	British Embassy, Kathmandu
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BHSP	Basic Health Services Package
BoD	Burden of Disease
BoQ	Bill of Quantity
BP	Business Plan
BPKIHS	B.P. Koirala Institute of Health Sciences
CAPP	Consolidated Annual Procurement Plan
CBS	Central Bureau of Statistics
CCTV	Closed-circuit Television
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CICT	Case Investigation and Contact Tracing
CSD	Curative Services Division
CVICT	Centre for Victims of Torture
DG	Director-General
DHIS2	District Health Information Software 2
DHO	District Health Office
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
E&A	Evidence and Accountability
eAWPB	electronic Annual Work Plan and Budget
eCAPP	electronic Consolidated Annual Procurement Plan
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
e-GP	electronic Government Procurement
EHR	Electronic Health Records
eLMIS	electronic Logistic Management Information System
EPI	Expanded Programme on Immunization
EWARS	Early Warning, Alert and Response System
FA	Financial Assistance
FAA	Functional Analysis and Assignments
FCGO	Financial Comptroller General Office
FCHV	Female Community Health Volunteer
FHD	Family Health Division
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
FY	Fiscal Year
GBD	Global Burden of Disease
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GHITA	General Health Infrastructure Technical Assistance
GHRM	Grievance-handling and Redressal Mechanism
GIZ	German Corporation for International Cooperation
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HA	Health Assistant
HC	Health Coordinator
HDU	High-dependency Unit
HEOC	Health Emergency Operations Centre
HF	Health Facility
HI	Health Infrastructure
HIIS	Health Infrastructure Information System
HIS	Health Information System
HMIS	Health Management Information System
HP	Health Post
HPP	Health Policy and Planning
HQIP	Hospital Quality Improvement Process
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HSSO	Health Systems Strengthening Officer
HVAC	Heating, Ventilation and Air Conditioning
IA	Internal Audit
IAIP	Internal Audit Improvement Plan
ICSD	Internal Control System Directives
ICU	Intensive Care Unit
ID	Institutional Delivery
IHIMS	Integrated Health Information Management Section
ISC	Itahari Sub-metropolitan City
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&E	Monitoring and Evaluation
M&V	Monitoring and Verification
MA	Market Analysis

MC	Monitoring Committee
MD	Management Division
MEOR	Monitoring, Evaluation and Operational Research
mHealth	Mobile Health
MIRA	Mother and Infant Research Activities
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMS	Maternal Mortality Study
MNH	Maternal and Neonatal Health
MoF	Ministry of Finance
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Federal Ministry of Health and Population
MoSD	Ministry of Social Development
MoU	Memorandum of Understanding
MoWCSC	Ministry of Women, Children and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
MTM	Madhyapur Thimi Municipality
MTR	Mid-term Review
NBC	National Building Code
NDHS	Nepal Demographic and Health Survey
NFDN	National Federation of the Disabled Nepal
NGO	Non-governmental Organisation
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
NPHC	National Population and Health Census
NPHL	National Public Health Laboratory
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
OPMCM	Office of the Prime Minister and the Council of Ministers
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
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PMC	Pokhara Metropolitan City
PMD	Population Management Division
PMG	Pregnant and Mothers Group
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
QSRD	Quality Standard and Regulation Division
RA	Rapid Assessment
RANM	Roving Auxiliary Nurse Midwife
RAP	Rapid Action Plan
RAP-2	Rapid Action Plan – 2
RCC	Reinforced Cement Concrete
RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RHIS	Routine Health Information System
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
SAS	Safe Abortion Services
SBA	Skilled Birth Attendant
SD	Service Delivery
SDG	Sustainable Development Goal
SHP	Skilled Health Personnel
SitRep	Situation Report
SMNH	Safe Motherhood and Neonatal Health
SMT	Senior Management Team
SOP	Standard Operating Procedure
SSBH	Strengthening Systems for Better Health
SSU	Social Service Unit
STP	Standard Treatment Protocol
STTA	Short-term Technical Assistance

SU	Spending Unit
SUTRA	Sub-national Treasury Regulatory Application
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TL	Team Leader
TNA	Training Needs Analysis
ToR	Terms of Reference
ToT	Training of Trainers
TSB	Technical Specification Bank
TWG	Technical Working Group
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VfM	Value for Money
VSC	Voluntary Surgical Contraception
VSP	Visiting Service Provider

ANNEX 1 WORKSTREAM ACTIVITIES

HEALTH POLICY AND PLANNING

Activity		Status	Achievements in this quarter	Planned activities for next quarter
	Result Area: 12.1 The MoHP has a plan for structural reform under federalism			
i2.1.1	Provide strategic support on structures and roles for central and devolved functions – federal/provincial	**Ongoing**	Draft report on the analysis of the functions across three levels and existing policies was further refined and finalised. The report reviews the constitutional provisions in relation to the health sector, analyses functions of three levels and the health sector policies of federal, provincial and selected local levels (LL sites)	Support in the reform areas as necessary
i2.1.2	Enhance capacity of PPMD and Health Coordination Division and respective divisions to prepare for federalism	**Ongoing**	NHSSP supported in the consultation with the provinces on the legal framework and monitoring of COVID-19 preparedness and implementation status at the provincial as well hospital level	Support as per need
i2.1.3	Develop guidelines and operational frameworks to support elected local government planning and implementation	**Ongoing**	• The status of the OCA Learning Resource Package (LRP), that consists of Reference Manual, Trainers' Guide and Participants' Handbook were discussed with NHTC agreed to finalise after consultation • The draft of national Health Training Strategy was also discussed with the NHTC for necessary action towards finalisation	Consultation and finalisation of the drafts
	• **Result Area: i2.2 Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting**			
i2.2.2	Support DoHS to consolidate and harmonise the planning and review process	**Ongoing**	• Pokhara and Dhangadhimai conducted the annual health sector review meeting during the reporting period. Gandaki Province, Sudurpashchim Province and Province 2 also conducted the annual health sector review meeting during the reporting period. HSSO from relevant LL sites participated in the review meeting. The meeting discussed on the progress and achievement of three-year service utilisation trend on key indicators of health services, key issues and challenges, and the developed the action plan to address the challenges • A case study entitled “Mobilizing Pregnant Mother Groups and Female Community Health Volunteers: A synergy towards Zero Home Delivery	Programme implementation support

			Initiative" was prepared based on the initiative implemented by Kharpunath rural municipality	
i2.2.3	Implement LLs to strengthen local health planning and service delivery	**Ongoing**	• A technical report and briefs on 'Strengthening Local Planning and Budgeting to deliver Basic health services' was developed mainly based on implementation learnings from local level planning and budgeting practices. • Pokhara Metropolitan City started working for the upgradation of the existing hospital to higher capacity general hospital by forming a Recommendation Committee The committee submitted the draft reports on feasibility and land acquisition of perspective hospital to metropolitan executive committee. HSSO facilitated the process in coordination with central NHSSP team fir drafting the report. • Pokhara Metropolitan health division has initiated the drafting of the annual health progress report for 2076. HSSO of Pokhara supported to draft the report. • Among the LL sites, Pokhara, Itahari and Madhyapur Thimi have reported the higher number of cumulative COVID-19 cases during the reporting period and the response activities were ongoing. The antigen-based test for COVID-19 diagnosis was rolled out at Pokhara and Itahari as per the federal testing guidelines. At other LL sites, the number of cases remained relatively low with Kharpunath has reported no cases so far. • Yasodhara, Ajayameru and Dhangadhimai initiated the construction of Primary hospital as aligned with the nationwide initiative for the inauguration of the foundation for establishing the primary hospitals on 30-Nov-2020. The guidelines and the first tranche of budget has already been released from federal level towards this initiative.	Expansion of technical assistance at sub-national level as per extension plan
	Result Area: i2.3 PPMD identifies gaps and develops evidence-based policy			
i2.3.3	Develop recommendations on institutional structures, including roles and responsibilities; manage SNS partnerships	**Completed**	• No specific progress to report	

i2.3.4	Review existing policy and regulatory framework for quality assurance in the health sector	**Ongoing**	• Dhangadhimai Municipality executive committee endorsed two guidelines- Municipal health institution registration, renewal and upgradation guidelines, 2077; and Municipal health staff service contract guidelines, 2077.HSSO supported in drafting these guidelines • Public health services regulations were translated into English	Need based support
i2.3.5	Assess institutional arrangements needed and develop implementation guideline for partnership in health sector (PD 49)	**Completed**	• No specific progress to report	
i2.3.7	Revise/update major policies based on findings and emerging context	**Ongoing**	Draft report on the analysis of the functions across three levels and existing policies was further refined and finalised based on the feedback received	Need based support
	Result Area: i2.5 MoHP is coordinating EDPs to ensure aid effectiveness			
i2.5.1	Support strengthening and institutionalisation of Health Sector Partnership Forum	**Ongoing**	• No specific progress to report; various coordination and cluster meetings were taking place in response to COVID-19	
i2.5.2	Support partnership meetings (Joint Annual Review (JAR), Mid-year review, JCM)	**Completed**	• National Joint Annual Review Conducted during 10- 14 of December, 2020 • NHSSP extended support in preparation of pre-NJAR Progress Report, post-event Proceedings Report and facilitation for the organisation of the review event.	Support in finalisation of Aide memoire and its implementation
i2.5.4	Support Mid-term Review (MTR) of Nepal Health Sector Strategy (NHSS)	**Completed**	No specific progress to report	Support in towards developing strategy for next phase

HEALTH SERVICE DELIVERY

		Status	Achievements this quarter	Planned activities for next quarter
	Result Area I3.1: The DOHS increases coverage of under-served populations			

i3.1.1	Support expansion, continuity, and the functionality of CEONC sites	ongoing	96 CEONC sites monitored and supported as necessary. TA supports CEONC sites in trouble shooting and informs FWD/DoHS/MoHP on issues to be addressed. Supported four sites in recruiting service providers using CEONC fund, including interview of staff and their travel to CEONC sites. Recruitment successful for two hospitals during this time resulting in re-starting C-section services at one hospital. Supported deployment of scholarship doctors in appropriate hospitals. Visit to Rasuwa hospital to establish CS service was not possible.	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.
	Robson's classification	On going	Almost final draft ready on the "national guideline on the introduction and management of C-section monitoring at public and private facilities using Robson classification in Nepal" by FWD.	Follow up Robson's Classification implementation at four hospitals if COVID situation improve, and support Support Lumbini province for development of resource persons for introducing Robson's classification in the province
I3.1.4	Facilitate the design and testing of RMNCAH, FP and nutrition innovations - mHealth for FCHV (mobile Chautari)	delayed	Final report submitted by BBC MA and handed over materials. Waiting on the summary of the evaluation findings as recommended by TAG. Follow up on TAG recommendations; possibility of plan for small scale scale-up in LL sites – not	Discussion with NSSD on scaling up the mHealth tools by using AWPB 2021/22

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	Completed and ongoing	TA supports FWD for continue off site monitoring and technical support to PNC home visit budget allocated programme Palikas (396 Palikas from 54 districts) for implementation status. TA provided support to PHD/FWD for virtual PNC home visit microplanning orientation to all participants from 33 province health offices and 5 palikas in this QTR. Till date, total 154 palikas implemented PNC home visit and 56 of them started home visit recently in this QTR. PNC 3 visit as per protocol, HMIS data has analyzed and presented as a case study in 6th Global Symposium on HSR (8 to 12 Nov. 2020). There is 31% points higher in the palikas (30 RM) that initiated home visit programme compare to other 30 RM without home visit programme.	TA will support PHD/FWD continue desk monitoring for PNC home visit implementation status in budget allocated palikas. Support FWD to finalise and endorse "PNC home visit microplanning and clinical mentoring implementation guideline"
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.	Despite cessation of programme and budgets this year 2077/78, 14 and 16 palikas have continued VSP and RANM programme respectively from their resources, improved service utilisation in these palikas compared to national level and previous years. FP/EPI programme implementation in 13 districts has not started because TOT at Provincial level has not yet started. FP/EPI implementation guide is being updated. NHSSP TA has provided inputs.	Off-site information collection on VSP, RAMN and FP/EPI programme implementation by the Palikas from their own source. Support FWD to ensure VSP and RANM programme in AWPB 2078/79. NHSSP TA will support conduct FP/EPI ToT on request. Provide further TA in FP/EPI implementation guide revision. Province 2 is planning to conduct the ToT at Bardibas on 6-7th January 2020. NHSSP TA will monitor the progress of TOTs of other provinces also.
I3.1.9	Support to the FMoHP for improving delivery of nutrition interventions	In progress	Meeting at DG level re-iterate their approval of the MOHP's Tippanis' recommendations on "SBA/SHP strategy 2020-25" and "In-service training strategy for SBA/SHP 2020-25". The consultants submitted final drafts and FWD approved the "SBA/SHP strategy 2020-25"	Support NHTC for the approval of the "In-service training strategy for SBA/SHP 2020-25".

				Support FWD and NHTC for the development of operational plan for the strategies with supporting partners.
	Result Area I3.2: Restoration of service delivery in earthquake-affected areas			
I3.2.1	Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts	Delayed	no activities could be done	plan for re-training of paramedics and evaluation planning as part of re-shape programming. Highly likely after COVID-vaccination to health workers.
	Result Area: I3.3 The FMoHP/the DOHS has effective strategies to manage the high demand (of MNH services) at referral centres			
I3.3.1	SMNH Programme Review and the development of the SMNH Roadmap 2030	In progress, with delays	FWD conducted policy dialogue on SMNH roadmap province planning workshop in Bagmati, Gandaki and Province 1 SMNH roadmap printing delayed.	Print and disseminate the SMNH roadmap 2030. SMNH roadmap planning support to Lumbini Province (if COVID-19 situation eased)
I3.3.2	Support the FMoHP/ DUDBC to upgrade infrastructure for maternity services at referral hospitals	Delayed	No activities	Follow up as necessary
I3.3.3	Support the implementation and refinement of the Aama programme	Delayed	No activities	follow up within MOHP for a meeting to finalise the review report
	Result Area: I3.4 Continuous Quality Improvement institutionalised			
I3.4.1.	Support the DoHS to expand implementation of MSS and modular HQIP	ongoing with delays	TA support provided to CSD for continue desk monitoring HP MSS implementation status. CSD had allocated implementation budget to all Palikas (753) in FY 2020/2021. Till date 278 Palikas health staffs oriented on HP MSS implementation guideline and 94 out of 278 started	TA will support provincial health offices and Palikas on HP MSS orientation especially in Lumbini province.

			implementations at 417 HPs. In this QTR, 59 palikas received orientation from HO, 6 palikas initiated assessment at 15 health posts. Previous plan of HP MSS orientation to Lumbini province has been **delayed** due to province could not manage their time for orientation.	TA will support CSD/PHD at province 2 for HP MSS orientation (likely virtual) on request. Continue desk monitoring of the MSS implementation at HP/PHCC level. Collection of HP MSS report as much as possible from implemented HFs and score analysis.
		Ongoing	FWD expanded QI along with clinical mentoring programme. In this 2020/21 FY, budget allocated in 65 hospitals, but 63 hospitals received, and 2 hospitals missed (Bardiya and Lamjung) and 626 palikas of 63 districts for QI along with clinical mentoring. NHSSP TA continued support to FWD/PHD for facilitating mentors, finance person at hospitals and palika health section chief to implement QI and clinical mentoring. Till date, 19 hospitals implemented QI, 11 out of them implemented QI in this QTR. Similarly, total 96 BC/BEONC implemented QI and 69 out of them implemented in this QTR. Till date, total 127 SBA clinical mentors mobilized to conduct QI at 115 sites (19 CEONC and 69 BC/BEONC) along with clinical mentoring.	Continue facilitation for implementation and desk monitoring to hospitals for QI implementation status along with clinical mentoring
I3.4.2	Support the FHD to scale up on-site mentoring of SBAs	Ongoing with delays	FWD has allocated budget to 63 hospitals and 626 palikas of 63 districts for clinical mentoring along with QI (mentioned above). NHSSP TA continues support to FWD/PHD/local government in implementation and monitoring of SBA clinical mentoring programme. In 2020/21 FY, till date, total 127 clinical mentors provided on-site clinical mentoring to 493 MNH service providers (189 SBA and 139 non-SBA) at 129 health facilities (16 hospitals+113 BC/BEONC). In this QTR, total 83 SBA clinical mentors provided on-site clinical mentoring to 310 MNH	Continues desk monitoring to coordinate and encourage clinical mentors, finance person, palika HCs for clinical mentoring along with QI facilitation at hospitals and palikas where budget allocated. ODK data management update and analysis of clinical mentoring data.

			service providers (73 hospitals+137 BC/BEONC) at 87 health facilities SBA clinical mentors are reporting clinical mentoring and QI data using ODK mobile reporting APP but challenges faced to download individual mentee's score from ODK so data could not be analyzed in this QTR. It was planned to support province or federal (1-2 batch) SBA clinical mentor development training (if COVID pandemic situation improved) and supported to Bagmati Province and two batches (1 from province budget and 1 from OHW support) of SBA clinical mentor development training completed in this QTR.	Support to FWD for Clinical mentor refresher and review programme (at least 2 batches) Support to NHTC/FWD for SBA clinical mentor development training (at least 2 batches)
I3.4.4	Support revision of the standard treatment guidelines/ protocols and rollout of the updated guidelines	delayed	Support CSD in finalisation of STP for BHS package. Plan for orientation of health workers, draft orientation materials – CSD could not call meeting during this period	Support CSD in finalisation of STP for BHS package. Plan for orientation of health workers, draft orientation materials
		delayed	Final meeting on NMS vol 3 and finalization of the standards - delay from UNICEF	Final meeting on NMS vol 3 and finalization of the standards
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	ongoing	FWD's *tippani* for this AWPB activity has been approved.	FWD is planning to implement PPFP and PAFP in Koshi Hospital Morang, and 2 FPAN clinic in Dhulabari (Community Clinic for LARC training) and Itahari (Family Health Clinic for PPFP, PAFP). Ipas supported LARC coach/mentors) will also be mobilized in this initiative. FWD is in communication with PHTC Dhankuta for IUCD and Implant training. FWD is updating FP QI tools that can also be used for FP clinical coaching/mentoring purpose. NHSSP TA will support FWD to implement PPFP and PAFP in selected sites. Continue provision of inputs in the revision of FP QI tools
	Result Area: I3.5 Support FWD in planning, budgeting, and monitoring of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and nutrition programmes			

I3.5.1	Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance	ongoing	Support AWPB budget - finalization of implementation guideline: Supported FWD to finalize PNC home visit microplanning guideline and tippani raised and submitted to DG for approval but DG sent to MoHP and delayed the approval process. Supported FWD for updating SBA clinical mentoring implementation guideline Aama implementation guideline.	Support FWD for PNC home visit microplanning and SBA clinical mentoring implementation guideline approval process and finalization of Aama guideline. **Annual budget plan**: Support to FWD, CSD and NHTC for AWPB budget planning and implementation guideline writing for 2021/2022 FY
	I20. Support to COVID response			
i20	All planned activities	on progress	Same as narrative	Same as narrative

PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4.1	**Electronic Annual Work Plan and Budget (eAWPB) system being used by MoHP SUs for timely release of budget**			
I4.1.1	Develop AWPB Improvement Plan and report quarterly on progress, including training, to the concerned officials	**Not scheduled**	• No activities	• No activities
I4.1.2	MoHP BA report with policy note produced by the Human Resource and Financial Management Division (HRFMD) using eAWPB (PD 50)	**On track**	• Completed	• No activities
I4.1.3	Revise eAWPB to include 766 (TBC) SUs and prepare a framework for eAWPB	**Not scheduled**	• No activities	• No activities
I4.2	**TABUCS is operational in all MoHP SUs, including DUDBC**			
I4.2.1	Revise TABUCS to report progress against NHSS indicators and DLIs	Not complete	• Due to COVID19 Consultation with Training Centre/MoHP for online training could not scheduled	• Consultation with Training Centre/MoHP for online training.

I4.2.2	Support MoHP to update the status audit queries in all SUs	**Ongoing support**	• Audit queries of FY 2018/19 is updated on Excel spreadsheet.	• Continue support to MoHP to update the status of audit queries.
I4.2.3	Support the MoHP to update the Systems Manual, Training Manual and User Handbook of TABUCS and maintenance of the system	**Ongoing support**	• Support provided.	• Continued support to MoHP to update the Systems.
I4.2.4	Support TABUCS by continuous maintenance of software/hardware/connectivity/web page	**Ongoing support**	• Support provided.	• Continue support to MoHP
I4.2.5	Update TABUCS to be used in DUDBC and to include data on audit queries	**Ongoing support**	• Support provided	• Continue support
I4.2.6	TABUCS training and ongoing support at DUDBC and concerned officials	**Ongoing support**	• TABUCS training could not conducted due to COVID 19	• Continue support
I4.2.7	TABUCS monitoring and monthly expenditure reporting	**Ongoing support**	• 3rd FMR of FY 2019/20 submitted to EDPs on 30th November, 2020 • 1st FMR of FY 2020/21 submitted to EDPs on 11th December, 2020	• No activities
I4.2.9	Support annual production of FMR using TABUCS (PD 28)	**Ongoing**	• Support MoHP to prepare Annual Audited Financial Report of FY 2019/20.	• Annual Audited Financial Report of FY 2019/20 will be finalized.
I4.3	**Revise, implement, and monitor the Financial Management Improvement Plan (FMIP)**			
I4.3.1	Update internal control guidelines	**Ongoing**	• PPFM team completed the final draft of Internal Control System Directives	• The draft ICSD will be finalized and endorsed by MoHP through workshop
I4.3.4	Finalize, print and disseminate the FMIP	**Achieved**	• PFMSF printed, sent to relevant public sector stakeholders	• Support MoHP to monitor implementation of PFMSF
I4.3.5	Support monitoring of the FMIP in collaboration with the PFM and Audit Committees	**Not completed**	• Activities was not conducted due to COVID-19	• Support will be continued on the request of MoHP

I4.3.7	Build the capacity of MoHP and DoHS officers in core PFM functions	**Not scheduled**	• No activities	• PPFM team will provide technical support if workshop/training conducted by MoHP
I4.3.8	Support the process of institutionalizing the Internal Audit (IA) function through the Internal Audit Improvement Plan (IAIP) and IA Status Report (PD 43)	**Achieved**	• Internal audit of FY 2019/20 conducted by DTCO as Internal Control Directives of FCGO • No PD scheduled in this quarter	• No PD scheduled
I4.3.9	Work with HRFMD (AD) on potential PFM system changes required in the devolved situation	**Ongoing**	• Activities were not scheduled.	• Technical support will be provided on the request of MoHP.
I4.3.10	Support to PFM and Audit Committee	**Ongoing**	• Supported Audit and Internal Control Committee meeting, and Audit Support Committee meeting	Continued support.
I4.3.11	Support MoHP in designing, updating, and rolling out Performance-based Grant Agreements (PBGAs) in hospitals	**Initiated**	• PFM Committee meeting could not be held	Will start the process in Gangalal Hospital and two Non-governmental Organisation (NGO) hospitals
I4.3.14	Policy discussion on PBGA for hospitals in federal structure	**Initiated**	• PFM Committee meeting could not be held	Discussion to be held in PFM Committee
I4.3.15	Expansion of PBGA in selected hospitals	**Not scheduled**		Discussion to be held in PFM Committee
I4.3.19	Discuss PBGA modality with the best-performing governments and providers	**Not scheduled**		Two selected hospitals will be invited to the next PFM Committee meeting
I4.3.20	Initiate PBGA learning group	**Initiated**	• Due to corona no longer group meeting could be held.	No activities scheduled (It will be recommended that the PBGA be implemented during October–December quarter)
	Additional Support /work (not included in the work plan)			

AS.1	**Support on DLI 8:** Percentage of MoHP's annual spending captured by the TABUCS	**Ongoing/ Achieved**	• This DLI activity is achieved and MoHP has received disbursement in this quarter.	• No activities
AS.2	**Support on DLI 9:** Percentage of audited SUs responding to OAG's primary audit queries within 35 days	**Ongoing/ Achieved**	• This DLI activity is achieved and MoHP has received disbursement in this quarter.	• No activities
AS.3	Support MoHP in COVID-19 budgeting, using references from the WHO and the recently developed policy-based costing	**No activities scheduled**		Provide follow-up support in next budget cycle
AS.4	Considering the impact of COVID-19, update the existing BP Guidelines and seek endorsement by MoHP	**Ongoing**	• Drafting of BP framework in COVID-19 is ongoing	BP will be updated in COVID-19 context
AS.5	Recommend PPMD to implement the updated BP Guidelines in two federal-level hospitals	**Ongoing**	• No activities scheduled due to Corona	No activities scheduled (It will be recommended that the PBGA be implemented during October–December quarter)

PFM (Procurement)

Activity Code	Activity	Status	Achievements this quarter	Planned activities for next quarter
I1.1	**Logistics Management Division (LMD) is implementing standardised procurement processes**			
I1.1.4	Preparation of SOPs for Post-delivery Inspection (PDI) and quality assurance	**Ongoing**	• Informal discussion and briefing to the MD official was carried out • The second phase MA report reviewed by the international consultant	• Workshop will be organized to discuss on the draft SOP • MA Report will be disseminated
I1.1.6	Capacity building on the processes	**Ongoing**	• Three procurement clinics conducted in MD/DoHS and MoHP • Supported DoHS-LMS for execution of Annual Consolidated Procurement Plan (CAPP)	Capacity-building support and coaching will be continued

			• Supported documentation and specification preparations for procurement of goods for COVID-19 response and management under WB and ADB project • Advices provided on the procedures for procuring Vaccine for COVID-19 using G2G procurement.	
I1.1.7	Support Public Procurement Monitoring Office (PPMO) for endorsement of SBDs of FA	**Ongoing**	Model SBD for Framework Procurement including the Health Sector's requirements is resent to MoHP, and copy sent OPMCM as per inquiry from OPMCM	Continuous follow-up discussion with PPMO and MoHP
I1.1.8	Preparation and endorsement of SOPs of FA	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.9	Provide ToT on FA through exposure/training	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.10	Training to MoHP and MoSD staff on FA and new SBDs	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.11	Orient suppliers on FA, SBDs and others	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.12	Revise federal Procurement Improvement Plan (PIP) and provide continuous monitoring and support to develop provincial PIP	**Delayed** Change of officials at MoHP required re-briefing of the objectives	New officials have been briefed about the PPSF document and its objectives	The PPSF will be endorsed by MoHP and will be sent to provinces for preparing their PIPs
I1.1.13	Train all DoHS divisions on CAPP preparation and execution	**Ongoing**	• 28 procurement items out of 65 items started for bidding process and out of these 6 contracts has been signed, 7 are in ready for contract and 7 are in line of contract	Continuous support for timely execution of CAPP/eCAPP will be provided throughout the year

			• In addition to regular CAPP, 7 separate procurements executed under COVID-19 response projects of WB and ADB under additional impromptu Procurement Plan	
I1.1.14	Support CAPP-MC and regular meetings	**Ongoing**	Separate formal CAPP-MC meeting could not be held in this quarter because of COVID-19. However, CAPP monitoring report has been shared on the pipeline meeting on October where the Directors and officers of all Divisions and the DG of DoHS are present	Meeting will be held in this quarter
I1.1.15	eCAPP piloting and training and link with TABUCS	**Already Completed**	eCAPP module with CMS is complete and in implementation	eCAPP implementation will be monitored
I1.1.16	CAPP/eCAPP produced with agreed timeframe	**Already Completed**	eCAPP of FY 2020/21 is available at https://tabucs.gov.np	eCAPP implementation will be monitored
I1.1.17	Review of PPA and PPR for Health Sector Procurement	**Ongoing**	Advice for amendment required n PPA and PPR relating to health sector provided to the GoN's committees regularly	Follow-up
I1.1.18	Support PPMO for endorsement of SBD for procurement of health sector goods	**On progress**	SBD for the procurement of health sector goods had already been prepared and submitted to the PPMO	Continue communication with PPMO
I1.1.19	Develop RFP document for multiple laboratories testing of medical goods and instruments	**Completed**	Revised version of RFP document is in implementation for procurement of laboratory services	RFP document will be enhanced if required
I1.1.20	Support PPMO for preparation of SBDs for buy-back method and LIB	**Suspended**	If the PPMO requests capacity-building programme on these procurement modalities, we will provide technical support	Not scheduled
I1.1.21	Training for DoHS staff on catalogue shopping, buy-back method and LIB with guideline	**Suspended**	PPMO has not yet issued necessary standard documents for these methods	Not scheduled

I1.1.22	Capacity building on procurement system in federal, provincial and local government	**Ongoing**	Supported in capacity through distance coaching	Continuous support
I1.1.23	Implementation and monitoring of guidelines for catalogue shopping, buy-back method and LIB	**Suspended** PMO has not yet issued necessary standard documents for these methods	Postponed	Not scheduled
I1.1.24	Organisation of Suppliers' Conference	**Completed**	No activities scheduled	Suppliers' meetings will be organized as per requirement
I1.1.27	Develop and implement procurement monitoring framework	**Completed**	Procurement monitoring system developed in eCAPP	eCAPP will be monitored at MoHP level
I1.1.26	Continuous implementation of procurement clinic at MD and MoHP	**Ongoing**	Three procurement clinics conducted in DoHS/MD	Continue support
I1.2	**LMD specification bank is used systematically for procurement of drugs and equipment**			
I1.2.5	Update electronic specification bank in federal, provincial and local governments through e-learning	**Ongoing**	• 302 technical specifications of medicines, vaccines and surgical items has been formally submitted to Management Division/DoHS for endorsement. These TS were discussed in a technical committee meeting and decided to forward for approval process. • Specifications of the pharmaceutical items for AIDS control program are also prepared on request of NCASC. • New specification of COVID-19 medicines, supplies and equipment are also in uploading process. the specifications are being used by the LMS and provinces in procurement for COVID-19 response and management	• All the developed specifications will be uploaded in TSB after endorsement by DoHS • Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment will be uploaded in the TSB

I1.2.3	Updating of specification bank with coding for drugs and equipment	**Ongoing**	Few specifications for medical equipment have been revised	Revised specifications will be endorsed by DoHS
I1.2.4	Integration of the system with TABUCS for monitoring purposes	**Not scheduled**	Integration is available	
I1.2.6	Monitoring of TSB usage	**Ongoing**	• More than 1200 users registered in the TSB monitored • More than 30,000 downloads and more than 22,000 searches for different specifications have been recorded to date	Continue support
I1.3	**PPMO e-GP is used by LMD for an expanded range of procurement functions**			
I1.3.3	Develop procurement audit (compliance) system	**Not scheduled**	Postponed	
I1.3.4	Web-based GHRM	**Already Completed**	MD/DoHS is using the system. The web-based GHRM is in use at DoHS/MD	
I1.3.5	Adapt LMIS to support Procurement Monitoring Report	**Not scheduled**		Procurement monitoring will be done by eCAPP/CMS
I1.3.6	Train MoHP and MoSD staff on e-GP (Phase II)	**Not scheduled**		New activity will be planned to support PHLMC
I1.3.13	Training module and session plan of procurement modules development	**Completed**	Training module and session plan already shared with NHTC	New activity will be planned for training in collaboration with NHTC

EVIDENCE AND ACCOUNTABILITY

Activity		Status	Achievements this quarter	Planned activities for next quarter
I5.1	**Quality of data generated and used by districts and facilities is improved through the implementation of the RDQA system**			
I5.1.1	Support development of RDQA tools for different levels and their rollout (PD 33)	**Completed** Web-based RDQA tool along with the eLearning materials have been developed, published on the MoHP website and are being implemented. Please visit www.rdqa.mohp.gov.np	No specific activities	Monitoring and review of the progress
I5.1.2	Support institutionalisation and rollout of RDQA at different levels	**Paused** due to COVID-19 pandemic	Plan for resuming implementation and scale-up of RDQA.	Support MoHP, focal provinces and LL sites in implementation, scale-up and monitoring of RDQA.
I5.2	**MoHP has an integrated and efficient Health Information Systems (HISs) and has the skills and systems to manage data effectively**			
I5.2.1	Support development of a framework for improved management of HISs at the three levels of federal structures	**Completed** Health Sector M&E in Federal Context; M&E guideline was developed last year	See I5.2.2	Support MoHP, focal provinces and LL sites in effective implementation of the framework
I5.2.2	Support effective implementation of the defined functions at different levels	**Ongoing**	Continued support to IHIMS to analyse HMIS data, identify the areas of discrepancies in the dataset, address the gaps identified, and follow up with the provincial, local levels and facilities for timely reporting, complete reporting, and improved data quality.	Support LL sites for complete and on-time reporting from HFs and analysis and use of data. Supported MoHP to update the HF registry.

Activity		Status	Achievements this quarter	Planned activities for next quarter
I5.2.3	Support development, implementation, and customisation of the Electronic Health Records (EHR) system (PD 45)	**PD completed.** A generic EHR module has been developed and guidelines drafted	The guideline on EHR is being reviewed by the Legal Section of the MoHP.	MoHP endorsement of the guidelines
I5.2.4	Support development and institutionalisation of an electronic attendance system at different levels	**Not scheduled**	No activities performed as it is not a priority initiative of the MoHP at present	Not scheduled
I5.2.5	Support expansion and institutionalisation of electronic reporting from HFs	**Ongoing**	The web-based daily COVID-19 case reporting platform developed in DHIS2 platform has been the main means of verification of the cases for reimbursement of COVID-19 case management cost to the COVID designated hospitals.	Support focal provinces and LL sites in expansion of electronic reporting from HFs
I5.2.6	Support development of an OCMC software and update the SSU software	**Ongoing**	Digitisation of OCMC and SSU recording and reporting tools in DHIS2 platform in alignment with HMIS in completion phase.	Complete digitisation and handover the product to the Population Management Division, MoHP
I5.2.7	Support development of guideline for effective operationalisation of eHealth initiatives (PD 66)	**Completed:** The National eHealth Guidelines, developed (approved by BEK)	The National eHealth guideline is being reviewed by the Legal Section of the MoHP.	MoHP endorsement of the guidelines
I5.3	**MoHP has robust surveillance systems in place to ensure timely and appropriate response to emerging health needs**			
I5.3.1	Support strengthening and expansion of MPDSR in hospitals and communities	**Ongoing**	Together with the USAID, UNFPA and GIZ supported MoHP in planning of Maternal Mortality Study Following Census (MMSC) 2021, which will be a milestone in expansion and institutionalization of the existing MPDSR system across the country.	Support MoHP in implementation of the study and customization of the MPDSR guidelines and tools together with FWD
I5.3.2	Develop and support implementation of a mobile phone app to strengthen MPDSR	**Not scheduled**	No activities performed	Not scheduled
I5.3.3	Collaborate with health academic institutions to enhance their capacity to lead institutionalisation and expansion of MPDSR at the provincial level	**Ongoing**	No specific activities performed	Not scheduled

Activity		Status	Achievements this quarter	Planned activities for next quarter
I5.3.4	Develop e-learning package on MPDSR (web-based audio and visual training package) and institutionalise it	**Ongoing**	No specific activities performed	Update and/or develop e-learning materials
I5.3.5	Support effective implementation of EWARS on the DHIS2 platform with a focus on use of data in rapid response to emerging health needs	**Ongoing** EWARS is operating on the DHIS2 platform	Analysis of SARI cases in COVID-19 context and sharing with high-level authorities	Support preparing integrated roadmap in strengthening of EWARS as a part of broader IHIMS Roadmap
I5.4	**MoHP has the skills and systems in place to generate quality evidence and use it for decision making**			
I5.4.1	Support development and implementation of a harmonised survey plan to meet health sector data needs	**Completed:** Harmonised survey plan developed as a part of Health Sector M&E in Federal Context; M&E guideline developed in 2018	• As a TWG member, supported in revision of the NFHS 2020 questionnaire. • As a TWG member, supported MoHP in development of the NDHS 2021 questionnaires. • Supported MoHP in planning of the MMSC. • Supported MoHP in development of concept notes for COVID-19 mortality survey which is in the process of implementation with financial assistance from World Bank.	Provide technical inputs to the MoHP in carrying out planned surveys and studies
I5.4.2	Analyse HMIS and national-level survey data to better understand, monitor, and address equity gaps (PDs 20 & 53)	**Ongoing**	• Analysis of HMIS data to assess the effects of COVID-19 on service utilisation. • Supported IHIMS in the process of finalisation of HMIS data for FY 2019/20, generation of local-level data to be published on the DoHS website, and in preparation of DoHS annual report 2019/20. • Together with SD team, analysed the data for assessing service utilisation – institutional delivery, maternal death, and perinatal death – using the data from ODK platform from the CEONC sites on a weekly basis. • Together with SD team, supported FWD to generate evidence brief on FP and safe motherhood. • Supported NHRC to review COVID-19-related policies together with data analysis.	• Support DoHS in finalisation of HMIS data and preparation of DoHS annual report 2019/20 • Together with WHO, support IHIMS in development of guidelines for public health analytics for federal, provincial, and local level • Analyse HMIS and survey data on specific areas in coordination with government counterparts and MEOR.

Activity		Status	Achievements this quarter	Planned activities for next quarter
			• Supported MEOR in accessing HMIS data in the given format for the secondary analysis of maternal health and FP services using HMIS data. • Completed a study to assess impact of the COVID-19 pandemic in selected health services with estimation of excess maternal deaths. • Initiated study on "Trends and determinants of socioeconomic inequalities in sexual and reproductive health among currently married women in Nepal"	
I5.4.3	Support development of a survey plan to meet health sector data needs with a focus on the NHSS Results Framework (RF) and IP, Sustainable Development Goals (SDGs) and DLIs and its implementation	Covered in I5.4.1 above.	• Supported NHRC in analysis of HMIS data for verification of achievement on DLI 10 indicator (timeliness in HMIS reporting)	• Support MoHP in monitoring of NHSS RF, SDGs and DLIs and strategizing the response.
I5.4.4	Support MoHP in improving evidence-based reviews and planning process at different levels – concept, methods, tools, and implementation (including use of QIMIS)	**Ongoing**	• Supported MoHP for analysis of data form different sources with focus on health sector progress which were used in the national Joint Annual Review 2019/20 held in December 2020 (10 to 14 Dec 2020). • Together with SD team, supported FWD to develop CEONC site monitoring, onsite coaching, mentoring and quality monitoring data collection applications. • Supported FWD to review the draft report on "Understanding the factors contributing to maternal mortality in Nepal" produced by MIRA (Mother and Infant Research Activities) • Supported SD team in RMNCAH Interim Guidelines orientation and implementation follow-up. • Worked with HPP team to support LL sites in analysis of the service statistics.	• Work with federal, focal provinces and LL sites in analysis of data from different sources to generate evidence base for planning.
I5.4.5	Support development of evidence-based program briefs (two pages per programme)	**Ongoing**	• Supporting MoHP in analysis of COVID-19 data and preparation of comprehensive update report	Continue supporting MoHP in analysis of COVID status and generating updates.

Activity		Status	Achievements this quarter	Planned activities for next quarter

	for elected local authorities and for dissemination		to inform policy makers and programme managers.
			• Prepared draft evidence briefs:
			  • Impact of COVID-19 on service utilisation
			  • Age and sex structure of COVID-19 patients
			  • Laboratory services and COVID-19 in Nepal
			  • Initial impact of COVID 19 on routine health information system, availability, and utilization of selected health services
				Finalize the evidence briefs.
				
				Prepare briefs on comorbidities of COVID 19, and equity in family planning service utilization.

I5.4.6	Support partners and stakeholders' engagement forums for better coordination and collaboration and informed decision-making (M&E TWG)	**Ongoing**	• Contributed to M&E TWG, particularly in review and planning and development of questionnaires related to NHFS and NDHS. • Supported Population Management Division in harmonization of donor support to the Maternal Mortality Study following Census 2021.	Continue support to MoHP in coordination and collaboration with EDPs and stakeholders
I5.4.7	Support development of health M&E training packages for the health work force at different levels	**Ongoing**	Supported NHTC in developing an induction package, including M&E, for newly recruited health officers. A draft has been prepared and shared with NHTC for review and finalization.	Support NHTC to finalize the induction package
I5.5	**MoHP has established effective citizen feedback mechanisms and systems for public engagement in accountability**			
I5.5.1	Strengthening and sustaining of social audit of HFs – revise guideline in the changed context, develop reporting mechanism and enhance capacity of partner NGOs	**Ongoing**	Covered in GESI section	Covered in GESI section
I5.5.2	Support development and operationalisation of smart health initiatives, including GHRM system for transparency and accountability	**Ongoing**	No specific inputs during this quarter	Support MoHP in various smart health initiatives, such as updating dashboards and web applications hosted on the MoHP website, and their rollout in LL sites and focal provinces
I5.5.3	Establish and operationalise policy advocacy forums through development of the approach and tools	**Ongoing**	Contributed to an online survey on use of evidence in health decision making initiated by MoHP with support from MEOR.	Work with MoHP and MEOR in operationalization of policy advocacy forums including Knowledge Café

HEALTH INFRASTRUCTURE

Activities		Status	Achievements this quarter	Planned for next quarter
	Result Area I7.1: Policy Environment			
I7.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	**Continuing**	- None	Continued support as required
I7.1.2	Upgrade the HIIS to integrate functionality recommendations	**Ongoing**	- Updating design of Online HIIS Portal and integration of data from the damage assessment, LL site assessment into the HIIS and updating different maps and reports.	Continuation of information integration from different sources and updating of new infrastructure development plans into the system
I7.1.11	Assessment in LL centres	**Ongoing**	- Analysis and tabulation of data completed	Report will be finalised by during the quarter
I7.1.4	Revision of the NNBC concerning retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	- Joint review conducted with the consultants on the handbooks and the handbooks being finalised	Finalisation of the handbooks
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	Incorporate the analysis in LL assessment report
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	- The MoHP has planned and budgeted 396 number of upgrading of health facilities to Primary level Hospital based on outputs from NHIDS, which is the basis for capital investment. - Primary Hospital upgrading guidelines prepared, submitted, endorsed by MOHP and circulated to local governments.	Support MoHP in reviewing of upgrading plans

			- Monitoring framework and implementation guidelines for upgrading of Hospital prepared, submitted endorsed and circulated to local governments	
I7.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with LNOB good practice and orient infrastructure stakeholders on these	**Ongoing**	- Support to the MoHP for review of adjusted designs for upgrading of Health facilities considering LNOB good practice and provide feedback to stakeholders.	Planning of rollout of the equity and LNOB issues in infrastructure to the focal provinces.
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Ongoing**	- Completed the preparation of provincial level guidelines for repair and maintenance and submitted it to Bagmati Province, Lumbini Province and Karnali Province for endorsement.	Visit planned to province Karnali and Bagmati Province for the discussion on the submitted guidelines.
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 in progress	Completion of the guidelines
	Result Area I7.2: Capacity Enhancement			
I7.2.1	Ongoing capacity development support to FMoHP/DUDBC, including capacity assessment, as well as the formation of a Capacity Enhancement Committee	**Ongoing**	Completion of the design with detailed estimates and design of health help desk points for entry points at major borders of Nepal and submission to FMoHP for implementation. Support to MoHP for design of Health help desk centre at TIA Continued support for upgrading of 5 hospitals (Humla, Dolpa, Rukum, Salyan and Dailekh) in Karnali Province	MoHP initiates the implementation Tender published for all five Hospital
I7.2.2	Training Needs Analysis for FMoHP, DUDBC and Construction Contractors and Professionals	**Completed**	- An ongoing process to address the new needs of training.	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, GBV and LNOB context including different perspectives of Labour Act, Insurance etc..	Next round of training in the Pokhara retrofitting sites on environment, health and safety management, GESI, GBV and LNOB context including different perspectives of Labour Act, Insurance etc.
	Result Area I7.3: Retrofitting and Rehabilitation			
I7.3.1	Strengthening Seismic, Rehabilitation and Retrofitting Standards and orientation on the standards, including a report with recommendations (PD 16)	**Completed**	- Completed	Continuation of the orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards 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 FMoHP/DUDBC in design and tendering	**Continuous**	- Bhaktapur Hospital's main retrofitting works retendering with evaluation of technical and financial bid completed - Service decanting tender publishing completed for Pokhara	LOI published and contract signed with the successful contractor Opening of Service decanting Tender and evaluation
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 initiated. - Evaluation of retendering of Bhaktapur completed	• The tender process for service decanting at for Pokhara hospital will be completed and initiated for Bhaktapur Hospital • LOI published and contract signed with the successful contractor
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	**Completed**	- Repurposed decanting space at both Hospitals being used at present as dedicated Covid-19 treatment facilities	Continuation of technical support to hospital management.

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
I2.2.4	Develop LNOB budget markers at national and local level	**Completed**	Revised the LNOB Budget Marker Guidelines in changed context and resubmitted to PMD/MoHP	Follow up on approval process; translate into English
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**	The Cabinet came up with further suggestions, including the requirement of consent from MoF and NPC on the GESI Strategy, which was duly adjusted and resubmitted for 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 as a result of the delay in approval of the Health Sector GESI Strategy	Formation and conduction of GESI Steering Committee meeting
I2.4.3	Develop National Mental Health Strategy and Action Plan	**Completed**	The National Mental Health Strategy and Action Plan was approved by MoHP	-
I2.4.4	Standardise Psychosocial Counselling Curricula	**Completed**	• The Psychosocial Counselling Training Curricula package was approved by MoHP • Copy editing and formatting of psychosocial counselling training curricula package and submitted to NHTC and drafted of prefaces for Secretary, Chief Specialist, DG and NHTC Director	• Development of plan for the roll out of the training package • Printing of psychosocial counselling curricula package
I2.4.5	Development of National Health Sector Social Accountability Directives	**Completed**	The CSD/DoHS organised TWG meeting to review the progress made regarding the AWPB activities and other forthcoming programs/activities. The meeting also	Conduct orientation to provincial health directorate and provincial committee

			discussed about the orientation to provincial health directorate and local level provincial committee on the directives and model social audit guidelines. Tentatively agreed to conduct orientation in February with TA support from NHSSP. Printed the directives with NHSSP support	representatives on the directives and model social audit guidelines
I2.4.6	Develop guidelines for disability-inclusive health services	**Completed**	Submitted the Case study on access to essential health services of persons living with severe and complete disability during lockdown and COVID-19 pandemic to MoHP	• Printing the disability inclusive health service guidelines, 2076 • Sharing the disability case study findings and recommendations in the workshop and finalization of the report • Facilitating MoHP to develop a plan to fill gaps identified by the study
I2.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	**Completed**: OCMC, SSU and Geriatric Health Service Guidelines	• Provided technical support for the revision of OCMC, SSU and Geriatric health service operational guidelines • Printed OCMC operational guidelines • Commitment made for technical assistance for the development of Geriatric Health Service Strategy upon the request of MoHP	• Printing of SSU operational guidelines • Development of Geriatric Health Service Strategy for Health Sector
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	Completed annual progress review of OCMC, SSU and Geriatric health services of federal level 16 hospitals. NHSSP was provided TA support for the planning and facilitation	-
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 when the revised GESI Strategy receives Cabinet approval		-
I3.1	**Result Area: The DoHS increases coverage of under-served populations**			
I3.1.10a	Strengthening and scaling up of OCMCs	**Ongoing**: Establishment of new OCMCs and strengthening of existing OCMCs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services	• Orientation through rounds of virtual meetings for the establishment of three new OCMCs in Manang, Mustang and Rukum East Districts. 3 new OCMCs were established this quarter • Strengthen newly established OCMCs via follow-up support and mentoring from distance • Development of OCMC online reporting system	• OCMC establishment in Lamjung, Nawalparasi East and Rukum West Districts • Strengthen newly established OCMCs • Operationalize OCMC online reporting system
I3.1.10b	Support the strengthening of OCMCs through mentoring/ monitoring and multisectoral sharing and consultation	**Ongoing**: Regular consultations with key partners and hospital teams, coaching and mentoring from a distance	• Follow-up support provided through phone calls and virtual meetings to Mechi, Koshi, BPKIHS, Inaruwa, Udayapur, Sankhuwasabha, Gajendra Narayan Sing, Janakpur, Siraha, Gaur, Rasuwa, Khotang, Bhaktapur, Maternity, Patan, Bir, Kanti, Dhaulagiri, Mugu, Dadeldhura, Rolpa and Bajhang Hospitals • Conducted virtual cross-learning session with OCMCs across the country to mark the 16 days' activism	Mentoring and follow-up support to newly established OCMC hospitals

I3.1.11	Supporting the rollout of the GBV clinical protocol	**Not scheduled**		• Organize GBV clinical protocol training to select hospitals (Koshi, Janakpur and Surkhet) • 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 SSUs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services	• Orientation through virtual meetings for the establishment of new SSUs at Jajarkot hospital and Karnali Academy of Health Sciences • Orientation through virtual meetings for the establishment of new geriatric services at Dhaulagiri and Dadeldhura Hospitals	• Mentoring and follow-up support to newly established Geriatric services • Geriatric service implementation at Gajendra Narayan and Karnali Academy of Health Sciences
I3.1.13b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	**Ongoing**: Regular coaching and mentoring from a distance	• Development of digitisation software for SSU • Backstopping support provided to SSU via virtual meetings in Panchthar, Dhading, National Trauma, Kanti Children, Bir, Sukraraj Tropical and Palpa Hospitals	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	• Brief orientation was conducted to OCMC- and SSU-based hospital staff to give priority in services to those coming from remote, poor, vulnerable and marginalised communities	-

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Anthony Bondurant	October – December 2020	Special Advisor – both management and technical support.
2.	Deborah Thomas	October – December 2020	GESI support – Disability and OCMC COVID-19 Case Study, quarterly reports
3.	Steve Topham	October – December 2020	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
L&G- HI	R5	Preparation of standard design of 300 bedded infectious disease hospital and 50 bedded infectious disease department proposed and budgeted for construction by MoHP in different provinces of Nepal.	05-Oct-20
L&G	R10	Integrated Specification for COVID19 related Medicine, Supplies and Equipment	15-Oct-20
L&G - GESI	R7	Case study on access to essential health services and care of people living with severe disabilities during lockdown and COVID-19 emergency	20-Nov-20
Management	R22	Quarterly report 13 Jul - Sep	19-Nov-20
C&Q	R18	Report on orientation of health workers - managers and service providers" Interim Guidance for RMNCH services in COVID 19 Pandemic"	30-Nov-20
L&G	R21	Support to development of regulations for health institutions licencing and upgrading; and development of regulatory mechanism as per the Public Health Service Act	26-Nov-20
L&G	R19	Annual Rapid Assessment of Demand Side Financing Scheme - Aama Surakshya Programme",	14-Dec-20
L&G	R20	Strengthening local planning and budgeting to deliver BHCS in LL sites and selected Palikas (prioritising LNOB)	11-Dec-20
C&Q	R23.1	Summary report on processes of the revision of SBA strategy (2020-25) and In-service SBA Training Strategy (2020-25)	08-Dec-20
D4D	R11	Secondary data analysis on effect of COVID-19 pandemic on selected health services (immunization, safe motherhood, and family planning).	12-Dec-20
L&G	R24	NJAR Proceeding report (Pre and Post JAR report produced by PPICD)	05-Jan-21

ANNEX 4 LOGFRAME UPDATE

This logical framework presents progress status on milestone 1 (July 2020). 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. NHSSP is working with MEOR on the mid-year update for all milestones in the Logframe and will include updated figures based on the most recent data from the various sources. Up to date figures on the July 2020 milestone for the outputs have been provided in this quarterly report.

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

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				
			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	Planned	289,625	301,326	307,353	313,500	No milestone
		Achieved		280951			

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)**
	days iron tablet supplementation during the past year*						
OC1.1 b	Number of postpartum women receiving Vitamin A supplementation	Planned	325,151	263,813	269,089	274,471	No milestone
		Achieved		239024			
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			
				Source			
			DoHS Annual report 2017/18* & 2015/16	HMIS/DoHS Annual Report Milestone 1: HMIS 2019/20, 30 June 2020			
OC1.2	Equity gap reduced for essential Safe motherhood, child and FP services (DLI12.2)						
OC1.2	Safe Motherhood: Difference between the average of the top 10 and bottom 10 districts) in percentage of women who delivered in a health institution (DLI 12.2)	Planned	70%	Average 5% reduction in equity gap each year	Average 5% reduction in equity gap each year	TBD	No milestone
		Achieved		4%			
				Source			
			NHRC DLI verification; Milestone 1: HMIS (30 June 2020)				
OC1.3	Family planning: Number of additional users of modern methods of contraception	Planned	493,000	790,530	911,160	995,874	No milestone
		Achieved		*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						

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)**
OC2.1	Local level composite index showing health service effectiveness at Learning lab (LL) municipalities	Planned	48.3	Composite index will be developed, field tested and agreed, baseline will be established and subsequent milestone will be developed	57.4	Existing LL: 60.3 New LL TBC May 2021	Existing LL: 61.7 New LL TBC May 2021
		Achieved		Baseline for the composite index (CI) established and agreed 48.3). Milestones for existing LL sites for Y2 and Y3 determined.			
			Source				
			Learning lab composite index sheet. Milestone 1: The figures might change once the HMIS data for the running fiscal year gets finalized.				
OC2.2	% MoHP spending units whose entire expenditure (from all sources) captured by TABUCS in focal provinces	Planned	New indicator, baseline to be established in first year, milestone to be revisited accordingly	The province level TA is yet to be agreed and started. Thus, this has been shifted to 2020/21	TBC by June 2021	TBC by June 2021	No milestone
		Achieved		Not applicable			
			Source				
			TABUCS				
OC2.3	Budget absorption (% of allocated health budget expended) at: a) Federal sphere	Planned	83.1	90% (recurrent budget) & Financial Management Improvement Strategic Framework (FMISF) developed	90% & FMISF endorsed	90	No milestone
		Achieved		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)**
				FMISF developed and endorsed by MoHP			
			Source				
			TABUCS, FMR				
	b) Provincial sphere in focal provinces	Planned	Currently, system is not in place to capture this information. Baseline will be established after the system is fully in place, which we expect to be in FY 2020/21	No milestone set	85	90	No milestone
		Achieved		Not applicable			
			Source				
			TABUCS/SuTRA				
OC3	Evidence-based planning and decision making at 3 spheres of government						
OC3.1	Evidence-based budget allocations for Federal funding at provincial and local levels;	Planned	New indicator, baseline to be established	Commitment to issuance of guidelines for conditional grants (health) agreed in Annual Aide Memoire (EDPs/MoHP). Unit cost data of COVID-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement in public 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			
			Source				
			MoHP guideline on conditional grants & Suppliers report				
OP1	Delivery of quality health services strengthened at provincial and local level, prioritizing LNOB						
OP1.1	Number of public CEONC sites with functional caesarean section service (Disaggregated by province and ecological region)	Planned	75	80	86	88	No milestone
		Achieved		87			
		Source					
		HMIS/DoHS Annual Report					
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,			

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)**
				(BHCS package is a part of the Public Health Service Regulation 2077, which has been endorsed by the Parliament)			
		Source					
			BHCS guidelines and protocols and monitoring system				
OP1.3	Number and percentage of OCMCs functional as per guideline (Disaggregated by Province and ecological regions)	Planned	20 (53%)	36 (67%) and review of OCMC utilisation and bottlenecks to use completed, Evidence of activities undertaken to strengthen response to GBV during the Covid-19 lockdown.	45 (70%) Action plan in relation to review completed, agreed and evidence of implementation	53 (76%)	56 (80%)
		Achieved		36 (67%) [36 of 54 OCMCs are functional] 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			

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)**
				provided through phone to strengthen response to GBV			
			Source				
				OCMC reports 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 transport incentive=388090 Number of women received incentive on transportation=338260			

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)**
				% of eligible women who received incentive on transportation=87.2% Annual Aama rapid assessment completed, report write up is in progress			
			Source				
			HMIS 2017/18	HMIS/DoHS Annual Report, Aama review report, Roadmap and Rapid assessment of AAMA			
OP2	Multi-hazard resilient health infrastructure in focal provinces and vulnerable regions, supported and strengthened						
OP2.1	Two priority health facilities/hospitals retrofitted or rehabilitated with support from BEK's earmarked Financial Aid and technical assistance (DLI);	Planned	Retrofitting of two priority hospitals proposed using BEK FA	Decanting spaces completed at Pokhara Western Regional Hospital and Bhaktapur Hospital; and repurposed as COVID-19 management centres	5 building blocks retrofitted in Pokhara Western Regional Hospital Structure of the new OT building at Bhaktapur Hospital completed.	TBC by May 2020	Retrofitting completed at Pokhara Western Regional Hospital and Bhaktapur Hospital
		Achieved		Decanting spaces completed and being used for management of the COVID-19 cases in both the hospitals			
		Source					
		NHSSP Programme reports					
OP2.2	Number of new facilities designs that adhere to standard design guidelines/ NHIDS,	Planned	New Indicator	No milestone set	Pending conformation from Palikas up to 10 health facilities (Primary Level	No milestone set	Pending conformation from Palikas up to 15 health facilities At least 15 new facilities (Primary

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)**
	in selected municipalities of focal provinces				hospital 2, Ward level HFs 5 and Health Post 3)		Level hospital 3, Ward level HFs 12 and Health Post 5)
		Achieved		Not applicable			
		Source					
		NHSSP Programme reports					
OP3	Federal, provincial and local level health policy, planning and accountability strengthened, to support effective health system management at all spheres						
P3.1	Critical pathway for development of coherent policies aligned to devolved functions at 3 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. COVID-19 related policies, plans and guidelines are developed 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)**
				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 expenditure reporting through TABUCS by all spending units	90	95	95	No milestone
		Achieved		90			
		Source					
		TABUCS					
OP4.2	Public Procurement Strategic Framework (PPSF) developed, endorsed and implemented	Planned	48% procurement against CAPP	PPSF developed; 65% procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI)	PPSF endorsed, implemented & monitoring framework developed and 75% procurement against CAPP;	Public procurement strategic framework implementation monitored quadrimesterly	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)**
				Technical Specification Bank (TSB) for COVID health commodities developed, disseminated.	90% of health commodities procured by MD based on TSB (DLI) TSB used for 85% all FMOH covid-19 procurement	and 85% procurement against CAPP	
		Achieved		PPSF developed in English and Nepali languages and in 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.			

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)**
		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			
		Source					
		OAG audit queries and audited spending units' response Milestone 1: MoHP records					
OP5	Quality evidence generated and used in decision making						
OP5.1	Percentage of health facilities reporting disaggregated data using District Health Information System 2 (DHIS2) in a timely manner (DLI 10)	Planned	23	35 & COVID-19 health information management system established and functioning	45 & COVID-19 health information management system functioning	55	No milestone
		Achieved		44 A web-based system has been established in DHIS2 platform for daily reporting of service delivery status during the pandemic from health facilities and COVID-19 management related information from local governments			
		Source					
			NHRC DLI verification report and suppliers report, HMIS web portal				
OP5.2	Percentage of municipalities engaged in the SAHS-supported	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)**
	dialogue forums that report using results of SAHS APEA, situational analysis, mapping and/or analytical materials to inform decision-making						
OP5.3	Evidence generated within NHSP3 & its use by government and its counterparts	Planned	New indicator, not applicable	Repository of NHSP3 KM products developed & assessment protocol for evidence use developed KM products: 10 KM events: 2	Assessment on evidence use conducted and report disseminated* KM products: 10 KM events: 3	KM Products: 10 KM events: 3	KM Products: 3 KM events: 1
		Achieved		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 Disease in Nepal: Laboratory Perspective 4. Initial crude estimates of the effects of the COVID-			

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)**
				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

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
	There will be uninterrupted supply of commodities to health facilities in Nepal Staff redeployment will not interrupt the services
OC 2.1 and 2.2	Staff redeployment has no major effect on service provision Province and local government proactively reports regularly in financial reporting tools.
OC3	Conditional grants guidelines developed and endorsed will help planning the grants based on evidence and be more flexible reducing the number of activities under the grants. Federal and provincial/local governments are receptive towards the use of data and consider the use of evidence as a priority for planning
OP1.1, 1.2, 1.3 & 1.4	National policies, strategies, guidelines and protocols are updated and disseminated at all levels Provincial and local government takes ownership and are committed to deliver quality health services Provincial and local government follows/adapt guidelines, protocols, to deliver quality health services Assumptions for output Indicator 1.4a: The current Aama programme implementation guideline continues as it is now. The milestone needs to be revisited if the guideline changes in future.
OP 2.1 & 2.2	Developed plans are endorsed by government on time. Province are committed to support the development and endorse the developed plan on time Local government are supportive and receptive towards program
OP3.2	The proposed plan to restrict CSO activities does not materialize The upcoming planning process provide space to CSO unlike budget processes before this
OP4.1 & 4.2	Staff redeployment at 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	GoN committed to strengthen quality of data at all levels. Health Facilities and Palikas are trained on DHIS2 for timely reporting Staff redeployment won't have major effects on HF and Palikas GoN prioritize generating of evidence and is supportive towards partners for generation of evidence

ANNEX 5 VALUE FOR MONEY (OCTOBER – DECEMBER 2020)

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

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

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

VfM results: Economy

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

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period was £539 for international Technical Assistance (TA) and £219 for national TA. The average unit costs of both national and international STTA were below the programme benchmark of £611 and £224 respectively. All the international STTA provided desk-based support to the programme from distance. However, national STTA provided both desk-based and in-person support to the NHSSP team at federal level.

International STTA	**Actuals to date (March 2017 – December 2020)**	**Average unit cost to date (March 2017 – December 2020)**	**Current quarter (October – December 2020)**	**Average unit cost (October – December 2020)**
Days	1,374	£571	109	£539
Income (GBP)	£783,981		£58,440	
National STTA	**Actuals to date (March 2017 – December 2020)**	**Average unit cost to date (March 2017 – December 2020)**	**Current quarter (October – December 2020)**	**Average unit cost (October 2020 – December 2020)**
Days	3,933	£182	551	£219
Income (GBP)	£726,637		£120,821	
Target: Programme benchmark for International STTA cost is £611, and for National STT cost is £224				

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

The use of both national (84%) and international (16 %) STTA in this quarter compared well with our programme indicators. Compared to last quarter, inputs from national STTA increased in this quarter; TA was mainly focused on COVID-19-related support to MoHP. The international STTA provided support to GESI and infrastructure team to review reports and payment deliverables.

STTA type	Actuals to date (March 2017 – December 2020)		Current quarter (October – December 2020)	
	Days	%	Days	%
International TA	1,374	26	109	16
National TA	3,993	74	551	84
TOTAL	**5,367**	**100**	**660**	**100**
Target: Upward trend of % of National TA from 54% (baseline at inception) over lifetime of the project				

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

In this reporting period, 18 per cent of the budget was spent on administration and management, which is well below the programme benchmark.

Category of administration/ management expense:	Actuals to date (March 2017 – December 2020)		Current quarter (October – December2020)	
	GBP	%	GBP	%
`Office running costs (rent, suppliers, media, etc.)	144,975	6%	10,358	7%
Equipment	45,817	2%	2,184	2%
Vehicle purchase	52,875	2%		0%
Bank and legal charges	4,708	0%	260	0%
Office set-up and maintenance	55,847	3%	3,427	2%
Office support staff	252,181	11%		0%
Vehicle running costs and insurance	35,874	2%	1,646	1%
Audit and other professional charges	60,081	3%	7,056	5%
Sub-total administration/ management	652,357	29%	24,932	18%
Sub-total programme expenses	1,580,212	71%	114,165	82%

Total	2,232,569	100%	139,096	100%
Target: Administration and management cost remains within an average range of 25–30%				

VfM results: Efficiency

Indicator 5: Unit cost (per participant, per day) of capacity enhancement training/workshops (disaggregated by level, e.g., national and local)

During this quarter, four sessions of capacity enhancement programme were conducted to 134 participants at national and 4,093 participants as local level. The orientation on Interim Guideline for "RMNCAH" services in the context of COVID-19 was conducted at local level that witnessed encouraging participation. The average costs per participant per day incurred for the national training was £ 10, and for the local level is £ 8.90, which is below the programme benchmark cost.

Level of Training*	Cost per partici-pant per day bench-mark** (GBP)	Actuals to date (January 2018 – December 2020) ***			Current Quarter (October – December 2020)		
		No. of capacity enhance-ment trainings conducte d	No. of partic-ipants	Average cost per partici-pant per day (GBP)	No. of capacity enhance-ment trainings conducte d	No. of partici-pants	Average cost per partici-pant per day (GBP)
National	£62	34	1,290	£31	3	134	£ 10
Local	£39	23	5,724	£20	1	4,093	£ 8.90

* The level has been reduced to two: National and Local; the district has been embedded into local
** The benchmark was set at the initiation of NHSSP (reference for cost taken from NHSP 2 and TRP programmes)
*** The data for this indicator was collected from January 2018 onwards

VfM results: Effectiveness

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

So far, the programme has submitted 104PDs; all submitted PDs have been approved by the GoN and signed off by BEK.

	Payment Deliverables (March 2017 – December 2020)
Total technical deliverables throughout NHSSP – III including extension	150
PDs submitted to date	104
PDs approved to date	104
Ratio %	**100**

ANNEX 6 RISK MATRIX

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

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

R2	MoHP personnel and resources may be diverted towards preparedness and management of COVID-19, which might affect routine programming.	Medium	High		NHSSP will support MoHP in contingency planning. 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.	Medium	Low		Yes	NHSSP will work closely with BEK and other partners to develop and implementation of hospital safety measures.	PPFM/ HPP team	Toler-ate
R3	Procurement and provision of both routine and COVID-related equipment is delayed.	High	Medium		NHSSP will support emergency procurement policies and systems, as appropriate.	Medium	Medium		Yes		PPFM	Toler-ate
R4	Reluctance to access health services, because of fear of COVID-19, may lead to an increase in otherwise preventable morbidity and mortality.	Medium	High		NHSSP will help facilitate the creation and dissemination of messages related to service availability and use.	Low	Medium			NHSSP advisors will work with service providers and closely review routine data.	E&A/SD team	Toler-ate

R5	NHSSP staff may be overstretched in their support to MoHP and may contract COVID-19 and fall ill.	Medium	High		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 Options duty of care protocol.	Medium	Medium		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 addition, staff salary will be paid on time as usual.	TL	Toler-ate
R6	Continued lockdown may reduce the momentum of the programme.	Medium	High		NHSSP will maximise the IT system and provide support remotely to their counterparts and policy makers.	Medium	Medium		Yes	NHSSP advisors will support	SMT	Treat
R7	Increased risk of GBV and family violence in times of lockdown and reduced access to protection or service providers.	High	High		NHSSP will work with MoHP, MoWCSC, NWC and partners in the GBV sub-cluster to develop protocols for OCMCs and shelter home/ rehabilitation centres.	Medium	High		Yes	Provide follow-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

R8	Health workers lack PPE, leading to illness, mental stress and reduced motivation among health staff thereby reducing the capacity of the health system.	High	High		NHSSP work closely with the MoHP and other partners for the development and implementation of hospital safety measures, self-care and online counselling for providers.	Medium	Medium		Yes	Provide regular follow-up on for the implementation of guidelines on use of PPE as per the WHO and Nepal Medical Council standards.	SMT	Treat
R9	Trans-missions from asymptomatic and pre-symptomatic cases reported elsewhere increase fear of service providers that may cause poor quality of service provided.	High	High		NHSSP continue advocating for PPE for health workers/service providers and support MoHP on development and implementation of hospital safety measures, self-care and online counselling for providers.	Medium	Medium		Yes	Inability to do field visits and conduct on-site support to managers/service providers hampers effectiveness of our work.	SMT	Toler-ate
R10	Ability to access services by clients/users decline due to the fear of getting				NHSSP, alongside RH sub-cluster partners, support FWD in implementation of the interim	Medium	Medium		Yes	NHSSP will facilitate and encourage partners to provide online orientation to health workers.	SMT	Toler-ate

	infection from health services, and difficulty in getting transport and travel.				guideline focusing on orientation of health workers.							
R11	COVID-19 spreading in KTM, NHSSP staff may be affected that may cause the delays in submission of schedule deliverable.	High	High		PDs were reviewed and agreed with BEK those possible to complete in the COVID-19 situation.	Medium	Medium		Yes	Staff are strongly suggested not to take risks. Staff who have pre-existing health conditions are suggested to work from home.	SMT	Treat
R12	Delay on MOU signed between BEK and MOF may delay in transition to sub-national level.	Medium	Medium		NHSSP will initiate informal discussion with MoHP and will move quickly once MOU signed with MoF.	Medium	Low		Yes	NHSSP will make some adjustment in the action plan developed for the SN level earlier.	SMT	Treat
R13	Political crisis leading to dissolution of parliament, possible general election in April -May, and impact on provincial and local level	High	Medium		NHSSP will work closely with BEK and follow suggestions and guidance in the roll out plan.	Medium	Low		Yes	NHSSP will strictly maintain its impartiality and neutrality in its processes at all level.	SMT	treat

	government might affect provincial roll out plan.											
R14	Possible spread of new variant of COVID-19, if it does enter Nepal. -	High	High		NHSSP shall maintain standard preventions measures in offices and the in the field travel.	High	Medium		Yes	NHSSP management follow duty of care protocol and orient staff on new risks.	SMT	Treat

HI Matrix
(RHITA Matrix)

R15	Conversion of the decanting block into COVID-19 ward may increase the cost of the project	High	High		We assume that there are no new and additional items required for works converting decanting space into COVID-19 wards. However, it has been provisioned in the priced BoQ regarding day works (50 days each for skilled and unskilled manpower in WRH and 30 days each in Bhaktapur), which can be utilised for	Medium	Medium		Yes	NHSSP Site Engineer, in coordination with the respective Project Implementation Units (PIUs) of DUDBC, will prepare the day logs of the manpower utilised and mobilised by the contractor. NHSSP Site Engineer will supervise and inspect the works on a regular basis.	HI team	Treat

					the payment of additional manpower mobilised by the contractor in this scenario.							
R16	Delay in completion of the decanting block in both hospitals	High	High		NHSSP is coordinating with DUDBC and respective PIUs to expedite the term extension process of the contractor in both projects.	Medium	Medium		Yes	NHSSP will coordinate with the DUDBC regarding the term extension as per the GCC 61 force majeure for the period affected due to lockdown. For the period prior to lockdown, NHSSP has communicated with the DG of the DUDBC and concerned officials to expedite the term extension process.	NHSSP HI team	Treat
R17	Site Engineer, construction workers and contractor's personnel during the works may contract COVID-19 and fall ill (Health and Safety)	High	High		NHSSP has prepared a special construction guideline in Nepali based on BEK's guidelines. This guideline has been shared with the MoHP and DUDBC for endorsement.	Medium	Medium		Yes	NHSSP HI team, in coordination with the DUDBC PIU, will implement this guideline strictly at the construction site. Orientation to the workers and contractor's personnel will be carried out at the site prior to execution of work.	NHSSP HI team	Treat
R18	Overall delay in completion of the project caused by late	High	High		NHSSP has earlier prepared the overall master schedule of the	Medium	Medium		Yes	NHSSP HI team, in coordination with DUDBC and its respective PIUs, will	NHSSP HI team	Toler-ate

	completion of decanting block (COVID-19 pandemic: force majeure).				project, which defines the schedules of works for all packages in both hospitals. This schedule is based on a most likely case scenario.					update the schedule incorporating the delay arising due to force majeure.		
R19	Delay in construction works for main retrofitting works due to unavailability of construction materials and construction workforce in full scale and within time (impact due lockdown situation).	High	High		NHSSP has prepared a detailed breakdown of the resources required for the main retrofitting project. These resource management details will guide the daily resource requirement to control work activities.	Medium	Medium		Yes	NHSSP HI team, in coordination with the DUDBC and its respective PIU, will share the resource management details with the contractor for the assurance of regular work. The team will make contractor agree to an alternative sequence of work activity to reduce the probable delay to some extent.	NHSSP HI team	Toler-ate
R20	Travel restrictions may compromise the time and the quality of construction work.	High	High		NHSSP, along with DUDBC, will make provision of distance online monitoring system. Site supervisor will continue presence in construction sites.	Medium	Medium		Yes	NHSSP will make detailed planning for travel and orientation in advance in coordination with appropriate government authorities. Appropriate COVID-19 protocols will be followed during travel,	HI team	Treat

					Documents and details prepared and disseminated to concerned technicians from DUDBC to maintain quality.					monitoring, supervision, training and orientations.		
R21	Use of decanting space for COVID-19 treatment in Bhaktapur and Pokhara may delay retrofitting.	High	High		Construction of new decanting block as an alternative measure to initiate construction work.	Medium	High		Yes	NHSSP, together with DUDBC, will try to expedite the completion of the new maternity block, so that the existing block can be used as a decanting space	NHSSP-BEK	Treat

Risk Categories

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

ANNEX 7 Policy Brief

Impact of COVID-19 on People with Complete and Severe Disabilities

the pandemic is hurting the poorest, the least empowered and most vulnerable the hardest

Background

Across the world and in Nepal, people with disabilities and women have been severely impacted by the health, economic and social fall-out of the pandemic.

The study

Led by Ministry of Health and Population, undertaken by National Federation of the Disabled Nepal, and technically supported by UK-aid funded Nepal Health Sector Support Programme. The study

- documents the impact of the pandemic on access to essential health services and care of people with severe and complete disabilities
- focuses on five target groups: people with spinal cord injury, people with haemophilia, people with psychosocial disabilities, people with intellectual disabilities and people with multiple disabilities.
- presents recommendations to address the gaps.

Policy context

Strong policy provisions, disability related health strategies and technical guidelines have been introduced. Implementation is below expectation and hindering access to essential health services and rehabilitation.

Common experiences

The majority of persons with severe and complete disabilities depend on their families for food, clothing, toileting, bathing, mobility and participation in the community.

Family income: Two-thirds of respondents reported that the lockdown situation has affected their own or family income sources to the extent of a financial crisis.

Access to health services: Out of the 55 study respondents, 71% need some form of regular health service - medical check-up, medicine and supplies, counselling, psychosocial therapy. COVID-19 has severely impacted access with 37 (67%) reporting that very few services have continued, and 13 (24%) saying that their regular health services have been completely interrupted.

***Hygiene materials*:** More than 15 respondents reported how the closure of markets and restrictions on public transportation is impacting their access to health and hygiene materials. Some products such as catheters are also not available in village markets.

Assistive devices: 31 respondents depend on different types of assistive devices for their mobility but have not been able to get their assistive devices repaired or replaced since lockdown.

Worry: COVID-19 is fuelling fears and anxiety. Most worry about how they will be treated at hospital, who will take care of them if they are admitted, and whether caretakers and helpers are allowed to accompany them.

Social assistance: Out of the 34 (61%) respondents that were receiving social assistance in the form of cash or in-kind support, 19 people have had this vital source of support completely interrupted since the onset of COVID-19.

Persons with spinal cord injury

***Medical supplies and hygiene materials*:** Persons with spinal cord injury need a range of medical supplies and hygiene materials to manage urine, menstruation, pressure sore and defecation. Access to these

supplies has become very difficult since COVID-19 because of travel restrictions, financial hardship and materials not being available in the local market.

Pressure sores are a very common health problem, and need regular care at a hospital or health facility. Since COVID-19, respondents have not been able to access treatment of their bed sores, leading to increased sores and extreme pain.

Additional health complications: The limited availability of medical supplies and hygiene material and the lack of access to essential health care since the pandemic, has caused additional health complications, including for example, urine infection, extreme pain, anxiety and depression

> I use CIC pipe to manage my urine. I cannot use one for a long time. I need to replace it but it is hard to get CIC pipe in my local area. Now I have only one. I have to go a bit far to bring this but there is lockdown and travel restrictions. I cannot go and I am also afraid of the infection of COVID. On the top of that after COVID pandemic I am also suffering with financial problems.
>
> *Experience of 52 years male living with Spinal Cord Injury in Kathmandu District.*

Persons with haemophilia

***Supply of anti-haemophilic factor*:** The Rights of Persons with Disabilities Act, 2017, provides anti-haemophilic factors to persons with haemophilia free of cost. Prior to COVID-19, the factor was not on the essential drugs list or being supplied by Government and the only source was from the NGO, Nepal Haemophilia Society, which was collecting a very limited number from international donors.

With lockdown, the stock of factor was exhausted and fresh supplies could not be sourced. In response, the Federal Ministry of Health and Population allocated NRs 20.6 million for factor procurement for financial year 2020/21 and some Provincial Ministries of Social Development (Province 1, Bagmati Province, Gandaki Province and Sudurpaschim Province) followed suit. The Provincial Government of Province 1 bought anti-haemophilic factors using the fast-track process. Other provinces have not yet used their budget allocations and the supply problem remains.

Additional health complications: The shortages of factor have left persons living with haemophilia facing serious complications, including regular bleeding, extreme pain and damages to joints and loss of physical mobility.

> There was an internal bleeding in my hands during lockdown. I could not go to see the doctor and therapist because of the travel restriction and I was also afraid of the risk of COVID infection. I used ice to relief from pain, put some bandage for one week. I went through an extreme pain and I had to use some strong medicine to get relief from the pain. Me and my family had to face a mental stress too.
>
> *Experience of 27 years old male.*

Persons with multiple disabilities

***Access to health services*:** Services needed by people with multiple disabilities are only available in urban areas. The out of pocket and opportunity costs are very high especially for those from rural areas. Most of the health-related services taken before COVID-19 have been interrupted.

The high dependency of persons with multiple disabilities and their need for intensive care and support if they are admitted to hospital raises concerns for how they would be cared for in the COVID-19 context. Normally, hospitals are unable to provide essential caregiver services to persons with disabilities and patients are supported by the helpers they bring with them. But in the COVID-19 situation, hospitals may not provide permission to helpers due to the risk of infection, leaving patients doubly impacted.

> I know a little bit about how to be prepared to fight with COVID if I get infected but I really don't know about how the health worker will support me during the time of treatment If I am admitted at hospital for treatment. I don't know,

whether I am allowed with my helper or not and I also don't have any information about how much the health workers know about needs of people like us.

Experience of 22 years male living with multiple disabilities.

Reflections of health professionals and government authorities

The response of the health service to prepare for COVID-19 cases among people with disability has been limited. Critical preparations such as introduction of guidelines or training of staff on how to respond to the specific needs of people with disability in the event that they are admitted to a COVID-19 isolation centre, have not been introduced.

Provincial and municipality responses to the special needs of people with disability during lockdown and the pandemic situation have been piecemeal. No instructions have been given to local health facilities to ensure they regularly contact persons with severe and complete disabilities by phone or in person given their vulnerability. No special efforts were made to check up on their health, to ensure they have sufficient supply of medicines, health and hygiene material, or respond to their fears and worries.

The policy provisions for people with disabilities are yet to be fully operationalized and significant gaps in services remain at all levels. Health workers and management lack training in disability inclusive health care, resources have not been provided to address accessibility barriers at facility level or provide special services to persons with severe and complete disabilities. The plan to establish at least one Spinal Injury and Disability Rehabilitation Centre in each province has not been implemented.

What needs to be done now

1. **Access to essential health care, public health information, medicines, assistive devices and health and hygiene related supplies**:
    a. Ministry of Health and Population (MoHP) and Provincial Health Directorate to ensure adequate supplies of essential drugs for persons with severe and complete disability at hospitals and local health facilities.
    b. MoHP in cooperation with Ministry of Federal Affairs and General Administration (MoFAGA) to develop and issue instructions to municipalities and local health facilities to provide persons with spinal cord injury, haemophilia, psychosocial disabilities, intellectual disabilities, and multiple impairments:
        i. regular weekly health check-up service from local health workers either through in person visits or phone-based check-up.
        ii. all essential medicines needed on a regular or occasional basis to manage their health needs, provided as required and free of cost.
        iii. all health and hygiene materials as required including catheter, urine bag, Clean Intermittent Catheterisation pipe, jelly, diaper, sanitary and menstrual pads be provided free of cost. The municipality health fund is one option to fund these inputs.
    c. Hospitals to provide ambulance transport to persons with complete and severe disabilities that need to use hospital services, and free of cost.
    d. Interrupted psychosocial counseling and psychiatric service at provincial and district hospitals to be restarted, and essential drugs for persons with psychosocial disabilities made available at provincial and district hospitals and local health facilities, once prescribed by an authorized prescriber (psychiatric doctor, medical officer and health assistant).
    e. Local government to ensure that all persons with severe and complete disabilities have full access to public health materials to protect them from COVID-19 infection, including face mask, sanitizer, gloves, soap and COVID-19 related public information to stay safe from the infection. Distribution of materials may be in collaboration with DPOs and NGOs.

f. Ministry of Women Children and Senior Citizen (MoWCSC) in cooperation with NDFN and other NGOs, map the need for assistive devices for spinal cord injury, multiple disabilities and other severe and complete disabilities, in each province. MoWCSC contract out the supply, repair and maintenance of assistive devices of people with complete and severe disabilities to local DPOs or NGOs.
g. COVID-19 related public information produced and disseminated by MoHP, provincial government and local municipalities to be made in accessible format such as easy-to-read, audio, pictorial, sign language, and local language.

2. Disability inclusive COVID-19 testing and treatment:

a. Ministry of Health and Population in cooperation with the Ministry of Women Children and Senior Citizen, to develop interim guidelines on how COVID-19 testing and treatment services in each province are to respect the needs, and provide special care to persons with disability. This guideline will be targeted towards hospital management, doctors and health staff and accompanied by virtual or in-person orientation. It will allow persons with severe and complete disabilities to be accompanied by one helper/assistant when seeking diagnostic services or treatment for COVID-19. This helper/assistant will be supplied with personal protective equipment as per that provided to health workers in the hospital.
b. Provincial government and local municipalities to ensure that isolation centres and quarantine facilities are accessible and safe for persons with profound and severe disabilities.

3. Anti-haemophilic factors for persons with haemophilia:

a. Provincial Ministry of Social Development to assess the prevalence of haemophilia in each province and calculate the supplies required.
b. MoHP to allocate conditional grant to each province, to be supplemented by provincial government as required, to procure sufficient supplies of anti-haemophilic factors for the province. Procurement to be expedited using the fast-track process. In financial year 2022/23, the Provincial Government to take full responsibility for funding anti-haemophilic factors.
c. At least one provincial hospital in each province to be designated to provide services to persons with haemophilia.

4. Information and social support to be provided to persons with disability and their families in each hospital:

a. Hospital based Social Service Units (SSU) to support persons with disabilities to access hospital care. MoHP to instruct SSUs on how to serve and support persons with disabilities and their parents, and the Provincial Ministry of Social Development, Health Directorate to monitor implementation.
b. In hospitals without SSU, MoHP and Provincial Ministry of Social Development to coordinate establishment of a disability focal desk in provincial and district hospitals as a contingency plan, and until a SSU is established.

5. Social protection of persons with severe and complete disability to offset the impact of the pandemic:

a. Public Health Service Act provision for the Ministry and Provincial Governments to establish an emergency health treatment fund to be activated to finance gaps in the care of people with complete and severe disabilities.
b. Ministry of Women Children and Senior Citizen in coordination with municipalities to develop and provide a new Livelihood Allowance for persons with complete and severe disabilities who are experiencing economic crisis due to COVID-19; to be distributed by municipalities.
c. Local government to prepare a database of persons with severe and complete disabilities. Data to be disaggregated by gender, age, disability, government allowances and provisions currently

received. This will provide evidence to inform local government relief and recovery plans and help ensure people with severe and complete disabilities are not left out.

d. MoFAGA to facilitate local government's continued distribution of the disability ID card which has been interrupted by the COVID-19 situation.

What needs to be done to strengthen the health system and deliver on policy provisions

1. **Dissemination of federal policies and acts:**
    a. Ministry of Women Children and Senior Citizen to disseminate the Rights of the Persons with Disability Act, 2017 and related bylaws to provincial and local level authorities.
    b. Federal MoHP to disseminate disability specific health policies and plans to provincial and municipality stakeholders including Disability Prevention and Rehabilitation Strategy 2016-2026, and National Guideline on Disability Inclusive Health Services, 2019-2030.
    c. MoHP to socialize the National Guideline on Disability Inclusive Health Services to provincial, district and local level stakeholders so that they understand their responsibilities.
    d. Federal MoHP and Provincial Ministry of Social Development, Health Directorate to provide orientation to health facility managers, and hospital and health facility staff to support implementation of the National Guideline on Disability Inclusive Health Services, 2019-2030.

2. **Federal level health systems strengthening to support disability inclusive health services:**
    a. Federal MoHP to define the location and responsibilities for providing essential and specialist health services to persons with severe and complete disabilities. Based on this commitment, MoHP to calculate the human resources needed to provide these services, and develop a medium-term human resource development plan to meet these commitments.
    b. In line with the Government of Nepal's (2013) national standards on accessibility of public physical infrastructure and communication services, the MoHP and MoWCSC plan and undertake regular Accessibility Audits of health-related infrastructures in collaboration and cooperation with local DPOs and accessibility experts. The reports from the Accessibility Audits to be submitted to the National Steering Committee chaired by the Minister of MoWCSC, and Disability Coordination Committees at Provincial and Municipality levels.
    c. Social health insurance to insure all persons with complete and severe disabilities into the scheme, and to raise awareness of this provision. The social health insurance package to cover the costs of providing essential and specialized health care to this target group. Until social health insurance is in a position to cover the costs of persons with severe and complete disability, free services at government facilities should be provided at the point of delivery with costs reimbursed to the facility by MoHP.

3. **Provincial level health system strengthening to support disability inclusive health services:**
    a. Provincial governments to establish a comprehensive rehabilitation centre and centre of excellence for spinal cord injury, intellectual disabilities, haemophilia, multiple disabilities, autism and other forms of impairment specific services. The centre of excellence to support capacity development of district and local level health workers on disability-related services provided at their level.
    b. Provincial government to ensure disability-related specialized services are provided at provincial hospitals. Provincial hospitals to be equipped and enhanced with additional facilities, special care units, and human resources to provide specialized services, treatment, and rehabilitation to persons with spinal cord injury, haemophilia, multiple impairments, intellectual disabilities, psychosocial disabilities, severe physical disabilities, and autism.
    c. Provincial government to ensure that all provincial health institutions are accessible to persons with disabilities and health workers are well trained to provide treatment, support, and special care to them as they come to take services.

d. Provincial Government and Ministry of Social Development to allocate adequate budget for rehabilitation services, specialized services, and medicines for persons with disabilities.
e. Provincial Government to provide capacity building to health workers at provincial, district and municipal level on disability issues, essential health services to be provided to spinal cord injury, psychosocial disability, intellectual disabilities, haemophilia, multiple disabilities and other disability category and the provision of respectful, empathetic and client-centred care to persons with disabilities.

4. Strengthening the role of local governments to protect and meet the rights of people with severe and complete disability:

a. Local government to ensure that health institutions are accessible to persons with disabilities, and persons with severe and complete disabilities are prioritized in service delivery.
b. Essential health care and primary treatment of persons with spinal cord injury, psychosocial disabilities, multiple impairments, and severe physical disabilities is available at local health facilities; with referral to higher level. Psychiatric services, counseling, therapeutic services, basic level rehabilitation services to be available at the district hospital.
c. Municipalities to provide mental health and psychosocial disability awareness raising program at the community level on a regular basis.