Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
January 2020 to March 2020

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ABBREVIATIONS

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

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

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

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

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

CONTENTS

EXECUTIVE SUMMARY

Précis

This report is the eleventh quarterly update of the Nepal Health Sector Support Programme III (NHSSP III), covering the period from 1 January to 31 March 2020. This report marks the transition from routine programming at the start of January to a programme dominated at the end of March by the Government of Nepal's (GoN's) response to the global pandemic spread of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), leading to the condition known as Coronavirus Disease 2019 (COVID-19). We outline below both the achievements in our previously planned work as well as the evolving portfolio of COVID-19 response support to the Federal Ministry of Health and Population (FMoHP) and Department of Health Services (DoHS). Despite the sense at the end of the quarter that the team was overtaken by the COVID-19 response, the many achievements outlined below are mainly non-COVID deliverables as planned. Although there has been some COVID-related impact on NHSSP work, especially in the latter half of the quarter, we expect the impact to increase significantly in the next quarter. We outline those expected changes in the final conclusions, recognising that the situation is dynamic and therefore requiring almost daily adjustments to the programme.

Development context

The World Health Organization (WHO) declared the COVID-19 crisis a public health emergency of international concern – a global epidemic. Following the WHO declaration, Nepal initiated limited preparedness measures, which were further heightened with notification of the first case in Nepal on 23 January 2020 in Kathmandu. The primary focus of the FMoHP and DoHS shifted to the COVID-19 response; international travel and borders were closed, and in late March a nationwide lockdown was announced. This essentially halted most ongoing development work as significant resources of the GoN and development partners were repurposed towards the response. It is assumed that Nepal's economy, like other economies across the globe, will be severely affected given expected impacts on foreign employment (and thus remittances), tourism, manufacturing, trade and other economic activities feeding the GoN's tax and revenue base.

A few key positions were transferred in the FMoHP. Mr Yadav Prasad Koirala joined as the new Secretary of FMoHP. Three 11th grade officials of FMoHP were promoted to 12th grade and assigned to their new roles: Mr Mahendra Shrestha as Director-General (DG) of DoHS, and both Dr Roshan Pokhrel and Dr Dipendra Raman Singh as Chief Specialists at the FMoHP. Likewise, some Division Directors were also transferred, such as in the Policy Planning and Monitoring Division (PPMD), Health Coordination Division, Epidemiology and Disease Control Division (EDCD), and National Tuberculosis Control Centre (NTCC), among others. Such transfers amidst the COVID-19 crisis may have resulted in delays in government preparedness and response measures.

Technical Assistance

This report reflects progress in policy and planning deliverables across most workstreams, with a dozen policies or guidelines developed or approved at federal and municipal levels. It also outlines similar progress at federal and local levels in evidence-based planning support, strengthening of quality systems, and several capacity-building and mentoring events. These activities support achievement of several outcomes and outputs in the logframe. NHSSP staff also have been integrated into the GoN's and DFID's COVID-19 response since the end of January. This primarily took the form of embedding two members of staff in high-level committees, thereby: simultaneously tracking and influencing decision making; assisting with data management and risk communication, as seen in the daily Situation Reports in both English and Nepali; guiding procurement and costing policies and processes; repurposing the

decanting spaces in Bhaktapur and Pokhara as COVID-19 treatment spaces; and finally monitoring routine service delivery and utilisation, mainly for Reproductive Health (RH), Family Planning (FP), and One-stop Crisis Management Centre (OCMC) services.

Despite the difficulties arising from COVID-19, NHSSP was able to continue providing Technical Assistance (TA) to FMoHP and the health sector in a rapidly changing environment. Examples of successes in both COVID- and non-COVID-related areas this quarter include:

- The Guidelines for Partnership in the Health Sector were approved by the Cabinet with implementation started by the FMoHP;
- The Health Minister approved the Safe Motherhood and Newborn Health (SMNH) Roadmap 2030, the Disability Inclusive Health Services Guidelines, and the OCMC Guidelines;
- In two Learning Lab (LL) sites the municipalities developed their own health, sanitation and nutrition policies. Routine data quality assessments in several LL sites are showing improved use of data for decision making, and the electronic Logistic Management Information System (e-LMIS) was launched in five LL sites;
- The Annual Work Plan and Budget (AWPB) process started this quarter, hampered by the movement restrictions enacted under the COVID-19 response;
- Key COVID-19 support included: decanting spaces in Pokhara and Bhaktapur Hospitals being repurposed as COVID-19 treatment spaces; participation in high-level committees and Clusters dealing with COVID-19 responses; guiding COVID-19 procurement policies, processes, and costing frameworks; supporting data management and risk communication, for example as seen in the daily Situation Reports, and monitoring RH, FP, and OCMC services. ***Further examples and details can be found below in the technical sections of the report and in Annex 1***.

Two Payment Deliverables (PDs) were submitted this quarter and approved by the UK Department for International Development (DFID). One additional planned PD was delayed as a result of late third-party review: PD 40.2 ("Tender documents and invitation of tender for decanting service works"). All PDs submitted were developed in consultation with relevant government counterparts. ***Please refer to Annex 3 for the complete list.***

Conclusions and strategic implications

Over the course of the quarter it has become clear that the spread of SARS-CoV-2 will have long-term and far-reaching implications for the health system, livelihoods and economic stability, and support to vulnerable populations who will be further marginalised by the virus's spread and consequent control measures. The story is still unfolding, but we anticipate the following implications for both the government and NHSSP III over the coming months:

1. Implications for the GoN, FMoHP and DoHS
    - FMoHP/DoHS will continue to be **under strain**, with its focus on the immediate challenge of controlling the spread through testing, contact tracing, isolation/quarantine and treatment. At the time of writing, Nepal seems on the verge of transitioning from "local transmission" status to "community transmission". If so, increased testing is likely to reveal an increasing daily tally of positive cases, perhaps peaking in the next quarter.
    - The **AWPB process** will happen under constrained circumstances, and it is unclear how COVID-19 response activities will be accommodated. There may be a tendency to plan for "business as usual", despite the reality. The demonstrated need for greater financial and human resources for the next Fiscal Year (FY) will be tempered by reduced tax revenue and slowed economic output.
    - One might expect **increased non-COVID morbidity and mortality** because of a lack of health service and public health programme utilisation during lockdown,

especially if movement restrictions are extended. Systematic monitoring of essential services will take shape in the next quarter, and the FMoHP and private sector will need to prepare for a potential backlog of service demand once lockdown is loosened or stopped. Health facilities will have the burden of ensuring sterile environments and availability/use of appropriate Personal Protective Equipment (PPE) while convincing the public that it is safe to come in.

2. Implications for NHSSP III programming in the first half of 2020
    - **Deliverables and results framework**: Lockdown and semi-lockdown will continue to hinder physical movement and inter-province travel during the next quarter, requiring adjustment to deliverables. Some components of the results framework (targets, milestones, outputs and outcomes) may also be impacted. Separate discussions are being held with DFID to reflect those changes.
    - **Human and financial resources**: The temporary repurposing of some staff job descriptions to focus on COVID-19 response will continue. Working from home and afar will continue but, perhaps, with decreasing effectiveness over time. Monitoring the need for additional Short-term Technical Assistance (STTA) to take up the surge in COVID-19 activities will be ongoing. Restructuring of staff as envisaged under the extension will need to be revisited to adapt to any DFID and GoN reprioritisations because of COVID-19. The additional COVID funding under the extension will need to be programmed to some extent.
3. Implications for programming in the second half of 2020 and beyond
    - **Deliverables, results, and resources**: At time of writing we are assessing the medium-term potential impacts on the programme, which will be shared separately with DFID.
4. Implications for the extension
    - Technical and programmatic strategy
        i. **The technical approach remains broadly the same**. However, there may be a geographic reprioritisation to accommodate COVID-19 Financial Assistance (FA) targeting at provincial level (and perhaps municipal level, though this is less likely).
        ii. Each theme area will need to **incorporate COVID-related deliverables** for the life of the programme. Some staff will need to be agile with the ability to shift between COVID- and non-COVID-related activities.
        iii. **Increased need for flexibility**, including deliverables, in response to changing circumstances and priorities at the FMoHP as well as at provincial and municipal levels.
    - Human Resources (HR)
        i. Likely to require repurposing some staff job descriptions for the medium and long term.
        ii. May need to consider **staff positions focused solely** on COVID-19 support.

1. INTRODUCTION

This document aims to apprise the Nepal Federal Ministry of Health and Population (FMoHP) and the UK Department for International Development (DFID) of the progress of the Nepal Health Sector Support Programme III (NHSSP III). The reporting period is from **1 January to 31 March 2020.**

This Quarterly Report marks the transition from routine programming at the start of January to a programme dominated at the end of March by the Government of Nepal's (GoN's) response to the global pandemic spread of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), leading to the condition known as Coronavirus Disease 2019 (COVID-19). We outline below both the achievements in our previously planned work and the evolving portfolio of COVID-19 response support to the FMoHP and Department of Health Services (DoHS). Despite the sense at the end of the quarter that the team was overtaken by the COVID-19 response, the many achievements outlined below are mainly non-COVID deliverables as planned. Although there has been some COVID-related impact on NHSSP work, especially in the latter half of the quarter, we expect the impact to increase significantly in the next quarter. We outline those expected changes in the final conclusions, recognising that the situation is dynamic and therefore requiring almost daily adjustments to the programme.

This report reflects progress in policy and planning deliverables across most workstreams, with a dozen policies or guidelines developed or approved at federal and municipal levels. For example, the Guidelines for Partnership in the Health Sector were approved by the Cabinet and implementation started by the FMoHP. The Health Minister approved the Safe Motherhood and Newborn Health (SMNH) Roadmap 2030, the Disability Inclusive Health Services Guidelines, and the One-stop Crisis Management Centre (OCMC) Guidelines. In two Learning Lab (LL) sites the municipalities developed their own health, sanitation and nutrition policies. The Annual Work Plan and Budget (AWPB) process started this quarter, hampered by the movement restrictions enacted under the COVID-19 response. This report also outlines similar progress at federal and local levels in evidence-based planning support, strengthening of quality systems, and several capacity-building and mentoring events. These activities support achieving Outcome 1.1 (% of newly constructed health facility buildings adhered to environmental shocks and natural disaster resilience), Output 1.2 (Number of priority health policies, strategies, and guidelines endorsed by FMoHP), Output 1.3 (% of public hospitals implementing the minimum service standards biannually), Output 1.4 (% of LLs established with completed Organisational Capacity Assessment Tool (OCAT) score and action plan), Output 2.2 (Number of FMoHP officials trained on a) Revised electronic Annual Work Plan and Budget (eAWPB); b) Updated Transaction Accounting and Budget Control System (TABUCS)), Output 4.1 (Number of public Comprehensive Emergency Obstetric and Neonatal Care (CEONC) sites with functional Caesarean Section (CS) services), and Output 4.3 (Number of people served by OCMCs), among others.

NHSSP staff have been integrated into the GoN's and DFID's COVID-19 response since the end of January. This primarily took the form of embedding two staff in high-level committees, thereby: simultaneously tracking and influencing decision making; assisting with data management and risk communication, as seen in the daily Situation Reports in both English and Nepali; guiding procurement and costing policies and processes; repurposing the decanting spaces in Bhaktapur and Pokhara as COVID-19 treatment spaces; and finally monitoring routine service delivery and utilisation, mainly for Reproductive Health (RH), Family

Planning (FP) and OCMC services. Daily update calls are held each morning with DFID, and other NHSSP III suppliers were engaged towards the end of the quarter.

1.1 THE DEVELOPMENT CONTEXT

The outbreak of the 2019 Novel Coronavirus (2019-nCoV) in China at the end of December received global attention. The coronavirus, later named SARS-CoV-2 (leading to the condition known as Coronavirus Disease 2019 (COVID-19)), exponentially spread to a number of other countries in a short period of time[1]. The World Health Organization (WHO) declared the situation a Public Health Emergency of International Concern – a global epidemic. Following the WHO declaration, Nepal initiated limited preparedness measures, which were further heightened with notification of the first case in Nepal on 23 January 2020 in Kathmandu – a 32-year-old Nepali man returning from Wuhan, China. Nepal was considered as a high-risk country for a number of reasons, including its weak health system, ability to respond to outbreaks, preparedness measures, and poor hygiene practices, as well as being a neighbour of China where the outbreak began.

Nepal observed a two-month gap between detecting the first and second cases (23 March 2020) of COVID-19 and both were imported cases, with no indication of local transmission. Slow detection of cases may have led to a moderate level of government action on preparedness and response measures. Nepal took some key steps to prevent outbreak of the disease by strengthening health desks at the international airport as well as on border checkpoints with India, starting in mid-January. However, operational arrangements of these measures suffered as a result of a lack of resources and weak coordination across the three tiers of government. Gradually, Nepal took some key measures to restrict international travel: the land borders with India and China were sealed and all international flights suspended. Also, all academic examinations were cancelled, and schools and colleges were closed, with a ban on public gathering and mass mobilisation. Nepal also cancelled its national and international programmes targeted to Visit Nepal Year 2020.

With the GoN decision on nationwide lockdown in late March 2020, many people found themselves suddenly shut in at their homes with limited or no preparation; the poor were the worst affected. Maintaining their livelihoods and obtaining daily essentials were major concerns, especially for those workers who work for daily wages: the lockdown and economic shock come as a blow. Fear of virus outbreak and the increasing suffering caused by the nationwide lockdown drove many people, especially daily wage workers, to travel back to their villages from the major cities including Kathmandu. Since all transportation, public and private, was on complete halt, people had to walk many miles from cities to their homes: journeys ranged from one to ten days with unexpected physical hardship and anxiety. It is widely assumed that Nepal's economy will be severely affected by COVID-19: there will be huge impacts on foreign employment, tourism, manufacturing, construction and trade, and many other economic activities will decelerate or come to a halt.

Early indications of COVID-19's bearing, and the concomitant economic downturn, have caused high levels of concern regarding the GoN's ability to continue delivery of essential services, including healthcare (both clinical and public health programmes). It is likely that service delivery mechanisms will be affected over a period of time, which may

[1] "COVID-19" is used throughout this report to refer to both the virus and consequent illness

disproportionately affect health status and well-being, in particular of women, children and the poor and marginalised, including the urban poor.

Between January and March, containing the spread of COVID-19 in communities, through the implementation of a number of measures (including tracing, testing and isolation), was a major focus of the government. A high-level committee was formed under the leadership of the Deputy Prime Minister to fight against COVID-19, with members from other concerned ministries (ministers), and senior bureaucrats. The committee was fully authorised to make decisions, mobilise resources and monitor implementation by respective ministries, and strengthen coordinated efforts across the three tiers of government. Likewise, a number of sub-committees were formed and operational. Intergovernmental and sectoral coordination mechanisms and an information communication system were mainstreamed with the formation of the Incident Command System along with the Coronavirus Crisis Management Centre (CCMC), Operation Centre and rapid taskforce.

While working on the COVID-19 response measures, a few key positions were transferred in the FMoHP. Mr Yadav Prasad Koirala joined as the new Secretary of FMoHP. Three 11th grade officials of FMoHP were promoted to 12th grade and assigned to their new roles: Mr Mahendra Shrestha as Director-General (DG) of the DoHS, and both Dr Roshan Pokhrel and Dr Dipendra Raman Singh as Chief Specialists at the FMoHP (Population and Coordination, and Quality Assurance and Regulation, respectively). Likewise, some Division Directors were also transferred, such as in the Policy Planning and Monitoring Division (PPMD), Health Coordination Division, Epidemiology and Disease Control Division (EDCD), and National Tuberculosis Control Centre (NTCC), among others. It was assumed that the transfer of key officials amidst the COVID-19 response may have resulted in delays in GoN preparedness and response measures, especially on command and control as well as coordination and communication.

1.2 SECTOR RESPONSE AND ANALYSIS

Responding to the COVID-19 crisis was the major focus of the government overall, and so the FMoHP. Between January and March, the FMoHP took a number of steps targeted to the prevention and control of COVID-19. In fact, the entire health system focus was diverted to COVID-19 containment measures. Consequently, there was less attention towards continuing delivery of Basic Health Services (BHS) across the country. The FMoHP formed a high-level committee under the leadership of Minister for FMoHP, in which External Development Partners (EDPs) such as the WHO, World Bank (WB) and DFID/NHSSP were members. Likewise, a Technical Committee was formed, which included GON officials and subject matter experts, again including DFID/NHSSP staff. Following a traditional way of managing responses to epidemics in the country, the FMoHP formed a number of sub-committees and taskforces under specific themes. While these committees were formed with good intention, lack of clarity on their roles and scope of work created confusion and slowed progress. Stakeholders' engagement, especially for planning response measures, mobilisation of resources, enhancing communication and coordination, gathering information and its processing for appropriate use, and procurement and supply of essentials, was considered important to assure a joined-up approach in emergency management. However, the lack of a comprehensive sector response to COVID-19, engaging all stakeholders, was an issue. Following the WHO declaration of COVID-19 as a pandemic, a number of technical clusters for the response, became active but their ability to coordinate and deliver action was limited

by the nationwide lockdown. Proper coordination across the board, including stakeholders and information management to inform the decision-making process continued to be an issue.

It was challenging for the sector to tackle COVID-19 in the given context. Procurement of essential supplies, Personal Protective Equipment (PPE) and medicine; upgrading health infrastructure, especially labs and hospitals; training medical personnel; raising public awareness; and coordination across the three tiers of government for COVID-19 response required higher strategic leadership and effective mobilisation of sector resources and stakeholders. A number of factors delayed the sector response, including relatively weak laboratory infrastructure for COVID-19 tests: testing services were only possible at the National Public Health Laboratory (NPHL), Teku, which initially suffered a lack of reagents and kits. Limited availability of trained Human Resources (HR) for laboratory and other clinical and public health services was a concern, leading to delay in preparedness and response measures, as the majority were centred in Kathmandu with very limited availability at provincial and local level. Shortages of supplies, incomplete guidance from federal to provincial and local levels, the lack of a comprehensive national response plan, delays in protocol development and dissemination, weak information management systems and relatively weak communication and coordination within the sector further challenged the response. Unclear division of roles between key institutions, such as the FMoHP Health Emergency Operations Centre (HEOC), EDCD, NPHL, DoHS and CCMC resulted in weak coordination and duplication of efforts. A number of committees and sub-committees were formed without clear Terms of Reference (ToR), while overlapping roles further added complexities in response management.

Towards the end of the quarter the FMoHP started reviewing their decisions and progress made. Based on their review and lessons learned a number of new decisions were made, including creating the Incident Command Management System. Despite all limitations and challenges, the FMoHP made tremendous progress in expanding COVID-19 labs in a short period: Reverse Transcription Polymerase Chain Reaction (RT-PCR) tests were soon being conducted in 13 labs across the country, at least one in each province. Testing services were also expanded through the supply and use of Rapid Diagnostic Test kits (RDTs). A number of hospitals in Kathmandu and across the provinces were listed as COVID-19 treatment hospitals. Health workers were trained and hospitals received basic supplies of PPE other necessary goods to deliver the care needed for COVID-19. Intensive Care Units (ICUs) and isolation units were expanded in designated hospitals, while some hospitals received ventilators and other necessary equipment to strengthen hospital services for COVID-19. The information system has been strengthened, with provinces reporting on a daily basis on COVID-19 response. The FMoHP progressed further with the establishment of the media centre, which provides daily media briefings on recent developments regarding COVID-19 and the response. Likewise, provincial authorities have been coordinated to provide information to the public through provincial HEOCs. The FMoHP has made two COVID-19 call centres (1115 and 1133) operational: these address an average of 2,000 public concerns related to COVID-19. The GoN evacuated 175 Nepalese students from Hubei, China, on 16 February 2020 on a chartered flight; these students were quarantined for two weeks at Shariati in Bhaktapur. The FMoHP and the Nepal Army managed the evacuation and quarantine arrangements. In this reporting period, a number of quarantine centres were operational at the local level in coordination with provincial and local governments, the Nepal Army, Nepal Police and local health authorities.

In summary, considering the relatively low number of active COVID-19 cases, among them imported cases, and given the state of local transmission, Nepal seemed to be delivering fairly well with regard to its COVID-19 response. However, a number of challenges make its response difficult, including the operationalisation of a proper Incident Command System, coordination across governments and key stakeholders, and procurement and supply of equipment and testing kits. A number of international organisations, bilateral and multilateral, have been providing financial and technical support to the GoN on the COVID-19 response, including support from the Government of United Kingdom and the WB. Nationwide lockdown has been extended until 7 May 2020, with the strong possibility of further extension. Taking the epidemiological projections, Nepal is yet to reach its peak of COVID-19 cases. It is realised that current response measures need to be accelerated and expanded, along with greater coordination among the three tiers of government and development stakeholders, including private and Non-governmental Organisations (NGOs) involved in health care. Maintaining delivery of BHS across the country has been an issue: this urgently demands a balanced approach between the primary COVID-19 response and routine care to minimise unintended "secondary" consequences, especially among women, children, people with disabilities and several other marginalised groups requiring basic health care.

1.3 CHANGES TO THE TECHNICAL ASSISTANCE TEAM

The Deputy Team Leader continued providing the leadership role to the programme. The NHSSP Senior Management Team (SMT) has managed the schedule of activities in a timely manner. In addition to its regular activities, NHSSP is proactively supporting the FMoHP in COVID-19 response. The Options senior team has provided strategic support, and a Special Programme Advisor has been providing technical leadership to the SMT. Recruitment of the Team Leader (TL) is underway with a number of potential candidates being interviewed. No additional recruitment took place in the programme this quarter. NHSSP staff were regularly briefed about the COVID-19 situation and asked to take preventive measures. Six international consultants were used for the programme in the quarter. ***Please see Annex 2 for details.***

1.4 PAYMENT DELIVERABLES

In this reporting period, three Payment Deliverables (PDs) were planned for submission and approval. Two PDs were submitted and approved by DFID. Work was completed on time for the third health infrastructure PD, "Tender documents and invitation of tender for decanting service works". However, there were unanticipated delays in external review. The Public Procurement Monitoring Office (PPMO) and Crown Agents are reviewing it now and it is expected to be complete in the next quarter. ***Please see Annex 3 for details of PDs approved by DFID this quarter.***

1.5 LOGICAL FRAMEWORK

Progress against the Year 3 (2018/19) indicators of the NHSSP logframe were reported in the previous Quarterly Report (December 2019). Data sources from the logframe indicators come from routine Management Information Systems (MISs) such as the Health Management Information System (HMIS) and TABUCS. The logframe will be updated again in July 2020, at the end of the Nepal Fiscal Year (FY). ***Please see Annex 4 for details.***

1.6 VALUE FOR MONEY

NHSSP is committed to maximising the impact of DFID investment in Nepal by embracing Value for Money (VfM) principles in its programme. NHSSP has been reporting on four

indicators that have been guided by key VfM principles: ***Economy, Efficiency, Effectiveness*** *and* ***Equity****.*
In this reporting period, the average unit cost for Short Term Technical Assistance (STTA) was £645 for international Technical Assistance (TA) and £236 for national TA. The average unit cost of both national and international STTA were above the programme benchmark of £611 and £224 respectively; however, if we compare the figure with the average unit cost to date they are well below the programme benchmarks. The use of both national (56%) and international (44%) STTA in this quarter compared well with our programme indicators. This quarter witnessed less use of national STTA as the GoN's restrictions limited travel to the field from February onwards. During this period the international STTA provided support to the programme remotely.

In this quarter, NHSSP was unable to report on Indicator 5 related to unit cost per participant in capacity enhancement training/workshops as information could not be accessed from the NHSSP office because of the lockdown. NHSSP will include the figures in the next quarterly report.

So far, the programme has submitted 80 PDs; all submitted PDs have been approved by the GoN and signed off by DFID. ***Please see Annex 5 for details.***

1.7 TECHNICAL ASSISTANCE RESPONSE FUND

We did not receive any applications for the Technical Assistance Response Fund (TARF) this quarter and there are no payments due for the remaining amount of this fund. NHSSP has discussed a number of potential areas for the use of the TARF in the COVID-19 response; however, FMOHP officials remain reluctant to request these funds.

1.8 RISK MANAGEMENT

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

A total of 12 additional risks were identified and evaluated in this quarter, as follows:

General Health Technical Assistance (GHTA) Matrix:

- Reduced access to routine health care services for vulnerable populations, especially women, children and people living with disabilities and the elderly;
- FMoHP personnel and resources may be diverted towards preparedness and management of COVID-19, potentially affecting routine programming;
- Procurement and provision of both routine and COVID-related equipment is delayed;
- Reluctance to access health services, due to fear of COVID-19, may lead to an increase in otherwise preventable morbidity and mortality;
- NHSSP staff may be overstretched in their support to FMoHPand may contract COVID-19 and fall ill;
- Continued lockdown may reduce the momentum of the programme;
- Increased risk of Gender-based Violence (GBV) and family violence in times of lockdown and reduced access to protection or service providers;

- Health workers lack PPE, leading to illness, mental stress and decreased motivation among health staff, thereby reducing the capacity of the health system.

Retrofitting Health Infrastructure Technical Assistance (RHITA) Matrix:

- Conversion of the decanting block into a COVID-19 ward may increase the cost of the project;
- Delay in completion time of the decanting block in both hospitals;
- Site Engineer, construction workers and contractor's personnel may contract COVID-19 and fall ill (health and safety);
- Overall delay in completion of the project through delays arising from the late completion of the decanting block (COVID pandemic: force majeure).

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

2. HEALTH POLICY AND PLANNING

Summary

Good progress has been made on policy development/implementation and planning at federal and local levels despite the lockdown in the latter part of this quarter. Guidelines for the Partnership in the Health Sector were approved by the Cabinet, and their implementation has been initiated by the FMoHP. NHSSP supported the development of a first draft of the National Health Training Strategy for the federal context has been prepared and has been submitted to the National Health Training Centre (NHTC) for their feedback. The FMoHP has initiated the budgetary planning process for the next FY, following the ceiling and framework provided by the Ministry of Finance (MoF) and National Planning Commission (NPC). NHSSP have started working with various spending units in support of the AWPB process. A period of internal consultation will follow once the draft plan has been received from all divisions, centres, academies, hospitals and other entities. As of the end of March, the framework for the fiscal transfer for the next year had yet to be delivered to the local level; this is the preliminary step to initiate the planning and budgeting process at the local level. However, the Aide Memoire (AM) from the National Joint Annual Review (NJAR) has been finalised and signed by both the FMoHP Secretary and EDP Chair.

At the local level, Kharpunath Rural Municipality (RM) has endorsed their Health and Sanitation Policy, and Dhanghadhimai Municipality has prepared a final draft of the Health Act.For both of these documents NHSSP provided technical support.. Manuals for the Organisational Capacity Assessment (OCA) are being further revised, based on field experience and consultation with NHTC officials. Two additional LL sites have started to report HMIS data online, direct from the health facility level, after NHSSP provided training in coordination with federal and provincial entities and other necessary logistics were ensured. The electronic Logistic Management Information System **(**e-LMIS) has been installed and is operational in five LL sites in coordination with the DoHS and the United States Agency for International Development (USAID) project. Further highlights of this quarter include the follow-up assessment of Minimum Service Standards (MSS), OCA and Routine Data Quality Assessment (RDQA). By the end of the quarter the team was engaged in supporting the COVID-19 response, focusing on preparedness and quarantine management activities such as developing the response plan, tracking and record keeping of the returning migrants, updating the HR status, and facilitation of the orientation sessions.

For updated Activities – please see Annex 1

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

National Health Training Strategy: The NHSSP continued to support the drafting of the new National Health Training Strategy, initiated in the previous quarter. A first draft of the strategy was developed, taking into consideration both the current federal context as well as the health sector needs. A consultation meeting was organised by the NHTC on 29 January 2020 to discuss the draft strategy, which was revised based on the inputs received. The draft has now been submitted to the NHTC for their input. A wider consultation has been suggested before finalising the draft but the current lockdown may delay the process.

Policy and Acts: The Health, Nutrition and Sanitation policy for Kharpunath RM was developed and has recently been endorsed. Dhangadhimai Municipality has also developed

a Health and Sanitation Act and has submitted it to the Executive Council for their endorsement. Pokhara Metropolitan and Ajaymeru Rural Municipalities developed their Health Policy and Health Act respectively, last year.

Policy Coherence Analysis: An excel based-framework to analyse policy coherence across the three spheres of government was prepared, as set out in the programme reshape plan. The mandates of the three levels, as elaborated in the Functional Analysis and Assignments, have been translated into English and these functions are being mapped as per the health system building blocks. Health-sector-related policy documents are also being compiled from the provinces and LL sites for review.

OCA: The draft Learning Resource Package on OCA (including a Reference Manual, a Trainers' Guide and a Participants' Handbook) was reviewed in a workshop organised by NHTC officials on 31 January 2020. Drafts have been submitted to the NHTC for final review. Further feedback from the NHTC is awaited. These documents are expected to serve as the basis to institutionalise the OCA process and expand beyond the LL sites.

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

Planning and Budgeting: The planning and budgeting process for FY 2020/21 has begun. The MoF has shared the budget ceiling for the next FY with the line ministries while the NPC has published the guidelines and framework for the preparation of budget and the three-year expenditure framework. The overall budget ceiling provided to the FMoHP is 53.83 billion NPR for FY 2020/21. The FMoHP has shared the MoF circular with its Divisions and Centers to help prepare and submit the plan. As of the end of March, some Divisions and Centers had submitted their proposed AWPB. The FMoHP is aiming to have an internal consultation on the AWPB soon after all Divisions and Centres submit their plans. The framework for the fiscal transfer for the next year is yet to be delivered to the local level; this is the preliminary step to initiate the planning and budgeting process at the local level.

Municipal Fact Sheets and Profiles: To facilitate evidence-based planning at the local level, municipal Fact Sheets and Profiles of the health sector have begun to be developed. Towards this, standard templates for both Fact Sheets and Profiles were drafted and revised following inputs received. Fact Sheets are designed to include key municipal highlights alongside major service statistics for the last two years. Similarly, Health Profiles are designed to include details across the health system building blocks, including highlights of the major achievements and challenges and priorities for the next FY. These documents are expected to support the planning process and help in rationalising budget for the sector at the municipal level.

Partnership Guidelines: The Guidelines for Partnership in the Health Sector have been endorsed by the Cabinet. Revisions to draft guidelines were made based on MoF suggestions, which mainly concerned clauses regarding financial administration and audit, progress reporting and evaluation. The final version of the guidelines is available on the FMoHP website – https://www.mohp.gov.np/en/news/569-2076. The approved version of the guidelines has been translated into English and shared with DFID. Following the endorsement of the guidelines, the FMoHP initiated their implementation by publishing a notice for the expression of interest for partnership; this, however, has been impacted by the shift in priorities to the COVID-19 response.

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

Reporting of HMIS: Three-day training events were conducted in Dhangadhimai Municipality and Itahari Sub-metropolitan City (ISC) from 7–9 and 12–14 January 2020 respectively; these focused on direct online reporting at the health facility level. Trainings were organised with NHSSP support in coordination with the relevant Divisions at federal and provincial level. Local municipalities organised the logistics and equipment, such as computer and Internet facilities at all public health facilities. Following the training events, these health facilities have started online reporting of HMIS data. Over the last two months this has enabled municipal officials to review the progress and quality of the data (See **RESULT AREA: *I5.2* OF** Evidence and Accountability for further details.)

Establishment of e-LMIS: In coordination with the DoHS, the e-LMIS system has been launched at five LL sites - Dhangadhimai Municipality, Madhyapur Thimi Municipality, Pokhara Metropolitan City and Ajyamery Rural Municipality and is aimed at improving the efficiency of procurement and logistics planning, distribution and inventory management through access to real-time online data. Considering the existing capacity and connectivity issues, installation in the remaining two sites was not planned at this stage. NHSSP coordinated with the Global Health Supply Chain – Procurement and Supply Chain Management (GHSC-PSM)/USAID for the installation of the system. This process was facilitated in the field by the NHSSP Health System Strengtheing Officers (HSSOs) and the health coordinators of the respective LL sites. Key steps for the establishment of the system included: preparation of the inventory and its verification; integration of the inventory into the live software platform; software installation; and performance of operations using designated login credentials. Orientation on the e-LMIS was conducted before the installation of software and establishment of the system.

Assessment Using MSS and RDQA: During this quarter, follow-up assessments of MSS were conducted in five LL sites (Itahari, Dhangadhimai, Pokhara, Yasodhara, and Kharpunath) and RDQA was conducted in six LL sites (Itahari, Dhangadhimai, Yasodhara, Kharpunath, Ajaymeru and Madhyapur Thimi). Compilation and data analysis are in progress. The development of action plans as per the MSS was conducted in some of the health facilities in the presence of health facility staff and respective Health Facility Operation and Management Committee (HFOMC) members. RDQA conducted in Madhyapur and Khapurnath provided baseline scenario, while for other municipalities these functioned as follow-up assessments.

Procurement of Medical Products: Dhangadhimai Municipality used 1.5 million NPR received as a conditional grant to procure 55 different medical products; these included 37 types of medicines and 18 varieties of medical supplies. The overall process was accomplished following the standard norms of public procurement management procedures through a competitive bidding process. The HSSO embedded in the municipal office supported the process, in coordination with the health section of the municipality, and helped select the most competitive bidder.

A Measles Rubella (MR) Campaign was conducted in LL sites in Provinces 1, 2 and 5 (Itathari, Dhangadhimai and Yashodhara); the respective HSSOs supported the campaign through planning and facilitation of the orientation sessions and the implementation. The second round of the campaign was suspended following the COVID-19 outbreak and the lockdown measures.

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

Signing of the Aide Memoire: Highlighting the priority action points, FMoHP and EDPs have signed the Aide Memoire (AM) for the current year. Although the first draft of the AM was drafted during the Business Meeting, which was organised on 6 December 2019 as a part of the NJAR, further refinements of the action plans were made through joint discussion.

The FMoHP had started the process to initiate development of a document for the next phase of the sector programme; this has, however, been affected as priorities have been focused on the management of the COVID-19 response.

SUPPORT IN RESPONSE TO COVID-19

- In relation to the prevention and control of COVID-19 transmission, the primary tasks at the local level have been building preparedness and managing quarantine; HSSOs in their respective sites have supported these activities from a distance, and when necessary from the office in coordination with the municipal office.
- Support areas mainly include: preparation of Information, Education and Communication (IEC) materials; facilitation of awareness sessions; sharing of national guidelines and protocols; and preparation of plans for the procurement of essential commodities.
- HSSOs are also regularly reporting the situation at the local level. There remains the risk of greater impact on routine health service delivery as some health facilities have also reported stock-out of some essential drugs (e.g. Ajaymeru). In the meantime, considering the constraints on resources to manage COVID-19, the MoF has directed government entities not to spend their budget on selected line items where the process is yet to be initiated. This is expected to cause difficulties in completing the programme activities remaining for this FY.

PRIORITIES FOR THE NEXT QUARTER

- Support in planning and budgeting for the next FY;
- Support for further refinement of a new National Health Training Strategy;
- Work on policy coherence analysis in light of the Functional Analysis and Assignments and existing policy documents;
- Continuing support in the refinement and finalisation of the learning resource package on OCA;
- Continue producing monthly progress reports from LL sites;
- Development of municipal-level health sector Fact Sheets and Profiles;
- Continue the follow-up assessment of OCA, MSS and RDQA in remaining LL sites;
- Prepare the consolidated progress report of LL sites in light of the recent assessments and learnings so far.

3. HEALTH SERVICE DELIVERY

Summary

There has been good progress this quarter on some pieces of work. The SMNH Roadmap 2030 was endorsed by the Health Minister, FMoHP. Clinical mentors have been provided with refresher training and were also introduced to the mobile reporting tool that NHSSP has developed. The team has also supported the orientations on MSS implementation at Health Posts (HPs), and the introduction of Robson's Classification to monitor institutional CS at four referral hospitals in two provinces. There has also been a good progress with the mHealth pilot, which has completed its endline data collection.

Other activities have slowed down or been delayed by longer technical consultations and the subsequent COVID-19 related restrictions and response. Postnatal Care (PNC) home-visit trainings, finalisation of the Skilled Birth Attendant (SBA) Strategy and SBA Training Strategy and a meeting to share Aama Review findings have been affected as a result of COVID-19. The finalisation of the "Nursing and Midwifery Strategy and Action Plan 2020–30" has required further consultations and is expected to be completed this quarter. The functionality of CEONC sites had begun to improve in the early part of the quarter but was affected by COVID-19 in the later period. There were also delays in Visiting Service Provider (VSP) and Roving Auxiliary Nurse Midwife (RANM) implementation because of delays in budget release to implementing palikas.

NHSSP, as part of the RH sub-cluster, contributed TA to COVID-19 preparedness and the response for RH services. The team also contributed/led in the development of "Interim guidelines for health workers to provide RH/PHC services in response to COVID-19 pandemic". The team has also monitored service availability and utilisation of Maternal and Neonatal Health (MNH), FP and Safe Abortion Services (SAS) services, and the availability of Aama funds during the COVID-19 pandemic.

For updated Activities – please see Annex 1.

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

Functionality of CEONC Sites: Support and monitoring to ensure the functionality and quality of CEONC services continued this quarter, and information from the 85 CEONC sites was gathered. Functionality of CEONC sites improved this quarter as compared to the previous one, except for a slight decline in March. The most recent data showed that 76 out of 85 CEONC sites and 66 out of 72 districts are functional. Five districts remain without a CEONC site (Table 1). In the last month, the COVID-19 response is likely to have affected the transfer of staff needed for CEONC functionality, resulting in declined functional sites, which in previous years have normally increased during this quarter.

Table 1: Status of CEONC Functionality over the Quarter Jan – Mar 2020

	Provinces							Total	Previous Qtr.
	P1	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**		
Established sites	17	8	14	10	13	11	12	**85**	**85**
	Number of functioning CEONC sites								
Poush	13	9	14	8	13	10	11	**78**	69 (Ashwin)
Magh	13	9	13	8	13	10	11	**77**	71 (Kartik)
Falgun	14	9	11	9	12	10	11	**76**	77 (Mangsir)
	Number of districts with CEONC services								
Districts with CEONC	14	8	12	9	11	10	9	**72**	72
District without CEONC			1	3	1			**5**	5
	Number of districts with functioning CEONC sites								
Poush	10	8	11	7	11	9	9	**65**	60 (Ashwin)
Magh	11	8	11	7	11	9	9	**66**	62 (Kartik)
Falgun	12	8	9	8	11	9	9	**66**	67 (Mangsir)

Monitoring CS: NHSSP has supported the Family Welfare Division (FWD) and Provinces 1 and 5 to introduce Robson Classification to monitor institutional CS. With the leadership of provincial governments and FWD, the NHSSP team provided TA[2] through the Nepal Society of Obstetricians and Gynaecologists (NESOG) to develop an Implementation Guideline for applying Robson Classification at Hospitals, and facilitated an orientation session and introduction of the classification in four referral hospitals[3]. Thirty-five participants from Provincial Directorates and the hospitals (including the Province 5 Minister and Secretary of the Ministry of Social Development (MoSD)) participated in orientation workshops for Provinces 1 and 5. Introductory workshops were organised at each hospital and a total of 111 staff members participated. All four hospitals have since started classifying women admitted to maternity wards as per the guidance provided. Monitoring progress of the implementation had to be postponed following the COVID-19 restrictions on movement.

mHealth Pilot: During this reporting period, NHSSP and BBC Media Action agreed on a communication plan on how and when to share and disseminate the evidence and learning from the pilot. The teams also agreed on support to the Nursing and Social Security Division (NSSD) and provincial governments during AWPB planning, to advocate for possible scale-up of the pilot intervention. BBC Media Action has also completed the endline data collection for the evaluation and analysis is currently ongoing.

PNC: NHSSP TA continues to give support to the FWD for the PNC home-visit programme and the development of the PNC microplanning guideline. For the current FY, the FWD has provided budget to all provinces to enhance the capacity of local government to implement PNC home visits. Gandaki and Karnali Provinces sent PNC budget to Health Offices, the remaining provinces to their respective Provincial Health Directorates. In the last quarter, NHSSP supported the orientation of all programme municipality representatives from Provinces 1 and 5 (covering 62 municipalities); a total of 43 municipalities who received the budget have initiated and continued PNC home visits. The plans to provide municipality-level orientation in Provinces 2, 3, Gandaki and Sudurpashchim have been delayed because of COVID-19 restrictions.

[2] both technical and financial assistance to Province 1

[3] Lumbini Provincial Hospital, Butwal, and BPKIHS Dharan, Aamda Hospital, Butwal, and Nobel Medical College and Teaching Hospital, Biratnagar

FP: Progress on VSP programme implementation continues to be challenging. NHSSP has provided TA to continue off-site monitoring of VSP and RANM implementation in 98 palikas (34 districts) and 124 palikas (43 districts) respectively. This support largely consists of off-site management support to municipality Health Coordinators (HCs), monitoring of programme implementation and provision of job-aids to RANMs and to focal persons/HCs. Orientation of municipalities' HCs on VSPs and RANMs was provided as part of the workshops for PNC home visits. In this quarter, eight municipalities (including one LL municipality) have started the VSP programme and 25 municipalities have started the RANM programme. Delays in the release of budget by provincial government to municipalities (released between late January and the end of February) resulted in delayed recruitment of VSPs and RANMs; recruitment was later affected by the COVID-19 crisis.

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

Physiotherapy Pilot: The implementation of the pilot on task-shifting basic physiotherapy and rehabilitation services to Health Assistants (HAs) was completed in early February. Humanity and Inclusion (the implementer) completed the follow-up calls and visits and documented the implementation processes. The implementing agency helped to organise a meeting with the NHTC and other government stakeholders at the end of January at which their learning from the implementation was shared. The endline data collection, which was planned to start at the end of March/early April as a part of the independent evaluation, has now been postponed because of COVID-19 restrictions; it will be performed soon after the lockdown has been lifted. In the meantime, NHSSP has consulted Monitoring, Evaluation and Operational Research (MEOR) about the pros and cons of using other methods (i.e. telephonic interviews) in case the lockdown continues over an extended period (i.e. beyond May).

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

On-site Birthing Units: No progress in this area as clinical and implementation guidelines are being developed with the support of the German Corporation for International Cooperation (GIZ).

Aama Programme Review: A discussion meeting with FMoHP to share findings from the Aama Review was planned, but this has been delayed.

RESULT AREA: I3.4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and Protocols: The technical content of the Standard Treatment Protocol (STP) for the Basic Health Services Package (BHSP) has been reviewed by the Curative Services Division (CSD). The revision of National Medical Standards for Reproductive Health Volume 3 started with a two-day consultative workshop in late February 2020, with more than 40 participants from government officials, EDPs and representatives from professional bodies, academia and hospitals. Participants discussed new evidence and changes since the last revision in 2009. The latest revisions are currently being incorporated and are expected to be completed by June 2020.

MSS[4]: NHSSP continues to give support to the CSD for HP-level MSS. In this quarter, the team supported the development of the MSS assessment sheet and assisted the provincial orientations that were organised by the CSD: one was held at Nepalgunj for Province 5, Karnali and Sudurpashchim, and another at Kathmandu for Provinces 1, 2, Bagmati and Gandaki. The team also supported Bagmati Provincial Health Directorate in providing orientation for Health Offices. Desk-based monitoring of all provinces and health offices has also been continued.

Hospital Quality Improvement Process (HQIP): NHSSP continues to provide technical support for the introduction and monitoring of Quality Improvement Plans (QIPs) and clinical mentoring at hospital level. A total of 14 CEONC hospitals[5] implemented QIPs and SBA clinical mentoring in this quarter. Data from 11 out of 14 hospitals has been analysed, comparing the last assessment with the current assessment. Eight quality domains have declined since the last assessment; however, signal function readiness slightly increased. HQIP was also introduced in two referral hospitals: Bharatpur Hospital (Province 3) and Koshi Hospital (Province1). During this quarter, SBA clinical mentors supported health facility readiness self-assessment at 60 sites.

Table 2: HQIP assessment Jan – Mar 2020

HQIP for 14 facilities assessed this quarter	Green		Yellow		Red	
	Last assess-ment	Current assess-ment	Last assess-ment	Current assess-ment	Last assess-ment	Current assess-ment
QUALITY DOMAINS TOTAL SCORE (total score 136)	43	44	44	41	1	3
SIGNAL FUNCTIONS TOTAL SCORE (total score 153)	83	86			16	13

NHSSP has now completed the development of a mobile reporting application for HQIP and Birthing Centre (BC) QIP data to be used by SBA clinical mentors. This mobile reporting application (developed on Open Data Kit software) is now being uploaded to the server at the National Information Technology Centre (NITC) under the Ministry of Communication and Information Technology (MoCIT). This will be fully operational and used by SBA clinical mentors from next quarter.

Clinical Mentors: In this quarter, 18 clinical mentors were trained, while 69 SBA clinical mentors provided on-site mentoring to 419 MNH service providers from 18 hospitals and 74 BCs. The FWD has continued to support in-service training and has organised three batches of refresher training, orientation on the NHSSP supported mobile reporting application, and nutrition training (through Suahaara). NHSSP provided the technical and financial support for

[4] MSS at tertiary-level hospitals has been initiated and implemented by FMoHP in coordination with the CSD. The Hospital Strengthening Section of the CSD has been implementing MSS in 83 primary and secondary hospitals jointly with the Nick Simons Institute (NSI), and along with the Provincial Health Directorates. The HP-level MSS is being implemented with support from the Basic Health and Emergency Services Section of the CSD. The budget to orient palikas was provided by the CSD to all seven provinces. While the MoSD of Provinces 2, 5, Bagmati, Gandaki, and Sudurpashchim sent the budget to health offices at the districts directly, Province 1 and Karnali sent the budget to Provincial Health Directorates to provide the orientation.

[5] Panchthar, Sankhuwasabha, Bara Kalaiya, Bhaktapur, Makawanpur, Gulmi, Kapilvastu, Rolpa, Rapti Provincial Hospital Dang, Rukum, Seti Hospital Kailali, Achham, Bajhang, and Mahakali Hospitals.

this orientation and 115 clinical mentors from seven provinces received this training/orientation.

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

SMNH Roadmap: The roadmap has been approved by the Health Minister; however, plans to print and disseminate it have been delayed by COVID-19 restrictions.

Nursing and Midwifery Strategy and Action Plan 2020–30: The fully-developed draft strategy document and action plan are ready. The finalisation and approval process has been delayed by COVID-19 restrictions.

SBA Strategy: The SBA Strategy and associated Training Strategy have been delayed as some technical clarifications need to be agreed with the DoHS and its stakeholders. An official memo (Tipanni) on issues of "ANM training and job-title of SBA" that was submitted to the DG was sent back with recommendations from the NHTC and NSSD. The MNH section of the FWD has resubmitted the memo and is awaiting approval from the DG's office.

SUPPORT IN RESPONSE TO COVID-19

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

- Participation in the RH sub-cluster to support the FWD, DoHS and FMoHP in preparing a RH Emergency Response Plan (ERP)
- Development of the interim guidelines for health workers to provide RH services, with lead role on developing sections focusing on MNH (Antenatal Care, ANC) and FP
- Periodic monitoring of hospitals and BC/BEONC sites for MNH, FP and SAS availability, and utilisation and availability of Aama funds
- Reporting monitoring data to DFID, FWD and the RH sub-committee for response/action to ensure service delivery across different levels
- Participation in the Nutrition sub-cluster to contribute to preparing a Nutrition ERP and develop a nutrition monitoring system
- Developing plans to support messaging to pregnant women for care during pregnancy and access to health services, especially if and when complications arise during the COVID-19 pandemic (discussions are currently being held with BBC Media Action for support on this).
- Supporting the concept development and planning of the Rapid Assessment (RA) of RH/PHC service readiness as a part of the RH sub-cluster.

PRIORITIES FOR THE NEXT QUARTER

- Continue COVID-19 preparedness and response plan and guideline development
- Continue monitoring MNH, FP and SAS delivery and utilisation until FMoHP starts its daily online monitoring system, which is currently under development
- RH/PHC service RA as part of RH sub-cluster activity

- Begin orientation of MNH and PHC service providers on Infection Prevention and Control, including personal protection, while providing RH/PHC services (RH ERP activity)
- Support COVID-19 preparedness and response as per the reshape plan
- Continue delayed planned activities from last quarters, if feasible:
  - Support the dissemination of the SMNH Roadmap 2030 and Nursing and Midwifery Strategy and Action Plan 2020–25 (after endorsement and printing);
  - Finalise and disseminate the SBA Strategy and Training Strategy (pending the approval of the tipanni);
  - Continue technical support to implement and monitor clinical mentoring/HQIPs, including mentors' development and training site development and mobile reporting;
  - Establish on-site birthing centres at three referral hospitals;
  - Continue support to training site quality improvement at three referral hospitals; and
  - Disseminate the Aama Review report and support the revision of the Aama Programme Strategic Framework and Operational Guidelines.

4. PROCUREMENT & PUBLIC FINANCIAL MANAGEMENT

Summary

In continuation of some of the key support initiated in previous quarters, the team has worked on updates to the existing Financial Management Strategic Framework (FMSF) and Public Procurement Strategic Framework (PPSF). In addition to this, the team supported the preparation of the management note based on the Aama RA XII, as well providing support to the AWPB 2020/21 process. In light of the COVID-19 situation the team has been leading on the support to draw up a policy-based costing for the GoN's response to the pandemic and has supported the process of finalising the specification of COVID-19 supplies, and providing regular updates on the Consolidated Annual Procurement Plan (CAPP).

Progress and results from all these activities were shared and discussed in the regular meetings of the Public Financial Management (PFM) and CAPP Monitoring Committees (MCs).

For updated Activities – please see Annex 1

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

Public Financial Management Strategic Framework (PFMSF) 2019–2023: A draft framework was prepared in the previous quarter and circulated to a wider stakeholder group for their inputs. On 25 February 2020, the FMoHP formed a taskforce to review the drafts of the PFMSF and PPSF. The taskforce completed the review of PFMSF and requested provincial and local-level consultations. A national workshop was also requested before finalising the document through the PFM Committee meeting, and this will be completed in the next quarter (by the end of June 2020). Due to the lockdown the consultations are being halted. Once the lockdown is lifted, we will conduct the consultations and finalise the framework. NHSSP has supported the FMoHP-led taskforce in the review process.

Regular Support to the Audit Committee: NHSSP provides support to addressing audit queries all year round. In this quarter, the regular meeting of the FMoHP audit committee took place on 10 January 2020. The meeting discussed the FMoHP findings of the Office of the Auditor General (OAG) 56th Report 2019 (2075). NHSSP supported FMoHP in finalising the response to this report and sent it to the Public Account Committee. The response included topics such as auditing of direct payment and TA, monitoring of grants to hospitals and service delivery, health policy implementation, budget speech and execution.

Regular Support to the PFM Committee: In this quarter, the regular meeting of the FMoHP PFM Committee took place on 10 February 2020. This meeting covered a wide variety of areas, such as: progress made in Financial Management Improvement Plans (FMIPs) and Procurement Improvement Plans (PIPs); settling ineligible expenditure; revision of the PFMSF and PPSF; TABUCS upgrading; Disbursement Linked Indicator (DLI) achievement and fund disbursement; the Financial Monitoring Report (FMR); clearance audit queries; electronic Government Procurement (e-GP); the electronic Consolidated Annual Procurement Plan (e-CAPP); and audit problems on direct payments. Some of the major decisions taken in the meeting were: to discuss the interface between TABUCS and the Sub-national Treasury Regulatory Application (SuTRA) with the Financial Comptroller General Office (FCGO); to

form a team to prepare a framework on settling ineligible expenditure; to form a review team to track hospital expenditure; to instruct all Spending Units (SUs) within the FMoHP to provide a response to audit primary report within 35 days; and to revise the FMoHP Internal Control System/Guidelines to comply with the FCGO Internal Control Directives, 2019 and Financial Procedural and Fiscal Accountability Act, 2019.

Build the Capacity of FMoHP and DoHS Officers in Core PFM Functions: The NHTC conducted a four-day TABUCS training event from 21 to 24 January 2020, in which 18 people participated. Additionally, to build the capacity of FMoHP and DoHS account officers, FMoHP organised a two-day PFM training on 28–29 February 2020 in Sauraha, Chitwan. Twenty-five account officers participated in the training. The NHSSP team provided TA to deliver the trainings.

RA of the Aama Programme: A management note on the key findings of the Aama RA XII was shared with the FWD Director and Chief of Planning section, FMoHP. They requested a meeting to discuss and agree on actions and measures to follow up the findings. The findings of the Aama Review will be presented in the same meeting. At the same time, the ToR for Aama RA round XIII were given/shared with the planning section of the FMoHP. The planning section provided inputs to the ToR. It is important to note that because of the current health emergency, the GoN has decided (first week of April 2020) to suspend all consultancy services from this year's budget to be redirected towards the COVID-19 response. Aama RA round XIII has been impacted by this decision, and consultation with FMoHP will therefore be required so as to work out how to carry on activities. The activity will be funded by the DFID-NHSSP

Kolti Primary Health Care Centre (PHCC), Lamahi Hospital, Mataiya HP, Haripur PHCC and Mirchaiya PHCC were called by telephone to follow up on the disbursement/receipt of the Aama transport incentive. Most women were receiving the Aama transport incentive as per the guidelines, except in a few cases such as Lamahi and Haripur. The Lamahi municipality issued additional criteria for receiving the transport incentive, such as presenting a copy of proof of citizenship, marriage certificate, or mother's birth certificate; as a result not all women may have received the transport incentive. Haripur Municipality reported that they had used the remaining Aama budget in the response to COVID-19, and that payment of the transport incentive to women might therefore be delayed. It will be useful to have an update on the use of Aama money by municipalities in the COVID-19 response. Information on this will be collected from the Aama RA XIII.

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

TABUCS, with updated chart of activities, and OAG forms and formats are operational in all FMoHP SUs and the Department of Urban Development and Building Construction (DUDBC). In the last few weeks of the quarter, the team also started working with the FMoHP to develop a COVID-19 module in TABUCS.

Budget Analysis and AWPB Process: Findings from the health sector Budget Analysis (BA) were shared with the new chief of the PPMD, Dr Guna Raj Lohani. NHSSP supported the FMoHP in preparing a brief presentation on annual health sector planning, including BA findings, for the meeting of state and provincial ministers. The FMoHP was also supported in preparing for the AWPB workshop held in all provinces, which included preparing a presentation with the latest guidance from the MoF in planning and budgeting, budget analysis

findings, and a session plan. Provincial consultations were later cancelled following COVID-19 response measures.

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

Third FMR (FMR-3) for FY 2018/19: According to FMR-3 of FY 2018/19, DFID, Gavi, the Vaccine Alliance (GAVI), the German Development Bank (KFW) and WB have released their financial commitments, which were transferred to central treasury on 3 March 2020. Meanwhile, the first FMR of FY 2019/20 was prepared and submitted on 27 January 2020. In this trimester, the FMoHP has not been asked for the reimbursement from DFID.

Policy-based Costing to Respond to COVID-19: The team has provided TA in developing costing norms and has delivered the unit costs that are required for the response to COVID-19 in Nepal. The available financial, commodities, supplies, HR, pharmaceutical data and market data were used to finalise the policy-based costing. Unit costs were calculated for community screening, quarantine and isolation, and mild, moderate and severe cases. The FMoHP has encouraged the calculation of costs, which now contribute to implementing the COVID-19 treatment in both public and private hospitals. An analysis of this has been shared with DFID.

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

CAPP: The federal CAPP of 47 procuring entities under the FMoHP has been prepared using TABUCS. A further update has been made to incorporate internal budget into the CAPP. The identification for EDPs to be able to view the CAPP will be provided in the coming quarter. Monthly updates on implementation of the CAPP have been prepared and presented in the meeting of the CAPP MC and oversight agency. The last meeting of CAPP-MC was organised on 25th November 2019. Due to a change in DG at DoHS the meeting of CAAP-MC could not be organised within Febraury 2020. Since March 2020, the entire health system is occupied to respond to COVID-19. We are trying to organise the CAPP-MC within the third week of May.

PPSF: The PFMSF and PPSF revision taskforce formed at the FMoHP has completed revising the PFMSF and is still reviewing the PPSF. Upon the request of the taskforce, consultation at both provincial and local level is planned before finalisation in the coming quarter. Drafts will be finalised through the PFM Committee meeting.

Market Analysis (MA) of Essential Medicines: A draft report on MA has been finalised this quarter. The quality of this report will be assured by an international consultant. The international good praticies will be added in the current report and, if required, additional tools will be utilised to make the report robust. After that the findings will be presented in the CAPP MC meeting. After endorsement by the CAPP-MC the report will be disseminated in a workshop among the concerned Departments Divisions and EDPs and representatives from the private sector.

Technical Specifications: The existing Technical Specification Bank (TSB), which includes essential medicines, medical supplies and equipment, has been updated. The updated specifications also include information that helps in the process of quality assurance at the time of post-shipment inspection. The technical specifications of 208 pharmaceutical products and consumables were revised and validated at a workshop. The final specifications will be endorsed as per the agreed procedure and uploaded to the TSB in the coming quarter. The

specifications have been used in the procurement of essential medicines for Non-communicable Diseases (NCDs) for this year. In recent weeks, TA was also provided to develop the specification of COVID-19 supplies, which the FMoHP has endorsed; the specifications are now being used in the procurement process.

Progress Against the CAPP: Implementation of the CAPP was found satisfactory, as 87% of CAPP value procurement had been initiated by March 2020. The usage of e-GP in DoHS/LMS is at almost 99%.

Capacity Development: NHSSP has continued to provide support to Province 2 and Karnali Province to improve PFM and procurement practices. Support focused on the use of TABUCS, audit observations, the bidding process and the use of e-GP.

SUPPORT IN RESPONSE TO COVID-19

The NHSSP/Procurement and Public Financial Management (PPFM) team has actively engaged in the day-to-day discussions focused on the response to COVID-19, the assessment of Aama in a pandemic situation, current budget adjustment, support in developing the TORs of the Incident Command System, developing field monitoring templates, preparing supplier lists, and preparing scenario-based planning.

PRIORITIES FOR THE NEXT QUARTER

- Support FMoHP in COVID-19 budgeting, using references from the WHO and the recently developed policy-based costing;
- Provide procurement-related support to the COVID-19 response;
- Finalise the second FMR for FY 2019/20;
- Finalise PFMSF;
- Finalise PPSF;
- Produce a policy brief on the FY 2019/20 Health Sector BA Report and share with FMoHP officials;
- Provide support in the AWPB process for FY2020/21;
- Continue to monitor progress in implementation of the federal CAPP;
- Update on the RA round XIII from the FMoHP;
- Update the Internal Control Guidelines;
- Disseminate the MA report and incorporate the outcomes of the findings in the procurement strategy;
- Considering the impact of COVID 19, existing business plan guideliens will be updated and endorsed by the MoHP. Initially, we will recommend PPMD to implement the updated guidelines in two federal-level hospitals.

5. EVIDENCE AND ACCOUNTABILITY

Summary

There has been steady progress on the planned activities, nearly throughout this quarter. Key areas of activity include: support for the write-up of the DoHS Annual Report 2018/19; review and analysis of the national Maternal and Perinatal Death Surveillance and Response (MPDSR) data in collaboration with the WHO; supporting the FMoHP in preparing a roadmap to strengthen the Integrated Health Information Management System (IHIMS), together with the WHO, USAID and GIZ; and the digitisation of the recording and reporting tools of OCMCs and Social Service Units (SSUs). In the final few weeks of this quarter the team was heavily supporting the HEOC, FMoHP, in managing information and developing plans, guidelines and tools as part of the health sector response to COVID-19.

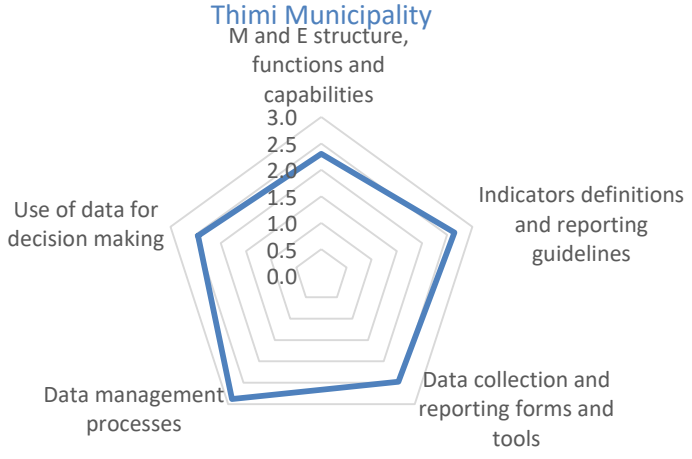
During this reporting period, in terms of knowledge production, NHSSP worked with government counterparts to develop analytical briefs on Early Neonatal Mortality and the National Tuberculosis Programme. NHSSP, together with MEOR, supported the FMoHP in the design and implementation of the Knowledge Café on health sector response to COVID-19, which provided an interactive platform for better informing the FMoHP on the 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

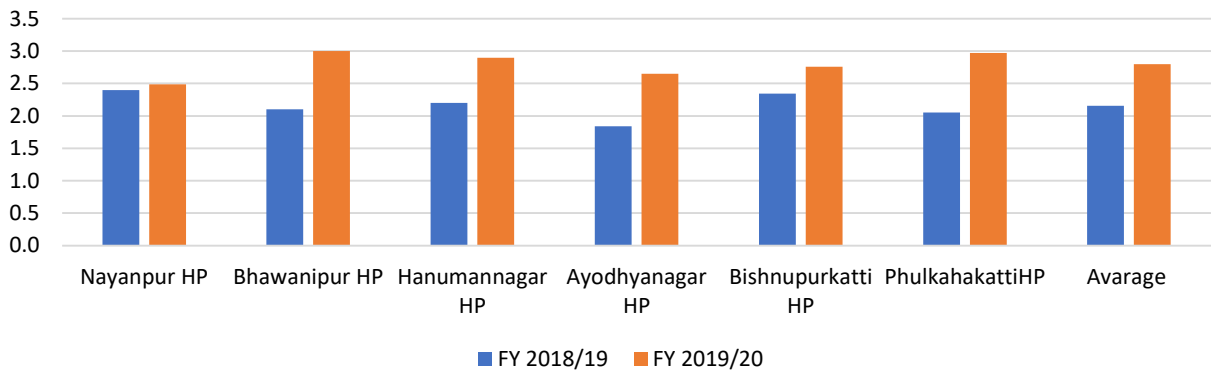
RDQA: The team continued the support to IHIMS in improving the RDQA tools and the e-learning materials, based on user feedback and lessons learned from initial implementation. Thereafter, the team supported the local government of Madhyapur Thimi Municipality, one of the LL sites, to implement the first round of the RDQA. The RDQA exercise has revealed that facilities in the municipality are doing well in terms of both system assessment (2.5 against the benchmark of between 0 and 3) and data verification (102.7% against the benchmark of between 90% and 110%). Figure 1 presents the details of the system assessment score by components.

Figure 1: Average System Assessment Score of Madhyapur Thimi Municipality



This quarter, other LL sites had started performing the second round of RDQA but the process could not be completed due to the COVID-19 pandemic. However, Dhangadhimai Municipality did complete the second round of the RDQA. Figure 2 shows the comparison of the score of this round of RDQA with that of the last year. The result shows that the average system assessment score has increased and that the data verification score is within the benchmark. Itahari has completed the second round of RDQA in two health facilities and plans to continue when the situation improves.

Figure 2: Average System Assessment Score from RDQA in Dhangadimai Municipality



In the coming quarter NHSSP will continue its support to the PPMD, FMoHP, the IHIMS Section, DoHS, and the LL sites to implement RDQA and provide mentoring support as needed.

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

eHealth: Continuing the previous quarter's work, the team collaborated with the Information Technology (IT) Section of FMoHP to finalise the draft Electronic Health Records (EHR) Standards and Guidelines, aligned with the draft National eHealth Guideline. While the EHR Guidelines have been shared with the Quality Standard and Regulation Division (QSRD) for their review, the draft National eHealth Guideline is already with this division and its approval from the FMoHP is awaited. The IT Section has initiated the process of submitting a memo to the Secretary for approval of both the eHealth and EHR Guidelines in February 2020 but the process has been delayed by the COVID-19 context. The team is following up with the QSRD and the IT Section to speed up the process.

This quarter, the NHSSP Evidence and Accountability (E&A) and Gender Equality and Social Inclusion (GESI) teams worked together with the Population Division, FMoHP, and IHIMS, DoHS, to digitise the recording and reporting tools of OCMCs and SSUs. At this first stage, paper-based tools are being jointly reviewed and modified to ensure that they are best suited for digitisation. The Population Division and IHIMS have agreed to build functional linkages between their systems to allow better data analysis, including sharing of facility codes, organisational structures, and the data analysis platform, District Health Information Software 2 (DHIS2). The Population Division is also coordinating with the Information Management Team in the Health Insurance programme to align the SSU monitoring process and tools with those of the Health Insurance programme.

HMIS Reporting Status: This quarter NHSSP continued its support to IHIMS to identify inconsistencies in the HMIS dataset, address the gaps identified, and follow up with Provincial and local governments and health facilities to encourage timely reporting and thereby contribute to improving data quality. Proactive and regular follow-up, such as review of reports received and providing feedback from IHIMS, DoHS, to provincial and local-level authorities, has started showing positive results in terms of on-time reporting status. Figure 3 shows that HMIS reporting status has improved this quarter compared with the same period of the last FY; however, it has decreased in the last month of the quarter (compared to the previous month), which could be due to the effect of COVID-19.

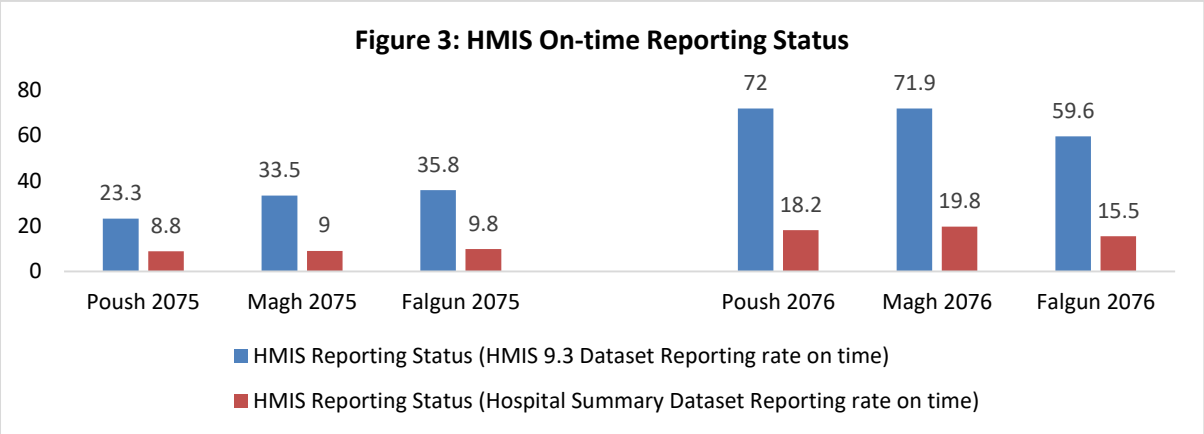
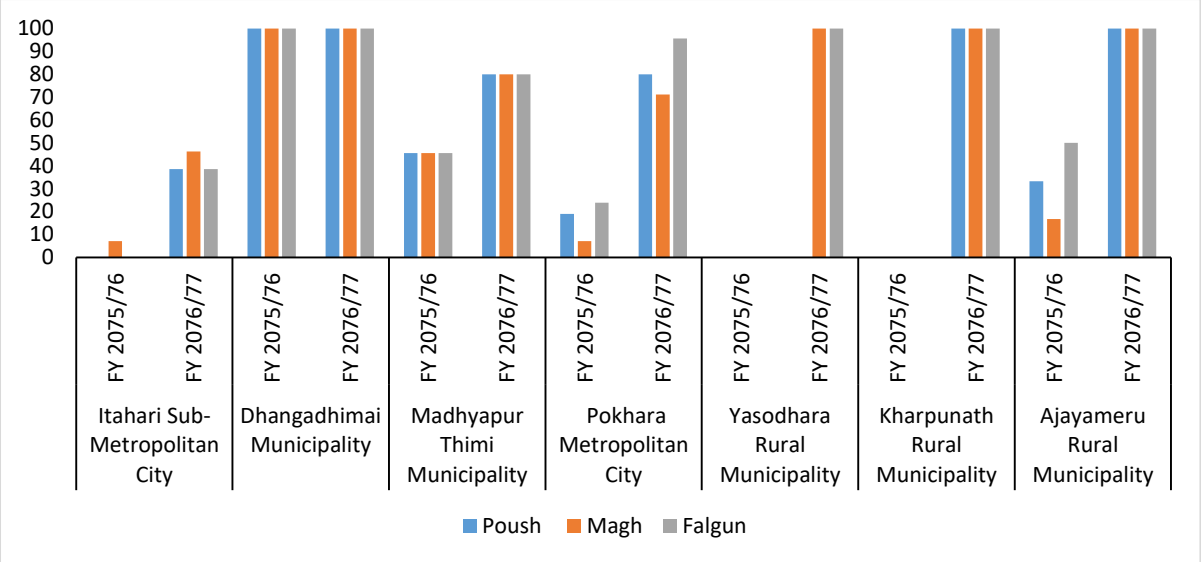


Figure 4: On-time HMIS Reporting from LL Sites

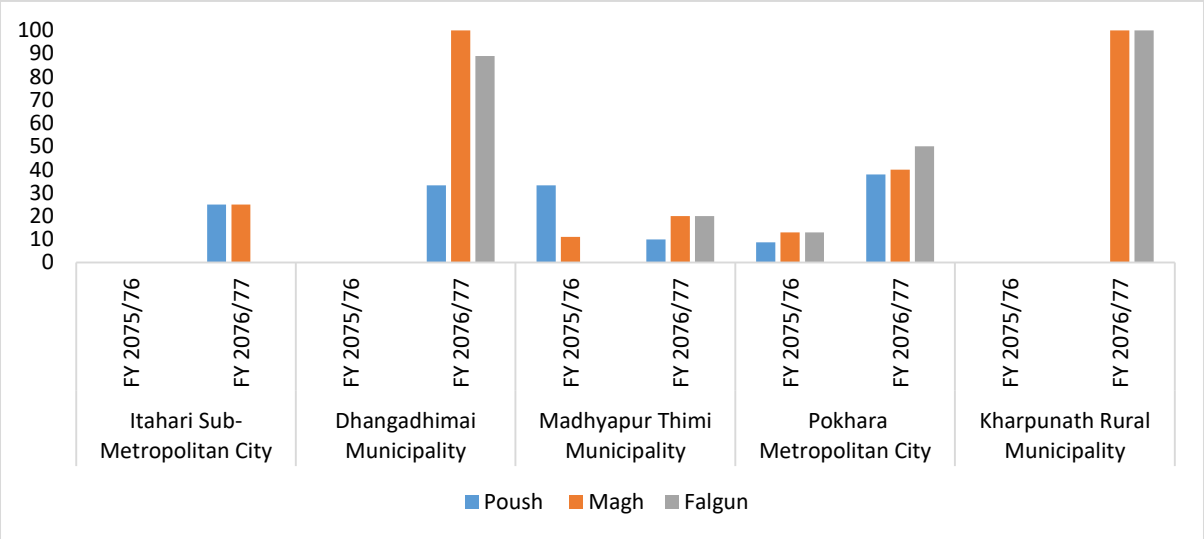


A comparison of on-time HMIS reporting from health facilities in LL sites over this quarter with the same period of the last FY shows that there have been marked improvements in timeliness of reporting across nearly all sites. In Yasodhara, Kharpunath and Ajayameru Municipalities, the improvements in timely reporting have been very large (Figure 4); in Dhangadhimai Municipality, however, reporting has been 100% on time throughout the quarter in both years.

Reporting from hospitals in LL sites also shows improvements in comparison to last year but the level of improvement in timeliness is mixed. While hospitals in Kharpunath and Dhangadhimai show a remarkable improvement, Pokhara, Itahari and Madhyapur Thimi

Municipalities continue to struggle with timeliness (Figure 5). The NHSSP team will continue working with LL sites at the local level and IHIMS at the federal level to give the continuous monitoring and mentoring support needed for improvement.

Figure 5: HMIS – Hospital Summary Data Set Reporting on Time from LL Sites



This quarter support was also provided in finalising the HMIS data for the annual report 2018/19, to provide data disaggregated by local government for publishing on the DoHS website, and analysis of HMIS data related to the FWD.

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

Integrated Information Management: NHSSP, together with the WHO and other development partners, continued its support to IHIMS in developing a consolidated roadmap for integrated information management. NHSSP initiated the concept of developing the IHIMS roadmap followed by a workshop on 6–7 August 2019; the WHO then provided its support in organising a follow-up workshop on 17–19 December 2019. Following these two workshops, a small task team including NHSSP has been working continuously and closely with different MISs to take this initiative forward. However, there has been slow progress due to heavy engagement of the FMoHP counterparts in the response to COVID-19.

MPDSR: During this quarter NHSSP supported the FWD to review and analyse the existing MPDSR database. FWD and NHSSP teams have jointly come up with an interim action plan for further improvement of the system and to develop a STATA.do file to analyse the existing MPDSR data in the next quarter. NHSSP will support two local governments (Pokhara Metropolitan City and ISC) in strengthening the surveillance and response mechanism and to carry out further analysis of the MPDSR data at the local level.

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

HMIS Data: Starting in March, the EA team worked with the SD team to support the FWD in analysing key health service utilisation data from HMIS to track the effect of COVID-19-related restrictions. Comparison of the last three months' data shows that the key Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) indicators were on track as of

Magh 2076 (January/February 2020). However, as expected, the figures are comparatively low in the last month of the quarter (Table 2). The potential reasons for the low numbers could be either under-reporting for the last month (Falgun) of the quarter, or lower service utilisation due to the COVID-19 effect (in Nepal the first case was reported on 10 Magh 2076/24 January 2020). It is also important to note that data for the period have not yet been entered completely.

Table 2: Key Health Statistics in the Last Three Months (Jan to Mar 2020)

Indicators	Poush		Magh		Falgun	
	2075	2076	2075	2076	2075	2076
FP						
Permanent FP method from public camp – new users	2,805	4,127	2,004	2,751	1,575	619
Permanent FP method from public facility – new users	3,718	1,447	2,363	983	762	388
Temporary FP method, Intrauterine Contraceptive Device (IUCD) and implant – new users	12,045	10,286	10,295	9,474	10,511	6,942
Temporary FP method, pills and Depo-Provera – new users	34,004	33,009	30,206	29,804	40,936	20,887
SMNH Programme						
Antenatal checkup – Four Antenatal Care (4ANC) visits as per protocol	32,088	26,560	28,222	23,942	27,555	14,611
Delivery service at health facility	36,291	26,641	33,236	23,000	31,903	12,930
Community-based Integrated Management of Childhood Illness (CB-IMCI)						
CB-IMCI – 2-59 months children with diarrhoea – no dehydration	24,672	18,583	22,141	20,205	23,869	16,347
CB-IMCI – 2-59 months children with diarrhoea – some dehydration	4,105	3,208	3,897	3,169	4,332	2,807
CB-IMCI – 2-59 months children with diarrhoea – severe dehydration	95	56	111	43	112	60
Nutrition						
Nutrition – postpartum mothers receiving Vitamin A capsules	21,921	16,646	21,680	15,859	19,189	10,076
Nutrition – pregnant women receiving 180 iron tablets	32,854	22,593	27,423	21,651	23,850	14,013
Nutrition – registered for growth monitoring– new visit, 0–23 months – normal	74,039	73,069	72,831	67,843	67,174	44,472
Nutrition – registered for growth monitoring – new visit, 0–23 months – moderate	1,864	1521	1,858	1,413	1,721	1,129
Nutrition – registered for growth monitoring – new visit, 0–23 months – severe	508	478	447	363	435	228
Outpatient Department (OPD) visits (New)						
Total new OPD visits female	1,000,288	914,407	963,604	930,380	1,031,072	734,115
Total new OPD visits male	750,719	686,798	705,307	703,657	844,149	537,263

Note: Data extracted from HMIS on April 3, 2020. The figure for the year 2076 might change.

Equity Analysis: NHSSP is preparing a technical brief on the trend and determinants of early neonatal mortality in Nepal in coordination with FMoHP counterparts by analysing data from the Nepal Demographic Health Survey (NDHS). NHSSP also supported the FMoHP in carrying out an analysis of the equity gap between the top and bottom 10 districts on the DLI tracer indicators.

Following a request from the FMoHP, NHSSP has started a quick review of the health sector plans and strategies in the national periodic plans starting from the first plan (1956–1961) to the fifteenth plan (2020/21–2024/25), pulling out major achievements and key milestones.

Next quarter we expect to share the draft with the FMoHP and then with development partners for review and input.

NHSSP and the NTCC are preparing a programme brief analysing tuberculosis-related data from the HMIS, NDHS series, Nepal Health Facility Survey 2015, key findings from the report of the joint monitoring mission for tuberculosis in June 2019, and other available literature.

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

Knowledge Cafés: This quarter NHSSP and MEOR supported the FMoHP in planning and organising the second Knowledge Café on 5 March 2020. On FMoHP's request, the Knowledge Café was organised on COVID-19: Lessons Learned from China. NHSSP and MEOR supported in collating the evidence from the WHO-China Joint Mission on COVID-19 report and other sources, with a focus on the epidemiology of the disease and disease containment measures. After the discussion there was a greater realisation among FMoHP officials that it was necessary to strengthen surveillance, testing and case management. The evidence discussed in the session also helped the FMoHP in updating existing IEC materials, particularly the major symptoms of COVID-19 and its transmission, and in developing new ones. It also helped the FMoHP in unfolding the draft scenario-based plan with specific actions and logistics requirements for its effective implementation. The meeting also decided to continue the discussion on issues related to COVID-19 in the next Knowledge Café.

SUPPORT IN RESPONSE TO COVID-19

This quarter NHSSP, along with the WHO, provided support to the FMoHP in various aspects of the health sector response to COVID-19. The specific E&A areas of support include:

- Support the HEOC in information management, including development of tools, analysis of information/data collected, preparing situation update reports for higher authorities and daily situation reports;
- Support in preparation of guidelines and protocols, such as:
  - Repatriation and quarantine of Nepalese citizens from China
  - Health Sector ERP: Coronavirus Disease (COVID-19)
  - COVID-19 and non-COVID-19 Health Service Provision Interim Guideline
  - Protocol for screening at the point of entry
  - Protocol for laboratory testing
  - Protocol for use of PPE at different levels of health facility;
- Support in planning and implementation of orientation/consultation sessions for/with stakeholders like schools, Tribhuvan International Airport, immigration authorities and media;
- Drafting and revising messages based on available evidence;
- Participation in and contribution to technical committees and task teams;
- Translation of the daily situation report into English;
- Support in planning and developing mechanisms for monitoring utilisation of regular services in the COVID-19 context;
- Support in preparation of Health Sector ERP in the COVID-19 context
- Support in preparation of procurement plan, specifications, computation of unit costs and reimbursement modality;

- Participation and contribution in health cluster and sub-cluster meetings.

Priorities for the next quarter

- Continue support to FMoHP in its health sector response to COVID-19;
- Continue work on the IHIMS roadmap;
- Support in the preparation of the DoHS Annual Report;
- Support FWD and focal persons in local government to strengthen MPDSR and analyse the data to better inform the programme;
- Continue digitisation of OCMC and SSU recording and reporting tools;
- Together with HPP and GESI team and relevant development partners support NHTC in development of induction training package;
- Contribute to organising and conducting Knowledge Café events in collaboration with MEOR.

6. HEALTH INFRASTRUCTURE

Summary

Building a strong policy environment that supports development of high-quality Health Infrastructure (HI) with rational investments has been a key priority for the NHSSP HI team. During this quarter, the NHSSP HI team organised orientation programmes and workshops for potential contractors and construction workers in the area of management of pollution, health and safety, concepts of GESI/Leave No One Behind (LNOB) required during the implementation of construction projects and relevant clauses in the tender document, including the rationale and concept behind the retrofitting and decanting strategy. Priority was also given to supporting the DUDBC in the evaluation of tender documents and analysis of data from LL districts and to assisting local governments to identify policy and priority areas in the sector of HI development.

HI team members were also actively involved in capacity enhancement activities. The team continued to provide TA directly to provincial and local governments and through collaborations with other EDPs for the upgrading of different hospitals, including updating standards and support in reviewing different designs submitted through the FMoHP.

Retrofitting and upgrading work at the Bhaktapur and Western Regional Hospital (WRH) has also progressed in line with the current programme. Technical review of tender evaluation has been completed for both the main retrofitting works. The decanting work is progressing, with 80% of the work completed in Pokhara and 70% in Bhaktapur. The service decanting document reviewed by the NHSSP/PPFM team and sent for agreement to the PPMO is under discussion and expected to be published as soon as the PPMO provides its approval.

For updated Activities – please see Annex 1.

RESULT AREA I6.1: POLICY ENVIRONMENT

Orientation Programmes: An orientation programme was organised on 24 January 2020 at Bhaktapur Hospital for the contractor and their engineer, the site engineers from DUDBC and NHSSP and officials from Bhaktapur. This focused on all the clauses built into the tender document concerning health and safety issues for workers, noise and pollution management, GESI/LNOB issues and GBV. The event was attended by 23 participants. In Pokhara, an orientation on the retrofitting of Pokhara Health Academy was done through a roadshow programme on 27 January 2020, which was attended by contractors and private sector professionals. This programme was organised in coordination with the Federation of Contractors' Associations of Nepal (FCAN); it focused on the approach adopted for retrofitting, various clauses in the bidding document, the decanting strategy and the activity schedule.

Pre-bid and Evaluation Support: NHSSP provided TA to support the DUDBC Federal Programme Implementation Unit (FPIU), Kaski, to conduct the pre-bid meeting of the main retrofitting project for WRH Pokhara (now Pokhara Academy of Health Sciences, PoAHS) on 31 January 2020. Support was also provided to the DUDBC to prepare and publish the bid addenda in line with the 9th amendment to the Public Procurement Regulations of Nepal.

NHSSP also provided TA to support the DUDBC FPIU, Kaski, in the preliminary examination and detailed evaluation of technical bids. Similar support was provided to the Bhaktapur

Project Implementation Unit (PIU) for the technical bid examination for the main retrofitting work at Bhaktapur Hospital.

Assessments and Data Analysis: Analysis of the data mapped and tabulated during the last quarter from the assessment of health facilities in the seven LL districts is in progress. This was delayed due to work focus on other priority areas (i.e. bidding of main retrofitting works, service decanting and third-party review of the decanting space).

Following a request from the National Reconstruction Authority (NRA), data analysis was performed and a report was generated concerning the reconstruction and rehabilitation of health facilities after the Gorkha earthquake. Also, maps showing the proposed locations of health facilities selected earlier during the Tranistion and Recovery Programme for reconstruction using Indian funds were prepared and submitted to the NRA on their request, using the Health Infrastructure Information System (HIIS).

Support was provided to the FMoHP for the analysis of health facilities along major highways based on a request received from the PPMD.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

Design Support in Karnali: NHSSP provided TA to support the supervision and monitoring of the overhead water tank and hostel buildings under construction at the Provincial Hospital Surkhet, Karnali Province. A visit to the site was made on 7 January 2020, during which contractors and engineers from the DUDBC were oriented on the design details and drawings to enable them to understand the plans and implement them correctly.

On 18 March 2020, a presentation on the design of the provincial store and different hospital upgrading works was made at the MoSD in Karnali Province, which was attended by the Provincial Finance Minister, Social Development Minister, Agriculture Minister, Internal Affairs Minister, and Chief of the Province Assembly. At this event, final designs with cost estimates and tender documents for the provincial store, Dailekh Hospital and Rukum Hospital were handed over to the MoSD of Karnali Province. The proposed design for Salyan District Hospital was also presented to the dignitaries at the same event.

Designs for a New Medical Block proposed for PoAHS, Pokhara, which was prepared by the NRA, CLPIU, were reviewed; feedback was provided for improving the designs to ensure that they are in line with the master plan and with the support envisaged through the retrofitting programme.

Design Support in Gandaki: Detailed architectural and engineering designs, drawings and cost estimates for works to upgrade Mustang Hospital were completed and submitted to the MoSD, Gandaki Province. The designs were prepared so as to allow the hospital to be upgraded with minimum intervention, using the existing space, and employed an integrated approach to planning, considering the spatial context, the demographic context, accessibility, migration patterns and the geography of the area. They were presented to the minister and her team on 6 February 2020,

Detailed designs (architectural, structural, sanitary and electrical) and cost estimates for the Provincial Medical Store have also been completed. Three type designs with different storage capacities and plinth areas have been developed and can be adopted by the provinces as per their requirements. Presentations of the designs were made to officials from the Gandaki Province Health Directorate on 13 March 2020 at the NHSSP office, Patan Dhoka. The designs were based on guidelines from the WHO and USAID on the design of stores and help

the government to embrace the latest technologies and trends in the design of the store; the store also includes in its design a walk-in freezer for vaccines. Adaptation to different climatic conditions and temperature maintenance have been incorporated into the design aspect.

Other Design Support: Designing and costing the decanting space and OPD block for the Ramraja Prasad Singh Academy of Health Sciences in Province 2 has been completed and handed over to the committee formed at the FMoHP.
Support was also given to Khanikhola RM in Province 3 for the review of designs for the construction of Khanikhola Primary Hospital.

The Technical Working Group (TWG) formed under the FMoHP (of which the HI team is a member) has prepared a draft ToR for a consultant to prepare the master plan for upgrading the NPHL to a National Diagnostic Centre.

Support was provided to the FMoHP to review other donors' activities, including the evaluation of technical proposals from the RFP to hire a consultant for the implementation of the FC Recovery Programme – Phase II, supported by KfW

Support was also provided to the FMoHP for the inspection of reconstruction work of Kosheleva HP in Kavre, which had been handed over to the government.

Support was provided for the review of the design of Gulmi Hospital, prepared by NRA, CLPIU, in line with the existing standards and guidelines; necessary feedback was provided.

The draft handbooks on Heating, Ventilation and Air Conditioning (HVAC) design, electrical design, water supply and sanitary services, and healthcare waste management area design have been developed. The final versions of all four are expected to be completed by May 2020. The standardisation of all HI training modules is in progress, and support will be provided to roll them out at provincial and local government levels.

Design Updates: Following the recent revision of standards and other updates, the standard designs and drawings are being updated by the team, adding new components related to HI, such as provincial stores. This includes viable updates suggested at different workshops and forums, in line with the new declarations from the government. The work also includes adding further details to the standards to make them more adaptable by provincial and local government. Structural designs for Primary Hospital B types have been developed, to be incorporated into the standard design and guidelines. The updated guidelines will be useful for provinces and municipalities.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Progress on Decanting Space Construction: The construction of the temporary decanting blocks in both priority hospitals are in progress; in Pokhara, 80% of the construction work is complete and in Bhaktapur, about 70%. The contracts signed by the DUDBC and the contractor for the construction of decanting spaces had completion dates that have now expired: for Pokhara, on January 26 2020, and for Bhaktapur, on March 18 2020. Both the contractors have filed requests for contract extensions. Construction work is progressing while the requests are being processed. The respective contractors have requested a contract extension of 75 days for Pokhara and one of 30 days for Bhaktapur, applicable from the date of their contract expiry. As of now, FPIU/DUDBC Kaski and PIU Kathmandu have both agreed to the extension and a file has been forwarded to the DG's office for approval. The approval of the contract extension is yet to be officially finalised by the DUDBC. Meanwhile, the NHSSP team has officially communicated with FPIU Kaski, PIU Kathmandu and the DG's office,

requesting an analysis of the causes of delay, to determine the number of days required for the extension, the kind of extension and any penalties that the contractor should incur because of delays caused by their negligence. All documents and records analysing and determining the causes of delay have been forwarded to the DG's office by the NHSSP HI team for the DUDBC to make appropriate decisions on the matter.

The Coordination and Implementation Committee meetings at both hospitals were regularly conducted to provide information on the progress on construction and to discuss any issues. Likewise, all necessary technical issues, including any design modifications, were regularly discussed; decisions were made by the Retrofitting Project Implementation Committee (RPIT).

As per the request of the hospital management, the design of the decanting blocks has been modified to incorporate dedicated ICU and INCU components. The design has approval from the RPIT in consultation with the DUDBC and hospital management.

Progress on Main Retrofitting Works: The tender notices for main retrofitting of both priority hospitals have been published. Technical evaluation of tenders for both the hospitals was completed in the presence of a representative from NHSSP and an observer from DFID. For Bhaktapur, since none of the contractors qualified, a rebid process has been agreed once all bidding documents have been finalised (incorporating revisions made in the designs and costs in line with the National Building Code 105:2019). For Pokhara, all documents from the technical evaluation have been forwarded to DUDBC Kathmandu for further decision.

In line with DFID's decision to review the retrofitting design for both hospitals, the HI team completed the review of both priority hospitals based on the updated building code NBC 105:2019 to evaluate the implications of the new building provisions on the previously approved design drawings and Bill of Quantity (BoQ). The findings of the review and any possible additional interventions have been shared and discussed with DFID Nepal. Incorporation of the additional interventions into the design drawings and BoQ as per the new seismic building code is under process.

Other Progress in the Two Sites: Video-photography of retrofitting works in the two hospitals has been initiated. The existing photo inventory of building blocks in Pokhara (except the maternity block) has been completed. A photo inventory of the emergency block in Bhaktapur Hospital has also been completed. 360-degree photos of the existing blocks have been captured.

The online official document repository on the retrofitting of the two hospitals has been developed. The design documents (architectural designs, structural designs, BoQs and estimates) have been maintained online and access has been configured for the HI team. All the communications between NHSSP, FMoHP, DUDBC (Central HBDU, PIU Pokhara and PIU Bhaktapur), Pokhara Academic Hospital, Pokhara Metropolitan City Office, Bhaktapur Hospital, Bhaktapur Municipality Office and other concerned stakeholders have been digitised and are being catalogued for record-keeping in the online repository.

CCTV surveillance systems have been configured and operationalised for remote monitoring of decanting block construction in both Pokhara Academic Hospital and Bhaktapur Hospital. The surveillance systems can be accessed online via mobile or computer.

Monitoring Visits: A series of joint on-site monitoring and supervision visits from DUDBC, FMoHP and hospital management as well as DFID and the NHSSP team have been carried

out. NHSSP site engineers have been monitoring and supervising construction at both sites daily to ensure that any quality or health and safety concerns are addressed.

DFID's Monitoring and Verification (M&V) team visited the Pokhara site on 11 December 2019, and the Bhaktapur site on 30 January 2020 and 2 March 2020, for mid-term review, and have provided feedback and suggestions, to which the HI team has responded.

On 17 February 2020, the British Ambassador to Nepal, Ms Nicola Kathryn Pollitt, and DFID Nepal's Health Advisor, Ms Nichola Cadge, visited WRH. They observed hospital services, interacted with hospital management and visited the decanting block construction site. They were accompanied by a team of representatives from the FMoHP, hospital management, FPIU/DUDBC, and NHSSP, and the Dean and the Director of PoAHS.

Support in Response to COVID-19

Operational Guidelines for COVID-19-related Safety for Construction Work were developed by the FMoHP and DUDBC, with support from the NHSSP team. They were developed in Nepali, adapting a document received from DFID.

At the suggestion of DFID and the request of the government, the decanting blocks at PoAHS are being planned as temporary COVID-19 wards. Construction work, which had been stopped following COVID-19-related restrictions, has been resumed, with full compliance with the safety guidelines. Gandaki provincial and local governments and hospital management are supporting the construction and monitoring activities. The Gandaki Province Chief Minister, the Social Development Minister, the Mayor of Pokhara Metropolitan City, and the senior hospital management team visited the construction site, and a follow-up meeting was also held to track progress of construction.

In Bhaktapur, construction work has been brought to a complete stop because of the lockdown. Hospital authorities have made a request with the DUDBC that construction be resumed, and the decanting blocks be used as isolation wards for COVID-19 cases. The HI team is engaging with the DUDBC and the contractor to resume construction work.

The HI team has also: developed three different type designs for the prefab structures for COVID-19 scanning at Tribhuwan International Airport, which were submitted to the DoHS/FMoHP; prepared and submitted a concept design for a 300-bed hospital for highly-communicable diseases, as requested by Gandaki Provincial Government; reviewed and provided technical feedback for the proposed design of a COVID-19 prototype for an isolation facility prepared by the World Food Programme (WFP); and performed an analysis of health facility locations along the Nepal-China border, following a request from the PPICD.

PRIORITIES FOR THE NEXT QUARTER

- Analysis of major health facilities along the Nepal-India border and generation of a map of facilities, for COVID-19 response planning;
- Completion of data analysis from the assessment of health facilities in seven districts with LL sites, and report dissemination;
- Publication of the tender for main retrofitting works for Bhaktapur Hospital;
- Publication of the tender for the service decanting in both hospitals;
- Site selection criteria and upgrade criteria for health facilities (linked to the capital investment policy and categorisation of health facilities);

- Health facility development upgrading, repair and maintenance plans of action for priority provinces;
- Drafting of land acquisition guidelines for health facility development;
- Support in the procurement process for the MoSD and its ancillaries in priority provinces and respective DUDBC FPIUs;
- Official handover process of Manthali Hospital in Ramechhap;
- Finalisation of draft handbooks on the design of sanitary, electrical, HVAC and waste management services in HI;
- Further discussion with the NRA concerning the construction of the medical block at WRH, Pokhara;
- Updating and finalisation of retrofitting design drawings and BoQ as per new seismic building code.

7. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

The revised Health Sector GESI Strategy is yet to receive Cabinet approval despite all revisions being completed; the GESI team are following up with the Cabinet Secretary. The Disability Inclusive Health Service Guidelines have been approved by the Health Minister, as have the revised OCMC Operational Guidelines. The National Health Sector Social Accountability Directives, the National Mental Health Strategy and Action Plan and revised GBV Clinical Protocol have been finalised and sent for approval.

Continued progress has been made this quarter to improve the health sector's response to GBV. Five new OCMCs were established. Site visits were conducted to OCMCs for mentoring and monitoring, and to support multisectoral coordination. Visits were also synchronised to support the Ministry's strategic review of OCMCs, which is underway. Basic psychosocial counselling training was provided to 95 staff from 68 OCMCs. An 18-day clinical medico-legal training was provided to 33 doctors and a shorter five-day GBV medico-legal training was given to 73 doctors. The plan to link and harmonise OCMC, SSU and geriatric reporting within existing systems has been initiated. Standardisation of psychosocial counselling training curricula in the country, led by the NHTC, is on track and the entire package of curricula will be completed by end of May 2020.

Three new SSUs were established and the revised SSU Operational Guidelines submitted to FMoHP for approval.

The COVID-19 situation could increase the risk of GBV and family violence. NHSSP have started monitoring the status of OCMC services across the country, as well as providing support in several ways. Though we hear of an increase in GBV incidents, increased cases at OCMCs have not yet been observed. OCMC staff have been alerted and instructed to coordinate with police and social protection agencies. Public awareness-raising of help available for those affected by GBV and family violence has been initiated through radio and TV. COVID-19 could also increase the vulnerability of people with disability. Regular communication is in place with Provincial Health Directorates, protection and health clusters, the National Federation of the Disabled Nepal (NFDN) and the Ministry of Women, Children and Senior Citizens (MoWCSC) to understand the gaps in service delivery for people with disabilities and propose mitigation measures.

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): The Gender-responsive Budget Guidelines were approved in December 2019 and the LNOB Budget Marker Guidelines have been finalised after incorporation of inputs from the FMoHP and submitted to FMoHP for approval. They are expected to be approved in the next quarter.

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

GESI Strategy: The Health Sector GESI Strategy was endorsed by the Cabinet's Social Committee. The strategy was revised to incorporate the comments of the Cabinet meeting

and was resubmitted for Cabinet approval in early March 2020. The NHSSP GESI team has followed up with the Cabinet Secretary to ascertain the status of the document; approval will be delayed because of the COVID-19 situation.

Mental Health Strategy: The GESI team participated in drafting the National Mental Health Strategy and Action Plan. The process was led by the EDCD, with technical support from the WHO and other partners. Drafting has been completed and the approval process has been initiated.

OCMCs, SSUs and Disability: Revised OCMC Guidelines and the new Disability Inclusive Health Service Guidelines were approved by the Health Minister in March 2020. The revised SSU Guidelines have been submitted to FMoHP for approval. Changes have been incorporated to the SSU Guidelines to align with the Constitution, federal restructuring, the revised Health Sector GESI Strategy and health insurance. NHSSP will facilitate approval of the SSU Guidelines and share the Disability Inclusive Guidelines with the new Director and other staff from the EDCD and NHTC. NHSSP will also support printing of the approved OCMC, SSU and disability inclusive health service guidelines. A joint dissemination plan will be developed and implemented with the EDCD, after the COVID-19 restrictions are lifted.

Social Audits: NHSSP has supported the CSD to develop National Health Sector Social Accountability Directives. The current Social Audit Guidelines have been revised and now include a framework/model for the local level, which will be included in the Social Accountability Directives. Local governments are expected to adapt this for their contexts. The directives were finalised with endorsement of the TWG on 29 January 2020 and submitted to the FMoHP for approval in February 2020.

AWPB: The GESI team provided support to the NSSD, CSD, EDCD, NHTC and GESI Section/Population Division for preparation of the AWPB of 2077/78. Technical support was provided to plan for various priorities, such as identifying hospitals that could scale up GESI programmes and activities, planning for various capacity development and training programmes, advocacy on different themes and reviews, and so on. Regular contact and inputs were similarly provided to selected municipalities and the MoSDs of various provinces for AWPB of 2077/78.

GBV: The GESI team supported the preparation of a code of conduct on prevention of GBV in all public and private workplaces. This was developed in response to NHSSP's HI team's requirement to ensure gender sensitivity at construction sites. Orientation was provided to DUDBC management, the contractors and the NHSSP HI team. The team also contributed to the development of the Guidelines on Ending of Sex-selective Abortion as a TWG member; these have been sent to Cabinet for approval. The strategy was led by the FMoHP with contributions from the MoWCSC, Ministry of Home, Ministry of Federal Affairs and General Administration (MOFAGA), Nepal Police, provincial and local governments and EDPs. The guidelines propose a multisectoral approach and joint work planning, and the various spheres of government and EDPs are responsible for their implementation.

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

Strengthening and Scaling-up of OCMCs:

New OCMCs: Five new OCMCs[6] were established over this quarter, taking the total number of OCMCs to 66. At Bir Hospital, meetings with the hospital management committees and staff were followed by an orientation on the GBV-OCMC concept, framework and operational guidelines. In the other four new OCMCs, medical officers[7] were oriented on the concept, framework and process of OCMC establishment. All five OCMCs have formed a GBV Management Coordination Committee and a Case Management Committee (CMC) as per the guidelines, which will play an important role in making the OCMCs functional. The FMoHP/GESI Section plans wider multisectoral orientation in these new OCMC hospitals/districts in due course.

Mentoring, Monitoring and Multisectoral Coordination Visits: CMC[8] meetings were held in four referral hospitals[9] during this quarter. These provided an opportunity for the GESI team to assess the functionality of OCMCs through a quick assessment of the types of cases being reported, types of services being provided, referrals and the current status of the case/survivor. This information was used to guide the CMC on how OCMCs can be strengthened to respond to the needs of survivors. Site visits were held for coaching, mentoring and monitoring in five additional OCMCs[10] and meetings held with district-level multisectoral stakeholders to review progress, challenges and achievements in OCMC strengthening. OCMC districts[11] were also visited and consultations held[12] as part of the strategic review of OCMCs. Meetings with the Mayors and Deputy Mayors of Pokhara, Bharatpur, Janakpur, Birendranagar, Nepalgunj, Biratnagar and Ratnanagar metropolis were held to understand their plans and priorities to address GBV and long-term rehabilitation issues for survivors.

[6] Dailekh, Mugu, Jajarkot, Darchula and Bir Hospital (Kathmandu)
[7] These medical officers participated in the GBV medico-legal training at IOM in the month of January and will be the Coordinators of the CMCs of new OCMCs.
[8] The CMC plays a vital role in the effective functioning of the OCMC. This committee includes nine members – medical officer, emergency in-charge of the hospital, nursing in-change, district police officer, officer from women police cell, district attorney, chief of local-level health and social development division/section, representative from safe home and OCMC focal person. The CMC members meet once a month or as required for the management of cases that are complex in nature or cases requiring advance treatment/s or referral to higher centres
[9] Koshi Hospital, Biratnagar, Surkhet Provincial Hospital, Pokhara Hospital and Janakpur Hospital
[10] Bharatpur Hospital, Koshi Hospital, Surkhet Hospital, Janakpur Hospital and Pokhara Hospital
[11] Gajendra Narayan Sing (Rajbiraj), Gaur, Kalaiya, Twalihawa (Kapilvastu), Sindhuli, Bheri (Nepalgunj), Seti (Dhangadhi) and Mahakali (Kanchanpur) Hospitals
[12] Hospitals, GBV survivors and their networks, safe home and rehabilitation centres, CBOs, district police, district attorney, district bar, Provincial MoSD and local governments and others.

V1: OCMC Chief's view of Challenges Faced

> "We have been facing challenges due to overcrowding of the GBV cases at the hospital/OCMC than we envisioned. One day (in month of October), we received seven critical cases — all of them requiring prompt attention and intensive care. For GBV-related cases, "history taking" takes a significant chunk of time as it is quite an intensive process and we cannot do it the short-cut ways. With only two staffs managing all these tasks at times makes it difficult."
>
> OCMC Chief, Janakpur Hospital

Management Reviews: At the federal level, a coordination meeting was held with EDPs[13], FMoHP and different divisions of the DoHS on 29 January 2020. This quarterly meeting was held to contribute to the future roadmap for OCMC strengthening and built consensus on the need for a strategic review of OCMCs given the changed context and the roles and responsibilities of different tiers of governments.

The NSSD conducted an annual review of OCMC and SSU in Province 1. The workshop took advantage of the district setting by including key local stakeholders and inviting line agency officials to share their experiences, insights and recommendations. The objectives of the workshop were to: a) review progress made to date, including good practices, constraints, lessons learned and recommendations for improving OCMC performance and scale up; b) identify key interventions needed at both policy and operational levels to improve OCMC service delivery; and c) improve levels of coordination and collaboration among concerned stakeholders. Subsequent reviews were planned in other provinces but they have been halted because of COVID-19. NHSSP supported the review, and prepared and facilitated presentations.

Strengthening Reporting Systems: The FMoHP/Population Management Division led a half-day meeting on 13 March 2020, along with the HMIS Section, NSSD, regarding online reporting of monitoring data and digitisation of the tools from OCMCs, SSUs and Geriatrics. This discussion revolved around coordination, linkage and harmonisation of reporting with existing systems (Please refer to **RESULT AREA: *I5.2*** – Evidence and Accountability for more details). A memo has been prepared on how to move forward, which includes steps such as organising a meeting among the relevant stakeholders, identifying the documentation and reporting requirements and developing the system, which will be followed by training all relevant staff at hospitals. NHSSP will be providing TA in support of this piece of work.

Training: GBV and Basic Psychosocial Counselling Training was conducted for 66 OCMC hospitals. A total of 95 staff nurses, divided into four groups per batch, received a five-day training in line with AWPB, in two batches (first batch, 6–10 January and second batch, 27–31 January 2020). NHSSP provided support towards the coordination and involvement of facilitating partners, hospitals and the GESI Section/FMoHP, including preparation and facilitation of sessions.

During this quarter, 33 medical officers[14] received an 18-day medico-legal training organised by the NHTC and Institute of Medicine, Tribhuvan University Teaching Hospital (Box 2). A five-

[13] UNFPA, UNICEF, UN Women, ADB, FPAN, CMC-Nepal, CVICT, TPO Nepal, Manav Sewa Ashram, Koshish and others

[14] First batch, 16 medical officers on 14 January, and second batch, 17 medical officers on 31 January 2020

day GBV medico-legal training was also conducted for 73 medical officers from Sudurpashchim (21), Karnali (24) and Bagmati (28). NHSSP supported the management of these trainings, including selection of the hospitals, coordination with the regional health directorates and facilitators and delivery of the session on GBV-OCMC. Additionally, GBV Medico-legal Service Guidelines were printed and disseminated to hospitals and partners during the trainings.

Box 2: Medical Officer's View after GBV Medico-legal Training

> "I have learned things that I didn't understand before. I feel like I have become enriched as a person, like I have grown. I began to change. First, by changing at home. I began not to speak so harshly to my daughters, not to fight as much with my wife. Because I thought, how can it be that I argue and I am violent at home and then I am telling women, 'I know how you feel, if I were in your place, I would feel the same'? How could I be giving them support, when I was living a double standard? So, for me the change has been wonderful."
>
> Medical officer from Province 2

Supporting the Rollout of the GBV Clinical Protocol: After several rounds of TWG meetings and consultations with all seven provinces, the GBV Clinical Protocol has been finalised and an approval process has been initiated by the NSSD. NHSSP provided intensive support throughout this stream of work. Plans were made to roll out the GBV protocol using internal hospital funds at three hospitals[15] and training materials were shared, in order to progress with the work aligned to NHTC's plans. This has been temporarily halted, however, due to COVID-19.

Survivor Participation: In this quarter, continuing the series of one-day "You are Not Alone" workshops, one workshop was conducted in Karnali Province (Surkhet District). Fifty survivors participated in the programme, which was attended by the Deputy Mayor of Birendranagar municipality and representatives from the local government, hospital, civil society organisations and the district police cell. Views of participants in the workshop are presented in Boxes 3 and 4.

Box 3: A Survivor's View of the "You are Not Alone" Workshop

> "I ran away with a man when I was undergoing grade 9. I have two daughters. It's been 14 years with him but every day I feel that someday he will kill me. This feeling hunts me each moment. Yes, I know that I have to stay away from him. But how will I make my living? What is there for women like us? We need some skill-based training. We want some financial support. We want to be independent and stand on our own feet. Don't make us stay in an abusive environment with our abusers… we want a place for us..."

Box 4: A Deputy Mayor on "You are Not Alone" Workshop

> "Local government is committed to work for and with the survivors of GBV. With the support (NPR 2 crore and 75 lakhs) from the Karnali Province, we have already started building a multi-purpose safe home to address the multi-faceted needs of our sisters who are living in difficult circumstances. The safe home will have a good capacity to accommodate

[15] Koshi Hospital, Surkhet Provincial Hospital and Janakpur Hospital

survivors of different categories and age. It is envisioned that through the safe home, skill-based training, counselling, formal schooling and other requirement of the survivors shall be managed.
We want you to join hands with LG also to support us. The Judicial Committee is there to support you to access justice. We have been providing skill-based training and small financial support (seed money) to a number of survivors. Last year, we provided tempo-driving training to more than 10 survivors. We also supported them to obtain licence and provided tempo to all of them for almost free of cost (they can pay 50% cost of the tempo after three years). They are doing very well… making minimum NPR 2,500–3,000 per day. I see them very happy."

ManMaya Dhakal, Dy Mayor, Birendranagar Sub-metropolis

Scaling up SSUs: Three new SSUs[16] were established over this quarter in line with the AWPB. Site visits were made to seven SSUs[17] for coaching, mentoring and monitoring. As mentioned previously, a meeting was held between the Population Management Division, NSSD, Management Division (MD) and the NHSSP regarding the online SSU reporting system.

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

Support the Institutionalisation of Mental Health Services: With the NHTC as a lead, the Development and Standardisation of Psychosocial Counselling Training Curricula are taking good shape. During this quarter, three rounds of TWG meetings were held to discuss the first draft of the basic and advanced module – 1 (prepared following NHTC's protocol). The drafting of the final advanced module – 2 has started. The entire package of curricula will be completed by end of May 2020. NHSSP have been providing TA and Financial Assistance (FA) support for this important piece of work.

Other Activities: A two-day workshop was held on 31 January and 1 February 2020 at MoWCSC regarding the ministry's strategic direction in the federal context.

SUPPORT IN RESPONSE TO COVID-19

With the onset of COVID-19 and the subsequent lockdowns, increased risk of GBV and family violence has been anticipated and there are reports of increased GBV on various daily-news portals. In light of this, OCMCs across the country were advised to remain on high alert to respond to the situation, in coordination with partners, especially the police and safe-homes. Regular follow-up has continued, with all OCMCs to understand the prevalence of cases reported. To raise public awareness that help is available for survivors, NHSSP led on the development of radio 'jingle' message, which has been shared with OCMCs with an instruction for it to be disseminated through local FM radio stations and other channels. The message

[16] Gaur, Palpa and Sandhikharka Hospitals
[17] Bir Hospital, National Trauma Centre, Pokhara Hospital, Bharatpur Hospital, Koshi Hospital, Janakpur Hospital and Surkhet Hospital

will be translated into local languages (as required) for wider coverage and effectiveness. The message will be further disseminated via Nepal Television.

The vulnerability of people with disability is also reported to have been amplified by COVID-19 and the lockdown. Stories are emerging of carers abandoning people with disabilities. Regular contact is underway with Provincial Health Directorates, protection and health clusters, the NFDN and MoWCSC to understand the gaps in service delivery for people with disabilities and provide ideas for mitigation.

PRIORITIES FOR THE NEXT QUARTER

- Submission of PD report on “Strategic review of One-stop Crisis Management Centres for scaling up and strengthening”
- Production of a final draft of the Psychosocial Counselling Training Curricula, following NHTC standards
- Support to the government to establish more OCMCs and SSUs and develop the online reporting system for OCMCs and SSUs
- Continued work with different clusters to raise awareness of GBV amidst the COVID-19 crisis situation
- Support to the government for the development of protocols for health workers and OCMCs for protection of women and girls during lockdown and the COVID-19 pandemic
- If the COVID-19-related response and restrictions are eased, NHSSP plans to: resume support to the PPMD to operationalise the GRB guidelines; translate the LNOB budget marker into English; and initiate the development of the GESI Strategy Implementation Plan for the federal level. NHSSP will also resume the training on GBV medico-legal services to medical officers/doctors from Provinces 1, 2, 5 and Gandaki Province.

CONCLUSIONS

The last weeks of the quarter have been an intense period for NHSSP, as they have for all of Nepal. The staff juggled emerging and urgent COVID-19 response support while maintaining good progress on previously planned deliverables – all while adjusting to the multiple challenges of working from home and not being mobile. At the time of writing all staff are well. As per our Duty of Care responsibilities for all our staff, and in accordance with our business continuity plans, workstream leaders are in regular contact with their teams. All staff are asked to take precautionary measures at home, at the offices, at MoHP/DoHS, and at municipal offices should they be required to attend for meetings. SitReps and other vital information is shared daily with staff. Any staff who become sick are advised to follow testing and home quarantine guidelines. Vital information includes that from WHO, DFID, MoHP, and other critical sources. Most of the staff have laptops and can access internet from home, though home-based internet service can be slow compared with that of the office.

Over the course of the quarter it has become clear that the spread of SARS-CoV-2 will have long-term and far-reaching implications for the health system, livelihoods and economic stability, and support to vulnerable populations, who will be further marginalised by the virus's spread and consequent control measures. The story is still unfolding, but we anticipate the following implications for both the government and NHSSP III over the coming months:

1. Implications for the GoN, FMoHP, DoHS
    - FMoHP/DoHS will continue to be **under strain**, with a focus on the immediate challenge of controlling the spread through testing, contact tracing, isolation/quarantine and treatment. At the time of writing, Nepal seems on the verge of transitioning from "local transmission" status to "community transmission". If so, increased testing is likely to reveal an increasing daily tally of positive cases, perhaps peaking in the next quarter.
    - The **AWPB process** will happen under constrained circumstances, and it is unclear how COVID-19 response activities will be accommodated. There may be a tendency to plan for "business as usual," despite the reality. The demonstrated need for greater financial and human resources for the next FY will be affected by reduced tax revenue and slowed economic output.
    - One might expect **increased non-COVID morbidity and mortality** due to lack of health service and public health programme utilisation during lockdown, especially if movement restrictions are extended. Systematic monitoring of essential services will take shape in the next quarter, and the FMoHP and private sector will need to prepare for a potential backlog of service demand once lockdown is loosened or stopped. Health facilities will have the burden of ensuring sterile environments and availability/use of appropriate PPE while convincing the public that it is safe to come in.
2. Implications for NHSSP III programming in the first half of 2020
    - **Deliverables and results framework**: Lockdown and semi-lockdown will continue to hinder physical movement and inter-province travel during the next quarter, requiring adjustment to deliverables. Some components of the results framework (targets, milestones, outputs and outcomes) may also be impacted. Separate discussions are being held with DFID to reflect those changes.
    - **Human and financial resources**: The temporary repurposing of some staff job descriptions to focus on the COVID-19 response will continue. Working from home

and afar will continue but, perhaps, with decreasing effectiveness over time. Monitoring the need for additional STTA to take up the surge in COVID-19 activities will be ongoing. Restructuring of staff as envisaged under the extension will need to be revisited to adapt to any DFID and GoN reprioritisations due to COVID-19. The additional COVID funding under the extension will need to be programmed to some extent.

3. Implications for programming in the second half of 2020 and beyond
    - **Deliverables, results, and resources**: At time of writing we are assessing the medium-term potential impacts on the programme, which will be shared separately with DFID.
4. Implications for the extension
    - Technical and programmatic strategy
        i. **Technical approach broadly remains the same**. However, there may be a geographic reprioritisation to accommodate COVID-19 FA targeting at Provincial level (and perhaps municipal level, though less likely).
        ii. Each theme area will need to **incorporate COVID-related deliverables** for the life of the programme. Some staff will need to be agile, with the ability to shift between COVID- and non-COVID-related activities.
        iii. **Increased need for flexibility**, including deliverables, in response to changing circumstances and priorities at the FMoHP as well as at provincial and municipal levels.
    - HR
        i. Likely to require repurposing some staff job descriptions for the medium and long term.
        ii. May need to consider **staff positions focused solely** on COVID-19 support.

In the next quarter we expect decisions on the extension of NHSSP III as well as the new NHSSP TL arrangements. We also expect our work to continue in three arenas. Firstly, we will continue providing integral support to the government's COVID-19 response, adapting that support as the government responds to a dynamic setting. Secondly, we will continue, to the extent possible under lockdown or partial lockdown, to support our more "routine" work. The most pressing of these is support to the AWPB process, especially as the FMoHP grapples with how to include the COVID-19 response in planning. We will outline separately to DFID the required adjustments to our payment and other deliverables as well as the potential impact on elements of our results framework (in collaboration with MEOR and other suppliers). Finally, we will carefully implement the transition to the new extended programme, adapting rollout in accordance with FMoHP capabilities.

ANNEX 1: WORKSTREAM ACTIVITIES

HEALTH POLICY AND PLANNING

	Activity	Status	Achievements in this quarter	Planned activities for next quarter
	Result Area: 12.1 The FMoHP 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**	- Analysis for the policy coherence across the three spheres of government has been initiated. Mandates of the three levels as elaborated in the Functional Analysis and Assignments have been translated into English and are being mapped as per the health system building blocks. Health-sector-related policy documents are also being compiled from the provinces and LL sites and reviewed.	Analysis of policy coherence across three spheres of government
i2.1.2	Enhance capacity of PPMD and Health Coordination Division and respective divisions to prepare for federalism	**Ongoing**	- NHSSP continued to support in the drafting of the new national health training strategy, which was initiated in the previous quarter. First draft of the strategy was developed taking into consideration of the federal as well as latest context of the health sector. - The draft was further revised based on the inputs received during the consultative meeting organised by the NHTC (29 January 2020). The 1st revised draft is submitted to the NHTC. - Wider consultation on the document has been proposed before finalising the draft. However, the existing situation of lockdown may cause delay in the process.	Support for consultation meetings and towards finalisation of the draft strategy
i2.1.3	Develop guidelines and operational frameworks to support elected local government planning and implementation	**Ongoing**	- Draft **Learning Resource Package** (Reference Manual, Trainers' Guide and Participants' Handbook) on OCA was reviewed together with NHTC officials in a workshop organised on 31 January 2020. - The first draft of these documents was prepared based on the implementation experience and learnings from the LL sites. Further revisions are being made in the draft documents, which will be discussed among key stakeholders before finalisation. - To facilitate evidence-based planning at the local level, development of municipal- level **Fact Sheets and Profiles** of the	Consultation on the OCA resource package and finalisation for their gradual rollout in additional sites; support in the development of implementation guideline

			health sector have been initiated. Templates of the Fact Sheets and Profile have been developed and shared at the local level for consultation and filling in of data and other relevant information. - **Health, nutrition and sanitation policy** has been developed for the Kharpunath RM, which has recently been endorsed. Similarly, Dhangadhimai Municipality has also developed a Health and Sanitation Act, which has been submitted to the Executive Council for its endorsement. Pokhara Metropolitan City and Ajaymeru RM had respectively developed their health policy and health act last year. - To enable the **implementation of the MSS** assessment at health-facility level, the HSSOs facilitated an orientation session on 2–4 February 2020 attended by the Health Coordinators of all the local governments of Kavrepalanchok District and the provincial team.	
	Result Area: i2.2 Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting			
12.2.2	Support DoHS to consolidate and harmonise the planning and review process	**Ongoing**	- Planning process for FY 2020/21 has begun. The budget ceiling for the next FY was sent by the MoF to line ministries along with the guidelines and framework for the preparation of budget and a three-year expenditure framework from the NPC. - As per the FMoHP official, the overall budget ceiling provided for the FMoHP is 53.83 billion NPR for FY 2020/21. Following the MoF circular, FMoHP had subsequently sent circular to divisions and centres to prepare and submit the plan. - As of end of March, some of the divisions and centres have already submitted their proposed AWPB to the FMoHP while others were still working on their draft. FMoHP is aiming to have an internal consultation on the AWPB soon after all divisions and centres submit their plans. - Local levels are yet to receive framework of the fiscal transfer for the next year; this is the preliminary step to initiate the planning and budgeting process at the local level.	Engage and support in the planning process to facilitate the development of AWPB
i2.2.3	Implement LLs to strengthen local health	**Ongoing**		Continue the support at LL sites for: system-

	planning and service delivery			strengthening activities; development of municipal fact sheets and profile of the health sector; the AWPB process; follow-up assessment; and implementation support of planned activities
	Result Area: i2.3 Policy, Planning and International Cooperation Division (PPICD) identifies gaps and develops evidence-based policy			
i2.3.3	Develop recommend-ations on institutional structures, including roles and responsibilities; manage SNS partnerships	**Compl-eted:** Guideline on partner-ship in health sector developed and endorsed	- The guideline on health sector partnership has been approved by the Cabinet.	Support on implementation as necessary
i2.3.4	Review existing policy and regulatory framework for quality assurance in the health sector	**Delayed**	- No major progress to report. The Public Health Services Regulations, which include the BHSP as an annex, are yet to be endorsed, although a final draft was prepared in the previous quarter.	Support will be provided as needed towards the endorsement of the regulations. Support will also be provided in preparing the draft Act of 'health institutions licencing, registration and upgradation' for the local level
i2.3.5	Assess institutional arrangements needed and develop implementation guideline for partnership in health sector (PD 49)	**Compl-eted**: Finalised and endorsed by the Cabinet	- The partnership guidelines for the health sector have been endorsed by the Cabinet. Revision of the draft guidelines was made based on suggestions received from the MoF, which were mainly related to the clauses concerning financial administration and audit; progress reporting and evaluation were revisited/added in the previous version of the guidelines. - The final version of the guidelines is available on the MoHP website https://www.mohp.gov.np/en/news/569-2076. The approved version of the guidelines has been translated into English and shared with DFID.	Necessary support will be provided towards its rollout

			- Following the endorsement of the guidelines, MoHP initiated its implementation by publishing a notice for the expression of interest for partnership; this, however, has been delayed as the priority has been shifted to the response to COVID-19.	
i2.3.7	Revise/update major policies based on findings and emerging context	National Health Policy developed and endorsed	- No major progress to report	Analysis of policy coherence across the three spheres of government
	Result Area: i2.5 MoHP is coordinating External Development Partners to ensure aid effectiveness			
i2.5.1	Support strengthening and institutional-isation of Health Sector Partnership Forum	**Ongoing**	- This has not yet been organised as other activities have been prioritised - No specific progress to report; various coordination and cluster meetings are taking place in response to COVID-19	No specific activity envisioned; needs-based support will be provided
i2.5.2	Support partnership meetings (Joint Annual Review (JAR), Mid-year review, Joint Consultative Meeting (JCM)) (PD 26 & 58)	**Ongoing**	- Highlighting the priority action points, MoHP and EDPs have signed the AM for the current year. Although first draft of the AM was drafted during the Business Meeting, which was organised on 6 December 2020 as part of the NJAR, further refinements of the action plans were made through joint discussion. - The AM consist of 25 specific actions under eight broader headings.	No specific activity envisioned. If a JCM is organised the support will be provided. Further, need based support will also be provided
i2.5.4	Support Mid-term Review (MTR) of Nepal Health Sector Strategy (NHSS)	**Ongoing**	- Review Report finalised - No major progress. MoHP had started the process (memo) to initiate development of the document for the next phase of the sector programme, which has, however, been affected, mainly due to the ongoing response to COVID-19.	Support will be provided as the process starts

HEALTH SERVICE DELIVERY

Activity		Status	Achievements this quarter Jan to March 2020	Planned activities for next quarter April to June 2020
	Result Area I3.1: The DOHS increases coverage of under-served populations			
i3.1.1	Support expansion, continuity, and the functionality of CEONC sites	**Ongoing**	- CEONC functionality as reported in narrative. Visited six sites (Trishul Hospital, Gorkha Hospital, Kailaya Hospital Gour Hospital, Rasuwa Hospital, PoAHS, Matri Shishu Metari Hospital in Pokhara, Bhojpur Hospitals - Robson's Classification implementation guideline drafted; Introduced in four hospitals by Provinces 1 and 5.	Continue monitoring of CEONC sites and HR availability, reporting to FWD, DG and MoHP as necessary for action. Follow up Robson's Classification implementation in two provinces
I3.1.4	Facilitate the design and testing of RMNCAH, FP and nutrition innovations	**Ongoing**	- The pilot is live and available to 800 Female Community Health Volunteers (FCHVs) across the three pilot sites. - The following activities were completed this quarter: Communication plan - Evaluation – data collection completed; analysis ongoing	Evaluation report. Facilitation for scaling up mHealth (NSSD budgeting)
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	**Ongoing**	- PNC home visit guideline finalised. Orientation to provincial-level staff on PNC microplanning done and integrated into continuum of care guideline (ANC to PNC)	Facilitate FWD to get support from other partners for the capacity building of Provincial Health Office staff. NHSSP will support this work in Provinces 5 and 2

I3.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunization (EPI) clinics	**Ongoing**	- TA continued off-site support to the planning and implementation of VSPs, RANMs and EPI/FP integration via phone calls, facilitation to provincial and palika staff, VSPs and RANMs. - NHSSP TA successfully communicated with HC in municipalities of Provinces 1 and 2, checked implementation progress on VSP and RANM programme. - NHSSP TA handed two copies each of Decision-Making Tool (DMT) and eight WHO MEC wheels to Siddicharna palika, Okhaldhunga, and one DMT, eight MEC wheels and four SDM cycles to Madhyapur palika, Bhaktapur.	Monitor VSP, RAMN and FP/EPI programme implement-ation by the Palikas for FY 2019/20. NHSSP TA will track and support VSP and RANM in another LL site for VSP/RANM programme implementation in Kharpunath RM of Humla NHSSP TA will support conduct FP/EPI Training of Trainers (ToT) on request
I3.1.9	Support to the FMoHP for improving delivery of nutrition interventions	**Delayed**: Revision of SBA Strategy and SBA Training Strategy was delayed as content-ious issues could not be resolved	- Tipanni (official memo) submitted, and resubmitted to DG based on recommend-ations from NHTC and NSSD - Tipanni approval to roll out MNH (ANC) card with added messages on birth preparedness plan, Nutrition and FP. Printing for LL sites in progress.	Finalise the revised SBA Strategy; finalise revised SBA Training Strategy Start development of revised SBA training manual and clinical mentoring guidelines (nutrition incorporated)
	Result Area I3.2: Restoration of service delivery in earthquake-affected areas			
I3.2.1	Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in	**Delayed: evalu-ation**	- Evaluation tools ready. Data collection could not be done.	Evaluation of the pilot Sharing evaluation findings

	two earthquake-affected districts			
	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	**Ongoing**	- The SMNH Roadmap 2030 has been endorsed. - Costing of the roadmap draft report ready to be shared.	Share SMNH roadmap 2030 costing Finalisation of Nursing and Midwifery Strategy and action plan (2020 – 30)
I3.3.2	Support the FMoHP/ DUDBC to upgrade infrastructure for maternity services at referral hospitals	**Delayed**	- GIZ recruited a consultant to support development of standard; one consultative meeting on process of development completed.	GIZ will support the development of standards Support and follow-up at these three hospitals for planning and proposal development to be submitted to their respective MoSD
I3.3.3	Support the implementation and refinement of the Aama programme	**Delayed:** meeting with MoHP	- Shared Aama review report with FWD officials	Meeting with MoHP for finalisation of the recommend-ations
	Result Area: I3.4 Continuous Quality Improvement institutionalised			
I3.4.1.	Support the DoHS to expand implementation of MSS and modular HQIP	**Delayed: palika- level orient-ation**	- HP-MSS implementation guideline finalised and printed. - Completed TOT/orientation for HP-level MSS for provinces alongwith CSD - Completed palika-level orientation in Provinces 1, 3, 4, 6 and 7.	Support HP-MSS orientation to palikas, Provinces 2 and 5 Continue desk monitoring of old HQIP sites Support introduction of HQIP in new sites (sites to be agreed with FWD)

				Follow up on server of clinical mentors reporting (mobile data)
I3.4.2	Support the FHD to scale up on-site mentoring of SBAs	**Delayed:** Support FWD, NHTC, to develop clinical mentor develop-ment guideline delayed due to delay in SBA Training Strategy revision	- Clinical mentors guideline finalised. - Clinical mentoring refresher training/update (115 mentors), orientation of all clinical mentors on mobile reporting application and clinical updates including nutrition update.	Develop clinical mentoring training sites at Karnali Provincial Hospital, PoAHS, Koshi Zonal Hospital and Janakpur Hospital Technical support to training of three batches of clinical mentors
I3.4.4	Support revision of the standard treatment guidelines/ protocols and rollout of the updated guidelines	**Delayed** NMS for RH vol 3 revision delayed due to delays in recruit-ment of consultant by UNICEF	- STP for BHSP – copy edit completed; CSD reviewing was delayed. - With UNICEF support, FWD to start the process of revision of NMS volume 3. Consultants hired by UNICEF; consultative meeting conducted; awaiting draft from consultants.	STP – format edition to be completed Workshops on NMS for RH vol 3 (TBC) Peer review of NMS (TBC)
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	**Delayed:**	- Supported FP training to hospitals.	Develop FP clinical mentoring – detailed process Conduct follow-up visit to Koshi Zonal Hospital Biratnagar Morang for skills assessment and coaching on FP and SBA
	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**	- COVID preparedness and response plan development and interim guideline for Health Workers (in progress); monitoring SAS and MNH, and FP services, reporting to FWD for actions. - AWPB planning and budgeting.	AWPB planning and budgeting of FWD, NHTC, CSD, National Health Education Information and Communic-ation Centre (NHEICC), NSSD

PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4.1	**Electronic Annual Work Plan and Budget (eAWPB) system being used by FMoHP SUs for timely release of budget**			
I4.1.1	Develop AWPB Improvement Plan and report quarterly on progress, including training to the concerned officials	**On track**	- Updated changes in the TABUCS.	No activities
I4.1.2	FMoHP BA report with policy note produced by the Human Resource and Financial Management Division (HRFMD) using eAWPB (PD 50)	**On track**	- Process of capturing budget and financial data started.	Report will be finalised
I4.1.3	Revise eAWPB to include 766 (TBC) SUs and prepare a framework for eAWPB	**On track**	- The process updating system has been completed. The source code has been provided to FMoHP and FCGO.	No activities
I4.2	**TABUCS is operational in all FMoHP SUs, including DUDBC**			
I4.2.1	Revise TABUCS to report progress against NHSS indicators and DLIs	**Achieved**	- Collated the participant list for the training on new Chart of Activity included in TABUCS (updated version). The user manual and training manual are being updated.	Training will be conducted on updated TABUCS
I4.2.2	Support FMoHP to update the status audit queries in all SUs	**On track**	- Audit queries of 2017/18 (2074/75) have been maintained in an Excel spreadsheet.	Ongoing
I4.2.3	Support the FMoHP to update the Systems Manual, Training Manual and User Handbook of TABUCS and maintenance of the system	**On track**	- Continued support to users to operate the system.	Continue to support the update of the manuals
I4.2.4	Support TABUCS by continuous maintenance of software/hardware/connectivity/web page	**Ongoing support**	- Ongoing support.	Ongoing support

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4.2.5	Update TABUCS to be used in DUDBC and to include data on audit queries	**Ongoing support**	- Ongoing support	Ongoing support
I4.2.6	TABUCS training and ongoing support at DUDBC and concerned officials	**Ongoing support**	- Ongoing support	Ongoing support
I4.2.7	TABUCS monitoring and monthly expenditure reporting	**Ongoing support**	- Ongoing support	Ongoing support
I4.2.9	Support annual production of FMR using TABUCS (PD 28)	**On track**	- 1st FMR of FY 2019/20 is finalised and submitted to DFID. The comments are also responded.	2nd t FMR of FY 2019/20 will be prepared
I4.3	**Revise, implement, and monitor the Financial Management Improvement Plan (FMIP)**			
I4.3.1	Update internal control guidelines	Ongoing	- The PFM Committee decided to update the Internal Control Guidelines in light of "Internal Control System Directives, 2019 (FCGO) and new Financial Procedural and Fiscal Accountability Act, 2019. Revision is ongoing.	FMoHP will develop new Internal Control Guidelines in light of "Internal Control System Directives, 2019 (FCGO) and new Financial Procedural and Fiscal Accountability Act, 2019
I4.3.4	Finalise, print and disseminate the FMIP	**Ongoing**	- A taskforce formed on 25 February 2020 has been requested to undertake provincial and local consultation and a national-level workshop to finalise the document.	Finalise FMSF by workshop, and print and disseminate
I4.3.5	Support monitoring of the FMIP in collaboration with the PFM and Audit Committees	**Ongoing**	- Audit Committee meeting took place on 10th January, 2020 and PFM Committee meeting	NHSSP/PPFM team will continue to support

Activity		Status	Achievements this quarter	Planned activities for next quarter
			took place on 10 February 2020. NHSSP provided support to monitoring the Audit and PFM Committee minutes' decisions.	
I4.3.7	Build the capacity of FMoHP and DoHS officers in core PFM functions	**On track**	- National Health Training Centre (NHTC) conducted four days' TABUCS training from 21–24 January 2020. Similarly, MoHP has conducted two days' PFM training (28–29 February 2020) in Sauraha (Chitwan), to build the capacity of FMoHP and DoHS account officers.	As per FMoHP and departmental request for such PFM functions, NHSSP/PPFM will provide technical support
I4.3.8	Support the process of institutionalising the Internal Audit (IA) function through the Internal Audit Improvement Plan (IAIP) and IA Status Report (PD 43)	**Achieved**	- No activities scheduled in this quarter.	IA data will be collected for IA Status Report of FY 2018/19
I4.3.9	Work with HRFMD on potential PFM system changes required in the devolved situation	**Initiated**	- No activities have taken place in this quarter.	As per FMoHP request NHSSP/PPFM team will provide technical support to these activities
I4.3.10	Support to PFM and Audit Committee	**Ongoing**	- FMoHP Audit Committee took place on 10 January 2020. Discussed and prepared a response on OAG 56th Report 2019 (2075) and sent to Public Account Committee. - PFM Committee meeting took place on 10 February 2020.	PFM and Audit Committee meeting will be held as planned
	Additional Support (AS)/work (not included in the work plan):			

Activity		Status	Achievements this quarter	Planned activities for next quarter
AS	**~~Support on DLI No. 8:~~** ~~Percentage of MoH's annual spending captured by the TABUCS~~		- No activity planned in this quarter.	No activities scheduled in this quarter
AS	**~~Support on DLI No. 9:~~** ~~Percentage of audited SUs responding to OAG's primary audit queries within 35 days~~		- No activity planned in this quarter.	No activities scheduled in this quarter
I4.3.11	Support FMoHP in designing, updating, and rolling out Performance-based Grant Agreements (PBGAs) in hospitals	**Ongoing**	- No activity planned in this quarter.	Will start the process in Gangala Hospital and two GNO hospitals
I4.3.14	Policy discussion on PBGA for hospitals in federal structure	**Ongoing**	- No activity planned in this quarter.	Discuss in PFM Committee
I4.3.15	Expansion of PBGA in selected hospitals	**Ongoing**	- No activity planned in this quarter.	
I4.3.19	Discuss PBGA modality with the best-performing governments and providers	**Ongoing**	- No activity planned in this quarter.	Two selected hospitals will be invited to the next PFM Committee meeting
I4.3.20	Initiate PBGA learning group	**Ongoing**	- Discussions held with Naya and Okhaldhunga Hospital.	Business plan of hospitals

PFM (Procurement)

Activity Code	Activity	Status	Achievements this quarter	Planned activities for next quarter
I1.1	**LMD is implementing standardised procurement processes**			
I1.1.4	Preparation of Standard Operating Procedures (SOP) for Post-delivery Inspection (PDI) and quality assurance	**Ongoing**	- Workshop on revision of Technical Specifications of Medicines done and finalised specifications of 208 medicines. - Report of MA produced and in process of final report. - A preliminary draft of Quality Assurance (QA) and SOP for PDI is prepared.	The revised specifications will be endorsed with agreed procedure Report of market analysis will be published, which will give the pricing and product status of pharmaceuticals in the market along with capacity of Nepali drug manufacturers Draft SOP for sampling, inspection and lab testing will be finalised
I1.1.6	Capacity building on the processes	**Ongoing**	- Thirteen procurement clinics conducted in MD/DoHS and FMoHP. - Participated in the Capacity Development of MoHP and DoHS level officers on core PFM functions – Procurement Session conducted. - Assisted Logisitcs Managemnet Section and EDCD in developing Technical Specifications of the Disaster Response Equipment and Logistics for Emergency Procurement to cope with COVID-19.	Technical support by the procurement clinics and systematic technical support on procurement functions will be continued in the following quarters
I1.1.7	Support PPMO for endorsement of SBDs of FA	**Ongoing**	- Participated in the Standard Bidding Document (SBD) ofor National Competitive Bidding (NCB) Review Workshop organised by PPMO.	Continuous follow-up at PPMO and request FMoHP to follow up at PPMO to endorse SBD of FA

I1.1.8	Preparation and endorsement of SOP of FA	**Delayed** Waiting for endorse-ment of SBD for FA	**Postponed**	
I1.1.9	Provide TOT on FA through exposure /training	**Delayed** Waiting for endorse-ment of SBD for FA	**Postponed**	
I1.1.10	Training to FMoHP and MoSD staff on FA and new SBDs	**Delayed** Waiting for endorse-ment of SBD for FA	**Postponed**	
I1.1.11	Orient suppliers on FA, SBDs and others	**Delayed** Waiting for endorse-ment of SBD for FA	**Postponed**	
I1.1.12	Revise Federal Procurement Improvement Plan (PIP) and continuous monitoring and support to develop provincial PIP	**Ongoing**	- The Nepal Health Sector Public Procurement Strategic Framework (PPSF) is reviewed and translated into Nepali language as per the decision of PFMSF and PPSF review taskforce at FMoHP.	It will be approved by workshop and will be circulated to the provinces
I1.1.13	Train all DoHS divisions on CAPP preparation and execution	**Ongoing**	- Encouraging all the federal entities under FMoHP to enter their procurements in eCAPP	Continuous support and coaching on CAPP/eCAPP will be done throughout the year
I1.1.14	Support CAPP MC and regular meetings	**Delayed**	- No meeting held in this quarter due to business of the Director and DGs focused on emergency meetings to prepare against COVID-19. - DG changed in this period.	10th meeting will be held in this quarter
I1.1.15	e-CAPP piloting and training and link with TABUCS	**Compl-eted**	- Addition of new module, CMS, in e-CAPP initiated -	CMS will be tested and piloted at DoHS

EVIDENCE AND ACCOUNTABILITY

I1.1.16	CAPP/ e-CAPP produced with agreed timeframe	**Compl-eted**	- CAPP monitoring is continued	Updating and execution will be monitored through TIU/FMoHP and PFM Committee
I1.1.17	Review of PPA and PPR for Health Sector Procurement	**Ongoing**	- Changes needed in PPA and PPR for Health Sector: discussion continued.	Follow up
I1.1.18	Support PPMO for endorsement of SBD for procurement of health sector goods	**Delayed** SBD for the procure-ment of health sector goods had already been prepared and submit-ted to the PPMO		Continuing efforts will be made to obtain endorsement from the PPMO
I1.1.19	Develop RFP document for multiple laboratory testing of medical goods and instruments	**Ongoing**	A model RFP document developed and in process of use at LMS.	Further development on the document after getting feedback
I1.1.20	Support PPMO for preparation of SBDs for, buy-back method and LIB	**Suspen-ded** If the PPMO requests capacity-building progr-amme on these procure-ment modalit-ies, we will provide technical support	Postponed, will be performed If requested by PPMO.	Not scheduled
I1.1.21	Training for DoHS staff on catalogue shopping, buy-back method and LIB with guideline	**Suspen-ded** PPMO has not yet issued necessary standard docu-ments for these methods	Postponed	Not scheduled
I1.1.22	Capacity building on procurement system in federal, provincial and local government	**Ongoing** Facilitat-ing the provincial govern-ment in procure-ment functions by	- Capacity building by use of SOP for the standardisation of the procurement of drugs and e-GP is in continuous process. - Participated in capacity enhancement workshop at Chitwan.	Support provincial procurement trainings

		visiting and distance coaching		
I1.1.23	Implement-ation and monitoring of guidelines for catalogue shopping, buy-back method and LIB	**Suspen-ded** PMO has not yet issued necessary standard docum-ents for these methods	**Postponed**	Not scheduled, technical support to be provided to PPMO if required
I1.1.27	Develop and implement procurement monitoring framework	**Not sched-uled**	- Online e-CAPP monitoring system enhanced within TABUCS and a focal person for monitoring and reporting endorsed by FMoHP.	Regular support to focal person for monitoring is planned Quarterly workshop for monitoring is planned
I1.1.26	Continuous implement-ation of procurement clinic at MD and FMoHP	**Ongoing**	- Thirteen procurement clinics conducted in DoHS-MD.	It is a continuous process
I1.2	**LMD specification bank is used systematically for procurement of drugs and equipment**			
I1.2.5	Update electronic specification bank in federal, provincial and local governments through e-learning	**Ongoing**	- Revision and updating of medical equipment done as per the categorisation of MSS.	It is a continuous process The revised specification will be endorsed by workshop
I1.2.3	Updating of specification bank with coding drug and equipment	**Ongoing**	- Revision and updating of pharmaceuticals, vaccines and medical equipment is continued. - Validated 208 specifications of pharmaceuticals, vaccines, contraceptives and consumables from the workshop.	Modification of TSB software and uploading of specifications after approval. Finalised specifications will be endorsed by the DG and uploaded in the TSB
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 800 users registered in the TSB monitored.	It is a continuous process

Activity	Status	Achievements this quarter	Planned activities for next quarter

			- More than 20,000 downloads and more than 13,000 searches for different specifications have been recorded to date.	
I1.3	**PPMO e-GP is used by LMD for an expanded range of procurement functions**			
I1.3.3	Develop procurement audit (compliance) system	**Not scheduled**	Postponed	
I1.3.4	Web-based Grievance-handling and Redressal Mechanism (GHRM)	**Already Compl-eted** The web-based GHRM is in use at DoHS-MD		Continuous monitoring of use of the system by MD/DoHS
I1.3.5	Adapt LMIS to support Procurement Monitoring Report	**Not scheduled**	- NHSSP/TA is participating in pipeline meeting and SCM monitoring meeting of drugs.	
I1.3.6	Train FMoHP and MoSD staff on e-GP (Phase II)	**Not scheduled**		Training is planned
I1.3.13	Training module and session plan of procurement modules development	**On time** Training module and session plan ready	- Training module and session plan prepared and sent to NHTC.	Training for provincial procuring entities of health sector is planned

I5.1	**Quality of data generated and used by districts and facilities is improved through the implementation of the Routine Data Quality Assessment (RDQA) system**			
I5.1.1	Support development of RDQA tools for different levels and their rollout (PD 33)	**Completed:** The web-based RDQA tool along with the eLearning materials have been published on the FMoHP website and are being implemented. Please visit www.rdqa.mohp.gov.np	- The RDQA tools were updated based on the feedback from users and learning from the implementation.	Support FMoHP in monitoring of the progress and documenting the lessons learned
I5.1.2	Support institutionalisation and rollout of RDQA at different levels	**Ongoing**	- Supported Madhyapur Thimi Municipality to roll out the RDQA. Followed up with other LL sites for second round of RDQA. Delayed due to COVID-19.	Complete the implementation of RDQA in all LL sites Support to develop offline mode of the web-based RDQA for facilities

				that do not have access to the internet
I5.2	**FMoHP has an integrated and efficient HIS and has the skills and systems to manage data effectively**			
I5.2.1	Support development of a framework for improved management of health information systems at the three levels of federal structures	**Completed:** 'Health Sector M&E in Federal Context'; an M&E guideline was developed last year.	- See I52.2	
I5.2.2	Support effective implementation of the defined functions at different levels	**Ongoing**	- Supported IHIMS in updating the draft of integrated IHIMS roadmap. - Continuously engaged with federal government and LL site counterparts in improving HMIS data quality including on-time reporting. - Supported MoHP in collection of information from LL sites to update the health facility registry. - Supported ISC in planning of e-reporting of HMIS from all health facilities in the municipality (See Activity I5.2.5 below).	Support LL sites for complete and on-time reporting from HFs. Support update of health facility registry on the basis of information collected from the respective LL sites
I5.2.3	Support development, implementation, and customisation of the Electronic Health Records (EHR) system (PD 45)	**Ongoing**	- Followed up with QSRD for endorsement of the eHealth and EHR Guideline.	Not scheduled
I5.2.4	Support development and institutionalisation of an electronic attendance system at different levels	**Not scheduled**	- No activities done as it is not the MoHP priority initiative at present.	Not scheduled
I5.2.5	Support expansion and institutionalisation of electronic reporting from health facilities	**Ongoing**	- Supported IHIMS to analyse the HMIS data, identify the areas of inconsistencies in the dataset, address the gaps identified, follow	Support ISC to conduct the training

			up with the provincial and local governments and facilities for timely reporting and improving data quality. - Supported ISC in planning of e-reporting of HMIS from all health facilities in the municipality. - Together with SD team provided technical backstopping on orientation of the mobile-based application on BC/ Basic Emergency Obstetric and Neonatal Care (BEONC) and CEONC reporting form for Gandaki and Baghmati Provinces.	Support other LL Sites in expansion of electronic reporting from health facilities
I5.2.6	Support development of an OCMC software and update the SSU software	**Ongoing**	- Worked with IT Section, FMoHP; Nursing and Social Protection Division, Management Division DoHS and Population Division, MoHP to develop electronic recording and reporting from OCMC and SSU in alignment with the HMIS. - Supported in reviewing and finalising the OCMC and SSU tools before digitalisation.	Support digitisation of recording and reporting tools of OCMC and SSU in alignment with the HMIS
I5.2.7	Support develop-ment of guideline for effective operationalisation of eHealth initiatives (PD 66)	The National eHealth Guideline, Nepali version, developed with support from NHSSP (approved by DFID on 18 July 2019) is awaiting endorsement from the Minister	- Followed up with QSRD for endorsement of the eHealth and EHR guideline.	Update the draft English version once the Nepali version has been endorsed.
I5.3	**FMoHP 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**	- Supported FWD in reviewing the existing MPDSR system, existing database and in planning of provincial-level review. - Analysis of MPDSR data, develop a STATA.do file to systematise the existing data for further analysis.	Support local governments (Pokhara Metropolitan City and ISC) in strengthening surveillance and response mechanism Further analysis of MPDSR data to better inform strengthening of the programme
I5.3.2	Develop and support implementation of a mobile phone app to strengthen MPDSR	**Not scheduled**	- No activities done	Not scheduled
I5.3.3	Collaborate with health academic institutions to enhance their capacity to lead institutionalisation and expansion of MPDSR at the provincial level	**Ongoing**	- No specific activities done.	Not scheduled
I5.3.4	Develop e-learning package on MPDSR (web-based audio and visual training package) and institutionalise it	**Ongoing:** Some of the reference materials on MPDSR have been published on the FWD website (www.fwd.gov.np/mpdsr)	- Engaged in revision of the MPDSR guideline. - Reviewed the online reporting system, data quality and its use.	Update and/or develop e-learning materials related to MPDSR in line with the revised guideline.
I5.3.5	Support effective implementation of Early Warning, Alert and Response System (EWARS) in the DHIS2 platform with focus on use of the data in rapid response to the emerging health needs	**Ongoing**	- Engaged in strengthening of EWARS and in monitoring of SARI cases in COVID context.	Support preparing integrated roadmap in strengthening of the system in alignment with HMIS.
I5.4	**FMoHP has the skills and systems in place to generate quality evidence and use it for decision making**			
I5.4.1	Support development and implementation of a harmonised survey plan to meet the health sector data needs	**Completed**	- No specific activity.	Not scheduled

I5.4.2	Analyse HMIS and national-level survey data to better understand, monitor and address equity gaps (PDs 20 & 53)	**Ongoing**	- Supported IHIMS in finalisation of HMIS data for FY 2018/19 and also supported in generation of local-level data to be published on the DoHS website; and in preparation of DoHS annual report 2018/19. - Supported HMIS to monitor on-time reporting and complete reporting; updated HMIS data of FY 2019/20, which included checking of data consistency and addressing the issues identified. - Supported SD team and FWD to generate evidence related to FP and safe motherhood. - Supported to develop a monitoring mechanism to monitor key health service statistics during lockdown due to COVID-19. - Together with HPP team, supported LL sites to generate and analyse evidence for the fact sheet and develop a mechanism to track key indicators for measurement of LL performance index.	Support IHIMS in preparation of DoHS annual report 2018/19. Analyse HMIS and survey data on specific areas in coordination with government counterparts and MEOR.
I5.4.3	Support develop a survey plan to meet the health sector data needs with focus on NHSS RF and IP, SDGs and DLIs and its implementation	Covered in I5.4.1 above.	- Supported MoHP to monitor Sustainable Development Goal (SDG) 3 and DLI equity indicators.	Engage with MoHP in monitoring of NHSS RF, SDGs and DLIs

I5.4.4	Support FMoHP in improving evidence-based reviews and planning process at different levels – concept, methods, tools, and implementation (including use of QIMIS)	**Ongoing**	- Supported IHIMS in planning of developing a mechanism to monitor health service utilisation in COVID context. - Together with SD team supported FWD to develop CEONC site monitoring, onsite coaching mentoring and quality mentoring data collection applications. - Reviewed and provided feedback on the Aama Review Report. - Supported LL sites in analysis of the service statistics. - Initiated documentation of the key milestones of the health sector in alignment with the period plans for strengthening of institutional memory, drawing lessons learned to better inform the next sectoral strategy.	Support development of a mechanism to monitor service utilisation in the COVID-19 context Support MoHP in the review of health sector milestones/ performance in different periodic plans/eras to better inform the preparation of next sectoral strategy
I5.4.5	Support development of evidence-based program briefs (two pages per programme) for elected local authorities and for dissemination	**Ongoing**	- Analyse NDHS 2016 data to develop a technical brief, titled “Trends and Determinants of Early Neonatal Mortality in Nepal”. - Submitted an abstract to HSR conference 2020 titled “Better Data For Better Decisions: Implementing Web-based Routine Data Quality Assessment in Nepal”. - Developed mechanism to track progress on key indicators for measurement of LL index.	Continue engaging with MoHP counterparts and MEOR in preparation and sharing of the programme/policy briefs

			- Developed Analytical Brief on Tuberculosis in collaboration with NTC. - Developed and compiled the Knowledge Management Sheet of NHSSP III suppliers.	
I5.4.6	Support partners and stakeholders' engagement forums for better coordination and collaboration and informed decision making (Monitoring and Evaluation (M&E) TWG)	**Ongoing**	- Facilitated engagement with partners, particularly in response to COVID	Continue supporting FMoHP 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**	- Initiated the process of developing an induction package, in response to a request from the NHTC, including M&E for health officers.	Support NHTC to develop the induction package
I5.5	**FMoHP has established effective citizen feedback mechanisms and systems for public engagement in accountability**			
I5.5.1	Strengthening and sustaining of social audit of health facilities – revise guideline in the changed context, develop reporting mechanism and enhance capacity of partner NGOs	**Ongoing**	- Covered in GESI section.	Covered in GESI section
I5.5.2	Support development and operationalisation of smart health initiatives, including grievance management system for transparency and accountability	**Ongoing**	- Provided technical inputs to the CSD, DoHS, in preparation of standards and guideline of telemedicine; and in developing electronic recording and reporting of MSS.	Support CSD, DoHS, in preparation of standards and guideline of telemedicine and in digitisation of MSS tools.
I5.5.3	Establish and operationalise policy advocacy forums through	**Ongoing**	- Worked with MEOR to prepare a log for the NHSSP III evidence products.	Work with MoHP and MEOR in institutionalisation of Knowledge Café.

	development of the approach and tools		- Together with MEOR supported MoHP in planning and operationalisation of Knowledge Café.	

HEALTH INFRASTRUCTURE

Activities		Status	Achievements this quarter	Planned for next quarter
	Result Area I7.1: Policy Environment			
I7.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	**Continuing**	- Worked together with HEDMU/FMoHP and DUDBC as a working member for preparation of customised Hospital Safety Index (HSI) tool being developed by the WHO.	Continued support
I7.1.2	Upgrade the HIIS to integrate functionality recommendations	**Ongoing**	- Geodatabase feature – transportation layer for analysis of accessibility of health facilities – updates and mapping for offline usage and deployment in the web portal. - Data analysis, report generation and map development. - Development of catchment maps, data analysis for 11 major hospitals planned for development in Karnali Province.	Continual and regular updating of HIIS, drawing from primary and secondary sources of information. Preparation of update for HIIS with data from the assessment of health facilities in districts with LL sites
I7.1.11	Assessment in LL centres	**On time**	- The assessment of health facilities in districts with LL sites was completed in August 2019. Data submitted into multiple servers have been compiled, verified and corrected. - Data have been analysed and finalisation of a draft report is ongoing.	The data from the assessment will be tabulated and analysed to develop a comprehensive report, which was presented to SMT on 27 January.
I7.1.4	Revision of the NNBC in relation to retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	- Draft report submitted by consultants and feedback provided.	Handbooks to be finalised and final handbook to be presented

I7.1.5	Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)	**Completed on time**	- Continuous engagement with Retrofitting Alliance Nepal (RAN) for the finalisation of the updated content for the standards. Joint engagement with newly established DUDBC; National Research Centre for Building Technology has also been established for the purpose. - Comments and recommendations are being received for the updating of the document from DUDBC.	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**	- The data collected from the LL sites are being analysed from the perspective of climatic designs of health facilities.	Draft report to be prepared on LL site.
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	- Completed and being rolled out into provinces via capacity enhancement programmes. Different levels of government have adapted and are implementing the policies.	Provide support to the governments to implement the policies. Support development of design documents, bid document development, tender process and monitoring
I7.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with LNOB good practice and orient infrastructure stakeholders on these	**Ongoing**	- GESI/LNOB, environmental protection and health and safety issues have been incorporated into the final bidding document for main retrofitting work for WRH, Pokhara. The tender has been published.	Continuation of the orientation programme to prospective bidders during main retrofitting bidding process and pre-bid meetings for WRH, Pokhara. Orientation to the contractor on the provisions of GESI/LNOB, environmental protection, and

				health and safety issues for the decanting space construction at Bhaktapur and WRH, Pokhara. This has been planned on a monthly basis for all four construction projects.
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Completed**	- None	Addition of upgrading criteria and selection of appropriate location is being drafted to be incorporated in the maintenance policy
I7.1.10	Development of recommendations on health facility waste management improvement, focusing on legal and coordination aspects	**Ongoing**	- Draft handbook reviewed and feedback provided to the consultant to prepare it: contents to be change to be more contextual from the infrastructure design perspective rather than waste management itself.	Finalisation of the handbook
	Result Area I7.2: Capacity Enhancement			
I7.2.1	Ongoing capacity development support to FMoHP/DUDBC, including capacity assessment, as well as formation of a Capacity Enhancement Committee	**Ongoing**	- Design work for a city hospital in Budhanilkantha completed and submitted to municipality for implementation. - Completion of design of decanting block for Ramraja Prasad Singh Academy of Health Science and design of OPD block is in progress. - Design of prototype for Provincial Medical Store has been initiated. - Design of infrastructure upgrading for five hospitals in Karnali Pradesh completed and submitted to MSD, Karnali province. - Ongoing support for reconstruction of health facilities.	Completion of Detailed Project Report (DPR) of OPD block for Ramraja Prasad Singh Academy of Health Sciences. Completion of the handover process of Manthali Hospital in Ramechhap Support Karnali Pradesh for the tendering of all the five hospitals (Humla, Dolpa, Salyan, Rukum and Dailekh) Ongoing support for reconstruction of health facilities
I7.2.2	Training Needs Analysis for FMoHP, DUDBC and	**Completed**	- Ongoing process to address the new needs of training.	Updating of Training Needs Analysis will be carried out as

	Construction Contractors and Professionals			required in coordination with counterparts Training has been planned for the potential contractors on salient features of WRH, Pokhara main retrofitting project
	Training programme implementation	**Planned**	- Completed in-service training for Senior Development Engineers from DUDBC.	Policy dialogue workshop on different infrastructure-related policy issues
	Result Area I7.3: Retrofitting and Rehabilitation			
I7.3.1	Strengthening Seismic, Rehabilitation and Retrofitting Standards and orientation on the standards, including report with recommendations (PD 16)	**Ongoing**	- Strengthening Seismic, Rehabilitation and Retrofitting Standards is one of the key subjects presented during different events such as meetings with NRA, in-service training, orientation of contractors.	Continuation of the orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards
I7.3.5	Design of retrofit works (structural/non-structural) with DUDBC (PD 29)	**Completed**	- Completed	Orientation to all stakeholders as appropriate on retrofitting works will be continued
	Engagement of FMoHP/DUDBC in design and tendering	**Continuous**	- A joint review of the designs, drawings, cost estimates and tender document of WRH, Pokhara, main retrofitting works completed. The work schedule has been updated. - Updated work schedule along with the updated bidding document for the main retrofitting works	Orientation to all stakeholders on retrofitting works will be continued as appropriate

			for WRH, Pokhara, has also been shared with the PPFM for their comments.	
I7.3.7	Preparation of final drawings	**Completed**	- Final drawings on architectural, structural, electrical and sanitary for main retrofitting works completed.	Preparation of additional details and working drawings as required
I7.3.8	Production of BoQs	**Completed**	- A joint review with DUDBC for the items included in the provisional sum for the BoQ for WRH, Pokhara, completed.	Updating the particular specifications in-line with the approved BoQ will be prepared
I7.3.9	Tender process and contractor mobilisation (PD 40)	**Continuous**	- Technical bid evaluation ongoing for main retrofitting works at Bhaktapur Hospital. - Publication of tender notice for main retrofitting works at WRH, Pokhara has been completed. - The contractor for construction of decanting block at Bhaktapur Hospital is mobilised on site: cordoning-off of the construction site, earthwork excavation, and foundation and erection of metal post have been completed. - Continuous engagement with the DUDBC to finalise the service decanting bidding document. The draft bidding document has been shared with PPFM team for collection of the feedback and comments. Correspondence with the PPMO on the use of non-consulting bidding document of the WB for service decanting.	Tender process for service decanting at both hospitals will be completed Bid addenda for the WRH Pokhara main retrofitting works, as per the 9th amendment of PPR and comments received from PPFM team, will be published
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of first phase (PD 55)	**Continuous**	- Site visit completed for review of the construction work at WRH decanting block by the DFID M&V team. - TWG has been supervising and monitoring the day-to-day construction works. The committee meeting takes place as required and contractors are accordingly instructed to rectify or improve the works. - Meeting of higher-level MC on a regular basis.	Continuation of the supervision of construction works both in Bhaktapur and WRH Pokhara Continuation of the meetings for financial and physical progress updates

GENDER EQUALITY AND SOCIAL INCLUSION

Activity		Status	Achievements this quarter	Planned activities for next quarter
I2.2	**Result Area: Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting**			
I2.2.1	Develop GRB guidelines, (incl. in Y2 revision of GESI Operational Guidelines)	**Completed** and approved by Health Minister on December 2019		Print approved guideline; engage and support PPMD to operationalise the guideline
I2.2.4	Develop LNOB budget markers at national and local level	**Completed**	- Incorporated inputs/comments received from FMoHP and submitted the guidelines for approval	Follow up on approval process; translate into English
I2.4	**Result Area: FMoHP has clear policies and strategies for promoting equitable access to health services**			
I2.4.1	Revise Health Sector GESI Strategy	**Completed**	- No specific activities have taken place due to delay in approval from the Cabinet.	Initiate development of GESI Strategy Implementation Plan for federal level once approved by Cabinet
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	**Delayed**	- No specific activities have taken place due to delay in approval of Health Sector GESI Strategy.	-
I2.4.3	Develop National Mental Health Strategy and Action Plan	**In Progress**	- Finalised the National Mental Health Strategy and Action Plan. The approval process was halted due to COVID-19.	
I2.4.4	Standardise Psychosocial Counselling Curricula	**In Progress**	- Drafted and shared basic module and advance module-1 of Psychosocial Counselling Curricula with Steering Committee and TWG meeting for their inputs and started drafting of advanced module-2 (last module). The entire package will be completed by the end of May 2020.	Finalisation of Psychosocial Counselling Curricula
I2.4.5	Develop guidelines for disabled-friendly health services	Completed	- Approved by Health Minister in March 2020.	Printing the guidelines
I2.4.6	Revise SSU and OCMC Guidelines	**Completed**: OCMC Guidelines **In Progress**: SSU Guidelines	- Revised SSU Guidelines in consultation with concerned stakeholders.	Follow up on approval process of SSU guidelines; print approved OCMC and SSU guidelines

I2.4.7	Develop SOP for Integrated Guidelines for Services to GBV survivors (Year 1), and support rollout of National Integrated Guidelines for the Services to GBV Survivors (Year 2)	**Not scheduled**	- -	-
I2.4.8	National and provincial-level reviews of OCMCs and SSUs	**Ongoing**	- Orientation to FMoHP and NSSD on GESI Strategy and targeted interventions; annual review of OCMCs and SSUs completed in Province 1; other provincial-level reviews postponed due to COVID-19	Annual review of OCMCs and SSUs to be completed in rest of the provinces
I2.4.9	Capacity enhancement of GESI focal persons and key influencers from the FMoHP and DoHS on GESI and LNOB aspects	**Delayed**: Orientation to FMoHP and DoHS will proceed when the revised GESI Strategy receives Cabinet approval		-
I3.1	**Result Area: The DoHS increases coverage of under-served populations**			
I3.1.10a	Strengthening and scaling-up of OCMCs	**Completed**: GBV and psychosocial counselling training **Ongoing**: Establishment of the new OCMCs; plan and conduct GBV medico-legal training	- Basic GBV and psychosocial counselling training conducted for OCMC staff across the country (from 68 OCMCs). - Orientation for the establishment of five new OCMCs in Bir hospital, Dailekh, Mugu, Jajarkot and Darchula Districts. - Strengthen newly established OCMCs - Printing of GBV medico-legal service guidelines - GBV medico-legal training was conducted to 73 medical officers in Sudurpashchim (21), Karnali (24) and Bagmati (28) Provinces - Planned development of OCMC's online reporting system.	Strengthen newly established OCMCs; GBV medico-legal training to medical officers from Province 1, Province 2, Gandaki Province and Province 5 OCMC establishment in Taplejung, Humla, Dolpa, Kalikot and Dadeldhura Districts Development of OCMC's online reporting system
I3.1.10b	Support the strengthening of OCMCs through mentoring/	**Ongoing**: Regular visits and consultations with key partners and hospital teams, coaching and	- Follow-up support provided through mentoring and organising multisectoral review meeting in changed context with Bheri, Seti, Mahakali, Gajendra Narayan Sing, Koshi, Janakpur, Twalihawa, Kalaiya,	Mentoring and follow-up support to select newly established OCMC hospitals; multisectoral orientation

	monitoring and multisectoral sharing and consultation	mentoring from a distance.	Gaur, Sindhuli, Surkhet, Pokhara Bharatpur and Patan Hospitals. - Conducted "You are Not Alone" Workshop with GBV survivors in Surkhet District. - Meaningful collaboration and coordination with local level has increased as reported by OCMC chiefs. - Coordination meeting with EDPs at federal level.	at Lumbini, BPKIHS and Narayani hospitals.
I3.1.11	Supporting the rollout of the GBV clinical protocol	**Ongoing**	- Finalised the revised GBV clinical protocol and submitted it for approval. - Support provided to Koshi, Surkhet and Janakpur Hospitals for rollout of GBV clinical protocol with internal funds but halted due to COVID-19.	On-the-job Training (OJT) on GBV clinical protocol in Koshi, Surkhet and Janakpur Hospitals Follow-up support and monitoring of training sites
I3.1.12	Rolling out of the GBV SOP (after approval)	**Not scheduled**		
I3.1.13a	Scaling up SSUs	**Completed**	- Support provided for the establishment of new SSUs at Palpa, Sandhikharka and Gaur Hospitals.	New SSU establishment in Tulsipur and Dadeldhura Hospitals
I3.1.13b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	**Ongoing**: Regular visits and consultations with key partners and hospital teams, coaching and mentoring from a distance.	- Planned strengthening of SSUs online reporting system and site visits/coaching conducted.	Mentoring and follow-up support to select new SSUs; work on online reporting system.
I3.1.14	Capacity building to put LNOB into practice	**Ongoing**: Orientation regularly conducted to different stakeholders, provincial and local government officials and hospital staff.	- Development of common understanding on GESI-LNOB.	-

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Afeef Mahmood	January – March 2020	Review and quality assurance of costing of Safe Motherhood and Newborn Health Roadmap
2.	Deborah Thomas	January – March 2020	Aama Programme Review, OCMC
3.	Natasha Mesko	January 2020	Aama Report
4.	Steve Topham	January – March 2020	HI load assessment, construction risk matrix review, and supporting infrastructure PDs
5.	Anthony Bondurant	January – May 2020	Special Advisor
6.	Professor Timothy Ensor	January 2020	Aama Programme Review from financial perspectives

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	DFID approval date
SD	65	Aama programme implementation status report in public facilities providing evidence for refining Aama	20 January 2020
Management	79	Quarterly report 10 Oct – Dec	24 February 2020

ANNEX 4 LOGFRAME UPDATE: YEAR 3

The progress against the NHSSP logframe indicators during Year 3 (2018/19) were reported last quarter. The data sources are routine MISs, including HMIS and TABUCS. The data were extracted from these routine MISs at the end of September 2019 when the final updates for the previous FY were made. The logframe will be updated again at the end of the FY (July 2020).

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
Outcome indicators						
OC1.1	% of newly constructed health facility buildings adhered to environmental shocks and natural disaster resilience (structural and functional) criteria	DUDBC report	No milestone	Not applicable	Will be updated next year.	100
OC2.1	% point reduction in gap between the average SBA delivery of the bottom 10 and top 10 districts	HMIS	5	- 7.8	<u>This year (2018/19:</u> Average of top 10 districts: 92.9% Average of bottom 10 districts: 19.8% Difference: 73.1% <u>Last year (2017/18):</u> Average of top 10 districts: 86.4% Average of bottom 10 districts: 18.6% Difference: 67.8% Note: SBA delivery has increased in both categories of districts (top and bottom 10); however, the increase in the top 10 districts is higher than that of the bottom 10 districts. This year's data is based on the data extracted from HMIS on 30 Sep 2019. Data entry has not yet been completed so the reported figure might change when data entry is completed.	5
OC3.1	% of allocated health budget expended at	TABUCS, FMIS	Federal: 87	79.20	Federal: Initial budget: NPR 34.08 Million Net budget: NPR 29.33 Million	Federal: 88

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
	central, provincial and local levels				Expenditure: NPR 23.23 Million (79.20% of net budget) **Note:** This is based on the data extracted from the Line Ministry Budget Information System (LMBIS) at the end of September 2019. Data entry is not completed yet so the expenditure will go up when data entry is completed. This will result in a higher % of expenditure. There is no mechanism to track the % of allocated health budget expended at provincial and local levels. This is being addressed in both TABUCS and SuTRA.	
Output indicators						
OP1.1	% of local governments adhering to guidelines on health structure in federal context (defined in terms of the sanctioned posts of health staff at local government/palika)	FMoHP report	50	Staff placement is in progress	Federal government has defined the health structure of all 753 local governments and based on this, the staff adjustment/placement process is in progress.	75
OP1.2	Number of priority health policies, strategies and guidelines endorsed by FMoHP	Policies, Strategies, Guidelines	1. National Health Policy 2. Health section in the national '15th Periodic Plan 2076/77–2080/81) 3. National eHealth Guideline	7	1. National Health Policy 2076 2. Health section in the national '15th Periodic Plan 2076/77–2080/81) 3. National eHealth Guideline, 2076 4. Public-Private Partnership Guideline 2076 5. Gender-responsive Budgeting Guideline for the Health Sector, 2076 6. Health Sector Gender Equality and Social Inclusion Strategy, 2076 7. National Guidelines for Disability Inclusive Health Services, 2076	Guidelines: ▪ EHR guideline ▪ Social audit guideline ▪ Telemedicine guideline

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
			4. Public-Private Partnership Guideline			
OP1.3	% of public hospitals implementing MSS biannually (in LL sites)	NHSSP reports	50	100	Total public hospitals in seven LL sites: 4 Hospitals implementing MSS: 4 Pokhara: PoAHS-WRH (67%), Shishuwa Hospital (41%), Matri Shishu Hospital (69%). Itahari: Itahari Hospital (44%) (Note: Krishti PHCC and Armala PHCC in Pokhara were also assessed using the MSS for Primary Hospitals in line with the categorisation of health facilities by HIDS 2074). The figures in parenthesis are the MSS scores.	100
OP1.4	% of LLs established with completed OCAT score and action plan. Y3 milestone: 70; Y4 and Y5: 100.		*70*	*86*	Of the seven LL sites, OCA has been implemented in six. In Kharpunath, Humla, Province 6, Strengthening Systems for Better Health (SSBH)/USAID has done a separate capacity assessment exercise.	*100*
OP1.5	% of agreed actions in JCM completed in timely fashion	JCM report	100	75	JCM was planned in August 2019: Action points of the last JCM: 1. Pharmaceutical laboratory inspection report (Department of Drug Administration (DDA)): Not done 2. TA mapping (EDP): USAID has initiated the process 3. Finalisation of BHSP (FMoHP): FMoHP has submitted the final version to other line ministries for their review and feedback 4. JAR 2017/18 (FMoHP): Done.	100
OP2.1	% of FMoHP SUs conducting Internal Audit (IA) in line with the Internal	FMoHP report	30	99	Out of 315 SUs 312 have conducted IA in line with IAIP. FY 2018/19 status is the IA of FY 2017/18.	50

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
	Audit Improvement Plan (IAIP)					
OP2.2	Number of FMoHP officials trained on a) Revised eAWPB; b) Updated TABUCS	Health sector eAWPB Training completion report	a) 150 b) 150	a) 47 b) 47	The FMoHP SUs have been reduced to 47 in the federal context. 47 programme officials of these 47 units have been trained on the revised eAWPB and TABUCS.	a) 200 b) 200
OP2.3	% of FMoHP SUs having no recorded audit observations	OAG annual report	34	41	Out of 313 SUs, 131 had no recorded audit observations. Of the 315 SUs, BPKIHS and Trauma Centre did not do final audit. Final audit of FY 2017/18 is done in FY 2018/19.	37
OP3.1	% of procurement contracts awarded against CAPP	Logistics Management Division (LMD) record on CAPP	60	81	Total number of procurement contracts: 73 Contracts awarded against CAPP: 59	70
OP3.2	% of procurement tenders completed adhering with specification bank for a) free drugs; b) essential equipment	LMD Report	a) 90 b) 85	a) Health commodities: 100 b) Essential equipment: 100	Free drugs were not procured by MD this year. Instead of this the WB has changed the definition of DLI as Health Commodities. List of essential equipment is not yet finalised by FMoHP. As per MD there are currently 1,109 specifications of medical equipment in the TSB. All of them are essential, depending on the use by the HIS. As per the WB the equipment procured by MD is counted as essential equipment for DLI. Total number of procurement tenders: a) Health commodities: 14 b) Essential equipment: 8	a) 95 b) 90
OP3.3	% of responses among the cases registered in procurement clinic	LMD report	60	100	Total number of cases registered in the clinic: 26 Cases responded: 26	70

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
OP4.1	Number of public CEONC sites with functional CS service	HMIS	80	80	This is based on data extracted from HMIS on 30 September 2019. Data entry has not yet been completed so the reported figure will go up when data entry is completed.	84
OP4.2	Number of current users of: (disaggregated by provinces and ecological region) a) Intrauterine Contraceptive Device (IUCD) and Implant b) IUCD c) Implant	HMIS	a) 604,365 b) 197,055 c) 407,310	a) 466,135 b) 124,987 c) 341,148	This is based on the data extracted from HMIS on 30 September 2019. Data entry has not yet been completed so the reported figure might change when data entry is completed.	a) 679,979 b) 209,901 c) 470,078
OP4.3	Number of people served by OCMCs	OCMC reports	5,160	7,575	Total OCMCs established as of June 2019: 55 **Note:** This is based on the data received by the end of June 2019. Data entry has not yet been completed so the reported figure will go up when data entry is completed.	5,760
OP4.4	Number of women benefited from Aama programme (disaggregated by ecological region and province)	HMIS	293,850	274,178	**Note:** This update is based on the data extracted from HMIS on 30 September 2019. Data entry has not yet been completed so the reported figure might change when data entry is completed.	299,727
OP4.5	Number of SBAs trained using revised SBA training manual on nutrition	Training completion report, FHD and NHTC	400	Development of SBA training manual delayed	Delay in approval for revision of SBA strategy, training strategy and manual.	600 (Note: *Development of SBA training manual has been delayed so it is unlikely to be achieved)*

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
OP4.6	Number of innovative interventions evaluated and disseminated	Evaluation report	No milestone	Not applicable		2

ANNEX 5 VALUE FOR MONEY (JANUARY – MARCH 2020)

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

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

In this reporting period, NHSSP is reporting only four out of five VfM indicators. NHSSP was not able to report Indicator 5, related to the unit cost per participant of capacity enhancement training/workshops, as information could not be accessed from the NHSSP office due to lockdown. The indicator will be included in the next quarterly report.

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 £645 for international Technical Assistance (TA) and £ 236 for national TA. The average unit cost of both national and international STTA were above the programme benchmark of £611 and £224 respectively. The unit costs were up as the number of senior consultants used in this quarter were higher which had an impact on the average costs. However, if we compare the figure with the average unit cost to date they are well below the programme benchmarks.

International STTA	**Actuals to date (March 2017 – March 2020)**	**Average unit cost to date (March 2017– March 2020) ***	**Current quarter (January – March 2020)**	**Average unit cost (January – March 2020)**
Days	975	£574	102	£645
Income (GBP)	£559,938		£65,812	
National STTA	**Actuals to date (March 2017 – March 2020)**	**Average unit cost to date (March 2017 – March 2020)****	**Current Quarter (Jan – March 2020)**	**Average unit cost (January – March 2020)**
Days	2,749	£175	129	£236
Income (GBP)	£480,570		£30,382	

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

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

The use of both national (56%) and international (44%) STTA in this quarter compared well with our programme indicators. However, this quarter witnessed less use of national STTA as travel to the field was limited from the month of February onwards by the government's restrictions. The international STTA provided support to the programme remotely as few consultants visited the programme in this quarter. International travel to and from the country was banned from the last week of March as the country went into nationwide lockdown.

STTA type	In client contract budget		Actuals to date (March 2017 – March 2020)		Current quarter (January – March 2020)	
	Days	%	Days	%	Days	%
International TA	2,291	44%	975	26%	102	44%
National TA	2,942	56%	2,749	74%	129	56%
TOTAL	**5,233**	**100%**	**3,725**	**100%**	**231**	**100%**

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

In this reporting period, 31 percent of the budget was spent on administration and management, which is slightly higher than the programme benchmark. The administration and management cost will decrease in the succeeding quarter as less expense will be incurred in office running costs, especially office supplies, due to lockdown.

Category of administration/ management expense:	Client budget		Actuals to date (March 2017 – March 2020)		Current quarter (January – March 2020)	
	GBP	%	GBP	%	GBP	%
Office running costs (rent, suppliers, media, etc.)	88,550	2%	116,736	6%	8,699	7%
Equipment	26,063	1%	39,835	2%	-	0%
Vehicle purchase	120,000	3%	52,875	3%		0%
Bank and legal charges	13,110	0%	3,642	0%	210	0%
Office set-up and maintenance	29,090	1%	47,881	2%	2,055	2%

Office support staff	383,318	9%	241,024	12%	17,872	15%
Vehicle running costs and insurance	73,998	2%	33,149	2%	1,766	1%
Audit and other professional charges	16,000	0%	32,699	2%	5,852	5%
Sub-total administration/ management	**750,129**	**18%**	567,840	29%	36,453	31%
Sub-total programme expenses	**3,385,899**	**82%**	1,377,690	71%	82,735	69%
Total	**4,136,028**	**100**	1,945,530	100%	119,188	100%

VfM results: Effectiveness

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

So far, the programme has submitted 80 PDs; all submitted PDs have been approved by the Government of Nepal and signed off by DFID.

	Payment Deliverables (March 2017 – March 2020)
Total technical deliverables throughout NHSSP – III	112
PDs submitted to date	80
PDs approved to date	80
Ratio %	**100%**

ANNEX 6 RISK MATRIX

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

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

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

R6	Continued lockdown may reduce the momentum of the programme.	Medium	High		NHSSP will maximise the IT system and provide support remotely to their counterparts and policy makers.	Medium	Medium		Yes	NHSSP advisors will support	SMT	Treat
R7	Increased risk of GBV and family violence in times of lockdown and reduced access to protection or service providers.				NHSSP will work with MoHP, MOWCSC, NWC and partners in the GBV sub-cluster to develop protocols for OCMCs and shelter home/rehabilitation centres.					Provide follow-up support to OCMCs/hospitals for continuity of services from hospitals and safe home/rehabilitation centres and share the status with the MoHP and partners.		
											GESI team	Treat
R8	Health workers lack PPE, leading to illness, mental stress and reduced motivation among health staff thereby reducing the capacity of the health system.				NHSSP work closely with the MoHP and other partners for the development and implementation of hospital safety measures, self-care and online counselling for providers.					Provide regular follow-up on for the implementation of guidelines on use of PPE as per the WHO and Nepal Medical Council standards.	SMT	Treat

R9	Conversion of the decanting block into COVID ward may increase in the cost of the project	High	High		We assume that there are no new and additional items required for works converting decanting space into COVID wards. However, it has been provisioned in the priced BoQ regarding day works (50 days each for skilled and unskilled manpower in WRH and 30 days each in Bhaktapur), which can be utilised for the payment of the additional manpower mobilised by the contractor in this scenario.	Medium	Medium		Yes	NHSSP Site Engineer, in coordination with the respective PIUs of DUDBC, shall prepare the day logs of the manpower utilised and mobilised by the contractor. NHSSP Site Engineer shall supervise and inspect the works on a regular basis.	NHSSP HI team	Treat
R10	Delay in completion of the decanting block in both hospitals	High	High		NHSSP is coordinating with DUDBC and respective PIUs to expedite the term extension process of the contractor in both projects.	Medium	Medium		Yes	NHSSP shall coordinate with the DUDBC regarding the term extension as per the GCC 61 force majeure for the period affected due to lockdown. For the period prior to lockdown, NHSSP has communicated with the DG of the DUDBC and concerned officials to expedite the term extension process.	NHSSP HI team	Treat

R11	Site Engineer, construction workers and contractor's personnel during the works may contract COVID-19 and fall ill (Health and Safety)	High	High		NHSSP has prepared a special construction guideline in Nepali based on DFID's guidelines. This guideline has been shared with the MoHP and DUDBC for endorsement.	Medium	Medium		Yes	NHSSP HI team, in coordination with the DUDBC PIU, will implement this guideline strictly at the construction site. Orientation to the workers and contractor's personnel will be carried out at the site prior to execution of work.	NHSSP HI team	Treat
R12	Overall delay in completion of the project caused by late completion of decanting block (COVID pandemic: force majeure)	High	High		NHSSP has earlier prepared the overall master schedule of the project, which defines the schedules of works for all packages in both hospitals. This schedule is based on a most likely case scenario.	Medium	Medium		Yes	NHSSP HI team, in coordination with DUDBC and its respective PIUs, will update the schedule incorporating the delay arising due to force majeure.	NHSSP HI team	Tolerate

Risk Categories

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