Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
July 2019 to September 2019

ABBREVIATIONS

ANC	Antenatal Care
AS	Additional Support
ASBA	Advanced Skilled Birth Attendant
AWPB	Annual Work Plan and Budget
BC	Birthing Centre
BC-QIP	Birthing Centre Quality Improvement Plan
BEONC	Basic Emergency Obstetric and Neonatal Care
BHCS	Basic Health Care Services
BHSP	Basic Health Services Package
CAPP	Consolidated Annual Procurement Plan
CBO	Community-based Organisation
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CMC	Case Management Committee
CS	Caesarean Section
CSD	Curative Services Division
CtoC	Connecting to the Community
DDA	Department of Drug Administration
DDR	Disaster Risk Reduction
DFID	UK Department for International Development
DG	Director-General
DHIS	District Health Information System
DHIS2	Second District Health Information System
DHO	District Health Office
DoHS	Department of Health Services
DPM/MoHP	Deputy Prime Minister/Minister for Health and Population
DPR	Pre-Detailed Project Report
DRR	Disaster Risk Reduction
DSF	Demand-side Financing
DUDBC	Department of Urban Development and Building Construction
e-GP	electronic Government Procurement
EA	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 Record
EHRS	Electronic Hospital Reporting System
EIA	Environmental Impact Assessment
EOC	Emergency Obstetric Complication
EPI	Expanded Programme on Immunization
EWARS	Early Warning, Alert and Response System
FA	Framework Agreement
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
FP	Family Planning
FWD	Family Welfare Division
FY	Financial 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
GHTA	General Health Technical Assistance
GIZ	German Corporation for International Cooperation
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HFOMC	Health Facility Operation and Management Committee
HI	Health Infrastructure
HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HP	Health Post
HQIP	Health Quality Improvement Plan
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HVAC	Heating, Ventilation, and Air Conditioning
IA	Internal Audit
IAIP	Internal Audit Improvement Plan
I/NGO	International Non-governmental Organisation
IAIP	Internal Audit Improvement Plan
ICM	International Confederation of Midwives
IEC	Information Education and Communication
IHIMS	Integrated Health Information Management Section
IPSSJ	Integrated Programme for Strengthening of Security and Justice
ISSTA	International Short-term Technical Assistance
IT	Information Technology
IUCD	Intrauterine Contraceptive Device
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
KfW	German Development Bank
LARC	Long-acting Reversible Contraception
LCD	Leprosy Control Division
LL	Learning Lab
LMBIS	Line Ministry Budgetary Information System
LMD	Logistics Management Division

LMS	Logistics Management Section
LNOB	Leave No One Behind
LRP	Learning Resource Package
M&E	Monitoring and Evaluation
MD	Management Division
MEOR	Monitoring, Evaluation and Operational Research
MGS	Medical Gas Supply
MIS	Management Information System
MNH	Maternal and Neonatal Health
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
MoUD	Ministry of Urban Development
MoWCSC	Ministry of Women, Children and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
MTR	Mid-term Review
NASC	Nepal Administrative Staff College
NDHS	Nepal Demographic Health Survey
NESOG	Nepal Society of Obstetricians and Gynaecologists
NFHS	National Family Health Survey
NGO	Non-governmental Organisation
NHEICC	National Health Education Information and Communication Centre
NHFS	Nepal Health Facility Survey
NHRC	Nepal Health Research Council
NHSP	Nepal Health Sector Programme
NHSP3	Nepal Health Sector Programme 3
NHSPPSF	Nepal Health Sector Public Procurement Strategic Framework
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHSSP3	Third Nepal Health Sector Support Programme
NHTC	National Health Training Centre
NML	National Medicine Lab
NNRFC	National Natural Resources and Fiscal Commission
NPC	National Planning Commission
NPR	Nepalese Rupees
NPSAS	Nepal Public Sector Accounting Standards
NRA	National Reconstruction Authority
NSI	Nick Simons Institute
NSSD	Nursing and Social Security Division
OAG	Office of the Auditor General
OBGYN	Obstetrician-Gynaecologist
OCA	Organisational Capacity Assessment
OCAT	Organisational Capacity Assessment Tool
OCMC	One-stop Crisis Management Centre
OJT	On-the-job Training

OPD	Outpatient Department
OPMCM	Office of Prime Minister and Council of Ministers
PBGA	Performance-based Grant Agreement
PD	Payment Deliverable
PDI	Post-delivery Inspection
PEA	Project Execution Agency
PFM	Public Financial Management
PFMSF	Public Financial Management Strategic Framework
PHAMED	Public Health Administration Monitoring and Evaluation
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalisation Division
PHSA	Public Health Service Act
PIP	Procurement Improvement Plan
PNC	Postnatal Care
PPMD	Policy, Planning, and Monitoring Division
PPMO	Public Procurement Management Office
PSD	Partnership for Sustainable Development
QARD	Quality Assessment and Regulation Division
QIP	Quality Improvement Plan
RA	Rapid Assessment
RAN	Retrofitting Alliance Nepal
RANM	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RHITA	Retrofitting Health Infrastructure Technical Assistance
RM	Rural Municipality
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SAS	Safe Abortion Services
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SIP	Service Improvement Plan
SMNH	Safe Motherhood and Neonatal Health
SMT	Senior Management Team
SNG	Sub-national Government
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
TDH	Terre Des Hommes

CONTENTS

EXECUTIVE SUMMARY

Précis

This report is the ninth quarterly update of the Nepal Health Sector Support Programme III (NHSSP III), covering the period from 1 July to 30 September 2019.

This quarter, the NHSP 3 Annual Review 2019, conducted by the UK Department for International Development (DFID), was completed with the overall programme receiving an impressive A+. NHSSP III made good progress in all of the outputs and outcome indicators of the programme and NHSSP staff continued to respond effectively to the challenges and opportunities related to federalism and health sector reforms. Work also continued on the NHSSP III Reshape proposal. Following further discussions with DFID and NHSP 3 suppliers and the inclusion of subsequent comments, the final proposal was re-submitted to DFID on 16 September 2019.

NHSSP staff continued to maintain close working relationships with key stakeholders and other partners, including: NHSP 3 suppliers; DFID; External Development Partners (EDPs); and the Ministry of Health and Population (MoHP). There were six Payment Deliverables (PDs) submitted this quarter and approved by DFID. An additional two PDs were delayed: PD 40 (Tender Documents) and PD 55 (Decanting Space Construction). These were postponed to November and February 2020 respectively, with final submission dates discussed and agreed upon in consultation with DFID. All PDs submitted were developed in consultation with relevant government counterparts *– **Please refer to Annex 2 for the complete list.***

Following changes in leadership of the programme and the appointment of a new programme lead, NHSSP held a week-long Leadership, Change-readiness and Management workshop with the following aims: to support the management and government stakeholders to work as a cohesive, collaborative team; and to equip senior management and the team with the knowledge and tools required navigate a period of change. The workshop was led and facilitated by a UK-based consultant; all senior management also received a number of individual coaching sessions.

Development context

The implementation of federalism and its related issues among the three spheres of government remained a major focus this quarter: a number of initiatives were developed to support implementation, including the development of the Health Financing Strategy. With the finalisation of the Annual Work Plan and Budget (AWPB) in the previous quarter, MoHP also approved the AWPB implementation guidelines for provincial and local levels with details of implementation modalities available through the MoHP website. Nepal also attended the 74th session of the United Nations General Assembly (UNGA) represented by the Minister of Foreign Affairs and the Deputy Prime Minister/Minister for Health and Population (DPM/MoHP). Partnership and coordination with EDPs and other stakeholders in the sector continued, supported by the Joint Consultative Meeting (JCM), Technical Working Groups (TWGs) and periodic meetings between the EDP Chair and Secretary of MoHP. Engagement with EDPs through periodic joint coordination meetings continues to strengthen sector coordination and effective aid management.

Staff adjustment continued to be a major priority for the health sector and remained challenging. This quarter focused on Grades 4–7; 14,000 grievances were lodged and to date, only 900 have been resolved. Many of these health workers come from periphery health facilities and have come to the Federal MoHP to verify their adjusted positions and institutions. This has led to a high degree of absenteeism and has had the unintended consequence of disruption to service delivery. Within the ministry itself, Secretary Mr Ram Thapaliya was replaced by Mr Khagraj Baral.

Technical Assistance

The Team Leader continued to provide overall strategic leadership and management support to the team and NHSSP met all its outputs continuing to provide Technical Assistance (TA) to MoHP and the health sector in a rapidly changing health environment. Examples of successes this quarter include;

- Progress on the implementation of the Learning Lab (LL) approach and key learnings and challenges were shared with senior MoHP officials, including the results of the Organisational Capacity Assessment Tool (OCAT), Minimum Service Standards (MSS) and Routine Data Quality Assessment (RDQA).
- Financial governance continued to be strengthened, through the: drafting of the Public Financial Management Strategic Framework (PFMSF); introduction of the chart of activity in the Transaction Accounting and Budget Control System (TABUCS); preparation of the electronic Consolidated Annual Procurement Plan (eCAPP); and the initiative to develop the Nepal Health Sector Public Procurement Strategic Framework (NHSPPSF).
- Orientation on MSS has been conducted for the Specialised, Tertiary and Secondary 'B'-level hospitals through a workshop held in September 2019.
- The Safe Motherhood and Neonatal Health (SMNH) Roadmap 2030 (draft) was formally submitted to MoHP by the Family Welfare Division (FWD) for endorsement (delays result from frequent changes of directors).
- The Technical Specification Bank (TSB) of essential medicines, medical supplies and equipment was updated and endorsed.
- The National eHealth Guideline was approved by the TWG and is now in the process of endorsement from the Minister
- The web-based RDQA system, which had been rolled out in all seven provinces, was updated to address the feedback from users at different levels.
- MoHP approved AWPB guidelines for provincial and local levels with details of implementation modalities available on the MoHP website
- The draft Public Health Service Regulations Act was revised and the draft regulation of the Safe Motherhood and Reproductive Health Rights Act finalised.
- NHSSP received a formal letter of appreciation from the Prime Minister on 12 July for work in coordination and technical support for the reconstruction of Bir Hospital and Paropakar Maternity and Women's Hospital (severely damaged in the Gorkha earthquake).
- An accredited 30 days In-service Training Programme was developed and implemented by the NHSSP HI (Health Infrastructure) team jointly with the Nepal Administrative Staff College (NASC). The course is the first of its kind in Nepal to specifically focus on HI
- As the Dengue outbreak spread across the country (4,158 cases to date this quarter), NHSSP conducted community-level awareness campaigns, mobilised teams for search and destroy operations and organised community system-strengthening activities in all Learning Lab (LL) sites.

All initiatives were (and will continue to be) closely supported by NHSSP, who will continue to provide strategic support, capacity building and skills strengthening.

Overall risks of federalism to the health sector

Although it is anticipated that the implementation of federalism will improve health service delivery in the long term, challenges continue to persist. It is crucial that these are addressed directly. Development of a robust coordinating mechanism between the three spheres of government is still lacking; it will be essential in taking federalism forward. The Civil Servants Adjustment Act (2018) continues to be implemented. However, the implementation of staff

adjustment continues to be a major challenging factor for MoHP; it is hoped that this process will finally be completed by the end of next quarter.

Conclusions and strategic implications

This has been a productive quarter for NHSSP, who have responded well to the ongoing challenges of federalism within the health sector. NHSP3 scored an impressive A+ in the DFID Annual Review and good progress has been made in all of the outputs and indicators of the programme. With the continuing staff adjustment process and changes in MoHP leadership positions, NHSSP are well placed to provide strategic support and skills strengthening across the three spheres of government. The coming months will bring both new challenges and opportunities and NHSSP remains in a confident position to continue providing timely and appropriate support as and when required.

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 3 (NHSSP 3). The reporting period is from **1 July to 30 September 2019.**

This quarter, the Nepal Health Sector Programme 3 (NHSP 3) Annual Review 2019, conducted by DFID, was completed with the overall programme receiving a score of an A+. Despite considerable challenges identified in the operating environment with the ongoing transition to a federal structure, NHSP 3 made good progress in all of the outputs and outcome indicators of the programme, and NHSSP staff continued to respond effectively to the challenges and opportunities related to federalism and health sector reforms.

Work also continued on the NHSP3 Reshape proposal. Further discussions were held with DFID and NHSP3 suppliers and following the inclusion of subsequent comments, the final proposal was re-submitted to DFID on 16 September 2019.

NHSSP staff continued to maintain close working relationships with key stakeholders and other partners, including: NHSP3 suppliers; DFID; External Development Partners (EDPs); and the Ministry of Health and Population (MoHP). The NHSSP Technical Assistance also supported MoHP to update the Technical Specification Bank (TSB) of medicines, medical supplies and equipment and supported the development of the National eHealth Guideline, which was approved by the Technical Working Group (TWG). This is now awaiting final endorsement from the Minister. Additionally, NHSSP completed the health facilities assessment in seven districts with Learning Lab (LL) sites, using geo-referenced data for each facility to enable advanced analysis for planning purposes.

1.1 THE DEVELOPMENT CONTEXT

Managing health sector federalism and its related issues – especially coordination, planning and resource mobilisation and programme implementation among the three spheres of government – has remained a major focus this quarter. A number of initiatives have been initiated to support federalisation and sector governance, including:

- Development of the Health Financing Strategy, supported by a situational analysis and a strategic workshop led by the MoHP TWG.
- An inter-ministerial workshop, which brought key ministries together to discuss various social protection schemes and their linkages, including in the health sector.

The MoHP continued to draft a number of laws and bylaws in accordance with the National Health Policy and Public Health Act but progress has been slow towards their approval. With the finalisation of the Annual Work Plan and Budget (AWPB) in the previous quarter, the MoHP approved AWPB Implementation Guidelines for provincial and local levels with details of implementation modalities made available through the MoHP website. Nepal also attended the 74th session of the United Nations General Assembly (UNGA) led by the Minister of Foreign Affairs along with the Deputy Prime Minister/Minister for Health and Population (DPM/MoHP) and Directors from the Policy, Planning, and Monitoring Division (PPMD) and Health Coordination Division, MoHP. The DPM/MoHP also co-organised and hosted a high-level meeting on Universal Health Coverage (UHC) with Bangladesh, Ethiopia, Malawi and the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UN-OHRLLS). The UHC meeting highlighted the importance of ensuring accessibility, availability, and affordability of high-quality health services in least developed countries. Ministerial participation also continued in a number of high-level events both national and international, including World Health Organization (WHO) regional committee meetings.

The MoHP has also developed a National UHC Acceleration Plan, focusing on strengthening primary health care and quality, which has been submitted to WHO for Nepal as a pilot country to implement the global action plan initiative. Partnership and coordination with EDPs and other stakeholders in the sector remain intact, supported by the Joint Consultative Meeting (JCM), a number of discussions within TWGs and periodic meetings between the EDP Chair and MoHP Secretary in order to strengthen sector coordination and effective aid management. Unfortunately, the meeting of the Health Sector Partnership Forum planned for this quarter could not be held within this reporting period: the responsible division for this, the Health Coordination Division, was fully engaged in the staff adjustment process, postponing the forum to the next quarter. Engagement with EDPs, through periodic joint coordination meetings, continues in order to strengthen sector coordination and effective aid management.

1.2 SECTOR RESPONSE AND ANALYSIS

The MoHP continued the staff adjustment process as a sector priority with the formation of a committee under the leadership of the Health Coordination Division, with direct oversight by MoHP Secretaries, and in coordination with Ministry of Federal Affairs and General Administration (MoFAGA) officials (who are leading the process). Staff adjustment has been a massive undertaking by the sector, working towards a key milestone of federalism, and the MoHP's efforts to update the human resource database, managing postings (based on the Staff Adjustment Guideline) and grievance mechanisms have been creditable. However, the process has been challenging and continues to bring to light a number of problems, including: a lack of personal information and the incomplete nature of the database of staff; and weak and insufficient coordination between the ministry and the three levels of government. The majority of health workers waiting to be adjusted this quarter have been Grades 4–7, who play a vital role within sub-national health facilities and service delivery, especially at Primary Health Care Centres (PHCCs), hospitals and Health Posts (HPs). A high number of grievances have been lodged from this group against the published adjustment list and management of these has been a big issue. To date, out of 14,000 grievances lodged, only 900 have been resolved. This has resulted in huge delays within the staff adjustment process. Further, individual health workers at periphery health facilities have been coming to the FMoHP to verify their adjusted positions and institutions. This has resulted in high absenteeism in the health facilities themselves with the unintended consequence of disruption to service delivery.

At federal and provincial levels, a number of high-level officials resumed their positions including within central and provincial managed hospitals. However, in the absence of updated staff records, there continues to be a mismatch between sanctioned positions and the staff posted into these. Within MoHP itself, Secretary Mr Ram Prasad Thapaliya was replaced by Mr Khagraj Baral.

Though the federal-level structure was approved last year, MoFAGA have suggested that respective ministries now review their approved structures in line with the Functional Analysis and Assignment. As a result of this, MoHP has formed a Review Committee and circulated memos to the respective departments, divisions and centres to review and propose a new federal-level organisational structure. This is an ongoing process at MoHP. Staff adjustment will continue to present challenges for MoHP as they learn to manage Human Resources (HR) in the federal context. Clarity on the roles of each government and timely coordination with exchanges of databases will be vital in managing staff in the sector.

Strengthening financial governance has continued through the: drafting of the Public Financial Management Strategic Framework (PFMSF); introduction of the chart of activity in the Transaction Accounting and Budget Control System (TABUCS); preparation of the electronic Consolidated Annual Procurement Plan (eCAPP) and the initiative to develop the Nepal Health Sector Public Procurement Strategic Framework (NHSPPSF). The AWPB

Implementation Guideline and market analysis of essential medicines continue to show sector commitment and leadership in the effective implementation of AWPB and in strengthening financial and procurement management in the federal context.

All initiatives were (and will continue to be) closely supported by NHSSP, who will continue to provide strategic support, capacity building and skills strengthening.

Finally, communication and coordination among the three spheres of government in addressing Dengue outbreak and its response has been a challenge suggesting an urgent need to review existing mechanisms to tackle public health emergencies in the federal context. To date, the number of Dengue cases reported this quarter numbers 4,158.

1.3 Changes to the Technical Assistance team

The new Team Leader continued to provide overall strategic leadership and management support to the team and there were no significant changes to the current team. A number of recruitment notices were advertised for the following positions; M&E Advisor, Quality Assurance Advisor, LL Officer and HI Site and Construction Managers. There was significant interest in these roles and a large number of applications received for each position; shortlisting and interviews will be held early next quarter.

Following numerous changes in leadership of the programme and the appointment of a new programme lead, NHSSP organised a week-long Leadership, Change-readiness and Management workshop, aiming: to support the management and government stakeholders to work as a cohesive, collaborative team with a common understanding of strategy and vision; and to support the Senior Management Team (SMT) and all other staff to build their capacity and equip them with the knowledge and tools required to navigate a time of change. The workshop was led and facilitated by a UK-based consultant; all senior management also received a number of individual coaching sessions.

International Short-term Technical Assistance (ISSTA) – Eight international experts were hired during this reporting period – *Please see Annex 1 for details*

1.4 Payment deliverables

In this reporting period, six Payment Deliverables (PDs) were approved by DFID and an additional two were delayed: Health Infrastructure (HI) PDs 40 (Tender Documents) and 55 (Decanting Space Construction). Following discussion with DFID, these were postponed to November 2019 and February 2020 respectively. *Please see Annex 2 for details of PDs approved by DFID this quarter.*

1.5 Logical framework

The progress against the NHSSP Logframe indicators during Year 3 (2018/19) was reported last quarter. The progress on the indicators for which the data sources are routine Managament Information Systems (MISs) (Health Management Information System (HMIS), TABUCS) were based on the data extracted from the respective routine MISs at the end of June 2019. Finalisation of HMIS data of the Financial Year (FY) 2018/19 has been delayed by one month and it is expected that data will be finalised by October 2019. *Please see Annex 3 for updated logical framework.*

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.*

The actual to-date unit cost for both international (£562) and national (£160) Short-term Technical Assistance (STTA) is below the programme benchmark and use of both STTA (32%) and ISSTA (68%) in this quarter compared well with our programme indicators. Those providing ISTTA gave technical support in the following key areas: social audit evaluation design (PD 60); peer review of Standard Treatment Protocols (PD 51.1); and global literature review of results-based and demand-side financing for Aama review. National SSTA provided support for the development of Technical Specification Banks (TSBs), social audit report, Aama programme review, and hospital designs and tender documents.

In this reporting period, 25 percent of the budget was spent on administration and management, which is slightly higher than the programme benchmark. Seven sessions in capacity enhancement training/workshops were conducted to 309 participants. The average cost per participant per day incurred for national-level and local-level training is £33 and £25 respectively, both well below the benchmark.

To date, the programme has submitted 70 PDs of which 68 PDs have been approved by the Government of Nepal and signed off by DFID – *Please see Annex 4 for details.*

1.7 TECHNICAL ASSISTANCE RESPONSE FUND

In this quarter we received one new Technical Assistance Response Fund (TARF) application from the PPMD of MoHP to conduct the Aama Rapid Assessment (RA) round XII 2018/19. The budget for this had been allocated in the AWPB 2018/19 under the Family Welfare Division (FWD); however, due to time constraints, the FWD was unable to conduct this within the said FY. The carrying out of the RA is one of the conditions for pool funding; therefore, NHSSP consulted and discussed this with DFID and the Health Coordination Division at MoHP and agreed that as a one-off for this year, the RA could be conducted through TARF funds (future budgeting for this under the current AWPB now lies with MoHP directly). The TARF Committee verified the application and budget submitted by PPMD and approved funds of NPR 4,438075.00 (GBP 31,035.00). This is currently being conducted by a third party and the results will be presented in the next quarterly report. Additionally, the last instalment has been paid to the Nepal Health Research Council (NHRC) for "Promoting the Use of Evidence in Health Systems Strengthening through the National Summit of Health and Population Scientist in Nepal". NHRC has submitted all documents as agreed earlier.

1.8 RISK MANAGEMENT

Risks identified have been evaluated and discussed in both the weekly SMT meetings and in the DFID monthly meetings. NHSSP's approach to risk management is to identify the ongoing and potential risks that are specific to the programme. The SMT has demonstrated its aptitude in managing these risks through a proven process of: risk identification; risk analysis and quantification; and implementing mitigation strategies where possible. Our ability to manage risks is further enhanced by our well-established relationships with Government of Nepal (GoN) counterparts and other partners. Two additional risks under General Health Technical Assistance (GHTA) and two under the Retrofitting Health Infrastructure Technical Assistance (RHITA) risk matrix have been identified in this quarter. These are:

1.8.1. GHTA Matrix:

- R4: Continued political uncertainty in UK may delay proposed NHSP3 extension.
- R19. Prolonged staff adjustment processes lead to disruptions in service delivery at local and provincial levels.

1.8.2 RHITA Matrix

- R9: Staff adjustment processes transferred trained engineers from the Department of Urban Development and Building Construction (DUDBC) to provincial and local levels, which may compromise time and the quality of construction work.
- R17: Delayed fund transfer from MoHP to DUDBC may cause delays for the retrofitting work.

Based on the analysis of the current risk matrix against given criteria, the overall risk rating for this quarter is set at medium *– **please see Annex 5 for the updated risk matrix***

2. HEALTH POLICY AND PLANNING

SUMMARY

Good progress has been made at the federal level. Following approval of the National Health Policy and Approach Paper for the 15th Periodic Plan, and, the AWPB for FY 2019/20, MoHP and its respective entities have focused more on the implementation of the activities as planned in the AWPB. There has also been endorsement of key guidelines from the MoHP, and the development of a Health Financing Strategy has been initiated. Issues around HR adjustment have also been largely addressed but remains challenging. As part of the decentralisation process, MoHP has set up a committee to review the federal-level organisational structure and consider downsizing.

Technical Assistants shared progress on the implementation of the LL approach with MoHP officials. This was well received and there was a keen interest from MoHP to continue such lesson-sharing meetings. At the local level, support continued in the respective LL sites in the finalisation of the AWPB, and in addressing identified gaps through appropriate budget decisions. More recently, TA was also received in community-level awareness campaigns, including mobilising teams for search-and-destroy operations and community system-strengthening activities in LL sites in response to the Dengue outbreak.

Furthermore, the draft Public Health Service Regulations was revised, the draft regulation of the Safe Motherhood and Reproductive Health Rights Act has been finalised and the Guideline for Partnership in the Health Sector was further refined. All of these are now awaiting endorsement and final inputs from relevant stakeholders.

Minimum Service Standards (MSS) orientations were conducted for hospitals and their roll-out is expected in the current quarter. MSS for Health Posts (HPs) were also recently approved by the MoHP.

For updated Activities – please see Annex 6

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

MoHP and its related counterparts have been focussing on planning the implementation of activities that are a follow-on from various strategic documents such as the National Health Policy, the Approach Paper for the 15th Periodic Plan and the AWPB. More flexible provision has been made for the implementation of heath programmes at the sub-national level as reflected in the reduced number of activity heads in the conditional grant.

The guidelines for the implementation of health programmes for FY 2019/20 have been developed and endorsed by the MoHP. Two separate guidelines were developed for provincial and local levels with details of the implementation modalities for the activities provisioned in the health sector conditional grant; these have been uploaded to the MoHP website. An initial draft of the guideline was developed by the respective Divisions and Centres. A final consultation workshop among the programme Divisions and Centres was organised on 9–10 August 2019, based on which programme implementation guidelines were further refined and finalised.

MoHP has initiated the process for the development of a Health Financing Strategy. Consultation among stakeholders was conducted at a two-day workshop in which key issues

and challenges in the current health financing situation were discussed. NHSSP was also technically involved, particularly in setting the agenda and holding technical discussions during the workshop. The overall process was supported by the World Bank, WHO and the German Corporation for International Cooperation (GIZ).

After the completion of the adjustment of HR at the federal level, adjustment of HR has progressed for the provincial and local levels. Based on the adjustment notice from the federal level, some of the local levels have started adjusting staff within the respective Palikas. However, there are still numerous grievances lodged from staff and these are being addressed by the MoHP.

In response to the MoFAGA's directive, the MoHP has also set up a committee to review the federal-level organisational structure. The committee is receiving feedback from relevant federal entities under MoHP. The main purpose of this review is to downsize the number of federal-level staff. As most other ministries have already completed their staff adjustment process, the basis of the MoFAGA's directive is that the staff adjustment process is complete; however, within MoHP, staff adjustment has still to be completed and it seems that there is little possibility of downsizing the federal staff under MoHP until this is completed.

Based on the implementation experience of the OCAT in the LL sites, development of the resource materials for the Organisational Capacity Assessment (OCA) is being prepared in cooperation with the National Health Training Centre (NHTC). This can serve as the basis to institutionalise the OCA process and expand beyond the LL sites. First drafts of the training Participants' Handbook, Trainers' Guide and Reference Manual have been drafted and are being further reviewed under the leadership of the NHTC.

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

The progress on the implementation of the LL approach was shared with MoHP officials in a meeting held on 18 September 2019. During the meeting, findings of the assessments using tools such as the Organisational Capacity Assessment Tool (OCAT), MSS and Routine Data Quality Assessment (RDQA) were shared and key learnings and challenges at the local level discussed. During the meeting, MoHP senior officials suggested harmonising the assessment tools and continuing the practice of sharing learnings as they happen.

Support was continued in the LL sites during the finalisation of the AWPB during the first half of July. The gaps identified through the OCAT, MSS and RDQA tools, were discussed with municipal health teams as well as executive authorities to consider allocation of the Budget for FY 2019/20. This has contributed to rationalising the budget, leading to increased levels of budget for the health sector in most of the LL sites. Annual health reviews are also being conducted at the local level. During this quarter, reviews of the health sector were conducted at Dhangadhimai Municipality, Yasodhara Rural Municipality (RM), Kharpunath RM, Ajayameru RM and Itahari Sub-metropolitan City. In Itahari, the follow up MSS assessment was conducted in September 2019 and results found that the MSS score has been improved with the exception of the primary hospital. The Evidence and Accountability (EA) team and the Infrastructure team also conducted activities in the LL sites during this quarter, including

the electronic HMIS (e-HMIS) orientation workshop and the infrastructure assessment of health facilities of LL sites respectively.

As the Dengue outbreak was spreading over the many districts of the country, the NHSSP team were involved in conducting community-level awareness campaigns, mobilising teams for search-and destroy-operations and carrying out community system-strengthening activities in LL sites. Among other LL sites, Yesodhara RM, Dhangadhimai Municipality, Ajaymeru RM and Pokhara Metropolitan City reported Dengue cases and the measures to prevent the disease are underway. As of the end of September 2019, new cases are on a decreasing trend in the respective LL sites.

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

The draft Public Health Service Regulations were revised at a workshop held on 4th September 2019. The workshop was attended by Directors, Chiefs and other key officials of the MoHP, Departments and Centres along with NHSSP and GIZ advisors, who jointly discussed refining the draft. The Basic Health Services Package (BHSP) forms part of the regulations and is annexed to the document (the BHSP is still waiting endorsement). The regulations are expected to be submitted to the cabinet for endorsement in the next quarter. The draft regulation of the Safe Motherhood and Reproductive Health Rights Act has been finalised and has now been sent to the Ministry of Law, Justice and Federal Affairs for their legal input.

Orientation on the MSS has been conducted for Specialized, Tertiary and Secondary 'B'-level hospitals at a workshop conducted on 22nd – 24th September 2019. NHSSP and the Nick Simons Institute (NSI) were involved in providing TA to facilitate the panel and group discussions, while logistical support was provided by WHO. After this orientation, roll-out of the MSS is expected to begin in the respective hospitals, which will set the baseline status in terms of the readiness of the hospitals to deliver high-quality services. After final review and refinement of the MSS for HPs, the final version of the document has recently been approved by the MoHP in September 2019. Furthermore, the MSS has been approved for all types of health institutions from HP level to Tertiary Hospital.

The Guideline for Partnership in the Health Sector was once again shared with the Divisions and Centres and was further refined based on the feedback received in August 2019. The final version of the guideline has been sent to the relevant ministries for their feedback and will be reported upon next quarter.

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

The Post-budget JCM of 2019 between MoHP and EDPs was held in August 2019. During the meeting, highlights of the AWPB of 2019/20 and support areas from the EDPs were presented; additionally, progress against the action plan of the previous JCM and Joint Annual Reviews (JARs) were reviewed. The date for the National Joint Annual review (N/JAR) to take place is proposed to be 20–22 November 2019; this is yet to be confirmed.

Priorities for next quarter

As the implementation of the AWPB will be the primary focus of the MoHP in the next quarter, necessary support will be provided for the operationalisation of the key programme activities. Facilitation and technical support in the roll-out of the MSS at tertiary and secondary-level hospitals is also expected in the next quarter. Initial discussions have been conducted with the NHTC for the revision of the National Health Training Strategy, which was originally developed in 2004, and support for the revision of the strategy is also expected. Support in the LL sites will be continued, with a focus on the effective implementation of the programme activities and follow-up of the assessments conducted previously. Documentation of the learnings and challenges will be continued in the manner in which it is currently conducted.

Similarly, preparation of a report on the overall progress of the health sector in 2018/19 and organisation of the N/JAR Report will be priority tasks in the next quarter. Initial work towards the development of the next phase of the Nepal Health Sector Strategy (NHSS) is also expected to commence in the months to come and technical support will be extended in developing the conceptual framework. Development of the implementation plan for the 15th periodic plan is also expected next quarter and technical support will also be extended for this.

3. HEALTH SERVICE DELIVERY

SUMMARY

This quarter has seen good progress in strategies and planning: the draft Safe Motherhood and Neonatal Health (SMNH) Roadmap 2030 was submitted to the MoHP by FWD after a long period of delays caused by frequent changes of directors. Progress was also made in revising the Skilled Birth Attendant (SBA) Strategy and Training Strategy by achieving consensus to continue SBA training (as a transition plan) until Nepal produces and deploys adequate numbers of midwives for Maternal and Neonatal Health (MNH) services. Progress was also made in agreeing with three hospitals and the Ministry of Social Development (MoSD) of Provinces 5, 6 and 7 to establish on-site birthing units, which could then become training sites for midwives in the future. Aama review progresses as planned. In programme implementation, Comprehensive Emergency Obstetric and Neonatal Care (CEONC) sites' functionality declined, mostly as a result of short-term recruitment and staff adjustment processes. Analysis of data from the Health Quality Improvement Plan (HQIP) and clinical mentoring shows promising results as improvement in service quality (practices) was observed. In mobile application development, a human-centred design process was completed with Female Community Health Volunteers (FCHVs). The final prototype, named Mobile Chautari, has been tested and rolled out to 800 FCHVs. A few delays were experienced in getting official approval, resulting in delays in the printing of Antenatal Care (ANC) cards and developing mobile reporting applications for better monitoring of the quality improvement process.

For updated Activities – please see Annex 6

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

This results area remains the key area receiving significant inputs and support across the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) continuum. Monitoring and support to CEONC coverage and functionality has continued this quarter. One new CEONC site was established at Katari Hospital (Updayapur District). Monitoring of functionality status of 85 sites across 72 districts helped Technical Assistants to appraise FWD/DoHS/MoHP of the situation and help make decisions on staff transfers. Recruitment of short-term staff, however, had not started, as the budgets had not been finalised at the provincial level.

The functionality of CEONC sites generally declines at the beginning of the FY as short-term contracts come to a close. However, this year, functionality at a few more sites was affected by staff adjustment processes, thereby reducing the availability of Caesarean Section (CS) service providers (**Table 3.1**).

Table 3.1 Status of CEONC functionality over the quarter July to September 2019

	Provinces							Total	Previous Quarter
	P1	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**		
Established	17	8	14	10	13	11	12	**85**	**84**
Number of functioning CEONC sites									
Ashar	16	6	12	10	13	10	11	**78**	76 (Chaitra)
Shrawan	13	6	12	9	13	10	10	**73**	74 (Baisak)
Bhadra	12	6	12	9	13	10	10	**72**	74 (Jestha)
Number of districts with functioning CEONC sites									
	14	8	13	11	12	10	9	**77**	77
Ashar	13	6	10	8	11	9	9	**66**	66 (Chaitra)
Shrawan	13	6	10	7	11	9	9	**64**	65 (Baisak)
Bhadra	12	6	10	7	11	9	9	**63**	65 (Jestha)
No CS site			1	3	1				5

In addition to the above, to strengthen CS monitoring, discussions with FWD and the Nepal Society of Obstetricians and Gynaecologists (NESOG) were held to develop Robson criteria Implementation Guidelines for hospitals with high CS rates. Development is planned for next quarter.

Significant progress was made on the mHealth (mobile health) pilot for FCHVs: approval of the evaluation was received from NHRC and the human-centred design process was completed with FCHVs. The final prototype, named Mobile Chautari, has been tested and rolled out to 800 FCHVs in Tehrathum, Rautahat and Darchula Districts. This tool is expected to strengthen FCHV interactions with clients and thereby encourage uptake of health services.

In terms of increasing service coverage, TA has been given to support Postnatal Care (PNC) home visits this quarter, through support for AWPB planning and implementation of the programme. The programme will be implemented in 229 Palikas across 40 districts as per the budget provided at the provincial level for implementation (NPR 6,400,000). FWD will also provide NPR 2,000,000 for microplanning the orientation guideline and in providing orientation to the provinces and Palikas. HMIS data on coverage of three PNC visits in implementing Palikas (33 Palikas) showed that the proportion of those receiving three PNC visits as per protocol among institutional delivery increased from 36% in 2016/2017, to 44% in 2017/2018 and to 70% in 2018/2019.

TA has also been given to support FWD to improve coverage of Family Planning (FP) services through certain targeted interventions, such as the Visiting Service Provider (VSP) and Roving Auxiliary Nurse Midwife (RANM) programmes. TA has continued in support of the planning and implementation of VSP, RANM and Expanded Programme on Immunization (EPI)/FP integration. This has been achieved through off-site phone-based consultation and support, and through facilitation and capacity enhancement of provincial and Palika staff, as well as service providers (VSP and RANM). FWD has plans to expand the VSP programme to 98 municipalities in 33 districts and the RANM programme to 124 municipalities in 35 districts through the AWPB of 2019/20.

TA was provided to the provincial Health Directorate (Province 7) and the Health Section of Sudurpaschim (Province 7) provincial MoSD to conduct a one-day RANM programme review and capacity enhancement meeting in Dhangadhi Kailali. Its aim was to review implementation progress and lessons learnt. RANMs from 10 municipalities (from five districts), health coordinators, district focal persons and provincial health staff participated. The RANM programme had been implemented in all 46 municipalities by July 2019 in FY 2018/19. HMIS data shows that FP and MNH indicators have improved in a few RANM programme municipalities. For example, FP current users for condom, pills and Depo have increased from 5 to 6 municipalities.

However, implementation of the VSP and RAMN programmes by the Palikas for FY 2019/20 is expected to be behind schedule due to delays in the finalisation of the AWPB Implementation Guideline from MOHP. A major challenge faced, which is expected to continue, concerns the availability of trained/skilled HR, especially in remote areas.

Finally, in this results area, despite delays, the SBA Strategy revision is now underway. Meetings and workshops to review the SBA Strategy (2006) and SBA Training Strategy (2007–12) were conducted this quarter. An SBA forum meeting chaired by Directors of FWD and NHTC was conducted, as well as a two-day workshop to discuss the strategies, including improving training, enabling SBAs and improving an enabling environment (30 September to 1 October 2019). The Director-General of the Department of Health Services (DoHS) and all Directors from FWD, the Nursing and Social Security Division (NSSD) and NHTC participated, providing inputs and guidance. This training strategy will be aligned with the Midwifery Development Plan; however, issues regarding how newly graduated/deployed midwives will work alongside SBAs and Obstetrician-Gynaecologists (OBGYNs) still need further discussion. It is expected that a revised draft SBA Strategy and revised SBA Training

Strategy will be available shortly after Tihar (in early November). Development of learning materials will start once the strategies have been outlined (nutrition messages/skills will be integrated).

TA was also provided in support of the Midwifery Development Plan. GIZ and UNFPA are bringing in external support, Plymouth University and the Burnet Institute respectively, to develop midwifery educators and develop a one-year bridging course to upgrade current staff nurses to become International-Confederation-of-Midwives- (ICM-) accredited midwives.

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

The key area of support being provided by the Service Delivery team in this area is the pilot test on task-shifting basic physiotherapy and rehabilitation services to health assistants. Despite delays due to staff transfers, this pilot intervention has progressed well. Humanity and Inclusion, who are supporting the implementation of the pilot, have developed and pre-tested a draft training curriculum in Nuwakot District. This was reviewed and approved by NHTC; following this, all accompanying training and learning material was finalised in August/September 2019.

Baseline data collection for the evaluation was conducted at the end of July/early August 2019 by the Partnership for Sustainable Development (PSD), who are the independent evaluators. A report was developed and submitted to DFID for review at the end of September 2019 (PD 59.2).

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

A significant piece of work under this result area has been the SMNH Roadmap 2030, which was developed earlier this year. Following several delays resulting from changes in leadership and several rounds of revisions and refining, the roadmap was finally submitted to the Health Secretary (MoHP) by FWD with an official memo on 18 September 2019. The work on costing of the roadmap was started in this quarter and will be completed in the next quarter. As of October 2019, FWD is preparing both a summary and a detailed report on the process of SMNH Roadmap development, as requested by the MoHP. FWD and NSSD are planning to present the SMNH Roadmap 2030 (draft) and Nursing and Midwifery Strategy 2019–25 to high-level MoHP officials next quarter.

Establishment of on-site birthing units has been the other key area of focus. Both the SMNH Roadmap and the Nursing and Midwifery Strategy 2019–25 highlighted the need to establish these units at overcrowded hospitals. It was also proposed that these on-site birthing units become midwifery training sites, led by professional midwives applying the midwifery model of care. In this regard, TA has facilitated discussions with provincial hospitals (Seti, Surkhet, Lumbhini) and the provincial governments of Provinces 5, 6 and 7 about the establishment of on-site birthing units. All three hospitals are willing to establish on-site birthing units at their hospitals and the provincial governments are ready to provide the budget needed for their establishment. Both FWD and NSSD have provided budget to establish on-site birthing units, and Strengthening Systems for Better Health (SSBH)/The United States Agency for International Development (USAID) and the United Nations Children's Fund (UNICEF) are on board to provide technical and financial support to establish and support these units.

Aama has been the flagship programme for several years and is currently being reviewed by NHSSP to help refine it for the decentralised context. This review is progressing as planned and the organisation that is contracted for RA data collection (including on quality of care) has completed the first level of their data collection. Field-level problems encountered in some places have led to changes in sampled facilities (e.g. Humla was replaced by Kalikot

as access was restricted to Humla). Consultants leading on the stakeholder consultations and qualitative data gathering have conducted focus group discussions with service users and non-users (institutional delivery) in Rautahat District. The preliminary findings will be shared in November 2019, as planned. A comprehensive literature review for Aama was also carried out and has been shared with DFID.

RESULT AREA: I3.4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

There has been good progress on MSS as MoHP has endorsed all the tools and implementation guidelines for different levels of health institutions – at hospital and HP levels – and has allocated budget at all levels to implement MSS: at federal level for orientation of provincial staff; at provincial level for orientation of Palika staff; and at Palika level for the implementation of MSS at their health facilities. Both federal and provincial governments have also allocated budget to their hospitals for the implementation of MSS (please refer to Section 2 Health Policy & Planning). The Curative Service Division (CSD) requested TA for technical support on the orientation of provincial staff on the MSS implementation at HP level; this will take place after Tihar next quarter.

HQIP implementation has continued at a similar pace, and TA continues to be given in support of its introduction and monitoring of Quality Improvement Plans (QIPs) at hospital level. This quarter, 18 of the 28 hospitals that were due to undertake the HQIP completed the self-assessment. Lack of funds continues to affect its implementation but despite this, a majority of hospitals have conducted HQIP at least once every six months; further, over the last six months 32 hospitals (80%) have conducted at least one self-assessment. Only nine hospitals had not conducted HQIP over the last two quarters. Although the scores achieved for quality domains declined, mostly on HR and drugs, overall readiness slightly increased in this quarter. Specifically, availability of life-saving drugs such as anti-convulsants and blood had slightly declined despite the overall better readiness.

For FY 2019/20, FWD has given priority to improve the quality of MNH services and has allocated NPR 8,500,000, aiming to integrate HQIP with the clinical on-site coaching programme in all hospitals. Both HQIP and on-site clinical mentoring are now integrated in the Aama implementation guideline for sustainability. FWD allocated budget for 56 hospitals, except hospitals in Province 3, as Province 3 allocated budget for all their hospitals.

Table 3.2 HQIP for facilities assessed, July to September 2019

HQIP for 18 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	82	80	57	60	5	4
SIGNAL FUNCTIONS TOTAL SCORE	133	138			29	24

Birthing Centre Quality Improvement Plans (BC-QIPs) were conducted at 52 health facilities in this quarter; 26 HPs/PHCCs had conducted a second round of QIP during this FY. There is good improvement in their quality and signal function scores, with the best improvements observed in clinical practices – 55% improvement in partograph, 66% in PNC and 81% in infection prevention.

Table 3.2 BC-QIP for facilities assessed, July to September 2019

BC-QIP for 26 facilities assessed this quarter		Baseline (%) 2017/2018	End-line (%) 2018/2019
Environment	Management	87	96
	Referral	85	94
	Electricity	56	81

	Water and Sanitation	62	75
	Patient Dignity	65	82
Resources	Management	48	57
	Staffing	64	69
	Supplies and Equipment	60	74
	Emergency Drugs	46	58
Practices	Postnatal Service	44	73
	Partograph	51	79
	FP	65	73
	Infection Prevention	36	65
Signal Functions	Parenteral Antibiotic	47	78
	Parenteral Uterotonic	55	73
	Parenteral Anticonvulsant	59	77
	Manual Removal of Placenta	43	66
	Manual Vacuum Aspiration	53	64
	Assisted Delivery	67	69
	Newborn Resuscitation	76	94

As coordinating and supporting hospitals to conduct HQIP and collecting data regularly is very challenging, as the number of hospitals implementing HQIP increases, a mobile application for reporting ease has been planned and TA is following up with FWD for its approval. Inclusion of these QIP tools and clinical mentoring in the Aama Implementation Guideline will institutionalise quality improvement in all hospitals.

In addition to these quality improvement measures at the facility level, the Standard Treatment Protocol (STP) for Basic Health Care Services (BHCS) package has been completed (including peer review). The draft has been submitted to CSD and will be finalised once the BHCS package is endorsed.

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

There has not been any specific support in this results area, and the regular TA support to FWD is ongoing. This has included support for budget allocation and revision of implementation guidelines for the 2019/20 AWPB. OCA has been implemented in all LL sites, and the Palika planning processes were supported based on the OCA findings. In addition to this, led by the Health Policy & Planning team, a two-day workshop was conducted to discuss the drafts of the OCA manuals.

Priorities for next quarter

Major activities next quarter will include:

- Supporting divisions and provincial governments to finalise implementation guidelines: Standards for On-site Birthing Units and Establishment/Implementation Guideline, PNC Microplanning Guideline, Robson Criteria Implementation Guideline, Clinical Mentors Development Plan for Province 7
- Follow-up on official approval processes, including SMNH Roadmap, ANC cards, and development of mobile reporting application
- Development of mobile reporting application and printing ANC cards once official approval acquired
- Supporting CSD and provincial governments for implementation (roll-out) of MSS at HP level
- Supporting FWD and NHTC to implement quality-improvement interventions, including training site quality improvement, clinical mentor development and HQIP

- Continue facilitation to finalise SBA Strategy and Training Strategy
- Continue Aama review and recommendations
- Sharing evidence at NJAR and Perinatal Society of Nepal (PESON) conferences; possible dissemination of SMNH roadmap 2030; NJAR report preparation support
- Monitoring of Mobile Chautari piloting and physiotherapy skill-sharing pilot.

4. PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

SUMMARY

We have been engaged in updating the existing policies, systems and manuals that are in line with the changed context and have supported MoHP in updating the existing Financial Management Improvement Plan (FMIP) and Procurement Improvement Plan (PIP). The decision to update them into the strategic framework includes detailed implementation plans for federal government and provides overall policy guidance to the Sub-national Government (SNG). The concept of chart of activity has now finally been introduced in TABUCS and the Financial General Comptroller Office (FCGO) has recognised the usefulness of this change. The federal Consolidated Annual Procurement Plan (CAPP) for FY 2019/20 has been prepared using the eCAPP module. This is also now integrated in the TABUCS platform. The TSB of essential medicines, medical supplies and equipment has been updated and endorsed. The budget analysis process has been started, which will include sample analysis from local and provincial governments. The field implementation of Aama RA has been completed. These achievements have been discussed in the regular meetings of CAPP Monitoring and PFM Committees.

For updated Activities – please see Annex 6

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

PFMSF 2019–2023

A new Financial Procedural and Accountability Bill, 2019, has been presented to Parliament, within which is included a provision for all spheres of government to prepare and implement the internal control system. Additionally, discussions held at the Office of the Auditor General (OAG) 55th Annual Audit Report in the Public Account Committee (PAC) made the decision to clear the audit queries within the stipulated time. PAC has been directed (15 July 2019) to carry this out. NHSSP supported MoHP to circulate the PAC directives to concerned health entities (on 3 September 2019). These important legal and policy directives are now included in a draft PFMSF. Feedback from the PPFM oversight agency has been incorporated in the draft PFMSF and a draft PFMSF will be shared at the next PFM Committee meeting.

RA of Aama programme

RA of Aama programme (RA-XII) has started and a third party selected to carry out this out. HR changes and clarifications of roles meant that the FWD could not implement the RA of last FY (2018/19). Owing to this, MoHP decided to implement the RA-XII using the TARF. Results will be presented next quarter and we are currently on track. The report of the RA-XII will be finalised within the stipulated time.

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

Changes in OAG's forms and formats

GoN has decided to change the financial recording and reporting forms and formats in FY 2018/19. These changes have incorporated the changes required in the federal context. In this quarter, NHSSP has supported MoHP in updating these forms and formats in TABUCS. All the changes are now updated in TABUCS and spending units are using the updated systems.

Chart of activities incorporated in the TABUCS platform

NHSSP has supported MoHP in integrating the concept of chart of activity in TABUCS. The revised chart of accounts and OAG forms (recording, accounting and reporting) have also been linked with chart of activities in TABUCS. Through these changes TABUCS can capture health sector budget and expenditure from all spheres of government. The technical inputs can be used by other systems including the Sub-national Treasury Regulatory Application (SUTRA). The FCGO has recognised the importance of the chart of activities in the changed context and MoHP has presented these changes to the FCGO.

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

Budget analysis started

Budget analysis for FY 2019/20 commenced during this reporting period. This budget analysis will include the federal budget and expenditure analysis. A detail of the provincial health budget analysis is an added feature of this budget analysis and a case study of the Palikas will also be presented in this analysis. The Budget Analysis Report will be published by end of November 2019.

Third Financial Monitoring Report for FY 2018/19

The Third Financial Monitoring Report (FMR-3) has been prepared in a close consultation with the finance sections of MoHP and DoHS and the draft has been discussed at the meeting of the PFM Technical Committee at MoHP (under the leadership of the Chief of Finance Section). The committee has suggested improving the format related to SNG. The current Financial Monitoring Report (FMR) formats also include the budget and expenditure from SNG. Currently there is no such standardised electronic recording and reporting system to capture the SNG's budget and expenditure. This agenda will be presented at the next meeting of the PFM Committee. The FMR-3, including the reimbursements from the German Development Bank (KfW) and GAVI, will be submitted early next quarter. The FMR-3 is a PD for November 2019.

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

CAPP

The federal CAPP of 47 procuring entities under the MoHP has been prepared in electronic platform under TABUCS. The viewer identification for EDPs will be provided by next quarter.

Market Analysis of essential medicines

The tools for Market Analysis (MA) have been prepared, piloted and finalised and a field implementation has commenced. In the next quarter, a report will be finalised and findings will presented in the MA validation workshop. The concerned departments, divisions and EDPs will be invited to this workshop, which will be held in December 2019, subject to confirmation.

Update in technical specification

The existing TSB of essential medicines, medical supplies and equipment has been updated. The update will be validated at the TSB workshop to be held next quarter and presented at the meeting of the CAPP Monitoring Committee for final recommendation. The

concerned departments, divisions and EDPs will be invited in the Technical Specification Validation Workshop, which will be organised in November 2019.

Procurement

NHSPPSF 2019–2023

Inputs from EDPs on the NHSPPSF have been incorporated into the draft. This draft will be presented at the next PFM Committee meeting.

Progress against CAPP

In FY 2018/19, DoHS has been able to procure 89.5 percent of CAPP value, compared to 79.0 percent in FY 2017/18. Similarly, 97.8 percent of the value of total contracts was managed through the online electronic Government Procurement (e-GP) system in FY 2018/19, compared to 63.9 percent in FY 2017/18.

Capacity enhancement

Ongoing technical support has been provided to Province 2 and Karnali Province to improve Public Financial Management (PFM) and procurement practices. Support was focused on TABUCS use, audit observation, the bidding process and the use of e-GP.

Priorities for next quarter

Major activities next quarter will include:

- Finalisation of FMR-3 for FY 2018/19
- Finalisation of PFMSF
- Finalisation of NHSPPSF
- Completion of the Budget Analysis Report
- Monitoring of the progress in implementation of federal CAPP
- Completion of the Aama programme RA-XII and dissemination to MoHP
- Updating of Internal Control Guidelines
- Completion of the Market Analysis Report and dissemination through workshop.

5. EVIDENCE AND ACCOUNTABILITY

SUMMARY

Good progress has been made in terms of the activities planned for this quarter. The National eHealth Guideline was approved by the TWG and is in the process of endorsement from the Minister. NHSSP is supporting MoHP in preparation of the Electronic Health Record (EHR) Guideline. The Evidence and Accountability (EA) team is also supporting the Epidemiology and Disease Control Division (EDCD) in preparation of learning materials, such as responses to Frequently Asked Questions (FAQ) about Dengue and an operational guideline for paramedics to manage Dengue; further, they are providing support to CSD in the preparation of the guideline for telemedicine.

There has also been progress made in terms of strengthening the various data systems. The web-based RDQA system, which had been rolled out in all seven provinces, is being updated to address feedback from users at different levels. MoHP and MoSDs have given high priority to initiating the EHR system at hospitals and a number of provincial hospitals have initiated its development. Facility-based and community-based Maternal and Perinatal Death Surveillance and Response (MPDSR) systems have been expanded further in the current FY and NHSSP is in active discussions with its FWD counterparts and SSBH/USAID officials on strengthening MPDSR in Karnali Province. Early Warning, Alert and Response System (EWARS) sentinel sites are also improving as they begin to report in the Second District Health Information System (DHIS2) platform, which will contribute to better linkages with the HMIS. This quarter EWARS reported a total of 4,158 cases of Dengue from across the country.

NHSSP is working closely with Integrated Health Information Management Section (IHIMS), Management Division (MD), to improve HMIS data quality, as well as to update HMIS data for FY 2018/19 and prepare the annual report. DFID-NHSSP and USAID have also supported MoHP in preparations and consultations to develop tools for the forthcoming Nepal Health Facility Survey (NHFS) 2020. The EA team has also initiated analysis of Nepal Demographic Health Survey (NDHS) 2016 data to assess the 'effect of distance to health facility on use of institutional delivery in Nepal'. The strategic review of social audit in the health sector has been initiated and will be completed in November 2019.

NHSSP has supported MoHP in planning of NJAR 2018/19, scheduled for the first week of December 2019. In response to a request from MoHP, TA is being provided to MoHP in reviewing the 12th, 13th and 14th periodic plans and 40 years of primary health care implementation at country level, which will guide the next cycle of the NHSS.

The EA team has also been working closely with the SD team on the HMIS and NDHS data analysis for the Aama programme review, and to develop a CEONC sites monitoring framework. The EA team and Monitoring, Evaluation and Operational Research (MEOR) are also working with MoHP counterparts to introduce Knowledge Cafés to strengthen the culture of using evidence in decision-making processes at the MoHP.

For updated Activities – please see Annex 6

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

The web-based RDQA system, which has been the key focus of work in this result area, was developed in collaboration with GIZ and USAID last year. e-learning materials were published on the MoHP website and all seven provincial health directorates were provided orientation to support them in assisting local governments in its implementation. All public health facilities in the five LL sites have also implemented the RDQA system, and the results were presented in the last Quarterly Report. This quarter, the RDQA tools are being updated, which includes: fixing the technical problems encountered; updating the dashboard with a summary page for general users; RDQA implementation status by type of facility, province and overall score; making the questions in the tools more precise; aligning the action plan with the six components of the RDQA system; data verification and five components of system assessment, etc. This work is still in progress.

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

'Health Sector M&E in Federal Context', the Monitoring and Evaluation (M&E) guideline for the three spheres of government that was developed last year, has been a guiding document for provincial and local governments for generation, use, sharing and reporting of health sector data. In this quarter, we have supported its continued use in the LL sites.

A key achievement in this results area has been with regard to progress made on the EHR system. MoHP, at the federal level, and MoSD, at the provincial, have given high priority to initiating the EHR system at hospitals; a number of provincial hospitals have initiated development of this, including:

- Province 1: Mechi, Illam, Pachthar, Dhankuta, Bhojpur, Taplejung Hospitals
- Province 2: Gajendra Narayan Singh Hospital
- Province 3: Nuwakot Hospital, Dolakha Charikot Hospital
- Gandaki: Dhaulagiri Hospital, Pokhara Academy of Health Sciences
- Province 5: Gulmi, Rapti Academy of Health Sciences
- Karnali Province: Salyan and Dailekh Hospitals
- Sudurpaschim Province: Doti and Bayalpata Hospitals.

NHSSP is supporting MoHP to develop the EHR Guideline in line with the National eHealth Guideline to standardise EHR systems across the country. We are working with USAID, GIZ and WHO to support the MoHP in preparation of the e-health readiness assessment questions to include in the forthcoming NHFS 2020 questionnaire. MoHP and Divisions and Centres at the DoHS have allocated budget for EHR in AWPB 2019/20. Processes have also been initiated to develop One-stop Crisis Management Centre (OCMC) and Social Service Unit (SSU) recording and reporting tools in the DHIS2 platform, which will help build functional linkages with the HMIS.

Finalisation of HMIS data for FY 2018/19 has been delayed by one month, as there were requests from provincial and local governments to allow them to update the data. IHIMS, MD, plans to finalise the HMIS data for FY 2018/19 by mid-October 2019. As of the end of September 2019, 98.5 percent of facilities have reported to HMIS, whereas 100 percent of the facilities in five of the seven LL sites have reported to HMIS. The low reporting (above 90%) from two LL sites (Itahari and Pokhara) is mainly due to low reporting from private facilities. NHSSP is supporting these two LL sites for improving the reporting status. **Table 5.1** below presents the HMIS reporting status of FY 2018/19 of LL sites as of end of September 2019.

Table 5.1 Status of HMIS reporting at LL sites over FY 2018/19 as of end of September 2019

HMIS reporting status (2018/19) of LL sites		
Level	HMIS reporting rate (%)	On-time reporting to HMIS (%)
Ajayameru Rural Municipality	100.0	30.6
Kharpunath Rural Municipality	100.0	8.3
Yasodhara Rural Municipality	100.0	10.4
Pokhara Metropolitan City	93.9	29.1
Madhyapur Thimi Municipality	100.0	50.0
Dhangadhimai Municipality	100.0	72.2
Itahari Sub-metropolitan City	90.4	22.4
Nepal	98.5	28.3
Source: HMIS		

This quarter, TA was also provided to work with WHO to support the PPMD to develop a standard template for the 'Provincial Health Profile'.

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

Facility-based MPDSR has been expanded from 77 hospitals in FY 2018/19 to an additional 16 hospitals in FY 2019/20. Five of the hospitals are from the two LL sites (Pokhara and Itahari). Likewise, community-based MDSR has been expanded from 11 districts to an additional seven districts (Taplejung, Rautahat, Nuwakot, Myagdi, Palpa, Dailekh and Bajhang) in FY 2019/20. As reported in the previous quarter, progress in collaboration with health academic institutions and development of mHealth initiatives has been delayed. However, TA has allowed continued discussion with FWD counterparts and SSBH/USAID officials to collaborate with the Karnali Academy of Health Sciences for strengthening of MPDSR at the provincial level. SSHB has been coordinating at the provincial level and NHSSP at the federal level.

EWARS sentinel sites are gradually reporting in the DHIS2 platform, which will contribute to building better linkages with the HMIS. This quarter, EWARS reported a total of 4,158 cases of Dengue from across the country. Kaski (1,124), Kathmandu (678), and Sunsari (302) reported higher numbers of Dengue cases compared to other districts (**Table 5.2 below**). EDCD, with support from WHO, has developed National Guidelines on Prevention, Management and Control of Dengue in Nepal 2019. NHSSP has been asked to support them in the development of an operational guideline on Dengue management in Nepali

language for paramedics. Once it is developed, TA will also be provided to orient paramedics in the Dengue-affected LL sites.

Table 5.2 Cases of Dengue by District, July to September 2019

Epidemiological week and reporting date		Dengue cases reported (n)	Districts reporting highest cases of Dengue	Dengue cases reported this week of last year (n)
38th	29 Sep 2019	1,531	Kaski (333), Rupandehi (272), Kathmandu (271), Lalitpur (127), Bhaktapur (77), Makwanpur (38), Dang (32) and Tanahun (30)	16
37th	22 Sep 2019	1,468	Kaski (458), Kathmandu (253), Rupandehi (146), Lalitpur (109), Bhaktapur (92), Chitwan (39), Tanahun (32) and Makwanpur (26)	4
36th	15 Sep 2019	NA		
35th	8 Sep 2019	355	Kaski (159), Kathmandu (35), Chitwan (23), Makwanpur (22), Morang (16), Rupandehi (9) and Sunsari (3). Grande International Hospital reported one death (Kathmandu) from Dengue.	14
34th	1 Sep 2019	249	Kaski (116), Chitwan (40), Makwanpur (23), Kathmandu (13), Morang (7), Rupandehi (6) and Sunsari (4)	12
33rd	25 Aug 2019	222	Sunsari (88), Kaski (52), Jhapa (11), Makwanpur (8), Chitwan (7), Morang (8) and Rupandehi (6)	5
32nd	18 Aug 2019	NA		
31st	11 Aug 2019	63	Sunsari (39), Kaski (6), Morang (3) and Jhapa (2)	8
30th	4 Aug 2019	78	Sunsari (52), Jhapa (8), Dhading (4), Morang (5), Dhankuta (2), Kathmandu (2), and one each from Sindhuli, Makwanpur, Lalitpur, Bara and Panchthar.	0
29th	28 Jul 2019	61	Sunsari (34), Morang (7), Jhapa (5), Kathmandu (2), Bhojpur (2), Saptari (2) and one each from Ilam, Dhanusha, Mahottari, Panchthar, Udaypur, Sindhuli, Chitwan and Darchula.	0
28th	21 Jul 2019	37	Sunsari (23), Jhapa (7), Morang (3), Kathmandu (2), and one each from Darchula and Pyuthan. BPKIHS reported one death (Sunsari) from Dengue.	4
27th	14 Jul 2019	42	Sunsari (28), Morang (6), Jhapa (4), Dhankuta (2), Bhojpur (2) and Bhaktapur (1)	5
26th	7 Jul 2019	52	Sunsari (31), Morang (10) and Jhapa (4)	0
Total of this quarter (Jul-Sep 2019)		4,158	Kaski (1,124), Kathmandu (678), and Sunsari (302)	68

Considering the high number of Dengue cases reported from several parts of the country, TA is being provided to EDCD in developing a set of Frequently Asked Questions related to Dengue, and operational guidelines for paramedics to manage Dengue. NHSSP will also support EDCD in orienting the health workers in Dengue-affected LL sites.

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

NHSSP, in coordination with MoHP counterparts, has been performing analysis of equity gaps in health service utilisation for selected services that are being left behind each year. This quarter, in consultation with MoHP and MEOR, TA has been analysing NDHS 2016 data to assess the 'Effect of distance to health facility on use of institutional delivery in Nepal'. This will form PD 77, due in November 2019. NHSSP is also working closely with IHIMS MD to analyse HMIS data, track errors and support them to fix the errors in consultation with provincial and local level health facilities. TA is being given to support IHIMS to update HMIS data for FY 2018/19 and prepare its annual report. As of the end of September 2019, 98.5 percent of facilities have reported to HMIS. This quarter, NHSSP and USAID supported MoHP to plan for consultation with programme divisions and centres to develop tools for the forthcoming NHFS 2020.

TA was provided to support MoHP in planning NJAR 2018/19, scheduled for the third week of November 2019. In response to the request from MoHP, TA is being given to support MoHP in review of the 12th, 13th and 14th periodic plans and 40 years of primary health care implementation at country level, which will guide the next cycle of NHSS. TA has also been provided to support FWD in analysing HMIS and NDHS data for the strategic review of the Aama programme, and to develop a monitoring framework for CEONC sites.

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

The strategic review of social audit in the health sector has been initiated and will be completed in November 2019. This will be followed by revision of the Social Audit Guideline, developing a reporting mechanism and enhancing the capacity of partner Non-governmental Organisations (NGOs). NHSSP and MEOR are working with MoHP counterparts to initiate the concept of a Knowledge Café, with the objective of further strengthening the culture of using evidence in decision-making processes at the MoHP. The Knowledge Café is envisioned as a platform that gathers thematic experts and stakeholders together to discuss selected issues through an interactive exchange of ideas, concepts and views, particularly on issues related to health policies and practice. There has been discussion at MoHP around linking this initiative with the quarterly review meeting with provincial health officials planned in the AWPB of the PPMD, MoHP. This will contribute to the sustainability of the initiative and rolling it down to the sub-national level. In the next quarter, NHSSP and MEOR will continue working with MoHP to finalise the concept and modality of the Knowledge Café and implement it.

Priorities for next quarter

Building on this quarter's progress, the team will follow up on the endorsement of the National eHealth Guideline by the Minister and the development of EHR and telemedicine guidelines. Key priorities for TA will be: to support MoHP in planning and implementation of NAJR 2018/19, linking the outputs with the planning process; the review of the 12th, 13th and 14th periodic plans and 40 years of primary health care implementation at country level; and the planning and implementation of NHFS 2020. Other priorities will include the

finalisation of HMIS data for FY 2018/19, the preparation of the DoHS Annual Report and finalising the annual equity analysis.

In addition to this, TA will continue to provide support to FWD and the focal persons at local governments, working to: implement MPDSR, updating the e-learning materials related to MPDSR; initiate development of the OCMC and SSU recording and reporting tools in the DHIS2 platform; and establish EHR in one facility in one of the LL sites.

6. HEALTH INFRASTRUCTURE

SUMMARY

Building a strong policy environment that supports practice and helps develop high-quality HI with rational investments has been a key priority for the NHSSP HI team. During this quarter, the NHSSP HI team has organised orientation programmes and workshops for different levels of government to enhance the capacity of officials and political leaders on rational planning processes for HI. There is continued development and updating of guidelines to help build and maintain multi-hazard-resilient infrastructure and the HI team completed a health facilities assessment in the seven districts with LL sites – this uses geo-referenced data for each facility and will enable advanced analysis for planning purposes. Gender Equality and Social Inclusion (GESI) and Leave No One Behind (LNOB) considerations and health and safety issues have been integrated into various HI activities, including tender documents and capacity-building events.

Throughout this quarter, the team continued its programme to enhance capacity within the state and civil society sectors to deliver high-quality health infrastructure and services. Activities included key information-sharing events, catalysing buy-in from stakeholders for multi-hazard-resilient HI, initiating a new accredited 30-day training course and developing easily accessible handbooks. In addition, the team continued to provide TA support directly to provincial and local governments, as well as through collaborations with other EDPs.

Retrofitting and upgrading work at the Bhaktapur and Western Regional Hospital has also progressed in line with the current programme, with detailed designs being completed and tender processes underway.

The NHSSP received a formal letter of appreciation from the Prime Minister on 12 July 2019 for work in coordination with and technical support for the reconstruction of Bir Hospital and Paropakar Maternity and Women's Hospital. The team supported the MoHP and National Reconstruction Authority's engagement with development partners in the rehabilitation of the hospitals, which were severely damaged in the 2015 Gorkha Earthquake. The letter was presented as a formal certificate at the hospitals' handover ceremony, and is signed by the Prime Minister, the Deputy Prime Minister and Minister of Health and Population, and the National Reconstruction Authority (NRA) Chief Executive. Both the Team Leader and HI Lead met with the Prime Minister at the handover ceremony.

For updated Activities – please see Annex 6

RESULT AREA I6.1: POLICY ENVIRONMENT

There has been good progress in this area of work. NHSSP supported an orientation programme on HI Development in Province 2 at the request of the Health Directorate, MoSD, which also funded and organised the activity. Officials and local representatives from 80 municipalities participated in four events held over 15 and 16 July. These sessions aimed to educate the participants on HI development and management and support decision-making for rational investments. The orientation promoted an integrated approach to HI planning using a needs-based approach and multi-hazard dimension in selecting sites during planning, construction, and health facility operations. GESI and LNOB compliance issues in HI development were also an integral part of the orientation programme.

In the quarter, TA was given to support the preparation of comprehensive implementation guidelines for HI development, upgrading, repair and maintenance, in Nepali, aligned with the current capital investment policy and categorisation of health facilities. The guidelines are a follow-on from the HI Repair and Maintenance Strategy approved by MoHP in February 2019 and respond to the ministry's recommendation to include perspectives from different levels of government. NHSSP gathered these experiences and evidence collected

from provincial and local governments at information-sharing events and policy development workshops organised previously. The document is expected to be completed by 15 November and forwarded to MoHP and DUDBC for review and recommendations.

During the quarter, NHSSP provided TA to support Province 3 MoSD to draft guidelines for the rational allocation of the provincial budget for upgrading, repair, and maintenance of health facilities. These guidelines were based on those previously endorsed at the federal level.

The health facilities assessment in seven Districts with LL sites was completed in August. Survey tools and data submission servers were configured independently for each LL site district to ensure effective storage and consistency of the large volume of data transmitted. Data submitted to each individual server was compiled into a single database for further analysis. Errors in geo-location details were corrected along with the data enumerators using Google Earth satellite imagery and Health-Infrastructure-Information-System- (HIIS-) based geo-location inventory. Statistical reports are being compiled, tabulation and analysis of data have been initiated and a detailed draft report is expected by 12 November 2019.

An orientation to the contractor working on the construction of the decanting space at Western Regional Hospital (WHR) Pokhara was completed on 26 September. Contract document provisions on integrating GESI and LNOB practices, as well as workers' health and safety were discussed at the joint meeting with DUDBC PIU, chaired by the Project Implementation Unit (PIU) Chief. Minutes were signed by all the participants as a commitment to the implementation of the provisions made in the contract document.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

NHSSP supported a capacity enhancement event – "Health Infrastructure Design Rollout and Information Session (PD 73)" – in Bhaktapur (14 August 2019) and Kaski (Pokhara, 30 August 2019), the two NHSSP retrofitting priority districts. At each event, participants were briefed on multi-hazard resilience HI design, retrofitting details planned for the two priority hospitals, the Decanting Strategy Implementation Plan, hospital waste management area planning and design, and repair and maintenance issues and needs. Participants included representatives of hospital management and staff, Provincial MoSD, DoHS, Bhaktapur municipality and the Academy of Health Sciences Pokhara. Feedback was positive, and the events built ownership of the decanting strategy and retrofitting plans by the hospital authorities and service providers. The participants committed to develop plans for the decanting of services during retrofitting, showing clear roles, responsibilities, and a communication strategy. The programme was also very useful for sharing information on the retrofitting implementation plan to relevant stakeholders, which helped develop synergy between the stakeholders, implementing agency and the TA team. We envisage that this will also support DUDBC and NHSSP during the execution of the retrofitting works.

The accredited 30-days In-service Training Course for Class-II- (or equivalent) level government officers working in the HI development sector was initiated jointly with the NASC during this quarter. NHSSP developed this course in response to the capacity demands arising from decentralised governance. The new federal structure requires a cadre of technical managers with good skill sets and managerial competencies to deliver new and upgraded HI at provincial and local levels. The course is the first of its kind to specifically focus on HI and was tailor-made to suit the target group. It runs from 10 September to 24 October. Altogether, 16 engineers are participating, and successful candidates will get certificates at the end of the course. It has six training modules, including Connecting to the Community (CtoC) as fieldwork and Service Improvement Plan (SIP) development.

The Capacity Enhancement Programme provides orientation and technical skill sessions for MoHP and DUDBC technical staff. In response to feedback and identification of the need for more detailed practical guidance, NHSSP is developing a series of handbooks and

associated training modules. The drafts were thoroughly discussed and submitted by the consultants during the quarter and the handbooks are expected to be completed by the end of November 2019.

NHSSP has also provided support for the following activities to develop capacities within the government:

a. Architectural design work for City Hospital in Budhanilkantha Municipality was completed and presented to Budhanilkantha Municipality during the quarter

b. The MoHP was supported for the establishment of Ramraja Prasad Singh Academy of Health Sciences in Province 2 through:
   - Completion of Pre-Detailed Project Report (DPR) study and conceptual masterplan for the academy
   - Preparation of activity schedule and costing for government budget allocation
   - Preparation of the draft architectural design of Outpatients Department (OPD) Block, the final architectural design of Decanting Block, and Terms of Reference (ToR) for consultant to undertake detailed multi-hazard risk assessment study of the site and Environmental Impact Assessment (EIA)

c. Support to Kanti Children's Hospital at the request of MoHP for the extension of Operating Theatre and Surgical Ward, including cost estimates

d. Development of conceptual design for Provincial Medical Stores at Karnali Province, Gandaki Province and Province 2

e. Completion of assessment of 11 hospitals for Karnali Province. The assessment is a joint effort between SSBH/USAID and NHSSP. A joint report has been initiated during the quarter and drafts have been submitted to USAID, which is leading the process of compilation of the report

f. Further work for Karnali includes: design, drawings and cost estimates completed for various blocks at Humla and Dolpa Hospitals; design and plans for upgrading at Dailekh and Rukum Hospitals; and gap analysis completed for Salyan Hospital

g. Updating of standard drawings of primary hospital category B1, B2 and B3 and its structural design and drawings

h. Ongoing support for reconstruction of health facilities has included support to the Financial Cooperation Recovery programme supported by KfW. NHSSP has supported MoHP in all the technical consultations as a member in the Project Execution Agency (PEA). NHSSP has also reviewed designs of Medical Gas Supply system (MGS) for Nuwakot Hospital, supported by KOICA and the Kushadevi HP supported by Terre Des Hommes (TDH) as part of support to MoHP for the reconstruction of health facilities damaged by the Gorkha earthquake of 2015.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Progress on decanting space construction: The tender notice for construction of the decanting space at Bhaktapur was published on 18 June. The evaluation of the technical proposal is at the final stages and is expected to be published by 17 October 2019. The tender notice for construction of the decanting space at the WRH Pokhara was published on 23 June 2019, and the tender was awarded to the successful bidder during this quarter. The contractor has already mobilised on site and the cordoning-off of earthworks and foundation works to plinth level is complete. Support was provided by NHSSP to DUDBC PIU in Pokhara for layout of the site for foundation digging, orientation of the drawings and the terms and conditions of contract to the contractor. A Technical Working Committee (TWC) has been formed under the chairmanship of the PIU Chief to help resolve day-to-day issues raised during the construction and to provide regular progress reporting to all the stakeholders. A higher-level Monitoring Committee has also been formed, chaired by the Director of WRH Pokhara, of which the NHSSP Lead Advisor, Pokhara Metropolitan City

Senior Engineer and PIU Chief of Pokhara DUDBC are members. This committee will receive regular monthly progress reports from the TWC, as well address any issues in discussions with the relevant stakeholders.

Progress on main retrofitting works: A joint review of the designs, drawings, cost estimates and tender document was done during the quarter. Accordingly, the work schedule has been updated and shared with the PPFM for their comments, along with the updated bidding document for the main retrofitting works at Bhaktapur Hospital. A joint review between NHSSP and DUDBC PIU Office, Kathmandu, on the bidding documents, estimates, norms and rate analysis for the main retrofitting works at the WRH hospital Pokhara earlier submitted by NHSSP is in progress.

Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21): The PD was completed in the first year of the programme and there have been ongoing efforts to establish these as the national standards. Engagement with Retrofitting Alliance Nepal (RAN) for the development of standards has been established and is progressing. The International Expert – Senior Structural Advisor (Miyamoto International) is developing a review report of the existing codes and guidelines on seismic assessment and retrofitting designs including draft seismic design code of Nepal (NNBC 105) and international guidelines/standards from India, New Zealand, and USA. The updating of the Seismic Retrofitting Standards contents for Nepal will be based on the review report and the feedback from DUDBC. The report and content will be submitted to DUDBC for final approval next quarter by 31 October 2019.

Priorities for next quarter

Major activities next quarter will include:

- Completion of repair and maintenance guidelines (linked to the capital investment policy and categorisation of health facilities), submitted to MoHP for endorsement
- Completion of the handover process of Manthali Hospital in Ramechhap
- Presentation of infrastructure assessment and gap analysis of hospitals in Karnali Province
- Support to Karnali Pradesh for the upgrading of hospitals and in tendering procedures of selected civil works
- Completion of handbooks on design of sanitary, electrical, Heating, Ventilation, and Air Conditioning (HVAC) and waste management services in HI
- Completion of tender process for Bhaktapur decanting space, signing contract with the successful bidder and mobilisation of contractor on-site
- Publishing tenders for main retrofitting and service-decanting contracts at WRH and Bhaktapur Hospital
- Training for construction professionals and contractors on retrofitting bids, norms and rate analysis and technicalities involved in retrofitting to achieve fairer and more transparent bidding procedures and participation
- Continuation of orientation programme on Nepal Health Infrastructure Development Standards (NHIDS) and its supporting documents and guidelines as part of educating the different levels of government on HI development.

7. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Priorities this quarter at the policy level were to facilitate the final approval and dissemination of the Health Sector GESI Strategy, Disability Inclusive Health Service Guidelines, Gender Responsive Budget Guidelines and LNOB Budget Markers. Progress has been made on each but delays in receiving feedback have delayed approvals. Revisions proposed by Cabinet to the GESI Strategy have been made and the revised strategy resubmitted; this has delayed plans to strengthen MoHP's GESI institutional structures and progress on other policy initiatives. The first draft of the Mental Health Strategy and Action Plan has been shared with the provinces and local level.

Significant progress has been made this quarter in continuing improvements of the health sector's response to Gender-based Violence (GBV). As per the directives of the Office of the Prime Minister and Attorney, general doctors and forensic specialists had received medico-legal training and this expanded the provision of such services to all district-based hospitals. Preparatory work has been undertaken to establish GBV training sites in an additional four hospitals to provide on-the-job training, including provision of psychosocial counselling training.

NHSSP has also continued to leverage political support for addressing GBV in the country by advocating with local governments to exercise their new authority and responsibilities for GBV issues. This quarter, Saptari District committed to establishing a district GBV survivors' network and a GBV rehabilitation management fund with financing from local government sources and oversight from the Deputy Mayor. GBV workshops for survivors were held and GBV training was provided to all Palika Mayors and Deputy Mayors in Chitwan District during the past quarter, resulting in a commitment to allocate NPR 5.5 million to support GBV survivors. Ghorahi Sub-Metropolis (Dang District) allocated NPR 2.5 million to the survivors' network for rehabilitation support; other districts (Hetuda and Saptari) have also committed to support.

For updated Activities – please see Annex 6

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

Feedback was received from MoHP on the Guidelines on Gender-responsive Budgeting (GRB) and LNOB Budget Markers that were prepared in the previous quarter. Revisions were made and the documents shared with divisions for approval. The GRB guideline includes tools and processes for integrating gender at each stage of the budget cycle. The guideline is consistent with the overarching national classification of budgets for gender-responsiveness as set out by the Ministry of Finance but has adjusted the indicators to better fit with the health sector.

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

The Health Sector GESI Strategy was endorsed by the Cabinet's Social Committee in April 2019 and sent to Cabinet for approval in April 2019. Cabinet suggested a few adjustments and requested a synopsis of the document from the Minister at MoHP; these were completed and handed over to the Minister at MoHP in July 2019. The Minister was briefed on the adjustments made in the document.

NHSSP has participated in the drafting of a Mental Health Strategy and Action Plan in line with the National Health Policy. This process is led by the EDCD, with technical support from WHO and other partners. The first draft of the strategy and action plan has been shared with stakeholders at province and local level.

The revised OCMC and SSU guidelines and the new Disability Inclusive Health Service Guidelines were updated based on feedback from various levels and multi-sectoral partners. The revised OCMC and SSU guidelines incorporate changes to align with the Constitution, federal restructuring and the revised Health Sector GESI Strategy. Due to frequent changes in personnel at different levels, revision of these guidelines has taken longer to complete than anticipated. NHSSP will facilitate approval of guidelines and print.

NHSSP is supporting the CSD to lead MoHP's strategic review of social auditing in the health sector and develop a three-year plan of action. This is being done in collaboration with SAHS and will draw from their evidence base, which will help facilitate high-level decisions within the MoHP on the future of social auditing for the sector. A TWG has been formed, which held meetings to develop the methodology and plan consultations at provincial and local levels. The first round of field consultations has been completed despite delays owing to the Dengue outbreak.

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

Strengthening and scaling-up of OCMCs: OCMC Case Management Committee (CMC)[1] meetings were held in four referral hospitals[2] during this quarter. This provided an opportunity to assess the functionality of OCMCs through review 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.

During district hospital visits, doctors shared positive feedback on the GBV Clinical Medico-Legal Training, reporting that it had improved their examination and reporting of GBV cases. OCMC focal persons separately reported that doctors had become more helpful and supportive to GBV cases following the training. Site visits were held for coaching, mentoring

---

1 CMC plays a vital role for the effective functioning of OCMC. This committee includes 8 members – medical officer, emergency in-charge of the hospital, 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 the higher centers.
2 Provincial hospital Surkhet, Gajendra Narayan Singh hospital Saptari, Bharatpur hospital and Hetauda hospital.

and monitoring in five OCMCs [3] and meetings held with district-level multi-sectoral stakeholders to review progress, challenges and achievements in OCMC strengthening.

In the changed federal context, local government has the sole responsibility for the management of GBV and this new authority is creating space to raise political support for tackling GBV. In the local government sphere, OCMCs are a platform that newly elected women leaders could support to show commitment to GESI issues. The one-day workshop "You are Not Alone" was held with GBV survivors in Saptari District (Province 2) in coordination with local GBV networks/Community-based Organisations (CBOs) and in the presence of the Deputy Mayors. Forty-two survivors participated. The main objective of the workshop was to form a survivors' network to boost their self-esteem and empower them to be advocates/champions and motivators to fight GBV. A participant's view on the workshop is given in **Box 1**. The workshop allowed them to see that they are not alone and has built solidarity among women who have confronted similar circumstances enabling them to find their voice. A similar workshop is planned at Karnali Province next quarter.

Box 1: A Survivor's View of the "You are Not Alone" Workshop

This is a great platform for us to share our grief. It is a great opportunity to express what we are going through in front of our authority [Deputy Mayors]. We are married and have children but we do not have home, do not have marriage certificate and our children do not have birth certificate. We are poor and we do not have any alternatives besides living with everyday violence. However, may be things will be different from today. Our Mayor has known this and maybe she will support us and take our problem away.
- Survivor: from the Survivors workshop, Saptari

The survivors' workshop and participating agencies initiated the following actions and agreed respective roles and responsibilities, which could be replicated by other local governments:

- Formation of survivors' network at district level: The network links local agencies and advocates working for the overall wellbeing of survivors (this is run by survivors themselves)
- Role of local government: Formation of district-level GBV Survivors' Rehabilitation Fund Management Committee with contribution from various sources (local government funds, regular fund generation through existing property tax, land registration charges and other sources). This fund will be managed by the management committee of local government (Deputy Mayors). This committee will link with local governments, service centres including OCMCs, the police, safe homes, rehabilitation centres and other agencies
- GBV management rehabilitation fund establishment and operational guideline: This guideline has been developed; it defines the modality for supporting rehabilitation considering the nature of violence.

A booklet of case studies of GBV survivor experiences and perspectives and implications for OCMCs was prepared and translated into Nepali for a wider audience. Opportunity to draw on this material to develop policy briefing papers is under discussion.

Supporting the roll-out the GBV clinical protocol: Scoping for the roll-out of the GBV clinical protocol has been completed in four additional hospitals[4] and On-the-job Training

---

[3] Pokhara hospital, Bheri Hospital, Sindhuli Hospital, Patan Academy of Health Sciences and Parbat Hospital.

(OJT) has been scheduled from November 2019 in these sites. The roll-out of the protocol began in 2017/18 and is now operational in 20 hospital-based OCMCs. The OCMCs have served an increased number of survivors after the implementation of the training, as reported by the hospitals. Between 15 July 2018 and 14 July 2019, a total of 7,575 cases were served by 44 OCMCs, of which children below 18 made up 32% (2,424); 166 survivors were above 60. Rape constituted 26% of cases, and attempted rape 13%; physical and mental abuse made up 52%. The training has also contributed to inter-departmental referrals within the hospital and referrals from other neighbouring districts and partners as reported by the OCMC staff during district visits. The roll-out of the protocol is required in all OCMC based hospitals.

Scaling up SSUs: An SSU was established at Gaur Hospital this quarter, in line with the AWPB. Site visits were made to five SSUs[5] for coaching, mentoring and monitoring. Hospital reports show that more than 600,000 target group patients have received free and subsidised services from SSUs since their establishment. The total target group of patients in 2018/2019 (July 2018 to June 2019) was 170,143, of which 49% were female. The largest groups of beneficiaries were classified as poor (46%) and senior citizens (39%), with smaller numbers classified as persons with disabilities (4%), and others (11%). To update the online SSU reporting system, a meeting has been scheduled for October between the GESI Section, NSSD, Management Division and the TA team.

Capacity building to put LNOB into practice: A half-day orientation was provided on GESI-GBV and LNOB to local government officials of Karnali Province. The orientation has helped local government officials to have a broader understanding of what LNOB stands for, especially in reaching the unreached. Also, the orientation provided guidance for them when planning and designing programmes at local level. The orientation was appreciated by members of local government and partners. Orientation is also planned for new staff of the NSSD, NHTC and EDCD on GESI-LNOB and the revised GESI strategy. At federal level, orientation on GESI and LNOB was given to government officers working on HI development and participating in an advanced course on management and development. A presentation was provided to stakeholders from various backgrounds on GBV-OCMC and the future roadmap of MoHP during a workshop on drug-facilitated sexual assault, jointly organised by the Nepal Academy of Science and Technology, Anglia Ruskin University, the Biotechnology Society of Nepal and Neuro Foundation Nepal.

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

Support the institutionalisation of mental health services: NHTC held a meeting with partners [6] working on mental health to progress the Standardisation of Psychosocial Counselling Curricula. A number of concerns were raised about the curriculum, such as: the duration of the training; the number of sessions, their contents and hours; the accreditation

---

4 Gajendra Narayan Singh Hospital, Surkhet Provincial Hospital, Janakpur Hospital and Lumbini Hospital

5 Provincial Hospital Surkhet, Bharatpur Hospital, Bharatpur Hospital, Gajendra Narayan Singh Hospital, Surkhet Provincial Hospital, Bheri Hospital and Hetuda Hospital

[6] CVICT, TPO, CMC and Koshis and ManavSewa Ashram

process; and membership of the TWG. It was agreed that the NHTC will lead and identify members to be included in the TWG.

Other activities

- Successfully completed the workshop on the long-term rehabilitation of GBV survivors in Hetauda with local government heads and deputy heads, District Coordination Committee Chief and members, representatives/chiefs of International Non-governmental Organisations (I/NGOs) and the Hetuda OCMC team. The need for adequate resources to manage GBV cases requiring support beyond the stipulated 45 days was a focus of discussion. The rehabilitation module initiated by Bharatpur District was seen as an option for managing rehabilitation of GBV survivors
- NHSSP GESI Advisors participated in, presented and chaired sessions on GBV and OCMC at the International Conference on Medico-Legal, held from 12 to 15 September 2019 in Kathmandu
- TA support was provided to ECDC for development of Disability Management Operational Guidelines/Standard Operating Procedures of Disability Management, Policy and 10-year Action Plan
- Participated in and provided intensive inputs to the development of DFID's upcoming Integrated Programme for Strengthening of Security and Justice (IPSSJ)
- Upon the request of the local government of Chitwan District, a day-long workshop was conducted and supported to develop GBV Management Rehabilitation Fund Operational Guidelines to support GBV survivors.

Planned activities for next quarter

As a priority, the GESI team will engage with and support PPMD to: operationalise the GRB guideline; translate the LNOB budget marker into English; initiate development of the GESI Strategy Implementation Plan for the federal level; and finalise revisions to the SSU Operational Guideline.

The strategic review of the current status of social auditing in the health sector and support in the revision of the Social Audit Guideline will continue in the next quarter; a report will be developed. TA will also be given to support the development of psychosocial counselling training curricula. Orientation on GESI-LNOB and targeted interventions will also be the next priority for Province 2 and Karnali Province (including all district hospitals' Medical Superintendents and FPs from Karnali).

The establishment of new OCMCs and SSUs will also continue as per government plans and TA will continue to be provided to give mentoring and follow-up support to strengthen all OCMCs and SSUs. Training on GBV clinical protocol will be held in selected referral hospitals based on government priorities.

8. CONCLUSIONS

This report reflects the effectiveness of TA support provided by NHSSP over the last three months in responding to the continued challenges and opportunities related to federalism and health sector reforms. The NHSP3 Annual Review, conducted by DFID, was completed this quarter with the overall programme scoring an impressive A+, and despite considerable challenges identified in the operating environment, good progress was made in all of the outputs and indicators of the programme.

Work continued on the NHSP3 Reshape proposal and further discussions were held with DFID and NHSP3 suppliers; following the inclusion of subsequent comments, the final proposal was re-submitted to DFID on 16 September 2019.

Progress and outputs continued to improve, and six PDs were submitted and approved by DFID. Excellent working relationships continued with MoHP, EDPs and key stakeholders and this is evident in the continued partnership working and collaboration between NHSSP and USAID, WHO, GIZ and MEOR. The team itself continue to work well together and in order to support and build capacity, NHSSP organised a week-long workshop on Leadership, Change Management and Change-readiness and Resilience. The workshop was led and facilitated by a UK-based consultant and the SMT also received a number of individual coaching sessions. The workshop and coaching sessions will equip the team with the necessary knowledge and tools required to navigate this period of change; a follow-up workshop and coaching session will be held next quarter.

Implementation of federalism continues to be a major focus this quarter with a number of initiatives being introduced to support this, including the development of the Health Financing Strategy. Staff adjustment continued to be a major priority for the health sector and remained challenging. This quarter focused on Grades 4–7, as many of these health workers come from periphery health facilities, their coming to the Federal MoHP to verify their adjusted positions and institutions not only led to a high degree of absenteeism but also had the unintended consequence of disruption to service delivery. Within the ministry itself, Secretary Mr Ram Thapaliya was replaced by Mr Khagraj Baral.

NHSSP has had a number of notable successes this quarter including:

- The federal CAPP for FY 2019/20 was prepared using the eCAPP module and this is now integrated into the TABUCS platform.
- An accredited 30 days In-service training programme was developed and implemented by NHSSP HI in partnership with the NASC. The course is the first of its kind and will finish on 24 October 2019; a full report will be provided next quarter.
- As the Dengue outbreak spread across the country (4,158 cases to date this quarter), NHSSP took the initiative and supported EDCD to update and develop e-learning materials related to Dengue, including the development of Dengue Management Operational Guidelines for Paramedics within Dengue-affected LL Sites. NHSSP also conducted community-level awareness campaigns and mobilised teams for search-and-destroy operations.
- NHSSP received a formal letter of appreciation from the Prime Minister for work in coordination with and technical support for the reconstruction of Bir Hospital and Parapokar Maternity and Women's Hospital, which were severely damaged following the Gorkha earthquake. Both the Team Leader and HI Lead Advisor met with the PM

The coming months will bring not only new challenges for the team, but also new opportunities. NHSSP will continue to respond to emerging priorities and remain in a confident position to provide timely and appropriate support as and when required.

ANNEX 1 INTERNATIONAL STTA INPUTS IN FIRST QUARTER (APRIL – JUNE 2019)

S.N.	Name	Date	Purpose
1.	Anna Gorter	July – September 2019	Review of global literature on results-based financing and Demand-side Financing (DSF)
2.	Afeef Mahmood	August – October 2019	Review and quality assurance of costing of safe motherhood and newborn health roadmap
3.	Brigid Whoriskey	August – November 2019	Change-readiness and team building
4.	Corinne Grainger	July – September 2019	Review of global literature on result-based financing and DSF
5.	Deborah Thomas	July – September 2019	Social audit evaluation design, Aama review
6.	Natasha Mesko	August 2019 – January 2020	Aama programme review
7.	Gerda Pohl	July – August 2019	Peer Review of standard treatment protocol
8.	Professor Timothy Ensor	September 2019 – January 2020	Aama programme review

ANNEX 2 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No	Description of Milestone	DFID approval date
PPFM	63	MoH internal audit status report produced by Human Resource and Financial Management Division (HRFMD), including progress on response time to audit queries	05-Jul-19
PPFM	64	Web-based grievance redressal mechanism in use by Logistics Management Division (LMD)	03-Jul-19
E&A	66	Guidelines for better coordination and effective operationalisation of the e-health initiatives developed and used by MoH	18-Jul-19
Management	71	Quarterly Report 1 April – 30 June 2019	09-Sep-19
PPFM	72	Consolidated Annual Procurement Plan (CAPP) produced within agreed timeframe, incorporating relevant information from all DoHS divisions each year	25-Sep-19
RHITA 2	73	Design and roll-out of roadshow and information sessions in priority districts	16-Sep-19

ANNEX 3 LOGFRAME UPDATE: YEAR 3 (2018/19: 16 JULY 2018 – 15 JULY 2019)

The progress against the NHSSP Logframe indicators during Year 3 (Y3, 2018/19) was reported in the last quarter. The progress on the indicators for which the data sources are routine MISs (HMIS, TABUCS) was based on the data extracted from the respective routine MISs at the end of June 2019. Finalisation of HMIS data of FY 2018/19 has been delayed by one month and it is expected to be finalised by October 2019. The table below presents the latest progress as of end of September 2019 and update of the Y4 milestones, where there were no milestones set earlier. Updated figures will be reported once the HMIS and TABUCS data gets finalized. Progress on Y4 milestones will be updated and shared at the end of the FY. Note: the text and figures highlighted in Turquoise indicate the updates as of end of September 2019.

| 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	This year (2018/19: Average of top 10 districts: 92.9% Average of bottom 10 districts: 19.8% Difference: 73.1% Last year (2017/18): 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

Code	Indicator	Source of data	Year 3 (2018/19) Milestone	Year 3 (2018/19) Achievement	Remarks	Year 4 (2019/20) Milestone
OC3.1	% of allocated health budget expended at central, provincial and local levels	TABUCS, FMIS	Federal: 87	79.20	Federal: Initial budget: NPR 34.08 Million Net budget: NPR 29.33 Million 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 gets completed. This will result in higher % of expenditure. There is no mechanism to track the % of allocated health budget expended at provincial and local levels.	Federal: 88
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)	MoHP 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 MoHP	Policies, Strategies, Guidelines	1. National Health Policy 2. Health section in the national '15th Periodic Plan 2076/77–2080/81) 3. National eHealth Guideline 4. Public-Private	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		
			Partnership Guideline			
OP1.3	% of public hospitals implementing the minimum service standards bi-annually (in LL sites)	NHSSP reports	50	100	Total public hospitals in 7 LL sites: 4 Hospitals implementing MSS: 4 Pokhara: PAHS-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 LL 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 sites. In Kharpunath, Humla, Province 6, SSBH/USAID has done a separate capacity assessment exercise.	100
OP1.5	% of agreed actions in Joint Consultative Meeting (JCM) completed in timely fashion	JCM report	100	75	JCM is 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 BHCS package (MoHP): MoHP has submitted the final version to other line ministries for their review and feedback. 4. JAR 2017/18 (MoHP): Done	100
OP2.1	% of MoHP Spending Units (SUs) conducting internal audit in line with the Internal Audit Improvement Plan (IAIP)	MoHP report	30	99	Out of 315 SUs 312 have conducted Internal Audit (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) Milestone	Year 3 (2018/19) Achievement	Remarks	Year 4 (2019/20) Milestone
OP2.2	Number of MoHP officials trained on a) Revised eAWPB; b) Updated TABUCS	Health sector eAWPB Training completion report	a) 150 b) 150	a) 47 b) 47	The MoHP 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 MoHP 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 Consolidated Annual Procurement Plan (CAPP)	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 World Bank has changed the definition of DLI as Health Commodities. List of essential equipment is not yet finalised by MoHP. 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 are 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
OP4.1	Number of public CEONC sites with functional Caesarean Section service	HMIS	80	80	This is based on the 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

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

ANNEX 4 VALUE FOR MONEY (APRIL 2019 – JUNE 2019)

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

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

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

VfM results: Economy

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

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period is £624 for international Techical Assistance (TA) and £180 for national. The average unit cost of national STTA is below the programme benchmark of £224; however, the average unit cost of international STTA was slightly above the programme benchmark of £611. Nevertheless, the actual to-date unit cost for both international (£562) and national (£160) STTA is below the benchmark.

International STTA	Actuals to date (March 2017 – Sept 2019)	Average unit cost to date (March 2017– Sept 2019)	Current quarter (July 2019 – Sept 2019)	Average unit cost (July 2019 – Sept 2019)
Days	799	£ 562	83	£ 624
Income (GBP)	£ 449,208		£ 51,647	
National STTA	Actuals to date (March 2017 – Sept 2019)	Average unit cost to date (March 2017 – Sept 2019)	Current Quarter (July 2019 – Sept 2019)	Average unit cost (GBP), (July 2019 – Sept 2019)
Days	2,026	£ 160	172	£ 180
Income (GBP)	£ 324,058		£ 30,928	

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

The use of both national (32%) and international (68 %) STTA in this quarter compared well with our programme indicators. The use of International Short-term Techincal Assistance (ISTTA) has considerably increased from preceding quarters. The consultants providing ISTTA provided technical support on key areas: social audit evaluation design (PD 60), peer review of Standard Treatment Protocol (PD 51.1), and global literature review of results-based and DSF for Aama review. Likewise, national consultants were used for TSBs, social audit report, Aama programme review, and hospital designs and tender documents.

STTA type	In client contract budget*		Actuals to date (March 2017 – Sept 2019)		Current quarter (July 2019 – Sept 2019)	
	Days	%	Days	%	Days	%
International TA	2,291	44%	799	28%	83	32%
National TA	2,942	56%	2026	72%	172	68%
TOTAL	5,233	100%	2826	100%	255	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, 25 percent of the budget was spent on administration and management, which is slightly higher than the programme benchmark. The insurance and festival bonus was paid to support staff in August and September respectively, which increased the cost. The administration and management cost will decrease in the succeeding quarters.

Category of administration/ management expense:	Client budget		Actuals to date (March 2017 – September 2019)		Current quarter (July 2019 – Sept 2019)	
	GBP	%	GBP	%	GBP	%
Office running costs (rent, suppliers, media, etc.)	88,550	2%	99,399	6%	11,539	6%
Equipment	26,063	1%	36,877	2%	1,421	1%
Vehicle purchase	120,000	3%	52,875	3%		0%
Bank and legal charges	13,110	0%	3,143	0%	168	0%
Office set-up and maintenance	29,090	1%	41,623	3%	2,332	1%

Office support staff	383,318	9%	199,425	12%	28,058	14%
Vehicle running costs and insurance	73,998	2%	28,914	2%	2,950	2%
Audit and other professional charges	16,000	0%	26,161	2%	2,429	1%
Sub-total administration/ management	**750,129**	**18%**	**488,417**	**29%**	**48,896**	**25%**
Sub-total programme expenses	**3,385,899**	**82%**	**1,171,980**	**71%**	**144,876**	**75%**
Total	**4,136,028**	**100**	**1,660,397**	**100%**	**193,772**	**100**

VfM results: Efficiency

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

During this quarter, seven sessions of capacity enhancement trainings/workshops were conducted to 309 participants. At the national level, four training sessions were conducted to reach 197 participants. Likewise, at the local level three training sessions were conducted to 112 participants. The average costs per participant per day incurred for national-level training and local level are £33 and £25 respectively, both well below the benchmark cost. The trainings conducted at national level were on SBA strategy, Minimum Service Standards, and budget analysis. Likewise, at the local levels, the trainings were conducted on HMIS e-reporting and RANM programme review.

Level of Training*	Cost per participant /day Benchmark** (GBP)	Actuals to date (January 2018 – September 2019)***			Current Quarter (July 2019 – September 2019)		
		No. of capacity enhancement training conducted	No. of Participants	Average Cost Per Participant /Day (GBP)	No. of capacity enhancement training conducted	No. of Participants	Average Cost Per Participant /Day (GBP)
National	£ 62	25	755	£ 35	4	197	£ 33
Local	£ 39	17	974	£ 20	3	112	£ 25

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

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

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

VfM results: Effectiveness

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

So far, the programme has submitted 70 PDs; 68 PDs have been approved by the Government of Nepal and signed off by DFID.

	Payment Deliverables (March 2017 – September 2019)
Total technical deliverables throughout NHSSP – III	109
PDs submitted to date	70
PDs approved to date	68
Ratio %	**97%**

ANNEX 5 RISK MATRIX

GHTA RISK MATRIX

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					
	Contextual											
R4	Political uncertainty in UK may delay proposed NHSP3 extension.	Medium	High	🟧		Low	Medium	🟨		Maintain close contact and regular communication with DFID Advisors in Nepal and UK.	Team Leader and Options Director of Programmes	Tolerate
	Political											
R19	Prolonged staff adjustment processes lead to disruptions in service delivery at local and provincial levels.	High	High	🟥	NHSP continue work with the MoHP and support to regularise services at the provincial and local levels.	Medium	Medium	🟧	Yes	NHSSP continuing to advocate for the timely completion of adjustment processes.	**Team Leader**	**Treat**

RHITA RISK MATRIX

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					
	Programmatic											
R9	Staff adjustment processes transferred trained engineers from DUDBC to provincial and local	Medium	Medium	🟥	NHSSP will recruit construction manager and site engineers to monitor the quality of retrofitting	Low	Low	🟩	Yes	NHSSP team continued its efforts to train DUDBC engineers and provide	HI Team Leader	Treat

	level, which may compromise time and quality of construction work.			🟥	work.			🟩		training for their capacity building.		
	Safeguarding											
R17	Delay of fund transfer from MoHP to DUDBC may cause delay in retrofitting work.	High	Medium	🟧	HI Team continued to advocate to MoHP for timely release of allocated funds to DUDBC.	Medium	Low	🟨	Yes	PPFM team will facilitate early release of funds to DUDBC.	HI and PPFM team	Treat

ANNEX 6: WORKSTREAM ACTIVITIES

HEALTH POLICY AND PLANNING

	Activity	Status	Achievements in this quarter	Planned activities for next quarter
	HEALTH POLICY AND PLANNING			
	Result Area: 12.1 The MoHP has a plan for structural reform under federalism			
i2.1.1	Provide strategic support on structures and roles for central and devolved functions – federal	**Ongoing**	- Discussion continued on the governance structure for the management of hospitals. A one-day workshop was held on 18 July 2019 to prepare a draft guideline for the management of the public hospitals. The draft guideline proposes to give executive responsibility to the Hospitals Director.	No specific support is envisioned; needs-based support will be provided
i2.1.2	Enhance capacity of PPMD and HCD and respective divisions to prepare for federalism	**Ongoing**	- Development of Health Financing Strategy: workshop held with the key stakeholders to establish the foundation for the drafting of the strategy. - Following the implementation of the OCAT in LL sites, key learnings of the OCAT were documented as a learning brief for wider dissemination. Preliminary drafts of OCA Reference Manual, Trainers' Guide and Participants' Handbook have been prepared with NHTC and are in the finalisation process. A two-day workshop was conducted to discuss on the drafts of these manuals on 5 and 6 September 2019. - Monthly report of LLs disseminated.	National Health Training Strategy of 2004 is being revised, NHSSP to provide support on this.
i2.1.3	Develop guidelines and operational frameworks to support elected local government planning and implementation	**Ongoing**	- MoHP has developed guidelines for the implementation of the health programmes for FY 2019/20. Two separate guidelines were developed for the provincial and local levels, with details of the implementation modalities for the activities provisioned in the health sector conditional grant.	Support in operationalisation of the activities in the AWPB as per the MoHP's requirements

		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**	-	A number of consultative meetings were held in July 2019 to prepare the AWPB Implementation Guidelines. A final consultation workshop among the programme divisions and centres was also organised on 9–10 August 2019 based on the programme implementation guidelines prepared.	No specific support is envisioned; needs-based support will be provided
i2.2.3	Implement Learning Labs (LLs) to strengthen local health planning and service delivery	**Ongoing**	-	A meeting was organised with senior MoHP officials on 18 September 2019 to share the progress on the implementation of the LL approach; findings from OCAT, MSS, and RDQA were shared and key learnings and challenges at the local level discussed. Further shared learning meetings will be held next quarter. Support given to develop AWPB in each LL site; gaps identified through OCA, MSS and RDQA tools were shared with municipal health section as well as executive authorities to consider the allocation of the budget for FY 2019/20. This has contributed to rationalising the budget, leading to increased level of budget for the health sector in most of the LL sites. In this process, ward-level AWPB exercises were also facilitated to list key priority activities to be submitted to the local government authority with the aim of improving health system functions.	Continue the support at LL sites for system-strengthening activities; conduct follow-up of the assessments conducted in the past; implementation support of planned activities; quarterly and annual reviews
			-	A three-day workshop about e-HMIS reporting was organised in Ajaymeru RM in August 2019. As a result, all health facilities of Ajaymeru RM have started to report HMIS electronically from August 2019.	
			-	Annual health reviews, as per the plan, have been conducted at Dhangadhimai Municipality, Yasodhara RM, Kharpunath RM, Ajayameru RM and Itahari RM. In these review workshops, HSSO facilitated the preparation of the presentation, reviewing the performance of major health service delivery activities	

			at LL sites and identifying the key issues and gaps to be presented. - As the Dengue outbreak was spreading over the many districts of the country, NHSSP was involved in conducting community-level awareness campaigns, mobilising teams for search-and-destroy operations and community system-strengthening activities in LL sites. As of the end of September 2019, new cases are on a decreasing trend in the respective LL sites.	
	Result Area: i2.3 PPICD identifies gaps and develops evidence-based policy			
i2.3.3	Develop recommendations on institutional structures, including roles and responsibilities; manage SNS partnerships	**Completed:** Guideline on partnership in health sector developed	This is yet to be endorsed	Support on implementation will be provided upon endorsement
i2.3.4	Review existing policy and regulatory framework for quality assurance in the health sector	**Ongoing**	- The draft Public Health Service Regulations were revised during a workshop held in September 2019. MoHP is planning to submit the revised regulations to the Cabinet for endorsement next quarter. - Orientation on MSS was conducted for the Specialized, Tertiary and Secondary 'B'-level hospitals during a workshop held from 22 to 24 September 2019. - Implementation of the MSS for tertiary-level hospitals was initiated at Western Regional Hospital after a coordination meeting held with the Hospital Director by a joint team from the MoHP and NHSSP. So far, WRH is the only federal-level hospital where MSS has been implemented. Based on the preliminary assessment, the overall MSS baseline score for the WRH was found to be 67.5%. - The MSS for HP (in Nepali and in English) was reviewed, refined and updated based on the feedback received from the LL sites. The final versions were approved by MoHP in September 2019. MSS have	Support on implementation, monitoring and follow-up of the MSS

			now been approved for all health institutions.	
i2.3.5	Assess institutional arrangements needed and develop implementation guideline for partnership in health sector (PD 49)	Draft document further refined based on the feedback. MoHP shared the draft with relevant ministries	- Further feedback was collected from the divisions and centres in August on the Guideline for Partnership in the Health Sector and the guideline was updated accordingly. The updated version makes the provision for an inter-ministerial committee to oversee the partnership in the health sector. The final version has been sent to the relevant ministries for their feedback.	Necessary support will be provided towards its approval and roll-out
i2.3.7	Revise/update major policies based on findings and emerging context	National Health Policy developed and endorsed	National Health Policy and Approach Paper for 15th Development Plan were developed and endorsed by Cabinet.	Support in the development of implementation plan as per MoHP request
	Result Area: i2.5 MoHP is coordinating External Development Partners to ensure aid effectiveness			
i2.5.1	Support strengthening and institutionalisation of Health Sector Partnership Forum	This has not yet been organised as other activities have been prioritised, in particular the staff adjustment process	No details to report	Support will be provided if the forum is organised next quarter
i2.5.2	Support partnership meetings (JAR, Mid-year review, JCM) (PD 26 & 58)	2nd JCM of the year conducted	Post-budget JCM of 2019 MoHP and EDPs was held on 22 August 2019. During the meeting, highlights of the AWPB of 2019/20 as well as support areas from the EDPs were presented. Progress against the action plan of the previous JCM and National Joint Annual Review (NJAR) were discussed. The proposed date for the NJAR is 20–22 November 2019.	Support for the preparation of the progress report and organisation of the NJAR
i2.5.4	Support mid-term review of NHSS	Final report prepared	Final report of the review has been submitted to the MoHP by the review team.	Recommendations of the review will be used in the next phase of NHSS and annual planning

HEALTH SERVICE DELIVERY

Activity		Status	Achievements this quarter	Planned activities for next quarter
	HEALTH SERVICE DELIVERY			
	Result Area I3.1: The DOHS increases coverage of under-served populations			
i3.1.1	Support expansion, continuity,	**Ongoing**	- One new CEONC site was established at	

	and the functionality of Comprehensive Emergency Obstetric Neonatal Care (CEONC) sites		Katari Hospital (Updayapur District). - TA continued in support of monitoring functionality status, providing information to the FWD/DoHD/MoHP for appropriate staff transfers. Visits to all seven provinces were conducted to support them for the allocation of CEONC budget as per the need of hospitals. Site visits to poor/non-functioning sites continued. - CS monitoring: Discussions with FWD and NESOG for developing Robson Criteria Implementation Guidelines at hospitals with high CS rates commenced. Development of the guideline is planned for next quarter and will be introduced in Province 5. NESOG will share the status implementation at hospitals at their annual conference in April 2020.	Visit Rukumkot and Rasuwa Hospitals for CEONC establishment of feasibility assessment Visit non-functioning CEONC sites (8 sites); support staff recruitment; follow up with the utilisation of CEONC and overcrowding budget Contract NESOG; develop Robson implementation guideline; introduce in one province
i3.1.4	Facilitate the design and testing of Reproductive, Maternal, Neonatal, Child, and Adolescent Health; FP; and nutrition innovations	**Ongoing**	- NSSD and the TA approved the final prototype and the five-month pilot has commenced. - Evaluation methodology developed with support from MEOR and agreed with NSSD; study tools submitted to, and ethical approval received from, NHRC. - Human-centred design process completed with five different groups of FCHV; selection and refinement of the final prototype. - Final prototype, Mobile Chautari, demonstrated to TAG including NSSD and DFID. - Design of Information Education Communication (IEC) prompt cards, for use by FCHVs, completed. - Successful Mobile Chautari IVR system testing for NTC, Ncell issues still being worked on. - Training programme designed and rolled out to nearly 800 FCHVs across the three pilot sites (Tehrathum, Rautahat and Darchula).	Promotion of the Mobile Chautari system after Dashain and after Tihar using push notifications and system data analysis; submission of the final Mobile Chautari prototype with all audio content; submission of the baseline evaluation report; pilot monitoring and issue resolution; communication plan to be designed and approved with NSSD
i3.1.5	Support the Family Health	**Ongoing**	- On-site follow-up visit undertaken to assess	

	Division (FHD)/Child Health Division (CHD)/Primary Health Care Revitalisation Division (PHCRD) and District Health Office (DHO) to improve RMNCAH and FP services in remote areas		the completeness of the Palikas' AWPB 2018/2019 planned activities, and budget expenditure and alignment of AWPB 2019/2020 to the guidelines. A complete case study is being developed based on these findings and data collected - AWPB budget allocated to 229 Palikas of 40 districts as per the budget for implementation at provincial (7) level (NPR 6,400,000) to enhance the capacity of Palikas to support PNC home visits. FWD allocated NPR 2,000,000 at the federal level for developing a PNC microplanning orientation guideline and providing orientation to the provinces - NHSSP analysed HMIS data on coverage of three PNC visits in implementing Palikas (33). The coverage of three PNC visits as per protocol among institutional delivery increased from 36% in 2016/2017, to 44% in 2017/2018 and to 70% in 2018/2019. Budget provided for this programme was NPR 200,000 per Palika in 2018/19.	Write and submit case study on remote areas Palikas planning support Develop PNC microplanning guideline; technical support for the orientation of provincial-level staff by FWD
i3.1.6	Support the FHD and DHO to scale up Visiting Service Providers, Roving Auxiliary Nurse Midwives, and integration of FP in EPI clinics	**Ongoing**	- TA continued off-site support to the planning and implementation of VSPs, RANMs and EPI/FP integration via phone calls, facilitation and capacity enhancement to provincial and Palika staff, VSPs and RANMs. - TA given in coordination with provincial health directorate (Province 7) and Health Section of Sudurpaschim (Province 7) Provincial Ministry of Social Development (MoSD) to conduct a one-day RANM programme review and capacity enhancement meeting in Dhangadhi Kailali, to review implementation progress and lessons learnt. RANMs from ten municipalities from five districts, health coordinators, district focal persons and provincial health staff participated. - RANM programme was implemented in all 46 municipalities by July 2019. Analysis of HMIS data for effect of RAMN programmes shows	VSP and RAMN programme implementation by the Palikas for FY 2019/20 may be delayed as a result of delays in AWPB implementation guidelines finalisation

			improvements in selected FP and MNH indicators in all areas.	
i3.1.9	Support to the MoHP for improving delivery of nutrition interventions	**Delayed**: Revision of SBA Strategy and SBA training strategy was delayed due to new directors being appointed at both NHTC and FWD in July 2019	- Meetings and workshops to review and revise SBA Strategy (2006) and SBA Training Strategy and Training Plan (2007–12) were conducted. An SBA forum meeting chaired by directors of FWD and NHTC was held. A two-day workshop to discuss the strategies for improving training, skilling SBAs and improving enabling environment was conducted from 30 September to 1 October 2019. The training strategy will be aligned with midwifery plan. - Supported and provided input in the midwifery development plan.	Finalise the revised SBA Strategy; finalise revised SBA training strategy; Start development of revised SBA training manual and clinical mentoring guidelines (nutrition incoporated)
	Result Area I3.2: Restoration of service delivery in earthquake-affected areas			
i3.2.1	Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts	**Ongoing**	- Draft training curriculum developed and pre-tested by HI, in Nuwakot district. This was reviewed and approved by NHTC. Training and learning material was developed in August/September 2019, which has also been reviewed. The training of HAs has been planned for next quarter - Baseline data collection for the evaluation was conducted at the end of July/early August 2019 by PSD. A report was developed and submitted to DFID for review at the end of September 2019.	Training of HAs in the three districts and follow-ups will be conducted by HI. Observations of the training and monitoring visits will be undertaken by PSD, NHSSP and NHTC.
	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	Safe Motherhood and Neonatal Health (SMNH) Programme Review and the development of the SMNH Roadmap 2030	**Ongoing**	- The draft SMNH Roadmap 2030 was submitted to the Health Secretary (MoHP) by FWD with an official memo on 18 September 2019. - Costing of the roadmap is being led by a national and supported by an international consultant.	Costing of the roadmap completed Meeting with Health Secretary to present SMNH roadmap and "Nursing and Midwifery Strategy" by FWD and NSSD Sharing roadmap's major recommendations at JAR meeting as 'policy note' if

				endorsed
i3.3.2	Support the MoHP/DUDBC to upgrade infrastructure for maternity services at referral hospitals	**Ongoing**	TA given to facilitate discussion with provincial hospitals (Seti, Surkhet, Lumbhini) and provincial governments of Provinces 5, 6 and 7 for the establishment of on-site birthing units. All three hospitals are willing to establish these, and the provincial government are ready to provide the budget required.	Facilitate between NSSD and FWD to develop standard and criteria, implementation guideline for on-site birthing unit 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:** due to unclear governance of private hospitals by different levels (federal, provincial and local government)	Aama implementation guideline is not yet finalised owing to lack of clarity on the roles and responsibilities among federal, provincial and local government on the certification and renewal of contracts to private hospitals to implement Aama programme.	Aama implementation guideline finalised; support dissemination and orienting Palikas in appropriate forums
	Support FHD planning, budgeting, and monitoring of Aama and other selected DSF programmes at the revised spending unit level	**Ongoing**	Aama review is progressing as planned. RA data collection (including data on quality of care) is ongoing as of September 2019., Qualitative data, to understand QoC in particular, was collected through focus group discussions with both service users and non-users (of institutional delivery) in Rautahat District.	More filed visits and interviews, analysis Preliminary findings will be shared in November 2019 as planned
	Result Area: I3.4 Continuous Quality Improvement institutionalised			
i3.4.1	Support the DoHS to expand implementation of MSS and modular HQIP	**Ongoing** **Delayed:** Development of a mobile application for reporting to ease and	- MoHP has endorsed MSS tools and implementation guidelines for different levels of health institutions and allocated budget at all levels to implement MSS: at federal level for orientation of provincial staff; at provincial level for orientation of Palika staff; and at Palika level for the implementation of MSS at their health facilities. Both federal and provincial governments also allocated budget to their hospitals for the implementation of MSS. - TA continues in support of the introduction and monitoring of QIP at hospital level. 18 hospitals, out of 28 that were due QIP this quarter, completed the self-assessments.	Support CSD for HP-level MSS MTOT/orientation for provinces; develop orientation guideline; support provinces and develop time plan for HP MSS orientation (implementation) to Palika, especially in Provinces 2 and 5 Continue desk monitoring of old HQIP sites Support introduction of HQIP in new sites (sites to be agreed with FWD)

		improve reporting and monitoring of HQIP (alongside clinical mentoring and CEONC functionality) has been delayed at MoHP. FWD is planning to re-submit the memo to Director-General (DG) for official approval from DG level. TA will follow up on this.	Despite a lack of funds, a majority of hospitals have conducted HQIP at least once every six months; over the past six months 32 hospitals (80%) have conducted one self-assessment. Only nine hospitals did not conduct HQIP over last two quarters. Data shows that the score achieved for quality domains declined, mostly for HR and drugs. However, readiness slightly increased in this quarter. Availability of life-saving drugs, such as anti-convulsants and blood, slightly declined despite overall better readiness of the signal functions for CEONC services. - BC-QIP was conducted at 52 health facilities in this quarter. 26 HPs/PHCCs had a second QIP during this FY. There is impressive improvement in their quality and signal functions scores and the best improvement was observed in the clinical practices – 55% improvement in partograph, 66% in PNC and 81% in infection prevention.	Follow up tippani; Support development of mobile reporting application and monitoring through dashboard aligning with on-site coaching reporting
i3.4.2	Support the FHD to scale up on-site mentoring of SBAs	**Ongoing**	- NHSSP has continued to provide coordination support to FWD to implement the Palika-level coaching and mentoring programme.	Facilitate starting clinical mentoring at all CEONC sites Continue monitoring; clinical mentors trainin – one batch; Support FWD, NHTC, to develop clinical mentor development guideline; assist MoSD of Province 7 in preparation of mentors development plan Develop Surkhet Hospital as clinical mentors training site
i3.4.4	Support revision of the standard treatment guidelines/protocols and roll-out of the updated guidelines	**Ongoing**	Drafting of the Standard Treatment Protocol (STP) for BHCS package has been completed, including peer review. The draft has already been submitted to CSD, and will be finalised once the BHSP is endorsed.	CSD requested and TA is planned to support the roll-out of the BHSP/STP once endorsed

				Support FWD to start the process of revision of NMS volume 3. (Support with UNICEF)
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	**Delayed:** visit planned to three referral hospitals for training quality improvement as a result of change in NHTC staff. NHTC not able to include DFID Framework Agreements (FAs) in NHTC AWPB 2019/20		Write a CN on clinical FP (Long-acting Reversible Contraception (LARC)); coach development and share internally

Follow up visit to PoAHS/WRH Pokhara for skills assessment and coaching on FP and SBA

Rapid assessment of Surkhet Hospital for developing an IUCD and implant certified site |
| | **Result Area: I3.5 Support FWD in planning, budgeting, and monitoring of 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** | NHSSP TA continued in support of FWD in budget allocation and revision of implementation guidelines for 2019/20 AWPB. | Newborn care conference (17–18 November 2019): technical and financial support. PESON conference (29–30 November): technical paper presentation

Support Quality of Care Framework development workshop to be organised by Quality of Care Regulation Division of MoHP in November 2019 (date TBC). Participate in provincial review and NJAR meeting, supporting preparation of the NJAR |
| i3.5.2 | Capacity enhancement of local government on evidence-based planning, implementation, and monitoring of programmes aimed at LNOB and quality of care | **Ongoing** | Preliminary drafts of OCA Reference Manual, Trainers' Guide and Participants' Handbook have been prepared and are in the finalisation process. A two-day workshop was conducted to discuss the drafts of these manuals, led by the HPP team. | |
| i3.5.3 | Support to the FHD and CHD | **Ongoing** | Continued support to monitor Aama programme | |

		through RA as reported in i3.3.3. No other specific support provided.	

PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4.1	**eAWPB system being used by MoH 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	MoH Budget analysis report with policy note produced by 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 MoHP and FCGO	No activities
I4.2	**TABUCS is operational in all MoHP SUs, including DUDBC**			
I4.2.1	Revise TABUCS to report progress against NHSS indicators and DLIs	**Achieved**	A new 'chart of activity' is included in TABUCS (updated version). The user manual and training manual are being updated.	Training will be conducted to trained on updated TABCUS
I4.2.2	Support MoH to update the status audit queries in all spending units	**On track**	Provided technical support to capture the Audit queries from beginning to 2002/03. This will give a complete picture of MoHP's Audit Audit queries of 2017/18 (2074/75) have been maintained in an Excel spreadsheet	Ongoing
I4.2.3	Support the MoH to update the Systems Manual, Training Manual and User Handbook of TABUCS and maintenance of the system	**On track**	Users are supported to operate the system.	Continue to support the update of the manuals

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4.2.4	Support TABUCS by continuous maintenance of software/hardware/connectivity/web page	**Ongoing support**	Ongoing support	Ongoing support
I4.2.5	Update TABUCS to be used in DUDBC and to include data on audit queries	**Ongoing support**	Ongoing support	Ongoing support
I4.2.6	TABUCS training and ongoing support at DUDBC and concerned officials	**Ongoing support**	Ongoing support	Ongoing support
I4.2.7	TABUCS monitoring and monthly expenditure reporting	**Ongoing support**	Ongoing support	Ongoing support
I4.2.9	Support annual production of Financial Monitoring Report using TABUCS (PD 28)	**On track**	3rd FMR of FY 2018/19 is currently being prepared and is being reviewed	3rd FMR of FY 2018/19 will be finalised
I4.3	**Revise, implement, and monitor the FMIP**			
I4.3.1	Update internal control guidelines	Internal control guidelines updated on 2018 July	A new Financial Procedural and Accountability Bill, 2019, has been presented to Parliament. There is a provision to prepare and implement the internal control system.	MoHP will develop new internal control guidelines
I4.3.4	Finalise, print and disseminate the FMIP	**Achieved**	A draft revision of FMSF has shared with the MoHP & DoHS concerned personnel	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**	Discussion held on OAG 55th annual audit report in PAC and decision made. PAC has been directed (15 July 2019) to carry on the decision. NHSSP/PPFM supported to circulate to PAC direction to concerned health entities (on 3 September 2019).	NHSSP/PPFM team will continue to support
I4.3.7	Build the capacity of MoH and DoHS	**On track**	MoHP conducted a workshop on PFM functions at Dhulikhel on 8–9 September	As per MoHP and departmental request

	Activity	Status	Achievements this quarter	Planned activities for next quarter
	officers in core PFM functions		2019 for federal level health entities. A total of 32 Office Chiefs and Finance Officers participated in this workshop.	for such PFM functions, NHSSP/PPFM will provide technical support
I4.3.8	Support the process of institutionalising the IA function through IAIP and Internal Audit Status Report (PD 43)	**Achieved**	No activities scheduled in this quarter.	Internal audit data will be collected for Internal Audit 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 MoHP request NHSSP/PPFM team will provide technical support to these activities
I4.3.10	Support to PFM and Audit Committee	**Ongoing**	No formal meeting held of the Audit Committee in this quarter but informal dialogues held on PFM functions	PFM and Audit Committee meeting will be held
	Additional support (AS)/work (not included in the work plan):			
AS	**Support on DLI No. 8:** Percentage of MoH's annual spending captured by the TABUCS		86% expenditure of FY 2018/19 (2075/76) captured by TABUCS from spending units at the end of FY (16 July 2019).	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		60.99% of audited SUs responded to OAG's primary audit queries (FY 2017/18) within 35 days. The target for this year was 60%.	No activities scheduled in this quarter
I4.3.11	Support MOH 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 gospitals 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	

	Activity	Status	Achievements this quarter	Planned activities for next quarter
I4.3.19	Discuss with the best-performing governments and providers on PBGA modality	**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**	- For quality assurance in procurement of drugs, revision of technical specifications is in process. - Market analysis conducted. Enumerators are deputed in the field and data collection is in process.	Workshop will be organised for validation of the new technical specifications 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**	- Five procurement clinics conducted in MD/DoHS and MoHP. - Participated in the Training of Trainers (TOT) on Basic Logistics and Public Procurement as facilitator.	Technical support by the procurement clinics and systematic technical support on procurement functions will be continued in the following quarters

			The TOT was given to procurement personnel of HIS of Provinces 1, 2 and 3.	
I1.1.7	Support PPMO for endorsement of SBDs of FA	**Ongoing**	- Reviewed the draft document prepared by the PPMO Consultant and new document prepared.	Continuous follow-up at PPMO and request MoHP to follow up at PPMO to endorse SBD of FA
I1.1.8	Preparation and endorsement of SOP of FA	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.9	Provide TOT on FA through exposure/training	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.10	Training to MoHP and MoSD staff on FA and new SBDs	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.11	Orient suppliers on FA, SBDs and others	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.12	Revise Federal PIP and continuous monitoring and support to develop provincial PIP	**Ongoing**	- The NHSPPSF is drafted and under review at MoHP.	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**	- Two-day training workshop organised to prepare APPCompilation of e-CAPP module of TABUCS. - Two-day workshop conducted for consolidation of APP into e-CAPP system.	Continuous support and coaching on CAPP/eCAPP will be done throughout the year
I1.1.14	Support CAPP monitoring committee and regular meetings	**On time**	- Decision made to prepare CAPP of FY 2019/20 in time along with mandatory use of TSB and discussion on DLI achievements.	9th meeting will be held in October 2019

I1.1.15	e-CAPP piloting and training and link with TABUCS	**Completed**	- Completed "on-the-job" learning, providing training and technical support for data entry into the system. - Three-day workshop held to share and build consensus to the F-CAPP after online data entry into the e-CAPP module in TABUCS.	Training and support to the procuring entities for updating, revision and monitoring of the procurement activities through e-CAPP Monitoring will be done through e-CAPP module of TABUCS
I1.1.16	CAPP/e-CAPP produced with agreed timeframe	**Completed**	- The federal-level consolidated electronic annual procurement plan formed by the e-CAPP system. - PD-72 approved.	Updating and execution will be monitored through TIU/MoHP and PFM Committee
I1.1.17	Review of PPA and PPR for Health Sector Procurement	**Ongoing**	- Draft agenda for health-sector-friendly revision on PPA and PPR prepared and submitted to MoHP for discussion on high-level committee.	Follow up
I1.1.18	Support PPMO for endorsement of SBDs for Procurement of Health Sector Goods	**Delayed** SBD for the procurement of Health Sector Goods had already been prepared and submitted to the PPMO		Continuing efforts will be made to obtain endorsement from PPMO
I1.1.19	Develop RFP Document for Multiple Laboratory Testing of Medical Goods and Instruments	**Not scheduled**	Meeting with National Medicine Lab (NML), a GoN undertaking Lab, for testing of procured medicines for quality checking. Formal minute is made to test medicines procured by the Government at the NML.	Monitoring of execution of the decision
I1.1.20	Support PPMO for preparation of SBDs for, Buy-Back method and LIB	**Suspended** If the PPMO requests capacity-building programme on these	Postponed, will be performed If requested by PPMO.	Not scheduled

			procurement modalities, we will provide technical support	
I1.1.21	Training for DoHS staff on Catalogue Shopping, Buy-Back method and LIB with guideline	**Suspended** PPMO has not yet issued necessary Standard Documents for these methods	Postponed	Not scheduled
I1.1.22	Capacity building on procurement system in federal, provincial and local government	**Ongoing** Facilitating the provincial government in procurement functions by visiting and distance coaching	- Capacity building by use of SOP for the standardisation of the procurement of drugs and e-GP is in continuous process. - Facilitated on the TOT on Basic Logistics and Public Procurement. The TOT was given to procurement personnel of HIs of Province 1, 2 and 3.	Support provincial procurement trainings
I1.1.23	Implementation and monitoring of guidelines for catalogue shopping, buy-back method and LIB	**Suspended** PMO has not yet issued necessary Standard Documents for these methods	**Postponed**	Not scheduled, technical support to be provided to PPMO if required
I1.1.27	Develop and implement procurement monitoring framework	**Not scheduled**	Online e-CAPP monitoring system enhanced within TABUCS and a focal person for monitoring and reporting endorsed by MoHP.	Regular support to focal person for monitoring is planned Quarterly workshop for monitoring will be planned after three months of implementation of e-CAPP
I1.1.26	Continuous Implementation of Procurement Clinic at MD and MoHP	**Ongoing**	Three 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 governemnts through e-learning	**Ongoing**	Ten technical specifications in Medical Equipment category and 13 technical specifications in Pharmaceuticals category added to the TSB.	It is a continuous process

I1.2.3	Updating of Specification bank with coding drug and equipment	**Ongoing**	Revision and updating of Pharmaceuticals, Vaccines and Medical Equipment prepared in draft version.	Finalisation by the TWG of MD Workshop will be organised for validation of new specifications 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**	TSB and e-CAPP linkage in TABUCS developed.	e-CAPP restructuring for TSB and contract management data will be discussed with DoHS and MoHP officials in coming quarters
I1.2.6	Monitoring of TSB usage	**Ongoing**	- More than 700 users registered in the TSB monitored. - More than 17,000 downloads and more than 11,000 searches for different specifications have been recorded to date.	It is a continuous process
I1.3	**PPMO e-GP is used by LMD for an expanded range of procurement functions**			
I1.3.3	Develop procurement audit (compliance) system	**Not scheduled**	Postponed	
I1.3.4	Web-based Grievance-handling and Redressal Mechanism (GHRM)	**Already Completed** The web-based GHRM is in use in DoHS-MD	- Focal person in MD/DoHS endorsed.	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 & SCM monitoring meeting of drugs.	
I1.3.6	Train MoHP 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

EVIDENCE AND ACCOUNTABILITY

	Activity	Status	Achievements this quarter	Planned activities for next quarter
	EVIDENCE AND ACCOUNTABILITY			
	Result Area I5.1: Quality of data generated and used by districts and facilities is improved through the implementation of the RDQA system			
I5.1.1	Support development of RDQA tools for different levels and their roll-out (PD 33)	**Completed:** The web-based RDQA tool along with the eLearning materials (PD 33) were developed and approved by DFID. Please visit www.rdqa.mohp.gov.np	- Feedback from the users and learning from the implementation were documented and discussed with the PPMD and IHIMS officials. - The RDQA tools are being updated.	Complete updating the RDQA system based on feedback from the users and learning from the implementation Support MoHP in monitoring of progress of the implementation and documentation of the learnings
I5.1.2	Support institutionalisation and roll-out of RDQA at different levels	**Ongoing**	- Ongoing support to the IHIMS, MD, to review the activities related to implementation of RDQA in the AWPB 2019/20 of different programme divisions and centres for more effective and harmonised implementation.	Support IHIMS in effective implementation of RDQA activities in collaboration with different programme divisions and centres Continuous follow-up on the action plans of health facilities and governing authorities as a part of the RDQA implementation
	Result Area I5.2: MoHP has an integrated and efficient HIS and has the skills and systems to manage data effectively			
I5.2.1	Support development of a framework for improved management of HISs at the three levels of federal structures	**Completed:** 'Health Sector M&E in Federal Context'; an M&E guideline was developed last year.	Supported the LL sites in implementation of the defined functions (see Activity I5.2.2 and I5.2.5 below).	Continuous engagement with the LL sites and federal government counterparts to support them in implementation of the defined functions
I5.2.2	Support effective implementation of the defined functions at different levels	**Ongoing**	- Supported Ajayameru Rural Municipality (Dadeldhura District, Sudur Paschhim Province) in initiating e-reporting of HMIS from all health facilities in the municipality	Continuous engagement with LL sites and federal government counterparts to support effective implementation of the defined

	Activity	Status	Achievements this quarter	Planned activities for next quarter
			(See Activity I5.2.5 below). - Worked with WHO to support the PPMD to develop a standard template of 'Provincial Health Profile'.	functions Finalise the template of provincial profile and support in preparation of the profile
I5.2.3	Support development, implementation, and customisation of the EHR system (PD 45)	**Ongoing**	- TA has been supporting the IT Section of the MoHP to prepare guidelines for effective implementation of the EHR at health facilities, aligned with National eHealth Guideline (See Activity I5.2.7 below). - TA has been given to work with USAID, GIZ, WHO to support the MoHP in preparation of the e-health readiness assessment questions to be included in the forthcoming Nepal Health Facility Survey 2020 questionnaire.	Finalise the EHR guideline in consultation with other stakeholders Finalise the e-health readiness assessment questions for the Nepal Health Facility Survey 2020 Support one health facility in one of the LL sites for installation of EHR system in consultation with IHIMS and IT Sections
I5.2.5	Support expansion and institutionalisation of electronic reporting from health facilities	**Ongoing**	- In response to the request from Ajayameru Rural Municipality (Dadeldhura District, Sudur Paschhim Province), support was given to the Municipality to provide training to two staff from each of the six health facilities in the Palika on e-reporting of HMIS in DHIS2 platform on 29-31 August 2019 in Dadeldhura. As a result, the RM has provided computer and Internet facilities to all six facilities, which are now capable of e-reporting of HMIS on the DHIS2 platform. - Supported IHIMS, MD, DoHS to draft 'Roadmap for Strengthening of HMIS', which prioritises reform activities such as expansion and institutionalisation of e-reporting from	Support IHIMS, MD to finalise the HMIS data for the FY 2018/19 Support LL sites to initiate e-reporting of HMIS from health facilities Engage with IHIMS to follow up and provide on-site coaching to ensure timely e-reporting from health facilities through effective use of HMIS dashboard Support IHIMS to finalize the

	Activity	Status	Achievements this quarter	Planned activities for next quarter
			- facilities and use of data at all levels. - Supported IHIMS for HMIS data entry of private health facilities of Kathmandu District. - NHSSP Data for Decision Making Coordinator, participated in DHIS2 academy workshop to support IHIMS, MD in customisation of DHIS2 as per the local need.	HMIS roadmap
I5.2.6	Support development of OCMC software and update the SSU software	**Ongoing**	- Technical discussions held with government counterparts and IT experts for development of the OCMC and SSU recording and reporting tools on the DHIS2 platform.	Initiate development of the OCMC and SSU recording and reporting tools on the DHIS2 platform
I5.2.7	Support the development of a guideline for effective operationalisation of e-health initiatives (PD 66)	**Ongoing**	- TA given to finalise the National eHealth Guideline, alongside MoHP, WHO, GIZ, Possible Health and Medic Mobile. - In response to an MoHP request, TA was given to translate the guideline into Nepali language; the MoHP has submitted it for endorsement from the Minister. - The Nepali version of the guideline was approved by DFID on 18 July 2019.	Publication of the final guideline, once endorsed by the Minister; the updated English version will be submitted to DFID Support MoHP in preparation of EHR guideline in line with the National eHealth Guideline (See Activity I5.2.3 above)
I5.3	**MoHP has robust surveillance systems in place to ensure timely and appropriate response to emerging health needs**			
I5.3.1	Support strengthening and expansion of MPDSR in hospitals and communities	**Ongoing**	- Supported FWD in revision of MPDSR implementation guideline in federal context. - Implementation of MPDSR at facility and community levels is now the responsibility of provincial and local governments and FWD has allocated budget accordingly. - Guideline has been developed for provincial and local governments for implementation of MPDSR at provincial and local levels. - Supported FWD in revision of web-based reporting tools.	Support local governments in LL sites in strengthening surveillance and response mechanism Work with FWD and the focal persons at the local governments for effective implementation of MPDSR at the local level
I5.3.2	Develop and support	**Delayed:** The FCHV	No specific inputs were provided except	Continue engaging with

	Activity	Status	Achievements this quarter	Planned activities for next quarter
	implementation of a mobile phone application to strengthen MPDSR	strategies and community health services strategies have not been yet finalised.	continuation of discussion with key stakeholders (FWD, WHO, Medic Mobile)	stakeholders at all levels
I5.3.3	Collaborate with health academic institutions to enhance their capacity to lead institutionalisation and expansion of MPDSR at the provincial level	**Delayed:** Discussions with MoHP, WHO and USAID to advocate for collaboration with the provincial Academy of Health Sciences continued.	TA given to continue discussion with the focal person at SSBH/USAID to collaborate with Karnali Academy of Health Sciences for strengthening of MPDSR at the provincial level. SSHB has been coordinating at the provincial level and NHSSP at the federal level.	Continue engagement with stakeholders at different levels At the LL sites (Pokhara and Itahari), support local governments to collaborate with the local health academic institutions for strengthening of MPDSR
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); work is in progress to update other e-learning materials	Review of the MPDSR reference materials in line with the revised guideline is in progress.	Update and/or develop e-learning materials related to MPDSR in line with the revised guideline and publish them on the FWD website
I5.3.5	Support effective implementation of EWARS on the DHIS2 platform with a focus on use of data in rapid response to emerging health needs	**Ongoing**	- EDCD has started orienting the sentinel sites to move the EWARS reporting to the DHIS2 platform. - During this quarter (12 weeks from July to September 2019) EWARS reported 4,158 Dengue cases. - Supported EDCD to develop reference materials (FAQ) related to Dengue. - In response to the request from EDCD, initiated discussion to develop Dengue management operational guideline for paramedics and orient them in Dengue-	Support EDCD to update and/or develop the e-learning materials related to Dengue and other diseases Support in development of Dengue management operational guideline for paramedics and orient them in Dengue-affected LL sites

	Activity	Status	Achievements this quarter	Planned activities for next quarter
			affected LL sites.	
I5.4	**MoHP has the skills and systems in place to generate high-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**	Supported MoHP to plan for consultation with programme divisions and centres to develop tools for the forthcoming NHFS 2020.	Support MoHP to finalise the NHFS 2020 tools in consultation with programme divisions and centres
I5.4.2	Analyse HMIS and national-level survey data to better understand, monitor and address equity gaps (PD 20 & 53)	**Ongoing**	- TA given, in consultation with MoHP and DoHS counterparts, to initiate analysis of NDHS 2016 data to assess the 'Effect of distance to health facility on use of institutional delivery in Nepal'. Supported IHIMS in update of HMIS data for FY 2018/19 and preparation of annual report. - Supported FWD in analysis of HMIS and NDHS series data for strategic review of Aama programme. - Worked with the SD team to support FWD to develop CEONC sites monitoring framework.	Support IHIMS in preparation of DoHS annual report 2018/19 Finalise and disseminate the secondary analysis on 'Effect of distance to health facility on use of institutional delivery in Nepal'
I5.4.3	Support development of a survey plan to meet health sector data needs with focus on NHSS RF and IP, Sustainable Development Goals (SDGs) and DLIs and their implementation	Development of survey plan completed (the 'Health Sector M&E in Federal Context', including the survey plan to meet health sector data needs) and its implementation is in progress (see Section I5.4.1 above).	- Supported MoHP in analysis of the DLI equity-monitoring indicators (DLI 12) revising them in the changed context. At the meeting held on 2 July 2019 at the MoHP, it was agreed to continue using 'districts' as measuring/ monitoring units; revise the targets for 2018/19 and 2019/20 based on the transitional federal context particularly the effects of human resource adjustment; and procurement and supply chain in the federal structures. - EA and SD workstreams supported CSD, DoHS, in review of the draft baseline report on 'Evaluation of Task-shifting of Basic	Continue supporting MoHP in monitoring the progress on the DLIs

	Activity	Status	Achievements this quarter	Planned activities for next quarter
			Rehabilitation Services at Primary Health Care Level in Nepal'.	
I5.4.4	Support MoHP in improving evidence-based reviews and planning process at different levels – concept, methods, tools, and implementation (including use of QIMIS)	**Ongoing**	- Supported MoHP in planning of NJAR 2018/19, scheduled in third week of November 2019. - Supported MoHP in planning of review of 12th, 13th and 14th periodic plans and 40 years of primary health care implementation at country level, which will guide the next cycle of NHSS. - Drafted the compendium of indicators in the 15th periodic plan and QIMIS.	Support MoHP in planning and implementation of NJAR 2018/19 Support MoHP in review of 12th, 13th and 14th periodic plans and 40 years of primary health care implementation at country level Finalise the compendium of indicators in the 15th periodic plan and QIMIS
I5.4.5	Support the development of evidence-based programme briefs (2 pager/program) for the elected local authorities and to be disseminated	**Ongoing**	- TA given in consultation with MoHP counterparts and MEOR to prepare policy briefs on the following areas: - Improving quality of HMIS data through web-based RDQA, - Use of HMIS data in reviews and planning. - Stock -take of health information management and M&E in the Constitution, Acts, Regulations, Policies, Strategies and Cabinet Decision - Local government profile of the LL sites using HMIS and other available data.	Finalise the policy briefs currently in progress and plan for others in consultation with MoHP counterparts and MEOR
I5.4.6	Support partner and stakeholder engagement forums for better coordination and collaboration and informed decision-making (M&E TWG)	**Ongoing**	- Facilitated MoHP in organising technical meetings and provided technical inputs: - Plan for the NHFS 2020 (4 Sep 2019) - Finalize the NHSS MTR draft report (30 Sep 2019) - Plan for the NJAR 2018/19 (30 Sep 2019).	Continue supporting MoHP in coordination and collaboration with EDPs and stakeholders

	Activity	Status	Achievements this quarter	Planned activities for next quarter
I5.4.7	Support development of health M&E training packages for the health work force at different levels	**Ongoing**	Briefed the new NHTC Director on the rationale, importance and process of developing the M&E training packages for the health workforce at different levels as a part of induction training being conducted by the NHTC.	Work with IHIMS and NHTC to develop the health M&E training packages for the health work force at different levels to be included in induction training package developed by NHTC
I5.5	**MoHP has established effective citizen feedback mechanisms and systems for public engagement in accountability**			
I5.5.1	Strengthening and sustaining of social audit of health facilities: revise guideline in the changed context, develop reporting mechanism and enhance capacity of partner NGOs	**Ongoing**	TWG has been formed and its first meeting was held at the CSD, DoHS. NHSSP developed the 'Strategic Review of Social Audit in the Health Sector', which was discussed and agreed in meetings in September 2019.	Complete the strategic review of social audit in health sector in consultation with the CSD, DoHS and other stakeholders
I5.5.2	Support development and operationalisation of smart health initiatives, including grievance management system for transparency and accountability	**Ongoing**	TA provided, together with WHO and GIZ, to the MoHP and CSD, DoHS, in their planning of developing and scaling-up of telemedicine. It was agreed that the EDPs will support in development of the guideline, while CSD will manage implementation and monitoring through its AWPB. It has also been agreed that CSD will ensure inclusion of authentication of telemedicine services in the 'Public Health Service Regulation' being drafted by the MoHP.	Support CSD, DoHS in development of guideline for operationalization of telemedicine services
I5.5.3	Establish and operationalise policy advocacy forums through development of the approach and tools	**Ongoing**	- Meeting held with MoHP focal person, NHSSP and MEOR on 11 September 2019 to agree on the concept of the Knowledge Café	Work with the MoHP and MEOR to finalise the concept and modality of Knowledge Café and implement it

HEALTH INFRASTRUCTURE

Activities	Status	Achievements this quarter	Planned for next quarter

	HEALTH INFRASTRUCTURE			
	Result Area I7.1: Policy Environment			
I7.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	**On time**	Supported HEDMU/MoHP in developing the learning resource package led by NHTC. Provided input in the 4-day workshop on workshop on finalising a Learning Resource Package (LRP) for health emergency and disaster management in Nepal.	Supporting HEDMU/MoHP on health sector disaster preparedness as required
I7.1.2	Upgrade HIIS to integrate functionality recommendations	**Ongoing**	Geodatabase feature 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 update 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.	The data from the assessment will be tabulated and analysed to develop a comprehensive report
I7.1.3	Transfer HIIS to MoHP, support institutionalisation of the tool and enhance capacity in its use	**Ongoing**	Government counterparts have been working alongside the HI team in different planning and interaction programmes and thus have acquired know-how and understanding of usage and implementation aspects of HIIS.	The HI team will initiate a gap and readiness analysis of MoHP's capacity to take full ownership of HIIS, and develop a timeline and implementation plan in coordination with the EA team, in line with e-health strategy
I7.1.4	Revision of the NNBC in relation to retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	Consultants have been hired and product solicited from them for four handbooks.	Draft 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**	- Engagement with Retrofitting Alliance Nepal (RAN) for the development of standards has been established and is progressing. - The International Expert - Senior Structural Advisor from Miyamoto is working on the review report of the existing codes and guidelines on seismic assessment and retrofitting designs incoporating the draft seismic design code of Nepal (NNBC 105) and international guidelines/standards from India, New Zealand, and the USA.	Submission of the report and its content to the DUDBC RAN for their feedback
I7.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	**On time**	Assessment of health facilities in districts with LL sites completed, which addresses data for implementation of some aspects of the guideline and consideration of climate-friendly design in HI design and construction. Use of passive solar energy design considered as climate-friendly design in upgrading of health facility in Karnali Province.	The analysis of the assessment data will generate a preliminary profile for climate change, which can be used to guide the health facility design, development and construction. Dissemination of the preliminary profile in the selected LL sites and collection of feedback to update planning
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 Health Infrastructure Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with LNOB good practice and orient infrastructure stakeholders on these	**Ongoing**	- An orientation to the contractor working in the construction of the decanting space in WRH Pokhara was completed during the quarter on 26 September 2019. - The provisions made in the contract document regarding the GESI and LNOB agendas, including worker's health and safety, were discussed in the joint meeting conducted at DUDBC PIU. - GESI/LNOB, environmental protection and health and safety issues have been incorporated into the final bidding document for main retrofitting works.	Continuation of the orientation programme to prospective bidders during main retrofitting bidding process and pre-bid meetings. Orientation to the contractor on the provisions of GESI/LNOB, environmental protection, and health and safety issues

I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Completed**	Collection of evidence from different events organised at federal, provincial and local levels and from the issues raised during policy development workshops previously organised.	Work on finalisation of repair and maintenance guidelines, linking them with capital investment policy and categorisation of health facilities; forward completed text to MoHP for endorsement
I7.1.10	Development of recommendations on health facility waste management improvement, focusing on legal and coordination aspects	**Ongoing**	Draft handbook developed.	Finalisation of the handbook
Result Area I7.2: Capacity Enhancement				
I7.2.1	Ongoing capacity development support to MoHP/DUDBC, including capacity assessment, as well as formation of a Capacity Enhancement Committee	**Ongoing**	- Architectural design work for a city hospital in Budhanilkantha Municipality. - Completion of DPR study and conceptual masterplan, TOR for consultant hiring for Ramraja Prasad Singh Academy of Health Science. - Supported Kanti Children's Hospital on the request of MoHP for the extension of Operation Theatre and Surgical Ward, including cost estimates. - Conceptual design of Provincial Medical Store at Karnali Province, Gandaki Province and Province 2 have been initiated. - As part of infrastructure development support to Karnali Province, infrastructure assessment of 11 hospitals has been completed for Karnali Province. - Ongoing support for reconstruction of health facilities.	Presentation of infrastructure assessment and gap analysis of Hospitals in Karnali Province Completion of the Handover process of Manthali Hospital in Ramechhap Support Karnali Pradesh for the upgrading of hospitals and for tendering procedures of selected civil works for the upgrading of hospitals Ongoing support for reconstruction of health facilities
I7.2.2	Training Needs Analysis for MoHP, DUDBC and Construction Contractors and Professions	**Completed**	Ongoing process to address the new needs of training.	Updating of Training Needs Analysis will be carried out as required in coordination with counterparts

	Training programme implementation Y	**Planned**	Start of in-service training for Senior Development Engineer of DUDBC.	Policy Dialogue Workshop on different infrastructure-related policy issues Completion of the in-service training Training conducted for construction professionals and contractors on retrofitting bids, norms and rate analysis and technicalities involved in retrofitting to achieve a fairer and more transparent bidding procedure and increase participation
	Design training programmes, identify target groups, design training methodology and modules	**Ongoing**		Adaptation of evidence-based methodology in training design
I7.2.12	Design and Roll-out of Roadshows & Information Sessions in Priority Districts (PD 47)	**Completed**	Roadshows for two priority districts completed. PD achieved this quarter.	
	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 policy development workshops, in-service trainings, roadshows.	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)	**On time**	Multiple sessions of review with DUDBC carried out. Recommendation from the review adapted into design documents.	Joint design review by DUDBC and NHSSP for WRH Pokhara main retrofitting works
	Engagement of MoHP/DUDBC in design and tendering	**On time**	- A joint review of the designs, drawings, cost estimates and tender document of Bhaktapur Hospital main retrofitting works completed. The work schedule has been updated. - Updated work schedule along with the updated bidding document for the main retrofitting works for the Bhaktapur Hospital has also been shared with the PPFM for their comments.	A joint review of the designs, drawings, cost estimates and tender document of Bhaktapur hospital main retrofitting works WRH Pokhara hospital main retrofitting works

I7.3.7	Preparation of final drawings	**On time**	Final Drawings on architectural, structural, electrical and sanitary for main retrofitting works completed.	
I7.3.8	Production of Bills of Quantities	**On time**	- Compilation of detailed price quotations for the rate analysis of items that were not mentioned in the government schedule of rates. - A joint review with DUDBC for the items included in the provisional sum for the BOQ completed.	
I7.3.9	Tender process and contractor mobilisation (PD 40)	**On time**	- Technical bid evaluation ongoing for decanting tender at Bhaktapur Hospital. - The contractor for construction of decanting block at WRH Pokhara has been mobilised in the site; cordoning-off the construction site, earthwork in excavation, and foundation works up to the plinth level have been completed.	Tender process for main retrofitting works at both hospitals will be completed Tender process for service decanting in both hospitals will be completed
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of first phase (PD 55)	**On time**	- Support was provided by NHSSP to DUDBC PIU in Pokhara for layout of the site for foundation digging, and for orientation of the drawings and the terms and conditions of contract to the contractor. - Formation of TWC and a higher-level Monitoring Committee.	Continuation of the supervision of construction works both in Bhaktapur and WRH Pokhara Continuation of the meetings for progress updates

GENDER AND SOCIAL INCLUSION

Activity		Status	Achievements this quarter	Planned activities for next quarter
GENDER EQUALITY AND SOCIAL INCLUSION				
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 gender-responsive budget guidelines, (incl. in Y2 revision of GESI Operational Guidelines)	**Completed**	Incorporated comments received from MoHP and finalised the guidelines and submitted for approval.	Follow up on approval process; 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 MoHP 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 Gender Equality and Social Inclusion Strategy	**Completed**	Tracking progress and supporting MoHP to make revisions required by Cabinet.	Print the strategy; disseminate to a wide audience; initiate development of GESI Strategy Implementation Plan for federal level
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines.	**Delayed:** Awaiting the approval of the revised Health Sector Gender Equality and Social Inclusion Strategy.	No specific activities have taken place due to delay in approval of Health Sector GESI Strategy.	Initiation and establishment of GESI institutional mechanism at MoHP
I2.4.3	Develop National Mental Health Strategy and Action Plan	**In Progress**	The first draft of the strategy and action plan has been shared with stakeholders at provincial and local level. Continue engaging with stakeholders at all levels.	Support finalisation of the mental health strategy and action plan: Standardisation of Psychosocial Counselling Curricula
I2.4.4	Develop guidelines for disabled-friendly health services	**Completed**		NHSSP will facilitate approval of guideline and print
I2.4.5	Revise Social Service Unit and One Stop Crisis Management Centre Guideline	**Completed:** OCMC Guidelines **In Progress**: SSU Guidelines	Consultation with concerned stakeholder on the revised first draft of SSU guidelines.	Finalise the SSU operational guideline; print revised OCMC and SSU guidelines
I2.4.6	Develop SOP for Integrated Guidelines for Services to GBV survivors (Year 1), and support roll-out of National Integrated Guidelines for the Services to GBV Survivors (Year 2)	**Postponed/Delayed**: This activity was postponed by the MoWCSC in consultation with MoHP due to ongoing staff changes and transfer of the Joint Secretary who had supported this. A meeting has been held with the new	Awaiting the decision from the Ministry of Women, Children and Senior Citizens (MoWCSC) regarding the guidelines.	No inputs are scheduled for the next quarter

		Joint Secretary (Ms Rudra Sharma) to share concerns and plan further action next quarter.		
I2.4.7	National- and provincial-level reviews of OCMCs and SSUs	**Completed**	Successful completion of the reviews of OCMCs and SSUs. Sharing of best practices and lessons learned, including reaching consensus with high-level official of MoHP about the core problems of SSUs, OCMCs and geriatric health services.	Orientation to MoHP and DoHS on revised GESI Strategy
I2.4.8	Capacity enhancement of GESI focal persons and key influencers from the MoHP and DoHS on GESI and LNOB aspects	**Delayed:** Orientation to MoHP and DoHS will proceed when the revised GESI Strategy receives Cabinet approval. As a result of delayed approval, this activity has been halted.		
I3.1	**RESULT AREA: The DoHS increases coverage of under-served populations**			
I3.1.10a	Strengthening and scaling-up of OCMCs	**Ongoing:** Scoping for the new establishment; plan and conduct GBV medico-legal training.	To date, 54 districts covered. More than 7,500 GBV survivors received services from OCMCs.	Strengthen newly established OCMCs; scope two new OCMCs; GBV medico-legal training of medical officers from hospitals with no doctors trained on GBV medico-legal issues.
I3.1.10b	Support the strengthening of OCMCs through mentoring/monitoring and multi-sectoral sharing and consultation	**Ongoing:** Regular visits and consultations with key partners and hospital teams, coaching and mentoring from a distance.	Meaningful collaboration and coordination has increased in 36 districts as reported by OCMC Focal Persons.	Mentoring and follow-up support to selected newly established OCMC hospitals; multi-sectoral orientation at Phaplu Hospital, Solukhumbu; conduct "You are Not Alone" Workshop with GBV survivors in Surkhet district.
I3.1.11	Supporting the roll-out the GBV clinical protocol	**Ongoing:** Scoping for the roll-out of the GBV clinical protocol has been completed in four hospitals and OJT has been	Conducted scoping for OJT on GBV Clinical Protocol roll-out in four hospitals.	Follow-up support and monitoring of training sites; Conduct one round of TOT on GBV clinical protocol (15 persons) from four selected

		scheduled from November in these sites.		hospitals.
I3.1.12	Rolling out the GBV SOP (after approval)	**Not scheduled**	The SOP will be developed once the Integrated Guidelines for Services to GBV Survivors have been approved by Cabinet.	
I3.1.13a	Scaling up SSUs	**Ongoing:** Scoping for the establishment of new SSUs in two districts.	35 SSUs are operating effectively in most of the referral hospitals.	Support the establishment of new SSUs at Dadeldhura and Tulshipur Hospitals; update the status of all 35 SSUs, including reporting for the dashboard
I3.1.13b	Support for the 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.	Total number of target group patients receiving services in 2018/19 was 170,143.	Mentoring and follow up support to select new SSUs; plan capacity building for five new SSU-based hospitals
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.	Orientation on GESI-LNOB and targeted interventions in Province 2 and Karnali. Provide TA support to IOM/Nursing Department for the inclusion of GESI in their curricula