Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
October 2019 to December 2019

Disclaimer

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ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AS	Additional Support
ASBA	Advanced Skilled Birth Attendant
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BHSP	Basic Health Services Package
BoQ	Bill of Quantity
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
DDA	Department of Drug Administration
DFID	UK Department for International Development
DG	Director-General
DHO	District Health Office
DoHS	Department of Health Services
DPR	Pre-Detailed Project Report
DSF	Demand-side Financing
DUDBC	Department of Urban Development and Building Construction
e-GP	electronic Government Procurement
eAWPB	electronic Annual Work Plan and Budget
eCAPP	electronic Consolidated Annual Procurement Plan
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
EHR	Electronic Health Records
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
FMSF	Financial Management Strategic Framework
FP	Family Planning

FWD	Family Welfare Division
FY	Fiscal Year
GAVI	Gavi, the Vaccine Alliance
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GHRM	Grievance-handling and Redressal Mechanism
GHTA	General Health Technical Assistance
GIZ	German Corporation for International Cooperation
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HA	Health Assistant
HFOMC	Health Facility Operation and Management Committee
HI	Health Infrastructure
HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HP	Health Post
HQIP	Hospital Quality Improvement Process
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HVAC	Heating, Ventilation and Air Conditioning
IA	Internal Audit
IAIP	Internal Audit Improvement Plan
IFPSC	Integrated Family Planning Service Centre
IHIMS	Integrated Health Information Management Section
INGO	International Non-governmental Organisation
ISC	Itahari Sub-metropolitan City
IT	Information Technology
IUCD	Intrauterine Contraceptive Device
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
KfW	German Development Bank
LARC	Long-acting Reversible Contraception
LL	Learning Lab
LMBIS	Line Ministry Budgetary Information System
LMD	Logistics Management Division
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MA	Market Analysis
MD	Management Division
MEOR	Monitoring, Evaluation and Operational Research
mHealth	Mobile Health
MIS	Management Information System
MNH	Maternal and Neonatal Health
MoF	Ministry of Finance
MoFAGA	Ministry of Federal Affairs and General Administration

MoSD	Ministry of Social Development
MoWCSC	Ministry of Women, Children and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
MuAN	Municipal Association of Nepal
MWRH	Mid-western Regional Hospital
NARMN	National Association for Rural Municipalities
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
NHIDS	Nepal Health Infrastructure Development Standards
NHSP	Nepal Health Sector Programme
NHSPPSF	Nepal Health Sector Public Procurement Strategic Framework
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NJAR	National Joint Annual Review
NML	National Medicine Lab
NNRFC	National Natural Resources and Fiscal Commission
NPC	National Planning Commission
NPR	Nepalese Rupees
NRCBT	National Research Centre for Building Technology
NRA	National Reconstruction Authority
NSI	Nick Simons Institute
NSSD	Nursing and Social Security Division
NSV	No-scalpel Vasectomy
OAG	Office of the Auditor General
OCA	Organisational Capacity Assessment
OCAT	Organisational Capacity Assessment Tool
OCMC	One-stop Crisis Management Centre
OJT	On-the-job Training
OPD	Outpatient Department
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
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalisation Division
PHSA	Public Health Service Act

PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PNC	Postnatal Care
PoAHS	Pokhara Academy of Health Sciences
PPFM	Procurement and Public Financial Management
PPMD	Policy, Planning and Monitoring Division
PPSF	Public Procurement Strategic Framework
PSD	Partnership for Sustainable Development
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
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
TL	Team Leader
ToT	Training of Trainers
TSB	Technical Specification Bank
TWC	Technical Working Committee
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
VfM	Value for Money
VSC	Voluntary Surgical Contraception
VSP	Visiting Service Provider
WHO	World Health Organization
WRH	Western Regional Hospital

CONTENTS

EXECUTIVE SUMMARY

Précis

This report is the tenth quarterly update of the Nepal Health Sector Support Programme III (NHSSP III), covering the period from 1 October to 31 December 2019. This quarter NHSSP supported the Federal Ministry of Health and Population (FMoHP) to prepare for and conduct the National Joint Annual Review (NJAR). Proactive participation by the new Minister of Health and representatives from all spheres of government enhanced the NJAR's success. Support was also provided to the development of the 15th Periodic Plan and to prepare for the development of the next five-year Nepal Health Sector Strategy (NHSS).

NHSSP staff continued to maintain close working relationships with key stakeholders and other partners, including: NHSP III suppliers; the UK Department for International Development (DFID); External Development Partners (EDPs); FMoHP; and the Ministry of Finance (MoF). There were ten Payment Deliverables (PDs) submitted this quarter and approved by DFID. An additional two PDs were put back by ongoing delays from the Department of Urban Development and Building Construction (DUDBC): PD 40.1 (Tender Documents and Invitation to Tender for Decanting Services) and PD 55 (Decanting Space Construction). These were postponed to April and January 2020, respectively. All PDs submitted were developed in consultation with relevant government counterparts ***– Please refer to Annex 3 for the complete list.***

The NHSSP Team Leader (TL) unexpectedly resigned this quarter, and the Deputy TL took over as Acting TL. Despite the change in leadership, the NHSSP Senior Management Team (SMT) delivered effectively and efficiently against their work plans, with no significant gaps. External relationships continued to thrive.

Development context

The implementation of federalism, emphasising coordination, cooperation and evolving coexistence among the three spheres of government, remained a major focus. This quarter saw continued dialogue with Sub-national Governments (SNGs) on executing shared responsibilities and identifying priorities across the three spheres of government. However, full clarity on respective roles and responsibilities in several areas (e.g. procurement, role of provincial health offices) is still lacking. Staff adjustment continued to be a major priority for the health sector and remained challenging. Within FMoHP itself, Mr. Bhanubhakta Dhakal was appointed as Health Minister, and Mr. Nabaraj Raut as State Minister.

Technical Assistance

Despite the change in team leadership, NHSSP's SMT continued to provide overall strategic leadership and management support to the team. NHSSP provided Technical Assistance (TA) to FMoHP and the health sector in a rapidly changing health environment. Further examples of successes this quarter include:

- The Aama Review was completed, with findings presented in the NJAR and an EDP meeting. Further dissemination is expected in the following quarter.
- The draft Safe Motherhood and Neonatal Health (SMNH) Roadmap 2030 was approved by the Department of Health Services (DoHS) and submitted to the Health Secretary for his approval.
- FMoHP endorsed the Minimum Service Standards (MSS) tools for all levels of health institutions, and NHSSP supported the development and printing of implementation guidelines.
- TA was provided to the Financial Comptroller General Office (FCGO) to integrate the Chart of Activity in the Sub-national Treasury Regulatory Application (SuTRA), and to revise recording, reporting, and accounting forms, resulted in the Transaction Accounting and Budget Control System (TABUCS) and SuTRA now being able to capture health sector budget and expenditure from all spheres of government.

- Tendering for retrofitting for Bhaktapur Hospital and Western Regional Hospital in Pokhara (WRH) was completed, and decanting work begun.
- The Gender-responsive Budget Guidelines were approved by the FMoHP, and the Disability Inclusive Health Service Guidelines were amended and submitted to the Epidemiology and Disease Control Division (EDCD) for approval.
- Three new One-stop Crisis Management Centres (OCMCs) were established, and eight OCMCs across all seven Provinces conducted programmes in line with the "16 Days of Activism against GBV [Gender-based Violence]".
- The revised OCMC Guidelines have been approved by the FMoHP.
- The Health Sector Partnership Guidelines, to provide guidance for partnering with International Non-governmental Organisations (INGOs) and the private sector, amongst others, have been updated based on feedback from the MoF, and submitted to the FMoHP for endorsement.
- Drafting began of the new National Health Training Strategy, which will adjust to the federal structure.
- NHSSP supported the development of the Gandaki Provincial Health Policy.
- The final draft of the Organisational Capacity Assessment (OCA) manuals has been sent to the National Health Training Centre (NHTC) for review.
- Several activities were conducted at Learning Lab (LL) Palika sites, including: the development of a Health and Sanitation Act in Dhangadhimai Municipality; beginning the development of a Health, Nutrition, and Sanitation policy in Kharpunath Rural Municipality (RM); and the drafting of Health Facility Registrations, Licensing, and Renewal Guidelines 2076 (for regulating health facilities) in Itahari.
- The Mobile Health (mHealth) pilot with Female Community Health Volunteers (FCHVs) ("Mobile Chautari") was rolled out to 800 FCHVs, with results expected in the next quarter.
- A five-year analysis of the Nepal Health budget (2015/16–2019/20) was conducted and will be disseminated in the next quarter.
- The "Market analysis of free essential medicine under the free essential medicine package" was completed and will be disseminated in the next quarter.
- NHSSP, in coordination with Monitoring, Evaluation and Operational Research (MEOR), worked with the FMoHP to analyse the equity gap in health service utilisation; findings were used in the NJAR and Aama Review.
- The accredited 30-day in-service Training Course of Class II-level government officers in the Health Infrastructure (HI) development sector was completed this quarter. The course was offered in response to capacity demands arising from decentralised governance.
- Other trainings and orientations were provided across all workstreams and spheres of government. ***Details can be found in Annex 1***.

Conclusions and strategic implications

This has continued to be a productive quarter for NHSSP, who have responded well to the ongoing challenges of federalism within the health sector. NHSSP has demonstrated key support and skills strengthening not only *within each of* but importantly *across* the three spheres of government. The coming months will bring both internal challenges and opportunities, as new team leadership and the Nepal Health Sector Programme III (NHSP III) extension take shape, along with the continuing evolution of the health system. NHSSP remains in a confident position to continue providing timely and appropriate support to government, as well as providing leadership within NHSP III.

The Health Minister has reportedly focused on, amongst other things, providing high-quality health services, in both public and private facilities, in order to meet the needs of the people. This perspective, along with his overall proactive style, offers an opportunity for NHSSP to push for progress on the Basic Health Services Package (BHSP), Skilled Birth Attendants

(SBAs) Strategy, and perhaps even Cabinet approval of the health sector Gender Equality and Social Inclusion (GESI) strategy. It also offers a conducive environment for agreeing expansion plans to sub-national level in the coming year.

1. INTRODUCTION

This document aims to apprise the Nepal Federal Ministry of Health and Population (FMoHP) and the UK Department for International Development (DFID) of the progress of the Nepal Health Sector Support Programme III (NHSSP III). The reporting period is from **1 October to 31 December 2019.**

At the federal level this quarter, NHSSP Technical Assistance (TA) was provided to the FMoHP to prepare for and conduct the National Joint Annual Review (NJAR), which included notably active participation by the new Minister of Health as well as representatives of Local, Provincial, and Federal governments. NHSSP completed the five-year health sector Budget Analysis (BA) (2015/16–2019/20), a useful tool for informing decision making, and FMoHP began early discussions on preparing for the next national health sector strategy. TA was provided to support the development of the 15th Periodic Plan under the leadership of the National Planning Commission (NPC). The FMoHP also approved the Gender-responsive Budget Guidelines, though we still await Cabinet approval of the revised Health Sector Gender Equality and Social Inclusion (GESI) Strategy. NHSSP completed the Aama Programme Review, which was referenced during the NJAR, presented findings to representatives of the EDPs, and is preparing for further dissemination in the next quarter. Furthermore, the draft Safe Motherhood and Neonatal Health (SMNH) Roadmap 2030 was approved by the Department of Health Services (DoHS) and submitted to the Health Secretary for approval.

At sub-national levels, increased demand from Sub-national Government (SNG) for assistance with Health Infrastructure (HI) prompted an internal analysis on workload and priorities, with a view to maintaining focus on existing commitments while trying to remain responsive to potentially high-priority additional requests. Progress continues on the retrofitting and upgrading of the Bhaktapur Hospital and Western Regional Hospital in Pokahara (WRH), with the main tenders completed and decanting work started. Policy TA to provinces continued this quarter, with support to Gandaki Province to draft their Provincial Health Policy. Province-level performance reviews, supported by our Health Systems Strengtening (HSS) Officers, fed into the NJAR. TA to Province 2 and Karnali included support to improving use of Public Financial Management (PFM) tools. Support at Federal, Provincial, and Local Government levels to improve the Health Management Information System (HMIS) may be having an impact: timely reporting has increased from 18 percent in the first three months of the last Fiscal Year (FY) to 41 percent in the same period this year.

1.1 THE DEVELOPMENT CONTEXT

FMoHP continues to be committed to managing the health sector in the federal context under the constitutional directives – coordination, cooperation and coexistence – among the three tiers of government. The FMoHP's efforts in this past quarter have been addressing consequences of the Human Resources (HR) adjustment process, supporting SNGs for the development of policies and plans and effective execution of work plans and budget, and consolidating federal laws, bylaws and directives and their dissemination. These topics have been addressed in several fora this quarter, including continued dialogues with SNGs.

There was a change in political leadership of the FMoHP this quarter, with the appointment of Mr. Bhanubhakta Dhakal as the Minister and Mr. Nabaraj Raut as the State Minister. This change has led to a number of high-level consultations in the sector initiated by the Ministers themselves. While the FMoHP identified a number of issues and ways of addressing them in this reporting period, clarity on roles and responsibilities between federal and sub-national governments remains a key issue – and area for support from NHSSP. Other major ongoing challenges confronting the FMoHP include: continued delay in finalisation of the Basic Health Services Package (BHSP) and its cost implications; inadequate information to the FMoHP on execution status of conditional health grants at the sub-national level; lack of clarity on

procurement of drugs and equipment among the three tiers of governments; and unclear role of provincial health offices, especially facilitating Local Governments.

While a number of areas were reviewed in the NJAR meetings, enhancing sectoral coordination between the federal and sub-national governments, improving high-quality health service delivery at the local level, and hospital strengthening secured focused attention. Strategic engagement of External Development Partners (EDPs), including International Nongovernmental Organisations (INGOs), in design and execution of these review processes certainly demonstrated shared responsibilities towards sector coordination, partnership and harmonisation. However, clarity on aid coordination mechanisms and partnership arrangements with EDPs, especially at the sub-national level, remain unaddressed, indicating lack of coherence and potential duplications.

The FMoHP has initiated discussion with sectoral ministries and development partners towards development of a new national health sector strategy, in line with the stated priorities in the approach paper of the 15th Periodic Plan. However, the strategy development process is yet to be defined and agreed.

1.2 SECTOR RESPONSE AND ANALYSIS

Responding to the issues in the sector through a coordinated mechanism has been a priority of the FMoHP. Despite the FMoHP's best interest to manage the staff adjustment process, distribution and deployment of staff, especially at provincial hospitals and local-level health facilities, remained an issue this quarter, and early indications show that service delivery could be facing interupptions. This led to revision of a number of decisions on staff adjustment, in which ministerial attention was visible.

The FMoHP has continued its focus on strengthening health sector governance through updating the existing systems. This quarter, NHSSP supported the development of manuals and guidelines, such as updating the existing Financial Management Strategic Framework (FMSF) and Public Procurement Strategic Framework (PPSF), and introducing the concept of Chart of Activity in the Transaction Accounting and Budget Control System (TABUCS) as well exploring its linkages with the Sub-national Treasury Regulatory Application (SuTRA) in coordination with the Financial General Comptroller Office (FCGO). Standardisation of the electronic Consolidated Annual Procurement Plan (eCAPP) and Technical Specification Bank (TSB) was one step further towards federal facilitation in the procurement process. The FMoHP's efforts on strengthening quality of care at the point of delivery has progressed further with the implementation of Minimum Service Standards (MSS) in tertiary-level hospitals implementing, and scale-up in lower-level health facilities. Federal support to develop guidelines and standards to be used by the SNGs remains a major activity; coordination meetings were held between the FMoHP and provinces, initiating strategic dialogue in policy coherence, distribution of resources and continuation of service delivery functions.

Strengthening partnerships with EDPs, INGOs, private sector and civil society has gained attention, with the FMoHP updating the Health Sector Partnership Guidelines in line with feedback from the Ministry of Finance (MoF). Final endorsement of the guidelines is planned in the next quarter. Generating evidence and facilitating their use in decision making has been a continued focus in this reporting period. In this regard, completion of the five-year health sector Budget Analysis (BA) will inform available resource allocation and gaps under key thematic areas. Key examples of evidence driving policy and decision-making processes in the sector include: the web-based Routine Data Quality Assessment (RDQA) system, its application and e-learning materials; the implementation of the Health Sector Monitoring And Evaluation (M&E) Guidelines; the sharing of findings from the Learning Lab (LL) sites with senior FMoHP officials and partners; and the equity analysis and progress review for the Health and Population Sector Progress Report 2019.

There has been increased demand from Province and Local Governments for health infrastructure work. The FMoHP, with support from TA, organised a number of consultations with concerned stakeholders focusing on policy environments, technical design and workforce capacity related to health infrastructure.

Mainstreaming GESI continues to be an area of engagement of the FMoHP. This quarter has seen the dissemination of the Health Sector GESI Strategy, Gender-responsive Budget Guidelines, and Disability Inclusive Health Service Guidelines. The FMoHP also conducted a strategic review of social auditing in the health sector. However, there has been a delay in approval of the revised Health Sector GESI Strategy due to differing viewpoints of high-level officials, which may impact the plan to strengthen GESI institutional structures at all levels.

1.3 CHANGES TO THE TECHNICAL ASSISTANCE TEAM

Despite the frequent changes in leadership of the programme, the NHSSP Senior Management Team (SMT) has managed the schedule of activities in an effective and timely manner. During this reporting period the TL resigned and from November 2019 the Deputy TL has been providing leadership and management support to the team. Strategic support has been provided by the Options senior team, and a temporary senior Programme Adviser was recruited to provide technical leadership to the SMT. A number of staff were recruited during this quarter, including: a M&E coordinator; a HSS Officer for Pokhara LL; a Construction Manager; and two Site Engineers. All new staff had a comprehensive induction process that included an introduction to Options' safeguarding policy and conflict of interest policy. Six international experts were also contracted during this reporting period – ***Please see Annex 2 for details.***

1.4 PAYMENT DELIVERABLES

In this reporting period, twelve Payment Deliverables (PDs) were planned for submission and approval. Ten PDs were submitted and approved by DFID. Two PDs were delayed due to internal delays from the Department of Urban Development and Building Construction (DUDBC): PD 55 (decanting space construction) and PD 40.1 (tender documents and invitation of tender for decanting service). Following discussion with DFID, these two PDs were postponed to January 2020 and April 2020 respectively. ***Please see Annex 3 for details of PDs approved by DFID this quarter.***

1.5 LOGICAL FRAMEWORK

Progress against the Year 3 (2018/19) indicators of the NHSSP logframe were reported in the previous Quarterly Report (date). Data sources from the logframe indicators come from routine Management Information Systems (MISs) such as HMIS and TABUCS. The logframe will be updated again at the end of the Nepal FY (July 2020).

1.6 VALUE FOR MONEY

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

In this reporting period, the average unit cost for Short Term Technical Assistance (STTA) was £607 for international TA and £212 for national TA. The unit costs compare well with the NHSSP benchmarks. The percentage of national STTA (89 percent) used in this quarter was significantly higher than the international STTA (11 percent). STTA was used on the Aama

Review, the social audit report, and the pre- and post-NJAR. National STTA was used for the review of policy documents, financial analysis, national and sub-national stakeholder consultations/data gathering, and development of draft reports and recommendations. Likewise, international STTA was used for literature review, quality assurance of research tools and data quality, and drafting/finalising reports.

In this quarter, six capacity enhancement trainings or workshops were held, with a total of 399 participants. At the national level four trainings or workshops were held, with 311 participants; at the local level two training sessions were conducted, with 88 participants. The average costs per participant per day incurred for national-level and local-level training are £27 and £20 respectively, both well below the benchmark cost.

So far, the programme has submitted 78 PDs; all submitted PDs have been approved by the Government of Nepal (GoN) and signed off by DFID. ***Please see Annex 5 for details.***

1.7 TECHNICAL ASSISTANCE RESPONSE FUND

We did not receive any applications for the Technical Assistance Response Fund (TARF) this quarter but payments were made for the submission of the 2018/19 Aama Rapid Assessment (RA) Round XII.

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 GoN counterparts and other partners. In addition to General Health Technical Assistance (GHTA) and Retrofitting Health Infrastructure Technical Assistance (RHITA) risk matrices, this quarter we developed a construction site risk matrix that was shared with DFID, with their feedback subsequently incorporated.

This quarter two risks under GHTA (R3 and R4) were removed as they are no longer valid:

GHTA Matrix:

- R3: Changes in UK Government lead to reduced commitment to aid budget, including budget for NHSSP 3 Extension.
- R4: Political uncertainty in UK may delay proposed NHSP III extension.

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

2. HEALTH POLICY AND PLANNING

Summary

One of the key activities this quarter was the NJAR, held in Kathmandu the week of 2 December 2019. NHSSP was a member of the Technical Working Group (TWG) and supported the FMoHP in preparing the annual progress report for the sector, in managing the event and in preparing a post-event proceedings report. See Section i2.5 for further details.

The team provided technical support in producing the Approach Paper for 15th Periodic Plan. Following that, the NPC plans to develop an operational document guiding the implementation of the programmes and strategies outlined in the Approach Paper, which the NHSSP team will also be supporting.

The FMoHP Partnership Guidelines, which provide guidance on FMoHP partnerships with EDPs, INGOs, the private sector and civil society, were updated following concerns from the MoF regarding the proposed financial arrangements and reporting mechanisms. We expect the Guidelines to be endorsed by the FMoHP during the next quarter.

A consultation meeting with senior experts in the health sector was organised by the FMoHP as per the guidance of the Hon. Minister of Health and Population; NHSSP supported this by preparing the technical notes and in logistics.

At the local level, the team continued to support LL sites. Highlights of this quarter include a training on roles and responsibilities for the members of the newly formed Health Facility Operation and Management Committee (HFOMC) in Dhangadhimai Municipality, and the follow-up of the Organisational Capacity Assessment (OCA) and support to MSS implementation in four LL sites (OCA in Dhangadhimai and Itahari; and MSS in Pokhara, Dhangadhimai and Kharpunath).

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

National Health Training Strategy: This quarter, NHSSP has supported the National Health Training Centre (NHTC) to start to draft the new National Health Training Strategy, which will replace the Health Training Strategy of 2004 and will be adapted to the federal context. NHSSP held consultative meetings with NHTC officials on the overall scope and preliminary outline of the strategy, which will now be discussed with wider stakeholders. A new training strategy is important because it will incorporate the presence and roles of Provincial Health Training Centres.

Ministerial Interests: The Federal Minister of Health and Population requested a consultative meeting to be organised with senior health sector experts to discuss how to strengthen public sector hospital services. NHSSP was involved in preparing a presentation to initiate discussions, taking notes of the discussion and providing logistical support for the event. The meeting was attended by FMoHP staff, the former Secretary, Director General, the Vice Chancellor of Tribhuvan University, officials from the Health Education Commission, representatives of selected private sector hospitals and other health sector health specialists.

OCA: The draft of the OCA Manuals – (i) Reference Manual, (ii) Trainers' Guide and (iii) Participants' Handbook – were further refined based on the implementation experiences so far and the inputs received from NHTC officials. The final draft has been submitted to the

NHTC for final review. These documents are expected to serve as the basis to institutionalise the OCA process and expand beyond the LL sites.

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

LLs: A two-day orientation event was organised in November 2019 in Dhangadhimai Municipality for the members of the newly formed HFOMC. This orientation focused on the key functions of the HFOMC, the roles and responsibilities of the members and the OCA and MSS processes.

Among the LL sites, Dhangadhimai Municipality has developed the Health and Sanitation Act, which was finalised and submitted to the Executive Council for its endorsement. Kharpunath Rural Municipality (RM) has initiated the process to develop a Health, Nutrition and Sanitation Policy: during the reporting period, a TWG was formed and consultative meetings were conducted among key stakeholders. Pokhara Metropolitan City had already developed the Municipal Health Policy whereas Ajaymeru RM had developed Health and Sanitation Service Act, 2075, last year. Similarly, Itahari Sub-metropolitan City (ISC) has drafted the Health Facility Registration, Licensing and Renewal Guidelines, 2076, for regulating for the health facilities to be governed by local levels as per the Local Government Operation Act. The final draft of the guidelines was submitted to ISC municipal authority for further approval. Similarly, ISC prepared a draft of the Municipal Health Act; this will be submitted soon to the drafting committee of ISC.

LLs – MSS: Introductory training on the MSS had already been carried out in all LL sites; however, as many staff had changed as a result of the staff adjustment process, NHSSP had to reorient new staff. Follow-up assessment of the MSS was conducted at the same time as the reorientation in Pokhara on 18 to 19 December 2019. Relevant staff from all Health Posts (HPs) and Urban Health Centres under the municipality attended the programme. During the orientation event, learnings from the MSS implementation process were also shared by one of the HPs to motivate others and to highlight the importance of the MSS. Prior to these meetings, an orientation was also provided to staff of the Urban Health Centres as the Pokhara metropolitan city is also considering developing service standards similar to the MSS.

Other Sub-national Support: Provincial-level reviews were undertaken in the last quarter as precursors to the NJAR; NHSSP supported meetings in five Provinces. Provinces are starting to develop Provincial Health Policies. Karnali Province completed its Provincial Health Policy and Provinces 1 and 2 have started. NHSSP supported health officials in Gandaki Province to undertake a contextual analysis, which will guide the first draft of the Province's Provincial Health Policy.

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

15th Periodic Plan: Under the leadership of the National Planning Commission, the detailed 15th Periodic Plan was being developed in accordance with its Approach Paper. In this regard, NHSSP support was also extended to organise a consultative meeting with Departments, Divisions and Centres to identify major programmes and their scope as per the NPC format, along with technical inputs.

Partnership Guidelines: The FMoHP Partnership Guidelines, which provide guidance on FMoHP partnerships with EDPs, INGOs, the private sector and civil society, were updated following concerns from the MoF on the proposed financial arrangements and reporting mechanisms. We expect the guidelines to be endorsed by the FMoHP during the next quarter.

In December, NHSSP staff attended the partner coordination meetings organised by DFID's Project Coherence Unit in three provinces (Janakpur, Province 2; Kapilvastu, Province 5; and Surkhet, Karnali Province) to share relevant information and to prepare for future collaboration with the relevant projects and programmes.

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

NJAR: The NJAR was organised in the week of 2 December 2019. The first two days comprised separate pre-NJAR meetings, one focussed on sub-national governance (e.g. status of Provincial and Local Government health sectors) and one focussed on federal hospitals and academic institutions (i.e. public and private hospitals). The purpose of these meetings was to jointly identify key topics and issues for presenting at the NJAR. These pre-review meetings were organised in the presence of the Hon. Minister of Health and Population. The NJAR itself was held on 4 and 5 December. On Friday 6 December there was a "business meeting" of government and EDP representatives to review NJAR outcomes and plans for the future. The Aid Memoire from this meeting is under review and yet to be approved by the FMoHP and EDPs. Overall, NHSSP led on the preparation of the annual progress report. The report was produced in consultation with the various Departments, Divisions and Centres under the FMoHP, and was shared with FMoHP officials and EDPs before the review meeting. NHSSP also supported the overall management of the review, and some of participant costs were covered by the FMoHP.

Two pre-NJAR field visits for government officials and EDP representatives were organised in three provinces (2, 5 and Karnali) under the leadership of the FMoHP, and the consolidated findings from these visits were presented during the NJAR. NHSSP helped plan and organise these visits and participated in the visit to Province 2. The post-NJAR proceedings report has been produced along with the highlights of the major progress made over the year, as well as issues and challenges presented and discussed during the review.

Nepal Health Sector Strategy (NHSS): An initial meeting for the conceptualisation of the next phase of the NHSS (2021–26) was organised with the FMoHP Director-Generals (DGs) and Directors and Chiefs of the Departments, Divisions and Centres on 17 December 2019. Discussion was focused on the process for the development of the strategy, including the engagement of the provinces and local levels and the need to align the sector strategy with the National Health Policy, 15th Periodic Plan, recently promulgated Acts and Nepal's health-related international commitments.

Priorities for the next quarter

- Support to prepare the health and population section of the 15th Periodic Plan. This section will be guided by the NPC's Approach Paper and the National Health Policy.
- Support to develop the next five-year NHSS.
- Support to develop a new National Health Training Strategy.
- Support to the rollout of MSS at tertiary- and secondary-level hospitals.

- Following the endorsement of the MSS for HPs, orientation to provincial-level officials has been planned in the next quarter so that successive orientation will be conducted to municipal officials for their rollout in the corresponding health facilities.
- Support in the implementation of the current Annual Work Plan and Budget (AWPB) and planning for the next FY's AWPB.
- Support in the LL sites will continue, with a focus on the effective implementation of programme activities and follow-up of the assessments conducted previously. Training on the HMIS is planned in two LL sites to enable them to directly report online from the health facility level. A consolidated report of the learning to date from the LL approach will be prepared to guide future engagement strategy.

3. HEALTH SERVICE DELIVERY

Summary

The draft SMNH Roadmap 2030 was approved by the Family Welfare Division (FWD), DG and the Policy, Planning and Monitoring Division (PPMD) and was submitted to the Health Secretary. Progress was made in the support provided to Divisions in developing implementation guidelines for Postnatal Care (PNC) and for MSS at HP level. The Aama Review has also progressed as planned. However, revision of the Skilled Birth Attendant (SBA) Strategy and SBA Training Strategy was delayed following difficulties in reaching agreements on controversial issues.

With support to programme implementation, Comprehensive Emergency Obstetric and Neonatal Care (CEONC) sites' functionality improved this quarter after an initial decline. Programme implementation was delayed mainly because of the late allocation/release of the budget from the provincial level to Palikas, hospitals or health offices.

On the innovative projects front, the final Mobile Health (mHealth) prototype, named Mobile Chautari, has been tested and has now been rolled out to 800 Female Community Health Volunteers (FCHVs). The training of Health Assistants (HAs) in three districts on a 'task-shifting' approach for basic physiotherapy and rehabilitation skills has been completed and will now be monitored. A mobile phone app-based reporting system has been developed for clinical mentors to report on Quality Improvement Plans (QIPs)/clinical mentoring and CEONC functionality; the tools for this were finalised.

For updated Activities – please see Annex 1

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

Functionality of CEONC Sites: Support and monitoring to ensure the functionality and quality of CEONC services remained a key focus this quarter. Monitoring the 85 CEONC sites across 72 districts helped to appraise FWD/DoHS/FMoHP of their status, and support evidence-based decisions on staff such as whether and where to recruit short-term staff and to deploy doctors on a scholarship basis. The number of functional CEONC sites was low at the beginning of this reporting period, but improved in the subsequent months. The most recent data showed that 77 out of 85 sites are functional and 67 districts out of 72 districts have a functional CEONC site, while the remaining five districts do not have a CEONC site (Table 1).

Table 1: Status of CEONC functionality over the quarter Mid-September – mid-December 2019

	Provinces							Total	Previous Qtr.
	P1	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**		
Established sites	17	8	14	10	13	11	12	**85**	**85**
	Number of functioning CEONC sites								
Ashwin	10	6	12	8	13	9	11	**69**	78 (Ashar)
Kartik	12	6	13	7	13	9	11	**71**	73 (Shrawan)
Mangsir	13	8	13	8	13	11	11	**77**	72 (Badra)
	Number of districts with CEONC services								
Districts with CEONC	14	8	12	9	11	10	9	**72**	72
District without CEONC			1	3	1			**5**	5
	Number of districts with functioning CEONC sites								
Ashwin	9	6	10	7	11	8	9	**60**	66 (Ashar)
Kartik	10	6	11	7	11	8	9	**62**	64 (Shrawan)
Mangsir	10	8	11	8	11	10	9	**67**	63 (Badra)

Monitoring Caesarean Sections (CSs): In order to maintain quality at CEONC sites NHSSP supported FWD and the Nepal Society of Obstetricians and Gynaecologists (NESOG) in initial discussions on the development of implementation guidelines for hospitals to monitor CS rates using the internationally recognised Robson criteria. NESOG will support the development of implementation guidelines and orientation at hospitals in Provinces 1 and 5. NHSSP will provide financial support for the orientation and the introduction of the monitoring system in Province 1, while the government will provide financial support from their own resources in Province 5.

Mobile Health Pilot: Significant progress was made on the mHealth pilot for FCHVs. The baseline analysis was finished and the report submitted to DFID. Field visits were made to Rautahat with DoHS staff. The pilot now is live across the three pilot sites and 800 FCHVs have been trained on how to access and use the system. The system has sent out push notifications to all 800 FCHVs to encourage them to use the service and how often the FCHVs will use the system will now be monitored using central Interactive Voice Response (IVR) data. Field officers will continue to liaise with health facilities to encourage FCHVs under their supervision to use the programme and to troubleshoot any problems.

Remote Areas Support: As reported in the previous quarter, NHSSP provided support to the preparation of the 2018/19 AWPB in three remote Palikas (Gaurishankar and Bigu RM in Dolakha and Umakunda RM in Ramechhap). A case study was developed (Annex 1) to understand whether the support to planning led to actual improvements in the health budget and expenditure.

PNC: NHSSP continues to support the FWD to improve PNC by encouraging PNC home visits. A PNC Micro-planning Guideline has been finalised; the FWD has budgeted for provincial-level orientations of this guideline using World Health Organization (WHO) resources. NHSSP had planned to support the orientation of palikas in Province 2 and 5 to the guidelines but this has been delayed following delays in the budget. Activities planned after December 2019 may therefore be affected as financial support to FWD from WHO comes to a close. NHSSP will support FWD in getting help from other partners and NHSSP will provide this support in Provinces 5 and 2.

SBA Strategy: The SBA strategy and associated training strategy has been delayed as a number of issues remain to be resolved. A SBA forum meeting was held on 15 December to try to solve these issues, which include: whether service providers should be called SBAs or Skilled Health Providers; whether to continue to give SBA training to Auxiliary Nurse Midwives (ANMs) who are currently working in the health system; and whether the number of Antenatal

Care (ANC) visits should be increased to eight, as recommended by the WHO. Given the stalemate a decision from the FMoHP will be sought through an official memo (tipanni) from the FWD. The FWD and NHTC envisage that the revised SBA strategy will be finished by end of February 2020.

Family Planning (FP): Progress on Visiting Service Provider (VSP) programme implementation has been challenging. Despite continuous efforts to support municipalities to start implementation of the VSP and Roving Auxiliary Nurse Midwife (RANM) programmes (with 65 and 90 municipalities contacted, respectively), only four municipalities have started the VSP programme and only 10 started the RAMN programme in this quarter. The FWD has provided the budget to 13 districts across seven provinces to integrate FP and Expanded Programme on Immunization (EPI) clinics, but implementation has also been slow. The reasons are: delays in budget release; delays in the distribution of FMoHP implementation guidelines; and the effects of staff adjustment and lack of availability of trained/skilled HR, especially in remote areas.

The FWD allocated budget to six federal hospitals, provincial health offices and 23 Integrated Family Planning Service Centres (IFPSCs) to provide Voluntary Surgical Contraception (VSC) services. All six hospitals have received the budget and have started to provide VSC services.

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

Physiotherapy Pilot: The pilot on task-shifting basic physiotherapy and rehabilitation services to HAs is progressing, with nearly 200 HAs from across three districts – Dhading, Dhanusa and Dolakha, having been trained. The training sessions were held for batches of 25 HAs over a period of two months. Follow-up calls and visits have now started in order to understand the extent to which HAs are using their new skills and to support and mentor the HAs when facing challenges. Humanity & Inclusion, who are implementing the programme, plan to hold a meeting in the next quarter on implementation lessons. In April 2020 an independent evaluation will take place.

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

On-site Birthing Units: A key strategy to manage high demand for Maternal and Neonatal Health (MNH) services at referral centres is to establish on-site birthing units. The Nursing and Social Security Division (NSSD) and FWD expressed the need to develop standards, clinical and implementation guidelines and the German Corporation for International Cooperation (GIZ) have agreed to support this activity. It is expected that the standards will be available by end of February 2020.

Aama Programme Review: A review of the Aama Programme was completed this quarter. The preliminary findings were discussed and agreed with the DoHS and were included in the NJAR discussions. Key headline recommendations include: the need to keep all delivery services free until the end of the Sustainable Development Goals (SDGs) in 2030; emergency referral should also be free; the ANC incentive should be dropped but the transport incentive should remain and increase in Mountain areas; the programme should support the rationalisation of lower-level birthing facilities and the participation of private health care providers in the programme; and better support is needed to ensure that the programme does provide all women with the benefits to which they are entitled. A meeting with FMoHP to discuss the final report and findings will be organised in the next quarter.

RESULT AREA: I3.4 CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and Protocols: The technical content of the Standard Treatment Protocol (STP) for the BHSP has been reviewed and finalised and will be put forward for approval to the FMoHP after the endorsement of the BHSP.

The revision of National Medical Standards for Reproductive Health Volume 3 has been delayed following delays in consultant recruitment by the United Nations Children's Fund (UNICEF). The first draft is expected to be ready by mid-March 2020 and will be followed by a workshop to discuss the proposed revisions. Given the delays in starting the revision process, NHSSP PD 51.2 is expected to be further delayed until mid-2020.

MSS: FMoHP has now endorsed MSS tools for all levels of health institutions – HP-level in this quarter and tools for three levels of hospitals in previous quarters. Implementation at hospital levels (federal and provincial) is supported by the Nick Simons Institute (NSI) and WHO. NHSSP has been providing support to the Curative Services Division (CSD) for HP-level MSS implementation. In this quarter, the team supported the development of MSS implementation guidelines and orientation materials for HP level, including printing 7,000 copies. The planned orientation and training will use a cascade approach, training a pool of provincial health office and municipality staff. A half-day orientation to federal-level stakeholders was conducted during this quarter; around 25 representatives from FMoHP, DoHS and partners participated. Provincial-level orientations will be undertaken in the next quarter.

Hospital Quality Improvement Process (HQIP): The FWD continues to give priority to HQIP in hospitals and aims for HQIP to be integrated with the clinical mentoring programme. In this quarter, 17 hospitals (out of 41) completed HQIP self-assessments and developed action plans. Over the last two quarters, 28 hospitals had conducted HQIP at least once every six months and 17 hospitals had not. Scores achieved by the 17 hospitals that completed the HQIP this quarter show that there have been slight increases across the sub-domains under the quality domain except staffing, when compared to previous quarters. However, signal function readiness decreased in this quarter. Availability of uterotonic drugs has greatly decreased; this is likely to be the result of delay in the release of the allocated budget to implement any actions planned by the hospitals.

Table 2: HQIP for facilities assessed, mid-September to mid-December 2019

HQIP for 17 facilities assessed this quarter[1]	Green		Yellow		Red	
	Last assess-ment	Current assess-ment	Last assess-ment	Current assess-ment	Last assess-ment	Current assess-ment
QUALITY DOMAINS TOTAL SCORE (total scores 136)	65	69	57	64	14	4
SIGNAL FUNCTIONS TOTAL SCORE (total scores 153)	131	128			22	25

Clinical Mentors: With regard to improving skills and knowledge of MNH service providers working at Birthing Centres (BCs)/Basic Emergency Obstetric and Neonatal Care (BEONC) sites and Comprehensive Emergency Obstetric and Neonatal Care (CEONC) sites, the FWD has allocated resources this FY to provide in-service training to five batches of clinical mentors. Province 5 has allocated resources to train three batches. In this quarter, three batches of trainings were completed (one from federal, two from provinces) and in total 29

[1] These 17 hospitals are not similar to the 18 hospitals reported in last quarter

clinical mentors were trained. Clinical mentors are nursing staff; hospitals continue to find it difficult to release nursing staff from their regular duty stations for field visits to conduct clinical mentoring at HPs in Palikas other than their own. NHSSP has developed a mobile phone app-based reporting system for clinical mentors to report on HQIP/clinical mentoring and to monitor CEONC functionality. The tools for the app were finalised this quarter and the backend work for the development of the app has started.

FP and SBA Training: Support was provided to conduct a follow-up skills assessment of coaching/mentoring of FP and SBA trainers at Pokhara Academy of Health Sciences (PoAHS) and Bharatpur Hospital, Chitwan, which was completed in this quarter. The results show that the overall quality performance score in PoAHS has improved since last year, both in MNH and FP. Total scores in MNH increased from 57 percent last year to 73 percent, alongside an improved performance score in managing complications during labour and childbirth. Over the same period, total scores in FP increased from 82 percent to 95 percent. In Bharatpur Hospital, however, the performance has been mixed. Overall, MNH scores have decreased from 74 percent to 65 percent, and performance is lower in terms of complication management during pregnancy and post-partum care. Overall scores in FP, however, increased in Bharatpur Hospital from 62 percent to 77 percent this year and uptake of Intrauterine Contraceptive Devices (IUCDs) has improved.

Karnali Provincial Hospital in Surkhet, requested NHSSP support for its certification as a training site for clinical FP training (IUCD and implant insertion and removal, No-scalpel Vasectomy (NSV), Minilap and post-partum IUCD). NHSSP, in coordination with NHTC and Mid-western Regional Hospital (MWRH) Surkhet, made a joint site assessment visit in October 2019. Following this, in November 2019, the NHTC approved Karnali Provincial Hospital to start such training. In the next quarter, NHTC plans to mobilise expert trainers to the hospital to conduct on-the job, on-site skill enhancement training on NSV and Minilap for medical doctors.

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

SMNH Roadmap: A significant piece of work under this result area has been the near-approval of the SMNH Roadmap 2030, which was developed earlier this year. On 3 November 2019, the FWD and NSSD presented the SMNH Roadmap 2030 and the Nursing and Midwifery Strategy and Action Plan 2019–25 at a meeting chaired by the Health Secretary. The meeting approved the SMNH Roadmap with minor issues to be addressed by FWD but required the Nursing and Midwifery Strategy to be revised with an updated, more realistic action plan. The NSSD requested NHSSP to provide a senior consultant to finalise the strategy and NHSSP is in the process of recruiting a senior consultant. The roadmap was adjusted and re-submitted with the signature of the FWD Director and the DG. In the first week of January 2020, the PPMD Director approved and submitted the roadmap to the Health Secretary and the roadmap was with the Health Minister at the time of writing this report.

Priorities for the next quarter

- Support the dissemination of the SMNH Roadmap 2030 and Nursing and Midwifery Strategy and Action Plan 2020–25 (after endorsement and printing).
- Finalise and disseminate the SBA strategy and training strategy (pending the approval of the tipanni).
- Continue to support the CSD to provide provincial-level orientations for HP-level MSS implementation.
- Continue to support the FWD to organise clinical mentor refresher/update training (including nutrition) and orientation on mobile reporting application.

- Continue technical support to implement and monitoring clinical mentoring/HQIP programmes including mentors' development and training site development.
- Continue support to training site quality improvement at three referral hospitals.
- Support development of guidelines and orientation of Robson's classification at selected hospitals in Provinces 1 and 5.
- Finalise the Aama Review report and support the revision of the Aama Programme Strategic Framework and Operational Guidelines.
- Continue to monitor the FCHV and physiotherapy pilots.
- Support the initiation of clinical mentoring training sites at Karnali Provincial Hospital, PoAHS, Koshi Zonal Hospital and Janakpur Hospital.

4. PROCUREMENT & PUBLIC FINANCIAL MANAGEMENT

Summary

NHSSP has continued to support the FMoHP in updating existing systems, manuals and guidelines to align then with the federal context. Key support provided over this quarter includes updating the existing FMSF and PPSF. The concept of Chart of Activity, which was developed over the previous two quarters, has now been fully introduced in TABUCS as well as SuTRA, following recognition from the FCGO about the importance and usefulness of this change.

NHSSP finished a number of analytical reports over this quarter, which include: the Third Trimester Financial Management Report, the BA Report, the Market Analysis of Free Medicine, and the Aama RA Round XII Report.

Progress and results from all these activities were shared and discussed in the regular meetings of the PFM and Consolidated Annual Procurement Plan (CAPP) Monitoring Committees.

For updated Activities – please see Annex 1

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

Public Financial Management Strategic Framework (PFMSF) 2019–2023: A draft framework was prepared in the previous quarter, and during this reporting period NHSSP has supported FMoHP to initiate discussions with several SNG stakeholders on the content of the PFMSF to ensure it is suitable for devolved contexts.

Regular Support to the Audit Committee: NHSSP provides support to addressing audit queries all year round. In this quarter, the regular meeting of the FMoHP audit committee took place on 23 December 2019; key outcomes included: setting a target of clearing 50 percent of audit queries by the end of FY 2019/20; an annual action plan to strengthen the process of addressing audit queries; and a decision to update the FMoHP Internal Control Guidelines to comply with the FCGO Internal Control Directives under the 2019 Financial Procedural and Accountability Act. The FMoHP updated the Public Accounts Committee with the status of cleared audit queries.

RA of the Aama Programme: The Aama Programme RA Round XII was completed this quarter. Two reports were produced: one with the traditional RA findings, and a second report on the additional survey findings on quality of care. The findings from both reports have been incorporated into the broader Aama Programme Review undertaken by NHSSP. A management note on the key findings of the RA is being prepared and will be shared with the FWD Director to agree forward actions. A key finding from the Aama Review was to streamline the RA and ensure that the RA study design is able to detect trends. The NHSSP team should take this discussion forward with the FMoHP as the Aama RA budget for FY 2019/20 sits with FMoHP. An initial discussion with them will include a presentation on current findings, followed by a tentative agreement/plan on how to and when to proceed with the next upcoming round of RA.

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

Changes in the Office of the Auditor General's (OAG's) Forms and Formats: The GoN has made more changes to the financial recording and reporting forms and formats in FY 2019/20. In this quarter, NHSSP has supported FMoHP in updating these forms and formats in TABUCS and these changes have now been updated in the system.

Chart of Activity Incorporated in the SuTRA Platform: Over this quarter, NHSSP has supported FCGO in integrating the concept of Chart of Activity in SuTRA. The revised chart of accounts and OAG forms (recording, accounting and reporting) have also been linked with chart of activities in SuTRA and TABUCS. Through these changes both systems can now capture health sector budget and expenditure from all spheres of government.

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

Analysis of the Health Sector Budget FY 2019/20: The health sector BA for FY 2019/20 was completed during this reporting period and submitted to DFID. This BA includes analysis of the health budget allocated by the Federal, Provincial and the Local Government spheres, providing a complete picture of public health budget allocation and expenditure. NHSSP is in the process of preparing a brief policy note based on the findings of the BA and will discuss key recommendations with the FMoHP PPMD.

Third Financial Monitoring Report for FY 2018/19: The Third Financial Monitoring Report (FMR-3) was prepared in close consultation with the finance sections of FMoHP and DoHS and the draft has been discussed at the FMoHP meeting of the PFM Technical Committee (under the leadership of the Chief of Finance Section). The FMR-3 includes the reimbursement from DFID. Expenditure is on track. The reimbursement of the German Development Bank (KfW) and Gavi, the Vaccine Alliance (GAVI) are not included in this trimester. MoHP submits the original copy of the FMR-3 to DFID and copies to KfW and GAVI. Following the submitted FMR, DFID released its financial commitment on 4 December 2019.

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

CAPP: The federal CAPP of 47 procuring entities under the FMoHP has been prepared using TABUCS. The identification for EDPs to be able to view the CAAP will be provided in the coming quarter.

Market Analysis (MA) of Essential Medicines: The tools for the MA study were prepared, piloted and finalised and field implementation started. A draft report has been prepared in this quarter, which will be finalised in the next quarter, and findings will be presented in a MA validation workshop to which the concerned Departments, Divisions and EDPs will be invited.

Technical Specifications: The existing TSB, which includes essential medicines, medical supplies and equipment, has been updated. The update will be validated at a workshop to be held in the coming quarter and presented to the CAPP Monitoring Committee for final recommendations.

PPSF: The PPSF has been discussed and inputs from EDPs incorporated into the draft. The draft will be presented at the next PFM Committee meeting and will be finalised in the coming quarter.

Progress against CAPP: In FY 2018/19, DoHS has been able to procure 89.5 percent of CAPP value, compared to 79 percent in FY 2017/18. In FY 2018/19, 97.8 percent of the value

of all the contracts in the CAPP was managed through the online electronic Government Procurement (e-GP) system, compared to 63.9 percent in FY 2017/18. Progress on the CAPP is shared with the Procurement and Public Financial Management (PPFM) oversight agency every month.

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

Priorities for the next quarter

- Finalise FMR-1 for FY 2019/20.
- Finalise PFMSF.
- Finalise PPSF.
- Produce a policy brief on the FY 2019/20 Health Sector BA Report and share with FMoHP officials.
- Continue to monitor progress in implementation of the federal CAPP.
- Produce a management note on the findings of the Aama Programme RA; discuss with FWD Director, FMoHP, and design a more streamlined and comparable RA design for round XIII.
- Update the Internal Control Guidelines.
- Complete the MA Report and disseminate.
- Start discussions with Ganga Lal Hospital on preparing a Business Plan.

5. EVIDENCE AND ACCOUNTABILITY

Summary

NHSSP continued to provide support to the FMoHP and there was good progress on the planned activities for this quarter. Key areas of activity include: support provided to FMoHP, along with all other workstreams, in the NJAR; preparation of standards and guidelines for Electronic Health Records (EHR) and telemedicine; and support provided by the FMoHP Information Technology (IT) section to different programme divisions and centres to carry out various eHealth activities. NHSSP, alongside WHO, GIZ and the US Agency for International Development (USAID), are supporting the FMoHP in preparing a roadmap to strengthen integrated health information management, including digitisation of the One-stop Crisis Management Centre (OCMC) and Social Service Unit (SSU) recording and reporting tools in alignment with HMIS, and development of an electronic recording and reporting system for QIP, clinical mentoring and CEONC monitoring processes.

During this reporting period, in terms of knowledge production, NHSSP led or supported analytical pieces on equity and analysis of data to support the strategic review of the Aama Programme. NHSSP also supported Monitoring, Evaluation and Operational Research (MEOR) and the FMoHP to prepare the first Knowledge Café (to be held next quarter), which will serve as an interactive platform for discussing relevant issues. FMoHP plans to link this initiative with the quarterly review meetings with provincial health officials planned in the AWPB of the PPMD.

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

RDQA Tools: Work on the development of RDQA tools, learning materials and initial trainings and a round of implementation were completed in previous quarters. In this quarter, the team further updated the RDQA tools and the e-learning materials based on the feedback from the users and the lessons learned during implementation. In the coming quarter NHSSP will support the PPMD and Integrated Health Information Management Section (IHIMS) to implement RDQA activities in collaboration with different programme divisions and centres and in the LL sites. NHSSP will continue to monitor progress and adapt tools and processes based on lessons learned.

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

eHealth: Federal-level hospitals and Provincial Governments have prioritised the development of EHR. NHSSP, alongside GIZ and WHO, is supporting the FMoHP to develop EHR standards and guidelines in line with the draft National eHealth Guideline. The inventory section of the forthcoming Nepal Health Facility Survey 2020 includes questions related to eHealth readiness, which help all tiers of government to plan eHealth activities at the health facility level. This quarter, NHSSP has started developing e-recording and reporting systems for the monitoring data from OCMCs and SSUs in alignment with the HMIS.

HMIS: Continuing our work to strengthen HMIS, this quarter NHSSP supported IHIMS to analyse HMIS data, identify inconsistencies in the dataset, address the gaps identified, and follow up with Provincial and Local Governments and health facilities to encourage timely reporting and thereby contribute to improving data quality. HMIS reporting status has improved

from 18 percent in the first three months of last FY to 41 percent in the same period of the current FY (Figure 1).

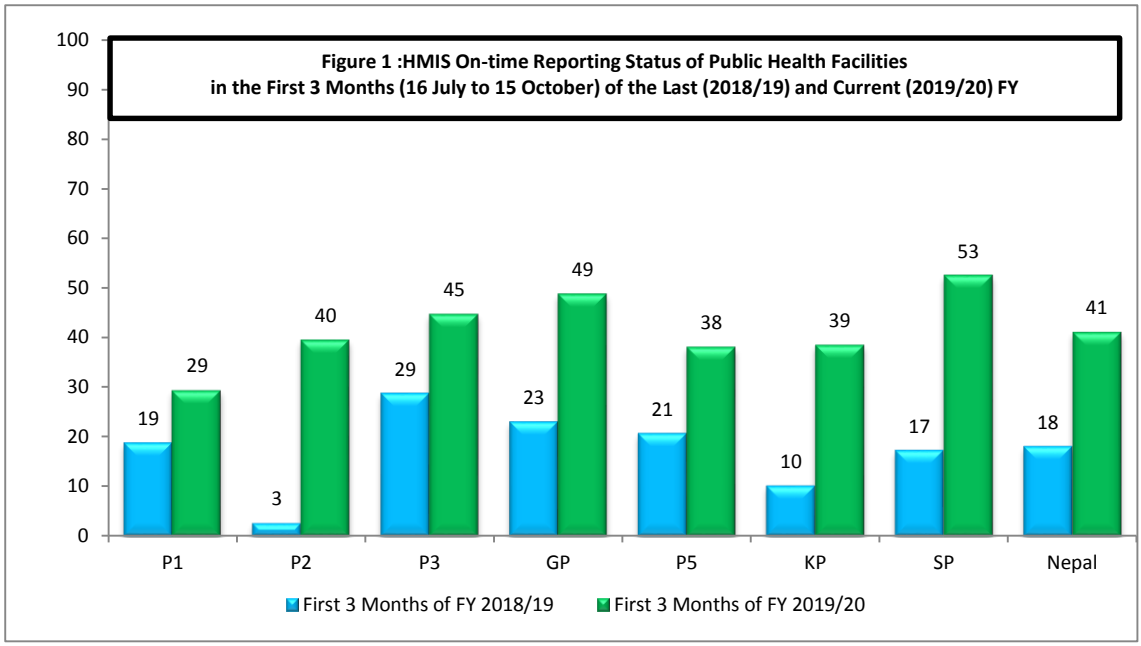

Table 3 below presents the status of HMIS on-time reporting from LL sites in the first six months of the last and the current FY. There have been mixed results across the LL sites. In general, there is an improvement in timely reporting compared to the previous year. Pokhara and Dhangadhimai Municipalities show improvements in both HMIS reporting and on-time reporting and Ajayameru Municipality shows a marked improvement in timely reporting. However, Khapurnath, Madhyapur Thimi Municipalities and ISC are yet to improve.

Table 3: HMIS reporting status from LL sites

HMIS reporting status from LL sites				
Level	HMIS reporting		On-time reporting*	
	First quarter* of FY 2018/19	First quarter of FY 2019/20	First quarter of FY 2018/19	First quarter of FY 2019/20
Ajayameru RM	100	100	5.6	100
Kharpunath RM	100	75.0	0.0	0.0
Yasodhara RM	100	100	0.0	4.2
Pokhara Metropolitan City	90.2	97.6	13.8	29.3
Madhyapur Thimi Municipality	100	72.7	69.7	57.6
Dhangadhimai Municipality	100	100	16.7	61.1
Itahari Sub-metropolitan City	92.3	61.5	23.1	20.5
Nepal	98.1	86.9	17.9	40.5

Note: * Facilities reporting within 15th of the next Nepali month
* First quarter of FY: 16 July to 15 October (Shrawan to Ashwin)
Source: HMIS

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

Integrated Information Management: NHSSP is providing support to help develop a consolidated Roadmap for integrated information management; this quarter, attention was paid to the Early Warning, Alert and Response System (EWARS) and its integration with other health information systems.

Maternal and Perinatal Death Surveillance and Response (MPDSR): In FY 2019/20, as reported in previous Quarterly Reports, the facility-based MPDSR is in operation in 93 hospitals and the community-based MPDSR in 21 districts. During this reporting period, Province 3 has started to implement MDSR in two more districts (Ramechhap and Kavre) using their own budgeted resources for this FY. NHSSP continues to work closely with FWD and IHIMS to strengthen MPDSR and provided feedback on the draft report on 'MPDSR in Nepal: An Assessment' carried out by FWD with support from WHO. In the next quarter, NHSSP will support Local Governments (Pokhara Metropolitan City and ISC) in strengthening the surveillance and response mechanism and to carry out further analysis of the MPDSR data.

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

NJAR: This quarter, NHSSP was fully engaged with FMoHP counterparts in preparing data for the 2019 NJAR, including: data analysis and preparation of the 2019 Health and Population Sector Progress Report; consolidation of field findings; supporting preparation of presentations; and post-NJAR reflection (see Section I5.2).

Equity Analysis: NHSSP, in coordination with FMoHP counterparts and MEOR, has been analysing equity gaps in health service utilisation for selected services. In this quarter, NHSSP analysed data from the 2016 Nepal Demographic Health Survey (NDHS) to assess the effect of distance to health facility on the use of institutional delivery, which was submitted as PD 77 to DFID and approved in November 2019. The key findings were used in the NJAR 2019 and the Aama Programme Review[2]. NHSSP also carried out an analysis of the equity gap between the 10 highest-performing districts and the 10 lowest-performing districts on three tracer indicators, which was discussed at the NJAR.

Ad-hoc requests continue to come from the FMoHP. This quarter, the Parliamentary Committee on the Social Sector asked the FMoHP for a review of health sector progress against the National Periodic Plans. Together with the FMoHP, NHSSP has documented major milestones in the health sector aligned to the Periodic Plans. This will need to be discussed further and taken forward in collaboration with other partners.

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

Knowledge Cafés: This quarter, DFID-MEOR-NHSSP continued to work with PPMD on developing Knowledge Cafés, which are to be a forum to strengthen the culture of the use of evidence in decision-making processes at the FMoHP. The Knowledge Café will be an interactive platform that gathers thematic experts and stakeholders to discuss selected issues related to health policies and practices. The FMoHP is considering linking this initiative with the quarterly review meetings with provincial health officials. The first Knowledge Café event,

[2] Please see Section 2.5 of 'Health and Population Sector Progress Report 2019' and Aama Review Report (draft) for the details on equity analysis.

expected to clarify the concept and expected processes of the Cafés and then to discuss the topic of equity in the health sector, is planned for the first week of January 2020.

Priorities for the next quarter

- Continue working with the FMoHP and development partners to prepare, implement and monitor the post-NJAR action plan, linking the outputs of the NJAR with the coming AWPB.
- Work with FMoHP counterparts to finalise the national standards and guidelines on EHR and telemedicine.
- Continue work on the IHIMS roadmap.
- Support in the preparation of the DoHS Annual Report.
- Support FWD and the focal persons in Local Government to implement MPDSR.
- Contribute to the work on digitisation of OCMC and SSU recording and reporting tools in alignment with HMIS.
- Initiate EHR in one facility in one of the LL sites.
- Contribute to organising and conducting Knowledge Café events in collaboration with MEOR.

6. HEALTH INFRASTRUCTURE

Summary

Building a strong policy environment that supports practice and helps develop high-quality HI with rational investments is a key priority for NHSSP. During this quarter, NHSSP organised orientation programmes, meetings and workshops for relevant stakeholders to enhance the capacity of officials and private sector entrepreneurs in the construction sector and to establish better coordination and efficient implementation of the retrofitting projects. Efforts and activities to integrate GESI and Leave No One Behind (LNOB) considerations and health and safety issues into various HI activities, including tender documents and capacity-building events, continue.

Throughout this quarter, NHSSP continued its programme to enhance capacity within the state and civil society sectors to deliver high-quality HI and services. Activities included key information-sharing events, catalysing buy-in from stakeholders for multi-hazard-resilient HI, and completion of accredited 30-day training courses. NHSSP 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 WRH, Pokhara has progressed in line with the current work plan, the tender for both the main retrofitting works has been completed, the work for decanting space on both sites has been initiated, and the service-decanting tender documents have been completed and submitted to PPFM for review.

RESULT AREA I6.1: POLICY ENVIRONMENT

Joint Reviews: NHSSP and colleagues from DUDBC held a joint review of all the design documents, cost estimates, Bills of Quantity (BoQs) and tender documents for the upcoming procurements. A review of tender documents for main retrofitting works in Pokhara was held with the new chief of the Pokhara Project Implementation Unit (PIU) and PIU staff members, who were also oriented on the RHITA programme. The focus here was on GESI and LNOB practices, as well as workers' health and safety at the sites.

Needs Assessments: During the quarter, NHSSP supported the Ministry of Social Development (MoSD) of Gandaki Province, and Province 5 to undertake a needs assessment of Mustang Hospital to upgrade it to a Primary Hospital as per the guidelines endorsed at the federal level. The needs assessment aimed to make the hospital functional with minimum intervention using the existing space, employing an integrated approach to planning considering the spatial context, the demographic context, accessibility, migration patterns and geography of the area.

A health facilities assessment in the seven districts with LL sites was completed in the last quarter in August 2019. This quarter, data was mapped and analysed and a draft report is expected by 31 January 2020.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

Pre-bid Orientations: During this quarter, a number of orientation sessions were held with key stakeholders including with the new Deputy DG of DUDBC, the new Chief of the Health Building Unit and other new DUDBC staff. A second orientation programme for potential bidders for the main retrofitting contract in Bhaktapur was organised on 6 November 2019 at the DUDBC offices in Babarmahal. At this orientation, contractors were introduced to: the retrofitting designs; possible complications with implementation; norms and rate analysis; the decanting strategy; fiduciary risk and zero tolerance to corruption and fraudulent practices; provision of GESI and LNOB; workers' health and safety; and M&E activities.

In-service Training: The accredited 30-day in-service Training Course for Class-II- (or equivalent-) level government officers working in the HI development sector was initiated jointly with NHSSP and the Nepal Administrative Staff College (NASC) during the last quarter and concluded this quarter. The training course was designed in response to the increase in HI skills needed at decentralised levels. The key highlights of the course were the community case study and the Service Improvement Plan (SIP) modules. The community case study enabled participants to explore and learn from the grassroots, about people living in remote areas, issues concerning health services and infrastructure. The SIP helped participants to assess their existing working environment and identify any gaps and shortcomings. The course also included two interactive sessions with Members of Parliament and focussed on planning and implementation of HI in Nepal. Out of the 16 participants who enrolled, 14 completed the programme and received certificates from NASC.

The course had high-level ownership, with the FMoHP Secretary, the DG and Deputy DG of DUDBC and the Director of DoHS Management Division all present during the closing session. The NHSSP team will work with government officials and NASC to understand how similar courses could be institutionalised and held on a regular basis.

Model Designs: Another key highlight of the past quarter was completing the design for City Hospital in Budhanilkantha Municipality. The design covers the provision of basic minimum emergency services, safe motherhood preventive activities, and diagnostic and pharmacy services. This design is intended to demonstrate that municipalities do not always need to make large investments to construct complex new facilities but can creatively use existing hospital facilities and other hospital services within the municipal jurisdiction to provide a close network of hospitals with diagnostic and referral services. City Hospital will be a referral point for specialised and general hospitals in its vicinity, including Tribhuvan University Teaching Hospital, Neuro Hospital and Om Hospital. This design can reduce duplication and overcrowding in specialised and other referral hospitals.

NHSSP has also provided support to government officials to carry out the following activities this quarter:

- Designing and costing the decanting space for Ramraja Prasad Singh Academy of Health Sciences in Province 2, with the FMoHP. The design and cost for the Outpatient Department (OPD) block of the academy is now in progress and will be finished in January 2020.
- Developing a design for the Provincial Medical Stores in Karnali Province, Gandaki Province and Province 2. From these examples, one prototype will be developed that can be used in all seven provinces.
- Further work in Karnali Province, including the completion of design, drawings and cost estimates for upgrading Humla and Dolpa Hospitals and completion of draft design and upgrading plans at Dailekh, Rukum and Salyan Hospitals. All these works will be handed over to the Provincial Government by end of January 2020.

- Support to the engineers in the provinces on how to use the e-GP for tendering. The support will be able to unlock more than NPR one billion to be spent within the span of two to three years (multiyear projects) for upgrading of these hospitals.
- Support to FMoHP to review other donors' activities, including: a document to hire a consultant submitted by the Financial Cooperation Recovery programme, supported by KfW; and the compliance of Harpo Chowk HP in Kavre, constructed by Terre Des Hommes (TDH), with the standard design and guidelines.
- Nomination of NHSSP by FMoHP to be a member of the TWG for the 'Preparation of a Masterplan for Upgrading the Central Health Laboratory into a Super-specialised National Diagnostic Centre'.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Progress on Decanting: The evaluation of bid documents for decanting services in Pokhara and Bhaktapur were completed during this quarter and tenders awarded to the successful bidders. In both cases, contractors have already been mobilised at the sites and construction work has started. In Pokhara, 55 percent of the decanting work is complete and about 10 percent in Bhaktapur. Site Managers for each site and a Construction Manager have been contracted by NHSSP and are working at the sites.

Progress on Retrofitting: The tender evaluation for the main retrofitting work in Bhaktapur is complete but the evaluation of bid documents has been paused until an agreement to include observers from DFID and from the NHSSP HI team has been reached. In Pokhara the tender for the main retrofitting work was published on 31 December 2019; because of changes in the public procurement regulations on the same day, a bid addendum needs to be published outlining the changes in the document and adding more time to the bidding period. The bid addendum has been prepared and will be published after finalising it with DUDBC, and inputs are received from the NHSSP PPFM team.

A Technical Working Committee (TWC) has been formed under the chairmanship of the chief of the PIU in each of the sites to help resolve day-to-day issues raised during construction and to provide regular updates to all stakeholders. NHSSP make regular site visits to monitor progress and the quality of construction. A meeting of the higher-level Monitoring Committee was organised in Pokhara, chaired by the Director of WRH Pokhara on 10 December 2019; the Lead Advisor from the NHSSP HI team, a representative from Pokhara Metropolitan City, engineers from DUDBC, site engineers from DUDBC and NHSSP, and an engineer and other officials from WRH Pokhara participated. The next meeting is scheduled in second week of January 2020.

Nepal Earthquake Retrofitting and Rehabilitation Standards Produced and Adopted (PD 21): The PD was finished in the first year of the programme and there have been ongoing efforts to establish these as the national standards with the support of the Retrofitting Alliance Nepal (RAN). NHSSP reviewed the existing codes and guidelines on seismic assessment and retrofitting designs and based on feedback from DUDBC updated the Seismic Retrofitting Standards contents for Nepal. On December 6 2019, a joint event was organised with the DUDBC National Research Centre for Building Technology (NRCBT) and RAN at DUDBC to discuss the review reports and retrofitting standards. The International Expert – Senior Structural Advisor (Miyamoto International) Mr. Jitendra Bothara and Senior Earthquake Resilience Advisor from the NHSSP HI team presented the review and updated draft seismic standards. DUDBC-NRCBT is now collecting further comments on the report and the standards.

Coordination: A coordination meeting was organised by NHSSP on 6 December 2019 with officials from the National Reconstruction Authority (NRA), DUDBC and DoHS – Management Division (MD), Health Co-ordination Division (HCD) and Policy and Planning and Monitoring

Division (PPMD) – to discuss the new construction of WRH Pokhara by the NRA with Indian funding. The NRA plans to construct a new medical block in the precinct of WRH Pokhara. The meeting focussed on how to avoid duplication of space and any complexities arising on the site as a result of different construction work happening at the same time. Regular meetings will be held with the NRA to ensure ongoing coordination.

Priorities for the next quarter

- The repair and maintenance guidelines have already been endorsed by the FMoHP; in the next quarter, NHSSP will add technical site selection criteria and upgrade criteria for health facilities (linked to the capital investment policy and categorisation of health facilities) and this will be officially sent for ministerial-level endorsement.
- Complete the handover process of Manthali Hospital in Ramechhap.
- Present the infrastructure assessment and gap analysis for upgrading hospitals in Humla, Dolpa, Rukum, Dailekh and Salyan and start tendering.
- Finalise the draft handbooks on the design of sanitary, electrical, Heating, Ventilation and Air Conditioning (HVAC) and waste management services in HI.
- Complete the tender process for the main retrofitting work in Bhaktapur and Pokhara and mobilise the successful contractor.
- Conduct training for construction professionals and contractors on retrofitting bids, technicalities, norms and rate analysis in retrofitting to achieve fairer and more transparent bidding procedures for the main retrofitting works in Pokhara.
- Continue the orientation programme on Nepal Health Infrastructure Development Standards (NHIDS) for different levels of government.
- Further discussion with the NRA, with regard to the construction of the medical block at WRH, Pokhara.

7. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

There has been good progress on most of the activities planned for this quarter. The Gender-responsive Budget Guidelines were approved by FMoHP and the Disability Inclusive Health Service Guidelines were amended to incorporate further feedback from the FMoHP. They were then submitted to the Epidemiology and Disease Control Division (EDCD) to complete the approval process. The strategic review of social audits was completed under the leadership of the CSD. An action plan has now been agreed and the National Health Sector Social Accountability Directives are also being drafted. The revised Health Sector GESI Strategy, however, continues to await Cabinet approval; and the new FMoHP Secretary was appraised of the situation. The delay in approval is impacting plans to strengthen FMoHP's GESI institutional structures and progress other policy initiatives.

Continued progress has been made on the sector's response to Gender-based Violence (GBV) with the establishment of three new OCMCs. On-the-job Training (OJT) to support the rollout of the GBV clinical protocol was completed in Lumbini Hospital; three other hospitals are also planning to do this, using their own funds. OCMC site visits for coaching, mentoring and monitoring continue to support problem-solving, advocacy and capacity development. NHSSP has also agreed to support Province 3 with GBV refresher Training of Trainers (ToT).

In this quarter, the NHSSP GESI team continued advocacy with Local Governments to exercise their new authority and responsibilities for GBV issues: the team facilitated the sharing of learning from innovations, rehabilitation models and the formation of survivor networks between Local Governments in Biratnagar. OCMCs from all seven provinces conducted programmes to mark the 16 Days of Activism against GBV under the overarching theme "Hear Me Too" (Orange the World: Generation Equality Stands Against Rape - country theme in Nepal). This included rallies, community events and interactions between survivors, hospital staff and Deputy Mayors at Koshi Hospital and Hetauda.

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

Gender-responsive Budgeting (GRB): GRB Guidelines were approved by the FMoHP during this quarter, and the approval of LNOB Budget Markers is expected next quarter. The GRB Guidelines include tools and processes for integrating gender at each stage of the budget cycle. The guidelines are consistent with the overarching national classification of budgets for gender-responsiveness as set out by the MoF but the indicators have been adjusted to better fit with the health sector.

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

GESI Strategy: The Health Sector GESI Strategy was endorsed by the Cabinet's Social Committee but is still waiting approval from the Cabinet. The NHSSP GESI team has followed up with the Cabinet Secretary to ascertain the status of the document, and at FMoHP, the new Secretary has been informed of the status of the strategy.

Mental Health Strategy: The GESI team has played a part in drafting a Mental Health Strategy and Action Plan, the process of which is led by the EDCD, with technical support from WHO and other partners. The first draft of the strategy and action plan was shared with all seven provinces and Local Governments, including national-level stakeholders and EDPs, in the previous quarter. The EDCD plans to finalise the draft by mid-February, incorporating inputs and feedback from provinces, the local level and others.

OCMC, SSU and Disability: The revised OCMC Guidelines have been approved by the FMoHP. Changes have been incorporated to align with the Constitution, federal restructuring and the revised Health Sector GESI Strategy. Likewise, SSU Guidelines and the new Disability Inclusive Health Service Guidelines were also updated based on feedback from various levels and multisectoral partners. Upon the interest of the Secretary of the FMoHP, the Disability Inclusive Health Service Guidelines were presented at the end of this quarter to the Secretary, Division Chiefs and key officials from the FMoHP and DoHS. He appreciated the comprehensiveness of the document and suggested it be re-submitted for approval. NHSSP submitted the final draft of the guidelines to EDCD, incorporating comments from FMoHP to complete the approval process. Due to frequent changes in personnel at different levels, revision of these guidelines has taken longer than anticipated. NHSSP will facilitate approval of the guidelines and printing.

In response to a request from the EDCD/DoHS, NHSSP and WHO provided technical support in the development of the Operational Guideline for a 10-year Action Plan on Disability Management. The draft has been submitted to EDCD for their comments.

Social Audits: NHSSP has supported the CSD to lead FMoHP's strategic review of social auditing in the health sector and develop a three-year plan of action. The strategic review was completed and an action plan prepared after intensive consultations with various sectors and stakeholders[3]. A national workshop in November 2019 was held to finalise the review and action plan. This included participation from the provinces, Local Governments and federal-level, multisector stakeholders, including EDPs and associations. The recommendation of the review was to develop National Health Sector Social Accountability Directives; a first draft has been developed and submitted to the CSD for their comments. Revised social audit guidelines (model) for the local level will be included in the Accountability Directive. The CSD plans to finalise the draft by January 2020 with the endorsement of the TWG and forward for the approval process in early February 2020.

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

Strengthening and Scaling-up of OCMCs: Three new OCMCs were established this quarter in three new districts[4] and meetings were held with the hospital management committees and staff including multisectoral stakeholders[5], followed by orientations on the GBV-OCMC concept, framework and operation guidelines. The new hospitals have formed a GBV

[3] MoSD (Province 5), provincial health secretariat, provincial training centres, District Health Offices (DHOs), six metropolises and village municipalities; MoSD Gandaki Province, workshop with nine Local Governments and provincial stakeholders; Ministry of Federal Affairs and General Administration (MoFAGA); National Association for Rural Municipalities (NARMN); Municipal Association of Nepal (MuAN); Ministry of Education; Ministry of Forestry and Soil Conservation; SAHS; WB and others
[4] Mahottari, Siraha and Sankhuwasbha
[5] District Coordination Committee, Local governments, CDO, district police, district attorney, women police cell, safe home, INGOs and others

Management Coordination Committee and a Case Management Committee (CMC) as per the guidelines and will play an important role in making the OCMCs functional. The process of establishing an OCMC in Bir Hospital has started and a preliminary meeting with the Director of the hospital was held. CMC[6] meetings were held in two referral hospitals[7] during this quarter. This provided an opportunity to assess the functionality of OCMCs through a 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. Site visits were held for coaching, mentoring and monitoring in two OCMCs[8] and meetings held with district-level multisectoral stakeholders to review progress, challenges and achievements in OCMC strengthening.

GBV: With TA from NHSSP, a four-day ToT on GBV was held from 17–22 October 2019 for 12 participants from different OCMC-based hospitals in line with NHTC's AWPB. A five-day training on GBV and Basic Psychosocial Counselling Training has also been planned for early January 2020, in line with AWPB of GESI Section/FMoHP. A meeting was held with the Director and his team at the Provincial Health Training Centre in Province 3 on 18 October 2019 to explore possible areas of collaboration. To initiate collaborative work at the sub-national level, NHSSP agreed to support a two-day refresher training on GBV ToT and facilitate the sessions during the forthcoming two batches of GBV training to be organised by the province. The discussion also revolved around the need for revision of the GBV Training Manual and Facilitators' Guide as per the changed context and revised GESI Strategy.

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

I have completed my Bachelor's degree and was working in an organisation. My husband and in-laws were fine with my working in the beginning, but later they started torturing me just because I go to work. Not a single day passed by without hearing their sarcastic comments regarding me going out for work or perhaps my mobility. The verbal abuse in no time turned into physical torture and I was left with no choices other than quitting my job. However, very soon I realised that it was not only my job or other things but it was the inferiority that my husband was feeling because I was more educated than him plus the good job I had. The life became a living hell and I couldn't find any escape. My parents were aware of this situation but they choose to remain quiet due to the societal pressure and their so-called family honour. I tried to kill myself but I was saved. My suicidal attempt nonetheless gave me a different dimension to my life. The counselling from the OCMC helped me a great deal. I have started working again and feel much better but I still feel the deep scars down underneath my heart-soul… memories haunt me but I try my best to get over with them.

- Survivor: from the Survivors workshop, Biratnagar

Local governments are taking the initiative and raising support for tackling GBV. A one-day workshop at the Hetauda Local Government shared the rehabilitation model to generate funds to meaningfully support GBV survivors of various categories, similar to the one initiated by the Bharatpur metropolis. In this quarter, continuing the series of one-day "You are Not Alone" workshops, one workshop was held with GBV survivors in Biratnagar metropolis (Province 1) in coordination with local GBV networks/Community-based Organisations (CBOs). The

[6] The CMC plays a vital role for the effective functioning of the OCMC. This committee includes eight 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 centres

[7] Koshi Hospital, Biratnagar and Janakpur Hospital

[8] Dhauglari Hospital and Inarwa Hospital

Deputy Mayors attended and 45 survivors participated; a participant's view of the workshop is given in Box 1. A similar workshop is planned at Karnali Province next quarter.

Box 2: From the Case Study Booklet

A 30-year-old married woman, who was married at 13 and has four children, experienced regular physical abuse from her husband when he came home drunk. After the incident that brought her to the OCMC with serious injuries, she went to stay with her sister. A few days later, her husband came begging her to return home. He promised never to hurt her again. She returned. But, after some days, he started the same routine again. She said she stays with him as she has nowhere else to go. She believes that if she leaves him it will be difficult for her children. She refused to file a case against her husband even after repeated counselling sessions and offers of help.

During this quarter, OCMCs[9] from all seven provinces carried out different activities to mark the 16 Days of Activism against GBV under the overarching theme "Hear Me Too" (Orange the World: Generation Equality Stands Against Rape - country theme in Nepal). Koshi Hospital/OCMC brought together 40 survivors, hospital/OCMC staff and the Deputy Mayor of Biratnagar. Other OCMCs held rallies, health camps for GBV survivors and orientation activities for people at the community level and promoted OCMC services in different forums. These efforts strongly enforced the message that it is crucial to speak out against sexual violence or any other form of violence.

Supporting the Rollout of the GBV Clinical Protocol: Lumbini Hospital has completed one batch of OJT on the GBV clinical protocol for service providers. Three other hospitals[10] have planned for the rollout from their internal funds for the next quarter. After rounds of TWG meetings and consultation with all seven provinces, the GBV clinical protocol has been revised and the final draft of the protocol has been shared with wider stakeholders for their final inputs. A national-level workshop was held, with participation from all seven provinces and selected district OCMC based hospitals; this included presentation of new amendments to the protocol. NHSSP provided intensive support for this piece of work, which was led by the NSSD.

Scaling up SSUs: A new SSU was established at Taulihawa Hospital this quarter, in line with the AWPB. Site visits were made to three SSUs[11] for coaching, mentoring and monitoring. To update the online SSU reporting system, a meeting was conducted between the GESI Section, NSSD, MD and the NHSSP.

Capacity building to Put LNOB into Practice: On 9 December 2019, a half-day orientation was provided on GESI-GBV and LNOB to new officials of the GESI Section/FMoHP and multisector stakeholders of Sankhusawa District. This was appreciated by members of Local Government and partners. Orientation on GESI-LNOB and the revised GESI Strategy is also planned for new staff at the NSSD, NHTC and EDCD.

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

[9] Koshi Hospital, Gajendra Narayan Singh Hospital, Hetauda Hospital, Bharatpur Hospital, Dhaulagari Hospital, Bheri Hospital, Surkhet Hospital and Seti Hospital
[10] Koshi Hospital, Surkhet Provincial Hospital and Janakpur Hospital
[11] Bir Hospital, Pokhara Hospital and Janakpur Hospital

Support the Institutionalisation of Mental Health Services: With NHTC as a lead, a Steering Committee and TWG were formed to move forward the Development and Standardisation of Psychosocial Counselling Training Curricula. Meetings this quarter discussed the duration of the training, the number of sessions, and their contents and hours, including the accreditation process. The Steering Committee selected three core agencies[12] (core team) that have relatively long-term experience in the area of mental health and counselling to lead work on the curricula and present/share them to/with the wider TWG and Steering Committee. The next TWG is scheduled for the third week of January 2020, when the core team will present the first draft of the document. NHSSP have been providing TA and Financial Assistance (FA) support for this important piece of work.

Other activities

- Support was provided to finalise the protocols on Chemotherapy Preparation and Administration, Haemodialysis, Care of Vascular Access and Ventilator Care upon the request of the NSSD. Inputs were provided to the draft protocols and costs of the workshop was supported.
- Intensively contributed as a TWG Member to the finalisation of the National Strategy on Biased Sex-selective Abortions led by the FMoHP.
- Upon the request of the Chief Election Commissioner, a meeting was held at the National Election Commission, where TA was provided regarding GESI mainstreaming and GESI-responsive election policies.
- Provided inputs and feedback on the GBV Campaign National Action Plan drafted by the Ministry of Women, Children and Senior Citizens (MoWCSC).

Priorities for the next quarter

- NHSSP will support PPMD to: operationalise the GRB guideline; translate the LNOB budget marker into English; and initiate the development of the GESI Strategy Implementation Plan for the federal level.
- Produce: a final draft of the revised GBV clinical protocol; a final draft of Social Accountability Directives (Margadarshan); and draft psychosocial counselling training curricula.
- Orientation on GESI-LNOB and targeted interventions for Province 2 and Karnali Province (including all district hospitals' Medical Superintendents and focal persons).
- Strategic review of OCMCs in order to scale-up OCMCs that provide a comprehensive range of services.
- Support the government to establish more OCMCs and SSUs.
- Training on medicolegal services to medical officers/doctors from all provinces; basic psychosocial counselling training and GBV clinical protocol training to OCMC staff from all 68 OCMC-based hospitals.

[12] CVICT, TPO and CMC

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. Despite the resignation of the TL in November, significant progress continued to be made across all spheres of government, and excellent working relationships with Government, EDPs, and other stakeholders were well maintained. Ten PDs were submitted and approved by DFID.

The NJAR was a highly interactive and successful set of events, supported by ample preparation at Provincial and Local Government levels in addition to engagement with representatives of the private sector. The meaningful involvement of sub-national stakeholders set a good standard for future reviews. Continuing at federal level, NHSSP staff supported the FMoHP in developing the 15th Periodic Plan and preparing plans for developing the new five-year Health Sector Strategy.

At Provincial level, support is growing across all our workstreams, as noted in several places above. The creation of Health Policies in several Provinces establishes a solid base for our anticipated expanded sub-national TA. At Local Government level, several initiatives have been supported through the LL sites, again as noted elsewhere.

Government health staff adjustment continued to be a major priority for the health sector and remained challenging. Within the Federal Ministry itself, Mr. Bhanubhakta Dhakal was appointed as Minister, and his immediate proactive engagement in the NJAR and addressing health systems improvements has been noted. Mr. Nabaraj Raut was also appointed as State Minister this quarter.

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

- The Aama Programme Review was completed, with findings presented in the NJAR and an EDP meeting. Further dissemination is expected in the following quarter.
- The draft SMNH Roadmap 2030 was approved by the DoHS and submitted to the Health Secretary for his approval.
- FMoHP endorsed the MSS tools for all levels of health institutions, and NHSSP supported the development and printing of implementation guidelines.
- TA to FCGO to integrate the Chart of Activity in SuTRA, and revise recording, reporting and accounting forms, resulted in TABUCS and SuTRA now being able to capture health sector budget and expenditure from all spheres of government.
- Tendering for retrofitting for Bhaktapur and WRHs was completed, and decanting work begun.
- The Gender-responsive Budget Guidelines were approved by the FMoHP, and the Disability Inclusive Health Service Guidelines were amended and submitted to EDCD for approval. Three new OCMCs were established, and many OCMCs conducted programmes in line with “16 Days of Activism against GBV”.
- Numerous trainings and orientations across the workstreams in all spheres of government were successfully conducted.

In the next quarter we expect decisions on the extension of NHSP III as we enter the current last year of the project, as well as new NHSSP TL arrangements. We also look to progress on the Health Sector GESI Strategy, finalisation of the SBA strategy, support to development of the new National Health Training Strategy, MSS roll-out at secondary- and tertiary-level hospitals, among other key activities. In addition, preparation for the AWPB will begin along with further work to develop the next five-year NHSS.

ANNEX 1: 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 FMoHP has a plan for structural reform under federalism			
i2. 1.1	Provide strategic support on structures and roles for central and devolved functions – federal/provincial	**Ongoing**	- A three-day workshop (5-7 Nov, 2019) was organised by the FMoHP to review the existing structure of the FMoHP and its departments in which NHSSP was engaged and contributed with technical inputs. This revision process was initiated as per the circular from the MoFAGA which however is yet to be finalised. - Gandaki Province initiated the drafting of the Provincial Health Policy for which NHSSP has been engaged in the context analysis. Support has been provided to synthesise the issues, challenges and existing policy provisions which could provide basis for the framing of the provincial health policy.	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**	- NHTC initiated drafting a new national health training strategy in light of the federal context and is expected to replace the existing health training strategy. Consultative meetings have been conducted with the NHTC officials and a preliminary outline of the strategy has been prepared. - Support was provided to the FMoHP to organise a consultative meeting with the senior experts of the health sector as per the guidance of the Hon. Minister of Health and Population. NHSSP was involved in preparing presentations, takes notes and provide logistic support. The meeting was focused on strengthening public sector hospital services and was attended by the former secretary and director general, Vice Chancellor of Tribhuvan University, officials of health education commission, representatives of selected private sector hospitals and other health sector health specialists.	Continue the support in the further refinement of the national health training strategy and conduct consultation events for its refinement

i2. 1.3	Develop guidelines and operational frameworks to support elected Local Government planning and implementation	**Ongoing**	- The draft of the OCA Reference Manual, Trainers' Guide and Participants' Handbook were further refined based on the implementation experiences so far and the inputs received from the NHTC officials. The final draft has been submitted to the NHTC for final review.	Support in finalising the reference documents of the OCA and support in its follow up assessment in the LL sites
	Result Area: i2.2 Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting			
12. 2.2	Support DoHS to consolidate and harmonise the planning and review process	**Ongoing**	- NJAR organised in December 2019	Key issues and challenges identified in the annual review will be incorporated into the planning process for the next FY
i2. 2.3	Implement Learning Labs (LLs) to strengthen local health planning and service delivery	**Ongoing**	- A two-day meeting (21-22 of November 2019) was organised in Dhangadhimai Municipality for the HFOMC members on the key functions of the HFOMC; progress on the OCA and MSS were also discussed. - Dhangadhimai Municipality LL site has developed a Health and Sanitation Act, which has been submitted to executive council for its endorsement. - Kharpunath RM has developed a health, nutrition and sanitation policy - PMC has already developed a municipal health policy and ARM has developed a health sector related act last year. - ISC has drafted the Health Facility Registration, Licensing and Renewal Guidelines 2076 for regulating its health institutions. ISC has also prepared the draft of municipal health act, and it will be submitted to the drafting committee soon. - Given the change in the staff at the municipal level, an MSS orientation was conducted on 19th of December, 2019 in PMC. During the orientation, learnings of the MSS was also shared by one of the HPs to motivate others and to highlight the importance of the MSS. - On 18th December, orientation was also provided to staff of the Urban Health Centres for which PMC is considering to develop service standards similar to the MSS.	Continue the support at LL sites for system-strengthening activities; conduct follow-up assessment; and implementation support of planned activities;

			- Staff adjustment has affected staff availability at the local level with over-provision and under-provision of the staff against the sanctioned posts. To take the example of the LL sites, Itahari, Pokhara, Madyapur have got higher number of staff whereas others have lesser number of staff than the sanctioned posts. Following the adjustments, local levels have also posted the staff in corresponding health facilities and municipal offices. - On behalf of the NHSSP, HSSOs participated in respective municipal, district and provincial level annual review meetings and contributed technically in the preparation of the presentations and facilitate the process where necessary. - The HSSOs contributed to make the procurement process more systematic in LL sites by their engagement in quantification, forecasting, preparing specification using Technical Specification Bank, preparation of tendering documents and price comparison besides support in other programmatic areas. - Progress reports of the LL prepared on monthly basis - Coordination meetings organised by the Project Coherence Unit of the DFID was attended in three provinces by the NHSSP in December and relevant information were shared aiming to collaborate in future.	
	Result Area: i2.3 PPICD identifies gaps and develops evidence-based policy			
i2. 3.3	Develop recommendation - s on institutional structures, including roles and responsibilities; manage SNS partnerships	**Completed:** Guideline on partnership in health sector developed	- The guideline was shared with the MoF for feedback and updated based on the feedback received.	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**	- Under the leadership of the FMoHP in coordination with the CSD of DoHS MSS assessments are planned for all federal level hospitals in this FY. Orientation on MSS for the secondary level hospitals was conducted in the last quarter.	Support on implementation, monitoring and follow-up of the MSS. ToT for remaining

			- After the endorsement of the MSS for HPs, orientation to the provincial level officials has been planned who in turn will orient health facilities.	provinces (5, Karnali and Sudur Paschim) to roll out MSS in HPs will be conducted in the next quarter.
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. FMoHP shared the draft with relevant ministries	- The final draft of the Partnership Guideline was shared with the MoF for the feedback and updated based on the feedback received. MoF suggestions are mainly about financial administration and audit, progress reporting and evaluation, volume of the grant in the partnership, areas for which grant amount can be used. - The revised version of the guidelines is in the process of approval.	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	- Under the leadership of NPC, 15th Periodic Plan is being developed in accordance with its Approach Paper. - Besides the technical inputs in this process, NHSSP support was also extended to organise a consultative meeting with Departments, Divisions and Centres to identify major programme and their scope as per the NPC format.	Support in finalisation of the health and population section of the 15th Periodic Plan as per the NPC framework
	Result Area: i2.5 FMoHP 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 in next quarter
i2. 5.2	Support partnership meetings (Joint Annual Review (JAR), Mid-year review, Joint Consultative Meeting (JCM)) (PD 26 & 58)	2nd JCM of the year conducted	- National Joint Annual Review (NJAR) was organised during 4-6 Dec, 2019. - The last day of the NJAR was a business meeting between the FMoHP officials and EDP representatives. The outcome of this meeting is the draft Aide Memoire. - An annual progress report was produced together in consultation with the respective Departments, Divisions and Centres - Two pre-NJAR events were organised focusing on the sub-national governance	Contribute in incorporating the action points of the NJAR in the next AWPB process.

			and federal hospitals and academic institutions to enable the in-depth discussion among the participants. These pre-review meetings were organised in the presence of the Hon. Minister of Health and Population and fed into the review process. - Pre NJAR field visits were organised in three of the 7 provinces (2,5 and Karnali). The visits were led by the FMoHP and EDPs participated. A consolidated issues based on the visits was presented during the NJAR. NHSSP also participated in one of the visits. - Post-NJAR proceedings report was produced alongside the major progresses, issues and challenges presented and discussed during the review, and has been shared with the FMoHP. The overall process for the management of the NJAR and NHSSP support was also documented as a part of the proceedings report.	
i2.5.4	Support Mid-term Review (MTR) of NHSS	Final report prepared	- Key findings of the MTR were presented in the NJAR by the FMoHP - An initial meeting for the conceptualisation of next phase of the 5-year health sector strategy was organised with the DGs, Directors and Chiefs of the Departments, Divisions and Centres on December 17th, 2019. Discussion was focused on the process and the need to align the sector strategy with national health policy, 15th Periodic Plan and recently promulgated Acts.	- Recommendations of the review will be used in the next phase of NHSS and AWPB. - Preliminary works for the development of the NHSS is expected to take place and TA will be provided in this process.

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, and the functionality of Comprehensive Emergency Obstetric Neonatal	**Ongoing** Visit planned to Rukum and Rasuwa were postponed due	- Number of functional CEONC site increased. Out of 14 non –functional CEONC sites in previous quarter	Visit Rasuwa Hospitals for CEONC establishment of feasibility assessment

	Care (CEONC) sites	to unavailability of service providers at Rasuwa; and Rukum will need to construction a CEONC building	period, six CEONC sites were functional at the end of December 2019 - Total Functional CEONC sites are 77 out of 85 . - 10 CEONC sites visited (Bhim Hospital; Review meeting in Province 4; Review meeting in Province 5; Parbat Hospital; Rangeli Hospital; Inaruwa Hospital, Udaypur District Hospital; Matri sishu mitari Hospital in Pokhara, Manthali primary Hospital Ramechhap, and Sindhuli Hospital - TA Facilitated 80% Scholarship Doctors posted in CEONC site by CSD; remote CEONC site in Dolpa, hired OBGY and AA from CEONC fund month; facilitated NTC and coordinated with District Hospital for ASBA, AA and OT management Nurses training; conducted CEONC stake holder meeting in all Central Hospital, Province Hospital and District Hospital (Primary Hospital A) and Primary Hospital C in Manthali, Burtibang in visited field trip. - CS rate monitoring: discussion started with FWD and NESOG for the development of Robson criteria implementation guidelines at hospitals with high C-section. NESOG will develop guidelines and orientation at hospitals in Province 5 (Provincial budget) and Province one (NHSSP financial support).	Technical support visit to: - Next Solukhumbu and Sotang - Gokuleswor - Koltee. - Parbat and Tanahu. 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**	- The pilot is live and available to 800 FCHVs across the three pilot sites. The following activities were completed this quarter: - Baseline evaluation analysis complete and discussions with MEOR on-going - Push notification issued to all 800 FCHVs – a phone call is placed to FCHVs with a short audio message from Dr. Asha played after pick up to promote the service - Monitoring of the pilot using central IVR data and with Field Officers liaising with health facilities to encourage take up and to support any problems - Additional promotion and training provided to new 'Health Facility In Charge' staff who arrived in post after the pilot commenced - Two field visits to Rautahat along with five DoHS staff, for monitoring and engagement with government and health facility staff - Mobile Chautari Final Tool, Training Report, Baseline Research Report and Communication Plan completed	- Endline data collection scheduled for February 2020, followed by analysis and reporting. Monitoring visits and video filming in Tehrathum and Darchula including FCHV testimonies. Communication activities to disseminate research results and project learning, including presentations, blog article and social media promotion. Submission of operational guidelines.
i3.1.5	Support the Family Health 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	**On-time and ongoing support**	- Finalised a case study on the effect of support to three remote Palikas on annual planning, budgeting and implementation - PNC home visit guideline finalised. Orientation to provincial level staff on PNC microplanning done and integrated into continuum of care	- Facilitate FWD to get support from other partners for the capacity building of provincial and provincial health offices staff. NHSSP will support this in province 5 and 2.

			guideline (ANC to PNC)	
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. - NHSSP successfully communicated with municipality 65+ (of 98) and 90+ (0f 124) HCs and provided information on VSP and RANM programme that included purpose of the programme, budget allocation, and implementation steps. Information on VSP and RANM guideline---where and how to download was also provided. In some instances, the guideline was also mailed through HC's e-mail addresses. - NHSSP TA handed 4 copies each of Decision-Making Tool (DMT) and WHO MEC wheels, job aids intended to be used by RANMs, to focal persons/health coordinators, of 3 municipalities with RANM programme, from NHSSP Teku office during their visit to Teku. Provincial Health Directorate staffs including Directors are also kept informed of the VSP and RANM programme activity in municipalities under their provinces.	- Monitor VSP, RAMN and FP/EPI programme implementation by the Palikas for FY 2019/20.
i3.1.9	Support to the FMoHP for improving delivery	**Delayed**: Revision of SBA strategy and SBA	- SBA forum meeting was conducted on 15th December	- Finalise the revised SBA strategy; finalise

	of nutrition interventions	training strategy was delayed due to not able to decide on the contentious issues	- Forum participants were not able to decide on whether to call service providers (Skilled Birth Attendants or Skilled Health Providers) and whether to continue to give SBA training to ANMs, and to decide number of ANC visit 4 or 8 visits. - Supported and provided input in the midwifery development plan – agreed with NSSD to support finalisation and costing of the strategy and action plan.	revised SBA training strategy; - Start development of revised SBA training manual and clinical mentoring guidelines (nutrition incorporated)
	Result Area I3.2: Restoration of service delivery in earthquake-affected areas			
i3.2.1	Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in 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 the Partnership for Sustainable Development (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**	Meeting with Health Secretary to present SMNH roadmap and "Nursing and Midwifery Strategy" by FWD and NSSD completed. - The draft SMNH Roadmap 2030 was submitted to the Health Secretary by	- Costing of the roadmap completed; dissemination of roadmap is endorsed by the Minister - Finalisation of Nursing and Midwifery strategy

			PPMD in early January 2020. - Costing of the roadmap is being led by a national and supported by an international consultant, in final draft stage. - Nursing and Midwifery strategy and action plan to be revised with TA support	and action plan (2020-25)
i3.3.2	Support the FMoHP/DUDBC to upgrade infrastructure for maternity services at referral hospitals	**Delayed** First meeting delayed due to availability of FEWD and NSSD stakeholders	- With NSSD and FWD first meeting to develop standard criteria and implementation guideline for on-site birthing units	- GIZ will support the development of standards to be ready by February 2020. - 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:** FWD wanted to wait for Aama Programme Review findings		- Aama implementation guideline finalised incorporating Aama Review findings
	Support FHD planning, budgeting, and monitoring of Aama and other selected Demand-side Financing (DSF) programmes at the revised Spending Unit (SU) level	**Ongoing**	- Aama Programme Review progressed as planned. Preliminary reported shared at DOHS and JAR meeting.	- Share with FMOHP and Finalise the report - Dissemination of findings and recommendations
	Result Area: I3.4 Continuous Quality Improvement institutionalised			
i3.4.1	Support the DoHS to expand implementation of MSS and modular HQIP	**Delayed:** Provincial level implementation orientations were delayed due to delayed in printing of the tools	- TA support in developing HP level MSS implementation guideline and orientation materials including printing of MSS tool for HP level (7,000 copies). - Half day orientation to federal level stakeholders was conducted during this quarter; around 25 representatives from FMoHP, DoHS and partners participated. Mobile reporting	- Support CSD for HP-level MSS MTOT/orientation for provinces; - Support provinces and develop time plan for HP MSS orientation (implementation) to Palika, especially in Provinces 2 and 5

			application for clinical mentoring/QIP and CEONC functionality developed	- Continue desk monitoring of old HQIP sites - Support introduction of HQIP in new sites (sites to be agreed with FWD) - 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	**Delayed:** Support FWD, NHTC, to develop clinical mentor development guideline delayed due to delay in SBA training strategy revision	- Facilitated clinical mentoring at all CEONC sites – (budgeted by FWD and Province 3 for 65 hospitals) - Clinical mentors training – 3 batches completed - Clinical mentor training site developed at Lumbini hospital (not at Surkhet hospital) - Assist MoSD of Province 7 in preparation of mentors' development plan - Develop Surkhet Hospital as clinical mentors training site	- Develop clinical mentoring training sites at Karnali provincial hospital, PoAHS, Koshi zonal hospital and Janakpur hospital. - Orientation of all clinical mentors on mobile reporting application and clinical updates including nutrition update. - Technical support to training of 3 batches of clinical mentors.
i3.4.4	Support revision of the standard treatment guidelines/protocols and roll-out of the updated guidelines	**Delayed** NMS for RH vol 3 revision delayed due to delays in recruitment of consultant by UNICEF	- Standard Treatment Protocol (STP) for BHSP – copy edit completed; awaiting BHS endorsement - With UNICEF support FWD to start the process of revision of NMS volume 3. Consultants hired by UNICEF; first meeting conducted	- STP – copy edit to be completed. - Workshops on NMS for RH vol 3 (late March)

I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	**Delayed:** Write a CN on clinical FP (Long-acting Reversible Contraception (LARC)); coach development and share internally - delayed	- Conducted rapid assessment of MWRH Surkhet Hospital (Karnali Province) for developing an IUCD and implant certified site. - NHTC approved MWRH Surkhet as a training site for IUCD, Implant, NSV, ML/LA and iPPIUCD. - Completed literature review for writing a CN on clinical FP (Long-acting Reversible Contraception (LARC)); coach-mentor development. - Completed follow up visit to PoAHS/WRH Pokhara Kaski and Bharatpur Hospital Chitwan for skills assessment and coaching on FP and SBA	- Write a CN on clinical FP (Long-acting Reversible Contraception (LARC)); coach-mentor development and share internally - Conduct follow up visit to KZH Biratnagar Morang for skills assessment and coaching on FP and SBA
	Result Area: I3.5 Support FWD in planning, budgeting, and monitoring of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and nutrition programmes			
i3.5.1	Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance	**Ongoing**	- PESON conference (29–30 November): technical paper presentation – presented - Newborn care conference (17–18 November 2019): technical and financial support. – postponed by FWD - Support Quality of Care Framework development workshop to be organised by Quality of Care Regulation Division of FMoHP in November 2019 (date TBC). – postponed by QACD/FMOHP - Participated in provincial review and NJAR meeting and support in preparation of NJAR	- Support Newborn care conference (tentative – Feb 2020) - Support Quality of Care Framework development workshop to be organised by Quality of Care Regulation Division of FMoHP in November 2019 (date TBC).
i3.5.2	Capacity enhancement of Local Government on evidence-based	**Ongoing**	- Preliminary drafts of OCA Reference Manual, Trainers' Guide and Participants'	

	planning, implementation, and monitoring of programmes aimed at LNOB and quality of care (SHANTI)		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 for monitoring of free care	**Ongoing**	- Continued support to monitor Aama programme through RA as reported in i3.3.3.	

PROCUREMENT AND PUBLIC FINANCE MANAGEMENT

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

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**	Following amount has disbursed against 3rd FMR of FY 2018/19 on 4th December, 2019. - DFID $ 9,602,002.56 - KfW $2,209,825.45 - GAVI $6,986,026.00	1st FMR of FY 2019/20 will be finalised.

I4.3	**Revise, implement, and monitor the Financial Management Improvement Plan (FMIP)**			
I4.3.1	Update internal control guidelines	Internal control guidelines updated on 2018 July	Audit committee (FMoHP), held in 23rd December, 2019, decided to update the Internal control guidelines in light of "Internal Control System Directives, 2019 (FCGO) and new Financial Procedural and Accountability Act, 2019.	FMoHP will develop new internal control guidelines in light of "Internal Control System Directives, 2019 (FCGO) and new Financial Procedural and

				Accountability Act, 2019.
I4.3.4	Finalise, print and disseminate the FMIP	**Achieved**	A draft revision of FMSF has shared with the FMoHP & DoHS concerned personnel. In puts were collected. For the finalisation of FMSF, due to ability time of FMoHP the workshop could not held. Probably it may be finalised next quarter.	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 56th annual audit issues at the Office of the Prime Minister and Council of Ministers (OPMCM) on 30 December 2019.	NHSSP/PPFM team will continue to support
I4.3.7	Build the capacity of FMoHP and DoHS officers in core PFM functions	**On track**	Support the concerned entities to capture financial data and the audit queries data in TABUCS.	As per FMoHP and departmental request for such PFM functions, NHSSP/PPFM will provide technical support
I4.3.8	Support the process of institutionalising the Internal Audit (IA) function through the Internal Audit Improvement Plan (IAIP) and IA Status Report (PD 43)	**Achieved**	No activities scheduled in this quarter.	IA data will be collected for IA Status Report of FY 2018/19
I4.3.9	Work with HRFMD on potential PFM system changes required in the devolved situation	**Initiated**	No activities have taken place in this quarter.	As per FMoHP request NHSSP/PPFM team will provide technical support to these activities
I4.3.10	Support to PFM and Audit Committee	**Ongoing**	Audit committee meeting (FMoHP) held in 23rd December, 2019. The committee decided to give direction on the issue of 'clearance audit queries target (50%) in FY 2019/20, to prepare annual action plan for	PFM and Audit Committee meeting will be held

			2019/20 of audit queries clearance, clearances process and attention of audit queries, execution of Public Account Committee, to update the audit queries records, to update the Internal control guidelines in light of "Internal Control System Directives, 2019 (FCGO) and new Financial Procedural and Accountability Act, 2019, response of audit primary report with 35 days are the main points of committee.	
	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~~		No activity planned in this quarter	No activities scheduled in this quarter
AS	~~**Support on DLI No. 9:** Percentage of audited SUs responding to OAG's primary audit queries within 35 days~~		No activity planned in this quarter	No activities scheduled in this quarter
I4.3.11	Support 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 hospitals in federal structure	**Ongoing**	No activity planned in this quarter	Discuss in PFM Committee
I4.3.15	Expansion of PBGA in selected hospitals	**Ongoing**	No activity planned in this quarter	
I4.3.19	Discuss 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	**Logistics Management Division (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 FMoHP. - Participated in the ToT on Basic Logistics and Public Procurement as facilitator. The TOT was given to procurement personnel of HIS of Provinces 1, 2 and 3.	Technical support by the procurement clinics and systematic technical support on procurement functions will be continued in the following quarters
I1.1.7	Support PPMO for endorsement of SBDs of FA	**Ongoing**	- Reviewed the draft document prepared by the PPMO Consultant and new document prepared.	Continuous follow-up at PPMO and request FMoHP to follow up at PPMO to endorse SBD of FA
I1.1.8	Preparation and endorsement of SOP of FA	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.9	Provide TOT on FA through exposure/training	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.10	Training to FMoHP and MoSD staff on FA and new SBDs	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	

I1.1.11	Orient suppliers on FA, SBDs and others	**Delayed** Waiting for endorsement of SBD for FA	**Postponed**	
I1.1.12	Revise Federal Procurement Improvement Plan (PIP) and continuous monitoring and support to develop provincial PIP	**Ongoing**	- The Nepal Health Sector Public Procurement Strategic Framework (NHSPPSF) is drafted and under review at FMoHP.	It will be approved by workshop and will be circulated to the provinces
I1.1.13	Train all DoHS divisions on CAPP preparation and execution	**Ongoing**	- Two-day training workshop organised to prepare APP Compilation 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/FMoHP and PFM Committee
I1.1.17	Review of PPA and PPR for	**Ongoing**	- Draft agenda for health-sector-friendly revision on	Follow up

	Health Sector Procurement		PPA and PPR prepared and submitted to FMoHP for discussion on high-level committee.	
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 procurement modalities, we will provide technical support	Postponed, will be performed If requested by PPMO.	Not scheduled
I1.1.21	Training for DoHS staff on Catalogue Shopping, Buy-Back method and LIB with guideline	**Suspended** PPMO has not yet issued necessary Standard Documents for	Postponed	Not scheduled

		these methods		
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 FMoHP.	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 FMoHP	**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 Governments 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

EVIDENCE AND ACCOUNTABILITY

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 FMoHP 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 FMoHP and MoSD staff on e-GP (Phase II)	**Not scheduled**		Training is planned

I1.3.13	Training module and session plan of procurement modules development	**On time** Training module and session plan ready	- Training module and session plan prepared and sent to NHTC.	Training for provincial procuring entities of Health Sector is planned

Activity		Status	Achievements this quarter	Planned activities for next quarter
I5.1	**Quality of data generated and used by districts and facilities is improved through the implementation of the Routine Data Quality Assessment (RDQA) system**			
I5.1.1	Support development of RDQA tools for different levels and their roll out (PD 33)	**Completed:** The web-based RDQA tool along with the eLearning materials have been published on the FMoHP website and are being implemented. Please visit www.rdqa.mohp.gov.np	▪ The RDQA tools were updated based on the feedback from users and learning from the implementation. Key updates include defining the users and their functions, standardising the name of health facilities and indicators, updating the dashboard, editing of the questions for more clarity, fixing the calendar issues, etc.	▪ Support FMoHP in monitoring of the progress and documenting the lessons learned
I5.1.2	Support institutionalisation and roll out of RDQA at different levels	**Ongoing**	▪ Continued engagement with PPMD, FMoHP and IHIMS, DoHS and USAID/Strengthening Systems for Better Health (SSBH) for implementation of RDQA at different levels and its harmonisation at different programme divisions. ▪ Scaling up of RDQA was prioritised by programme divisions/centres during the NJAR and has been put as one of the action points in the Aide Memoire.	▪ Support IHIMS in effective implementation of RDQA activities in collaboration with different programme divisions and centres. ▪ Implementation of RDQA at the LL sites
I5.2	**FMoHP has an integrated and efficient HIS and has the skills and systems to manage data effectively**			
I5.2.1	Support development of a framework for improved management of health information systems at the	**Completed:** 'Health Sector M&E in Federal Context'; an M&E guideline was developed last year.	See I52.2	

Activity		Status	Achievements this quarter	Planned activities for next quarter
	three levels of federal structures			

I5.2.2	Support effective implementation of the defined functions at different levels	**Ongoing**	▪ At the federal level, supported IHIMS in preparation of roadmap for integrated health information management. ▪ At the local level, supported Itahari Sub metropolitan City (Sunsari District, Province 1) in planning of e-reporting of HMIS from all health facilities in the municipality (See Activity I5.2.5 below).	▪ Continuous engagement with federal government and LL site counterparts in strengthening of information management at all levels. ▪ Support Itahari Sub metropolitan City in effective implementation of the training and its follow up.
I5.2.3	Support development, implementation, and customisation of the EHR system (PD 45)	**Ongoing**	▪ TA is working with the IT Section of the FMoHP in preparation of standards and guidelines for effective implementation of the EHR at health facilities (See Activity I5.2.7 below). ▪ Supported the FMoHP in preparation of the eHealth readiness assessment questions to be included in the forthcoming Nepal Health Facility Survey 2020 questionnaire.	▪ Finalise the EHR guideline in consultation with other IT Section of FMoHP, GIZ and Possible Health. ▪ In consultation with IT Section, FMoHP and IHIMS, DoHS, FMoHP select one health facility in one of the LL sites based on the readiness criteria and initiate development of EHR system.

I5.2.4	Support development and institutionalisation of an electronic attendance system at different levels	**Not scheduled**	▪ No activities done	▪ Support LL sites in analysis and use of the data where the Palika is using e-attendance system at the health facility level (e.g. Ajayameru RM).
I5.2.5	Support expansion and institutionalisation of electronic reporting from health facilities	**Ongoing**	▪ Together with WHO, GIZ and USAID/SSBH supported IHIMS to plan for expansion of HMIS e-reporting from facilities as a part of the broader roadmap for the integrated information management. ▪ Supported IHIMS to analyse the HMIS data, identify the areas of inconsistencies in the dataset, address the gaps identified, follow up with the provincial and Local Governments and facilities for timely reporting and improving the data quality. This has helped improve timely reporting which has increased from 18% in the first three months of last FY to 41% in the same period of the running FY.	▪ Support Itahari Sub metropolitan City in conduction of the training. ▪ Continuous engagement with LL sites, federal government counterparts, GIZ and WHO in strengthening of information management at all levels.

			▪ Supported Itahari Sub metropolitan City (Sunsari District, Province 1) in planning of e-reporting of HMIS from all health facilities in the municipality (See Activity I5.2.5 below). ▪ Supported IHIMS in planning of expansion of e-reporting of HMIS as a core part of HMIS Strengthening.	
I5.2.6	Support development of an OCMC software and update the SSU software	**Ongoing**	▪ Series of consultations were held with the IT Section, FMoHP; Nursing and Social Protection Division, Management Division DoHS to develop electronic recording and reporting from OCMC and SSU in alignment with the HMIS.	▪ Initiate the task of developing e-recording and reporting of the OCMC and SSU statistics in alignment with the HMIS.
I5.2.7	Support develop guideline for effective operationalisation of eHealth initiatives (PD 66)	The National eHealth Guideline, Nepali version, developed with support from NHSSP (approved by DFID on 18 July 2019) is awaiting endorsement from the Minister.	▪ Followed up with the QSRD, IT Section for endorsement. ▪ FMoHP is planning to forward the EHR guideline along with this for	▪ Update the draft English version in line with the endorsed Nepali version. ▪ Support FMoHP in finalisation of the EHR guideline (see I5.2.3).

			endorsement (see I5.2.3).	
I5.3	**FMoHP has robust surveillance systems in place to ensure timely and appropriate response to emerging health needs**			
I5.3.1	Support strengthening and expansion of MPDSR in hospitals and communities	**Ongoing**	▪ Worked with FWD and IHIMS for strengthening of MPDSR as a part of preparing integrated roadmap for integrated information management. ▪ Reviewed and provided feedback on the draft report on 'MPDSR in Nepal: An Assessment' carried out by FWD with support from WHO.	▪ Support Local Governments (Pokhara MC and Itahari SMC) in strengthening surveillance and response mechanism. ▪ Carryout further analysis of the MPDSR data to better inform strengthening and expansion of the programme in federal context.
I5.3.2	Develop and support implementation of a mobile phone application to strengthen MPDSR	**Not scheduled**	▪ No activities done	▪ Continue engaging with 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	**On going**	▪ Continued discussion at the federal level on importance of engaging the academia in strengthening of MPDSR at the provincial level. Overall, the role of academia for efficient delivery of services and monitoring has now come up	▪ Continue engaging with stakeholders at federal level and LL sites.

			in the NJAR and other discussion forums.	
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)	▪ 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
I5.3.5	Support effective implementation of EWARS in the DHIS2 platform with focus on use of the data in rapid response to the emerging health needs	**Ongoing**	▪ Supported in preparation of roadmap for strengthening of EWARS as a part of preparing roadmap for integrated information management	▪ Continue supporting IHIMS and other information systems for preparing integrated roadmap for strengthening of information systems.
I5.4	**FMoHP has the skills and systems in place to generate quality evidence and use it for decision making**			
I5.4.1	Support development and implementation of a harmonised survey plan to meet the health sector data needs	**Completed**	▪ Engaged with the FMoHP counterparts in preparation of NHFS 2020 questionnaire. ▪ FMoHP had organised questionnaire finalisation workshop on 20 - 21 December 2019 at Dhulikhel.	▪ Support FMoHP to finalise the NHFS 2020 questionnaire 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**	▪ Finalised the secondary analysis on 'Effect of distance to health facility on use of institutional delivery in Nepal' in collaboration with FWD and	▪ Support IHIMS in preparation of DoHS annual report 2018/19. ▪ Analyse HMIS and survey data on specific areas in coordination with MEOR and the government counterparts.

			MEOR. The findings of this analysis were used in the Aama Review and the NJAR 2019. ▪ Carried out analysis of equity gap between the 10 high performing districts and the 10 low performing districts on three tracer indicators, which was discussed during the NJAR (See section 2.5 of 'Health and Population Sector Progress Report 2019' for the details on equity analysis). ▪ Supported IHIMS to update HMIS data of FY 2018/19 which included checking of data consistency and addressing the issues identified. ▪ Reviewed and provided feedback on: Baseline evaluation report of the Physiotherapy Task-Shifting	

			Innovation; and mHealth for Female Community Health Volunteers.	
I5.4.3	Support develop a survey plan to meet the health sector data needs with focus on NHSS RF & IP, SDGs & DLIs and its implementation	Covered in I5.4.1 above.	Covered in I5.4.1 above.	Covered in I5.4.1 above.
I5.4.4	Support FMoHP in improving evidence-based reviews and planning process at different levels – concept, methods, tools, and implementation (including use of QIMIS)	**Ongoing**	▪ Supported FMoHP in planning, preparation and implementation of NJAR 2019. TA contributed in the Technical Working Group (TWG); preparation of Health and Population Sector Progress Report 2019; planning and execution of pre-NJAR field visit; consolidation of field findings; preparation of presentation; conceptualising, planning and execution of the pre-NJAR events focusing on sub-national level, academics and hospitals; post-NJAR	▪ Support FMoHP in the review of health sector milestones/performance in different periodic plans/era with the objective of documenting the key milestones and drawing lessons for future directions. ▪ Support FMoHP in generation and analysis of evidence to better inform the preparation of next NHSS and 15th periodic plan. ▪ Support preparation, execution and monitoring of the post-NJAR action plan and link the outputs with the AWPB planning process.

			reflection. (also see HPP; I5.2). ▪ Supported the Learning Lab sites in analysis of the service statistics and document the lessons learned. (also see HPP; I5.2). ▪ Supported PPMD, FMoHP to update the NHSS RF with the latest data available. ▪ Together with SD team supported FWD to develop CEONC sites monitoring framework and tool. ▪ Supported PPMD, FMoHP in identification and preparation of action plan for the major health programs, the game changer, to respond to the NPC request. ▪ In response to the request from the FMoHP, conceptualised the process of reviewing the health sector milestones in different era with the objective of	

			documenting the milestones for strengthening the institutional memory and drawing the lessons learned to better inform the preparation of 15th Periodic Plan and the fourth round of the NHSS.	
I5.4.5	Support develop evidence-based program briefs (2 pager/program) for the elected local authorities and dissemination	**Ongoing**	▪ Updated the Stock take of health information management and M&E in the Constitution, Acts, Regulations, Policies, Strategies and Cabinet Decision; ▪ Developed briefs/key messages from the review, FMoHP interaction with health experts and other forums. ▪ Further analysis of the NDHS data on early neonatal mortality and presented a paper in PESON conference.	▪ Continue engaging with MEOR and FMoHP counterparts in preparation and sharing of the programme/policy briefs.
I5.4.6	Support partners and stakeholders engagement forums for better coordination and collaboration and informed	**Ongoing**	▪ Facilitated FMoHP in organising technical meetings and provided	▪ Continue supporting FMoHP in coordination and collaboration with EDPs and stakeholders

	decision making (M&E TWG)		technical inputs in series of preparatory meetings for preparation of NJAR 2019	
I5.4.7	Support development of health M&E training packages for the health work force at different levels	**Ongoing**	▪ Agreed with the 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 NHTC and IHIMS to develop the integrated health M&E training packages for the health work force at different levels to be included in induction training package.
I5.5	**FMoHP has established effective citizen feedback mechanisms and systems for public engagement in accountability**			
I5.5.1	Strengthening and sustaining of social audit of health facilities - revise guideline in the changed context, develop reporting mechanism and enhance capacity of partner NGOs	**Ongoing**	▪ Please see section 7, GESI.	▪ Please see section 7, GESI.
I5.5.2	Support development and operationalisation of smart health initiatives, including grievance management system for transparency and accountability	**Ongoing**	▪ TA together with WHO and GIZ, supported the CSD, DoHS, in development of standards and guideline of telemedicine. ▪ TA is supporting the IT Section, QSRD, FMoHP and CSD, DoHS in developing	▪ Support CSD, DoHS in developing electronic recording and reporting of MSS.

			electronic recording and reporting of MSS.	
I5.5.3	Establish and operationalise policy advocacy forums through development of the approach and tools	**Ongoing**	▪ Supported MEOR and PPMD, FMoHP in conceptualising and planning of Knowledge Café. ▪ The first event of Knowledge Cafe is planned on first/second week of January 2020.	▪ Work with the MEOR and FMoHP to implement Knowledge Café in January and plan further based on the lessons learned and feedback received from the stakeholders.

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)	**Continuing**	Worked together with HEDMU/FMoHP and DUDBC as a working member for preparation of customised Hospital Safety Index (HSI) tool being developed by WHO.	Continued support
I7.1.2	Upgrade the Health Infrastructure Information System (HIIS) to integrate functionality recommendations	**Ongoing**	Geodatabase feature – Transportation layer for analysis of accessibility of health facilities- updates and mapping for offline usage and deployment in the web portal. Data analysis, report generation and map development. Development of catchment maps, data analysis for 11 major hospitals planned for development in Karnali province.	Continual and regular 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. Data has been analysed and finalisation of draft report is ongoing.	The data from the assessment will be tabulated and analysed to develop a comprehensive report which will be presented to SMT on 27th of the January.
I7.1.4	Revision of the NNBC in relation to retrofitting,	**Ongoing**	Draft report submitted by consultants and feedbacks provided	Handbooks to be finalised and final

	electrical standards, HVAC, and sanitary design			handbook to be presented
I7.1.5	Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)	**Completed On time**	- Continuous engagement with Retrofitting Alliance Nepal (RAN) for the finalisation of the updated content for the standards. Joint engagement with newly established DUDBC, National Research Centre for Building Technology has also been established for the purpose. - Comments and recommendations are being received for the updating of the document from DUDBC. s.	Updating of the report and its content based on the feedbacks and recommendations.
I7.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	**Continuous**	The data collected from the LL sites are being analysed in the perspective of climatic designs of health facilities.	Draft report to be prepared on LL site.
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	Completed and being rolled out into provinces via capacity enhancement programmes. Different levels of government have adapted and are implementing the policies.	Provide support to the governments to implement the policies. Support development of design documents, bid document development, tender process and monitoring
I7.1.8	Revise existing 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**	- GESI/LNOB, environmental protection and health and safety issues have been incorporated into the final bidding document for main retrofitting work for WRH, Pokhara. The tender has been published.	Continuation of the orientation programme to prospective bidders during main retrofitting bidding process and pre-bid meetings for WRH, Pokhara. Orientation to the contractor on the provisions of GESI/LNOB, environmental protection, and health and safety issues for the decanting space construction at

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

				of WRH, Pokhara main retrofitting project.
	Training programme implementation Y	**Planned**	Completed in-service training for Senior Development Engineers from DUDBC.	Policy Dialogue Workshop on different infrastructure-related policy issues
	Result Area I7.3: Retrofitting and Rehabilitation			
I7.3.1	Strengthening Seismic, Rehabilitation and Retrofitting Standards and orientation on the standards, including report with recommendations (PD 16)	**Ongoing**	Strengthening Seismic, Rehabilitation and Retrofitting Standards is one of the key subjects presented during different events such as meeting with NRA, in-service training, contractor's orientation	Continuation of the orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards
I7.3.5	Design of retrofit works (structural/non-structural) with DUDBC (PD 29)	**Completed**	Completed	Orientation to all the stakeholders as appropriate on retrofitting works will be continued.
	Engagement of FMoHP/DUDBC in design and tendering	**Continuous**	- A joint review of the designs, drawings, cost estimates and tender document of WRH, Pokhara 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 WRH, Pokhara has also been shared with the PPFM for their comments.	Orientation to all the stakeholders as appropriate on retrofitting works will be continued.
I7.3.7	Preparation of final drawings	**Completed**	Final Drawings on architectural, structural, electrical and sanitary for main retrofitting works completed.	Preparation of additional details and working drawings will be prepared as required.

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

GENDER EQUALITY AND SOCIAL INCLUSION

Activity	Status	Achievements this quarter	Planned activities for next quarter

	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**	Approved by Heath Minister on December 2019	Print approved guideline; engage and support PPMD to operationalise the guideline.
I2.2.4	Develop LNOB budget markers at national and local level	**Completed**	Incorporated inputs/comments received from FMoHP and submitted the guidelines for approval.	Follow up on approval process; translate into English.
I2.4	**Result Area: FMoHP has clear policies and strategies for promoting equitable access to health services**			
I2.4.1	Revise Health Sector Gender Equality and Social Inclusion Strategy	**Completed**	No specific activities have taken place due to delay in approval of Health Sector GESI Strategy	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 FMoHP
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 all seven provinces and selected local level in workshop for their inputs. • Standardisation of Psychosocial Counselling Curricula started (Steering committee and TWG group formed) and will be completed end of April.	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**	Presentation of the guidelines made to Secretary and other officials; Incorporated comments received from FMoHP and resubmitted the guidelines for approval.	Printing the guidelines

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 FMoHP due to ongoing staff changes and transfer of the Joint Secretary who had supported this.	Awaiting the decision from the Ministry of Women, Children and Senior Citizens (MoWCSC) regarding the guidelines.	No inputs are scheduled for the next quarter
I2.4.7	National- and provincial-level reviews of OCMCs and SSUs	**Completed**	No specific activities have taken place due to delay in approval of Health Sector GESI Strategy.	Orientation to FMoHP and DoHS on revised GESI Strategy
I2.4.8	Capacity enhancement of GESI focal persons and key influencers from the FMoHP and DoHS on GESI and LNOB aspects	**Delayed:** Orientation to FMoHP and DoHS will proceed when the revised GESI Strategy receives Cabinet approval.		
I3.1	**RESULT AREA: The DoHS increases coverage of under-served populations**			
I3.1.10 a	Strengthening and scaling-up of OCMCs	**Ongoing:** Scoping for the new establishment; plan and conduct GBV medico-legal training	Strengthen newly established OCMCs; Orientation to multisectoral stakeholders for the establishment three new OCMCs in Mahottari, Siraha and Sankhuwasabha Districts.	Strengthen newly established OCMCs; scope three new OCMCs (Bir, Taplejung and Dadeldhura); GBV medico-legal training of medical officers from hospitals with no doctors trained on GBV medico-legal issues; basic GBV and psychosocial counseling training has been planned for OCMC staff across the country (100 participants).
I3.1.10 b	Support the strengthening of OCMCs through mentoring/monit	**Ongoing:** Regular visits and consultations with key partners and	Meaningful collaboration and coordination has increased as reported by OCMC Focal Persons.	Mentoring and follow-up support to selected newly established OCMC

	oring and multisectoral sharing and consultation	hospital teams, coaching and mentoring from a distance.		hospitals; multisectoral orientation at Lumbini, Janakpur and Narayani hospitals; conduct "You are Not Alone" Workshop with GBV survivors in Surkhet District.
I3.1.11	Supporting the roll-out the GBV clinical protocol	**Ongoing**	Revised draft of GBV clinical protocol including inputs from all seven provinces has been shared with wider stakeholders for their final inputs. Lumbini hospital has completed one batch OJT of the GBV clinical protocol for service providers and conducted scoping for OJT on GBV Clinical Protocol roll-out in three hospitals.	Finalise the revised GBV clinical protocol; follow-up support and monitoring of training sites; three other hospitals (Kosi, Surkhet and Janakpur) have planned roll-out with internal funds for next quarter.
I3.1.12	Rolling out the GBV SOP (after approval)	**Not scheduled**	--	--
I3.1.13 a	Scaling up SSUs	**Ongoing:**	Scoping the establishment of new SSUs in three hospitals.	Support the establishment of new SSUs at Dadeldhura, Tawlihawa and Palpa Hospitals.
I3.1.13 b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	**Ongoing:** Regular visits and consultations with key partners and hospital teams, coaching and mentoring from a distance.	Planned strengthening of SSUs online reporting and site visits/coaching conducted	Mentoring and follow up support to select new SSUs; work on online reporting system
I3.1.14	Capacity building to put LNOB into practice	**Ongoing:** Orientation regularly conducted to different stakeholders, provincial and Local Government officials and hospital staff.	Development of common understanding on GESI-LNOB.	Orientation on GESI-LNOB and targeted interventions in Province 2 and Karnali.

ANNEX 2 INTERNATIONAL STTA INPUTS IN THIS QUARTER

S.N.	Name	Date	Purpose
1.	Afeef Mahmood	August – December 2019	Review and quality assurance of costing of safe motherhood and newborn health roadmap
2.	Deborah Thomas	October – December 2019	Social audit evaluation design, and Aama Review
3.	Natasha Mesko	August 2019 – January 2020	Review and finalise the Aama report. QA the pre-JAR report.
4.	Steve Topham	October – December 2019	HI load assessment, construction risk matrix review, and supporting infrastructure PDs.
5.	Anthony Bondurant	December 2019	NJAR meeting, Management support
6.	Professor Timothy Ensor	September 2019 – January 2020	Aama Programme Review from financial perspectives

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	DFID approval date
RHITA 3	40.1	Tender documents and invitation of tender for construction of decanting space and main retrofitting works completed for both priority Hospitals.	31-Dec-19
SD	51.1	Revised Standard Treatment Protocol/guidelines (STP)	05-Dec-19
SD	59.2	Baseline evaluation report of the Physiotherapy Task-Shifting Innovation	25-Oct-19
E&A	60	Report of social audit findings to decision makers designed and used by FMoHP	18-Nov-19
Management	74	Quarterly report 9 July - Sep	11-Nov-19
PPFM	75	Financial Management Report produced annually by HRFMD using TABUCS	12-Nov-19
SD	76.1	An innovation for RMNCAH and nutrition (m-Health for FCHV): progress report on implementation including reports on baseline report	10-Dec-19
E&A	77	Annual analysis of the equity gaps in health service utilisation for selected services and who are being Left Behind	05-Dec-19
HPP	80.1	Pre-JAR report produced by PPMD	04-Dec-19
HPP	80.2	Post JAR reports produced by PPMD	27-Dec-19

ANNEX 4 LOGFRAME UPDATE: YEAR 3

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

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

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
	central, provincial and local levels				Expenditure: NPR 23.23 Million (79.20% of net budget) **Note:** This is based on the data extracted from the Line Ministry Budget Information System (LMBIS) at the end of September 2019. Data entry is not completed yet so the expenditure will go up when data entry 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. This is being addressed in both TABUCS and SuTRA.	
Output indicators						
OP1.1	% of Local Governments adhering to guidelines on health structure in federal context (defined in terms of the sanctioned posts of health staff at Local Government/Palika)	FMoHP report	50	Staff placement is in progress	Federal government has defined the health structure of all 753 Local Governments and based on this, the staff adjustment/placement process is in progress.	75
OP1.2	Number of priority health policies, strategies and guidelines endorsed by FMoHP	Policies, Strategies, Guidelines	1. National Health Policy 2. Health section in the national '15th Periodic Plan 2076/77–2080/81) 3. National eHealth Guideline	7	1. National Health Policy 2076 2. Health section in the national '15th Periodic Plan 2076/77–2080/81) 3. National eHealth Guideline, 2076 4. Public-Private Partnership Guideline 2076 5. Gender-Responsive Budgeting Guideline for the Health Sector, 2076 6. Health Sector Gender Equality and Social Inclusion Strategy, 2076 7. National Guidelines for Disability Inclusive Health Services, 2076	Guidelines: ▪ EHR guideline ▪ Social audit guideline ▪ Telemedicine guideline

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
			4. Public-Private Partnership Guideline			
OP1.3	% of public hospitals implementing 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 Primary Health Care Centre (PHCC) and Armala PHCC in Pokhara were also assessed using the MSS for Primary Hospitals in line with the categorisation of health facilities by HIDS 2074). The figures in parenthesis are the MSS scores.	100
OP1.4	% of LLs established with completed Organisational Capacity Assessment Tool (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 JCM completed in timely fashion	JCM report	100	75	JCM was planned in August 2019: Action points of the last JCM: 1. Pharmaceutical laboratory inspection report (Department of Drug Administration (DDA)): Not done 2. TA mapping (EDP): USAID has initiated the process 3. Finalisation of BHSP (FMoHP): FMoHP has submitted the final version to other line ministries for their review and feedback. 4. JAR 2017/18 (FMoHP): Done	100

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
OP2.1	% of FMoHP SUs conducting IA in line with the IAIP	FMoHP report	30	99	Out of 315 SUs 312 have conducted IA in line with IAIP. FY 2018/19 status is the IA of FY 2017/18.	50
OP2.2	Number of FMoHP officials trained on a) Revised eAWPB; b) Updated TABUCS	Health sector eAWPB Training completion report	a) 150 b) 150	a) 47 b) 47	The FMoHP SUs have been reduced to 47 in the federal context. 47 programme officials of these 47 units have been trained on the revised eAWPB and TABUCS.	a) 200 b) 200
OP2.3	% of FMoHP SUs having no Recorded Audit Observations	OAG annual report	34	41	Out of 313 SUs, 131 had no recorded audit observations. Of the 315 SUs, BPKIHS and Trauma Centre did not do Final Audit. Final audit of FY 2017/18 is done in FY 2018/19.	37
OP3.1	% of procurement contracts awarded against 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 FMoHP. As per MD there are currently 1,109 specifications of medical equipment in the TSB. All of them are essential, depending on the use by the HIS. As per the WB the equipment procured by MD 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

Code	Indicator	Source of data	Year 3 (2018/19)		Remarks	Year 4 (2019/20) Milestone
			Milestone	Achievement		
OP4.1	Number of public CEONC sites with functional 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
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)*

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

ANNEX 5 VALUE FOR MONEY (OCTOBER – DECEMBER 2019)

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

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

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

VfM results: Economy

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

The average unit cost for Short Term Technical Assistance (STTA) for this reporting period was £607 for international Technical Assistance (TA) and £ 212 for national TA. The average unit cost of both national and international STTA was below the programme benchmark of £ 611 and £224 respectively.

International STTA	**Actuals to date (March 2017 – December 2019)**	**Average unit cost to date (March 2017– December 2019) ***	**Current quarter (October 2019 – December 2019)**	**Average unit cost (October 2019 – December 2019)**
Days	873	£ 566	74	£ 607
Income (GBP)	£ 494,126		£ 44,918	
National STTA	**Actuals to date (March 2017 – December 2019)**	**Average unit cost to date (March 2017 – December 2019) ** **	**Current Quarter (October 2019 – December 2019)**	**Average unit cost (GBP), (October 2019 – December 2019)**
Days	2,620	£ 172	594	£ 212
Income (GBP)	£ 450,188		£ 126,130	

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

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

The percentage of national STTA (89%) used in this quarter was significantly higher than the international STTA (11%). National STTA were used for the Aama Review, social audit, and tender documentation. The National STTA conducted the review of policy documents, financial analysis, national and sub-national stakeholder consultations/data gathering, and development of draft report and recommendations. Similarly, the international STTA were

used for Aama literature review, QA of research tools and data quality for Aama rapid assessment, and drafting and finalising the Aama Review report. Further, both national and international consultant supported in the documentation and review of pre and post NJAR report.

STTA type	In client contract budget*		Actuals to date (March 2017 – December 2019)		Current quarter (October 2019 – December 2019)	
	Days	%	Days	%	Days	%
International TA	2,291	44%	873	25%	74	11%
National TA	2,942	56%	2620	75%	594	89%
TOTAL	**5,233**	**100%**	**3,494**	**100%**	**668**	**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, 26 percent of the budget was spent on administration and management, which is slightly higher than the programme benchmark. The gratuity of support staff was accrued in the month of December which increased the management cost. The administration and management cost will decrease in the succeeding quarter.

Category of administration/ management expense:	Client budget		Actuals to date (March 2017 – December 2019)		Current quarter (October 2019 – December 2019)	
	GBP	%	GBP	%	GBP	%
Office running costs (rent, suppliers, media, etc.)	88,550	2%	108,037	6%	8,638	5%
Equipment	26,063	1%	39,835	2%	2,958	2%
Vehicle purchase	120,000	3%	52,875	3%		0%
Bank and legal charges	13,110	0%	3,432	0%	289	0%
Office set-up and maintenance	29,090	1%	45,825	3%	4,202	3%
Office support staff	383,318	9%	223,152	12%	23,727	14%

Vehicle running costs and insurance	73,998	2%	31,383	2%	2,469	1%
Audit and other professional charges	16,000	0%	26,847	1%	686	0%
Sub-total administration/ management	**750,129**	**18%**	531,387	29%	42,970	26%
Sub-total programme expenses	**3,385,899**	**82%**	1,294,955	71%	122,975	74%
Total	**4,136,028**	**100**	1,826,342	100%	165,945	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, six sessions of capacity enhancement trainings/workshops were conducted to 399 participants. At the national level, four trainings/workshops were conducted to reach 311 participants. Likewise, at the local level two training sessions were conducted to 88 participants. The average costs per participant per day incurred for national-level training and local level are £27 and £20 respectively, both well below the benchmark cost. At the national, infrastructure team conducted in-service training program for class II government officers working on health Infrastructure development, and GESI team conducted workshop on social audit strategic review. Similarly, at the local level GESI team conducted workshop to GBV survivors, and SD team conducted orientation program to Health Facility Operation Management Committee of Dhangadhimai municipality.

Level of Training *	**Cost per participant/day Benchmark** (GBP)**	**Actuals to date (January 2018 – December 2019)***			**Current Quarter (October 2019 – December 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	29	1066	£ 31	4	311	£ 27
Local	£ 39	19	1062	£ 20	2	88	£ 20

* 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 78 PDs; all submitted 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	112
PDs submitted to date	78
PDs approved to date	78
Ratio %	**100%**

ANNEX 6 RISK MATRIX

The team has taken a rigorous approach to the identification and management of risk. Risks were identified, evaluated, and discussed in the SMT meetings and shared with DFID in monthly meetings. Two additional risks under GHTA (R3 and R4) has been taken out as they are no more valid in the changing context.

GHTA Matrix:

- R3: Changes in UK Government leads to reduced commitment to aid budget, including budget for NHSSP 3 Extension**.**
- R4. Political uncertainty in UK may delay proposed NHSP III extension**.**

RHITA Matrix

There are no changes in existing RHITA matrix, however we have developed risk matrix applicable for the construction sites. The construction site risks matrix discussed in the infrastructure team and shared with DFID. We have also incorporated DFID comments in the 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					
	GHITA											
	Contextual											
R1	Weak coordination between EDPs and FMOHP.	Medium	Medium		NHSSP Team support FMoHP to work with EDPs; Team Leader supports DFID in coordination.	Low	Low		Yes	Continue to Facilitate FMoHP and EDPs for the implementation and monitoring of transition plan and agreed action points.	Team Leader/Strategic Adviser	Treat

R2	Weak coordination between FMoHP and province and palika governments.	High	High			Low	Low		Yes	Facilitate FMoHP and priority province and palika governments for the implementation and monitoring of action plans	Technical Strategists and Conveners	Tolerate
	Political											
R3	Anticipated consultation meetings with the Government of Nepal may yield a different set of priorities or approaches at federal and sub-national levels, than those presented in the Extension proposal.	Medium	High			Medium	Medium			NHSSP will maintain close communication with DFID Advisors regarding government consultations, especially should they lead to unanticipated variances in approach.	Team Leader	Tolerate
R4	Inadequate political will to drive key reform processes for example procurement reform at federal and sub-national levels.	Medium	High		NHSSP advisors work closely with senior staff in FMoHP to advocate, build understanding and buy in to planned reform processes.	Medium	Medium		Yes	NHSSP advisors will continue to work closely with senior staff at FMoHP and actively engage priority province and palika governments. Pace of changes will be carefully planned. Regular	Team Leader /Data for Decision Making Technical Strategist/Strategic Advisor	Treat

										meeting of CAPP monitoring committee.		
R5	Uncertainty over the sub national structure may affect programme implementation.	High	High		NHSSP Advisors are supporting the FMoHP to develop a health sector transition plan, informed by best available evidence. The Strategic Adviser is working closely with FMoHP and providing regular updates and advice to the NHSSP adviser for on-going work.	medium	mediu m		Yes	NHSSP team will continue to work closely with FMoHP and take flexible and adaptive approaches, including creating an enabling environment for effective FA spend at sub-national levels.	Strategic Adviser and Leadership and Governance Technical Strategist	Treat

R6	Insufficient capacity of Local Government in Health sector management may affect timely delivery of quality health service.	High	High		Capacity building of Local Governme nt including orientation on programm e implement ation guides and planning support in coordinatio n with all supporting partners EDPs.	High	Mediu m		Yes	Regular engagement with the FMoHP and priority province and palika governments in planning processes to recognise if changes need to be made.	Concerned Technical Strategists and Provincial Advisers	Treat
R7	Competing priorities at the local level may result less attention to public health interventions	High	High		Support FMoHP in advocating for health and capacity building of Local & Provincial Governme nt including orientation on programm e implement ation guides and planning support in coordinatio n with all supporting partners EDPs.	High	Mediu m		Yes	NHSSP will support the roll out of Minimum Service Standards (MSS) in priority provinces and develop context-specific approaches to address local palika level (capacity building) needs.	Coverage and Quality Technical Strategist	Treat

R8	Change in FMoHP structure may affect the relationship management with the counterpart	Medium	Medium		NHSSP advisers will engage with relevant department /units in strategic issues in terms of planning and implementation.	Low	Low		Yes	NHSSP will continue to participate in induction processes in the relevant department.	All advisers	Treat
	Programmatic											
R9	Coherent and routine reporting system may be affected due to structural change at local level	Medium	High		Engage with FMoHP to provide onsite coaching to Local Government for electronic reporting of HMIS in DHIS2 platform.	Medium	Low		Yes	NHSSP continues to engage with FMoHP to develop and monitor implementation plan. NHSSP will actively engage government and multiple stakeholder in data analysis, develop a MIS integration road map and support its implementation.	Data for Decision Making Technical Strategist	Treat

R10	FMoHP priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets at federal and subsequently, sub-national levels	High	Low		The NHSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding of work plans. The NHSSP is being flexible and responsive to make certain that adapting plans will have limited impact on overall quality of delivery of the TA.	Low	Low		Yes	NHSSP team will continue to work closely with FMoHP colleagues and actively engage priority province and palika governments, and remain flexible and strategic.	Concerned Advisers	Treat
R11	Evolving priorities of FMoHP means that less attention is paid to NHSSP supported activities.	Medium	Medium		NHSSP will engagement with FMoHP and provide flexible and responsive support within the scope of NHSSP.	Low	Low		Yes	NHSSP team will work with other partners for resource leveraging.	Concerned NHSSP Advisers	Treat

R12	High staff turnover in key government positions limits the effectiveness of capacity enhancement activities with FMoHP and the DoHS.	Medium	Medium		NHSSP adopts capacity enhancement at institutional and system level besides individual capacity enhancement so that institutional memory remains in place.	Medium	Low		Yes	NHSSP works with different cadre of Health Staff.	Concerned NHSSP Advisers	Tolerate
R13	Staff shortages at Provincial Government level limits the effectiveness of capacity enhancement activities at priority provinces.	High	Medium		NHSSP team will work closely with FMoHP to monitor and support transition plan, and take flexible and adaptive approaches.	Medium	Medium		Yes	NHSSP team will coordinate with other EDPs presences in the provincial level.	Team Leader/Strategic Adviser	Tolerate
R14	Health workers are not able to complete training/engage in programme activities due to workload, and/or frequent staff turnover, limiting effectiveness of activities to improve QoC.	Low	Low		Capacity enhancement to improve quality of care will be planned with DHOs and facility managers; refresher	Low	Low		Yes	NHSSP will actively encourage on site coaching /training and support training needs identification. This will be	Concerned NHSSP Advisers	Tolerate

					trainings will be offered on a regular basis; focus is on building capacity and the functionality of the facility, not just training.					extended to province and palika levels.		
R15	Lack of clarity in the FMoHP structure that ultimately disrupt the SD functions at the local level.	High	High		NHSSP continues working with FMoHP and prioritises the essential service delivery functions through regular monitoring and support.	Medium	Medium		Yes	NHSSP team working with Secretary and other relevant units to minimise the disruption through continued dialogue and support.	Strategic Adviser & Coverage and Quality Technical Strategist	Treat
R16	Lack of clarity and understanding at all three spheres of government on new mandated roles and responsibilities.	High	High		NHSSP uses the OCAT training and implementation as an opportunity to review and discuss the revised mandates of each	Medium	Medium		Yes	NHSSP continuing to advocate and guide TA that is aligned to revised mandates.	Team Leader/Strategic Adviser	Treat

					sphere of governmen t.							
R17	Prolong staff adjustment processes lead to disruptions in service delivery in local and provincial level.	High	High		NHSP continue work with the FMOHP and support to regularise services and the provincial and local level.	Medium	Mediu m		Yes	NHSSP continuing to advocate for the timely completion of adjustment processes.	Team Leader	Treat
	Climate & environmental											
R18	Further earthquakes, aftershocks, landslides or flooding reverse progress made in meeting needs of population through disrupting delivery of healthcare services.	Medium	High		Continue to monitor situation reports/Go N data; ensure programm e plans are flexible, and re-plan rapidly following any further events. Comprehe nsive security guidelines will be put in place for all staff.	Medium	Mediu m		Yes	NHSSP will support FMOHP to update disaster preparednes s plan.	Concerned NHSSP Advisors	Toler ate
	Safeguarding											

R19	Harm, abuse and exploitation of children and vulnerable adults (includes sexual harassment and exploitation).	Low	Medium		NHSSP takes a zero-tolerance approach to the abuse and exploitation of children and vulnerable adults. NHSSP, led by Options has systems in place to document, monitor and report on the implementation of its safeguarding policy. NHSSP adopts child and vulnerable adult safeguarding recruitment procedures for the selection of staff. NHSSP conducts due diligence on all new partners and	Low	Low		Yes	NHSSP staff will undergo additional safeguarding training. Options' Child and Vulnerable Adult Safeguarding Policy will be rolled out to NHSSP staff. Updates to partner contracts will include compliance with DFID's latest Supply Partner Code of Conduct.	Team Leader and Options' Safeguarding Lead (Director of Programmes)	Treat

					conducts regular due diligence checks on existing partners to ensure compliance with Options' and DFID's Code of Conduct.							
	Financial											
R20	The TA programme has limited funds to support the strengthening of major systems components such as HR systems.	Medium	Low		Support policy and planning in the FMOHP. Engage with other EDPs who are supporting related areas.	Low	Low		Yes	Continue to work with FMoHP and WHO and other partners who may have financial resources to support these.	Advisers	Treat
R21	Financial Aid is not released for expected purposes.	Medium	High		Planning and discussions with FMoHP and MoF. Health Financing TA will support the government in managing release of Financial Aid.	Low	Medium		Yes	Continue with regular and quality monitoring of FMR and regular meeting of PFM committee.	Data for Decision Making Technical Strategist and Data for Decision Making Convener	Treat

R22	Financial management capacity of subcontracted local partners is low.	Low	Medium		Carry out a due diligence assessment of major partners at the beginning of the contract.	Low	Low		Yes	Carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat
R23	Weak PFM system leads to fiduciary risk	High	High		To work actively to support the FMoHP in strengthening various aspects of PFM via an updated FMIP, regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of PIP and establishment of a CAPP monitoring committee.	Medium	Medium		Yes	Continue to monitor risks and mitigate through periodic update of FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging FMoHP Secretary, FCGO and PPMO. Extend active engagement to priority Provincial Governments, to create an enabling environment for effective and appropriate FA spend.	Data for Decision Making Technical Strategist and senior Procurement adviser	Treat

R24	Devaluation of the £, including as a result of the UK exiting the EU (Brexit), reduces the value of FA and TA commitment.	Medium	Medium		Monitor exchange rates and planned spend against these.	Medium	Low		Yes	Strengthen regular monitoring and verification of wok plans against budgets.	Team Leader/Deputy Team Leader	Tolerate
R25	Increased pressure of corruption at provincial and local levels	Medium	High		NHSSP takes take a zero-tolerance approach to fraud and corruption.	Medium	Medium		Yes	NHSSP staff will undergo additional training and support to resist pressure. Options' whistleblowing policy will be rolled out to the NHSSP team.	Team Leader/Deputy Team Leader	Treat
	RHITA											
	Contextual											
R1	Changes in UK Government leads to reduced commitment to aid budget, including budget for NHSSP 3 Extension.	Low	Medium			Low	Medium		Yes	Maintain close contact and regular communication with DFID advisors in Nepal and the UK to understand any implications to NHSSP extension planning.	Team Leader and Options Director of Programmes	Tolerate
	Political											

R2	Anticipated consultation meetings with the Government of Nepal may yield a different set of priorities or approaches at federal and sub-national levels, than those presented in the Extension proposal.	Medium	High			Medium	Medium			NHSSP will maintain close communication with DFID Advisors regarding government consultations, especially should they lead to unanticipated variances in approach.	Team Leader	Tolerate
R3	Lack of buy-in from senior government stakeholders at federal and sub-national levels, on revising and adopting policies, codes and standards, and drive key reform processes for example procurement reform.	Medium	Medium		Infrastructure Advisors work closely with senior staff in FMoHP, DUDBC and NRA to build ownership of proposed policies, codes and standards and buy in to planned reform processes. Pace of planned changes will be carefully considered.	Medium	Low		Yes	NHSSP will continue to work closely with the Health Building Construction Central Coordination and Monitoring Committee. NHSSP will actively engage priority province governments.	Health Infrastructure Technical Strategist, Health Infrastructure (Province) Coordinator.	Treat

R4	The political process of federalism is complete; However, the creation of sub national structures, with allocations of powers, finance and staff is a long process. This delay will limit the rate and scale of improvements in health infrastructure.	High	Medium		The Team will work closely with MOH and DUDBC in responding to federalism, providing support in adapting health infrastructure plans and targeted capacity enhancement as the decentralisation process becomes clear.	High	Medium		Yes	We will coordinate with other initiatives under the NHSSP (such as LLs) to develop improved models of service delivery under federalism.	Team Leader	Tolerate
R5	Lack of clarity over roles and responsibilities of FMoHP, DUDBC and other related departments in health infrastructure.	Medium	Medium		Team will support clarification of the roles and responsibilities of departments, and NRA / PCU.	Medium	Medium		Yes	NHSSP will build links and regular communication between MOH and DUDBC, and take forward recommendations of institutional review.	Health Infrastructure Technical Strategist	Transfer
	Programmatic											
R6	MOH, DUDBC, Provincial Government priorities and requests for non-planned TA draw advisors away from agreed work plan and exhaust available resource.	High	Low		Close collaboration with key counterparts in the mobilisation phase of	Medium	Low		Yes	We will regularly review work plans with counterparts and adapt	Health Infrastructure Technical Strategist, Health Infrastructure Coordinator	Treat

					the TA resulting in shared understanding of work plans.					flexible approach.		
R7	High staff turnover in key government positions limits effectiveness of capacity enhancement activities with FMoHP, DUDBC and provincial and Local Governments.	Medium	Medium		The NHSSP capacity enhancement approach will focus on institutionalising approaches and systems, not rely on individual capacity building to ensure sustainability.				Yes	NHSSP will engage with different levels of staff to strengthen the institutionalisation processes.	Health Infrastructure Technical Strategist	Tolerate
R8	Local construction companies not responsive/engaged in capacity building activities.	Low	Medium		Our team has established working relationships with local companies, design of capacity building will respond to identified needs.	Low	Low		Yes	Capacity building will be part of the contractual arrangement.	Seismic Resilience Advisor	Treat

R9	Staff adjustment processes transferred trained engineers from DUDBC to provincial and local level which may compromise time and the quality of construction work.	Medium	Medium		NHSSP will recruit construction manager and site engineers to monitor the quality of retrofitting work.	Low	Low		Yes	NHSSP team continued put its effort to train DUDBC engineers and provide training for their capacity building.	HI Team Leader	Treat
	Climatic and environmental											
R10	Further earthquakes, aftershocks, landslides or flooding reverse progress made in rehabilitation of existing health infrastructure.	Medium	High		Continue to monitor situation reports/GoN data; ensure programme plans are flexible, and re-plan rapidly following any further events.	Medium	Medium		Yes	Health and Safety guidelines to be developed and shared with staff and to ensure all consortium staff are covered by the relevant insurance scheme. NHSSP will continue to adhere to Options' Duty of Care arrangement for Nepal.	Health Infrastructure Technical Strategist	Tolerate
R11	Retrofitting and completed in advance major seismic event; retrofitting does not prevent significant damage if there is another earthquake.	Medium	High		Insurance will be in place for construction and retrofitting work to cover damage during such events.	Medium	Medium		Yes	NHSSP will ensure that retrofitting work will comply with building codes and work is completed as early possible.	Health Infrastructure Technical Strategist	Tolerate

					There will be 1-year defect liability period for the contractor for any defects against the specification to make it correct.							
	Financial											
R12	Financial Aid is not released for expected purposes.	Medium	High		Joint planning and early discussions with FMoHP and MOF.	Low	Medium		Yes	Data for Decision Making and Health Infrastructure teams will continue to support the government in managing release of Financial Aid, engaging in strategic dialogue with DFID to support the release of Financial Aid.	Data for Decision Making Technical Strategist	Treat
R13	Financial management capacity of subcontracted local partners is low.	Medium	Low		We will carry out a due diligence assessment of major partners at the beginning	Low	Low		Yes	We will carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat

					of the contract.							
R14	Risk of fraud with locally contracted construction companies.	Medium	Medium		Due Diligence process, quality control and regular monitoring of local subcontracts (including results-based sign-off and payments).	Low	Low		Yes	Procurement processes, construction risk management and monitoring will be strengthened.	Health Infrastructure Technical Strategist	Treat
R15	Further devaluation of the £, including as a result of Brexit, reduces the value of FA and TA commitment.	Medium	Low		Monitor exchange rates and planned spend against these.	Low	Low		Yes	Strengthen regular monitoring and verification of work plans against budgets.	Team Leader/Deputy Team Leader	Tolerate
R16	Disagreements over land allocations at Bhaktapur Hospital may cause delay in retrofitting work	Medium	High		NHSSP team will seek to promote resolution between the principal parties	Medium	Medium		Yes	NHSSP will work with Bhaktapur municipality to settle disputes between parties.	Health Infrastructure Technical Strategist	Treat
R17	Delay fund transfer from FMOHP to DUDBC may cause delay for the retrofitting work.	High	Medium		HI team continued advocate to FMOHP for timely release of allocated	Medium	Low		Yes	PPFM team will facilitate early release of funds to DUDBC.	HI and PPFM team	Treat

					funds to DUDBC.							
	Safeguarding											
R18	Harm, abuse and exploitation of children and vulnerable adults (includes sexual harassment and exploitation)	Low	Medium		NHSSP takes a zero-tolerance approach to the abuse and exploitation of children and vulnerable adults. NHSSP, led by Options has systems in place to document, monitor and report on the implementation of its safeguarding policy. NHSSP adopts child and vulnerable adult safeguarding recruitment procedures for the selection of staff. NHSSP	Low	Low		Yes	NHSSP staff will undergo additional safeguarding training. Options' Child and Vulnerable Adult Safeguarding Policy will be rolled out to NHSSP staff. Updates to partner contracts will include compliance with DFID's latest Supply Partner Code of Conduct.	Team Leader and Options' Safeguarding Lead (Director of Programmes)	Treat

					conducts due diligence on all new partners and conducts regular due diligence checks on existing partners to ensure compliance with Options' and DFID's Code of Conduct.							

RISK MANAGEMENT MATRIX (Retrofitting sites)

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											
R1	Changes of the officials/engineers of DUDBC FPU, Health Building Section leads to irregularity in the site supervision of construction work	Medium	Medium		Work at different level of DUDBC and FPIU unit staff and close coordination and regular communication with DUDBC FPIU and HBS officials	Low	Low		Yes	Maintain Regular meeting of technical working group and coordination committee formed at site. This group comprise of representatives from DUDBC	Site Engineer and Construction Manager.	Treat

										FPIU, NHSSP (Construction manager and site engineer), NHSSP HI team member as required and member from the Hospital Management committee. The contractor is invited as invitee member as required. This technical group is chaired by the DUDBC FPIU chief		
R2	Collusive, fraudulent, coercive, bribe, obstructive and corruption related issues	High	High		Orientation to the Site engineers and construction manager on these issues. Regular field visit from the centre and cross checking the works in line with design and specifications. Standard testing of materials and works as per the specification regularly.	Low	Mediu m		Yes	Site Engineers and Construction manager shall flag it up if issues raised during the construction work at site and have to report it at the earliest. The engineers visiting the site from the centre at regular intervals flags up any issues seen at the field and immediately puts it in a report and to the	Site Engineer and Constructio n Manager.	Treat

										coordination committee.		
R3	Irregular meetings and operations of project technical groups and coordination committees leads to inconsistent decision-making, weak communications and participation, and poor record keeping	Medium	Medium		Steering groups and coordination committees have been established. HI team central information system established.	Low	Low		Yes	Monitor regular meetings of project technical groups and coordination committees, including minutes and records of decisions. Monitor effectiveness and regularity of record keeping in HI team central information system.	HI Team Lead Technical Advisor	Treat
	Project Quality Risk											
R4	Not meeting the standard specification. Use of inferior construction materials. In overall not meeting the quality	Medium	High		Site engineers monitors quality of the work at site. Regular inspection of the test reports and results before carrying on construction activity. Regular check of construction work against the design and	Medium	Medium		Yes	Meeting of technical working group at site and response the issues raised regarding quality control. Cross verification of the tests and its results. Any noncompliance to design and	Site Engineer and Constructio n Manager.	Treat

					specifications at the site and at intervals from the centre. The meeting of technical working group is being conducted as and when required at the site and the members of TWG are present on the site almost every day. The technical working group has been allowed to invite the NHSSP HI team member when felt required at the site. Besides this, the regular interval of site visit is planned to be conducted once a month. The regular interval of visit from the NHSSP HI team is every fifteen days and construction manager is at least four times a month and as required. During the visit the meeting of coordination					specifications to be redone and cost borne by the contractor. Standard specification defines the types of testing requirement and procedures for construction materials. In general, Site engineer upon observation at the site may instruct the contractor for the testing of materials if he found inferior during site monitoring. Upon demand from site engineer, the team will be moblised from the centre if required. The changes that does not impact the design or intended purpose and that does not have major cost implication (variation) can be ordered by		

					committee (chaired by the hospital director) and technical working group is conducted whenever possible.					the site supervisor No changes allowed in the site without written consent from NHSSP site engineer with approval from the Lead Adviser.		
R5	Poor workmanship leads to inferior quality works	Medium	High		Site engineer closely supervise and monitor the construction activity. Site instructions to contractor and regular communication with the FPIU engineer at site	Medium	Medium		Yes	Meeting of technical working group at site and response the issues raised regarding workmanship of the work. Any substandard work will be instructed to be rectified.	Site Engineer and Construction Manager	Treat
R6	Overall quality issues/defects of the works initiated by the contractor	High	Medium		The overall quality control falls under the responsibility of the contractor. However, Site engineer and Construction manager has to regular inspection of the work towards meeting the quality standard	medium	medium		Yes	Site engineer has to inspect the quality assurance plan and frequency of tests and its reports. Instruction to the contractor orally and in written on site instruction book. Any noncompliance to design and specifications to be redone and cost borne by the	Site Engineer and Construction manager	Treat

										contractor. No changes allowed in the site without written consent from NHSSP site engineer with approval from the Lead. The contractor is responsible for 365 (12 months) days of defect liability period as a part of the contract with the contractor. The sum held for defect liability period (5% deducted from each payment) will only be released once the 365 days DLP period is over.		
	Project Cost Risk											
R7	Quantity variations due to the defective works and not implementing the work as per design and drawings.	High	Low		The contractor has been oriented on the design drawings before start of the activity.	Medium	Low		Yes	Site engineer in coordination with the DUDBC will instruct the contractor before implementing the activity. Any variation or changes to be corrected due to contractor's mistake or	Site engineer, Constructio n manager and HI team	Treat

										negligence will be borne by the contractor as per the rules in the conditions of contract in the signed bidding document. Any variation order will be covered by the client if any changes needs to be made due to justifiable circumstances and due to unforeseen reasons within the stipulated limit by the law. Any disagreement will go for amicable settlement if not will go for arbitration to Nepal Council of Arbitration (NEPCA). The drawings have been checked and verified by the concerned authority and approved by the government. As such it is understood that all the solutions		

											are agreed and technically sound. NHSSP will be required to support DUDBC to provide additional drawings or alternatives, if confusion arise at the site or differing site conditions. The drawings are also governed by Bill of quantities, specifications, therefore any discrepancy found can be rectified by site engineer in consultation with the technical working group if required supported by NHSSP design team. Any discrepancy found in the drawings have to be reported to the designer, then only can the contractor proceed with the work based on the instruction or additional drawing or		

										revised drawing provided to him. It is within the scope of the employer (DUDBC) and delegated by the contract document (law).		
R8	Construction material price escalation leads to increase in contract price (for main retrofitting contract only).	Medium	High		The provision of price escalation and its adjustment has been built in the contract document.	Low	Low		Yes		Construction manager	Treat
	Project Schedule Risk											
R9	Delay in the mobilisation of the adequate construction workforce by the contractor leads to the delay in project completion time (Non-Compensable delay)	Medium	High		Site engineer shall observe the number of workforces mobilised at site and shall compare with the schedule. The contractor has been oriented on the schedule of the work.	Medium	Mediu m		Yes	Site Engineer and construction manager closely monitor the work progress and instruction will be given to the contactor to increase the adequate workforces to meet the schedule upon coordination with DUDBC.	HI Lead Adviser/Site Engineer/ Constructio n Manager.	Treat

R10	Delay of construction work which may arises from executing parallel contract packages. (Main retrofitting and Service decanting) and from third party.	Medium	High		Strictly follow the contract provision as this has been clearly spelled out and provisioned in the contract document that the contractor and service provider of the decanting services shall have to work in a coordinated way at site.	Medium	mediu m		Yes	Site engineer upon coordination with the hospital management has to ensure the smooth operation of the service decanting and the main retrofitting construction works. stakeholders meeting is planned to be conducted in regular basis. There is a monitoring and coordination committee formed at Hospital for the purpose.	Site Engineer, Coordinatio n and monitoring committee at site	Treat
	Social Safeguarding											
R11	Harm, abuse and exploitation of children and vulnerable adults (includes sexual harassment and exploitation)	Low	Mediu m		The contractor has been oriented in this issue before execution of the work. Similarly, site engineer and construction manager were also been oriented on these issues.	Low	Low		Yes	Site Engineer shall monitor the issues at site and flag it up and immediate action will be taken in the event as per the prevailing rules and regulations. Site engineer shall instruct and orient the contractor and	Site Engineer, Constructio n manager and Senior NHSSP team member	Treat

										its workers. An orientation programme will be conducted for each contract packages.		
R12	Unequal pay scale/wage to the male and female workers	Low	Medium		NHSSP will strictly monitor as this has been clearly provisioned in the contract document (GCC 24.1 of SCC) that the contractor has to may equal minimum pay scale/wage for the female and male workers.	Low	Low		Yes	Site engineer will inquiry at site at different intervals of the construction work and shall instruct the contractor in written form to follow the contract agreement	Site engineer, construction manager.	Treat
	Environmental, Health and Safety											

R13	Unauthorised cutting of trees, vegetation, plants and trees by the contractor during site preparation	Low	Medium		Design and layout have been done to avoid unnecessary cutting of trees, plants and vegetations. Site Engineer has to instruct the contractor in coordination with DUDBC before the site preparation and layout. The contractor has to prepare a site layout plan as per the drawings before the execution of the works showing the places for excavation and storage of the construction materials	Low	low		Yes	Site engineer has to orient the contractor to look after the Bill of Quantities and Site management plan before any excavation and cutting related works starts. This has been provisioned in the GCC 24.1 of SCC for all contract packages. According to the contract clause, the contractors are not allowed to cut the vegetation unnecessarily during the construction work. Contractor have to plan and get approval from the employer before commencement of the work.	Site Engineer, Construction manager	Treat

R14	Disturbance due to construction work and site preparation to the heritage sites like sacred ponds, temples, existing heritage buildings by the contractor.	Low	Mediu m		Design and layout have been done to avoid disturbances to the heritage's sites. Site Engineer has to instruct the contractor in coordination with DUDBC before the site preparation and layout. The contractor has to prepare a job layout plan before the execution of the works showing the places for material storage, labour accommodation , service route, construction route, area for the debris storage from demolition and get approval from the employer. NHSSP and DUDBC have already prepare such plan to negotiate with the contractor during work execution.	Low	low		Yes	Site engineer has to orient the contractor to look after the Bill of Quantities and Site management plan before any work execution. This has been provisioned in the GCC 24.1 of SCC for all contract packages. According to the contract clause, the contractors are not allowed to affect the nearby ponds, temples, heritage sites, existing buildings during the construction work. Contractor have to plan and get approval from the employer before commencemen t of the work.	Site Engineer, Constructio n manager	Treat

R15	Pollution due to construction work	Low	Medium		This has been clearly provisioned in the contract document (GCC 24.1 of SCC: Pollution control) that the contractor has to prepare the environment pollution control plan at the site and get approval from the project manager before execution of the works	Low	Low			Site engineer has to instruct the contractor upon using the mitigation measures as mentioned in the contact document and Bill of Quantities. As per the contract, agreement clause the contractor has to prepare the environment management plan comprising the environmental control measures and get approval from the employer.	Site engineer, construction manager.	Treat
R16	Occupational Safety and Health. Use of personnel safety gears (helmet, boots etc.)	Low	Medium		Instruction to the contractor to follow the OSH and use of personnel safety gears.	Low	Low			Site engineer has to monitor and raise this to comply at site in regular basis. Site engineer will also instruct the contractor for installing the safety signs and symbols at site. It has been provisioned in the contract	Site Engineer, Constructio n manager	Treat

										clause that as per the labour act 2017, the contractor is liable for the Occupational Safety and health related issues of its workers. Contractor has the sole responsibility for the compensation event. As per labour act 2017, injury to the workers are under the liability of the contractor. Injury to the NHSSP HI team (specially construction manager and site engineer) and the DUDBC engineer are under the coverage of insurance under GCC 19.1 of SCC. Similarly, the third-party related insurance has also been covered in the		

										GCC 19.1 of SCC		
R17	Insurance of the materials, works, equipment, third party and workers	Low	Medium		Insurance has been provisioned in the contract document	Low	Low			Site engineer has to assure in coordination with DUDBC that the contractor has insurance as provided in the format (GCC 19.1 of SCC) and labour act 2017 and has to instruct if not before executing of the works.	Site Engineer, Construction manager	Treat
R18	Force majeure	Low	Medium		Coverage by the GCC 61, 62, 63 and 64	Low	Low			The event of delay in schedule or extension of time due to the force majeure will be dealt as per the GCC 61, 62, 63 and 64. None of the parties are allowed to go beyond this clause. For the cost extension due to price escalation, this will be dealt with price adjustment as provisioned in the ITB 14.6 of BDS (price	DUDBC and NHSSP HI team	Treat

										adjustment table) for main retrofitting works only. There has not been allowed the provision of the price adjustment for the decanting space construction contracts.		

Risk Categories

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