



Nepal Health Sector Support Programme III (NHSSP – III)

Payment Deliverable: R 52

**NHSSP Quarterly Report
January to March 2022**



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EXECUTIVE SUMMARY

This report presents progress of the Nepal Health Sector Support Programme III (NHSSP III) from **1 January to 31 March 2022**, the first quarter of the final year of the programme. A third wave of COVID-19 hampered activities from early January to mid-February. Many levels of the government and NHSSP staff had to isolate during this period. Between 5th January and 6th February, 39 of 107 NHSSP staff had to self-isolate for 5-10 days, of whom 25 were confirmed cases. Fortunately, no NHSSP staff required hospital treatment and hospital admissions were low nationwide. By the end of March, 82% of over 18-year-olds and 72% of 12–17-year-olds were fully vaccinated.

There was intensive NHSSP activity at federal and subnational levels from mid-February, to meet deadlines for support to Nepal Health Sector Strategic Plan (NHS-SP) preparation, Annual Work Plan and Budget (AWPB) drafting, and payment deliverables, including field work for a health systems analysis study in Madhesh and Lumbini Provinces. A joint NHSP-3 visit to Sudurpaschim in February included meetings with government staff and elected representatives, health facility visits and observation of cross-border (with India) facilities for COVID-19 management.

The government confirmed that elections six metropolitan cities, 11 sub-metropolitan cities, 276 municipalities and 460 rural municipalities will be held in May.

Technical Assistance

Four Payment Deliverables (PDs) were approved and invoiced in this quarter. Other achievements included:

- Management and cross-team working: Seven TOR for PDs for the period April-June were approved by BEK. PDs for July to December 2022 have been proposed and await approval following finalisation of the FY22/23 budget. Support was provided to all spheres of government beyond the contractual PDs. Notable activities included a high level of inputs to NHS-SP preparation, with regular team member contributions to the steering committee (SC) and technical working groups (TWGs), and detailed inputs from thematic leads working with MoHP divisions. COVID-19-related analysis, management and vaccination support continued to be provided at federal and subnational levels. Other examples of responsive and cross-team TA included: follow-up to GESI work, including medico-legal training; subnational discussion of the National Safe Motherhood Roadmap and CEONC monitoring; support to ensure quality and timely Health Management Information System (HMIS) data; and review of palika-level plans against standard designs for facilities to be upgraded using federal conditional grants.
- Leadership & Governance: completion of federal and provincial budget analysis; findings were presented at workshops at federal level and in all three focal provinces. These analyses will help each sphere of government to prioritise budgets and increase utilisation by assessing total resources available from grants and local revenue. Procurement and Public Financial Management (PPFM) support included updating the Public Procurement Strategic Framework (PPSF) to reflect the views of subnational governments. Sector management capacity enhancement activities responding to a growing number of requests from palikas for support to draft health policies, acts, and guidelines.
- Coverage & Quality: TA to palikas and provincial health staff and local elected representatives in Lumbini Province helped establish joint Emergency Obstetric Care (EOC) referral guidelines between a cluster of palikas and the provincial hospital. The Basic Health Service (BHS) package was approved, and support was provided to Curative Services Division to train 182 facilitators for BHS roll out in all seven provinces.
- Data for Decision Making: TA to IHMIS to undertake substantive revisions to the HMIS tools and guidelines revision and training for sub-national spheres on the new tools and guidelines. There is

improvement in HMIS performance indicators. New templates for Minimum Service Standards (MSS) have been reviewed.

- Health Infrastructure: retrofitting work progressed In Western Regional Hospital, Pokhara; seventy percent of structural is completed in Maternity and Medical Blocks. Progress has been made on the operating theatre (OT) block in Bhaktapur; the mortuary block structural work is completed and the emergency block will be ready for use once flooring is finished.
- Gender Equality and Social Inclusion: the Gender Responsive Budgeting and Leave No One Behind Budget Marker was finalised and be used by the provinces. 47 medical officers received clinical medico legal training, increasing capacity to provide Gender Based Violence (GBV) services. The Madhesh Province GESI Strategy for the Health Sector was approved.

Conclusions and strategic implications

The first six weeks saw a marked COVID-19 related reduction in planned workshops, trainings and facility level support but preparatory work continued, allowing rapid catch-up over the following period. Analysis of COVID-19 and vaccination coverage data helped governments at all levels to identify and manage gaps in service provision. An analysis by programme staff (HSSOs) of vaccination coverage in Sudurpaschim found that women and men had similar immunisation rates.

The NHSSP team commenced an (unplanned) study in two provinces aiming to develop a greater understanding of how health systems responsibilities and functions assigned to the provinces and palikas are being implemented. Initial findings are expected in May and will inform subnational TA provision for the remainder of the programme and beyond, and will contribute to finalisation of the forthcoming NHS-SP. Timely completion of this strategic plan (i.e., by July 2022) will be important to guide achievement of SDG goals, providing a framework for alignment of UK aid. NHSSP is supporting the MoHP to develop the strategy on time, through direct TA and through the Technical Assistance Response Fund (TARF).

As NHSSP III enters the final nine months of the current contract, we will continue to respond to high demand for TA, especially sub nationally, and will plan for consolidation of activities and for exit. This will include identification of lessons for the health sector and assessment of key TA approaches such as the palika learning labs (LLs) and the provision of embedded TA.

Priorities in the coming quarter include the following:

- Continued support to the NHS-SP 2023-30 including health systems analysis study findings
- Support to AWBP preparation at all spheres of government
- Completion of FMIP for three focal provinces and Public Procurement Strategic Framework updates
- Design a multi-province study on progress on disability inclusion
- Review the evidence and lessons learnt from the Learning Labs
- Develop a system to monitor the Basic Health Services package
- Support Emergency Obstetric Care access and monitoring
- Continue to manage and quality assure hospital retrofitting
- Build capacity on health infrastructure development from a multi-hazard perspective
- Develop an exit and dissemination plan and communications products.

1 INTRODUCTION

This report presents NHSSP III progress from 1 January to 31 March 2022.

1.1. The Development Context

The five-party coalition continued to reshuffle governments and restructure ministries in all provinces. Four provinces have established health ministries; the remaining provinces combine health and social development portfolios. COVID-19 continued to impact lives and livelihoods, but economic activity is growing with the decline in case numbers and relaxation of public health restrictions. Low foreign currency reserves and high inflation are creating economic pressures including import embargos on specific items which may impact production of medical goods in the country.

The government will hold local level elections in six metropolitan cities, 11 sub-metropolitan cities, 276 municipalities and 460 rural municipalities on May 13th (the second set of local level elections since promulgation of the new constitution). No major policy reforms will be announced before then in line with the election code of conduct. There are now two federal MoHP Secretaries: for technical and policy matters (Dr Roshan Pokharel) and administration and finance (Mrs. Dev Kumari Guragain).

The Millennium Challenge Corporation Nepal Compact, under which Nepal will receive US\$500 million in bilateral aid grants from the US government for transmission line construction and road maintenance projects, was finally ratified by parliament in February after heated debate. This is the largest grant Nepal has ever received and marks a new chapter in bilateral aid.

1.2. Sector Response and Analysis

COVID-19 vaccination has been prioritised: government launched a campaign 'Khoj Ra Khop' (Search and Immunize) to increase vaccine coverage for all the eligible population, and plans to extend vaccination to five- to 12-year-olds. FMOHP has started to prepare policy and programmes for the next fiscal year. Drafting of the next Nepal Health Sector Strategic Plan is underway with health partner support, but progress has been slow. Subnational consultations are planned to start this month (April 22). A final health financing strategy draft has been submitted to FMOHP for endorsement. From Federal and provincial level Health sector Budget Analysis findings were shared at federal and province level.

1.3. Changes to the Technical Assistance team

Alison Dembo Rath joined as the new team leader in place of Michael O'Dwyer. Team management is going smoothly. About 20% of NHSSP staff were infected by COVID during the quarter, all recovered without hospitalisation. Three HSSOs resigned and were replaced. Five international experts were contracted to provide Short Term Technical Assistance (STTA). **See Annex 2 for details.**

1.4. Payment Deliverables

Four PDs were approved and invoiced in this quarter. BEK approved ToR for seven PDs to be delivered from April- June 2022. **See Annex 3 for details of PDs submitted and approved**

1.5. Logical Framework

Data for many of the indicators will be available in July 2022; an updated version of the LF will be included in a subsequent report.

1.6. Value for Money

NHSSP is committed to maximise the impact of UK government investment in Nepal following Value for Money principles in programme implementation. We report on four indicators guided by these principles: *Economy, Efficiency, Effectiveness and Equity*.

The average unit cost for STTA for this quarter was £432 for international TA and £144 for national TA (against programme benchmarks of £550 and £140 respectively). The level of international STTA

increased this quarter with provision of both in person and distance support. Technical experts from Options HQ provided in-country support to health system analysis, BHCS and MSS guidelines. National STTA Inputs also increased at province level following resumption of travel.

Spend on administration and management was 23% in this quarter. This is slightly lower than the benchmark but compares well with the actuals to date indicators. 14 sessions of capacity enhancement trainings/workshops were delivered to 677 participants at national and local level. NHSSP III has submitted 127 PDs to date; all these have been approved by BEK. **See Annex 4 for details.**

1.7. Technical Assistance Response Fund

NHSSP received a TARF proposal from MoHP/NHRC for 'promoting the use of evidence in developing a resilient health system in Nepal'. This was reviewed by NHSSP and approved by BEK. NHSSP and NHRC have signed a MoU agreeing allocation of £23,263 to take this activity forward.

1.8. Risk Management

Additional risks were identified in this quarter, reviewed and assessed by the Senior Management Team and shared with BEK in the monthly meetings.

- Local representatives including government employees will be involved in the elections: this could slow programme implementation
- Internal political economy issues and inability to secure timely support from partners could delay development of the NHS-SP
- The code of conduct for elections could delay or restrict new budget allocations. The budget allocation for fourth package is still pending and may not happen this fiscal year which could lead to delays to tendering and impact health programme implementation.

See Annex 5 for additional risks in the agreed format.

1.9. Safeguarding

Safeguarding policy is mandatory for all Options staff and its partners. NHSSP uses Options safeguarding policy. NHSSP has translated the English version of the policy into Nepali and circulated to all staff. The policy was read to support staff to ensure the policy is understood by all staff. NHSSP has no current safeguarding concerns.

2. LEADERSHIP AND GOVERNANCE

Summary

FMoHP continues to lead NHS-SP drafting. A preliminary Results Framework, setting out strategic objectives, outcomes and output areas, was completed in January. Drafting activities are financed by UK aid through the TARF. The National Health Financing Strategy (NHFS) was costed. Peer review of the draft and preparation of the implementation plan is in progress.

The PPFM team continued to support key financial management committees (PFM, Audit and Internal Control, Audit Support, and TABUCS Implementation Unit (TIU)). The OAG audit annual report was considered by the Public Account Committee in March: the team supported FMoHP to prepare responses to this report. An updated draft PPSF is ready for stakeholder review. Lumbini Province Procurement Improvement Plan (PIP) was drafted following a consensus workshop. Madhesh Province held a workshop to review sub-national government procurement practices, issues, and challenges.

A facilitation handbook of Standard Operating Procedures (SOP) for Pre-shipment Inspection (PSI), Post-delivery Inspection (PDI), and sampling methods was endorsed by the Director-General, DoHS.

Federal and provincial Health sector Budget Analyses were completed in January and findings shared at federal and province level workshops.

Madhesh and Lumbini provinces completed stocktaking of health sector related policies and regulatory documents. The subnational team helped to drafting policy and regulatory documents.

For updated Activities – please see Annex 1.

Health Policy and Planning

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

Nepal Health Sector- Strategic Plan (NHS-SP): FMoHP continues to draft the strategic plan in consultation with development partners and stakeholders. Stakeholder consultations were held to discuss a preliminary Results Framework in January. This draft framework presents five strategic objectives, 15 outcomes, and 29 output areas to be refined following consultations.

Key strategy development activities during this quarter included: collection of public suggestions through the FMoHP website; consultation forums, outputs from which will be reviewed for incorporation in the document; regular TWG meetings and a Steering Committee meeting in March. Provincial consultations are planned for early April, facilitated by a framework focusing on the functions of provinces and local levels and how these can best align with proposed strategic objectives. All these activities have been financed by UK aid through the TARF.

Planning for the next fiscal year: FMoHP has been given a budgetary ceiling of 74 billion NPR for FY 2022/23. This is a reduction of over 25% from the current FY. NHSSP supported a Medium-term Expenditure Framework orientation conducted for officials of the FMoHP, Departments and Centers. Internal planning for the development of the next AWPB is ongoing with NHSSP support as needed.

National Health Financing Strategy: NHFS costing was conducted. Peer review of the draft and preparation of the implementation plan is in progress. The goal is to achieve 10% share of the national budget for the health sector by 2032, from the projected 3.9% in 2022/23.

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

Supported in drafting and finalisation of the key policy documents and guidelines, the Province Public Health Service Act, and Health Policy. Details are provided in **RESULT AREA I2E.4 (1.2.7)**.

Procurement and Public Financial Management

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

Internal Control System Guidelines were disseminated to all FMoHP entities and sent to all provincial health related ministries, MoF, FCGO, OAG, and Provincial District Treasury Control Office.

Annual Financial Statements for FY 2020/21 were drafted and shared with FCGO for verification. The Financial Monitoring Report for FY 2021/22 (FMR-2) was prepared and shared with FMoHP.

Update PFM Training Manual: A final draft of the updated PFM Training Manual was prepared in line with the new Financial Procedure and Fiscal Accountability Act (FPFAA 2019) & Regulations (FPFAR 2021) and submitted to FMoHP for review and endorsement. It is now being reviewed by FMoHP

Support PFM & Audit Committees of FMoHP: The PPFM team continued to support the PFM, Audit and Internal Control, and Audit Support Committees, and the TIU to improve the FMoHP PFM system. An Audit and Internal Control Committee meeting chaired by the Secretary was held in February. TIU meetings chaired by the FMoHP Finance Chief were held in February and March. The OAG audit

annual report (2020) was discussed by the Public Account Committee in March. The L&G team supported FMoHP to prepare responses to this report.

Provincial Financial Management Improvement Plan (FMIP): Technical support was provided to the MoSD of Madhesh Province to conduct an introductory workshop for preparation of the provincial FMIP in February.

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

TABUCS Utilisation: FMoHP, its entities and provincial health entities have been using the Computer-Based Government Accounting System (CGAS) for expenditure accounting and release of funds since the start of FY 20/21. Data captured in CGAS are uploaded in TABUCS, which is still used to record audit queries, audit settled records, deposit accounts, the Foreign Currency Accounts, the consolidated annual procurement plan (CAPP) and hospitals' income and expenditure. The PPFM team will continue to support FMoHP to update and use TABUCS until CGAS captures all the features of TABUCS.

Financial Monitoring Report (FMR): Annual Financial Statements for FY 2020/21 and FMR-2 for FY 2021/22 were drafted and shared with FMoHP for review, and submitted to BEK in April.

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

Budget Analysis (BA): federal and provincial level Health sector BAs were finalised in January. Findings were presented to by federal and provincial authorities and municipal representative at workshops in February. It was agreed to provide training to NHSSP focal Palikas to understand the importance of BA and institutionalise the process. A three-day course was designed, and ToR approved. The training programme for palika accountants, health coordinators, and HSSOs in the three focal provinces will be completed in April. The training was recognised by the Lumbini provincial training centre and Madhesh MoSD, and certificates are given to participants. HSSOs will engage in data validation and health sector BA reports prepared for all NHSSP focus Palikas.

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

Consolidated Annual Procurement Plan: CAPP preparation, implementation, and monitoring is now a standard practice in the DoHS. Additional budget of around NPR 450 million was added to the 21/22 CAPP to procure tablet type ultrasound (USG) scanners and mobile digital radiography (DR) machines under Hospital Strengthening Program (resulting in an apparent reduction in CAPP implementation over FY21/22). Bidding started for 40 out of 57 items; contracts were awarded for 10 items by the end of this quarter. A DoHS CAPP Monitoring Committee meeting in March discussed on capacity development trainings on procurement, emergency procurement, and reducing audit discrepancies. **See Annex 1A for comparison of CAPP execution in F/Y 2020/21 and 2021/22.**

Public Procurement Strategic Framework: A draft of the revised PPSF is ready and prepared for consultation with stakeholders at Federal, Provincial, and Local Levels.

Provincial Procurement Improvement Plan: Lumbini Province PIP was drafted following a consensus workshop. A workshop in Madhesh Province reviewed sub-national government procurement practices, issues, and challenges.

Technical Specifications Bank: TSB updating and monitoring continues. There were 1,616 registered TSB users by the end of the quarter. The NHSSP Biomedical Engineer and Pharmacists are supporting Provinces and Hospitals to use the TSB and to prepare new Technical Specifications. Specifications were developed for tablet type USG machines, mobile DR machines, and MRI machines. Technical specifications for COVID-19 items were developed during the recent (third) wave.

Standard Operating Procedures: SOPs for PSI, PDI, and sampling techniques were prepared at the end of 2021 and are now developed as a facilitation handbook endorsed by the DoHS DG. This handbook will be useful for Procuring Entities (PEs) at all levels for assuring quality in the procurement of medicines and medical goods.

Capacity Enhancement in Procurement: Procurement Clinics were continued at DoHS for procurement process capacity building. Support was provided remotely to Provinces and Palikas by our PPFM Officers and HSSOs. Facilitation was provided for Master Training of Trainers on Basic Logistics and Procurement organised by the Province-1 Provincial Health Logistics Management Centre.

Support to Provinces and Local Level Governments: PPFM Officers and HSSOs support the provincial and local levels Procurement Units. Provincial PEs and Local Levels use the SOPs, TSB, and electronic Government Procurement (e-GP) system for efficient procurement. Online coaching and tutorial materials were provided to the subnational PEs by PFM Officers and HSSOs.

Subnational Programme Implementation

RESULT AREA I2E.2 (1.2.2): STOCKTAKING OF THE HEALTH SECTOR RELATED POLICY, REGULATIONS, PLAN AND GUIDELINES IN TWO PROVINCES

Stocktaking of health sector related documents: The team mapped health-related policy and regulatory documents in two priority provinces to further analyse coherence with federal health policies and regulations. NHSSP supported drafting. *See Annex 1B for the list of documents.*

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

Support in drafting policy and regulatory functions: The subnational team supported drafting of policies, acts, guidelines, and tools. The provincial team supported drafting of Organisation and Management survey documents, organograms, and staff job descriptions for health institutions in all focal provinces. The L&G team supported Health Service Regulations drafting by a TWG, content review, and incorporating TWG inputs into a final draft. Support was provided to Lumbini Province to consult on, draft, and finalise policy documents (free Blood Transfusion Service Guidelines; Provincial Health Partnership Guidelines; Province Health Treatment Special Subsidy Guidelines; and Hypertension and Diabetes Screening Program Implementation Guidelines). The Ministry of Health, Population and Family Welfare (MoHPFW) endorsed these documents to be rolled out for implementation. The L&G Coordinator and thematic team also supported drafting of Clinical Specialist Mobilization Guidelines, COVID-19 Review and Response Plan, and the Province Public Health Service Act which is under final review and consultation process by MoHPFW and waiting for endorsement.

Technically and financial support was provided to Madhesh and Lumbini Provinces to draft provincial FMIPs and PIPs. Consultation workshops were held with key stakeholders and initial drafts developed.

Capacity Enhancement of subnational government through trainings: BA training for local government stakeholders was completed in Lumbini and Sudurpaschim Provinces and is ongoing in Madhesh. The training aims to develop budget coding skills as per the chart of accounts and activities and its subsequent analysis. The team provided support to track audit areas for the last 3 years based on the OAG report that informed the Budget analysis.

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

Capacity Enhancement at local level: the L&G team supported drafting of emerging priority health-related policies, acts, and guidelines in respective Palikas. Three rural municipalities (RMs)¹ endorsed the health acts. There is ongoing technical support to draft documents and health policies in six local governments (LGs)². Policy priorities have been identified, based on situation analysis and desk review. The team facilitated an orientation program to develop municipal Health Policies and Health Acts in two LGs³.

PRIORITIES FOR THE NEXT QUARTER

Health Policy and Planning

- Continue to support NHS-SP development with review of the previous sector strategy (NHSS), document drafting and consultation.
- Support to the Joint Consultative Meeting between FMoHP and health development partners.
- Continued support to policy and regulatory framework at federal, provincial, and local levels.
- Support finalisation of strategic support to implement NJAR priority action points.
- Support FMoHP/PPMD to prepare the next AWPB and implementation guidelines.

Procurement and Public Financial Management

- Finalise the Provincial FMIP for three focal provinces.
- Finalise the annual financial statement for FY 2020/21.
- Finalise FMR-2 for FY 2021/22.
- Endorse PPSF and prepare PIP for three focal provinces.
- Facilitate use of SOPs for PSI and PDI of pharmaceutical products.
- Update the TSB with approved new technical specifications.
- Finalise and share BA reports (for health sector overall, and for focal Provinces and Palikas).
- Conduct provincial BA workshop and training in Madhesh and Lumbini Provinces.

Subnational Programme Implementation

- Facilitate and support AWPB drafting for FY 2022/23 at subnational level.
- Draft health policies, acts, strategies, and guidelines in the evolving context at respective levels.
- Continue to support federal and local governments to implement current FY AWPB activities.
- Support to draft the success stories and technical briefs based on the technical support provided; initiatives and progress achieved at subnational level.

3. COVERAGE AND QUALITY

Summary: TA was given to Lumbini Province to establish EOC referral guidelines for a cluster of palikas and the provincial hospital. Such a collaborative governance approach to address referral and quality gaps building on an understanding of federal technical guidelines within the province could be a model to develop MNH evidence-based strategies within the devolved health sector. BHS STP were disseminated, and an orientation package approved. TA was provided to Curative Service Division (CSD) to orientate 182 facilitators from federal level and all seven provinces. The final Learning Resource Package (LRP) for the hospital nursing in-house clinical coaching and mentoring programme was approved and 13 clinical mentors from 6 federal hospitals trained.

For updated Activities – See Annex 1.

¹ Aalital, Mohanyal, and Yasodhara RMs

² Ghorahi Submetro, Panini RM, Sisne RM, Bhume RM, Dhangadhi Submetro, and Pheta RM

³ Bhume and Sisne RM of Rukum East

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

Basic Health Services: NHSSP has been providing TA to the CSD to develop and finalize the BHS STP and an orientation package. These have been approved by MoHP and disseminated in February 2022, TA was given to CSD to orientate provincial facilitators on the BHS (four three-day orientations given to 182 facilitators from all seven provinces). These facilitators will support cascading of the orientation to local levels.

Functionality of CEONC sites: TA to the Family Welfare Division (FWD) to monitor the functionality of CEONC services continued. Human resource shortages remain the main cause for non-functionality of CEONC services. The team is planning discussions on the roles of FWD and Provincial health offices in funding, staffing and monitoring of CEONC services to ensure a strong and sustainable model. Despite the human resource challenge, nearly 99% of the districts had functional CEONC facilities over this reporting period. (*see Annex 1 Table 1 for details*). Technical support visits were conducted to six sites⁴ with problems in functionality to understand and resolve issues affecting the functioning of CEONC sites (e.g. staff recruitment, conflict between the medical superintendent and the MDGP, referral of patients with complications).

Monitoring Caesarean Sections (Robson's classification): MoHP approved the national Robson Ten Group Classification System Implementation Guidelines to monitor caesarian sections (CS). We provided TA to conduct a one-day orientation of the guidelines to maternity ward doctors and nursing staff in Janakpur Provincial Hospital. The orientation introduced the concept of regular facility-based CS monitoring and the Robson's classification method. The 32 participants included doctors, nursing staff and hospital leadership. A follow-up workshop was held for 42 maternity department doctors and nursing staff, at which we presented analysis of data using the classification and identified early implementation findings to inform scaling-up through the FWD AWPB. Findings from this exercise were shared at the NESOG conference in April. We have developed a module on the Open Data Kit (ODK) mobile application for gathering Robson classification data. A dashboard for data visualization is being developed which will help hospitals to self-monitor their CS rates and to modify provider behaviour based on hospital trends and deviations from the criteria. This approach mirrors recent guidance to UK hospitals to use the classification rather than CS rates to monitor performance⁵.

Postnatal Care (PNC): We provided TA to Province 1 and Sudurpaschim for PNC home visit orientation aligning with Safe Motherhood and Newborn Health (SMNH) roadmap orientation to ensure that those left out in previous orientations were reached (i.e. all the SMNH programme focal persons from 14 districts in Province 1 and 9 districts in Sudurpaschim). FWD has allocated funds for 738 palikas for PNC home visit programme. 709 Palikas have been orientated on home visit implementation to date and 578 Palikas are implementing the programme in this fiscal year.

Family Planning: We continued to provide TA to desk monitoring of the Visiting Service Providers (VSP) and Roving Auxiliary Nurse Midwives (RANM) family planning programme implementation.

Result Area: i3.4 Continuous quality improvement institutionalised

Standards and protocols: MoHP approved Robson implementation guidelines, the LRP for Hospital Nursing In-house Coaching/Mentoring, BHS STP and orientation guidelines, and the Nursing and Midwifery Strategy 2021 – 2030. SBA coaching and mentoring guidelines were submitted by FWD to FMOHP for approval.

⁴ Argakhanchi Hospital, Jiri Hospital, Manthali Primary Hospital, Solukhumbu Hospital, Phaplu Hospital, Melamchi Hospital

⁵ [Hospitals in England are told to stop using caesarean rates to assess performance | The BMJ](#)

MSS: NHSSP TA continued support to CSD to implement and monitor MSS at Municipality and Health Posts (HPs) in focal palikas. Orientation was completed on HP-MSS guidelines to all 29 (District) Health Offices in NHSSP focal Provinces; we continued support to roll-out the MSS in these palikas.

69 HPs in 18 Palikas in the focal Provinces conducted HP-MSS assessment⁶.

Basic Emergency Obstetric and Neonatal Care (BEONC) sites: FWD, provincial health offices and palikas were given TA to monitor and support clinical mentors, health coordinators, and accountants/finance officers to conduct quality improvement processes (QIP) and clinical mentoring in hospitals, birthing centres (BC) and BEONC sites. 15 hospitals⁷ implemented and reported on clinical mentoring and QIP. 111 BC/BEONC in 36 palikas implemented mentoring and 80 of them reported results. 115 clinical mentors facilitated the QI processes at 126 sites (15 CEONC and 111 BC/BEONC) and conducted SBA clinical mentoring to total of 749 mentees. Results of this quarter on EONC signal functions scores of 15 hospitals, shows small improvement at CEONC sites when compared with last assessment. **See Annex 1, C&Q Tables 2 and 3 for details**

The NHSSP team provided TA to conduct Clinical SBA mentors' refresher training for 104 clinical mentors and Public Health Nurses (PHNs) in Province 1, Madhesh and Karnali Provinces.

Support to strengthen SBA and FP training sites: Follow up visits were made to Lumbini and Janakpur Provincial Hospital training sites strengthening programme with NHTC staff. The QI and MSS scores of these sites have improved against initial baselines. NHTC is approving Lumbini Provincial Hospital as a FP training site. Rapti Provincial Hospital has been approved as an IUCD, PPIUCD, Implant and SBA training site, following NHSSP support.

Result Area: i3.5 Support FWD in planning, budgeting, and monitoring of RMNCAH and nutrition programmes: SMNH Roadmap 2030 and Strategy for SHP/SBA 2020-25 and Annual planning

SMNH Roadmap 2030 implementation orientation: We provided TA to 3 provinces for SMNH Roadmap implementation orientation to managers from 35 districts⁸. The Provincial Health Directorates for each province had updated their roadmap Action Plans for SMNH 2030 and included priority actions in their AWPBs.

AWPB planning and NHS-SP support: NHSSP supported identification of priority MNH and FP activities for FY 22/23 AWPBs. We discussed budget allocation for health worker BHS orientation with CSD; and hospital nursing clinical coaching and mentoring programme scale-up with Nursing and Social Security Division (NSSD). The team provided TA to CSD and FWD to develop thematic notes for the NHS-SP 2022- 2030 covering BHS, Emergency Health Services, MNH, FP and Child health.

Nursing and Midwifery Strategy and Action Plan 2020–30: continued TA support provided to NSSD to implement and monitor hospital nursing clinical coaching and mentoring programme, with approval of the clinical mentor training LRP, and support to NSSD to begin implementation in 6

⁶ Madhesh Province: 43 HPs in 10 Palikas; Lumbini Province 12 HPs in 5 Palikas; Sudurpaschim Province 14 HPs in 3 Palikas

⁷ Fifteen hospitals/CEONC sites: Dhankuta hospital, Udayapur hospital, Siraha hospital, Bara hospital, Manthali PHC, Trisuli hospital, Dhading hospital, Hetauda hospital, Parbat hospital, Arghakhachi Hospital, Lumbini Provincial hospital, Mahakali hospital, Rolpa hospital, Rukum hospital, Achham hospital.

⁸ 9 in Sudurpaschim, 12 in Lumbini and 14 in province 1

Federal Hospitals⁹. 13 in-house clinical mentors from 6 hospitals were trained to conduct in-house clinical mentoring.

MPDSR: FWD was supported to provide MPDSR orientation to 8 districts in Lumbini province, including health office and hospital focal staff.

Referral system strengthening in selected palika cluster: NHSSP continued to support a cluster of three palikas in Argakhanchi District, Lumbini, to strengthen the EOC inter-facility referral system. TA was provided to: develop guidelines; orientate 23 health workers/managers on these; orientate 37 nursing staff from all 11 BC/BEONC in the three Palikas and Arghakhachi hospital on obstetric first aid; and (as requested by the Province Health Office) provide TA to roll-out this inter-facility referral model, by orienting other palikas in the district. This was aligned with SMNH roadmap 2030 implementation.

Support in Response to COVID-19

We continued to monitor hospital MNH services and outcomes through ODK reporting.

Priorities for the next quarter

Systems support for Emergency Obstetric Care

- Scale up hospital use of the Robson Ten Group Classification System
- Review evolving CEONC monitoring and implementation responsibilities and funding with FWD and Provinces
- Advocate for scale up EOC referral mechanisms in more palikas of Lumbini Province

Institutionalise mentoring at provinces and palikas

- Support FWD/NHTC/ Province Health Directorates/PHTC to strengthen clinical mentor training sites in Gandaki, Karnali and Madhesh Provinces.
- Support monitoring of clinical mentoring and HQIP at provincial hospitals and palika level
- Continue support as needed for PNC home visit programme monitoring to FWD and provinces.

Roll-out of Standard Treatment Protocols

- Support CSD to develop BHS STP mobile application.
- Support CSD/PHDs for BHS STP orientation from health offices to Palikas in focus provinces.

Family Planning

- PFP/PPIUCD services QI, capacity enhancement and training site assessment: join NHTC/PHTC/FWD visit to Phaplu District hospital and Okhaldhunga Community hospital.

Adoption of technical guidelines and protocols by provinces and palikas

- Assess barriers and incentives to provincial and palika use of federal guidelines, protocols and standards
- Continue support to NSSD to implement hospital on-site coaching and mentoring programme for nurses at least in one federal hospital.

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

- Support to NSSD for mHealth FCHV pilot dissemination and planning for implementation.
- Support to Madhesh province for SMNH roadmap 2030 implementation orientation.

4. DATA FOR DECISION MAKING

Summary

Key achievements in this quarter include:

⁹ Koshi hospital, Biratnagar; Narayani hospital, Birginj; Bharatpur, Chitawan and Bir hospital from Bagmati province: Bheri hospital, Nepalgunj; Dadeldhura hospital.

- TA to IHIMS to substantially revise the HMIS tools and guidelines, and conduct Master Training of Trainers programme for sub-national levels on the new tools and guidelines.
- Analysis of HMIS data for Annual Reporting at national and province level and set AWPB priorities.
- Continued support to digital initiatives including: ODK monitoring; health facility registry and online/offline RDQA reporting; a COVID-19 data dashboard linked to the Information Management Unit; and BHS monitoring.
- Development of templates for MSS review.
- Dissemination of evidence through research papers and presentations
- Design and field work for a study analysing health systems in two provinces

For updated Activities – please see Annex 1

OUTPUT 2.1 STRENGTHENING OF ROUTINE MISS

NHSSP has been supporting FMOHP to strengthen the HMIS in the context of devolution, introduction of the BHS package, revised programme protocols and guidelines, continued information gaps and the need for a system that responds to emerging sector needs. We have collaborated with WHO to support the IHIMS section, DoHS, to hold workshops with FMOHP DoHS divisions, centres, and sections to revise HMIS tools, indicators and guidelines¹⁰. The indicators have been added or changed and 15 new tools have been added in HMIS. These changes will be incorporated in the DHIS-2 platform to ensure it is up to date. ***See Annex 1 Data for Decision Making, Table 3 Programme and Indicators Table 4 HMIS New Tools for details.***

Training on the new tools for master trainers for a first batch of participants from federal and provincial level was completed in March. A second batch will be trained in the next quarter. Drafting of the indicator compendium has started, to be completed by next quarter.

We supported annual report preparation, drafting chapters on “Progress against NHSS 2020”, “Summary of health policy 2019”, “15th Periodic Plan” and “Health Sector response to COVID-19”. IHIMS plans to release this report by end May. This important report is a significant marker of NHSSP’s ongoing support to IHIMS to improve data quality, analysis and presentation.

NHSSP supported HMIS data analysis and more timely reporting in focal provinces and LGs. Coverage was over 99% complete for the majority of LGs by end March. (LGs in Karnali, Bagmati province and Province 1 had lower “On time reporting rates” compared to other provinces).

We continued to support FMOHP with analysis of Severe Acute Respiratory Infection cases reported by the Early Warning and Reporting System (EWARS)¹¹ to be tested for COVID-19. 1,428 cases were reported until 11th week in 2022. (Figure 2). The team continues to work with Epidemiology and Disease Control Division (EDCD) to improve EWARS with timely reporting, expanded sentinel site coverage, data analysis and use for planning and response. In collaboration with EDCD, TA was provided to Kalaiya hospital (sentinel site) to orientate hospital staff on reporting and regularize reporting.

We continue to assist FWD to monitor institutional deliveries comparing HMIS data with weekly reported data from CEONC sites through the ODK. This application is designed to gather data, with limited scope for graphic information presentation to facilitate decision-making. We have therefore

¹⁰ Objectives of the revision are to: Update recording and reporting; update the HMIS in DHIS-2 platform; update measurement of the indicators as per the protocols; ensure availability of data needed to meet SDG, NPC, NHSS RF, SNMH and AWPB reporting requirements; meet data demands of different programmes

¹¹ see <https://www.edcd.gov.np/resources/newsletter> for EWARS weekly bulletins

begun to develop a web-based dashboard presenting easily understood data to FWD and CEONC site managers.

NHSSP supported Population Division to develop a digital platform to monitor One-stop Crisis Management Centres (OCMCs), Social Service Units (SSUs), and Geriatric services and provided TA to obtain G-cloud server space to store information and applications, giving the monitoring system an institutional home.

We supported modifications to The Good Practices Portal¹² to enable users to access the information more easily (e.g., added options to filter and search by date, province, district, and municipality).

The provincial team supported Lumbini Province Health Directorate to review hospital use of DHIS2/eLMIS including timely reporting status of HMIS and LMIS/eLMIS, data completeness, software used for recording and reporting purpose, and software used for inventory management/LMIS reporting.

OUTPUT 2.2 HEALTH FACILITY REGISTRY UPDATES

NHSSP initiated discussion with PPMD to harmonise health facility (HF) classification in line with Public Health Regulation (PHR). Support was provided to develop a prototype electronic application for new HF approval as per PHR Schedule-10, and to review the Health Facility Registry (HFR) at federal and local levels. PPMD shared province specific discrepancies with each province for correction. The team is working with health coordinators at local level to update and correct the HFR. The HFR now lists 9,913 HFs (7,662 government and 2,251 non-government).

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

NHSSP provided technical support to CSD to develop presentation templates of MSS reviews for provincial level. CSD plan to link the MSS digital platform Application Programming Interface with IHMIS to generate hospital scores.

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

The team supported finalisation of the RDQA tool offline version including updates (as completed for the online version) to increase use of the tool. NHSSP staff from local level and partners were oriented on RDQA offline version. User management at all levels has been completed. HF and hospital RDQA follow up is planned in the next quarter. A few HFs in focal provinces have completed RDQA this quarter, and detailed analysis will be shared in coming quarter.

OUTPUT 2.5 MONITORING OF BASIC HEALTH SERVICES

NHSSP provided TA to CSD to develop a BHS monitoring concept note. CSD has formed a task force to review availability of information from various sources including HMIS, Nepal health facility survey, and Nepal Demographic and Health Survey. We will support development of a web-based dashboard to help monitoring BHS at each level of government.

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

We continue to support FMoHP to undertake a Maternal Mortality Study in collaboration with WHO, UNICEF, UNFPA, and GIZ following National Population and Housing Census 2021 using Verbal autopsies and International Classification of Disease-11 cause assignment for reported deaths of women of reproductive.

Deaths reported in HMIS and MPDSR were verified with district health officials including PHNs and data focal persons of Lumbini Provincial Health Directorate. The review of semi-annual data found

¹² <https://goodpractices.mohp.gov.np/>

that FCHVs from some RMs over reported deaths in the HMIS whilst medical colleges and Lumbini Provincial Hospital missed deaths in the MPDSR system.

OUTPUT 2.7 EQUITY MONITORING

NHSSP collaborated with FWD on a review of “*Socioeconomic determinants of inequalities in the use of modern contraception among currently married women in Nepal*”¹³, published in Journal of NHRC.

NHSSP compiled evidence on Equity Analysis as a contribution to NHS-SP development by the FMoHP. **See Annex 1 Data for Decision Making, Figure 1: Inequalities in utilization of Institutional Delivery Service Figure 2: Prevalence of Hypertension by household wealth as examples of evidence shared with FMoHP.**

SUPPORT IN RESPONSE TO COVID-19

We continue to support FMoHP in management of COVID-19 related information with data analysis and daily/weekly situation updates (epidemiological analysis, laboratory performance, logistics availability, vaccination coverage). The provincial team helped to orient local level focal persons on COVID-19 data management using the Information Management Unit, a platform to manage COVID-19 data; and supported regular vaccination uptake reporting and data analyses by LGs to track performance against milestones.

In collaboration with IHIMS, NHSSP initiated development of a COVID-19 dashboard for easy sharing of the daily COVID-19 analysis. The ongoing web based COVID dashboard is developed for accessing COVID-19 and vaccine related data. The summary report is being converted into a web-based dashboard summarizing key information.

A recent study led by the team found a reduction in use of contraceptives in the initial stage of lockdown (reductions of 79% long-acting reversible method; 20% short acting methods; 11% condom use). An abstract “Effects of lockdown due to COVID-19 Pandemic on Family Planning Services in Nepal” has been submitted to the International Conference on Family Planning conference in Thailand. This analysis was presented to a recent Nepal Society of Obstetricians and Gynaecologists conference in Kathmandu. **See Annex 1 Data for Decision Making, Table 5 Difference between observed and predicted value for different contraceptive methods.**

A study of health sector responses to the pandemic, reviewing preparedness, epidemiological features, response, and lessons learned was validated at a workshop in January. NHSSP will hold a dissemination workshop for the TWG and experts to finalise and endorse this report in the next quarter.

We worked with international STTA to develop and agree a methodology for the health systems analysis, and are gathering data in Madhesh and Lumbini provinces including key informant interviews. Data collection and validation will be completed in April, with analysis and report writing in May and June.

PRIORITIES FOR THE NEXT QUARTER

¹³ Journal of Nepal Health Research Council <http://jnrc.com.np/index.php/jnrc/article/view/3738>.

- Completion and dissemination of the Health Systems Analysis
- Facilitation support to RDQA at Provincial level and in LGs
- Support to roll out Provincial level TOT on HMIS tool revision
- Support to develop the BHS monitoring dashboard
- Support to update the federal and local level HR registry
- Support IHIMS to finalise Annual report
- Support IHIMS to ensure coverage, timely and quality hospital reporting, and data analysis and use
- Support Population Division to roll out digital recording and reporting system developed for SSU, geriatric, and OCMC-related services
- Continue support to FMoHP to carry out Maternal Mortality Study following Census 2021
- Continue support to FMoHP in COVID-19 data management and analysis

5. HEALTH INFRASTRUCTURE

Summary

Retrofitting work is progressing. Western Regional Hospital Pokhara: structural retrofitting decanting completed; structural retrofitting in Maternity and Medical Blocks 70% completed; CAC block decanting completed; Out-patient Department (OPD) block decanting underway. Bhaktapur: slab casting of OT block fourth floor including staircase cover completed; mortuary block structural work completed; and emergency block ready for use once flooring work is completed.

Support to MoHP for upgrading programme continues: review of a further 49 primary hospital design packages submitted by municipalities through MoHP; 27 approved to date.

For updated Activities – please see Annex 1.

RESULT AREA I6.15: POLICY ENVIRONMENT

Following a previous FMoHP request the team developed a tool to monitor primary hospital construction projects across the country. FMoHP has now asked us to support this monitoring which will be integrated in the Health Infrastructure Information System (HIIS). The online system is under construction, and a database prototype is being tested.

We have completed data analysis from the seven pilot LL sites assessment survey covering 367 HFs in 62 palikas. This will be shared with those palikas as part of the proposed multi-hazard resilient health infrastructure planning. Implementation orientation is planned for April. This analysis is the first assessment of implications for LGs of the federal transfer of health infrastructure (HI) responsibility to the sub-national level. The LL reports make recommendations for the public HFs covering location, orientation, utilities (electricity and water), accessibility and compliance with National Health Infrastructure Development Standards (NHIDS). The findings will guide HI planning in those Districts and LL municipalities, and the lessons and methodology can be replicated in other municipalities across the country.

NHSSP has developed and submitted documents to the MoHP and DoHS on HI land acquisition, HF repair and maintenance, and HF categorisation in line with NHIDS design and construction. These will now be shared with local and provincial governments for feedback and recommendations, and will then be updated and submitted to MoHP for endorsement.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

We continue to provide onsite support and mentoring of DUDBC engineers and architects at the hospital retrofitting sites, focusing on technical, managerial, implementation monitoring and service decanting skill strengthening.

Support was provided to DUDBC officials at Bhaktapur Hospital for: activity sequencing for Maternity Block retrofitting; work schedule management; analysis of delays to work under progress in the emergency and OT blocks; and maternity block, decanting planning and management.

Support was provided to DUDBC officials at Western Regional Hospital/Pokhara Academy of Health Sciences (WRH/PAHS for: OPD decanting management and planning; delay analysis for the works under progress at maternity block, One Stop Crisis Management Centre and Central Sterile Supplies Department (OCMC CSSD) block, and hospital kitchen block; and work schedule management.

The team supported capacity enhancement of local authority management and technical staff to review the designs of primary hospitals included in the Hospital Upgrading Programme. 49 submissions were received, and 27 received MoHP approval. This is an important part of HI planning and implementation capacity strengthening for municipalities and local construction professionals at the sub-national level. There have been 354 submissions to date of which 112 have now been approved.

Karnali Province plans to increase Surkhet Provincial Hospital capacity from 300 to 500 beds. The team has worked with provincial counterparts to prepare a new upgrading design, which was presented to the Provincial Chief Minister, Secretary of Ministry of Social Development and hospital management in March. Following this an updated report with estimated costs was submitted, and preparation of detailed architectural and engineering design drawings is in progress.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

The leadership of the DUDBC Bhaktapur and Pokhara project offices and other relevant DUDBC sections has changed. The new officials were unfamiliar with the working arrangements with the NHSSP HI team, and there was confusion over roles and responsibilities. The HI team met senior DUDBC officials¹⁴ in March to enhance coordination and understanding and to review ongoing retrofitting project progress. The meeting discussed the roles and responsibilities of NHSSP and DUDBC, the retrofitting programme objectives, previously agreed communication and coordination mechanisms, and outstanding issues in the Bhaktapur hospital and WRH/PAHS retrofitting projects. The HI team wishes to clearly define roles and responsibilities with the principal stakeholders and signatories of the retrofitting project MoU, and has asked FMoHP to call a meeting of the programme steering committee meeting at the earliest opportunity. As an immediate effort to resolve the issue FMoHP has written to DUDBC to clarify the NHSSP HI team's agreed roles and responsibilities.

We arranged a field visit to WRH/PAHS for the United Kingdom Ambassador to Nepal in February. She observed the ongoing progress of retrofitting works and discussed maternal health, sexual and reproductive health and rights, and GBV issues

The HI team has submitted the completed WRH/PAHS fourth contract package design drawings, cost estimates, and procurement document to DUDBC and FPIU Kaski. The construction projects are: a new waste management area and hospital store; prefabricated OPD rooms; and a canopy and link corridor for the new maternity building. The documents were reviewed and updated with FPIU representatives in February. FPIU will tender these projects once the budget is entered and reflected in the Line Ministry Budgetary Information System.

Bhaktapur progress in main retrofitting works

Completion of: slab casting in mortuary block; reinforced concrete work to fourth floor slab and columns in OT Block; temporary storage space construction on the OT Block ground floor. Decanting

¹⁴ Deputy Director General, DUDBC Building Section, Health Building Section Chief, Bhaktapur Project Chief and Chief of DUDBC Federal Project Implementation Unit (FPIU)

of the storage area in the Maternity and Main Blocks is in progress. Maternity block decanting will begin once storage areas have been decanted and vacated areas have been repurposed to accept maternity block services. The Neonatal Intensive Care Unit in the Maternity Block has been decanted to the main decanting facility. The ICU previously located in the Main Block is now operational in the decanting facility with increased bed numbers. The remaining section of the Maternity Block will be decanted to the newly retrofitted Emergency block once flooring material arrives (expected mid-April). A section of the main decanting facility is still dedicated to COVID-19 treatment, but this will not hamper of the decanting the existing Maternity service.

WRH/PAHS Pokhara progress in main retrofitting works

The third-party M&E team made an on-site review of the main retrofitting works at WRH/PAHS in March, and held a joint meeting with FPIU Kaski officials, hospital management, the contractor, and NHSSP HI team. This session identified outstanding activities to be completed by project stakeholders to expedite the retrofitting works. A responsibility matrix was developed with commitment from each party to expedite the progress of the retrofitting at Maternity Block, Medical Block and decanting of OPD block.

FPIU has agreed that the newly constructed Kitchen and OCMC/CSSD blocks can now be used. FMoHP has written to Hospital Management, DUDBC Kathmandu and FPIU Kaski to expedite this. Hospital management agreed to decant OPD services to the new Kitchen block, OCMC/CSSD blocks, and the additional prefabricated structure. OPD Block retrofitting will start in April following services decanting. Medical Block retrofitting is expected to be completed by July 2022, and Maternity Block retrofitting completed by August 2022.

Hospital management has released the old Kitchen block for retrofitting; initial preparation and structural assessment is complete. We have submitted a preliminary analysis to FPIU and DUDBC recommending that existing concrete strength and embedded steel status are tested to inform final retrofitting design. Part of the decanting facility has been handed back from use as a COVID-19 treatment centre and made available for decanting purposes. The HI team used this space to decant the Anti-Retroviral Therapy (ART) block for repair and maintenance. The assessment of the block is complete, and the HI team is finalising the submission to DUDBC to issue instructions to the contractor to begin work.

SUPPORT IN RESPONSE TO COVID-19

No specific activities to support the response to COVID-19 were carried out in this quarter.

PRIORITIES FOR THE NEXT QUARTER

Policy Environment

- Update NHIDS and submit to MoHP for endorsement
- Organise orientation on multi-hazard resilient health infrastructure planning and development in the three focal provinces
- Update the HI land acquisition and relocation guidelines, drawing on findings from the provincial orientations; organise a presentation to MoHP for adoption of the revised guidelines
- Obtain endorsement of HI repair and maintenance guidelines by provinces and federal government
- Publish and disseminate the LL HI assessment reports
- Finalise the updated delay analysis of retrofitting works at both hospital sites

Capacity Enhancement Activity

- Continue training on health and safety and retrofitting techniques at both hospital sites
- First-aid training to construction workers at both hospital sites

- Orientation on activity sequencing and functional retrofitting for WRH/PAHS medical block and OPD block, and Bhaktapur maternity block
- Continue capacity enhancement support on technical skills, monitoring, supervision and management to DUDBC offices at both hospital sites

Pokhara Main Retrofitting Works

- Follow up on budget allocation for the fourth contract package projects; initiate tender process once budget is secured
- Technical and management support to DUDBC to decant OPD block to OCMC/CSSD, Kitchen Block and spaces constructed using prefabricated materials
- Initiate retrofitting of OPD block
- Complete 90% maternity block and medical block retrofitting
- Follow up on the shipment of equipment for the oxygen plant
- Coordinate with hospital management to decant more blocks to facilitate retrofitting

Bhaktapur Main Retrofitting Works

- Completion of decanting of maternity block in line with agreed decanting strategy
- Completion of 50% of structural work of maternity block
- Completion of 90% of all the works in OT block
- Completion of all works for the mortuary block
- Completion of 50% structural work of kitchen block
- Follow-up on the budget allocation for the fourth contract package projects; initiate tender process once the budget is secured

6. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Policy development included approval of Madhesh Province Health Sector GESI Strategy and National Geriatric Health Service Strategy. The Geriatric Health Service Protocol was finalised. The Geriatric Health Service OPD Operational Guideline started to be implemented.

The training package to support implementation of the Gender Responsive Budgeting and Leave No One Behind Budget Marker was finalised and training will begin next quarter.

Capacity building to strengthen GBV services continued: 47 medical officers received clinical medico legal training. 50 OCMC Focal Persons received the new 6-month psychosocial counselling training.

Three new OCMCs and four SSUs were established. In-person and remote mentoring, monitoring and coaching was provided to 10 OCMC hospitals and four SSUs.

For updated Activities – See Annex 1.

RESULT AREA: i7.1 DISTRICTS AND DIVISIONS HAVE THE SKILLS AND SYSTEMS IN PLACE FOR EVIDENCE-BASED BOTTOM-UP PLANNING AND BUDGETING

The training package on Gender Responsive Budgeting (GRB) and Leaving No One Behind (LNOB) Budget Marker was finalized; federal level implementation training will be organised next quarter.

RESULT AREA: i7.2 MoHP HAS CLEAR POLICIES AND STRATEGIES FOR PROMOTING EQUITABLE ACCESS TO HEALTH SERVICES

Madhesh Province MoSD approved their Health Sector GESI Strategy in January. An unofficial English translation was made. We provided an extensive review of Butwal sub-metropolis's draft GESI policy and gave comments to the steering committee; and delivered training of trainers on GESI mainstreaming to Butwal Sub-Metropolis staff.

FMoHP has now approved the Geriatric Health Service Strategy.

Intensive inputs were provided on GESI and areas of Population Management for the NHS-SP in response to request from Population Management Division (PMD), including comments on roll out of GRB and LNOB budget markers, increasing BHS access for marginalised groups, and strengthening targeted interventions including disability inclusive health care.

Support was provided to further strengthen the policies and systems related to OCMCs, SSUs, geriatric and disability services, including:

- Inputs into the FY 22/23 AWPB through consultative meetings with PMD and NSSD counterparts.
- Finalisation of the Geriatric Health Service Protocol by PMD. NHSSP provided extensive technical support for the development of this important document as a Technical Committee Member.
- Approval of Geriatric Health Service OPD Operational Guidelines by FMoHP. The guidelines are now being implemented at hospital level.
- Clinical medico-legal training for 47 medical officers completed in Lumbini and Sudurpaschim provinces. NHSSP contracted forensic experts to conduct the training and delivered sessions on the GBV and OCMC conceptual framework and operationalisation.
- A multi-sectoral steering committee chaired by the MoHPFW Secretary, Lumbini Province, steered the assessment of Disability Inclusive Health Services in Primary Health Care and select Hospital Facilities. The first meeting of the committee was held in February to take the process forward.
- NHSSP facilitated an interaction program with policy makers, service providers, civil society organizations and multi-sectoral stakeholders on GBV-OCMC services in Bagmati Province, led by the MoHP.

RESULT AREA: 17.3 THE DOHS INCREASES COVERAGE OF UNDER-SERVED POPULATIONS

Strengthening and scaling up of OCMCs and GBV services:

- Regular follow-up with OCMCs continued: reported case numbers were recorded, and support provided to improve the functioning of centres.
- New OCMCs were established in Sukraraj Tropical Hospital, the National Trauma Centre and Madhyabindu hospital in East Nawalparashi. Orientation was provided on GBV and OCMC operational guidelines to management and staff in these hospitals.
- Orientation was provided in Gorkha on the role of multisectoral stakeholders in strengthening OCMCs and rehabilitation centres at the local level. This multi-sectoral orientation was chaired by the District Coordination Committee Chief and included Chief District Officer, Mayors and Deputy Mayors from all Palikas and members of GBV Management Coordination Committee.
- Psychosocial counselling training was delivered to 50 OCMC focal persons to strengthen OCMC effectiveness. PMD and NHSSP jointly supported the training.
- Mentoring and coaching was provided to OCMCs in 10 hospitals¹⁵ covering referral to higher level hospitals, case management, safe home services, and coordination with local levels and OCMC focal persons.
- Strengthening and scaling up SSUs and geriatric services: NHSSP provided coaching and mentoring to staff in several SSUs¹⁶ on the revised SSU and Geriatric Operational Guidelines, and broader follow-up support. New SSUs were established in hospitals at Kalayia, Mahotari, Siraha and Sarlahi districts.

¹⁵ Udayapur, Narayan, Gorkha, Bhaktapur, Pokhara, Madhyebindu, Lumbini, Seti, Mahakali and Baitadi hospitals

¹⁶ Narayani, Gajendra Narayan, Gaur and Gorkha hospitals

SUPPORT IN RESPONSE TO COVID-19

We participated in virtual meetings of the protection cluster and GBV network and shared updates on COVID-19 related priority areas for the next federal and sub-national level AWPBs.

PRIORITIES FOR THE NEXT QUARTER

- Assessment of disability inclusive health services in primary health care and select hospital facilities in Lumbini Province
- Preparation for a multi-province study on disability.
- Support to organization of Clinical Medico-Legal Training in Madhesh Province.
- Support to roll out of the standardised psychosocial counselling training curricula.
- Support to PMD to roll out recording and reporting tools for OCMCs, SSUs, and geriatric services at hospitals in Madhesh and Lumbini Province.
- Support to training on implementation of the GBV clinical protocol in Madhesh Province.
- Training to SSU staff from Madhesh and Lumbini Province.
- Mentoring, monitoring and multisectoral coordination visits to OCMCs, SSUs and geriatric services.
- Preparation for dissemination and uptake of GESI knowledge products.

7. CONCLUSIONS AND STRATEGIC IMPLICATIONS

The surge in COVID-19 cases during January and February slowed planned workshops, training programmes and support at facility levels. However, preparatory work continued and enabled a high degree of catch-up over the following 6 weeks. Analysis of COVID-19 and vaccination coverage data, including by palika in the three focal provinces, helped the governments to identify and manage gaps. In Sudurpaschim the HSSOs re-analysed vaccination data from the outset of vaccination by gender, and reported similar coverage rates for women and men.

In addition to activities in the workplan, the team initiated a study in two provinces to develop a 'real world' understanding of how the assigned health systems functions and responsibilities of the provinces and palikas are working in practice. Initial findings will be published in May; these will help to fine tune subnational TA over the next 6 months (and beyond) and will inform preparation of the NHS-SP. Timely NHS-SP completion (planned for July 2022) will be important to guide the Nepal health sector towards the SDG goals, and will provide a framework for alignment of UK aid to the sector. NHSSP is providing the FMoHP direct TA and support through the TARF as requested to develop a robust strategy on time. We note that this will be the first sector strategy to be developed after federalism; NHSSP is accordingly collaborating with other external development partners to support consultations with subnational governments in order to develop a strategic plan reflective of a devolved health sector.

As NHSSP enters the final nine-months of this contract, we are planning consolidation and exit, including sharing of and deliberation on lessons for the health sector, including from key TA approaches such as the palika LLs. At the same time, we will continue to respond to the high demand for TA, especially sub nationally.

Priorities in the coming quarter include the following:

- Support and contribute evidence for the NHS-SP 2023-30 including findings from the health systems analysis study
- Support AWPB preparation at all spheres of government
- Finalise the provincial Financial Management Improvement Plan for three focal provinces and update the Public Procurement Strategic Framework
- Design a multi-province study on progress on disability inclusion

- Draw the evidence and lessons from Learning Labs
- Develop a system to monitor the Basic Health Care package
- Support Emergency Obstetric Care access and monitoring
- Manage and quality assure hospital retrofitting
- Build capacity to deliver health infrastructure development from a multi-hazard perspective
- Develop an exit and dissemination plan and communications products.

ABBREVIATIONS

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

HF	Health Facility
HFR	Health Facility Registry
HI	Health Infrastructure
HIIS	Health Infrastructure Information System
HMIS	Health Management Information System
HP	Health Post
HQIP	Hospital Quality Improvement Process
HRFMD	Human Resource and Financial Management Division
HSSO	Health Systems Strengthening Officer
HVAC	Heating, Ventilation and Air Conditioning
ICSD	Internal Control System Directives
ICU	Intensive Care Unit
IHMIS	Integrated Health Information Management Section
IMU	Information Management Unit
IT	Information Technology
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
KMC	Kangaroo Mother Care
LARC	Long-acting Reversible Contraception
LG	Local Government (Municipalities and Palikas)
LL	Learning Lab
LMD	Logistics Management Division
LNOB	Leave No One Behind
LRP	Learning Resource Package
M&V	Monitoring and Verification
MA	Market Analysis
MEOR	Monitoring, Evaluation and Operational Research
mHealth	Mobile Health
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MoFAGA	Ministry of Federal Affairs and General Administration
MoHPFW	Ministry of Health, Population and Family Welfare (Lumbini Province)
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
NHFS	National Health Financing Strategy
NHIDS	Nepal Health Infrastructure Development Standards
NHSP3	Nepal Health Sector Programme 3
NHSS	Nepal Health Sector Strategy (2015-2020)
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NJAR	National Joint Annual Review
NMS	National Medical Standard
NPC	National Planning Commission
NPR	Nepalese Rupees

NSSD	Nursing and Social Security Division
OAG	Office of the Auditor General
OCA	Organisational Capacity Assessment
OCMC	One-stop Crisis Management Centre
ODK	Open Data Kit
OPD	Out-patient Department
OT	Operating Theatre
PBGA	Performance-based Grant Agreement
PD	Payment Deliverable
PDI	Post-delivery Inspection
PE(s)	Procuring Entity(ies)
PFM	Public Financial Management
PFMSF	Public Financial Management Strategic Framework
PHN	Public Health Nurse
PHR	Public Health Regulation
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PMD	Population Management Division (FMoHP)
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPFM	Procurement and Public Financial Management
PPMD	Policy, Planning and Monitoring Division
PPMO	Public Procurement Monitoring Office
PPSF	Public Procurement Strategic Framework
PSI	Pre-shipment Inspection
QI	Quality Improvement
QIP	Quality Improvement Processes
RANM	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RHITA	Retrofitting Health Infrastructure Technical Assistance
RM(s)	Rural Municipality(ies)
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARC	Short-acting Reversible Contraception
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SHP	Skilled Health Personnel
SMNH	Safe Motherhood and Neonatal Health
SNCU	Specialised Newborn Care Unit
SNG	Sub-national Government
SOP	Standard Operating Procedure
SSU	Social Service Unit
STP	Standard Treatment Protocol

STTA	Short-term Technical Assistance
SuTRA	Sub-national Treasury Regulatory Application
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TIU	TABUCS Implementation Unit
TL	Team Leader
TNA	Training Needs Analysis
ToR	Terms of Reference
ToT	Training of Trainers
TSB	Technical Specification Bank
TWG	Technical Working Group
VfM	Value for Money
VSC	Voluntary Surgical Contraception
VSP	Visiting Service Provider
WRH/PAHS	Western Regional Hospital/Pokhara Academy of Health Sciences

ANNEX 1 WORKSTREAM ACTIVITIES AND TABLES

LEADERSHIP AND GOVERNANCE

a. Health Policy and Planning

Activity		Status	Achievements in this quarter	Planned activities for next quarter
I2E.1	Result Area: 1.2.1: Federal government supported on new health sector strategy development, conduct of national annual review, and other key policies			
1.2.1.1	Provide strategic support on development of next sector strategy	Ongoing	Preliminary version of the Results Framework drafted Series of consultation conducted with stakeholders Technical Working Committee continue to work on compilation of the available evidence and review of the thematic notes received from the respective divisions/centres Steering Committee meeting organised on 25th March, 2022	Conduct subnational consultation for NHS-SP Synthesize available evidence and prepare an assessment report of NHSS Support in the drafting of NHS-SP and consultation Accomplish study on subnational health system
1.2.1.2	FMoHP organises National Joint Annual Review (NJAR) and JCM	Ongoing	No specific activity planned	Support in the implementation of the agreed priority action points Support for JCM meeting
1.2.1.3	Support on other key policy and strategic framework of the sector	Ongoing	Finalisation of the health financing strategy and its translation to English Support provided in the field assessment of GETA medical college in Sudurpaschim	Need based support
1.2.1.4	Support in annual planning and its implementation	Ongoing	Support on the planning process and orientation to Medium Term Expenditure Framework	Implementation support
I2E.7	Result Area: 3.1.1: Development of the regulatory framework for effective management of health sector			
1.3.1.1	Support in finalisation and operationalisation of PHS Regulations	Ongoing	No major activities planned	Need based support for operationalisation of PHS regulations
1.3.1.2	Support in legal framework in other priority areas	Ongoing	No major activities planned	Need-based support

b. Procurement and Public Financial Management (PPFM)

Activity		Status	Achievements this quarter	Planned activities for next quarter
I4E.1	Effectiveness and accountability of financial management systems and fund transfer mechanisms strengthened at all levels			
1.1.1	Public Financial Management Strategic Framework (Financial Monitoring Report) Prepared (Federal)	Completed	No activity scheduled	No activity scheduled.
1.1.1.5	Support monitoring of the PFMSF activities in collaboration with the PFM and Audit committees (COVID-19 update)	Ongoing	The PPFM team continued to support the PFM, Audit and Internal Control, and Audit Support Committees, to improve FMoHP PFM. The meeting of Audit and Internal Control (Chaired by Secretary) held on 8th February, a joint meeting was held on 16th February 2022 with OAG team and FMoHP Secretary on the issues of FY 2020/21. The discussion on 57th OAG audit annual report (2020) in the Public Account Committee started from 14th March 2022. NSHHP/L&G team supported FMoHP to prepare responses on 57th OAG audit annual report.	Continued Support
1.1.1.6	Prepare FMIP for provincial government including COVID-19 update	Ongoing	An introductory workshop was conducted on 25th February to prepare provincial FMIP with MOSD team in Madhesh province.	Workshop will be conducted in Sudurpaschim and FMIP draft will be prepared for NHSSP focal three provinces
1.1.1.7	Prepare FMIP for local government	Ongoing	No activity has been scheduled.	No activity scheduled.
1.1.1.8	Progress update on federal PFMSF	Ongoing	No activity scheduled.	No activity scheduled
1.1.1.9	Regular progress update on provincial and local FMIP including COVID-19 (monitoring)	Ongoing	No activity scheduled.	No activity scheduled.

1.1.2	Improved internal control through internal and final audit clearance (PD, Audit Status Report)	Ongoing	No activity scheduled	No activity scheduled. (This PD is replaced by PPSF)
1.1.3	Update internal control guidelines as per the updated Internal Control System Directives, 2019 and new Financial Procedural and Fiscal Accountability Act, 2019	Ongoing	Internal Control System Guidelines printed and disseminated to all federal entities under FMoHP. This guideline was also distributed to MoF, FCGO, OAG, National Planning Commission, all provincial health related ministries and PDTCO.	No activity scheduled.
1.1.4	Update PFM training manual in line with the new FPA & FPR	Ongoing	The final draft of PFM training manual prepared in line with the new FPFSA & FPFAR and presented to FMoHP. It is still under review at FMoHP level.	The PFM training manual will be endorsed by FMoHP.
1.1.4.6	Build the capacity of FMoHP and DoHS level officers in core PFM function	Ongoing	No activity scheduled.	PPFM team will provide technical support if workshop/ training conducted by FMoHP.
14E.2	TABUCS is operational in all FMoHP spending units and provincial level			
2.1.1	TABUCS is operational in all FMoHP spending units and provincial level	On track	Ongoing support: GoN's health entities are using CGAS for budget and expenditure, because FCGO has made it mandatory from FY 2020/21. The data captured in CGAS has been uploaded in TABUCS.	Support will be continued
2.1.1.1	Revise TABUCS to report progress against NHSS indicators and DLIs/ Update User Manual, report including provincial level	Ongoing	No activity scheduled	No activities scheduled
2.1.1.2	Develop COVID-19 module in TABUCS	On track	No Activity scheduled	No activities scheduled

2.1.1.3	Support SuTRA in updating chart of activities	On track	No Activity scheduled	No activities scheduled
2.1.1.4	Support in continuous system upgrade and maintenance of TABUCS software/hardware/ connectivity/web page at federal and provincial level	Ongoing support	Ongoing support provided.	Ongoing support will be continued.
2.1.1.5	TABUCS training to concerned FMoHP and provincial officials	Ongoing support	No training conducted, but oriented whenever it was needed.	Ongoing support will be continued.
2.1.1.6	Support FMoHP to prepare Financial Monitoring Report (FMR)	Ongoing support	FMR-2 for FY 2021-22 was drafted and shared with FMoHP for review	No activity scheduled
2.1.1.7	Support TIU meeting and monitor implementation of meeting minutes	Ongoing support	The TIU meeting was held in February and March 2022.	The meeting is scheduled in April 2022
2.1.1.8	Support FMoHP to produce annual audited financial statement	On track	Supported to produce annual audited financial statement for FY 2020/21 and shared with FMoHP	Finalize the annual audited financial statement for FY 2020/21.
2.1.1.9	Support FMoHP to capture NPSAS report	On track	Ongoing support provided.	Ongoing support will be continued.
2.1.2	Improve budget absorption capacity of FMoHP, MoSD and their spending units	On track	Ongoing support	Ongoing support
2.1.3	Policy discussion on Provincial FMR	Ongoing	Policy dialogue started with provinces. It will be finalized after the completion of annual financial statement.	Policy dialogue will be continued and shared with provincial level.
2.1.4	Annual Planning and Budgeting support to federal and provincial level	Ongoing	Support provided at FMoHP level for AWPB formulation process. Support will be provided at provincial level in April	Support will be provided in planning and budgeting process.
I4E.3	Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note			

3.1.1	Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note	Achieved	Report and technical note on Analysis on the Allocation and Utilisation of Health Sector Budget for COVID-19 Response and Management completed. Annual budget analysis along with sub-national government analysis is ongoing	Final Health Sector Budget analysis report and the report on subnational analysis completed. Palika specific BA report will be completed.
3.1.2	Budget Analysis Framework for Provinces (PD, Budget Analysis)	Ongoing	BA framework for sub-national government is in preparation	Provincial BA workshop were completed in February and three-day training on BA in NHSSP focal provinces in March and April
3.1.3	Support FMOHP in designing, updating, and rolling out PBGA in Hospitals	Ongoing	No activity scheduled	A SoW for STTA is prepared who will monitor the progress of PBGA
3.1.4	Conduct Benefit Incidence Analysis (BIA) of the Health Sector	Ongoing	No activity scheduled	BIA ToR to be reviewed by FCDO
3.1.5	Support FMOHP's spending unit in preparing Business Plan		No Activity scheduled	The PBGA consultant will support in implementing BP in Ganga Lal Hospital
3.1.6	Aama Programme Rapid Assessment	Achieved	No Activity scheduled	No activities scheduled
Activity		Status	Achievements this quarter	Planned activities for next quarter
14E.4	Practice of developing coherent procurement policy, Strategic Framework and Planning institutionalised at Federal Government			
4.1.1	Practice of developing coherent procurement policy, strategic framework and planning institutionalised at FG			
4.1.1.1	Mapping of eAWPB for Procurement items	Not Scheduled	No Activity scheduled	No Activity
4.1.1.2	eCAPP Development at federal level	Not Scheduled	No Activity scheduled	No activities scheduled

4.1.1.3	Consolidation of APPs in eCAPP System	Not Scheduled	No Activity scheduled	No activities scheduled
4.1.1.4	Support CAPP monitoring committee and regular meetings	On track	CAPP monitoring meeting held on March 4, 2022	Ongoing support will be continued.
4.1.1.5	CAPP/e-CAPP produced with agreed timeframe including COVID	Already Completed	eCAPP of FY 2021/22 is available at tabucs.gov.np	Ongoing support will be continued.
4.1.1.6	e-CAPP implementation with Contract Management module	On track	eCAPP implementation in progress	No activities scheduled
4.1.1.7	Piloting of eCAPP in Provinces	Ongoing	Provincial CAPP monitored by Provincial Team	Continuous support in provincial CAPP
4.1.2	Endorsement of Health Sector Public Procurement Strategic Framework by FMoHP			
4.1.2.1	Draft PPSF	On track	Revised PPSF prepared	Revised PPSF will be presented to FMoHP for endorsement
4.1.2.2	Review draft of PPSF	On track	Draft PPSF reviewed	PPSF will be finalised
4.1.2.3	Workshop at province and National level	On track	Draft PIP of Lumbini Province prepared and interaction workshop organised at Madhesh Province	Provincial PIP will be ready for review by stakeholders
4.1.2.4	Finalisation of PPSF	On track	Draft PPSF ready	Revised PPSF will be finalised
4.1.2.5	Support monitoring of the PPSF activities in collaboration with the PFM and Audit committees	Delayed	PPSF draft form	Revised PPSF will be presented at PFM Committee
4.1.2.6	Progress update on PPSF	On track	Updating PPSF in process	PPSF will be finalised
4.1.2.7	Update current PIP for provincial and local government	On track	PIP of Lumbini Province updated	Provincial PIP will be finalised
4.1.2.8	Monitor PIP at provincial and local government	Delayed	Provincial PIP is in draft	Provincial PIP will be finalised and implemented

4.1.3	Standardisation of Procurement Process			
4.1.3.1	Preparation of SOP for Post Delivery Inspection (PDI) and Quality Assurance Plan (QAP)	Completed	SOP endorsed from DoHS	SOP will be printed and distributed to all levels and also made available at website
4.1.3.2	Prepare Pre-shipment inspection guidelines (PSI) and QA	Completed	SOP with guideline finalised and endorsed	Guideline will be distributed to all levels and made available at website
4.1.3.3	Continuous monitoring of use of SOPs and standard procurement process in MD and provinces	Ongoing	MD is using the SOPs. Provinces are also using SOPs	Continuous support in use
4.1.3.4	Support Training on SOP and QA at Province and Palika LM personnel	Ongoing	SOP finalised	SOP will be sent to Provinces and Palikas
4.1.3.5	Continuous Implementation of Procurement Clinic at MD and MoSD	Ongoing	Twelve Procurement Clinics conducted	Continuous support will be provided
4.1.4	Systematic use of Technical Specification Bank for procurement of drugs and equipment			
4.1.4.1	Updating and upgrading TSB including COVID	Completed	TSB in use	
4.1.4.2	Regular Updating of Specification bank with coding drug and equipment	Ongoing	Updating and preparation of new specifications of equipment processed	Regular updating and uploading the changed and approved specifications in the TSB
4.1.4.3	Integration of the system with TABUCS for monitoring purposes	Not Scheduled	Integration is available	It will be available
4.1.4.4	Monitoring use of Technical Specification bank	Ongoing	Till the end of this quarter 1,616 users registered in the TSB. 36,707 downloads and 30,197 searches for different specifications have been recorded by the end of March 31, 2022	Continue support

4.1.4.5	Support Training on use of Technical Specifications and evaluation in procurement process	Ongoing	Clinical support provided to PEs and facilitation on TOT provided at Province	Necessary support will be continued to all PEs of all levels
4.1.4.6	Update the market analysis report	Suspended	No Activity scheduled	
4.1.5	Extended use of PPMO e-GP in procurement functions			
4.1.5.1	Support PPMO on changes needed to e-GP for health sector procurement	Ongoing	Interactions with PPMO continued to make the eGP system more user friendly for health sector	Continuous support
4.1.5.2	Support in the process of using e-GP in selected provinces and local governments	Ongoing	Distance support provided on using e-GP at Madhesh Province	Trainings and supports will be continued
4.1.5.3	Support in biannual Suppliers' Conference at provincial and local level	Postponed	No Activity scheduled	Suppliers' conference will be organised as needed
I4E.5				
5.1.1	Capacity Building/Enhancement:			
5.1.1.1	Capacity development in resource forecasting and evidence base planning using the Chart of Activities	Completed in Federal Level and Scheduled in Province	No activity scheduled	This activity will be started in the Q2 of 2022.
5.1.1.2	Capacity enhancement in preparing Annual Procurement Plan for institutional head and account chief	Completed	3 batches orientation completed	
5.1.1.3	Financial Management training/Orientation	Not Scheduled		3 batches will be conducted in 3 focal provinces
5.1.1.4	Support to Sector wise budget and expenditure collection and prepare budget analysis	On going		Budget analysis will be completed in Q2 of 2022

5.1.1.5	Logistics/Procurement management Training (including e-GP) to key stakeholders at Federal, Province and LG (Hospitals, LG's store focal person, and others)	On Going (3 Batches Completed)	1 Batch of training completed in Province-2	e-GP training will be conducted for government staff at NHSSP focal local levels
5.1.1.6	Training on Provincial Line Ministry Budgetary Information System and CGAS to all the spending units including hospitals using CoA in SuTRA at LG level	Not scheduled	Not scheduled	Will be conducted in Q2 of 2022
5.1.1.7	Training on Public Procurement; quantification and forecasting and inventory management to Hospitals and PHLMC officials (Local level)	Not scheduled	Not scheduled	Postponed until April (Q2 of 2022), time of planning of next fiscal year.

c. Sub-national Programme Implementation

Activity	Status	Achievements in this quarter	Planned activities for next quarter	
I2E.2	Result Area (1.2.2): Stock taking of the health sector related policy, regulations, plan, and guidelines in two provinces			
1.2.2.1	Stocktaking of health sector related policy, acts and guidelines in two priority provinces	Ongoing	Policies and regulatory documents relevant to health sector mapped out in two priority provinces	Continue in Q2, 2022
I2E.4	Result Area: 1.2.7: Enhancement of provincial capacity by using the framework of organisational capacity assessment tool at provincial level			
1.2.7.1	Support on drafting provincial Policy, Acts, Guidelines and Tools	Completed	Supported to draft and finalise Free Blood Transfusion service guidelines, Provincial Health partnership Guidelines, Province Health Treatment Special Subsidy Guideline, 2078; and Hypertension and Diabetes Screening Program Implementation Guideline, 2078 in Lumbini Province.	Continue to support for its due implementation at respective level

Activity		Status	Achievements in this quarter	Planned activities for next quarter
		Ongoing	The COVID-19 review and response plan and Provincial and Public Health Service Act has been finalised the draft and submitted to MoHPFW for further process	Continue to support to finalise the drafts of health policies and regulatory documents.
		Ongoing	The support to draft provincial health sector strategic implementation plan in Lumbini province; and refining the provincial health policy Province 2 and drafting of health acts and policies across priority LGs	Continue to support to finalise the drafts of health policies and regulatory documents
1.2.7.2	Capacity enhancement of provincial Stakeholder through trainings	Completed	Training for e-GP has been completed to support on procurement process at all priority provinces.	Follow up and track the procurement process
I2E.5	Result Area: 1.2.8: Enhancement of Local Government's capacity using the framework organisational capacity assessment tool			
1.2.8.1	Support to organise LISA at Priority LGs.	Ongoing	The LISA roll out for FY 2019/20 has been accomplished in 19 LGs and ongoing in remaining HFs.	Continue to support LGs to roll out LISA for FY 2020/21 in focussed LGs.
I2E.7	Result Area 3.1.1: Development of the regulatory framework for effective management of health sector (e.g., Regulation of Public Health Act or Regulation regarding health institutions establishment and upgrading)			
3.1.1.1	Support in preparation of policies, Act/Regulations at LGs	Ongoing	Support was provided for drafting of Health Acts of Aalital RM, Mohanyal RM, Yasodhara RM which was endorsed by respective municipal assembly. Other LGs have been prioritising the development of the policies and regulatory documents and support has been ongoing.	Support to finalise the policies and regulatory documents at respective LGs.

Annex 1A: Comparison of progress on CAPP in F/Y 2020-21 and 2021-22

F/Y	As on CAPP			Started Bidding Processes		Contract Signed		
	Status	Number	Planned Value In million	Number	Planned Value in million	Number	Planned Value in million	Actual Value in million
March 31, 2022	Total	57	1,533.65	40	1,428.20	10	363.55	234.81
	% of Planned			70.18%	93.12%	17.54%	23.70%	
March 31, 2021	Total	65	1,420.40	49	1,355.28	22	610.66	576.92
	% of Planned			75.38%	95.42%	33.85%	42.99%	

Annex 1B: List of Health-related Documents

Madhesh Province			
Health related documents			
S.N.	Name of policy/Act/Strategy/Guidelines	Latest Edition (AD)	Status
1	Health Service Act	2021	Endorsed
2	Madhesh Health Science Academy Act	2020	Endorsed
3	COVID-19 prevention, control, and treatment Fund Regulation	2020	Endorsed
4	GESI strategy and implementation plan (focused on health)	2021	Endorsed
5	Janakpur Health science academy Act	2020	Tabled in Provincial Assembly
6	Immunization Act	2020	Tabled in Provincial Assembly
7	Health Policy		Under development
Other relevant documents			
1	Disaster Management Act	2018	Endorsed
2	Province Emergency Fund Act	2018	Endorsed
3	Monitoring and Evaluation Guidelines	2020	Endorsed
4	Periodic plan (2019/20- 2023/24)	2020	Endorsed
5	Province Profile	2020	Endorsed
			Endorsed

7	Annual policy and program	2019/20	Endorsed
8	Annual Policy and program	2020/21	Endorsed
9	Annual Policy and program	2021/22	Endorsed
Lumbini Province			
Health related documents			
S.N.	Name of policy/Act/Strategy/Guidelines	Latest Edition (AD)	Status
1	Provincial Health Sectoral Policy, 2077	2021	Endorsed
2	Province Health Facility Establishment, Operation, Upgradation and Renewal Act, 2075	2019	Endorsed
3	Province Health Facility Establishment, Operation, Upgradation and Renewal Regulation, 2077	2021	Endorsed
4	Monitoring and Evaluation Guidelines	2020	Endorsed
5	Province Profile, 2075	2019	Endorsed
6	Birthing Centre Strengthening Guideline, 2076	2020	Endorsed
7	Free Blood Transfusion service guidelines	2022	Endorsed
8	Clinical Specialist Mobilization Guidelines, 2078	2022	In the process of Endorsement by cabinet
9	Provincial Health partnership Guidelines	2022	Endorsed
10	Provincial Public Health Service Act	2022	Under final consultation process
11	COVID-19 Review and Response Plan	2022	Under final consultation process
12	Province Health Treatment Special Subsidy Guideline, 2078	2022	Endorsed
13	Hypertension and Diabetes Screening Program Implementation Guideline, 2078	2022	Endorsed
Other relevant documents			
1	TOR and Job Description of staff of subordinate office	2022	Under development
2	Roadmap for Ayurveda Sector	2022	Under development
3	HRH Roadmap	2022	Under development
4	Provincial Multisectoral action plan for Non-Communicable Disease	2022	Under development
5	Provincial Anti-Microbial Resistance Action plan	2022	Under development
6	Review and Strengthening of MPDSR and Patient Safety	2022	Under development
7	Equipment usage audit for provincial Hospitals	2022	Under development
8	Provincial Health service quality improvement strategy	2022	Under development
9	Provincial Surgical Management Service Action plan	2022	Under development
10	Specialist Clinician Mobilisation Guidelines, 2078	2022	Under development
11	Provincial Health Training Management Guidelines	2022	Under development

COVERAGE AND QUALITY

Table 1: Status of CEONC functionality over the quarter October – December 2021

	Provinces ¹⁷							Total	%	% previous quarter
	P1	P2	P3	P4	P5	P6	P7			
Established sites	20	9	19	13	14	12	12	99		
Number of functioning CEONC sites										
Poush	20	9	18	11	14	12	11	95 ¹⁸	96%	96%
Magh	20	9	17	12	13	12	11	94 ¹⁹	95%	97%
Falgun	20	9	18	12	14	12	11	96 ²⁰	97%	97%
Number of districts with CEONC services										
Districts with CEONC	14	8	12	9	11	10	9	73		
Number of districts with functioning CEONC sites										
Poush	14	8	11	8	11	10	9	71 ²¹	97%	97%
Magh	14	8	12	9	10	10	9	72 ²²	99%	99%
Falgun	14	8	12	9	11	10	9	73 ⁶	100%	99%

¹⁷ Provinces' name (Province 3 – Bagmati, Province 4 – Gandaki, Province 5 – Lumbini, Province 6 – Karnali, Province 7 – Sudurpaschim)

¹⁸ Manthali, Bandipur, Damauli and Gokuleshwor- Non functional sites.

¹⁹ Manthali, Bandipur, Jiri, Argakhanchi and Gokuleshwor- Non functional sites.

²⁰ Jiri, Bandipur and Gokuleshwor

²¹ Ramechhap and Tanahu- Districts with no functional CEONC site.

²² Argakhanchi – District with no functional CEONC site.

Table 2: HQIP self-assessment scoring: 8 quality domains readiness in 8 hospitals

QUALITY DOMAINS		Green		Yellow		Red	
		Last assessment	Current assessment	Last assessment	Current assessment	Last assessment	Current assessment
1	CEONC sites that were assessed (average scores of 8 domains ²³)	76	64	43	54	1	2

Table 3: HQIP self-assessment scoring: Signal function readiness in 8 hospitals

SIGNAL FUNCTIONS ²⁴		Green		Red	
		Last assessment	Current assessment	Last assessment	Current assessment
1	CEONC sites that were assessed (average scores of 9 signal functions)	116	129	19	6

Activity	Status	Achievements this quarter Jan-Mar 2022	Planned activities for next quarter (April to Jun 2022)
i3.1.1	Completed	BHS STP dissemination programme was completed in the presence of honorable Health Minister, Birodh Khatiwada and Health Secretary, Dr. Roshan Pokhrel on 11 th Feb. 2022.	Support to focus provinces (P2. Lumbini and Sudurpaschim) for BHS STP district facilitators/Palika orientation programme based on need through

²³Management, Infrastructure, Patient Dignity, Staffing, Supplies and Equipment, Drugs, Clinical Practice, Infection Prevention

²⁴BEONC: parenteral antibiotic, parenteral uterotonic, parenteral anticonvulsant, manual removal of retained placenta, Removal of retained product, assisted vaginal delivery, new-born resuscitation; Additional two for CEONC: blood transfusion and perform surgery (CS)

	Protocols developed and implemented.		Support provided to CSD to develop facilitators at Federal and Provincial level for BHS orientation programme in this QTR. We provided technical support for federal, and provincial facilitators orientation from all 7 provinces. Total of 182 Federal and Provincial BHS STP facilitators have been developed.	<p>C&Q provincial facilitators in coordination with Province Health Directorates.</p> <p>Support CSD on development of BHS STP mobile application.</p> <p>Support CSD for AWPB planning for BHS STP orientation programme: Palika/Health Workers</p>
	Support expansion, continuity, and the functionality of CEONC sites	Ongoing	99 CEONC sites monitored and supported as necessary. TA supports CEONC sites in trouble shooting and informs FWD/DoHS/MoHP on issues to be addressed. Conducted visits to Argakhanchi Hospital, Jiri Hospital, Manthali Primary Hospital, Solukhumbu Hospital, Phaplu Hospital and Melamchi Hospital in the past quarter.	<p>Continue monitoring of CEONC sites, especially in recruitment of providers using CEONC fund, monitoring HR availability and functional status, reporting to appropriate level as necessary for action.</p> <p>On-site visit to non-functional and problematic sites.</p>
13.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunization (EPI) clinics	VSP and RANM programme budget allocated in 35 & 59 palikas respectively in AWPB 2078/79. FP/EPI programme will be implemented by palikas of 14 districts	<p>Desk monitored (A) 5 palikas that overlaps with NHSSP focus palikas for VSP (2) and RANM (5) programme (2 palikas have both VSP and RANM programme).and (B) palikas of Madhesh and Lumbini province for VSP and RANM. Status (A) No progress of further implementation by palikas the RANM programme. Till date 2 of 2 VSP NHSSP focus palikas and 3 of 5 RANM NHSSP focus palikas have implemented programmes. (B) 7 VSP palikas of Madhesh Pradesh (2) and Lumbini Pradesh (5) only 3 palikas have implemented VSP programme (2 in Siraha district, Madhesh Pradesh and 1 in Gulmi district Lumbini Pradesh). Of the 6 RANM palikas of Lumbini Pradesh only 3 palikas (1 in East Rukum district, 1 in Arghakhanchi, and 1 in Kapilvastu) have implemented RANM Programme.</p> <p>Delayed: NHSSP (C&Q) TA supported VSP mobilization (with existing palika human resource) programme</p>	<p>Continue off-site information collection on and monitoring of VSP, RAMN programme implementation by Palikas at least at NHSSP's focal palikas.</p> <p>At least 2 palikas, one each from Province 2 and Lumbini province, will have VSP mobilization initiated and monitored in next reporting report of April-June 2022</p>

		under AWPB 2078/79	implementation delayed at least in ONE palika of province 2 and Lumbini province.	
i3.2.3	Introduce Robson's classification in public and selected private hospitals with caesarean sections and develop system for monitoring and response (federal and province)	In progress	<p>The National Robson Ten Group Classification System implementation guidelines have been approved by MoHP.</p> <p>NHSSP provided TA to conduct one-day orientation of Robson classification guideline to Maternity Ward doctors and nursing staffs in Janakpur Provincial Hospital. Thereafter, follow-up visit was done along with NESOG and FWD in Janakpur Provincial Hospital to identify the early implementation findings.</p> <p>The Robson findings from the Janakpur Provincial hospital was shared in NESOG conference.</p> <p>An ODK mobile application for Robson monitoring is developed and dashboard for data visualization is being developed.</p>	<p>Support FWD to conduct orientation on Robson classification to selected hospitals with high CS rates.</p> <p>Develop Robson dashboard for data visualization</p>
i3.3.1.3	support planning and budget allocation based on needs and evidence (AWPB - federal and provincial)	completed with ongoing	<p>Support provided for AWPB planning for FY 2022/23:</p> <p>FWD - drafted list of priority programmes with tentative budgeting</p> <p>CSD - discussed about budget allocation for BHS STP orientation to health workers</p> <p>NSSD – discussed about budget allocation for hospital in-house (onsite) clinical coaching and mentoring programme scale-up.</p>	<p>Support FWD, CSD and NSSD for AWPB 2022/23 planning finalization</p> <ul style="list-style-type: none"> Support Province gov. for AWPB planning for FY 2022/23
i3.3.1.5	Support drafting and finalisation of AWPB implementation guidelines and		Not planned in this QTR.	Support FWD for SBA clinical coaching/mentoring implementation guideline approval process.

	workshops (federal and provincial)			
13.3.2	Planning support for SMNH roadmap including hospital quality improvement plan and support to implementation (focal provinces) (with all streams)	completed with delay Delayed	<p>NHSSP provided TA to provinces for SMNH Roadmap 2030 implementation orientation to all programme focal persons from 35 districts (9 in Sudurpaschim, 12 in Lumbini and 14 in province 1) in this quarter. Provincial planned orientation programme had been delayed due to not available SMNH/RH provincial focal person in Province 2.</p> <p>HSSOs from Dhangadhi SMP Kailali, Krishnapur M Kanchanpur, Sandhikharka M, Malarani and Panini RM Arghakhachi were oriented on SMNH Roadmap and other programmes orientation, but health workers' orientation had been delayed due to delay in provincial orientation to programme focal persons.</p>	<p>Support Province 2 for SMNH Roadmap implementation orientation to focal persons of all districts.</p> <p>Support to some districts for SMNH Roadmap implementation orientation to Palikas of NHSSP's focus provinces on request if required.</p> <p>Support to focus palikas for providing SMNH Road map and other additional programmes orientation to health workers (through HSSOs).</p>
13.3.4	Referral system strengthened in selected clusters of Palikas and lessons learned shared for scale up	Completed	<p>NHSSP continued support to selected cluster (Palikas) and province (CEONC hospital) for strengthening EOC inter-facility referral system. In this QTR TA provided to NHSSP supported focal Palika (Sandhikharka NP, Panini and Malarani GP) and province hospital for:</p> <ul style="list-style-type: none"> Developing joint EOC inter-facility referral guideline with joint commitment of 3 focus Palikas, HO and Arghakhachi hospital. Providing inter-facility EOC referral system strengthening process orientation to 23 health workers and managers in Arghakhachi district. 	<p>NHSSP will provide off-site support to selected cluster (Palikas) and province (CEONC hospital) for inter-facility referral system implementation and other 3 palikas for guideline development and endorsement with leadership of Health Office Arghakhachi.</p>

			<ul style="list-style-type: none"> • Providing OFA orientation to 37 nursing staffs from all 11 BC/BEONC of 3 Palikas and Arghakhachi hospital. • Providing SMNH Roadmap 2030 implementation orientation to about 34 participants from all 6 palikas of Arghakhachi including inter-facility EOC referral system strengthening process orientation to 3 Palikas (Sitganga M, Bhumikasthan M and Chhatradev RM). 	
i3.6	Support the implementation and refinement of the Aama programme (Above activity could be change or stopped - C&Q thematic team lead will give further plan		not planned	
3.9.2	Strengthening EHCS service delivery and improving access		not planned	
3.9.3	Nursing capacity development through mentors (including IPC focused) (NEW):	Completed	<p>NHSSP continued support to NSSD for Hospital Nursing in-house clinical mentoring and coaching programme. The Learning Resource Package (Reference manual and handbook for mentees, Reference manual and guide for mentors, and implementation guidelines for clinical coaching) has been approved by DG.</p> <p>In addition to this, 13 hospital in-house clinical mentor were trained from 6 federal hospitals (Koshi Biratnagar, Narayani Birgunj, Bharatpur Chitawan, Bir KTM, Bheri Nepalgunj and Dadeldhura) and 2 clinical mentors of Koshi hospital conducted clinical coaching to 25 nurses from medical and surgical wards with supervision and support of mentor trainers.</p>	<p>Continue off-site desk monitoring and support for mentor</p> <p>Follow up support for at least one hospital</p>

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i3.4.1	Evidence-based clinical standards, protocols, and job aids revised at federal level and rolled out to focal service sites	In progress	<p>Robson implementation guideline has been approved by MoHP.</p> <p>Learning Resource Package for Hospital Nursing In-house Coaching/Mentoring approved.</p> <p>Onsite coaching and mentoring guidelines for SBA submitted by FWD to FMoHP for approval.</p> <p>Basic Health Service Standard Treatment protocol approved and disseminated</p> <p>Basic Health Services orientation guideline developed and approved.</p> <p>Nursing and Midwifery Strategy 2021 – 2030 approved.</p>	
i3.4.2	Support roll-out of MSS (HP level) and monitoring of implementation and response	In progress	<p>All 29 Health Offices in the three focal Provinces were oriented on HP-MSS.</p> <p>In this Quarter, total of 18 Palikas conducted HP-MSS assessment in 69 health facilities of focal palikas in three Provinces.</p> <p>In Province 2, NHSSP provided TA to conduct MSS assessment in 43 Health facilities of 10 Palikas.</p> <p>In Lumbini and Sudurpaschhim Province, 5 Palikas conducted MSS assessment in 12 Health facilities and 3 Palikas conducted assessment in 14 Health facilities respectively.</p>	<p>Continue desk monitoring of MSS implementation at NHSSP focal provinces through C&Q PC.</p> <p>Continue to support in roll-out of HP-MSS at the palika level in focal provinces through HSSOs.</p>
i3.4.4	Support for planning and implementation of clinical mentoring	Ongoing	In this quarter, 15 hospitals implemented clinical mentoring and QIP and all of them reported QIP.	Continue facilitation for implementation and desk monitoring to hospitals for QI

			<p>Likewise, 111 BC/BEONC from 36 palikas implemented mentoring and 80 of them reported QIP in this quarter.</p> <p>In the reporting period, 115 clinical mentors facilitated 126 sites (15 CEONC and 111 BC/BEONC) to conduct QI along with SBA clinical mentoring to total of 749 mentees.</p> <p>QI and signal functions scores of 15 hospitals compared with last assessment shows improvement in QI scores at hospitals as well as signal function readiness at CEONC sites.</p> <p>NHSSP team provided TA to conduct Clinical SBA mentors' refresher in Province 1, Madhesh and Karnali Provinces to total of 104 clinical mentors and Public Health Nurses</p>	<p>implementation status along with clinical mentoring.</p> <p>Support to FWD/NHTC/ PHTC for development of clinical mentors training sites in province.</p>
13.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	ongoing	<p>FP/SBA services and training QI assessment in 6 federal and provincial hospitals of Madhesh Pradesh and Lumbini Pradesh completed. Four of the 6 hospitals without FP training site have officially requested NHTC/PHTC for approval of FP training sites. PH Rapti is already approved while other 3 are in process of approval. Overall QI scores of FP/MNH-MNC and training has improved in PH Lumbini and PH Janakpur. A dissemination event of the joint QI visit is planned in April/May 2022</p> <p>Delayed: PFP/PPIUCD service and training site strengthening visit to Phaplu district hospital Solu and Okhaldhunga Community hospital is delayed due to unavailability of the STTA. But communication for joint visit with hospitals and related officials at FWD/NHTC/PHTC-1 has been initiated. A rapid</p>	<p>A dissemination event of the joint QI visit is planned in April/May 2022</p> <p>NHSSP TA will also initiate PPIUCD services and training site strengthening visit to Phaplu district hospital Solukhumbu and Okhaldhunga Community hospital in April-June 2022.</p>

			assessment checklist has been sent to both hospitals and they have already responded with filled checklist.	
13.5.1	Evaluation and scaling up mHealth for FCHV (if successful)	Delayed	NHSSP coordinated with NSSD but delayed for disseminating FCHV mHealth programme due to not having time commitment from NSSD.	NHSSP will support NSSD for disseminating the findings of FCHV mHealth programme.
13.5.3	Implementation of PNC guideline (PNC 24 hours and PNC home visit)	Completed	PNC home visit programme expanded into 738 Palikas of 76 districts in FY 2021/22, NHSSP continues support to FWD and province government to enhance capacity of programme focal persons and managers for implementation. In this QTR, NHSSP provided TA to province 1 and Sudurpaschim province for PNC home visit re-orientation align with SMNH Roadmap, ANC to PNC continuum of care and SAS provincial orientation programme. All the SMNH programme focal persons from 14 districts in P1 and 9 districts in Sudurpaschim were re-oriented/re-focused on importance and process of PNC home visit as per guideline. PNC home visit programme expanded into 738 Palikas of 76 districts in FY 2021/22. Till date, 709 Palikas across 72 districts have now been orientated on PNC home visit implementation and 578 Palikas have started implementation.	NHSSP will continue support to FWD and province government for on-site and off-site desk monitoring of the programme for implementation.
i3.6	Support the implementation and refinement of the Aama programme (Above activity could be change or stopped - C&Q thematic team lead will give further plan		not planned	

DATA FOR DECISION MAKING

Table 3 Programme and Indicators

SN	Programme	Previous		Current	
		# of indicators	%	# of indicators	%
1	Safe motherhood/MNH	36	13.6	47	12.8
2	Family planning	2	0.8	3	0.8
3	Female community health volunteers	10	3.8	7	1.9
4	Primary health care outreach services	4	1.5	3	0.8
5	Immunization	28	10.6	32	8.7
6	Integrated management of childhood illnesses	31	11.7	31	8.5
7	Nutrition	25	9.4	34	9.3
8	HIV/AIDS	24	9.1	16	4.4
9	Tuberculosis	18	6.8	8	2.2
10	Epidemiology and disease control (malaria, kala azar, leprosy, NCD, mental health, Injury)	33	12.4	78	21.3
11	Curative services	26	9.8	31	8.5
12	Health facilities (service availability, MSS, reporting and data quality)	28	10.6	23	6.3
13	RH morbidity			5	1.4
14	Population Program (OCMC/SSU/Geriatric)			46	12.6
15	Health promotion and education			2	0.5
	Total	265	100	366	100

Table 4 HMIS New Tools

HMIS no	Forms	Status
2	Infant and child health	
2.8	NRH register	New
3	Maternal and Newborn Health	
3.7A	Medical Abortion Service Card	new
3.7B	Manual Vacuum Aspiration Service Card	new
3.7C	Second Trimester abortion service card	new
3.7D	Post Abortion Care-Client card	new
3.8	RH Morbidity Register	new
4	Community services	
4.4	Health Promotion and Health Education Register	new
5	Malaria, Leprosy, Kalazar and Geriatric	
5.6	Rehabilitation Service Register	New
5.7	Rehabilitation service card	New
5.8	Leprosy Contact Service Register	new
5.9	NCD and Mental Health Register	new
5.10	Geriatric Register	new
8	Hospital	
8.4	SNCU/NICU Register	New
8.5	OCMC Register	New
8.6	SSU Register	New

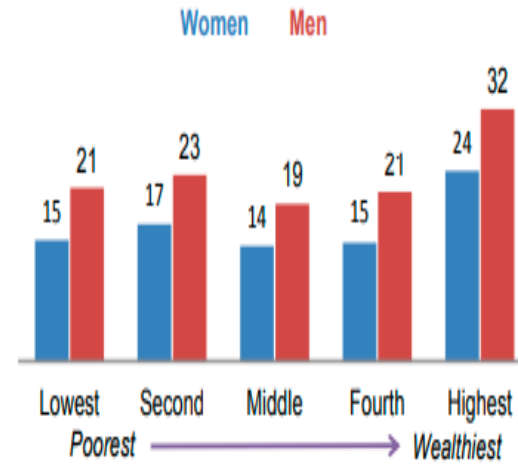
Table 5 Difference between observed and predicted value for different contraceptive methods.

	LARC		SARC		Condom (CYP)		Difference (observe-predicted)			% Difference between O and P		
	observed	Predicted	observed	Predicted	observed	Predicted	LARC	SARC	Condom (CYP)	LARC	SARC	Condom (CYP)
14 March–12 April 2020	5764	11345	29297	35116	12040	13365	-5581	-5819	-1325	-97	-20	-11
13 April–13 May 2020	4112	11425	32917	35151	12378	13339	-7313	-2234	-961	-178	-7	-8
14 May–14 Jun 2020	6666	11505	38562	35543	12790	13328	-4839	3019	-539	-73	8	-4
15 June–15 July 2020	10289	11585	37227	35383	13953	13311	-1296	1844	642	-13	5	5
Total (14 Mar to 15 Jul)	26831	45860	138003	141194	51161	53343	-19029	-3190	-2183	-71	-2	-4

Figure 1: Inequalities in utilization of Institutional Delivery Service

Categories	Institutional Delivery				
	1996	2001	2006	2011	2016
Dalit	4.9	5.7	9.3	26.4	45.4
Janajati	4.4	6.2	14.2	28.9	57.9
Other Terai caste	6.4	6.8	15.2	37.9	48.1
Muslim	4.4	6.3	12.2	32.3	51.6
Newar	29.0	28.0	47.9	68.0	74.6
Brahmin/Chhetri	10.6	13.0	24	44.1	68.4
Ratio of highest to lowest category	6.6	4.9	5.2	2.6	1.6
Difference in highest and lowest category	24.6	22.3	38.6	41.6	29.2
Weighted N	4,373	6,972	5,545	5,391	5,060

Figure 2: Prevalence of Hypertension by household wealth



Activity number	Activities	Status	Achievement of this quarter	Plan for next quarter
Indicator 2.1	Strengthening of routine MISs			
2.1.1	Development of roadmap for strengthening of routine MISs with better linkages to each other	Ongoing	The final draft is submitted to IHIMS to proceed for endorsement.	Support to prepare implementation plan after endorsement of the roadmap
2.1.2	Supporting the implementation of MISs strengthening based on roadmap recommendations at Provincial level (2 & 5)	Ongoing	Supporting activities planned in roadmap like HMIS indicator revision to meet reporting requirements as per national and international commitment	Sharing with PHD official after the endorsement of IHIMS roadmap at province level and initiate discussion for preparing province level IHIMS roadmap.
Indicator 2.2	Health facility registry updates			
2.2.1	Support the functioning of updated health facility registry as an interoperable Master Registry for all info systems	Ongoing	Supported PPMD to review the data entered in HF registry for each province	Support to build HF registry as Master registry for interoperability
2.2.2	Support provincial capacity enhancement to update and use the health facility registry	Ongoing	Supported at local level to review and update health facility registry	Support to complete listing of health facilities and the information to promote its use and establish HFR as master registry for interoperability at local and provincial level.
Indicator 2.3	Digital platform for recording and reporting of the minimum service standards (MSS)			
2.3.1	Supporting the roll-out of digital platform for MSS reporting at Tertiary and Secondary Hospitals in Focal provinces	Ongoing	Developed templates for MSS review at provincial level.	<ul style="list-style-type: none"> Support/participate in MSS review at provincial level Support in roll out of MSS in focal provinces as per provincial need
2.3.2	Support implementation of digital platform at Palika level - in LL sites	Ongoing	Supporting in implementation of HMIS, eLMIS and IMU	Continue the support as per local need
Indicator 2.4	Web based Routine Data Quality Assessment (RDQA) system			

2.4.1	Supporting the updates to RDQA for federal level hospitals	Ongoing	Finalised and handed over updated online and offline version of RDQA to PPMD	Prepare tutorial video for offline version installation and use
2.4.2	Roll-out of RDQA at tertiary and secondary hospitals- Province 2 & Lumbini province	Ongoing	<ul style="list-style-type: none"> Follow up of action point done with hospitals 	Conduct next round of RDQA in the hospitals.
2.4.3	RDQA implementation and improvements to data quality at local level facilities (LL sites)	Ongoing	<ul style="list-style-type: none"> Follow up round of RDQA being conducted in selected health facilities Follow up on action points of RDQA done in HFs. 	Conduct next round of RDQA in HFs.
Indicator - 2.5	Monitoring of Basic Health Services			
2.5.1	Develop mechanism to monitor availability and utilisation of BHS	Ongoing	Facilitated to form task force and held first meeting to discuss on the modality of preparing dashboard	Complete the web-based dashboard and orient focal province and selected LL sites on BHS monitoring
2.5.3	Generate and feed evidence to support planning at provincial and local level	Ongoing	Supported in preparing evidence for new Nepal Health sector strategy Prepared and disseminated in the form on manuscript and abstracts	Continue the support to generate evidence and data use at all levels.
Indicator 2.6	Strengthening the maternal and perinatal death surveillance and response system (MPDSR)			
2.6.1	Review of MPDSR system and analysis of available data	ongoing	Supporting MoHP to undertake Maternal Mortality (MM) Study following census. The trained health workers are conducting verbal autopsy (VA) of the pregnancy related deaths.	
2.6.4	MPDSR data analysis to better inform the response at Provincial and Palika level	ongoing	Supported in finding of missing cases of maternal death in MPDSR and DHIS2 platform, share it with PHD and health officials for correction Supported in MPDSR review meeting	Continue the support
Indicator 2.7	Equity monitoring			

2.7.1	Digital dashboards for monitoring equity (using MISs and survey data), quality of care, NHSS RF and SDG progress updated at the MoHP website	Ongoing	<ul style="list-style-type: none"> • Compiling data to update digital dashboard for monitoring equity 	Update digital dashboard for monitoring equity using Nepal health facility survey data and BHS monitoring indicators
2.7.2	Customised digital dashboards for monitoring equity at provincial level developed	Not started	Not started	Concept note will be prepared, and discussion will be held in focal provinces
2.7.3	Data analysis and use of equity data to inform planning and decision-making at all level	Completed		

HEALTH INFRASTRUCTURE

Activities		Status	Achievements this quarter	Planned for next quarter
Result Area I7.1: Policy Environment				
17.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	Continuing	None.	Continued support as required.
17.1.2	Upgrade the HISS to integrate functionality recommendations	Ongoing	Inception report (draft) is under review. Online system is under construction. Prototype of database for the online system has been developed and is being tested.	Finalisation of system development including integration of project monitoring module. Regular updating of database for government information sources and valid secondary sources. User trainings for assigned government counterparts and hosting.
17.1.11	Assessment of Learning Lab (LL) centres	Ongoing	The reports have been finalized.	The reports will be updated with status of construction of primary hospital as per MOHP planning and shared with concerned stakeholders and NHSSP teams in LL site for advocacy of national

				design standards and programme coordination
17.1.4	Revision of the Nepal National Building Code (NNBC) concerning retrofitting, electrical standards, HVAC, and sanitary design	Ongoing	Final version ready for sharing.	Presentation of the handbooks to the Management Division / DoHS and MoHP for endorsement for publishing.
17.1.5	Nepal earthquake retrofitting and rehabilitation standards produced and adopted (PD 21)	Completed on time	Comments still awaited from National Research Centre for Building Technology on the final draft submitted.	Updating of the report and its content based on feedback and recommendations.
17.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	Continuous	Multi-hazard health infrastructure planning and development orientation material developed for provincial level orientation to provincial/municipal representatives and officials	Multi-hazard health infrastructure planning and development orientation planned for next quarter in April
17.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	Completed	Review of 49 designs from different municipalities completed during the quarter.	27 municipalities have received approval, and remainder on follow up process.
17.1.8	Revise existing HI Design Standards and Upgrading Guidelines to ensure equity by bringing them in line with Leave No One Behind (LNOB) good practice and orient infrastructure stakeholders on these	Ongoing	The various components of NHIDS is planned to be discussed in different provinces, specifically the categorisation.	This will be updated and submitted to MoHP for endorsement.
17.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	Ongoing	Presentations to provincial/municipal level representatives and officials have been planned for the next quarter.	Orientation programme to provincial/municipal level representatives and officials will be conducted during the quarter.
17.1.10	Development of recommendations on health facility waste management improvement, focusing on legal and coordination aspects	Ongoing	Preparation of Guidelines for design of waste management area completed.	Presentation to concerned stakeholders for publication of the handbook.
Result Area 17.2: Capacity Enhancement				

17.2.1	Ongoing capacity development support to MoHP / DUDBC, including capacity assessment, as well as the formation of a Capacity Enhancement Committee	Ongoing	<p>Organisation of different events for on-site capacity improvement of DUDBC staff members on site management issues and quality assurance mechanism at the retrofitting sites.</p> <p>Continued capacity enhancement of municipality engineers / architects and concerned private sector consultants on health infrastructure planning and design.</p>	<p>The onsite capacity improvements events to continue regularly and as required.</p> <p>Follow up and monitoring support.</p>
17.2.2	Training Needs Analysis for MoHP, DUDBC and Construction Contractors and Professionals	Completed	An ongoing process to address the new needs of training.	Continuation of assessment at retrofitting sites and provinces and accordingly plan activities.
	Training programme implementation	Ongoing	<p>On-site training to the workers (skilled and unskilled) on environment, health and safety management, GESI, Gender-Based Violence (GBV) and LNOB context, including different perspectives of Labour Act, Insurance etc completed at retrofitting sites.</p> <p>Orientation to technical people from DUDBC and contractor on quality compliance and testing of materials and works completed.</p> <p>Orientation to newly appointed officials concerned DUDBC structure with regard to retrofitting project completed.</p>	The onsite training and orientation will continue as required.
Result Area 17.3: Retrofitting and Rehabilitation				
17.3.1	Strengthening Seismic, Rehabilitation and Retrofitting Standards and orientation on the standards, including a report with recommendations (PD 16)	Completed	Completed.	Continued orientation on Strengthening Seismic, Rehabilitation and Retrofitting Standards at the provincial and local level.

17.3.5	Design of retrofit works (structural / non-structural) with DUDBC (PD 29)	Completed	Completed.	Orientation to all stakeholders as appropriate on retrofitting works will be continued.
	Engagement of MoHP / DUDBC in design and tendering	Continuous	Continued support to DUDBC in construction management as per the bidding documents at both the sites. Retrofitting of Medical and Maternity block progressing in Pokhara. Decanting of OPD block planned and agreed with all the stakeholders in Pokhara Decanting of Maternity block planned and agreed with all the stakeholders in Bhaktapur	Waste management area, store area and other projects identified under the fourth package will be tendered as budget is made available Initiation of retrofitting of OPD block in Pokhara Initiation of retrofitting of Maternity block at Bhaktapur.
17.3.7	Preparation of final drawings	Completed	All updated drawings provided to FPIU DUDBC.	Preparation of additional details and working drawings as required will continue.
17.3.8	Production of BoQs	Completed	The BoQs updated as required at the site as per the site conditions.	Revisions will continue depending on the site condition and availability of specified products in the market.
17.3.9	Tender process and contractor mobilisation (PD 40)	Completed	Supporting contract management, monitoring and supervision of the work in progress.	Continued technical and management support for the retrofitting work.
17.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	Completed	Both the hospital now have provided part of the decanting space to be used as originally planned. Retrofitting of Emergency Block at Bhaktapur.	Continued technical and management support for retrofitting of both the Priority Hospitals.

GENDER EQUALITY AND SOCIAL INCLUSION

Activity	Status	Achievements this quarter	Planned activities for next quarter	
I2.2	Result Area: Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting			
I2.2.1	Develop GRB Guidelines	Completed	Printed the GRB Guideline and finalized the training package.	Training at federal level based on approved training package.
I2.2.4	Develop LNOB budget markers at national and local level	Completed	Printed the LNOB Budget Marker Guideline and finalized the training package.	Training at federal level based on approved training package.
I2.4	Result Area: MoHP has clear policies and strategies for promoting equitable access to health services			
I2.4.1	Revise Health Sector GESI Strategy	Ongoing	<ul style="list-style-type: none"> Resubmitted to the Cabinet for approval. GESI Strategy of the Health Sector of Madhes Province approved by MoSD. Completed unofficial English translation of GESI Strategy of the Health Sector of Madhes Province. Provided inputs on the draft GESI policy of Butwal Sub-Metropolis. 	<ul style="list-style-type: none"> Formation of Steering Committee and orientation to FMoHP and DoHS officials on the Strategy once approved from the Cabinet. Formation of Steering Committee and orientation to MoSD officials of Madhesh Province on the GESI Strategy of the Health Sector. Finalise of GESI policy of Butwal Sub-Metropolis.
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	Not scheduled	No specific activities have taken place because of the delay in approval of the Health Sector GESI Strategy.	
I2.4.3	Develop National Mental Health Strategy and Action Plan	Completed	-	-
I2.4.4	Standardise Psychosocial Counselling Curricula	Completed	<ul style="list-style-type: none"> Progressed training of 50 OCMC focal persons in psychosocial counselling. Trainees of first batch completed second event (10 days) and trainees of second batch completed first event (10 days). 	<ul style="list-style-type: none"> Psychosocial counselling training will be continued.

			<ul style="list-style-type: none"> • Psychosocial counselling training curricula printed 	
12.4.5	Development of National Health Sector Social Accountability Directives	Completed	-	-
12.4.6	Develop guidelines for disability-inclusive health services	Completed	-	-
12.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	Completed	<ul style="list-style-type: none"> • Geriatric Health Service Strategy approved. • Completed unofficial English translation of the Geriatric Strategy. • Submitted Geriatric Health Service Protocol for approval. • Started implementation of the Geriatric Health Service OPD guidelines. 	<ul style="list-style-type: none"> • Printing of Geriatric Health Service Strategy. • Interaction program to focal persons from all hospitals of Madhesh province on GESI policy instruments and targeted interventions.
12.4.8	National and provincial-level reviews of OCMCs and SSUs	Completed	-	-
12.4.9	Capacity enhancement of GESI focal persons and key influencers from the MoHP, DoHS and MoSD/MoHP on GESI and LNOB aspects for health	Ongoing	Completed training of trainers on GESI mainstreaming to Butwal Sub-Metropolis staff of Lumbini Province.	-
13.1	Result Area: The DoHS increases coverage of under-served populations			
13.1.10a	Strengthening and scaling up of OCMCs and geriatric services	Ongoing: Establishment of new OCMCs and strengthening of existing OCMCs.	<ul style="list-style-type: none"> • Conducted orientation about GBV/OCMC for the establishment of new OCMC in National Trauma Centre, Sukraraj Tropical, Madhyabindu and Rampur Hospitals. 	<ul style="list-style-type: none"> • Establishment of new OCMC in National Trauma Centre, Teaching Hospital (TUTH), Bhim, Rampur and Gokuleswor Hospitals. • Conduct training of Medical Recorders, OCMC/SSU staff to

			<ul style="list-style-type: none"> Established OCMC in Madhyebindu and Sukraraj Tropical hospitals. Completed medico-legal training in Sudur Paschim and Lumbini Province and trained altogether 47 medical officers/doctors. 	<p>operationalise OCMC, SSU and Geriatric online reporting system.</p> <ul style="list-style-type: none"> Conduct clinical medico-legal training to medical officers/doctors of Madhesh and Bagmati Province.
I3.1.10b	Support strengthening of OCMCs through mentoring/ monitoring and multisectoral sharing and consultation	Ongoing: Regular consultations with key partners and hospital teams, coaching and mentoring from a distance and in person.	Follow-up support provided through phone calls and in person visits to Udayapur, Narayani, Gorkha, Bhaktapur, Pokhara, Lumbini, Seti, Mahakali and Baitadi hospitals to strengthen OCMC.	Mentoring and follow-up support to Inaruwa, Mustang, Kapilvastu and Mugu OCMCs and other OCMC hospitals as required.
I3.1.11	Supporting the rollout of the GBV clinical protocol	Ongoing	-	Training of Trainers to roll out GBV Clinical Protocol in Madhesh Province.
I3.1.13a	Scaling up SSUs and geriatric services	Ongoing: Establishment of new SSUs and strengthening of existing SSUs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services.	New SSUs were established in hospitals at Sangkuwasabha, Kalayia, Mahotari, Siraha and Sarlahi districts.	<ul style="list-style-type: none"> Establishment of new SSUs in Taplejung, , Kirtipur, Prithivichand, Rolpa, Pyuthan and Baitadi hospitals. Establishment of geriatric inclusive health service in Sankhuwasabha, Sunsari, Kalaiya, Kirtipur Gorkha, Prithivichand, Tulsipur and Gulariya hospitals.
I3.1.13b	Support capacity enhancement of SSUs through training, mentoring, monitoring and online reporting workshops	Ongoing: Regular coaching and mentoring from a distance and in person	Backstopping support provided to SSUs in Udayapur, Gajendra Narayan, Lumbini and Seti hospitals.	<ul style="list-style-type: none"> Mentoring and follow-up support to newly established and other select SSUs; operationalise SSU online reporting system. Training to SSU staff from Madhes and Lumbini Province.

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Anthony Bondurant	January – March 2022	Special Advisor – Technical support
2.	Deborah Thomas	January – March 2022	Disability study, PD ToR revision, Province 2 GESI strategy
3.	Steve Topham	January – March 2022	LL reports, HI planning tool, Retrofitting progress report
4.	Sara Blanchet	February – March 2022	Health systems assessment
5.	Sarah Style	January – March 2022	HSS study process mapping

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	BEK approval date
L&G	R37.2	Post JAR report produced by PPICD	17-Jan-22
C&Q	R42	Report on support to provincial level planning for referral systems improvement, including quality of referral hospitals	18-Mar-22
Management	R48	Quarterly report 18 Oct - Dec	22-Feb-22
C&Q	R33.2	Caesarean section rate monitoring at hospitals using Robson Classification: Lessons from implementation	30-Mar-22

ANNEX 5 RISK MATRIX

General Health TA Risk Matrix

Risk No	Risk	Gross Risk		Risk Fact or RAG rated	Current controls	Net Risk		Risk Fact or RAG rated	Net Risk Acceptable?	Additional control	Assigned manager / timescale	Actions
		Likelihood	Impact			Likelihood	Impact					
	Strategy and Context											
R1	The upcoming local election in Nepal on May 13 may disrupt programme momentum as local representatives including the government employees will be involved in the election process.	Likely	Severe		NHSSP has circulated basic operation guidelines agreed by donor community to all NHSSP staff. They are advised to remain impartial by not participating in any political campaign or influencing the election process	Likely	Major			NHSSP will document the impacts and regularly share with BEK and Options.	Team Leader	Tolerate

R2	Continued lockdown may reduce the momentum of the programme.	COVID-19 cases have been significantly decreased in this quarter. NHSSP staff are working from office. Travel to subnational level have resume. Hence, this risk has minimum impact for now.										
	Policy and Programme Delivery											
R3	Government of Nepal may identify a different set of priorities or approaches at federal and sub-national levels, than those presented in the Extension proposal.	Likely	Severe			Likely	Major			NHSSP will maintain close communication with BEK/FCDO 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.	Likely	Major		NHSSP advisors work closely with senior staff in FMoHP to advocate, build understanding and buy in to planned reform processes.	Likely	Moderate		Yes	NHSSP advisors will continue to work closely with senior staff at Federal and sub-national level. Pace of changes will be carefully planned. Regular meeting of	Team Leader /Data for Decision Making Technical Strategist/ Strategic Advisor	Treat

										CAPP monitoring committee.		
R5	Uncertainty over the sub national structure may affect programme implementation.	Highly Likely	Severe		NHSSP Advisors are supporting the FMoHP to develop a health sector transition 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.	Highly Likely	Major		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.	Highly Likely	Major		Capacity building of local government including orientation on programme implementation	Highly Likely	Moderate		Yes	Regular engagement with the FMoHP and priority province and palika governments in planning	Concerned Technical Strategists and Provincial Advisers	Treat

					n guides and planning support in coordination with all supporting partners EDPs.					processes. Subnational staff to provide hands-on support to augment capacity in light of additional COVID-19 related impact on capacity.		
R7	Competing priorities at the local level may result less attention to public health interventions	Highly Likely	Major		Support FMoHP in advocating for health and capacity building of local & provincial government including orientation on programme implementation guides and planning support in coordination with all supporting partners EDPs.	Highly Likely	Moderate		yes	NHSSP will support the roll out of Minimum Service Standards (MSS) in priority provinces and develop context-specific approaches to address local palika level (capacity building) needs. D4D team will support collection and analysis of public health data to be used for advocacy, and to inform	Coverage and Quality Technical Strategist	Treat

										planning and budgeting.		
R8	Change in FMoHP structure may affect the relationship management with the counterpart	Likely	Major		NHSSP advisers will engage with relevant department/units in strategic issues in terms of planning and implementation.	Possible	Minor		Yes	NHSSP will continue to participate in induction processes in the relevant department; and to maintain good working relationships with key officials.	All advisers	Treat
	Public Service Delivery and Operations											
R9	Reduced access to routine health care services for vulnerable populations, especially women, children, people living with disabilities and the elderly.	Highly Likely	Severe		NHSSP will advocate and work with MoHP for service continuity and for special provisions in the COVID-19 context. Continue advocating for service sites to be made safe, using PPE and infection	Likely	Moderate		Yes	NHSSP will advocate for rapid assessment of essential health services and for availability of ambulances and developing messages with BBC Media Action and RH cluster.	SD/HPP team	Treat

					prevention, and for complication readiness as women/children will wait until they are seriously ill – messaging on danger signs							
R 10	MoHP personnel and resources may be diverted towards preparedness and management of COVID-19, which might affect routine programming.	Likely	Severe		NHSSP will support MoHP in contingency planning in close consultation with BEK. NHSSP will work with BEK to seek and target greater funds for the COVID-19 response. NHSSP will work with MoHP and DoHS to monitor routine service provision.	Likely	Major		Yes	NHSSP will work closely with BEK and other partners to develop and implement hospital safety measures.	PPFM/HPP team	Tolerate
R11	Procurement and provision of both routine and	Highly Likely	Major		NHSSP will support emergency	Likely	Moderate		Yes		PPFM	Tolerate

	COVID-related equipment is delayed.				procurement policies and systems, as appropriate.							
R12	Reluctance to access health services, because of fear of COVID-19, may lead to an increase in otherwise preventable morbidity and mortality.	Highly Likely	Severe		NHSSP will help facilitate the creation and dissemination of messages related to service availability and use.	Highly Likely	Major			NHSSP advisors will work with service providers and closely review routine data.	E&A/SD team	Tolerate
R13	Increased risk of GBV and family violence in times of lockdown and reduced access to protection or service providers.	Highly Likely	Severe		NHSSP will work with MoHP, MoWCSC, NWC and partners in the GBV sub-cluster to develop protocols for OCMCs and shelter home/rehabilitation centres.	Likely	Major	Yes	Provide Possible follow-up support to OCMCs/hospitals for continuity of services from hospitals and safe home/rehabilitation centres and share the status with MoHP and partners.	GESI team	Treat	
R14	Health workers lack PPE, leading to illness, mental stress and reduced motivation among	Highly Likely	Major		NHSSP work closely with the MoHP and other partners for the development	Likely	Moderate	Yes	Provide regular follow-up on for the implementation of guidelines on use of PPE as	SMT	Treat	

	health staff thereby reducing the capacity of the health system.				and implementation of hospital safety measures, self-care and online counselling for providers.					per the WHO and Nepal Medical Council standards.		
R15	Trans-missions from asymptomatic and pre-symptomatic cases reported elsewhere increase fear of service providers that may cause poor quality of service provided.	Highly Likely	Major		NHSSP continue advocating for PPE for health workers/service providers and support MoHP on development and implementation of hospital safety measures, self-care and online counselling for providers.	Likely	Moderate		Yes	Inability to do field visits and conduct on-site support to managers/service providers hampers effectiveness of our work.	SMT	Tolerate
R16	Ability to access services by clients/users decline due to the fear of getting infection from health services,	Highly likely	Major		NHSSP, alongside RH sub-cluster partners, support FWD in implementatio	Likely	Moderate		Yes	NHSSP will facilitate and encourage partners to provide online orientation to health workers.	SMT	Tolerate

	and difficulty in getting transport and travel.				n of the interim guideline focusing on orientation of health workers.							
R17	Coherent and routine reporting system may be affected due to structural change at local level	Likely	Moderate		Engage with FMoHP to provide onsite coaching to Local Government for electronic reporting of HMIS in DHIS2 platform.	Likely	Minor		Yes	NHSSP continues to engage with FMoHP to develop and monitor implementation plan. NHSSP will actively engage government and multiple stakeholders in data analysis, develop a MIS integration road map and support its implementation.	Data for Decision Making Technical Strategist	Treat
R18	MoHP priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets at federal and	Highly Likely	Moderate		The NHSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding	Possible	Minor		Yes	NHSSP team will continue to work closely with FMoHP colleagues and actively engage priority province and palika governments, and remain	Concerned Advisers	Treat

	subsequently, sub-national levels				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.					flexible and strategic.		
R19	Evolving priorities of FMoHP means that less attention is paid to NHSSP supported activities.	Likely	Moderate		NHSSP will engage with FMoHP and provide flexible and responsive support within the scope of NHSSP.	Possible	Minor		Yes	NHSSP team will work with other partners for resource leveraging.	Concerned NHSSP Advisers	Treat
R20	Highly Likely staff turnover in key government positions limits the effectiveness of capacity enhancement activities with FMoHP and the DoHS.	Likely	Moderate		NHSSP adopts capacity enhancement at institutional and system level besides individual capacity enhancement so that institutional memory remains in place.	Likely	Minor		Yes	NHSSP works with different cadre of Health Staff.	Concerned NHSSP Advisers	Tolerate

R21	Staff shortages at sub-national levels limits the effectiveness of capacity enhancement activities at priority provinces and palikas.	Highly Likely	Major			Likely	Moderate		Yes	NHSSP team will work closely with FMoHP to monitor and support transition plan, and take flexible and adaptive approaches, including provision of direct support at sub-national level during the COVID-19 crisis.	Team Leader/Strategic Adviser	Tolerate
R22	Health workers are not able to complete training/engage in programme activities due to workload, and/or frequent staff turnover, limiting effectiveness of activities to improve QoC.	Possible	Moderate		Capacity enhancement to improve quality of care will be planned with DHOs and facility managers; refresher trainings will be offered on a regular basis; focus is on building capacity and the functionality of	Possible	Minor		Yes	NHSSP will actively encourage on site coaching/training and support training needs identification. This will be extended to province and palika levels, drawing on increased programme (HSSO) capacity.	Concerned NHSSP Advisers	Tolerate

					the facility, not just training.							
R23	Lack of clarity in the FMoHP structure that ultimately disrupt the service delivery functions at the local level.	Highly Likely	Moderate		NHSSP continues working with FMoHP to prioritise essential SD functions through regular monitoring and support.	Likely	Minor		Yes	NHSSP team working with Secretary and other relevant units to minimise the disruption through continued dialogue and support.	Strategic Adviser & Coverage and Quality Technical Strategist	Treat
R24	Lack of clarity and understanding at all three spheres of government on new mandated roles and responsibilities.	Highly Likely	Moderate		NHSSP uses the OCAT training and implementation as an opportunity to review and discuss the revised mandates of each sphere of government.	Likely	Minor		Yes	NHSSP continuing to advocate and guide TA that is aligned to revised mandates.	Team Leader/Strategic Adviser	Treat
	Financial and Fiduciary											

R25	The TA programme has limited funds to support the strengthening of major systems components such as HR systems.	Likely	Moderate		Support policy and planning in the MOHP. Engage with other EDPs who are supporting related areas.	Possible	Minor		Yes	Continue to work with FMOHP and WHO and other partners who may have financial resources to support these.	Advisers	Treat
R26	Financial Aid is not released for expected purposes.	Likely	Major		Planning and discussions with FMOHP and MoF. Health Financing TA will support the government in managing release of Financial Aid.	Possible	Moderate		Yes	Continue with regular and quality monitoring of FMR and regular meeting of PFM committee.	Data for Decision Making Technical Strategist and Data for Decision Making Convener	Treat
R27	Financial management capacity of subcontracted local partners is Possible.	Possible	Moderate		Carry out a due diligence assessment of major partners at the beginning of the contract.	Possible	Minor		Yes	Carry out regular reviews of progress against agreed work plans and budgets.	Deputy Team Leader	Treat

R28	Weak PFM system leads to fiduciary risk	Highly Likely	Severe		To work actively to support the FMoHP in strengthening various aspects of PFM via an updated FMIP, regular meeting of PFM committee, update the internal control guideline and add cash advance module in TABUCS to reduce fiduciary risk and the formulation of procurement improvement plan (PIP) and establishment of a CAPP monitoring committee.	Likely	Moderate		Yes	Continue to monitor risks and mitigate through periodic update of FMIP, CAPP, and PIP, through the PFM and CAPP monitoring committee. Engaging FMoHP Secretary, FCGO and PPMO. Extend active engagement to priority provincial governments, to create an enabling environment for effective and appropriate FA spend.	Data for Decision Making Technical Strategist and senior Procurement adviser	Treat
R29	Devaluation of the £, including as a result of the UK	No longer relevant										

	exiting the EU (Brexit), reduces the value of FA and TA commitment.											
R30	Increased pressure of corruption at provincial and local levels	Likely	Major		NHSSP takes a sero-tolerance approach to fraud and corruption.	Likely	Moderate		Yes	NHSSP staff will undergo additional training and support to resist pressure. Options' whistle-blower policy will be rolled out to the NHSSP team.	Team Leader/Deputy Team Leader	Treat
	Safeguarding											
R31	Harm, abuse and exploitation of children and vulnerable adults (includes sexual harassment and exploitation).	Possible	Major		NHSSP takes a sero-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 implementatio	Possible	Moderate		Yes	NHSSP staff will undergo additional safeguarding training. Options' Child and Vulnerable Adult Safeguarding Policy will be rolled out to NHSSP staff. Updates to partner contracts will include compliance with	Team Leader and Options' Safeguarding Lead (Director of Programmes)	Treat

					n 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 conducts regular due diligence checks on existing partners to ensure compliance with Options' and BEK/FCDO's Code of Conduct.					BEK/FCDO's latest Supply Partner Code of Conduct.		
	People											
R32	NHSSP staff may be overstretched in their support to MoHP and may contract COVID-19 and fall ill.	Possible	Moderate		In consultation with BEK, NHSSP will recruit STTA to support specific	Possible	Moderate		Yes	NHSSP will continue to communicate the situation to all staff and make them	TL	Tolerate

					technical areas required to support MoHP. We will maintain staff safety and wellbeing as per the Options duty of care protocol.					aware that their safety comes first. Regular communication channels will be established with all staff. In addition, staff salary will be paid on time as usual.		
	Climate & environmental											
R33	Further earthquakes, aftershocks, landslides or flooding reverse progress made in meeting needs of population through disrupting delivery of healthcare services.	Likely	Major		Continue to monitor situation reports/GoN data; ensure programme plans are flexible, and re-plan rapidly following any further events. Comprehensive security guidelines will be put in place for all staff.	Likely	Moderate		Yes	NHSSP will support MOHP to update disaster preparedness plan; and will work with other EDPs to identify ways to build a more resilient health system.	Concerned NHSSP Advisors	Tolerate
Health Infrastructure Risk Matrix												
	Strategy and Context											

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

										maximum possible extent.			
R2	Delay in progress of work as per the scheduled activities due to restricted movement. (restricted movement/transportation of construction material, human resource deployment etc.)	Highly Likely	Major		NHSSP is closely monitoring the progress at the site and coordinating with MoHP, DUDBC/ FPIUs and Hospital management to facilitate the contractor in execution of the work to the best possible extent despite the difficulties	Likely	Moderate		Yes	NHSSP in close coordination with DUDBC/ FPIUs will regularly update the documents with regard to work progress and mobilisation of resources to be used as verification tool for any claims related to the term extension as per the GCC 61 Force Majeure for the period affected due to lockdown	NHSSP HI team	Treat	
Reputational													
R3	Overall delay in completion of the project on time (due to COVID-19 pandemic- Force Majeure)	Highly Likely	Severe		NHSSP is adjusting the work activity schedule regularly, and taking any opportunities	Likely	Major		Yes	NHSSP is regularly supporting DUDBC and its respective FPIUs to update the activity		Tolerate	

					that can be used to provide works to the contractor to minimise the impact of COVID-19 in coordination with the Hospital Management and DUDBC (FPIU)					schedule and execute the work as per the updated activity schedule.			
	People												
R4	Site Engineers, construction workers and contractor's personnel during the works may get infected with COVID-19	Highly Likely	Major		NHSSP has been regularly monitoring the safety requirements at the site as per the standard protocol agreed with DUDBC. Also, special arrangements have been agreed between the Hospital Management and DUDBC regarding the	Likely	Moderate		Yes	NHSSP HI team, in coordination with the DUDBC FPIUs, is strictly monitoring the management of safety protocols at the site Orientation to the workers and contractor's personnel has been carried out at the site prior the work execution, and health and safety orientations are	NHSSP HI team	Treat	

					necessary medical procedures (treatment, contact tracing and isolation) for personnel working at site if any workers get infected					organised regularly.			
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RISK MANAGEMENT IN CONNECTION TO THIRD WAVE OF COVID-19

Risk No	Risk	Gross Risk		Risk Factor RAG rated	Current controls		Net Risk		Risk Factor RAG rated	Net Risk Acceptable ?	Additional controls / planned actions	Assigned manager / timescale	Actions
		Likelihood	Impact		Likelihood	Impact							
	GHITA												
R1	Development of the new sector strategy by MOHP may delay due to internal political economy	High	Medium		<i>NHSSP senior staff will work closely with MOHP and provide regular support through TARF funding</i>	Medium	Medium		Yes	NHSSP will hire more strategic support through senior consultants.	TL	Tolerate	

	and timely support from partners.				<p><i>deployment of senior staff.</i></p> <ul style="list-style-type: none"> <i>NHSSP continue influence MOHP ensuring subnational participation in the strategy development</i> 					<ul style="list-style-type: none"> NHSSP encourage and support provincial and local level to participate in the strategy development processes. 		
R2	The delay in amendment of the budget required for the fourth package in the AWPB may impact on the construction of the slices under fourth package and handover of the retrofitted blocks.	High	High		NHSSP will work with DUDBC and MOHP and facilitated coordinated effort to support the budget amendment processes.	Medium	Medium		Yes	NHSSP is coordinating with DUDBC and respective PIUS to budget revision processes.	NHSSP HI & PPFM team	Treat