



Nepal Health Sector Support Programme III (NHSSP – III)

NHSSP Quarterly Report July to September 2021



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EXECUTIVE SUMMARY

Précis

This report presents progress of the Nepal Health Sector Support Programme III (NHSSP III) from **1 July to 30 September 2021**. In this quarter, NHSSP carried out activities in the context of decreasing COVID-19 cases and increasing political turmoil. COVID-19 vaccination rates continued to improve nationwide. Consequently, NHSSP's non-COVID work gained traction, and subnational activities increased as staff settled into their roles.

Development context

Political disputes continued this quarter. On 12 July 2021, the Supreme Court ruled that the dissolution of the House of Representatives by the President on the recommendation of the Mr. KP Oli-led Council of Ministers was unlawful hence reinstated. The Court also ordered the appointment of Mr. Sher Bahadur Deuba as Prime Minister in accordance with the Constitution of Nepal and he was sworn in for a fifth term on 13 July 2021, alongside four cabinet ministers. Around two weeks after the formation of the five-member Cabinet, Mr. Umesh Shrestha was appointed as State Minister for the Federal Ministry of Health and Population (FMoHP), while the full portfolio of the health ministry remained with the Prime Minister. Due to intra-party matters of four coalition parties, the formation of a full cabinet was delayed by three months. Several ministries were without ministers for almost three months, resulting in delayed decisions and implementation of programmes. A new budget was presented and passed through Ordinance, replacing the previous budget. Due to disputes between governing and the main opposition parties, Parliament's business suffered as it faced several obstacles to run Parliament sessions. After formation a new coalition government at the federal level, political exercise began to form new coalition government in provinces, as a result almost all provinces had new governments.

New political leadership in the FMoHP resulted in changes of key positions. Chief Specialist Dr Roshan Pokharel was promoted to Secretary. The Director General of the Department of Health Services (DoHS) and Directors of several Divisions and Centers including the Health Coordination Division and a few key section chiefs such as the Immunisation Section of Family Welfare Division (FWD) were changed. Changes also took place among provincial health authorities across the provinces including new provincial ministers for health/social welfare. While changes in personnel along with appointment of new political leadership have been witnessed over time, continuation of programme initiatives and coordination suffered in the absence of a proper handover/takeover system in government.

The Prime Minister stated in his address to Parliament that the COVID-19 vaccine was one of his priorities and set a target to inoculate at least 30% of eligible targets prior to the Dashain festival (mid-October). There was no nationwide lockdown during this reporting period though some Districts put in place mobility restrictions considering rising numbers of COVID-19 cases.

Technical Assistance

With declining COVID-19 cases and rising rates of vaccination, much of NHSSP's focus returned to non-Covid topics. Of particular focus was the development of the next Health Sector Strategy and preparation for the National Joint Annual Review (NJAR). Achievements this quarter include, but are not limited to:

- **Management:** Provincial and local level staff settled in and are actively supporting their respective government health offices. This included capacity assessments of priority provinces and local governments (LG), as well as "policy stocktaking" in two priority provinces (Province 2 and Lumbini), to provide data for further support.
- **Leadership & Governance:** The "Internal Control System Guidelines," prepared in line with the Internal Control System Directives (ICSD), 2019 (FCGO) and new Financial Procedural and Fiscal Accountability Act, 2019 and Regulation, 2021, were endorsed by the Prime Minister (in his capacity as Health Minister) on 20 September, 2021. An audit status report (Internal audit and final audit clearance and OAG's report analysed) was prepared and submitted to BEK;

- Coverage & Quality: Basic Health Care Services Standard Treatment Protocol was endorsed by the Ministerial level (the Prime Minister, in his capacity as Health Minister);
- Data for Decision Making: Supported rollout of RDQA at 19 health facilities (HFs) in Sudurpaschim Province, 78 HFs in Province 2, and 35 HFs in Lumbini Province in collaboration with the concerned local levels; Continued support to FMoHP in the analysis of COVID-19 data, preparation of the COVID-19 situation updates, and sharing with FMoHP senior officials and BEK for better planning of response initiatives.
- Health Infrastructure: The second phase of hospital construction was completed, and the HI team continues to provide onsite support and mentoring of DUDBC engineers and architects at both hospital retrofitting sites, focusing on technical, managerial, and monitoring of project implementation and service decanting; and
- Gender Equality and Social Inclusion: The Geriatric Health Service Strategy was completed and submitted to the Steering Committee chaired by Secretary of Health. The Geriatric OPD Service Guidelines are close to completion.

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

NHSSP revised the Payment Deliverable (PD) list for FY 2021 in response to budget cuts. All PD TORs for 2021 were approved. Three PDs were approved by BEK in this quarter. ***See Annex 3 for the PDs submitted and approved by BEK this quarter.***

Conclusions and strategic implications

The political turmoil, especially at Federal level, did not significantly impact programming, especially the scaling up of the sub-national programme. While support to critical COVID-19 response activities continued, increased attention went to non-COVID work areas. The main priorities of the quarter included a combination of support for ongoing activities across all work streams as well as providing technical assistance for key strategic activities including the development of the National Health Sector Strategic Plan and the preparations for the National Joint Annual Review. These will have long-term implications for the directions of both the health sector writ large and UKAID support in the coming years. The sub-national teams initiated important baseline assessments of the provincial and local government capacities as well as the policy environment. Similar progress is being made on hospital retrofitting and service decanting, as reduced COVID cases allows for shifts in use of space. Despite the reduction in COVID cases and the increase in vaccinations, NHSSP continued to require all public health and social measures to be observed at offices and meetings.

We anticipate the following priorities in the coming quarter, including but not limited to the following:

- Continued support the National Health Sector Strategic Plan development processes;
- Supporting the NJAR meeting (November);
- Analysis of resource allocation and utilisation in the COVID-19 response;
- Develop an orientation package for BHS Standard Treatment Protocol and provide support to develop resource persons at the Provincial level;
- Supporting the IHMIS to improve the coverage, timeliness, and quality of reporting from Hospitals; analysis and use of data; and finalise the IHMIS roadmap;
- Implementing numerous retrofitting and capacity enhancement activities at both hospital sites;
- “Health Sector Response to COVID-19 Pandemic”: A comprehensive documentation of the health sector response to COVID-19 pandemic; and
- Organising meetings with NHSSP Provincial Coordinators and HSSOs including thematic leads to streamline NHSSP support at the sub-national level.

1. INTRODUCTION

This report presents Nepal Health Sector Support Programme III (NHSSP III) progress from **1 July to 30 September 2021**. In this quarter, NHSSP was implemented in the context of decreasing COVID-19 cases and increasing political turmoil. COVID-19 vaccination rates continued to rise nationwide, non-COVID work gained traction, and subnational activities increased as staff settled into their roles.

1.1. The Development Context

Political disputes continued. On 12 July 2021, the Supreme Court ruled that dissolution of the House of Representatives by the President on the recommendation of the KP Oli-led Council of Ministers was unlawful hence reinstated. The Court also ordered the appointment of Mr. Sher Bahadur Deuba as Prime Minister in accordance with the Constitution and he was sworn in for a fifth term on 13 July 2021. Following formation of a five-member Cabinet, Mr. Umesh Shrestha was appointed as State Minister for the Federal Ministry of Health and Population (FMoHP), but the full portfolio of the health ministry remained with the Prime Minister. Due to intra-party matters of four coalition parties, the formation of a full cabinet was delayed by three months. Several ministries were without ministers for almost three months, resulting in delayed decisions and programme implementation. A new budget was passed through Ordinance, replacing the previous budget. Due to disputes between the governing and opposition parties, Parliament faced several obstacles to run Parliament sessions. After formation of a new federal coalition government, almost all provinces formed new coalition governments.

New FMoHP political leadership resulted in changes of key officials. Dr Roshan Pokharel was promoted to Secretary. The Director General of the Department of Health Services (DoHS), Directors of several Divisions and Centers including the Health Coordination Division and some key section chiefs were changed. Key provincial health authority officials were also changed with new provincial health/social welfare ministers. Programme implementation and coordination suffered in the absence of a proper handover.

The Prime Minister stated in his address to Parliament that COVID-19 immunisation was a priority and set a target to vaccinate at least 30% of those eligible before Dashain (mid-October). Focus on COVID-19 prevention and treatment remained throughout this reporting period. Coordination with provinces and local governments was largely dominated by COVID-19 vaccination, leaving other priorities behind. COVID Crisis Management Centre (CCMC) continued to function with a revised role and structure at the federal level; District Administration Offices were given major responsibility for district level COVID-19 containment measures. There was no nationwide lockdown during this period though some Districts enforced mobility restrictions in response to rising numbers of COVID-19 cases.

The FMoHP hosted the Seventy-fourth Regional Committee meeting of WHO South-East Asia Region in September. The Prime Minister called for greater political commitment to build resilient health systems to achieve universal health coverage with contextually tailored approaches to reach the unreached. He also asked for collective efforts by all sectors to tackle future pandemics in the first National Health Summit organised by the Nepal Medical Association in late September.

1.2. Sector Response and Analysis

As prioritised by the new government, the health sector response largely focused on COVID-19 containment. Vaccination was a major intervention, including securing new vaccines through donation or direct procurement, managing cold chain and logistics, and delivery to target populations. As of 4 October, Nepal has obtained nearly 18 million vaccine doses. Vaccination programme Implementation challenges included timely delivery to vaccine centres, crowd management, clear and accurate public communications, vaccine information management, certification of vaccines and post vaccine monitoring. Nonetheless, around 21% of the total population and 32% of people 18 years and older were fully vaccinated by the end of this reporting period. The high-level committee at the FMoHP also decided to vaccinate all foreign returnees at the point of entry or at the nearest health facility.

COVID-19 case notification and positivity rates fluctuated; consistently high positivity rates were reported from Gandaki Province and Lumbini; the lowest from Bagmati Province. Between 10 and 25 districts reported over 500 active cases during this period. As before, the highest number of new infections was in the 20-44 age group, and in men. Over 93% of cases were managed at home. The overall case recovery rate was 96%. The overall case fatality rate was 1.4% rising to 8% in those over 60. Around 95% of deaths occurred in health facilities. Preliminary results of a nationwide seroprevalence study reported that over two-thirds of the population have developed COVID-19 antibodies with similar rates for those who have or have not been vaccinated.

Several natural disasters (floods and landslides) occurred across the country adding to the pressures on the health system and service delivery.

The FMoHP has continued drafting of the next Health Sector Strategic Plan with meetings of the Steering Committee, Technical Working Group (TWG) and Task Force. Preparation for the National Joint Annual Review (NJAR) meeting has started with pre-NJAR visits and preparation of the health sector progress report. The NJAR is planned for the third week of November 2021.

1.3. Changes to the Technical Assistance team

There were no changes to team composition. All provincial and local level team members are settled in to their respective provinces and palikas. The central NHSSP team provide technical support to subnational teams, with regular field visits to and actively review their work. Three international experts were contracted to provide Short Term Technical Assistance (STTA). **See Annex 2 for details.**

1.4. Payment Deliverables

NHSSP revised the PD list for 2021 in response to budget cuts. All PD TORs for 2021 were approved. BEK approved three PDs in this quarter. **See Annex 3 for details of PDs submitted and approved.**

1.5. Logical Framework

The logical framework remained unchanged. This framework presents progress towards Milestone 1 (July 2021). Logframe indicators monitoring data include updated figures from programme documents, routine information systems (HMIS, LMBIS/TABUCS/SUTRA), MoHP records, national level surveys/assessments, and global studies/projections (e.g. Global Burden of Disease). Data presented in the log frame are provisional and will be updated in upcoming quarters. Up-to-date figures for the Outputs as of 15 July 2021, are provided in this report. **See Annex 4 for details.**

1.6. Value for Money

NHSSP is committed to maximising the impact of UK government investment in Nepal following Value for Money (VfM) 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 £473 for international Technical Assistance (TA) and £239 for national TA. The use of national STTA (65%) was higher than the international STTA (35%). These figures compare well with programme benchmarks. National STTA Inputs increased as the lockdown was lifted, and travel and transportation became normal.

42% of the budget was spent on administration and management this is higher than the programme benchmark. Major cost drivers were equipment purchase, office set-up and running costs. Expenses were incurred for office set up and equipment purchase for provincial offices (Janakpur and Butwal).

13 sessions of capacity enhancement trainings/workshops were conducted to 824 participants at both national and local levels. The average costs per participant per day incurred for the workshops was £48 (national level) and £12 (local levels); these costs were below the programme benchmark.

To date, the programme has submitted 116 PDs; all the submitted PDs have been approved by BEK. **See Annex 5 for details.**

1.7. Technical Assistance Response Fund

No TARF applications were received during the quarter. NHSSP will continue to seek appropriate ways to use TARF in discussion with relevant officials in MoHP and with the provincial authorities.

1.8. Risk Management

No additional risks were identified. NHSSP updated its existing risk register as per the new FCDO Risk Management Framework. We continue to explore new risks and to monitor existing risks. New, current, and potential programme risks are regularly assessed by the Senior Management Team and shared with BEK in the monthly meetings. **See Annex 6 for revisited risk matrix.**

1.9. Safeguarding

NHSSP continues to provide orientation on safeguarding and ethical conduct to all staff. Safeguarding is part of staff induction. Options and its partners are committed to the highest standards of ethical conduct and integrity in programme management and implementation. NHSSP has a zero-tolerance policy for bullying, harassment, discrimination, and sexual exploitation or harassment. It is vital that any harassment, fraud, misconduct or wrongdoing by staff or partners is reported and properly managed.

2. LEADERSHIP AND GOVERNANCE

Summary

Programme implementation guidelines for the implementation of provincial and local level health sector conditional grants were developed and disseminated through the FMoHP website.

The FMoHP has started to develop the next Health Sector Strategy. A Steering Committee (SC) and Technical Working Group (TWG) are functional. The National Joint Annual Review (NJAR) is planned for the third week of November. NHSSP will provide technical support to all committees and the TWG.

The Internal Control System Guideline was revised and endorsed by the FMoHP in September 2021. Improved internal control through internal and final audit clearance (Audit Status) report was prepared and submitted to BEK. The annual audited financial statement of FY 2019/20 was shared with EDPs.

DoHS prepared a Consolidated Annual Procurement Plan (CAPP) for F/Y 2021-22. Electronic CAPP (e-CAPP)s were prepared for 46 FMoHP procurement entities. Technical specifications for COVID-19 medicines, supplies, and equipment and updated medical equipment and pharmaceuticals goods specifications were uploaded to the Technical Specification Bank. Standard Operating Procedures (SOP) for Pre-shipment and Post-delivery Inspection of pharmaceutical products were prepared for the Management Division/DoHS. Electronic Government Procurement (e-GP) system trainings were conducted in three provinces in collaboration with Government Public Procurement Monitoring Office.

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

Implementation Guidelines: Guidelines for implementation of health sector conditional grants were finalised. Separate guidelines were developed for provincial and local levels covering all programmatic areas and budget allocations for 2021/22. These were drafted by the respective Divisions and Centres and finalised to harmonise the contents and adding overall FMoHP guidance. The final guidelines are published on the FMoHP website. Technical support was provided to focal provinces.

Development of new Health Sector Strategy: The FMoHP has started to develop the next Health Sector Strategy (beyond May 2022). A Steering Committee (SC) and Technical Working Group (TWG) are functional. The SC has guided the TWG to develop the Nepal Health Sector Strategic Plan to align with the Sustainable Development Goals (to 2030) but to prepare a costed plan for the initial five years. NHSSP is supporting technical processes in accordance with the FMoHP decisions.

National Health Financing Strategy (NHFS): The draft NFHS was further refined based on inputs from a series of meetings, The NHFS SC met on 20th September when the draft strategy was presented. The draft is being finalised and costing work started.

Basic Health Service (BHS) Operation Guideline: NHSSP supported the Curative Service Division (CSD) to refine the draft BHS Operation Guideline. A consultation workshop was organised in September. The guidelines will be finalised by incorporating all the inputs and feedback received.

National Joint Annual Review (NJAR): NJAR planning has started. FMoHP has a Steering Committee and TWG to oversee and manage the review. Field visits are planned to observe implementation progress and challenges and to consult with stakeholders. We are contributing to preparation of templates and a guiding framework for field visits. The NJAR meeting is tentatively planned for third week of November 2021. NHSSP will contribute to drafting the progress report.

COVID-19 Response Plan of Lumbini Province: NHSSP supported Lumbini Province to prepare their COVID-19 Response plan. The draft plan is being refined based on the inputs received.

Local Government Institutional Capacity Self-Assessment (LISA): BEK has agreed that we will replace the sector specific Organisation Capacity Assessment (OCA) tool with the LISA as the data source for programme monitoring. Coordination has started with focal provinces to align our support at local level. Provincial Coordinators have been briefed on the scope of LISA and asked to coordinate with the Provincial and Local Governance Support Programme (PLGSP) to support LISA in those palikas which have not yet carried out assessments. HSSOs have been orientated on LISA.

Capacity Enhancement: Training was provided for provincial government staff to support preparation of Annual Action Plan at focal provinces (Province 2, Lumbini, and Sudur Paschim).

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

Development of Standards: Health Institution Operational Standards were refined and finalised incorporating feedback from concerned Centres and Divisions of the FMoHP and other stakeholders. These standards provide a framework to regulate the establishment, renewal, and upgrading of health institutions and have been disseminated through the FMoHP website. Areas covered include physical infrastructure, human resources, and equipment. NHSSP supported FMoHP to finalise these standards.

Procurement and Public Financial Management

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

Improved Internal Control through internal and final audit clearance: Internal audit queries data were collected from spending units and the Financial Comptroller General Office/District Treasury Comptroller's Offices (FCGO/DTCO). Final audit queries data were collected from spending units and Office of the Auditor General (OAG). PD-38 (Improved internal control through internal and final audit clearance (Audit Status Report)) is being finalised for submission to BEK.

DLI achievement on PFM: 97.96% of FMoHP's annual spending was captured by TABUCS, against the target 95% (DLI-8). 91.7% of audited spending units responded to OAG's primary audit queries within 35 days against the target 70% (DLI-9).

Internal Control System Guidelines (ICSG): Internal Control System Guidelines were prepared in line with the Internal Control System Directives (ICSD), 2019 and the Financial Procedure and Fiscal Accountability Act, 2019 and Regulation, 2021. The ICSG were endorsed by the Prime Minister (as Health Minister) on 20 September, 2021 and will be printed for distribution to FMoHP and its entities.

Update PFM training manual in line with the new FPFAR & FPFAR: a final draft of the updated PFM training manual has been prepared in line with the new FPFAR & FPFAR.

Support FMoHP's PFM & Audit Committees: The PPFM team continues to support PFM Committee, Audit and Internal Control Committee and Audit Support Committee meetings. The most recent PFM Committee was held in July to discuss the PPSF draft; it agreed revisions to the existing PPSF incorporating feedback. A revised draft awaits further discussion.

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

TABUCS Utilisation: FMoHP has been using Computer Based Government Accounting Systems (CGAS) for expenditure accounting and release of funds since the beginning of FY 2020/21, as mandated by government. TABUCS is still used to record audit queries, audit settled records, deposit accounts, the consolidated annual procurement plan (CAPP), and hospital income and expenditure. The PPFM team will continue to support FMoHP to use TABUCS until CGAS can meet these needs.

Financial Monitoring Report (FMR): FY 2020/21 FMR-2 was prepared and presented to EDPs in July. FMR-3 was drafted, verified with FMIS and shared with EDPs in September and is under review. OAG certified the FY 2019/20 annual audited financial statement in September; FMoHP has sent it to EDPs.

Capacity Enhancement: As the part of the annual planning process, support was provided to orient the planning focal personnel, particularly in the use of the LMBIS and AWPB processes. A short training was conducted on TABUCS and SuTRA for newly recruited HSSOs.

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

Budget Analysis (BA): A request for proposals to conduct health sector budget analysis was published on 7th July with a 30-day notice. For technical reasons, the jury decided to re-advertise the bid, expanding the ToR to include analysis of allocation and use of health sector funds for COVID-19 response and management. Re-advertisement was published on 13th September with 15-day notice. The contract was awarded to SAIPAL.

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

Consolidated Annual Procurement Plan: DoHS prepared its FY 2021/22 CAPP at the beginning of this quarter; this is included in the FmoHP e-CAPP which covers 46 PEs and 52 Cost Centers. The FMoHP FY 2021/22 procurement budget is NPR 7 billion, only 7.71% of the total FMoHP budget. Allocations are NPR 3,900 million for FMoHP and Hospitals, NPR 930 million for Board & Academies, NPR 45 million for Department of Drugs Administration, NPR 43 million for Department of Ayurveda and Alternative Medicine, and NPR 2,060 million for DoHS and Programs. CAPP preparation has begun in the three NHSSP focal provinces.

Public Procurement Strategic Framework (PPSF): The health sector PPSF was updated and a Nepali language translation published. The draft PPSF was presented to the Policy Coordination Committee and the PFM Committee meeting, who requested a revised draft responding to lessons learned from the COVID-19 pandemic with revised interventions and indicators. A further draft has been prepared and is under review.

Technical Specifications Bank: Consolidated technical specifications for COVID-19 medicines, supplies, and equipment have been uploaded to the TSB. Updated technical specifications for 24 equipment items and 3 pharmaceutical goods have been uploaded to the TSB.

Standard Operating Procedure (SOP): SOP were prepared for PEs at all government levels covering Pre-shipment Inspection (PSI), Post-delivery Inspection (PDI) and sampling techniques. A final draft version in English has been shared with Management Division. A Nepali version is being drafted.

Progress against the CAPP: Procurement by DoHS has been based on the new FY 2021/22 CAPP since the start of the fiscal year. Fifteen large value items were processed through e-GP covering

67.25% total CAPP value. Four procurements are being evaluated. No procurement contracts have been issued yet. Progress of F/Y 2020-21 CAPP execution was presented to a CAPP workshop in July.

Capacity Enhancement in Procurement: Capacity development continued for officials of FMOHP, Departments, and other procuring entities at federal level through procurement clinics. Continuous support was provided for timely initiation of procurement, technical specification, evaluation, and handling suppliers' queries. Orientation on CAPP preparation and three trainings on e-GP system, each of three days, were organised at the three provinces.

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 the health sector related documents: The Leadership and Governance team initiated discussions for stocktaking of health sector relevant policy and regulatory documents in two priority provinces. The provincial team conducted context analysis and identified documents for review and further analysis to assess coherence to federal level health sector policies and regulations.

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 engaged in drafting various policies, Acts, guidelines and tools. In Lumbini Province, support was provided to draft SOPs for COVID-19 dedicated Hospitals, Provincial Health Service Act, Guidelines for financial subsidy for treatment of chronic diseases, Annual Policy and Programme, and Programme Implementation Guidelines. In Province 2, support was provided to draft the MoSD annual policy and programme, AWPB programme implementation guidelines and ongoing support to refine the provincial health policy.

Capacity Enhancement at Subnational level: The subnational team has been assessing capacity across priority provinces and LGs. The L&G team conducted local level leadership and governance assessments. LISA replaced the OCAT; subnational staff orientation on this is ongoing.

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

Annual Workplan and Budget preparation: Subnational staff supported an analysis of service utilisation data and situation assessment over the last three years to prepare AWPBs in selected LGs. Health sector factsheets were developed to facilitate evidence-based planning. Following workplan development, HSSOs have supported drafting of the annual operational calendar and programme implementation guidelines as key documents for AWPB implementation.

Support to conduct annual health sector review meetings: the annual health sector review meeting has taken place in many of the LGs. HSSOs engaged in data analysis and capturing the key progress, issues, and learnings.

Capacity Enhancement at Local Level: roll out of capacity enhancement tools (RDQA, MSS, and LISA) has been ongoing. RDQA was conducted in 132 health facilities of selected LGs and in six provincial hospitals (details provided in D4D thematic section P14). MSS has been assessed in a few of the LGs. Roll out of LISA and MSS will remain a major priority for the next quarter.

PRIORITIES FOR THE NEXT QUARTER

Health Policy and Planning

- Support to develop the National Health Sector Strategic Plan including consultation processes;
- Preparation of the annual health sector progress report to inform the NJAR;
- Facilitation of NJAR field visits; organisation of the NJAR including other technical preparations;
- Support to consultation and finalisation of the Health Financing Strategy.

Procurement and Public Financial Management

- The FY2020/21 FMR-3 will be finalised; FY 2021/22 FMR-1 of will be prepared;
- Continued support to procurement especially COVID-19 response and vaccine procurement;
- Endorse PPSF and initiate preparing PIP of SNGs.
- Endorse SOP for PSI and DIP of pharmaceutical products.

Subnational Programme Implementation

- Stocktaking of health sector related policies in priority provinces;
- Continue support to roll out capacity enhancement tools eg LISA and RDQA in focus LGs;
- Facilitate drafting of Operational calendars, programme implementation guidelines and COVID-19 Preparedness/Response Plan.

3. COVERAGE AND QUALITY

Summary

Main achievements: approval of the Basic Health Services (BHS) Standard Treatment Protocol (STP); increased number of Comprehensive Emergency Obstetric and Neonatal Care (CEONC) service sites; orientation on PNC home visit microplanning guidelines; assessment and action plan development for strengthening family planning (FP) and Skilled Birth Attendant (SBA) training sites in 3 hospitals; and technical support in drafting the Safe Motherhood and Neonatal Health Roadmap in Lumbini Province.

For updated Activities – please see Annex 1.

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

Basic Health Services: NHSSP provided TA to the CSD to develop the BHS STP. This was approved in September. NHSSP continues to engage with CSD to develop orientation materials for the BHS STP.

Functionality of CEONC sites: TA to Family Welfare Division (FWD) in monitoring the functionality of CEONC services continued this quarter. An additional district (Nawalparasi East) started CEONC services in the last quarter. There were also three¹ additional CEONC service sites initiated in the past quarter. Human resource shortages remain the main cause for non-functionality of the CEONC services.

TA was also provided to FWD to develop a budget to initiate CEONC services in four additional districts² which do not have any CEONC facilities.

The average functionality of CEONC sites remains the same as for the previous quarter. ***For details, please see Annex 1, C&Q, Table 1.***

Monitoring CS (Robson's classification): NHSSP supported FWD to develop the National Robson Ten Group Classification System (TGCS) implementation guidelines into the standard FMOHP format.

Mobile Health (mHealth) pilot: One meeting was held in the Nursing and Social Security Division (NSSD) to share the mHealth pilot programme findings and discuss scale up.

Postnatal Care (PNC): NHSSP continued support to FWD to enhance provincial staff capacity using virtual orientations. 73 participants from provincial health offices, programme focal persons, NHSSP local level staff and HSSOs were oriented on the guidelines in August.

¹ Lamahi Primary Hospital, Nawalpur Hospital and Manthali PHC

² Rasuwa, Manang, Mustang and Rukum east. These are the 4 remaining districts where CEONC services are not available.

Family Planning:

- **VSP and RANM:** NHSSP continued TA provision to monitor implementation of the VSP (35 palikas) and RANM programmes (59 palikas) using FWD funding allocated in the current AWPB.
- **FP/EPI:** No progress in this quarter.
- **Voluntary Surgical Contraception (VSC):** HMIS recorded provision of 133 VSCs in 10 federal hospitals in this period compared with 168 in the previous year. NHSSP provided TA to FWD to monitor VSC service delivery in federal hospitals. Reporting discrepancies were found and NHSSP continues to provide TA to monitoring service delivery.

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

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

Aama Programme Review: FWD finalised implementation guidelines revision; to FMOHP for approval.

RESULT AREA I3.4: CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and protocols:

- **Robson's implementation guidelines** prepared in FMOHP format and submitted to FWD;
- **Clinical coaching/mentoring implementation guidelines** for BC/BEONC and CEONC Service Providers drafted and submitted to FWD;
- **BHS STP** approved by FMOHP;
- **Finalisation of the NMS Volume 3** Final draft has been submitted.
- **MSS:** NHSSP provided orientation on HP-MSS tool and implementation guidelines to all HSSOs for technical support and monitoring of MSS implementation at the local level.

All 29 Health Offices in the three focal Provinces were oriented on HP-MSS. Technical support provided to Province 2 Provincial Health Directorate to orient all eight Provincial Health Offices on HP-MSS, Thirtysix palikas were oriented by Health Offices. 14 palikas conducted HP-MSS assessment in 73 health facilities.

Emergency Obstetric and Neonatal Care (BEONC) sites: TA continues support to FWD, PHD (especially provincial hospitals), and palikas to monitor, facilitate, and encourage clinical mentors, health coordinators, and accountants/finance officers to conduct QI and clinical mentoring at hospitals and BC/BEONC.

Thirteen hospitals implemented clinical mentoring and QIP. 21 hospitals³ reported QIP. 28 BC/BEONC from 23 palikas implemented mentoring and QIP. Fifty-seven clinical mentors facilitated 41 sites (13 CEONC and 28 BC/BEONC) to conduct QI along with SBA clinical mentoring to total of 249 mentees.

QI and signal functions scores of 21 hospitals shows improvement compared with last assessment in QI scores at hospitals as well as signal function readiness at CEONC sites. **For details see Annex 1, C&Q Tables 2 and 3.**

Support to strengthen SBA and FP training site strengthening: FP/SBA services and training quality assessments were conducted in Lumbini and Janakpur Provincial Hospitals. The QI assessment scores for Lumbini Hospital were 95% for FP and 73% for Maternal Neonatal health services. We are providing TA to facilitate accreditation of Lumbini Hospital as a FP training site. The QI assessment scores for Janakpur Hospital were 86% for FP and 64% for MNH. Key assessment findings and draft action plans were submitted to hospital management in both hospitals. The C&Q team also collaborated

³ Twenty-One hospitals/CEONC sites: Prithivichandra, Tehrathum, Darchula, Bajura, Panchthar, Rolpa, Taplejung, Lahan, Hetauda, Kapilvastu, Arghakhanchi, Solu, Udayapur, Dhankuta, Achham, Mahakali, Dhading, Lumbini, Siraha, Dadeldhura, Manthali PHC.

with Strengthening Systems for Better Health (USAID funded) and NHTC to conduct FP/MNH QI assessment in Rapti Provincial Hospital of Lumbini Province.

RESULT AREA 13.5: 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: support to Lumbini Province Government for 2 day SMNH roadmap action plan development workshop

AWPB: supported FWD, CSD, and NSSD to draft guidelines for AWPB implementation.

Nursing and Midwifery Strategy and Action Plan 2020–30: final draft submitted to FMoHP by NSSD.

NHSSP provided support to NSSD to develop Nursing capacity assessment tool for preliminary assessment and final selection of skills to build capacity through hospital in-house mentoring. Eleven general routine nursing care skills were selected⁴, assessment tools developed for these skills, and preliminary skills assessment completed in Dadeldhura and Bir Hospital. Based on the gaps in skills and recommendation by the TWG, eight final skills were selected for the initiative⁵.

MPDSR: NHSSP supported FWD in MPDSR orientation for eight districts in Lumbini Province. The orientation included focal person from the health offices and the hospitals of the districts.

Referral system strengthened support in selected clusters of Palikas: Three palikas⁶ were selected to initiate referral system strengthening focusing on EOC services and hospital quality improvement based on agreed criteria⁷. Coordination has begun with LLGs to plan the workshops.

SUPPORT IN RESPONSE TO COVID-19

Ongoing support to the health sector response to COVID-19 included:

- Continued participation in the RH sub-cluster to support the FWD, DoHS and MoHP; and
- Continued monitoring of hospitals (ODK reporting) on MNH services (institutional delivery and C-section) and outcomes (maternal and perinatal deaths).

PRIORITIES FOR THE NEXT QUARTER

- Continue to participate in RH sub-cluster support to FMoHP response to COVID-19 and its secondary impacts on essential health services;
- Finalisation of SMNH roadmap planning in Lumbini Province;
- Referral system strengthening plan in a cluster of palikas; quality improvement plan at one hospital;
- Training sites quality assessment and improvement plan development (two additional sites and follow up in the previous sites);
- Provide TA to the NSSD to initiate in-house mentoring at selected hospitals;
- Develop orientation package for BHS STP; support development of provincial resource persons;
- Continuous monitoring of CEONC functionality ; provide contextual TA at the problematic sites;
- Support orientation of Robson's TGCS in one hospital to generate learnings which will inform the scale up process;
- Support to FWD/NHTC/PHD/PHTC for development of clinical mentors training sites.

⁴ Hand washing practice, Alcohol based hand sanitisation, pre-operative care, post-operative care, Pain management, Wound dressing, Medication, Peripheral IV access, Oxygen therapy, Patient admission orientation, Suctioning.

⁵ Hand washing and alcohol-based hand sanitisation, post-operative care, Pain management, Wound dressing, Medication, Peripheral IV access, Oxygen therapy, and Patient admission Orientation.

⁶ Sandhikharka Municipality, Malarani, and Panini Rural Municipality of Arghakhanchi District

⁷ Focal palikas with HSSOs, adjoined palikas as cluster, higher number of functional BC/BEONCs; CEONC site in the district

CONTINUE PLANNED ACTIVITIES FROM THE LAST QUARTERS THAT HAVE BEEN DELAYED:

- Finalisation of the SMNH roadmap action planning in Lumbini Province;
- Plan to support CSD to develop BHS STP orientation package (LRP), formatting, printing and dissemination of BHS STP;
- Provide TA in development of orientation package for SMNH roadmap, ANC to PNC continuum of care, and PNC home visit microplanning guidelines.

4. DATA FOR DECISION MAKING

Summary

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

- IHIMS, DoHS to analyse HMIS data for province level annual reviews and to improve data quality and its use in monitoring and planning;
- PPMO, FMoHP to review and update the health facility registry;
- Rollout of RDQA in 19 HFs in Sudurpaschim Province, 78 HFs in Province 2, and 35 HFs in Lumbini Province in collaboration with the concerned local levels;
- FMoHP to deliver Master Training of Trainers (MToT) and Training of Trainers (ToT) for Maternal Mortality Study following National Population and Housing Census 2021 at federal and provincial levels, respectively;
- FMoHP to continue analysis of COVID-19 data, preparation of the COVID-19 situation updates, and sharing with FMoHP senior officials and BEK for better planning of response initiatives.

For updated Activities – please see Annex 1.

OUTPUT 2.1 STRENGTHENING OF ROUTINE MISS

NHSSP continued to collaborate with WHO to support the Integrated Health Information Management Section (IHIMS) and develop IHIMS roadmap with focus on building interoperability between different information systems. A federal level consultative meeting collected feedback on updating the roadmap from all provinces. The workshop was attended by high level officials from the FMoHP, including the Minister, Secretary, Chief Specialist, Director General of DoHS; and Provincial Health Directors.

NHSSP continued to provide TA to improve the HMIS by finding and addressing inconsistencies in the HMIS dataset. This proactive and consistent data analysis has helped improve data quality and utilisation. NHSSP teams at local and provincial levels supported timely reporting. The proportion of HFs reporting on time has improved from 23% in 2017/18 to 76% by mid July 2021. Although timely reporting is gradually increasing it is still an issue in non-public health facilities (***See Annex 1, D4D, Figure 1***).

During this quarter NHSSP assisted IHIMS to review and analyse data for a provincial review meeting held in Gandaki Province in September. Gandaki Province is below the national average for two key HMIS indicators: 4 ANC visits; and institutional delivery rates. Performance against these indicators has decreased in Gandaki over the last three years (***See Annex 1, D4D, Figures 2 and 3***).

NHSSP continues to support FMoHP to analyse Severe Acute Respiratory Infection (SARI) cases reported by the Early Warning and Reporting System (EWARS)⁸ so that reported cases can be tested for COVID-19 as per National Testing Guidelines. Despite expansion of EWARS sentinel sites from 82 in 2018 to 118 in 2021, there has been a sharp decline in the number of cases reported in 2020 compared to 2019 and 2018. This decline continued in 2021 with a total of 5,744 SARI cases recorded in the first nine months of 2021 compared to a total of 6,388 cases reported in the first nine months of 2020 (***See Annex 1, D4D, Figure 4***). We will continue to work with the Epidemiology and Disease

⁸ <https://www.edcd.gov.np/resources/newsletter>

Control Division (EDCD) to improve EWARS, with focus on timely reporting, expanded coverage of sentinel sites, data analysis, and its use in planning and response. Trend analysis of SARI cases assists the FMoHP in tracking SARI cases over time and planning laboratory tests for COVID-19 patients.

NHSSP continues support to FWD for comparative analysis of HMIS data and weekly reported data from CEONC sites via the ODK template to monitor institutional delivery services. There is marginal gap between average number of institutional deliveries reported in HMIS in previous year vs. ODK Figure 5 (**Annex 1, D4D**).

OUTPUT 2.2 HEALTH FACILITY REGISTRY UPDATES

The Health Facility Registry (HFR) is an interactive web-based analytical visualisation tool that includes a master inventory of health facilities in Nepal with a unique identification code, location, type, level, and service information that can be used by the government and the public. NHSSP in collaboration with WHO supported the Policy Planning and Monitoring Division (PPMD) to review and update health facilities in all provinces so that data from the health facility registry could be synchronised with other information systems. A two-day workshop with participation from District data focal persons was held in all provinces except Gandaki and Karnali Provinces in this quarter to update and review the HFR. A total of 9,541 health facilities, with 7,295 and 2,246 belonging to government and non-government HFs, respectively, are available in the HFR⁹.

NHSSP plans to provide technical support at local levels to update health facilities with complete listing of the facilities and the related information and promote its use in the upcoming quarter.

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

The Curative Services Division (CSD) with the support of Nick Simons Institute is digitising the MSS tool to be implemented at hospitals and other health facilities. NHSSP coordinated with CSD to support the rollout of the MSS tool, however the digitalisation process is still in progress. NHSSP will support CSD in implementation of the digitised tools at the focal provinces and local levels once finalised.

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

FMoHP has asked NHSSP to support development of an offline version of the RDQA, tool to address internet-related issues. The online version is being updated and developed into an off-line mode to increase the use of the tool. The off-line version of the application is in the stage of finalisation.

NHSSP supported RDQA baseline assessment in the 32 newly added palikas (Learning Labs). In this quarter, the RDQA in at least one HF has been completed in each of these local levels covering 19 HFs in Sudurpaschim Province, 78 HFs in Province 2, and 35 HFs in Lumbini Province. Only 5 out of 19 health facilities met the benchmark (90-100%) in the verification factor in Sudurpaschim Province, 6 out of 35 health facilities in Lumbini Province and 19 out of 78 health facilities in Province 2. Major failures included counting errors in the Record Register line list, and transcription errors to tally sheet, monthly monitoring sheet, and reporting tool. Causes included unavailability of the monthly monitoring sheet, as well as unclear roles and duties for recording and reporting among the health workers.

Only 4 out of 19 HFs in *Sudurpaschim* province, 8 out of 35 HFs in Lumbini province, and 11 out of 78 health facilities in Province 2 met the benchmark in the system assessment score. A common issue in all provinces was failure to use data for decision making. Major issues included: lack of public health analytics training for participants, failure to use data in planning and budgeting, review and feedback, and lack of display of bar and chart data at health facilities.

During this quarter NHSSP helped to establish the RDQA system in six provincial and federal hospitals in Province 2 and Lumbini Province. The baseline scores and action plans were generated in each hospital. The detailed analysis is being done and will be included in the upcoming quarter.

⁹ <https://nhfr.mohp.gov.np>

OUTPUT 2.5 MONITORING OF BASIC HEALTH SERVICES

NHSSP has started discussion of a possible modality to monitor availability and utilisation of BHS. A concept note was shared with PPMD and CSD. A BHS monitoring framework was drafted on the basis of the Public Health Regulation with outputs and outcomes in line with the NHSS. The framework was to be shared with TWG members, but formation of TWG was halted due to other priorities at the FMOHP.

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

NHSSP is supporting the FMOHP to plan and implement the Maternal Mortality (MM) Study following Census 2021. At least one health worker from each palika (total 930) is being trained to administer verbal autopsies of pregnancy related deaths notified by the census. The trained health workers are advised to enter the data in the MPDSR system after completion of a verbal autopsy.

The Central Bureau of Statistics (CBS) will resume Census 2021 data collection on 11 October. NHSSP is continuously engaged with the Population Management Division for execution of Master Training of Trainers (MToT) at the federal level and Training of Trainers (ToT) at each province. ToT was completed in all provinces; district level training for local level health workers should be completed by end October.

OUTPUT 2.7 EQUITY MONITORING

NHSSP in collaboration with FWD prepared a manuscript on “*Socioeconomic determinants of inequalities in the use of modern contraception among currently married women in Nepal*” and submitted to the NHRC Journal in this quarter.

NHSSP supported HMIS to analyse Palika- and District-wise key indicators to ensure equity of service delivery among palikas. The analysed data will be used in provincial and national annual reviews.

SUPPORT IN RESPONSE TO COVID-19

NHSSP continued its support to the FMOHP in the management of COVID-19 related information. The Data for Decision Making team supported data analysis and preparation of daily/weekly situation updates (including epidemiological analysis, laboratory performance, logistics availability, and vaccine delivery). The team provided technical support in the development of the Information Management Unit (IMU) in the DHIS2 platform for daily reporting of data related to COVID-19 vaccination and contributed in trainings related to deployment of the IMU at provincial and local levels.

By the end of September nearly 14 million doses of COVID-19 vaccine had been administered. 37% of adults aged 18 and above had received a first dose; 31.6% were fully immunised.

As of mid-June 9,463 deaths were reported; 26% of those who died had a co-morbidity. (**See Annex 1, D4D, Figure 6**).

PRIORITIES FOR THE NEXT QUARTER

- Support FMOHP, focal provinces, and LL sites in strengthening RDQA system;
- Support IHIMS to finalise IHIMS roadmap;
- Support the IHIMS to improve the coverage, timeliness, and quality of reporting from Hospitals; analysis and use of data; and finalise the IHIMS roadmap;
- Provide TA to FMOHP and PMoSD/PHD for successful execution of annual review;
- Support PMD to roll out digital recording and reporting system developed for SSU, geriatric, and OCMC-related services;
- Support FMOHP to carry out Maternal Mortality Study following Census 2021;
- Continue support to FMOHP in COVID-19 data management and analysis;
- Provide support at provincial and local level to review and update health facility registry;
- Support PPMD and CSD to develop monitoring mechanism for BHS; and
- Support FMOHP in preparation of the new National Health Sector Strategic Plan.

5. HEALTH INFRASTRUCTURE

Summary

The HI team continue support to the Department of Urban Development & Building Construction (DUDBC) for retrofitting planning, implementation, supervision, monitoring, resolving technical issues and project management in Bhaktapur Hospital and Western Regional Hospital, Pokhara. The team coordinates with management at both hospitals to plan and manage service decanting. Construction work at both sites is progressing, with continuous HI team support to maintain work quality and monitor compliance with health and safety, GESI and environmental management issues.

The team also continues TA to the FMoHP and sub-national governments to enhance HI planning and upgrading capacity through provision of policy documents, engineering design support, review of adjusted designs, finalisation of handbooks, standards, and guidelines.

For updated Activities – please see Annex 1.

RESULT AREA I6.15: POLICY ENVIRONMENT

Legal provisions for health facility (HF) land acquisition and relocation submitted for review during the first quarter of 2021 are still under consideration for endorsement by the FMoHP.

The FMoHP requested the HI team to update the Nepal Health Infrastructure Development Standards (NHIDS) and form one main report comprising all the documents developed for design and implementation of HF upgrading. This has been completed and submitted to FMoHP for review and endorsement.

The HI team supported the NHSSP Leadership & Governance team (who in turn have provided TA to CSD, FMoHP) to draft the list of relevant reference documents and their use for local level HI planning and development to be incorporated in Basic Health Services Operation Guideline for Local Level.

District HF maps showing levels of birthing services and number of births have been updated and integrated into the Health Infrastructure Information System (HIIS) database to support planning of Maternal & Neonatal Health Services.

The specification for HIIS updating to incorporate additional features on reporting and monitoring of construction of primary hospitals has been completed. Categorisation of HFs has been updated in HIIS based on the list of health facilities proposed for upgrading in the AWPB for FY 2077/78 (2021/22) and is being updated for 2078/79 (2022/23). The HI team identified duplication and inconsistency in the AWPB list and informed FMoHP. At the request of the Management Division/FMoHP, the HI team submitted updated progress reports on reconstruction works implemented through different EDPs.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

Capacity enhancement activities

The HI team continues to provide onsite support and mentoring of DUDBC engineers and architects at both hospital retrofitting sites, focusing on technical, managerial, and monitoring of project implementation and service decanting.

Two training sessions were held at WRH/PAHS on 6 August 2021. The first session, on health and safety on site, was organised for 30 unskilled workers to enable them to understand risks and prioritise their safety. The second session involved 23 skilled workers, and was organised to improve their knowledge on different retrofitting techniques and procedures. Visual aids were used to support the training, and participants were also oriented on health and safety aspects of retrofitting works.

The HI team carried out an orientation session at WRH/PAHS on 9 August 2021, for 11 participants including engineers and technical managers from DUDBC, the Federal Project Implementation Unit

Pokhara (FPIU), and the contractor on retrofitting design activity sequencing and functional retrofitting of the old Maternity Block.

An onsite practical retrofitting training and demonstration event for 34 DUDBC engineers, skilled workforce, site supervisors, and site engineers took place over 28-29 August 2021, at the WRH/PAHS retrofitting site. The training involved real practice under the guidance of experienced instructors and NHSSP engineers. The training demonstrated practical drilling techniques, slab cutting and dismantling procedures, anchor fixing and bonding, plaster cutting and removal, and placement of props.

The team also provided the following capacity enhancement linked to technical support:

- Hospital Upgrading Programme: the team reviewed 111 primary hospital adjusted designs received from FMOHP. These have been submitted by municipalities and their local consultants. So far, 15 municipalities have complied with the design and implementation has been recommended. This continuing exercise is very significant in building HI planning and implementation capacity at sub-national level among municipalities and local construction professionals.
- Support to Kathmandu Metropolitan Council (KMC) Ward 30 in preparing a concept design for an Urban Health Clinic at Gyaneshwor.
- Support for designing the third storey expansion of Karnali Provincial Hospital in Surkhet has been initiated. The detailed requirements have been finalised and preliminary draft design completed.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

There has been continued progress on retrofitting activities at WRH/PAHS and Bhaktapur Hospital, although the ongoing pandemic and the BEK-initiated use of the repurposed decanting spaces for Covid-19 patients has impacted on timescales. The conversion of the decanting spaces to Covid-19 Treatment Centres proved very successful, with both facilities experiencing very high levels of occupation over the quarter and doubtless saving lives.

Review of the progress against agreed milestones at both sites were completed during the quarter by the third-party Monitoring & Verification (M&V) team contracted by BEK. The review in Bhaktapur was conducted on 24 September and over 27 -28 September in Pokhara.

WRH/PAHS progress in main retrofitting works

The Kitchen Block was handed over to the Hospital management on 3 October 2021.

It has been agreed that the One Stop Crisis Management Centre/Central Sterile Supplies Department will be handed over to the Hospital management on 10 October 2021. A final joint inspection by a team comprising officials from Hospital management and DUDBC, the Contractor's representative and the NHSSP site engineer has been planned for 8 October 2021 before final handover takes place.

Retrofitting of the Maternity block continues to make progress, and includes:

- New wall construction and wall filling works;
- Slab cut out for construction of standard staircase;
- Steel works for plinth beam; and
- Completion of wall jacketing of walls on block II.

A structural condition assessment of the Maternity block was conducted during preparation work for retrofitting, including stone wall section, existing structural members, foundation, details of openings, roof structures, cracks, and weather effects as well as testing of stones and existing concrete slab. This revealed that there are two construction joints within the building. Based on the assessment results and test data, the HI team has re-analysed the building and updated the approved design details for required additional safety measures. These have been provided onsite through DUDBC to the contractor. A temporary storage shed has been constructed at the site for items decanted from the Maternity block.

Space coming available due to relocation of the Operating Theatre (OT) block and post-operative ward to the new Maternity block is being prepared for decanting of Pediatric and Orthopedic block services.

Repair and maintenance work at the Lab Block is complete, and mainly involved replacing roofing sheets and damaged planks, gutter repairs and installing a new false ceiling for the meeting hall. No structural retrofitting was required.

Permanent storage facility and waste management area design are progressing.

The Conceptual Masterplan of PAHS was presented to the Director, Vice Chancellor and other WRH/PAHS officials on 24 September 2021.

Bhaktapur progress in main retrofitting works

Roof work continues at the Emergency block; wall demolition, anti-corrosion paint work, and preparation for retrofitting is complete. Other internal work at the block will start following roof work completion

At the OT block, the plinth beam has been cast, along with the slab for the underground water tank. The steel reinforcement work for the ground floor shear walls and columns has been completed, and form work is now underway.

The OT block layout design was amended at Hospital management request to increase the number of Intensive Care Unit beds. The ICU has been expanded in the updated design and CSSD shifted to the ground floor, replacing the previously proposed parking spaces. The Hospital management has agreed this new design, and committed that they will manage the provision of alternative parking spaces.

Invitation for bids for service decanting was published on 5 September 2021, after updating the inventory of equipment and furniture procured during the past year by the Hospital. The cost estimates and the procurement documents were also updated accordingly.

The Nepal Red Cross has yet to relocate its storage facility from the premises, which continues to delay the Kitchen block construction due to constrained site conditions.

SUPPORT IN RESPONSE TO COVID-19

The use of the repurposed decanting spaces continues to support Covid Treatment Units at both Bhaktapur Hospital and WRH/PAHS through the COVID-19 second wave.

The HI team provided support to the Epidemiology and Disease Control Division (EDCD/DoHS) in the interpretation of clarification documents submitted by the bidders for the project construction of the COVID-19 health help desk at Tribhuvan International Airport.

PRIORITIES FOR THE NEXT QUARTER

Policy Environment

- Follow up with FMoHP for the endorsement of updated NHIDS and its components;
- Follow up on the repair and maintenance guidelines with provinces for approval process;
- Follow up on the land acquisition and relocation document and organise orientation to the FMoHP for adoption of the guidelines;
- Completion of software updating for capturing progress monitoring of planned construction of HFs;
- Initiate study on multi-hazard assessment tool development; and
- Initiate study on VFM and capital leverage in hospital upgrading.

Capacity Enhancement Activity

- Workers training on health and safety at Bhaktapur Hospital retrofitting site;
- First-aid training to construction workers of WRH/PAHS retrofitting site;
- First-aid training to construction workers of Bhaktapur Hospital retrofitting site;
- Orientation on activity sequencing and functional retrofitting at of WRH/PAHS retrofitting site;
- Orientation on activity sequencing and functional retrofitting of Bhaktapur Hospital;

- Workers training on retrofitting techniques at Bhaktapur Hospital retrofitting site; and
- Onsite retrofitting training and demonstration at Bhaktapur Hospital retrofitting site.

Pokhara Main Retrofitting Works

- Completion of 70% retrofitting decanting of Maternity block and initiation of retrofitting of the Maternity block;
- Technical and management support to DUDBC for handover of OCMC / CSSD Kitchen Block;
- Initiate procurement process of waste management area and store construction designed under the fourth contract package and support to DUDBC for contracting and implementation;
- Support to DUDBC to initiate retrofitting of Pediatric and Orthopedic blocks;
- Support in decanting of Out-Patient Department (OPD) block (first of the two parts) and relocation of existing Canteen and Kitchen block to the newly completed Kitchen block;
- Preparation of retrofitting of part of the OPD block and existing Kitchen block;
- Follow up on the shipment of equipment for the oxygen plant;
- Coordinate with Hospital authorities for decanting of more blocks for initiating retrofitting; and
- Review of ongoing progress at the WRH/PAHS site by the third-party M&V team contracted by FCDO.

Bhaktapur Main Retrofitting Works

- Service decanting tender evaluation to be completed and contract awarded to successful bidder;
- Orientation to the successful contractor on service decanting requirements and planning process;
- Completion of OT block structure up to second floor slab form work;
- Completion of retrofitting of Emergency block; and
- Completion of structure of the Kitchen block if the space occupied by Bhaktapur Red Cross is vacated by 20 October 2021.

6. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Good progress was made this quarter in building ownership of the Provincial GESI Strategy among Province 2 policy makers and technical leaders. The strategy development process is on track to be finalised by the end of the year. At the federal level, high-level GESI influencing sessions were held with the new leadership and senior management and received positive feedback. Good progress was made at the policy level on geriatric health services with the final draft Geriatric Health Service Strategy submitted for policy approval, and the draft Geriatric OPD Service Guidelines are close to completion. Unfortunately, the government change resulted in unavoidable delays to the process for approving the federal GESI strategy for the health sector which has to be resubmitted to Cabinet for approval as per government rules.

Steady progress was made in institutionalising and strengthening GBV services including through facilitation of the national GBV Multisectoral Coordination Committee, participation in the Central Medico-Legal Coordination Committee, and delivery of medico-legal training to 19 medical officers in Province 1. Continuing mentoring, monitoring, and support was provided to hospital-based OCMCs, SSUs, and geriatric health services. PMD/FMoHP has completed procurement for printing the GRB Guidelines, the LNOB Budget Marker Guidelines, and the SSU operational guidelines. Discussions on development of training for GRB and LNOB were initiated and will be taken forward next quarter.

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

Gender-responsive Budgeting (GRB): The procurement process for printing of GRB Guidelines was completed by the PMD. Discussions are ongoing with PMD/FMoHP regarding development of a training package to support implementation of the guidelines.

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

GESI Strategy: PMD/FMoHP plans to resubmit the strategy document to the Cabinet once the FMoHP has a Minister (as per the rule after the change of government). In Province 2, the development of the Provincial Health Sector GESI strategy is progressing quite well. A presentation was made on 30th September to the Provincial Steering Committee and Technical Working Group (TWG) on the evidence being reviewed to understand the GESI situation and inform the strategy development. The strategy is expected to be finalised next quarter.

Capacity enhancement of key influencers on GESI and LNOB aspects: At two meetings in August NHSSP supported PMD to orient GESI and LNOB to health policy makers and influencers including Minister, Secretary, DGs, Division/Centres Directors. The interactive sessions covered GESI concepts, achievements, challenges, gaps and ways forward. The programme was well received by the Minister, Secretary and DG (DoHS). PMD organised a similar programme of interactive sessions to more than 35 Ministry officials. This was highly appreciated by the Directors of Health Coordination Division, PMD, and Personnel Administration Division.

Social accountability: NHSSP supported presentations on social accountability concept/directives which were delivered at the two-day virtual orientation program of Provinces 1 and 2. Model health sector social auditing guidelines for local level were also presented. With this event, orientation has been completed in all seven provinces as per the requirement of DLIs.

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

- **Guidelines for OCMC, SSU, and geriatric services:** Procurement process for the printing of the SSU guidelines has been initiated by the PMD/FMoHP. Regarding geriatric services, several rounds of meetings were held for the drafting of Geriatric OPD Service Guidelines which has almost reached the final stage. PMD/FMoHP has initiated the development of Geriatric Health Service Protocol. These documents were listed in AWPB activities for which NHSSP provided extensive technical support such as facilitation of meetings, development of TOR for STTA, and finalisation of the outline of the documents including a thorough review and inputs in Geriatric OPD Service Guidelines.
- **Geriatric Health Service Strategy:** Following a written request from FMoHP, NHSSP provided comprehensive technical and logistical support to the development of a new Geriatric Health Service Strategy. A national consultation workshop was held to collect inputs and suggestions from stakeholders. A final draft was submitted to the Steering Committee for approval.
- **Care of people with disabilities:** Technical inputs were provided by NHSSP staff to Ministry of Women, Children and Senior Citizen through the FMoHP to review the draft Operational Guidelines for People with Severe and Complete Disabilities and 10 Years National Action Plan.
- **Medico-legal services and institutionalisation of OCMC and SSU:** NHSSP supported the delivery of clinical medico-legal training in Province 1. A total of 19 medical officers were trained. NHSSP GESI Lead participated in the quarterly meeting of Central Medico-legal Coordination Committee organised by Quality Control and Regulation Division/FMoHP. The workplan regarding medico-legal services prepared with NHSSP support and approved during the previous meeting in May 2021 was reviewed and considerable progress noted. The decision was taken to appoint a medical officer as a focal point to follow-up on the workplan by FMoHP. Furthermore, NHSSP

provided support to Medico-legal Society for the educational programme to medical students regarding GBV campaign. GESI Advisors delivered the session about GBV/ OCMC through virtual meeting and acted as a panellist (judge) in virtual program entitled the Medicos Against GBV.

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

Strengthening and Scaling Up of OCMCs and GBV services: NHSSP has continued its support to strengthening and scaling up OCMCs and GBV services:

- Regular follow-up with all OCMCs continued, the number of cases reported were recorded, and support provided to adjust the functioning of centres.
- Advocacy resulted a number of local governments (in Sankhuwasabha, Sindhuli and Mahotari districts and Janakpur Municipality; Sankhuwasabha, Sindhuli and Janakpur hospitals) deciding to provide financial support and/or human resources to strengthen OCMCs for “safe house” operation.
- **GBV Multisectoral Coordination Committee:** Supported FMoHP to organise GBV Multisectoral Coordination Committee meeting. The meeting reflected on issues identified in the previous meetings and the progress made; updates on AWPB activities on GBV from each organisation, issues/gaps for the strengthening of OCMC and way forward with responsibilities of each organisation at federal level. The meeting was highly fruitful to strengthen the much-needed federal level coordination to address GBV concerns. The meeting will be held every two months. This committee is the federal level coordination committee for the strengthening of GBV/OCMC.
- Mentoring, monitoring, and coaching was provided to OCMCs in 9 hospitals¹⁰ including referral to higher level hospitals, case management, livelihood support, safe home services, coordination with local level through tele-communication, and in person with MeSU, and OCMC Focal Persons.

Strengthening and scaling up SSUs and geriatric services: NHSSP provided backstopping support (coaching and mentoring) to staff in a number of SSUs including support on the new provisions in the revised SSU Operational Guideline¹¹, and mentoring/follow-up support to SSUs and geriatric services.

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

Support the institutionalisation of mental health services: NHSSP supported a meeting held this quarter with the NHTC Chief on the NHTC plan to roll out the Psychosocial Counselling Training Curricula (in collaboration with NHSSP and other partners).

SUPPORT IN RESPONSE TO COVID-19

The following activities have been undertaken this quarter:

- Participated in various virtual cluster meetings including protection cluster, GBV sub-cluster, GBV network and mental health sub-cluster. NHSSP updated participants about the support provided to OCMCs and GBV and disability services.

PRIORITIES FOR THE NEXT QUARTER

- Technical support to MoSD of Province 2 to develop their Health Sector GESI Strategy and Implementation Plan;
- Technical support to Clinical Medico-Legal Training in Gandaki and Sudurpaschim Provinces;
- Support FMoHP/PMD for the customisation of IHMIS to include the recording and reporting tools for OCMCs, SSUs, and geriatric services and roll out at hospitals;
- Support to develop training manual on GRB and LNOB budget marker;
- Development of a roadmap to roll out standardised Psychosocial Counselling Training Curricula;
- Mentoring, monitoring, and multisectoral coordination visits to OCMCs, SSUs and geriatric services.

¹⁰ Koshi, Sankhuwasabha, Janakpur, Gajendra Narayan, Patan, Mustang, Jumla, Seti and Mahakali hospitals

¹¹Sankhuwasabha, Koshi, Gajendra Narayan, Janakpur and Seti hospitals and National Trauma Center.

7. CONCLUSIONS AND STRATEGIC IMPLICATIONS

The political turmoil, especially at Federal level, did not significantly impact programming, especially the scaling up of the sub-national programme. While support to critical COVID-19 response activities continued, increased attention went to non-COVID work areas. The main priorities of the quarter included a combination of support for ongoing activities across all work streams as well as providing TA for key strategic activities including the development of the National Health Sector Strategic Plan and the preparations for the National Joint Annual Review. These will have long-term implications for the directions of both the health sector and UKaid support in the coming years. The sub-national teams initiated important baseline assessments of the provincial and local government capacities as well as the policy environment. Similar progress is being made on hospital retrofitting and service decanting, as reduced COVID cases allows for shifts in use of space.

COVID-19 cases have decreased and vaccination rates increased during the quarter. NHSSP continued to require all public health and social measures to be observed at offices. As per our duty of care responsibilities to all our staff, and in accordance with our business continuity plans, workstream leaders are in regular contact with their teams. All staff are asked to take precautionary measures at home, at the offices, at FMoHP/DoHS, and at municipal offices when meeting attendance is required. SitReps and other vital information, including information from the WHO, BEK, FMoHP, continue to be shared with staff.

We anticipate the following priorities in the coming quarter, including COVID-19 related actions:

- Supporting the Health Sector Strategy development processes;
- Analysis of resource allocation and utilisation in the COVID-19 response;
- “Health Sector Response to COVID-19 Pandemic”: A comprehensive documentation of the health sector response to COVID-19 pandemic
- Supporting the NJAR meeting (November); and
- Organising meetings with NHSSP Provincial Coordinators and HSSOs including thematic leads to streamline NHSSP support at the sub-national level.

ABBREVIATIONS

ANC	Antenatal Care
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
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
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
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
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
IHIMS	Integrated Health Information Management Section
IT	Information Technology
JAR	Joint Annual Review
JCM	Joint Consultative Meeting
LARC	Long-acting Reversible Contraception
LL	Learning Lab
LMBIS	Line Ministry Budgetary Information System
LMD	Logistics Management Division
LNOB	Leave No One Behind
M&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
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
NDHS	Nepal Demographic and Health Survey
NHSP3	Nepal Health Sector Programme 3
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
NHSSP III	Nepal Health Sector Support Programme III
NHTC	National Health Training Centre
NJAR	National Joint Annual Review
NMS	National Medical Standard
NPC	National Planning Commission
NPR	Nepalese Rupees
NSSD	Nursing and Social Security Division
O&M	Organisation and Management
OAG	Office of the Auditor General
OCA	Organisational Capacity Assessment
OCMC	One-stop Crisis Management Centre
ODK	Open Data Kit
OT	Operating Theatre
PAHS	Pokhara Academy of Health Sciences
PBGA	Performance-based Grant Agreement

PD	Payment Deliverable
PDI	Post-delivery Inspection
PFM	Public Financial Management
PFMSF	Public Financial Management Strategic Framework
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPFM	Procurement and Public Financial Management
PPMD	Policy, Planning and Monitoring Division
PPMO	Public Procurement Monitoring Office
PPSF	Public Procurement Strategic Framework
QI	Quality Improvement
QIP	Quality Improvement Plan
RANM	Roving Auxiliary Nurse Midwife
RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RHITA	Retrofitting Health Infrastructure Technical Assistance
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARC	Short-acting Reversible Contraception
SARI	Severe Acute Respiratory Infection
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SHP	Skilled Health Personnel
SMNH	Safe Motherhood and Neonatal Health
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
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

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	<ul style="list-style-type: none"> Steering Committee meeting held in September to provide guidance to the TWG TWG meetings also conducted, and Task Team formed to continuously work on the strategy drafting process Development timeline and overall scope is being discussed in the Technical Team 	Continue support in development process
1.2.1.2	FMoHP organises National Joint Annual Review (NJAR) and JCM	Ongoing	<ul style="list-style-type: none"> NJAR of FY 2020/21 planned for third week of Nov 2021. Field visit aligning the provincial reviews has started 	Continue support in preparing technical report and NJAR event
1.2.1.3	Support on other key policy and strategic framework of the sector	Ongoing	<ul style="list-style-type: none"> Health financing strategy prepared and is in consultation process Support in preparing the COVID-19 response plan of Lumbini Province and consultation ongoing for finalisation 	Continue support in finalisation
1.2.1.4	Support in annual planning and its implementation	Ongoing	<ul style="list-style-type: none"> Guidelines of the implementation of conditional grants for health sector programmes at province and local levels Operational guidelines for the Basic Health Services prepared and consultation in progress 	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	<ul style="list-style-type: none"> First amendment of the Health Institutions Operational Standards done which now includes standards for Ayurveda services/facilities 	Need based support for operationalisation
1.3.1.2	Support in legal framework in other priority areas		No activity 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	PFMSF (Financial Monitoring Report) Prepared in May, 2021. It was a PD for May.	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	PFMSF was prepared in May, 2021. It was a PD for May.	No activity scheduled.
1.1.1.6	Prepare FMIP for provincial government including COVID-19 update	Ongoing	Consultant hired to prepare FMIP for 3 focal provincial government (Province-2, Lumbini and Sudurpashchim)	FMIP draft will be prepared for 3 provincial governments.
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 was scheduled.	No activity scheduled
1.1.1.9	Regular progress update on provincial and local FMIP including COVID-19 (monitoring)	Ongoing	No activity was scheduled.	No activity scheduled.
1.1.2	Improved internal control through internal and final audit clearance (PD, Audit Status Report)	Ongoing	Improved internal control through internal and final audit clearance (Audit Status Report) prepared and submitted to BEK in September 2021 as PD-38.	Audit Status Report will be shared in PFM Committee meeting.
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 prepared which was later endorsed by the Prime Minister (in his capacity as a Health Minister) on 20 September, 2021 in line with "Internal Control System Directives (ICSD), 2019 (FCGO) and new Financial Procedure and Fiscal Accountability Act, 2019 and Regulation, 2021.	Internal Control System Guidelines will be printed and disseminated.

1.1.4	Update PFM training manual in line with the new FPA & FPR	Ongoing	In line with the new FPFAA & FPFAR, the PFM training manual has been prepared which is in final stage of drafting.	The final draft of PFM training manual will be prepared in line with the new FPFAA & FPFAR.
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. So TABUCS is being used by some hospitals only. But for audit records, deposit accounts and CAPP, TABUCS is being used at all federal health entities.	Support will be continued. Follow up consultation with National Health Training Centre.
2.1.1.1	Revise TABUCS to report progress against NHSS indicators and DLIs/ Update User Manual, report including provincial level	Ongoing	DLI for FY 2020/21 was achieved (97% achievement against the target of 95%)	No activities scheduled
2.1.1.2	Develop COVID-19 module in TABUCS	On track	No activities	No activities scheduled
2.1.1.3	Support SuTRA in updating chart of activities	On track	No activities	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	Ongoing support provided.	Ongoing support will be continued.
2.1.1.6	Support FMoHP to prepare Financial Monitoring Report (FMR)	Ongoing support	The FMR -2 of FY 2020/21 was presented to EDPs. The FMR -3 of FY 2020/21 drafted and verified with FMIS and shared with EDPs on 20 September, 2021. Now it is under review.	The FMR-3 for FY 2020/21 will be finalised.
2.1.1.7	Support TIU meeting and monitor implementation of meeting minutes	Ongoing support	Meeting couldn't be conducted.	TIU Meeting is scheduled in October 2021

2.1.1.8	Support FMoHP to produce annual audited financial statement	On track	The annual audited financial statement of FY 2019/20 certified by OAG on 17 September, 2021 and FMoHP sent audited report to EDPs on the same day.	No activities scheduled
2.1.1.8	Support FMoHP to produce annual Audited financial statement	Completed	The annual Audited financial statement of FY 2019/20 certified by OAG on 17 September, 2021 and FMoHP sent to EDPs on the same day.	No activities scheduled
2.1.1.9	Support MoHP 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	No activities scheduled.	Will start policy dialogue
2.1.4	Annual Planning and Budgeting support to federal and provincial level	Ongoing	Ongoing support provided in federal planning and budgeting	No activities scheduled.
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	Not scheduled	Training, field implementation and report writing and finalisation
3.1.2	Budget Analysis Framework for Provinces (PD, Budget Analysis)	Ongoing	No activities scheduled	Will be conducted after BA data collection
3.1.3	Support MOHP in designing, updating, and rolling out PBGA in Hospitals	Ongoing	No activities scheduled	Activities scheduled for next year
3.1.4	Conduct Benefit Incidence Analysis (BIA) of the Health Sector	Ongoing	No activities scheduled	BIA ToR to be reviewed by FCDO
3.1.5	Support MoHP's spending unit in preparing Business Plan		No activities scheduled	Activities scheduled for next year
3.1.6	Aama Programme Rapid Assessment	Achieved	No activities scheduled	No activities scheduled
Activity		Status	Achievements this quarter	Planned activities for next quarter
I4E.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	Completed	Mapping of eAWPB used in preparation of eCAPP	No Activity
4.1.1.2	eCAPP Development at federal level	Completed	Federal eCAPP developed	Monitoring of CAPP Execution
4.1.1.3	Consolidation of APPs in eCAPP System	Completed	eCAPP developed	“ “ “ “
4.1.1.4	Support CAPP monitoring committee and regular meetings	Delayed	CAPP progress of F/Y 2020/21 presented in the CAPP preparation workshop	Meeting will be organised
4.1.1.5	CAPP/e-CAPP produced with agreed timeframe including COVID	On track	eCAPP of FY 2021/22 is available at tabucs.gov.np	CAPP progress will be monitored
4.1.1.6	e-CAPP implementation with Contract Management module	On track	eCAPP implementation in progress	Contract Management Module will be monitored
4.1.1.7	Piloting of eCAPP in Provinces	On track	Preparation in CAPP piloted in three Provinces	Monitoring of CAPP will be done at Provinces
4.1.2	Endorsement of Health Sector Public Procurement Strategic Framework by FMoHP			
4.1.2.1	Draft PPSF	Already Completed	Presentation of PPSF done in the FMoHP Policy Implementation Committee Meeting and PFM Committee Meeting	PPSF will be revised in the changed context
4.1.2.2	Review draft of PPSF	Already Completed	Same as above	Same as above
4.1.2.3	Workshop at province and National level	Suspended	Suggestions on draft PPSF collected	Revision of PPSF and Preparation of PIP for Provinces will be initiated
4.1.2.4	Finalisation of PPSF	Delayed	Revision processed	Revised PPSF will be presented
4.1.2.5	Support monitoring of the PPSF activities in collaboration with the PFM and Audit committees	Delayed	No Activity	Revision of PPSF will be done
4.1.2.6	Progress update on PPSF	On track	Updating in process for revision	Information collected from Provinces
4.1.2.7	Update current PIP for provincial and local government	On track	TOR prepared	STTA/Consultant will be selected and assigned
4.1.2.8	Monitor PIP at provincial and local government	Not Scheduled	No Activity	

4.1.3	Standardisation of Procurement Process			
4.1.3.1	Preparation of SOP for Post Delivery Inspection (PDI) and Quality Assurance Plan (QAP)	Ongoing	Draft SOP prepared	SOP will be finalised
4.1.3.2	Prepare Pre-shipment inspection guidelines (PSI) and QA	Ongoing	Draft prepared	Guideline will be finalised
4.1.3.3	Continuous monitoring of use of SOPs and standard procurement process in MD and provinces	Ongoing	MD is using the SOPs	Continuous support in use
4.1.3.4	Support Training on SOP and QA at Province and Palika LM personnel	Delayed	SOP in drafting	SOP will be finalised
4.1.3.5	Continuous Implementation of Procurement Clinic at MD and MoSD	Ongoing	Six 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	Updated specifications uploaded in TSB	
4.1.4.2	Regular Updating of Specification bank with coding drug and equipment	Ongoing	24 specifications of equipment and 3 specifications of pharmaceuticals uploaded in TSB	Regular updating
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 1,498 users registered in the TSB. 34,757 downloads and 27,253 searches for different specifications have been recorded by the end of September 30, 2021	Continue support
4.1.4.5	Support Training on use of Technical Specifications and evaluation in procurement process	Ongoing	Orientation on TSB given in 3 Provinces	Support to Provinces will be done
4.1.4.6	Update the market analysis report	Suspended	No activity	
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	Suggested PPMO to make the eGP system useful for emergency procurement	Continuous support
4.1.5.2	Support in the process of using eGP in selected provinces and local governments	Ongoing	e-GP Trainings conducted in two provinces	Trainings will be continued
4.1.6	Support in biannual Suppliers' Conference at provincial and local level	Postponed	No Activity	Suppliers' conference will be organised as needed
14E.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 Not Scheduled in Province	No activity	This activity will be started at the end of next quarter
5.1.1.2	Capacity enhancement in preparing Annual Procurement Plan for institutional head and account chief	Completed	3 batches orientation completed	
5.1.1.4	Financial Management training/Orientation	Not Scheduled		3 batches will be conducted in 3 focal provinces
5.1.1.5	Support to Sector wise budget and expenditure collection and prepare budget analysis	On going		Will be completed in Q4 of 2021
5.1.1.7	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)	3 Batches training completed in Lumbini, Sudurpashchim and Province-2	e-GP training will be conducted government staff at focal provinces local level
5.1.1.8	Training on PLMBIS and CGAS to all the spending units including hospitals using CoA in SuTRA at LG level	Not Scheduled	Not scheduled	Will be conducted in Q1 of 2022
5.1.1.9	Training on Public Procurement; quantification and forecasting and inventory management to Hospitals and PHLMC officials. (Local level)	Not scheduled	Not scheduled	Postponed until January (Q1 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	Ongoing	L and G team initiated the compilation of health sector related policy and guidelines for stocktaking of polices and relevant regulatory documents to generate the evidence on policy level gaps and help in decision making process.	Develop the health policy stocktaking Report
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	Ongoing	The provincial team in coordination with central team has been engaged in drafting of provincial policies, acts, guidelines and tools. The support to draft provincial health sector strategic implementation plan and COVID-19 preparedness and response plan is ongoing in Lumbini province; and in province 2, the support is ongoing to draft provincial GESI strategy and refining the provincial health policy.	Finalise the drafts
1.2.7.2	Capacity enhancement of provincial Stakeholder through trainings	Completed	-Training for Annual procurement plan and Health facility Registry workshops at the priority province completed. The consolidated annual procurement plan was developed by each of MoSD/MoHP of the respective province.	The electronic Government Procurement (eGP) Training is ongoing and planned in priority provinces.
1.2.7.3	Quality Improvement Assessment at federal/provincial Hospitals	Completed	<ul style="list-style-type: none"> • QI assessment was conducted in Rapti Provincial Hospital, Janakpur provincial hospital and Narayani Hospital in collaboration with NHTC, PHTC and health directorate for SBA and LARC training site development. • Support to conduct RDQA in Provincial Hospitals of Province 2 and Lumbini province. 	Establish provincial training sites for SBA, Clinical mentoring and LARC services.
1.2.7.4	Supported on trainings on DHIS2/HMIS reporting system	Completed	The D4D team supported on DHIS2/HMIS training conducted to improve the reporting system in four provincial hospitals ¹² of Lumbini province. The team also	Continue to follow up the HMIS/eLMIS reporting from the province

¹² Lumbini Provincial Hospital, Rapti Academy of Health Sciences, Prithvi Chandra Hospital and Bhim Hospital

			facilitated the DHIS2/eLMIS review in Dang, Rukum East, Banke and Bardiya.	
1.2.7.5	Supported on MPDSR orientation programme	Completed	Supported on organising community based MPDSR orientation program in 8 districts of Lumbini province.	Continue support on monitoring of the programme.
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 existing LL sites.	Ongoing	The Local Government Institutional Capacity Self-Assessment (LISA) tool replaced OCAT, which was previously used. The status update on LISA rollout and orientation to the staff has been going on.	Continue to support LGs to roll out LISA in focussed LGs.
1.2.8.2	Support to roll out Minimum Service Standard (MSS) assessment at selected LGs	Ongoing	The HP level MSS assessment was conducted at few of the LGs ¹³ and the support to conduct assessment is ongoing. Supported to review MSS workshops at Saptari and Rautahat Districts.	Continue to support roll out MSS in remaining LGs and develop the action plan. The follow up MSS among the rolled out will be focussed.
1.2.8.3	Support to Routine Data Quality Assessment (RDQA) at LGs	Ongoing	In coordination with D4D team, RDQA has been conducted at majority of focussed LGs of the Priority province. RDQA has been completed in a total of 39 HFs in Lumbini Provinces and 89 HFs in Province 2.	Continue to support roll out RDQA and developing the action plan to improve the data quality.
1.2.8.4	Support to develop Health Sector factsheet	Completed	Health System Strengthening Officers (HSSOs) providing the support to draft the municipal health sector factsheet which are key documents to feed into the annual planning and budgeting and municipal planning process	Use of factsheet in decision making process.
1.2.8.5	Support to conduct annual health sector review meeting	Completed	Annual health sector review meetings were organised at respective LGs. Respective HSSOs supported health section to analyse the service utilisation data and trend analysis of last 3 years, drafting the presentation, reviewing the progress on key programme areas and capturing the learnings. The district level review meeting took place.	Document the learnings and share with Provincial team to address the issues at LG level. Support on district level/provincial level review.
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)			

¹³ Yamunamai RM, Baudhimai RM, Dhangadhimai Municipality, Sandhikharka Municipality

i3.1.1	Support expansion, continuity, and the functionality of CEONC sites	Ongoing	<ul style="list-style-type: none"> • Technical assistance to Family Welfare Division (FWD) in monitoring the functionality of CEONC services continued this quarter. An additional district (Nawalparasi East) started CEONC services in the last quarter. There were also 3 additional CEONC service sites (Lamahi Primary Hospital, Nawalpur Hospital and Manthali PHC) initiated in the past quarter. • Technical assistance was also provided to Family Welfare Division to develop a budget to initiate CEONC services 4 districts. This support was provided in response to the Ministry of Health and Populations (MoHP) desire to initiate CEONC service in all the 77 districts of the country. In addition to the budget for the additional 4 sites, budget to strengthen the existing CEONC sites was also submitted. 	Continue monitoring of CEONC sites, especially in recruitment of providers using CEONC fund, monitoring HR availability and functional status, reporting to appropriate level as necessary for action. On-site visit to non-functional and problematic sites
	Support to develop orientation package for Health providers on Standard Treatment Protocols developed and implemented.	delayed	BHS STP has approved on third week of September 2021 so delayed the plan of NHSSP's TA to support CSD for BHS STP orientation package (LRP) development and one batch Master Facilitators development.	Support to CSD for BHS STP final formatting, printing, and disseminating event. Support for development BHS STP orientation package (LRP), one batch Master Facilitator development
i3.1.4	Facilitate the design and testing of RMNCAH, FP and nutrition innovations mHealth for FCHV (mobile Chautari)	delayed	In this QTR, one meeting was held in Nursing and Social Security Division (NSSD) and shared mHealth mobile Chautari pilot programme's findings with NSSD new director. Discussion was also conducted about further dissemination of the findings and planning for implementation in the 7 palikas where NSSD has allocated budget for implementation in FY 2021/22. NHSSP will support NSSD for disseminating the findings and implementation as per government commitment to scale-up mHealth programme.	
i3.3.1.5	Support drafting and finalisation of AWPB implementation	Delayed	<ul style="list-style-type: none"> • Support provided to FWD for SBA clinical mentoring and Robson TGCS implementation guideline approval process, but it was delayed because of changing format 	Support FWD for SBA clinical mentoring and Robson TGCS implementation guideline approval process

	guidelines and workshops (federal and provincial)	Completed	<p>and need Nepali translation based on MoHP's mandatory guideline for formation and developing programme guideline.</p> <ul style="list-style-type: none"> In this QTR, NHSSP provided continues support to FWD for translating English to Nepali and formatted guideline as per MoHP's criteria for final approval. NHSSP supported FWD, CSD and NSSD for developing the implementation guideline for the Provincial and local level implementation for FY 2021/2022. 	
13.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunisation (EPI) clinics	In progress	<ul style="list-style-type: none"> Programme budget (via SUTRA) has reached palikas. Programme implementation guideline has been read by most health section chiefs (HCs). Palikas are in the process of programme implementation. NHSSP (C&Q) TA will support VSP mobilisation (with existing palika human resource) in 15 selected palikas (from Province 2 and Lumbini Province) that overlap with NHSSP's focal palikas. Preliminary data/information collection and palikas selection process is in final stage 	<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 mobilisation initiated and monitored in next reporting report</p>
13.1.9	Support to the FMOHP for improving delivery of nutrition interventions	In progress, Delay	<p>Provided TA in "In-service training strategy for SBA/SHP 2020-25" development. The modules have been developed and being finalised. A finalisation meeting for the strategy was conducted and the final draft has been submitted to FWD.</p>	<p>Provide TA in development of the LRP upon approval of the strategy.</p>
13.2.3	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	<ul style="list-style-type: none"> In this quarter, NHSSP supported in facilitation of meeting with FWD and NESOG executive members along with other government stakeholders for finalisation of Robson implementation guideline. The feedback received from this meeting was incorporated into the guideline and the final guideline was submitted to FWD for approval. NHSSP team held a meeting with newly formed NESOG executive members and briefed about the activities that need to be accomplished. 	<ul style="list-style-type: none"> Support to FWD for approval of Robson TGCS implementation guideline and conduct meeting in one of four implemented hospitals on Robson classification. Provide TA to FWD for development of the ODK based platform for monitoring Robson's TGCS.

13.3.2	Planning support for SMNH roadmap including hospital quality improvement plan and support to implementation (focused provinces) (with all streams)	Completed Delayed in progress	In this quarter, NHSSP provided support to Province Government for SMNH roadmap action plan development workshop (Lumbini Province from 31 Aug. to 1st Sept. 2021) and draft provincial activities/actions plan was developed. For this, NHSSP will continue support to Lumbini province for finalisation of draft action plan with expert's consultation meeting for next quarter.	<ul style="list-style-type: none"> • Support to Lumbini province for finalisation of SMNH action plan with expert's consultation. • Support to FWD for preparing orientation schedule and PPT for aggregated (above mentioned 3 programme) programme orientation for province level. • NHSSP will support FWD to initiate SMNH roadmap action plan development process (Sudurpaschim, Province 2) in coordination with other supporting partners - UNICEF etc. through FWD.
13.3.4	Referral system strengthened in selected clusters of Palikas and lessons learned shared for scale up	Ongoing (In progress)	Free emergency obstetric referral system strengthening pilot programme initiation has been started in this quarter through selecting the province and cluster (Lumbini province: Sandhikharka municipality, Malarani and Panini rural municipality as a cluster). A draft referral system strengthening implementation process/guideline was developed as guide to the palika to develop their contextual process guideline and referral plan.	NHSSP will continue support to selected cluster (Palikas) and province government (CEONC hospital) for strengthening referral system through facilitating inter-facility EOC referral action plan and referral process development planning workshop in selected 3 palikas.
13.4.1	Evidence-based clinical standards, protocols, and job aids revised at federal level and rolled out to focal service sites	Ongoing	<ul style="list-style-type: none"> • Robson's' implementation guideline has been developed into MoHP standard format and submitted to FWD for approval. • Coaching mentoring implementation guideline has been developed into MoHP format and submitted to FWD to proceed for approval process. • Basic Health Service (BHS)- STP guideline which had been submitted to Curative Service Division has been approved by Ministry of Health and Population in this quarter and there is a plan to develop to Learning Resource Package for orientation at the provincial level. 	<ul style="list-style-type: none"> • Support CSD in developing Learning Resource Package of STP for orientation at the Provincial level. • Distribute MNH Card to Focused Palikas and health facilities.

			<ul style="list-style-type: none"> • The MNH card (with BPP card) has been printed and distributed to health facilities of Sandhikharka Municipality of Arghakhanchi district. • In-service Training Strategy for SHP/SBA 2020-2025 has been drafted. 	
134.2	Support rollout of MSS (HP level) and monitoring of implementation and response	Ongoing	<ul style="list-style-type: none"> • All 29 Health Offices of our 3 focused Provinces have been oriented on HP-MSS till now. In Province 2, with the technical support of NHSSP, Provincial Health Directorate conducted HP-MSS orientation to all eight Provincial Health Offices in this quarter. • To date, in our focused three provinces, total 271 Palikas received orientation on MSS implementation guideline from Health Office and HP-MSS has been implemented at 577 health facilities. • In this Quarter, 36 palikas were oriented by Health Offices. 14 palikas have conducted HP-MSS assessment at 73 health facilities of our focused Provinces during this reporting period. 	<ul style="list-style-type: none"> • Continue desk monitoring of MSS implementation at NHSSP focused provinces through C&Q PC. • Continue to support in roll-out of HP-MSS at the palika level in focused provinces through HSSOs.
13.4.4	Support for planning and implementation of clinical mentoring	Ongoing	<ul style="list-style-type: none"> • In this quarter, 13 hospitals implemented clinical mentoring and QIP and 2115 hospitals reported QIP. • 28 BC/BEONC from 23 palikas implemented mentoring and QIP in this quarter. • In the reporting period, 57 clinical mentors facilitated 41 sites (13 CEONC and 28 BC/BEONC) to conduct QI along with SBA clinical mentoring to total of 249 mentees. • QI and signal functions scores of 21 hospitals compared with last assessment shows improvement in QI scores at hospitals as well as signal function readiness at CEONC sites. 	<ul style="list-style-type: none"> • Continue facilitation for implementation and desk monitoring to hospitals for QI implementation status along with clinical mentoring. • Continue desk monitoring to coordinate and encourage clinical mentors, palika HCs for clinical mentoring along with QI facilitation at hospitals and palikas where budget allocated.

¹⁵ Twenty-One hospitals/CEONC sites: Prithivichandra, Tehrathum, Darchula, Bajura, Panchthar, Rolpa, Taplejung, Lahan, Hetauda, Kapilvastu, Arghakhanchi, Solu, Udayapur, Dhankuta, Achham, Mahakali, Dhading, Lumbini, Siraha, Dadeldhura, Manthali PHC.

			<ul style="list-style-type: none"> In this fiscal year 2021/22, FWD allocated budget at 7 Provincial Health Training Centres (PHTCs) to conduct clinical mentor development training. In this quarter, no clinical mentor development training has been conducted because the budget has not been released in this 1st quarter of this fiscal year. 	<ul style="list-style-type: none"> Support to FWD/NHTC/ PHTC for development of clinical mentors training sites in one province. Support to PHTC for clinical mentors' development in all 7 Provinces as per need. Support in desk monitoring of clinical mentoring and HQIP at provincial hospitals and palika level.
13.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	Ongoing	<ul style="list-style-type: none"> NHSSP C&Q TA in coordination with FWD, NHTC, PHTC, and PHD of Province 2 (Janakpur Hospital) and Lumbini Province (Lumbini Hospital) successfully completed FP/SBA service and training quality improvement visits in this reporting period. NHSSP TA also completed the same in collaboration with Strengthening Systems for Better Health in Rapti Provincial hospital. Development of LARCs coach/mentor sites in these federal and provincial hospitals are delayed. NHTC is yet to develop the LARCs coach/mentor LRP (FWD officially requested NHTC). Based on the previous year of low implementation experience, FWD has shifted the issue of LARCs coach/mentor (including PPIUCD) development to provinces in AWPB 2021/22. NHSS TA with the aim to sustain programme will judge the support from NHTC, PHTCs and now PHDs and move ahead on this issue of LARCs coach/mentor development. 	<ul style="list-style-type: none"> NHSSP TA will monitor and support implementation of AWPB 2078/79 PFP/LARC coach/ mentor activity at provincial level. NHSSP TA to FWD will conduct technical support visits to 3 more hospitals namely Narayani Hospital, Bheri Hospital and Sagarmatha Zonal Hospital to assess and improve quality of FP/SBA services, enhance FP/SBA training site.
13.5.1	Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme	Ongoing	<ul style="list-style-type: none"> The final draft of Robson's TGCS implementation guideline and SBA clinical mentoring guideline has been submitted to FWD. Support was provided to FWD, CSD and NSSD for development of the implementation guideline for FY 2021/22 	TA in continuous desk-based monitoring of implementation will be provided for selected initiatives

	implementation and performance			
13.5.3	Implementation of PNC guideline (PNC 24 hours and PNC home visit)	Completed	<ul style="list-style-type: none"> FWD has given the priority for PNC home visit programme and allocated budget at federal, provincial, and local level implementation for FY 2021/22 as mentioned in the last QTR report. In this QTR, NHSSP provided continued support to FWD for provincial staffs' capacity enhancement process through providing virtual orientation. Total 73 (4 groups) participants (44 from provincial health office- programme focal persons and 29 NHSSP's local level staffs- Health System Strengthening Officers) were oriented on the guideline (25 to 28 Aug. 2021) in districts where FWD have allocated for scale-up of PNC home visit programme. NHSSP will continue support to FWD and Provincial Health Directorates (PHDs) for implementation and monitoring of the PNC home visit microplanning guidelines in the next quarter. 	<ul style="list-style-type: none"> Desk monitoring and virtual support for implementation to province government. Analysis of HMIS data from where PNC home visit already implemented in the beginning of FY 2020/21.
i3.6	Support implementation of Aama Surakshya Programme review agreed recommendations. 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)	Completed and ongoing	In this quarter, FWD has finalised the revised Aama implementation guideline and forwarded to MoHP for approval process. NHSSP provided virtual orientation to the HSSOs about Aama programme and implementation guideline to provide guides to health section team at their respective local level through them in NHSSP's focus palikas.	NHSSP will continue to provide TA in orientation on the revised Aama implementation guideline.

3.9.2	Strengthening EHCS service delivery and improving access	Ongoing	Continued monitoring of hospitals (ODK reporting) on MNH services (institutional delivery and C-section) and outcomes (maternal and perinatal deaths) and reporting to NHSSP/BEK, FWD and the RH Sub-committee for response/action to ensure service delivery across different levels	Continue desk monitoring support for the ODK system and discussion on scale up of the ODK system.
3.9.3	Post-COVID service delivery planning: Nursing capacity development through mentors (including IPC focused) (NEW):	Completed and ongoing	<ul style="list-style-type: none"> As Nursing and Social Security Division (NSSD) given the priority to enhance capacity of nursing cadre to provide quality general routine nursing cares. For this initiation, NSSD had allocated budget for six Federal Hospitals¹⁶ to implement in-house hospital mentoring (nursing). NHSSP provided continues support to NSSD for this initiation. In this quarter, NHSSP provided support to NSSD to develop Nursing capacity assessment tool for preliminary assessment and final selection of skills to develop LRP for hospital in-house mentor development and roll-out mentoring process. Total 11 general routine nursing care skill assessment tool ¹⁷ developed, preliminary skill assessment has been completed in Dadeldhura and Bir hospital and selected 8 skills ¹⁸ by TWG members (meeting) based on skill gaps. 	NHSSP will continues support to NSSD to develop coaching mentoring guideline, LRP for hospital in-house mentor development and produce mentors to roll-out mentoring in 6 AWPB budget allocated federal hospitals.

¹⁶ Koshi hospital Biratnagar from (province 1), Birgunj hospital (province 2), Bir hospital and Bharatpur hospital Chitwan (Bagmati province), Bheri hospital (Lumbini province) and Dadeldhura hospital (Sudurpaschim province)

¹⁷ Hand washing practice, Alcohol based hand sanitisation, pre-operative care, post-operative care, Pain management, Wound dressing, Medication, Peripheral IV access, Oxygen therapy, Patient admission orientation, Suctioning.

¹⁸ Hand washing and alcohol-based hand sanitisation, post-operative care, Pain management, Wound dressing, Medication, Peripheral IV access, Oxygen therapy, and Patient admission Orientation.

Table 1: Status of CEONC functionality over the quarter April – June 2021

	Provinces ¹⁹							Total	%	% Previous quarter
	P1	P2	P3	P4	P5	P6	P7			
Established sites	20	9	19	13	14	12	12	99		96
Number of functioning CEONC sites										
Ashad	18	9	18	11	14	12	12	94	95%	95%
Shrawan	20	9	18	11	13	12	11	94	95%	96%
Bhadra	19	9	18	11	13	12	11	94	95%	94%
Number of districts with CEONC services										
Districts with CEONC	20	8	12	9	11	10	9	73		72
Number of districts with functioning CEONC sites										
Ashad	13	8	11	8	11	10	9	70	96%	97% (Poush)
Shrawan	14	8	11	8	11	10	9	71	97%	99% (Magh)
Bhadra	14	8	11	8	11	10	9	71	97%	99% (Falgun)

Table 2: HQIP self-assessment scoring: 8 quality domains readiness in 21 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 ²⁰)	90	95	70	70	8	3

¹⁹ Provinces' name (Province 3 – Bagmati, Province 4 – Gandaki, Province 5 – Lumbini, Province 6 – Karnali, Province 7 – Sudurpashchim)

²⁰Management, Infrastructure, Patient Dignity, Staffing, Supplies and Equipment, Drugs, Clinical Practice, Infection Prevention

Table 3: HQIP self-assessment scoring: Signal function readiness in 21 hospitals

SIGNAL FUNCTIONS ²¹		Green		Red	
		Last assessment	Current assessment	Last assessment	Current assessment
1	CEONC sites that were assessed (average scores of 9 signal functions)	161	163	28	26

DATA FOR DECISION MAKING

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	One national consultative meeting held with participants from all seven provinces to collect feedback to update IHIMS roadmap	Finalise the roadmap for endorsement
2.1.2	Supporting the implementation of MISs strengthening based on roadmap recommendations at Provincial level (2 & 5)	Ongoing	Supporting to strengthen HMIS by analysing data and providing feedback at local level	
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 execute 3 consultative workshops in priority provinces to review and update HF registry	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			Support to capacitate provincial and local level staff to update the HF registry at
Indicator 2.3: Digital platform for recording and reporting of the minimum service standards (MSS)				

²¹ BEONC: 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)

2.3.1	Supporting the roll-out of digital platform for MSS reporting at Tertiary and Secondary Hospitals in Focal provinces		Discussion held with NSI for possible ways of collaboration to roll out the MSS tool at provincial and local level	Meetings will be conducted with NSI to get update on development of tool for smooth roll out.
2.3.2	Support implementation of digital platform at Palika level - in LL sites (Learnings from RDQA documented and shared with provincial and federal government)	Ongoing	RDQA in at least one HF has been completed in the added local level palikas: covering 19 HF in Sudurpaschim, 78 HF in Province 2 and 35 HF in Lumbini province.	Complete RDQA in remaining HFs at local level
Indicator - 2.4: Web based Routine Data Quality Assessment (RDQA) system				
2.4.1	Supporting the updates to RDQA for federal level hospitals	Ongoing	Updates are being made in web based RDQA tool to deploy the updated version in offline version	Finalise the offline version of RDQA tool and deploy both updated online version and offline version in MoHP website.
2.4.2	Roll-out of RDQA at tertiary and secondary hospitals- Province 2 & 5	Ongoing	Established RDQA system in 6 tertiary and secondary hospitals in province 2 and Lumbini province	Follow up on the action points in 6 hospitals and establish system in other hospitals.
2.4.3	RDQA implementation and improvements to data quality at local level facilities (LL sites)	Ongoing	As mentioned in 2.3.2	As mentioned in 2.3.2
Indicator - 2.5: Monitoring of Basic Health services				
2.5.1	Develop mechanism to monitor availability and utilisation of BHS	Ongoing	Developed concept note and framework for monitoring availability and utilisation of BHS. The concept note is shared with PPMD and CSD	Facilitate to form TWG and develop the monitoring mechanism
2.5.3	Generate and feed evidence to support planning at provincial and local level	Ongoing	Supported in annual reviews at local level and Gandaki province	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	NHSSP is supporting MoHP to Maternal Mortality (MM) Study following census.	
2.6.4	MPDSR data analysis to better inform the response at Provincial and Palika level	ongoing	Engaged with the Population Management Division for execution of	Support in execution of District level ToT for MM study

			Master training of trainers and Training of Trainers (ToT) at each province	
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		Provide support to update the digital dashboards in MOHP website.
2.7.2	Customised digital dashboards for monitoring equity at provincial level developed	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	Completed in previous quarter	

Figure 1 HMIS Monthly reporting status

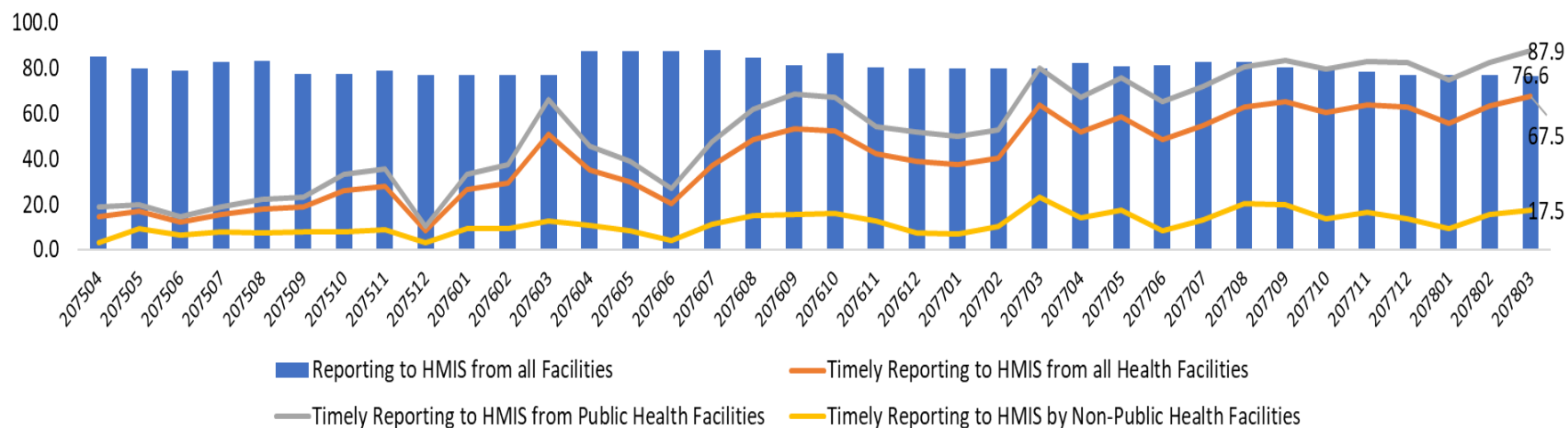


Figure 2 %age of pregnant women who had four ANC checkups as per protocol

Figure 3 %age of institutional deliveries

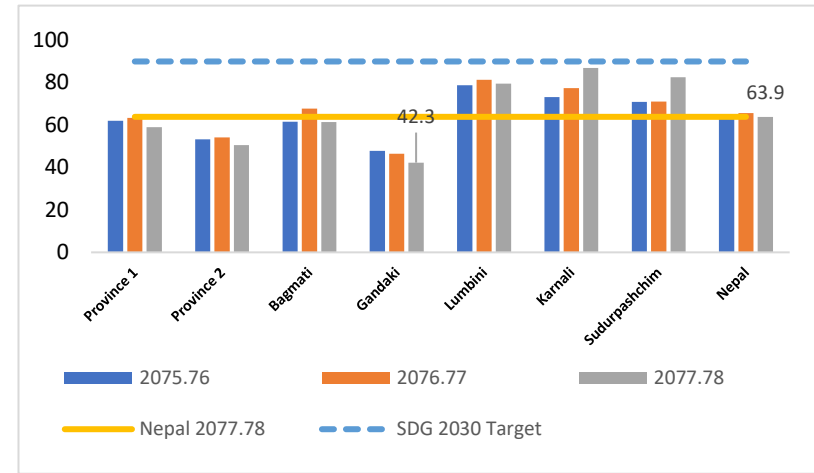
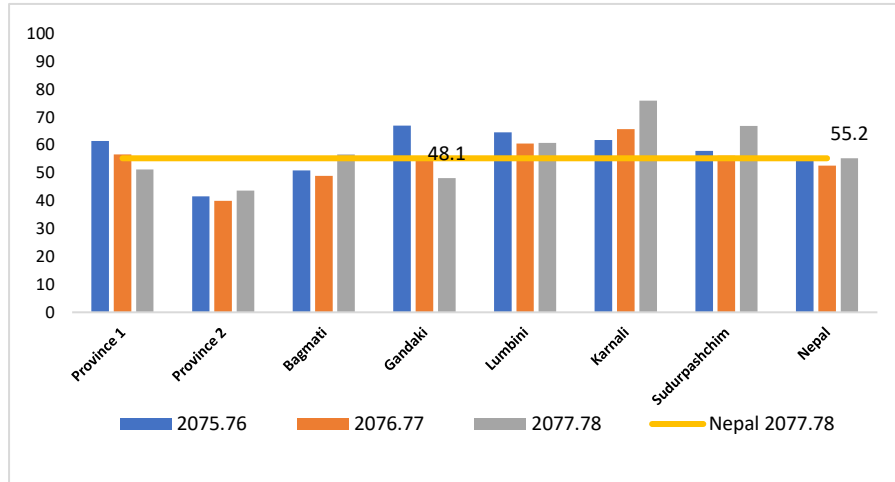


Figure 4 Severe Acute Respiratory Illness (SARI Cases reported)

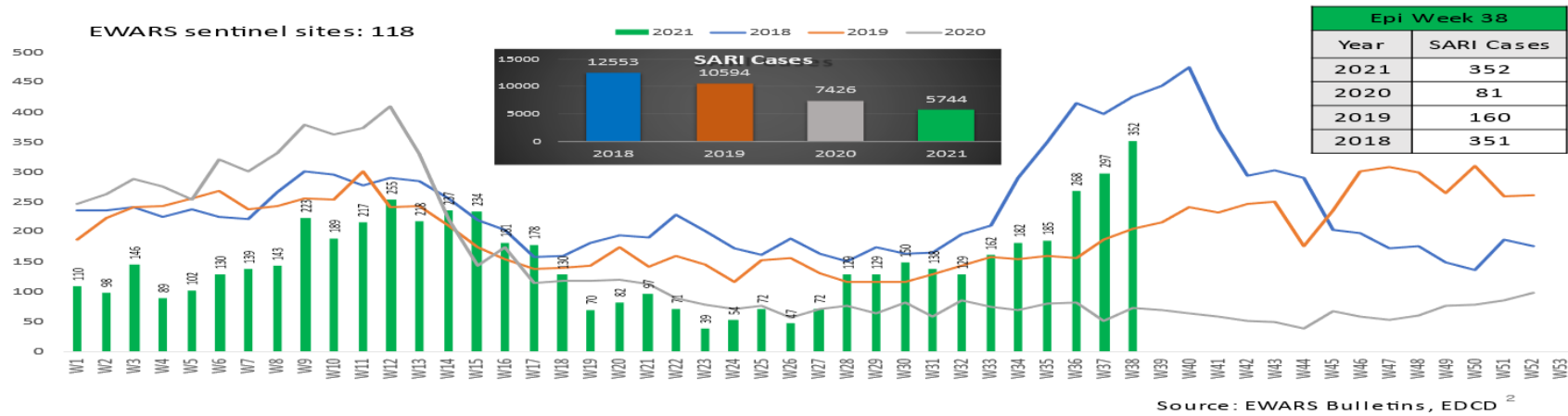


Figure 5. Average number of deliveries at HF per week in CEONC monitoring sites

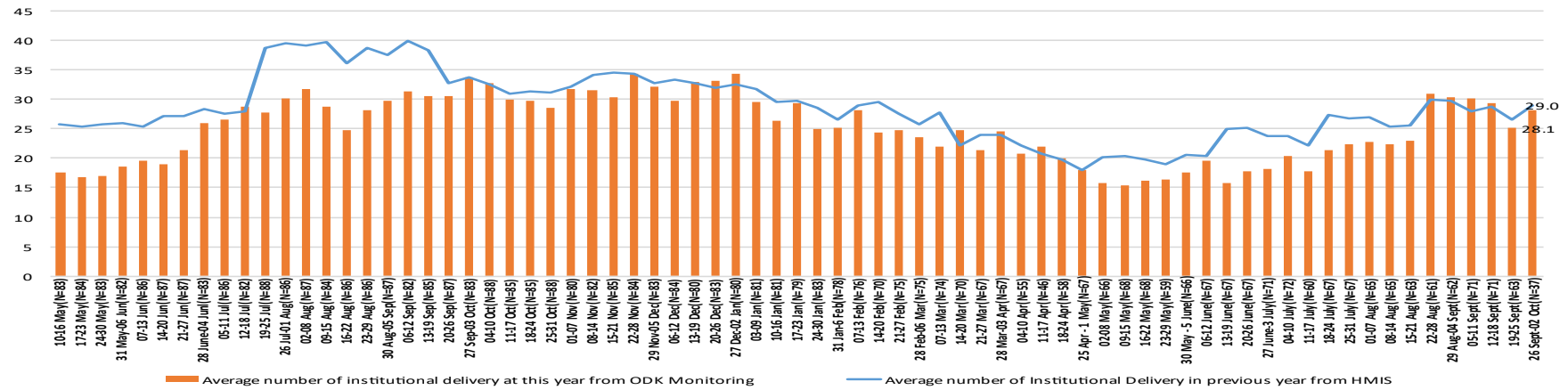


Figure 6 System Assessment score in focal provinces

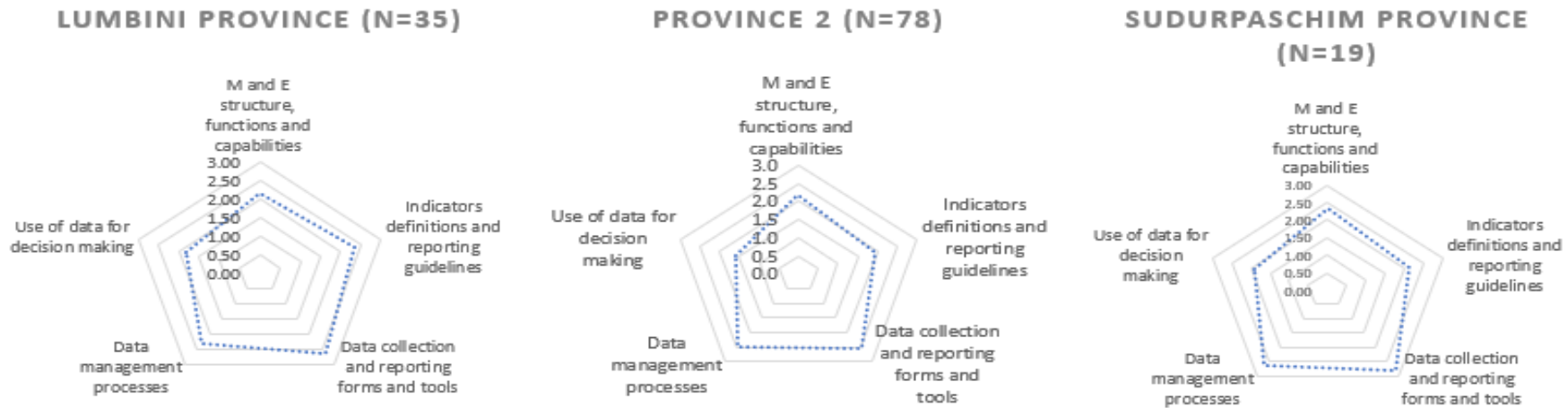
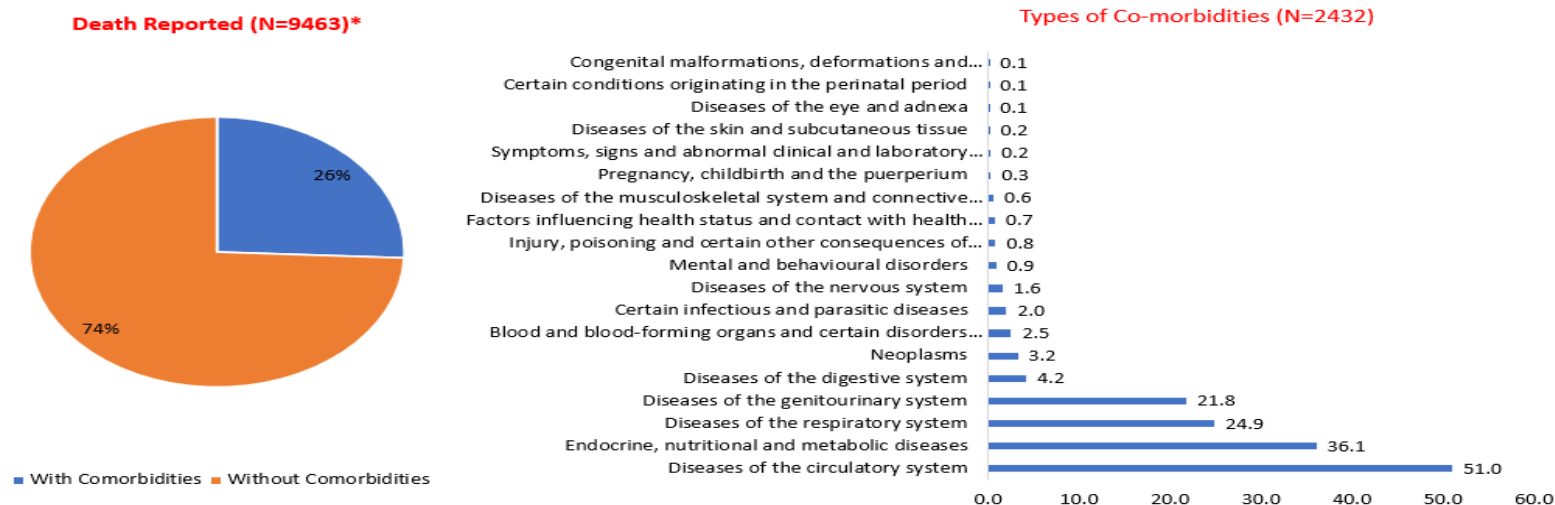


Figure 6 Co-morbidities of COVID 19 Deaths as of Asar 2078



Note: *As of Asar 2078

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 HIIS to integrate functionality recommendations	Ongoing	<ul style="list-style-type: none"> District maps of health facilities with different levels of birthing services and number of births have been updated and integrated into HIIS database for supporting planning of MNH Service. Requirement specification for updating of HIIS has been completed to incorporate additional features on reporting and 	<ul style="list-style-type: none"> Continuation of information integration from different sources and updating of new infrastructure development plans into the system. Initiation of software updating.

			monitoring of construction of primary hospitals.	
17.1.11	Assessment of Learning Lab (LL) centres	Ongoing	Report is being finalised.	The report will be finalised and shared.
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		Study on Multi hazard assessment tool for Health Infrastructure development works will be initiated.
17.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD46)	Completed	Review of 111 designs from different municipalities completed during the quarter.	15 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 NHIDS and its components has been updated and submitted to MoHP for endorsement.	Follow up and presentation for endorsement.
17.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	Ongoing	Follow up with the provinces.	
17.1.10	Development of recommendations on health facility waste management	Ongoing	Preparation of Guidelines for design of waste management area completed.	Presentation to concerned stakeholders for publication of the handbook.

	improvement, focusing on legal and coordination aspects			
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	<ul style="list-style-type: none"> • 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. • Continued Capacity enhancement of municipality engineers / architects and concerned private sector consultants on health infrastructure planning and design. 	<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 site and provinces and accordingly plan activities.
	Training programme implementation	Ongoing	<ul style="list-style-type: none"> • On-site training to the workers (skilled and unskilled) at Pokhara retrofitting sites 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. • Orientation to technical people from DUDBC and contractor on quality compliance and testing of materials and works completed. • Orientation to newly appointed officials at PAHS/WRH on retrofitting project completed. • Orientation training on retrofitting techniques for construction workers and contractor's technical staff at both the sites completed. 	The onsite training and orientation will continue as required.

			<ul style="list-style-type: none"> Orientation to the contractor for service decanting on decanting plan and strategy completed. 	
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	<ul style="list-style-type: none"> Continued support to DUDBC in construction management as per the bidding documents at both the sites. Decanting of Maternity block completed including site preparation work for retrofitting at Pokhara. Service decanting tender process completed for Bhaktapur. 	<ul style="list-style-type: none"> Waste management area and store area design and estimation completed for WRH Pokhara and procurement of works initiated under the fourth package. Decanting of paediatric and orthopaedic blocks completed including preparation for retrofitting in Pokhara. Decanting of a part of OPD block completed in Pokhara.
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)	Continuous	<ul style="list-style-type: none"> Contractor mobilised at WRH Pokhara and main retrofitting works progressing. Contractor mobilised at Bhaktapur and foundation work near completion. 	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	<ul style="list-style-type: none"> The Priority Hospitals still using the decanting space for treatment of second wave of Covid-19. Retrofitting of maternity block initiated in Pokhara and retrofitting of emergency block initiated in Bhaktapur. 	Continued technical and management support for retrofitting of both the Priority Hospitals.
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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			
12.2.1	Develop GRB Guidelines.	Completed	Procurement process for the printing of GRB Guideline completed.	Development of training package to increase understanding of GRB concept and its application.
12.2.4	Develop LNOB budget markers at national and local level	Completed	Procurement process for the printing of LNOB budget marker completed.	Development of training package to increase understanding of the LNOB budget marker and its application.
I2.4	Result Area: MoHP has clear policies and strategies for promoting equitable access to health services			
12.4.1	Revise Health Sector GESI Strategy	Completed		Resubmission to the Cabinet due to government change.
12.4.2	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.	
12.4.3	Develop National Mental Health Strategy and Action Plan	Completed		
12.4.4	Standardise Psychosocial Counselling Curricula	Completed		Printing of curricula and preparation of roll out plan of the training package.
12.4.5	Development of National Health Sector Social Accountability Directives	Completed		

12.4.6	Develop guidelines for disability-inclusive health services	Completed		Facilitate MoHP to develop a plan to fill gaps identified by the study on the impact of COVID-19 on people with profound and severe disabilities.
12.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	Completed:	<ul style="list-style-type: none"> • Procurement process for the printing of SSU operational guidelines initiated. • Submitted final draft of the Geriatric Health Service Strategy to Steering Committee. • Provided support for the development of the Geriatric Health Service OPD guidelines. 	Development of the Geriatric Health Service protocol.
12.4.8	National and provincial-level reviews of OCMCs and SSUs	Partially completed	Completed reviews of SSUs Province no 1 & 2	Annual review of targeted interventions at Federal level hospitals.
12.4.9	Capacity enhancement of GESI focal persons and key influencers from the MoHP and DoHS on GESI and LNOB aspects for health	Completed:	Organised interaction program with high level members at MoHP on GESI concept, achievements, challenges, gaps and way forward. The program participants were Minister, Secretary, DGs, Division/Centres Directors and 35 other Ministry's officials.	Ongoing
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; establishment and strengthening of new geriatric health services.	Strengthen selected OCMCs via follow-up support and mentoring from distance and in person.	<ul style="list-style-type: none"> • Establishment of new OCMC in National Trauma Centre, Sukraraj Tropical, Teaching Hospital (TUTH) and Tikapur hospitals. • Operationalise OCMC, SSU and Geriatric online reporting system.
13.1.10b	Support strengthening of OCMCs through mentoring/	Ongoing: Regular consultations with key partners and hospital	Follow-up support provided through phone calls and in person to Koshi, Sankhuwasabha, Janakpur, Gajendra	Mentoring and follow-up support to OCMC hospitals as required.

	monitoring and multisectoral sharing and consultation	teams, coaching and mentoring from a distance and in person.	Narayan, Patan, Mustang, Jumla, Seti and Mahakali hospitals to strengthen OCMC.	
13.1.11	Supporting the rollout of the GBV clinical protocol	Completed		Printing of GBV clinical protocol.
13.1.12	Rollout of the GBV SOP (after approval)	Not scheduled		
13.1.13a	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.	Strengthen selected SSUs via follow-up support from distance and in person.	Establishment of new SSUs in Sankhuwasabha, Mahotari, Siraha, Kirtipur, Prithivichand hospitals. Establishment of geriatric inclusive health service in Sankhuwasabha, Bardibas, Kalaiya, Kirtipur, Jajarkot and Gulariya hospitals.
13.1.13b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	Ongoing: Regular coaching and mentoring from a distance and in person	Backstopping support provided to SSUs in Janakpur, Koshi, Sankhuwasabha, Siraha, National Trauma and Seti hospitals.	Mentoring and follow-up support to newly established and other select SSUs; operationalise SSU online reporting system.
13.1.14	Capacity building to put LNOB into practice	Ongoing: Orientation regularly conducted to different stakeholders		Ongoing

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Anthony Bondurant	July – September 2021	Special Advisor – Technical support
2.	Deborah Thomas	July – September 2021	SMNH briefing products, GESI Quarterly reports
3.	Steve Topham	July – September 2021	PD review, QAs of quarterly reports, advisory support to HI team

ANNEX 3 PAYMENT DELIVERABLES IN THIS QUARTER

Area	Milestone No.	Description of Milestones	BEK approval date
L&G	R31	Progress Made in the Implementation of Public Financial Management Strategic Framework monitored (Federal)	04-Aug-21
Management	R36	Quarterly report 16 April - June	22-Aug-21
L&G	R39	Electronic Consolidated Annual Procurement Plan (e-CAPP) 2021/22	09-Sep-21

ANNEX 4 LOGFRAME UPDATE

This logical framework presents updated figures based on the most recent data from the various sources to monitor the progress status on milestone 1 (July 2021). The figures have been updated based on the available information till March 31, 2021. The sources of data for monitoring the logframe indicators include programme documents, MoHP's routine information systems (HMIS, LMBIS/TABUCS/SUTRA), MoHP records, national level surveys/assessments, and global studies/projections such as Global Burden of Disease.

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
		Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
Impact	Equitable health outcomes, and a stronger & more responsive health system						
I1	Under 5 mortality rate per 1000 live births	Planned	33.5	26.4	25.0	No milestone set	23.8
		Achieved		<i>GBD data not yet published</i>			
		Source	IHME GBD Study				
I2	Maternal Mortality Ratio per 100,000 live births	Planned	225	203	201	No milestone set	199
		Achieved		<i>GBD data not yet published</i>			
		Source	IHME GBD Study				
I3	DALYs for both sexes, all ages	Planned	9,228,540	8,925,392	8,880,765	No milestone set	8,836,361
		Achieved		<i>GBD data not yet published</i>			
		Source	IHME GBD Study				
OC1	Increased use of quality health services, particularly by the poor and disadvantaged						
OC1.1	Pregnant, postpartum women and children < 5 years receiving one or more nutrition related interventions during the past year (Data disaggregated by Province, Ecological zone, and where possible by socioeconomic status and ethnicity from other sources as available)						17,548,000
OC1.1 a	Number of pregnant women who received 180 days	Planned	289,625	301,326	307,353	313,500	No milestone
		Achieved		280951	195,324		

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
	iron tablet supplementation during the past year*						
OC1.1 b	Number of postpartum women receiving Vitamin A supplementation	Planned	325,151	263,813	269,089	274,471	No milestone
		Achieved		239024	178,088		
OC1.1 c	Number of children aged 6-59 months who received Vitamin A supplementation	Planned	2,043,770	2,213,753	2,258,028	2,303,189	No milestone
		Achieved		2380276	2,307,511		
		Source	DoHS Annual report 2017/18* & 2015/16				
OC1.2	Equity gap reduced for essential Safe motherhood, child and FP services (DLI12.2)						
OC1.2	Safe Motherhood: Difference between the average of the top 10 and bottom 10 districts) in %age of women who delivered in a health institution (DLI 12.2)	Planned	70%	Average 5% reduction in equity gap each year	Average 5% reduction in equity gap each year	TBD	No milestone
		Achieved		4%	Average of top 10 districts in %age of women who delivered in a health institution = 96.9 Average of bottom 10 districts in %age of women who		

UK - Nepal Health Sector Programme 3 (Re-shape log frame)								
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
					delivered in a health institution = 25.7 Difference between the average of top 10 and bottom 10 districts in %age of women who delivered in a health institution=71.1			
			Source					
			NHRC DLI verification; Milestone 1: HMIS (30 June 2020)					
OC1.3	Family planning: Number of additional users of modern methods of contraception	Planned	493,000	790,530	911,160	995,874	No milestone	
		Achieved		780000				
		Source						
			FP 2020 Annual Progress report 2016/17	FP 2020 Annual progress report				
OC2	Strengthened health sector management and governance at federal, provincial and local levels							
OC2.1	Local level composite index showing health service effectiveness at Learning lab (LL) municipalities	Planned	48.3	Composite index will be developed, field tested and agreed, baseline will be established and subsequent milestone will be developed	57.4	Existing LL: 60.3 New LL TBC May 2021	Existing LL: 61.7 New LL TBC May 2021	
		Achieved		Baseline for the composite index (CI)	Overall composite index will be			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				established and agreed 48.3). Milestones for existing LL sites for Y2 and Y3 determined.	calculated at the end of the FY. (RDQA has been completed in three LL sites out of seven and other 4 LL sites will be completed within May 2021. Pokhara and Kharpunath has completed the MSS assessment. Health budget expended at LL sites will be available at the end of FY. As of now, 62.1% of pregnant women who had four ANC check-ups as per protocol in LL site. In an average, 86.3% health facilities and 33.2% hospitals are reported on HMIS in timely manner from LL sites in the last eight months)		
			Source				
			Learning lab composite index sheet.				

UK - Nepal Health Sector Programme 3 (Re-shape log frame)								
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
			Milestone 1: The figures might change once the HMIS data for the running fiscal year gets finalised.					
OC2.2	% MoHP spending units whose entire expenditure (from all sources) captured by TABUCS in focal provinces	Planned	New indicator, baseline to be established in first year, milestone to be revisited accordingly	The province level TA is yet to be agreed and started. Thus, this has been shifted to 2020/21	TBC by June 2021	TBC by June 2021	No milestone	
		Achieved		Not applicable	Not applicable			
		Source TABUCS						
OC2.3	Budget absorption (% of allocated health budget expended) at: a) Federal sphere	Planned	83.1	90% (recurrent budget) & Financial Management Improvement Strategic Framework (FMISF) developed	90% & FMISF endorsed	90	No milestone	
		Achieved		80%; FMISF developed and endorsed by MoHP	32%, FMISF developed			
		Source TABUCS, FMR						
	b) Provincial sphere in focal provinces	Planned	Currently, system is not in place to capture this information. Baseline will be established after the system is fully in place, which we	No milestone set	85	90	No milestone	

UK - Nepal Health Sector Programme 3 (Re-shape log frame)								
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
			expect to be in FY 2020/21					
		Achieved		Not applicable	Sector wise data is not available yet			
			Source					
			TABUCS/SuTRA					
OC3	Evidence-based planning and decision making at 3 spheres of government							
OC3.1	Evidence-based budget allocations for Federal funding at provincial and local levels;	Planned	New indicator, baseline to be established	Commitment to issuance of guidelines for conditional grants (health) agreed in Annual Aide Memoire (EDPs/MoHP). Unit cost data of COVID-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement in public and private health facilities	Guidelines for conditional grants (Health) developed Unit cost data of COVID-19 diagnosis and treatment developed and used to support planning, budget allocations and reimbursement in public and private health facilities	Reduction in number of line items in conditional grants (health) after being implemented	No milestone	
		Achieved		Aide Memoire 2019 (Point 2c) states: Guidelines for health-related conditional grants go be given simultaneously with the budget.	Guidelines for conditional grants (Health) is being developed			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)								
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
				Unit cost of COVID-19 diagnosis and treatment has been developed and used to support planning, budget allocations and reimbursement				
			Source					
			MoHP guideline on conditional grants & Suppliers report					
OP1	Delivery of quality health services strengthened at provincial and local level, prioritising LNOB							
OP1.1	Number of public CEONC sites with functional caesarean section service (Disaggregated by province and ecological region)	Planned	75	80	86	88	No milestone	
		Achieved		87	85 CEONC sites had conducted at least one CS case in the last three months			
		Source						
		HMIS/DoHS Annual Report						
OP1.2	Public facilities in priority provinces compliant with BHCS protocols and guidelines (according to established critical path)	Planned	BHCS package has been drafted, but yet to be approved	BHCS package developed and approved by MoHP	Monitoring mechanism of BHCS established by MoHP	Assessment on public facilities compliance to BHCS protocols in LL sites, completed	Action plan developed in response to assessment	
		Achieved		BHCS package developed and approved by FMoHP, (BHCS package is a part of the Public	Conceptualised the monitoring mechanism of BHCS package and discussion was			

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				Health Service Regulation 2077, which has been endorsed by the Parliament)	made with IHMIS and PPMD, MoHP		
		Source					
		BHCS guidelines and protocols and monitoring system					
OP1.3	Number and %age of OCMCs functional as per guideline (Disaggregated by Province and ecological regions)	Planned	20 (53%)	36 (67%) and review of OCMC utilisation and bottlenecks to use completed, Evidence of activities undertaken to strengthen response to GBV during the Covid-19 lockdown.	45 (70%) Action plan in relation to review completed, agreed and evidence of implementation	53 (76%)	56 (80%)
		Achieved		36 (67%) [36 of 54 OCMCs are functional] 14 new OCMCs established In-depth review of OCMC utilisation and bottlenecks to use completed. Interim guidelines on OCMC services during	This information is available at the end of the fiscal year		

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				COVID-19 lockdown developed, intensive follow up and support provided through phone to strengthen response to GBV			
			Source				
			OCMC reports Milestone 1: OCMC report as of end of June 2020				
OP1.4	Number of COVID-19 related hospitals and institutions supported through Financial Aid and technical assistance	Planned	0	TBA	TBA	no milestone	no milestone
		Achieved		Not applicable			
			Source				
		Supplier reports and FMRs					
	Actions to mitigate secondary health impacts of COVID-19, in particular RMNCAH services.	Planned	0	Qualitative assessment	Qualitative assessment	no milestone	no milestone
		Achieved		Qualitative report done and submitted			
			Source				
			Supplier reports - reports, monitoring, key informant statements				
OP1.5	% (and number) of eligible women who received Aama incentives on transportation (Disaggregated by	Planned	315,355	93 (302,360) & Aama review conducted, and report finalised. Annual Aama Rapid assessment undertaken	94 (311,724) & Action plan / Roadmap based on Aama review developed and endorsed. Evidence of roadmap	95 (321,341) & Rapid assessment of implementation of Aama revisions, in focal provinces	No milestone

UK - Nepal Health Sector Programme 3 (Re-shape log frame)								
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
	province & Geography)				implementation documented	and Learning Lab sites		
		Achieved		Number of eligible women for Amma transport incentive=388090 Number of women received incentive on transportation=338260 % of eligible women who received incentive on transportation=87.2% Annual Aama rapid assessment completed, report write up is in progress	Total number of eligible women on Aama incentives on transportation=354757 Total number of eligible women who received Aama incentives on transportation=318712 % of eligible women who received Aama incentives on transportation =89.8			
		Source						
			HMIS 2017/18	HMIS/DoHS Annual Report, Aama review report, Roadmap and Rapid assessment of AAMA				
OP2	Multi-hazard resilient health infrastructure in focal provinces and vulnerable regions, supported and strengthened							
OP2.1	Two priority health facilities/hospitals retrofitted or rehabilitated with support from BEK's earmarked Financial Aid and technical assistance (DLI);	Planned	Retrofitting of two priority hospitals proposed using BEK FA	Decanting spaces completed at Pokhara Western Regional Hospital and Bhaktapur Hospital; and repurposed as COVID-19 management centres	5 building blocks retrofitted in Pokhara Western Regional Hospital Structure of the new OT building at Bhaktapur Hospital completed.	TBC by May 2020	Retrofitting completed at Pokhara Western Regional Hospital and Bhaktapur Hospital	

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
		Baseline (2016)		Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
		Achieved		Decanting spaces completed and being used for management of the COVID-19 cases in both the hospitals	90% structural work of 2 new building (Pokhara) is completed		
		Source					
		NHSSP Programme reports					
OP2.2	Number of new facilities designs that adhere to standard design guidelines/ NHIDS, in selected municipalities of focal provinces	Planned	New Indicator	No milestone set	Pending conformation from Palikas up to 10 health facilities (Primary Level hospital 2, Ward level HFs 5 and Health Post 3)	No milestone set	Pending conformation from Palikas up to 15 health facilities At least 15 new facilities (Primary Level hospital 3, Ward level HFs 12 and Health Post 5)
		Achieved		Not applicable	Five new hospitals designed that adhere to standard design guideline		
		Source					
		NHSSP Programme reports					
OP3	Federal, provincial and local level health policy, planning and accountability strengthened, to support effective health system management at all spheres						
P3.1	Critical pathway for development of coherent policies aligned to devolved functions at 3 spheres of government	Planned	Inventory for policies developed	Preliminary analysis report analysing the health sector functions of all three level of government as per Functional Analysis and Assessment (FAA)	No milestone set	In-depth analysis of policy coherence across three level of government (focusing on	Recommendations based on analysis advocated at all levels

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
		Baseline (2016)		Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				COVID-19 relevant policies, plans and guidelines developed and disseminated.		focal provinces and LL sites) completed	
		Achieved		Report on "Preliminary analysis of the health sector functions of all three levels of government as per Functional Analysis and Assignments and relevant policies" has been developed. COVID-19 related policies, plans and guidelines are developed and disseminated through MoHP website.	Not applicable for this year		
Source							
NHSSP Programme Reports							
OP3.2	% increase in the number of SAHS supported CSOs that provided new data to the local planning and budget process	Planned	New proposed indicator, baseline not applicable	20	45	50	No milestone
		Achieved		43			
Source							
CSO reports, CSO survey reports							

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
		Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)	
	generated through the expenditure tracking exercise (disaggregated by LLs and non-LL sites)						
OP4	Effectiveness and accountability of financial and procurement systems strengthened at federal level and in focal provinces						
OP4.1	% MoHP spending units using TABUCS (DLI 8)	Planned	MoHP has issued a circular mandating expenditure reporting through TABUCS by all spending units	90	95	95	No milestone
		Achieved		90	13.0		
		Source	TABUCS				
OP4.2	Public Procurement Strategic Framework (PPSF) developed, endorsed and implemented	Planned	48% procurement against CAPP	PPSF developed; 65% procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI) Technical Specification Bank (TSB) for COVID-19 health commodities	PPSF endorsed, implemented & monitoring framework developed and 75% procurement against CAPP; 90% of health commodities procured by MD based on TSB (DLI) TSB used for 85% all	Public procurement strategic framework implementation monitored quadrimesterly and 85% procurement against CAPP	No milestone

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				developed, disseminated.	FMOH covid-19 procurement		
		Achieved		<p>PPSF developed in English and Nepali languages and in process of endorsement by MoHP.</p> <p>100% procurements by DoHS-MD are from CAPP. 70.39% of Planned value are contracted.</p> <p>100% of procurement of health commodities, as specified in the list of health commodities procured by MD is based on TSB.</p> <p>Technical Specifications of COVID-19 Health commodities are developed and in process of uploading</p>	<p>The new officials of Planning and Finance Sections of MoHP are briefed about the PPSF document and its objectives. It is still in endorsement process at MoHP.</p> <p>New CAPP of 2020-21 prepared and implemented. Till March 31, 2021, MD has processed 95.42% in total CAPP value for procurement. The value of contract signed till March is 42.99% in total CAPP value of F/Y 2020-21.</p> <p>All procurement of health commodities by MD is based on TSB.</p>		

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
		Baseline (2016)		Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				on TSB after endorsement.	Consolidated Technical Specifications of COVID-19 Health commodities are approved by technical committee and are in use for procurement.		
Source							
Logistics Management Section, Management Division Record on Public Procurement Strategic Framework (PPSF) and NHRC DLI verification report							
OP4.3	% of audited spending units responding to the OAG's primary audit queries within 35 days (DLI 9)	Planned	56	65	70	75	
		Achieved		97	Information available annually (end of fiscal year)		
Source							
OAG audit queries and audited spending units' response Milestone 1: MoHP records							
OP5	Quality evidence generated and used in decision making						
OP5.1	%age of health facilities reporting disaggregated data using District Health Information System 2 (DHIS2) in a	Planned	23	35 & COVID-19 health information management system established and functioning	45 & COVID-19 health information management system functioning	55	No milestone
		Achieved		44 A web-based system has been established in DHIS2 platform for	61.5% COVID-19 vaccine related information functioning from		

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
	timely manner (DLI 10)			daily reporting of service delivery status during the pandemic from health facilities and COVID-19 management related information from local governments	DHIS2/HMIS and RT-PCR positive cases are recorded in EDCD reporting system		
		Source					
		NHRC DLI verification report and suppliers report, HMIS web portal					
OP5.2	%age of municipalities engaged in the SAHS-supported dialogue forums that report using results of SAHS APEA, situational analysis, mapping and/or analytical materials to inform decision-making	Planned	Not available	20	30	75	No milestone
		Achieved		90			
		Source					
		Meeting minutes of events/SAHS progress report					

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
OP5.3	Evidence generated within NHSP3 & its use by government and its counterparts	Planned	New indicator, not applicable	Repository of NHSP3 KM products developed & assessment protocol for evidence use developed KM products: 10 KM events: 2	Assessment on evidence use conducted and report disseminated* KM products: 10 KM events: 3	KM Products: 10 KM events: 3	KM Products: 3 KM events: 1
		Achieved		Five technical briefs produced; 1. Distance to Health Facilities: How does it affect the uptake of Institutional Delivery Services in Nepal? 2. Trends and determinants of early neonatal mortality in Nepal 3. Responses on COVID-19 Disease in Nepal: Laboratory Perspective 4. Initial crude estimates of the effects of the COVID-19 pandemic on Immunisation, Safe Motherhood and	Completed technical brief: 2 Drafting technical briefs: 2		

UK - Nepal Health Sector Programme 3 (Re-shape log frame)							
			Baseline (2016)	Milestone 1 (July 2020)	Milestone 2 (July 2021)	Milestone 3 (July 2022)	Target (Dec 2022)
				Family Planning program in Nepal 5. Global evidence and implications for Nepal's Aama Surakshya Programme			
			Source				
			Repository/Assessment report & copy of KM products				

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
IM1	The baseline for this indicator has been established using Nepal BoD (NBoD) data that comes from the Global BoD (GBD) Study at the IHME. The milestones here have been adopted from IHME SDG tool that gives projection for SDG Indicators. The baseline figure for 2016 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
IM2	The data for MMR will not be available from NDHS till 2026. Therefore, Nepal BoD (NBoD) data that comes from the Global BoD Study at the IHME will be used to track the results. The milestones here have been adopted from IHME SDG. The baseline figure for 2018/19 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
IM3	Target has been set assuming 0.5% decrease in DALYs from the previous year values (2017). With regards to Dec 2022 target, considering the current cycle of BoD results availability, there will be no new results available between July to Dec 2022, hence the same value for July 2022 has been used for Dec 2022 target. The baseline figure for 2016 is from the data released in November 2018, and as the source provides the result for a year earlier, this figure is also for 2017.
OC1.1 and 1.2	Federal, provincial and local governments take ownership of the programme. Government will continue its efforts to coordinate and collaborate with local tiers to strengthen the implementation of the NHSS and the NHSP3 programme. Progress on strengthening the federalism system will enable continued progress on health sector reform. There will be uninterrupted supply of commodities to health facilities in Nepal. Staff redeployment will not interrupt the services
OC 2.1 and 2.2	Staff redeployment has no major effect on service provision. Province and local government proactively reports regularly in financial reporting tools.
OC3	Conditional grants guidelines developed and endorsed will help planning the grants based on evidence and be more flexible reducing the number of activities under the grants. Federal and provincial/local governments are receptive towards the use of data and consider the use of evidence as a priority for planning
OP1.1, 1.2, 1.3 & 1.4	National policies, strategies, guidelines and protocols are updated and disseminated at all levels. Provincial and local government takes ownership and are committed to deliver quality health services. Provincial and local government follows/adapt guidelines, protocols, to deliver quality health services. Assumptions for output Indicator 1.4a: The current Aama programme implementation guideline continues as it is now. The milestone needs to be revisited if the guideline changes in future.

Description of the assumptions and remarks for the specific indicators	
Indicator	Assumption / Remarks
OP 2.1 & 2.2	Developed plans are endorsed by government on time. Province are committed to support the development and endorse the developed plan on time Local government are supportive and receptive towards program
OP3.2	The proposed plan to restrict CSO activities does not materialise The upcoming planning process provide space to CSO unlike budget processes before this
OP4.1 & 4.2	Staff redeployment at MoHP won't have an effect on the process, and spending units continues to use TABUCS or other FMIS. MOHP committed towards transparency
OP5.1, 5.2 & 5.3	committed to strengthen quality of data at all levels. Health Facilities and Palikas are trained on DHIS2 for timely reporting Staff redeployment won't have major effects on HF and Palikas GoN prioritise generating of evidence and is supportive towards partners for generation of evidence

ANNEX 6 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	Continued lockdown may reduce the momentum of the programme.	Likely	Severe		NHSSP will maximise the IT system and provide support remotely to their counterparts and policy makers.	Likely	Moderate		Yes	NHSSP advisors will support Provincial and palika level staff engagement will be monitored; deployment as soon as possible	SMT	Treat
R2	COVID-19 spreading in KTM, NHSSP staff may be affected that may cause the delays in submission of schedule deliverable.	Highly Likely	Major		PDs were reviewed and agreed with BEK those possible to complete in the COVID-19 situation.	Likely	Moderate		Yes	Staff are strongly suggested not to take risks. Staff to work from home during periods of Highly Likely transmission. All staff to be offered vaccine.	SMT	Treat

R3	Delay on MOU signed between BEK and MOF may delay in transition to sub-national level.	No longer relevant										
R4	Changes in UK Government leads to reduced commitment to aid budget, including budget for NHSSP 3 Extension.	No longer relevant										
	Policy and Programme Delivery											
R5	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
R6	Inadequate political will to drive key reform processes for example	Likely	Major		NHSSP advisors work closely with senior staff in FMoHP to	Likely	Moderate		Yes	NHSSP advisors will continue to work closely with senior staff at	Team Leader /Data for Decision Making	Treat

	procurement reform at federal and sub-national levels.				advocate, build understanding and buy in to planned reform processes.				Federal and sub-national level. Pace of changes will be carefully planned. Regular meeting of CAPP monitoring committee.	Technical Strategist/ Strategic Advisor	
R7	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

R8	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 guides and planning support in coordination with all supporting partners EDPs.	Highly Likely	Moderate		Yes	Regular engagement with the FMoHP and priority province and palika governments in planning processes. Subnational staff to provide hands-on support to augment capacity in light of additional COVID-19 related impact on capacity.	Concerned Technical Strategists and Provincial Advisers	Treat
R9	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	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	Coverage and Quality Technical Strategist	Treat

					support in coordination with all supporting partners EDPs.					support collection and analysis of public health data to be used for advocacy, and to inform planning and budgeting.		
R10	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											
R11	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.	Likely	Moderate		Yes	NHSSP will advocate for rapid assessment of essential health services and for availability of ambulances and developing messages with	SD/HPP team	Treat

					Continue advocating for service sites to be made safe, using PPE and infection prevention, and for complication readiness as women/children will wait until they are seriously ill – messaging on danger signs				BBC Media Action and RH cluster.		
R12	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	Likely	Major	Yes	NHSSP will work closely with BEK and other partners to develop and implement hospital safety measures.	PPFM/HPP team	Tolerate

					monitor routine service provision.							
R13	Procurement and provision of both routine and COVID-related equipment is delayed.	Highly Likely	Major		NHSSP will support emergency procurement policies and systems, as appropriate.	Likely	Moderate		Yes		PPFM	Tolerate
R14	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
R15	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	Likely	Major		Yes	Provide Possible follow-up support to OCMCs/hospitals for continuity of services from hospitals and safe home/rehabilitat	GESI team	Treat

					protocols for OCMCs and shelter home/ rehabilitation centres.					ion centres and share the status with MoHP and partners.		
R16	Health workers lack PPE, leading to illness, mental stress and reduced motivation among health staff thereby reducing the capacity of the health system.	Highly Likely	Major		NHSSP work closely with the MoHP and other partners for the development and implementation of hospital safety measures, self-care and online counselling for providers.	Likely	Moderate		Yes	Provide regular follow-up on for the implementation of guidelines on use of PPE as per the WHO and Nepal Medical Council standards.	SMT	Treat
R17	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,	Likely	Moderate		Yes	Inability to do field visits and conduct on-site support to managers/service providers hampers effectiveness of our work.	SMT	Tolerate

					self-care and online counselling for providers.							
R18	Ability to access services by clients/users decline due to the fear of getting infection from health services, and difficulty in getting transport and travel.	Highly likely	Major		NHSSP, alongside RH sub-cluster partners, support FWD in implementation of the interim guideline focusing on orientation of health workers.	Likely	Moderate		Yes	NHSSP will facilitate and encourage partners to provide online orientation to health workers.	SMT	Tolerate
R19	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	Data for Decision Making Technical Strategist	Treat

										support its implementation.		
R20	MoHP priorities/demands are changeable due to external and internal pressures which deflects TA from sector targets at federal and subsequently, sub-national levels	Highly Likely	Moderate		The NHSSP team is and will continue to closely collaborate with key counterparts to ensure a shared understanding of work plans. The NHSSP is being flexible and responsive to make certain that adapting plans will have limited impact on overall quality of delivery of the TA.	Possible	Minor		Yes	NHSSP team will continue to work closely with FMoHP colleagues and actively engage priority province and palika governments, and remain flexible and strategic.	Concerned Advisers	Treat
R21	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	Possible	Minor		Yes	NHSSP team will work with other partners for resource leveraging.	Concerned NHSSP Advisers	Treat

					the scope of NHSSP.							
R22	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
R23	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

R24	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 the facility, not just training.	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
R25	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
R26	Lack of clarity and understanding at all three spheres of government on	Highly Likely	Moderate		NHSSP uses the OCAT training and implementatio	Likely	Minor		Yes	NHSSP continuing to advocate and guide TA that is	Team Leader/Strategic Adviser	Treat

	new mandated roles and responsibilities.				n as an opportunity to review and discuss the revised mandates of each sphere of government.					aligned to revised mandates.		
	Financial and Fiduciary											
R27	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
R28	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
R29	Financial management capacity of subcontracted	Possible	Moderate		Carry out a due diligence assessment of major partners	Possible	Minor		Yes	Carry out regular reviews of progress against agreed	Deputy Team Leader	Treat

	local partners is Possible.				at the beginning of the contract.					work plans and budgets.		
R30	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

R31	Devaluation of the £, including as a result of the UK exiting the EU (Brexit), reduces the value of FA and TA commitment.	No longer relevant										
R32	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												
R33	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,	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	Team Leader and Options' Safeguarding Lead (Director of Programmes)	Treat

					monitor and report on the implementation of its safeguarding policy. NHSSP adopts child and vulnerable adult safeguarding recruitment procedures for the selection of staff. NHSSP conducts due diligence on all new partners and conducts regular due diligence checks on existing partners to ensure compliance with Options' and BEK/FCDO's Code of Conduct.					contracts will include compliance with BEK/FCDO's latest Supply Partner Code of Conduct.		
	People											

R34	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 technical areas required to support MoHP. We will maintain staff safety and wellbeing as per the Options duty of care protocol.	Possible	Moderate		Yes	NHSSP will continue to communicate the situation to all staff and make them aware that their safety comes first. Regular communication channels will be established with all staff. In addition, staff salary will be paid on time as usual.	TL	Tolerate
	Climate & environmental											
R35	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	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

					be put in place for all staff.						
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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	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	NHSSP HI team	Treat

					extent despite the difficulties				61 Force Majeure for the period affected due to lockdown		
	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 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)	Likely	Major		Yes	NHSSP is regularly supporting DUDBC and its respective FPIUs to update the activity schedule and execute the work as per the updated activity schedule.	Tolerate
	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 necessary medical procedures (treatment, contact tracing and isolation) for personnel working at site if any workers get infected	Likely	Moderate		Yes	NHSSP team, HI 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 organised regularly.	NHSSP HI team	Treat
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