Nepal Health Sector Support Programme III

(NHSSP – III)

NHSSP Quarterly Report
January to March 2021

Contents

EXECUTIVE SUMMARY

Précis

This is the fifteenth Nepal Health Sector Support Programme III (NHSSP) quarterly update covering the period from 1 January to 31 March 2021. NHSSP remained adaptive to changing circumstances, opening offices fully after government restrictions were lifted and staff started to receive their first doses of vaccine. The focus was as much on regular programming as on COVID-19 support. Rising COVID-19 cases towards the end of the quarter, especially in neighbouring India, are of serious concern.

Development context

In the previous quarter Nepal's politics entered a new context when the Prime Minister recommended dissolution of the House of Representatives of the Federal Parliament two years prior to its term's end. As a result, differences among political parties escalated leading to public demonstrations across the country for and against the Prime Minister's recommendations. Several cases were filed with the Supreme Court challenging the Prime Minister's recommendation. The political context took a new shape with the Court order to reinstate the parliament. This has also led to a split in the governing party and political uncertainties.

Although the number of COVID-19 new cases declined in this reporting period, health sector engagement was largely dominated by managing COVID-19 response: seeking approval for emergency use of COVID-19 vaccine, amendments to guidelines for facilitation of vaccine import and procurement, phase-wise rollout of vaccination plan, identifying target groups for vaccination, vaccine safeguarding measures and logistical arrangements. While the federal government authorized local authorities to impose lockdown within their jurisdictions as needed, no lockdown was observed during this quarter.

Technical Assistance

Government of Nepal activities mainly remained on strengthening COVID-19 response including seeking approval for emergency use of COVID-19 vaccine, amendments to guidelines for facilitation of vaccine import and procurement, phase-wise rollout of vaccination plan, identifying target groups for vaccination, vaccine safeguarding measures, and logistical arrangements. Support to those activities, regular support for routine healthcare services, and preparation of Annual Work Plans and Budgets (AWPB) remained priorities for technical assistance (TA). Most Kathmandu-based activities were maintained, mainly through virtual presence. After receiving a first vaccination staff were allowed to travel, so many field-based activities were re-started. Successes in both COVID- and non-COVID-19-related areas this quarter include, but are not limited to:

- Updating the COVID-19 response plan, data analysis and COVID-19 situation updates, preparing the Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment, and supporting development of COVID-19 vaccine technical notes and deployment plan;
- Support to the AWPB process at all levels, from (In February 2021 at federalFederal level and March for provincial levelin Subnational Level) including integrating the known gaps at Learning Lab sites into local level plans;
- Sharing experiences of the introduction of C-section monitoring at the Nepal Society of Obstetricians and Gynaecologists (NESOG) virtual conference on 2nd April 2021, improving functionality of Comprehensive Emergency Obstetric and Neonatal Care sites, and establishing two clinical mentor training sites;
- Digitisation of One-stop Crisis Management Centres (OCMC) and Social Service Unit (SSU) recording and reporting tools in alignment with the Health Management Information System District Health Information Software 2 plat form;
- Continued support in planning and implementation of maternal mortality study following the Census 2021;

- Supporting the Department of Urban Development and Building Construction to finalise the contract signing of the service decanting tender at Pokhara, along with planning for decanting service and monitoring, supervision and management of works under the main retrofitting tender. Support was also provided to mobilise and initiate the main retrofitting works at the Bhaktapur site;
- Support to setting up three new OCMCs at Lamjung, Rukum West, and Nawalparasi East through virtual meetings and virtual orientation. NHSSP also provided TA to establish a new SSU in Syangja hospital.

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

Four Payment Deliverables (PDs) were approved and invoiced. BEK accepted a few changes to PDs since some were not achievable due to COVID-19. All PD Terms of Reference (TOR) were approved, and the delivery schedule is progressing as planned. Further, NHSSP submitted the ToR of PDs from April 2021 to March 2022 to BEK for review and approve. ***Please see Annex 3 for details of PDs approved by BEK this quarter.***

Conclusions and strategic implications

Amidst the general political turmoil this quarter, COVID-19 cases decreased but there are growing concerns over the expected increase in cases in the coming weeks. Programme management continued to require all public health measures (e.g., masks, physical distancing, hand sanitising) to be observed as staff returned to NHSSP offices. Ministry of Health and Population (MoHP) activities continued to focus on strengthening the COVID-19 response including rolling out COVID-19 vaccination. The current unavailability of vaccines is a major concern. Priority continued to be given to coordination across the sector and between the three tiers of government in COVID-19 response, and continuation of routine healthcare services. Preparation for development of AWPBs was a major focus for most NHSSP thematic areas. Recruitment and placement of staff at Provincial and Local levels this quarter will kick start our subnational plans. However, the level and pace of activities will be mediated by how well COVID-19 spread is controlled, or whether lock down measures will again be put in place.

We anticipate the following in the coming quarter:

COVID-19 spread and response
- **Increase in the reported number of cases**: With migrant workers travelling between India and Nepal once again, the alarming second wave in India will likely impact Nepal;
- **Vaccines**: The government will be highly focused on vaccine procurement (such as emergency approval and procurement for new vaccines, such as Sputnik from Russia) and roll out.

Implications for NHSSP programming include the following
- **Integrated COVID-19 response activities**: We will continue to provide critical COVID-19 support while simultaneously implementing non-COVID-related activities;
- **Subnational programming**: recruitment and deployment of Province- and Local level-based staff is expected to be completed by the end of the next quarter;
- **AWPB support** – this will be a priority activity for most thematic areas;
- **Work plan and deliverables**: We expect to complete the planned payment deliverables. However, if cases rise dramatically, we may see lockdown/movement restrictions put in place again;
- **The need for flexibility continues**: This includes deliverables, both payment and non-payment, in response to changing circumstances and priorities at all levels of government.

1. INTRODUCTION

This document updates the British Embassy, Kathmandu (BEK) on progress of the Nepal Health Sector Support Programme III (NHSSP III) from **1 January to 31 March 2021**. We present the broader national context this quarter and our achievements in both "regular" and COVID-19-specific support. With the lifting of travel restrictions coinciding with staff receiving their first dose of vaccines, NHSSP offices were fully reopened and activities resumed at all three levels of government. There continued to be a mix of in-person and virtual presence.

1.1. The Development Context

In the previous quarter Nepal's politics entered a new context when the Prime Minister recommended dissolution of the House of Representatives of the Federal Parliament two years prior to the term end., Differences among political parties escalated as a result, resulting in public demonstrations across the country for and against the Prime Minister's recommendation. Several cases were filed with the Supreme Court challenging the recommendation. The political context took a new shape with a Court order to reinstate the parliament. This also led to a split in the governing party and political uncertainties.

Restrictions put in place to contain COVID-19 were gradually relaxed in the reporting period. Most businesses resumed normal operations and schools reopened. The federal government authorized local authorities to lockdown their jurisdictions as needed, but no lockdowns were imposed during this quarter. National and international flights resumed, long-range and city transportation could operate keeping public health measures intact, and no restriction was observed in cross-border activities. Political gatherings, rallies, and demonstrations were observed across the country, challenging the limited COVID-19 mitigation measures put in place by the government.

Although the number of COVID-19 new cases declined in this period, health sector engagement was largely dominated by managing COVID-19 response. Major undertakings included seeking approval for emergency use of COVID-19 vaccines, amendments to guidelines to facilitate vaccine import and procurement, phase-wise rollout of vaccination, identifying target groups for vaccination, vaccine safeguarding measures and logistical arrangements. Coordination between the three tiers of government for epidemic containment and essential health services delivery, partnership with development partners, and sharing Nepal's lessons in COVID-19 response in international, regional, and national platforms were observed.

1.2. Sector Response and Analysis

At the end of the quarter (March 2021) COVID-19 cases continue to be detected: Nepal has recorded nearly 280,000 confirmed COVID-19 cases and over 3,000 COVID-19 related deaths. Emergency use authorization was granted for the AstraZeneca COVISHIELD vaccine. Following approval, the government of Nepal received a million doses of this vaccine as a donation from the Government of India. Within a week of arrival of the vaccine, MoHP launched a first phase of vaccination across the country through over 200 vaccination centres in 77 districts, targeting health care personnel and other frontline workers. In mid-February Nepal also granted conditional approval for emergency use of a second COVID-19 vaccine, developed by an affiliate of China's Sinopharm. In early March 2021, Nepal received 348,000 doses of AstraZeneca 'COVISHIELD' vaccine through the COVAX facility. At time of writing 1.8 million people (78% of the target population) have received a first dose of vaccine.

In summary, the health sector has focused on strengthening the COVID-19 national response and expanding COVID-19 vaccine coverage. Although notified number of COVID-19 cases has been declining, all seven provinces have observed transmission via clusters of cases. COVID-19 risk communication has been strengthened to continue public health measures to prevent the transmission of infection.

1.3. Changes to the Technical Assistance team

There were significant changes in the team structure this quarter with transition to the NHSSP extension structure. The Team Leader, Dr. Michael O'Dwyer, has been providing overall strategic leadership and management support to the team. NHSSP recruited three thematic team leaders, two of whom (Leadership and Governance (L&G) and Data for Decision Making (D4D) thematic team leaders) joined the programme during the quarter. The Coverage and Quality (C&Q) leader will join on June 1st. Recruitment of provincial coordinators, Procurement and Public Financial Management (PPFM) Officers and Health System Strengthening Officers (HSSOs) began. Provincial coordinators will join by mid-April and HSSOs from 1st June. Five international experts were contracted during this period to support the programme. ***Please see Annex 2 for details.***

1.4. Payment Deliverables

Four PDs were approved and invoiced. BEK accepted a few changes to PDs since some were not achievable due to COVID-19. All PD TORs were approved, and delivery is progressing as planned. The programme submitted ToRs for PDs from April 2021 to March 2022 to BEK for review and approval. ***Please see Annex 3 for details of PDs approved by BEK this quarter.***

1.5. Logical Framework

This logical 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). The data presented in the log frame are provisional and will be updated in upcoming quarters. Up-to-date figures for the outputs as of March 31, 2021 are provided in this report. ***Please see Annex 4 for details.***

1.6. Value for Money

NHSSP is committed to maximising the impact of UK government investment in Nepal by embracing Value for Money (VfM) principles in programme implementation. NHSSP reports on four indicators as guided by key VfM principles: ***Economy, Efficiency, Effectiveness*** *and* ***Equity***.

Average unit costs for Short Term Technical Assistance (STTA) for the period were £519 for international TA and £170 for national TA. These were below programme benchmarks of £611 and £224 respectively. Use of international STTA was higher (69%) than the national STTA (31%). International STTA supported review and costing of national nursing and midwifery strategy and action plan, quality assurance of safe motherhood and new-born health roadmap, and finalisation of PD ToRs.

38% of the budget was spent on administration and management, slightly above the programme benchmark. This was due to renewal of MS office license and professional fee charges for audit, as the annual audit was conducted during this period.

Two capacity enhancement programme sessions were conducted to 31 participants at national and local level. The Minimum Service Standards (MSS) virtual orientation was conducted for participants from Lumbini province, and a consultative workshop on FP/RH was conducted in Kathmandu for health professionals. The average cost per participant per day incurred for the national training was £18.07, and for the local level was £3.41. Both these costs were within the budget ceiling.

To date the programme has submitted 107 PDs; all submitted PDs have been approved by the GoN and signed off by BEK. ***Please see Annex 5 for details.***

1.7. Technical Assistance Response Fund

No TARF funds application was received during the quarter. NHSSP will continue to explore the appropriate ways of using TARF funds and discuss with the relevant officials in MoHP and with the provincial authorities.

1.8. Risk Management

No new risks were identified during this quarter. NHSSP will continue to monitor risks. New, current, and potential programme risks in the COVID-19 context will be assessed by the Senior Management Team and shared with BEK in the monthly meetings.

2. LEADERSHIP AND GOVERNANCE

Summary

The MoHP was provided with a budgetary ceiling of 63.8 billion NPR for the next fiscal year 2021/22and has prepared the priority policy and programme of the health sector based on this. The ministry is currently preparing the AWPB with inputs from respective divisions, centers, hospitals and other federal entities for the next year. NHSSP has been providing technical support to MoHP in the preparation of the AWPB including in the review and refinement of the of the draft work plan.

PPFM team continued to update the Public Procurement Strategic Framework (PPSF) based on feedback from all concerned authorities and External Development Partners. The PPFM team also continued to lead on COVID-19-related support to MoHP, especially to update the COVID-19 response plan, preparing the Consolidated Technical Specifications of COVID-19 Medicines, Supplies and Equipment, and supporting development of COVID-19 vaccine technical notes and deployment plan.

Consultative meetings were held with provincial stakeholders of Province 2, Lumbini and Sudurpashchim Provinces to discuss the NHSSP III extension phase subnational roll out plan. Follow up of capacity assessments and development of health sector profiles and factsheets has been going on in existing LL sites. Identified gaps will be addressed through local level AWPB processes. Preliminary AWPB drafting meetings were held in Pokhara, Dhangadhimai and Kharpunath. ***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

Policy and programme: The MoHP has prepared a priority health sector policy and programme for the next fiscal year. Provincial and local level suggestions were requested alongside inputs from divisions and centres. NHSSP supported the MoHP to synthesise these inputs and to prepare a final draft of the policy and program.

Annual planning and budgeting: The National Planning Commission and Ministry of Finance initiated the planning process for fiscal year 2021/22 and provided budget ceilings to line ministries. The MoHP received a budget ceiling of 63.8 billion NPR - 3 billion higher than the current fiscal year. MoHP provided budget ceilings to line agencies and instructed them to draft AWPBs. NHSSP supported MoHP to review and refine these draft plans for compilation into a draft AWPB for the next fiscal year.

Development of National Health Financing Strategy: MoHP has initiated development of a national health financing strategy, adopting the 100 Days Rapid Results Initiative framework (March 9-June 16, 2021). NHSSP advisors and thematic team leaders contributed to this process including literature review and generation of evidence to draft the strategy.

Harmonisation of Organisational Capacity Assessment Tools: A coordination meeting was organised with the NHTC to discuss the scope and approach of the organizational capacity assessment tools currently supported by NHSSP and Systems Strengthening for Better Health (SSBH). During the meeting, NHSSP and SSBH provided a brief overview of their tools and operational frameworks. The meeting agreed to harmonize the tools currently used by the two agencies to align their contents and operational approaches, and thus to facilitate their roll out at a wider scale.

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

Development of standards: In accordance with the provisions of public health regulations, the Quality Standard and Regulation Division (QSRD) of the MoHP has developed standards for regulation of health institutions. These standards will provide a framework to regulate the establishment, renewal and upgrading of health institutions. They cover aspects such as physical infrastructure, human resources and equipment. NHSSP, and other partners, supported MoHP to refine 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

Public Financial Management Strategic Framework (PFMSF) 2020/21–2024/25) monitored: The MoHP endorsed the PFMSF in July 2020. It has been implemented at federal level. The ministry has identified the need to monitor the implementation and achievements of the framework. NHSSP has now developed ToR on March 8, 2021and hired a national consultant March 26, 2021 to monitor PFMSF related activities over the next two months (April-May), and to deliver a report by the end of May 2021.

Improved Internal Control through internal and final audit clearance (PD R-38: Audit status Report): Internal audit queries data have been collected from spending units and the Financial Comptroller General Office/District Treasury Comptroller's Offices (FCGO/DTCO). An Audit status report will be prepared in August 2021 and will be presented to the PFM committee.

Internal Control System Directives (ICSD): The PPFM team supported the MoHP to update internal control guidelines in line with the Internal Control System Directives (ICSD) 2019 (issued by the FCGO), and the Financial Procedural and Fiscal Accountability Act, 2019 and Regulation, 2021. Final draft guidelines have been prepared by the team and are currently under review by MoHP officials for feedback.

Update PFM training manual in line with the new FPA & FRA: Financial Procedure and Accountability Regulation, 2021 has recently been rolled out from 1st February 2021 by GoN. PPFM team has reviewed the Financial Procedure and Accountability Act, 2019 and Regulation, 2021 to update the PFM training manual a first draft of which will be completed in the next quarter.

Regular Support MoHP's PFM & Audit Committees to undertake regular meetings, and follow up of implementation of meeting minutes: The PPFM team continued its support to conduct Audit and Internal Control Committee and Audit Support Committee meetings. The Joint Secretary/MoHP chaired an Audit Support Committee meeting on 2nd and 3rd of March. The committee has instructed all federal level health entities to update audit queries records and to clear at least 50% of audit queries in the current FY 2020/21.

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

TABUCS Utilization: FCGO has made use of Computer Based Government Accounting Systems (CGAS) mandatory for expenditure accounting from FY 2020/21 for release of funds. TABUCS is now used by all health entities only for audit queries, records, deposit accounts and the Consolidated Annual Procurement Plan.

Financial Monitoring Report (FMR): The annual FMR is drafted and verified with FMIS. An audited financial statement has been prepared for FY 2019/20 and is being reviewed by MoHP.

Audited financial statement: The annual Audited financial statement has been drafted this quarter to be presented to OAG for certification. It will then be sent to EDPs.

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

Budget Analysis (BA): Findings from BA for FY 2020/21 were presented at the initial planning and budget discussion. Ongoing support is provided to federal level planning and budgeting process and Joint Consultative Meeting.

Benefit Incidence Analysis (BIA): An initial discussion on the importance of conducting health sector BIA was held with MoHP and drafted a ToR. BIA will be carried out in the next quarter.

Rapid Assessment of the Aama Programme: A management note was prepared and discussed with MoHP, DoHS, and FWD officials. Aama Programme Rapid Assessment round XIII findings were shared in the Aama guideline revision workshop. Changes to the programme implementation guidelines were recommended to provide greater clarity. It was agreed to start the Aama programme second generation discussion during this fiscal year. On February 21, 2021, the findings from Aama Review were presented by NHSSP to MoHP at a high-level introductory workshop.

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

Consolidated Annual Procurement Plan: DoHS implementation of the CAPP has improved: bidding processes for 49 out of 65 procurement items in the CAPP had started by the end of the quarter; contracts were issued for 22 of these items. This compares well with progress during the same period last year, when only 18 contracts were completed. Use of the e-Government Procurement (e-GP) system in this period was 90.91% (compared with 83.3% by end March 2020). The total value of contracts signed is less than last year, reflecting the lower total planned value for procurement in 2020-21. [see Annex 1 for Comparison of CAPP implementation in DoHS for FYs 2019-20 and 2020-21]

Public Procurement Strategic Framework (PPSF): PPSF for Health Sector has been prepared to guide sub-national governments to develop Procurement Improvement Plans which will be coherent with federal policies. The framework was updated with addition of an output indicator on practicing health sector emergency procurement. A Nepali language version of the document was prepared for use by SNG staff, and is in process of endorsement by MoHP.

Technical Specifications: Revised Technical Specifications for essential medicines and COVID-19 Medicines, Supplies and Equipment were submitted to Management Division (MD) of DoHS. These specifications are being used by the MD and provincial health institutions.

Progress against the CAPP: progress against CAPP at DoHS is satisfactory: 43% of CAPP value has been contracted at the end of this reporting period., 99.64% value of the total contracts signed were processed through eGP. The CAPP Monitoring Committee (CAPP-MC) is being used to monitor CAPP progress in DoHS. Although a formal CAPP-MC meeting could not be held this quarter, progress is regularly discussed by Directors at the DG office.

Capacity Development: Capacity development of the officials through procurement clinics has continued in this quarter. Support was provided for timely execution of CAPP, technical specification, evaluation and handling queries from suppliers. Capacity of Government officials especially for correspondence with manufacturers and contract terms, was enhanced to facilitate procurement of COVID-19 vaccine.

Subnational Programme Implementation

RESULT AREA I2E.4: ENHANCEMENT OF PROVINCIAL CAPACITY BY USING THE FRAMEWORK OF ORGANIZATIONAL CAPACITY ASSESSMENT TOOL AT PROVINCIAL LEVEL

Consultation meeting with Provincial level stakeholders in Priority provinces: Consultation meetings were organized with provincial stakeholders in NHSSP priority (focal) provinces (Province 2, Lumbini and Sudurpaschim) to discuss the subnational roll out plans. The team briefed on the scope and modalities of NHSSP TA. TA including consultation on possible criteria and assumptions for selection of Local Governments including poor health service utilization; and harmonization with development partners but avoiding the duplication of similar kind of programme implementation approach Deployment of programme staff to priority provinces and proposed Local Governments is underway. Provincial authorities welcomed the support of NHSSP in health system strengthening and discussed how NHSSP TA could be delivered effectively.

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

Organizational capacity development approaches: follow up organizational capacity assessment (OCA), routine data quality assessment (RDQA) and implementation of MSS is ongoing in existing LL sites. Gaps identified using these tools has been informed to respective local level AWPB preparation.

The gaps were presented in the annual health sector planning meeting organized at Dhangadhimai Municipality and Itahari Submetropolitan City. The key gaps identified were, delay in decision making due to frequent transfer of Chief Administrative Officers, inappropriate infrastructure for conducting Out Reach Clinic services (as defined by MSS), inadequate human resources and budget for equipment to run primary hospitals, irregular supply and shortage of commodities, poor management and regulation of private health service providers, poor HMIS reporting specially from private health providers.

Annual Workplan and Budgeting (AWPB): Preliminary meetings for drafting AWPBs were conducted in Pokhara, Dhangadhimai, and Kharpunath. Health sector profiles and factsheets for existing LL sites were developed as part of the preparation of AWPB process. The development of profiles and factsheet for province level has been planned in next quarter.

Monthly health sector review meeting: monthly health sector review meetings were organized regularly at LL sites. HSSOs provided support to compile, review, and cross check the monthly HMIS and LMIS reports and ensure that these were entered into the DHIS-2 system.

RESULT AREA I2E.7 (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

Health-related regulatory framework: Local governments have prioritised development of health-related policy, guidelines, and tools. Kharpunath Rural Municipality executive committee developed and endorsed Monitoring, Evaluation and Supervision guidelines. The HSSO facilitated drafting of guidelines in collaboration with SSBH/USAID. These guidelines are expected to serve as the reference document for conducting health sector monitoring and evaluation across the health facilities.

RESULT AREA I2E.9: SUPPORT DEVELOPMENT, IMPLEMENTATION, MONITORING, AND REVIEW OF HEALTH PLANS FOR DELIVERING BHCS AND REFERRAL (ALSO MONITORING FOR LNOB)

Implementation of quality Basic Health Care Service (BHCS**):** HSSOs of respective LL sites have been providing needs-based technical support to implement the routine BHCS as per the AWPB.

SUPPORT IN RESPONSE TO COVID-19

- Supported procurement of COVID-19 testing, disease management, and safety material, mainly through preparation of documents, evaluations, and contract awards
- Supported correspondences with vaccine manufacturer related to procurement issues.

PRIORITIES FOR THE NEXT QUARTER

Health Policy and Planning
- Continue support to finalize the AWPB for 2021/22 and develop the implementation guidelines
- Support organizing JCM on a date to be mutually agreed between MoHP and EDPs
- Support to finalize the standards as per the public health services regulations
- Support in consultation and refinement of draft legislations for structural reforms such as Centre for Diseases Control (CDC) and Food and Drug Administration (FDA)
- Initiate the process towards developing the next national health sector strategy
- Consultation with NHTC towards finalization of national health training strategy and OCA tool
- Support to development of National Health Financing Strategy.

Procurement and Public Financial Management
- Monitor implementation status of the PFMSF
- Update PFM training manual in line with the new Financial Procedure and Fiscal Accountability Act, 2019 (FPFAA) and Financial Procedure and Fiscal Accountability Regulations, 2021 (FPFAR)
- Prepare the 2nd FMR, 2020/21, and Audited Financial Statement for FY 2019/20
- Based on the Aama Programme RA-XIII, a management note will be prepared and discussed with MoHP, DoHS, and FWD officials
- Continue procurement support particularly to COVID-19 response and vaccine procurement
- Endorse and circulate the PPSF to provinces
- Update TSB and continue monitoring of CAPP implementation.

Subnational Programme Implementation
- Finalize selection of local governments for roll out of NHSSP III extension in priority provinces in consultation with MoHP and provincial Ministries of Social Development
- Support to draft evidence-based AWPB for FY 2021/22, and develop the implementation guidelines at respective priority provinces and selected local levels
- Support in drafting the health profile and factsheets of priority provinces and selected local levels
- Conduct Needs Assessment of priority provinces and selected local governments to extend TA.

3. COVERAGE AND QUALITY

Summary

Major achievements during the reporting period include sharing experiences of introduction of C-section monitoring at NESOG conference, improved Comprehensive Emergency Obstetric and Neonatal Care (CEONC) sites, establishing two clinical mentor training sites, and support to federal and provincial level evidence-based AWPB drafting. There were continued delays in finalisation of the Nursing and Midwifery Strategy and Action Plans 2020-30, and the Standard Treatment Protocols (STP) for Basic Health Services (BHS) package.

For updated Activities – please see Annex 1.

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

Functionality of CEONC sites: Off-site support and monitoring to ensure functionality and quality of CEONC services continued. TA supported staff recruitment in remote CEONC sites with restart of CS services. The most recent data on CEONC sites shows improved functionality (Annex 1, Table 1).

Monitoring CS (Robson's classification): the programme: supported FWD and MoSD/PHDs in Province 1 and Lumbini Province to re-introduce C-section rate monitoring at four referral hospitals and to develop provincial resource persons in Lumbini province; and supported sharing of experiences and findings of C-section rate monitoring process at the NESOG conference on 3rd April, with presentations from FWD, NESOG, and the Model hospital of Biratnagar.

Mobile Health (mHealth) pilot: contributed to writing a paper on experiences and findings of mHealth for FCHV piloting to be submitted by the Nursing and Social Security Division (NSSD) and BBC Media Action. Planned dissemination of findings has been delayed due to unavailability of the health secretary. The evaluation which included an analysis of the IVR data, baseline and endline quantitative surveys and end of project qualitative research, showed that there was a high uptake of the mhealth tool, improved FCHV knowledge and confidence levels, helped provide a structure to mothers group meetings, and enhanced the trust and relationship between FCHVs and the communities. A number of useful recommendations have been made based on the learning on how the pilot intervention could be improved for scale-up.

Postnatal Care (PNC): Budget for PNC home visit was allocated in 2020/21 to 396 palikas in 54 districts. TA was provided for (virtual) orientation of 33 provincial health offices (PrHO), following which 23 PrHO conducted orientation to HWs in their palikas, and 99 of these palikas started PNC home visits in this quarter. 253 palikas are now implementing the PNC home visit programme. FWD was supported to finalise implementation guidelines for PNC home visit microplanning; approval from DoHS is delayed.

FP: TA was provided to FWD and NHTC to develop the FP clinical mentoring programme. Development of a concept note, QI tool for training sites, and clinical mentoring package on FP (IUCD/Implant) is under way. HMIS monitoring showed that 15 palikas continued the Roving ANM programme and 14 palikas continued the Visiting Services Providers (VSP) programme. Provision of VSC services was under-utilised in 10 federal hospitals where BEK FP/FA was allocated (239 VSC procedures in eight months against a 2020/21 FY target of 6000). Major reasons for reported poor performance were (1) target hospitals were designated as COVID-19 treatment centres, (2) under-reporting, (3) limited dedication to provide FP services by these hospitals, and (4) shortage of staff trained to provide VSC+.

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

Physiotherapy Pilot: No progress during this quarter.

RESULT AREA: I3.3 THE MoHP/DoHS HAVE EFFECTIVE STRATEGIES TO MANAGE THE HIGH DEMAND OF MNH SERVICES AT REFERRAL CENTRES

On-site birthing units: No progress during this quarter; FWD have allocated budget to four hospitals to establish on-site BU in 2021/22 FY.

Aama Programme Review: The findings from Aama review were shared at a meeting with the Health Secretary and Directors in February. They recommended that the programme should be revised to be more equity focused. Discussion with FWD was started to revise the programme. A concept note will be developed and shared with BEK in the next quarter.

RESULT AREA I3.4: CONTINUOUS QUALITY IMPROVEMENT INSTITUTIONALISED

Standards and protocols: Drafted PNC home visit implementation guidelines and clinical mentoring implementation guidelines. Meeting at DoHS and MoHP planned in next quarter for the finalisation of STP for the BHS package.

Finalisation of the National Medical Standards (NMS) Volume 3: Final draft submitted to FWD.

Minimum Service Standards: Curative Service Division (CSD) allocated budget to implement MSS at HP level to all 753 palikas in 2020/21 FY. Orientation to PrHO and palikas on implementation of MSS during 2020/21 FY was halted due to COVID. As a result, only 397 Palikas received orientation on implementation and only 563 facilities implemented MSS. Only 204 Palikas (out of 274) received MSS/HP orientation in Provinces 2, Lumbini, and Sudur Paschim.

Quality Improvement Process (QIP) and On-site clinical mentoring of SBA at hospitals and Birthing Centres (BCs)/Basic Emergency Obstetric and Neonatal Care (BEONC) sites: A total of 626 Palikas and 63 hospitals across 77 districts received budget to conduct 6-monthly QIP and on-site clinical mentoring at hospitals and BEONC/BC sites. NHSSP TA supported clinical mentors to implement QIP, mentor SBAs, and monitor the processes/outputs using the Open Data Kit (ODK) mobile reporting system. In this quarter, 141 mentors facilitated QIP at 27 hospitals and 82 BEONC/BC from 71 palikas, and provided on-site clinical mentoring to 596 MNH service providers (305 at 25 hospital and 291 at 98 BC/BEONC). In this FY 270 clinical mentors supported 46 hospitals and 178 BEONC/BC to implement QIP and clinical mentoring to 1089 MNH service providers from 41 hospitals and 211 BEONC/BC. TA also supported NHTC to develop clinical mentor training sites in Bheri and Lumbini hospitals and to help develop 20 clinical mentors. TA supported FWD to draft clinical mentor implementation guidelines.

QI and signal functions scores of 21 hospitals[1] and 48 BEONC/BC shows improvement in QI scores as well as signal functions readiness compared with the last assessment. (see Annex 1 Tables 2 and 3). 86 SBAs from hospitals and BEONC/BC sites achieved result, improved scores on their clinical knowledge, skills and practices compared to previous mentoring sessions (see Annex 1 Table 4).

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

SMNH Roadmap 2030 and Strategy for SHP/SBA 2020-25, and annual planning: recommendations from both documents are being used by FWD for AWPB preparation. The programme provided TA to FWD and MoSD/PHDs in Province 1 and Lumbini Province to conduct 3-day RH review and planning

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[1] Twenty-one hospitals/CEONC sites: Charikot, Sindhuli, Tehrathum, Rukum, Jaleswor, Salyan, Baitadi, Gulmi, Myagdi, Arghakhanchi, Khandbari, Chautara, Solukhumbu, Udayapur, Bajhang, Dhankuta, Achham, Seti, Bhaktapur, Dhading and Doti.

sessions for over 100 staff from MoSD, PHD, PrHOs, and provincial hospitals, facilitating evidence-based planning and allocation of budget based on needs.

AWPB: Support and discussion with FWD, NHTC, NSSD, and CSD for 2021/22 AWPB planning was completed for federal and provincial level budget allocation by central level. The following recommendations from the SMNH roadmap and SHP/SBA strategy were included in the AWPB for 2021/22: on-site birthing units at referral hospitals (four sites); budget provision for refrigerator for oxytocin storage; CS monitoring using Robson's classification; clinical mentors package revision; nursing capacity enhancement at hospitals; and roll-out of BHS.

Nursing and Midwifery Strategy and Action Plan 2020–30: delay in costing of the strategy (due to COVID-19 illness of the consultant) resulted in delayed presentation to the Health Secretary by NSSD and delayed finalisation of the strategy and action plan.

MPDSR: Support FWD (with Jhpiego) to organise webinar to share global experiences on MPDSR on 18th Febfruary. Follow-up meeting to be organised to improve MPDSR implementation including developing a dashboard to monitor Maternal Deaths Review.

SUPPORT IN RESPONSE TO COVID-19

TA was provided to support the health sector response to COVID-19 during the reporting period. Specific areas of support by the C&Q team included:

- Continued participation in the RH sub-cluster to support the FWD, DoHS, and MoHP in the implementation plan for the RH Emergency Response Plan (ERP)
- 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
- Follow-up virtual meetings with Palikas' health chiefs and executive officers from 94 Palikas from 8 districts[2] in Province 2, Lumbini and Sudurpaschim Provinces were completed. We facilitated Palikas for the implementation of the interim guidelines, clarified the issues/content they need to know, and shared best practices among Palikas. A brief follow-up report was also developed.

PRIORITIES FOR THE NEXT QUARTER

- Continue to participate in RH sub-cluster support to the MoHP response to COVID-19 and mitigation of secondary impact on essential health services; monitoring MNH services and outcomes and reporting to appropriate bodies
- Support AWPB planning process at provincial level (Province 2, Lumbini, Sudurpaschim)
- Support RH review and planning at provincial level
- SMNH roadmap planning (Lumbini) and referral system strengthening plan (one province)
- Planning support to selected Palika
- MSS/HP orientation to province 2 (virtual)
- Training sites quality assessment and improvement plan development (2 sites)
- PPIUCD training at Okhaldhunga hospitals, as the hospital has a well running maternity waiting home with more than 500 pregnant women staying at the waiting home per year. (support NHTC)

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[2] 8 districts where orientation on interim guideline to deliver RMNCAH conducted by NHSSP. Siraha, Dhanusha, Pyuthan, Gulmi, Kailali, Kanchanpur, Dadeldhura and Darchula districts

- Provincial level workshop for gaps identification and prioritisation based on SMNH roadmap 2030 (Lumbini Province) and planning for referral system strengthening in one province. SMNH roadmap 2030 planning at province 2 and Sudur Paschim will be supported by UNICEF.
- Continue support to finalise the Nursing and Midwifery Strategy and Action Plan 2020–25
- Support NHTC (plus NSSD) to develop operational plan to implement SBA/SHP strategy 2020-25 and In-service training strategy for SBA/SHP 2020-25. This activity will be carried forward from last quarter due to delayed agreement from NHTC on taking forward strategy for SHP/SBA into training.
- Technical support to FWD to conduct refresher training of clinical mentors and development of clinical mentors training site at Province 2.

4. DATA FOR DECISION MAKING

Summary

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

- Completion of RDQA implementation in three LL sites
- Generation of evidence brief on access to and utilization of sexual and reproductive health care services based on NMIC 2019.
- Digitisation of OCMC and SSU recording and reporting tools in alignment with HMIS in DHIS2 platform
- Continued support as a member of the TWG in planning and implementation of the Nepal Health Facility Survey 2020 and Nepal Demographic and Health Survey 2021
- Continued support in planning and implementation of maternal mortality study following the Census 2021
- Continued support to MoHP in analysis of COVID-19 data, preparation of the COVID-19 situation updates and sharing with MoHP senior officials and BEK for better planning of response initiatives.

For updated Activities – please see Annex 1.

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

Implementation was halted during the COVID-19 pandemic in 2020 but in this quarter NHSSP supported the LL sites in resuming RDQA. RDQA has been completed in three LL sites (Itahari sub-metropolitan city, Dhangadhimai Municipality, and Madhyapur Thimi Municipality) and will be completed in the remaining four LL sites in the next quarter. The assessment showed improvement in all components of the system compared to the first round in two sites (Itahari and Dhangadhimai). In Madhyapur Thimi only two components showed improvement (Data collection and reporting forms; and Use of data for decision making. A similar pattern is seen in the data verification component (not shown in the Figure). [see Annex 1 Figure 5.1].

Rollout of RDQA is planned in selected hospitals of Province 2 and Lumbini Province in the next quarter.

RDQA implementation in this round raised the need for an offline version to address internet-related issues. NHSSP plans to provide TA and support in the coming quarter so that data recorded in the off-line version will be automatically synchronized with the database as soon as internet services resume.

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

NHSSP continued to provide TA to IHMIS to identify discrepancies in the HMIS dataset and to address the gaps identified. We supported online mentoring to provincial and local governments and HFs. This proactive and stable analysis of the available data has been effective in improving online reporting from

facilities, on-time reporting, data quality and data use. The percentage of HFs reporting on time (within 15 days) improved from 23% in 2074/75 to 61% by the end of FY2077/78 (Annex 1, Figure 5.2).

Figure 5.3 (Annex 1) shows an increase in the percentage of HFs (public and private) that reported in a timely manner from 10% in Shrawan 2074 to 68% in Falgun 2077. On-time reporting from public health facilities (including hospitals) has remarkably improved compared to the non-public hospitals (88% vs. 32% in Falgun 2077).

The NHSSP team supported PMD to digitise OCMC, SSU, and geriatric service recording and reporting tools in DHIS2 platform. The tools will be pretested in hospitals in the coming quarter and support will be provided for finalization of these.

The team supported FWD to analyze data for a comparative analysis of HMIS data and weekly reported data from CEONC sites via ODK template to monitor the institutional delivery service.

NHSSP and WHO are supporting the IHIMS to update a roadmap to strengthen routine information systems with focus on building interoperability among the systems.

In response to a request from MoHP for monitoring availability and utilization of BHS, NHSSP initiated the concept of possible ways to develop the mechanism.

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

The NHSSP team, together with USAID, UNFPA, and GIZ, is supporting PMD, MoHP, to carry out a Maternal Mortality Study following Census 2021. The study aims to cover all pregnancy related deaths that occurred in the last one year preceding the Census. Around one thousand local health workers will be trained to conduct verbal autopsy of pregnancy related deaths. This will help to scale up and institutionalize the existing Maternal and Perinatal Death Surveillance and Response (MPDSR) system. This initiative will be accomplished under the leadership of the MoHP in close coordination and collaboration with the seven provincial MoSDs and EDPs. USAID, UNFPA, UNICEF, GIZ and NHSSP (Options) are providing financial assistance and TA to this study. During this quarter MoHP in consultation with the supporting partners developed a support modality; selection of the local implementing partners is in the final stage. Orientation to the trainers and the health workers who will execute the verbal autopsy will begin from May 2021. Data collection is planned between June – July 2021.

Early Warning and Reporting System (EWARS): NHSSP continued support to the MoHP in analysis of the Severe Acute Respiratory Infections (SARIs) cases received through the EWARS (https://www.edcd.gov.np/resources/newsletter) so that they can be tested for COVID-19 as per the 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 SARI cases reported in 2020 compared to those in 2019 and 2018 (Annex 1, Figure 5.4) A total of 12,553 SARI cases were reported in 2018, 10,594 cases in 2019, 7,843 cases in 2020 and 1,999 cases in first three months of 2021. The figure shows fewer SARI cases were reported than in the corresponding weeks in 2018 and 2019 until Week 12; however, the trend seems to increase from week 8 in 2021.

We will continue to support Epidemiology and Disease Control Division (EDCD) to strengthen EWARS, with focus on timely reporting, wider coverage of sentinel sites, analysis of data, and its use in planning and response. The trend analysis of SARI cases helps MoHP to track SARI cases over the years and plan laboratory testing of SARI cases for COVID-19.

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

The NHSSP team supported FWD to generate evidence for evidence-based planning during the AWPB drafting period for FY 2078/79. The team provided specific support in compilation and analysis of data form different sources and sharing with different programme divisions.

As envisioned in the Health Sector Monitoring and Evaluation in Federal Context, National M&E Guidelines 2018, one national-level population-based survey (NDHS 2021) and one health-facility-based survey (NHFS 2020) are currently in operation. Data collection is in progress for the NHFS 2020 and the questionnaires are being finalized for the Nepal Demographic and Health Survey (NDHS) 2021.

The NHSSP team helped to generate evidence to support access to and utilization of sexual and reproductive health care services including support to conduct a study to explore evidence on inequalities in this area. The main objective of the study was to examine the status and socioeconomic determinants of inequalities in utilisation of selected reproductive health services (modern contraceptive methods and institutional delivery) among currently married women in Nepal. The study was based on further analysis of Nepal Multiple Indicators Cluster Survey (NMICS) 2019 and NDHS 2016 data including the key informant (KI) interview for the primary data. Key findings of the analysis include:

Use of Modern Contraceptives

- The prevalence rate of modern contraceptive use has not increased over the past 13 years, staying at around 44% from 2006 to 2019. KIs agreed that use of modern contraception had remained stagnant and mentioned various reasons for this trend: spousal separation (couples living apart); FP services replaced by medical abortion and emergency contraception; and an increasing number of people preferring natural methods of contraception.
- Inequality in use of modern contraceptives is seen clearly by wealth status, province, and other sociodemographic characteristics. The concentration index (-0.0204) indicates that use of modern contraception is higher among the poor compared to the rich.
- The prevalence of use of modern contraception among the poorest increased by 13.5% between 2006 and 2019. In the same period, it decreased by 14.2% among the richest. It is notable that the richest-to-poorest difference has decreased over time. The richest-to-poorest difference was high (23.6%) in 2006, decreasing to 13.3% in 2011 and further to 1.2% in 2016.
- The scenario depicted by NMICS data differs slightly: the richest-to-poorest difference was 1.3% in 2014 and the difference was negative in 2019. In 2019, the prevalence of modern contraceptive use was higher among the poorest (43.8%) than the richest (39.7%). NMICS data from 2019 shows that the richest-to-poorest differences were negative in all provinces except Karnali Province.

Utilisation of Institutional Delivery Services

- The utilisation of institutional delivery has increased over time. Institutional delivery varied largely by wealth quintile in both 2014 and 2019.
- Institutional delivery was highest among the richest wealth quintile in both surveys (91% in 2014 and 96% in 2019).
- The richest-to-poorest difference was large in 2014 (62.8%) and reduced to 38.8% in 2019. Furthermore, the value of the concentration index was 0.2082 in 2014, decreasing to 0.0988 in 2019, indicating that inequality between the richest and poorest has decreased over this period.
- Consistent with the quantitative findings, key informants noted that utilisation in rural areas and among poor communities is not satisfactory.
- Factors hindering uptake of institutional delivery included: geographical difficulty; lack of access to well-equipped health institutions/birthing centres; lack of skilled birth attendants in service delivery sites; and insufficient travel incentives for poor and rural women.

Support to NHTC in development of induction package: NHSSP continued to support NHTC to develop an induction training package for newly joined health officers. The package includes an overall orientation to health sector and GoN priorities based on the national policies, programmes, guidelines, structures, and functions of different entities in the federal context. A draft package with reference manual, training manual and Power Point presentation has been prepared and shared with NHTC for review. The task is expected to be accomplished by the next quarter.

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

NHSSP, together with Monitoring, Evaluation and Operational Research (MEOR), continued its engagement with MoHP in operationalization of policy advocacy forums through Knowledge Cafés.

SUPPORT IN RESPONSE TO COVID-19

The Data for Decision Making team has been providing support to the MoHP in management of the COVID-19 related information, which includes:

- Analysis of data and preparation of daily situation updates (e.g., epidemiological analysis, performance of laboratories, logistics availability, SARS-COV-2 vaccination)
- Development of DHIS2 platform daily reporting web portal for COVID-19 vaccine data management
- Engagement in and technical contribution to various committees and task teams formed by MoHP.

PRIORITIES FOR THE NEXT QUARTER

- Support MoHP, focal provinces, and LL sites in implementation, scale-up, and monitoring of RDQA
- Support IHMIS to improve the coverage, timely and quality reporting from Hospitals
- Continuous support to IHIMS to analyze and use data
- Support PMD to pilot test digital recording and reporting system developed for SSU, geriatric, and OCMC-related services
- Support MoHP in implementation of Maternal Mortality Study following Census 2021
- Analyze HMIS and survey data on specific areas, coordinating with government and MEOR
- Support NHTC to finalize the induction package
- Continue support to MoHP in response to COVID-19
- Support IHIMS to update IHIMS roadmap
- Support to develop system for monitoring availability and utilisation of Basic Health Services.

5. HEALTH INFRASTRUCTURE

Summary

The Health Infrastructure (HI) team supported the Department of Urban Development and Building Construction (DUDBC) to finalise contract signing of service decanting tender at Pokhara, and planning for decanting service and monitoring, supervision and management of works under the main retrofitting tender. Support provided to mobilise and initiate main retrofitting works at Bhaktapur site. MoHP was assisted in local level HI upgrading works including COVID-19 infrastructure.

The HI team provided capacity enhancement and technical assistance (TA) to sub-national governments for upgrading hospitals.

The latest retrofitting milestone was verified and report submitted to BEK by the third-party monitoring and verification team contracted by BEK.

For updated Activities – please see Annex 1.

RESULT AREA I6.15: POLICY ENVIRONMENT

The HI team followed up on approval of repair and maintenance guidelines with the provinces; and with the MoHP on the policy and legal process of land acquisition and relocation of Health Facilities submitted in the previous quarter.

The team is supporting MoHP in preparation of ToR for consulting services to monitor HF upgrading work planned and budgeted by the MoHP in this fiscal year. Monitoring tools and formats are being developed to support these ToR. The design of monitoring tools to make it web-based has started. The Health Infrastructure Information System (HIIS) platform will be used for progress reporting by the municipalities involved.

RESULT AREA I6.2: CAPACITY ENHANCEMENT

Capacity enhancement activities included:
- Orientation training to DUDBC staff members on key features of management of Bhaktapur main retrofitting works
- Completion of second round of health and safety orientation to construction workers at the WRH Pokhara retrofitting site
- Design of training on quality control and construction management issues for DUDBC and Contractors' engineers working at retrofitting sites completed.

The Heating Ventilation & Air-Conditioning (HVAC) Handbook is finalised and being edited. The Handbook on Electrical and Sanitary services is complete and being reviewed by the team. The Handbook on Waste Management Area Design is in the final stages of development.

Support in Karnali Province:
Upgrading designs, estimates and Bills of Quantity (BoQs) for five District Hospitals are complete and have been submitted to the Ministry of Social Development (MSD) Karnali Province.

Other Support

- The HI team has initiated analysis of HI gaps and costs for supporting MoHP in long-term investment planning of health infrastructure.
- The team has reviewed the upgrading designs of 76 hospitals for MoHP.
- Analysis of data from LL palikas has been completed; a final report is expected by end April.

RESULT AREA I6.3: RETROFITTING AND REHABILITATION

Pokhara progress in main retrofitting works
The HI team members visited the Pokhara site several times during the quarter to support DUDBC and the contractor to resolve technical and contractual issues, and for supervision and monitoring to maintain the quality of construction and site management.

Main areas of progress are:
- Mobilisation of NHSSP Site Engineer at the site.
    - Completion of: Structural work for OCMC and Kitchen Block; Septic tank; Excavation and base concreting for construction of water tank for firefighting; Foundation work for Oxygen Plant; Cordoning for repair and maintenance of Lab Block; First floor slab cast for link corridor; Installation of three phase transformer.
- Completed design of a covered pathway to connect decanting space to the existing maternity block, as requested by Hospital Management, submitted for implementation. This will make it easier to move patients from the operation theatre to decanting space while the medical block is being retrofitted. A separate toilet facility with universal access has been designed for the Lab Block – the need for this was identified during the repair and maintenance process.

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- The service decanting contract has been signed with the successful contractor.
- The decanting space has been handed back by the Hospital Management. The defects observed in the decanting space are being corrected under the Defect Liability Period (DLP). The contractor did not respond to the communication from Federal Project Implementation Unit (FPIU) Kaski, therefore the defects are being corrected using funds retained from his payment.
- The plan for Medical Block decanting was prepared and agreed with the Hospital Management.
- Analysis of mobilisation of human resources and materials on site has been continuously monitored, updated and compared with the agreed activity schedule to notify the employer (FPIU DUDBC) to communicate with the contractor warning him about possible delays.
- FPIU DUDBC has followed up on communication with contractor with regard to defects, delays, site management and quality issues at the site observed by the HI team. HI team have supported FPIU to respond to claims communicated by the contractor with regard to time and resources. The responses have been accompanied with analysis and evidence where applicable.
- The Deputy Director General (DDG) DUDBC visited the retrofitting site at the HI team's request to monitor construction work, expedite the handover process of the new Maternity building, and resolve the pending issue of defect liability of the decanting block handed back by the Hospital.

Bhaktapur progress in main retrofitting works:
- Kick-off meeting for main retrofitting work completed; all stakeholders oriented on their respective roles and responsibilities
- Alternative decanting space is being negotiated with the Hospital Management
- Contractor has been mobilised for main retrofitting works at the site. Cordoning work and clearing of site completed for construction of OT block.
- The HI team is supporting the Hospital to coordinate with MoHP to facilitate vacating of the temporary storage facility occupied by Red Cross.
- Support was provided to the Hospital to design a Geriatric ward (proposed expansion) and adjusting the proposed master plan of the Hospital

Monitoring and Verification of Milestone:
- Completion of Independent Monitoring and Verification (M&V) Review for Milestone 5.2

SUPPORT IN RESPONSE TO COVID-19
- The HI team completed a design, cost estimate and BoQs of warehouse for storing walk-in coolers for Covid vaccines and submitted this to MoHP for implementation. DUDBC were supported in tendering of construction for a provincial cold chain equipment warehouse for storage of vaccines earlier designed by the HI team.
- Design and cost estimates for a health help desk at Tribhuvan International Airport were completed and submitted to the DG, DoHS.

PRIORITIES FOR THE NEXT QUARTER

Policy Environment
- Follow up on the repair and maintenance guidelines with provinces for approval process and organise orientation with relevant stakeholders for adaptation of the guidelines
- Follow up on the land acquisition and relocation document and organise orientation to the MoHP for adaptation of the guidelines
- Complete ToR for monitoring of upgrading of health facilities and development of monitoring tools
- Addition of web-based monitoring and reporting feature on the progress status of upgrading of health facilities in HIIS.

Capacity Enhancement Activity

- Integration of all types of information collected under different types of assessment in the HIIS, including relevant information from GESI, C&Q and other work streams, and government information and progress-monitoring of planned construction.
- Orientation to technical staff members from DUDBC and contractor on quality management and site management tools and reporting in April 2021
- Orientation to the contractor for service decanting on decanting plan and strategy
- Orientation training on retrofitting techniques for construction workers and contractor's technical staff.

Pokhara Main Retrofitting Works
- Technical and management support to DUDBC for completion of OCMC and Kitchen Block, and handover to Hospital after correction of defects identified and communicated to DUDBC. Originally scheduled to be handed over by April 2021
- Development of waste management plan under the fourth contract package and support to DUDBC for contracting and implementation by June 2021
- Support to DUDBC for completion of repair and maintenance of Lab Block within the agreed time schedule (by July 2021)
- Repair and maintenance of decanting space under DLP, repurposing it for adjusting decanting of Medical Block, and decanting of medical block service completed by April 2021
- Initiation of Medical Block retrofitting works
- Finalisation of decanting plan of existing Maternity Block with Hospital
- Coordinate with DUDBC to incorporate the issues raised by the M&V third party review of ongoing retrofitting work, depending upon the joint survey report planned to be carried out in early April.

Bhaktapur Main Retrofitting Works
- Development of coordination mechanism on site management
- The Hospital Management to provide the spaces as required for site management and removal of the temporary structures on site at the earliest date
- Contractor to establish site office, excavation work for OT construction, and concreting of raft foundation completed
- Service decanting tender to be published and contract to be awarded by June 2021
- Service decanting of Emergency Block completed.

6. GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Summary

Progress on key strategies and guidelines continued. MoHP approved the OCMC Operational Guideline and Geriatric Service Operational Guideline 2021 Approval of the SSU Operational Guideline is under way. Development of the Geriatric Health Service Strategy has been delayed as MoHP responds to increasing COVID-19 demands; it is now expected to be completed next quarter. The case study and policy brief on the impact of COVID-19 on people living with severe and complete disabilities was presented to a wider group of stakeholders, revised, and submitted to MoHP.

NHSSP has provided TA to setting up three new OCMCs at Lamjung, Rukum West, and Nawalparasi East through virtual meetings and orientation. NHSSP provided TA to establish a new SSU in Syangja hospital. 14 virtual and 6 in-person monitoring and mentoring support sessions were provided to 20 hospitals with established OCMCs and SSUs. Clinical medico-legal training was provided to 39 doctors working in OCMC hospitals from Bagmati and Lumbini Province; this will contribute to filling important quality gaps in GBV services.

Support to the AWPB process at federal level and in four provinces (Province 1, Province 2, Lumbini Province and Gandaki Province) was provided to respective stakeholders. The support was delivered

alongside targeted orientation on GESI issues and national strategies to assist in identifying GESI programming priorities and context specific actions.

For updated Activities – please see Annex 1.

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

Gender-responsive Budgeting (GRB): Orientation of wider stakeholders and printing of the GRB Guidelines continues to be delayed because of the COVID-19 pandemic. This is unlikely to progress in the current situation.

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

GESI Strategy: Waiting for Cabinet approval of the revised GESI Strategy, resubmitted to Cabinet in October 2020. Strengthening of the GESI Institutional Structure and development of the GESI Strategy Implementation Plan cannot progress until approval is obtained.

Mental Health Strategy: MoHP approved the National Mental Health Strategy and Action Plan. NHSSP provided extensive inputs throughout the development of the strategy document. The development process was highly consultative and engaging. A thorough consultation, orientation and presentation with various stakeholders at the provinces and centre were carried out at different levels during the development of the document. EDCD will lead implementation and has included federal and sub-national level activities in forthcoming AWPB. EDCD will organize an orientation program on the strategy in all 7 provinces in the next fiscal year.

LNOB Budget Marker Guideline: Leave-No-One-Behind (LNOB) Budget Marker guideline was submitted to the PMD, MoHP by NHSSP, and PMD has initiated the approval process. Following approval, NHSSP will provide TA to facilitate implementation of this guideline at MoHP and sub-national level.

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

- Guidelines for OCMC, SSU and geriatric services: NHSSP supported the revision of OCMC, SSU and Geriatric Service Operational Guidelines. The OCMC and Geriatric Service Operational Guidelines were approved by MoHP. The SSU Guideline is in approval process with PMD awaiting feedback from the Ministry of Finance.
- Geriatric Health Service Strategy: Upon the request of MoHP, NHSSP has been providing technical support to the development of a new Geriatric Health Service Strategy. Several rounds of meetings have been held with the Steering Committee and Technical Working Group with regards to the vision, objectives, strategies and overall framework of the strategy. Consultations with MoHP and DoHS officials, MoWCSC, MoFAGA, NPC, Ageing Nepal, Senior Citizen Society, National Senior Citizen Federation were also completed. At the sub-national level, consultative meetings with key stakeholders are yet to take place. Delays are due to MoHP's heavy engagements and focus on COVID-related responsibilities. The final draft of the strategy is now expected to be completed by the end of May 2021.

Impact of COVID-19 on people living with severe and complete disabilities: NHSSP provided technical support to MoHP to conduct a Case Study on Access to Essential Health Services and Care of People Living with Severe and Complete Disabilities during Lockdown and the COVID-19 Emergency. This case study aims to inform policy decisions. It was conducted in partnership with NFDN. Following a wider stakeholder meeting with DoHS, MoHP, MoWCSC, WHO and NFDN, when the key findings and recommendations were shared, the final case study report, policy brief and PowerPoint presentation in English and Nepali were submitted to MoHP. The study found a number of common experiences across the target groups. The majority of persons with severe and complete disabilities included in this study

are socially and economically dependent on their family: 82% need full time or part time support to meet their daily living needs such as food, clothing, toileting, bathing, mobility and participation in the community. In terms of access to health services: out of the 55 study respondents, 71% said that they need some form of regular health service - medical check-up, medicine and supplies, counselling, psychosocial therapy - and 27% said that they need such services sometimes. COVID-19 has severely impacted access to the regular and occasional health services needed with 37 (67%) reporting that very few services have continued, and 13 (24%) saying that their regular health services have been completely interrupted. Persons with spinal cord injury typically need a range of medical supplies and hygiene materials - such as catheter, urine bag, Clean Intermittent Catheterisation (CIC) pipe, jelly, diaper, sanitary and menstrual pads - to manage urine, menstruation, pressure sore and defecation. Access to these supplies has become very difficult since COVID-19 because of travel restrictions, financial hardship and materials not being available in the local market.

- MoHP has a plan to develop an action plan to address the immediate and long-term requirements in next quarter.
- Disability inclusive services: Orientation on the national disability inclusive health service guidelines were provided to MoHP and DoHS officials and partners in an interaction programme organized by EDCD. The interaction programme identified the key activities regarding disability management to be included in forthcoming AWPB. Chiefs from Divisions/Centres/Sections of MoHP and DoHS, representatives from NDFN, National Disability Steering Committee, HI, WHO, MoWCSC participated in the meeting.

Medico-legal services: In response to government commitment to strengthen medico-legal services, which are a major bottleneck to survivors of gender-based violence securing justice, the Multisectoral Medico-Legal Service Implementation Committee has developed the workplan to institutionalize medico-legal services at federal and provincial level hospitals. The Committee has made the decision to request MoHP to create Forensic Medical Officer post at 13 federal and provincial level hospitals[3]. NHSSP GESI Advisors participated in these meetings as expert invitees. The PMD has followed up with all MoSD in provinces to form a provincial-level Medico-Legal Service Coordination Committee.

Social audits: Progress has been slow since the social accountability directives and model social audit guidelines were approved in 2020 to reshape social audit to fit the changed context. The CSD/DoHS organized provincial level orientation program on Social Accountability in Health Sector for 5 provinces[4]. NHSSP delivered the sessions on social accountability framework of health sector and model social audit guideline for local level.

AWPB: At federal level, a joint meeting was organized with GESI Section/PMD, NHTC and NSSD regarding GESI activities to be included in the next MoHP AWPB. At provincial level, orientation and consultative meetings were held with MoSD key officials of Lumbini, Gandaki, Province No 1 and Province No 2. NHSSP delivered a detailed presentation on MoHP initiatives on GESI related to strategy/protocol/directives/guidelines and targeted interventions (GBV/OCMC, SSU, geriatric care, disability, mental health and social auditing) and how they have been strengthened and scaled up over the time. The meetings discussed local GESI concerns and gaps, the implications for GESI programming in the changed context, and provide guidance to provincial stakeholders on GESI priorities during AWPB development. Areas for collaboration with NHSSP on GESI were also identified.

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[3] Mechi, Koshi, Gajendra Narayan Sing, Janakpur, Narayani, Hetauda, Bharatpur, Maternity, Lumbini, Bheri, Surkhet, Seti and Dadeldhura
[4] Bagmati, Gandaki, Lumbini, Karnali and Sudurpaschim

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 was recorded, and support provided to adjust the functioning of centres in the COVID-19 context.
- New OCMCs: NHSSP responded to requests from MoHP and provinces to support the establishment of new OCMCs. Through regular virtual meetings and coordination with hospitals and stakeholders, the process of establishing three new OCMCs was initiated[5]. This was achieved through several rounds of communication, virtual orientation of stakeholders, and coordination with various stakeholders in the provinces and districts. The MoHP/GESI Section and NSSD/DoHS are planning further orientation of multisectoral stakeholders in the new OCMCs/hospitals with technical support from NHSSP.
- Clinical medico-legal training: NHSSP provided technical assistance to PMD/MoHP in conducting clinical medico-legal training (7 days long) at Lumbini, Bagmati and Province 2 to strengthen GBV services. Sessions on GBV and OCMC concept and frameworks and legal provisions on GBV were delivered during the clinical medico-legal training. These sessions fit well with the overall medico-legal training and contribute to enhancing the capacity of doctors in delivering responsive quality services to GBV survivors (especially rape survivors). A total of 58 doctors were trained from OCMC based hospitals. This will greatly strengthen OCMC services.
- Lumbini and Janakpur OCMC hospitals: Meeting and orientation were held with Medical Superintendent, Department Heads, Admin/Account Chief, OCMC and SSU staff, health insurance focal persons at Lumbini and Janakpur hospitals. The meeting focused on SSU management, geriatric care and disability inclusive health services. Several areas were identified for improvement and harmonization of targeted interventions such as OCMC, SSU, geriatric and disability as well as coordination and collaboration with MoSD and NHSSP. Discussion covered complex GBV management issues, success, challenges and bottlenecks that different partners including hospitals have faced. The conversation highlighted and stressed the need for resources to manage lengthy and complicated GBV cases that do not have short-term solutions. Concerns included need for multi-sectoral support and collaboration, long-term rehabilitation, security, and confidentiality. The Medical Superintendent accepted suggestions for the next steps in strengthening OCMC.
- OCMC of Janakpur hospital has been doing a commendable job in terms of managing survivors of GBV. The cases are increasing every day. Total monthly case numbers range from 170 – 215 with the majority being domestic violence and rape related. The shortfall of staff at the OCMC due to large volume of cases is evident, even though the hospital has managed two staff nurses and Janakpur sub-metro has provided full-time counsellor. This aspect needs to be taken care of at the earliest and provision of the permanent structure with creation of sanctioned post for OCMC for the sustainability of OCMC services.
- Leveraging and coordination with UNICEF: A federal level meeting with UNICEF Child Protection Section to identify collaboration areas agreed that UNICEF will prioritise strengthening of OCMC in Kanti Children Hospital. Support will be provided in terms of capacity building of service providers, further strengthen linkages with child protection services, scoping of the gaps in terms of psycho-social counselling and mental health service needs, and other support as required. NHSSP will particularly provide support for training content finalisation and co-facilitation, coordination for selection of participants and gap analysis regarding psychosocial counselling and mental health service needs including strengthening of referral system from other OCMCs to Kanti children Hospital as per the OCMC referral guidelines.
- Exchange and learning: NHSSP delivered a session and participated as a panellist in the Gender Responsive Investigation and Communication Skills master training of trainers. The Modernization

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[5] Lamjung, Rukum West and Nawalparasi East

and Improvement of Policing Project Nepal organised this training aimed at frontline police personnel across the country

Supporting the rollout of the GBV Clinical Protocol: Roll out of GBV clinical protocol using internal hospital funds at Surkhet Provincial and Janakpur hospitals was delayed to next quarter because of COVID-19.

Strengthening and scaling up SSUs and geriatric services: As per the AWPB commitments, the process to establish new SSU in Syangja hospital has been initiated and the SSU will be established next quarter. NHSSP provided backstopping support to five SSUs[6] regarding the new provisions in the revised SSU Operational Guideline, and to ensure the continuation of services. Mentoring and follow-up support was provided to newly established SSUs and geriatric services.

Mentoring, monitoring and multisectoral coordination visits: During this quarter, mentoring, monitoring, and coaching from distance were provided to OCMCs in 14 hospitals [7]. A visit was made to B.P. Koirala Institute of Health Sciences, Koshi, Lumbini, Palpa, Sankhuwasabha, and Janakpur hospitals to strengthen OCMC, SSU and geriatric services. During monitoring visits, meetings were held with Medical Director and Case Management Committee (CMC) of these hospitals to understand the functionality of OCMC, SSU and Geriatric services and the bottlenecks in these programs. The sharing of the status of each program by the CMC team and focal persons and clarifying each of their doubts and concerns are a key agenda of the visits. Further, new updates and revised provisions on guidelines/policies/protocols from MoHP/DoHS are shared during the visits. Review of meeting register and decisions taken, reporting register, overall ambiance of the OCMC and safeguarding of survivors' case details are some of the other purposes of the visits.

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

Support the institutionalisation of mental health services: MoHP approved the Standardisation of Psychosocial Counselling Training Curricula package (6-months' duration). NHTC plans to roll out the training package (in collaboration with NHSSP and other partners) through next AWPB.

SUPPORT IN RESPONSE TO COVID-19

The following activities have been undertaken this reporting period:

- Participated in various virtual cluster meetings including protection cluster, GBV sub-cluster, GBV network and mental health sub-cluster. During the meeting, NHSSP updated participants about the support provided to OCMCs and GBV, disability, geriatric and mental health services. Updates were provided about newly scaled-up OCMCs and their contacts, presentation on case study of GBV survivors including information about approved mental health strategy and action plan and forthcoming geriatric guidelines.

PRIORITIES FOR THE NEXT QUARTER

- Technical support to MoSD of Province 2 to develop GESI strategy and implementation plan.
- Technical support for conducting Clinical Medico-Legal Training in Province 2 and Sudur Paschim Province for the strengthening of OCMC services.
- Support MoHP and select provinces for the implementation of online reporting tools for OCMCs, SSUs and geriatric services.
- Preparation of final draft of the Health Sector Geriatric Strategy.
- Development of a roadmap to roll out standardised Psychosocial Counselling Training Curricula.

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[6] BPKIHS, Koshi, Palpa, Lumbini and Janakpur hospitals
[7] Pokhara, Gajendera Narayan Singh, Hetauda, East Rukum, Bajura and 9 other hospitals in Province 2 and Lumbini province.

- Mentoring, monitoring, and multisectoral coordination visits for OCMCs, SSUs and geriatric services in Province 2, Lumbini and Sudur Paschim Provinces.
- Organize GBV clinical protocol training to hospital staff in select hospitals.

7. CONCLUSIONS

COVID-19 cases decreased but concerns are growing of an expected increase in cases in the coming weeks. The programme team continued to require all public health measures (e.g., masks, physical distancing, hand sanitising) to be observed as staff returned to NHSSP 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 MoHP/DoHS, and at municipal offices should they be required to attend meetings. SitReps and other vital information, including information from the WHO, BEK, MoHP, are shared with staff. Any members of staff who become sick are advised to follow testing and home quarantine guidelines. Most members of staff have laptops and can access the Internet from home.

MoHP activities focused on strengthening the COVID-19 response including rolling out vaccination. Priority was given to coordination across the sector and between the three tiers of government in COVID-19 response, whilst ensuring maintenance of routine healthcare services. Preparation for the AWPB was a major focus for most NHSSP thematic areas. Recruitment and placement of staff at Provincial and Local levels during this quarter will kick start subnational programme implementation. However, the level and pace of activities going forward will be mediated by how well COVID-19 spread is controlled, or whether lock down measures will again be put in place.

We anticipate the following in the coming quarter:

COVID-19 spread and response

- **Increase in the reported number of cases**: With migrant workers travelling between India and Nepal once again, the alarming second wave in India is expected to impact Nepal;
- **Vaccines**: The government will be focused on vaccine procurement (such as emergency approval and procurement for new vaccines, such as Sputnik V from Russia) and roll out.

Implications for NHSSP programming include the following

- **Integrated COVID-19 response activities**: We will continue to provide critical COVID-19 support while simultaneously implementing non-COVID-related activities;
- **Subnational programming**: recruitment and deployment of Province- and Local level-based staff will be completed by the end of the next quarter;
- **AWPB support** will be a priority activity for thematic teams;
- **Work plan and deliverables**: We expect to complete the planned payment deliverables. However, if cases rise dramatically, we may see lockdown/movement restrictions put in place again which could impact negatively on this;
- **The need for flexibility continues**: This includes deliverables, both payment and non-payment, in response to changing circumstances and priorities at all levels of government.

ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AWPB	Annual Work Plan and Budget
BA	Budget Analysis
BEK	British Embassy, Kathmandu
BEONC	Basic Emergency Obstetric and Neonatal Care
BHS	Basic Health Services
BHSP	Basic Health Services Package
BoD	Burden of Disease
BoQ	Bill of Quantity
BP	Business Plan
BPKIHS	B.P. Koirala Institute of Health Sciences
CAPP	Consolidated Annual Procurement Plan
CBS	Central Bureau of Statistics
CCTV	Closed-circuit Television
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CHD	Child Health Division
CICT	Case Investigation and Contact Tracing
CSD	Curative Services Division
CVICT	Centre for Victims of Torture
DG	Director-General
DHIS2	District Health Information Software 2
DHO	District Health Office
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
E&A	Evidence and Accountability
eAWPB	electronic Annual Work Plan and Budget
eCAPP	electronic Consolidated Annual Procurement Plan
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
e-GP	electronic Government Procurement
EHR	Electronic Health Records
eLMIS	electronic Logistic Management Information System
EPI	Expanded Programme on Immunization
EWARS	Early Warning, Alert and Response System
FA	Financial Assistance
FAA	Functional Analysis and Assignments
FCGO	Financial Comptroller General Office
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FMIP	Financial Management Improvement Plan
FMISF	Financial Management Improvement Strategic Framework
FMR	Financial Monitoring Report
FP	Family Planning

FPIU	Federal Programme Implementation Unit
FWD	Family Welfare Division
FY	Fiscal Year
GBD	Global Burden of Disease
GBP	British Pounds
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
GHITA	General Health Infrastructure Technical Assistance
GHRM	Grievance-handling and Redressal Mechanism
GIZ	German Corporation for International Cooperation
GoN	Government of Nepal
GRB	Gender-responsive Budgeting
HA	Health Assistant
HC	Health Coordinator
HDU	High-dependency Unit
HEOC	Health Emergency Operations Centre
HF	Health Facility
HI	Health Infrastructure
HIIS	Health Infrastructure Information System
HIS	Health Information System
HMIS	Health Management Information System
HP	Health Post
HPP	Health Policy and Planning
HQIP	Hospital Quality Improvement Process
HR	Human Resources
HRFMD	Human Resource and Financial Management Division
HSSO	Health Systems Strengthening Officer
HVAC	Heating, Ventilation and Air Conditioning
IA	Internal Audit
IAIP	Internal Audit Improvement Plan
ICSD	Internal Control System Directives
ICU	Intensive Care Unit
ID	Institutional Delivery
IHIMS	Integrated Health Information Management Section
ISC	Itahari Sub-metropolitan City
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&E	Monitoring and Evaluation
M&V	Monitoring and Verification
MA	Market Analysis

MC	Monitoring Committee
MD	Management Division
MEOR	Monitoring, Evaluation and Operational Research
mHealth	Mobile Health
MIRA	Mother and Infant Research Activities
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMS	Maternal Mortality Study
MNH	Maternal and Neonatal Health
MoF	Ministry of Finance
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Federal Ministry of Health and Population
MoSD	Ministry of Social Development
MoU	Memorandum of Understanding
MoWCSC	Ministry of Women, Children and Senior Citizens
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSS	Minimum Service Standards
MTM	Madhyapur Thimi Municipality
MTR	Mid-term Review
NBC	National Building Code
NDHS	Nepal Demographic and Health Survey
NFDN	National Federation of the Disabled Nepal
NGO	Non-governmental Organisation
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
NPHC	National Population and Health Census
NPHL	National Public Health Laboratory
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
OPMCM	Office of the Prime Minister and the Council of Ministers
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
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care Revitalisation Division
PIP	Procurement Improvement Plan
PIU	Project Implementation Unit
PMC	Pokhara Metropolitan City
PMD	Population Management Division
PMG	Pregnant and Mothers Group
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
PrHO	Provincial health office
QI	Quality Improvement
QIP	Quality Improvement Plan
QSRD	Quality Standard and Regulation Division
RA	Rapid Assessment
RANM	Roving Auxiliary Nurse Midwife
RAP	Rapid Action Plan
RAP-2	Rapid Action Plan – 2
RCC	Reinforced Cement Concrete
RDQA	Routine Data Quality Assessment
RF	Results Framework
RH	Reproductive Health
RHIS	Routine Health Information System
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
SAS	Safe Abortion Services
SBA	Skilled Birth Attendant
SD	Service Delivery
SDG	Sustainable Development Goal
SHP	Skilled Health Personnel
SitRep	Situation Report
SMNH	Safe Motherhood and Neonatal Health
SMT	Senior Management Team
SOP	Standard Operating Procedure
SSBH	Strengthening Systems for Better Health
SSU	Social Service Unit
STP	Standard Treatment Protocol

STTA	Short-term Technical Assistance
SU	Spending Unit
SUTRA	Sub-national Treasury Regulatory Application
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TARF	Technical Assistance Response Fund
TL	Team Leader
TNA	Training Needs Analysis
ToR	Terms of Reference
ToT	Training of Trainers
TSB	Technical Specification Bank
TWG	Technical Working Group
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VfM	Value for Money
VSC	Voluntary Surgical Contraception
VSP	Visiting Service Provider

ANNEX 1 WORKSTREAM ACTIVITIES

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	N/A	• The strategy development process has not yet started. Implementation phase of the NHSS was agreed to extend until mid-2022 jointly by MoHP and EDPs	Strategic support in development process
1.2.1.2	MoHP organises National Joint Annual Review (NJAR) and JCM	N/A	• NJAR organised in Dec 2020	Support in organising JCM
1.2.1.3	Support on other key policy and strategic framework of the sector	Ongoing	• A draft of the strategy, developed in the past with NHSSP support, was reviewed together with the NHTC officials and the draft was updated based on the feedback received during the meeting.	Support to finalise the draft
1.2.1.4	Support in annual planning and its implementation	Ongoing	• Support provided in preparing the policy and programme for the next fiscal year including synthesizing the inputs received from different entities • Technical support providing in the review of the draft work plan and budget for the next fiscal year	Support to finalise the annual work plan and budget and development of implementation guideline
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	• Support provided in reviewing and refining the draft standards developed in accordance with the provisions made in public health services regulation	Continue support to finalise standards

| 1.3.1.2 | Support in legal framework in other priority areas | | No major progress | Consultation and refinement of CDC and FDA legislations |

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**	- The PFMSF prepared and endorsed by MoHP on 19th July, 2020. - No activity has been scheduled.	- No activity scheduled. - PFMSF activities will be monitored. It is PD for May, 2021.
1.1.1.5	Support monitoring of the PFMSF activities in collaboration with the PFM and Audit committees (COVID update)	Ongoing	ToR developed for monitoring of the PFMSF and a national consultant hired on 26th March, 2021,	- PFMSF activities will be monitored and report will be prepared in May, 2021. It is also PD for May too.
1.1.1.6	Prepare FMIP for provincial government including COVID update	Ongoing	No activity has been scheduled.	- It is planned for November 2021. It is also a PD for November (PD 44)
1.1.1.7	Prepare FMIP for local government	Ongoing	No activity has been scheduled.	- No activity has been scheduled.
1.1.1.8	Progress update on federal PFMSF	Ongoing	ToR developed for monitoring of the PFMSF and a national consultant hired on 26th March, 2021.	- PFMSF activities will be monitored and its report will be prepared in May, 2021. It is also a PD for May too. (PD 31)
1.1.1.9	Regular progress update on provincial and local FMIP including COVID (monitoring)	Ongoing	No activity has been scheduled.	- No activity scheduled.
1.1.2	**Improved internal control through internal and final audit clearance (PD, Audit Status Report)**	Ongoing	- No activity has been scheduled. - Internal audit queries data collected from spending units and FCGO/DTCO for **PD, Audit Status Report.**	- No activity scheduled. - Audit Status Report will prepare on August, 2021. It is PD for August 2021. (PD-R38)

	Activity	Status	Achievements this quarter	Planned activities for next quarter
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	- Supporting to MoHP to updating the Internal Control Guidelines in line with "Internal Control System Directives (ICSD), 2019 (FCGO) and new Financial Procedural and Fiscal Accountability Act, 2019 and Regulation, 2021. - The final draft of ICSD has prepared PPPFM team and delivered to MoHP for review.	Internal Control System Directives will be finalized by MoHP through workshop in this quarter.
1.1.4	**Update PFM training manual in line with the new FPA & FPR**	Ongoing	- Financial Procedure and Accountability Regulation, 2021 has been just rolled out from 1st February, 2021 by GoN. - Reviewing the Financial Procedure and Fiscal Accountability Act, 2019 and Regulation, 2021 to update PFM training manual.	PFM training manual first draft will be prepared in this quarter.
1.1.4.6	Build the capacity of MoHP and DoHS level officers in core PFM function	Ongoing	- Workshop on PFM function was not conducted due to COVID-19.	PPFM team will provide technical support if workshop/training conducted by MoHP.
1.1.5	**Support MoHP's PFM & Audit committees to undertake regular meetings, and follow up implementation of meeting minutes**	Ongoing	- Continue support to PFM & Audit committees. - The PFM Committee meeting could not hold due to COVID-19. - The Audit Support Committee meeting, chaired by Joint Secretary/MoHP, held on 2nd and 3rd March. The meeting decided to instruct all federal level health entities to update audit queries records and to be cleared at least 50% audit queries in current FY 2020/21.	PPFM team will continue its support.
1.1.6	**Work with HRFMD (AD) on potential PFM system changes required in the devolved situation (Feed to provincial and local TA)**	Initiated	No activities have taken.	- PPFM team will provide technical support to these activities on MoHP request.

Activity		Status	Achievements this quarter	Planned activities for next quarter
**I4E.2: TABUCS is operational in all MoHP spending units and provincial level**
2.1.1	**TABUCS is operational in all MoHP 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	- Due to COVID19 no activities done	
2.1.1.2	Develop COVID module in TABUCS	On track	- No activities	No activities
2.1.1.3	Support SuTRA in updating chart of activities	On track	- No activities	No activities
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 MOHP and provincial officials	Ongoing support	- Ongoing support provided.	Ongoing support will be continued.
2.1.1.6	Support MoHP to prepare Financial monitoring report (FMR)	Ongoing support	- Annual FMR of FY 2019/20 has been prepared	Annual FMR of FY 2019/20 will be finalized
2.1.1.7	Support TIU meeting and monitor implementation of meeting minutes	Ongoing support	- Meeting couldn't be conducted due to COVID19	**Support will be continued.**
2.1.1.8	Support MoHP to produce annual Audited financial statement	On track	The annual Audited financial statement drafted.	Finalized the annual Audited financial statement.
2.1.1.9	Support MoHP to capture NPSAS report	On track	- Ongoing support provided.	Ongoing support will be continued.

	Activity	Status	Achievements this quarter	Planned activities for next quarter
2.1.2	Improve budget absorption capacity of MoHP, MoSD and their spending units		-	
2.1.3	Policy discussion on Provincial FMR		- No activities scheduled.	Will start policy dialogue
2.1.4	Annual Planning and Budgeting support to federal and provincial level		- Ongoing support provided in federal planning and budgeting	Support in conducting JCM and finalizing AWPB process
**I4E.3: Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note**
3.1.1	Conduct Annual Budget Analysis of Health Sector, NHSS indicator and produce brief policy note	Achieved	Not scheduled	
3.1.2	Budget Analysis Framework for Provinces (PD, Budget Analysis)	**Ongoing**	No activities scheduled	Prepare a third-party ToR for BA to be conducted at provincial and local level
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**	Initiated development of BIA ToR	Start and complete BIA report
3.1.5	Support MoHP's spending unit in preparing Business Plan		No activities scheduled	Preparing business plan of MoHP entities
3.1.6	Aama Programme Rapid Assessment	**Achieved**	No activities scheduled	No activities scheduled
I4E.4				
**4.1.1 Practice of developing coherent procurement policy, strategic framework and planning institutionalized at FG**
4.1.1.1	Mapping of eAWPB for Procurement items	Not Scheduled	No activity	This activity will be started at the end of next quarter
4.1.1.2	eCAPP Development at federal level	Not Scheduled	No activity	" " " "
4.1.1.3	Consolidation of APPs in eCAPP System	Not Scheduled	No activity	" " " "
4.1.1.4	Support CAPP monitoring committee and regular meetings	Delayed	Formal CAPP Monitoring Meeting Could not be held but monthly briefing among Directors of respective Divisions held at DG office	A formal meeting will be organized in next quarter

	Activity	Status	Achievements this quarter	Planned activities for next quarter
4.1.1.5	CAPP/e-CAPP produced with agreed timeframe including COVID	On track	eCAPP of FY 2020/21 is available at https://tabucs.gov.np	Initiation for preparing new eCAPP of F/Y 2021-22 will be started at the end of next quarter
4.1.1.6	e-CAPP implementation with Contract Management module	On track	eCAPP implementation in progress	Use of Contract Management Module will be monitored
4.1.1.7	Piloting of eCAPP in Provinces	Delayed	No activity	Orientation of eCAPP will be done at Provinces
4.1.2: Endorsement of Health Sector Public Procurement Strategic Framework by MoHP				
4.1.2.1	Draft PPSF	Already Completed	Revision of PPSF with addition of intervention on Emergency Procurement completed	MoHP shall endorse the final PPSF
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 PPFS collected	The PPSF will be circulated to SNGs after endorsement
4.1.2.4	Finalization of PPSF	Delayed	Review and final draft prepared	The final draft will be endorsed by MoHP
4.1.2.5	Support monitoring of the PPSF activities in collaboration with the PFM and Audit committees	On track	The monitoring mechanism discussed and TOR prepared	STTA/Consultant will be selected at the end of next quarter
4.1.2.6	Progress update on PPSF	Not Scheduled	No Activity	Information collected from SNGs
4.1.2.7	Update current PIP for provincial and local government	Not Scheduled	Framework for Provincial PIP discussed	STTA/Consultant will be selected at the end of next quarter
4.1.2.8	Monitor PIP at provincial and local government	Not Scheduled	No Activity	
4.1.3: Standardization of Procurement Process				
4.1.3.1	Preparation of SOP for Post Delivery Inspection (PDI) and Quality Assurance Plan (QAP)	Delayed	Draft SOP prepared	SOP will be finalized

	Activity	Status	Achievements this quarter	Planned activities for next quarter
4.1.3.2	Prepare Pre-shipment inspection guidelines (PSI) and QA	Delayed	Draft prepared	New pharmacist will work on it
4.1.3.3	Continuous monitoring of use of SOPs and standard procurement process in MD and provinces	Ongoing	MD is using the SOPs	Application in Provinces
4.1.3.4	Support Training on SOP and QA at Province and Palika LM personnel	Delayed	No activity at Provinces and Palika	Working started at Provinces and Palikas
4.1.3.5	Continuous Implementation of Procurement Clinic at MD and MoSD	Ongoing	Thirteen 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	Ongoing	Updated specifications are submitted to Management Division	The specifications will be uploaded in TSB
4.1.4.2	Regular Updating of Specification bank with coding drug and equipment	Ongoing	Revision of specifications suggested for equipment	New Biomedical Engineer will work on it
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	More than 1200 users registered in the TSB monitored More than 31,000 downloads and more than 23,000 searches for different specifications have been recorded to date	Continue support
4.1.4.5	Support Training on use of Technical Specifications and evaluation in procurement process	Ongoing	DoHS-MD and many Hospitals are familiar to use the TSB	Support to Provinces will be done
4.1.4.6	Update the market analysis report	Ongoing	The MA report is ready	Periodic update will be scheduled
4.1.5: Extended use of PPMO e-GP in procurement functions				
4.1.5.1	Support PPMO on changes needed to e-GP for health sector procurement	Ongoing	Suggested PPMO to make the eGP system useful for emergency procurement	Continuous support

	Activity	Status	Achievements this quarter	Planned activities for next quarter
4.1.5.2	Support in the process of using eGP in selected provinces and local governments	Ongoing	Distance support from phone provided	• Provincial PFM Officers will be present at Provinces • Training will be planned at Provinces
4.1.6	**Support in biannual Suppliers' Conference at provincial and local level**	Not Scheduled	Participated on the Stakeholders' Interaction program organized by TI Nepal. The meeting was held among DoHS, PPMO and different medicine suppliers and suppliers' associations	Suppliers' conference will be organized

c. **Sub-national Programme Implementation**

	Activity	Status	Achievements in this quarter	Planned activities for next quarter
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	Consultation with Provincial stakeholders for subnational roll out plan	**Ongoing**	• The consultation meeting with each Provincial Government stakeholders of priority provinces Province 2, Lumbini Province and Sudurpashchim Province organised. The staff recruitment process accomplished and the staff deployment process is ongoing.	Conduct capacity assessment for provision of TA
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 Organisational Capacity Assessment at existing LL sites.	**Ongoing**	• The follow up OCA was conducted at Dhangadhimai Municipality.	Continue to support organise OCA in remaining LL sites.
1.2.8.2	Support to organise Minimum Service Standard (MSS) orientation and assessment at existing LL sites	**Ongoing**	• The follow up MSS assessment was conducted at Dhangadhimai Municipality, Itahari Submetropolitan City, Ajaymeru Rural Municipality and Kharpunath Rural Municipality.	Continue to support organise MSS in remaining LL sites.

1.2.8.3	Support to Routine Data Quality Assessment (RDQA) at existing LL sites	**Ongoing**	• In coordination with D4D team, RDQA follow up assessment was conducted at Itahari Submetropolitan City, Dhangadhimai Municipality, Madhyapur Thimi Municipality and Kharpunath Rural Municipality.	Continue to support organise MSS in remaining LL sites.
1.2.8.4	Support to develop Health Sector factsheet and Municipal Health Profile at existing LL sites	**Ongoing**	• Health System Strengthening Officers (HSSOs) providing the support to draft the municipal health profile and health sector factsheet which are key documents to feed into the annual planning and budgeting process at respective LL sites.	Support to develop evidence based annual planning and budgeting
1.2.8.5	Support to conduct monthly health sector review meeting	**Regular**	• Monthly health sector review meeting was organised on monthly basis at respective LL sites. HSSO supported to compile, review and cross check the monthly HMIS and LMIS reports and ensure entry into the DHIS-2 system	Continue to support to ensure timely and complete HMIS and LMIS reporting
I2E.7	**Result Area 3.1.1: Development of the regulatory framework for effective management of health sector (e.g., Regulation of Public Health Act or Regulation regarding health institutions establishment and upgrading)**			
3.1.1.1	Support in preparation of Act/Regulations for the establishment and operation of health institutions	**Completed**	• Supported Kharpunath Rural Municipality to develop Monitoring, Evaluation and Supervision Guidelines. The guidelines were endorsed by the municipal executive committee. • Support was provided to update the nutrition profile of Pokhara. • Facilitated the workshop on localisation of Sustainable Development Goals (SDGs) at Pokhara. Preliminary Draft of localised SDG indicators developed.	Support to implement the guidelines
I2E.9	**Result Area: 3.4.3: Support development, implementation, monitoring and review of health plans for delivering BHCS and referral (also monitoring for LNOB)**			
3.4.3.1	Support to draft AWPB at Local level	**Ongoing**	• Conducted Annual Health review meeting at Dhangadhimai Municipality to discuss on key agenda to feed into the AWPB. The key gaps identified from the capacity tools were presented. • Facilitated a meeting to discuss on drafting the AWPB at Kharpunath. • Facilitated a meeting of Pokhara Metropolitan City health division to draft the proposed program of AWPB of 2021/22 as requested by Federal MoHP.	Continue to support to conduct health sector review meetings to draft AWPB at respective LL sites -Support to finalise the AWPB with feeding in the evidences and gaps.

| 3.4.3.2 | Support to implement BHCS as per the Municipal plan | **Ongoing** | • Facilitated the District/Local level quarterly review of TB program at Itahari and Dhangadhimai.
• Supported to draft the Full Immunisation declaration Action plan at Yasodhara.
• Facilitated the PNC home visit programme at Pokhara.
• Facilitated the basic FCHV training to newly recruited FCHVs at Kharpunath.
• Facilitated the onsite coaching on IMNCI programme across the health facilities of Ajayameru
• Supported on establishing additional health facilities such as Community Health Units and Primary Hospital at Ajayameru and Kharpunath
• Supported to conduct Organisation and Management survey at Pokhara and Itahari.
• Supported to expand the use of eLMIS to four of the health facilities of Pokhara
• Facilitated to organise Health Management Information System training at Kharpunath RM.
• Supported to develop citizen charters and placing them on health facilities at Pokhara | Continue to provide need based technical support in implementing BHCS |

d. Comparison of CAPP implementation at DoHS in FYs 2019-20 and 2020-21.

Values are in millions (NPR)

		As on CAPP		Started Bidding Processes		Contract Signed			Us of e-GP		Non e-GP	
		Number	Planned Value	Number	Planned Value	Number	Planned Value	Actual Value	Number	Value	Number	Value
End of Mar 2021	**Total**	65	1,420.40	49	1,355.28	22	610.66	576.92	20	574.85	2	2.07
	% of Planned			75.38%	95.42%	33.85%	42.99%		90.91%	99.64%	9.09%	0.36%
End of Mar 2020	**Total**	67	2,787.77	47	2,385.14	18	1,291.97	1,211.49	15	1,209.41	3	2.08
	%a of Planned			70.15%	85.56%	26.87%	46.34%		83.33%	99.83%	16.67%	0.17%

COVERAGE AND QUALITY

Activity		Status	Achievements this quarter January to March 2021	Planned activities for next quarter April to June 2021
i3.1.1	Support expansion, continuity, and the functionality of CEONC sites	ongoing	96 CEONC sites monitored and supported as necessary. TA supports CEONC sites in trouble shooting and informs FWD/DoHS/MoHP on issues to be addressed. Improved functionality of CEONC sites reaching 97% in Falgun 2077. Visited Bandipur Hospital, Damauli Hospital, Gorkha Hospital, AmpPipal Hospital, Dhading Hospital and Trishuli Hospital for on-site mentoring clinical as well as in management. Supported deployment of scholarship doctors in appropriate hospitals.	. 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 if feasible – Sotang (Solukhumbu), Baitadi and Gokuleswor hospital.
	Robson's classification	in progress	Follow up completed for Robson's Classification implementation at four hospitals Nobel Medical college and BHKIHS Dharan in P1, Lumbini provincial hospital and AMDA hospital Butwal in Lumbini Province. Supported FWD/PHD (Lumbini province) for Robson TGCS Resource persons orientation. Total 14 HWs were involved (10 doctors and 4 Nurses) in the orientation. Province resource persons conducted orientation session at their hospital (Lumbini provincial, AMDA and Gulmi hospital). PHD has plan to conduct orientation to other hospitals (Rapti province, Bhim, Kapilvastu, Bardiya, and Nepalgunj Medical College Kolhapur).	Support to FWD for finalization and approval of Robson TGCS implementation guideline Support will provide to PHD, Lumbini province to facilitate ROBSON implementation orientation at Nepalgunj medical college Kolhapur, Banke. (COVID -19 pandemic may affect)

I3.1.4	Facilitate the design and testing of RMNCAH, FP and nutrition innovations - mHealth for FCHV (mobile Chautari)	delayed	Discussion was done with NSSD on scaling up the mHealth tools by using AWPB 2021/22 and NSSD would like to take responsibility of FCHV programme by local government through their local budget as their major responsibility.	Discussion with local level on scaling up the mHealth tools by using AWPB 2021/22 (through focus LL Palika?)
I3.1.5	Support the Family Health Division (FHD)/Child Health Division (CHD)/Primary Health Care Revitalisation Division (PHCRD) and District Health Offices (DHO) to improve RMNCAH and FP services in remote areas - PNC home visit	Ongoing with delay	FWD has been scaling -up PNC home visit programme and allocated budget in 396 palikas from 54 districts. In addition to this, allocated budget in 33 health offices of across the 7 provinces for palika orientation in 2020/21 FY. TA provided support to PHD/FWD for virtual PNC home visit programme implementation guideline orientation to 33 province health offices of Lumbini province in previous QTR. Out of them, 69.7% (23 districts) completed palika orientation in their respective districts in this QTR. To date, 253 palikas (63.9% Palikas) of 48 districts are implementing PNC home visits programme and 99 of them started implementation in this QTR. Finalized the PNC home visit guideline but delayed in starting approval process due to delay in writing Tippani by focal person.	TA will support PHD/FWD continue desk monitoring for PNC home visit implementation status in budget allocated palikas
I3.1.6	Support the FHD and DHO to scale up VSPs, RANMs, and integration of FP in Expanded Programme on Immunization (EPI) clinics	No budget allocation of VSP/RANM for 2020/21 due to approval process	Despite cessation of programme and budgets this year 2077/78, 14 and 15 palikas have continued VSP and RANM programme respectively from their resources, improved service utilisation in these palikas compared to national level and previous years. FP/EPI programme implementation in 13 districts has started. TOT at Provincial level has started in	Off-site information collection on FP/EPI and VSP, RAMN programme implementation by the Palikas from their own source. Support FWD to ensure VSP and RANM programme in AWPB 2078/79. NHSSP TA will support conduct FP/EPI ToT on request. NHSSP TA will monitor the progress of TOTs of other provinces also.

		problem at MoF.	Province 2, Gandaki and Karnali. FP/EPI implementation guide is updated. NHSSP TA facilitated one FP/EPI ToT session virtually for Province 2.	
I3.1.9	Support to the FMoHP for improving delivery of nutrition interventions	In progress, delay	Me "SBA/SHP strategy 2020-25" used for AWPB planning. "In-service training strategy for SBA/SHP 2020-25", delay in finalisation as NHTC want to identify core skills for the SHP/SBA module training.	Support FWD to identify core skills for the SHP/SBA module training Support NHTC for the approval of the "In-service training strategy/plan for SBA/SHP 2020-25". Support FWD and NHTC for the development of operational plan for the strategies with supporting partners.
I3.2.1	Skills transfer to paramedics and nursing staff to perform physiotherapy technicians' functions in two earthquake-affected districts	Delayed	no activities could be done	plan for re-training of paramedics and evaluation planning as part of re-shape programming. Highly likely after COVID-vaccination to health workers. Discussion with NHTC for possibility of re-training health workers.
I3.3.1	SMNH Programme Review and the development of the SMNH Roadmap 2030	In progress, with delays	SMNH roadmap printing process has started already but completed the printing and distributing to the federal and provincial gov has delayed. SMNH roadmap planning support to Lumbini Province had been delayed because of waiting time for AWPB planning by province.	Print and disseminate the SMNH roadmap 2030. SMNH roadmap planning support to Lumbini Province (if COVID-19 situation eased)
I3.3.2	Support the FMoHP/ DUDBC to upgrade infrastructure for maternity services at referral hospitals	Delayed	No activities	Follow up as necessary

I3.3.3	Support the implementation and refinement of the Aama programme	Delayed	No activities	follow up within MOHP for a meeting to finalise the review report
I3.4.1.	Support the DoHS to expand implementation of MSS and modular HQIP	ongoing with delays	CSD had allocated implementation budget to all Palikas (753) in FY 2020/2021. NHSSP TA support provided to CSD/PHD for continue desk monitoring HP MSS implementation status. In this QTR, TA support provided to Lumbini province for virtual orientation to health offices' focal persons on HP MSS implementation guideline. Till date 397 Palikas received orientation on MSS implementation guideline and125 palikas have implemented at 563 HPs. In this QTR, 119 palikas received orientation from HO, 31 palikas initiated assessment at 146 Health Facilities (HFs) TA did not support to CSD/PHD at province 2 for HP MSS orientation due to not requested for virtual orientation by CSD. Requested to health offices to send HP MSS report in coordination with Palika but did not send so score analysis had not been done.	TA will support CSD/PHD at province 2 for HP MSS orientation (likely virtual) on request and continue desk monitoring of MSS implementation at NHSSP focus provinces through C&QPC. Discussion will do with CSD/PHD for reporting HP MSS implementation (from HP to Palika to PHD) possibility of using ODK? In our focus provinces.
		Ongoing in progress	NHSSP TA continues support to FWD, PHD (especially province hospitals) and palikas to monitor and facilitate and encourage clinical mentors, health coordinators, and accountants/finance officers to conduct QI and clinical mentoring at hospitals (every 6 months) and BC/BEONC (while visiting health facilities). In this 2020/21 FY, till date, 46 out of 63 hospitals and 178 BC/BEONC from 157 palikas	Continue facilitation for implementation and desk monitoring to hospitals for QI implementation status along with clinical mentoring.

			implemented QIP. In this QTR, 27 hospitals and 82 BC/BEONC from 71 palikas implemented QIP. To date, 270 clinical mentors facilitated 224 sites (46 CEONC and 178 BC/BEONC) to conduct QI along with SBA clinical mentoring.	
I3.4.2	Support the FHD to scale up on-site mentoring of SBAs	Ongoing with delays	In 2020/21 FY, till date, 4 batches (3 gov.+1 OHW) of clinical mentor training completed. In this QTR, 20 clinical mentors were trained (2 batches-NHTC) in Bheri and Lumbini hospital in Lumbini province. To date, total 270 clinical mentors provided on-site clinical mentoring to 1089 MNH service providers (573 SBA and 516 non-SBA) at 252 health facilities (41 hospitals+211 BC/BEONC). In this QTR, total 141 SBA clinical mentors provided on-site clinical mentoring to 596 MNH service providers (305 at hospital and 291 at BC/BEONC) at 123 health facilities (25 CEONC hospitals and 98 BC/BEONC). SBA clinical mentors are reporting clinical mentoring and QI data using ODK mobile reporting APP. however, there was problem in individual mentee's score download from ODK, so Update was done, downloaded the data and compared clinical mentoring scores of 86 mentees between last and current assessment. TA support provided to FWD/NHTC/PHD/PHTC and completed two batches of SBA clinical mentor training in Lumbini province (LPH and Bheri). Clinical mentor refresher and review programme (at least 2 batches) could not be completed because of	Continues desk monitoring to coordinate and encourage clinical mentors, finance person, palika HCs for clinical mentoring along with QI facilitation at hospitals and palikas where budget allocated. Support to /FWD for SBA clinical mentor development training (3 batches) – P2, Gandaki, Karnali) (if COVID-19 situation eased) Support to FWD for Clinical mentor refresher and review programme (2-3 batches) (if COVID-19 situation eased)

			FWD staffs were not able to receive advance budget because of staff shortage.	
I3.4.4	Support revision of the standard treatment guidelines/ protocols and rollout of the updated guidelines	delayed	Support CSD in finalisation of STP for BHS package. Plan for orientation of health workers, draft orientation materials – CSD could not call meeting during this period due to DG's busy work schedule.	Support CSD in finalisation of STP for BHS package. Plan to develop STP orientation package (LRP?) to health workers after finalization of STP.
		delayed	Final meeting on NMS vol 3 and finalization of the standards - delay from UNICEF	Final meeting on NMS vol 3 and finalization of the standards
I3.4.6	Support the NHTC (FHD and CHD) to expand and strengthen training sites focusing on SBAs, FP, and newborn treatment	ongoing	FWD's *tippani* for this AWPB activity has been approved.	Tippani for FWD's LARC and PPFP and PAFP coach/mentor development activity is approved. NHSSP TA are supporting FWD team to expedite the process. NHSSP TA and logistics support may be requested by FWD to implement this activity in Koshi Hospital, Janakpur hospital, Palpa mission/Lumbini provincial hospital. NHSSP TA is supporting and facilitating in FWD's effort in updating FP QI tools that can also be used for FP clinical coaching/mentoring purpose. NHSSP TA to FWD will also synergize and help implement NHSSP's PD R 41. This will also contribute in overall training site QI efforts in selected sites of Pr2 and Lumbini province and in Okhaldhunga and Solu hospitals. NHSSP will hire STTAs.

I3.5.1	Support the FHD, CHD, and PHCRD in evidence-based planning and monitoring progress of programme implementation and performance	Ongoing with delay	Supported FWD for finalization of PNC home visit, SBA clinical mentoring and Robson implementation guideline but delayed in approval process. Supported FWD for finalization of Aama guideline-final draft developed sone cost related issues are due because of need high level decision) **Annual budget plan**: Supported FWD/CSD/NSSD/NHTC to plan budget and activities for federal and provincial level for 2021/22 (2078/79) FY. Support for Implementation guideline writing will be completed next QTR.	Support FWD for PNC home visit microplanning and SBA clinical mentoring implementation, and Robson TGCS implementation guideline approval process **Annual budget plan**: Support to FWD, CSD, NSSD and NHTC for AWPB budget planning for local level and implementation guideline writing for Federal and Provincial level 2021/2022 FY Support Provincial government for AWPB planning for 2020/21 FY (Sudurpaschim, Lumbini and Province 2) (if COVID-19 situation eased)
	I20. Support to COVID response			
i20	All planned activities	on progress	Same as narrative	Same as narrative

Table 1: Status of CEONC functionality over the quarter January – March 2021

	Provinces[8]							Total	%	Reported Previous Qtr.
	P1	P2	P3	P4	P5	P6	P7			
Established sites	20	9	19	12	13	11	12	**96**		96
	Number of functioning CEONC sites									
Poush	18	9	17	9	13	11	11	**88**	92%	92% (Ashwin)
Magh	19	9	18	11	13	11	11	**92**	96%	93.8% (Kartik)
Falgun	19	9	18	11	13	11	12	**93**	97%	92.7% (Mangsir)
	Number of districts with CEONC services									
Districts with CEONC	14	8	12	8	11	10	9	**72**		72
	Number of districts with functioning CEONC sites									

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

Ashwin	14	8	11	7	11	10	9	**70**	97%	95% (Ashwin)
Kartik	14	8	11	8	11	10	9	**71**	99%	97% (Kartik)
Mangsir	14	8	11	8	11	10	9	71	99%	96% (Mangsir)

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

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[9])	83	101	73	60	12	7
2	BC/BEONC sites that were assessed (average scores of 13 domains[10])	191	248	243	253	190	125

Table 3: HQIP self-assessment scoring: Signal function readiness

SIGNAL FUNCTIONS[11]		Green		Red	
		Last assessment	Current assessment	Last assessment	Current assessment
1	CEONC sites that were assessed (average scores of 9 signal functions)	158	168	31	21
2	BEONC sites that were assessed (average scores of 7 signal functions)	116	143	220	193

[9] Management, Infrastructure, Patient Dignity, Staffing, Supplies and Equipment, Drugs, Clinical Practice, Infection Prevention

[10] Management Demand, Referral, Electricity, Water and sanitation, Patient dignity, Management, Staffing, Equipment, Drugs, Post-natal care, Partograph, Family planning, Infection prevention,

[11] 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)

Table 4: SBA clinical coaching scores of 86 MNH service providers

SBA from hospitals and BC/BEONCs (86 staff)		Last assessment (%)	Current assessment (%)
Knowledge		84	93
Decision making skills	Management of shock due to PPH	66	83
	Management of Eclampsia	62	81
	Plotting Partograph	72	78
Practical skill	Normal delivery	76	87
	Assisted vaginal Delivery (Vacuum delivery)	25	35
	Condom Tamponade	44	70
	New-born resuscitation	71	82
	Kangaroo mother care	62	69
Following referral process (practice)		52	66

DATA FOR DECISION MAKING

Figure 5.1 Average RDQA system assessment score (0-3) from Itahari, Dhangadimai and Madhyapurthimi

Itahari Sub-metropolitan City

Dhangadimai Municipality

Madhyapurthimi Municipality

Figure 5.2: HMIS Reporting Status

■ % of total Health facilities reported to HMIS
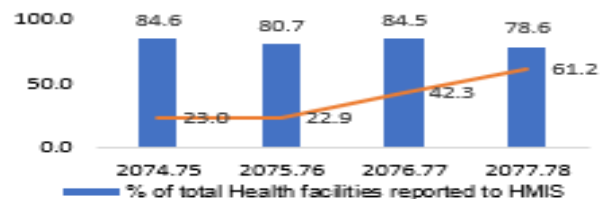
Figure 5.3 Monthly Trends of HMIS Reporting Status

■ % of total health facilities (health facilities and hospitals) reported to HMIS in timely manner
— % of public health facilities reported to HMIS in timely manner
— % of public hospital reported to HMIS in timely Manner
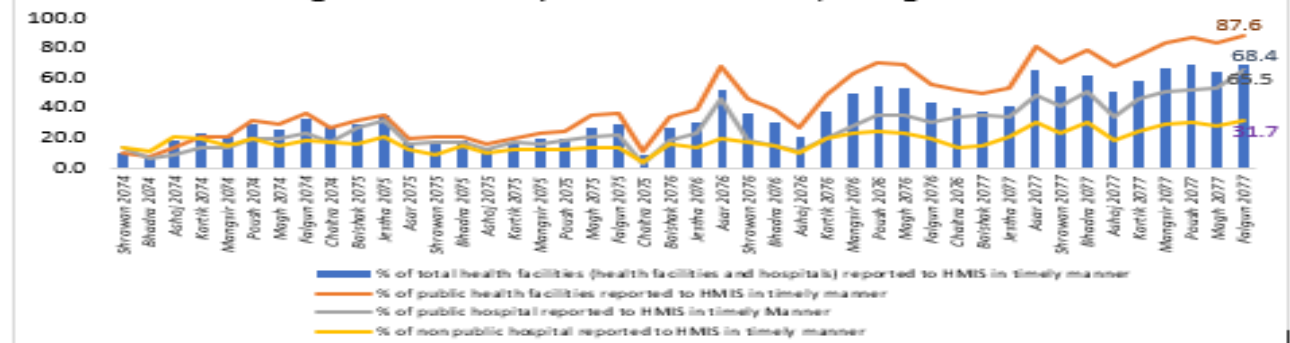— % of non public hospital reported to HMIS in timely manner

Figure 5.4 SARI cases reported in 2018, 2019, 2020 and 2021
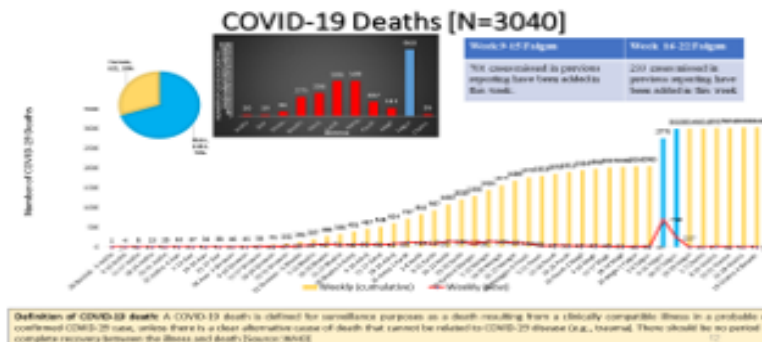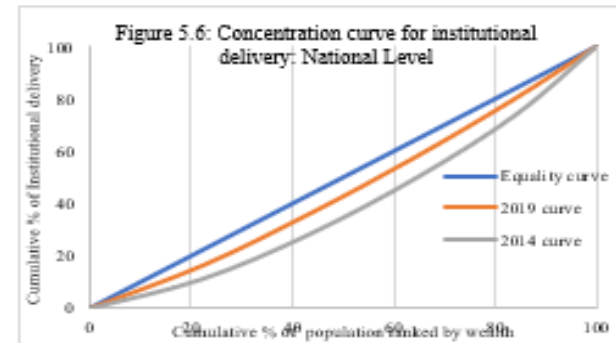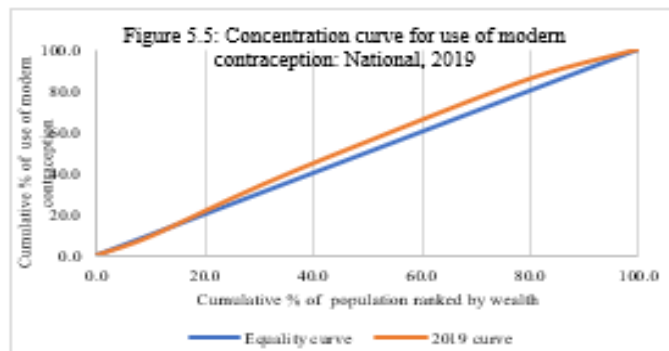

Figure 5.7 An example of daily analysis on COVID related update

HEALTH INFRASTRUCTURE

Activities		Status	Achievements this quarter	Planned for next quarter
	Result Area I7.1: Policy Environment			
I7.1.1	Produce post-2015 Earthquake Performance Appraisal Report (PD 13)	**Continuing**	None	Continued support as required
I7.1.2	Upgrade the HIIS to integrate functionality recommendations	**Ongoing**	Continuation of information integration from different sources and updating of new infrastructure development plans into the system	Completion of addition of monitoring progress of upgrading works into HIIS. Integration of related information from other thematic areas into HIIS
I7.1.11	Assessment of LL centres	**Ongoing**	Report writing in progress	Report will be finalised during the quarter
I7.1.4	Revision of the Nepal National Building Code (NNBC) concerning retrofitting, electrical standards, HVAC, and sanitary design	**Ongoing**	Final drafts have been submitted by the consultants. Drafts being reviewed and edited by the HI team.	Presentation of the handbooks to the Management Division / DoHS and MoHP for endorsement for publishing
I7.1.5	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.
I7.1.6	Development of the 'Climate Change and Health' strategy and guidelines (PD 22)	**Continuous**	Analysis of health infrastructure in LL districts and location mapping of sites vulnerable to landslides and flooding completed	Recommendation on vulnerable sites is being finalised
I7.1.7	Support development of the Infrastructure Capital Investment Policy, including facility prioritisation and selection (PD 46)	**Completed**	Review of 76 designs from different municipalities completed

Support to MoHP to develop web-based monitoring tools to monitor progress of investment made in different health facilities | Follow up on the designs updating based on the review.
Addition of web-based monitoring feature in HIIS |

I7.1.8	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**	Discussion organised with DoHS under the leadership of Director General for updating of the Standards	Incorporating LNOB good practice in the guideline Planning of rollout of the equity and LNOB issues in health infrastructure to the focal provinces.
I7.1.9	Support Policy for Infrastructure Development, Repair and Maintenance production and adoption	**Ongoing**	Follow up completed with the provinces	Repair and maintenance support policy orientation at Federal and provincial level
I7.1.10	Development of recommendations on health facility waste management improvement, focusing on legal and coordination aspects	**Ongoing**	Preparation of Guidelines for design of waste management area draft finalised	Presentation to concerned stakeholders for publication of the handbook
Result Area I7.2: Capacity Enhancement				
I7.2.1	Ongoing capacity development support to MoHP/DUDBC, including capacity assessment, as well as the formation of a Capacity Enhancement Committee	**Ongoing**	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. Capacity enhancement of municipality engineers / architects and concerned private sector consultants on health infrastructure planning and design Submission of upgrading designs and cost estimates of 5 hospitals (Humla, Dolpa, Rukum, Salyan and Dailekh) in Karnali Province completed	Planning of provincial level capacity enhancement activities on health infrastructure. Follow up and monitoring support Tender published for all five hospitals
I7.2.2	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**	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.	Next round of training in the Pokhara retrofitting sites on environment, health and safety management, GESI, GBV and LNOB context including different perspectives of Labour Act, Insurance etc.
Result Area I7.3: Retrofitting and Rehabilitation				
I7.3.1	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.
I7.3.5	Design of retrofit works (structural / non-structural) with DUDBC (PD 29)	**Completed**	Completed	Orientation to all stakeholders as appropriate on retrofitting works will be continued
	Engagement of MoHP / DUDBC in design and tendering	**Continuous**	- Bhaktapur Hospital's main retrofitting works completed and contractor mobilised at site - Service decanting tender completed for Pokhara and agreement signed with the contractor - Publishing of service decanting tender for Bhaktapur - Waste management area design procurement process initiated for WRH Pokhara	Support DUDBC in contract management Mobilisation of contractor for service decanting Service decanting tender process completed for Bhaktapur Waste management design and estimation completed for WRH Pokhara
I7.3.7	Preparation of final drawings	**Completed**	All updated drawings provided to FPIU DUDBC	Preparation of additional details and working drawings as required will continue
I7.3.8	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.

I7.3.9	Tender process and contractor mobilisation (PD 40)	**Continuous**	Contractor mobilised at WRH Pokhara and main retrofitting works progressing. Contractor mobilised at Bhaktapur and site clearance and cordoning work completed	Continued technical and management support for the retrofitting work
I7.3.10	Priority Hospitals Work Implementation and Supervision, completion of the first phase (PD 55)	**Completed**	Decanting space vacated at WRH Pokhara and defect correction work ongoing. Alternative decanting space agreed with Bhaktapur Hospital management for decanting of emergency block.	Continued technical and management support for retrofitting of both the priority Hospitals.

GENDER EQUALITY AND SOCIAL INCLUSION

Activity		Status	Achievements this quarter	Planned activities for next quarter
I2.2	**Result Area: Districts and divisions have the skills and systems in place for evidence-based bottom-up planning and budgeting**			
I2.2.1	Develop GRB Guidelines, (incl. in Year 2 revision of GESI Operational Guidelines)	**Completed**	No specific activities have taken place because of COVID-19 pandemic.	Printing the GRB Guidelines.
I2.2.4	Develop LNOB budget markers at national and local level	**Completed**	Waiting the approval from Secretary.	Follow up on approval process.
I2.4	**Result Area: MoHP has clear policies and strategies for promoting equitable access to health services**			
I2.4.1	Revise Health Sector GESI Strategy	**Completed**	Waiting the Cabinet decision on the GESI Strategy.	Printing and dissemination of the strategy after approval.
I2.4.2	Revise and strengthen GESI institutional structures, including revision of guidelines	**Not scheduled**	No specific activities have taken place as a result of the delay in approval of the Health Sector GESI Strategy.	
I2.4.3	Develop National Mental Health Strategy and Action Plan	**Completed**		

I2.4.4	Standardise Psychosocial Counselling Curricula	**Completed**		Development of plan for the roll out of the training package.
I2.4.5	Development of National Health Sector Social Accountability Directives	**Completed**	NHSSP provided TA support for the conduction of orientation to provincial Ministry of Social Development (MoSD), health directorate, provincial committee and select local government representatives on the directives and model social audit guideline from Bagmati, Gandaki, Lumbini, Karnali and Sudur Paschim Provinces.	Conduct orientation to provincial MoSD, health directorate and provincial committee representatives on the directives and model social audit guideline from Province 1 & 2.
I2.4.6	Develop guidelines for disability-inclusive health services	**Completed**	• Shared the findings and recommendations of disability case study on access to essential health services of persons living with severe and complete disability during lockdown and COVID-19 pandemic in stakeholder workshop and finalized the report incorporating inputs/feedback received. • Submitted the final case study report to MoHP. • Conducted orientation on the national disability inclusive health service guidelines to MoHP/DoHS officials and partners in an interaction programme organized by EDCD. The interaction programme identified key activities regarding disability management to be included in forthcoming AWPB.	Facilitating MoHP to develop a plan to fill gaps identified by the study.
I2.4.7	Revise SSU, OCMC and Geriatric Service Guidelines	**Completed**: OCMC, SSU and Geriatric Health Service Guidelines	• Supported the revision of OCMC, SSU and Geriatric Operational Guidelines. The OCMC and geriatric operational guidelines were approved by MoHP and the SSU guideline is in approval process. • Provided technical assistance for the development of Geriatric Health Service Strategy upon the request of MoHP.	• Printing of SSU operational guidelines. • Finalise development of Geriatric Health Service Strategy for Health Sector.
I2.4.8	Develop SOP for Integrated Guidelines for Services to GBV	**Not scheduled**	-	-

	Survivors (Year 1), and support rollout of National Integrated Guidelines for the Services to GBV Survivors (Year 2)			
I2.4.9	National and provincial-level reviews of OCMCs and SSUs	**Completed:** Annual review of targeted interventions	-	-
I2.4.10	Capacity enhancement of GESI focal persons and key influencers from the MoHP and DoHS on GESI and LNOB aspects	**Delayed**: Orientation to MoHP and DoHS will proceed when the revised GESI Strategy receives Cabinet approval.	Conducted orientation on GESI/LNOB concepts and updates to new officials at GESI Section and Nursing and Social Security Division.	Ongoing
I3.1	**Result Area: The DoHS increases coverage of under-served populations**			
I3.1.10a	Strengthening and scaling up of OCMCs	**Ongoing**: Establishment of new OCMCs and strengthening of existing OCMCs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services.	• Orientation through rounds of virtual meetings for the establishment of three new OCMCs in Lamjung, Nawalparasi East and Rukum West Districts. • 3 new OCMCs were established this quarter. • Strengthen newly established OCMCs via follow-up support and mentoring from distance. • Finalized the OCMC online reporting tools.	• Strengthen newly established OCMCs. • Operationalize OCMC online reporting system.
I3.1.10b	Support the strengthening of OCMCs through mentoring/ monitoring and multisectoral sharing and consultation	**Ongoing**: Regular consultations with key partners and hospital teams, coaching and mentoring from a distance and in person.	• Follow-up support provided through phone calls/virtual meetings to Pokhara, Gajendera Narayan Singh, Hetauda, East Rukum, Bajura hospitals and 9 other hospitals in Province 2 and Lumbini Province. Visits were made to BPKIHS, Koshi, Lumbini, Palpa, Sankhuwasabha, Janakpur hospitals to strengthen OCMC, SSU and geriatric services.	Mentoring and follow-up support to newly established OCMC hospitals.
I3.1.11	Supporting the rollout of the GBV clinical protocol	**Not scheduled**	-	Printing of GBV clinical protocol.

I3.1.12	Rollout of the GBV SOP (after approval)	**Not scheduled**		
I3.1.13a	Scaling up SSUs and geriatric services	**Ongoing:** Establishment of new SSUs and strengthening of existing SSUs; establishment of new geriatric inclusive health services and strengthening of newly established geriatric services.	Carried-out strategic meeting with the Vice-Chancellor, Director, Rector and Senior Management Team of the BPKHIS on GESI targeted interventions and ownership of these crucial programs by the hospital and orientation to concerned focal persons on revised provisions on OCMC, SSU and Geriatric services guidelines.	Mentoring and follow-up support to newly established SSUs and Geriatric services.
I3.1.13b	Support capacity enhancement of SSUs through mentoring, monitoring and online reporting workshops	**Ongoing**: Regular coaching and mentoring from a distance and in person	• Finalized the digital software for SSUs. • Backstopping support provided to SSUs in Lumbini, Palpa, Koshi, BPKIHS, Janakpur and Syangja.	Mentoring and follow-up support to newly established and other select SSUs; operationalize SSU online reporting system.
I3.1.14	Capacity building to put LNOB into practice	**Ongoing**: Orientation regularly conducted to different stakeholders	• Conducted orientation to newly joined officials of GESI Section/MoHP and NSSD/DoHS about GESI/LNOB concept and achievements till date. • Brief orientation was conducted to OCMC- and SSU-based hospital staff to give priority in services to those coming from remote and target groups defined by MoHP.	Ongoing

ANNEX 2 INTERNATIONAL STTA INPUTS THIS QUARTER

S.N.	Name	Date	Purpose
1.	Anthony Bondurant	January – March 2021	Special Advisor – Technical support
2.	Afeef Mahmood	March 2021	Review and QA of Costing of the "National Nursing and Midwifery Strategy and Action Plans 2020-30
3.	Alasdair Deas	February 2021	Editing and Quality Assuring the Safe Motherhood and New-born Health Roadmap
4.	Deborah Thomas	January – March 2021	GESI support – Finalising ToRs, GESI briefing notes
5.	Steve Topham	January – March 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	R24	NJAR Proceeding report (Pre and Post JAR report produced by PPICD)	05-Jan-21
C&Q	R23.2	The submitted Revised SBA Strategy (2020-25) and the Revised In-service SBA Training Strategy (2020-25) endorsed by MOHP	05-Feb-21
Management	R28	Quarterly report 14 Oct - Dec	22-Feb-21
D4D	R27	Data analysis and use of equity data to inform planning and decision-making at provinces and palikas, "Socioeconomic determinants of inequalities in use of sexual and reproductive health services among currently married women in Nepal"	19-Mar-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		*GBD data not yet published*			
					Source		
			IHME GBD Study	IHME GBD Study	IHME GBD Study		IHME GBD Study
I2	Maternal Mortality Ratio per 100,000 live births	Planned	225	203	201	No milestone set	199
		Achieved		*GBD data not yet published*			
					Source		
			IHME GBD Study	IHME GBD Study	IHME GBD Study		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		*GBD data not yet published*			
					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 iron tablet supplementation during the past year*	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)**
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		HMIS/DoHS Annual Report Milestone 1: HMIS 2019/20, 30 June 2020			
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 percentage 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 percentage of women who delivered in a health institution = 96.9 Average of bottom 10 districts in percentage of women who delivered in a health institution = 25.7 Difference between the average of top 10 and bottom 10 districts in percentage of women who delivered in a health institution=71.1		

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)**
			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) established and agreed 48.3). Milestones for existing LL sites for Y2 and Y3 determined.	Overall composite index will be 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,		

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)
					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. Milestone 1: The figures might change once the HMIS data for the running fiscal year gets finalized.				
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		

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)
			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 expect to be in FY 2020/21	No milestone set	85	90	No milestone
		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 conditional grants		

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)**
				Guidelines for health-related conditional grants go be given simultaneously with the budget. Unit cost of COVID-19 diagnosis and treatment has been developed and used to support planning, budget allocations and reimbursement	(Health) is being developed		
			Source				
			MoHP guideline on conditional grants & Suppliers report				
OP1	Delivery of quality health services strengthened at provincial and local level, prioritizing 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	Conceptualized the monitoring mechanism of BHCS package and		

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)**
				part of the Public Health Service Regulation 2077, which has been endorsed by the Parliament)	discussion was made with IHMIS and PPMD, MoHP		
			Source				
			BHCS guidelines and protocols and monitoring system				
OP1.3	Number and percentage 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 COVID-19 lockdown developed, intensive follow up and support provided through	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)
				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 province & Geography)	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 implementation documented	95 (321,341) & Rapid assessment of implementation of Aama revisions, in focal provinces and Learning Lab sites	No milestone
		Achieved		Number of eligible women for Amma transport incentive=388090 Number of women received incentive on transportation=338260	Total number of eligible women on Aama incentives on transportation=354757 Total number of eligible women who received Aama incentives on transportation=318712		

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)**
			% of eligible women who received incentive on transportation=87.2% Annual Aama rapid assessment completed, report write up is in progress	% 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
		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,	Planned	New Indicator	No milestone set	Pending conformation from Palikas up to 10 health facilities (Primary Level	No milestone set	Pending conformation from Palikas up to 15 health facilities At least 15 new facilities (Primary

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)**
in selected municipalities of focal provinces				hospital 2, Ward level HFs 5 and Health Post 3)		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) COVID-19 relevant policies, plans and guidelines developed and disseminated.	No milestone set	In-depth analysis of policy coherence across three level of government (focusing on focal provinces and LL sites) completed	Recommendations based on analysis advocated at all levels
		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.	Not applicable for this 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 related policies, plans and guidelines are developed and disseminated through MoHP website.			
		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 generated through the expenditure tracking exercise (disaggregated by LLs and non-LL sites)	Planned	New proposed indicator, baseline not applicable	20	45	50	No milestone
		Achieved		43			
		Source					
		CSO reports, CSO survey reports					
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					

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)
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 health commodities developed, disseminated.	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 FMOH covid-19 procurement	Public procurement strategic framework implementation monitored quadrimesterly and 85% procurement against CAPP	No milestone
		Achieved		PPSF developed in English and Nepali languages and in process of endorsement by MoHP. 100% procurements by DoHS-MD are from CAPP. 70.39% of Planned value are contracted. 100% of procurement of health commodities, as specified in the list of health commodities procured by MD is based on TSB.	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. 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		

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)
				Technical Specifications of COVID-19 Health commodities are developed and in process of uploading on TSB after endorsement.	CAPP value of F/Y 2020-21. All procurement of health commodities by MD is based on TSB. 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	Percentage of health facilities reporting disaggregated data using District Health Information System 2 (DHIS2)	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	61.5%		

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)
in a timely manner (DLI 10)			A web-based system has been established in DHIS2 platform for daily reporting of service delivery status during the pandemic from health facilities and COVID-19 management related information from local governments	COVID-19 vaccine related information functioning from 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	Percentage 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					
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

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		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. Reponses on COVID 19 Disease in Nepal: Laboratory Perspective 4. Initial crude estimates of the effects of the COVID-19 pandemic on Immunization, Safe Motherhood and Family Planning program in Nepal 5. Global evidence and implications for Nepal's Aama Surakshya Programme	Completed technical brief: 2 Drafting technical briefs: 2		
		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 materialize 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	GoN 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 prioritize generating of evidence and is supportive towards partners for generation of evidence